

Social Media Panelists



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Rohit Krishna, MD, is a glaucoma specialist and partner at Sabates Eye Centers in Leawood, Kan. He is also Medical Director of Epic Surgery Centers and has been involved with social media and applications development for approximately 3 years as managing partner of Cloud Nine Development.



James Dawes is chief administrative officer at Center for Sight, a group of 26 doctors based in Sarasota and eight other locations in southwest Florida. Center for Sight provides comprehensive eye care, cosmetic services and hearing services. He's been involved in social media to some degree for the last 4 years.



Mark Prussian is the chief executive officer of the Eye Care Institute in Louisville, Ky., where seven doctors use e-newsletters, Facebook and other Internet outlets to promote the practice. He has 22 years of ophthalmology administration experience.



Greg Raeman, COE, CCOA, OCS is a member of Allergan's Eye Care Business Advisory Group. He is based in St. Louis, Mo. Greg has 19 years of experience in the medical field, including 10 years in ophthalmology and over 10 years in business management. He works with individual ophthalmology practices and lectures to community- and institutional-based eye-care providers on all aspects of practice management and healthcare reform.



Randall Wong, MD, Fairfax, Va., has been a retina specialist for 20 years. He started a medical website/blog about 4 years ago and has integrated social media to enhance his web presence. He has become his own single largest referring source. Dr. Wong is the co-founder of Medical Marketing Enterprises, LLC, a company that teaches doctors how to market their practices successfully using websites, search engine optimization and social media.

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Stunning Statistics

Because of search engines, it's important to update business and medical directory listing pages. But the rapid growth of Facebook, Twitter and YouTube users has captured the attention of tech-savvy marketers worldwide. Consider a few Facebook statistics that demonstrate this point:

- As of 2011, more than 500 million active users have Facebook pages.
- The 35+ demographic is growing rapidly, now with over 30% of the entire Facebook user base.
- The average Facebook user has 130 friends.
- Over 200 million people access Facebook via their mobile phone.

Reference: Facebook Statistics, Stats & Facts For 2011.
<http://www.digitalbuzzblog.com/facebook-statistics-stats-facts-2011/>; last accessed July 12, 2012.

Facebook should be the first channel to address. In the prospectus Facebook filed with the United States Security and Exchange Commission as part of its highly publicized initial stock offering on May 21, the company had 845 million monthly active users. This number, as of Dec. 31, 2011, represented a 39% increase over a 1-year period.¹

After Facebook, I suggest YouTube as a second choice. It allows you to easily put a video on the Web. This video can be educational, informative and useful. I wouldn't create a video that's promotional. Generally, I would say to follow the 80/20 rule — 80% of what you put on social media should be informational and no more than 20% should be promotional.

Motivating Patients

Mr. Raeman: How do you motivate people to visit social media sites?

Dr. Krishna: You need a unified marketing



How many times have you searched for a doctor on Google and come up with Health Grades as the number one or two hit? It tells you right away that the doctor isn't on the Internet — that he or she is not engaging. If you have a website, at least you'll be above these physicians.

— Randy Wong, MD

approach. From the moment the patient walks into your practice, he or she should see printed materials that describe your website or patient portal, including simple information on how to access them. Present your Facebook page and link or your hashtag on Twitter in places that the patient will see it. Remember that patients are going to have dead time before they see the doctor. Try to capitalize on that time by giving them something to do in the waiting room.

Once a patient visits your site, it's important to measure how well you're connecting with them. Facebook has a feature called Insights, providing every conceivable metric, including demographics. You can also use a service called Flurry (flurry.com), which can be embedded into the code of your Doctor App. Search Google for "social media applications" or peruse online publications, such as SocialMedia Examiner (socialmediaexaminer.com), for more ideas on apps that can help you manage your social media sites. We use HootSuite (hootsuite.com), which offers a 30-day free trial. This service provides an administrative panel that functions as a social media mission control center.

Starting with Small Steps

Mark Prussian: Our practice uses e-newsletters, Facebook and other Internet activities to promote our services. One factor to keep in mind is that very few ophthalmology practices have more than 2,000 followers on social media — an elite dozen or less have more than 10,000. Most ophthalmology practices, even those that have been working at social media for a while, have 50 to a few hundred.

Mr. Raeman: People shouldn't get discouraged. Often, when people in practices are setting up Facebook pages, they look at other practices' Facebook pages and say to me, "They have 62 people following their page." Well, keep in mind that 30 of those people are probably employees, friends and family members.

Mr. Prussian: If I had no social media presence and didn't know where to begin, I would want to optimize my Google+ Local (formerly Google Places) account. Simply go to Google, type in Google+ Local, click on the "Get Started" button (Claim your business listing — for free) and follow the



Many doctors, even those eager to participate, don't know what social media really means. I define social media as a means of developing a relationship, then engaging patients through that relationship by delivering a very specific message. That message should brand your practice, across all of your mediums.

— Rohit Krishna, MD

referring source. I've also started Medical Marketing Enterprises, a company that helps doctors market their practices. I believe that a blog, offering audiences the ability to comment, is the purest form of social media. It opens the door for the user to ask a question and, more importantly, gives the doctor or the practice administrator a chance to respond.

instructions. Google, with at least 81% of the search engine traffic, has far outpaced the Yellow Pages in reach, providing virtually every business address.² You might have more than one listing if your practice is associated with a practice name and a doctor's name.

You can spend 30 minutes uploading a few photographs to this service. Use a headshot and a photograph of your building, for example, so patients will know what you and your building look like before they visit. Add a few words on your biography, set it and forget it. Unless Google changes the rules, this listing doesn't need to be attended, unlike Facebook, which requires frequent posts.

Mr. Raeman: That's the best advice for the majority of practices.

Deliver a Very Specific Message

Dr. Krishna: Many doctors, even those eager to participate, don't know what social media really means.

I define social media as a means of developing a relationship, then engaging patients through that relationship by delivering a very specific message. That message should brand your practice, across all of your mediums.

Randy Wong, MD: There are so many facets of social media. I'm in retina practice in Fairfax, Va. We started a medical website/blog about 4 years ago and we have successfully integrated social media with our website. I have now become my own single largest

Who Am I Reaching and What Are They Saying?

Mr. Prussian: To comply with the meaningful use standards of electronic health records (EHR) Stage 1, we added a Web portal. We had a 101-year-old patient register with us, which was surprising. It turned out that her 75-year-old daughter had completed the registration. Social media isn't just for people in their 20s, 30s and 40s. Older patients with cataract, macular degeneration and other eye disease are also participating.

Mr. Casper: You may target the older patient, but you can also reach the daughter who is making



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decisions about their parents and grandparents, as the case you just mentioned demonstrates. I believe younger people in these roles make up the fastest growing demographic.

Dr. Krishna: Sure, you can deliver messages through videos in the waiting room, but people get bored quickly. Try to reach them through a smartphone application or your mobile website. Creatively leverage the time of the family member in your waiting room.

Developing a Target

Mr. Casper: To get started in social media, a practice should develop a target. While working as a consultant, I've found that the best way to get started in social media is to determine where you want your practice to go. Do you want to bring in every possible new patient or only specific types? Without an end point, you can't develop a cohesive strategy. Effective sites are setting up opportunities to interact with patients within their strategic themes,



In my experience, there are three types of practices: those that are only now thinking of launching a website, those that have a website that they haven't touched for years and those that have websites but aren't getting the most out of them, even though they're regularly updated.

— Randy Wong, MD

whether it is through one-minute surveys or other types of interactive tools.



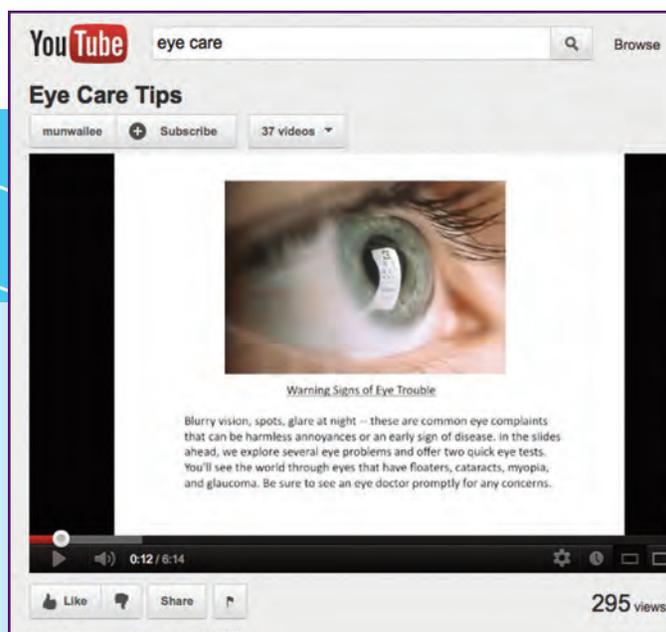
Lessons on YouTube: For You and Your Patients

Mr. Casper: A great tool for boosting your social media presence is YouTube. It offers effective videos that help you get started in social medical marketing. Google and Facebook also contain some outstanding videos.

Mr. Prussian: I'm a big proponent of YouTube, which seems to cover just about every topic. You can also plant yourself in front of a camera and address your audience on common topics and get someone on your staff to create a YouTube channel. You can gradually add to your library of videos.

Mr. Raeman: I see some practices that have done a phenomenal job with YouTube channel pages. If you think about it, many people use the video side of the Web, because they want to see procedures. YouTube channel pages provide a great way to pull people from the video side of the Web and link to your Web page.

Mr. Casper: Minnesota Eye, which does a fantastic job of posting videos, has generated nearly 17,000 views of videos on its YouTube channel. Think of the amount of information being pushed out based on that activity alone.



Mr. Prussian: I don't think that you benefit from extra credibility by paying a professional video company to create these videos for you. You can use something as simple as an iPhone.

Mr. Dawes: We perform free cataract surgeries for indigent patients in our community two times each year, including 80 during this past year. Instead of bringing in a professional film crew, our marketing person recorded the procedures with an iPhone. She also digitally recorded the patients' testimonials with her iPhone. We just popped those videos on YouTube. It was so much more real and legitimate than bringing in a professional film crew. We're all used to seeing these types of homemade videos now.

Also, by interacting immediately with visitors when they arrive at your site, you improve search engine optimization as the foundation that will move your practice deeper into relevant social media.

Dr. Wong: I think practices starting out should get down to basics. As I mentioned, I believe in starting with a website and a blog. By the way, I believe every website in 2012 should be a blog. Blogging “software” allows you to easily create a website that has the same appearance as an old fashioned website, but also allows readers to comment.

I suggest the following: If you have no website, start one soon. The site should offer basic information about your practice such as hours of operation, directions, contact information and accepted types of insurance. Beyond that, if you’re really brave, create an “about” page. I’d recommend writing, “who you are” vs. “what you are.” Write in the first person and about things you do, not about your resume. This type of site will serve as a resource page for patients. It will provide you with a Web presence, which is better than being found only on Health Grades.

How many times have you searched for a doctor on Google and come up with Health Grades as the number one or two hit? It tells you right away that the doctor isn’t on the Internet — that he or she is not engaging. If you have a website, at least you’ll be above the Health Grades physicians. It’s a good message to send to your patients — that is, trying to engage.

At some point, you may feel that you need to have more than a resource page. You might want to develop your website into a marketing tool. Writing patient information articles, or blogging, and increasing your search engine optimization will become important at this point, allowing you to reach patients who are seeking the services that you provide.

The best type of site will serve as a resource, market your practice and engage new patients. This is a bit more sophisticated, but you can add social media to drive patients to your site, use the site to provide value in the form of educational articles and then engage by asking your readers to ask questions or leave comments after the articles. This is the most powerful aspect of a blog and is how I’ve succeeded so well with my own practice.

To me, you can progress at your own speed and comfort level. Start simple and small, slowly expand your site as your needs grow.

What Doctors Are Doing in Cyberspace

Mr. Raeman: In our role as consultants for Allergan’s Eye Care Business Advisory Group, Mr. Casper and I assess websites frequently. When I go into a major metropolitan area, for example, I conduct a search engine optimization review to find out how our customers are doing. If websites in that community aren’t well optimized, my search returns mostly directory listing pages, such as Vitals and Health Grades.

I can tell you from experience that these pages frequently include inaccurate information, which raises my biggest concern. I’ve seen ophthalmologists listed as optometrists. Recently, in Oklahoma, I saw one listed as an OB/GYN. That’s not good for your business. Ensure that these medical directory listings present correct information about you, such as the right hospital affiliations. Often, you’ll see room on the sites for a profile picture. You’ll see tabs that invite you to update your profiles for free. In many cases, if you aren’t engaged in social media and don’t have a website — or perhaps even if you do have a website — these pages are what will show up in patients’ searches. Like it or not, these are the pages that will represent you on the Web. It’s worth the time to update them with good information.

James Dawes: My involvement in social media began about 3 or 4 years ago in my current position as chief administrative officer of our 26-doctor group. We asked our Web development company to create a Facebook page and then quickly realized that we were trying to go from first base to third base. We weren’t making sure our local searches and doctor finder listings on Health Grades or Vitals were correct. Our



Without an end point, you can’t develop a cohesive strategy. Effective sites are setting up opportunities to interact with patients within their strategic themes, whether it’s through 1-minute surveys or other types of interactive tools.

— Joe Casper, Allergan Consultant



If you're starting from scratch, agreed, the best advice is to begin with a blog. It's the fastest, easiest and most mobile-friendly way to connect with your patients.

— James Dawes, Practice Administrator

and most mobile-friendly, way to connect with your patients.

Dr. Wong: The blog software today (CMS) makes the older HTML generators, such as Microsoft FrontPage and DreamWeaver, obsolete. Unlike FrontPage, DreamWeaver and other HTML generators, blogging software themes are turnkey and completely customizable.

various doctor profiles, locations and LinkedIn information needed to be corrected and updated. So we took a step back and addressed all of the factors we could immediately control.

We started monitoring our reviews, our online reputation, making sure we understood what was being said about us online. I see many practices skipping these critical first steps and instead jumping ahead and developing a Facebook page that isn't valuable to users.

Managing Mobile Space

Mr. Dawes: Here's another issue that can be a challenge, one that you can easily take for granted. About 6 months ago, I was horribly embarrassed to learn that our website was not mobile friendly, which meant that it couldn't be viewed on tablets or smartphones. We have Wi-Fi in all of our nine locations, and we encourage patients and their families to access our website in our offices. These days, many of them will do that on a smartphone or tablet. So we're addressing this issue, which involves a fair amount of reinvention of our website.

Dr. Wong: Unless your site is a blog.

Dr. Wong: Most new blog themes are written to be automatically mobile-friendly. But if they aren't, you can just use a plug-in program.

Mr. Dawes: If you're starting from scratch, agreed, the best advice is to begin with a blog. It's the fastest, easiest

Mr. Dawes: You can start a blog and make it operational in 3 days.

Where Will Patients Find You?

Dr. Wong: I think we can all agree that you need to have a Web presence, first and foremost, even if it's only providing location and contact information. Otherwise, patients aren't going to call you. I believe 90% of Americans go to the Internet first when they have health-related questions.³ When a patient or a person receives the name of a doctor — be it from a referring doctor, a parent, a family member or the person next door — the patient will go to Google to search for that doctor. And if the doctor isn't there, the patient will never go to that doctor's office. ■

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Investing in Social Media

Tips on how to succeed in cyberspace

Joe Casper: Most ophthalmology practices aren't doing a very good job with social media. They realize they have to partake in it and some are even outsourcing the work. But by outsourcing, they miss out on participating in the culture of social media marketing. Most of the practices I see have some presence in terms of Facebook business pages, but they're not optimizing the use of these pages.



It's important to keep in mind that, even over a period of weeks, Facebook, Twitter and Google+ (Google's social media tool) will change their looks.

How should we be advising doctors and their staffs in terms of involvement in the process?

Evolving Approach

Mr. Prussian: You must respond to the needs of your practice and adapt your approach to internal and external changes as you move forward. In 1999, when most of us were using dial-up, I renamed our practice after a URL that I could register in several variations, including correct and incorrect spellings. Since then, this pursuit has become a passion of mine. I created our first website using brochureware. The site only provided the basics: our hours, location and so forth.

Since then, we've developed a social media strategy. Paramount to that strategy is our opt-in e-newsletter list of more than 20,000 subscribers. It helps us recruit new patients and provides constant reminders to our existing patients. Rather than contacting them once every couple of years, we connect with them once a month.

Rohit Krishna, MD: This type of approach is becoming increasingly important. Social media is growing at a 50% clip, and health care is the fastest growing industry. We should deliver a very specific message. If you're not delivering the message, somebody else will deliver it for you. If you're not engaging effectively, you'll be subject to negative reviews that you can't control.

If you can manage a nice, holistic approach — a branded message — and control what's being said about you through Facebook or other platforms, you have a much better chance of succeeding in this critical space. We used to wonder if we needed a website. Now social media is what we all need to embrace. It's just a matter of who the leaders and followers will be.

Randy Wong, MD: I agree. Anybody who wants to consider social media better have a website that is a source of pride. If you don't, all you're doing with social media is drawing attention to a negative aspect of your practice.

What About Patient Confidentiality?

Mr. Raeman: Dr. Wong, some doctors fear patients will ask questions that will compel them to provide medical advice or compromise patients' confidentiality. What types of questions do people ask and how do you manage that process?

Dr. Wong: I recommend that you stick to the dialogue you would normally have in terms of educating a patient in the exam room. For example,



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— Randy Wong, MD

Dr. Wong: I applaud this approach. So many physicians miss opportunities to appear as transparent as other businesses. Every business must be subject to a review system. We need to show that we're monitoring our performance and listening to our patients. If you respond in the five-star hotel manner, by thanking the person for taking the time to

as a retina specialist, I might publish my canned speech on floaters and other issues I address 10 to 20 times a day. Stay away from the liability of giving specific advice or making a diagnosis. Providing educational articles on your website and the Internet doesn't erode the value of a physician. A physician's value is making a diagnosis and treatment plan. All you should be doing on your website is educating.

Mr. Dawes: On our website, we have a special feature called "Ask Jane," our social media mechanism. Patients click on Jane's photograph and get most questions answered by typing them into a blank question box. Up to 95% of the questions being asked aren't related to a patient's individual condition.

Mr. Prussian: We've never had anybody ask for specific treatment advice.

Dr. Wong: I've never been asked a question that would jeopardize my integrity or medical license. People rarely abuse this type of access to doctors.

Turning a Negative into a Positive

Mr. Casper: Many people in practice say, "I tried Facebook, but someone posted a negative comment about us, so we shut the site down."

Mr. Dawes: We embrace this type of feedback. We want to know if we've offended a patient or created a negative experience in some way. I want to reach out to find out what happened. Quite often, we've been able to turn the situation around. We had two negative Angie's List reviews. One patient who wanted to give our surgeon a rave review thought one star represented the highest rating. We tracked her down and she quickly changed the rating to five stars.

Monitoring those ratings daily provides a great opportunity to have a real-time conversation with patients. Additionally, a site with all five-star reviews lacks credibility. Better to have an occasional three stars with a response that thanks the reviewer for his or her feedback.

comment, you show readers that you really do care about the product you're selling.

Dr. Krishna: Often, complaining patients just want you to listen. By addressing their concerns, you can turn them into ambassadors who reach 100 people with a few positive comments about your practice. Reward these people — and all others who engage in conversation on your site. For example, you can offer a 10% discount on eyeglasses.

Mr. Prussian: Agreed. You should mix information about a special that you're offering on LASIK or some other service with a discussion of general health topics related to community-oriented activities or local sports teams. No one will subscribe to your site for advertising messages only.

Step Back

Mr. Prussian: The biggest challenge I see is initiating a strategy. Many practices give up Facebook maintenance because they don't see a payoff during the first week or month. Just as you would not expect one TV spot to work for advertising your cataract surgery or LASIK practice, you can't expect social media to work unless you provide plenty of follow-up.

Getting a few followers takes a lot of work. We partner with local charities, such as the local chapter of the American Diabetes Association (ADA). For 2 months, we give the ADA a dollar for every "like" we received on Facebook. The ADA promotes this offer. We have the related links to all of our social media properties on all communications.

Dr. Krishna: We sponsor an event called Sabates Eye Centers Trolley Run, which is cross-referenced in all of our marketing. We always cross-reference across all of our platforms.

Dr. Wong: You can't selectively grow your "like" or friend lists, which is why I believe every modern website, health care-related or not, should be a blog. I've

grown my Web presence, reaching 15,000 to 18,000 unique visitors, by consistently posting videos and writing articles that provide health information and value to patients. Each reader may take your message to his or her own chalkboard or another website, spreading your presence further.

You should also pay attention to search engine optimization. Make sure you rank highly on the Search Engine Results Pages (SERPs). Those are organic unions, if you will, where people look for and find solutions to their problems. With time, if your website or your blog covers a good deal of topics, you're naturally going to percolate to the top. That same process may soon apply to Facebook, which is expected come out with its own search engine. As long as you provide value, you'll continue to grow.

Mr. Dawes: You can also have a corporate strategy that might be different than an individual doctor strategy. If I'm looking to have a relationship with a large eye center with several specialties, my best choice might be Facebook. Our "Ask Jane" service, which isn't a Facebook page or a blog, works because it provides information about cosmetic surgery, glaucoma, advanced intraocular lenses and other topics. The key point that you made, Dr. Wong, is that it has to be relevant.

What Are You Spending to Stay Current?

Dr. Krishna: How do the administrators on our panel allocate advertising dollars in today's dynamic environment? What do you consider when choosing from the many platforms that are available? What metrics do you use to measure response and return on investment?

Mr. Prussian: During the 3 years that we've been advertising on Facebook, where we primarily promote LASIK, we have spent \$10,000. This effort has generated 81 million impressions from people within a 25-mile radius of our main office. Based on information we gathered from new patients, we estimate that this marketing effort has resulted in nearly \$1 million in new LASIK business. So, that's an amazing return on investment.

How do we choose TV, radio or print advertising? The approach is subjective, but based on some metrics. However, you can't get to the business of managing the practice if you spend too much time looking at reports.

Mr. Dawes: Our Internet-based marketing is a combination of social media, pay-per-click, search engine optimization and so on. We spend about 10 to 15% of our total marketing budget in that category. We still spend money on print advertising.

We define a lead as someone sending us an RSVP to a seminar invitation or someone calling us for information or scheduling an appointment. Our cost per lead for Internet-based marketing ranges from \$40 to \$80. This is one of our lowest costs per leads, when compared to leads generated through print, radio and television advertising.

Dr. Krishna: About 20% of companies spend \$10,000 or less.¹ Another 10% of companies spend \$50,000 or more. These are general benchmarks that can help practices make funding decisions.



Social Media Action Plan

Here is a five-step action plan that all practices can follow to engage in social media:

1. Create a brand. Determine the message you want to deliver across all of your platforms. Be sure the message is relevant.
2. Identify the platforms you're going to use to accomplish your goals, such as Facebook, YouTube, Google, LinkedIn, Twitter, blogging and your website.
3. Identify who in your office has the skills to help you meet your goals. Who will be held accountable for measuring and optimizing your activities? If nobody in your office has the aptitude, your site will become a cyberspace wasteland, branded with your name and practice.
4. Measure how you're doing across all platforms. Count "likes," followers and tweets. Monitor your website's administrative dashboard for hits, downloads, etc., depending on the platforms you pick.
5. After you do all these things, focus on lead generation. How many leads do you have and, ultimately, how many sales do you record? Whether your marketed activities include LASIK conversions, premium intraocular lens conversions or other services, they require step number four: measurement. Step number five ensures that you've taken advantage of that measurement. Is the person you put in charge doing a good job? Maybe you need to change that person's assignment? Should you be doing this work in house? Should you be outsourcing it? Do you need a professional marketing person, if you don't have one? If you're in a small practice, you may not have the resources to hire a company. Explore search engine optimization and then, of course, use Google.

— Rohit Krishna, MD



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— Mark Prussian, CEO of the Eye Care Institute

you can use your Yellow and White Pages advertising dollars to hire an ophthalmic-specific company to manage your social media for you.

Dr. Krishna: If you hire an outside company — and there are several available — make sure the company is going to interact with a designated person in your office. The person in your office might not have the skills to get on the computer to create these sites, but the outside company

will have forms that you can fill out. Be sure the outsourced firm knows that someone in your office must approve all messaging before it's posted to ensure that you are developing an appropriate culture.

Mr. Casper: I agree with that approach. It can be worthwhile to use an outside company to set up the initial platform of the page and assist with ongoing training. If it gets you online right away, it can be appropriate.

Mr. Raeman: It sounds like you have a fairly comprehensive strategy at Center for Sight, Mr. Dawes. Do you have someone dedicated to posts? If so, do you have any protocols to guide communications — for using posts, tweets, blogs, statements and so on?

Mr. Dawes: Yes, we have a dedicated person, who has a clinical and administrative background. Her job relates to patient interaction. I also interact with patients daily, responding to 20 to 40 emails a day.

Mr. Raeman: A staff person with the right skills can help. But be sure you have all of the access codes. I've seen cases in which employees have suddenly left staffs and the practices could no longer access their sites.

We have touched on several important strategies that practices can use to invest in social media. Thank you for your comments. ■

Who's Responsible for Your Social Media?

Mr. Raeman: The Allergan Eye Care Business Advisor (ECBA) team consists of 12 business advisors and two directors with diverse backgrounds and decades of experience in the Eye Care industry. The ECBA team advises individual provider practices and lectures to community-based eyecare providers on several aspects of practice management and health-care reform. Aside from an Allergan Eye Care Business Advisor, which you all use, what other sources can practices turn to for social media guidance?

Dr. Krishna: Start with your marketing people. If you don't have marketing people, find someone with experience.

Mr. Dawes: Our Web company urged me to become personally involved by setting up Facebook and Twitter accounts. I found the process to be very educational.

Mr. Prussian: A local college can help by arranging for a student with Web development or communication skills to set up a social media presence for your practice. This person can work on an internship basis or as part of a class assignment.

Mr. Casper: Practices that are most successful take a team approach. First, find a digital expert, usually an administrator, and at least one physician to manage your media.

Mr. Prussian: However, if you're an ophthalmologist who doesn't have a keen interest in social media,

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Winning Relationships

How to use personal connections through the Web to drive practice success.

Randy Wong, MD: There are so many different things called social media. What you have to convey through social media — whether it's through video, a micro-blog such as Twitter, or Facebook — is that you're a doctor and a person. That's what the public is seeking when using these forums. People are looking for a caring individual among hundreds of doctors.

The old marketing model, in which the doctor isn't directly accessible, is being replaced. You need to express human characteristics on the new playing field, displaying transparency through all types of digital media. That's why



these channels are collectively known as social media, all of which provide a way to draw attention to you and help you develop relationships at a personal level.

Access is Key

Rohit Krishna, MD: Patients want access. When you meet your patients in the office, you spend 10 minutes with them. In the course of their lives, that is .0001% of the time, right? What about the time they're at home? That's when you could be disseminating your information on Facebook, YouTube, Twitter and your blog. Patients will value this interaction. Also, for practical reasons, if you post a video on flashers and floaters, you might diminish unnecessary phone calls.

Most internet users in the U.S. have a Facebook page. On the whole, over 40% of the entire American population uses the site.¹ Furthermore, more than 70% of online Americans use sites like YouTube, and active participation on YouTube is increasing rapidly.² Google's social media service, Google+, is entering the marketplace, encouraging participation in that medium as well. All of these ways of providing access to you and your practice will help brand your practice and engender goodwill with patients who expect access to, and a relationship with, their doctors.

Dr. Wong: What really works for social media isn't included in the usual tool bag used by a doctor. Doctors, by training, aren't allowed to show any doubts or second thoughts. If someone really wants to learn how to do this, do what Mr. Dawes has done. Experience social media as a user and go from there. It's very difficult for us to provide a formula for what every practice should do. Social media means something a little bit different to everyone. Maybe the endgame for us is to get more patients through the door, but maybe the endgame for our patients is to build a relationship with somebody who understands their needs.

Many patients aren't really looking to see who will offer LASIK for \$2,500. They're interested in finding a practice philosophy that meshes with their expectations.

Long- and Short-term Relationships

Mr. Dawes: I'm extraordinarily passionate about what you just said. If you're a physician who deals with chronic problems, such as AMD or glaucoma, you must use social media differently than if you're a surgeon who specializes in LASIK or cataract surgery. No matter what type of care you provide, every patient represents a relationship.

These are people who have let us stick surgical knives into their eyes, entrusting us with their vision. We have a responsibility to maintain that trusting relationship. When they develop glaucoma, macular degeneration, or some other problem, they're going to return to seek our opinion.

Our surgeons feel passionately about this. Once you become our patient, you're our patient for life. If a surgeon just wants a patient to visit so the patient will refer friends and family members, that attitude won't build your practice.

Mr. Casper: We do know, however, that siblings of glaucoma patients have a five- to seven-fold increased risk of developing glaucoma. When you diagnose glaucoma in a patient, you have an opportunity to educate family members about the need to be evaluated. These are issues you can also cover through social media.

Mr. Prussian: I want to add a few points about chronic care. To schedule follow-up appointments, you have to reach patients or they have to contact you. Phone books and directory assistance are rarely used. If you're not easy to find on the Web, that's a huge problem for your practice. If the glaucoma patient you've been following for 20 years loses your phone number, how will he find you if you have no Web presence? Unless they drive to your office, they're going to have a hard time reaching you. Having an Internet presence is very important.

There are also other ways to reach patients. Everyone who comes to our office gets a refrigerator magnet, for example. It's an old-fashioned, simple, inexpensive and effective tool. Of course, the magnets also include our Web site and social media information.

Referrals for the Right Reasons

Dr. Krishna: I would address this issue in two ways. If you have a patient who has had LASIK — conceptually a



Social media, for everyone, means something a little bit different. Maybe the endgame for us is to get more patients through the door, but maybe the endgame for our patients is to build a relationship with somebody out there who understands them and their needs.

— Randy Wong, MD

“one and done” patient — I agree with Mr. Dawes' approach. You don't want to forget about that patient and you want the patient to come back to you for the right reasons — because of a positive experience, not because you have talked him or her into it.

The patient might need eyeglasses or sunglasses. These patients are going to generate word-of-mouth referrals, depending on how you've helped them. Our marketing director calls it “word-of-mouth referral, amplified.” This is also how the marketing director describes the effects of our social media for these patients. One patient may tell another potential patient about a positive experience. But when this communication occurs on Facebook, the patient who has had the positive experience is telling everyone who's on Facebook. That's how I would address the perceived short-term patient.

Long-term Patients

Dr. Krishna: For the long-term patient, the one with glaucoma or AMD, a slightly different approach is needed. You'll connect with that patient two to four times a year. Like the old days of the Internet, these experiences will generate more of a community feeling.

When these patients take part in your social media, they might connect with other people who have the same diseases. They may get something out of it by sharing their experiences. So there are two different approaches to two different subsets of patients, the acute and the chronic.

Dr. Wong: I applaud you for taking on a patient for life. As a retina specialist, I see two types



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— James Dawes, Practice Administrator

of patients: acute, involving such conditions as retinal detachments, and chronic, involving AMD, diabetic retinopathy and other conditions.

I've learned several things. One is that I don't get many referred patients for acute conditions, which require prompt attention and don't involve visits that can be scheduled. Interestingly, though, the hot issue on my website focuses on patients who have had silicone oil in their eyes. AMD and diabetic retinopathy are also very popular topics. One thing that I've noticed is that the chronic problems tend to attract multiple visits to the site. If I'm a patient with diabetes, I'm going to have it tomorrow and next week, so I'll always be interested in new information on the disease and in ways to take better care of myself.

If You Do Nothing Else . . .

Mr. Raeman: There are many organizations in cyberspace. We need to sort through search engine listing pages, medical directory pages, and different types of social media and commentary on Twitter, blogs, YouTube and Facebook. Doctors should move forward one step at a time. What wrap-up advice do you have for them?

Dr. Krishna: My take-away point is this: Remember the unified definition of social media we mentioned at the beginning of our discussion. Develop relationships, engage patients and keep delivering your consistent message.

Mr. Prussian: If you only do one thing, activate your Google+ Local holder that's already there for you.

Mr. Dawes: Social media provides an incredible opportunity to interact with your patients. Seize the opportunity. You'll learn more from talking to your patients through social media than you could ever imagine. It will change your business.

Mr. Casper: As I mentioned, find the digital "expert" in your practice. That staff member will become your point person — the quarterback in your practice.

Dr. Wong: My recommendation would be to start with your blog or website and take it slowly. Merely thinking of an alternative to the Yellow Pages puts you ahead of the curve. A very low percentage of doctors are engaging in social media. Do this on your own time, but to make sure you do it.

Take it to The Next Level

Mr. Raeman: Most of the accounts that I work with have websites. Now they're looking at social media. When you think of taking the whole thing on at once, it can seem overwhelming. As a result, they get wrapped around the axle and do nothing. My advice is to get engaged. Bite off these responsibilities in small chunks. It may take you a year before you really penetrate the marketplace.

Dr. Krishna: Twenty-five percent of all companies will engage in social media this year.³ So, I would take a slightly different approach. If you look at the leaders in our space, they're all going into social media. And if you're not at least considering it, you're falling behind.

On a final positive note, however, always keep in mind that plenty of resources are available to help you become more proactive. If you're interested in reading more on this subject, seek standard sites in the tech world where you can educate yourself, such as TechCrunch, Mashable and All Things Digital.

These sources are good places to start learning more about this space. You won't learn it over night, but you can build a formidable and actionable knowledge base in a relatively short amount of time. ■



The old marketing model, in which the doctor is not directly accessible, is being replaced. You need to express human characteristics on the new playing field, displaying transparency through all these types of digital media.

— Randy Wong, MD

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