

Social Media and Health Care

Preventing hospital readmissions through social media
innovation

A @miller7 & @RichmondDoc production

Why we are here

- * Evidence suggests many rehospitalizations are preventable—
 - * Many rehospitalized before seeing a physician.
 - * Significant Inter-hospital and inter-state variation.
- * What proportion of readmissions are truly "avoidable"? No one knows.
- * Probably hospitals, physicians, HHAs, nursing homes and pharmacists can prevent more readmissions working together than hospitals can by improving discharge process alone.

Information to Patient

- * Poor transfer of information to patient:
 - * Poor patient understanding of how to use medications after hospital discharge.
 - * Patient doesn't understand warning signs that warrant an emergency call to their physician.

Information to Ambulatory Care

- * Hospital to nursing home staff.
- * Hospital to primary care physician.
- * Lack of clarity on end of life care preferences.

Timely Post Discharge Visit

- * Primary care physician unaware of hospitalization.
- * Patient has no transportation to primary care physician.
- * Patient has no primary care physician.

Enter social media

The tools for innovation

facebook®

The New York Times

ESPN



ebay

WELLS
FARGO

The
Weather
Channel



Why this matters: e-patients

- *Increasingly, patients and the public will look for physicians who are willing and able to interact with them via social media.
- *The [Healthy People 2020](#) goals reflect this shift, and recognize the value of social media.
- *[Pew Internet project](#) shows some vulnerable communities with higher-than-average use of Twitter.

Why this matters: e-patients

*According to a recent [National Research Corp's Ticker survey](#) reported in Feb 2011:

- *1/5 Americans use social network sites to find health information—94% Facebook, 32% YouTube, 18% Twitter.

- *1/4 reported this info was “likely” or “very likely” to impact health care decisions.

- *1/3 reported “high” or “very high” level of trust; only 7.5% reported “very low” level of trust.

Why this matters: Health 2.0

- *Health 1.0: Health care providers (HCPs) control medical information, provide information to pts, and direct treatment.
- *Health 2.0: Pts become increasingly involved in care, asking questions of HCPs, collaborating in treatment.

Why this matters: Health 2.0

*“A concise definition of Health 2.0 is the use of a specific set of Web tools (blogs, Podcasts, tagging, search, wikis, etc) by actors in health care including doctors, patients, and scientists, using principles of open source and generation of content by users, and the power of networks in order to personalize health care, collaborate, and promote health education.”

Why this matters: Health 2.0

- *In other words, in health 2.0 communication crosses in all directions between patients, patient advocates, HCPs, etc.
- *This communication includes user generated content in which individuals produce the material being distributed.
- *The goal is to enhance individuals' health and health care.
- *Participatory health care.

Why this matters: Increased communication

- *The goals of empowering patients, developing collaborative relationships between pts and HCPs align with the concept of the patient-centered medical home (PCMH):

- *“***Enhanced access*** to care is available through systems such as open scheduling, expanded hours and ***new options for communication between patients, their personal physician, and practice staff.***”

facebook®

facebook

Search

Home Profile Find Friends Account ▾



Society of Teachers of Family Medicine (STFM)

Non-Profit Organization



Wall

Society of Teachers of Fa... · Top Posts ▾

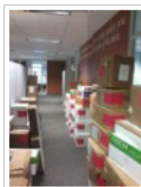
Share: Post Photo Link Video

Write something...



Society of Teachers of Family Medicine (STFM)

Today is Ship Day at STFM! Annual Spring Conference materials are on their way to New Orleans. Staff is attending to many last minute details. We have a record-setting 1227 registrants as of today! We are looking forward to seeing everyone next week!



April 19 at 10:21am · Like · Comment · Share



Mike Sevilla Looking forward to the meeting next week!
April 19 at 10:29am · Like

You and Society of Teachers of Family Medicine (STFM)

Mark Ryan likes this.

People You May Know

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Eva Thomas
2 mutual friends
[Add as friend](#)



Brooke Campbell
1 mutual friend
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Switch to Sprint.



Sprint ranks #1 in network satisfaction and price satisfaction over AT&T in Denver. Switch to Sprint today.

Good Morning America



Like Angry Birds? Well then, you should "like" GMA too. If you do, you can find out the secret clue to the Golden Egg Hunt!

Like · 208,598 people like this.

Mike Newton

Amy Borosky Miller

- More than 500 million active users
- 50% of active users log on to Facebook in any given day
- Average user has 130 friends
- People spend over 700 billion minutes per month on Facebook

Social Media Tools

*Facebook

- *Allows for private messages, public comments and discussion, and information sharing among a network of interested people.

- *For patient interaction, it is likely safest to have a professional Facebook page separate from your private Facebook page.

- *For professional pages, determine how much interaction you will allow.

Social Media Tools

*Facebook

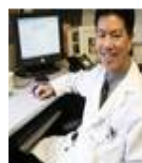
- *I recommend using tight privacy settings on private Facebook pages.
- *There is debate about whether to “friend” patients on Facebook. I choose not to.

Social Media Tools

*[Don Berwick fan page](#)

*[Una Vida Sana group page](#)

*[National Physicians Alliance fan page](#)



kevinmd

✓ Following

Lists



Page view journalism, also:
<http://is.gd/coWQA> RT @DrVes:
 "Journalists Won't Report News
 Unless It's Good for SEO"
<http://goo.gl/NEJL>

about 2 hours ago via TweetDeck

St. Vincent's Hospital closes, and Greenwich Village suffers
<http://goo.gl/fb/zlVIZ>

about 2 hours ago via Google

RT @Doctor_V: Lotsa fun stuff on Medical Grand Rounds if you
 missed it...<http://bit.ly/9sxZ8a>

about 4 hours ago via TweetDeck

A medical student chooses dermatology because of family
<http://goo.gl/fb/wBEiO>

about 4 hours ago via Google

How physician burnout worsens patient care <http://bit.ly/bMe8Hw>

Name Kevin Pho, M.D.

Location Nashua, NH, north of Boston

Web <http://KevinMD.com>

Bio Social media's leading physician voice. Member of USA TODAY's Board of Contributors. Also at KevinMD.com and Facebook.com/KevinMDblog

19,929 following 21,695 followers 1,231 listed

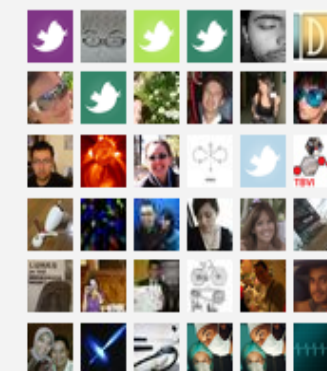
Tweets 5,753

Favorites

Actions

message kevinmd
 block kevinmd
 report for spam

Following



View all...

Social Media Tools

***Twitter**

- *Characterized by very short messages (140 characters).
- *Posts (tweets) are distributed among your “followers”.
- *Tweets are public unless you choose to protect them, in which case you must accept followers requests.

Social Media Tools

*Some jargon:

*All Twitter usernames (handles) start with the “@”

*Retweet (RT): one user re-posts another’s post. This allows sharing of information and can help start conversations.

*Replies start with another’s user name (@); this notifies the other user you are speaking to them.

*Direct message (DM): only viewed by recipient, not the public.

Social Media Tools

- *Jargon (cont)

- *Hashtag (#): topics of interest can be tagged with a #. For example, any post focused on health care reform can be tagged “#HCR”. This allows you to search for any recent posts that incorporate that tag.

- *“What the Hashtag” is a website that defines as many #s as possible.

- *#s allow for Twitter-based conversations (#hcsn, #MDChat).

Social Media tools

- *Best practices for Twitter:
- *Find resources worth following.
- *Interact with people.
- *Be a resource to the community.
- *Develop lists to filter out the stream.
- *Use tools (TweetDeck) to simplify use.

Social Media Tools

- * [Mark's Twitter profile](#)
- * [Ben's Twitter profile](#)

Social Media tools

***YouTube, Ustream, and other video services**

- *Users can record videos on any topic and upload them for viewing at any time.
- *These videos can be collected under a “channel” and could range from patient education information to medical education topics.

***Blog Talk Radio, PodBean, and other podcast sites**

- *Users can record radio shows and podcasts for listeners.
- *Allows for live, interactive discussions.

Social Media tools

*[Mayo Clinic YouTube channel](#)

*[Mike Sevilla's Family Medicine Rocks podcast](#)

Cautions

- *Privacy (yours and the patient's). Remember what is visible by the public.
- *Cannot practice medicine in this setting.
- *Not reimbursed.
- *No standards of use or official“best practices”. The [AMA guidelines](#) are not much help, and do not encourage use.
- *Role is still developing: wider use within patient communities, variable interest for provider/patient communication.

Potential

- * How could social media reduce readmissions?
- * 3 major causes of readmissions:
 1. Poor transfer of information to patients.
 2. Poor transfer of information to ambulatory caregivers.
 3. Lack of timely post-discharge physician visits.

Potential

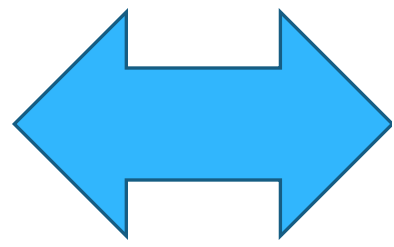
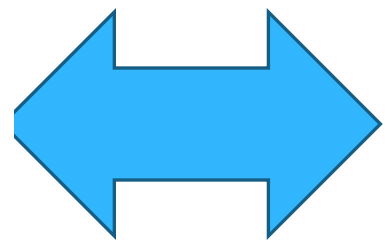
- * Poor transfer of information to patients:
 - * Incorrect medication use:
 - * User-friendly links from Facebook or blog posts to patient-friendly medication information sites.
 - * Patients/caregivers using social media (Facebook or Twitter)--including private messages--to request nurse calls (especially as messages can be received via SMS).
 - * Live internet radio and podcasts discussing medication use.

Potential

- * Poor transfer of information to patients:
 - * Lack of awareness of warning signs:
 - * YouTube or other video discussions and patient-friendly presentations highlighting warning signs for disease exacerbations, including early warning signs.
 - * User-friendly links to patient-friendly chronic disease management resources.
 - * Links to illness support groups.
 - * Twitter and/or Facebook updates to remind patients about disease self-management suggestions (including SMS).

Potential

- * Poor transfer of information to patients:
 - * Lack of awareness of warning signs (cont):
 - * Post-op care instructions (including video/pictures).
 - * TweetChats used as “Ask a doctor/nurse” sessions where patients/caregivers could get general information about illnesses and necessary care.
 - * Using Facebook groups to provide similar discussions with additional privacy.



Potential

Poor transfer of information to ambulatory caregivers:

- *Hospital to nursing homes:

- * Twitter/Facebook direct messages to inform nursing homes/skilled nursing facilities of impending discharges (including SMS).
- * Video or other links on Facebook or blogs that help with the care of unusual or complicated illnesses.
- * Links to live, point-of-care medication and care resources for nurses and nursing assistants.

Potential

Poor transfer of information to ambulatory caregivers:

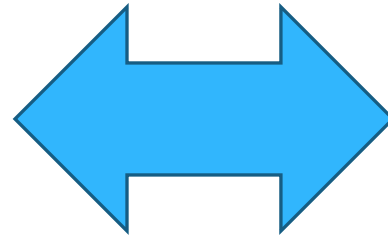
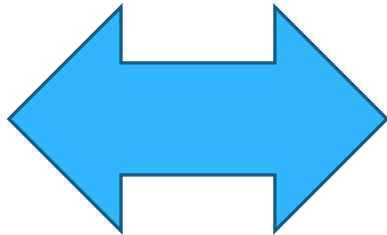
*Hospital to ambulatory outpatient providers:

- * Twitter/Facebook direct messages to inform outpatient physicians about an upcoming discharge (including SMS).
- * Video or other links on Facebook or blogs that help with the care of unusual or complicated illnesses.
- * Using social media contacts to then link to secure portals to provide additional information.

Potential

Poor transfer of information to ambulatory caregivers:

- *Lack of clarity of end-of-life preferences:
 - * Links to end-of-life information and support groups.
 - * Patient- and caregiver-friendly blogs or videos that discuss end-of-life choices and that provide additional information in different forms.
 - * TweetChats or other public discussions to provide general information about end-of-life options (such as the #HPM chat).



Potential

Lack of timely post-discharge physician visits:

- *Primary care physicians unaware of hospitalizations:

- * Using Facebook or Twitter to supplement other communication to advise primary care physicians regarding upcoming discharges (including SMS).
 - * Linking to secure portals after social media communications to directly provide patient discharge information.

Potential

Lack of timely post-discharge physician visits:

*Patients lack transportation to primary care physician:

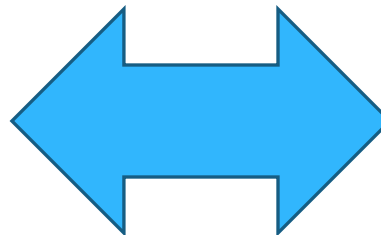
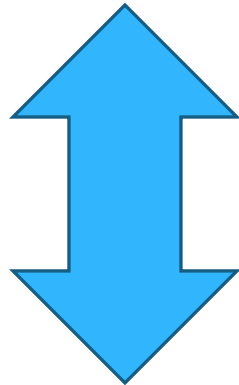
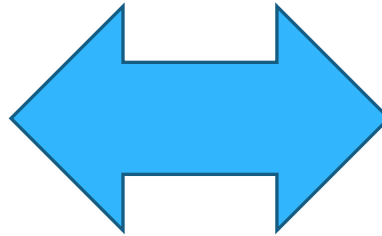
- * Use of social media to link patients/caregivers with community resources or medical transportation services.
- * Using social media to encourage patient contact via secure portals (including video technology?) to provide care from home instead of face-to-face care.

Potential

Lack of timely post-discharge physician visits:

- *Patients has no primary care physician:

- * Using social media to seek primary care physicians near patients' residences, either on the part of the patient/caregiver or the discharging facility.
- * Using social media to link patients with free clinics or federally-qualified community health centers (as applicable) to provide follow-up care.



Conclusions

- * We think that social media communication tools will continue to impact how doctors and patients communicate with each other. We are early in the process of determining the best use, but I think health care providers need to be engaged in the process because social media will become increasingly important.
- * There are many opportunities to enhance social media use to prevent readmissions, but it will take creativity and flexibility to find the best options.



* Thank you for your attention.

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