

## The secret to changing Patient Behaviors in Healthcare – How PatientBond is using consumer psychology with adaptive technology to improve outcomes, reduce readmissions and increase loyalty



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**CEOCFO: *Mr. Juneja, what is the concept behind PatientBond?***

**Mr. Juneja:** There are a number of patient engagement solutions that exist in the marketplace today. However, patient engagement is a means, not an end.

What PatientBond is focused on is actually changing patient behaviors. Specifically, PatientBond starts with identifying a patient's psychographic profile to determine his or her core beliefs, values and motivations. We use these insights to create highly personalized multimodal communication protocols that are informed by an individual's psychographic profile which has been proven to significantly move the needle on patient behavior change.

A wide range of healthcare entities such as hospitals, physician practices, urgent care clinics, and payers can use the PatientBond solutions for a diverse set of use cases. We are getting impressive results across the board such as over seventy percent reduction in the hospital readmission rates after Congestive Heart Failure discharges or Spinal Surgery discharges. We are able to significantly improve the care gap screenings for a number of payers and physician practices. We are able to motivate patients to actively participate in care management, such as diabetes management.

Our philosophy is that every patient is a human being first, and a health condition or medical issue or an opportunity second, and if we can involve these patients in their care as that human being -- and not a "walking health condition" -- we can engage them in a way that will resonate with their psyche, so we can get some real behavior change in healthcare.

**CEOCFO: *Would you please give us a couple of examples of how that works on a day-to-day basis?***

**Mr. Juneja:** One example would be in hospital readmissions and hospital surgical discharges. PatientBond has been deployed at a prestigious New England Hospital for all their spine surgery discharges for over 15 months with just a 1% readmission rate during this time period (compared to a 6% readmission rate in the year prior to PatientBond deployment).

The way it works is that at the time of the pre-op appointment, the nurse will sit down with the patient and have the patient complete the Healthcare Learning Style Survey made up of twelve questions. It takes about ninety seconds to complete the survey. Once the patient has taken that survey we have a formula that predicts the psychographic segment of the patient with 91% accuracy. PatientBond will trigger pre-surgery communications, 5 days before surgery and 2 days before surgery, aimed at giving people the right information to prepare for the surgery and hospital discharge. These

communications are wrapped around some very segment-specific keywords and phrases that are based on the Healthcare Learning Style Survey that they completed.

Then, at the time of hospital discharge, PatientBond triggers seven waves of post-surgical communication, on days two, four, six, ten, fourteen and twenty one. Each of these communications has a different set of contextual and relevant information that is going to be specific to the individual on the days of their recovery. We use the communications to elicit what we call patient actions. These are structured responses we want to get back from patients; for example, on day-2 we want to know if they have fevers or chills. On day six we would want to know if their surgical wound is draining. Depending on the responses, the system can trigger an alert to the nursing staff in case they indicate any issues with the recovery, so the nurse is able to quickly react to the patient's needs. Therefore, rather than trying to follow up with all of the patients manually, and maybe only reaching 10% to 20% from them,

PatientBond reaches out in an automated fashion to all the patients at the right time with the right context and content on the right channel. It flags patients that need help, so the nurse's time it is highly optimized and they are taking care of the patients that need help. PatientBond allows a healthcare organization to care for a large patient population through digital outreach and manage the exceptions with human intervention.

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**CEOCFO: *What might the survey pick up that would lead to a particular way of addressing a patient?***

**Mr. Juneja:** Let me talk about the five psychographic segments and that will answer your question. Our team includes consumer experts from Procter & Gamble who have led psychographic segmentation in healthcare there for nearly two decades. Leveraging their expertise, we conducted large market research studies in 2013 and 2015, involving about ten thousand consumers answering close to four hundred questions regarding their healthcare attitudes, needs and behaviors. A factor analysis of all the respondents' answers, using statistical clustering procedures, allowed us to group people according to shared values, priorities, personalities and lifestyles, grouping them into certain psychographic segments so that we can understand their distinct beliefs and motivations. We identified a five segment model to answer a spectrum of approaches and influences on health and wellness behaviors – for instance whether a patient is proactive and wellness-oriented or reactive and disengaged from health issues.

The first segment we will talk about is the most proactive segment; Self Achievers. This is the group that is driven by goals, objectives and progress measures. They like challenges. They want to overcome the next obstacle. Therefore, anytime you are communicating with a Self Achiever, you really want to have the communications be worded in terms of overcoming challenges and achieving goals. That is because once you tell them to run a mile they run a mile and a half! If you tell them to reduce their A1C score by ten percent they will try to reduce it by eleven percent. However, just because two patients behave the same way does not mean they have the same motivations and communication preferences. There is another proactive segment called Balance Seekers, and if you use the Self Achiever message on a Balance Seeker, it can kind of fall flat. Balance Seekers are a group of people that love second opinions, they love choices, they love options and they love to do their own research. Also, while eighty one percent of Self Achievers said that their doctor was the most trusted source of medical information, only twenty one percent Balance Seekers feel this way. Balance Seekers love to make up their own minds. If you want to engage a Balance Seeker you have to give them information and give them choices, and you have to let them make up their own mind. They will still be very, very proactive with their healthcare, but they do it in the context of their own journey and on their own terms.

Then, somewhere in the middle of the spectrum, is as group called Priority Jugglers. They are reactive about their own health, but highly proactive when it comes to their family, their loved ones and their coworkers. Therefore, if anybody in the family has a health problem, they will be the first one to get the best medical attention. Priority Jugglers are also the people who will show up sick at work and then, if one of the coworkers shows up sick, they will say, “Hey, why do you not go home and rest?” Therefore, the way you want to move the engagement needle on this group is that you need to tell them how or why they need to take care of themselves so they can be around to take care of their family. The notions of duty, dedication and commitment are strong with Priority Jugglers.

The next group, which actually represents the smallest percentage of the US population -- about 13% -- is a group that we call Direction Takers. This is really who all of the healthcare system thinks we are. If we tell patients to do ABC they will go

do ABC. This is a group that does not really want a lot of extra information. They just want to be told what to do by healthcare professionals, because they are the experts, and they will most likely follow their recommendations.

The last group, which is actually the largest segment of the US population at about twenty seven percent, is a group called Willful Endurers. This group lives for the moment, the “here and now.” If you tell them that they need to take care of themselves so that they can see their kids graduate in ten years or watch their grandkids in twenty years, the message will not resonate with them. It’s not that they don’t care about their family, it’s that future health issues represent a bridge they will cross once they come to it. Therefore, any time you want to get them activate desired health behaviors, you want to tell them why doing something makes today a better day. They need immediate gratification.

Once you understand which segment that person belongs to you can start crafting communications and start creating content that is going to be very specific to how patients are wired as individuals.

**CEOFO: *When you are talking with a hospital, Urgent Care or Dental Care Clinic, is it understood? Do the doctors or the dentists or the administrators grasp the concept right away or is there some skepticism?***

**Mr. Juneja:** That is a great question. As I stated, some of my colleagues at PatientBond are ex-Procter & Gamble healthcare people who can attest that psychographic segmentation has been used heavily outside of healthcare for consumer goods, retail and even for selling insurance. For instance, Geico does a wonderful job of appealing to different segments of people who buy insurance with their variety of advertising. It is a new concept in healthcare, but there is this whole movement towards consumerism in healthcare, and I believe that PatientBond is one of the very, very few companies that actually focus on the healthcare consumer.

When we talk about our research, our expertise and how the segments help explain patient behaviors, we have gotten excellent reception from our customers. People actually become believers because it’s based on consumer science and it’s validated in the marketplace. One of our clients is one of the nation’s largest nonprofit hospital chains. We started working with them just over a year ago. We were introduced to their chief patient experience officer, chief quality officer and chief medical officer and in two or three meetings they were completely bought into PatientBond’s approach. They said they absolutely want to try this out, because they do believe that we will make a significant difference. As a result, we ran a pilot for Congestive Heart Failure (CHF). Nationally, the hospital readmission rate for CHF is twenty four percent, while this hospital chain had a readmission rate of eighteen percent. We are now in month five of the pilot and our readmission rate has been under two percent! This exceeded their expectations, and I have to admit it exceeded our expectations, but we do think that if you have a technology platform that can engage patients at scale and include consumer psychology embedded in those communications, you are going to be able to move the needle very significantly.

**CEOFO: *On some of the smaller practices or engagements, such as dental, how do you work within whatever constraints the company has already with their electronics systems?***

**Mr. Juneja:** This is also a great question. First, we make it very easy for our clients to try out the product without any commitment for a thirty-day free pilot. Second, we do not require any of our clients to learn a new technology platform or become psychographic experts. We offer our solution as a managed service, so we take care of developing and deploying the right communication protocols. Finally, we offer a couple of simple approaches to integrate data from the EMR / PM systems for seeding the communication workflows, so it becomes easy to start using the PatientBond solution without the need for IT involvement. As a result, we not only have a lot of clients in the dental space, but we also have a significant presence in urgent care centers and physical therapy locations. We can do visit follow-ups, patient surveys, payment reminders, referral tracking and provider marketing... really, anything involving patient engagement.

**CEOFO: *Do people ever refuse to take the survey?***

**Mr. Juneja:** We position the survey with patients as a way to learn their preferences and customize their experience so their care is personalized. And we have seen zero resistance to take the survey in a captive setting like a hospital discharge or a clinic appointment. For population health programs, we will often run campaigns to motivate patients to take the survey, and even here we have seen completion rates as high as 60%. If however, we do not have the segment result for a patient from a classifier survey, we use an “intelligent default” approach and place them into the segment to which they most likely belong based on our extensive market research.

**CEOFO: *Are professionals surprised that they need to treat people differently or have they understood that perhaps intuitively but not known how to make it happen?***

**Mr. Juneja:** I think healthcare professionals intuitively know that a “one size fits all” approach isn’t the most effective way to manage a patient population. However, whether it’s a regulatory/legal issue or an inability to operationalize such a customized approach, it involves what I am going to call an institutional gap that has existed in healthcare for a long time.

Healthcare as a whole has not been very patient-centric in their approach. However, healthcare professionals and executives are now realizing that they need to treat patients as multi-faceted human beings, not as a “walking disease state” who all think and act alike.

**CEOCFO: *What was the reception at the HIMSS conference?***

**Mr. Juneja:** We were actually very pleasantly surprised, specifically in our HIMSS17 experience. This year we got a lot of traffic at HIMSS and some very large insurers and other stakeholders stopped by and said they heard about PatientBond and were interested in talking to us about our capabilities. We were busy throughout the conference and we got some really good foot traffic at our booth. While it seemed like two-thirds of all vendors there talked about “patient engagement,” people really loved what they heard about PatientBond and they saw that we brought something different to the marketplace.

**CEOCFO: *There are so many new ideas, so many new systems and technologies for the healthcare community. How does PatientBond standout?***

**Mr. Juneja:** Ultimately, as a healthcare entity and for a healthcare system, the biggest thing is really around patient outcomes especially as the model moves towards value based care. We can talk about patient engagement and we can talk about population health, but ultimately what we are trying to do is trying to improve outcomes. In order to improve outcomes you really need to dip into the psychology of an individual to drive the desired patient behaviors. You need to tailor your care and tailor your communications around who that individual is as a person. I think that is a step that we do better than anyone else in the marketplace, and that is why we think that people should look at PatientBond.

