# INNOVATION WITH IMPACT

## An Ipsos guide to healthcare market research

**Part 2:** Getting closer to your customers

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GAME CHANGERS

Ipsos

# IPSOS #1

**Most innovative research company**
Third consecutive year

GRIT 2021 TOP 50 INNOVATIVE COMPANY

Ipsos

# Innovation with !mpact

Ipsos is proud to be named '**Most Innovative Market Research Company**' by GreenBook's 2021 GRIT Report – now for three years in a row!

We ensure that the innovative research solutions for which we've been recognised are tailored to the healthcare sector – and anchored in the principles of science, technology and compliance.

In this booklet series, we share these innovative, multi-disciplinary approaches that deliver insights with impact, and support our clients to act with clarity, certainty and speed.

Other booklets in this series:

Part 1: Making research more immersive

Part 3: Harnessing the power of unstructured data



# PART 2:

## Getting closer to your customers

In this booklet, we share approaches that go beyond traditional survey methods. Our case studies demonstrate the value of getting closer to the moment of truth and leveraging different approaches to capture real-life behaviours.

**Social Intelligence Analytics**

**NFC sensors for 'in the moment' research**

**Passive Tracking**

**Behavioural Science**

# 02

# Getting closer to your customers

# Social Intelligence Analytics

## Definition

**Social Intelligence Analytics (SIA)** leverages the vast amount of information found within online channels, including prominent social media channels, to gather and analyse discussions and conversations online.

Within healthcare, social intelligence is used for understanding the unprompted views, mindsets, decision drivers, emotional characteristics and digital behaviors of healthcare stakeholders. It is also used to understand the dynamics of the wider therapeutic category online: how healthcare information is disseminated, how it impacts decisions, and - most importantly - what organisations can do to harness this massive amount of information, sometimes referred to as the 'world's largest focus group'.

## How it works

Social intelligence analytics always begins with a data acquisition engine. Ipsos owns **Synthesio, recently named a market leader in Forrester's New Wave for AI-enabled consumer intelligence platforms**, which enables us to harvest vast amounts of anonymised public commentary from healthcare stakeholders. It could come from patients, caregivers, physicians & HCPs, advocacy groups, researchers and / or others.

"Boolean queries" are used to match data with search parameters and we leverage our pharma, biotech and medtech-designed frameworks to make sense of the data. This approach has a wide variety of applications, from patient journey work and digital KOL analysis to unmet needs identification and HCP utilisation online.

The data gathered are analysed on several levels:

- **Text analytics** takes open ended / unstructured data and assesses it in the same way as we would quantitative data, by focussing on how frequently a topic is mentioned.
- **Natural Language Processing (NLP)** is used to analyse the content in a 'bottom up' approach: creating topics, attributing a weight to each topic, positioning each comment on a topic and analysing sentiment (positive / negative tone).
- **Lexical analysis** identifies prominent clusters and themes in the data for deeper study.
- **Qualitative analysis** of the data challenges us to question, 'what does the data mean', 'where do we see trends'?

## When to use it & key benefits

**When to use:**

Social intelligence is best conducted in a systematic way to align with launch or commercialisation plans. It can begin up to 18-24 months pre-launch, right through to product maturity. It is often used to infuse the unprompted voice of the patient and HCP into research and can be both qualitative and quantitative in nature. The depth of insight can be vast when utilising text analytics.

**Example use cases include:**

- To better understand how patients & HCPs are making decisions, how best to reach them online, and how to prioritise digital channels.
- To determine how patients are using social & digital channels to understand their condition.
- To construct detailed patient journeys / emotional journeys.
- To carve out online competitive differentiation, and assess and measure product launches.

**Key benefits:**

**Unique insight.** By capturing unfiltered and authentic discussions, understand what your customers are saying and the language / voice being used.

**Reflective of the real-world environment.** Conversations increasingly happen online and it would be remiss to overlook this.

**Uncover the online health of your brand.** Know how you are performing vs. the competition.

**Immediacy.** Using Synthesio dashboards, you have access to immediate insights to uncover what is top of mind right now.

**Access to long-term data.** Back-data allows you to see longitudinal trends.

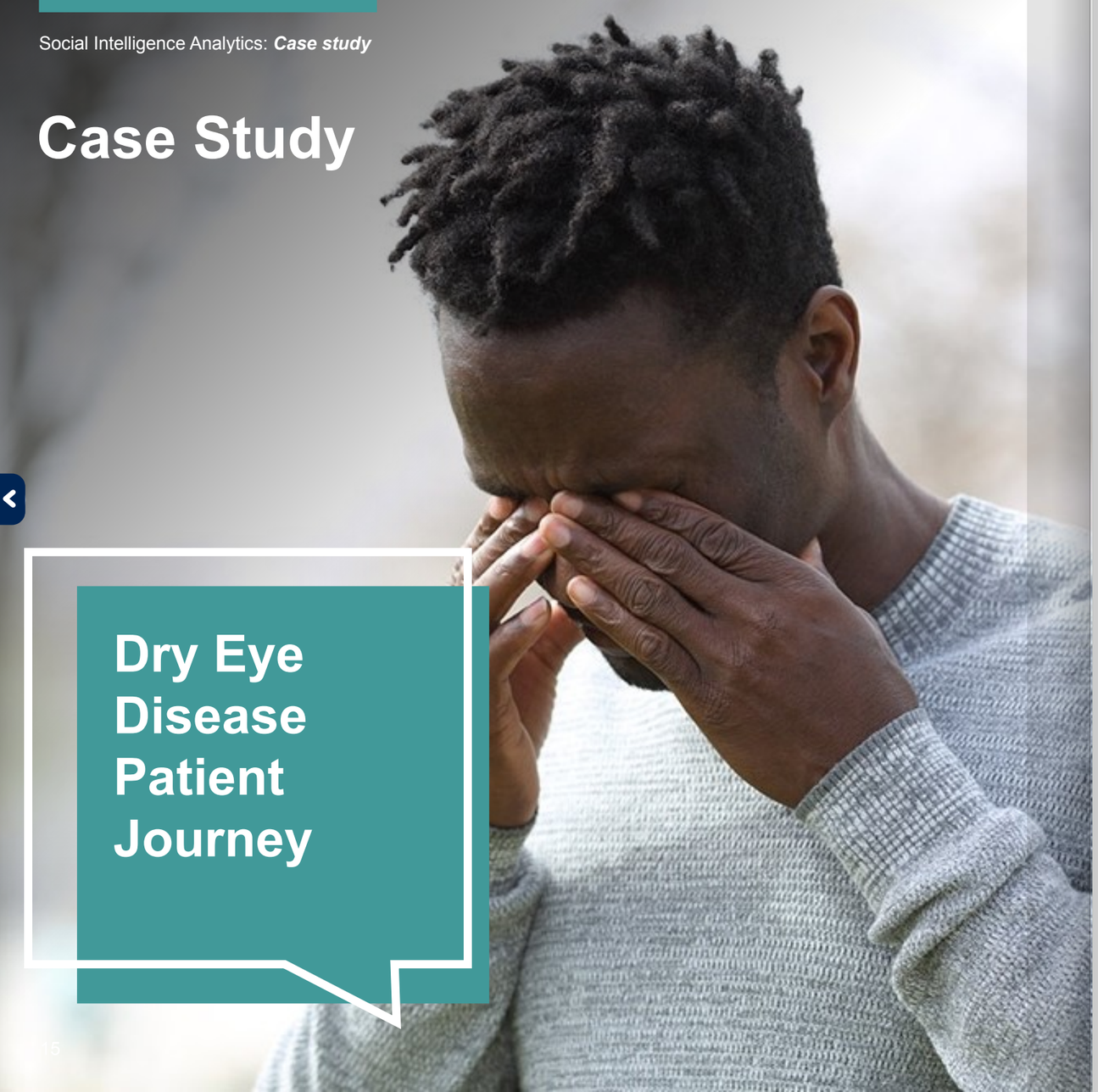
**Identify opportunities.** Patients & HCPs often share struggles online, illustrating pain points.

**Identify Digital Influencers. Discover** who the most influential HCPs are online, and what they are saying about your brand.

## Caveat & Limits

- There is a wealth of patient / consumer data freely available online. However this is not matched by HCP data. Indeed, some discussions between HCPs can happen on closed forums that we are unable to access and / or require additional investment to access.
- The ability to cut and segment data by certain demographics, like age or ethnicity, is limited unless referenced in the comment or post.
- Data are sourced from a wide variety of global markets in more than 50 languages. However, several very small markets do not have sufficient data to conduct detailed analysis. We always quantify the usable data universe prior to proposing a solution.

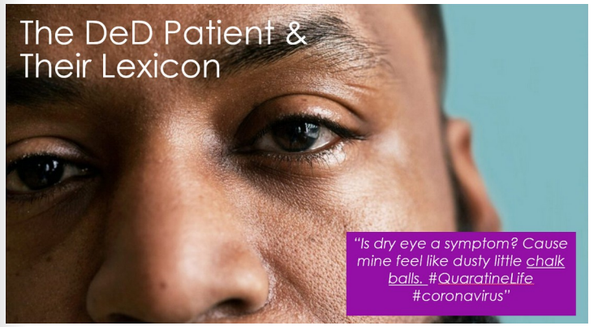
# Case Study



## Dry Eye Disease Patient Journey

## The challenge

A client in the Dry Eye Disease (DeD) treatment category needed to formulate a digital engagement strategy.  They came to Ipsos because they needed to understand the DeD patient's journey, their emotional characteristics, and their unique lexicon.




## The impact

The client gained:

- A comprehensive patient journey analysis from the patient's actual voice
- A detailed understanding of the DeD ecosystem online
- Clarity on patient digital channel utilisation for future marketing initiatives
- Identification of the most prominent digital KOLs (physicians) to partner with online
- A clear picture of patients' unmet needs, pain points, decision drivers, emerging questions, and drivers / barriers
- An understanding of how to support the patient along their emotional journey
- Ability to speak the unique language of the patient.

## The Approach

We leveraged our industry-leading social listening & intelligence platform, **Synthesio**, to acquire relevant discussions from the voice of DeD patients over an extended period of time, totalling 19,000 comments. We used a Boolean query approach to collect the data, and further normalised (cleansed) the dataset by reducing irrelevant or off-topic comments.

We then applied **text analytics** principles to the data set, coupled with journey stage categorisation (symptomatic, diagnosis, prescription, condition management) and **lexical analysis** to identify prominent clusters and themes in the data for deeper study.

## Key Takeaways

### Diagnosis is a long and arduous pathway

Patients have a hard time finding information online to help them with their diagnosis.

### The DeD patient journey is fraught with an array of emotions

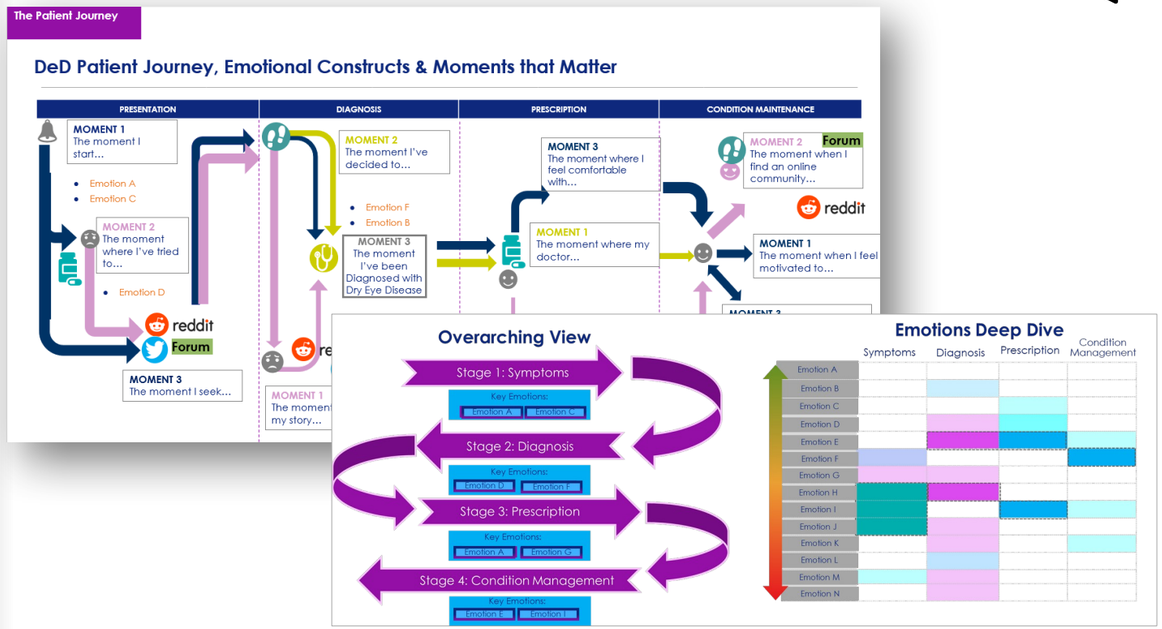
The most prominent emotion that DeD patients experienced along the journey was frustration, followed by worry and desperation.

### Peer-to-peer influence online is high

Patients note a high degree of influence on their treatment decision by other patients (peers) online.

## Bringing it to life

> *"Anyone else diagnosed with dry eye disease? The most frustrating part for me (especially today) is the blurry vision that can be a symptom. I'm having a very blurry day."*
>
> ***-DeD patient on Reddit***



# Passive Tracking

## Definition

Over the last couple of decades, the way in which doctors search for information has undergone a wholesale change. Where once the focus was on text books, direct contact with manufacturers and printed journals, we now see a predominantly online focus, with doctors utilising multiple digital devices to access content of interest.

Market research needs to reflect these changes; whilst a traditional online survey can ask doctors to recall their behaviours around seeking out professional information, we now have the technology in place to passively monitor this activity in the real world. And when real-world insights are combined with perceptions and recall, we are able to get a more holistic, complete and accurate view of behaviours and attitudes.

## How it works

The purpose of passive tracking is to understand actual behaviour in terms of how digital devices (such as computers, smartphones, and tablets) are used.

Gaining participation in passive tracking research involves recruiting HCPs and patients willing to participate and install passive tracking software on their devices. It can take time to recruit specific targets in specific therapy areas, but ultimately it gives us a unique view of HCPs' real-world behaviour that would not be possible to obtain through traditional approaches.

Once HCPs and patients have successfully installed the software, the passive tracking will operate in the background and collect information on the search terms, websites and apps used by the participants. This research involves minimal ongoing effort for participants as passive tracking data continues to be collected as participants use their devices, as normal, on a day-to-day basis.

As we collect data, it can be used to:

• Assess the amount of time spent across activities in a given sample.

• Map actions at an individual journey or aggregated level to measure pathways around different behaviours.

• Understand usage patterns between, and across, different devices.

***Watch this short animation for an overview of the approach:***

https://vimeo.com/554391212/a20ce6f06d

## When to use it & key benefits

**Key benefits:**

**Real-world understanding.** Capture real HCP activities to understand what their online behaviour looks like in the real world.

**Granular.** Deep-dive into HCPs' daily, hourly, minute-by-minute digital journeys.

**Go beyond the surface.** Avoid recall bias and perceptual challenges by going beyond self-reported perceptions.

**Individual.** Examine behaviours among specific specialties or target audiences by capturing data on a respondent-level basis.

**New insights.** Supplement traditional or active quantitative and qualitative research with deeper findings. Used in combination, it allows traditional survey measures to focus on the why, rather than the what.

**When to use:**

To inform optimisation of omnichannel engagement strategies and provide the right content at the right time through the right channel. In particular:

• To understand how best to cut through the noise online and differentiate from the huge volume of information & communications received by HCPs.

• To assess the patient online digital journey, e.g. when patients search online for healthcare information and how often.

• To capture how HCP needs are changing, and their highest priority needs, as well as how to improve relationships between HCPs and pharma, at a distance.

• Most importantly, to inform how to optimise your digital content and strategy.

## Caveat & Limits

Passive tracking data can be considered the 'gold standard' in online behavioural data. However, it does come with limitations / considerations:

• Passive tracking can require high investment compared to capturing perceptual attitudes.

• While passive tracking is unobtrusive once installed, it does require more intensive engagement for recruitment and onboarding (and participants may be wary of sharing data, even though anonymised).

• Passive tracking data requires heavy analysis, as the data format captures the full 'messiness' you would expect from real-world data.

• The software for passive monitoring can typically only be installed on personal devices, so may not fully reflect usage of online resources used during working hours.

# Case Study

## HCP Passive Tracking Study

## The challenge

Digital strategy and omnichannel engagement were priority business areas for the client.

Current market research approaches were using perceptual data (quant and qual) to uncover channel usage, search behaviour and utility of pharmaceutical company assets. However, this did not capture what physicians are *actually* doing day to day, in the real-world, in real-time.

The study's main goal was to optimise content creation and placement in digital communication. The research was designed to assess the real-world information-seeking behaviours of HCPs, in order to fully understand the exact digital sources of information that are used by specialist physicians and PCPs, both in terms of content and location.

## The impact

**10 minute survey designed to understand HCPs' stated online behaviours.**

**Passive monitoring for a period of 2 weeks (24/7 real-time tracking).**

**3 focus groups with a selection of the same sample 6 weeks post fieldwork (once passive data were analysed)**

## The impact

Our study provided rich insight into the information sources HCPs were using, how they went about finding them and which channels they prefer for different information.

It also challenged our client's perspective on how HCPs' work and personal lives intertwine.

The insights were shared at both a local and global level to help inform the client's digital communication strategy.

## How does it work in practice?

The measurement app covers all devices and operating systems (iOS, Mac OSX, Android and Windows PC).

Specialist recruiters are on-hand throughout set-up, providing the support and guidance required to ensure our doctors are comfortable with the research.

Continued support throughout the duration of passive monitoring is provided in the form of Ipsos telephone and email helplines.

**1.**

Respondents are screened and, if successful, are invited to join the programme of research.

**2.**

Respondents install the app on their devices. Full instructions are provided.

**3.**

Passive monitoring will commence and be ongoing for a period of 2 weeks.

**4.**

At the end of the monitoring period, respondents will be supported to uninstall the software – a critical step.

## Metrics captured by Passive Tracking

The passive tracking tool will record a wide range of information, including:

- How much time HCPs spend browsing the internet on their devices
- The websites visited, including any information included in the URL, the search terms used, the search results generated, and the volume of data sent or received
- The programmes / apps HCPs use, how often they are used for and for how long, the times of day that use is most popular, and whether behaviour differs between weekends and weekdays.

By combining this information, we can then deduce information such as which programmes / apps were used immediately prior to when the HCP searched for particular information using their device's internet browser, or the websites they are visiting most frequently.

## What do we capture?

**We can measure:**

•Which URLs and apps are accessed

•At what time apps & sites are accessed, how long for, and how often

•Search terms used and search results generated

•Overall digital journeys throughout the day, links followed, etc.

**We do not measure:**

What is done within apps, call or message data, or photos.

# NFC sensors for ‘in the moment’ research

## Definition

Near-Field Communication (NFC) sensor stickers are a contactless technology that allows smartphones / tablets to interact with a trigger.

We can put NFC sensor stickers onto any product or environment we're interested in testing. Participants simply tap their phone over the NFC–enabled sticker, and a web-based research experience will open on their phone (e.g. survey, video / audio diary, etc.).

## How it works

NFC is used commercially for payment systems such as Apple Pay™. Within research, we use it as a way to initiate a survey or diary engagement. Stickers with the NFC chips instruct respondents how to interact with them on their mobile device. By encoding the NFC chips with a link to a diary, the tap activates a contextual mobile experience on the user's phone that directs them to the diary.

Essentially, it is a simple sticker, embedded into any form, that can be placed onto virtually any surface or environment in the home, on a product or in the physician's office.

We can programme virtually any engagement experience we want; we can share content or collect feedback in the moment – qualitative or quantitative. We have full flexibility as the link can be updated in real-time, so if updates need to be made mid-fieldwork, or if new questions are added to a longitudinal study, new stickers don't need to be sent out.

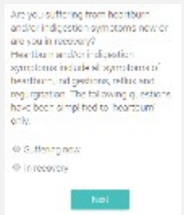
**1** Go to


+

**2** Tap their

=

**3** Tap message to open browser



## When to use it & key benefits

**When to use:**

• Any study in which it is critical to capture real-world thoughts, feelings and reactions in the moment, closer to the moments of truth.

• Longitudinal studies, especially in cases where we would want to adapt the stimulus or research activities over time and create dynamic research experiences for our participants.

**Key benefits:**

**Prevalence and affordability of sensors:** Ubiquitous access to smartphones allows us to conduct research that produces new levels of insight.

**Measure consumers' behaviour in their real, everyday lives.** Down to the level of a single individual's consumer journey.

**Real-time reporting and analysis from the field.** This is a scalable solution that can be applied to virtually unlimited participants, projects and scenarios.

**Long-term engagement:** Research-on-research shows greater continued diary engagement over time, compared to email reminders.

**Measuring real world complexity:** Capturing feedback in the moment allows us to see the 'messiness' that happens in real-life experience – as opposed to when receiving generalisations. Research-on-Research again shows greater depth of recall, accuracy and granularity compared to surveys administered after the fact.

***Watch this short animation for an overview of the approach:***


https://vimeo.com/445223234
password: ipsosmori

## Caveat & Limits

In most cases, not all participant devices are compatible with NFC technology. They should be assessed during recruitment to optimise device compatibility.

It is key to have frequent data checking and management of the interactions to ensure participants are engaging with the triggers.

# Case Study

## Using NFC to collect data in a frictionless way

## The challenge

Our client needed to improve its understanding of the experience of patients with the chronic condition treated by its product.

It was key to understand patient experience **over time** and **in the moment** of experience, so we needed an approach that would keep participants engaged and coming back to share their symptoms.

## The impact

Sensor nudges facilitated access to a regular study, allowing for more surveys completed, and a greater volume of data that was closer to the ‘moment of truth’ (i.e. medicine adherence, activity levels), richer and more granular.

This greater depth of response made it easier for researchers to observe and describe behaviours and for our client to understand the patient disease experience.

## The Approach

Over 50 patients participated in a patient symptom diary to submit video diaries. Each respondent was sent stickers to remind them of the diaries and to facilitate access to it.

The diary was open for 4 weeks for participants to take part.

Fieldwork took place among patients in a single country.

## Facilitating engagement

Each respondent received 3 stickers to place in their homes. Every time the respondent accessed the diary they were prompted to record a short video of 60 seconds or less, describing how they were feeling, and to complete a few questions.

Participants tapped the stickers a total of 462 times, providing 365 videos.

Placing the NFC sticker on treatment packaging or on a medicine cabinet had the best impact in terms of reminding participants to describe their symptoms.

## Convenient access to any type of survey

**1.**


A simple sticker that can be placed onto virtually any surface (or product) in the home or retail environment.


The respondent is prompted to tap their phone on the sticker (similar to the motion of contactless payment).

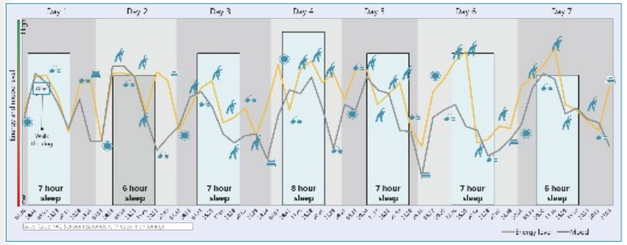
**2.**

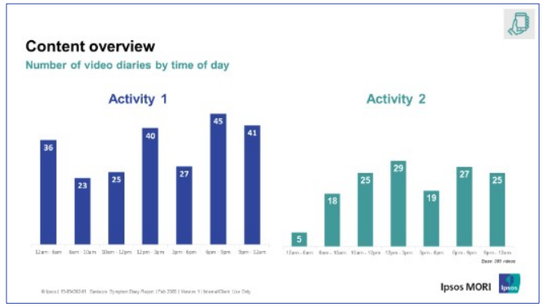

A web-based survey or research engagement experience immediately opens on their phone.


It is possible to programme virtually any engagement experience we want; we can push content, or collect feedback, in the moment whenever it fits into the respondents' schedule – qualitative or quantitative.

## What do you get

Long-term engagement, and measurement throughout the day at key moments



# Behavioural Science

## Definition

Behavioural science is often associated with ‘nudging’ (i.e. with System 1, the intuitive, emotional part of our brain, versus System 2, the more logical, deliberate part).

However, research shows that decisions are more complex than a System 1 / System 2 split, and that this is not the whole story…

Nudging tactics are typically found to work in constrained situations with clear specific outcomes – perhaps at point-of-sale.

But we live in a world that is increasingly disrupted, where people are required to make personal choices, dealing with risk and navigating change.

As such, we use behavioural science to understand how to facilitate change – how to make it happen and how to help people obtain the desired outcomes they are seeking but often fail to arrive at.

## How it works

At Ipsos we are all about helping brands to find ways to facilitate change. As such, our approach is centred around a **behaviour change model called MAPPS.**

This model sets out the dimensions that need to be working well in order for change to happen. The broad dimensions are:

- **Motivation:** Do I want to do the behaviour?
- **Ability:** Do I know how to do the behaviour?
- **Processing:** Is the person thinking about this intuitively or reflectively?
- **Physical:** Are there environmental barriers to behaviour adoption?
- **Social:** What are the social norms, or cultural values, that may be preventing the behaviour?

The model is based on leading academic literature, COM-B, which also has an extensive evidence base of delivering sustained behaviour change.

The framework sits within a system which allows us to undertake a user centric approach to behaviour change:

**Define:** Being very clear about the behaviour outcomes we are aiming for.

**Diagnose:** Using the behaviour change framework, we can design our research tools to measure the drivers and barriers.

**Design:** We link directly to design guidance to address the barriers and support the drivers.

**Deliver:** Identify the relevant infrastructure to deliver interventions (e.g. comms mix, HCP education, etc.).

## When to use it & key benefits

### When to use:

Behavioural Science can be used in a wide range of different contexts – here, we focus on those instances in which we are trying to change behaviour.

This spans both patient and HCP behaviour, where we often find that ongoing challenges have been widely researched but there has not yet been a means of delivering on the desired outcomes.

In these situations, we will often use our approach to review existing materials and then work with the team to identify appropriate intervention strategies that we then refine, optimise and test.

Our BeSci experts work alongside the Ipsos research teams to ensure that our approach is optimised to deliver effective and sustained behaviour change.

### Key benefits:

**Makes change happen:** Often, research is focused on understanding an issue – we are very focused on augmenting this to go from understanding the issue to making change happen.

**Avoids pitfalls:** It is easy to assume we need an app or a TV commercial when, in fact, separating design from delivery mechanisms allows us to be more creative, and indeed effective.

**Optimise research tools:** We work alongside researchers to design tools in a way that allows us to identify and measure the key dimensions – making it flexible and effective.

**Easy to communicate:** We believe in democratising behavioural science expertise, and the approach allows for easy use and communication with the wider stakeholder community.

## Caveat & Limits

Behavioural science is an effective lens but we need to be clear that it does not deliver ‘silver bullets’.

There can be a lot of hype around ‘nudge’, leading stakeholders to think there are quick and low-cost ways to make change happen, instantly.

On occasion, this can be true, but more often what is needed is a programme of behaviour change that is applied consistently and seeks to change behaviour over time.

There can also be a lot of confusion about what behavioural science *is*. We offer training programmes and lunchtime sessions for our clients to provide clarity on what is often seen as a complex topic.

# THANK YOU

## ABOUT IPSOS

In our world of rapid change, the need for reliable information to make confident decisions has never been greater. At Ipsos we believe our clients need more than a data supplier, they need a partner who can produce accurate and relevant information and turn it into actionable truth.

This is why our passionately curious experts not only provide the most precise measurement, but shape it to provide a true understanding of society, markets and people – so that our clients can act faster, smarter and bolder.

Ultimately, success comes down to a simple truth:

**You act better when you are sure.**

GAME CHANGERS