

## The Social Physician

by Bunny Ellerin

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– *Dr. Felasfa Wodajo*

### A New World

There is a profound change sweeping the world of medicine. Technology is the driver, but it has nothing to do with a new drug, device or procedure. Rather it is about the change in physician behavior and mindset that technology—the Internet more specifically—has unleashed. Today, physicians of all ages and specialties are online, whether via laptop, desktop, or mobile.

With physicians' acceptance of technology has come a new type of openness among a small but growing number. In the past, the only doctors who were likely to air views publicly were medical journalists. But, today, there are physicians who blog, tweet, email with patients, post videos, even check-in on Foursquare. If you have any doubt, just look at the "Favorite Blogs" section of a physician blogger or scan the list of followers/following of any doctor on Twitter, and you'll get a sense of how many of them are getting social. Far more than you thought.

Medicine has traditionally operated as a closed society, where physicians talk to each other about medical topics, but generally not outside the circle. What is driving this change? To find out, we decided to go to the source by interviewing ten physicians around the country who are actively embracing the social sphere.

### Getting in the Conversation

Why do physicians decide to engage? We discovered that for many, patient care is the prime motivator. A common refrain among doctors is that patients have access to so much information today, but the majority

does not pertain to their specific case and some is just medically inaccurate. These clinicians are taking it upon themselves to right the wrongs that have proliferated in cyberspace, to provide patients with access to trusted, validated content from professionals trained in medicine.

This is certainly what led **Dr. Stephen Lemon**, an Omaha-based medical oncologist in private practice, to launch his first website in 1998 and is motivating him to launch CancerLifeCenter.com later this year, a site with social functionality that will enable him to blog about oncology topics and host a video center for patient education. "In the early days of the Web, patients did not know where to go to find reliable information. Now, the problem is there is too much information available and they don't know how to categorize or sift through it. I want to provide a way to make the right information available to help the patient."

Some physicians embrace the social Web to shed more light on the life of a physician and invite patients into their world. While this may not have been thinkable even a decade ago, today "there is a major cultural shift happening and the physician-patient relationship needs to evolve," offered **Dr. Felasfa Wodajo**, a bone and soft tissue tumor surgeon in northern Virginia who blogs at both [OrthoOnc](#) and [iMedicalApps](#). "Patients are sharing information among themselves; we need to be there, too." **Jonathan Vitale**, a medical student in Erie, PA, could not agree more. An avid user of Twitter, who is known to his 1,400 followers as [@DrJonathan](#), this future family physician will encourage patients

to follow him once he's in practice. "Twitter is just another tool to show patients that you deal with same issues they do and that you are a role model for health. If they see you as a person, they may be more inclined to follow your advice."

Another reason physicians are opening up is more personal notes **Dr. Val Jones**, one of the pioneers of the physician blogging movement. "They are frustrated. They need an outlet, they want their voices to be heard." If anyone understands their motivations, it is Dr. Jones, who created [BetterHealth.com](http://BetterHealth.com) in 2008 to bring together the work of physician and other health bloggers. Today, the site hosts 90+ bloggers and generates over two million page views monthly. The desire to participate was particularly acute during the recent health care debate. "Physicians wanted the provider perspective to be considered in the process; they felt like they were on the menu, not at the table."

In an age when managed care companies and others publish doctor ratings, **Dr. Westby Fisher**, a cardiologist and cardiac electrophysiologist at NorthShore University Health System in Evanston, IL, feels it is important for physicians to have their say. Known as "Dr. Wes" to those who follow his blog and Twitter feed, Dr. Fisher would much prefer that patients read his views and judge him objectively than rely on often-anonymous third party commentary. "If you are authoritative and have well founded opinions that you can support, then people can learn a lot more about you and what you think about medicine and issues that affect us," offered Dr. Fisher.

Interestingly, most physicians do not blog or tweet or engage in social media for practice marketing or patient acquisition. For those who have tried the results have been limited. **Dr. Alan Dappen**, who has been practicing family medicine for 30 years, initially thought

blogging might introduce his practice to new patients after he stopped accepting managed care several years ago. "In the end it did little to attract patients. But I realized I liked to think about what was happening to family medicine, so I published a series of articles on the secrets of health care and the principles of practice and why we reformed the practice." Dr. Dappen is an ardent proponent of direct-pay healthcare and continues to blog about topics related to "dysfunction in the system" on Better Health.

### Social Physicians

**Dr. Kevin Pho**, an internist in Nashua, NH, is one of the best known physicians on the Web. He started blogging in 2004 to provide the public with a reasonable medical perspective on the often-sensationalized health topics in the news. Patients would hear about a study, research it online and call his office with a list of questions. He recognized that they were being overwhelmed by the sheer quantity of information available. He decided to launch [KevinMD.com](http://KevinMD.com) to put context around the medical news from the vantage point of a physician. His tries to make health information accessible to patients, and, at the same time, provide them with his perspective as a doctor. "Patients need insight into the physician's world. If we don't get patients on our side, it is difficult for doctors to make necessary changes to help them." Today KevinMD.com generates well over 300,000 page views a month and includes over 130 contributors in addition to Dr. Pho. He spends an average of two-and-a-half to three hours a day writing and editing content in addition to practicing full-time. He "likes to stir the pot" and will include a variety of views on the site. "I love posts that stimulate conversation." Topics on KevinMD.com cover all areas of medicine and can run the gamut from "How Physicians Can Endure the Trauma of a

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Malpractice Lawsuit” to “Statins for Heart Disease and Stroke, And Debunking Statin Myths,” and “Being a Good Mother Is Not about Specific Mothering Choices.”

**Dr. Westby Fisher** (mentioned above) initially started blogging in late 2005 to promote [MedTees](#), a non-profit he and his wife started to empower patients with chronic conditions. [The organization produces humorous t-shirts like “Cancer picked the wrong Diva” to help patients and those around them cope with the realities of living with a disease; all profits are donated to organizations that support the research and treatment of chronic medical conditions.] To celebrate the launch of his blog, he issued a press release, which resulted in a story in the *Chicago Tribune*. One of the patients quoted in the article happened to be married to a well-known blogger with a large following, and he mentioned MedTees in a post. What happened next caught Dr. Fisher off guard. While the story in the mainstream press sent a few hundred visitors to his site, the blog post resulted in nearly 5,000 hits. “The power of blogs and the Web hit home at that point,” related Dr. Fisher. He realized that [his blog](#) gave him a voice, and platform, to engage in larger healthcare conversations, particularly on health reform. And, as one of the few cardiologists blogging, it also gave him a way to educate patients and other physicians about matters of the heart. He writes about medical topics like ICD implantation and comparative effectiveness as well as more personal topics, like what it was like as a physician to watch his father die. In that way, he is able to put a human face on clinical medicine.

**Dr. Bryan Vartabedian**, a pediatric gastroenterologist in Houston, blogs at [33Charts](#), where he writes about what interests him most: the intersection of medicine and social media. He is one of the most thoughtful phy-

sicians on the topic with posts like “Why Doctors Should Use Linked In,” “Do We Need a Physician Tweetchat?” and “Does Twitter Belong on Your Medical School Application?” Dr. Vartabedian is also a fan of Twitter, where he is known to his nearly 4,000 followers as [@Doctor\\_V](#). However, he advises physicians who wish to engage in social media to focus. “When I speak to doctors about social media, I emphasize that they have to choose where they are going to live (blogging vs. Twitter vs. anything else).” For him, 33Charts is the cornerstone of his social activity. On the other hand, Twitter has taught Dr. Vartabedian about the power of connections. He has been active on the site for about two years and is now recognizing just how valuable the medium is. “It takes time to build a network and cultivate relationships on Twitter. But they are starting to bear fruit. I see it when I ask for help. The strength and power of those relationships are shocking.”

Twitter has become fertile ground for physicians to share information, studies, perspective, cases (no patient identification of course), anecdotes and jokes. While there is no precise count, we believe that thousands of physicians are on Twitter. Most physicians who blog also tweet, although the opposite is not necessarily the case. As Dr. Fisher mused, “Twitter is to ADHD as blogging is to OCD.”

**Dr. Jennifer Dyer**, a physician at Nationwide Children’s Hospital in Columbus, OH, is a Twitter enthusiast who is known to her 3,400 followers as [@EndoGoddess](#). She describes herself online as a “stylish pediatric endocrinologist, researcher, former Texan who loves NYC, beginning foodie who believes in the power of balanced nutrition to prevent disease.” Dr. Dyer uses Twitter to promote clinical topics she is passionate about like health literacy, endocrinology and nutrition. But she

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is just as likely to tweet about a favorite wine, hanging out with friends or cooking dinner with her husband. It is the intertwining of professional and personal that makes her interesting to read. As a result of her social media exposure, Dr. Dyer has been invited by her hospital to take over [Pediicast](#), a well-established pediatric podcast, which will give her a chance to focus on a range of topics of interest to parents and increase her national reach.

For other doctors, Twitter is an experiment. As someone who has always been interested in using technology to enhance the patient experience, Dr. Lemon is “still trying to figure out the best way to use Twitter in medical practice.” As he said, “I’m not sure yet how it is going to help patients, but it’s worth looking into.”

### Socially Mobile

The impact of the smartphone should not be underestimated in fostering this social environment. Many physicians use their iPhones, Droids or Blackberrys to tweet, text and email. According to both Google and Manhattan Research, over 2/3 of U.S. physicians own a smartphone, and the majority considers it essential to their professional lives.

Dr. Dyer, for example, tweets 8-10 times a day using her iPhone, a device she adores because it enables her to multi-task between patient encounters. She is also using mobile and social in a novel way with her teen patients, who are somewhat lax about taking their diabetes medications. She launched a texting “reminder” program using an iPhone app that allows her to send personalized messages in addition to standard questions. The results of the study have been positive; Dr. Dyer saw a significant improvement in medication adherence over a three-month period.

She is now seeking funding to test the idea with a larger population. And where did she meet the programmer who helped her develop the application? Twitter.

Dr. Wodajo, the busy tumor surgeon in metro Washington, D.C. who blogs at [OrthoOnc](#), has always had a passion for technology, and is convinced that mobile is the future of computing and health. “There is no healthcare without computers. The definition of mobile will keep changing, and there will be less of a distinction between that which is mobile and not,” he predicts. An Apple fan, who owns both an iPhone and iPad, he recently joined [iMedicalApps](#) as a senior editor. The social site, written by and for physicians, provides real-world assessments of mobile applications targeted at medical professionals. The thorough reviews are based solely on the experiences of the evaluators. The biggest issue with the current generation of apps, according to Dr. Wodajo, is that they are built independently and don’t take into account the total needs of a physician. “There are lots of individual apps that you can download that do specific things like perform calculations or look up drugs. The goal is to have seamless interfaces that integrate with the physician workflow.”

### Age or Mind-set?

It would be easy to assume that the physicians who are open to social media skew young, like 20’s and 30’s. But once you examine the range of people engaging that is not necessarily the case. There is no doubt that Generation X and Millennial physicians have had more exposure to the Web and online tools, but that does not mean that older physicians are out of the game.

Consider **Dr. Richard Just**, a leading medical oncologist in southern California who has been a community-based doctor for 35 years.

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He was practicing long before computers, the Internet and smartphones became commonplace in physician offices. But that has not stopped him from exploring the possibilities they offer. One need only look at his practice site for [Pacific Oncology and Hematology](#) to see how much time and effort have been spent making it relevant and useful for patients and referring physicians. Though Dr. Just considers himself less technically savvy than some of his partners, it is he who took it upon himself to attend a tweet-up at ASCO 2010 to see how other doctors were using Twitter. Recognizing its utility, he put [Pacific Oncology](#) on Twitter to spread the word about the Phase 1 trials with which the practice is involved. He marveled at how much Twitter had grown since that 2009 meeting. “At last year’s ASCO there were 150 tweets total. This year there were 1,500 in one afternoon.” Currently he is focused on launching a new video blog, which he will use to provide leadership and guidance on the future of community oncology. “Young people have three options in oncology today: academic, multi-specialty or community practice. They want to know what the future looks like. I want to help them see the benefits of a community-based model.”

On the other end of the spectrum is Jonathan Vitale, the medical student mentioned above, who could not imagine life as a physician without social media. Jonathan tweets constantly throughout the day (and night) as [@DrJonathan](#) about all sorts of topics, clinical and non-clinical. For him, there is no reason to create an artificial distinction between his personal and professional lives. He wants patients and other physicians to know him for who he is as a person, not just as a doctor. When it comes to medicine, he is adamant about the benefits of Twitter, especially as it relates to improving patient care. He is constantly amazed by the number of experts he

can access via social media. He once tweeted, “Often when I see pt. w/ really unique issue I think: I know a Dr. on Twitter with whom I’d love to consult! Need Twitter curbside consults!”

Dr. Vartabedian recounted a story that provides an interesting perspective on using social media as a bridge between generations. He was invited by the Texas Medical Society to give a lecture about social media. As soon as he walked into the room and saw that most of the attendees were in their 50’s and 60’s, his expectations for a successful session dimmed. Yet, as he started talking about social media and what it actually meant, he saw many in the audience perk up and become excited. He discovered during that session that many of these physicians had entered medicine at a time when relationships between physicians and patients were strong. Over the years these doctors have seen those bonds wither due to the intrusion of managed care, medical liability and other factors. These doctors immediately saw how social media could once again create a connection to the patient – and that alone made it worthwhile to explore.

### The Non-Adopters

What keeps physicians away from social media? As in the non-physician world, there are myriad reasons for not participating: time, lack of familiarity with tools and no real desire to broadcast one’s views. The commitment necessary to cultivate a following of one’s blog or Twitter feed is not trivial – most physicians we interviewed spend an average of one to two hours a day, some as much as three. They are at it in the early morning, in between patients, and late at night after the kids are in bed.

But physicians raise other obstacles to participation: patient privacy, HIPAA, medical

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ethics, no compensation (although few who blog are paid). For some there is another, more profound issue: the “white coat” syndrome. Doctors are trained to maintain a certain personal distance with patients and it is a role they take seriously. They are not comfortable “engaging” so openly. Dr. Vartabedian noted, “Doctors naturally maintain a certain demeanor with patients. Social media exposes you for who you are, it is an intimate act.” Dr. Pho agreed, “The simple act of publishing your opinions on the Web is not something doctors are comfortable with.”

Physicians who blog or tweet or post video receive mixed feedback from their peers. Some are quite positive and helpful: “I get fantastic ideas from colleagues. There are a ton of lurkers out there, they may not want to write but they want to get the info out,” commented Dr. Fisher. Dr. Pho finds that his colleagues appreciate having an open forum where physician views are exposed to patients. Dr. Wodajo has reconnected with several medical school classmates through his blogging. On the other hand, Dr. Vartabedian feels that some of his peers think it’s a frivolous pursuit. “They don’t understand it; they think it’s fun and games.”

### What They Have Learned

For those physicians who engage, social media seems to be an enriching experience. It has brought them closer to patients, allowed them to be more open about life as a physician and given them a voice on important health care issues.

Dr. Fisher stresses that it is important to respect one’s audience and be constructive in the way you tell a story. “People gravitate to a tone. Everyone has one. No one wants to listen to someone who is always negative. If you are just out there to rant, you’ll be unhappy.” Blogging has also been a humbling experience.

“There are a lot of smart people out there who are willing to correct me. I may have a strong opinion but others have a different one. I learn a ton from others who comment on the blog.”

Dr. Dyer believes that social media has made her a better doctor. It has given her a window into her patients’ lives that she did not have. “I didn’t know quite as much about the day-to-day struggles my patients deal with constantly. This has given me the opportunity to see how they handle it all.”

Dr. Just is learning that earning trust is essential and that comes from being transparent. “In the past, physicians were not so open, but people really appreciate it.” His goal is to become a “trust agent.”

Dr. Jones sees the current group of medical bloggers as beacons of hope. “Journalism is under duress. Everyone is trying to get by with less, and the quality of content has suffered. These scientists, doctors and nurses have a passion for accuracy and truth. They write careful analyses on their blogs to get good information out.” Her issue is that it may not be financially feasible to sustain. “It is sad no one is able to find a way to monetize good writing and thoughtful analysis. We are relying on the hobbies of a few good minds.”

### The Future

Engaging in two-way communication—no matter what one’s profession—is becoming the norm. Physicians are not immune to this phenomenon. Given the proliferation of digital and mobile tools already available to and in use by doctors, we will likely see more of them becoming “social” with each other and with patients over the next few years. The American Medical Association has even released its own guidance on the topic: [Professionalism in the Use of Social Media](#).



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This step by the AMA is an acknowledgement that texting, tweeting, sharing video, blogging –and whatever new technologies and services emerge–are now part of the culture.

Ultimately, though, physicians themselves will determine the rules of the road. If being social

enables them to provide quality information to patients or to participate in larger healthcare conversations, then those who consider that important will find the means to do it. As Dr. Fisher declared, “Blogs can effect change, if you do them well.” ♦

### About the Author

Bunny Ellerin has spent the last two decades helping to build companies across the healthcare landscape. She has used her entrepreneurial, marketing and operational skills across multiple health sectors including medtech, pharma, physician services, health technology, and online media. Today, Bunny runs her own company, Ellerin Health Media, to help clients shape their digital, social and mobile strategies to successfully communicate with physicians, patients and caregivers. She blogs at [Pharma 2.0](#) about the intersection of technology and life sciences.

Previously Bunny was a Managing Director at [InterbrandHealth](#), a leading Omnicom-owned global brand consultancy, where she led the Research & Analytics division and spearheaded the firm’s efforts in the digital arena. Prior to joining Interbrand, Bunny worked with a number of venture-back healthcare companies. She was Executive Vice President of Clinsights, a data collection company acquired by PPD, Inc. (NASDAQ: PPDI) in 2003. While at Clinsights, Bunny helped create several physician education websites including [TCTMD](#), the first online community for interventional cardiologists. This is where she first witnessed the power of the Internet in influencing behavior. Earlier in her healthcare career, Bunny spent five years in the physician practice management (PPM) industry at Vivra and Advanced Health Management.

Bunny is the co-founder of [NYC Health Business Leaders](#), an organization that was

launched in 2009 to increase the visibility of NYC as a thriving center of health, medical and life sciences innovation. The group’s events provide opportunities for healthcare leaders in NYC to share ideas, forge relationships, and succeed in building their businesses.

In 1999, Bunny founded and led [Harvard Business School Health Industry Alumni Association](#), the first group of its kind at HBS. The group brings together HBS alumni involved in all sectors of the healthcare industry for professional development and networking. The organization is a major HBS alumni force with more than 650 active members, an industry-shaping annual conference, robust website and special events and programs throughout the year. She served as its President and Chairman for many years.

Bunny received a BA in Political Science from Columbia University and an MBA from Harvard Business School.



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