Social media has become a key source of health care information for patients. Surveys show a third of consumers in 2012 used social media for health-related matters, such as investigating health topics or joining conversations on symptoms, diagnoses, and treatments. Physicians are using social media for professional purposes at similarly high levels, with almost a quarter reporting that they use it daily to access or post medical information; two-thirds are doing so weekly.

Many physicians use social media to get information, to advocate for their specialty, or to pursue their professional goals, but how many are using these tools to strengthen their connection with their patients? It’s an important consideration as patients are increasingly using social media and physician rating sites when deciding whether to choose or remain with a practice, and putting one’s best face forward online is professionally and personally beneficial. Some see social media as a promising tool for patient engagement, although time will tell whether it lives up to this potential. For a refresher on the terms, see “Social media primer.”

Of course, family physicians already have a lot on their plate, and spending more time using social media may seem daunting. It could take several minutes a day to several hours a week to manage your social media, depending on your goals and the number of platforms you use. Some practices give specific physicians or staff members the job of generating and posting content to social media while others accept content from multiple contributors, with one person responsible for monitoring the platforms for patient messages and making sure the sites are working correctly.

A key issue when communicating with and about patients is avoiding any activity that could compromise their privacy. The dangers of unwittingly sharing a patient’s health care data— or harming your reputation with ill-conceived personal postings and photos— have become serious enough that most medical societies, including the American Academy of Family Physicians and the Federation of State Medical Boards, have issued lengthy policies on physicians’ use of social media.

### Social Media: Strategies for Building Greater Connections with Your Patients

Joining online networks can lead to faster and better communication with patients.

**DAVID TWIDDY**

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**About the Author**

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Many physicians may use social media to get information, to advocate for their specialty, or to pursue their professional goals, but how many are using these tools to strengthen their connection with their patients?

Assuming careful use of social media and adherence to policies, physicians can use social media to build their practices, educate their patients, and give them the information they need to make good health decisions in their daily lives.

**Marketing**

The most straightforward use of social media is to elevate your practice’s profile and provide new and existing patients with the information they need to schedule a visit.

You can publicize your address, phone number, office hours, holiday closings, information about physicians and services you offer, and practice news, such as recent awards, flu shot availability, or staffing changes.

While you may already have a website for your practice with such information, social media can help you expand its reach. For example, you could announce on Twitter that your hours are changing for Labor Day and include a link back to your website. Or post the new hours as an update on your practice’s Facebook page. Using social media allows you to connect with patients on a platform they know and use frequently for other purposes, eliminating the need for them to do the work of finding you.

One of the first decisions you must make in using social media is figuring out which platforms your patients use to get health information and deciding whether to establish a presence there. This could involve asking them where they get their information, what social media platforms they use most often, and for what purposes.

Making sure patients know about your social media presence is also important and can be accomplished by posting a sign in your waiting area or exam room asking patients to “Like” you on Facebook or follow you on Twitter, including your account name. Considering the number of patients using smartphones, don’t be surprised to find that some will be connected with you before you enter the exam room.

Jennifer Brull, MD, of Post Rock Family Health in Plainville, Kan., has used social media for four years. Her practice website (http://www.postrock.us) contains a blog of patient care information, which she publicizes through posts on the practice’s Facebook page (http://www.facebook.com/PostRock-FamMed) and Twitter feed (http://www.twitter.com/@PostRockFamMed).

The practice also uses its social media pages to announce the availability of same-day appointments and flu shots as well as how to get in touch with the physicians outside regular office hours.

“I think the benefit to our practice is making sure that when people want services, they know where to look,” Brull said. “So it’s increasing revenue because people will show up at your office instead of Walgreen’s.”

However, figuring out the best uses for social media can take some trial-and-error. At one time, Brull tried providing Twitter updates when the office was running behind or ahead of schedule so patients could adjust their arrival accordingly. She quickly found that the constant barrage of messages irritated patients and concluded that, if she was behind schedule, it didn’t make sense spending time messaging on her smartphone.

Natasha Burgert, MD, of Pediatric Associates of Kansas City, Mo., on the other hand, has found success using her personal Twitter account (http://www.twitter.com/@DoctorNatasha) to update patients on delays, vacations, or other things happening in the clinic.

The practice has its own Facebook page (http://www.facebook.com/Pediatric.Associates.Kansas.City) and Twitter feed (http://www.twitter.com/@pedsassoc), which often feature different content designed to appeal to different segments of the patient panel. For instance, Burgert said up to 20 percent of her patients prefer receiving information strictly through Twitter, so it’s used for general health
information and announcements while Facebook and the practice’s main website appeal to patients with more time to read.

Burgert said the practice decided on its social media strategy by using web analytics to see where its website traffic was coming from, which pointed a big arrow at Facebook. Web analytics are available through a variety of vendors and sometimes even the company that hosts your website.

Marketing isn’t just about reaching out to grab consumers, however; it can also protect your reputation. With the influx in recent years of physician rating websites, and patients’ increasing willingness to find and use those platforms, social media is a tool to make sure you have a voice in how you and your practice are portrayed.

Mike Sevilla, MD, of the Family Practice Center of Salem, Ohio, said he recommends that his peers create a presence online through a practice website or an account on professional social media platforms like LinkedIn, which will often appear near the top of Internet search results when a patient types his or her doctor’s name. Such a profile doesn’t need to be extravagant. It may simply include education, photos, and links to your practice, Sevilla said, but it is something in your own voice that you control.

“A lot of physicians don’t know that their patients are already talking about them on these rating sites,” Sevilla said. “That’s why I tell physicians to be proactive and to get online with the right information to try and take charge of their social media footprint.”

Social media can also be used for old-fashioned advertising, but with a twist. Most people connected with a practice over social media are patients of that practice already, so efforts to “convert” them into paying customers won’t work and might even irritate them.

But encouraging a patient to leave favorable comments about his or her experience on the practice’s Facebook page or other social media platforms is beneficial as those comments appear on that patient’s own feed. Jason Leonard, MD, of Colonial Family Practice in Sumter, S.C., said that can lead some of the patient’s friends, family, or other contacts who see the post to become interested in your practice – without additional work on your part.

**Education**

Facts or news about your practice, while important, won’t fully support a social media strategy. Unless you frequently change operations or offer lots of ancillary services, you will run out of things to talk about and lose patients’ attention.

Content is king in social media. Providing a regular flow of important, surprising, or

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### SOCIAL MEDIA PRIMER

- **Web logs:** More commonly called blogs, these are specialized websites that allow creators to publish articles of any length and even incorporate multimedia, such as sound, video, or interactive elements. Some of the key platforms for “do-it-yourself” blogging include Wordpress, Blogger, and Tumblr.

- **Facebook:** One of the most popular social media platforms on the Internet with more than 800 million active users, Facebook allows registered users to post regular updates and other content. Users can follow the updates of individuals by “friending” them and follow businesses by clicking their “Like” button. FPM’s Facebook account is https://www.facebook.com/FPMJournal.

- **Google+:** Similar to Facebook, although currently with fewer users, this platform allows you to group users by interest or “circles,” such as friends or business associates.

- **Twitter:** A “microblogging” site with more than 200 million users, Twitter limits entries, or “tweets,” to 140 characters or fewer. Users must sign up to follow an account’s updates and can then share those updates with others, a process called “retweeting.” Twitter accounts, or “handles,” are designated with an “@” symbol, such as http://www.twitter.com/@FPMJournal.

- **LinkedIn:** Similar to Facebook but more specialized, this site is aimed at users looking to network with those of similar professional interests or search for potential jobs.

- **YouTube:** This site allows users to post videos of any length, which can then be viewed, shared, or commented on. These videos can also be embedded on other social media platforms.

- **Flickr:** This site is dedicated to hosting user photos and some video. Users get one terabyte of storage for free and can purchase additional space. Content posted on Flickr can be embedded in blogs and other social media platforms. Content is organized by “tags,” which visitors can use to find images tied to a specific topic.
even humorous information on your blog, Facebook page, or Twitter feed will keep patients coming back – and keep you in the forefront of their minds when they have health questions or need medical services.

Many successful practices use social media as a way to provide patient education. By including web links in your posts, it’s easy to point patients to studies on new therapies, patient handouts, videos on topics such as diabetes care or rehabilitation exercises, news media stories on health topics such as the dangers of not wearing sunscreen, or even food website lists of healthy recipes.

At Leonard’s practice, one of the physicians recorded an educational video showing the proper way to treat a fish hook injury, which was then uploaded to YouTube (http://www.youtube.com/watch?v=2Re91_P7KE) and added to the practice Facebook page (http://www.facebook.com/ColonialFamilyPractice).

Leonard also includes information that can lead to future visits. For instance, he added a link to a Harvard study looking at the connection between fish oil supplements and prostate cancer and advised patients taking fish oil to discuss the situation with their physician.

Reggie Lyell, MD, of Harrison Family Medicine in Corydon, Ind., checks pollen counts daily and will post warnings on Twitter and Facebook when susceptible patients should consider taking antihistamines or nasal steroids.

“Frequently when I post that pollen counts are going up, I’ll get six to 10 responses of thanks,” Lyell said.

Besides the regular practice social media sites, Burgert also has her own blog (http://www.kckidsdoc.com), which lets her advocate for health causes, such as combating anti-vaccination campaigns. She also uses it to post patient education materials, which she’ll ask parents to read before a future visit and come with questions, if necessary.

“For example, introducing solid foods to an infant’s diet is a seven-minute conversation. I can put it on the blog and let the parent read it. I just got that seven minutes back, and we can talk about something else,” she said.

“Since all of us physicians are running at such a quick pace, we need to use these tools in order to make our face time much more valuable and take away the mundane.”

She also likes to use social media to update patients on things she notices going on in her practice that might affect them and their children. For example, if she starts to see a number

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### HOW TO GET STARTED

- If you don’t have one already, open a personal account on LinkedIn. Providing even basic information about yourself gives you some control over what prospective patients see if they search for your name online.

- Observe. What are people talking about on Facebook and Twitter? What health questions are they asking? How are health leaders in your community using social media? These lessons will help you better plan your social media strategy.

- Start small with one social media platform that addresses a single need, such as improving access to patient education or quickly publicizing changes in clinic hours, staffing, or services. Measure how well that platform is solving your problem, and then move to a new problem and, if necessary, a new platform.

- If you are in a group, decide who will oversee the practice’s social media outreach, which includes generating and posting new content and monitoring it for patient interaction or problems.

- Establish a policy early about directly communicating with patients through social media that addresses privacy concerns. This may include recommendations about whether physicians and staff should communicate with patients through their private social media accounts.

- Be practical. If your practice has multiple offices, giving each one a Facebook page means it will take longer to update content than if you have only a single practice-wide account.

- Share stories, not just facts. Patients are more likely to read and respond to items involving real people than a list of health recommendations. It’s media, but it’s also social.

- Add new content frequently, as this gives readers a reason to check out your social media channels frequently. This can range from a single new post each week to several daily, depending on your schedule and your priorities.

- Patients can’t read the helpful information on your practice’s website if they don’t know it exists. If your content isn’t getting read, experiment with using Twitter and other social media tools to publicize it and include web links.
of patients with strep throat, she’ll post the symptoms and what parents can do to protect their children. Similarly, if she hears three or more patients ask the same health-related question in a week, she’ll address that question and share it via social media.

Sevilla doesn’t use social media to communicate with patients because of concerns about privacy issues. But he recommends that physicians become well-versed on social media so they can talk productively with patients about reputable sources of health care information when the issue comes up during visits. For example, he said, a physician can find out where a patient gets online health care information and direct the patient to more reputable sites, if necessary.

Direct communication

Social media enables connecting, and some patients will want to use it to contact physicians directly. This is especially true if they perceive a message sent over Facebook or Twitter will get a quicker response than calling the office or sending an email. These messages can be as straightforward as appointment requests or as ethically dangerous as requests for medical advice or discussing lab results.

Although private messaging in Facebook and direct messaging in Twitter is hidden from other viewers, it is far from secure and can run afoul of federal privacy regulations. For this reason, many physicians make it a policy to not respond to messages dealing with private patient information, and they explain that policy to patients. They typically redirect the patient to call the office or set up an appointment.

Still, some forms of direct communication can be useful (and safe) and engender greater patient satisfaction.

For Brull, living in a small town means many of her patients are friends outside of the office and will naturally ask for her help over social media. For example, a patient once sent her a private message and photo of some unusual spots in her daughter’s armpit and asked whether she should come to the office the following day. Brull didn’t provide a diagnosis or request additional medical information but did recommend an appointment and provided the office hours. When possible, she tries to move the conversation to the practice’s secure online portal, not only because of the privacy issue but also because the discussion then can be easily incorporated into the patient’s electronic health record.

Burgert has no qualms answering patient questions over private messaging in Facebook and Twitter, saying it’s often the fastest way to communicate and most of her patients have accepted the potential for security breaches. That said, she has developed a document patients must sign to acknowledge that risk.

“To them, it is more important to reach me in a quick and timely manner than it is to avoid any risk of getting hacked,” she said.

Burgert has been able to use the connectivity with patients and with other colleagues to provide referrals quickly, often coordinating appointments within minutes completely through private Twitter messages. “The type of conversations that I’m having are not going to be ‘I have a 25-year-old patient who is XYZ.’ My communication is, ‘Hey Jason, I have a kid that really needs to see you. Do you have an appointment tomorrow?’ There’s no patient information,” she said.

Another question is how physicians respond to patients wishing to connect to the physician’s personal social media platforms. Many physicians don’t have private accounts for this reason or don’t allow those connections if they do. Others will do it under certain conditions.

Lyell said he has a personal Facebook page in addition to the one used by the practice and doesn’t reject “friend” requests from patients. But he does post messages a couple times per year reminding patients that he won’t respond to patient care questions through social media.

He connects with fellow physicians through Doximity (https://www.doximity.com/), one of several professional health care social media platforms. He said it’s built for connecting with other physicians and allows for informal
Social media enables connecting, and some patients will want to use it to contact physicians directly.

Platforms like Doximity let you connect with other physicians for consults or networking. It also supports secure fax messaging, which comes in handy if he’s on call and a nursing home requires a secured prescription and won’t accept a verbal order. There are also a number of mobile apps available aimed at helping physicians connect with patients and each other through social media, although evaluating those is beyond the scope of this article.

Social media is a tool that patients may expect their physicians to use as it becomes further ingrained in everyday life. Time will tell how much it actually affects patient engagement. See “How to get started” for a list of helpful hints.

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