

→ 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 \neq activation



Activation =
comprehension +
confidence + agency



Awareness \neq 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?

1. **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

Q&A



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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