

Use Social Media to Market Your Practice

The growth of social media is changing the way the world shares information, and this presents opportunities for getting one's name out there, as well as for creating community with patients, said Jill S. Garabedian, Esq., a labor attorney with Wade, Goldstein, Landau & Abruzzo, in Berwyn, Pa.

"You can share general health information, disseminate new published studies, and stay connected." The key for your practice is to use social media for its benefits, and minimize its risks, she said.

Why Use Social Media?

If a patient is choosing between Dr. A and Dr. B, a better-looking website and a Facebook page with more than 5,000 "likes" says you mean business, said Robert F. Melendez, MD, MBA, an ophthalmologist with Eye Associates of New Mexico, a large metropolitan practice in Albuquerque, N.M.

Why you should start today. "If physicians choose to wait, they will always be behind their competitors, meaning they won't come up as high on a search engine. Though it doesn't mean your practice is better, it does factor in when people are choosing a surgeon or doctor. You have to own your online reputation, not run from it," he said.

Attract new patients. "Our patients are mostly older and many have told us that they don't have computers," said Elise Levine, practice administrator for the North Valley Eye Medical Group in Mission Hills, Calif. The role for social media at her practice is to

attract younger people. "We do have a Facebook presence, a Yelp presence, and a website. It does prompt patients to contact us and make appointments."

How to Get Started

Create a Facebook page. Using Facebook to create a page for your practice involves a slightly different process than creating a personal page. In either case, the setup is easy; the challenge is providing enough quality content to make the page successful. If you are committed to meeting that challenge, start by determining what your goals are, think through what sort of news your practice will be posting, and determine who will be responsible for maintaining the site (see "Designate a Point Person").

You do have to spend some time and money, to grow your "likes," create ads, provide high-quality photos, and keep topics in play, said Dr. Melendez. Check the Facebook pages of other practices to get a sense of what does and doesn't work. (As well as using Facebook to connect with your patients, you also can use its Messenger feature to contact colleagues across the country for a referral, which—depending on the doctor—may be faster than using email.)

Create a Twitter account. Dr. Melendez (@DrRobMelendez) posts eye facts, research news, information from his Retinitis Pigmentosa Foundation, and "fun stuff," like news of last month's Run for Vision in Las Vegas.

"Social media personalizes your practice," he said. "It allows your patients to connect more easily and shows your practice as a team."

If you are new to social media, an easy first step is to create a Twitter newsfeed for your own benefit, based on the people, publications, and organizations that interest you. For instance, you can follow @aao_ophth for an ongoing digest of top Academy news and features. Once you get a feel for the medium, you can start sharing others' posts with patients and creating your own patient-oriented posts. (For a list of Twitter accounts and topics to follow, see this article online at www.eyenet.org.)

Provide frequent updates. Your Facebook page and Twitter account should be dynamic. "If you have something to share—let's say you volunteered at a senior center—Facebook makes it easy to share that information instantly," said Dr. Melendez. "Your patients want to see that their doctors are real, and stay current. You can also use the social media page to educate and engage, providing real value—worthwhile content—where you can provide links for patients to learn more."

Use the Academy EyeSmart program. An easy way to share topical advice with your patients via your Facebook, Twitter, and YouTube feeds is to use EyeSmart's public information posts, said Ms. Levine. One way to do

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that is to subscribe to the Academy's public information feeds. (This month, the Academy is updating the URL address of its feeds from www.facebook.com/geteyesmart.org, www.twitter.com/geteyesmart, and www.youtube.com/geteyesmart. The new feeds will all end in /AcademyEyeSmart.)

This month, promote glaucoma awareness. Each month, the EyeSmart program focuses its public education efforts on one or more topics. This month, for instance, it is encouraging ophthalmologists to support glaucoma awareness by sharing a series of tweets and Facebook posts, which typically include links to educational resources. Additional resources are available on the Academy's public information Web pages, where you can download the social media posts mentioned above, as well as posters (in both English and Spanish) and a customizable press release that you can send to your local media. (Until Jan. 10, these resources are located at www.geteyesmart.org/eyesmart/resources/index.cfm; after Jan. 11, at www.aao.org/eye-health/resources.)

Avoid These Pitfalls

While online tools can significantly raise awareness of your practice, they also carry certain risks for physicians that other businesses don't face.

Be mindful of HIPAA. "The first and riskiest pitfall is breaching the regulations for maintaining patient confidentiality under HIPAA," said Ms. Garabedian, referring to the Health Insurance Portability and Accountability Act. "Any form of posting about a patient is wrong. Even if an unnamed patient simply thinks a doctor is talking about him or her, while not necessarily a HIPAA breach, it can be seen as a breach of confidentiality. If you're taking a photo in the office, and there are people in the background, it's technically a breach from the patient's perspective. If there's a patient sign-in sheet in the background, that could be an inadvertent breach." Her overall recommendation: "For everything you do and post, run through a mental checklist: Is there anything here that could be considered a breach?"

Designate a Point Person

Limit your liability and other risks by channeling your social media efforts through one person who is focused on the potential pitfalls (see "Avoid These Pitfalls"), suggested Ms. Garabedian. This person should also be responsible for monitoring your practice media accounts for patient queries. Ms. Levine recommends that your point person for social media should be a staff member, rather than a physician. "While MDs may enjoy managing the social media presence, it's not a good use for their time. And they should not be responding to patient health inquiries via social media; that can chart a dangerous course. A representative of the practice should manage your Facebook page."

Think twice before offering medical advice. Physicians who offer diagnosis or treatment advice over social media should be aware that certain risks and liabilities apply, said Ms. Garabedian. And if you do offer such advice, Ms. Levine suggested that you contact your medical malpractice carrier for their guidelines and guidance. Rather than giving advice yourself, you could consider promoting the Academy's Ask an Eye M.D. service (starting Jan. 11, this will be located at www.aao.org/eye-health/ask-eye-md).

Be careful about how you respond to criticism. If you are online, you are opening yourself to criticism, and how you respond makes a difference. "You can always respond to critics directly and say something calmly such as 'Thank you for your opinion, we will take it under advisement,' and take it as something you can work on," said Ms. Garabedian. Dr. Melendez added, "We should welcome these comments. They give us the opportunity to improve our practices and our systems."

On the flip side, you can encourage patients to write reviews. "For instance, if a patient expresses that they love the practice, you can say, 'We love hearing that. If that's something you'd be willing to share, please post on our Facebook page,'" said Ms. Garabedian.

Be proactive about employees' online activity. Staff members' misuse of social media can reflect badly on your practice—and possibly cause legal problems—even if they are using their personal accounts, said Ms. Garabedian (see "Adopt Written Protocols," an online Web Extra at www.eyenet.org).

Keep your personal details out of the public sphere. "Physicians and managers must be careful—once you put yourself out there, you are discoverable," said Ms. Levine. "If you are going to have a personal page for your friends and family, do not tie this to your professional page. Use a pseudonym if needed. Patients shouldn't be seeing your pictures from Cancun." You should also think about your personal safety. "A disgruntled patient should have the least amount of information possible." Dr. Melendez agreed that you should keep your professional Facebook page separate from your private one, and added that you should not "friend" patients or give them medical advice via Facebook.

Facebook does have options to maintain privacy if you choose, so your personal site can't be searched, said Ms. Garabedian. ●

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See the disclosure key, page 8.



MORE ONLINE. For tips on adding social media policies to your practice handbook, plus a list of handy Twitter accounts and hashtags, see this article online at www.eyenet.org.