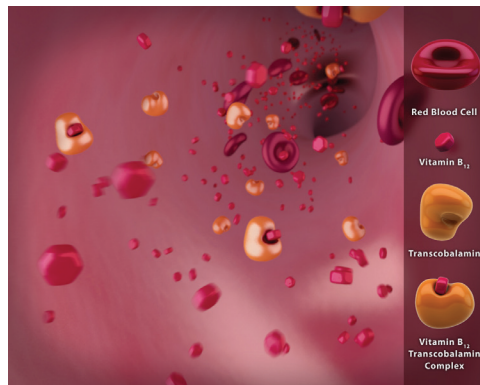


ghg

Riding a wave of growth by focusing on the basics of communication



“We’ve had an enormous new-business run at this point”

—Lynn O’Connor Vos

Grey Healthcare Group is on the move. The shop capped its fourth consecutive year of double-digit growth in 2012 with revenues hovering at the over-\$100 million mark, and a client portfolio that includes Bayer Animal Health, Baxter, Forest, Novo Nordisk, Novartis, Pfizer and Roche among others. As a result, ghg is leaving behind its offices at 18th Street and Fifth Avenue in New York City’s Flatiron district and is trading them in for ones just a few blocks north. The new offices will have several advantages, including an open floor plan and proximity to communications firm Cohn & Wolfe—a regular partner. That should keep both the creativity and new business flowing.

The global franchises that the agency scored last year in diagnostics and specialty care were just two of the forces behind ghg’s need for the additional space: the company, which employs 650 people globally, also picked up four agency-of-record designations for global accounts in the primary-care field. “All in all, we’ve had an enormous new-business run at this point

and we’re also in the midst of doing some significant launches,” CEO Lynn O’Connor Vos told *MM&M*, including an oncology launch that was set to go live the week of this interview.

The way that the agency scored all of this new work was by digging deep and exploring new ground. “None of it is organic. It’s all been pitches—the old-fashioned way,” Vos says. She adds that the agency’s presentations come down to showing potential clients “how they can win, or at least do a better job of winning, in today’s turbulent times.”

In other words, “No outcome, no income,” a quote from Dr. David Nash that sums up healthcare reform and has become a financial and creative mantra that ghg’s executives share both among themselves and with clients.

Big data and healthcare reform are a big part of what helps ghg tip the outcomes scale into financial results. Chief creative officer and managing partner John Canevari says that data awareness is allowing the agency to expand its data visualization skills. Those expanded skills will go a long way in terms of helping both professionals and consumers make sense of the growing volume of information each needs to navigate the healthcare system in a way that promotes positive results.

According to Canevari, the immediate takeaway that comes with an image is short and sweet. “The first graphics were written on caves... we’re still putting these things on iPads” he jokes, but says the truth is that fusing the visual and the vital data can simplify a complex idea and turn it into an impression that will really stick with the customer.

The agency is well versed in professional communications, and Vos says clients are feeling the pressure to understand and know much more about “what is going on in the healthcare delivery side. What’s changing over there, how the Affordable Healthcare Act [is] impacting the company, what are going to be the new pressures on providers and ACOs.”

Helping this effort was last year’s US launch of WG Consulting. The London-based unit specializes in payer conversations and needs, and the New York office is applying its European expertise to help navigate markets that have price-conscious boards, like the United Kingdom’s NICE, and grafting that onto what is America’s new normal.

At the same time, Canevari says this fluency with the professional side is a key advantage for the work that ghg creates for the patient side. If you know how a doctor behaves, he notes, you also know what is needed for a fuller conversation, because the patient-facing creative can fill in the pieces to help a physician and patient have a substantive visit. That can possibly move the end-of-visit conversations where critical concerns and questions are often addressed to the middle of the interaction.

This isn’t just a client-specific issue, and Canevari says it is an essential tool for helping clients improve patient health, since the information gap between docs and patients is “a colossal barrier right at the center

of almost every disease state and brand that we work on.” Canevari notes that filling this gap means going beyond doctors and patients to embrace the entire range of caregivers, and ghg helps clients participate in this full conversational loop.

Managing partner and chief engagement officer Erin Byrne says the agency tells these stories with a 360-degree, end-to-end engagement that provides each audience member—from payer to physician to patient—with robust information that meets their needs and enables them to engage in substantive conversations. This includes providing patient-centric materials in a physician’s waiting room and carrying that experience into the exam room, to create what Byrne calls “a triangle of care.” That triangle could include such features as an iPad presentation the doctor can use, or informational emails that the doctor can send to patients (which could then include links to pertinent information)—a far cry from simply ending



ghg’s work over the past year included pieces for Nascobal (opposite page) and Advantage II (above)

a doctor-patient conversation by sending the patient off with just a brochure.

Another important part of the ghg approach: finding out what questions patients are asking physicians, and bolstering presentations to make sure that the information that patients are given is comprehensive. This is not just a question of being thorough, it is a sign of how the whole nature of doctor-patient conversations is changing. Byrne said that just two or three years ago, doctors felt information-rich patients made them feel like little more than ATM machines. Now, she notes, many of those doctors have embraced the informed patient and say that brand strategies provide the information and help patients become better patients.



PERFORMANCE

Lynn O’Connor Vos, CEO

PERFORMANCE

Fourth consecutive year of double-digit growth

Headcount went up to 650 people

HIGHLIGHTS

Agency scored two global franchises in the past year: one in diagnostics, the other in specialty care

Won four new AOR designations for global accounts in the primary-care field

Agency’s New York office will relocate to expanded quarters

Started a US office of WG Consulting to transfer experience of markets that have price-conscious boards

Rolled out a Digital Diagnosis tool to help clients with self-assessment

CHALLENGES

Dealing with the effects of the Affordable Healthcare Act, and the pressures that it promises to place on providers and ACOs

Negotiating and supporting new forms of doctor-patient interactions

For contact details, service offerings and client roster, see Agency A-to-Z, beginning on page 187

Further helping clients is the agency’s Digital Diagnosis tool, which ghg rolled out in August 2012. The asset provides a state-of-being assessment to help give clients a sense of where they are. That knowledge then serves as a springboard for brand strategy recommendations that will help client brands make an enduring impression.

The agency also did its own state-of-being check last year, with a survey that asked clients to prioritize their needs. Vos says knowing how to work in the post-reform world ranked top among needs in a survey the agency did among its clients in December. That, and a desire “to be part of a collaborative process.” This means the end of clients handing off a wish-list creative brief and seeing the results at a presentation. Vos says the new take is a co-creative one that leaves “everyone happier with the results.”

Getting to these happier results requires a modulated mix of touchpoints, supported by a strong found-



This piece from ghg promoted the hunger-relief efforts of the Save the Children Federation

dation in both business and communications strategy. It also requires finding what managing partner John Dietz calls “that center point to resonate” as well as helping clients who are taking a hard look at what was considered standard outreach and separating what is working from what may not be necessary. Dietz says clients are now actively looking for answers to questions such as “is digital making sales obsolete?” “Should I be targeting healthcare practices?” and “Who is going to help me tell these stories?”

This all goes back to Vos’ starting point, which is that for all of the tumult in the healthcare space and the ever-changing roster of best-in-class medications and therapies, “In a lot of ways, communications will be more curative than medicines,” because for all the cures, something has to break through the noise so that the connection is made and the therapy can get to the patient. The good news, she said, is that clients know this. They are also over the idea from a few years back that “if they did something like a mobile app, that was going to make a significant change in their brand.” —Deborah Weinstein