



Using the Internet in your practice

PART 1: WHY SOCIAL MEDIA ARE IMPORTANT AND HOW TO GET STARTED

➔ A few free or low-cost strategies can help you add new patients every day

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Let's rewind to the year 2000, the dawning of a new millennium. It was then that many physicians decided the time was ripe to establish a Web presence. It wasn't that difficult, after all: Just take the practice's three-color, trifold brochure and convert it into a Web-site template. A teenager could do

it—and many did, sometimes guided by a college student in computer sciences.

These early implementers were confident that they could cruise into the 21st Century with this new technology. They had no idea how much the Internet would change... or how fast...but their basic impulse was a wise one, to harness the power of the Internet for the good of their patients and their practices.

In this four-part series, we focus on the rapidly expanding utilization of the Internet for health-related purposes. In Part 1, we focus on why it's important to address the Web, particularly social media, and we zoom in on creating a blog for your practice. In Part 2, our focus will be the "big three": Facebook, Twitter, and YouTube. We will take up search engine optimization and online reputation management in Parts 3 and 4, respectively.

Why is the Internet important?

It isn't uncommon for patients to arrive in their doctor's office with a stack of pages downloaded from the Internet that describe

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ILLUSTRATION: PAUL ZIWOLAK FOR OBG MANAGEMENT



TABLE 1 A profile of Internet users who search for health information

Attribute	Percentage of all US adults who go online	Percentage of all US adults who look for health information online
Gender		
Male	73	53
Female	75	65
Race		
White	77	63
African American	66	47
Latino	62	45
Age		
18–29 years	92	71
30–49	79	66
50–64	71	58
65+	40	29
Education		
Some high school	38	24
High school graduate	64	45
Some college	84	70
College graduate	91	81
Household income		
<\$30,000	57	41
\$30,000–\$49,999	80	66
\$50,000–\$74,999	86	71
\$75,000+	95	83

Source: Pew Research Center.² Internet & American Life Project, August 9–September 13, 2010 survey, N = 3,001 adults. Margin of error: ±3 percentage points for the full sample. Margins of error for subpopulations are higher.

their disease state or tests they are about to undergo. Many patients also are beginning to expect to interact with their physicians through Web sites, blogs, and Facebook and Twitter accounts.

In fact, so much of health care is moving online that many physicians assume that everybody uses the Internet. The most recent data from the Pew Internet & American Life Project indicate that, in the United States, one in three adults have gone online to find out more about a medical condition, and 59% of all adults use the Internet to search for health information (TABLE 1).^{1,2} Eight in 10 people who regularly use the Internet look

online for health information, making it the third most popular online pursuit tracked by the Pew project, after reading and sending email and using a search engine.

What types of health information do US adults look for online? Most people (66%) who use the Web to search for health information look for information on a specific disease or medical problem (see TABLE 2 on page 30 for a list of other common health topics).³

The Pew Research Center also found that some demographic groups are more likely than others to seek health information online. They include:

- adults who have provided unpaid care to a parent, child, friend, or other loved one in the past 12 months
- women
- white adults
- adults aged 18 to 49 years
- adults with at least some college education
- adults in higher-income households.¹

What are social media and why do we need them?

Social media encompass Web sites and other online communication applications used for social networking. Three of the most widely used media are Facebook, Twitter, and YouTube.

When someone once asked hockey great Wayne Gretzky about his sport strategy, he replied: “I don’t skate to where the puck is or where the puck has been; I skate to where the puck is going to be.” Social media are where the puck (ie, our patients) are going to be today and tomorrow.

If we review other media launches, we discover that it took nearly 40 years for radio to attract 50 million listeners, and 13 years for television to reach 50 million viewers. But it took only 4 years for the Internet to achieve 50 million users. Facebook alone reached 100 million users in just 9 months!

Just a decade ago, the Mayo Clinic relied on standard marketing techniques using radio, TV, and print media to attract new patients. Today, the Mayo Clinic makes use

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TABLE 2 What types of health information do Internet users seek?

Type of information	Percentage of Internet users seeking it*
Specific disease or medical condition	66
Certain medical treatment or procedure	56
Doctors or other health professionals	44
Hospitals or other medical facilities	36
Health insurance, including Medicare and Medicaid	33
Food safety or recalls	29
Drug safety or recalls	24
Environmental health hazards	22
Pregnancy and childbirth	19
Memory loss, dementia, or Alzheimer's disease	17
Medical test results	16
Chronic pain management	14
Long-term care for the elderly or disabled	12
End-of-life decisions	7
At least one of the topics listed above	80
Another health topic not included in the survey	28

Source: Pew Research Center.³ Internet & American Life Project, August 9–September 13, 2010 survey, N = 3,001 adults. Margin of error: ±3 percentage points for the full sample. Margins of error for subpopulations are higher.

*Users were instructed to check all that applied and add topics not listed.

of Facebook, Twitter, YouTube, podcasts, and blogging. The Mayo Clinic even has developed a Center for Social Media to focus on the use of social media for its centers in Rochester, Minnesota; Jacksonville, Florida; and Phoenix, Arizona. If something is good for the Mayo Clinic, it has to be OK for the rest of us.

Social media also make it possible for smaller practices to compete with much larger practices that have huge marketing budgets. With very little expense, small practices—even solo practices—can develop a social media presence that can rival those of larger competitors.

How to get started

There are four major social media programs to consider: Facebook, Twitter, YouTube, and blogging. We suggest that ObGyns who

are ready to develop a social media presence begin with blogging, the focus of this article. We will cover Facebook, Twitter, and YouTube in Part 2 of this series.

Blogging is the easiest way to enter the world of social media. It's free, can be accomplished reasonably quickly, and allows you to communicate with existing patients and attract new patients to your practice.

What is a blog? A blog is a Web site that is maintained with regular entries (posts) that invite comments from readers. Blogging allows feedback from people who visit your site and offers you the opportunity to respond to their comments. This creates a dialogue between you, your existing patients, and potential patients that is hard to achieve on an ordinary Web site.

The only expense for a blog is the cost of your time. There are several sites that will host your blog:

- **WordPress.com** offers free traffic stats, anti-spam features, search engine optimization, and more. Its platform is used by many popular blogs, including Forbes, Flickr, and CNN.
- **Blogger.com** (powered by Google) offers a user-friendly interface and smooth integration with the blogger's Google account
- **Blog.com** provides the same basic features as other blog-hosting platforms, including free templates, but it charges a fee to keep ads off your site
- **MovableType.com** is a high-end hosting platform that charges a fee for its use
- **LiveJournal.com** provides its basic service at no charge but, like Blog.com, charges a fee to keep ads off your site.

We prefer WordPress.com because it was recommended in *The Social Media Bible*. WordPress.com offers tutorials that help you create a blog, enter content, and publish your material. You can access them at <http://learn.wordpress.com>.

We suggest that you develop your blog by incorporating a "hook" or other enticement to capture readers' attention, keep your message relevant to their lives, and link the blog to your Web site so readers can find solutions to their medical problems.

Social media experts agree that regular posting is the key to success, particularly in regard to blogging. Commit to posting at least weekly. Visitors are more likely to return to your blog when they can count on regular updates.

How to tell your story

One way to start your post is by offering a startling statistic or analogy. For example, if you are writing about breast cancer, you might begin by observing that more than 1,000 women *under age 40* died of the disease in 2013—or that only lung cancer causes more cancer deaths in women.

Humor is another way to engage readers. We have found that people are attracted to funny anecdotes and stories. For example, when Dr. Baum is writing about erectile dysfunction, he might tell a story about arriving at a hotel and finding only 32 cents in his pocket to tip the bellman. When he offered the young bellman a copy of his new book, *Impotence: It's Reversible*, the bellman replied, "Dr. Baum, if it's all right with you, I'd just like to have the 32 cents." In a blog post about this exchange, Dr. Baum might explain that the article is intended to give readers a little more than 32 cents' worth of information about erectile dysfunction. The post would carry on from there.

Another option is to relate a compelling story about a recent patient (without using her name) that describes how you identified a problem, made a diagnosis, and resolved the patient's complaint.

At the end of each blog post, we recommend that you invite readers to submit open-ended questions and comments. This motivates them to respond and starts a dialogue between your practice and potential new patients. Also include a call to action, preferably with a link from your blog to your Web site, inviting readers to visit your site or contact your practice to become a patient.

Most comments on your blog are likely to be positive, or to consist of requests for clarification or specific information. And most blog-hosting platforms allow you to review comments before they are published

to your blog site. Any unnecessarily harsh or abusive comments can simply be rejected.

Once you have created a blog and begun to post regularly, we recommend that you check traffic to the site using the built-in analytics available through most hosting platforms. The traffic stats give you information on the number of visitors you have, how long they are spending at your blog, and how many are connecting to your main Web site. You can use this valuable information to identify what is working and tweak your blog posts accordingly.

Catchy titles make a difference

Strive to create titles that will capture the attention of your readers. People often decide whether or not to read a blog post on the basis of its title alone. Think of an effective title as a billboard. Drivers are speeding down the highway and have only 3 or 4 seconds to read the billboard and decide whether they will visit the restaurant, buy the product, or call for more information. The same holds true for titles on your blogs.

For example, Dr. Baum once titled a blog post "Urinary incontinence: Diagnosis and treatment." It drew few readers. When he changed the title to "Urinary incontinence: You don't have to depend on Depends," nearly 1,000 readers commented on the post. Same article, different title.

Pay attention to your practice Web site

We mentioned getting visitors from your blog site to your practice's Web site. Once they arrive, two strategies are vital:

- visitor navigation
- patient-conversion systems.

Visitor navigation. The visitor comes to your Web site to get information that provides a solution to her problem. Once she lands on your site, you have less than 10 seconds to engage her; otherwise, she'll leave instantly with the click of the mouse. Make it easy for her to find what she is looking for. For example, are the procedures and treatments you offer listed prominently so that the visitor can see them immediately and click on the link she wants? How about adding an icon,



The main purpose of your practice Web site is to convert visitors to patients

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8.4 Pediatric Use

Safety and efficacy of Skyla have been established in women of reproductive age. Efficacy is expected to be the same for postpubertal females under the age of 18 as for users 18 years and older. Use of this product before menarche is not indicated.

8.5 Geriatric Use

Skyla has not been studied in women over age 65 and is not approved for use in this population.

8.6 Hepatic Impairment

No studies were conducted to evaluate the effect of hepatic disease on the disposition of LNG released from Skyla [see *Contraindications* (4)].

8.7 Renal Impairment

No studies were conducted to evaluate the effect of renal disease on the disposition of LNG released from Skyla.

17 PATIENT COUNSELING INFORMATION

See FDA-approved patient labeling (Patient Information)

- Counsel the patient that this product does not protect against HIV infection (AIDS) and other sexually transmitted diseases (STDs).
- Counsel the patient on the benefits, risks, and side effects of Skyla prior to insertion. Provide the Patient Information Booklet and give her the opportunity to read the information and discuss fully any questions she may have concerning Skyla as well as other methods of contraception. Advise the patient that the Full Prescribing Information is available to her upon request.
- Inform the patient about the risks of ectopic pregnancy, including the loss of fertility. Teach her to recognize and report to her healthcare provider promptly any symptoms of ectopic pregnancy.
- Inform the patient about the possibility of PID and that PID can cause tubal damage leading to ectopic pregnancy or infertility, or infrequently can necessitate hysterectomy, or cause death. Teach patients to recognize and report to their physician promptly any symptoms of pelvic inflammatory disease. These symptoms include development of menstrual disorders (prolonged or heavy bleeding), unusual vaginal discharge, abdominal or pelvic pain or tenderness, dyspareunia, chills, and fever.
- Counsel the patient that irregular or prolonged bleeding and spotting, and/or cramps may occur during the first few weeks after insertion. If her symptoms continue or are severe she should report them to her healthcare provider.

- Counsel the patient on how she can check that the threads still protrude from the cervix and caution her not to pull on the threads and displace Skyla. Inform her that there is no contraceptive protection if Skyla is displaced or expelled. [See *Warnings and Precautions* (5.6, 5.7).]
- Instruct the patient to contact her healthcare provider if she experiences any of the following:
 - A stroke or heart attack
 - Very severe or migraine headaches
 - Unexplained fever
 - Yellowing of the skin or whites of the eyes, as these may be signs of serious liver problems
 - Pregnancy or suspected pregnancy
 - Pelvic pain or pain during sex
 - HIV positive seroconversion in herself or her partner
 - Possible exposure to sexually transmitted infections (STIs)
 - Unusual vaginal discharge or genital sores
 - Severe vaginal bleeding or bleeding that lasts a long time, or if she misses a menstrual period
 - Inability to feel Skyla's threads
- Inform the patient that Skyla can be safely scanned with MRI only under specific conditions [see *Warnings and Precautions* (5.11)]. Instruct patients who will have an MRI to tell their doctor that they have Skyla. This information is included on the Follow-Up Reminder Card.
- Complete the Follow-up Reminder Card and give to the patient.

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PRACTICE Management

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at the top right on every page, that says: "Schedule an appointment" or "Schedule a consultation." The words you use (and their placement) are critically important if you want the visitor to become a patient!

Patient-conversion systems. Many Web sites are designed by people other than marketers. Even many Web-design companies focus on the look of the site rather than its main purpose: to convert visitors to patients.

If you want to get a Web-site visitor to schedule an appointment, your phone number should be clearly visible (along with the "Schedule an appointment" icon) on every page above the fold. "Above the fold" simply means that the visitor does not have to scroll down the page to see it. Believe it or not, many fancy Web sites fail to put these items in plain view!

And because you want to position yourself as a trusted authority in your field, patient testimonials are an important feature to include on your home page. And keep the information simple—stay away from technical jargon that the visitor will not understand.

Capture the visitor's email address and use an auto-responder to follow up. You can get the visitor's email address by offering something of value, such as a complimentary medical guide to a common condition. Once

you have her email address, you have a way to stay in touch with the prospective patient and build a relationship of trust and confidence in your ability to solve her problem.

Bottom line: Social media are worth the effort

Social media marketing is a tool that most medical practices will be considering in the near future. A blog is a social media tool that can educate and inform existing patients and attract new ones to your practice. It is inexpensive, effective, and well worth the time and effort required to create a presence. 📌

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