

Social Media in Healthcare

A Primer for Orthopaedic Surgeons

AAOS

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ORTHOPAEDIC SURGEONS

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AAOS Practice Management Committee

Adam Soyer, DO, Editor

February 2012

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* Disclosure Items Answered: (n) = Respondent answered 'No' to all items indicating no conflicts.

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Preface

February 2012

Dear Colleagues:

The Practice Management Committee is the volunteer body that oversees all practice management-related initiatives at the American Academy of Orthopaedic Surgeons. These initiatives fall into three categories: education; products; and services.

Educational programs include:

- The Practice Management Symposium for Practicing Orthopaedic Surgeons (offered at the Annual Meeting)
- The Practice Forward CME course (offered mid-year)
- The Residents Practice Management Lecture Series
- Annual webinars on subjects of interest to the membership

Products include:

- The AAOS Group Purchasing Program
- The Revenue Management Program powered by Gateway EDI
- The AAOS Insurance Affinity Program

Additional products are under development; they too will be included in “The AAOS Member Advantage Program.”

Services include:

- One-on-one advice and counsel offered by staff in the Practice Management Group
- The online Practice Management Center (www.aaos.org/pracman)
- The Orthopaedic Practice Database, which supports the Academy’s advocacy and research goals
- *Primers* on subjects of interest and importance to the membership

The Practice Management Committee has written *Primers* for the last five years. These publications are available free to AAOS members, on-line at the Practice Management Center.

The subject of the *2012 Primer is Social Media in Healthcare*. Adam Soyer, DO, a member of the Practice Management Committee, is editor of the publication. I would like to formally thank Adam and the Academy staff in the Publications Department and the Practice Management Group for developing this interesting and most timely *Primer* that should prove invaluable to the modern practice of orthopedic surgery now and in the future.

Finally, I wish to acknowledge a special staff member of the Practice Management Group – Steven Fisher, MBA who retired from the Academy in December 2011. Steven has been an active participant in AAOS activities dating back three decades. He helped develop and expand the Academy’s Practice Management programs as Committee staff liaison since its inception seven years ago. His years of practical experience as an orthopaedic consultant, practice administrator, and most recently as the manager of the Practice Management Group, has left an indelible mark on all of us. Without his assistance, the achievements of the Practice Management Committee would not be possible. Steven has touched the practice “lives” of countless Fellows of the AAOS, helping all of us to become even more successful for ourselves and our patients.



Thomas J. Grogan, MD
Chair, AAOS Practice Management Committee

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Introduction

The AAOS Practice Management Committee is pleased to present the 2012 *Primer, Social Media in Healthcare*.

We are in the midst of a healthcare revolution. Until recently, physicians focused on governmental changes in healthcare policy and adapted their practices accordingly. Practice success was based on providing quality care and meeting standards of professionalism. Patient referral bases grew primarily by word-of-mouth within our local hospitals and communities. Reaching beyond the boundary of our practice microcosms typically presented a cumbersome, expensive undertaking.

The Internet has changed all that. Social media venues now provide a limitless, real-time resource for information on v, the practice of medicine, physicians and hospitals. Well-informed “e-Patients” (this term is defined later in the *Primer*) are utilizing social media in growing numbers, influencing prospective patients, our online reputations and the entire practice of medicine. By implementing social media in our practices, we can conveniently communicate with our patients, market our practices, and share information with colleagues. Social media provides the platform for collaboration with our patients by creating an improved healthcare delivery system that emphasizes patient accountability, cost containment, and quality of care.

In this publication we have brought together a group of experts, each of whom has an interesting and unique perspective on social media in healthcare. The *Primer* is

written for the novice as well as the physician already utilizing social media in his or her practice. These eight chapters highlight the engagement of social media in marketing, online communications, reputation management and the use of professional networks. There is an extensive chapter devoted to establishing your digital presence and the steps to follow when getting started in social media. You will also be introduced to social media terms and select advances in mobile technology that will assist you with communication.

Whether you have not yet begun or you are already actively engaging, social media is here to stay. It will have a direct influence on your practice and the direction of healthcare. We hope this *Primer* will provide you with answers to your questions and some tools necessary for social media implementation. Understanding the basics about this powerful, pervasive technology will help your practice develop and maintain a competitive edge in 21st century medicine.

Please provide me with your feedback and comments. Also, do not hesitate to communicate with any of the authors whose contact information is provided at the end of their chapters.

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Chapter 1 Physician Participation in Social Media

By Lloyd Fisher, MD

Over the past few years, there has been a dramatic transformation in how people communicate with one another through electronic media. Prior to 2005, electronic communication was primarily via email. Information was gained over the Internet by viewing websites where the users were simply consumers of information and not contributors. All of this has changed dramatically with the continued development of “Web 2.0” technologies. (For more information in this regard, see the chapter by Adam Soyer, DO: “*Health 2.0: How Social Media Are Changing Healthcare.*” These technologies allow for two-way interactions between users and site owners. Every individual has the ability to contribute to the website itself, thus blurring the line between author/creator/developer and consumer. Web 2.0 has enabled the development of social media by allowing anybody with Internet access to become a “published author.” It has also enabled the development of social networking, which facilitates one-to-one and one-to-many connections. This technology allows anybody to create content without any outside review for validity or accuracy. There are a multitude of different types of social media which will briefly be described here:

Blogs are web sites that are typically maintained by an individual in order to communicate to friends, professional colleagues, or the public at large. The content of a blog can vary widely from site to site. Some will simply be a sort of online diary, in which the author shares his or her feelings or day-to-day activities with an audience. Many blogs are related to a specific topic, such as a profession, a hobby, or even a disease. A blogger attempts to regularly update his or her site with new information or stories related to the topic. Most blogs allow for readers to comment on the blog posts and give feedback to the author. Many patients and family members of patients with chronic illnesses use a blog to create an online support group for others with or caring for patients with a particular ailment. Perhaps the most widely known blog about medicine is maintained by Dr. Kevin Pho (www.kevinmd.com). Dr. Pho writes about all things medical, ranging from the newest breakthrough to a discussion and debate about issues in healthcare policy.

Video sharing sites such as **YouTube** (www.youtube.com) originally became popular as a mechanism for sharing home videos or for lesser-known musical groups to promote their music. Over time, YouTube has evolved to be used for every imaginable purpose. Healthcare professionals have also found a variety of benefits for this site. For example, medical schools have placed recordings of lectures online and they have created instructional videos to cover a specific topic or allow for teaching procedures. Patients on

the other hand may take videos of an abnormal, but not-reproducible, physical finding such as a seizure to show to their physician.

Wikis are collaborative websites where a number of contributors add, delete, and edit content. The wiki can (a) share general information similar to an encyclopedia, such as the most well-known wiki, Wikipedia (www.wikipedia.com); (b) be specific to an individual topic (en.wikibooks.org/wiki/Orthopaedic_Surgery); or (c) contain facts pertinent only to an individual organization.

A defining feature of a wiki is the ability for any individual to make changes with minimal effort or oversight. There is an inherent risk, of course, to having such widespread capability to make changes in the system. Due to concerns relating to the proliferation of inaccurate information, some medically-related wikis restrict content changes to registered users.

Interestingly, although many people have fears of erroneous information being posted on their site either by mistake or in an attempt to weaken the site’s integrity, wikis that are truly open actually tend to be more accurate, because bad information is quickly identified and corrected. A fascinating article published a few years ago in the journal *Nature* suggested that the number of errors found in Wikipedia was not significantly different from the number found in the *Encyclopedia Britannica*¹. For more information about wikis, go to en.wikipedia.org/wiki/Wiki.

Perhaps the most widely used of all Web 2.0 technologies are social networking sites such as **Facebook** (www.facebook.com), **Myspace** (www.myspace.com), and **LinkedIn** (www.linkedin.com). These have become household names over the past couple of years, with users young and not so young from around the world. Social networking sites facilitate maintaining “virtual relationships” with contacts from both one’s personal and professional lives. They also assist in the formation of new relationships through “friends of friends.” **Twitter** (www.twitter.com) allows “regular people” and celebrities alike to “tweet” short updates on their comings and goings to their “followers.” Physicians, who like anybody else, have been using these sites for a few years in their personal lives, are now slowly introducing this technology into their professional lives as well. Preserving the boundary between the two, though, can pose significant challenges, as will be discussed below.

Many professions have embraced social media as a way to better connect with their customers. Via social media they can receive constant information and feedback about what the consumer is interested in and looking for with respect to products and services. Many corporations have their own Facebook page where current and potential customers are able to communicate with those who have decision-making abilities at the company.

The medical community as a whole, and physicians in particular, have been less eager to embrace these new

technologies. Many concerns have been raised, including patient confidentiality, professional liability, and patient/physician boundary issues. All of these contribute to the reluctance of physicians to participate in social media. In addition, many physicians feel overwhelmed with their professional lives. They see contributing on social media and communicating with patients in this way to be yet another unnecessary demand on their time and something that takes away from their core professional role.

However, even without physician involvement, patients have found a variety of new uses for health-related social media. Facebook pages devoted to specific medical conditions are prominent (i.e. chronic back pain, rehabilitation from an injury). Patients blog about their experiences living with a particular chronic illness or going through a surgical procedure. They rate members of their healthcare team on doctor rating sites and compare outcomes from procedures. Some non-medical professionals create extensive websites devoted to particular ailments.

A large majority of the pages are not reviewed, regulated, or edited by any medical professional. The public – that is to say, our patients – have become heavy consumers of and contributors to social media even though we physicians historically have been largely absent.

Research clearly shows that more and more patients are finding medical information online and are communicating through social media about their conditions and experiences as patients². Despite the overwhelming amount of health-related websites and social media applications, though, patients still desire the ability to be able to find medical information from trusted sources such as their personal physician.

Younger generations of physicians, especially medical students and residents, are regular users of social media in their personal lives and they have easily transferred that expertise into their professional lives. Unfortunately there have been numerous reports of incidents involving activities deemed unprofessional, where medical personnel have posted inappropriate content online. A recent study found that 60% of medical schools in the United States reported incidents of posting unprofessional online content³.

Those who choose to participate in social media applications and websites need to take certain precautions to reduce their potential risk. Since this medium is so new, there is minimal case law to guide us and so common sense must be used. For more information, see the chapter by David Harlow, JD, MPH, “*Healthcare Social Media – How to Engage Online without Getting into Trouble.*”

Creating a definitive separation between your personal online presence and professional online presence is essential. Most of these sites have the ability to set privacy settings. A physician should make sure to set security at the highest setting possible to prevent uninvited users from viewing personal content.

If you make the decision to communicate with patients through social media, the limitation and extent of that online relationship must be made explicit to the patient. The same conventions and limitations that exist in non-electronic communication should be followed in social media. Think carefully before making any posts in public forums. Once the send button is pressed, the content cannot be erased or taken back; it exists in cyberspace indefinitely. Any statements made online can have a significant effect on how a physician is viewed by his or her patients and the public at large.

Despite the risks inherent in participation in social media, there are obvious benefits. In this era of immediate access to information, it is essential that the information that patients are accessing is both accurate and timely. This can only be assured through physician involvement. Patients now want to be educated consumers of healthcare services and want to have an understanding of their condition and treatment options. If social networking sites do not have a physician presence, the information patients find may not be correct and may lead to poor choices.

Large and small medical practices alike have found it valuable to their businesses to market using social media. When patients are looking for both primary care and specialty physicians, they now turn to online sources. Creating a YouTube video detailing your medical interests and expertise can benefit your practice significantly because it allows you to reach out to the community and advertise. Physicians who maintain a popular blog that is linked to a traditional media outlet’s website (television station or newspaper) can become local celebrities and create demand for their services. Nearly all large medical organizations have a Facebook fan page to promote new physicians and new programs. However, even small and solo practices can benefit from developing a presence on this increasingly popular social networking site.

Recognizing both the importance and potential hazards of participation in social media by physicians, many professional organizations, hospitals, and medical schools have begun to develop guidelines to direct physicians and medical students towards appropriate and ethical use of these resources. Decisions about how to participate need to be made carefully and deliberately.

The Massachusetts Medical Society (MMS), at its 2011 Annual Meeting in June, became one of the first state medical association to develop a comprehensive set of guidelines and principles to help physicians in their decisions around social media. The MMS policy was based upon a policy adopted by the American Medical Association in November of 2010⁴, but gave more specific guidance and practical suggestions about using some of the more popular sites and services through a “best practices” section.

In summary the MMS Policy states:

a. Physicians should be cognizant of standards of patient

privacy and confidentiality that must be maintained in all environments, including online, and must not post identifiable patient information online.

- b. When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible.
- c. If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines, just as they would in any other context.
- d. To maintain appropriate professional boundaries, it is recommended that physicians separate personal and professional content online.
- e. Physicians' existing professional responsibility to hold their colleagues to account for maintaining the profession's code of ethics extends to behavior in online communities.
- f. Physicians must disclose all financial or other material relationships they have with regard to the maker or provider of products and services they review or discuss in online communities.
- g. Physicians must recognize that online content can have a significant impact on public trust in the medical profession, both positively and negatively. The content that physicians post online may also influence their reputations among patients and colleagues, and may have consequences for their medical careers, particularly for physicians in training and medical students.⁴

The technology continues to evolve at a rapid pace and it is impossible to imagine the platforms available next year or even next month. Regardless of the specifics of the electronic medium, it is clear that social media and networking will continue to transform the way our patients receive information and the ways in which they communicate with each other and with us. Patients are now not only looking for information about their medical conditions, but also information about their physicians and the facilities where they receive their care. The healthcare system in the United States is undergoing a dramatic transformation, moving towards models of care in which patients have more and more financial responsibility for their healthcare expenses. As this occurs, they will increasingly be looking for easy access to information about both cost and quality. Wikis, blogs, and social networking sites will provide them with at least some of the resources they seek.

Physician must, therefore actively participate in these sites. At the same time, they must take care to ensure that the highest professional standards are maintained. It is critical that our professional organizations continue to develop and refine policies in order to guide us in our exploration of and contribution to social media.

Lloyd Fisher, MD is Chair of the Massachusetts Medical Society Committee on Communications and has written

extensively on the subject of physician participation in social media. He can be reached at lfisher@massmed.org.

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Chapter 2 Health 2.0: How Social Media Are Changing Healthcare

By Adam Soyer, DO

Advances in technology have led to progress in many fields, but they have been most noteworthy in healthcare. Procedures utilizing high-tech equipment are developed regularly, and web-based venues such as wikis, forums and blogs provide platforms for immediate feedback and commentary. Printed reviews are becoming obsolete; the web has become the dominant vehicle for nearly all of our health information.

Access to on-line information has created an opportunity for non-clinicians and patients to take a more active role in healthcare. The Internet has given rise to social media whereby individuals can access and share information interactively. These patients are referred to "e-Patients;" these "educated" people are "empowered" and "engaged" by the ability to contribute to their own healthcare, accessed in real-time, by many different mobile formats.

These e-Patients use digital technology to research diseases, treatment modalities, and the physicians who care for them. They are members of a healthcare movement that challenges the traditional norms of medicine and seeks to improve the quality of healthcare.

What are Web 1.0, 2.0 and 3.0?

In the 1990s, the first generation of Internet search engines was referred to as Web 1.0, a "one-way" flow of information, or the "read only" Web. Information was searched and accessed unilaterally, as content was governed by the website. Interaction by the user was not possible. The next generation of technology, Web 2.0, enabled the user to *access* information and also to *interact* with websites. Users could contribute to the content of the information and dis-

cuss it on social networks. This approach was bi-directional and context specific.

In other words, information was gathered from a larger database and then put in context by users in social media networks. For example, information from a website related to nutrition may have generated very broad topics. These broad topics were then brought to social media networks where they were put in specific context by the individual users (e.g., cardiac-specific diets for high-risk individuals). This streamlined information for specific users which could then be accessed by a different groups of users in any number of online social media networks.

Web 3.0 is a collaborative movement by the World Wide Web Consortium (W3C) that promotes common formats for data on the web. This has been termed the 'Semantic Web.'¹ Internet users are able to find, share and organize data. Machines however require direction to perform tasks. In theory, the semantic web would create technology that enables machines to interpret information, compile and organize data without human direction, thereby eliminating tedious searches. This technology is being tested but has not yet been implemented.

What is Health 2.0?

In the 1990s, Health 1.0 was a unilateral healthcare information exchange whereby the user accessed information from health-related websites such as WebMD. The source controlled the posted information and changed it regularly. However, the user had access only to content posted on the site.

Health 2.0 is a term that refers to the next generation in the healthcare movement. It is what might be termed a user-directed flow of information. There is active involvement through use of social media, which contributes to changes in the direction of individual and group healthcare. For instance, forums and discussion groups on subjects such as cancer, smoking and weight loss have influenced our perceptions about what is healthy, and these changes have been formally adopted and mainstreamed (e.g. "smoke-free" zones).

Coined in 2006, Health 2.0 is still not clearly defined.² A simultaneous movement, Medicine 2.0³, shares similar ideology with Health 2.0. Both movements hold conferences on a regular basis to discuss health-related issues but they remain controversial as no agreement exists beyond the recognition of healthcare's macro problems. Van de Belt, et al,⁴ reviewed 1,937 Internet articles on these subjects and concluded that there was no general consensus on the definition of terms or how to effectuate systemic change. However, numerous similarities do exist between the two concepts. The common theme is patient empowerment through readily available health information and better healthcare choices provided through social networking. There are three main concepts that attempt to define Health/Medicine 2.0:

1. Technology as an enabler for care collaboration: information researched by an individual is combined with accumulated knowledge from other patients and caregivers, creating a collective body of information which in turn is explained and delivered universally. Ultimately this information would enable patients to guide their own healthcare;⁵
2. A platform for wider system reform: the focus in this concept is on the "commodification" of healthcare (outcomes/price) and the use of competition for improving the safety, efficiency and quality of healthcare;⁶
3. A participatory process between the patient and clinician: the patient becomes a responsible partner in his or her own healthcare.⁷

e-Patients and their role in healthcare change

The role of the e-Patient in healthcare has received significant attention in both social media and commercial forums. Porter & Teisberg⁸ emphasize that the patient is a consumer of healthcare and, as such, has certain responsibilities, including:

1. Participate actively in managing personal health: this includes taking responsibility for health and healthcare; managing health-related specialty choices; obtaining routine care and testing; complying with treatments; and active participation in disease prevention and management;
 2. Expect relevant information and seek advice: gather information on provider results and experience with medical conditions; seek help and advice in interpreting information from physicians and health plan; and utilize independent medical information companies;
 3. Make treatment and provider choices based on excellent results and personal values, not convenience or amenities;
 4. Choose a health plan based on value-added: expect the health plan to be the overall health advisor; choose cost-effective health plan structures involving deductibles together with Health Savings Accounts (HSAs) to save for future healthcare needs;
 5. Build a long-term relationship with an excellent health plan;
 6. Act responsibly and accept responsibility for health and healthcare.
- A study by the Pew Internet⁹ revealed that there is an increasing trend for Internet users to search for health-related information. In the United States, 74% of adults use the Internet and of those, 80% sought out information about a specific disease or treatment. 34% percent of Internet users have read someone else's commentary or experience about health or medical issues online in a news group, website or blog. 14% of users signed up to receive email updates or alerts about health or medical issues. Six percent of users posted

comments, questions or information about health or medical issues on a website of some kind that allows comments and discussion. Finally, 25% of users have watched an online video about health or medical issues. Internet users living with one or more chronic conditions have read someone else's health commentary, watched a health video, and/or had signed up to receive email updates about certain health topics online.

Wireless/smartphone users have outpaced other Internet users in all of these activities by significant margins.

- As of September 2010, 62% of adult Internet users report using a social networking site; 23% percent of social networking site users have followed their, or another's, personal health experiences or updates on this site; 17% view social network sites to remember other people who suffered from certain health conditions; 15% had received health information from these sites; 11% post comments, queries or information about health or medical matters; and nine percent have started or joined health-related groups on social networking sites.
- The 2011 Medicine 2.0 conference¹⁰ focused on social media and healthcare change. There were specific accounts of personal experience with social media and how it was able to mobilize very large groups of people for a common goal. One specific case highlighted the plight of a south Asian patient who required a bone marrow transplant. Eleven weeks after a social media blitz was launched utilizing blogs, Twitter, YouTube, Facebook and Google groups, 24,000 donors had signed up and a perfect match was found. In addition, 266 volunteer donors matched with other recipients. Social media has become a recognized and powerful tool in the dissemination of health information. Understanding the significance of social media and how e-Patients utilize these technologies will become increasingly important in the evolution of healthcare.

The statistics are clear: People are using Internet technology to increase their knowledge of healthcare and challenge traditional approaches to medicine and health. As a result, numerous companies have responded to this online demand to facilitate immediate, direct access and utilization of information. Companies such as KEAS¹¹ have been developing personalized healthcare plans that are tailored to the individual. Health plans which could function like "App stores" would be accessible on the company's website, coupling the choice of health plan with an individual's health goals. Patients would receive reminders, advice and regular updates via a web-based platform regarding the specifics of their healthcare in the form of texts or e-mails. Ideally, technology from companies such as KEAS will aid the healthcare consumer in making better healthcare choices based on their own specific needs.

What's Next? Health 3.0

Access to accurate and pertinent information is the future, and Health 3.0 reflects this trend. However, a recent Pew Institute survey¹² found that 75% of people searching for health-related topics do not verify the authenticity of their source information. In addition, redundancy and complexity of terms used in credible medical websites often renders online health searches frustrating and incomplete. We are entering a new era of health information with electronic medical records (EMR) and universal health information databases. And while these large regional and national health information databases are intended to improve access to information, simultaneous changes in disease coding (ICD-10) will make concise Internet searches more complicated and difficult to navigate. There will likely be a further disconnect between clinician and non-clinician terminology which will, in turn, increasingly distance us from e-Patient groups. Ironically, these are the very people with whom we should be collaborating.

In order to reform healthcare we must first realize that we have new partners in medicine. The traditional medicine paradigm is being challenged by e-Patients and they are demanding a more active role in changing the direction of their healthcare. Social media affords us the opportunity to interact with patients in ways that were previously not plausible. Our goal should be to obtain a better understanding of how to balance our traditional medical training with evolving technologies in the new digital era while providing quality-based, competitive healthcare.

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Chapter 3 Establishing a Digital Presence

By Howard Luks, MD

Background:

The world of healthcare is inherently siloed, tethered, geographically fragmented, and prone to poor communication. Today, healthcare workers solve their problems via traditional methods that are often costly, inefficient, not contextualized, or timely. Increasingly, savvy healthcare workers are looking outside the system to digital media and communities for answers. However, they remain challenged with uncertainty over concepts of usefulness, practicality, bandwidth issues and privacy concerns. Establishing a digital presence is rapidly becoming a necessity for healthcare professionals, medical practices, and institutions. Many have recognized this fact, yet many more have not.

At its heart, digital media is about people, relationships, and communication¹. A social media presence is about educating, engaging and growing your audience, improving outcomes, compliance², and potentially the bottom line of your practice.

Human beings are innately social and health is social. Healthcare though is not social – at least not yet. Physicians used to enjoy the ability to get to know their patients and the stories they had to tell. We knew their families and the impact that important *events* in their lives was having on their *quality* of life. The pressures brought on by economics and politics has changed that. There are those who believe that technology drives a wedge between patient and the physician. However, along with the advantages previously noted, one can argue that proper understanding and use of digital media can help us to recover that relationship we once enjoyed and cherished.

According to a recent AMA study,³ which also cites a study by the Pew Internet Research Group in 2011,⁴ nearly 80% of Internet users, or 60% of all adults, have searched online for health information. These “empowered” or “engaged” patients are not just using the Internet to become more educated about their orthopaedic issues; they are actively seeking advice as well as support. Currently, this advice and content comes from wide array of individuals,

organizations and institutions. Many patients, however – perhaps most of them – are exposed to a significant amount of commercialized nonsense driven by a profit motive.

Social networking and digital technology enable individuals, physicians, hospitals, and patients to create online profiles and connect with one another. Perhaps most relevant to the orthopaedic surgeon is that the majority of these patients are researching their surgeon and their respective institutions prior to receiving care. They are checking your online reputation and the message or image you portray.

Some simple undisputed facts about digital media and technology: 50% of the world’s population is under 30; they do not communicate via e-mail or telephone. Generation Y and generation Z consider e-mail passé. The fastest growing segment on Facebook is women over 55 years of age. SMS, direct messaging, micro-blogging⁵ and digital media are fast becoming the chosen communication mechanisms.

Physicians may be early adopters of certain enabling technologies, such as the iPad, but lag way behind in utilizing technology to communicate and collaborate professionally. Most physicians have not adopted or shown an interest in engaging their patients anywhere except within the confines of their office. Only the oil refinery business lags healthcare in digital media adoption! Despite the fact that 65% of patients have noted that they are willing to switch to a physician who engages them by utilizing digital communications, most physicians have yet to adopt the use of such communications with their patients. Physicians often mistakenly believe that HIPAA prevents email these communications.⁶

Consider: Google is the number one search engine in the world; YouTube is nearly the second largest. If Wikipedia were made into a book, it would be two million pages. If Facebook were a country, it would be the world’s third largest. Facebook’s traffic tops Google’s on a weekly basis in the United States. One in five couples meets online and one in five divorces are blamed on Facebook. Kindergarten-ers are learning on iPads. A new member joins LinkedIn every second.

These numbers are impressive and the adoption rates show no signs of slowing down. Fifty percent of mobile Internet traffic in most countries is logged on Facebook and one in five patients flock to Facebook for healthcare information.⁷ Imagine what this means for a bad patient experience. The world has gone digital and social media is here to stay. One billion people simply cannot be wrong. Eighty-five percent of people log onto their Facebook account *every single day*. Are they talking about *you*? And more importantly, *do you know what they are saying*?

Do you still believe this is a passing fad?

Over 76% of consumers trust peer recommendations, either through social networks or more traditional means of

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

A recent survey by the National Research Corporation⁸ found that 41% of patients look for medical content from social media sites, and 94% of those patients turn to Facebook. What percent of *your* patients are on Facebook? Are they reading *your* content? Do they know how to find *your* practice? Do you know what they are saying about *you*? Perhaps you should find out!

Digital or social media even impacts our offline behavior. Researchers at MIT have discovered that having a deeply integrated social network can effect positive behavioral changes. Numerous other researchers have confirmed these findings.⁹

Ready to Dive In?

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

Calculating your return on investment of a digital media presence is simple: your business will remain relevant in five years. There have been few studies published on the impact of a social media presence on satisfaction surveys of existing patients and this research shows that a digital presence can account for 15-20% of new patients entering your practice. (My own data {available on request} shows that I receive more than ten new patient inquiries per day because of my online presence. That is not necessarily driven by my presence on platforms such as Twitter or Facebook. Most patients note on many of the surveys I conduct that they found the videos and content on my site to be "engaging" and "comforting" when they were considering who to see for their orthopaedic related issues.)

Ed Bennett (Director of Web Strategy at the University of Maryland Healthcare System and a fellow Advisory Board Member of the Mayo Clinic for Social Media) has been tracking the presence of physicians and hospitals on social media platforms for many years.¹⁰ In the last few years there has been a significant jump in the number of healthcare professionals appearing on the digital media stage. Physicians are beginning to get the message. They are starting to understand the opportunities presented to them by a deep digital presence. If a strategy is properly executed, early adopters have a significant first-to-market advantage.

Although studies suggest that most physicians partici-

pate in social media in some form or another in a personal capacity, they also reveal that physicians are hesitant to engage their patients on the social media stage.¹¹ Perhaps it is naïveté, fear, or the lack of practical, actionable, and relevant social or digital guidelines. Or perhaps, and most significantly, it is the misunderstanding that it is too time consuming and will not contribute to their practices' bottom line revenue.

In 2012, it is simply no longer advisable to have a static, template-driven online presence or no presence at all. In today's fast-paced world of digital communications, *you* must be where your *potential patients* choose to be. You must be in a position for them to find *you* on the platforms that *they* have elected to use. Perhaps a marketing consultant or your practice executive (PE) suggested that you establish a website and a digital presence. How is that working out for you?

Does your consultant or PE understand the ranking algorithms that Google uses? Did they engage you and understand what your goals were? What your message is? Who your audience is? Were policies and guidelines put in place for physicians' activity, staff members or for patients in terms of a comment policy? Is someone actively monitoring your presence (reputation) online? Someone *should* be. Whether it is you, a member of your staff, or a trusted outside consultant, you must know what is being said about you in the digital arena.

If your activities are being driven by marketing "professionals," do they understand that YouTube is the second largest search engine in the world and that short videos are preferred by many to reading long text content? Do they understand how information is shared in the digital world? As a physician, it is important for you to properly position your practice so people can find you.

However, a key underpinning of your strategy must be to understand how all this could impact your practice's reputation. You have seen thousands of patients. You have restored the quality of life for many. It took years to develop your reputation. In today's environment that reputation can evaporate in a moment. Having a deep online presence is the only means to managing your online reputation. The best defense is a great offense; you need to drive positive, accurate content to counteract the almost-inevitable negative comments that will surface on sites such as HealthGrades, Vitals, and Yelp.

Motivation

Every physician who chooses to establish a digital presence will do so for different reasons. Some may (initially) choose to enter the digital world in stealth mode simply to monitor the online reputation. For the vast majority, though, the main goals will be to increase patient load, improve office efficiency and streamline practice workflows.¹² Opportunities however, for those orthopaedic surgeons who

are interested, expand well beyond all of these productive and worthwhile goals.

The most meaningful reason to establish a presence is that patients can find you and perhaps learn a bit more about your perspective, approach and rapport with your patient base. Second would be the ability to replicate the content that you share with forty or more patients every day in your office. Why not convert that to print form and benefit from the fact that content is now available to anyone who wishes to read it? There is far too much commercialized nonsense bombarding our patients online. We can go a long way toward drowning out much of the worthless content that Google references for a typical orthopaedic search.

Another meaningful reason to be present in digital media is establishing a robust two-way communications portal with your patients, providing them with the ability to connect to or engage with your practice. Still other reasons to establish an online presence include managing your reputation; humanizing the healthcare encounter; sharing news about recent talks you may have given; mentioning community outreach programs that you are running; and offering customer service initiatives that consumers have increasingly grown accustomed to receiving.

Reputation Management

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

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

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

in our surveys have many poor reviews on these sites. These physicians also tend to be some of the worst performers from a private referral perspective. It is therefore incumbent on everyone in the group to be onboard with a reputation management strategy. Every member of your staff also needs to understand that their behavior can affect the entire group's reputation.

No matter how wonderful you are, you will never make every patient happy. Although most comments on these ranking sites trend positive, there are a fair number of negative comments as well. Do not think that only prone-to-anger patients with a perennial chip on their shoulder are going online to discuss you and your practice. What recourse do you have if a patient posts a poor comment online?

Reputation management is a crucial reason why physicians should be online. There are at least four major physician-ranking organizations out there. Do you know what your patients are saying about you online? You should!

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

Now that you are aware of what is being said online, what can you do if in fact you find content is not particularly complimentary? Therein lies one of the most important reasons – even for the most skeptical of surgeons out there – to have a deep digital presence. You will drown out or dilute content or comments that exist on many of these physician-grading platforms when a patient performs a Google search of your name.

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

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

[Editor's note: the above aside, it is important for *you* to read any negative reviews and try to distinguish the legitimate complaints from the illegitimate ones. If people are all reporting that your staff are rude and/or that it is difficult

to get an appointment with you, you need to take steps to correct these problems or the complaints will continue coming in, and your work will be in vain. For more information see the *Primer* chapter “*Healthcare Social Media – How to Engage Online without Getting into Trouble*” by David Harlow, JD, MPH.]

Perceived Obstacles

The two most common obstacles to establishing a digital presence is: 1) a lack of understanding how it can affect your practice; and 2) uncertainty as to how to move forward. Winston Churchill said, “People like to change, they dislike being changed.” Hopefully this *Primer* is providing you with enough proof that a digital presence is necessary, or at the very least meaningful. Yet how do you go about actually establishing a Web 2.0-compliant presence in the world of social and digital media? Unfortunately there are very few tactical or practical resources or guidelines available to physicians who wish to undertake this endeavor on their own. Most “professionals” simply do not understand the healthcare space, nor do they understand how to properly “interact” in the world of social health.

Planning

Like any other endeavor you have undertaken in developing your practice strategy, you will progress through thorough a planning and due diligence phase. Before you dive into the world of digital media, it is extremely important to begin by having a clear outline and strategy in place. Proper preparation begins *offline*. You need to define your goals. Is your objective to attract new patients, manage your online reputation, or simply to expand your referral network? It is not enough to simply have a presence in social media; it needs to tie in with your overall marketing objectives. You need to be able to articulate clearly what you hope to achieve through a social media engagement. You need to consider your limited bandwidth and determine how much time you will be able to commit, and who else in your office can or will participate. This can help in determining just how many digital media “properties” (that is, platforms such as Facebook, YouTube, etc.), you can manage. You need to carefully assess yourself as well as your staff, and determine how everyone’s core competencies, will contribute to your network.

Establishing a set of clearly articulated guidelines is a must¹³. While there are many guides out there to assist you in creating disclaimers and guidelines, Consult a legal entity well-versed in this area is important. In addition, responsibilities need to be identified as to who is going to monitor the various platforms on which you have chosen to establish a presence.

For patients or people who choose to engage, you need to establish a clear comment policy, one that will include

prominent disclaimers so that your patients or potential patients clearly understand what the rules of the game are in terms of engaging with your practice. Enabling two-way communications will drive business to your practice but should be considered a relatively advanced activity, something to be implemented down the road. Concentrate on mastering your foundation at the outset. When you choose the person or company that will help to set up your website or profile, be sure the developer(s) clearly understand that this may be something you will choose to “open up,” as your comfort level improves and your desire to engage develops.

A frequently overlooked aspect of establishing your online presence is exactly how you wish to frame your message. You need to *define* your message, *develop* your message, know how to *articulate* your message and, most importantly, you need to stay *on* message. Your message can simply be a list of your offerings and the content you have supplied to bolster the public’s confidence in your ability to handle their orthopaedic issues. Many physicians have initiated blogs to keep other physicians, patients and potential patients aware of the impact of the regulations and changes we are soon to face as the healthcare landscape changes and evolves.

You may have a particular interest in one or more complex orthopaedic problems that other surgeons are reluctant to handle and patients need to know that. Potential patients need to know first and foremost that you exist, and second that you are capable of dealing with their complex issues. This can be a powerful driver to your website from a “long tail” search engine optimization perspective. Many people who search online do so in sentence structures such as “Is surgery necessary for my meniscus tear,” versus just searching “meniscus tear,” which is considered a “short tail” keyword search. Competing in the “short tail” keyword search area is expensive and not productive for small practices. In “long tail” search, there are few searches for those keywords. However, when a search is initiated, you have a very good chance of that patient finding you!

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

Practical Guidance

The basic tenet of establishing a network or digital presence is to establish a foundation, a core or a home base. Given the multitude of platforms and tools available today, your core presence can be a website, a blog, a Facebook page, or a robust profile page on one of the many Q & A-based sites appearing these days.¹⁴ Sites such as Twitter and Facebook function by allowing us to share and interact with the rest of the world. But to interact on Twitter or Facebook, it is best to have a website with great content to continue the thread. By having a robust website or blog, you will be in a position to share meaningful content. Although they are not absolutely necessary, websites or blogs are the most productive and scalable alternatives when you consider what your home base should be.

That said, it will only take 15 minutes to build out a robust profile on a site such as www.Avvo.com, or www.OrganizedWisdom.com; you can try this for a few weeks or months and see whether you feel ready to proceed with the development of a website. [*Editors Note: As a benefit of membership AAOS provides a free service to build your own website. Visit orthodoc.aaos.org*]

I have witnessed countless physicians and organizations establish a digital presence. Typically, I witness an awakening – almost an epiphany – which occurs when they understand that the technologies, applications, and platforms that exist today will actually limit their expenses, not increase them. Further, they will merge seamlessly so that his or her time commitment can be kept to a minimum. A personal commitment of an hour or two a week is usually all that is necessary. By engaging medical students, marketing interns, and interested members of your staff, you will find it is not difficult to establish, maintain and grow an active digital presence.

Ready?

In order to execute your game plan, you first need to establish your core presence online. Ideally, the foundation or the backbone of your online presence is your website. I strongly suggest that you do not utilize a template-driven (cheap) website with pre-populated content. Google does not like to see the same “base content” on multiple sites and will actually penalize you for duplicate content by not ranking your site or allowing it to be ranked on other search engines.

Populating your website with meaningful, custom content is a lot easier than you may think. I utilize what I call the “41st patient”¹⁵ initiative. *There is no need to change your current workflow and your time commitment is minimal at best.* If you look at your content needs from a very simple strategic perspective, you will find that in most cases 85% of your business is generated by only a few, limited number of conditions. To utilize the “41st patient” concept, I suggest implementing the following strategy: at the end of the

day after you have dictated your note on your 40th patient, you simply pick up your Dictaphone and dictate a small blurb on a particular subject, say, Meniscal Tears. (If you use an EMR system, substitute “document” for “dictate.”)

Your dictation/documentation on the first day is simply “What is a Meniscus?” Your dictation/documentation on your next office day is “What is a Meniscus Tear,” and so on. Within two months you will have all the content necessary for a dynamic, custom, professional appearing website. These blurbs are then sent to your website developer, or perhaps a staff member, who can then place them in the appropriate position on your website.

Perhaps you feel you have a unique message that you want to get across to your patients. Adding a blog to your existing site, or using a blogging platform such as Blogger, Posterous or Wordpress, will suit your needs just fine. All three are equally simple to set up. Search engine optimization (SEO) is a term used to describe how your content or pages will rank among other content pages discussing the same topics. There are some very basic strategies you can learn so that your website will be visible to people searching online, at least on a local level geographically. Proper use of key words, understanding the difference between short and long tail searches (see above), and proper “tagging” is a skill set you can develop in a matter of days.

Stepping Onto the Social Media Stage:

You have spent the time, money and resources to build your foundation. Now you possess the capability to place your content where your patients or potential patients “reside:” online. You will need to determine the platforms where you want a presence and you need to understand the differences between them. You may want to share your content on Facebook, Twitter, YouTube, and Flickr (photographs), which are by far the most common and offer the most in return for your efforts.

Hopefully during the formative and execution phase of your digital media strategy, you will have established a Twitter account (a passive presence just for monitoring) and a Facebook page as well. There are many tools and programs available that can automatically share content from your website or blog to your various social media properties on a regularly scheduled basis. This eases the burden of manually publishing your content to these social platforms and they are an enormously efficient way to grow your network. There are a number of social media aggregating platforms such as HootSuite.com, and Tweetdeck.com. The benefit of these aggregating platforms is that you post one message, and it will populate all of your social media properties.... in seconds.

Once you are comfortable on Twitter or Facebook, you need to realize that all interactions with your patients do not need to be based on original content. There are efficient ways to share current news or interesting articles with

your network. You can share an orthopaedic-related news article with your patients via Facebook or Twitter. With a Google Reader¹⁶ or similar account you can easily define a set of search terms, and every morning Google will deliver to you a list of articles that meet your search criteria.

By utilizing an aggregating platform such as Hootsuite or Tweetdeck, you can share that information with your network of patients, or potential patients, with a single click... done! *Now you have put that timely useful information in front of your patients where they reside in the digital world.*

Before posting to Twitter, Facebook, or YouTube, I strongly suggest that you spend just a little time understanding how these platforms work and how people utilize them to communicate and/or share information. Keep in mind that *you should never share anything on these platforms that you would not want your worst enemy to see, nor should you share any protected health information (PHI) online.*

Once you have developed a certain comfort level with these platforms and you understand how people are utilizing them, you can broaden your outreach by expanding your usage of these powerful social media platforms.

Conclusion:

The rapid dissemination of our digitally connected world extends to our patients. Many are online and most are looking for information about you! You need to be in control of your message to them and you need to know what they are saying about you. As I indicated above, social media is *not* a passing fad. It is here to stay and the number of new platforms coming online is increasing at a dramatic pace. Even the government recognizes the importance of these new tools and will be utilizing patient-driven data to support its value-based initiatives in the not-too-distant future.

The medical environment in which we practice will evolve rapidly over the next few years and we must be prepared. Early adopters gain a significant advantage over their competitors (even Google ranks older content higher). However, this should not be an endeavor you rush into without proper preparation and planning. Now is the time to consider how a digital presence can assist you in assuring your practice's viability and relevance as the healthcare landscape adapts to changes that digital media offers.

Howard Luks, MD is a practicing orthopaedic surgeon in New York who is very active in Social Media. His blog was ranked in the top ten physician blogs in the country. He is the Chief Medical Officer of www.iMedexchange.com & www.faircareMD.com. He can be reached at hjluks@gmail.com.

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Chapter 4 Social Media and Shifting Communications in a Hyper-Competitive Environment

by Bill Champion

Patients do not need more choices. They need help choosing – and increasingly it is the job of busy physicians, including busy orthopaedic surgeons, to provide this assistance.

It is a difficult time to be an orthopaedist, especially for those who desire to maintain and grow an independent practice. Today's patients have more options than ever for musculoskeletal care. They can go to a local provider, a tertiary care facility anywhere in the country, or abroad. Elective patients are increasingly demanding more services as their out-of-pocket costs increase. There's even competition from health systems attempting to control surgical revenue streams.

On a positive note, this competitive environment is helping orthopaedic industry mature, sharpening the business acumen of providers, and motivating practices to act more like professional service firms in addition to just serving as providers of care. In such a milieu, orthopaedic practices must be more deliberate in their actions and communications, and exercise greater care as they allocate resources to produce results.

Contracting, competition, and reimbursement present challenges to the viability of any practice. However, patient volume and the right patient mix will go a long way to overcome these challenges. Practices that are well-positioned and preferred in the market have more opportunities, more options, and in a worst-case scenario, a better seat at the negotiating table. Whether it is maintaining independence, developing a "boutique" practice, or working closely with or for a healthcare system, someone who is a "preferred provider" has significant value today, and he or she will continue to have value well into the future.

As the business of providing care has changed, so have the technologies, methods, and mediums to communicate with patients and referral sources. In the last five years, there has been a fundamental shift in the way healthcare consumers communicate. This shift has had an impact on how patients come to make choices among orthopaedic care providers. Research continues to support the three A's (Accessibility, Affability, and Ability) as fundamentals. However, patients and referral sources differ in terms of the way they *experience* the three A's, *understand* them, and eventually *communicate* them to others.

Word-of-mouth is critical and will continue to be a strong medium in the communication of your practice's reputation in a way that is both persuasive and compelling. However, new technology is making communications with patients more difficult even as it is making them more rewarding. For more information, see the chapter in this *Primer*, "Online Reputation: What Is the World Wide Web Saying about You?" by Chassity Bassett.

Today, what ultimately influences a patient's decision in choosing a physician or practice is *where* and *how* information about your reputation is being communicated. Not only must the messages we communicate to patients become more specific, the media that we use to communicate must change as well.

Traditional communication media such as print and direct mail, as well as broadcast media such as radio and television, continue to have the potential to provide value to a practice wishing to communicate its services to the market. What has proven most effective, and what will become more of the norm moving forward, is when your practice's communication plan integrates traditional media with new media; e.g., online and interactive communications.

Social networks, such as Facebook and Twitter, and healthcare ranking sites like HealthGrades and Yelp, are increasingly being used by prospective patients searching for information and insights to support their choice in care. This is not at all unlike what happened years ago, as patients verbally solicited the input of primary care physicians, family, neighbors, and co-workers when seeking care for themselves or loved ones. Research documents that, consumers' buying decisions are heavily influenced by other people's comments and reviews. In an environment where little verified data is provided to consumers with respect to the quality and value of care, ratings and comments become important and useful resources. Such is the case regardless of how accurate or inaccurate the sources may be. They should therefore not be ignored.

As has always been the case, the top referral sources to orthopaedic practices should be previous patients, and secondarily their families, friends, co-workers, and self-referrals. However, what prospective patients are looking for now, as well as how they are searching for the information, has changed. More and more, patients are searching more

for subspecialists and less and less for generalists. Instead of speaking with just a small network of family and friends, they now turn to online tools for quick answers about clinical issues and physician ratings. Because of this shift, and due to the increasing use of these social tools, reputation is no longer spread via "word-of-mouth," but via "word-of-post."

Orthopaedic practices have depended on traditional media as a means to generate patients. No single medium has distinguished itself as a silver bullet, particularly since practices have tended to proceed without proper planning, message testing, or adequate measurement. Social media have the potential, however, to have a far greater impact on practices when combined with traditional media. This is because of how well they align with word-of-mouth (versus direct response) approaches.

The results of three recent practice studies show that patients are more actively engaged in social media than any other single medium in their marketplaces.¹ In these three markets, patients engaged in social media more than any available television station, newspaper, or radio station.

There are practices nationally that have dipped a toe into the social media pool; many are ineffectively using the medium as if it were a traditional newspaper ad or television spot. The measuring stick for traditional media has been the *reach* of your message (how many readers, viewers, or listeners) and the *frequency* (number of times your target audience read, viewed, or heard your message). With social media, the measuring sticks are entirely different. It is less about *reach* and *frequency* as it is *audience* and *engagement*.

The concept of social media is far more about *discussion and listening* than *speaking*. It is less about what *you* want to say and more about what *the market* wants to hear. It is for this reason that practices are missing the mark and seeing few, if any, tangible results. Nationally, most practices see more patients in a single day than they have followers on their Facebook page! The content is most often *lecturing* versus *listening*. Finally, it is usually more about "doing something," as opposed to having a clear strategy to effectively leverage the medium to produce greater market preference and new patients.

Many practices are attracted to social media under the impression that the approach is free. They are partially correct in that registering a Facebook page does not cost money; however, planning, managing and executing a social media strategy requires time and a great deal of effort, and this ultimately does translate to money. If done correctly, social media is more like building a television station, with all of its content and programming, and significantly less than advertising on one.

Social media is the new kid on the block. It is also changing on a daily basis. You should take confidence in the fact that by the time this *Primer* is published, there will already be significant changes, nuances to the new media landscape. MySpace was "the" online social media site just a few

years back and today it is all but extinct. Facebook today has over 800,000 million participants and is six years old. If Facebook is extinct in another six years, it would not be all that surprising; change is happening that fast.

In closing, fundamentally, what you *do* will always be far more important than what you *say*; other chapters in this *Primer* have addressed this. Yet how you leverage those actions through communications will differentiate your practice from your competitors, and establish preference and demand for your care. Those who gain better knowledge of the new tools are at a distinct advantage over those who ignore them.

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Chapter 5 Mobile Technology: Trends, Capabilities and Uses

by Adam Soyer, DO

In the last 10 years, we have seen dramatic changes in computing and communications. Some of the most significant changes have been in the development of mobile platforms. These mobile platforms are now performing many of the operations previously relegated to desktop computing. Powerful and versatile mobile devices, including smartphones and tablets have become an essential part of our daily communications. The development of vast broadband and WiFi networks have enabled ease of access in almost any locale. We use these devices in our personal lives and every sector of business. The healthcare sector has been slower to adopt mobile technology, but it is gradually realizing the potential of these devices in both the practice and business sides of medicine. To an ever-greater extent, advances in mobile technology are driving the explosion of social media in medicine as well as in other arenas.

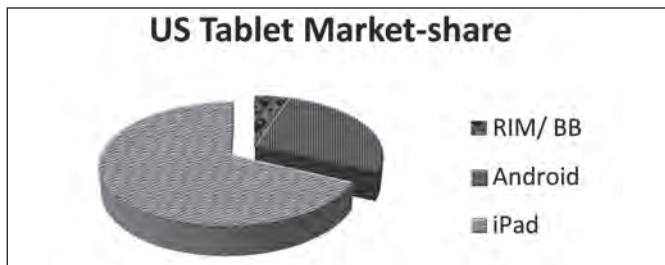
Statistics

The mobile technology market is expected to continue to grow exponentially over the course of the next four years. Recent declines in desktop PC sales have been the direct result of an explosion of mobile computing devices. Forrester¹ projects that tablet sales will grow from 10.3 million units to 24 million units in 2015, eclipsing laptop sales by roughly 5 million units. Even so, laptop sales will continue to grow from 26.4 million units in 2010 to 38.9

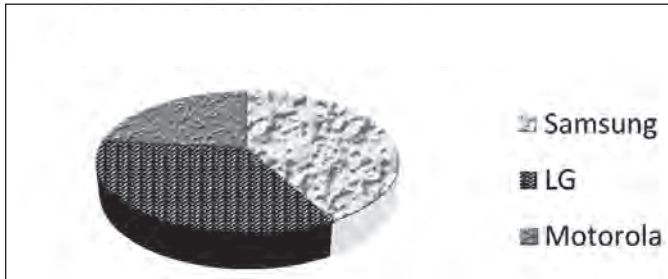
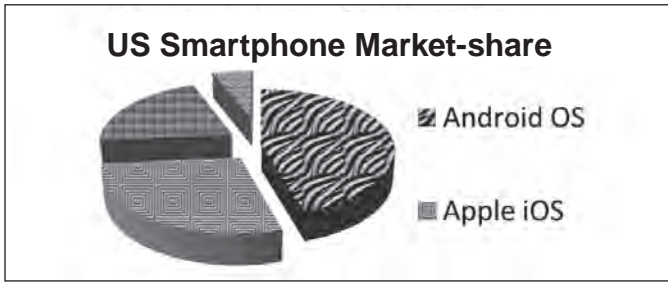
million units in 2015. Desktop PC sales by contrast will decline from 20.5 million units in 2010 to 18.2 million units in 2015.



Presently, the United States tablet market share is dominated by Apple. According to the International Data Corporation (IDC)², there were some shifts in the US market share by the end of the second quarter 2011. Research in Motion (RIM), the blackberry platform, increased its market share to roughly five percent. The Android-based platform's market share fell from 34% to roughly 27%. The Apple iPad 2 market share rose to 68%. Some of the shifts in market share are a result of price changes and the evolution in technology. Significant changes in tablet pricing were evident in the e-readers from Amazon and Barnes & Noble. The prices of these devices are already below \$100 and are expected to be even cheaper by the end of 2012.



Presently in the US, the smartphone market is dominated by Android-based platforms. This is in sharp contrast to the dominance of the tablet market by Apple. According to ComScore³, during a three-month period from May to August of 2011, the Android OS (operating system) increased its US market-share by 5.6%, from 38.1% to 43.7%. Apple iOS controlled 27.3% of the US market-share. RIM's blackberry OS placed third with 19.7%, down from 24.7% in May. Microsoft OS was a distant fourth with 5.7% of the market. The total number of people in the US that own smartphones increased 10% to 84.5 million during the same three-month period. Android's dominance in the smartphone market is the result of its availability through multiple manufacturers, Samsung being the leader with 25.3% of all mobile subscribers. LG is a close second with 21% and Motorola with 14% of the market-share. Samsung was the only vendor to see sales growth in the same three-month period.



With the improvement in broadband networks, the activities performed on smartphones are evolving away from simple phone calls. In the US, 70.5% of all mobile subscribers sent a text message in the three months between May and August 2011. The next most common activity was ‘surfing the web’ at 42.1%. 41.6% of all subscribers downloaded apps.

ComScore⁴ recently published a report entitled, “*Digital Omnivores: How Tablets, Smartphones and Connected Devices are Changing US Digital Media Consumption Habits.*” That report noted that newer web-enabled devices – and consumers who use these devices through multiple touch-points – have reshaped the digital landscape. Capturing this newer digital audience is a challenge. Fully half of the US mobile population now uses mobile media. As of August 2011, 116 million people accessed or downloaded mobile content. iPads dominated the mobile tablet traffic at 97%. Three out of 5 tablet owners view news on their tablet.

The healthcare sector is also seeing a tremendous increase in digital traffic, with 80% of Internet users performing searches for disease and treatment information. The availability of newer mobile platforms will increase the expediency of access to health-related information.

How Mobile Technology Works – For Those Who Really Want to Know the Details!

Mobile devices have numerous features that improve the quality of communication. However, they are limited by the networks and data transfer specs. Mobile broadband technology is now the standard for network communication. Broadband is similar to cell phone transmission over radio waves but differs in that it does not transmit voice data.

The two technologies used to enable cellular communication are Global System for Mobile Communication (GSM) and Code Division Multiple Access (CDMA). GSM is

more common in Europe & Asia, while CDMA is more common in the United States. The technical differences between the two are in the way they share space on the radio spectrum; specifically, they use different algorithms to allow multiple cell phone users access to the same radio frequencies. Mobile broadband is also known as 3G or third generation. Recent advances in broadband technology created 4G networks that improve the speed of data transmission while maintaining a more consistent signal. The CDMA-based technology is also called EV-DO (Evolution Data Only/Evolution Data Optimized). It runs entirely on a network devoted to data. Since it does not require the bandwidth necessary for voice transfer, this network maximizes data transfer and provides higher speed access to email and the Internet.⁵

Tablet technology is a different “animal” entirely. There are two different types of touch-screens for tablets: resistive and capacitive screens.

- Resistive screens detect a touch on the screen through pressure. These tablets require a stylus to work. The systems have two layers of material, one resistive and the other conductive, with spaces between the two layers. When the tablet is on, an electrical current runs through each layer. When pressure is applied to the screen, the two layers come in contact and this creates a change in electrical field. The CPU inside the tablet interprets this change in the field and translates it into coordinates on the screen. The CPU uses these coordinates with its operating system to activate and launch Apps.
- A capacitive system, such as used in the iPhone & iPad, also detects changes in an electrical field but does not use pressure. In these systems, a conductive material must contact the screen in order to transfer an electrical charge. This change in electrical field is translated by CPU into a command to launch an application. The differences between the two systems are that capacitive screens require a conductive material, have high-resolution and require less pressure than resistive systems. The majority of later model tablets are capacitive screens⁶

Common features of tablet computers are mobility, lightweight, touch screens and superior graphics. The central processing unit, or CPU, is under-powered compared to a desktop computer; this reduces heat production and conserves battery power. The programs run by tablet computers are less complex than those used on desktops and are called “Applications” or “Apps.” One key feature of tablet computers is their gyroscope, which determines orientation and displays images in either portrait or landscape mode. They also have graphics processing units (GPUs) that “offload the CPU” (that is, reduce the processing demands on it) when graphics are displayed. Most tablets now have blue-tooth technology, which enables interface with a number of devices including desktop computers, printers,

smartphones and even newer automobiles. Initially, tablets were used primarily in business; as a result of recent technological advances, they are now being purchased for personal use as well.

Applications, Widgets & RSS Feeds

In order to optimize the functionality of your mobile device, you need to understand some basic definitions:

- Applications or Apps are software programs that are used to improve the function of your operating system. Mobile Apps are less complicated versions of desktop applications. They are usually operating system-specific and perform a wide range of functions. Apps are downloaded directly to your mobile device from the vendor's App store. The iPhone/iPad Apps must be downloaded from the Apple store via iTunes. For example, one of the more common mobile Apps used by smartphones and tablets is word processing. These Apps enable you to view and manipulate documents on your mobile device and then transmit them wirelessly. With the changes in mobile technology, App developers have created a vast array of programs that go far beyond the initially-intended uses of our mobile devices. Browsing your mobile device's App store, even briefly, will give you an idea of the numerous personal and professional uses of your mobile device.
- A Widget is a portable code which can be added to any web application. A typical Widget is a button within a website which, upon being clicked, links you to another website or application. The clock/weather function and Twitter icon on your mobile device are examples of types of widgets.
- RSS (Really Simple Syndication) is a way of incorporating the latest updates from a website directly to your mobile device. A website will enable you to download RSS feeds to your device. A typical example of RSS feeds would be news headline updates. Most commercial websites are capable of providing these feeds.

Uses of Mobile Devices for Communication & Workflow

As previously noted, our mobile devices can perform numerous functions. There are countless applications which can be downloaded for professional activities. For brevity, this discussion will be focused on exploring device options for use in communication. About two-thirds of physicians who have smartphones have downloaded applications to assist in the practice of medicine.⁷ These applications include software that enables radiographic viewing, e-prescribing, retrieval of laboratory results, clinical decision support, and billing/coding. There are also numerous options for use of our mobile devices in clinical and professional networking. The subject of mobile applications

for social media sites is covered in another chapter in this *Primer*; see "*Physician Participation in Social Media*" by Lloyd Fisher, MD.

The recent explosion of social media has created new venues for clinicians to interact with one other, their patients and other professionals. Email and texting are now regular components of our practices. Online forums for physician-to-physician discussion regarding complex or interesting cases, new techniques or technologies, and strategies for improving the business of medicine are readily available. Our mobile devices enable us to have immediate access to information, and this improves the delivery of care and work efficiency.

In our clinical practices, communication is essential, and our ability to communicate effectively with our patients and staff can be improved by mobile devices. For example:

1. **Email and texting:** Corporate email or an enterprise server offers secure transmission of sensitive information. General email accounts should not ever be used routinely for patient information. **Texting** is an excellent way of communicating if email is not available, providing direct access via smartphone. Texting is in SMS and MMS formats. SMS stands for "short message service." This is text only. MMS is multimedia message service. MMS enables pictures & video. MMS has been useful in communicating with patients in many ways. In cases when direct observation is necessary, MMS is particularly useful. Consider, for example a post-op patient with a concern regarding his or her wound. He or she could send an MMS picture or video directly to you for consultation. This would obviate the need for an office visit and give you a timed and dated log of condition which could later be compared as the condition progresses or improves.
 2. **Video conferencing:** Most tablets and smartphones have cameras to enable video conferencing via several platforms. Android and non-Apple platforms are capable of utilizing Adobe Flash for live-streaming video. **Skype business applications** are a good way to enable professional conferencing with minimal investment and mobile applications are available. Skype enables conferencing among three or more participants, allows for instant messaging, and the transfer of large data files.
- Apple iPhone 4** users have **FaceTime**, which is iPhone-to-iPhone specific. This is a good option for practices in which the phone standard is iPhone. The limitation of FaceTime is that it requires a 4G network, which may not be readily available; the quality of video is variable; and it consumes 3 MB per minute of data, which can quickly exhaust limited data plans. Desktop-to-mobile video-streaming is available via **Livestream** (www.Livestream.com). Most media can be broadcast and received with the Livestream mo-

ble App. The Livestream Procaster desktop software provides all the tools necessary to launch video, which allows for live broadcasting of lectures, Powerpoint presentations, demonstrations and meetings. Basic services are free. This type of service could be very useful in both clinical and non-clinical settings.

3. **Google Chat:** This is an excellent way to communicate real-time with staff and colleagues. It is a free service provided by Google. However, since it is not secure, sensitive information should be omitted from discussions.
4. **Google Latitude:** This is also a free service provided by Google which enables smartphone users to GPS-track each other. Two potential uses of this service would be (a) locating staff and physicians in large groups with multiple offices, and (b) tracking mileage via the history function.
5. **Twitter:** Twitter is a mobile application that enables live, direct communication to subscribed viewers. This communication could involve simple information or links to other sites. Some uses of Twitter include providing downloadable Widgets on your website to encourage staff, patients and colleagues to follow you. You can then use your Twitter account to provide practice updates such as new locations, technologies or any other relevant practice information. You can also subscribe to relevant professional organizations to receive their feeds.

Mobile communication directly with patients can be complicated because of privacy laws including HIPAA. Since mobile platforms are not all secure, caution should be exercised when you communicate with patients via these devices. General discussions may be reasonable but more specific conversations regarding patient care and/or treatment should be avoided. Hosting a business or practice blog is a great way to stay connected with patients but this requires regular maintenance and has the same disclosure concerns. Information regarding the legal ramifications of physician-patient communication and social media can be found in another chapter of this *Primer*; see *“Healthcare Social Media – How to Engage Online without Getting in Trouble”* by David Harlow, JD, MPH.

With the recent implementation of electronic medical records (EMR), tablets are increasingly being used to improve physician work-flow. In order to take advantage of tablets’ touch-screen technology, EMR vendors must customize their templates to enable touch-screen applications. This will require the investment of both time and money.

The Future

Statistics indicate that we are a society obsessed with technology. As mobile communication technology continues to improve, it will become an essential part of our business and personal lives. Patients/users will eventually demand

that we as physicians keep up with and implement mobile technologies for communication, delivery of care, and distribution of routine information.

Recognizing trends in mobile technology will enable us to implement strategies to meet our patients’ evolving needs. The difference between long-term success and failure may hinge on our willingness to adapt to and harness the technologies. If information is power, then we are indeed entering a new era of medicine. Patients will be empowered by access to information and the ability to influence others through social media. We as physicians must empower ourselves as well. We need to use mobile technology to improve our clinical and business practices. We also need use the technology to respond to e-Patients’ demands for integrating the convenience of technology with the best possible delivery of medical care.

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Chapter 6

Online Reputation: What Is the World Wide Web Saying about You?

by Chassity Bassett

Until recently, the majority of what a new patient comes to know about your practice could be attributed to what has been discussed between their family, friends and primary care provider. How long they waited, the politeness of your front desk staff and your ability to show a caring side in the patient room summed up their entire experience. This, most likely, could have been the reason he or she chose you as a healthcare provider.

Now imagine a patient experience that was not as pleasant and, instead of being just a conversation between a person or two, it was a rating that was shared online. The World Wide Web now knows how one disgruntled patient felt about your wait times, your receptionist’s bad day, and the worst-case scenario — an unfavorable outcome. The worst part is not that the experience was shared online, but that the Web never forgets and that experience is forever associated with you and your practice name, *each and every time a new potential patient searches for you.*

It is understood that your reputation is one that you have

built from the ground up and that you assiduously work to protect on a daily basis. As long as this occurs through word of mouth, protecting your reputation is not hard to do. However, now that the Web has become a major influence in healthcare decision-making, and there are sites that encourage patients to rate their physicians and share their experiences, search results play a role as well.

A recent study conducted by a primary search engine shared that more than 80% of patients preparing to make a healthcare decision go online to seek additional information on a physician prior to choosing one. This is both good and bad. Patients are given more opportunities to be a partner in their care, but those physicians who have simply failed to monitor their online presence are immediately put at a disadvantage.

From recent studies on web behavior, we know that a patient's awareness of area providers comes from their family, friends and primary care providers, and once they have narrowed down their options, the web is used to seek additional information. Patients considering an elective surgery will research the procedure first, the places where they can have the procedure performed, physician reviews and then practice specifics. Usually a patient has narrowed his or her options down to just one or two physicians before reviewing a surgeon's certifications and credentials, years of experience, and patient reviews.

Knowing this, you can choose to let occasional negative reviews shape the image people have of you, or work to sustain or improve your online reputation. If you choose the latter, there are several opportunities to consider:

Consistent Patient Communications

Your current patients either are, or should be, your largest referral source. This should never be overlooked. Research conducted by Orthopaedic Marketing Group tells us that patients are the least clinically qualified to make a referral, and yet, they do it. Further, they are based on the soft skills of your practice. From beginning to end, a patient will assess each phase of their visit as one entire experience, determining whether it was good or bad. And, because the bar is already set so low for the healthcare industry, only extremely good or extremely poor experiences are shared within networks and then with the patients' online community. This is where it could start and where it could end.

The Journal of Consumer Research was recently referenced in a Time-Heartland e-article, "The Complex Psychology of a Yelp Review." It said that consumers are more likely to share both positive and negative experiences with brands (i.e., your practice) directly if given the opportunity. See <http://healthland.time.com/2011/10/31/the-complex-psychology-of-a-yelp-review/>.) Consumers are also just as likely to want to provide the feedback to the brands directly rather than to a third party. Finally, the Journal of Consumer Research was cited as saying that when consum-

ers are given the opportunity to voice their feedback and reflect, their negative feelings associated with the experience are reduced and eventually the consumer or patient comes to terms and accepts the experience – therefore, reducing a perceived recurrence of the poor experience that could be shared with others.

Although it is painful to hear about a negative experience, it is far better to have one shared directly with you than published online. Giving patients a format and communication tool to share with you directly provides the practice with an opportunity to privately address and correct issues, rather than having your shortcomings shared online for others to see.

Content Reigns Supreme

With more than 80% of patients going to the Web gather information and to assist in making their healthcare decisions, you cannot afford not to show up negatively in search or in online advertising. As Bill Champion mentioned in his chapter, "Social Media and Shifting Communications in a Hyper Competitive Environment," patients do not need more choices; they need help choosing, and your role should be to help *them* choose *you*.

Content is the basis for any successful online search or marketing campaign. Not only are you providing great content for patients' consumption, but you are also reinforcing that you are knowledgeable and helpful in their search to seek an expert. It is a win-win situation. Google and other search engines, in addition to patients, "see" your relevant content and continue to feed you referrals. As the healthcare industry continues to shift to be more consumer-oriented, your web site should be more than just a presence; it also helps enhance your online reputation. Use it as a tool helps to share more about what you do, how you do it differently than your competitor, and what makes you the preferred choice for care.

Generate a Positive Perception

In some cases, your online presence could be the first impression a patient receives about you, so you must use it to your advantage. Overwhelmingly *positive* content online can help to overshadow any *negative* content and provide the patients searching for more information with the content you want them to see. To achieve a positive perception, you must start with an integrated and effective patient engagement and social media strategy.

There are several social media networks to choose from, but this does not mean you should go out and start several accounts (or as Dr. Luks would say in his chapter, "Establishing a Digital Presence," properties). Choose the networks your patients already embrace and on which you are willing to engage your practice. Running a successful patient engagement and social media strategy takes time and effort, and will only be effective if done correctly. When done

right, it can provide great rewards.

Facebook and Twitter would appear to be very different social networks. But when they function as part of an integrated patient engagement and social media strategy, the combined effect can help you leverage patient communications beyond your practice walls and create great content online worth stumbling upon. Combining media can influence results found by search engines and on-line conversations, thereby leveraging the effects of your other marketing strategies.

Monitor, Then Check Again

Having set it all up, you may think you have done your part and move on. If only it were that easy. Long after you have everything in place and just where you want it to be, you have to revisit and check in on things frequently, making sure nothing has surfaced and everything online is still working well together. Think of it this way. If you were on the field covering a game and you overheard an unflattering conversation between parents about your skills, there is no doubt you would feel compelled to address it, if only to put that understanding to rest. The same goes for your online reputation. You should not take a back seat in addressing negative experiences online. Even if all you do was extend a simple gesture to show the patient you are listening, it could be just enough for them to consider posting again and mentioning that the issue has been resolved. That is time very well spent.

Do Not Ignore It

The last thing you should do is ignore what is said about you online. The longer patient experiences go unaddressed on the Web, the more they build up and the further you are removed from improving your patient volume.

To say that managing your online presence could not be more important than it is right now would be a significant understatement. Physicians and practices are certainly outnumbered by consumers; you cannot assume that a passive approach will yield a positive return by the many sites that exist in helping patients search, rate and share experiences. Your online reputation should be just as vigorously protected as the reputation you built via word-of-mouth.

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Chapter 7 Healthcare Social Media – How to Engage Online without Getting into Trouble

By David Harlow JD MPH

Introduction

“Why do you rob banks?” “That’s where the money is.”

When asked, Willie Sutton, the legendary bank robber, gave this straightforward response explaining his motivation. A similar motivation may be ascribed to the early adopters among healthcare providers who have established beachheads on various social media properties. Why be active in online social networks? That is where the people are! Patients, caregivers, potential collaborators and referral sources, like many, other people, are using social media more and more. Facebook has become nearly ubiquitous, and its user base is growing not only among the younger set, but also among older people who are signing up so they can see pictures of their grandkids. In today’s wired society, online social networking is the new word-of-mouth. Word-of-mouth referrals, i.e., personal recommendations, have always been prized; we have simply moved many of those conversations online.

Over half of Americans rely on the Internet when looking for healthcare information. Many online searches are conducted on behalf of another person. Most people expect their healthcare providers to be online, providing trustworthy information – and the day of the static website has passed. In addition, a growing subset of the population is composed of “e-Patients” (the “e” can stand for educated, engaged and/or empowered, depending on who is defining the term) who seek out healthcare providers prepared to engage with them both in person and online.

Only about 20% of U.S. hospitals have a social media presence, and this number likely represents a similar proportion of other healthcare providers. Thus, while some healthcare providers have been using social media for years, there is still an opportunity for physicians to reap the benefits of being an early adopter. Whether or not a provider is online, others are likely discussing that provider – on review sites, on Facebook, even on Twitter – so whether or not one establishes a social media presence, it is imperative to establish a listening post to keep abreast of what is being posted online. Complaints, recommendations and other information will come to light, and steps may be taken in the real world to ameliorate situations that give rise to the complaints and to capitalize on praise and referrals.

Finally, healthcare reform is pushing healthcare providers into social media. The EMR Meaningful Use regulations will soon require that providers seeking incentive payments for adoption of electronic health records make greater use of personal health record patient portals. Further, programs like the Medicare Shared Savings program or the Accountable Care Organization program, mandate patient-centeredness and patient engagement, which in this day and age require the use of online social tools.

With all of these motivating factors, why are healthcare providers reticent and slow to adopt the use of social media tools? There are numerous legal and regulatory issues

triggered by the use of social media and some healthcare providers are put off by the perception of the risk involved.

However, there are also legal and regulatory risks (and attendant market and business risks) to the decision to remain *uninvolved*. The key issues for consideration include the following:

- Privacy and security rules, under HIPAA as well as other federal and state laws, and the ever-diminishing ability to fully de-identify protected health information (PHI)
- Professional responsibility codes, including both professional society codes of ethics and state regulations promulgated by boards of registration in medicine
- Malpractice liability for professional advice rendered via social media
- Issues raised by daily deal sites such as Groupon and Living Social, including anti-kickback, fee-splitting, insurance contracts, state insurance laws and gift certificate laws
- Liability under Federal Trade Commission rules for failure to disclose a financial relationship in conjunction with an online rating, review or other commentary
- Trouble with the National Labor Relations Board if employee discussion of working conditions in unreasonably limited (even in non-union shops)

If not managed appropriately, these issues may lead to significant liabilities, ranging from civil and administrative fines to negative publicity, to private lawsuits predicated on HIPAA or state law violations. (Even though HIPAA does not provide for third-party liability, some state laws do, and creative lawsuits may seek to bootstrap private liability on a HIPAA violation as well.)

However, it is possible to manage all of these issues through the development of comprehensive social media policies – both outward-facing (i.e., to patients and the general public) and inward-facing (i.e., to physicians, other clinicians, and staff). The policies need to be tailored to a specific medical practice or other healthcare organization. The tailoring is necessary because each practice, each healthcare organization is at a slightly different point on (a) its individual healthcare social media journey, (b) its comfort level with social media tools and (c) its thoughts about how to use these tools and to what end.

Here is further detail about several of the key categories of legal issues identified above:

HIPAA and other privacy concerns

Privacy concerns arising from HIPAA and state privacy laws start from the proposition that only a patient has the right to authorize the release of his or her own private health information. Thus, while individual patients are free to blog about their medical conditions or experiences with the healthcare system without implicating HIPAA or other privacy rules, provider-generated social media content

with identifiable patient information used without consent would raise red flags. Provider discussions of cases on social media should follow the “elevator rule” or the “coffee shop rule” – If you wouldn’t say it in a crowded elevator or coffee shop, don’t post it online.

As one emergency room physician recently learned the hard way (she was dismissed by her employer and sanctioned by her state medical board), even a de-identified Facebook post about a patient may easily be re-identified using information from third-party sources. The HIPAA rules list eighteen categories of identifying information that must be stripped from a record or patient story in order for it to be considered de-identified. Number eighteen is, essentially, “anything else that may be used to re-identify the de-identified information.” Since we are, collectively, doubling the amount of information posted online on a regular basis, that which is de-identified today may well be easily re-identified tomorrow.

Thus, the best practice would be to write about composite/fictionalized patients, or simply get patient consent. Providers may wish to rewrite their HIPAA notices of privacy practices (NPPs) to include some level of consent to communicate with or about a patient on Facebook (if that is something that would make sense and might happen on a regular basis).

Other disclosures made inadvertently may lead to difficulties as well. For example:

- A cell phone photo taken in a hospital emergency room of a friend proudly displaying a newly-stitched wound may inadvertently capture the image of another patient in the background. That post may be a HIPAA violation attributable to the hospital, even if it did not post the photo.
- An employee of a public hospital tweets her displeasure in seeing a clinic staffed up for the convenience of a political figure seeking service off-hours. (In that specific real-world instance, her public sharing of identifiable health information led to the employee being fired.)
- Positive test results posted by a patient on Facebook might invite response on a human level, but the provider’s response must be more measured. (If a patient posts on a hospital Facebook wall after getting some good test results, “I’m cancer free one year later,” hospital staff cannot post much more than “Congrats; everyone should check out our cancer center’s web page.”) Even in a situation like this, where the patient self-identifies first, there is no consent to unlimited public discussion of his or her condition.

Professional responsibility and malpractice liability

The American Medical Association has promulgated a social media policy; so has the Veterans Administration. The two represent very different approaches. The AMA

essentially advocates proceeding with caution and being cognizant of the damage that one's own social media activities – and one's colleagues' – may do to the profession. The VA, on the other hand, encourages the use of social media tools to disseminate information and engage patients and caregivers in productive dialogue likely to improve overall well-being and healthcare outcomes.

Patient care should not be provided in open social media forums. That said, appropriate disclaimers on blogs, Facebook pages, YouTube channel pages, and the like should be sufficient protection for providers seeking to use these tools for sharing of general advice and information.

As in other settings, there are emergency exceptions. If the only way to communicate lifesaving information to a patient is via a public social media channel, then a clinician should not refrain from doing so based on a concern about a privacy violation.

Daily deal websites

Groupon, Living Social and other daily deal websites are being used by healthcare providers -- though thus far mostly by those who are not covered by traditional commercial or governmental health insurance (e.g., dental, chiropractic, acupuncture services). This may change as the health insurance landscape changes over time. There are a number of legal issues and their resolution will depend, in part, on where you are situated since many of the relevant rules are state laws, which vary. For example:

- Groupon collects 50% of the price of the coupon as its fee; is that illegal fee-splitting under applicable state law?
- Is the 50% fee an illegal kickback in exchange for a referral? Are you subject to federal laws in this area in addition to any state laws?
- Do provider agreements with third party payers prohibit the offering of discounts to plan subscribers? If you can get over the first two issues above, you may still need to screen out patients who are insured by carriers that limit your ability to discount, or you risk being in default under your agreements with these companies.
- There is at least one more issue to consider as well: state laws on gift certificates and their requirements regarding expiration dates. Lawsuits have been filed alleging that the relatively short life of the daily deal violates state gift certificate laws.

With the proliferation of high-deductible health plans, FSAs, HSAs and the like, the general public is becoming more price-sensitive in paying for healthcare services. While healthcare providers need to become more creative in order to address this issue, they must also remember that they are subject to a wide-ranging set of regulations above and beyond other consumer-facing businesses.

Social Media Policies and Procedures

Despite the legal landscape, it is possible for a healthcare provider to develop a robust social media program. The critical first step is developing a set of policies that respects legal and regulatory limits, and that is consistent with the organization's level of readiness to engage through social media. Establishing clear guidelines will allow clinicians and staff to participate in the online conversation without having to review individual posts on a regular basis with legal and regulatory advisors. An existing policy from another organization may be used as a starting point in the development process, but customization is key.

An external-facing social media policy should set limits and expectations for people who come to the organization's web properties – web site, Facebook page, blog, YouTube channel, Twitter stream, etc. -- so that, for example, a person posting information who violates the terms of service will be on notice that a hospital, whose staff should be monitoring social media accounts at least daily, may decide to take down a post (on a forum such as Facebook) if it does not comply with the policy.

An internal set of policies and procedures is also needed to address practice-specific operational and policy issues for both official and unofficial channels. Staff need to be sensitive to the fact that they are, in effect, brand ambassadors on a 24/7 basis, and that if they mention their employer in their own posts on their personal Twitter accounts or Facebook pages, they should do so consistent with company policy – noting that “tweets are my own” or words to that effect. Some organizations may desire to insist on “radio silence” for all employees except for designated spokespersons.

The best policies are those that are developed through an inclusive process rather than a top-down process, so that employees most likely active on social media may offer input to the process and also feel ownership of the final product in a way that will promote adherence.

No matter what the tenor of an individual practice's policies may be, the policies must be implemented *and followed* – they do no good stored on the shelf. Staff must be trained on the policies and re-trained as policies are reviewed updated on at least an annual basis. Adherence to the social media policies should be a condition of employment, just like adherence to any other employer policy. The distribution of policy documents and training may be integrated with a broader employment-related process within your organization.

Since this is a rapidly changing arena, and since social media comfort levels in an organization may change relatively rapidly, social media policies should be reviewed on a regular basis (at least annually).

Conclusion

The cat is out of the bag. Even if you wanted to avoid social media entirely, it is simply too late to attempt to do so.

Even if your practice or institution does not have an active social media presence, it is likely that others are already discussing you online. It is important to set up a social media monitoring program right away, if you do not already have one in place. You may respond to issues flagged in the real world of cyberspace.

You can become an active participant in healthcare social media and stay on the right side of the law. These days it is becoming more and more imperative to use healthcare social media for marketing, patient communication and care management.

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Chapter 8 The Six Paradoxes of Professional Practice Networks

by Jon Hyman, MD and Aman Shah, MBBS

There is great potential for safe and beneficial engagements between surgeons in professional practice networks that utilize social media technologies. Understanding these networks conceptually will aid in allowing safe participation while minimizing risk and liability.

Safe participation requires compliance with HIPAA and privacy regulations. At no point should direct or indirect patient identifiable information be used in social network forums. If there is any doubt in determining which information meets the criteria for compliance, it is more prudent to be cautious and eliminate potentially noncompliant information altogether. For more information, see the chapter in this *Primer* written by David Harlow, JD, MPH, “*Healthcare Social Media – How to Engage Online without Getting into Trouble.*”

There are six conceptual considerations that are important to think through before a doctor engages with a professional network. Interestingly, they are all paradoxical and we present them as such before offering our own recommendations for resolution.

Smaller is Better but Tiny is Bad

For a social network such as Facebook or MySpace, the larger the network, the more useful it is, since it allows people to connect with a variety of individuals, ranging from patients through friends to acquaintances. In addition, the sheer size of these networks makes them effective marketing and information tools as detailed in another chapter. See “*Social Media and Shifting Communications in a Hypercompetitive Environment*” by Bill Champion.

However, in the case of a professional network, the narrower the network is, the more beneficial it is likely to be.

For example, if you are an orthopaedic surgeon specializing in spine surgery in the US, a network that consists solely of other US-based spine specialists is likely to be more beneficial for your professional needs than one which includes all orthopaedic surgeons.

A narrow, well-defined professional network makes it more likely that the surgeons you are interacting with share your level of expertise, practice medicine in a comparable setting, have similar regulatory constraints and face similar practice challenges. As the network gets broader, including individuals who may be practicing in a different environment, a related specialty or allied discipline, the relevance of the interaction goes down.

On the other hand, a tiny network such as one that encompasses one institution or only has members of one highly specialized area in one geographic area runs the risk of being closed off to new ideas and new developments in other areas that could be of benefit.

Engagement recommendation: Prior to engaging with a professional network, assess its membership. Does it include allied health professionals or primary care practitioners? Does it include individuals from countries who may have a different standard of medical practice? What is the proportion of these individuals? Does it only include a very narrow band of subspecialists? In our opinion, the right size of a network is one that focuses on all US orthopaedic surgeons but is not exclusive to the US and allows stratification on the basis of expertise and interest within this community.

Specialization Improves Productivity

A related concept is that, even if a narrowly defined professional network has fewer issues being discussed by a smaller number of people, a higher proportion of these issues – and a higher proportion of the discussions within each issue – are relevant. Hence, paradoxically, a narrowly defined professional network is more efficient. Since the other members have a similar background, expertise and experience and face similar challenges, it is more likely that the interactions on such a network are more relevant to you and hence are likely to be a more efficient use of your time. In contrast, interactions in a large network are more likely to be about topics and issues that are irrelevant to your practice or, even when they are relevant, include a variety of individuals whose perspectives and expertise are less relevant to improving your own practice.

Engagement recommendation: Engaging with a professional network has to be cost effective in terms of time spent. Depending on the developmental stage of the network, it is possible that there may not be a lot of activity in your specific area of interest and lead you to

believe that engagement is not worth it. Paradoxically, of course, if you do not engage with these networks you may never recognize the activity for which you seek.

There are two factors that can help address this paradox. 1) The activity that you see in your area of interest, even if it is not *quantitatively* what you want, should be *qualitatively* appropriate and challenging. This will make it much more likely that the time you spend on this network will be beneficial and that your additional contributions are likely to engender relevant contributions. 2) The site should be designed in a way that you can get to these interactions quickly and efficiently. In the example above, the more efficiently you can get to a narrowly-defined engagement with other spine specialists, the more efficient the site is likely to be.

Spend Time to Save Time

The more time you spend on an appropriately structured network to post cases or other discussion items, the more quantitatively the network grows. What is less obvious is that it grows better qualitatively for you in that you are now pulling the network towards you by making the rest of the network respond to your needs and interests, and consequently making it that much more relevant to you.

In addition, the feedback you provide to other members makes it that much more likely that these members will respond to your interests. For example, take a scenario where you visit a network, read some of the discussions but never participate. Compare that to a network where you are an active participant. In the former situation the time you spent visiting the network without contributing is likely time wasted. Conversely, in the latter situation, where you are an active participant, the time you spend is of direct benefit and relevance.

Engagement recommendation: Engage with the network. Once you have identified the right network for you, spend time on it, engage with like-minded members, address their concerns and raise your own. You will find that the network pulls towards you and gives you a much higher return for the time spent.

Open or Closed

A narrowly-defined professional network can still allow individuals from a variety of areas to view the interactions even if they cannot participate in them. Even though, philosophically for many of us the default approach tends to be “sunlight is the best disinfectant” (that is, being open is good and being closed or secretive is not), paradoxically, the opposite is true in professional networks. Sunlight or openness in a professional network will potentially make it less useful, adversely impact patient care, and may lead to higher healthcare costs or market-driven, rather than

evidence-based, therapies.

We can examine this issue in the context of opening up a professional network for viewing by two types of “external” individuals: patients (and the public at large), and industry representatives.

Patients/public

As detailed in the chapter by David Harlow, “*Healthcare Social Media – How to Engage Online without Getting into Trouble*,” the legal ramifications of social media are still an evolving concept. Like many other aspects of the law, issues get settled as cases are decided in a court and so prudence dictates that it is best to stay away from conduct that may someday result in one of these test cases.

We feel that the six commonsense recommendations in the American Medical Association policy on *Professionalism in the Use of Social Media* were developed from this viewpoint and are an excellent summation of the pitfalls of social media interactions with patients. The recommendations can be paraphrased as: 1) be cognizant of HIPAA standards; 2) make sure that the information posted and any subsequent related information is secure and meets regulatory and professional standards; 3) maintain the same boundaries of patient interaction that you would in other settings; 4) consider separating your personal and professional content online; 5) if another surgeon has posted unprofessional content, take steps to remove it or alert the appropriate authorities; and 6) recognize that online activities and content can adversely impact your reputation, have consequences for your career, and can undermine trust in the medical profession.

While we are all used to following these guidelines when interacting with patients and the lay public, we do not follow the same guidelines when interacting with colleagues at a medical seminar or in an informal discussion.

Engagement recommendation: For a professional network to be useful, it must allow the same level of candor shown at, say, a morbidity and mortality (M&M) conference. This would not be possible if patients or the lay public were part of that discussion.

As most of us can attest, it is this concept of being able to air issues either in a structured forum such as an M&M conference or a more informal discussion with a colleague or an attending (if you are a resident), with the understanding that this is a private and candid discussion intended to improve medical care that leads to incremental improvements in each surgeon’s ability.

There are also networks that are ‘open’ in that anyone can view them but also ‘closed’ in that only validated members can post or participate. We feel that these networks do not address the security concerns of allowing the lay public to view discussions, leading to potential mis-

understandings and legal issues. As was discussed earlier, security and risk reduction should be the first consideration when you engage with such networks. To allow medical conversations to essentially take place in public is ill-advised.

Orthopaedic surgeons should not be part of any professional network that does not have adequate security systems in place to prevent access by patients and the lay public.

Industry representatives

Industry, it goes without saying, has an enormous vested interest in understanding the views of individual surgeons and obtaining market data from their interactions. This engagement by industry helps them market their products, improve their products, increase their sales and overall efficiency, obtain post-marketing surveillance data, and much more.

Some of the above motives, such as product improvement or obtaining post-marketing surveillance data, can lead to better patient care. Other motives though are more about improving the bottom-line. Further, under certain circumstances, industry participation in a network could result in a deterioration of patient care and/or increase healthcare costs (by increasing marketing-driven utilization).

In this conflicted, ambivalent and paradoxical environment, it can be difficult to formulate a clear yet realistic position. Orthopaedic surgeons have grown accustomed to having their usage data or their engagement with a CME program, and much more, reported back to industry. Recently, the Supreme Court struck down a Vermont law that prohibited mining of prescription data containing prescriber-identifiable information without the prescriber's consent. Consequently, it is becoming increasingly harder for surgeons to keep industry away from their interactions with one another and medical decisions.

While it is necessary and appropriate for regulatory authorities, researchers and courts to review orthopaedic surgeon decisions in certain situations, we feel strongly that the individual surgeon must be able to choose whether industry has access to his or her decisions and deliberations. Orthopaedic surgeons understand the need for industry to obtain product usage data. They also understand the need for post-marketing surveillance and the need for the operator of a professional network to make money. But the needs of these groups should not be fulfilled by curtailing the choices of the participants who is, in the end, the individual whose expertise and effort drives the success of industry and the professional network.

Engagement recommendation: The degree to which orthopaedic surgeon interactions in a professional network are going to be reported to industry must always be made explicit to the participants beforehand so the individual

can choose whether or not to engage with the network. Orthopaedic surgeons should only consider engagement with professional networks that have very clear and upfront policies on this issue.

Overall engagement recommendation: Orthopaedic surgeons should not be part of a professional network that is open to members of the public or that do not have explicit policies for engagement with industry.

Anonymity

A professional network is going to be composed of many individuals you do not know. Consequently, it is legitimate to want to remain anonymous or at least retain control over disclosing your identity on the network. Paradoxically, how seriously can you take comments made by people you know nothing about?

As board members of a professional network for orthopaedic surgeons, we have debated this issue for four years. If we allow members to be anonymous, we are more likely to get interesting issues raised and the contributions to that issue are more likely to be candid. Hence we are more likely to help the members of our network improve their practice as well as patient care. In addition, we provide another layer of security to our members by adding one more barrier between them and external entities. On the other hand, by allowing members to be anonymous, we correspondingly make it harder for each member to appropriately weigh the contributions of others.

Engagement recommendation: Any professional network should have a very stringent validation procedure that confirms both the credentials and the identity of its members. This establishes a baseline that allows other members to be certain that each participant is an orthopaedic surgeon (or, depending on how broad the network is, a physician in another specialty or an allied health professional).

In addition, professional networks should disclose other information such as subspecialty, board certification, medical school and residency training, years in practice and other pertinent information. This will permit the level of a member's expertise and experience to be gauged by other members. There are technical and practical issues with obtaining and verifying this information so the data may not be complete or correct 100% of the time. Still, disclosure is to the mutual benefit of all members and does not necessarily lead to identifying information. We are open on the issue of disclosing the names of members as a matter of policy. On the network we are involved with, members have the choice of disclosing their name or using a 'handle' as long as they have been validated and their basic credentials are available to other members. Orthopaedic surgeons should decide this issue for themselves and participate in a professional network accordingly.

Flying Solo in a Group

A choice that every orthopaedic surgeon faces, and for which there is no good answer, is whether to be in solo practice, a small or large group practice or an institutional employee (hospital, medical school, etc). Some prominent institutions allow the individual to be a private practitioner while still part of that institution. Each of these choices involves trade-offs between autonomy, benefits, collaboration, personal time, workload and security.

Paradoxically, we would all like to be in solo practice for some issues, in group practice for others and in a major teaching hospital for yet others.

Theoretically and technically, the same technologies that are currently used to allow social interactions (hence called social media technologies) can also be applied to allow practice interactions. The corresponding field of telemedicine and the requirements and standards of electronic medical records (EMR) will inevitably converge: professional networks will potentially create a situation where a the individual can be part of a brick-and-mortar practice of a size and type that best suits his or her primary needs while simultaneously being part of a virtual practice of a size and type that best meets his or her remaining needs.

Engagement recommendation: We are obviously not yet at the stage described above but it is very likely that orthopaedic practice will move in this direction rapidly. We believe that the more each orthopaedic surgeon is engaged with these technologies, the better and more appropriate their evolution will be. Further, the likelihood will increase that these technologies benefit both the doctor or patient rather than payers and/or industry or some other entity not directly involved in patient care. It is hence imperative to engage with professional networks in a secure and well considered fashion sooner rather than later. This will enable participants to be technology drivers rather than followers.

Summary

The intelligence and expertise behind orthopaedics largely comes from orthopaedic surgeons and a handful of scientists. The variety of entities that are part of orthopaedics, from hospitals to medical device manufacturers to payers to pharmaceutical companies, still rely on the expertise and ability of the orthopaedic surgeon to thrive. For example, most orthopaedic devices are developed by orthopaedic

surgeons and all of them are refined and improved by orthopaedic surgeons. At most hospitals, orthopaedics is often a profit center and a core part of the hospital's business. Yet beyond their professional associations, most notably the AAOS, orthopaedic surgeons remain a fragmented group.

This has two major consequences. First, commercially, even though these other entities are heavily dependent on orthopaedic surgeons for their profits, most surgeons only get reimbursed for their patient care and not for the huge profits their expertise affords these outside entities. Second, and more important, patient care is increasingly determined by these outside entities. They frequently do not have the same level of commitment or responsibility to the patient and they certainly do not have the same level of overall expertise.

While industry often defines interactions as business-to-business (B2B) and, business-to-consumer (B2C), there is another kind of interaction: surgeon-to-surgeon (S2S). Professional networks are all about S2S interactions. The structure described above – *narrow* networks between *specialists* who spend *time* in a *closed* and *anonymous* group, if properly applied and utilized, has the potential to drive S2S interactions in a way that can personally benefit the orthopaedic surgeon community and improve patient care.

It accomplishes this by taking the most critical members in the orthopaedic marketplace – the surgeons – and empowering them. This can, among other things: (a) improve their commercial prospects and their collaboration on research and patient care, (b) increase the likelihood of early detection of diseases, disorders and conditions, (c) help in identifying the best uses of products and technology, and (d) assist in the formation of a consensus on policy issues.

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and Joint
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ISBN 978-0-89203-940-1



ISBN: 978-0-89203-940-1