

# Adapting Research Methods to an Overworked Population: The Use of Asynchronous Online Focus Groups

Presenter: Mario Venegas, PhD  
QMLC Cyberseminar



# Outline

- Background Context
  - My Background
  - HERMES
  - Evaluation Context
- What Happened?
- Designing Asynchronous Focus Groups
- Lessons Learned

# My Background

Sociologist by training.

- Qualitative and historical methods

## In HSR

Joint Fellow:

- Health Services Research
- NCHAV

Healthcare workforce and retention

Adapting research methods to the workplace



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# HERMES Background

2018 Evidence Act

2022: QUERI  
Evidence-Based Policy  
Evaluation Centers

**HERMES**

Houston Evidence-Based Rapid  
Measurement & Evaluations Center

# Evaluation Context

## Preventive Screening Workflows

- **Goal:** Compare how VHA facilities adapted primary care screening workflows over time, specially during the COVID-19 Pandemic.
- **Sites:** 8 VHA facilities nationwide in total.

# Evaluation Context

- **Participants:** Primary Care Leadership at each facility (ACOS or designee) and Clinicians at each facility responsible for screening care.
- **Methods:** Qualitative semi-structured interviews for ACOS of Primary Care. Focus groups for clinicians.
- **Procedure:** Participants review screening process maps and provide feedback on how maps changed over time.

# Outline

- Background Context
- What Happened?
  - Our Experience
  - Higher Demand for Time
  - Our Problem
  - Our Solution
- Designing Asynchronous Focus Group
- Lessons Learned

# Our Experience

- Focus group participants dropped out at the literal last minute.
- Getting participants to commit has been an issue.



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# Time Demand

- Since COVID, clinicians have become even more busy.
- **High demand** for clinicians' time to serve as research participants (Hysong and McGuire, 2022).



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# Our Problem

- Current in-person and synchronous online methods of qualitative data collection are demanding.
- Thus, adaptable and novel methods are needed to collect data from this high demand population.



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# Our Solution

Pilot the use of Asynchronous Online Focus Group (AOFGs) to overcome the barrier of clinician time demand.

# Focus Groups: Brief Timeline

**1940s:** Focus groups emerge through Robert Merton and Paul Lazarsfeld

**Mid-1980s:** Focus group resurface in social science

**1965-1985:** Lazarsfeld and his students established focus groups in market research.

# Virtual Focus Groups

**Late 1990s:** With the rise of the Internet, focus group methods adapted to online context.

**Synchronous Focus Groups:** real time, and contributions occur at the same time. E.g. video call.

**Asynchronous Focus Groups:** Use of online channels, boards; participants and researchers read and reply at their own time.

# Asynchronous Online Focus Groups

## Self-paced participation across platforms

- Whatsapp (Estrada-Jaramillo, 2022)
- Facebook (Biedermann, 2018)
- Microsoft Teams (Frey and Bloch, 2023)

## AOFGs used across various healthcare populations

- Adults (Gordon et al. 2021)
- Healthcare professionals (LaForge et al., 2022)
- Non-healthcare populations: students, youth (Frey and Bloch, 2023; Jones et al., 2022)

# Asynchronous Online Focus Groups

- AOFGs are suitable where time and resources are constrained. (Jones et al., 2022; Williams et al., 2012)
- AOFGs accommodate routine and unpredictable demands in the workplace.

**Goal:** Adapt focus group data collection to a high demand population.

# Outline

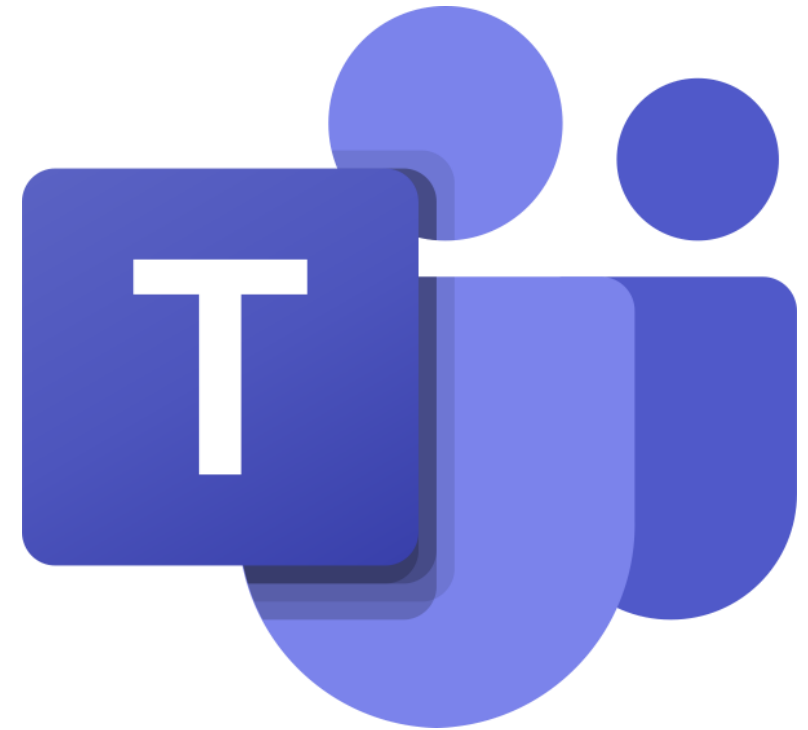
- Background Context
- What Happened?
- Designing Asynchronous Focus Group
  - Asynchronous Focus Group Design
  - Participants for Asynchronous Focus Group
  - Procedures
  - Assessing the Asynchronous Focus Groups
- Lessons Learned



# Building the Channels

Microsoft Teams private channels

- Clinicians routinely use Microsoft Teams for communication and coordination.
- Participants have familiarity from using Microsoft Teams, making platform navigation easier.



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# Microsoft Teams Channel Posts

## Create channel posts

- Welcome message.
- Our focus group questions on coordinating care.
- Posts with process maps requesting comments.
- Routine reminders.

The screenshot shows a Microsoft Teams channel post. At the top, the channel name is 'Requesting Comments on Breast Cancer Screening Process' and the site is 'Focus Group Site 7'. The post content includes a greeting, a request for feedback on a process map, and a flowchart image. Below the image, there are three replies from team members and a final thank-you message from the sender.

Requesting Comments on Breast Cancer Screening Process  
Focus Group Site 7

Requesting Comments on Breast Cancer Screening Process

Good morning everyone.

I paste below the process map for breast cancer screening, with one of your colleagues' comments. **When you can make 5 minutes today, please look at the image below and share your replies letting us know if the map looks accurate or if we missed anything. (you may need to click on the image and zoom to better read some of the text).**

Let [redacted] and I know if you need any help or how we can make this process easier for you. Thank you so much!

Venegas, Mario 9/25 1:34 PM  
Hi everyone, one of your colleagues stated that Primary care MSA's do not schedule their appointments; instead, the Veterans need to go to Radiology and schedule the mammography exam. [redacted] and other MSAs, is that true? Please let us know when you get a chance. Thank you!

[redacted] 9/25 1:36 PM  
yes its true

[redacted] 9/25 2:55 PM  
it's true for us in Primary Care. Of course, the mammo will have to be requested via consult from the Primary Care provider first before being schedule by Radiology/Imaging.

Venegas, Mario 9/25 2:57 PM  
Thanks for following up with us, appreciate your responses

# AOFG Participants

## **25 primary care staff individually participated**

- Primary Care Providers
- Medical Support Assistants (MSAs)
- Nursing staff: RNs, LPNs, LVNs

So far, we completed 4 of 8 VHA sites for AOFGs

# Time Cycle

Week 1

- Welcome post
- Focus group questions

Week 2

- Preventive screening process map questions
- Two days per process map

Week 3

- Finish process map questions
- Closing question

Communication with  
Participants

# Assessing AOfGs

## Assess and collect AOfG data

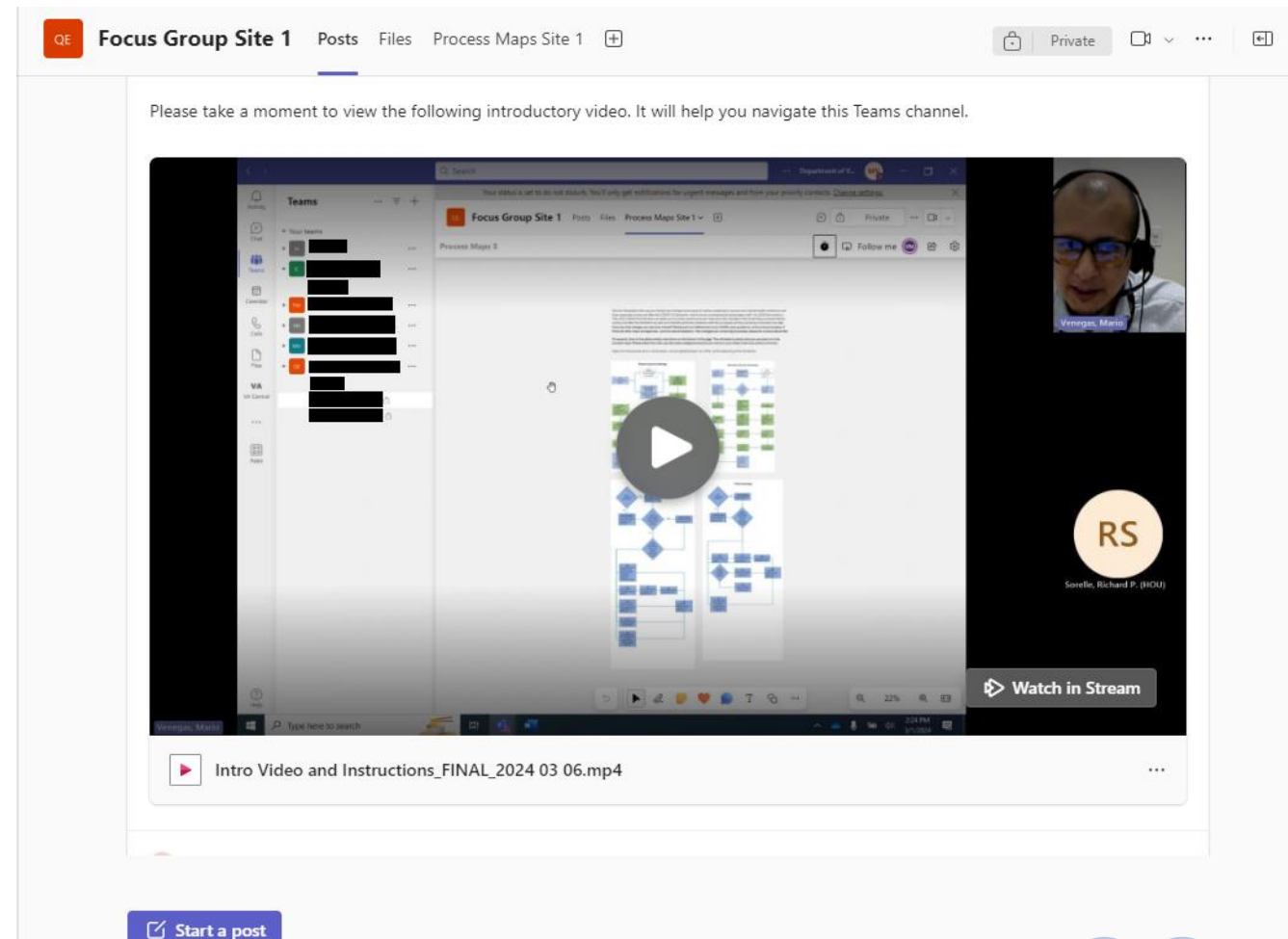
- Facilitator field notes.
- Data sources.
  - *Recruitment database*
  - *Teams channel analytics*

# Outline

- Background Context
- What Happened?
- Designing Asynchronous Focus Group
- Lessons Learned
  - Original Plan
  - Engaging with Microsoft Teams
  - Time Cycle for Asynchronous Focus Groups
  - Preliminary Reflections

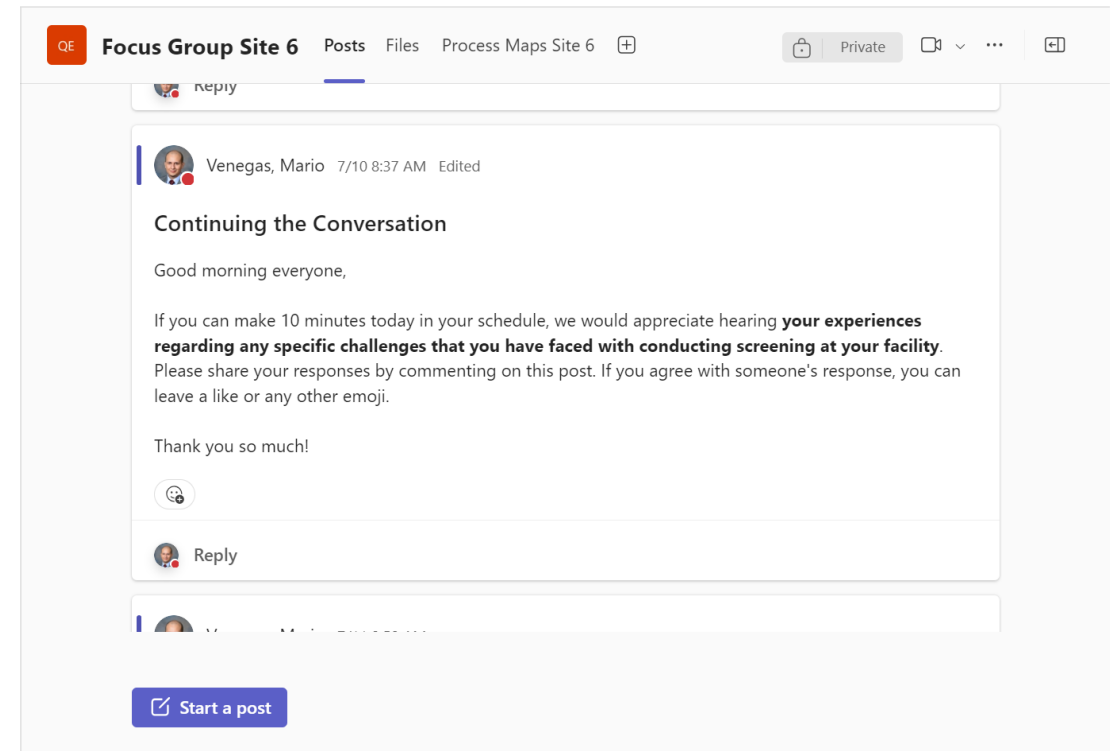
# Original Plans

- Asked participants to view welcome video with instructions.
- Asked participants to go to Whiteboard feature to post sticky notes.
- We provided support through communications and reminders.



# Fostering Participation

- Originally sent reminders first thing in the morning.
- Group reminders before lunch time was crucial in placing AOfG tasks on participants' radars.
- Including links was also helpful to ease participant access.





# Whiteboard Learning Curve

## Whiteboard navigation added a learning curve.

- Participants posted substantive comments.
- Participants enlarged and moved process maps around.

Process Maps 3

We are interested in the way your facility has changed its process of routine screening for cancers and mental health conditions over time, especially during and after the COVID-19 Pandemic—which we are considering as having begun April 1st, 2020 and ended in May 2023. Before the interview, we asked you to review several process maps and note changes to the screening processes before, during, and after the Pandemic as well as to identify particular problems with the processes as they are being conducted now. (1) Are there any final changes we may have missed? Please point out differences in pre-COVID, early pandemic, and current processes. If there are other major emergencies—such as natural disasters—that changed your screening processes, please let us know about that.

In response, click on the yellow sticky note button on the bottom of the page. This will select a sticky note you can post on to the process maps. Please select the color you have been assigned and post your name on your sticky note if you post a comment.

Again, for the purpose of our conversation, we are signifying April 1st, 2020, as the beginning of the Pandemic.

**Breast Cancer Screening:**

**Depression Screening:**

**PTSD Screening:**

**Colon Cancer Screening:**

Click or tap here to type.

27%

# What Worked Instead?

## Simpler task: reply to post.


- Posted screenshots of process maps on posts
- Participants provided feedback on process maps in post replies.

Requesting Comments on Breast Cancer Screening Process  
Focus Group Site 7

Requesting Comments on Breast Cancer Screening Process

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I paste below the process map for breast cancer screening, with one of your colleagues' comments. **When you can make 5 minutes today, please look at the image below and share your replies letting us know if the map looks accurate or if we missed anything. (you may need to click on the image and zoom to better read some of the text).**



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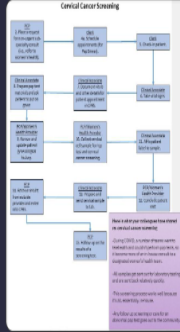
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# Contacting Participants

- Study recruiters contacted participants individually to encourage participation.
- Contacts were daily through private message.
- Recruiters gave option to send responses directly to them.

Good morning [redacted]

I hope you had a great weekend! We've transitioned over to cervical cancer screenings at [redacted]. If you can find a few minutes, we'd appreciate if you can review the picture below and let us know if it's accurate or if we are missing anything for the process. As always, you can comment [here](#) or just reply to me.



We have greatly enjoyed reading your detailed comments. Hope you're having a great morning!

[redacted] 9/24 12:29 PM

Good Morning - CPRS should be changed to (Cerner) EHMR. PCP or NCM/LPN/ICT activates order and then inputs a specimen collection in Cerner. Provider sends out test notification letter if normal and if abnormal the Provider contacts the veteran to discuss. Future Cervical cancer screenings are put on NCM reminder calendar

# Responding to Questions

The screenshot shows a Microsoft Teams chat window titled "(2) Screening Challenges" with a sub-header "Focus Group Site 1". The chat content includes:

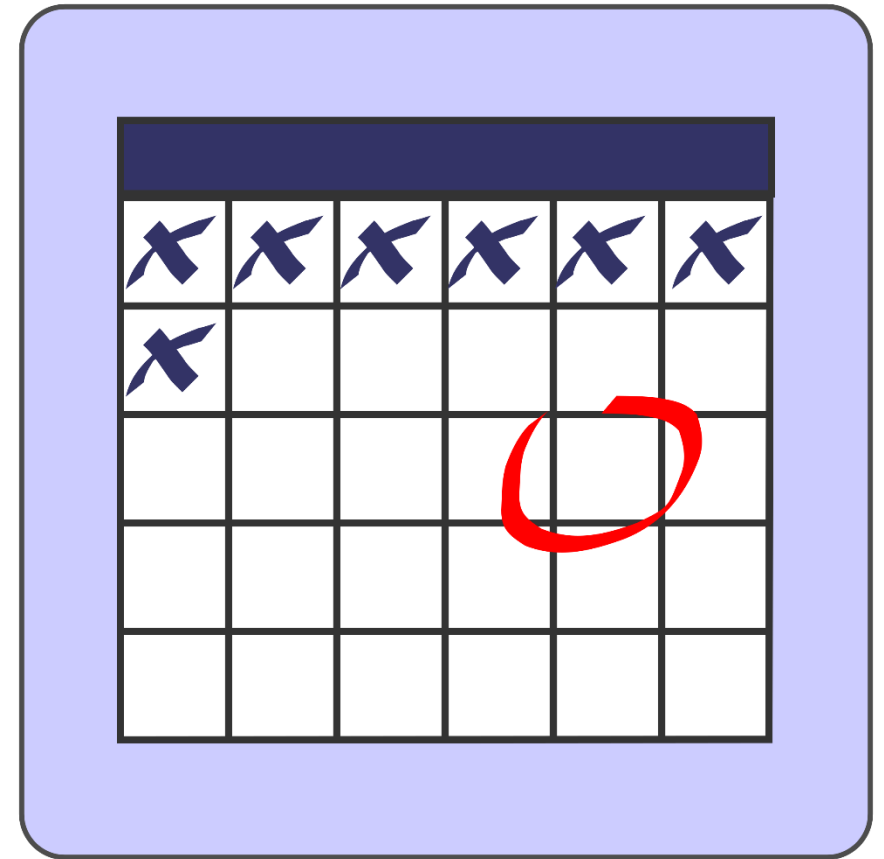
- A question: "Are there any specific challenges that you have faced with regard to conducting screening at your facility?"
- A response from a redacted user on 3/19 10:11 AM: "As far as challenges, when the veteran is here for a F2F appt, screenings are easily done during triage. For virtual appts, the clinical associates send out the screening questions thru BHL Touch. For the pts who do not respond, we then attempt to contact them by phone. The goal is to complete the screenings prior to the appt so if the veteran has (+) DEP or PTSD screen, they can receive the help they need. This also allows for maximum utilization of valuable virtual appt time."
- A date separator: "Thursday, March 21"
- A response from a redacted user on 3/21 11:54 AM: "The CPRS reminders are unwieldy. (I personally do not like using them). Sometimes if a patient has not had their vitals done I will call them back and do the vitals myself. But then the screening questions don't get documented the way the MSAs/LPNs would. FIT kits frequently get 'lost' despite patients performing them and sending them in. The psychiatric screening questionnaires aren't perfect. There are a fair number of patients who respond with the same answer to all of the PHQ9 questions. (for example 'no'), but when you talk with them for some time they admit to several of the depression symptoms. i frequently get messages from MSA about cprs secondary reminders: i don't find these helpful."
- A date separator: "Monday, March 25"
- A response from Venegas, Mario on 3/25 10:47 AM: "Hi all, thank you for sharing your challenges with screening. We have a few follow up questions: [redacted] can you tell us more about what BHL Touch is about and how it works? [redacted] you mention that there are times that you call the patients to get their vitals, but they aren't documented in the same way. Is there a specific example of when that might happen that you could share? And could you explain a bit further about how the documentation is different? Thanks all!"
- A response from a redacted user on 3/25 11:50 AM: "I am agreeing with [redacted] when it comes to the PHQ9 screening questions there a fair number of vets that answer 'no' to many of the questions and when they are seen by the providers a "warm hand -off" is required. Screenings become a bit difficult when they are conducted over the phone because vets do not want to..."

The chat interface includes a "Reply" button and a toolbar with icons for emojis, attachments, and other functions.

- Participants shared their experiences with coordinating care on MS Teams channel posts.
- Protracted time for follow up questions.

# Original Time Cycle

- Originally planned for one week of asynchronous focus group activity.
- No activity from participants.
- Extended the group to two additional weeks.



# Preliminary Reflections

## Managing Coordination Work

- Coordination work among research team.
- Coordination between research team and participants.
- Protracted type of coordination work that lasts throughout the entire three-week cycle.



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# Preliminary Reflections

## Mediated interactions

- Gain flexibility, thought out responses, protracted conversations.
- Lose reactions, dynamics, and live interactions.
- Communication was crucial to get glimpses into how participants received the AOfG.

# Big Takeaway

Asynchronous Online Focus Groups are a viable method to **collect data** from **busy clinicians** yet benefit from **sustained communication** between recruiter and participants.



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- HERMES Knowledge Translation Core

# Thank you

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