

A complete guide to planning a social media presence for healthcare

by [Howard Luks, MD](#) | in [Social media](#)

<http://www.kevinmd.com/blog/2011/12/complete-guide-planning-social-media-presence-healthcare.html>

The world of healthcare is inherently siloed, tethered, fragmented and prone to poor communication and collaboration. Today, healthcare workers solve their problems via traditional methods that are often costly, inefficient, nor timely. Increasingly, more savvy healthcare workers are looking outside the system to digital media and communities for answers, but are challenged with uncertainty over concepts of usefulness, practicality, bandwidth issues, “ROI” and privacy concerns.

Establishing a digital presence is rapidly becoming a necessity for healthcare professionals, medical practices, and institutions. Many have recognized this fact, yet many more have not.

At its heart, digital media is about people, it is about relationships, and it is about communication. A social media presence is about educating, engaging and growing your audience, improving outcomes, compliance and potentially the bottom line of your practice.

Human beings are innately social, health is social, health care is not social ... yet.

Physicians used to enjoy the ability to get to know their patients and the stories they had to tell. The pressures brought on by fiscal, policy and political will has changed that. We knew our patients, their families, the impact their issue was having on their quality of life as well as relevant important events in our patient’s lives. There are those that believe that technology drives a wedge between the patient and the physician. Alongside the other advantages noted, I strongly argue that the proper understanding and use of digital media can aid us in recovering that relationship we once enjoyed and cherished.

According to a recent [AMA study](#), which also cites a study by the [Pew Internet Research Group](#), in 2011, nearly 80% of Internet users, or 60% of all adults, have searched online for health information. These empowered or engaged patients are not just using the Internet to become more educated about their orthopedic issues, but they are actively seeking advice as well as support. Currently, the source of this “advice and content comes from a few engaging providers, a few engaging institutions, but most patients are exposed to a significant amount of commercialized nonsense driven by a profit motive.

Simply put, social networking and digital technology enables individuals, physicians, hospitals, and patients to create online profiles and connect with one another. Perhaps most relevant to the orthopedic surgeon is that the majority of these patients are researching their surgeon and their respective institutions prior to their visit to your office — they are checking your online reputation, and the message or image you portray.

Some simple undisputed facts about digital media and technology. 50% of the world’s population is under 30. They do not communicate via e-mail or telephone. Generation Y and generation Z consider e-mail passé. The fastest growing segment on Facebook is women over 55 years of age. SMS, direct messaging, micro-blogging and digital media is fast becoming the chosen communication standard.

Physicians may be early adopters of certain enabling technologies, such as the iPad — but they lag way behind when considering how to use technology to communicate and collaborate professionally. Most physicians have not adopted or shown an interest in engaging their patients anywhere except within the confines of their office. Only the oil refinery business lags healthcare in digital media adoption. Despite the fact that email is giving way

to more useful forms of communication, and despite the fact that 65% of patients have noted that they are willing to switch to a physician who is willing to engage them utilizing digital communications — most physicians have yet to adopt the use of electronic communications with their patients. They believe, sometimes in error that [HIPAA prevents email communications](#) with their patients.

If Facebook were country, it would be the world's third largest. Facebook's traffic tops Google's on a weekly basis in the United States. One in five couples meet online, one in five divorces are blamed on Facebook. What happens in Vegas, stays on Facebook, Twitter, Flickr ... forever. Kindergarteners are learning on iPads. A new member joins LinkedIn every second. The numbers are impressive and the adoption rates show no signs of slowing down

50% of the mobile Internet traffic in most countries is for Facebook. One on five patients flock to Facebook for healthcare information. Imagine what this means for a bad patient experience. The world has gone digital, social media is here to stay. 1 billion people simply cannot be wrong. 85% of people log onto their Facebook account every single day. Are they talking about you? And, most importantly, do you know what they are saying?

Google is the number one search engine in the world; YouTube is nearly the second largest search engine in the world. If Wikipedia were made into a book, it would be 2 million pages long.

Do you still believe this is a passing fad?

Over 76% of consumers trust peer recommendations, either through social networks or more traditional means of communications. This compares to only 14% of consumers who have been shown to trust advertisements. In the past, word of mouth recommendations occurred offline at parties or dinners with friends. Today's hyper-connected world brought forth by digital communications has tremendously increased the magnitude, rapidity and reach of those who have something to say about you or your practice.

A recent survey by the National Research Corporation found that [41% of patients look for medical content from social media sites](#), and 94% of those patients turn to Facebook. What percent of your patients are on Facebook? Are they reading your content? Do they know how to find your practice? Do you know what they're saying about you? Perhaps you should.

Digital or social media even impacts our off-line behavior. Researchers at MIT have discovered that having a deeply integrated social network can effect positive behavioral changes. Numerous other researchers have [confirmed these findings](#).

Ready to dive in?

The question is really not do we do social media? The question is how well do we do social media; what are our goals? What is our message? Who is our audience? How do we reach them? How do we establish our digital presence — and how does this change the way we communicate and engage our patients, potential patients, caregivers and colleagues?

The return of investment of a digital media presence, in my opinion, is quite simple. Your business will remain relevant in five years. There have been few studies published on the impact of a social media presence on the satisfaction surveys of existing patients, and studies which show that a digital presence can account for upwards of 15-20% of new patients entering your practice. My own data (available upon request) shows that I receive more than 10 new patients inquires a because of my online presence. That is not necessarily driven by my presence on platforms such as Twitter or Facebook. Most patients note on many of the surveys I conduct that they found the videos and content on my site to be engaging and “comforting” when they were considering who to see for their orthopedic related issues.

Ed Bennett, Director of Web Strategy at the University of Maryland Healthcare System and a fellow Advisory Board Member of the Mayo Clinic for Social Media has been tracking the presence of physicians and hospitals on social media platforms for many years. Over the last few years there has been a significant jump in the number of healthcare professionals appearing on digital media stage. Physicians are beginning to get the message. They are starting to understand the opportunities that a deep digital presence presents them with. Early adopters have a significant first to market advantage, if your strategy is executed properly.

Even though studies reveal that most physicians participate in social media in some form or another in a personal capacity. From a professional perspective there exist many reasons why physicians are hesitant to engage on the social media stage. Perhaps it is naïveté, fear, the lack of practical, actionable, and relevant social or digital guidelines put forth by our professional organizations, and perhaps most important, is the misunderstanding that it is too time consuming and will not contribute to their practices' bottom line revenue growth.

In 2011 it is simply no longer advisable to simply have a static, template driven online "presence" or no presence at all. In today's fast-paced world of digital communications, you must be where your potential patients chose to be. You must be in a position for them to find you on the platforms that they have chosen to use. Perhaps a marketer or perhaps your practice manager suggested that you establish a website and a digital presence. How's that working out for you? Does your marketer or practice manager understand the ranking algorithms that Google uses? Did they engage you and understand what your goals were? What your message is? Who your audience is? Were policies and guidelines put in place not only for physicians' activity, but for staff members and even for patients, in terms of a comment policy? Is someone actively monitoring your presence (reputation) online? Someone should be. Whether it is you, a member of your staff or an outside trusted consultant, you must know what is being said about you in the digital arena.

If your activities are being driven by a marketing "professional," do they understand that YouTube is the second largest search engine in the world and that short videos are favored by many, as opposed to reading long text content? Do they understand how information is shared in the digital world? Perhaps most important to you as a physician, is not only how to properly position your practice so that people can find you ... but that one of the key underpinnings of your strategy is to understand the impact all of this could have on your practice's reputation. You have seen thousands of patients. You have restored the quality of life of many. It took you years to develop your reputation. In today's fast-paced digital world that reputation can evaporate in a moment. Having a deep online presence is literally the only means to manage your online reputation; the best defensive is a great offense; drive positive, accurate content to counteract the inevitable negative comments that will arise on sites such as HealthGrades, Vitals, and Yelp.

Motivation

Each and every physician who chooses to establish a digital presence will do so for different reasons. For the vast majority of you, your main goals will be to increase your patient load, improve your office efficiency and streamline your practice workflows. Some of you may choose to enter the digital world in stealth mode simply to monitor your online reputation. Opportunities, for those who are interested, expand way beyond these limited, productive, and worthwhile goals.

The most meaningful reason to establish a presence is that patients can find you and perhaps learn a bit more about your perspective, approach and rapport with your patient base. Second would be your ability to replicate the content that you share with forty or more patients every day in your office. Why not convert that to print form and benefit from the fact that that content is now available to anyone who wishes to read it? There is far too much commercialized nonsense bombarding our patients online. We can go a long way to drowning out a lot of the worthless content that Google references for a typical orthopedic search. Some of the other more meaningful reasons to be present in digital media include establishing a robust two way communications portal with your patients. Providing patients with the ability to connect to or engage with your practice. Other reasons

to establish an online presence include providing your patients with meaningful content, sharing health-related information with your patients, managing your reputation, humanizing the healthcare encounter, sharing news about recent talks you may have given, mentioning community outreach programs that you are running, and certainly offering customer service initiatives that consumers have grown accustomed to.

Reputation management

The solution to pollution is dilution! How many times did we hear that in residency? It rings more true than ever in our digitally connected and online global society.

Online reputation management is the process of monitoring, addressing, and mitigating what is said about you on a search engine. Comments from dissatisfied patients, posted to blogs, Facebook pages, or websites, such as HealthGrades.com, can directly affect the public's perception of the physician and your practice. It is simply no longer acceptable from a viability perspective, to ignore what is being said about you online. Reputations are being built, managed, and potentially lost or degraded at a very rapid pace, given today's environment. And while many healthcare professionals and physicians fear that by engaging in social media platforms opens the floodgates for negativity and potential public relation nightmares, that thinking could not be farther from the truth; social media is the only way to protect your online reputation and head off negativity before they become online PR nightmares.

As mentioned previously, peer to peer recommendations carry far more weight than any traditional media campaigns. You need to enable your patients to tell their stories, to share their experiences with others and thus provide you with the most valuable form of advertising available. The patient's experience with you and your staff is a critical component of a practice building initiative in this day and age.

Our own internal reviews and patient surveys bear this out. Physicians, who routinely rank poorly in our surveys, have many poor reviews on these sites. These also tend to be some of the worst performing physicians from a private referral or RVU perspective. It is therefore incumbent on everyone in the group to be on board with a reputation management engagement. Every member of your staff needs to understand that their behavior can affect the entire group's reputation.

No matter how wonderful you are, you will never make each and every patient happy. Although most comments on these ranking sites tend to be positive, there are a fair number of negative comments as well. Don't think that only dissatisfied patients with a grudge are going online to discuss you and your practice. What recourse do you have, if any, if a patient posts a poor comment about you or your group online?

Reputation management is by far one of the most meaningful reasons why physicians should be online today. There are at least four major physician ranking organizations that are most likely topping a Google search of your name. What are your patients saying about you online, do you know? You should!

The cornerstone of reputation management is simply the knowledge of what's being said about you online. Google enables you to do this in a very simple manner. You simply set up a Google Alert for your name, your partners' names, your assistance names, as well as your practice name. Every day Google will let you know if something has been said about you online.

Now that you're aware of what's being said online. What are you able to do if in fact you find content is not particularly complimentary. Therein lies one of the most important reasons— even for the most skeptical of surgeons out there — to have a deep digital presence. That simple reason is that you will drown out or dilute content or comments that exist on many of these physician grading platforms when a patient performs a Google search of your name.

Online reputation management is primarily driven by search engine results. If you do not have an online presence and your website does not produce or offer content, which ranks well utilizing Google's algorithms, then your ability to drive down, or drown out any negative reviews is non-existent.

If you have an evolving, progressive, Web 2.0 compliant website which enables sharing (which significantly boosts your search engine optimization), then when you Google your name or your practice's name you will find that any untoward comments have been pushed down off the first page of a Google search. More than 40% of people do not go beyond the first page of a Google search. Nearly 85% or more do not go below the second page. If you "own" your online existence, and if you "own" your message, these negative comments will not go away. People will simply not find them.

Perceived obstacles

The two most common obstacles or roadblocks to establishing a digital presence is simply the lack of understanding of how it can affect your practice ... and then once you have reached that point you are not sure how to do move forward. Winston Churchill once said "People like to change, they dislike being changed." Hopefully I've provided you with enough proof that a digital presence is necessary, or at the very least meaningful, yet how do you go about actually establishing a web 2.0 compliant presence in the world of social and digital media? Unfortunately there are very very few tactical or practical resources or guidelines available to physicians who wish to undertake this endeavor on their own. Most "professionals" simply do not understand the healthcare space, nor do they understand how to properly "interact" in the world of social health.

Planning for social media engagement

Like anything other endeavor you've undertaken in developing your practice strategy, you've gone through a thorough planning, and due diligence phase. Before you dive in to the world of digital media it is extremely important to begin with a very clear outline and strategy in place. Proper preparation begins offline. You need to define your goals. Is your goal to attract new patients, manage your online reputation, or simply to expand your referral network? It's simply not enough to have a presence in social media; somehow it needs to tie in with your overall marketing objectives. You need to be able to articulate clearly what you hope to achieve through a social media engagement. You need to consider your limited bandwidth and determine how much time you will be able to commit, and who else in your office can or will be participating. This can help in determining just how many digital media properties you can manage. You need to carefully assess not only yourself, but your staff, and each other's core competencies, roles and ability to contribute to your network.

Establishing a set of clearly articulated guidelines is a must. While there are many guides out there to assist you in creating disclaimers, and guidelines, I would strongly recommend consulting a legal entity well versed in this area. In addition, roles are divvied out to know who's going to monitor the various platforms you have chosen to establish a presence on. For patients or people who choose to engage, you need to establish a clear comment policy, which will include prominent disclaimers so that your patients or potential patients clearly understand what the rules of the game are in terms of engaging with your practice. Enabling two way communications will drive business to your practice, but should be considered a relatively advanced offering. Concentrate on mastering your foundation. When you choose who is going to help you set up your website, or profile, be sure that the developers clearly understand that this may be something you will choose to "open up" as your comfort level improves and your desire to engage develops.

A frequently overlooked aspect of establishing your online presence is exactly how you wish to frame your message. You need to define your message, develop your message, and know how to articulate your message — and most important, you need to stay on message. Your message can simply be a list of your offerings, and the content you've supplied to bolster the public's confidence in your ability to handle their orthopedic issue. Many physicians have initiated blogs to keep other physicians, patients and potential patients aware of the

impact of the onslaught of regulations and changes we are soon to face as the healthcare landscape “matures”. You may have a particular interest in one or more complex orthopedic problems that other surgeons are reluctant to handle. Patients need to know that. They need to know first and foremost that you exist, and second that you are capable of dealing with their complex issue. This can be a powerful driver to your website from a “long tail” search SEO perspective. Many people who search online do so in a sentence structure. “Is surgery necessary for my meniscus tear,” is a good example of a long tail search; as opposed to simply searching “meniscus tear”, which is considered a short tail keyword search. Competing in the short tail keyword search area is expensive and not productive for small practices. In long tail search, there are not a lot of searches for those keywords—but when a search is initiated—you have a very good chance of that patient finding you!

Once you have decided to commit the time, money and resources to establishing a digital presence, you need to commit to staying on course, and cultivate and manage that presence. This is not nearly as time consuming as you may believe. One of the worst things that you could possibly do is to establish a presence on a platform that is meant for engagement or two-way communication, yet you fail to respond when someone reached out or commented on one of digital media properties. Your website, Facebook Page, Twitter account or blog do not need to be updated frequently. You should not feel rushed or fearful that you need to produce content on a daily basis. However, your Google Alerts and comment sections do need to be monitored daily for comments, posts and opportunities to further engage with the patients who are reaching out to you. Remember, quality matters far more than quantity.

Practical guidance

The very basic tenet of establishing a network or digital presence is to establish a foundation, a core or a home base? Given the multitude of platforms and tools available today, your core presence can be a website, a blog, a Facebook Page, or a robust profile page on one of the many Q&A based sites appearing these days. Sites such as Twitter and Facebook function by allowing us to share and interact with the rest of the world. But to interact on Twitter or Facebook, it is best to have a website with great content to link back to. By having a robust website, or blog, you will have meaningful content to share. Although, not absolutely necessary websites or blogs are the most productive and scalable alternatives when considering what your home base should be. That said, it will only take you 15 minutes to build out a robust profile on a site such as Avvo.com; you can try this for a few weeks or months and see whether or not you feel you are ready to scale your presence, and then proceed with the development of a website.

After assisting countless physicians and organizations in establishing a digital presence I usually witness an awakening which typically occurs as the fact that the technologies, applications, and platforms that exist today limit your costs, and merge seamlessly — so that your time commitment can be kept to a minimum. A personal commitment of an hour or two a week is usually all that’s necessary. By engaging staff members, medical students, marketing interns, and other interested members of your staff — you will find it is not difficult to not only establish, but maintain and grow an active digital presence.

Ready?

In order to execute on your game plan, you first need to establish your core presence online. Ideally, the foundation or the backbone of your online presence is your website. I strongly suggest you do not utilize a template driven (cheap) website with pre-populated content. Google does not like to see the same content on multiple different sites. Google actually penalizes you for duplicate content and your site simply will not rank with Google and other search engines. Populating your website with custom meaningful content is a lot easier than you currently believe. I utilize what I call your “41st patient” initiative. There is no need to change your current workflow and your time commitment is minimal at best. If you look at your content needs from a very simple strategic perspective, 85% of your business is generated by only a few, limited number of conditions. To utilize the 41st Patient concept, I suggest implementing the following strategy; at the end of the day after

you have dictated your note on your 40th patient, you simply pick up your dictaphone, and you dictate a small blurb on a particular subject, say, meniscal tears. Your dictation on the first day is simply, ‘What is a Meniscus?’ Your dictation on your next office day is ... ‘What is a Meniscus Tear,’ and so on. Within 2 months you have all the content you need for a dynamic, custom, professional appearing website. These dictations are then sent to your website developer or perhaps a staff member who can then place them in the appropriate position on your website.

Perhaps you feel that you have a unique message that you want to get across to your patients? Either adding a blog to your existing site, or simply using a blogging platform such as Blogger, Posterous or WordPress will suit your needs just fine. You may find that a blog may fit quite well into your framework, depending on your desires. While I strongly recommend you utilize the WordPress platform, the other mentioned are equally as simple to set up. If you are not familiar with WordPress, it is a very user-friendly, vibrant, easy to customize platform that most web developers utilize today. Not only that, you need absolutely no programming knowledge to be able to edit existing text, add posts, videos, pictures, or testimonials — and perform a fair amount of search engine optimization on your own. Search engine optimization (SEO) is a term used to describe how your content or pages will rank among other content pages discussing the same topics. There are some very basic simple strategies that you can learn so that your website will be visible to people searching online, at least on a local scale from a geographic perspective. Proper use of key words, understanding the difference between short and long tail searches and proper “tagging” is a skill set you can develop in a matter of days.

Stepping onto the healthcare social media stage

You have spent the time, money and resources to build out your foundation. Now you possess the capability to place your content where your patients or potential patients “reside” — online. You now need to determine which platforms you want to have a presence on, and you need to understand the differences between them. You may want to share your content on Facebook, Twitter, YouTube, and Flickr (photographs) which are by far the most common, and offer you the most bang for your efforts. Hopefully during the formative and execution phase of your digital media strategy, you may have established a Twitter account (a passive presence just for monitoring) and a Facebook Page as well. There are many tools and programs available that can automatically share your content from your website or blog to your various social media properties, on a regularly scheduled basis. This eases you of the burden of having to manually publish your content to these social platforms and they are an enormously efficient way to grow your network. There are a number of social media aggregating platforms such as HootSuite.com, and Tweetdeck.com. The benefit of these aggregating platforms is simply that you post one message and it will populate all of your social media properties ... in seconds.

Once comfortable on Twitter or Facebook, you need to realize that all of your interactions with your patients do not need to be based on your original content. There are very simple efficient ways to share current news or interesting articles as well with your network. Let’s say you want to share an orthopedic related news article with your patients via Facebook or Twitter. With a Google Reader account you can very easily define a set of search terms, and every morning Google delivers you a list of the articles that meet your search criterion. Utilizing an aggregating platform such as Hootsuite or Tweetdeck, you can now share that information with your network of patients, or potential patients with a single click ... done! Now you have put that timely useful information in front of your patients where they reside in the digital world.

Before posting to twitter, Facebook, or YouTube I strongly suggest you spend just a little time understanding how these platforms work, how people utilize them to communicate or share, and that you keep in the back of your mind that you never want to share anything on these platforms that you would not want your worst enemy to see. Keep in mind; you never want to share any personal health information of any patient specific information online. Once you’ve developed a certain comfort level on these platforms, and you also understand how people are utilizing them; then you can sit down with your staff and broaden your outreach by opening up on the dialogue with these powerful social media properties. Welcome on stage.

Conclusion

The rapid dissemination and pace of our digitally connected world extends to our patients. Many are online—and most are looking for information about you! You need to be in control of that message and you need to know what they are saying about you. Social media is not a passing fad. It is here to stay and the number of new platforms coming online is increasing at a dramatic pace. Even the government recognizes the importance of these new online tools and will be utilizing patient driven data to support its value based initiatives; the medical environment in which we practice is evolving rapidly over the next few years and we have to be prepared. Early adopters gain a significant advantage over their competitors (even Google ranks older content higher), but this should not be an endeavor that you rush into without proper preparation and planning. The time is now to consider how a digital presence can assist you in assuring your practices viability and relevance as the healthcare landscape matures and adapts to the changes that digital media offers.

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Should all health care professionals have a social media presence?

by [Susan Giurleo, PhD](#) | in [Social media](#)

<http://www.kevinmd.com/blog/2011/06/health-care-professionals-social-media-presence.html>

Should all health care professionals have a social media presence?

No, not necessarily.

Did I surprise you? Here I am rattling on and on about how [health care professionals should all have a blog](#), tweet, link up and now I'm saying not everyone needs to hop onto social media.

Let me explain the apparent contradiction.

If you are a solo provider and hope to stay financially solvent, you need to market online. All of my previous advice on social media applies.

But if you are part of a larger medical group or hospital, you don't really need to jump into social media.

The caveat: someone on your staff does need to get jiggy with a blog and social media outposts on your team's behalf.

Your practice needs to be online, you, personally, don't need to be there.

Make sense?

Time, time, so little time

I know health care professionals are busy. Super busy. Days fly by in a blur of patient appointments, emergencies, phone calls (emails? yes, you use email...) and family activities.

Many just don't feel they have time to blog, tweet, link. (Though I argue that those who really want to can find the time.) But some people don't like to write, or feel they don't have good writing skills, so the thought of dedicating time to this whole social media adventure is unpleasant.

So, no, you don't have to do it. But you need to find someone who takes on this task.

Who should run your social media show?

There are two ways to coordinate a solid social media presence.

1. Have one person dedicated to the task of blogging and engaging in Twitter, Facebook. This activity will be a significant part of their daily work duties, not squeezed in between patients. Some practices have administrative staff take this on. Certainly there is benefits in that model. But, I'd like to see health care providers engage, you are the ones with the expertise, after all. And patients want to see a "real doctor" as the face of a practice.

2. Rotate blogging duties among the clinical staff. One person handles Twitter, Facebook, for the practice. Depending on how large your group is, maybe each provider contributes one blog article a month or two. Make this task optional, so those who do choose to engage are motivated and excited to participate. One person coordinates the post schedule and someone takes on the duties of social media. I wouldn't rotate the social media role. One person gives your practice one, consistent online "voice" that represents your practice. If someone new is Tweeting every day, readers may get confused.

Coordinated presence, coordinated plan

Health care professionals are ready to get involved in social media. Now it comes down to developing goals and systematized plans to leverage the medium effectively. Not every doctor or therapist needs to tweet between patients or build relationships with those who like their Facebook fan page. Some will want to do this work and should be given the time and space to do so, during working hours, not in the middle of the night or at the crack of dawn.

The return on the investment of paying someone to represent your practice online consists of three parts:

1. Doing your collective part to help people live healthier lives,
2. A practice that is client attractive, and sought out
3. A community of engaged patients who will be willing to invest in health care initiatives that are both covered by insurance and paid out of pocket.

As the accountable care payment model gains traction, there will be competition for "healthy" patients, like it or not. The healthier your patient base, the more money your group gets to keep. And the more low cost prevention you can provide, the healthier your patients and the more global payment money hangs around.

What's the ROI on health care social media?

When we parse out the approach that one or a few people in each practice are involved in the social media activity, there is a high return on investment if you do it well and consistently. When social media is done with care and planning, more people get accurate health care information and have a more informal, expedient ways to connect with their health care practice so as to partner on being healthier over all.

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Hospitals need an engaged social media presence on Facebook and Twitter

by [Kevin Pho, MD](#) | in [Pho](#)

<http://www.kevinmd.com/blog/2011/03/hospitals-engaged-social-media-presence-facebook-twitter.html>

How important is it for hospitals to engage in [social media](#) platforms, such as [Facebook](#) or [Twitter](#)?

It's essential.

Nowhere is that more evident than in the controversy concerning infant Joseph Maraachli. Without getting too involved in the politics or ethics of the case, this was the highly publicized story where a Canadian hospital came under fire over the care of a dying infant.

This particular institution didn't have a pronounced social media presence, and was not effective at engaging the social media firestorm that the case precipitated. As reported by the *Globe and Mail*,

[London Health Sciences Centre](#) decided ... to launch a public information campaign about a dying infant in its care, Joseph Maraachli, after the case went viral. Videos have sprung up online that supporters say contradict the doctors' diagnosis that the baby is in a vegetative state. Petitions and campaigns have started in a bid to save Joseph's life. A website, SaveBabyJoseph.com, is asking for donations to help the family, and a similarly named Facebook page had swelled to nearly 13,300 members by Tuesday afternoon.

According to the hospital's communication director, "there was a lot of misinformation that was beginning to circulate in a variety of media, including the social media concepts."

You think?

That's why it's important that medical institutions respond quickly and decisively to potential falsehoods spread on Facebook and Twitter. What used to take days to germinate, now spreads in a matter of hours.

But it takes more than a mere Facebook site or Twitter account to effectively engage. *American Medical News* notes that many [hospital Facebook pages](#) are inert, rendering them less effective:

[Marketing group] Verasoni chose 120 hospitals at random and found all had, at some point, a Facebook page. Of those, fewer than 40% posted content to the site on a daily basis, 25% posted twice a week and 25% posted once a month. Of the rest, three posted less than once a month and six had a presence but no activity ... 83% of hospitals don't solicit feedback from people who follow their Facebook feeds. And 97% don't use Facebook's discussion board.

Maintaining a hospital social media presence is a full time job, and cannot be supported by framing it as an additional task for a marketing department. In order for a hospital to be effective at Facebook or Twitter, someone needs to be there at all times to respond.

If London Health Sciences Centre had an effective, engaged social media presence, perhaps they would have more nimbly mitigated the media firestorm that burned them.

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Using Facebook, Twitter and other social media to change health care

by [Aaron J. Stupple](#) | in [Social media](#)

<http://www.kevinmd.com/blog/2011/03/facebook-twitter-social-media-change-health-care.html>

Ten years on, Ian Morrison's "[Hamster Health Care: Time to Stop Running Faster and Redesign Health Care](#)" is still eminently applicable.

In his words:

Across the globe doctors are miserable because they feel like hamsters on a treadmill. They must run faster just to stand still. In ... the managed care systems in the United States doctors feel that they have to see more patients to maintain their incomes. But systems that depend on everybody running faster are not sustainable. The answer must be to redesign health care.

Looking at the fallout over the [Affordable Care Act](#), it's hard not to think that perhaps the system is just too complex and too entrenched to redesign from the top down. The opposite would be organic change from within the industry, patient driven and participatory, from the bottom up.

A strong candidate for bottom-up change is the application of social media to health care. It's at least worth considering that, appropriately utilized, social media could do something for the doctor-patient relationship akin to what Facebook and Twitter is doing for family, friends, and business relations all over the world.

Ten years ago, Morrison was on to this:

Solutions to hamster health care will come from getting off the wheel, not running faster. Doctors need to redesign their work to meet their patients' needs within the economic constraints ... That means using information technology creatively (particularly the internet) to communicate with patients and manage the process of patient care as part of a fundamental redesign of clinical practice.

I think it's fair to say that Morrison would heartily endorse doctors using social media to more directly mediate their expertise to patients in a consistent, timely, and cost efficient manner.

I don't presume to know how, but I have a good idea of what the first step may be: start using. Many physicians and medical students that I know have not yet begun to wade into the Twitter waters or explore blogging. These tools must be engaged with before they are applied. I think there's reason to believe that the very act of engagement will stimulate ideas for implementation. If big changes in health care are going to be bottom-up, and these social media tools are truly useful, then simple exposure to physicians on the ground may likely instigate much progress.

I'm not saying that doctors should just dive in to applying social media to their practices. I'm simply advocating they set up an account and start poking around. Start following some fellow docs, reading some blogs, and considering setting off with a blog of their own.

The trouble is that damned wheel. Even my medical school friends, who are certainly not yet on the wheel, roll their eyes when I mention Twitter. They dismiss it because it's one more thing they have to worry about.

How do we get the word out that social media stands to break the cycle rather than give another kick to the wheel?

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