

Speaker 1 ([00:00](#)):

<silence>

Michael Roberts ([00:09](#)):

Welcome to the Health Connective Show. I'm your host, Michael Roberts. Today we're talking to Dean Browell. Dean is the Chief Behavioral Officer at Feedback, a company that offers services like digital ethnographic research to help companies understand why customers make decisions. Feedback then helps develop action plans based on their findings. We wanted to have Dean on to talk about digital ethnography, how it differs from other types of market research, and how it might be beneficial for product and R&D teams in the medtech industry. This was an inspiring episode to record, and it truly focuses on the human connection necessary when it comes to educating and treating patients. Dean, thank you so much for coming on the show. We're excited to have you.

Dean Browell ([00:53](#)):

Yes, thanks so much for having me. This is gonna be great.

Michael Roberts ([00:55](#)):

Awesome, awesome. So let's start with getting everyone on the same page, because the first time that we talked, you used a fancy term, and I had not heard it before. And so we definitely need to kind of break it down. So this concept of digital ethnography, explain what it is and why it's different, I think, than what marketers tend to think of when we're doing something like voice of customer, developing a marketing persona, or any of those types of exercises.

Dean Browell ([01:20](#)):

Yeah, absolutely. Let's say, let's, first, let's tackle the etymology of it <laugh>. So it's, it's ethnography first off. So those who may be familiar with ethnography, but even if you're not, right, the idea of like trying to observe what's happening right in front of you and then writing a great rich description of what you're seeing, you know, and there there's some great traditional ethnography that's still being done. You know, somebody might watch you in your house and say, oh, where do you put the vitamins? You know, do you put it in the kitchen? Do you put it in the bathroom? You know, how do you, where do you put the dog food? How do you feed your dog? You know, it's a kind of, what I always, always think about, you know, that's kind of where secret shoppers came from too, right? This idea of like watching someone make a purchase, like what are, what are their behaviors?

Dean Browell ([02:01](#)):

So it's, it's that kind of concept, but in the digital realm, and the way that ends up really manifesting is that we use anthropologists. So in other words, it's approaching online behavior with an anthropological lens, like a behavioral lens. That's really different than say, just looking up keywords and like, how many times your brand's been said on X or Twitter, whatever, you know? So in other words, it's really about the behaviors. How are people talking to one another? What are those, you know, who asks questions? Who answers them? What misinformation or information is out there? And I think the other way to really think about it too is we're looking at what people say unprompted. That is radically different than where we typically get our information, right? I mean, it's a survey, it's prompted focus groups, whatnot. And so knowing what people say when they're unprompted, you know, we're not asking them questions.

Dean Browell ([03:00](#)):

We don't, best case scenario, you know, we're, we're just looking at what's publicly being said with no footprint whatsoever. And that, you get a very different, different kind of information. And I would also frame it as it's sort of the other half of the picture that you would get versus other research techniques. And I think you need both, I think mixed methodology, always best. But you know, the, the thing I always like to pick on is the NPS score, right? The net promoter score. Would you recommend this brand? So we can't get at that, right? Would you recommend this brand would be best asked in a survey or a focus group. We get at, do you, and you should want to know if there's a gap between what they'll tell you on the survey and what's actually happening in reality. And it may be different people are promoting their brand, not the people who said they would in the survey. And so the idea is that really painting the rest of that picture for what people are doing unprompted versus what they'll tell you when they're doing, you know, when they're prompted

Michael Roberts ([03:58](#)):

And you're looking at, and you mentioned this a little bit, but you're looking at a lot more than just a brand name. So thinking of it in a medtech space, you know, this is more than just company Y put this particular device, but it's all the things that are surrounding that.

Dean Browell ([04:13](#)):

Absolutely. So for example, and actually medtech is a fantastic basis for what we do, in part because we can get an awful lot around conditions. And that actually brings me to a good point about what channels we're looking at, which is any of them, right? In other words, we're not constrained just by what we happen to have an open API to or, you know, some dashboard allows us to look at it. Those dashboards tend to really end up overvaluing a couple of channels. But, you know, the example I often give is, what someone who's been diagnosed with breast cancer says on Facebook in front of friends and family, we want to know. That may tell us a lot about their journey. It does not tell us nearly as much though as what she might say on breastcancer.org and in that very specialized condition specific forum.

Dean Browell ([05:00](#)):

And so, yeah, that's where I think it really, you really can start to see how people actually talk to one another. It's not just like somebody leaving a review on Yelp. It's not kind of a one-sided element. It truly is, how are peers congregating? And I should point out too, this isn't just with a B2C, I mean we, we do it with B2B all the time. We do it quite a bit on both patient experience, employee experience, how clinicians are talking about certain technologies or, you know, whatnot. And part of what we're trying to get at on the consumer side of things is, what is it like to have this condition or even just get the, sort of the whiff of it as a potential diagnosis? And what do they see when they go to find resources? What do they see when they go to find peers talking about it?

Dean Browell ([05:51](#)):

And I'll give a medtech example. 'cause I think it's a, it's a probably a great way to kind of set the stage a little bit is, we did some work at one point with a medtech product that was in the urological space. The particular condition it was typically associated with though was an interesting one. It was primarily male. It was of whatever ages, you know, certain ages. And what was fascinating was that this particular product had only been in use in the US a relatively short amount of time. Well, what we found were men from the Midwest of the US on UK message boards, on British message boards, asking about what is it like to utilize this particular, you know, innovation, what's it like after, what's my recovery gonna be

like? Because it had been okayed in the EU before the US. And so that's a great example of these consumers may not even always be where you expect because they're busy thinking about it from their point of view. And so that's a lot of what we're trying to do is yes, we'll get at the sentiment, right? If they, you know, how do they talk about the brand, things like that, or a competitor, we can absolutely do that. But we're also getting at is generally a much deeper profile of their actual challenges.

Michael Roberts ([07:07](#)):

And you know, just thinking that through, like, it's not like the consumer slash the patient is thinking like, wow, I can't wait to learn more about company Y's urological solution. Right? Like, that's not like the thing,

Dean Browell ([07:21](#)):

Or like, man, can I do this? Or whatever it might be.

Michael Roberts ([07:23](#)):

Yeah. Yeah. And thinking through like that's old school like funnel scenario. Like this is not at all top of the funnel. Like this is like, I've already seen the urologist, they've already told me about this thing. I actually jotted down the name enough to go back and actually search it somewhere. And all of the company materials didn't give me what I wanted.

Dean Browell ([07:45](#)):

A thousand. In fact, I would even say it's even maybe even a little before that where they're even just saying, Hey, we think it's good, it's A, B, or C diagnosis and I'm just following the rabbit trails. You know, one might be surgery of this particular kind, one might be this kind of particular medication or whatever. And so I'm actually maybe experiencing those brand names in Reddit before I've ever heard them from my doc because we haven't fully solidified the diagnosis yet. And I think that's, that's part of it is that funnel, you know, or that sort of consumer journey, I feel like nine times outta 10, we are adding whole rungs to the ladder from what most people would've built when they were building their consumer journey from a company perspective. To your point, they're literally building it from the okay, when the person gets the pamphlet...

Michael Roberts ([08:35](#)):

Right?

Dean Browell ([08:36](#)):

Right, right. Like, okay, then they might look on our website, they might look here, they might see these review, whatever it is. But it, it sort of, what we're trying to do is paint that picture prior to that moment. Because that way we can say, what is their headspace when they got that pamphlet? Because that's, that puts them, it puts them in a very different, it's a complete reframing that I think hopefully allows for a lot smarter messaging of course. Right? But it also helps us if we go all the way back into, I mean, it's a way to be able to validate business assumptions in R&D, or markets to go after.

Michael Roberts ([09:10](#)):

Yeah. I was thinking even of like from the education framework, like companies educating their physicians. Like if you've already talked about this, we've seen patients do the following things before

you even get to the part where you start talking about like narrowing in on the solution kind of thing. So it's fascinating stuff and it's,

Dean Browell ([09:31](#)):

And filling in a gap too, on where is the physician community from an education perspective too? As in, for example, in that urology study that we did, I mean one of the things we found, at least tied to this particular condition, were patients complaining that they felt their docs were not innovative.

Michael Roberts ([09:49](#)):

Yeah.

Dean Browell ([09:50](#)):

And they were being handed whatever thing that doc was just used to prescribing. But here they are online finding there are other methods and that's a, it's sort of like what angle does patient advocacy take? And then what angle does that also ends up suggesting to you that you need to do on the clinician side too? You know, to introduce, hey, your consumers maybe more savvy than you think.

Michael Roberts ([10:13](#)):

Mm-hmm <affirmative>. Yeah. That's a hard convincing process. Right? Like <laugh>. So it's fascinating though, like my parents are of the boomer generation. Going through all the fascinating health changes that happen <laugh>, you know, at this, at this point and that journey that you described, here's what the doctor said, and then here's what my mom especially is like. She will go and research to the nth degree to find out all the options and all this kind of stuff. And so the conclusions that come from that are great and sometimes a little sketchy and you have to go like, where did you find that piece of information? Like was that a legitimate site? Was that just a forum where somebody said, one time this happened to me? Right. And so it's, it's very hard to get at like what is actually going on with a device? What kinds of things aren't being reported widely. So yeah, lots, lots and lots that we could dig in there for sure. You've mentioned this a little bit and I want to kind of like lean into it a little bit more. So the spots where you go to find information is not just the big few social media sites, but social media has changed a whole lot. We're recording this--

Dean Browell ([11:23](#)):

I was gonna say *checks watch* since yesterday.

Michael Roberts ([11:27](#)):

It's the beginning of February. And it's so funny because like I've gone back and I've like, like read some materials back from like during Covid, and I kind of forget how insane like all the Covid things were. So just as like a time capsule to just remind us all, TikTok disappeared for 12 hours, came back.

Dean Browell ([11:45](#)):

And is still gone if you hadn't already downloaded it.

Michael Roberts ([11:48](#)):

Okay. So there you go. I don't use, I didn't use it, I don't use it. So like that's not something I even really thought about. And still very uncertain future at this short in time. Twitter / X has gone through just

remarkable changes for better for worse. Depends on how you feel about the platform. But I will say that a lot of people that I've followed on the platform previously have migrated somewhere else.

Dean Browell ([12:11](#)):

Bluesky or whatever. Yeah.

Michael Roberts ([12:12](#)):

Yeah. So whichever one they choose, I've still got my Mastodon account. I just wanna say that it's there, still exists. Yeah. But there are like, all of this stuff is just splintering more and more and more. What does that do for your work and how your team...

Dean Browell ([12:27](#)):

<laugh> It's job security.

Dean Browell ([12:29](#)):

But it really is, so to me, this is why the anthropological approach is so important, because it's not, it is not based on the current, it's not based on a standard or consistency of technology. It's based on a standard or consistency of behavior of let's say a patient or an audience type, stakeholder type, in a particular situation, and then we adapt based on whatever that situation then, whatever they might find. So for example, TikTok, when we often mention, Hey, yes, we also look at TikTok, we're not just looking at the videos. For us, it's the comments. It's the thousands of comments in a, on a TikTok video that might be, for example, a teen showing how they administer, self administer, their medication that they have to take for this particular condition. And the hundreds of people underneath it that might be saying, I'm also a teen that has this, had to take the same medication for my issue.

Dean Browell ([13:30](#)):

Here's my tip or trick that I use to stop this one thing that you mentioned in the video. And then seeing somebody else. So for us it's, yes, it is a joke, but it truly is a bit of job security. Because the first third of any project for us is discovery. What channels matter? And being beholden to the surface channels, you'll get a very skewed view. Not necessarily it, I would say it's an incomplete view, right? Because again, like the breast cancer example, you will wanna know like how are they communicating to friends and family? But it doesn't show you, say, the woman who in the signature of every post gives literally her current stats, you know, chemo wise in the dates. And that's why for us, for just about every project has a certain amount of, so to speak, Bluesky to it in the sense of us.

Dean Browell ([14:16](#)):

Like what, what are they using right now. When a channel closes, that to us then is an alarm of what happened in that community? Like, where did they migrate to? There's some communities that boy, they have held on just like for dear life, and actually one of them is a physician one. Student Doctor Network. Student Doctor Network has not been mostly full of students for 20 years <laugh>. It is still the place where I'd say, it is probably the most single, with the exception of maybe Reddit, depending upon the day, active place where physicians are chatting about situations, patients where to do, you will see docs on there talking about the students on there, talking about their residencies. Then you'll also see the, like, 15 year physician talking about their residency experience with them. And so, and they'll talk about innovation, they'll talk about, you know, all kinds of things. Where to live, you know, and all of that.

Dean Browell ([15:09](#)):

Yeah. Yeah. So I think, yeah, part of it is having an approach that is not technologically specific, but rather behavior specific. That allows you to ebb and flow so much better. And actually, the, the other thing that's interesting is watching, it does give us a bit of a long view on some of these trends, right? And like one of them that has, has really come to pass lately is way more value being put on discussions rather than reviews. And the best example of that is Google right now. So this time last year, so one year ago, you know, in February just to, to suddenly not make us evergreen with this, uh, with this. In February of 2024, they signed a deal with Reddit. So that Google AI is the only AI allowed to look at Reddit. And so what that meant is, when you put a question into Google right now, it might give you some other sources, but Reddit is prioritizing.

Dean Browell ([16:04](#)):

As the answers to your questions. Now, you know, this, again, this is a year on, it's fascinating because first off, Google's basically admitting that the reviews are trash <laugh>. They're saying like, this is, they, they have gamed the system and are not helpful. So, you know, Reddit discussions are more helpful, is what they're saying. And sort of valuing that, which again is very validating for us and what we've been about this whole time. But it also goes to show you the rise of a channel like Reddit, right? With, with its relative self moderation and the fact that you get so many clinicians and patients and you know, I mean just all kinds of strata B2B and B2C, we just ride the wave, you know, 'cause there's demographic channels, right? More of like the circle of moms, you know, or whatever. Then there's more career-based channels.

Dean Browell ([16:50](#)):

So we do quite a bit of work with the DOD and with veterans and current military family quality of life. Well, those are channels that, there are some that are, I would say evergreen. And there's some that are gonna be very geographic specific, right? Like just sort of based on PCSing to a new base. And that happens in the, the civilian world too, where there are fewer online cancer groups in Phoenix, Arizona because there's such a high snowbird population there. Their cancer groups are the ones they belong to in the city they came from. You know, and so it just makes a big demographic and geographic differences that those things are always shifting. So when the tech shifts, that's just another variable for us that we're just trying to account for. But it also means pointing out what did this potentially do to this community that depended on that? That can be an interesting thing to trace that effect on resources and things like that.

Michael Roberts ([17:50](#)):

Yeah. I'm on Bluesky, I have an account there. I'm not super active. But, uh, one of the things that I noticed back in November, I think was like all of a sudden a lot of the medical community on Twitter, the, especially like the research side, so medical research

Dean Browell ([18:07](#)):

Yep.

Michael Roberts ([18:08](#)):

Migrated kind of en mass to Bluesky all of a sudden. And there was like all these people showing up that I, you know, I hadn't seen since years ago on Twitter. Or X now. But I, I was very, I've been inactive on

Twitter for quite some time and I'd kind of forgotten about a number of people, and then suddenly they were back in my feed again. It was just, it's a very interesting time, like historically speaking for this like,

Dean Browell ([18:32](#)):

Oh, absolutely.

Michael Roberts ([18:32](#)):

Like there are a lot of like digital migrants. Like we're all kind of like trying to find like where our homes are as networks change and as behaviors change, there's so much that we could go into <laugh> that I won't. So I think this quickly can become like, oh, that's a marketing tool. That's something that's just like a, that marketers deal with. But I definitely see, I mean, we talked a little bit just very briefly about like education programs, but it seems like there's a lot of other teams that could benefit from understanding who this end user is and their journey and all of that. So I'd love to hear like, I guess maybe some examples of like how you've worked with these teams and going beyond just marketing and, and coming up with some of these solutions.

Dean Browell ([19:15](#)):

Yeah, absolutely. So I'll say like in the provider space, when we've done a lot of work, yes, marketing might be how we originally got in the door, but it ends up, especially right now, patient experience, right? So it's not just marketing anymore, it's more of a holistic understanding of what is the actual experience, right? Not paying attention to the silos, you know, that might happen within a large company, but the actual sort of really mapping that out. The other element I think that that's so important is really is the R&D element, right? And that's, we've done quite a bit for a number of different sizes and shapes of communities, both in the medtech and sort of the, in the adjacent industries where it's about validating these business assumptions before somebody runs out with a product <laugh>.

Dean Browell ([19:59](#)):

Well, I mean that alone, right? But then also in some cases it's, it's, Hey, we wanna build another product or service for this population. Help us understand where their challenges are. And yes, if it was a marketing view, it might be about messaging and resourcing information, but you look at that through the lens of products or services that suddenly becomes a very different, we wanna understand this condition and where these gaps are because the patients are actually telling us something about their challenges that actually may not be able to be conventionally noticed by the physician helming that particular treatment plan. And that is especially true, I think when we look at, and just as a, I think as an example, but I think it's a really salient one, is pediatric issues. Because often what we find is a lot of community gathered around initial diagnosis.

Dean Browell ([20:54](#)):

And that means both the communities that pop up, the activity within those communities, who a lot of just diagnosed blah, blah, blah and need a sherpa, you know, and they need these families are really helping one another. Then it can sometimes be, especially depending upon the condition, crickets, when you're dealing with now a teen with that condition, right? They'll be diagnosed very early. And if all the resourcing, and I mean that even in terms of sort of the energy around a diagnosis to find out, oh wow, you know, their biggest issue is the way this one medicine is administered. Because when you put this in the context of a teen or whatever the case may be, right? Like we can help illustrate that family

caregiver context in a way that may really help provide a roadmap or at a minimum potentially prioritization, right?

Dean Browell ([21:49](#)):

A feature or something that, that not only would help increase adoption, but also quite not to be too Pollyanna about it, but I mean, could really save like incredible time and even just emotional support if something was designed differently. And I think that's where, to me, that's what really gives me hope. But the way that we tend to approach things is we really are trying to approach the context, the behavior, but then also just sort of the consumer, the person we're actually studying with such respect and advocacy. That is often actually how we end up riding sidecar with a lot of these things. We only do this technique. We are a research company. We only do one technique. We don't do anything else. But quite often we get asked to ride sidecar basically as a consultant because then they could reflect off, say, Hey, if we did this this way, how do you think they would react?

Dean Browell ([22:41](#)):

Yeah. You know, we can actually get into that kind of brainstorming. 'cause we started to model that behavior in such a comprehensive way. And, and you know, it's partly because, and you know, again, our whole company's built on, people are talking. And that's the difference. They're not just on Yelp complaining about a pizza place. They might have been on a condition-specific message board for 20 years. And their whole journey from that first doctor's visit to their hundredth been documented. And so to be able to take an anthropologist and, we're qualitative, but we also get quant. In other words, we code that behavior we see. So we could illustrate this quantitatively too, like the different kinds of cha-- you know, how many people talk about the same challenge, right? And don't forget this outlier because it illustrates maybe something farther down the journey that maybe an issue. And so, I mean, I really take this in. Our teams take it very seriously. Like the idea that we could be advocates for the situations that they're in. And I think that it can be just so powerful just for so many different kinds of teams, right? Both from the medtech to the caregiving team, you know? Provide, provide team.

Michael Roberts ([23:50](#)):

Yeah. So a couple of episodes ago, we had some folks talking about medical device startups, and just all the different challenges that they're facing. And usually this is based around like, hey, we're gonna improve some area of care in this way, right? Like, we figured out a way to make it cheaper, make it more effective, whatever. But I, so much of it, like this is all resonating in my head as I'm thinking about like the doctor complaints, the clinician complaints about like, I'm just trying to do this. There seems like there should be a better way and here are all the complaints. And you know, the more that I've been around physician communities, the more I get to hear some of those complaints. But also you get to see like, hey, they are talking about this stuff online even as something as broad as LinkedIn. Which, you know, I wouldn't necessarily think of like physicians like gathering there, but certain ones do. And you know, and so yeah, there's just fascinating conversations that happen all over, but finding them <laugh> is a challenge. So,

Dean Browell ([24:45](#)):

And what's also interesting, and do you wanna talk about like, another trend that we've seen in terms of technology, you know, in the social side of things is, I know I've brought up Reddit several times, but the reason why it's an interesting one is it's also one of the only communities where we actually find these stakeholders crossing.

Michael Roberts ([24:59](#)):

Yeah, sure.

Dean Browell ([25:00](#)):

So you're, you're as likely, in an obscure thread of Reddit around a very narrow condition. I'll even give you a personal example. My oldest daughter is, is a survivor of a malignant, very rare paraganglioma tumor. This is like two in a million. She's, she's fine. It's genetic. It'll be back. She'll get full body MRIs every year. You know, we're gonna catch it really early next time. But the, again, two in a million now. Okay. There are three communities I'm a part of. And in those communities, one of them is through the association, the Pheo Para Association. Well, that association speaks to physicians, and the patient, and caregiving population. In those forums, I am as likely to get an answer from a physician. I start to say clinician broadly. 'cause sometimes it's, you know, nurses within a children's hospital that have dealt with, you know, whatever the case may be.

Dean Browell ([25:58](#)):

We're as likely to get a clinician response as we are a parent. Now that's a forum, but also then on Reddit. And again, that it's very likely you see a lot of moonlighting by the physicians because they're also interested in what's going on with some of these other cases. Right? Yeah. Sometimes the physician community can be very chatty and others that may be a little bit of crickets. But the easiest way to suddenly find it would be if it's a rare disease, boom, here's a, here's a lane where everyone on this thread, that's only talking about it because it impacts them and or their clinician who deals with it. And I mean, you wanna talk about a way to suddenly make the internet very small for you. Right. I mean, it's these kinds of communities. And that's what I try to, we try to also do too, is, is really try to convey like how hard is it for someone to find this community though?

Michael Roberts ([26:46](#)):

Hmm. Yeah, sure.

Dean Browell ([26:47](#)):

Pheo paras and especially paragangliomas, unfortunately, are generally not found until autopsy. Like you often don't know that someone has one until you see it much later. Well, that means for us, like from a, um, a digital ethnography perspective, we might also be hunting down symptoms.

Michael Roberts ([27:07](#)):

Sure, sure.

Dean Browell ([27:08](#)):

Right. Not necessarily conditions, but that's interesting. You know, where are these groups where people are really struggling to get the doc to pay attention to their, the multitude of symptoms that they're having? You know, maybe they're just treating one really primarily. And so, you know, again, that's, it's, for us, it's always about like, how can we keep pulling that lens back to fill in more of the journey? Because if we find that that's, that the inflection point isn't necessarily having the name of the diagnosis or the medication or the tech or whatever it might be, the treatment, right? But it's actually about the symptom level. Well, that means you could start there, right? From a messaging or a solutioning or an understanding that that's where the education needs to begin. It just, everyone that

has a clearer picture, and I, sorry, I'm going like Ted Talking on this, but <laugh> part of what the, this is where that unprompted versus prompted, I think research techniques really help because the problem is with the prompting, and this is true whether you're talking about clinical trials or just a base survey, is you're talking to people that have already been diagnosed.

Dean Browell ([28:12](#)):

And in many cases that is, I mean, that's like where Frodo throws the ring into the lava, right? Like that's the journey was getting to that point. And I think it's about how can we illustrate that and how could you end up making a better product 'cause of that?

Michael Roberts ([28:30](#)):

Yeah. Here's a question we didn't discuss at all. Didn't send your way beforehand or anything, but as you're talking through all this, and I'm thinking about like sort of the value of human connection throughout this process, right? We've, we've transitioned it into a different space and in a different format, but it's the still the same thing. Like, thank God I finally found somebody that knows what I'm going through. We can communicate, we have a relatively rare condition, not two in a million, but we have a condition in our family where we were that family going, what do we do? We found a community. They told us like, okay, the things that you're experiencing are rough, but here's how it works out. Here's, here are different ways that this can play out. How are you finding tools like Perplexity, some of these kind of AI search engines, is there a way to quantify how that's impacting this experience? And that's a super broad question, but it's just the one thing where it's like, there's a lot of areas of conversation that I'm having where it's like, if you talk to a computer for the whole experience, what does that do and how does that kind of derail you from reality or point you to what you need faster?

Dean Browell ([29:40](#)):

Yeah. So no, that's a fantastic question. And I think what's interesting about, so there's a technical problem that isn't always apparent to the user when it comes to a Perplexity situation like that. And that is that Perplexity is only allowed to scrape what it has an open API. That doesn't seem obvious on the front. Like it doesn't say that on the tin. And so what that means is, it's actually not dissimilar to say like the brand dashboards that are like giving you red light, green light, but it's entirely based on like Twitter and Instagram and pretends that there is no other internet, right? Because that's just what it's looking at. AI kind of has that same problem. So even just on the technical front of it, what I fear could happen down the road. I don't think it's happening as much now, but I think what could happen down the road is I may miss years of modeled behavior that could actually help me emotionally or practically get through my treatment in a way because it's either really distilled or not even searchable by a Perplexity.

Dean Browell ([30:58](#)):

Right? So there's that, there's just sort of that practical information I think bottleneck, right? That's a part of that. The other though is, there is something really, I do think it's some, sometimes it can be sad, but then also very magical, about finding that person who is exactly like you going through the same thing. You again, using just as an anecdote, my own situation, paragangliomas again, usually found in autopsy, but that also tends to mean that when they are found, they also tend to be found on much older patients. So a 17-year-old girl, I mean, when someone responded to our message, who also had gone through it with a daughter, which was important because it was on the adrenal gland, but it was

also on the small intestine pulling iron away. So they were also used to the dismissive initial physicians saying, you just have an iron deficiency like every other teenage girl, right?

Dean Browell ([31:55](#)):

So they kind of, they, the idea that just even that connection immediately said, you get where we've been, where we are, because their child had been much older, where we're going to be going. And that is something, I don't know how, I could see an AI providing some, if they could see it routes into communities, right? Like, here's some detail, but hey, if you want more, here's a whole community because I'm not gonna be able to give you the emotional component. That to me, from that consumer side, I think there's, it's sort of where we are and where we might be going with that. The other element I would say to that in terms of even how we use machine learning is, we've experimented with in different parts of our process. It is best for us at the end. It is not great at personas and segmentation and the initial coding.

Dean Browell ([32:49](#)):

Right? And part of that I think has to do with context and human behavior and all that. Could it get better about that? Absolutely could, but it's been a while and it still isn't great about that. But it can be fantastic if we give it its nudge. Like say, here's the segmentation, now go look over in this and tell me what you see of these things. So even when we use it for research, it can be excellent on that backend. But I feel like that may, that is sort of a similar analogy to I think what the fate could be on the consumer side, but my bigger worry is the tech bottleneck that a consumer may never actually find those communities because they're relying on the summaries and/or are relying on summaries that don't even include those.

Michael Roberts ([33:33](#)):

Right, right. Yeah. And it, same danger, I think even with search engines now, like of traditional <laugh> like ways of discovering information. So yeah, like it's definitely an issue. One last question. Thank you for your time.

Dean Browell ([33:45](#)):

No. I clearly hate talking about this <laugh>.

Michael Roberts ([33:48](#)):

It's something where when we last talked about it, you know, like I had reached out to you about a potential client scenario and like, hey, like I don't know how to solve this problem. What do you guys do? And all this, but it's ever since we talked about this initially, it's been playing through the back of my head, like, you know, it seems like people really need to know that this kind of thing exists and that like, there are ways of getting towards some of these answers. So along that route, like what are some of the surprises that you've come across along the way? And I'm sure that there's, there's tons you could pull from, but how does human behavior continue to surprise you even this far into it?

Dean Browell ([34:22](#)):

Man. And it truly is like every day. I think partly it is, and this kind of even referencing what I was just talking about, which is that there's so many permutations of all, all of our journeys and life stages. I'm really glad we do things outside of healthcare, again, a lot of quality of life elements. Uh, we've done like with the military, and there's, for example, I originally studied my PhD work was originally around

generational differences and how generational differences show online and online behavior. And what I eventually came to find, and I don't know if this is always true, but I think it's definitely true now, which is generational, generations are a horrible way to categorize people. And it's way more useful to look at life stage. And when you look at through that lens, and this is for many reasons, and the best, the easiest example is millennials and Gen Z get married later and less, they have kids less and/or later than all the generations before them.

Dean Browell ([35:23](#)):

But what that means is that, hey, if you're looking for car seats and you're an older Gen Xer who happens to have a young kid, or you're a millennial or a Gen Z with a new kid, you're all in it together. Yeah. You're reading reviews that may or may not have been written by somebody who looks just like you. So for me, what keeps surprising me is, is how what we're doing illustrates so many new contexts and permutations, and even people who are unified by a condition. I mean, all boundaries and bets are off. Like even if they came with preconceptions about other people or demographics or whatever, boy, every bet is off when you are in that situation and it's about you, it's about your mom or dad. You're in a whole new context for your world. It is raw, but at the same time it is so impactful, you know, and again, it could be something really practical and simple, or it could be something that have you thought about X, Y, or Z tech or medication or whatever.

Dean Browell ([36:27](#)):

And just that, like, I've never even heard of that kind of response, whatever. I mean just, but again, something as complex as that or even just something as simple as, "you know what I do, I lay the pills out this way and my dad will take them if I have his favorite drink right next to it," you know? Like, or whatever, you know. And I think it's, it's seeing all those differences to me that both help us with behavior, categorize and give us these cool, unique segmentations, but also tell me everyone's struggle is different. And I think that for me, whether I'm talking to a hospital, whether I'm talking to medical technology, whether I'm talking to a pharma client, getting them to understand it's not so much just about whether A cures B, but it's about the context of the person that they're at when they first even encountered as a possibility. If you can understand that, you'll understand them so much better when it comes to what B does for them.

Michael Roberts ([37:23](#)):

Yeah, sure.

Dean Browell ([37:24](#)):

That, I mean, I feel like I'm, you know, didn't need to Steven Spielberg with the story about it, but I feel like it really is, like, it is, it continues to emotionally surprise me no matter how many channels open and shut, that it's, people are, there is somebody being diagnosed as we talk that now has to go figure out and find what someone also had to find in the same way five years ago, 10 years ago. And it's gonna do five, 10 years from now. And so I think trying to keep people up to speed on what these contexts are like is gonna help them make better things and heal more people. And I think, and have them understand what it's doing for them too.

Michael Roberts ([38:06](#)):

Awesome. I don't think I could summarize the show better than that. So <laugh>, I think this is the perfect spot to close out. Dean, thank you so much, man. This has, this has been such a great

conversation. I really am excited by what you guys are doing and, and I do think that, like, I really hope that that companies take more of this approach as they're looking, not just the prompted, but also this just going and studying what people are doing about all this. So thank you so much.

Dean Browell ([38:31](#)):

Absolutely. Thanks so much for having me. Truly. It's been great.

Michael Roberts ([38:34](#)):

Awesome. In our interview, Dean explained how digital ethnography can be beneficial to product and to R&D teams in medtech. There's so much to be said here in terms of how understanding the context of the patient or the clinician journey can lead to better products and cures. To learn more about what Dean and Feedback can do, check out discoverfeedback.com. Thank you to our listeners and viewers for joining us for this episode. For more on the Health Connective Show, please visit hc.show for previous episodes and Health Connective as a company.