

Alyson Connor, president, and Phil Stein, CEO

PERFORMANCE

Revenue jumped 25% compared to 2013, putting it in the \$15-million to \$20-million range

HIGHLIGHTS

Won half of 2014 new business from pitches, the other from organic growth

CHALLENGES

Helping clients navigate an outcomesfirst world

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-ALYSON CONNOR

MICROMASS

Fusing behavioral science with the art of storytelling



With half its new business for 2014 coming from

pitches and the other half from organic growth, the North Carolina-based behavioral specialists at MicroMass enjoyed a fine year. Revenue jumped 25% over 2013's sum, landing the agency in the \$15-million to \$20-million range, while head count grew to 73 from around 65.

MicroMass CEO Phil Stein and president Alyson Connor have been fusing behavioral science and storytelling for 21 years, and the talent they regularly recruit includes PhD students from nearby Chapel Hill. But all employees, even those who sit in the design or copy departments, are schooled in the scientific principles that support an approach that landed clients like GlaxoSmithKline's oncology division. MicroMass hung on to the account after an asset swap that transferred the business over to Novartis.

MicroMass's approach may not be for everyone, as it requires clients to adopt a new way of thinking about their products and their roles in a patient's health. "The playbook for pharma is you tell them how great the product is, tell them to ask their doctor for it, keep reminding them about the product, send them refill reminders and give them a co-pay card," Connor explains. "As pharma becomes more and more 'me too,' that doesn't work."

What works far better, she continues, is developing an understanding of what happens outside these conversations, then creating messaging that

addresses the barriers that keep patients from proceeding from step A to B to C and beyond. This could mean addressing perceptions about the disease itself or how the condition is being explained.

MicroMass's work on a GSK account for an oral-cancer treatment is a prime example of this approach in action. "I think every doctor and brand team assumed, 'Oh, it's going to be so much easier [than an infusion] and patients are going to recognize this and take the product. No problem," Connor says.

The reality, however, is that even when dealing with "easier" new medications, patients will likely still have questions. Too, the no-problem mindset fails to consider the support patients might need regardless of whether a drug is swallowed or injected. So MicroMass has endeavored to create programs that address behavioral barriers to change. For those instances where reaching the patient places additional demands on physicians, the firm has developed communication programs that focus on changing the tenor of patient/physician conversations. Among the recent topics? How professionals discuss diseases.

According to Connor, such programs begin by analyzing how physicians talk about the options a patient may have. For instance, for a rare-disease medication—a treatment patients traditionally resisted, because it was considered a last-resort option—MicroMass found that the patient/physician dialogue was about little more than "risk, risk, risk," Connor reports. Not surprisingly, patients responded along the lines of, "'Oh, hell no, I am not going on that product." Meanwhile, doctors were surprised to learn that their conversations with patients were perceived as negative in tone.



Above left: MicroMass put gamification into play in its mobile app designed for patients with type 2 diabetes. Above: A tool for Gilead designed to increase patient self-efficacy

Connor says that MicroMass's conversation framework has impacted patient behavior considerably and that the firm is hoping to get the results of its research published in a journal. Other upcoming projects and challenges include helping clients navigate the new outcomes-first world, especially when it comes to issues like creating messaging that resonates with ACOs and comparable entities.

-Deborah Weinstein