

IMIG

*"Attitudes of primary care
physicians toward market
research"*

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Preliminary remarks

This summary contains the results of a group discussion, a narrative interview and an exploratory interview on the following topic:

"Attitudes of primary care physicians toward market research"

The qualitative survey of physicians was conducted in May 2001 as part of the "IMIG Market Research Seminar" on the topic ***"Introduction to qualitative market research"*** and was based on selected methods (group discussions, narrative interviews, exploratory interviews). Eight in-house market researchers from six pharmaceutical companies participated in the two-day seminar.

As part of the practical exercises, one participant conducted a group discussion with physicians that lasted about one hour and another participant applied the narrative interview technique to a physician interview. Yet another participant used the "traditional" exploratory interview technique.

For the group discussion and interviews, primary care physicians were deliberately chosen and invited on the basis of their prior experience with market research; in this way, their experience could serve as a background for gathering information on the experiences themselves and on the expectations and requirements placed on pharmaceutical market research.

The survey was based on a catalog of topics developed and jointly defined during the seminar's group exercises and, finally, by the group as a whole.

The group discussion and video-taped interviews were recorded for documentation purposes. For the analysis, verbatim transcripts of tape recordings were prepared. Selected verbatim quotations in the text illustrate the physicians' subjective thought processes.

The results of the survey are of qualitative significance, i.e. they are not representative in a statistical sense. However, they do describe experiences, attitudes and expectations of primary care physicians with regard to market research that are typical of this target group.

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Results

Without exception, the primary care physicians surveyed rated market research **positively**. In their opinion, the main **purpose of market research** is to recognize trends; once these trends are recognized, the industry can then respond appropriately and, finally, the physicians themselves can benefit. They attributed greater significance to professionally conducted **qualitative market research** than to **quantitative data collection**. On the whole, the physicians placed a higher value on market research than on advertising.

In the **evaluation of different market research methods**, the following factors were important for the physicians surveyed:

- Continuing education function
- Communication with colleagues
- Personal contact
- Professional, organizational development
- Reasonable fee (expense allowance)

The physicians' favorite qualitative market research method was the **group discussion** because it permits an exchange of experiences and provides the physicians with background information on the particular products or therapies being featured.

The **personal interview** that allows physicians to present their own personal opinions was of subjective value to the respondents but was found to be less informative.

The **unscheduled telephone survey** was rejected by all because the physicians generally feel caught off guard and are unwilling to reveal their personal opinions to a stranger in this anonymous forum without preparation. At most, they would agree to a telephone survey if they were given advance notice in writing or if a time were scheduled.

So far the physicians have had little experience with **Internet surveys** and **chats**. Because of their anonymity and time requirement, the motivation for using these forms of communication appears to be fairly undeveloped. For the primary care physicians, the **most interesting topics** for market research were the areas of medicine that they most frequently encounter in their daily practice.

As far as **optimizing market research** is concerned, the physicians essentially offered no new suggestions. Nevertheless, they expect the known methods (discussions and interviews) to be applied at a consistently high level in the areas of:

- Discussion leadership
- Presentation of topics
- Timeframe
- Location
- Accommodations
- Fee

The physicians surveyed would like to receive concise **feedback** from the **market research institutes** and **pharmaceutical industry**, for example in the form of a summary of the results of the particular market research being conducted. **Regular contact** between the pharmaceutical industry and the medical profession for the purpose of exchanging information was considered very important. To achieve this, professionally conducted **qualitative pharmaceutical market research** was considered an **appropriate tool**.

1. General attitudes of primary care physicians toward market research

The general attitude of the physicians surveyed toward market research was **positive** provided that the objective of the market research campaign is comprehensible and its methodological and practical performance is **professional**:

“There was a discussion, a wonderful meal was included, and the moderator demonstrated definite expertise. The level was correspondingly high. You came away feeling that you’d spent a pleasant evening, not just because of the meal but because of the whole thing, because of the informative value, plus some decent pocket money. But the event also made a real contribution medically. You saw a few friendly colleagues and spent quite a stimulating evening.”

However, the physicians surveyed also stated that they have colleagues who totally reject market research because they are put off by the economic motives of this industry and they consider their task purely one of providing medical care.

2. Significance and purpose of market research from the physicians’ point of view

According to the physicians surveyed, the primary **purpose of market research** is in the positioning of individual products and the preparation of product launches. They consider research into the needs and opinions of specific target groups in the medical field to be helpful. Market research helps to **recognize trends** and **investigate the physicians’ prescription practices**. It serves *“to find points of departure from which it is possible to create, promote or even alter a demand that does not yet exist.”* Other goals of market research mentioned are to monitor the **acceptance of specific advertising models** and **optimize advertising**, although apparently, the physicians are not always satisfied with the application of the results:

“The mass of medical advertising is so boring, monotonous and bad, there’s not much to spark your interest.”

A very clear distinction was drawn between **market research**, **sales talks** and **advertising**; **observations of the uses** of individual medications are also being applied to advertising. Market research is **ranked high**:

“Certainly, the pharmaceutical industry could also interview me directly, ask me ‘Why don’t you prescribe our medication?’, but here it can be taken to a higher level. You can invite several physicians, or set up an anonymous inquiry without mentioning particular medications, you can also determine the trend, degree of knowledge or behavior that motivates a physician to prescribe such and such a drug, what is his or her approach to this topic.”

3. Physicians' assessment of their own position in market research

By participating in surveys, the physicians do not believe they exert any significant **influence** as individuals but assume that a certain image emerges from the findings as a whole that can then be useful to the pharmaceutical industry. They consider themselves to be a "small cog in a big machine" or "part of a large study with many focal points".

"We're being questioned and sounded out about what appeals to us and what we reject, starting with the choice of color, then the sales arguments and, finally, our pricing, what would be acceptable to us."

The physicians understand that they are not expected to provide precise scientific data but rather to express their subjective attitudes and opinions on the subject of "advertising" as well.

The physicians would wholeheartedly welcome advertising media presented in a brief, concise, straightforward and appropriate manner. They expect that the **application of market research results** to product design and to the marketing of medications will also yield positive results for the individual physician.

4. Experiences with different market research methods

The physicians judged the various market research methods very differently. Factors such as **continuing education, communication, personal contact, and professional and organizational development** as well as **fees** were decisive criteria for evaluating the different methods.

4.1 Group discussions

The physicians definitely preferred group discussions to the other survey methods because this method is most beneficial to the physicians themselves. The discussion was found to be an attractive method because it offers the possibility of **exchanging experiences** with colleagues and serves to **transmit information**.

"You see your own actions, your own level of knowledge and you see the level of knowledge of others, and sometimes you also see a convergence or enrichment through the knowledge of others. Otherwise you're on your own in your practice."

"Actually, I see this as a chance, a sort of further training, an exchange of different opinions on a standard product; but sometimes you also learn what's coming, what's going on. Generally I find that very exciting because you're then one small step ahead and you gain a little background information."

The **ideal group size** was found to be from 4 to 10 participants. The discussion leader was expected to have *"good moderating skills and some degree of expertise".* Another important aspect was the easy accessibility of the **discussion location**. The **fee** should be *"commensurate with an hour of a physician's time".*

4.2 Personal interviews

The physicians found the **personal interview** to be **less informative** than the group discussion. This method involves **inquiring after a personal opinion**. Sometimes such interviews are experienced as unpleasant because the individual is *"grilled"*. On the other hand, invitations to discuss topics about which the physicians are relatively knowledgeable and sure of themselves are gladly accepted; the physicians like to exchange experiences in a small circle of colleagues, especially since "the fee is often adequate" as well.

"When the topic is interesting, I think it's also fun. You get the feeling you can say something that may actually have an impact somewhere."

The physicians see themselves as the "providers" of complex information: *"Here we are providing material by everything we say and do and probably even by the way we sit, our gestures."*

A **basic requirement** for the success of a personal interview is **adequate preparation on the part of the interviewer**.

4.3 Telephone surveys

All the physicians rejected **unannounced** and longer telephone surveys (more than 3 questions): *"I become extremely aggressive."* The **anonymity of the situation** is also a reason why the physicians often refuse to participate in spontaneous telephone surveys. They consider such interviews to be of **no direct, lasting value** to them, especially since the fee is usually low.

"I simply am not willing to voice my personal opinions to someone I don't even know. This is outrageous."

At most, the physicians would agree to participate in a telephone survey if they were given **advance notice** of an interview with a fixed duration and **a scheduled time**.

"I would like to know ahead of time who I'm talking to and for how long; in other words, if I currently have a good relationship with a market research institute that calls me and says, 'We're conducting a telephone interview today,' I can deal with that. But when I hear any old name, I feel like I'm being grilled and I don't know what they'll do with the information. So I refuse."

According to the physicians, another disadvantage of telephone surveys is the **lack of nonverbal, emotional communication**, which can result in the loss of important information.

"In terms of statistics, they perhaps provide a better overview; but in personal interviews, some things are communicated on an emotional level that are lost over the phone."

4.4 Internet surveys/chats

So far the primary care physicians have had **little or no experience** with the Internet. Although this new medium isn't rejected out of hand, using it is considered **complicated** and **very time consuming**. Like the telephone survey, **Internet questionnaires** are seen as **anonymous**:

"There's just no personal contact."

According to the physicians, the **chat rooms** are very practical for a **rapid exchange of information** such as questions about specific syndromes, therapy options or references to documentation. On the other hand, the physicians also indicated that the anonymity of this medium provides a *"forum for people who like to hear themselves talk"*. *"The chat rooms are often for chatterboxes."*

5. Main topics of interest for primary care physicians

Basically, the physicians surveyed were also willing to participate in market research campaigns involving **topics unfamiliar to them** because in this case, they only stand to gain from such discussions.

"If you participate in discussions a number of times, ultimately all your questions are answered. I wouldn't know now where I might have problems. At first you shy away from answering questions that relate to actual knowledge but when you realize no one else is exactly an expert either, it's no longer a big deal."

How ever, the **opposite opinion** also exists:

"For example, if I get a question about some medication for Parkinson's, I don't participate because I just don't know enough about it. I think you also owe it to the sponsor not to join in and add your two cents worth without already knowing something about it."

The primary care physicians rated the **following subject areas** as **especially interesting**:

- ▶ **Cardiovascular problems, arteriosclerosis** and the various therapies available
- ▶ **Side effects** of different types of therapy including empirical reports by physicians and patients
- ▶ The **ratio of non-medical practitioners to traditional physicians** measured by the sales volume of the different medications.

6. Primary care physicians' expectations of optimized market research – demands on the industry

The physicians tended to refuse rigid interview formats (questionnaires) because they leave no room for **expressing individual opinions** and because, due to their inflexibility, they often “torment” the respondent with repetitive questions. The physicians believe that the **greater expense** of a less structured interview is justified by the **better and more informative results**.

The physicians returned again and again to the **general conditions** that must be favorable for them to participate in market research events:

- **Location**
- **Timeframe**
- **Accommodations**
- **Fee**

With regard to content, a successful discussion must have an **interesting array of topics** and **competent discussion leadership** by the moderator.

The physicians were somewhat interested in receiving **feedback** at the conclusion of market research campaigns. For example, they would welcome a one-page summary, “*perhaps included in the next invitation to participate*”.

As a **result of market research**, the physicians expect the pharmaceutical industry to provide a corresponding, concise visual presentation of the informational content.

“Or the presentation of a brochure: The brochure should also be straightforward and clear and should not be too long. I’m happy with a brochure of only two pages instead of the traditional twenty-page opus that has to be waded through, which of course I never do. It could easily be optimized and made more user-friendly for us.”

It was also suggested that the pharmaceutical industry offer **further training**, for example in the form of **Internet courses**. And finally, it was suggested that medical assistants be included.

A **regular flow of information** from the pharmaceutical industry to the medical profession was found to be desirable by all because without constant support, the physicians do not consider themselves capable of keeping track of current developments in the medical field.

“I also see this as an enrichment. It’s no longer possible for me to achieve, read or assimilate this level of knowledge on my own, so I’m happy to have them present it to me as long as it’s in an entertaining form.”

"For a long time, Bayer was not sufficiently present for us because there were a lot of changes in its field personnel; the same was true of Roche and a few other companies as well". "They didn't have any field personnel, only the in-house personnel at the hospital. They then had a hard time getting a foothold when they introduced a new medication because to a certain extent, they'd lost contact with the medical profession."

"Some companies are just extremely active, like Astra, not only because they travel around but because they're doing something, they're in constant contact with their physicians. Glaxo, MSD and Pfizer are companies that do a lot, of course we know they also make a lot of calls. But they're in touch, whereas there are other companies that do nothing."

According to the primary care physicians, **maintaining regular contact** is absolutely necessary for a fruitful exchange of experience between physicians and the pharmaceutical industry.

To this end, **the qualitative market research methods** in particular offer suitable tools:

1. They deal with the interests of the physicians in an **open, professional exchange of opinions**.
2. In addition to prescription practices, they investigate the physicians' **informational needs**.
3. They enable the pharmaceutical industry to develop **suitable product strategies** based on knowledge gained through market research.