

Advancing Technology Is Changing the Face of Focus Groups

By Cheryl Ladd, Ladd Research Group

Gone are the days when conducting “focus groups” meant flying around the country for a week or two, sitting in a dark room for hours on end, eating M&Ms and watching hours of focus groups. Technology is moving faster than many of us can keep up with and certainly has changed the face of marketing research.

Here is just a smattering of options that offer new, creative and potentially more cost effective ways to gather the market knowledge you need from physicians, patients, pharmacists and others in the healthcare industry.

Virtual Focus Groups

New software makes it possible to transport the entire focus group format into offices anywhere. We recently conducted a “virtual” focus group with a group of highly specialized physicians. Outside of a convention, it would have been impossible to recruit a group of such talented specialists in any one location.

We conducted our virtual focus group using Channel M2 software. Each physician received a web camera (which they got to keep). The software company’s technicians helped the physicians install the cameras. At the appointed time, the physicians, moderator and clients all logged in to the website and called the conference phone line. Actual discussion was live via voice so typing skills were taken out of the equation. The physicians could see and hear each other as well as the moderator. This “virtual” focus group let them hear each other’s tone of voice as well as see each other’s facial expressions. In addition, the software provided a “virtual backroom” in which the clients could “chat” with each other and with the moderator and gave them the ability to take notes which were archived with the session.

Web-Assisted Telephone Depth Interviews (TDIs) or Mini-Groups

This format allows us to take advantage of the benefits of TDIs (speed, geographic diversity, reduced travel costs and the ability to access specialty populations) while at the same time it enables us to use visuals during the course of the interview. We have used this technology to test advertising and positioning, new product concepts including data reviews and to conduct many other types of research

traditionally conducted in-person. This option is not necessarily preferred over in-person interviews, but, when factoring in the other constraints, it becomes another valuable option to consider. There are two different types of web-assisted TDIs: those where the respondent is directed to a website to view materials during the interview and those conducted via a web-conferencing service.

The website option literally takes TDI and adds visuals. This option is simpler and more cost effective than web-conferencing, but it provides an environment that is both less controlled and less interactive. Once directed to the website, respondents can theoretically scroll through an entire document (this is where there is less control). However, we never found this to be an issue. For highly confidential projects this option should be done with sophisticated software for password protection and to disable print or copying capabilities. For circumstances like this, however, we recommend the second option—web conferencing.

Web conferencing works well for Individual Depth Interviews (IDIs) as well as mini-groups, dyads and triads. In a web conference, the moderator uploads documents including videos, Powerpoint files or PDF files prior to starting the interview. During the interview, the moderator controls what and when an object is viewed. The moderator can also give a respondent the ability to “annotate”: underline, circle, point to things, write or type comments, etc. which can be seen by all participants. The moderator also has access to tools like arrows or a laser pointer to call attention to specific items.

The client can also “observe” the interview by logging into the web conference. The participant list can be hidden from view so that only the moderator sees who is online. There is a chat function, which serves in some regards as a “backroom”. Clients can send messages to the moderator to probe or to seek clarification of certain points throughout the interview.

However, web conferencing is not without its drawbacks. We have found it necessary to allow additional time for logging in as not everyone is “computer savvy” nor does everyone have the latest computer technology. So even though the actual logging in and use of web conferencing does not require much in the way of computer literacy, troubleshooting can be difficult. We have also discovered that firewalls,

particularly in some hospitals or offices, may not allow a physician to access the web conferencing site.

Online Bulletin Boards

Online bulletin boards are one of the oldest forms of online research. In an online bulletin board, the moderator posts questions over the course of several days. Respondents agree to log in periodically and respond to new questions. Respondents have an opportunity to view and respond to what others have said since their last login. The moderator has the opportunity to pose questions to individuals and to probe their specific comments. While this does require some typing skills, it is a “go-at-your-own-pace” format so those who type slower are not disadvantaged. Advantages include the ability to have one-on-one conversations as well as a group dialogue, the ability to have respondents trial a product, complete an exercise, etc., provide ongoing feedback and have a complete transcript at the end. Disadvantages include the loss of the emotional context, written versus verbal communication and the time requirement.

New technology has taken the online bulletin board to the next level. Now, instead of typing, questions and responses are done via video. As with virtual focus groups, each respondent is provided with a webcam. The moderator records the “question” for the day, and each day the respondents record their responses. This addresses the “emotional/verbal” drawback of the traditional online bulletin board. We have not used this technology ourselves yet so we are not sure of the advantages and disadvantages for medical type projects with physicians or patients.

In summary, if project constraints are restricting your ability to do in-person research, there are a multitude of “high tech” options to choose from. And you can still eat M&Ms! ■

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