

# BEST PRACTICES



## Olson Research Chart Audit Methodology

Our Chart Audit methodology is an interactive platform that allows for the efficient entry of patient records.

Chart Audit enables teams to track therapy usage longitudinally, focusing on key attributes essential to specific markets.

Chart Audit offers advantages over secondary data sources, offering real-world data without the limitations of claims data such as minimal therapy information to identify prescribing trends.

In the last five years, Olson Research has conducted 550 Chart Audit studies with 50,000 respondents, and collected over 600,000 charts.

With this vast experience, we understand that chart research, while a valuable addition to the research toolbox, inherently contains limitations researchers must take into account in order to utilize chart data appropriately. Keeping the following best practices in mind can help position chart studies most effectively in your research mix.

# BEST PRACTICES

## CHART DESIGN



Variation in fielding cadence: monthly or quarterly are popular options, and we can set the dates for selection that are most appropriate for the therapy



Tracking of real-world data allows for greater visibility into competitor shares as well as deeper insight into treatment pathways



Design Flexibility: Vary the use of Olson Research's **Quick Chart** (2-3 minutes per chart) with **Deep Dive** (5-10 minutes per chart) to track key metrics and capture additional data to illuminate treatment pathways and decision points



Employ research enhancements to optimize the value of chart data: integrate an add-on ATU module during chart fielding, or gain deeper insights into the data with a qualitative touchpoint to uncover additional context around treatment decisions

## CHART COLLECTION



Reduced respondent pool: The number of physician respondents willing to participate in chart research is limited, a subset of physicians who participate in other forms of market research



Internal research reveals that of those physicians who regularly participate in research, just 27% will participate in chart studies (March 2023)

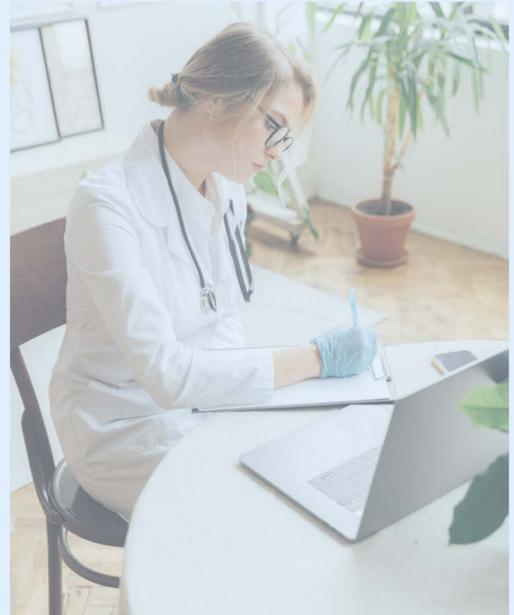


Selection bias: physicians do not always select charts for entry that accurately represent their prescribing body as a whole, choosing charts instead that are top of mind, easier to enter and/or those that they perceive to be most topical or interesting to who they think the research sponsor may be



Variance in share data is common when comparing to other sources: In order to achieve closer alignment between secondary data and chart reported usage, ensure the screening criteria used in Chart Audit mirrors the target population of prescribing physicians

## Platform Usability and Enhanced Data Integrity



ORG's dynamic chart entry platform includes real-time data confirmation, alerting physicians when entries are illogical or fall outside the treatment guidelines so that data discrepancies can be rectified at time of entry.

Our chart platform is device-agnostic, meaning that it is compatible with all screen sizes and will notify the respondent if their device is not ideal for the research engagement so they can alter their entry method.

Physicians can log in and out of the chart platform throughout the collection period to enter additional charts as they have time or charts are updated.

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