

Flashy campaigns create attention but rarely create **ACTION**

Patients don't say no because they don't care, they say no because they don't TRUST.

Recruitment ≠ campaign, Enrollment ≠ transaction, Retention ≠ reminder. Trust COLLAPSES

The Operating System is Missing





The chasm between interest and action

Clicks ≠ Commitment

Enrollment



Interest

We don't know where trust breaks, so we can't intervene upstream.

80%

of trials miss enrollment timelines despite high top-of-funnel activity.

33%

of those who say yes **quietly disappear** before completion.

61%

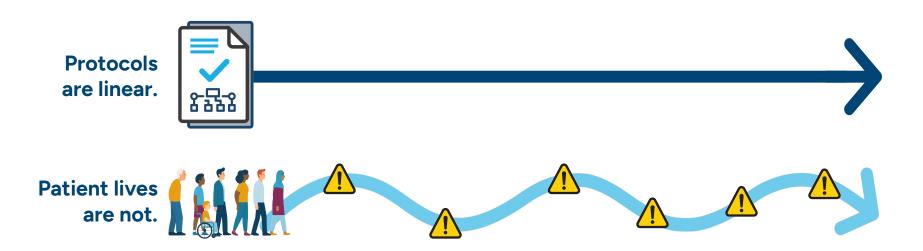
Never cross the threshold at all.



The truth we avoid

Studies are designed for protocol compliance, not people

- Trials were built for workflows, not lived realities.
- Every disconnect between system and reality fractures trust.
- We can't fix a design flaw with ad spend, only redesign.





Experience is the new success metric

You can't optimize what measured

- Awareness metrics are surface signals, not outcome drivers.
- Experience metrics like comprehension, trust, friction, activation drive enrollment.
- Every dropout is the downstream effect of an upstream experience failure.

Traditional Awareness Metrics



Patient Experience Metrics





PXO: A radical reframe

Stop running campaigns and start designing for choice

- PX isn't a marketing tactic, it's an operating system.
- It connects patients, caregivers, HCPs, and sites into one engagement ecosystem.
- Trust isn't a downstream challenge, it's the system.
- A patient experience operating system is built on five pillars that carry trust from first touch to retention.







Uncover the Patient Journey and Study Friction Points

Using RWD, SDOH, and BDPH, to discover who your study should reach and why they might hesitate to enroll to understand the probability of activation

- → Patient medical eligibility and behavioral readiness
- → HCP patient loads and affiliations
- → Site success assessment
- → Study friction mapping



Map Information Needs and Choice Architecture

Detect the functional, emotional, and decision-support needs of patients at every study stage:

- → What they need to know
- → How and where they want to receive it
- → Who influences them
- → What keeps them stuck



Design The Experience and Create the Content

Use decision science and storytelling to help move people from interest to action:

- → IRB-ready content formats by role and learning styles
- → Digital, offline and multilingual formats
- → Continuity across patients, caregivers, HCPs and sites



Deploy and Activate the PXO System

Activate the System using a mix of owned and partner-led channels:

- → Programmatic Advertising
- → Digital Outreach
- → PAG Meeting
- → Community Programs
- → HCP Education
- → Site Training



Measure, Optimize and Refine the Deployment

Apply a multi-layered scoring framework to quantify what's working:

- → PXCI: Patient Experience Composite Index
- → IEQS: Informed Engagement Quality Score
- → CRI: Composite

 Recruitment Index

 (Enrollment, Conversion,

 Velocity, Forecast

 Accuracy)



Trust is the new top of funnel

You can't market your way past mistrust

- The PXO model begins by uncovering where trust fractures before outreach.
- The first impression is emotional, not informational.
- If trust isn't built here, activation collapses downstream.
- Journey mapping + data reveal the breakpoints.





Turning touchpoints into trust points

Every moment either builds or breaks belief

- PXO identifies what patients actually need to say "yes."
- Shared decision-making moments are discovered, not assumed.
- Insights inform narrative design and activation strategy.
- Trust points become the backbone of the patient journey.





Behavioral science is the engine

Don't persuade-design for human instinct

- Behavioral science turns trust points into deliberate experience design.
- Framing, nudging, and cognitive ease are embedded into every interaction.
- Every designed element maps back to the uncovered friction.
- Trust becomes operational.

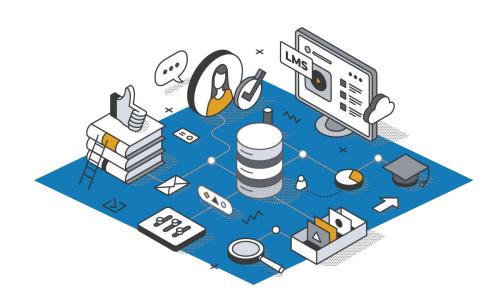




PXO in action

When experience leads, enrollment follows

- PXO turns designed experiences into orchestrated deployments.
- Omnichannel activation ties every touchpoint to trust.
- Behavioral telemetry starts flowing at this stage.
- Deployment is coordinated, not fragmented.





The future: experience as infrastructure

Measure what matters

- PXO measures trust, comprehension, and velocity in real time.
- PXCI, IEQS, CRI make experience quantifiable.
- Optimization happens during trials, not after.
- Trust becomes infrastructure.





What would happen if you designed your next trial like an experience, not a study?

Our panel will show how to make it real.



Mike Burton SVP, Strategy & Value



Joe BradyVP, Executive Creative Director

"Where in your patient journey does **trust brea**k down the most?"

- 1. Awareness & first touch
- 2. Pre-screening & eligibility
- 3. Consent & onboarding
- 4. Retention & adherence
- 5. Not sure it varies too much

(30-45 seconds for voting)

Poll Question

"What's the hardest **barrier** to solve in your trial experience today?"

- 1. Low trust at first touch
- 2. Confusing or intimidating consent process
- 3. Dropout during participation
- 4. Cultural or language gaps
- 5. Lack of real-time behavioral insight

(30-45 seconds for voting)

Poll Question



Q8A



Experience isn't an add-on. It's the operating system...

- The PXO model unifies trust-building from first touch to retention.
- Each pillar solves a structural barrier in the patient journey.
- Patient Experience is measurable, repeatable, and scalable.
- This is the future of trial engagement.

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.

Follow us on LinkedIn: www.linkedin.com/company/jumohealth



John Seaner
Behavioral Science Advisor
Johnseaner@jumohealth.com



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



Joe BradyVP, Executive Creative Director
Joeb@jumohealth.com