

## Gaining Clinical Insight: Physician Interviews

### Your Objectives

The first, and most important, order of business is to know what information you are trying to extract. Our assumption here is that you need detailed, qualitative clinical insight on a topic of interest, which suggests that telephone or in-person interviews would be most suitable. Who can provide the insight you seek? What clinical specialties should be represented? Where should they be working – academic institutions, community hospitals or private practice? In other words, what kinds of physicians are most likely to contribute the insight you seek?

### Recruiting

Now, how do you identify these doctors and entice them to participate? In our experience the incentives that matter most are (1) interest in the topic of discussion and (2) cash. Money sometimes works alone but it's much better if both motivations are in play. However, you must first identify some candidates with experience in the matters at hand. Academics are the easiest to identify because they publish, while physicians in private practice and those employed by hospitals are more challenging. Professional associations can sometimes help. Once identified they can be invited to participate by email, phone or fax. We find email recruiting to be the most effective, but getting physician email addresses can be challenging. If all else fails you can partner with a provider of physician panels, i.e. doctors who have previously agreed to participate in market research for a fee.

### The Interview

The discussion, whether it takes place by telephone or in person, should be just that – a discussion between peers, not a survey. Of course, to qualify as a peer you must know a good deal about the topic of interest before the discussion takes place. While a written discussion guide is essential to start, it's best if the discussion is wide-ranging and led about equally by the two parties. Treat the respondent as a professional *person* not a medical authority from whom you are attempting to pry data; establish some personal rapport; no deception and no selling. Throughout the Q&A process try to understand the respondent's frame of reference and concerns. On each issue is s/he motivated by purely clinical preferences, concern for the patient, procedural efficiency, economics, or what?

### Interpretation

Now for the creative part: converting fact and opinion to insight. It's really a matter of collating the data, stepping back to see the big picture, then drilling down into a few key issues. There's no recipe for this interpretive process, and it's important to keep in mind potential respondent biases along the way. You can expect a few lies and half-truths, some hidden (or not so hidden) agendas, and some important personal economic drivers. Nevertheless, in most situations a doctor's concern for the patient will trump other motivations. Just be sure you weigh each respondent's answers against that physician's depth of experience and credibility.