

Integrating Twitter into your physician communication strategy

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Dan Dunlop

is a principal of Jennings, a leading healthcare marketing and audience engagement firm. He is a healthcare marketer, innovator, brand consultant, blogger, author and sought-after speaker, regularly serving on the faculty of national and regional healthcare conferences. He has served as a guest lecturer at the UNC School of Public Health, Duke University Markets & Management Programme and UNC's Kenan Flagler School of Business. His experience as a brand strategist includes work with leading pharmaceutical and biotechnological firms, medical device manufacturers and numerous hospitals and health systems. He is extremely active as a thought leader in the field of healthcare marketing. He serves on the editorial board of eHealthcare Strategy & Trends. He is a contributor to a number of healthcare marketing publications and news services, including Ragan's Health Care Communication News, SmartBrief for Health Care Marketers, Strategic Health Care Marketing, Healthcare Strategy Alert and Healthcare Marketing Report. He serves on the judging panels of the Web Health Awards and the National Health Information Awards. He is a board member of the New England Society for Healthcare Communications (NESHCo) and a member of the 2017 Digital Engagement Taskforce of the American Hospital Association's Society for Healthcare Strategy and Market Developments (SHSMDs).

Jennings, 110 Banks Drive, Suite 200, Chapel Hill, NC 27514, USA

Tel: +1 919-929-0225

Email: ddunlop@jenningsco.com

Abstract As the adoption of digital communication tools by physicians grows, an opportunity emerges for physician relations departments to enhance their communications efforts by integrating digital tools into their marketing programmes targeting referring physicians. This paper looks at ways in which Twitter can be used to market to referring physicians and how this digital marketing function can be successfully undertaken by a physician relations department. What protocols need to be adopted, what training would need to take place, and what steps need to be taken to successfully implement the programme? Specifically, this paper looks at integrating digital communication into the daily role of physician liaisons, extending their reach by having them use social media to engage physicians and practice personnel.

KEYWORDS: physician relations, physician marketing, digital physician relations, physician communication, Twitter, digital marketing

INTRODUCTION

There is a digital revolution taking place within the healthcare industry. It is now the norm to find hospitals and medical centres relying on technologies such as patient portals, electronic medical records, customer relationship management and physician relationship management tools, and marketing automation platforms. Many

hospitals now offer online bill pay, online scheduling and virtual appointments — digital conveniences of particular relevance to Millennials and Generation X-ers. As part of this movement, physicians are beginning to use digital communication tools to help them perform their jobs more efficiently, interact with colleagues¹ and to better serve patients. On the physician

side, this is not a digital tsunami; rather, it is a slow and thoughtful adoption of new technologies. But it is noteworthy. This paper explores a number of questions related to what this growing trend means for hospitals and medical centres that depend on communication with community physicians to help drive referrals. Should healthcare organisations reconsider the ways in which they communicate with referring physicians given the growing prevalence of digital platforms? And how does this or should this impact the physician relations function and the role of the physician liaison?

This digital transformation is taking place while physician relations and physician communications are handled in much the same manner as they have for the last several decades. The prevailing model of physician relations is built on face-to-face interaction between the provider and the physician liaison. The liaison, sometimes called the hospital sales representative, routinely visits physician practices, seeking to engage clinicians and their administrative staff. Although their primary role is to secure referrals and often reverse referral trends, the liaison also plays an important role in troubleshooting issues and fielding complaints from referring physicians and their staff. They are relationship builders, communicators and problem solvers; and their job depends on their ability to find time with referring physicians. This means interrupting already busy clinicians who do not have enough time to dedicate to their patients.

The current practice of physician relations is largely built on a model of interruption. The liaison is yet another person placing demands upon the physician's already limited time. This is the model of engagement that healthcare organisations utilise because it works for them, not because it meets the physician's needs. The question some healthcare organisations are beginning to ask is whether there is a better way by which the use of new, digital technologies will enhance

the role of the physician liaison. Could digital tools be used to enhance the reach of the liaison while improving the physician's access to the resources of the medical centre? And how can healthcare organisations deliver information to physicians in a manner that is welcome and fits within the flow of their work life?

One solution health systems are beginning to explore is the integration of digital communication tools and platforms into the physician relations programme. There are a number of paths that a physician relations team could follow in its move towards a digital future. One option is to add digital communication to the role of the physician liaison. In this model, they would use digital platforms daily to extend their reach beyond the limits of in-person meetings with physicians. Through the use of social media, liaisons would have the opportunity to engage a significantly larger pool of physicians on a daily basis while offering community physicians direct links to timely content about the organisation, its specialists and technology. The liaisons would be trained in the use of specific social media tools to help them expand their reach and engage physicians and practice personnel who are established social media users.

Within this new model of digital physician relations, beyond distributing content about the healthcare organisation, the liaisons would take part in daily physician engagement activities using social media. This would be an important element of the programme that takes it from simply pushing content to engaging in true two-way communication that connects community physicians with the medical centre while strengthening the physician's engagement with the organisation's brand.

What social media platforms would work best in this type of scenario? One logical option is Twitter, a tool that offers physician relations departments the opportunity for two-way communication with referring

physicians and the use of hashtags to create posts that can be searched and sorted by health topic, medical speciality or subspeciality. The physician audience has slowly but steadily been adopting Twitter as a platform for communicating with colleagues. Shedding light on Twitter's growth in popularity among physicians, MDigitalLife's Social Oncology Project tracks and analyses physician tweets related to oncology. MDigitalLife's research 'found that U.S. physicians tweeted 138,000 times about cancer-related topics in 2014, compared to only 82,000 in 2013. About 5,500 different physicians were involved in those conversations'.² That represents a small but significant subset of the total physician population on Twitter. The number is far more impressive when you extrapolate it across the universe of medical specialties and subspecialties.

Why are physicians turning to Twitter, and how do they currently use the platform? In 2016, Augustana University released the findings of a comprehensive study titled *'Docs on Twitter: A comprehensive story tracking Twitter adoption and usage by medical professionals from 2006-2015'*. Augustana's study involved a detailed analysis of 4,526 unique Twitter profiles held by individuals identifying themselves as physicians. The sample included a wide range of medical specialties, including primary care, paediatrics, general surgery, dermatology and optometry. In all, they reviewed 3,378,285 tweets from medical professionals. The findings of the study were revealing. Rather than using Twitter to give medical advice to patients, the study found that 'medical professionals use Twitter to encourage prevention, education, and promote brand messages rather than give medical advice . . . The majority of (physician) Twitter users were discussing new breakthroughs in research and connecting with other medical professionals'.³ In essence, Twitter has become a tool for physicians to connect with one another and share information about

developments in the medical field and within specific specialities.

Recognising this trend, several prominent healthcare organisations have started integrating Twitter into their physician marketing mix. MD Anderson Cancer Center was a leader of this movement when it launched a pilot programme in 2015 to determine the plausibility of having physician liaisons use social media platforms to engage referring physicians. Specifically, select liaisons were trained on the use of Twitter and were asked to use the platform to reach out to physicians on a daily basis.⁴

A second option for integrating digital tools into the physician relations programme, one that places less stress on the liaisons, is to designate a dedicated digital specialist within the department who aggregates content for digital channels and handles the majority of the distribution and digital engagement of physicians. This individual would be responsible for coordinating with clinical departments throughout the medical centre to gather content that he or she would then publish on the organisation's digital platforms, social media and website. Within this scenario, the traditional physician liaisons would not use digital channels on a daily basis to communicate with community physicians, but they would draw the physicians' attention to the digital platforms where valuable information can be accessed. Whatever path the organisation takes, it is essential that the physician liaisons understand digital communication and the specific digital platforms used within the physician relations programme, and promote those communication channels to physicians and office staff.

STEPS FOR IMPLEMENTING A DIGITAL PHYSICIAN RELATIONS PROGRAMME

How would a health system or medical centre begin to integrate digital communication tools into its physician relations programme? What would that

process look like, step by step? For example and as outlined below, it is assumed that the healthcare organisation plans to begin using Twitter to reach out to referring physicians as one element of the physician relations programme. Although this example focuses on Twitter, it in no way precludes the use of alternative digital communication tools by physician relations departments. LinkedIn, for example, is another platform that could be used quite effectively to engage community physicians.

Step 1: Infrastructure development

Identify, Aggregate and Curate Resources for Referring Physicians: To some extent, aggregating information to share with community physicians has always been part of the role of the physician liaison. The physician relations team works to keep referring physicians up to speed on developments within the medical centre, including the addition of new specialists, technologies and procedures. Liaisons have typically distributed updated brochures, newsletters and information sheets to the physicians and practice administrators they visit. Now, it is time to begin integrating digital content into the marketing mix.

Before launching any digital marketing initiative that targets community physicians, it is essential to identify and organise digital resources that physicians will find to be of value. In this day and age, a digital resource centre is a must. Simply put, the resource centre is a section of a website or microsite that contains resources that will be useful to a referring physician. This should include information about how to make a referral but may also contain information the physician can share with patients to prepare for a first visit with a specialist. It is logical to assume that the management of that resource centre will fall to the physician relations team. In this manner, they become the aggregators and curators of digital content that is meaningful to referring physicians.

It is reasonable to expect hospitals and health systems to anticipate physicians wanting easy access to information related to the referral process. Typically, this information is found in the 'For Healthcare Professionals' section of the hospital website. It is not unusual, however, for this section to include little more than a referral phone number. That begs the question, what should the referring physician resource centre include? The overriding goal should be to make the referral process as easy as possible. Ideally, it would include everything a physician needs to make a referral with confidence and to help his or her patient navigate a first appointment:

- A statement of the organisation's philosophy for working with referring physicians
- A link to the organisation's physician finder
- A welcome video from the chief medical officer
- New patient paperwork to be filled out in advance of the first appointment (downloadable)
- A first visit brochure for new patients
- Information about the process for referring or transferring a patient
- A downloadable map of the facility
- Credentialing and provider verification information
- An introduction to the physician relations team
- A schedule of grand rounds
- A list of Continuing Medical Education (CME) opportunities
- A comprehensive list of clinical trials
- Links to quality and safety data

Having all of this information aggregated in one location and accessible to referring physicians is a foundational element of a successful physician relations programme.

Step 2: Protocol development

Review the organisation's social media guidelines:

Most hospitals, medical centres and health systems have guidelines for employees and faculty personnel who use social media. The physician relations team should understand that when using social media, existing hospital policies apply, in particular, those pertaining to patient privacy, electronic communications, confidential information, standards of behaviour and intellectual property. Many pitfalls can be avoided by coordinating this entry into social media with the organisation's digital communications team; this includes education on Health Insurance Portability and Accountability Act (HIPAA) and protection of patients' private health information.

Develop a naming convention for employee Twitter handles:

If a naming convention for employee Twitter handles is not already articulated within the organisation's social media guidelines, the physician relations team will need to develop one. An easy template to follow is the employee's initials followed by an underscore and then language that refers to the brand. For example, if Renown Health created Twitter accounts for two liaisons their handles would look like this: TT_RenownHealth, DS_RenownHealth. Through this type of convention the Twitter handle lets others know that this is a business Twitter account rather than a personal account. It also serves to reinforce the brand with every tweet. There are two important guidelines when creating the naming convention for Twitter: (1) It must be 15 characters or less and (2) the convention should be adhered to consistently without deviation.

The Posting Process:

- **Scheduling foundational tweets for the week:** One objective should be to minimise the digital programme's impact on the liaison. It is not ideal to have people writing and scheduling posts each day. Rather, a more efficient

process would be to have the liaisons schedule the majority of their tweets for the week in one sitting. A reasonable expectation would be for them to spend 40–50 minutes scheduling Tweets for the week using a third party application such as Hootsuite or Sprout Social. This would be done in one sitting. In this way, the important tweets that are to be disseminated throughout the week will be in the queue and will post automatically each day according to the schedule developed by the liaison.

- **Frequency of tweets:** Because of the nature of Twitter, with users coming and going at various times throughout the day, each tweet will be scheduled to appear at least twice per week. This will not lead to the perception of redundancy because different users are viewing Twitter at different times of the day; the likelihood of them seeing the same tweet twice is minimal. The ideal time for a tweet to reach a referring physician is between 5.00am and 6.30am and between 9.00pm and midnight. With that in mind, the liaisons would schedule an individual tweet to cover both of those periods as well as sometime during the business day (9am–5pm). This redundancy will not be an issue for followers of these liaisons' Twitter account, but it will certainly give the liaisons a greater opportunity to reach the target audience with their tweets. Overall, it is recommended that each liaison schedule between 12 and 15 distinct tweets each week. The bulk of those tweets will come from the archive of pre-written evergreen tweets and retweets from the Twitter feeds of trusted sources. There will be more information about these different types of tweets later in this paper.
- **Daily supplemental Twitter activity:** With the foundational tweets scheduled for the week, the physician liaison's daily digital media activity is limited to monitoring the Twitter feed, responding

to direct messages, retweeting relevant content in the moment and thanking followers for their activity (mentions and retweets). This daily activity gives the Twitter feed a more authentic feel, providing for engagement and relationship building. This should take no more than 30 minutes per day (perhaps 15 minutes in the morning and 15 minutes in the afternoon).

- **Composing the tweets:** On Twitter, hashtags are the key to targeting individuals who share an interest in a specific subject matter. The physician liaisons should receive training in the use of hashtags. In the training session, they should be asked to identify hashtags that will be relevant to referring physicians. This should include unique hashtags that speak to medical specialties and subspecialties, as well as location hashtags that speak to a specific geography. Space permitting, each tweet should contain at least one hashtag that is appropriate given the content (eg #oncology). When space allows (140 characters per tweet), it is suggested that the tweet also list the organisation's Twitter handle at the end of the tweet. This is a way of cc'ing the organisation's Twitter feed and will allow for tracking the reach and overall impressions of the digital physician relations programme.

Step 3: Digital content development

Creating and Leveraging Digital Content:

The content for the weekly tweets will come from three sources: The first class of information to be shared through Twitter will come from retweets (sharing of tweets) of relevant content from the medical centre's specialists who are on Twitter, clinical programmes and other trusted sources of content. Ideally, one tweet each day should come from this particular class of tweets. A good first step in setting up the liaison's Twitter account is to identify 75–100 trusted sources to follow immediately. The content

shared by these trusted sources should provide significant content to be shared by the physician liaisons.

A second class of tweets is evergreen tweets'. These are foundational tweets that inform referring physicians about how to access resources through the medical centre's digital platforms and website. It is recommended that this list of tweets is developed for the liaisons and ready for use on day 1 of the programme. The physician relations specialists can pull from this library of evergreen tweets each week to enrich the content they disseminate via their Twitter feeds. Ideally, the physician liaison would send two tweets per day of this type. It should be noted, however, that if the physician liaisons are attending and live tweeting from an industry conference they should not feel obligated to also send out the usual evergreen tweets.

A third class of tweets includes original content. These tweets can showcase the web content of specific clinical programmes that are earmarked for support through a growth plan. One source of original content will include information about publications from faculty, with links to the original article or study. These original tweets can also include the organisation's activities in the field and participation at industry conferences.

- **Activities in the field:** tweets from physician liaisons would also include activities in the field that highlight programmes and faculty of the medical centre within the region. Tweets could include the following:
 - Announcing new physician/practice launches and service lines.
 - Highlighting specialist/faculty involvement in the community.
 - Introducing specialties and subspecialties and their essential differentiators (eg Endocrine Surgical Oncology, Breast Medical Oncology) and ancillary services (eg genetics counseling, smoking cessation)

- Providing date, time and location information about support groups.
- **Conference- and event-focused tweeting:** In order to maximise the reach and visibility of the physician liaison's tweets as well as the organisation's presence, the liaisons will tweet about the topics of interest at the conference. What are the hot topics? Each tweet would include the conference hashtag to more effectively reach other conference attendees and those following along online. Tweets would highlight faculty presentations and participation in discussion panels. It is also recommended that liaisons retweet content from prominent conference attendees.

Step 4: Training

The importance of training cannot be overstated. It is vital that current liaisons are trained in the use of social media tools for reaching out to and engaging referring physicians and their staff. Their comfort level with these digital platforms will have a lot to do with whether or not the programme is a success.

Getting Started: The training should be hands on; it is best if the liaisons bring their laptops to the training session.

- If they do not already have Twitter accounts, they should be guided through the process of signing up, using the agreed upon naming convention for the Twitter handle.
- Many healthcare organisations use a third-party application like Hootsuite for managing social media and to schedule posts in advance that will go live throughout the week. It may prove beneficial to have all of the liaisons sign up for one of these services. A service such as Hootsuite or SproutSocial would allow the team to view and schedule all of the liaison's posts within one application. These services also allow the user to

produce detailed reports with metrics from each social media account. Training in the preferred application is a must.

- It is worth dedicating time to having the liaisons draft sample tweets during the training session. It takes lots of practice to become adept at writing messages 140 characters in length. And remember, the message will likely need to include a hashtag and a link to a resource.
- Along with drafting tweets, it would be useful to hold a brief brainstorming session to develop a list of topics and information that referring physicians would find to be of interest. This would make for a physician-centric, rather than organisation-centric, approach to the development of content.
- Once they have business-specific Twitter accounts, it is important to walk the liaisons through the process of following trusted sources. These are individuals and organisations that have been identified by the team as credible and relevant content producers that the liaisons can share via retweets. The tweets from these accounts will begin showing up in the liaison's home feed and will be readily accessible for retweets.
- An important element of the training is setting expectations. In some ways, reaching out to physicians by way of social media is no different than calling on them in person. The relationship and trust building process takes time. It is vital that the liaisons understand this from the outset.

Step 5: Defining success

Before launching a digital communications effort, it will be important to identify those metrics that will be tracked on a weekly basis. This will include basic performance metrics such as how many tweets and retweets are generated by the liaison each week. There are also vanity metrics including the number of new followers and the number of impressions generated by

one's tweets. A step up from vanity metrics is engagement metrics: these give your team insights into the extent to which the content generated and distributed through your social media effort actually impacts people? Did people share your content, reply to your tweet or click on a link provided in a tweet? A tool like SproutSocial will generate a report for your Twitter profile that details vanity and engagement metrics. And finally, there are business metrics. If the healthcare organisation is tweeting to engage community physicians, the ultimate measure of success is the programme's ability to engage physicians and then convert them into referrers. With Twitter, a healthcare organisation can easily identify new followers who are physicians and make a determination as to whether or not they are current referrers, potential referrers or not prospects because they are not within the target geography. Once a potential referrer has been identified, they should be earmarked as a hot prospect for both digital and traditional marketing. When that physician makes a referral, a conversion has taken place. The organisation can then track the value of that acquisition over time.

Step 6: Non-digital support

It is not enough to launch a digital communication effort via Twitter and hope for it to be a success. It will need support and cross marketing. The success of the programme will hinge upon the ability of the physician relations team to familiarise community physicians — and internal audiences — with these platforms. Some of that will happen through face-to-face interaction. There should, however, be a full communications plan developed that will accompany the rollout of this programme. What communications pieces will be used to introduce physicians and staff to these new tools? If they are unfamiliar with the use of these tools, how might the healthcare organisation encourage their adoption?

Should the physician relations team host dinner events focused on the use of digital communication in the medical practice? Could the community physicians benefit from a fact sheet that lists the Twitter handles for faculty, clinical departments and the physician relations staff? These are the questions that should be answered by the communications plan.

Consider producing collateral to support the digital effort. Referring physicians and their staff might appreciate a document that outlines the resources of the health system that can be accessed online. That same document could include a list of clinical departments and specialists on Twitter. The liaisons can distribute this collateral and walk physicians through the document as they make their usual rounds from practice to practice. This puts the liaison in the role of the teacher, sharing valuable information and resources. Of course, each liaison should have his or her business Twitter handle on their business cards. The message communicated should be that the healthcare organisation expects to communicate with referring physicians through digital platforms.

Step 7: Monitoring and adjusting

Once the programme is launched, it would be helpful to hold a weekly meeting with the liaisons to discuss their experience — good and bad — with integrating social media into their daily routine. Is it taking more time than expected? Where are they experiencing success? What obstacles are they encountering? This weekly meeting is a good time to review the most recent metrics from their Twitter feed and to analyse their list of new followers, looking to identify physicians and practice managers.

A well-constructed marketing programme takes feedback from the marketplace and responds thoughtfully, making changes when necessary. This programme is no different. As the physician relations team monitors the experience of the physician liaisons and

the weekly analytics from the digital effort, it should be expected that they will need to make adjustments based on what they learn. From the campaign metrics, the team will gather insights into what type of content is most engaging and specific times of day when their tweets stimulate more interaction. Some liaisons will experience success early on, while others struggle. It is important to slow down and assess the progress of the programme (and liaisons) at regular intervals and make the necessary course corrections.

CONCLUSION

Many physicians now interact with colleagues and seek out information about their field through the use of social media. As community physicians integrate digital communication tools into their work life, the manner in which physician relations departments choose to engage potential referrers should reflect that change. Physicians are consumers of information, and the referring physician marketing programme should take their consumption habits into account. The most effective communication strategy will involve reaching out to physicians on their terms, using the platforms that are easily accessed and fit within the flow of their day. By adding tools such as Twitter to the marketing mix, the physician relations team can make information

available to physicians when they are ready to engage it and provide links to content that physicians will find to be of value, all while expanding the reach of the physician liaisons. This approach should serve to enrich the overall physician relations programme and position it for success as greater numbers of physicians become comfortable with the use of digital tools as an indispensable element of their professional life.

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