Using Asynchronous Online Focus Groups to Capture Healthcare Provider Opinion



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PROJECT

STUDY AIM

To understand the impact of the 2016 Oregon Medicaid Back Pain Policy

THE POLICY

Restricted opioids prescriptions for new chronic back pain patients on opioids

Expanded Medicaid coverage for back pain treatment to include Complementary and Alternative Medicine (Acupuncture, Chiropractor, Physical therapy, Yoga, and Massage)



METHODS

Conducted 7 asynchronous online focus groups with healthcare providers from January – March 2020

WHY WE CHOSE ONLINE FOCUS GROUPS

LOCATION Online focus group enabled geographic reach

TIMING Asynchronicity allowed respondents to log on at any point over a 48-hour period

ANONYMITY Softened hierarchy found in group-based data collection

SENSITIVTY Topic was about professional practices, OF TOPIC considered a low level of sensitivity and fine for group-based data collection

How we conducted them

RECRUITMENT Emailed potential participants 7-14 days before the group started

MODERATION Two co-moderators were present

for each group

GROUPS Separated group

Separated groups by profession and urbanicity

LIMITATIONS

Difficult to prompt and probe if someone only logs on once

Not suitable for populations who don't like technology or who don't have reliable internet access

FUTURE RESEARCH

Are there differences between data collected from in-person focus groups vs online focus group?

What populations are best suited to asynchronous online focus groups?

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