CLINICAL STUDY SUCCESS HINGES ON CHOICE

- → The choice to ENROLL
- → The choice to ENGAGE
- → The choice to STAY

- Patients don't say no because they're unwilling, they say no because we haven't designed yes well enough
- Enrollment failure is not a patient problem, it's a design problem
- Today's session: how choice architecture + patient activation can transform enrollment



John Seaner
Behavioral Science Advisor



Not one big "No" – a thousand frictions

Lowering the Decision Investment

Information ≠ activation





Activation = comprehension + confidence + agency



Awareness ≠ trial readiness



Patients must feel capable and empowered, not just informed



We Optimize Molecules, Not Decisions

Billions spent on drug design vs. pennies on choice design.

Results: delays, dropout, poor diversity

Ignoring needs = massive hidden cost

26 to 1

average number of targets to obtain a single patient that enrolls in a clinical trial, up from 16 to 1 in 2015 35%

average number of patients that enroll in a study, then drop out, up from 21% in 2015 \$42K

average costs of recruiting a replacement patient, including the original lost patent, nearly 2x that of 2015

WHAT BECOMES POSSIBLE

Smarter Design → More "Yes"



Recruitment That Resonates

Outreach that speaks to real fears, hopes, and barriers, turning awareness into action

Framing + Nudges Increase Enrollment

Leveraging social proof, and behavioral science principles like framing and defaults helps move patients to "yes."

Simplified Consent Boosts Confidence

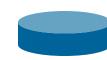
Simplify, clarify, and empower patients to say "yes" with understanding, not hesitation.

Activation Strategies **Improve** Retention

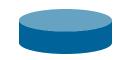
Plan beyond the first visit using empathy, education, and support from day one to prevent dropouts and build trust.

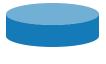
Experience as a Feedback Engine

Treat every interaction as data, and measure, learn, and adapt; turning patient behavior into continuous improvement.



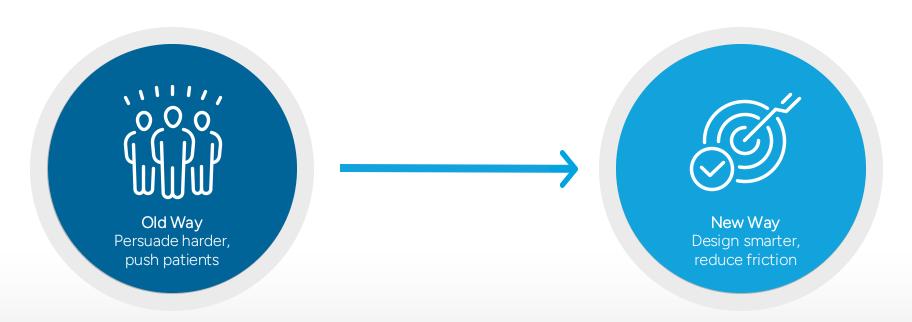






Persuasion → Activation

Patients choose "yes" when information needs are met and pathways are clear





Designing for how humans really decide

What if trials matched human decision-making? Enrollment would look radically different.

Our panel will show how to make it real.



Mike Burton SVP, Strategy & Value



Joe Brady
VP, Executive Creative
Director

What do you think is the biggest reason patients say "no" to a clinical trial?

- Confusion (too much jargon / unclear eligibility)
- 2. Fear (safety, side effects, unknowns)
- 3. Overload (time, logistics, paperwork)
- 4. Inertia (easiest choice is to do nothing)

Poll Question

If you were redesigning trial enrollment tomorrow, where would you invest first?

- 1. Simplification (make the process easier)
- 2. Storytelling (make it emotionally meaningful)
- 3. Defaults/nudges (make "yes" the natural choice)
- 4. Measurement (prove what actually works)

Poll Question



Jumo Health

is a Patient Experience Organization purpose-built to address the emotional, cognitive, and social barriers patients face when choosing whether to participate in clinical trials. We combine behavioral science, health literacy, and real-world storytelling to create an engagement system that reduces friction, eliminates fear, and builds trust, especially for complex studies with high decision investments. From first impression to last follow-up, we empower patients with the clarity, confidence, and support needed to enroll and stay actively engaged.

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John Seaner

Behavioral Science Advisor
Johnseaner@jumohealth.com



Mike Burton SVP, Strategy & Value Mikeb@jumohealth.com



Joe Brady
VP, Executive Creative Director
Joeb@jumohealth.com