



The Survey Burden Crisis in Pharma Research

& why it matters most in
Patient Chart Audits



When physicians are drowning in patient care and administrative tasks, can we really afford to burden them with research methods that deliver surface-level insights?

When Every Minute Counts: The Physician Time Shortage Problem

Physician time has become one of the scarcest resources in healthcare. Between administrative work, documentation demands, and growing payer complexity, doctors are increasingly forced to spend hours each week on non-clinical tasks. Prior authorizations alone consume an average of 13 hours per week, pulling physicians away from patient care and leaving little capacity for anything that does not directly improve outcomes. In this environment, every additional task must earn its place.

When Market Research Becomes Part of the Problem

In this already strained environment, pharma market research often adds yet another demand on physicians' limited time. Surveys, questionnaires, and data entry requests compete directly with clinical responsibilities, creating friction rather than engagement. Unsurprisingly, physician survey participation continues to decline: 60% cite survey burden as the primary reason for non-participation, while another 13% see no clear benefit and choose to opt out. These responses reflect rational time allocation by physicians—and highlight the growing risk that traditional research approaches are unintentionally contributing to the very strain the healthcare system is struggling to manage.

Patient Chart Audits: Maximum Burden, Minimal Context

If physician survey burden is a widespread problem, then Patient Chart Audits (PCAs) represent a concentrated manifestation of the issue. Unlike a simple opinion survey that might take five minutes, traditional PCAs demand significant time and cognitive effort from participating physicians while simultaneously struggling to capture the clinical context that makes chart-level data truly valuable.

Consider what physicians do in a typical chart audit survey. They are asked to:

- Retrieve individual patient records – often from multiple systems
- Navigate through extensive questionnaires with rigid, predefined response options that rarely map cleanly to clinical reality
- Translate complex, nuanced patient situations into checkbox categories
- Complete reporting on multiple charts while maintaining patient confidentiality and ensuring data accuracy

Each of these steps creates friction. EHR systems often require multiple clicks and screen navigations to access the specific data points researchers need. Clinical notes written in narrative form must be mentally parsed and categorized into research-friendly formats. Ambiguous questions create decision paralysis – "does this patient's comorbidity qualify as 'severe' according to the study definition?"

All this effort yields data that describes what happened without explaining why it happened. Traditional PCAs may capture that a physician prescribed Drug A instead of Drug B. It records the patient's demographic characteristics and disease stage. It documents the treatment sequence. However, what it doesn't capture – what the rigid questionnaire structure makes nearly impossible to capture – is the physician's clinical reasoning:

- Why does Drug A make sense for this particular patient?
- What specific factors tipped the decision?
- What barriers nearly prevented the optimal choice?
- What considerations might change the physician's approach?

The cumulative effect is what researchers politely call "respondent fatigue" and what physicians more bluntly describe as "an exhausting waste of time that takes me away from actual patient care while asking questions that miss the point."

The Hidden Costs of Patient Chart Audits

For physicians, the cost of traditional PCAs is time taken from patient care and the frustration of participating in research that oversimplifies their judgment. For insights teams, the cost shows up as longer timelines, remediation cycles, and strategic decisions built on incomplete intelligence. The data may describe patterns, but it rarely explains drivers – leaving teams with answers that are technically correct yet strategically insufficient.



A NEW STANDARD FOR **Pharma Market Research**

The physician time crisis will not resolve itself. Administrative burdens will continue growing as healthcare complexity increases. Into this environment, pharma companies will continue needing insights about real-world clinical practice to inform strategy and drive commercial success.

The future of Patient Chart Audits lies in not doing more of what we have always done, just with higher incentives and longer questionnaires. It lies in fundamentally reimagining the research experience to align with how physicians actually work, think, and communicate – and to capture the depth of clinical context that checkbox methodologies systematically exclude. For insights leaders willing to make this shift, the reward is better intelligence, delivered faster, with higher physician satisfaction, lower total costs, and most critically, the clinical context needed to make confident strategic decisions.

ABOUT THIS RESEARCH

This analysis draws on recent physician sentiment surveys including the 2024 AMA Prior Authorization Survey (n=1,000), 2025 Physician Sentiment Survey (n=1,001), the 2024 AMA Physician Practice Benchmark Survey, and research into physician survey response rates and administrative burden published in peer-reviewed journals including BMC Medical Research Methodology.

ABOUT THE AUTHOR

Madhumitha is a Product Manager for Patient Chart Audits (PCA) at ZoomRx, bringing over 10 years of analytics and consulting experience with 7+ years specializing in life sciences and primary market research. She leads the strategic development and evolution of the PCA research, transforming traditional chart audit methodologies with AI-powered conversational interfaces that deliver deeper, more actionable insights for pharmaceutical clients.



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Our approach to AI is grounded in a fundamental belief: technology should elevate the voice of the customer, never replace it. That's why every AI-powered solution we build — from Patient Scribe's voice-first charts to Ferma's intelligence synthesis — is designed to capture authentic human voices and transform them into actionable insights.



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