THE POWER OF

Dialogue-infused Teledepth Interviews

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SYNOPSIS

This method uses actual Point-of-Practice™ dialogues from our database of physician-patient exam room conversations to prompt responses from respondents.

INTRODUCTION

At Verilogue, we utilize a unique method called a **dialogue-infused TDI** in some situations to supplement the traditional tele-depth interview (TDI)—a common cornerstone method of qualitative market research. This method uses actual Point-of-Practice™ dialogues from our database of physician-patient exam room conversations to prompt responses from respondents. It is focused on conducting interviews with dialogue from reality—i.e., real world stimulus—not relying on recall, and not reviewing a simulation or fictious situation, but a **real** case, a **real** conversation as the stimulus for the interview. Respondents look at actual Point-of-Practice™ dialogues from our database of physician-patient exam room conversations to elicit reactions.

The difference in this method versus a traditional TDI is that it asks the respondent to react to an

actual conversation, rather than just relying on their recall ability. For example, instead of asking: “Do you remember what your doctor told you about your kidneys?” we show the patient a snippet from a dialogue then ask: “How much does or doesn’t this sound like your doctor?” or “How would you feel if your doctor told you this?”

The conversations below are excerpts from actual discussions between lupus nephritis patients and their physicians. These dialogues were recorded with the permission of everyone involved. We did not write them, so the information is what a doctor in clinical practice has actually said.

We ask the respondents to read the excerpts, and then ask them several questions about the excerpts afterward.

TOPIC: EDUCATION

Conversation #1

DR: Went in the kidney and then took a small piece out. Kidney biopsy. In the hospital, that's what we're looking at right now, at what did the kidney biopsy show. It's obviously showing the, the lupus nephritis in there. We call it, the focal, so proliferative, glomerular nephritis, C3 dominant. So, it's a good thing that, because treatment wise what we can try to do is try to even lower down your [medication] to five, not stopping it. (Rheumatologist, 01-2022)

Conversation #2

DR: So, most of the time this kind of huge change means something has changed dramatically, and that's what we'll need to find out, whether your lupus is turning to lupus nephritis, which is something when it affects the kidney. (Nephrologist, 12-2021)

QUESTIONS WE COULD THEN ASK PHYSICIAN RESPONDENTS

1. What kind of education do you provide patients about lupus nephritis?
   - Which of these dialogues best reflect the way you educate your lupus patients?
   - What information is missing here that lupus patients need to know?
2. What, if any, warnings do you give your lupus patients about the potential for nephritis?
3. What, if anything, do you say about protecting the kidneys? (diet, activity, treatment)?
4. What test results do you discuss with your patients?
5. What do you tell patients about what medications are currently available?

TOPIC: TREATMENT OPTIONS

Conversation #3

DR: Yeah, slowly, slowly, okay? Which I think we should start doing it next time in two weeks when you come. I just want to check your labs, check your lupus numbers and your proteins and see what the, how much they look like now. (Rheumatologist, 05-2022)

Conversation #4

PT: Uh, I don't have a rash but my skin is really dry. It's really dry and rough.
DR: Yeah.
PT: Yeah, that's all right. I don't really, I don't know. And other than this, there's nothing else?
DR: Uh, of course they have a couple of new medications available. One is [medication #1], other is [medication #2]. All these are for little more severe cases than you so, uh -
PT: They're more what, serious?
DR: More severe cases than you.
PT: Oh severe?
DR: Yeah.
PT: Oh, than, than my case.
DR: Yes. (Rheumatologist, 04-2022)

QUESTIONS WE COULD THEN ASK PHYSICIAN RESPONDENTS

1. So here the doctor is talking about two medications. How does this compare to how you talk about these two medications?
   - In which patients, if any, are you using these medications?
   - What do you see that makes you think 'this is an appropriate treatment" for a particular patient? (signs, symptoms, test results)
   - What are you telling patients about these medications?
   - How do you set expectations for what they can do for the patient?
2. In conversation #4, the doctor mentions the comparative severity of the patient's lupus, and the patient seems confused.
   - How do you explain severity to lupus patients?

Conversation #5

DR: Your kidney function has been okay. But you have proteinuria, we call lupus nephritis so, it's in and out so, we just want to monitor. But I think this[medication] has been found that it prevents the, uh, the kidney damage. So- [...] You know, uh, I think, I think it's a medicine that, before we did not have that data but they looked at it, all the patients who have the kidney disease and they can use it now and they can actually prevent it. (Rheumatologist, April 2022)

QUESTIONS WE COULD THEN ASK PHYSICIAN RESPONDENTS

1. What do you think about how this rheumatologist describes the medication?
2. How is it similar to how you describe it? How does it differ?
3. What are your triggers for starting this medication?
4. What do you tell patients about the goals for using this medication?

TOPIC: TREATMENT OPTIONS

Conversation #6

DR: So, I mean we know we get you feeling better by giving you some prednisone temporarily. The question is, do we need to make a dramatic change -
PT: Um-hum.
DR: Like switching from[medication#1].
PT: To?
DR: Well, there's a new infusion that came out called [medication #2] - Which is, have you heard about it [INAUDIBLE]?
PT: Uh, I know we slightly discussed it when I was on the [medication].
DR: Right. Yeah. So, it's - It's an IV just like this. It's a once-a-month infusion, just like that. Um, it works differently than [medication]. It's just a different mechanism of action but has probably comparable results. But one person may respond to one, may respond to the other. You never know until you try it. It's not like, um, guaranteed for any of these, but it, you, you, the advantage of it is that you, like [medication] takes a long time to see if it works. This you know fairly quickly if it's going to work.
PT: Oh, okay.
DR: So, we don't have to do infusion after infusion after infusion.
[...]
PT: So, do you think I've been on the [medication] long enough to give it a fair shot?
DR: I think so. I think so. [...] I mean you've been on it for, what, like for over - [...] So, one, two, three, four. I mean, yeah, you're, well, it's the six-month mark. So, we could, I mean theoretically give it one more dose if you wanted to. I hate for you to keep suffering, though. (Rheumatologist, Jan 2022)

QUESTIONS WE COULD THEN ASK PHYSICIAN RESPONDENTS

1. What did you think about this conversation?
2. How, if at all, do you compare [medication #1] and [medication #2] in discussion with your lupus nephritis patients?
   - How do you decide which therapy to initiate?
   - How do you decide whether a lupus patient would be more appropriate for one therapy or the other?
3. How, if at all, do you set expectations for [medication #2]'s onset of action?
   - How long do you tend to give it to see if it's going to work?

SUMMARY

A dialogue-infused TDI should not be considered a replacement for a traditional TDI; it is a different and unique approach that can be used strategically in many different instances—for example:

- Delve into a rarely-used treatment that isn't being discussed
- Understand how a pre-launch brand will influence the conversation at the Point-of-Practice™
- Learn how a new, competitive brand that is launching will impact the conversation
- Get a deeper understanding of the unspoken heuristics of the drivers and barriers in the conversation for the development of patient portraits
- Inform message testing by leveraging excerpts to uncover which messages resonate, which are most compelling, and why—grounding the message in the reality of the exam room conversation

The Verilogue dialogue-infused TDI provides a look into elements that go into decision making that aren't typically discussed with the patient—the spoken and unspoken elements of decision making in the exam room.

Where other research partners you have worked with rely exclusively on recall, or a fake interaction, Verilogue places conversations happening in reality in front of respondents and asks them to reflect on the real world situation. With interviews that are grounded in reality, Verilogue takes the responses—and therefore the insights—you garner from your TDIs to another level.

ABOUT VERILOGUE

Verilogue delves into the real-world conversations and the real-lived experience of healthcare stakeholders to give you a holistic understanding of the human healthcare ecosystem. We believe strategy lives in the spaces between what's mentioned, what's meant, and what's missing. So, that's where you will find us. Leveraging experts in linguistics and behavioral sciences, we decode both what's said in the exam room—and what remains unsaid—to give clients an up-close understanding of the opportunity spaces within healthcare and where our clients can drive intention into action.

Verilogue provides access to 200,000+ recorded interactions between doctors and their patients and the medical linguistic expertise necessary to drive actionable insight at the Point-of-Practice™.

Learn more about how a dialogue-infused TDI can benefit your research projects by contacting us today at info@verilogue.com