



New Methodologies in Healthcare Research

By Kirk Lange

I remember the evening well. Wednesday flights were typically pre-dawn and often delayed during the month of November, so the creeping fatigue I was feeling had come as no surprise.



The Marriott Hotel in downtown Calgary seemed to sway with every gust of wind as I stared at my watch again. I had booked the conference room and catered a modest meal for my guests. A conciliatory shrug was shared with the young lady politely standing by the door as she waited to begin servicing our meal. No one had yet arrived and the food was getting cold.

Eight pharmacists had been invited to provide input into the evening's focus group session. Our company was keenly interested in their feedback regarding a new patient questionnaire to be administered at pharmacies with heartburn patients. The feedback was critical to our first quarter marketing plans and we systematically drew up our desired list of attendees. The problem was, the list of the evening's participants no longer looked anything like our initial wish list. Indeed, the inevitable frustration of coordinating schedules, dates, locations and travel requirements had run its course and I now looked at the door of the conference room anxiously awaiting my guests. I suppressed the growing frustration and began to tally the costs incurred, including: flights, accommodations, car rental, parking, AV equipment rental, catering, honoraria and transcriptions.

My anxieties began to subside as my first guest walked through the door with a sheepish smile.

"Sorry I'm late. Traffic was crazy and it was difficult to step away from work... Am I the first one here?"

The transformation of the pharmaceutical model is a fascinating one. This global industry once firmly entrenched within the Blockbuster model has had to respond to the pressures of reinvention in recent years. Successful products are losing patent protection, research pipelines are shrinking, stronger governance over health care costs and struggles with institutional and insurance stakeholders continue. In addition, demographic shifts in both patients and care providers are challenging access, brand value and consumer choice.¹ Reform is undeniably underway and it necessitates a review of how the industry validates their world view through marketing research.

The challenges in responding to these critical issues; however, are persistent. Questions as to how they can effectively

modify their research to fit into both the busy world and geographic distribution of healthcare opinion leaders are key, and when the voice of a few informs the marketing toward many, having the right people "in the room" is paramount.

The good news is that the world is changing along with the pharmaceutical industry. Technological change has evidenced accelerating returns year over year as briefcases gave way to laptops, facsimile gave way to email and our phones grew to become "Smart".²

It is also evident, to even the casual observer, that the tools by which corporations engage with the public are evolving in an era of change. Once the domain of campus technophiles, platforms such as Facebook and Twitter now imply a connected interaction with brands previously unseen among consumers. In fact, the evidence suggests connectivity should not, and cannot be ignored. Consumers are accessible and willing to engage with their brands.³ Indeed, the lesson for the marketing research industry is to engage on the consumer's terms.

So what exactly are the terms we need to consider in healthcare? It should really come as no surprise that the connectivity so ubiquitous among this new generation of consumer has also redefined the future for patients and health providers. Health care is going *mobile*. The tablet and smart phone are empowering patients and clinicians alike with an explosion of apps dedicated to education, health management, data management and clinical information. The line is blurred between phone and medical device as diabetic patients utilize their Androids and iPhones to monitor blood glucose levels while physicians share and review diagnostics.⁴ In fact, the market for mobile health applications is expected to grow at a rate of 25 percent annually over the next five years.⁵ Clinicians are connected and their use of mobile devices is not only mainstream; it is rapidly becoming inescapable.

² Kurzweil's Law of Accelerating Returns: Ray Kurzweil, *The Age of Spiritual Machines*, Viking, 1999, p. 30 and p. 32

³ Constant Contact/Chadwick Martin Bailey, *The 2011 Chadwick Martin Bailey Consumer Pulse Report*.

⁴ Ernst and Young, *Progressions: Global pharmaceutical industry report 2010* p. 9

⁵ Kalorama Information: *The Market for Mobile Medical Apps*, 2012

¹ Ernst and Young, *Progressions: Global pharmaceutical industry report 2010* p1

This trend did not go unrecognized by analysts. In 2007, The Diffusion Media Group estimated that by 2011, up to 70 percent of physicians would be readily adopting mobile devices in their daily practice.⁶ This prediction was surprisingly exceeded in 2011 when Manhattan Research found three out of four American physicians had purchased a smart device made by one manufacturer alone – Apple. Their study, “Taking the Pulse US 2012,” took a look at 3,015 practicing physicians across 25 specialties that were online in the first quarter of 2012 and found physician adoption almost doubled for tablets (since 2011), reaching 62 percent in 2012. Furthermore, 50 percent of tablet-owning physicians utilize the device at the point of care.^{7 8}

One could speculate that the ever expanding utilization of the device may explain why adoption rates are so high. A recent study conducted by Research Now questioned 101 physicians on their mobile usage and reported that users employed the devices for tasks ranging from drug information (70 percent), continuing medical education (54 percent), to online market research (43 percent).⁹ Indeed, the arguments in favor of mobile adoption in the workplace only seem to continue to grow.

The moral of the story suggests that although there is a transformational pressure on the healthcare and pharmaceutical industries, *consumers* of the industry have opened a door with a ready adoption of technology to effectively contribute to the transformation. Never before has the opportunity to bring marketing research to the field... and into the moment, been greater.

⁶ Zieger, Anne. “Physician Mobile Device Use: It’s Your Move,” Fierce Health IT, October 1, 2007. <http://www.fiercehealthit.com/story/physician-mobile-device-use-its-your-move/2007-10-01>

⁷ Manhattan Research: Taking the Pulse, US 2012.

⁸ Vecchione, Anthony. “Doctors Tablet Use Almost Doubles in 2012. InformationWeek Healthcare. May16,2012 <http://www.informationweek.com/healthcare/mobile-wireless/doctors-tablet-use-almost-doubles-in-201/240000469>

⁹ Research Now: Mobile Physician Research Study. 2012 <http://www.slideshare.net/ResearchNow/october-webinar-healthcare-leaves-the-desktop>

The encouraging news is the tools do exist. The value of online qualitative tools such as discussion boards was firmly established when itracks first introduced the concept and platform to researchers in 2001. The ability for moderators to post discussion board questions and collect asynchronous responses in a wide reaching, fast, and convenient platform has been leveraged by numerous vertical markets since 2001. Indeed, the proliferation of this technology has continued over the last decade for good reason.

Although accessibility to greater media responses has been achieved with the mobile offering, an elegant solution to analyze and report on the feedback is required.

Verticals such as the healthcare industry have recognized the value of utilizing an online platform to reach out to clinical key opinion leaders regardless of their geographic location. While it was often a challenge to secure insightful exchanges with an audience, which was geographically dispersed and subject to demanding and unpredictable schedules, the reach of medical qualitative research saw benefit in an engaging platform which finally surmounted this issue of accessibility. Researchers could now convene a group of opinion leaders within a prospective market to solicit feedback with ease, and the challenge of informing topics as varied as policy and promotion began to give way to targeted expertise informing quality plans. The right people could be brought to the right place at the right time.

Through continuous research and development, additional methodological enhancements such as video sliders, closed-ended questions and collage tools have accelerated the adoption of online qualitative research across the marketing universe. Today, concept markup tools are integrated with online qualitative software, allowing participants to provide enhanced feedback on image and video content. Over the last decade, itracks has

conducted over 16,000 qualitative market research sessions across many different industries and topics, and summarize the benefits of online bulletin boards in healthcare as follows:

1. Convenience

While traditional methods have delivered quality research in many industries, connecting with an audience with full respect to their schedules, location and time commitments has always been a challenge. With online discussion boards, patients and providers can join in a discussion at any time of the day without the additional requirement of travel.

2. Consumer Focused

Online discussion boards engage on the consumer’s terms resulting in high levels of response and commitment from a participation perspective. Respondents are unchained from the pressures of time to provide insights throughout the duration of a research period. Rich insights are gained from an increased frequency with project participants as they are allowed the courtesy to engage in full attention and thought before providing feedback. The discussion can also be tailored to meet the comfort level of the participant. Groups are no longer dominated by a single outspoken personality and private or individual feedback can be solicited with ease.

3. Cost Effective

The methodology is economical in terms of time and cost. A recent internal comparison estimates a 25 percent cost savings by conducting an online group compared to a traditional group¹⁰. Fiscal drivers such as travel, accommodations, transportation, catering, and associated opportunity costs give way to a single project, rich in response and data when compared to face-to-face. Researchers can engage in a variety of exercises such as polling and media assessments at minimal cost and high engagement. Data can often be analyzed and reported upon without the additional cost of session transcriptions.

4. Communication

Insights are communicated immediately. A premiere value for many online clients is the immediate feedback attained on core questions.

¹⁰ Cost, Leadtime and Sustainability of Face to Face and Internet Focus Groups – <http://www.itracks.com/resources/cost-leadtime-and-sustainability-of-face-to-face-and-internet-focus-groups>

While the evolution and adoption of on-line discussion boards continued within the healthcare arena, it became apparent that additional innovation was required. The value of freeing the online discussion board from the desktop was immediately appreciated as the next evolution of qualitative research. Indeed, the ability to capture participants' reactions during their experiences offered an undeniable value to not only healthcare but all verticals. Busy physicians could participate on their breaks using devices they were known to carry. Patients could photograph or video record purchases in the pharmacy or share their interaction with medical devices such as diabetic meters or asthma inhalers. The requirement for an internet connection could disappear.

Consumers could be accessible anywhere, anytime.

A Mobile Revolution

As discussed, the challenge for marketing researchers in the healthcare space has been to tailor the technology to meet the target audience environment. For research to be truly convenient, busy medical users must be empowered to take advantage of the same capabilities in research that have made their current devices so indispensable elsewhere.

This final connectivity has been the ongoing goal of all online qualitative development. Leveraging features inherent within mobile devices such as the camera, video recording and notification capabilities enhances the research experience and efficiency.

The ability to capture rich media responses in the moment has been a key objective for innovation as the benefit of such features is inescapable for medical product and service research. Pharmacists can provide a photo of shelf promotions or participate in observational research with clientele. Physicians can record their utilization of a medical device or provide immediate feedback on a pharmaceutical representative visit. Patients can journal their adherence journey or capture their experiences utilizing their asthmatic or diabetic devices. Ethnographic responses to prescribing information or healthcare costs can be performed in the moment. Indeed, research can finally document participation on the respondent's terms.

It should come as no surprise to healthcare stakeholders that participation on the respondent's terms is a significant variable for success. Entire Phase IV trial

efforts have been jeopardized due to a lack of convenience alone. Frequent travel among users or periods of no Internet connectivity can now be accommodated through an offline mode where users may review responses and reply at their leisure. Reply posts are automatically uploaded to the discussion board once users reconnect online. Furthermore, the notification feature available with many mobile devices provides moderators with an effective method of facilitating engagement with participants. The moderator can send a notification to users, conveniently bringing them into the app from the notification screen. The barrier of prompting timely participation has thus been surmounted with this difficult audience.

The convenience of mobile research extends beyond the respondent. While first generation mobile qualitative research apps were limited to a respondent uploading their reply, recent mobile releases now provide fully interactive discussion and moderation capabilities. The integration of mobile video, images and text responses into the discussion board now allow researchers to fully leverage the discussion guide, reporting and functionality available in the desktop platform. Ensuring the mobile technology is complimented by the desktop reporting; however, is critical. Although accessibility to greater media responses has been achieved with the mobile offering, an elegant solution to analyze and report on the feedback is required. One drawback to research with extensive video content has been the additional time requirement to manage video content. General guidelines indicate it takes approximately four hours of analysis and reporting time for each hour of video research captured. To assist researchers with efficiently analyzing and reporting on this new mobile video content, some providers now offer video tagging, editing and highlight reel creation integrated within the platform. The depth of response which may have been difficult to convey in writing is now available with an ease of capture and analysis never seen before.

Conclusion

It is a point of pride among many healthcare marketers that their efforts are truly changing lives. The consequences of ineffectively communicating or leveraging new research, techniques or tools are as real as the faces of every patient who depends upon insurers and healthcare

providers to inform and grant access to a better quality of life. The necessity for quality research is inescapable. It informs policy, protocols and lobby efforts. Indeed, qualitative research offers insight into what is important to patients and care providers. It enables progress by uncovering barriers to change or entrenched health beliefs and allows the perceptions of care and care delivery to come to light. That researchers want to make a difference in this space is undeniable. Unfortunately, they have been challenged with very real time and geographic barriers, which made the collection of relevant data difficult. Although online qualitative solutions such as discussion boards have offered value in recent years, it is only now that the industry is truly facing a methodological revolution. Physicians are mobile. Patients are mobile. Healthcare stakeholders are mobile. The devices are in their hands today and the technology exists to reach them in a rich, convenient and cost effective manner.

I still remember that November evening at the Calgary Marriott. Six out of my very extensive list of participants made it over to the hotel to provide feedback. Two within my audience seemed more interested in the variety of chicken on the menu than the research at hand and the conversation was continually dominated by the opinions of a particularly boisterous gentleman who continually interrupted his peers. At the end of the evening, I reviewed the data and felt like I was staring into a Jackson Pollock painting. The clarity I was hoping for was displaced by an intimidating collection of seemingly random comments and feedback. It was apparent the three hours allocated was not enough to solicit the direction I needed and I was now facing a budgetary pitch to run the research again.

I desperately wished things could be easier.

Times have certainly changed.

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