# **Session 4:**

# Social/Digital Media: The Future of Qualitative Data Collection in the Context of Labeling

FIFTH ANNUAL
PATIENT-REPORTED OUTCOME (PRO) CONSORTIUM WORKSHOP

**April 29 - 30, 2014** ■ **Silver Spring, MD** 

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# **Session Objectives**



- Gain greater understanding of techniques used to conduct qualitative research using digital media
- Provide examples of the implementation of some of these techniques used for concept elicitation with a single social media platform
- Discuss the advantages and disadvantages of using digital media to collect data used in the context of labeling
- Consider how the health care enterprise can move forward with the use of digital media to enhance our understanding of how patients experience their health and treatment.

# **Session Participants**



### Moderator

 Margaret Rothman, PhD – Senior Director, PRO Group, Janssen Pharmaceutical Companies of Johnson and Johnson

### Presenters and Panelists

- Trena M. Paulus, PhD Associate Professor and Coordinator of the Graduate Certificate in Qualitative Research Methods, Department of Educational Psychology and Counseling, University of Tennessee
- Paul Wicks, PhD Vice President of Innovation, PatientsLikeMe
- Elektra Papadopoulos, MD, MPH Team Leader, Study Endpoints Team, SEALD, OND, CDER, FDA
- Tara Symonds, PhD Senior Director and Head, PRO Center of Excellence, Pfizer

# Digital tools for qualitative data collection Trena M. Paulus, Ph.D. University of Tennessee

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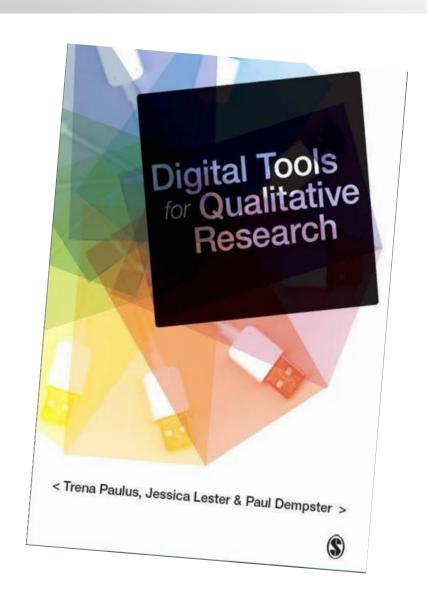
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# New technologies & health



Estimates from the New England Research Institutes (NERI) suggest developing a PRO from beginning to end takes at least 24 months and costs between \$1m \$5m, while estimates shared at the 2011 C-Path meeting suggest up to 4 years for development and costs between \$725k - \$2.1m.

Hayes R. Patient-Reported Outcome (PRO) Instruments as Drug Development Tools (Session III). Consensus Science New Tools and Tactics for Next-Gen Drug Development., Washington, DC: 2011.

# New technologies & health



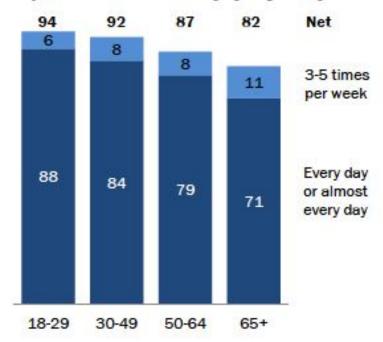
- Seven-in-ten (72%) adult internet users say they have searched online for information about a range of health issues, the most popular being specific diseases and treatments.
- One-in-four (26%) adult internet users say they have read or watched someone else's health experience about health or medical issues in the past 12 months.
- 16% of adult internet users in the U.S. have gone online in the past 12 months to find others who share the same health concerns.
- S. Fox (Jan 15, 2014) The social life of health information. Pew Research Center.

# New technologies & health



# A majority of older internet users go online on a daily basis

% of internet users in each age group who go online ...



Pew Research Center's Internet Project July 18-September 30, 2013 tracking survey.

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# Qualitative data types



- Researcher-generated (technologies as tools)
  - Focus groups
  - Interviews
  - Surveys
  - \*Online interviews & focus groups
  - \*Mobile devices
- Naturally-occurring (technologies as contexts)
  - Observations
  - Conversations
  - Documents
  - \*Online communities & social media interactions

# Digital tools & qualitative data



1. Online interviews & focus groups

2. Online communities & social media

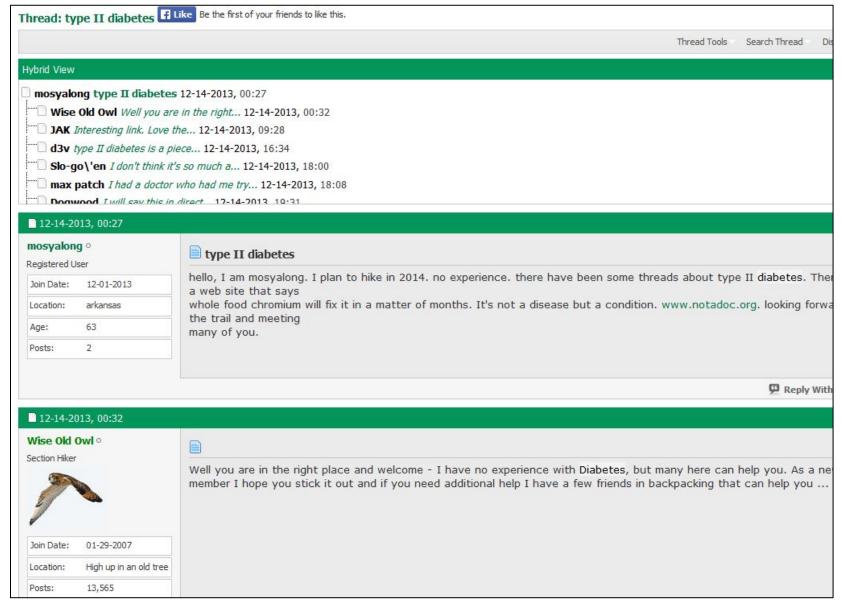
3. Mobile devices





- Asynchronous (different place, different time)
  - E-mail
  - Discussion forums
  - Social media (blurs the boundary)
- Synchronous (different place, same time)
  - (Phone, SMS/text messages)
  - Facebook chat
  - Skype video (with chat)
  - Google Hangout video (with chat)
  - Video messaging (blurs the boundary)

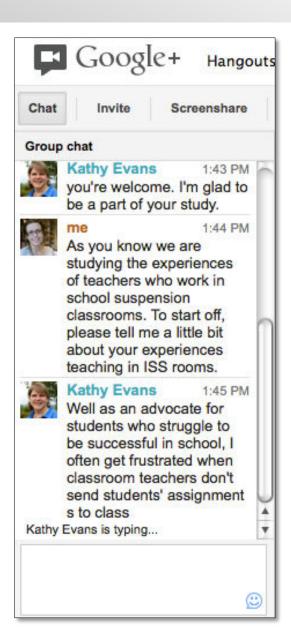




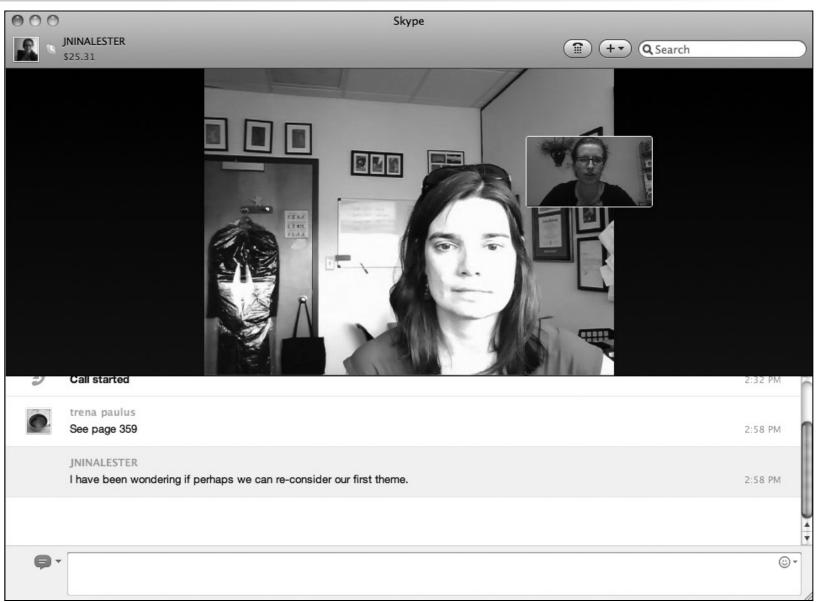


- Asynchronous focus groups (Tates et al., 2009):
  - Access to hard to reach populations
  - Cost & time saving for researchers
  - Accurate & automatic capture of data
  - Participant convenience & comfort
  - Greater self-disclosure
  - Lack of time pressure & greater reflection
  - Selection bias
  - Digital divide
  - Lurkers
  - Lack of visual cues











- Synchronous focus groups with young people (Fox et al. 2007)
  - Dynamic, immediate, more similar to talk
  - Emotions conveyed through emoticon use
  - Less threatening to young people
  - Must find common meeting time
  - Requires fast Internet connection
  - Chaotic turn-taking
  - Typing speed = power
  - More than 5 participants requires 2 moderators

# Issues to consider



	Asynchronous	Synchronous
Technical requirements	Likely familiar technologies	Fast connection, webcam, audio/video, more technical difficulties likely
Skills	Writing skills	Typing speed Comfort with video
Visual cues	Largely absent	Present with video or emoticons or text abbreviations
Participation	Can ignore messages Can lurk Lag time for responses	Chaotic with too many participants
Response types	Reflective	Spontaneous, can respond to probes

See also Wilkerson et al. (2014). *Recommendations for Internet-based Qualitative Health Research with Hard to Reach Populations*. Qualitative Health Research 4(4), 561-574.

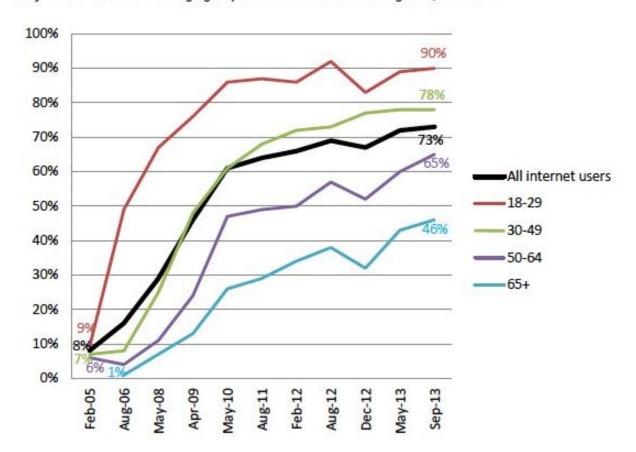






### Social networking site use by age group, 2005-2013

% of internet users in each age group who use social networking sites, over time

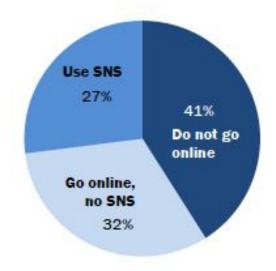


Source: Latest data from Pew Research Center's Internet Project Library Survey, July 18 – September 30, 2013. N=5,112 internet users ages 18+. Interviews were conducted in English and Spanish and on landline and cell phones. The margin of error for results based on internet users is +/- 1.6 percentage points.



# One-quarter of seniors use online social networks

% of seniors who ...



Pew Research Center's Internet Project July 18-September 30, 2013 tracking survey.

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- Spontaneous (unelicited)
  - WhiteBlaze.net (online hobby group)
  - Facebook
  - SecondLife
  - **Unknown** participants
- Designed (elicited)
  - Patients Like Me
  - One Thousand Voices
  - Online support groups (Varga & Paulus, 2014); online educational groups (Paulus & Lester, 2013)
  - Known participants



General Discussions



Back to Discussion List



### High Glucose reading at Dr. visit

Watch this



I've had high blood pressure and I am on that forum. I'm 40 years old and have a physical job, I'm not obese, but do have the "spare tire" I'm 6 foot 5 and 260lbs. I was dieting last year and was about 230, but fell off the diet wagon and now I'm 260, again, mostly belly fat, which I have read is the worst.

So I went to my family Dr. to re-fill my RX for my blood pressure medicine and he decided to do some blood work. My cholesteral was alittle high so he prescribed 10mg of Lipitor, but the thing that scares me the most was my elevated glucose level. It was 118. The Dr. said it should be between 65 and 105. I now have to go take a 2 hour glucose tolerance test.

I don't have a family history of diabetes. The cholesteral doesn't bother me as much, as I am confident I can change that with my diet. I have already sworn off any fast food, junk food and sweets. All this happened yesterday after my appointment, but It's a real eye opener to me, and with that said, I have the willpower to eat nothing but salads, granola, grilled chicken, grilled salmon, and water.

I'm confused though because I was talking to a friend that has diabetes and has to take shots, and he said 118 wasn't bad. I know I definetly need to loose weight, and although I only started yesterday, I'm on that path and I am going to be eating right from now on. I'm just concearned as to why my Dr. requested I take the 2 hour test. Are there some other issues that can be uncovered in that test?

Any input would be greatly appreciated. I didn't get to talk to the Dr. the lab nurse called me late in the day Friday with the results and news that I needed to take the test. So obviously with this being the weekend, I'm stressing out about it.

### Thanks

Posted on 04/19/14, 11:54 am











- Detecting health conditions (Prieto et al 2014)
- **Sharing** treatments and experiences of care (McGregor et al 2014)
- Recruiting survey participants (O'Conner et al 2013)

# Issues to consider



Username V	Tweet	Time	Y
nutritionXP	@ Lswensen it's just awful to watch! He's clocking up 3,000 calories! #fastfoodbaby1	22/03/2012 1	
65reevesmm	Can't believe how these kids rule over their parents - shocking #fastfoodbaby1	22/03/2012 1	
nutritionXP	The parents are creating a recipe for diabetes, heart disease and cancer #fastfoodbaby1	22/03/2012 1	
.Swensen1 @65reevesmm this baby is drinking 6 cans of Cola a day! I feel sick :( #fastfoodbaby1		22/03/2012 1	
65reevesmm	Nothing wrong with takeaway every now and again,	22/03/2012 1	

QSR Nvivo's Ncapture tool

# Issues to consider



Public vs Private	Topic Sensitivity	Degree of Interaction	Subject Vulnerability	Is Consent Necessary?
Private	High	High	High	Likely
<b>1</b>	1	<b>↑</b>	<b>1</b>	1
Public	Low	Low	Low	Not Likely

Figure 5.1 Heuristic for making informed consent decisions in Internet research (adapted from McKee and Porter, 2009, p. 88)





- 90% of American adults have a cell phone (including 77% of older adults)
- 58% of American adults have a smartphone (including 18% of older adults)
- 32% of American adults own an e-reader
- 42% of American adults own a **tablet** computer



### Cell phone activities

The % of cell phone owners who use their cell phone to...

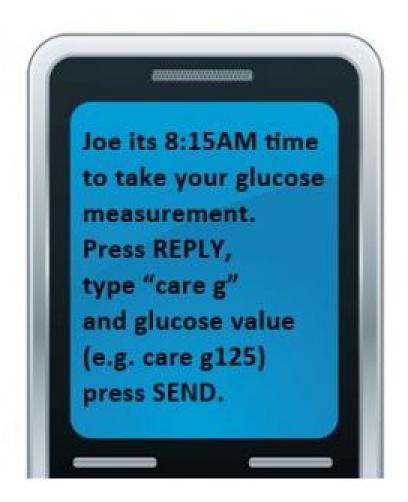
81	send or receive text messages	
60	access the internet	
52	send or receive email	
50	download apps	
49	get directions, recommendations, or other location-based information	
48	listen to music	
21	participate in a video call or video chat	
8	"check in" or share your location	

Source: Pew Research Center's Internet & American Life Project Spring Tracking Survey, April 17 – May 19, 2013. N=2,076 cell phone owners. Interviews were conducted in English and Spanish and on landline and cell phones. The margin of error for results based on all cell phone owners is +/- 2.4 percentage points.



- Motion sensor to trigger physical activity recall (Dunton et al, 2014)
- Text-message/SMS prompts (Bobrow et al, 2014; Tsai et al, 2007)
- Mobile phone-assisted personal interviewing (van Heerden et al., 2014)







What have you been DOING between 1:35 PM and 2:05 PM? (Choose all that apply)		
Reading or doing homework		
Using technology (TV, phone)		
Eating/Drinking		
■ Sports/Exercising		
Going somewhere		
Hanging out		
Other		
Next		

Image: http://journal.frontiersin.org/Journal/10.3389/fpubh.2014.00012/full



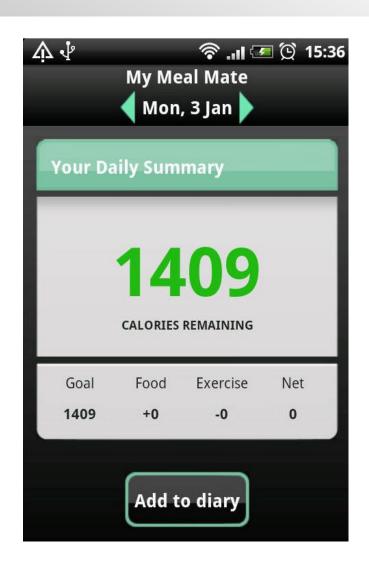


Image: http://www.jmir.org/2013/4/e32/

#### Issues to consider





## Your poll will show here

1

Install the app from pollev.com/app

2

Make sure you are in Slide Show mode

Still not working? Get help at <u>pollev.com/app/help</u>

or

Open poll in your web browser

#### Resources



- Fielding, N.G., Lee, R.M., & Blank, G. (2008) <u>The SAGE</u> Handbook of Online Research Methods.
- Kozinets, R. (2010) <u>Netnography</u>.
- Paulus, T., Lester, J. & Dempster, D. (2014) <u>Digital Tools for</u> <u>Qualitative Research</u>.
- Poynter, R. (2010) <u>The Handbook of Online and Social Media</u> <u>Research</u>.
- Salmons, J. (2014) *Qualitative Online Interviews*, 2<sup>nd</sup> edition.
- Special issue of Health Affairs: <u>Early evidence</u>, <u>future promise</u>
   <u>of connected health</u> (data security & privacy)
- Bamboo DiRT: <u>Digital research tools</u>
- Visualizing data: <u>Tools for collecting and handling data</u>

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# Advances in Online Tools for Accelerating PRO Development

Paul Wicks, PhD
PatientsLikeMe
Vice President of Innovation

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## **PatientsLikeMe**



Step 1:

Create/update and share your health profile



Step 2:

Find support from others like you and compare experiences

Step 5:

Play an integral part in your own health care



#### Step 3:

Learn from aggregated community Treatment and Symptom Reports



Take profile to your doctor to have an improved treatment conversation

## **Measuring Advanced ALS**





European Journal of Neurology 2009, 16: 353-359

doi:10.1111/j.1468-1331.2008.02434.x

#### Measuring function in advanced ALS: validation of ALSFRS-EX extension items

P. Wicks<sup>a</sup>, M. P. Massagli<sup>a</sup>, C. Wolf<sup>b</sup> and J. Heywood<sup>a</sup>
<sup>a</sup>PatientsLikeMe Inc., Research & Development, Cambridge, MA, USA; and <sup>b</sup>Person living with ALS, patient member of Patients-

LikeMe.com

#### Keywords:

ALS, ALSFRS-R, clinical rating scale, floor effect

Received 19 August 2008 Accepted 18 November 2008 Background: With the aid of assistive technology, some patients with amyotrophic lateral sclerosis (ALS) are able to live for several years past the lowest measurable level of function on the Amyotrophic Lateral Sclerosis Functional Rating Scale – Revised (ALSFRS-R), a widely used end-point in ALS assessment. There is a research need to monitor patient function at the end of life, particularly in the face of severe impairment or 'locked in syndrome'. Methods: We used an online community for people with ALS assessment.

- ALS patient noticed ALSFRS-R wasn't sensitive enough to capture function in advanced ALS, "floor effect" of measure
- 200+ patients
   participated in study to
   construct and pilot a
   new, more sensitive
   instrument
- 3 new items were selected to be included in the new ALSFRS-EX measure
- Being used by the VA biobank and academic studies

# Challenges in PRO Development Today PRO CRITICAL PATH INSTITUTE CONSORTIUM CRITICAL PATH INSTITUTE CHALLENGTH IN CRITICAL PATH INSTITUTE CHALLENGTH IN CRITICAL PATH IN CRIT



- Slow (2-4 years) & expensive to develop (\$725k-\$2.1m)
- Only available in few diseases
- Typically license fee for use
- Many lack patient input in design
- Outdated e.g. home shopping, internet, smartphones

Rosen R. Development of Patient Reported Outcome (PRO) Measures: How Feasible is a PRO for Asymptomatic PCa Treatment? FDA Public Workshop Clinical Trial Design Issues Drug and Device Development for Localized Prostate Cancer, 2013.

Hayes R. Patient-Reported Outcome (PRO) Instruments as Drug Development Tools (Session III). Consensus Science New Tools and Tactics for Next-Gen Drug Development., Washington, DC: 2011.

## **Open source model and PROs**





## **Open Research Exchange (ORE)**



- A PRO builder toolset modeled on open source software
- Includes versioning, branching, contributions, feedback
- Social Architecture for collaboration, credentialing, credit
- Automated psychometric statistics for PRO improvement
- Database of instruments and supporting data
- Scientific support from experts at PatientsLikeMe & SAB





## **ORE** advisory board





Ethan Basch, M.D.

University of North Carolina School of Medicine,
Lineberger Comprehensive Cancer Center



Erin Holve, Ph.D. Senior Director, AcademyHealth



Patricia Brennan, R.N., Ph.D. University of Wisconsin-Madison School of Nursing and College of Engineering



Bryce Reeve, Ph.D.
University of North Carolina
Gillings School of Global Public Health



David Cella, Ph.D.

Northwestern University Feinberg School of
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**Sara Riggare** *PhD student, Karolinska Institutet* 



**Ari Gnanasakthy** *Head of Patient Reported Outcomes, Novartis* 



**Sharon Terry** *President and CEO, Genetic Alliance* 



Hugh Hempel
Co-Founder, Solution Therapeutics and
Parent Advocate, The Addi and Cassi Fund



John Wilbanks
Chief Commons Officer at Sage
Bionetworks; Founder, Consent to
Research; Senior Fellow in
Entrepreneurship,
Ewing Marion Kauffman Foundation

## 5 Phases of PRO development



#### **Qualitative phase**

#### Quantitative/psychometric phase

#### Concept Elicitation



- To obtain input from patients
- Opportunity to examine patient experience at a large scale
- Item generation process
- Based on openended questions



Feedback



Test



Retest



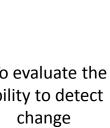
Follow up



- Equivalent to cognitive debriefing
- To evaluate clarity, relevance, and adequacy of response options for each item
  - Item review based on patient feedback
- 4 feedback questions are displayed below each evaluated item

- Psychometric evaluation of the new instrument (validity and reliability)
  - Flexible study design
- Ongoing patient input available through item-level and post-survey feedback

 To evaluate the ability to detect change



## **Online Concept Elicitation (non-ORE)**



#### **Ongoing Collaborations (not using ORE)**

- Patient-Relevant Concepts in Chronic Lymphocytic Leukemia (Janssen)
  - 50 adults with CLL recruited via PatientsLikeMe
  - 78% reported at least one symptom
  - 369 descriptions of CLL symptoms including fatigue (40%), tiredness (38%), night sweats (38%), swollen lymph nodes (32%)
  - Supplemental telephone interviews included for a subset
  - Concept saturation was achieved using the web-only technique
- Ovarian Cancer "In your own words" (AstraZeneca)
  - 30 adults with Ovarian cancer recruited via PatientsLikeMe
  - Symptoms leading to diagnosis, patient journey
  - Symptom fluctuations, worst symptom over course
  - Impact of treatment(s) and description of follow-up care

## **Item- Level Feedback**



#### **Quantitative Feedback**

- How well did this question apply to you?
  - Very well, Reasonably well, A little bit, Not at all
- How easy was this question to understand?
  - Very easy , Easy , Somewhat easy, Not easy at all
- How well did the response choices fit the way you think about this question?
  - Very well, Reasonably well, A little bit, Not at all

#### **Qualitative Feedback**

In the past 4 weeks, how often did you feel restless because of your sleeping problems?

"Not sure what was meant by 'restless'. Does that mean not being able to fall asleep?
 Waking up during the night and not being able to get back to sleep? Feeling agitated during the day? 'Restless Legs Syndrome'

In the past 4 weeks, how often did you feel more emotional than usual because of your sleeping problems?

 "The way this is written makes it seem like it is asking whether I feel more emotional over the last 4 weeks than I did previously. Is that what was intended?"

In the past 4 weeks, how often didn't you feel your best because of your sleeping problems?

 "When I have to read the question 4 times to figure out the question...it was not easy for me to understand"

## **Feedback: Overall Comments**



# Did this survey give you any new insights into your own health situation? Please explain.

 "Yes. It showed me how interconnected everything in the body is. My lack of sleep, due to Fibromyalgia, makes my pain, which is constant, even worse than usual. In turn, I nap in the afternoon, so I am wide awake when it's time to go to bed."

# Are there other things missing from this survey that are important for researchers to consider, given your own experience?

• "A question that should be asked is if the individual feels their lack of sleep is due to: meds, depression, illness, etc."

# What, if anything, should we change to improve this survey, make it more relevant to your condition, or make it more understandable?

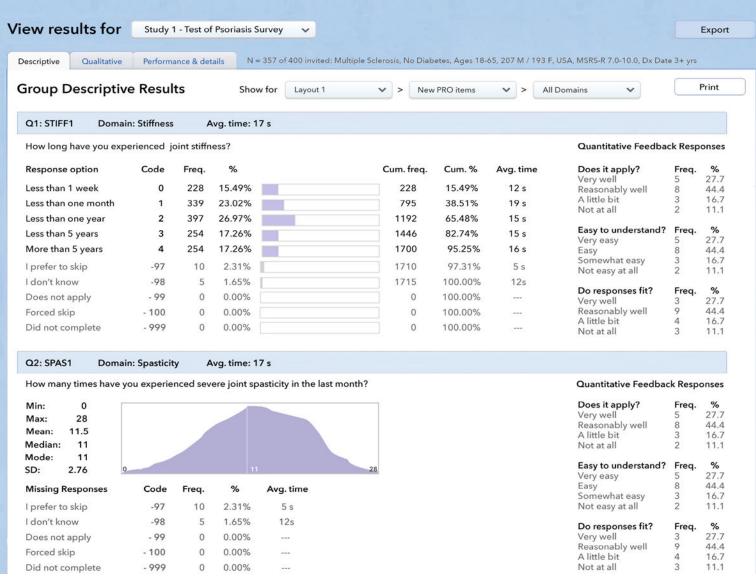
 "You need to know what illnesses people have other than insomnia, whether they use a CPAP machine, oxygen, sleep alone, if the sleep on a bed or recliner."

# Please add any other comments you may have about the questions used in this survey.

"I appreciate that I had genuine choices in answering this survey."

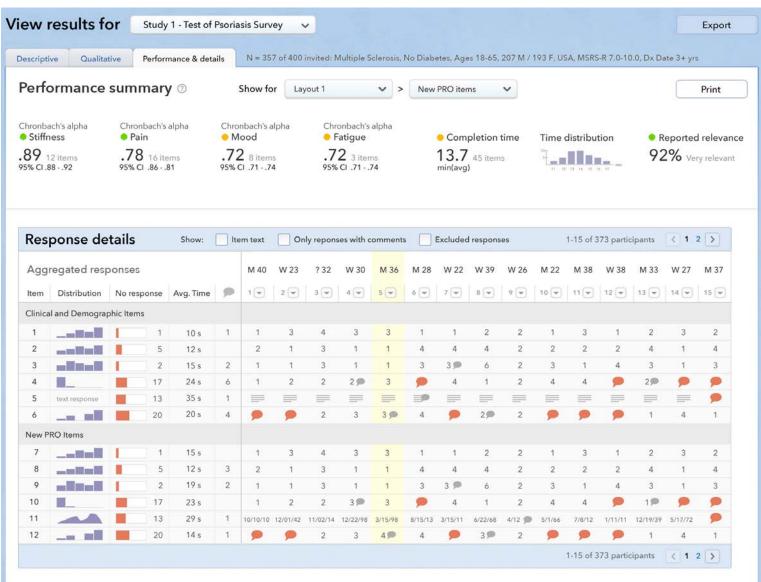
## **Real-time Psychometric Stats**





## **Patient-Level Data Display**





## Adaptations in response to feedback



#### Patient Verification

80% of patient asked agreed we could contact their physician

#### Comparative validity

Follow-up over telephone produced highly similar results

#### Representativeness

Use of population weightings and stratified sampling

#### Ease of use

Partnering with patients-led PRO, move to self-service

#### Item Response Theory

Supporting CAT item banks, minimize burden, leverage PROMIS

#### Appropriate Credit & Version control

Work in progress to ensure balance of quality and accessibility

## **Pros / Cons of Online Research**



- Participatory
- Speed
- Anonymity
- Patient-centric
- Global reach
- Longitudinal
- Openness

- High Touch
- Errors propagate
- Validation
- Verification
- Localization
- Attrition
- Security



## **Panel Discussion**

## **Session Participants**



#### Moderator

 Margaret Rothman, PhD – Senior Director, PRO Group, Janssen Pharmaceutical Companies of Johnson and Johnson

#### Presenters and Panelists

- Trena M. Paulus, PhD Associate Professor and Coordinator of the Graduate Certificate in Qualitative Research Methods, Department of Educational Psychology and Counseling, University of Tennessee
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- Elektra Papadopoulos, MD, MPH Team Leader, Study Endpoints Team, SEALD, OND, CDER, FDA
- Tara Symonds, PhD Senior Director and Head, PRO Center of Excellence, Pfizer



# Discussion and/or Questions?