WHITE PAPER

Healthcare “Friending” Social Media: What Is It, How Is It Used, and What Should I Do?

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Executive Summary

Adoption of social media tools by the general population is increasing rapidly. Research combined by ZDNet predicted that global users of social media topped 1 billion by the end of 2011. In contrast, only 21% of U.S. hospitals are active on social media. Gartner’s Anthony Bradley defines social media as, “an on-line environment established for the purpose of mass collaboration.” The purpose of this paper is to educate the reader regarding social media tools and healthcare uses, with ideas and suggestions on how to get started.

The variety of available social media tools is growing exponentially, and includes resources such as: Apps, Blogs, Collaborative Projects, Content Communities (e.g., YouTube), Crowdsourcing, Device Integration, Enterprise Social Media, Games/Virtual Game Worlds, Location Based Apps, Microblogs (e.g., Twitter), Product/Service Rating Sites, RSS, Social Networking (e.g., Facebook), Virtual Worlds, Widgets and advanced user tools. This paper provides health care professionals with definitions of social media tools, examples of their use throughout healthcare, and recommendations for providers and consumers (patients, families or caregivers) getting started in the exciting world of #HCSM (Health Care Social Media – in “Twitterspeak”).

There have been many successful use cases of social media, including Smith and White Hospital’s use of Twitter and Facebook for disaster-related communications following the Fort Hood shootings; patient and physician blogs; physician use of Twitter for education; patients sharing outcomes and supporting each other in disease-specific communities; physicians discussing treatments with each other using communities and enterprise social media; and hospitals both educating the community and acquiring new patients.

Successful use of social media can actually lead to a positive Return on Investment (ROI) for providers, as effective education and engagement of consumers may convert them to patients. However, healthcare social media must ensure that privacy and security are handled appropriately by establishing social media policies and ensuring adherence to standards of professionalism and HIPAA compliance.

Over time, social media will become so ubiquitous that it will be considered part of routine healthcare operations and consumers’ day-to-day lives. This is initially referred to as “social health.”

So, if Healthcare + Social Media = Social Health (today), then Social Health (today) = Health (future) As Lee Aase, Director of the Social Media Center for the Mayo Clinic advises, “Take some baby steps and get into the shallow end of the pool as soon as possible. The great strategic ideas will probably come after you have some experience in the social media world.”

4 This white paper may be read in full at http://www.himss.org/ASP/topics_connectingConsumers.asp.
Introduction

Adoption of social media tools by the general population is increasing rapidly. Research combined by ZDNet predicts that global users of social media will top 1 billion by the end of 2011, and it is estimated that Facebook alone currently has 800 million users. Consumers are also increasingly looking online for health information – 59% of all adults (80% of adult Internet users), in fact. In contrast, only 21% of U.S. hospitals are active on social media, in spite of the fact that most of their patients (consumers) are already using these venues – often looking for health information. The purpose of this paper is to educate the reader regarding social media tools and their use in healthcare today (a snapshot in time, as it is evolving quickly), and to provide ideas and suggestions for stakeholders wishing to get started in this exciting new arena.

What specifically are consumers doing with health information online? The following statistics may get your attention:

- 25% of all adults have read someone else’s experience or commentary about health issues in a blog, news group, or website
- 19% have watched an online video about health issues
- 18% have consulted online reviews of drugs or medical treatments
- 12% have consulted online reviews of doctors or other providers
- 11% have consulted online reviews of hospitals or other facilities

Why should you, as a provider, care? Your patients may be making important decisions based on this information.

As well-known speaker, patient engagement advocate, and co-chair of the Society for Participatory Medicine Dave deBronkart (“e-Patient Dave”) says, “The key in any case is to realize that the world has changed, especially the ‘membranes’ that used to separate information from the public. Today things evolve so fast, it’s not rare – nor a failure – for a patient to have seen something their doctors haven’t. As with any other professional skills development, it’s an opportunity for growth in competence.”

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12 deBronkart, Dave. Personal Interview. 2012 02 06.
That’s the intent of this paper – to help healthcare stakeholders grow in their social media knowledge, competence, and to begin to actively engage with their consumers through social media.

Many health care providers and medical facilities, if they have not yet engaged with social media professionally, are trying to determine their first steps, and, if they are more ambitious and already dabbling in it, considering more formalized strategies. This paper provides health care professionals with definitions of social media resources and tools, examples of their use throughout healthcare, and recommendations for providers and consumers getting started in the exciting world of #HCSM (Health Care Social Media – in “Twitterspeak”).

**Definitions and Tools**

**What is Social Media?**
Many definitions tend to build on concepts or vocabulary that is understood mainly by technologists. Anthony Bradley, a Group Vice President at Gartner Research, however, has thought heavily on this subject and offers us the following succinct definition:

“Social media is an on-line environment established for the purpose of mass collaboration.”


Though one-on-one messaging or collaboration is often facilitated within this online environment (e.g., Facebook messaging), that is secondary to the purpose for which it was designed – mass collaboration.

**What are the tools used in social media?**
A variety of technology platform categories and tools support the use of social media platforms:

**Apps**
“Apps” refers to software applications that are utilized primarily on a mobile platform, as well as on iPads and possibly tablets. Many mobile devices are pre-loaded with standard apps, but also facilitate downloading additional purchased or free apps that have been built for their technology platform. Many apps will also have a web interface that can be accessed from a desktop computer. The popularity of many apps can be directly attributed to their use of game mechanics, or “gamification,” which the Gamification wiki describes as “…the infusion of game mechanics, game design techniques, and/or game style into anything.”


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There is a “boom” specifically in the development of mobile health apps. Mobihealthnews.com, which is dedicated to the mobile health industry, has released a number of studies forecasting continued growth. According to its 2011 report “Consumer Health Apps for Apple’s iPhone,” there were 9,000 health apps for the iPhone in September 2011, and it forecasts there will be more than 13,000 by July 2012. The largest percentage – 16.36% - are cardio-fitness (e.g., running) apps, with diet apps at 14.15%, stress and relaxation at 11.44% and a variety of other categories exist, such as medication adherence, women’s health, chronic conditions, smoking cessation, etc. Many of these apps are either allowing users to link to their existing social media networks, in order to share their results, or they facilitate building a new social network of app users that can connect and share with each other.

**Blogs**

The term “blog,” short for “web log,” is used to refer to sites maintained by one person (most common) or one organization/company for the purpose of sharing thoughts describing the author’s life, or focused on a particular topic or suite of topics. As an example, executives of major corporations may blog externally to the public, or internally to their employees, to promote transparency and communicate/educate. A blog author may allow or disallow comments from readers, or put comments through an approval process. Blogs that are both interesting and informative tend to gain followers. The newest blog “post” (entry) appears first, putting all the posts in reverse chronological order, in what some would call an “online diary.” Users may also subscribe to blogs through RSS (Really Simple Syndication), which will bring the new content into either an RSS-enabled browser or RSS feeder, allowing the blog reader to easily know when new entries are posted. Video blogs may also be used (a video of the blogger sharing their thoughts) – storing the videos in a content community like YouTube or Vimeo.

Blogs have become popular for individuals (e.g., physicians, e-patients, hospital CEOs), as well as organizations (e.g., Health Information Technology [HIT] companies, hospitals), but do require regular attention and interesting content to retain readership. The number of hospital blogs in the U.S. was estimated at 149 by Ed Bennett in October of 2011.

**Collaborative Projects (e.g., Wikipedia)**

Collaborative Projects are most commonly thought of as “wikis,” but also include sites like Delicious, which allows users to share Internet bookmarks (links to Internet sites) with each other, categorized by topic or project. A wiki, on the other hand, is typically a website that allows users to collaborate in a text-based fashion on a given topic. Wikis can be internal to organizations, such as to enhance hospital employee collaboration and

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17 ibid


communication, or public – such as the descriptions of heart failure, remote patient monitoring, electronic health records, or bios of prominent individuals that appear in Wikipedia (a user-generated, online encyclopedia). In a wiki, the community of users typically works to ensure the quality of content, so that the wiki can continue to be a trustworthy source of up-to-date information.

**Content Communities (e.g., YouTube)**

True to their category, content communities are applications or platforms for sharing a wide range of media types among users/viewers. The content can range from text (e.g., BookCrossing) to photos (e.g., Flickr), videos (e.g., YouTube, Vimeo), PowerPoint presentations (e.g., Slideshare), and images users have found and “collected” from the Web (e.g., Pinterest). Very little personal or organizational information is shared on a profile page – the point is to share information via the media. Hospitals, physicians, other organizations and individuals can often have their own “channels,” such as in YouTube, where all the content they upload is available – and in many cases others can become “followers” to be notified when new content is uploaded.

As of October 2011, Ed Bennett reported that 575 U.S. hospitals had established YouTube channels. Hospital use includes general (patient) education, education on specific procedures, promotion of new capabilities or events and interviews with patients and physicians.

**Crowdsourcing**

Associated with collaborative projects is a process called “crowdsourcing,” which Jeff Howe (who coined the term in a *Wired Magazine* article in 2006) has referred to as “Wikipedia with everything.” More formally, he says, “Crowdsourcing is when a company takes a job that was once performed by employees and outsources it in the form of an open call to a large, undefined group of people, generally using the Internet.” Think of *America’s Funniest Home Videos* as a precursor to this concept, by requesting viewers to send in videos and then selecting the best ones to use for the show’s content (the term “TV 2.0” is now reflective of several elements, including producing a TV show with such “user generated content”). The application of crowdsourcing to medicine is just beginning. One informal example is the process of a patient sharing their symptoms with friends (who may include physicians) on Facebook in order to aid in finding a diagnosis. A more formal project, however, was funded at Harvard by the National Institutes of Health, to see if new ideas for curing Type 1 diabetes could be generated by crowdsourcing. Alongside organizations like NASA and *The Economist*, Cleveland Clinic has set up a “pavilion” within the crowdsourcing portal produced by Innocentive to promote

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22 ibid
26 ibid
specific challenges, with rewards for the best ideas. A Cleveland Clinic challenge open from November 2011 to February 2012 was to “Pinpoint the location for airway collapse in sleeping individuals,” with a reward of $20,000. Time will tell how well crowdsourcing can serve as a catalyst for engaging consumers in the search for cures for disease, the design of better consumer medical products and services (such as Personal Health Records), or other areas in need of a little healthy disruption.

Devices (mobile/portable)

Devices that combine body metrics, WiFi and social media sharing are catching on, as well. France-based Withings began offering its Tweet-posting WiFi Body Scale in the U.S. back in November 2009. Several bloggers have since been reporting their attempts to lose weight using the scale.

Inspired by adult diabetics’ use of the International Diabetes Foundation’s “Blue Circle” in their Twitter avatars, as well their tweeting of their blood sugar levels (for accountability), Dr. Joseph Cafazzo of the University of Toronto decided that a microblogging community for adolescents with Type 1 diabetes might positively impact their compliance. After building an app called “Bant,” incorporating wireless digital glucometers, and a rewards mechanism (ability to buy music and games through iTunes), the daily average frequency of blood glucose measurement went up 49.6%, and a large percentage of the children indicated they wanted to continue the program. Such success will certainly encourage additional innovations combining devices and social media to achieve better health outcomes.

Regarding use of social media by medical device manufacturers outside of their device operations, Schwartz MSL (a PR firm that works with medical device companies) says that while some medical device companies have “jumped right in” to use social media, others have been waiting for FDA guidance. The reasons device manufacturers now use social media vary from building brand awareness (73%) to attracting new employees (27%) to communicating during a crisis (9%).

On December 27, 2011, the FDA did release draft guidance for “Responding to Unsolicited Requests for Off-Label Information about Prescription Drugs and Medical Devices,” which appears to require device and

35 Ibid.
pharmaceutical manufacturers to respond privately to questions that may be posed in public – thus potentially limiting some social media uses.\textsuperscript{38}

To keep the public informed, the FDA utilizes a variety of social media accounts, including Facebook, Twitter, blogs, a YouTube channel and Flickr. It also has podcast series, and provides both widgets and buttons for organizations to embed on their websites.\textsuperscript{39} As of February 2, 2011, the @FDADeviceInfo Twitter account has approximately 14,309 followers and has pushed out 864 tweets.\textsuperscript{40}

\textbf{Enterprise Social Media}

Enterprise Social Media is most often the utilization of social media technologies in a private, behind-the-firewall, corporate or organizational setting. But on the inside of the organization, “enterprise social” (as it is often called) enables organizations to overcome traditional siloes of communication, based on geography or work shifts or corporate structure, and achieve the benefits of enhanced collaboration, awareness, recognition, (human) resource utilization and ultimately, value. This leads to the creation of what Mark McDonald, a Group Vice President and Fellow at Gartner, calls “the social organization.”\textsuperscript{41} McDonald goes on to say, “A social organization is one that is able to bring together all the talents, interests, experience, insights, knowledge of their people in ways that are independent of the vertical top to bottom hierarchy or end to end process orientation to create sustained value.”\textsuperscript{42}

The term “Enterprise 2.0” is also being used to describe both the systems of technologies of a social organization – especially enterprise social media – and the use of those systems. Andrew McAfee of Harvard and MIT coined the term Enterprise 2.0 in 2006, and has authored a book on the subject.\textsuperscript{43} McAfee describes Enterprise 2.0 as “the use of emergent social software platforms within companies, or between companies and their partners or customers.”\textsuperscript{44}

The application of enterprise social media to healthcare is very nascent. Some examples will be noted later in this paper, but existing applications include closed environments for hospital staff to discuss policies and procedures and other issues, leading to a reduction in conference calls and inclusion of those in other shifts. Near-future applications are considered to include collaboration by medical staff around a patient’s care – or even extending the “wall” to include the patient (or patients) – in a closed, private, and secure virtual community, such as a Patient Centered Medical Home (PCMH), or even an Accountable Care Organization (ACO).

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\textsuperscript{39} “Interactive Media.” FDA.gov. Web. 2012 02 02. \url{http://www.fda.gov/NewsEvents/InteractiveMedia/default.htm#buttons}
\textsuperscript{40} @FDADeviceInfo. Twitter. \url{https://twitter.com/#!/FDADeviceInfo}
\textsuperscript{42} ibid
\textsuperscript{43} “Andrew McAfee Author Biography.” Amazon. Web. 2012 02 06. \url{http://www.amazon.com/Andrew-McAfee/e/B002A51606}
\textsuperscript{44} McAfee, Andrew. “Enterprise 2.0, version 2.0.” Andrew McAfee’s Blog: the Business Impact of IT. 2006 05 16. Web. 2012 02 06. \url{http://andrewmcafee.org/2006/05/enterprise_20_version_20/}
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Joel Selzer, co-founder and CEO of Ozmosis, provider of a social enterprise software platform to hospitals and health systems, says that, “Social media is a powerful tool for healthcare. We have already seen how patients and providers use a variety of social platforms and private online communities to interact and share treatment options. As we look to the future, social tools will provide the communication and coordination framework needed for new collaborative care models to ultimately succeed.”

**Games / Exergames / Virtual Game Worlds**

Gaming platforms like Sony’s Playstation, Nintendo’s DS and Wii, and Microsoft’s Xbox 360 have already begun (or plan) to incorporate social networking. For some time, “gamers” (game users) have been able to play against each other across geographic boundaries – perhaps one of the most popular currently being the game “Words with Friends.” Microsoft’s Kinect for Xbox 360 and Wii already have games that require activity and track body movements. Many believe the future will allow users of these platforms to join “virtual gyms,” exercising in the privacy of their own home with others from across the world with whom they share common goals, fitness or disease states. Digital games that combine exercise with game play are now referred to as “exergames.” By connecting these devices to Personal Health Records, it has been suggested physicians could better track patients’ suggested activity levels.

Insurance companies like Humana and Aetna have already launched their own online games and virtual game worlds to promote health and wellness. Some of these games combine connecting activity-monitoring devices and competing with family and friends for virtual and real-life rewards.

There is also a “blurring” between the virtual worlds, such as Second Life, with virtual game worlds, as games and game-based learning experiences can be built by users inside virtual worlds. (If virtual worlds lack pre-defined goals for the users, they are not considered games themselves.)

**Location-Based Sites/Apps**

In the past few years, with the rise of smart phone use, the use of location-based applications, also known as “geo-social apps,” has also increased. These are mobile apps that allow users to “check in” when they visit a physical location, like a city, restaurant – or a hospital. Users can inform friends of their location, share photos, and also share “tips” with others who may visit the same location in the future (e.g., “Even if you’re not sick, make the trip because the cafeteria food is fantastic and great value!”; “The valet service is wonderful. They

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45 Selzer, Joel. Personal Interview. 2012 02 06.
46 Galanis, Christina. Personal Interview. 2012 01 19.
waive the five dollar charge if you have a handicap plate or placard.”; “Remember to bring a jacket when you come, too. Main lobbies and halls are very chilly.”; “Art Tour. Do it!”).

The number of geo-social apps is growing, but the most popular app is currently Foursquare. Foursquare incorporates gaming by giving badges each time a user visits a location. The person who visits the location the largest number of times wins the title of “Mayor of…” until they are unseated. Businesses can “claim” their listing (verifying that they are the location the users have identified), and access user data such as number of check-ins, male-to-female ratio, days and times when most Foursquare users check in, etc.52 53

In January 2011, a survey indicated that there were 787 hospitals that had been identified and “checked in” to by Foursquare users – but less than 10% of these hospitals have claimed their listing.54

mHIMSS
In recognition of the great potential for mobile health apps and devices to transform healthcare for all stakeholders, HIMSS has launched “mHIMSS.” It is an initiative that focuses on driving transformational change in healthcare by “convening stakeholders, sharing knowledge, providing world-class education, public policy, research and content - entirely focused on mobile technologies, workflow, and data exchange.”55

Microblogs (e.g., Twitter)
Christina Thielst describes microblogs as “real-time tools for posting comments from a computer or handheld device.”56 There is often a character limitation, possibly combined with a photo or audio clip. Twitter is the most popular microblog at this time, with 100 million users as of September 8, 2011.57 The number of hospitals with Twitter accounts grew from 284 in 2009 to 814 in October 2011.58 Many use Twitter to monitor (follow) individuals and organizations that post industry developments, but it can also be used for communication during disasters, sharing upbeat messages and reminders, and links to websites, blogs, and videos.

Though Twitter is by far the most popular microblogging site, there are others, such as Tumblr (41 million blogs as of 1/20/12) – which the NY Times says, “...makes blogging blissfully easy,” and allows short, direct blogs using text, photos, links, music and videos.59 Instagram, a photo-sharing microblogging site, was named “App of the Year” by Apple in 2011, having attracted 5 million users in its first 8 months.

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Many healthcare conversations happen through Twitter. Tweet chats bring together individuals to discuss a set of questions. Tweet chats use a hashtag to organize the dialogue. A popular tweet chat is #HCSM, which stands for Healthcare Communications & Social Media. #HCSM is a weekly chat held every Sunday night at 8:00 p.m., Central. The conversation includes doctors, patients, lawyers, communicators, for-profits, non-profits, hospitals, health systems, insurers, and many other interested individuals. Tweet chats are a great way to connect with other professionals and discuss current happenings in health care.

**Provider Rating Sites**

Websites that not only facilitate finding a physician or hospital, but also viewing other patients’ experiences with those providers, are now much easier to find than sites that purport to rate providers based on evidence-based measures, according to a study done by the *American Journal of Medical Quality*. Websites such as RateMDs.com, Vitals.com, and Yelp.com (which also rates restaurants) were some of the easiest to find, all of which facilitate patient reviews of physicians. Interestingly, a new physician rating website, DrScore.com, started by a physician who believes ratings based on anecdotes and comments might result in more negative reviews, facilitates ratings by subjecting patients to a consistent quality survey – not dissimilar to the Health & Human Services (HHS) Hospital Consumer Assessment of Healthcare Providers and Systems (though the latter is distributed in a consistent manner, while the DrScore website and its survey are “discovered” by interested patients). CMS, meanwhile, will be expanding its own “Physician Compare” directory to include quality data by 2013 (required by PPACA). The Robert Wood Johnson Foundation believes such “official” national or regional quality reporting sites actually increase the quality of care, emphasizing the “catalytic power” of public reporting (best practices for regional quality reporting propose including physicians in developing the process).

In spite of provider fears that these sites generate more negative than positive reviews, a brief study by Dr. Tara Lagu of Tufts University School of Medicine indicated that most of the reviews are positive. Dr. Lagu believes that “Patients value their relationship with their clinicians, and I think they respect their healthcare providers and are reluctant to portray them in a negative light.” Still, some provider rating sites seek to engage physicians in the process. Vitals.com encourages physicians to log in to their rating profile, verify office information, add a photo (which increases click-through rates), and even hand out customizable comment cards to patients, which might possibly increasing their positive ratings.

**Social Networking Sites**

Perhaps because of their popularity, when most people think of social media, they think of popular social networking sites – most especially Facebook. The personal (or organizational, work group, event) profile page is

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61 ibid.


64 ibid


66 ibid

67 ibid
the heart of the social networking site, which allows the user to share information such as their location, interests, musical tastes, favorite sports teams, and possibly political and religious views, and then invite friends and colleagues who may already have joined (or invite those who haven’t joined to register) to view their profile, become a friend, or to “like” their page. The profile most often can include text or blogs, photos, videos, documents, or audio files.

Organizations can also put a Facebook “like” link on non-Facebook pages, such as home pages, blogs, press releases and articles. When an individual “likes” an organizational page, they may receive automatic updates when the page changes in their own profile’s “newsfeed” (posts from their “friends” and “likes”), as well as gain access to a deeper level of information on the organization’s Facebook page.

Google launched its Google Plus social networking site in mid-2011, announcing it had reached 40 million users by October 2011.68 Debates are occurring online as to whether or not hospitals should proceed with establishing Google Plus accounts as part of their social media strategies.69

Other social networking sites may be focused on allowing patients with shared disease states to connect for support and education (e.g., Patients Like Me), physicians to connect with each other (e.g., Sermo), healthcare organizations to connect internally (e.g., Ozmosis), nurses or those interested in nursing to connect with each other (e.g., NurseTogether), and recently a site being categorized by the College of Healthcare Information Management Executives (CHIME; representing hospital CIOs) as an “engagement platform” called StateNet has been relaunched – allowing a hospital CIO to serve as a “state coordinator” for convening statewide discussions around HIT and Health Information Exchange (HIE).70 LinkedIn is also an extremely popular social networking tool (120 million members), primarily to enhance professional-to-professional communication, visibility, and marketing (e.g., self branding), but increasingly used for recruitment, identifying potential business partners and customers, and advertising.71

According to Ed Bennett’s website, he has identified 1,068 hospital Facebook pages.72 UbiCare has developed an “Engagement Quotient” for hospitals on Facebook, using data Facebook provides regarding numbers of “Likes,” fan posts, comments, clicks, etc.73 It should be noted that with under 25% of hospitals having a Facebook page, some hospitals discover that others have already created a page for them – in some cases patients who are looking to connect with other patients.

**Tools (RSS, Widgets)**

A number of additional tools are available to facilitate a user’s interaction with social media platforms. These include:

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RSS. An abbreviation for “Really Simple Syndication,” RSS feeds send updates from online resources, such as blogs, wikis and websites to desktops and mobile devices. RSS feeds may be accumulated and read within Microsoft Outlook, any number of standalone RSS (news) reader applications, or an RSS-enabled Internet browser.

Widgets. Christina Thielst defines widgets as “chunks of code or mini applications that perform a specific function and enhance the content of the site. Widgets can conduct short surveys, present slide shows, or map activities or conditions on websites, blogs or other social media sites. Buttons and badges are graphical code that link to another site or page.”\(^74\) Organizations often create widgets using their logo, and place it on blogs and other social networking sites to link back to the organization’s website.\(^75\)

Advanced User Tools. For those who are serious about using or monitoring social media, there are tools such as Tweetdeck, which allows the user to monitor and manage multiple Twitter accounts, follow their own and others’ accounts simultaneously, apply filters, schedule tweets, and more.\(^76\) Another tool is Social Bakers, which allows the user to monitor their own and others’ (e.g., competitors’) Facebook, Twitter, LinkedIn, Google Plus, and YouTube statistics—such as which content is most popular, who are the influencers, and how fans are interacting with an organization’s site.\(^77\) Over 3 million people use yet another social media management tool/dashboard called HootSuite to monitor, post, and provide analytics on multiple social media sites.\(^78\) There are many other advanced tools currently available, with new ones coming to market regularly.

**Virtual Social Worlds (e.g. SecondLife)**

Virtual social worlds, where participants can choose an avatar to represent them, and use keyboard controls to walk, run, fly, turn, speak, text, and meet with others in a three-dimensional animated, web-based “world” has actually been one area where healthcare is breaking new ground and even leading new developments. The numbers of users of such sites as SecondLife are not as great as social networking sites (reported number of SecondLife users is 1 million), largely due to the complexity of learning to participate, but the advantage of being able to “bring people together” for virtual meetings, physician and other health professional education, or to use for producing educational videos starring avatars has attracted major healthcare educational institutions, health insurance companies, provider associations, the U.S. military and Health Information Exchanges.\(^79\)\(^80\)

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\(^80\) Galanis, Christina. Personal Interview. 2012 01 19.
Current Social Media Practices

The following section will describe a variety of social media uses in healthcare today – emphasizing again that it is a snapshot in time of an area that is continually evolving. From providers connecting to consumers, to consumers connecting with consumers, public health agencies connecting with consumers, and many more categories, there are many exciting and valuable stories that both educate and inspire.

Provider-Consumer

Just two years ago, few physicians or hospitals were active in social media. Today, many are engaged using Twitter, Facebook, and blogs to connect with patients and others in the healthcare community. Two early social media pioneers are Dr. Bryan Vartabedian and Dr. Wendy Sue Swanson. Dr. Vartabedian has an independent blog and Dr. Swanson has a blog affiliated with Seattle Children’s Hospital.

Dr. Bryan Vartabedian. Dr. Vartabedian, better known as “@Doctor_V” on Twitter, writes a popular blog at 33Charts.com. He is an Assistant Professor of Pediatrics at Baylor College of Medicine in Houston and an attending physician at Texas Children’s Hospital. Dr. Vartabedian started communicating with patients through a book titled “Colic Solved.”

He became an active blogger in 2006. Dr. Vartabedian’s current blog is focused on a wide range of healthcare topics with a strong emphasis on providing guidance on how to use and leverage social media in healthcare. A perfect example of this is his popular post titled, “When Patients Contact You via Social Media – 9 Pointers.”

Dr. Vartabedian’s approach can be best summarized in his statement: “As physicians, we have an obligation to be a part of this [online] conversation. We need to be creating content.”

Dr. Wendy Sue Swanson. Dr. Swanson, better known as “@SeattleMamaDoc” on Twitter, takes a slightly different course. Her blog is affiliated with the Seattle Children’s Hospital website. Her blog originally targeted parents but has expanded to include physicians as well. It is part of a larger community, mixing social media advice, healthcare experiences, and health and wellness topics. Her topics can be personal stories and connection points to what she hears from people around her. She provided a great example of her writing inspirations:

“To give you an example, yesterday I saw 26 patients and in that time I learned a lot about what families are worried about, what they are hearing in the community and on the news and the questions that

they have. That’s where I get food for my writing and it is how I keep in touch with the sincere concerns of families, patients and families.”

@Doctor_V and @SeattleMomaDoc are two physicians in a growing healthcare social media community. Though many more examples are available, these two physicians are considered leaders even by other healthcare bloggers. Ultimately, social media participation is about developing relationships by offering insights and guidance and providing a platform for a meaningful discussion between physicians and patients.

Dr. Jen Brull - Rural Family Physician does Friend Patients. Dr. Jen Brull, a family physician from rural Kansas (also the first Kansas physician to attest to the Meaningful Use Incentive Program), comes from such a close-knit community that friending some patients from her personal Facebook account seems natural, though she does so only with people with whom she has existing offline friendships, and who are cognizant of boundaries. According to Dr. Brull, there are myriad benefits as a result of these online relationships, such as catching the occasional symptom (sent to her through the FB messaging function) that may be much more serious than the patient realized, patients recognizing why she may not be in the office this week (e.g., business travel or vacation), and receiving feedback that can be copied into their chart (e.g., “Thank you for the medication. I’m sleeping much better.”). “Patients can legally disclose their own protected health information (PHI) without violating HIPAA, but if a conversation heads that direction, we quickly move them to another communication channel, such as the telephone or secure email.” Aside from her personal account, her practice has its own Facebook account, with a link to the practice blog. Dr. Brull has also been working with the leadership of the Kansas Academy of Family Physicians to engage the next generation of physicians through social media.

Hospital Emergency Management and the Fort Hood Shooting: Scott & White Hospital (Temple, TX). Scott and White Hospital was the primary intake center for the Fort Hood shooting victims on November 5, 2009. As the community learned of this tragedy, the phone lines were jammed with inquiries from media, families of service members, and citizens wanting to help. Fortunately, the hospital had several months of Twitter and YouTube channel use, had just implemented a Facebook page and two blogs in the weeks prior, and had predetermined which staff would be Tweeting and providing updates in the event of a disaster. Their initial intention in launching the social media channels was “to go where the people are.” When the shooting occurred, the hospital immediately began using Twitter to notify the community that they were monitoring the situation, incorporating hashtags that were already in use (e.g., #FtHood), and eventually informing people that the hospital had become a secured environment, asking that blood donations occur at the main hospital only, posting links to a YouTube press conference video featuring the chief of surgery, providing estimated wait times to donate blood, etc. Hospital staff said, “Twitter really became the most valuable tool for us,” though they also

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http://www.medcrunch.net/wendy-sue-swanson-tos-successful-physician-blog/
85 Brull, Jennifer. Personal Interview. 2011 01 11.
86 Ibid
87 Ibid
90 Ibid
utilized their YouTube channel, Facebook page and community blog for disaster-related communications. Scott and White subsequently has also considered adding an enterprise social media platform, specifically for internal use and collaboration during crises.

An article in the New England Journal of Medicine stated, “Clearly, social media are changing the way people communicate not only in their day-to-day lives, but also during disasters that threaten public health. Engaging with and using emerging social media may well place the emergency-management community, including medical and public health professionals, in a better position to respond to disasters.”

Social Media on a Critical Access Hospital (CAH) Budget. Bill Kennedy, Marketing Director for Jamestown Regional Medical Center (JRMC) in North Dakota, has shown not only the usefulness of social media to their Critical Access Hospital (CAH; 25 bed hospital with 24-hour emergency care), but proven it can be accomplished on a small budget and with few staff. As the sole member of the marketing department in 2009, he launched JRMC’s social media efforts, utilizing Flickr, YouTube, and Facebook. Flickr was initiated first to communicate externally and internally photos of their new hospital site, then grew to follow the construction, recognize employees and share JRMC news. As of September 2011, JRMC had 183,801 views of their 1,487 Flickr images; 209,969 views of their 89 YouTube videos (one video has 64,850 views), and 2,051 monthly users of the JRMC Facebook page – pretty significant for a hospital serving 55,000 people. Mr. Kennedy recommends, “Collaboration is the key to success in a CAH social media program,” crediting their own success to both internal hospital staff and external community organizations and citizens. In 2010, Bill Kennedy hired an assistant to provide support in social media and communication efforts.

Consumer-Consumer (Patient Support Groups)
Consumer-to-Consumer social media is vast and vibrant. Consumers can be patients, families, or caregivers, and they use social media to learn more about their conditions, drugs or healthcare providers, to share information with others and to give and get emotional support. Hospitals and healthcare providers should expect an increasing number of patients participating in social media and should be ready to support the patients’ needs for additional information and emotional support via social media.

Susannah Fox from the Pew Internet Research Center (which undertook a national survey regarding online activity and health information) notes, “The most striking finding of the national survey is the extent of peer-to-peer help among people living with chronic conditions. One in four internet users living with high blood pressure, diabetes, heart conditions, lung conditions, cancer, or some other chronic ailment (23%) say they have gone online to find others with similar health concerns. By contrast, 15% of internet users who report no chronic conditions have sought such help online.” The Bipartisan Policy Center, which includes a variety of healthcare stakeholders, released a report in late January 2012 stating that “(s)ocial media platforms for online dialogue

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91 ibid
93 Kennedy, Bill. “Social Media in a Small Rural Hospital Budget?” Health Care Social Media Summit. Mayo Clinic. Rochester, MN. 2011 10 19. ibid
and support among individuals with common conditions, needs or interests ‘support’ prevention, wellness and healthy behaviors.”

A few examples on how patients use social media to communicate with other patients:

- Reading blogs written by other patients, and writing blogs themselves. For example, Kerri Morrone Sparling was one of the first patients to blog about her experience with Type I Diabetes.
- Dr. John Halamka, the CIO of the Beth Israel Deaconess Medical Center and Harvard Medical School in Boston, started writing about his wife’s journey with cancer on his blog in order to help other patients learn from their path.
- Sharing stories on social networking sites like Facebook or Twitter. A story appeared in the news in 2011 about a mother that shared her son’s condition with friends and was prompted by one of the readers to go to the ER immediately.
- Trisha Torrey, who was independently diagnosed with cancer by two laboratories, but discovered due to her own persistence, personal research, and consultation with other providers that she indeed did not have cancer – just weeks short of starting chemotherapy. She began an online forum called AdvoConnection to connect patients with patient advocates, and also moderates a patient empowerment forum on About.com.

The expansion of social media inspired various entrepreneurs to build applications to support this need for patient-to-patient discussions. A sample of community web sites and applications:

- Communities for specific diseases:
  - Association of Cancer Online Resources (acor.org) is a community of cancer patients offering information and support.
  - Cancer101
  - Tudiabetes - community for patients with diabetes, including separate forums for Type 1, Type 2, and LADA/“Type 1.5.”
- Health stories video sharing: MyHealthStory allows patients, families and caregivers to learn from each other’s healthcare experiences
- Communities that track treatments and side effects, intending to share outcome-based experiences include PatientsLikeMe and CureTogether

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- Inspire has helped 75 national advocacy organizations build over 180 disease-specific communities with 200,000 members, offering services to help patients, life sciences companies and advocacy organizations to connect online.  

- Devices, apps and games that help patients get healthy, exercise or maintain healthy habits and share them with family and friends, like FitBit, the suite of MapMyFitness apps and HealthMonth.  

Some hospitals are seeking to use social media to enable patients to become better advocates for their care. Mayo Clinic shares its own social media philosophy as the following:

> “Mayo Clinic believes individuals have the right and responsibility to advocate for their own health, and that it is our responsibility to help them use social media tools to get the best information, connect with providers and with each other, and inspire healthy choices. We intend to lead the health care community in applying these revolutionary tools to spread knowledge and encourage collaboration among providers, improving health care quality everywhere.”

Children’s Hospital Boston (Children’s) and other hospitals provide education and tools for patients to create their own free websites and connect with family and friends through CarePages. Children’s also created an application that lets members of the TuDiabetes social network track, share and compare their diabetes data across the world.

e-Patient Dave offers the following advice those getting started in social media, which is especially applicable to consumers/patients entering these peer-to-peer environments: “You can participate at first in social media as a reader/listener, browsing and subscribing as you see fit. When you decide to say something, it’s easiest to just reply to somebody else. And when you have enough to say yourself, you can start speaking up as a more active voice.”

**Life Sciences**

According to McKinsey, in 2011, 74% of pharmaceutical companies surveyed were using at least one social media platform, greater than the percentages in retailing (69%), healthcare/social services (67%) and financial services (64%). IT consulting and services firm Cognizant suggests that pharmaceutical companies can take advantage of their strengths in data collection and analysis, and apply the same “adaptive design” concept used in clinical trials (modifying the trial based on information gathered thus far, without affective the trial’s integrity).

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118 deBronkart, Dave. Personal Interview. 2012 02 06.

to make social media a key ally. As mentioned elsewhere under the Provider-Provider category, life sciences companies are actively monitoring and engaging physicians via the Sermo platform, and there are many other Provider-Provider communities that facilitate life sciences company involvement in the U.S., Canada, Europe and other markets.

Life sciences companies are facilitating consumer engagement through their sponsorship of disease-specific educational and social networking communities. Children With Diabetes (CWD), an online community supporting families with diabetic children, began in 1995, and grew tremendously in both its online population (25,000 daily, as of 2008) and attendance at offline events. Requiring more resources to sustain its growth, CWD became part of the Johnson & Johnson Family of Companies in early 2008.

Life sciences manufacturers, specifically in the pharmaceutical arena, have also begun using the e-Advocacy concept to facilitate recalls, to provide references to articles in various publications, as well as to provide support of favorable (or opposition to less favorable) legislation being considered during congressional sessions, using tools such as Twitter.

The FDA regulation of pharmaceutical companies, specifically the law requiring “fair balance” – that the content and presentation of a drug’s most important risks must be similar to the content and presentation of the drug’s benefits – has made these companies cautious in their social media activities. Facebook originally accommodated pharmaceutical companies’ desires to have pages that did not allow comments – as consumers’ comments could mention off-label uses or perceived benefits, without the ability for the company to provide for “fair balance.” When Facebook changed its policy, and required the allowance of comments without blocking, several Facebook pages originally sponsored by pharmaceutical companies disappeared, including “Take On Depression,” “ADHD Moms,” and “Epilepsy Advocate.”

Tony Jewell, the Senior Director of External Communications at AstraZeneca, has been recognized by many as a leader in life sciences’ use of social media, specifically for making AstraZeneca the first to host a Twitter chat, but also for stating that the company would keep its primary Facebook page active in spite of Facebook’s change in its commenting policy.

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As mentioned earlier in this paper, under “Devices,” life sciences companies are awaiting further guidance from the FDA regarding social media use, though draft guidance on off-label uses was issued in late 2011, which promotes the idea of “private answers” provided to consumers who ask a “public question,” presumably through channels such as a social media. Many believe the FDA’s establishing of the boundaries will encourage life sciences companies that have been cautiously avoiding overstepping a boundary they cannot see to jump in and use their resources to their fullest, as guided by regulation. Translation: we have yet to see what life sciences companies can really do on social media.

**Advocacy Group – Consumer**

With the explosion of social media technologies (webs, blogs, Twitter, Facebook, etc.) consumers now have more information – specifically healthcare information – at their fingertips than ever before. This has not gone unrecognized by advocacy groups who seek to engage these consumers, especially at the community and grassroots levels. As Jason Brandt of Zemoga, a digital innovation firm, commented, “Grassroots is getting easier, and the fertilizer is social media.”

The American Heart Association has a very active social media presence with 20,541 Twitter followers and 4,919 tweets; over 145,000 “Likes” on its primary Facebook page (with several additional campaign-specific pages, like “Go Red for Women,” and “You’re the Cure”); over 1.5 million views of their 138 YouTube videos; and active Google Plus and LinkedIn accounts.

Autism Speaks, which seeks to draw attention to undiagnosed autism, established a long-term promotional partnership with Toys “R” Us that was utilized to draw attention to its annual “Light It Up Blue” campaign in April 2011. Using the combined Facebook pages of the two organizations, they were able to engage over two million people (1.4 million Toys “R” Us fans and 770,000 Autism Speaks fans). Autism Speaks has over 992,000 Facebook fans as of February 4, 2012, and has 14 different social media channels – including a patient community using Ning.com and revenues from rec.fm, which allows people to recommend products to their Facebook friends and Twitter followers, with a portion of products sales going to the organization (also used by the American Red Cross and National Foundation for Cancer Research, and others).

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131 Ibid


Regardless of how consumer advocacy organizations use social media as a tool for attaining their goals, there should be full acknowledgement and respect for what Grace-Sonia Melanio of Community Health Partnership calls “The 3 Es of Advocacy: education, empowerment and engagement.”

This may be producing an interesting phenomenon. Social media actually is facilitating the creation of new advocacy organizations – and perhaps broadening the very definition of an advocacy organization (though many traditional organizations are still referred to as “voluntary health agencies,” and are incorporated as non-profit organizations). Patient communities, for example, though perhaps not advocating politically for their members, are educating, empowering and engaging their members. One thing is for certain – any organization that seeks to represent people will benefit from engaging those people where they are: on social media.

**Provider – Provider**

Providers are connecting with each other through a variety of online platforms. This includes use of general social media like Twitter and Facebook to physician-only sites like Sermo, and the launching of enterprise social media platforms – that are limited often only to members of a specific hospital or organization (enterprise).

One use of social media by physicians is to keep track of developments in their field. As pediatric endocrinologist and HIT entrepreneur Dr. Jennifer Shine Dyer reports, “I’m much more well-read now that I’m on social media. Twitter reminds me of skimming journals for the things that interest us.” Dr. Philip Glick, vice chairman and professor at the University at Buffalo, also promotes Twitter as an educational tool: “A surgeon’s greatest legacy is his or her trainees. And a lot of the training consists of passing on information, lessons learned and wisdom to the next generation. Twitter allows us to dramatically scale up our ability to do this. When I post something on Twitter, all the pediatric surgeons, trainees and colleagues in the country and the world can see it instantly.”

According an American College of Surgeons survey in 2011, 20 percent of surgeons were on Twitter, while 64 percent were on Facebook – both above the U.S. general population averages.

Dr. Jen Brull, a family physician practicing in the small rural community of Plainville, Kansas, is an avid Facebook user, and suggests that social media can be used as a way to keep in touch with medical students once they finish their family medicine clerkships. “You establish this teacher-student relationship while they’re on rotation, and then you usually lose touch with them afterwards,” she says. But now, she hears, “Oh, you’re on Facebook!” and that enables them to continue the mentoring relationship virtually, even after they finish their clerkship.

Sermo is an online network for physicians (stating it has over 125,000 physicians from 65 specialties), which states it has a robust physician-authentication process (to verify users are physicians) and describes itself as

http://www.chpscc.org/blog/Access_to_All/post/The_Three_Es_of_E-Advocacy/


follows: “Physicians in all 50 US states spend 35,000 hours per month on Sermo’s social media platform discussing drugs, medical products and procedures as well as exchanging clinical insights on difficult cases.” 146 Physicians participate for free, can choose to participate anonymously (many apparently do) and may participate in surveys and focus groups for honoraria. Sermo can obtain revenue from life sciences companies and others that wish to benefit from the surveys, focus groups, and mining of the conversations (which the company states are anonymous). 147 Multiple authors have described Sermo chats as frank and passionate, though also hinted that the chats can sometimes be less than professional. 148

Texas Health Resources, a 24-hospital system in North Texas, has engaged the enterprise social networking platform Yammer to promote the adoption of EHRs, share internal messages, how-to videos, and more between and among physicians, project managers, and other system employees. This enables the hospital system to control the security and privacy of an internal social media platform, while fostering enhanced collaboration and communication. 149 Additional tools are being developed by firms like Informative Graphics, to enable establishing a “bridge” between hospital document management and imaging systems and enterprise social media, to create enhanced, auditable collaboration. 150

In December 2011, the organization Doctors Helping Doctors Transform Health Care launched, led by Executive Director and Health IT veteran Janet Marchibroda. 151 Promoting the transformation of health care through Health IT, it describes itself as follows:

“Through this non-profit, collaborative, social media effort, physicians are sharing their experiences and insights—through videos, audio programs, stories and blog posts—about why they decided to adopt health IT, the initial challenges they faced and the strategies they used to overcome them, the impact on their practices or organizations, and their lessons learned—to support other physicians as they make the transition to a health IT-enabled health care system that delivers better health and health care.” 152

Promoting Social Media use among/by providers: Mayo Clinic has not only taken social media seriously for its own use, but has also established an industry-wide Social Media Health Network, described as “a service of the Mayo Clinic Center for Social Media, (that) provides tools, resources and guidance to organizations and individuals wanting to apply social media in health and health care.” 153 Mayo Clinic also sponsors an annual Health Care Social Media Summit, bringing together providers and others to share best practices. In 2011, Mayo

Clinic also held its first two-day Social Media Residency, combining self-study with faculty presentations and mentorship opportunities to further promote social media use by providers.154

**Health Information Exchange (HIE) – Consumer**
The U.S. Department of Health & Human Services (HHS)-funded Health Information Security and Privacy Collaborative (HISPC) provided many public domain educational tools for Health Information Exchange, such as customizable ads, and videos, but this was before social media became commonly used. HHS has followed up by creating its own YouTube channel, and producing a variety of informative videos on HIT and HIE. Some Health Information Organizations (also known as HIEs) are also making a jump into the use of social media for education and engagement.

Christina Galanis, Executive Director of Southern Tier HealthLink New York (a Health Information Organization covering five counties around Binghamton), uses not only Twitter and Facebook to engage residents and promote their patient portal, but also is a leading advocate of the use of virtual worlds for education. Ms. Galanis and her team have created “NY Healthscape in SecondLife,” which is “delivering virtual education for electronic health information exchange.” She has also found the medium helpful for creation of new educational videos describing HIE and Personal Health Records (PHRs), which can also be uploaded and shared via YouTube. Topics for education have also expanded beyond Health IT subjects to promotion of breast cancer self-checks and creation of a unique and highly educational autism awareness center.155

**Telehealth – Consumer**
Christina Thielst, a healthcare administrator, consultant and author, works especially with the areas of telehealth and social media, and produced the “Social Media Toolkit for Telehealth Professionals and Programs.” This toolkit includes the **Telehealth Guide for Social Media**. In this guide, Ms. Thielst provides examples of telehealth networks and organizations using social media to increase their provider and consumer engagement, such as the Utah Telehealth Network’s placing of “widgets” on their e-newsletter to help enable recipients to more easily share the content on social media channels.

In late 2011, the Swedish Telehealth Program in Seattle produced a number of videos on its YouTube channel - addressing telehealth generally, as well as providing focused overviews on many of its programs (TeleSleep, Inpatient Teleneurology, TeleICU, Acute Telestroke, Teleneurosurgery and TeleEEG).156 Swedish Medical Center is a regional leader in telehealth program development with the first and largest telestroke network in Washington State. According to Tammy Cress, the Director of Telehealth at Swedish, “We recognized that there is tremendous value in creating videos which in a few short minutes allow patients/families, health care providers or administrators to quickly get a relatively deep understanding about what we are focusing on and creating - the development of robust infrastructures and required processes to bring care via telemedicine to

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patients in their communities. These videos allow us to cast a wide net and efficiently educate those interested in learning about telehealth and the real possibilities.”

**PHR – Consumer**

Some Personal Health Records (PHRs) and related systems are taking advantage of social media’s success in engaging consumers, and adopting some of the functionality. Jim Hansen, Executive Director of the non-profit Dossia Consortium stated, “Contextual social media, gamification and a substitutable app marketplace played key roles in the evolution of our product from a PHR to the Dossia Personal Health Management System (PHMS) – where engagement comes naturally from bringing one's longitudinal data to life.”

Providers are also looking for social media functionality as they review and select PHR systems. Centerstone, the largest non-profit behavioral health provider in the U.S., stated the following regarding their selection of SPINNphr, which has already integrated social media components:

> “Centerstone is dedicated to helping people who face the challenge of substance abuse. Too often the stigma associated with seeking treatment combined with limited access to recovery centers means that the opportunity for up-front treatment that is aligned with prevention or early-stage intervention is lost, leading to devastating outcomes and back-loaded treatment that could have been avoided. Social media offers the opportunity to lower the barriers to seeking help by allowing people to find assistance at their own pace using the tools that are a part of how they live so many other aspects of their lives. Social media, both as a point of entry and as a tool to support recovery, is rapidly becoming a key component of our coaching strategy.”

**Public Health-Provider/Consumer**

Access to millions of citizens in seconds via social media such as Facebook and Twitter allow public health officials the ability to communicate more effectively than ever. For instance, the fastest way to broadcast a threat of an influenza outbreak, or terrorist attack involving chemical/biological/radiological weapons, is through these media, though they are also being used on a day-to-day basis for community education, promotion (e.g., flu shots), and more.

The Centers for Disease Control and Prevention (CDC) is very active on social media, but also promotes using social media to state and local public health agencies. The CDC’s presence includes 35 Twitter accounts (having held several popular Twitter chats), 12 Facebook profiles, a YouTube channel (over 4.3 million upload views), Flickr, and 21 blog categories. The CDC also makes over 41 widgets available on topics such as “the Flu” to be inserted on your webpage or blog as a public health service. For the benefit of other public health agencies, the CDC has also now released its second edition of the well-organized “Health Communicator’s Social Media Toolkit,” which even features a chart to help agencies determine which social media channels are best for them.

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157 Cress, Tammy. Personal Interview. 2012 02 01.
158 Hansen, Jim. Personal Interview. 2012 01 23.
Likewise, the U.S. Food and Drug Administration (FDA) is also very active on social media, with 10 subject-specific Twitter accounts, a YouTube channel, Facebook page, the “FDA Voice” and “Transparency” blogs and Flickr. The FDA tweets regularly regarding health advisories and recalls on foods and drugs.

The Arizona Department of Health Services (ADHS) sets a very good example for a state’s public health department social media activity. In addition to very actively updated Twitter and Facebook accounts, its YouTube channel boasts 4,727,000 views (Arizona’s population is about 6.5 million), and it has four blogs: a director’s blog (posting almost every day), a behavioral health services blog, a chronic disease blog and a Tobacco Free Arizona blog. When a shooting occurred in Tucson on January 8, 2011, killing six people and injuring twelve others (including U.S. Representative Gabrielle Giffords), ADHS Director Will Humble blogged to inform both citizens and state employees where they could call if they needed counseling, or had questions or issues.

Regarding the use of social media, Director Humble specifically posted, "Blogs, Facebook, Twitter, YouTube... all these social media outlets are changing the way people communicate... with their friends, co workers, and even about breaking news. ... We've been at the front of the movement to use social media to get out our public health messages."

ADHS believes that their social media success is the result of teamwork throughout the department and exemplary support from the executive team. ADHS’ Web & New Media Manager, Jennifer Tweedy, says "[The Executive Team] understands the importance of connecting with others where those individuals choose to be. Social media amplifies our messaging, expands our online community and creates sustainable value. It allows us to make a cogent connection—one that may not have been effected with traditional media. Director Will Humble promotes a culture of transparency, and we use the product of that socially. Interactions from original blog content, videos, tweets, Facebook posts, and online forums communicate our message and allow us to hear what people want—to feel the pulse of their concerns—and to respond accordingly. We realize the power of social media in those conversations."

The Springfield-Greene County Health Department (combined City of Springfield and Greene County, Missouri) has active Facebook, Twitter and YouTube accounts and posts – including a weekly exercise video on YouTube. Other videos focus on trash maintenance, vaccinations, general education on health education and public health, and an introduction to the WIC (Women, Infants, and Children) program. However, they have also taken a lead in educating other local public health agencies through presentations and a guide entitled Creating and Connecting with an Online Community: A Social Media Guide for Local Public Health Agencies.
Things to be Considered

Privacy of Protected Health Information (PHI)

As the popularity of social media increases, so too does the challenge of safeguarding the privacy of PHI. Hospitals and physicians recognize the great potential of these online tools to build reputations, collaborate with other professionals and communicate with their patients, but in a litigious society the specter of privacy violations (malicious and inadvertent) currently looms just as large. Privacy laws have teeth. The tenacity with which PHI retains its privilege makes it hard for a doctor to conduct a meaningful online dialogue with a patient. HIPAA lists 18 different categories that must be stripped from a patient’s record to de-identify it. Even a patient’s self-identification online demands a cautious approach. The general public has the freedom to post as much of its own personal health information as it pleases, but a person listing facts about her condition on Facebook does not implicitly give a care provider permission to reiterate or elaborate on them.

Security through Policy and Education

With respect to employees, hospitals can adopt a manageable solution to mitigate exposure to the risk of patient privacy violations. Rather than avoiding or prohibiting employee use of social media at work, hospitals should consider encouraging employee responsibility online. Prohibitive company firewalls and policies banning personal cellphones only funnel employee use of social media into a dark place. Clear social media policies are needed. They can come in two parts. Part one includes company values, citation of patient privacy rights and advice on the appropriate use of online disclaimers. Part two gives employees best practices on how to provide realistic value to their readers through accuracy, accountability and professionalism. Hospitals managing their own image and ambitions in social media need only start small and begin carefully leveraging these tools with the understanding that patients talk back and talk to each other.

Physician Participation and the Validity of Data

Many physicians use social media to connect with each other. Exclusive sites promoting networking and collaboration are becoming popular online destinations for doctors. Physicians wanting to connect with their patients through social media face the task of separating their personal and professional personae online. Some abstain from professional online engagement altogether, as no presence means less risk of misinterpretation. However, for some doctors in rural markets, joining the same social media sites frequented by their patients is paramount to maintaining those relationships. The looming reality is that in an environment that by definition is the common meeting place for all parties, the masses have already arrived and are awaiting the significant presence of healthcare professionals. In some cases, doctors are pleased to treat patients educated online about their health and better able to question and discuss it in person. However, surveys already show that some patients trust the words of peers who share a health-related experience over that of their physicians or of pharmaceutical companies.

Social Media Return on Investment (ROI)

Healthcare organizations that consider social media an extension of their marketing and public relations activities may wish to determine how “valuable” their social media efforts are from a bottom-line perspective: What is their social media Return on Investment?

There are many activities on social media that can be measured. In fact, David Berkowitz has identified “100 Ways to Measure Social Media,” which includes the number of followers, friends or customers assisted, or the impact on online sales. Well-known brands have focused on a single, most important element to measure – an element which in turn impacts the bottom line. Examples include Ford’s emphasis on brand perception, Comcast’s obsession with customer satisfaction, and Dell’s interest in increasing customer loyalty.

Healthcare marketing expert and consultant Chris Bevolo, however, has written extensively on the topic, and says social media ROI measurement shouldn’t differ from any other marketing ROI measurement:

Social Media ROI reflects any other marketing-related ROI: the net financial revenue to the organization from the effort, after having accounted for the effort’s costs.

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178 Interview with Erin Perkey, DO. Columbus, OH. January 14, 2012.

179 Brull, Jennifer. Personal Interview. 2012 01 11.

180 Keckley, Paul H., PhD; Hoffman Michelle, PhD. “Social Networks in Health Care: Communication, collaboration, insights.” Deloitte Center for Health Solutions - Insights. 2010.


Formula: \[
\frac{(\text{Net revenue} - \text{marketing expenses})}{\text{marketing expenses}} \times 100
\]

Example: \[
\frac{($5,000 - $5,000)}{$5,000} \times 100 = 0\% \text{ (or break-even)}^{184}
\]

Many variables can play into net revenue from social media efforts. In order to be more specific, some suggest monitoring and measuring the process of conversion – tracking those individuals that are initially engaged through social media and eventually become consumers of the hospital, physician practice or other institution’s services and products.

“At the end of the day, any marketing initiative needs to have a call to action with some sort of value. There needs to be a conversion – a click-through, a phone call, an email – whatever. It may differ from business to business, from organization to organization, or by type of initiative. But we have to determine that Return on Investment.” - Janyer Dominguez, E-Marketing Manager at Mount Sinai Medical Center, Miami, Florida\(^{185}\)

Chris Boyer, Director of Digital Marketing and Communications at Inova Health System, and a consultant to over 100 hospitals and physician practices, speaks often on the topic of ROI, and recommends use of a Customer Relationship Management (CRM) program to enable this tracking. Boyer says, “We use a CRM database to track patients’ engagement along the path from social media interactions, newsletter opt-ins or event signups, to becoming a patient (and eventually, generating revenue).”\(^{186}\)

What better way to emphasize this point, however, than to hear what a hospital CEO has to say? Sara Criger, CEO at St. Joseph’s in St. Paul, Minnesota stated, “More and more in healthcare, there are increased demands on financial resources. Within marketing, there are so many opportunities that are possible; we must look at evidence of what works best to decide where to invest.”\(^{187}\) To get to the point of knowing what works best, it may take some experimentation, starting with a creative approach, until the science of ROI can be applied. Or, as technology solutions firm CSC puts it, “Start now but start small and monitor outcomes.”\(^{188}\)


\(^{185}\) ibid
Advice to Providers

Nearly 90% of physicians are now using social media for personal use. Some experience is being gained with the new communication channels, and it is beginning to appear in professional use, too. A recent QuantiaMD study found, “over 65% of physicians use some form of social media for professional purposes.”\(^{189}\) Physician social media participation is happening between physicians and, to a lesser degree, with patients. In either case, it is important to remember a few key points as your participation unfolds:

- **Determine your goals** for participating in social media channels. What is motivating you to establish a digital presence? Examples could be managing and monitoring your online reputation, gaining new patients, contributing to selected health care conversations, etc.

- **Determine your social media channels** to participate in. There are various avenues including blogging, Twitter, Facebook, Google+, and the list is growing. Select where you want to participate and be consistent in your contributions. If you do not have a website, start by putting one in place and then add from this point. Having a core platform is essential. Then add in a social media channel that you feel most comfortable with.

- **Be yourself**, meaning your social media conversations should reflect your personality, style and voice. Authenticity is recognized and appreciated by community members.

- **Attend training sessions or conferences** where social media practices are discussed. The Mayo Clinic Center for Social Media is a great starting point, but there are also local conferences and resources available.\(^{190}\)

- **Know your boundaries** when it comes to socially interacting with your patients on social media. The American Medical Association (AMA)\(^{191}\) discourages this practice. The AMA states, “Using social media can help physicians create a professional presence online, express their personal views and foster relationships, but it can also create new challenges for the patient-physician relationship.” Friending patients on Facebook, for example, is not common in the physician community (33% of U.S. physicians have received Facebook friend requests from patients; 75% of them declined the invitations).\(^{192}\)

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\(^{189}\) *Doctors, Patients & Social Media*, QuantiaMD and CareContinuum Alliance, September 2011. Web. 2012 01 24.  

\(^{190}\) Mayo Clinic Center for Social Media. Mayo Clinic.  
http://socialmedia.mayoclinic.org/


Advice to Consumers (Patients and Families)

A recent study found that 16% of those surveyed use social media sites as a source of health care information. Facebook, YouTube and Twitter were the most common channels used. With information readily available within a simple Internet search, patients have access at their fingertips. The upside to this is patients can get more involved in their health care and gain information to discuss issues or questions with their physicians. In many circles, they are called “engaged patients,” “empowered patients” or “e-patients.”

The goal of the e-patient movement is not to undermine the experience or training of the physician. Instead, it is intended to give the patient information that may be helpful in forming a true partnership with his/her physician to aid in determining the proper diagnosis, if the condition is not immediately evident. Additionally, knowing where to find good health information can simply give the patient peace of mind about the diagnosis received and more information that may help to improve the outcome.

As patients leverage social media to be more active in their health care, outlined below are a few questions to consider.

- **Do you want your name on what you share?** If you are sharing information that you may not want others to know about, then consider how you are sharing the information. Privacy is something to think through.

- **What do you want to share?** Consider the community you are participating in and how much information you want to share within that community. Once the information is on the Internet (e.g., Facebook, Twitter, blog), it should be considered public information.

- **Are there established, reputable communities for specific types of health information you are researching?** Today, there are many specialized health communities centered on certain illnesses, conditions and other issues. Research the communities and find one that best fits you. There are many communities in which people are sharing their experiences, so it is highly probably for you to find patients like you.

- **Do you trust the information you found?** It is important to consider the sources of the information. Even with the information found, it should be used to prepare you for a discussion with your physician.

- **Is your physician involved in social media?** Ask your physician whether she is involved in any social media communities or writes a blog. A secondary question may be “How important is it for your physician to have a social media presence?” Connecting with the advice and stories your physician writes may be a good starting point and may lead to other exchanges of viewpoints and experiences.

Social media is an enabling channel for patients. It delivers information and connections to communities that are sharing similar experiences. As an e-patient, the objectives should be to strengthen the ownership in your health and foster more meaningful conversations with your physicians.

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Summing IT up:
Healthcare + Social Media = Social Health

This paper has described social media tools and shown many of the current uses of social media in healthcare. But where does it lead? Alexis Ohanian, co-founder of social media company Reddit says, "Consider just putting social in front of whatever industry you want to change." What if the industry began talking about “social health” for the next several years? Would all of the stakeholders become more engaged – more social? Would better outcomes be achieved? At least one company believes so, and has already made that leap – EmpowHER.

EmpowHER describes itself as a “social health company for women” – featuring an online health and wellness content library, as well as a community for women to engage and discuss health issues. It was founded by women’s health advocate Michelle King Robson, who started the company when she was working through her own serious health issues that had pushed her to the point of considering suicide. Ultimately, taking personal responsibility for her own health, she endured and succeeded in her search for a cure through the right doctor and treatment, and is now passionate about helping other women with the same journey. Through its various communications channels and syndication, EmpowHER reached 60 million women in 2011, and anticipates reaching 250 million women in 2012.

When asked to describe “social health,” and what the future should look like, EmpowHER President and COO Thom Brodeur described it as follows:

“At EmpowHER, we describe Social Health as a 21st century movement where health care practitioners and providers, health and wellness brands, and consumers are coming together using social media tools and social networking platforms to improve health, change and save lives. We define Social Health as health and wellness by the people, for the people. We have learned a lot about the tens of millions of female health consumers who come to us every year for answers to their health questions. They visit our peer health community to join women like them, and consume advocacy resources that help them take charge of their own health and wellness. In fact nearly a hundred thousand have asked a question, shared a story or made a comment on a relevant bit of news.

“Every day we work to create a world-class social health platform for women and their families. One where they can come to find the help, validation, support and resources they need to live their healthiest, best lives. One where they can take charge of their own health, become a better partner with their providers and caregivers, one where they can drive their own health and wellness. It is empowering health – socially.”

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199 Brodeur, Thom. Personal Interview. 2012 02 07
When *Business Insider* asked 19 successful social media entrepreneurs and experts to complete the sentence, “The Future of Social Media is...,” a common theme was that social media would become commonplace, and the world “social” would eventually disappear. (The same has occurred with the “e” in “e-government”; citizens now expect to interact with government agencies online.)

Dennis Crowley, co-founder and CEO of Foursquare stated, “The future of social media... is that the social graph becomes so ubiquitous in everything we do that we stop using the term 'social media'.”

Vimeo CEO Dae Mellencamp’s response echoed Crowley’s. “The future of social media is the loss of the distinction between media and social interaction online. Mass media and social media will be seamlessly integrated across devices and platforms to offer relevant, dynamic, personalized experiences for people anywhere.”

So, IF Healthcare + Social Media = Social Health (today),

THEN Social Health (today) = Health (future)

What better incentive for healthcare stakeholders to get more involved in social media today, than to ensure that they are still involved in healthcare in the future? It is clear from both the statistics and the current uses that there is no returning to a pre-social media healthcare, and that healthcare will continue to move forward and incorporate more uses of social media. The only question is, “Will you?”

As Lee Aase, Director of the Social Media Center for the Mayo Clinic advises, “Take some baby steps and get into the shallow end of the pool as soon as possible. The great strategic ideas will probably come after you have some experience in the social media world.”

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202 “6 tips from Lee Aase About Getting Involved with Social Media.” Ragan's Health Care Communication News. 2010 04 4. Web. 2012 02 09. [http://www.healthcarecommunication.com/Main/Articles/6_tips_from_Lee_Aase_about_getting_involved_with_s_5049.aspx](http://www.healthcarecommunication.com/Main/Articles/6_tips_from_Lee_Aase_about_getting_involved_with_s_5049.aspx)
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