

TMA Social Media Lab Syllabus

Facebook For Otherwise Smart Physicians

4-5 pm, Feb. 1, 2013

AT&T Conference Center, 2nd Floor Foyer

OBJECTIVES:

Upon completion of this activity, participants should be able to: Use social media tools (Twitter and Facebook) to promote their practice and to enhance their political advocacy.

TARGET AUDIENCE

Physicians, residents, and other health care professionals of all specialties.

1.0 *AMA PRA Category 1 Credits™*

Note to attendees: The CME reporting form is located in your Winter Conference Brochure.

Note to Instructors: This is a hands-on, one-on-one session. No lectures. Please work with individual students at the work stations to achieve the objectives. Then move on to another student.

LAB OUTLINE:

1. One-on-one help for students using Facebook

Create a Facebook Page for Your Practice

It's free to set up a Page and it only takes a few minutes to get started.

- 1 Choose a category and a Page name that represents your business.
- 2 Pick a logo or another image that people associate with your business to use as a profile picture.
- 3 Write a sentence about your business so people understand what you do.
- 4 Set a memorable web address for your Page that you can use on marketing material to promote your presence on Facebook.
- 5 Choose a cover photo that represents your brand and showcases your product or service. It's the first thing people will see when they visit your Page.

[Facebook Business Page Builder](https://www.facebook.com/business/overview) - <https://www.facebook.com/business/overview>

The screenshot shows a Facebook Business Page for "State Bicycle Co." with 76,874 likes and 15,979 people talking about it. The page features a cover photo of a green bicycle (callout 5) and a profile picture of the "STATE BICYCLE COMPANY" logo (callout 2). The page name "State Bicycle Co." is displayed with a "Liked" button and a "Message" button. The "About" section (callout 1) describes the product/service as "Top-quality, limited edition, fixed-gear & track bicycles" and provides contact information for the UK and Europe. The "Likes" section (callout 3) shows a "bike stolen?" post. The "Promos" section (callout 4) shows a "LOOPS" promotion. The "Events" section (callout 1) shows a "1" dropdown menu.

Other Important Details

- View insights, edit your page content, keep track of new activity and respond to personal messages from your admin panel.
- Click on the Edit Page button in the admin panel and choose Update Info to add other details about your business.

Cover Photo Do's and Don'ts

Do:

- Use an image that's 851 x 315 pixels.
- Use a unique image to represent your Page (ex: a popular menu item or a picture of a customer using your product).
- Experiment with different images to see what people respond to.

Don't include:

- Price or purchase information, such as '40% off' or 'Download it on our website'.
- Contact information or details that should go in your About section.
- Calls to action or references to other things on Facebook such as the Like button.

You're Ready to Create Your First Post

You can create different kinds of posts on your Page including updates, photos, videos and questions. The people who like your Page will see some of your posts in their news feed.

The Power of Facebook's news feed:

- Your Page is where you create posts that get shown in the news feed, the center of the Facebook experience
- News feed is where people spend their time on Facebook – in fact, 40% of their time
- It's where people share the most important parts of their lives and where businesses can engage them in conversation



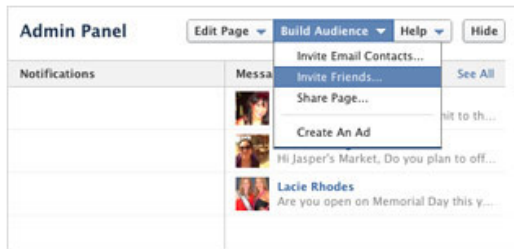
Successful posts are:

- **Short:** Posts between 100 and 250 characters get about 60% more likes, comments and shares
- **Visual:** Photo albums, pictures, and videos get 180%, 120%, and 100% more engagement respectively
- **Optimized:** Page Insights help you learn things such as what times people engage most with your content so you can post during those hours



Invite People You Know to Like Your Page

You've probably got a community of friends, family, customers and employees who care about your business. Invite them to like your Page.



Things to try:

- Explore the options under the Build Audience button on your admin panel. Make sure to invite your Facebook friends to like your Page.
- Click on 'Invite Email Contacts' to upload your email list and send a message asking people to like your Page.
- Promote your Page web address on store signs, business cards, receipts, emails, chalkboards and other marketing material.

Engage Your Audience

When you post content and have conversations on your Page, you're building loyalty and creating opportunities to generate sales. Learn how to create content that will keep your audience interested.

Post quality content regularly

When people like your Page, they're saying that they care about your business and want to know what's going on. Posting relevant content is the most important thing you can do to keep them interested.

How to write quality posts

- Make sure your posts are relevant to your audience and business
- Be succinct, friendly and conversational
- Share photos and videos because they tend to be more engaging
- Ask questions or seek input
- Give access to exclusive information and specials
- Be timely by posting about current events, holidays or news

Reach customers with an offer

Get customers to your business with an offer they can claim and share with their friends.

Learn more about [Offers](#).



Tips About Managing Your Posts

Organize your posts

Help people identify the most important content on your Page:

- **Pin:** Make your most important post stay at the top of your Page for 7 days
- **Star:** Highlight important stories by making them larger and more visible
- **Hide:** Hide posts that may no longer be relevant or just aren't as engaging

Schedule your posts

Manage your time by preparing posts in advance and scheduling when they'll show on your Page. From your Page's sharing tool:

- Click the clock icon in the lower-left of the sharing tool.
- Choose the future year, month, day, hour and minute when you'd want your post to appear.
- Click Schedule.

Learn more about [scheduling your Page posts](#) in the Help Center.

Download Pages Manager for iPhone

Pages Manager is an app that's available for the iPhone. It will help you keep track of your Page activity, view insights and respond to your audience from wherever you are.

[Download Pages Manager](#)

Best Practice: Post at least 1 to 2 times per week so you stay top-of-mind and relevant to the people who like your Page.

Best Practice: Respond to your audience

Continue to engage: To encourage people to develop a relationship with your Page and continue to engage them, make sure you respond to comments and private messages.

Address specific people: If a lot of people have commented on a post, to address a specific person, you can tag them in your response by typing @ before their name.

Keep track of messages: When people send you a private message, you'll see a notification about it in your admin panel. Keep track of new messages and respond to them to let customers know that you're listening.

Influence Friends of Fans

When people interact with your Page, their friends can see it in their news feed as a story. Expand your audience by promoting stories about people engaging with your Page.

Encourage people to interact with your business

Word of mouth is the strongest form of advertising. When someone interacts with your business on Facebook it creates a story. People can see when their friends endorse your business by liking your Page or connecting with it, and it can influence their own purchasing decisions.

- Encourage people to check in at your business with a sign in your store, or by offering a special discount to people who check in.
- Create events on your Page and invite people to join them.
- Ask questions and create posts that encourage engagement.
- Share exclusive information and **offers** that people are likely to want to pass along to their friends.



Measure your results

It's important to keep track of how your sponsored stories are performing so you can make the adjustments necessary to achieve your goals. [Page Insights](#) are the analytics for your Page but they'll help you understand your audience and the content they respond to. [Ads manager](#) has info about your Ad performance so you can learn the best ways to reach your target customers.

Page Insight Do's

- Notice the posts that are the most shared and talked about. Sponsor these types of posts to encourage even more engagement.
- See where your likes are coming from to understand how many people clicked Like from an ad or sponsored story pointing to your Page.

Connect with TMA and Others

- We'll concentrate on "professional" friends here, but once they get the hang of it, students should be able to connect with family and real friends on Facebook.
- Go to one of the TMA Facebook pages:
- TMA: www.facebook.com/texmed
- Alliance: www.facebook.com/tmaAlliance
- Students: www.facebook.com/TexasMedicalStudents
- Residents: www.facebook.com/TexasResidentsww
- Show students how to "Like" the page
- See attached list of TMA and TMA Alliance leaders and well-known members on Facebook. Identify one you know. Search for that person, and submit a friend request or like them.
- "Like" your US Representative's page – even if you don't really "like" that person.

Get Mobile

- Download and install the free Facebook Mobile app from the App Store, Android Market, or Blackberry App Store
- Log in to the Facebook account on the app
- Update your status ("I just passed the Texas Medical Association Social Media Lab: Facebook for Otherwise Smart Physicians" is one suggestion) on the app
- Install the texmed.mobi app
- Install the DocbookMD app

TMA Members on Facebook

Alfredo Tomas Garcia III - Houston	Hugh Lamensdorf - Fort Worth
Alice Friedman - Austin	James T. Norwood – Dallas
Angela Siler Fisher - Houston	Jason V. Terk – Fort Worth
Arlo Weltge - Houston	Javier Cardenas - McAllen
Art Klawitter - Needville	Jayesh Shah – San Antonio
Asa Lockhart - Tyler	Jeff Livingston - Irving
Berkeley Powell - Houston	Joe Annis - Austin
Bill Fleming - Houston	John Hinchey – San Antonio (resident)
Bill Hinchey – San Antonio	Joseph Schneider - Dallas
Sen. Bob Deuell - Greenville	Kevin Hood McKinney - Galveston
Bob Morrow – College Station	Leslie Klein Pidgeon – Dallas
Bohn Allen - Arlington	Lewis Foxhall - Houston
Bradford Holland - Waco	Lindsay Botsford - Houston
Brittney Culp – Dallas (resident)	Lyle Thorstenson – Nacogdoches
Carlos Javier Cardenas - McAllen	Mark Chassay – Austin
Charles Cowles -- Houston	Martin G Guerrero – San Antonio
Charlotte Smith - Austin	Patrick Scott Pevoto – Austin
Clifford Moy - Austin	Philip Suarez – Victoria
Dan McCoy - Dallas	Ray Callas – Beaumont
David Fleeger - Austin	Rex Hyer – Fort Worth
Dawn Buckingham - Austin	Stephen L. Sigal - Dallas
Deborah Fuller - Dallas	Stephen Loyd Brotherton – Fort Worth
Dennis Factor - Dallas	Steve Robinson – Lubbock
Diana Ellis Fite - Houston	Sue Rudd Bailey – Fort Worth
Diane Moy - Austin	Surendra K Varma - Lubbock
Don R. Read - Dallas	Susan Curling – Houston
Fred L Merian - Wimberly	Susan Strate – Wichita Falls
G. Sealy Massingill – Fort Worth	Travis Bias – Austin
Gary W. Floyd – Fort Worth	Will Bradley – Mansfield

See next page

TMA Members Alliance on Facebook

Elizabeth Libby Evans-White – Lubbock
Julie Steffes Cowan – Austin
Mary Ann Homer – Fort Worth
Mia Price – Fort Worth
Patricia Hyer – Fort Worth

Sharon Robinson - Lubbock
Susan Todd – Fort Worth
- AND Susan Todd for State
Representative

County Medical Societies on Facebook

McLennan
Travis
Smith
TriCounty
Nueces

Tarrant
Wichita

TMA on Facebook

TMA
TMA Foundation
TMA Alliance
TMA Physician Oncology Education
Program

TMA Young Physician Section
TMA Resident and Fellow Section
TMA Medical Student Section
TMA HIT
TMA Payment Advocacy

TMA Social Media Labs
How to Influence Your World with Twitter
4-5 pm, Friday, Feb. 1, 2013
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LAB OUTLINE:

1. One-on-one help for students using Twitter

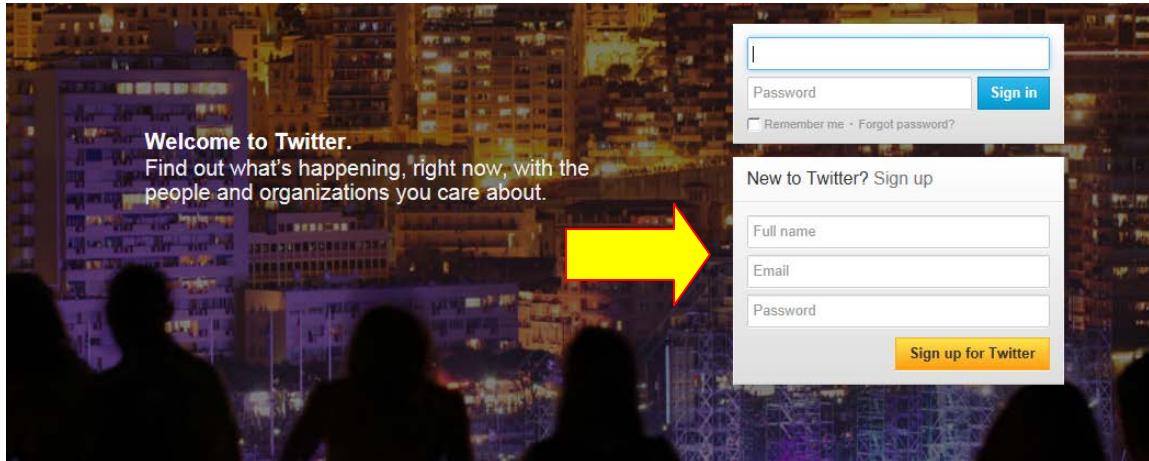


Get In The Game

You don't know what you're missing unless you join the fun. Signing up for Twitter is fast and easy. Follow these steps to become a Tweeter.

Sign Up:

- Go to <http://twitter.com/>
- Follow the prompts and sign up for Twitter



If You Follow, They Will Come (Maybe)

If you follow someone on Twitter, they likely will follow you back. Finding the right Twitter users to follow, then, not only helps you find the information that is most useful to you, it also helps you build your own Twitter "fan base."

Here are some Tweeters you might want to consider following:

TMA-Related:

- TMA: @texmed
- Knowledge Center: @TMAKnowledge
- TMA Foundation: @TMAFoundation
- *Texas Medicine*: @TMAMAGAZINE
- POEP: @POEPorg
- Payment Advocacy: @G_DAVIS_01
- TMA HIT: @TEXMEDHIT
- Me and My Doctor: @MEANDMYDOCTOR
- Pam Udall: @p_oodle
- Brent Annear: @b_n_tx
- Steve Levine: @stlevine

Texas Physicians:

- Bryan Vartabedian: @Doctor_V
- Dan McCoy: @docdano

Texas Political News:

- Texas Tribune: @TexasTribune

National Health Care News:

- American Medical News: @AMedNews
- Kaiser Health News: @KHNews
- Kevin Pho: @KevinMD

Hash Tags

Hash tags organize Tweets by topic or event. Use the TMA meeting hash tag (#TMAMTG) in your tweets to be included in the aggregate feed. Although they are ad hoc and anyone can use any hash tag, there are several that are used regularly that you might find worthwhile. Monitoring Tweets with these hash tags also might give you some suggestions of who to follow:

- #TMAMTG: TMA Meetings (TexMed, Fall Conference, Winter Conference, etc...)
- #txlege: Texas Legislature
- #tcot: True Conservatives on Twitter
- #hcsmd: Health Care Social Media (Daily Tweets plus Tweet Chat every Sunday at 8 pm CT)

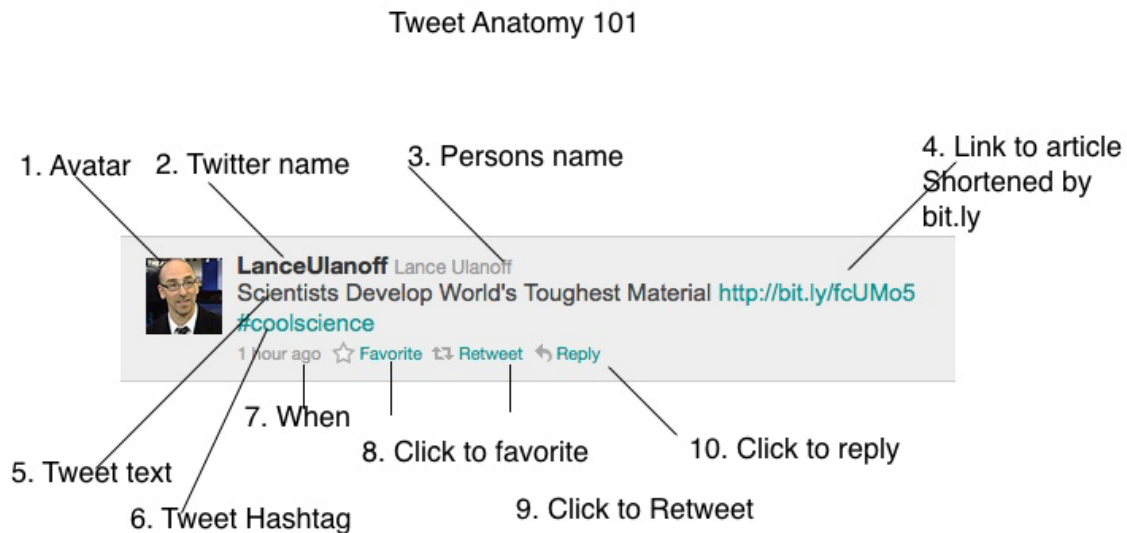
Tweeting 101

Tweeting has never been easier. Over the years Twitter has updated its user interface to include scheduling and URL shorteners. Here's the skinny on creating tweets.

- Twitter only allows 140 characters per tweet, the following sites offer URL shortening and are incredibly simple to use.
 - www.Bit.ly.com
 - www.tinyurl.com
- What should you say? Tweets are like Facebook status updates, but are shorter and much more fluid. You have to be concise, interesting, and a trusted resource.
 - Tweets are mostly informal, so don't be super clinical or formal. You don't have to sign them or punctuate properly

- Ask a question or answer a question
 - Share a resource and provide the link
 - Start a conversation about what you're doing or tell your followers what's happening.
 - Promote your practice and expertise
 - Give something away
 - Share a picture
- Organize your twitter account. You can monitor your tweets, schedule tweets for the future, manage your followers, create lists, etc.
 - <http://www.tweetdeck.com/>
 - <http://hootsuite.com/>
 - <http://listorious.com/>
 - <https://www.socialoomph.com/>
 - Do some analysis to improve your reach and messaging. Analyze your Twitter account
 - www.twitter.grader.com

Anatomy of a Tweet



Anatomy of a Tweet – Short Video

<http://storify.com/thecmeguy/anatomy-of-a-tweet>

Twitter Lists

Twitter Lists are Tweets organized by groups of individual Twitter users. Anyone can compile a list and put any user they want on that list. When you follow someone on Twitter, you can see what lists they are on and consider following those lists.

Here are a few that TMA has compiled. You can find and follow them from TMA's Twitter page: <http://twitter.com/texmed>:

- TMA Member Physicians on Twitter
- Texas Elected Officials (We also have separate lists for the Texas House, Texas Senate, and Texans in Congress)
- Medical Bloggers Around the Country

Addressing comments on your medical practice's Facebook page

by [Brandon Betancourt](#) via [KevinMD.com](#) - Feb. 13, 2012

Does your medical practice allow anybody to post links and comments on your Facebook page?

The short answer is yes. We do. Why? Because we think allowing patient to post links and commenting on our practice's Facebook page helps us achieve these four things:

1. It encourages communication.
2. It allows us to address issues that we would otherwise have a hard time addressing.
3. Other patients will benefit by reading the discussions.
4. We get an opportunity to show how we handle different situations.

Not long ago, we had a parent post a link to our practice Facebook page. The link was to a questionable blog post. The blog post discussed how a lead scientist at Merck claimed that the HPV vaccine was essentially ineffective. The parent wanted to know if we had any thoughts as a practice on the blog post and the claims it made.

Had we not allowed comments and or links on our Facebook page, we would have not known about these claims regarding the HPV vaccine or the blog post. But now, not only did we learn about these claims, we also had a chance to address it and set the record straight.

Without the opportunity to post the link, the mom would have read it, made up her mind, and probably would have not mentioned it again. Or worse yet, told a bunch of her friends.

But now, she can say, I asked my pediatrician about this blog post I found and this is what she had to say and she can reference our response.

Another advantage of letting this parent post a link is that other parents got to learn about this particular blog's incorrect facts. Nobody else would have known that this is an issue.

But we had an opportunity to address a larger crowd (conceivably our most loyal patients that value our practice) by dispelling the claims and why parents should be careful when reading stuff like this online. In other words, it gives us a chance to educate beyond our four little walls.

If another parent hears the same claim about the HPV from someone, hopefully, they will reference our Facebook page (and this blog post that I wrote on [Survivor Pediatrics](#)) and perhaps say, "... yeah I heard about that on my pediatrician's Facebook page and

she basically said that the scientist was misquoted and that there is overwhelming evidence that the vaccine safe,” which is what we said in our response.

It is about being social

Social media is about having “conversations.” It isn’t about a one way communication where the community is not allowed to participate. Fundamentally, the comments section is what separates the old Internet from the new Web 2.0 Internet.

If I were to delete the comment, or ignore it, what does that say about us? What does that say to parents that are checking us out and are deciding if we are the right practice for them?

But what if a patient says something bad about my practice or post a link I don’t approve of?

One bad review should not bring one’s reputation down if you’ve done a good job of establishing a strong online presence. Thus you shouldn’t be fearful of one or two patients.

Also, just because a practice doesn’t let parents post something on their Facebook page doesn’t mean parents can’t go to Yelp or HealthGrades and write something bad about you. People are going to say bad things about you (and me) anyway, so why is that an issue?

But here is the kicker, on Yelp, or any other site, we can’t comment, defend, challenge or do anything with a parent’s comment. But on our Facebook page, we can invite the parent to discuss the issue.

Not only that, other patients will see how open you are to discuss, improve, change, or state your reasons regarding the problem. In other words, we are able to have a little control on how the matter is handled.

Lastly, I would add that all it takes is 3 or 4 great reviews of your practice from patients to downplay the one “bad” review that you got. But if you don’t allow those “fans” to comment, nobody will ever know how great of a practice you are.

So what is the recommendation?

Open up the Facebook page for comments and links. If something bad were to show up, delete it. But I would leave it up there and address it professionally. Most people will respect that.

Brandon Betancourt manages a pediatric practice and blogs at [Pediatric Inc.](#)



Conflicted Tweeter: How should doctors handle disclosure on social media?

By Chelsea Conaboy, Globe Staff

Don't talk about your patients on Twitter. Avoid friending them on Facebook. Keep your professional online life distinct from your personal one. [Those tips](#) might seem obvious to some physicians who are growing more comfortable navigating social media. But what about conflicts of interests? How should a doctor handle disclosure in 140 characters or less?

Much has been written in the past couple of years about [how doctors should conduct themselves online](#), as more of their communication with patients, colleagues, and the public migrates there. But not enough attention has been paid to management of conflicts of interest online, Dr. Matthew DeCamp, a postdoctoral fellow at Johns Hopkins School of Medicine writes in a [commentary published last week](#) by the Journal of General Internal Medicine.

Various medical groups and specialty associations have outlined policies for doctors to use in informing patients or the broader public, in the case of published research, when they benefit financially from prescribing a drug or producing certain results. But enforcing even long-established standards is tricky. Social media programs provide fertile ground for trouble.

Much is still unknown about how doctors use social media and how their colleagues and physicians interpret their writings online, DeCamp said in an interview Tuesday. But the public increasingly turns to the internet for medical information and some physicians seek out opinions from other doctors online.

It's critical for doctors to apply the same ethic of disclosing and managing their conflicts of interest online, DeCamp said.

Eventually, he said, there could be a national or international database recording potential conflicts that doctors could easily link to from their blog, Twitter account, or other online profiles. "It could be the kind of social norm that develops from within the profession itself," he said.

Until then, he offered a few tips for doctors today:

1. Recognize that disclosure is important. DeCamp said he worries that the casual nature of online conversations could lead to “blurred boundaries” for doctors. Social media activity should be seen generally as an extension of a physician’s work.

2. Be up-front. Doctors who have a blog or regularly contribute to online forums should keep an updated account of their potential conflicts of interest online. DeCamp suggested posting something similar to the [International Committee of Medical Journal Editors disclosure form](#), and updating it annually.

3. Without context, refrain from discussing issues tied to potential conflicts. Tweets are shared quickly and often disconnected from their author’s profile. And adding full disclosure within very limited space is a challenge.

“Twitter is actually a quite difficult case,” DeCamp said. “We need to think a little bit more about how to deal with it because of the abridged nature of the content and the rapidity with which it can move.”

Chelsea Conaboy can be reached at cconaboy@boston.com. Follow her on Twitter [@cconaboy](#).

Physician use of Twitter: Examining the data

by [Greg Matthews](#) on Oct. 16, 2012 ([medpagetoday's KevinMD.com](#))

It'll be no surprise to the readers of this blog that physicians' use of Twitter and other social media has been exploding over the last couple of years. But it may surprise you to know how hard it is to really analyze that data.

Last year [Dr. Katherine Chretien](#) of the VA Medical Center in Washington, DC, published an eye-opening study in a [JAMA letter](#). Until that point, all we really had were anecdotes and survey responses – certainly not the same as analyzing what physicians were actually doing and saying on Twitter.

By leveraging a strong research team, Dr. Chretien was able to narrow a list of 523 potential author candidates to a final group of 260. The team then looked at the last 20 tweets from each author – a total of 5,156 were included in the study. This study was and is a big deal. It answered a lot of questions – but perhaps the most important one was whether physicians, when using social media, would be more prone to share confidential patient information, or to share anything unprofessional in nature (e.g., used profanity or made discriminatory statements).

I know that I breathed a sigh of relief when the team found that only 3% of tweets contained any unprofessional material. Don't get me wrong – any amount would be too much. But as a physician friend of mine likes to say, “we're a lot worse at the water cooler and in the elevator than we are online.” The point is that by publishing a credible study in a credible outlet, Twitter for physicians had become suddenly more acceptable.

My colleagues and I have been following thousands of doctors on Twitter for the last few years ... and have gotten more and more interested in finding out what we could learn from them if we were to try to automate some of the very difficult process of sourcing and analyzing their Twitter posts at a much larger scale.

To that end, we have created a database of nearly 1,400 U.S. doctors (to date) on Twitter and – this is critical — linked them to [NPI](#) (National Provider Identifier). To our knowledge, this is the only database linking doctors using the Twitter platform to an “official” data set. We've captured over 400,000 tweets from those doctors over a 5-month period in 2012, allowing an unprecedented ability to scan for trending topics and relationships, broken out by specialty, gender and location.

- The specialty mix is a near-perfect match with the overall US physician population; no specialty varied by more than 3% from between our data set and the country's doctors as a whole.

- Our geographic mix was also very close; 49 states indexed within 4% of the overall physician population in that state. Only California strayed outside that number; Californian physicians over-index by 7% in terms of their Twitter usage.

Having been satisfied that we had assembled a reasonable data set, we've spend the last two weeks poring through that data looking for insights and patterns. Here are a few of our top-line findings:

- **These are active users.** They tweet over 2x per day on average.
- **Twitter is a part of their work-day.** More than 50% of tweets are sent between 9am and 5pm (in the physician's local time zone)
- **They have an audience.** 2/3 have at least 150 followers (the median is 306)
- **They connect to each other.** More than 1/3 of the doctors are followed by at least 20 other doctors in the database.
- The most-followed physician by those in the database was none other than [Kevin Pho](#); followed by nearly half of the doctors studied.

What's more interesting, of course, is the substance of their tweets. We examined a sample of tweets related to 3 therapeutic areas: diabetes, breast cancer and prostate cancer. Perhaps not surprisingly, 83% of specialties mentioned diabetes in their tweets ... though it's interesting to note that pediatricians discussed it among the most frequently (behind only internal medicine and family medicine doctors). I suppose that's a sign of the times – childhood obesity and the earlier onset of diabetes is very much on the mind of the physicians who care for our kids. It was also interesting to note that prostate cancer was as widely discussed as it was ... 70% of specialties mentioned it in their tweets. Much of the volume there was driven by this summer's controversy about the [validity of the PSA test](#) as a means of lowering morbidity; In fact, 43% of the tweets about prostate cancer between May and September were related to this specific issue.

Although we're only six weeks into what will almost certainly be a years-long process, it's been fascinating to discover – in a scientific and quantitative manner – how innovative physicians are leveraging social media tools like Twitter to improve the health of their patients, to grow their practices, to connect with their peers, and to create a platform for influencing the future of healthcare.

We're already looking to work with some of the most prestigious healthcare institutions in the world, including the Mayo Clinic, to glean deeper insights from this data. But as I go into my first presentation of this material, I'd love to know: What are your biggest questions? What are the thorny problems you're trying to solve that would benefit from a deeper look at the physician's perspective? It's my hope that we'll be able to solve some of them together.

[Greg Matthews](#) is a Group Director at [WCG](#) (a [W2O Group](#) Company). WCG is an independent strategic communications firm providing integrated solutions built upon clear, data-and-analytics-driven insights.

Using Twitter for Your Medical Practice

Blog | March 03, 2011 - By [Randall Wong, MD](#)

Twitter is not the best social media tool for a medical practice, in my opinion. Though one of the largest social media platforms, Twitter appeals to a demographic much different than the typical medical practice. It has tremendous appeal to those that maintain an online business. Yet, here are few ways you might consider using this social media platform.

1. Sharing Information: The most common use of Twitter is to promote some type of online business. Many users will broadcast a short message including a link back to their home page/website. The goal is to increase traffic to their site, and secondarily, increase sales. But most of us don't do direct sales via our Web page.

We are in a service industry. Using Twitter in this way has been an effective way for me to highlight new articles on my blog and website and then, secondarily, increase patient volume. I link my blog to my Twitter account. Every time I post a new article, it automatically broadcasts to Twitter. It's an effective method to draw attention to my web site.

2. Direct Messages: One of the functions on Twitter allows you to send a "Direct Message" to another person. It is viewed only by the recipient. This is counter-intuitive to the whole basis of social media, but you can have a "private" exchange with another person Twitter.

I have "private" communications with a person in England. This person has severe diabetic retinopathy and prefers communicating through "Direct Message" on Twitter. It really is no different than sending an e-mail. It can be viewed at any time found convenient by the recipient.

3. Clinical Pearls: Many more physicians that dare to use Twitter are doing so by sharing information about actual cases. In this way, a doctor can reach out to anyone "following" him/her and ask for advice or help with a particular case. Better than e-mail, "Tweets" occur in real time and it avoids the usual lag of e-mail. Groups of physicians can have an active, real-time discussion, even when making rounds or before the patient leaves the office.

4. Practice Alerts: Again, taking advantage of the "real-time" of Twitter, savvy medical practices are able to "Tweet" about last minute appointment cancellations and fill these open slots with patients needing an appointment. Other examples include a broadcast about the arrival of the flu vaccine, patient appointment reminders, etc. In theory, you could even Tweet if your schedule is running ahead of, or behind, schedule.

These are just a few tangible ways to consider the use of Twitter. It need not be just to drive traffic to your website, but can be a useful tool that benefits your patients —and your bottom line.

Doctors: There is tremendous opportunity in the online space

CLAIRE MCCARTHY, MD / SOCIAL MEDIA / SEPTEMBER 20, 2012

I got a really unexpected honor recently: according to Sharecare, I'm the [top online influencer for children's health](#).

I truly didn't see it coming. I didn't go into the online space to be an influencer. I've been writing about health and parenting for more than twenty years; when publishing moved into the online space, I just moved along with it. But having been online, blogging and doing other social media, it has become increasingly clear to me that I need to be there—and that more doctors need to be there with me.

The main reason? Because that's where the patients are. According to [Pew Internet](#), eight out of ten people with internet access look up health information online. I'm seeing it more and more in my patients; "I looked it up online, and..." is something I hear all the time now. People don't wait for an appointment, or even for their doctor to call them back—they Google their symptoms, and very often make health decisions based on what they find. If we really care about the health decisions our patients make, we need to do everything we can to be sure that they find good information.

Which means getting online ourselves.

We need more doctors and other health professionals writing good content, but getting online doesn't necessarily mean writing. It could mean finding good websites and sharing them. It could mean commenting when we see something that we agree with—or don't. It could mean engaging in one of the many conversations going on in social media about health.

It seems like most of the conversation about doctors being online involves concern about ethics and professionalism. I admit that I've seen some stuff on Facebook and Twitter that has made me cringe, and clearly it's not a good idea to give specific medical advice online (nothing can replace a good history and physical examination). But this is all manageable.

Dr. Katherine Chretien did [a study of Tweets sent by doctors](#) and found that only 3% might be considered unprofessional, and less than one percent had any private patient information. Overall, these are small numbers. As my doctor-blogger colleague [Wendy Sue Swanson](#) says, we are way worse on elevators than we are online. It's easy enough to come up with guidelines and education to help doctors navigate the online space ethically, professionally and safely. Another doctor-blogger friend of mine, Bryan Vartabedian, who writes a great blog called [33 Charts](#), has some really good ideas about this, including a recent [post about how he handles online questions from patients](#).

The thing is, we can't let these concerns stop us from getting online—because people like Jenny McCarthy are there and doing a better job of giving bad information than we are of giving good information.

There is also tremendous opportunity in the online space. There is so much that we doctors are supposed to be doing and saying and teaching people in our always-too-brief appointments; what if we sent them to good websites (or content we create ourselves) for generic health information, and spent those precious minutes the way each patient needs us to? Obviously we can't do this for everyone, but if we could do it for even a few, it could make a real difference.

And even more, the Internet brings tremendous opportunities for connecting with and learning from our patients and their families. The Internet is changing how we think about health; it has empowered people to look for different kinds of answers and to share their experiences with others. As doctors, we have so much to bring to the conversation—and so much to gain.

So, here's my message to my profession: let's not get left behind. Let's find ways to support health care professionals in giving patients what they want and need online—and in doing it well. Let's think of the Internet as an extension of the exam room space—and a tool to help people lead healthier, better lives.

And my message to patients and families: be patient with us doctors. We'll get online with you sooner or later (maybe you could encourage your doctor to do so!). In the meantime, remember to check in with us about what you find when you go there. We want to make sure that you are making the best health decisions possible—after all, that's our job.

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THE 36 RULES OF SOCIAL MEDIA

1. IF ALL YOU DO IS RESPOND TO COMPLAINTS, THAT'S ALL PEOPLE WILL SEND YOU.

2. **STOP & ASK**
Would an **ACTUAL** person talk that way?

3. **EVERYONE SAYS THEY DON'T WANT TO BE MARKETED TO.**
REALLY, THEY JUST DON'T WANT TO BE TALKED DOWN TO.

4. THE CONSUMER IS OUT FOR HIMSELF, NOT FOR YOU.

5. AS MONETIZATION ATTEMPTS GO UP, CONSUMER EXPERIENCE GOES DOWN.

6. DON'T TRY TO BE CLEVER, **BE CLEVER.**

7. **SOCIAL IS 24/7,** NOT A ONE-TIME STUNT.

8. **Always WRITE BACK.**

9. **HAVE AN ROI. HAVE AN ROI. HAVE AN ROI.**

10. **PEOPLE WOULD RATHER TALK TO "Comcast Melissa" THAN "COMCAST"**

11. SOLVE PROBLEMS FOR PEOPLE WHO **TALK ABOUT YOU,** EVEN IF THEY DON'T ADDRESS YOU.

12. *Not everything will work, and THAT'S FINE.*

13. **EMBRACE NEGATIVE CONTENT ABOUT YOUR BRAND.**

14. **EVERYONE'S AN INFLUENCER.**

15. If fans distribute your content without your permission, **OFFER TO HELP.**

16. IT'S OKAY TO DRIVE PEOPLE TO **YOUR SITE** INSTEAD OF FACEBOOK'S.

17. **UPDATE YOUR PAGE OR DELETE IT.**

18. **Don't make people do X, Y, then Z. STICK WITH X.**

19. **LAST YEAR: Pump out content. THIS YEAR: Optimize content.**

20. **BECOME BFFS** with your FACEBOOK REPS.

21. **SOCIAL MEDIA DOESN'T EXIST IN A VACUUM. MAKE TRADITIONAL MEDIA AND SOCIAL WORK TOGETHER.**

22. *Desktop is conquered territory.* **MOBILE IS THE BATTLEFIELD.**

23. **IF YOU DON'T SEE FINANCIAL RESULTS, YOU WASTED YOUR MONEY.**

24. **PEOPLE FIGHT FOR THEIR PRIVACY.**

25. THE ONLY WAY TO SCALE WORD OF MOUTH: **PAID ADVERTISING.**

26. **HAVE A CRISIS PLAN.**

27. **DON'T USE ADS TO PROP UP BORING CONTENT. USE ADS TO ACCELERATE SUCCESSFUL CONTENT.**

28. **FORGET INDIVIDUALS. YOU'RE CREATING CONTENT THAT ENCOURAGES GROUPS TO FORM.**

29. *People don't want to shop where they socialize.*

30. **CONTESTS AND SWEEPSTAKES ARE FINE, IF YOU WANT TO ENCOURAGE SHORT RELATIONSHIPS.**

31. **People care what you had for breakfast— if you're a food brand.**

32. **PINTEREST WORKS.**

33. **YOUR FANS OWN YOUR BRAND.**

34. **IF YOU'RE BORED BY SOCIAL MEDIA, IT'S BECAUSE YOU'RE TRYING TO GET MORE VALUE THAN YOU CREATE.**

35. **Think past vanity metrics like FOLLOWERS.**

36. **IT'S AN ORGANISM, NOT A PROCESS.**

Does your medical office have a social media policy?

ELIZABETH HIPP / SOCIAL MEDIA / DECEMBER 15, 2012

Even if you're not involved on social media as a business, your employees or staff are more than likely on social media in their personal lives. And even innocent-seeming posts, tweets, pins or shares can lead to big repercussions if they are perceived as violating patient confidentiality. It is because of this that every medical office needs to set a social media policy to avoid any privacy or HIPAA violations.

First off, it is important to note that violating patient confidentiality isn't a cut-and-dry matter – it is whatever can be *perceived* as violating their privacy. So even if you don't put their name, their birthdate, or where they live, any post that identifies a specific patient by any detail can be perceived by someone as a violation.

Several cases from the last couple years have highlighted this. For example, four nursing students were expelled from their Kansas program when they posted pictures of themselves posing with a woman's placenta during a lab course, even though nothing in the post identified which patient the placenta came from.

In another case, a Rhode Island doctor was fired from the hospital where she worked after she made a post identifying a trauma patient – not by name, but by enough details where the medical board felt the patient could be identified. Hospitals, teaching colleges and medical boards are being extra cautious to avoid any potential violation of a patient's privacy on social media, so chances are if there is any potential perceived violation of a patient's confidentiality they would rather censure the offender than risk being sued by the patient.

So how do you create a good social media policy for a medical office? A good start for any office social media policy is to never identify patients. Ever. By any detail. And definitely never post pictures of patients (or any part of them.) Even if the patient's themselves don't mind, what we've seen in these example cases is that medical boards will still issue reprimands regardless if the patients themselves are ok with the posts.

In addition, employees need to be aware that even friending patients on social media sites can violate HIPAA. And answering their questions posted online is also a big no-no. Instead, make it clear that your staff is not to engage with any patient through their personal social media profile, and that if a question is asked of them online a return phone call to the patient is the only way to answer it. And, perhaps most importantly, designate a person in the office that employees can question as to what is appropriate online behavior. Although most medical programs now cover the subject of patient confidentiality online, if a team member hasn't been formally trained in the medical field or hasn't been in school within the last two years chances are they might not even be

aware of these issues. Having a contact person and open communication will ensure employees are 100% aware of what is appropriate behavior online.

It may seem overly cautious at first, but setting a strict social media policy before an incident occurs is the only way for medical offices to ensure they won't violate HIPAA or face other unwanted or unintended consequences.

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Guidelines to engage professionally in social media

KEVIN R. CAMPBELL, MD / SOCIAL MEDIA / NOVEMBER 9, 2012

The use of social media is a tricky business. A recent *Wall Street Journal* article points out the challenges that CEOs and business leaders face when using Twitter. Many CEOs and other executives relate stories of personal attacks and cyber stalking from disgruntled customers, former employees or competitors. Some have opted out of the social media space due to specific legal concerns. Other very successful business leaders continue to embrace social media and have developed a knack for keeping their tweets and posts professional. It is clear that social media is here to stay and that it can be a very effective marketing tool.

In medicine, social media can have far reaching effects. Twitter can allow a clinician to reach, educate and interact with a wide audience of patients, partners, and colleagues. As I have mentioned in previous blog posts, social media is an effective tool for widespread communication and public relations. Nearly 50% of all Americans regularly use Facebook and almost 40% use Twitter.

Often CEOs and other business leaders seem distant and unreachable; a social media presence turns icons into real people who are accessible to all. Interestingly, many executives fail to see the return on investment (ROI) from the use of twitter and other social media outlets. According to the *WSJ* and an article in *CEO.com*, 7 out of 10 leaders of fortune 500 companies have no social media presence whatsoever. However, there are real tangible benefits in both business and in medicine that can result from dedicated use of social media. An article online in April 2012 from *INC.com* suggests key reasons that CEOs should tweet and include connecting with employees, building relationships and connecting comfortably with the press. I believe that these applications are just the beginning. However, social media must be used responsibly and respectfully in order to be most effective.

Here are some guidelines that I like to follow when engaging professionally in social media:

- 1. Separate business and pleasure.** A professional social media presence is just that-professional. Steer clear of posting personal items on twitter or facebook unless these are events that directly relate to or enhance your business or reputation. Certainly, it is important to help those who may follow you see you as a “real person” who is in touch with the “real world”. However, don’t cross the line.
- 2. Avoid polarizing topics unless the issue directly involves what you represent or stand for in your profession.** For example, a discussion promoting healthcare reform or a “patient’s bill of rights” may be very appropriate for a physician to tweet or blog about. However, a physician should probably avoid posting religious or political

views about abortion rights on twitter or facebook. Conversely, a CEO of an oil company may want to post about the benefits of offshore drilling even though it may be a very controversial topic. Social media allows you to tell your side of the story and can be a platform for you to provide data to support your opinion.

3. Respond to criticism in a respectful, thoughtful way. Not everyone is going to agree with you, your company or organization. Often, people feel free to express displeasure or disagreement very openly on twitter (the internet allows people to hide behind a cyber curtain). Be careful to separate emotion from your response. Acknowledge alternative opinions and provide constructive comments.

4. Avoid saying bad things about others. Social media outlets are not the place to start a war of words. Make sure that you do not say anything about competitors, colleagues or others on twitter that you would not be comfortable saying directly to those individuals. Twitter is not the place to “air dirty laundry” or discuss private matters. Remember, twitter is a megaphone that broadcasts your message to *millions* of potential listeners.

5. Maintain a constant presence. Once you engage in social media, it is vital to remain *regularly* engaged. Developing a following and a dedicated readership requires effort. You must provide fresh, relevant content. Avoid periods of “radio silence”. For instance, provide twitter content daily—spread out tweets to different parts of the day. I typically tweet several newsworthy items early in the morning and then again in the afternoon and evening. The only rule is *be consistent*.

Social media is the future. Early adopters are willing to take risks, have long term vision and already are able to see the ROI. Twitter, Facebook, and other outlets should be part of every leader’s job and executives should be held accountable for what is and is not posted. Social media provides opportunities in both medicine and business in general to educate, motivate and influence opinions. Careful attention to keeping posts professional and thoughtful will provide the best results. The world is getting smaller everyday. Twitter and social media outlets allow us to connect, interact and collaborate to accomplish common goals. Use your voice, be heard and Tweet away!

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