

Making Social Media Work for Your Practice



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Social media (SoMe) use is ubiquitous and, in the digital age, it is the ascendant form of communication. Individuals and organizations, digital immigrants (those born before the widespread adoption of digital technology), and digital natives alike are leveraging SoMe platforms, such as blogs, Facebook, Twitter, YouTube, and LinkedIn, to curate, consume, and share information across the spectrum of demographics and target audiences. In the United States, 7 in 10 Americans are using SoMe and, although young adults were early adopters, use among older adults is increasing rapidly.¹

Furthermore, SoMe has cultivated remarkable opportunities in the dissemination of health information and disrupted traditional methods of patient-provider communication. The days when medically trained health professionals were the gatekeepers of health information are long gone. Approximately 50% of Americans seek health information online before seeing a physician.² Patients and other consumers regularly access SoMe to search for information about diseases and treatments, engage with other patients, identify providers, and to express or rate their satisfaction with providers, clinics, and health systems.³⁻⁵ In addition, they trust online health information from doctors more than that from hospitals, health insurers, and drug companies.⁶ Not surprisingly, this has led to tremendous growth in use of SoMe by health care providers, hospitals, and health centers. More than 90% of US hospitals have a Facebook page and 50% have a Twitter account.⁷

Gastroenterology (GI) and hepatology practitioners, their clinical and research practices, and their patients are no exception. Although adoption of SoMe has been slow among gastroenterologists and hepatologists, it is growing. In a study published in 2015, Davis et al⁸ found that only 48% of GI providers reported never using SoMe. More recently, in March 2017, we conducted a survey of American Gastroenterological Association (AGA) members subscribed to the *AGA eDigest*. Of the 69 participants, one-third reported using at least one SoMe platform multiple times per day and 56% expressed interest in expanding their SoMe presence. Chiang et al⁹ even developed GI hashtag ontology (*hashtag* refers to a phrase that is preceded by # and is used to identify and collate topics of interest, ie, #coloncancer) as a means to

allow lay and health professional SoMe users to curate medical information more easily. These data are particularly interesting in light of studies suggesting that patients with inflammatory bowel disease and chronic viral hepatitis, chronic diseases that commonly are managed by GI and hepatology providers, are highly motivated to use SoMe in the management of their disease. Patients with these conditions also value interaction with health care professionals on SoMe.^{10,11}

There is ample opportunity to close the gap between patient and health care provider engagement in SoMe, equip providers with the tools they need to be competent consumers and sharers of information in this digital exchange, and increase the pool of evidence-based information on GI and liver diseases on SoMe.¹² However, there is limited published literature tailored to gastroenterologists and hepatologists. The goal of this article, therefore, is to provide a broad overview of best practices in the professional use of SoMe and highlight examples of novel applications in clinical practice.

Best Practices: Getting Started and Maintaining a Presence on Social Media

SoMe can magnify your professional image, amplify your voice, and extend your reach and influence much faster than other methods. It also can be damaging if not used responsibly. Thus, we recommend the following approaches to responsible use of SoMe and cultivating your SoMe presence based on current evidence, professional organizations' policy statements, and our combined experience. We initially presented these strategies during a Meet-the-Professor Luncheon at Digestive Disease Week in Chicago, Illinois (<http://www.ddw.org/education/session-recordings>).

Abbreviations used in this paper: AGA, American Gastroenterological Association; GI, gastroenterology; SoMe, social media.

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PRACTICE MANAGEMENT: THE ROAD AHEAD, *continued*

First, establish personal objectives and/or goals for using SoMe. It is with these in mind that you select SoMe platforms on which to create a digital profile and footprint. They also can serve as an internal censor and guiding principles for the content that you share and individuals or groups with whom you engage. For example, if your goals include disseminating evidence-based content on liver diseases to a broad audience and connecting with a network of key opinion leaders and patient-oriented groups who share this interest and/or expertise, Twitter may be an ideal option for you given its vast user base and flexibility in both posting multimedia content such as pictures, videos, and links to publications, and tailoring the content you receive to specific individuals and groups.

Second, as with other aspects of medical training and practice, find a mentor to provide hands-on advice. This is particularly true if your general familiarity with the SoMe platforms is limited. If this is not available through your network of colleagues or workplace, we recommend exploring opportunities offered through your professional organization(s) such as the aforementioned Meet-the-Professor Luncheon at Digestive Diseases Week.

Third, know the privacy setting options on your SoMe platform(s) of choice and use them to your advantage. For example, on Facebook and Twitter, you can select an option that requests your permission before a friend or follower is added to your network. You also can tailor who (such as friends or followers only) can access your posted content directly. However, know that your content still may be made public if it is shared by one of your friends or followers.

Fourth, nurture your SoMe presence by sharing credible content deliberately, regularly, and, when appropriate, with attribution.

Fifth, diversify your content within the realm of your predefined objectives and/or goals and avoid a singular focus of self-promotion or the appearance of self-promotion. Top SoMe users suggest, and the authors agree, that your content should be only 25% to 33% of your posts.

Sixth, thoroughly vet all content that you share. Avoid automatically sharing articles or posts because of a catchy headline. Read them before you post them. There may be details buried in them that are not credible or with which you do not agree.

Seventh, build community by connecting and engaging with other users on your SoMe platform(s) of choice.

Eighth, integrate multiple media (ie, photos, videos, infographics) and/or SoMe platforms (ie, embed link to YouTube or a website) to increase engagement.

Ninth, adhere to the code of ethics, governance, and privacy of the profession and of your employer.

Best Practices: Privacy and Governance in Patient-Oriented Communication on Social Media

Two factors that have been of pivotal concern with the adoption of SoMe in the health care arena and led to many health care professionals being laggards as opposed to early adopters are privacy and governance. Will it violate the patient-provider relationship? What about the Health Insurance Portability and Accountability Act? How do I maintain boundaries between myself and the public at large? These are just a few of the questions that commonly are asked by those who are unfamiliar with SoMe etiquette for health care professionals. We highly recommend reviewing the position paper regarding online medical professionalism issued by the American College of Physicians and the Federation of State Medical Boards as a starting point.¹³ We believe the following to be contemporary guiding principles for GI health providers for maintaining a digital footprint on SoMe that reflects the ethical and professional standards of the field.

First, avoid sharing information that could be construed as a patient identifier without documented consent. This includes, but is not limited to, an identifiable specimen or photograph, and stories of care, rare conditions, and complications. Note that dates and location of care can lead to identification of a patient or care episode.

Second, recognize that personal and professional online profiles/pages are discoverable. Many advocate for separating the two as a means of shielding the public from elements of a private persona (ie, family pictures and controversial opinions). However, the capacity to share and find comments and images on SoMe is much more powerful than the privacy settings on the various SoMe platforms. If you establish distinct personal and professional profiles, exercise caution before accepting friend or follow requests from patients on your personal profile. In addition, be cautious with your posts on private SoMe accounts because they rarely truly are private.

Third, avoid providing specific medical recommendations to individuals. This creates a patient-provider relationship and legal duty. Instead, recommend consultation with a health care provider and consider providing a link to general information on the topic (eg, AGA information for patients at www.gastro.org/patientinfo).

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