



SALES+MARKETING

Cognitive Science Roundtable:

July 2015 Discussion Summary

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Cognitive Science Roundtable Discussion Summary:

ZS Associates recently brought together a distinguished group of academics, business executives, and leaders from various healthcare segments – including providers, insurance companies, pharmaceutical manufacturers, and startups – for dinner and a discussion of how cognitive science could help consumers make better choices about their health. Attendees included:



Hensley Evans (Principal, ZS Associates) presents at the roundtable

- **Adam Hanina:** Co-founder and CEO, AiCure
- **Jon Jachimowicz, Ph.D:** Researcher in Behavioral Science, Columbia Business School
- **Jacob Braude:** Founder and CEO, Braincase
- **Soeren Mattke, MD:** Senior Scientist, RAND, Professor, Pardee RAND Graduate School, and Managing Director, RAND Health Advisory Services
- **Amanda Parsons, MBA, MD:** Vice President of Community & Population Health, Montefiore Health System
- **Dan Seewald:** Global Team Leader, Pfizer's World Wide Innovation Team
- **Prabhjot Singh, MD, Ph.D:** Director of the Arnhold Institute for Global Health, Icahn School of Medicine at Mount Sinai
- **Brooks Tingle:** Senior Vice President of Marketing and Strategy, John Hancock Insurance
- **Debra Friedman:** President and CEO, Health Republic Insurance of New York
- **Hensley Evans:** Principal, ZS Associates
- **Bunny Ellerin:** Senior Healthcare Executive, Ellerin Health Media (EHM) and President, NYC Health Business Leaders (NYCHBL)
- **Jay Lichtenstein:** Principal, ZS Associates
- **Amy Marta:** Principal, ZS Associates

Before dinner, we kicked off the evening with brief presentations from two participants, Jon Jachimowicz and Adam Hanina, talking about the work they are doing leveraging cognitive science in both an academic and a business setting:

Jon presented some of his recent research on [choice architecture](#)¹ - a phenomenon that explains how features of an

environment (noticed or unnoticed) can impact consumer decisions:

- If consumers are presented options with a default choice, they will often choose the default
- A study on consumer choices on health exchanges found that when consumers are faced with too many complex choices, free choice leads to outcomes barely better than random selection.
- However, guided choice (based on stated preferences and needs) - also referred to as 'nudges' - can lead to far more optimal outcomes

Then, Adam spoke about the work AiCure is doing leveraging cognitive science in health technology to support **adherence**. AiCure provides an intensive technology-based intervention (with human backup) to drive adherence specifically related to taking medicated 'as directed, when directed.' The technology has demonstrated an 18% increase in compliance in certain studies, and the demand for adherence technologies is expected to increase as outcomes become more critical to payers/providers and manufacturers need to replicate clinical trial results in the real world.

During dinner, the conversation ranged from discussing different health problems potentially impacted by cognitive science, to how financial incentives could play a role in helping consumers adopt healthier behaviors, and to how providers are thinking about leveraging motivational interviewing to understand what interventions can be most helpful.

Some highlights include:

Adherence: Targeted Programs and Cost Justification

Adherence gets a lot of attention because it's easy to quantify the cost of non-adherence and thus justify investments. Money flows where cost savings can be demonstrated.

Value of adherence initiatives in cognitive science varies by therapeutic area. In diseases such as HCV and Oncology in which treatment is expensive and adherence is critical, applied cognitive science tactics to drive adherence can be especially impactful.

Adherence: Financial and Non-Financial Incentives:

Incentives matters tremendously. Patients are willing to make a change if there is the right incentive – financial or otherwise. Convenience is a big motivator, and many patients are willing to trade off privacy for increased convenience. Often, people will allow you to track their behavior as long as they understand that there is a financial incentive in it for them.



Brooks Tingle (SVP, Marketing & Strategy, John Hancock Insurance) shares his thoughts while Jay Lichtenstein (Principal, ZS Associates) and Adam Hanina (CEO, AiCure) listen

In life insurance, an average person with a chronic condition “overpays” because they assume some base level of non-adherence in their own behavior. If we can find ways for consumers to share their adherence, we can better match their costs to actual behaviors (e.g. more adherent people could pay less than they currently do). However, there does need to be an awareness of (and mechanisms to prevent) people from ‘gaming the system.’

Patients are Unique and Motivation is Fluid:

The things that motivate someone, or keep them from doing something, may change over time, or may change in response to the context – or choice architecture – or a particular situation. Understanding this context and the subsequent choices is critical for framing the right ‘nudges.’

Who Nudges Matters: An Example in Smoking Cessation: In

a gifting program, researchers found that having a spouse give the certificate for a smoking cessation aid actually decreased quit attempts over control while friends or more removed family members had a positive impact.

Complex Health Decisions with Non-Binary Outcomes:

Taking a pill is one of the more simple health decisions/actions that a patient can take. But how can motivational interviewing help understand the context of patient decisions when the choices are more complex? With these insights, providers can pull out simple interventions that may help patients. But when we are looking at only one component of adherence (e.g. taking a pill), and then seeking to manage complex behaviors by inserting more ‘high-touch’ interventions without an understanding of the patient complexity, the interventions essentially become no better than guesswork.

An example of a health decision that operates on a non-binary continuum is **unhealthy eating and obesity** – one of the biggest challenges facing our ecosystem. The drivers of consumer biases around eating are complex and varied – social norms, loss aversion, many other principles play a role – but special attention to these drivers - including applied cognitive science is - critical for creating impactful change for consumers.

For more information on applied cognitive science and how ZS Associates helps manufacturers identify and activate stakeholder motivations please reach out to Hensley Evans.



(From left to right): Jon Jachimowicz (Behavioral Scientist, Columbia Business School), (Soeren Mattke, Managing Director, RAND Health Advisory Services, Tal Gilbert (SVP, Marketing & Innovation, The Vitality Group), and Bunny Ellerin (President, NYC Health Business Leaders) discuss cognitive science at the roundtable

About the Author



Hensley Evans is a Principal at ZS Associates in New York, N.Y., where she brings extensive experience in health and wellness marketing to her lead role in patient and consumer marketing strategy. Hensley is particularly interested in

About ZS

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