

# Social Graces: Nine Keys to Using Social Media in a Practice Setting

Do you have a Facebook page? What about a blog, a YouTube channel, a Twitter feed, or a Yelp or Google rating? You don't? Oh no!

BY MATT JENSEN, MBA

Social media has changed the landscape of the Internet, and it has changed the way in which many industries conduct business. Health care is no different. Increased connectivity and peer-generated education have made it more important than ever for practices to expand their expertise into new mediums to help patients achieve their best possible outcomes. In the modern world, this means learning an entirely new approach to patients' education, marketing, industry interactions, and management of the practice's word-of-mouth messages. At the heart of this new challenge lies social media. This article is designed to help you get started using this tool effectively at the practice level.

## KEY No. 1. UNDERSTAND WHAT SOCIAL MEDIA REALLY MEANS

When many people think of social media, they think of Facebook. Although it certainly is a great and important example, Facebook does not define the medium. A working definition of social media that helps create action at a practice level is as follows: social media is the ability of people to connect in ways that were never possible before and to share stories and content that create conversation and define their experiences. There are a couple key points here. First, social media enables people (your patients) who would never meet in real life to talk to each other about you. It connects people in meaningful ways, ways that were not possible just 10 years ago. This means that your patients may come into your practice with a knowledge of the industry—and you—that they could never have had without these new tools. Some of the information patients receive may be false and may make your job more difficult. Second, social media allows people to share stories and create a collective experience.



In other words, Internet users are beginning to define businesses without the influence of traditional marketing. They are sharing stories that will define you. This obviously matters greatly to your practice.

## KEY No. 2. BE AUTHENTIC

Many people believe that, because they have created social media outlets, qualified leads will follow.

## DEALING WITH THE ANGRY OR UNHAPPY PATIENT

**Do not take patients' displeasure with their outcomes as a personal affront.**

By Michael Gordon, MD

An unhappy or angry patient is a person all surgeons performing refractive surgery will at some point have to deal with. It is incumbent on us as physicians to approach such a situation with the level of calm and professionalism that the patient is expecting. There may be things that you want to say but should not. The best advice is to let those thoughts pass.

**WHAT MAKES PATIENTS UNHAPPY?**

Many factors can make a patient unhappy. These include unrealistic expectations, poor recollection of what he or she heard during the preoperative consultation, a negative result, presbyopia, and events in his or her personal life (particularly financial concerns and guilt after a costly procedure). Age is another factor. Some patients may believe they will feel 20 years younger following surgery, and then the reality sets in that they did not drink from the "laser of youth." Additionally, the onset of depression can certainly affect every aspect of an individual's life.

Although these factors may seem very obvious, it is interesting how surgeons forget and ignore them in an attempt to suppress their own frustration, anger, and animosity. It is important to remember, this is not about the physician or anything he or she did. Myriad other things play a part in a patient's happiness with the result.

**PREVENTIVE MEASURES**

Some steps should be taken preventively, not only to avoid potentially unhappy or angry patients, but also because it is good practice. Make sure to clearly explain the procedure and its potential outcomes, risks, and compli-

cations in as many ways and using as many educational aids as possible. Document, document, and document again the discussions that you and your staff have with the patient regarding outcome and risks. It is amazing what people think they hear and their recollection of what you say.

It is also valuable to have the patient initial a checklist of all of the risks that you have gone over. I believe that one of the most important preoperative discussions is that pertaining to the patient's reading vision and the presbyopic process. Presbyopia and reading vision are often poorly understood by patients, and poor reading vision is one of the leading causes of postoperative dissatisfaction. Spend the time to make sure that the patient is on the same page as you are regarding his or her expectations of reading vision.

**POSTOPERATIVE DISPLEASURE**

Let us say that you have done a great job of educating the patient. He or she has a 20/20 result but comes to your office very unhappy. How do you handle this patient? Do not follow your first instinct; it will only land you in jail! My advice is to listen, listen, and then listen some more. The patient really wants to know that you are hearing what he or she is telling you, that you understand his or her issues, and that you are a partner in his or her care and outcome. If you can achieve this little bit of rapport it will go a long way to helping the patient resolve the perceived problem. Try to be an advocate. Test and retest the patient so that he or she realizes you will leave no stone unturned in trying to understand and resolve the issues. These few steps will resolve most situations, particularly if the patient believes you hear what he or she is saying.

**WHAT COMES NEXT?**

What if you have listened and tested to no avail, and there really is nothing

you can find that is tangible, objective, and correlates with the patient's symptoms? Obviously if there were a quantifiable issue, you would offer an enhancement. There may be, however, a patient who does not have a true postsurgical problem but rather something else is going on and he or she has become fixated on his or her vision and refractive surgery. In those cases, I find it helpful to have the patient talk to someone else in the office. For example, your administrator or another staff member who has had refractive surgery may be able to lend a sympathetic ear. Speaking with someone to whom the patient can relate frequently goes a long way toward assuaging his or her concerns.

Another avenue of resolution is to suggest that the individual seek a second opinion, preferably from someone with whom you have a respectful, collegial professional relationship. It can be very beneficial for patients to hear that they have a good result, nothing seems out of the ordinary, and they should continue their care.

**CONCLUSION**

The problem of the angry or dissatisfied patient is a difficult one that we are all forced to face at some point in our refractive practices. As a surgeon, you should avoid the pitfall of taking this as a personal affront to your talent or expertise. Realize that, often, unhappy patients can be made happy with surgical enhancements. If the problem appears to be caused by something happening in the patient's life unrelated to the surgical procedure and outcome, however; be thoughtful, kind, a good listener, proactive, and a partner in his or her visual success.

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Remember, most social networks were not created for conducting business. Simply having a Facebook fan page is akin to a guy in a suit and tie sitting in a corner at a fraternity party. He makes people uncomfortable. He is not there to party, and worse, everybody knows it. Make your postings relevant, real, and maybe even unpolished.

### **KEY No. 3. COMMIT TIME AND RESOURCES**

As you jump into the work of implementing social media at the practice level, it is vital to remember that social media is social. It takes time and commitment to foster results in the social arena, just as it takes time in real life to create and nurture family relationships and friendships. There are no shortcuts, so plan on dedicating at a minimum 8 to 12 hours a week to your social media endeavors. Larger clinics may have staff members manage their social sites, but understand that a doctor's presence within social media adds great value and will be crucial to your practice's long-term success. For starters, commit one or two staff members to dedicate 2 to 3 hours each week to managing your social media and expand from there.

### **KEY No. 4. GET A PLAN**

You have set aside the time to manage social media. What next? Many practitioners think to themselves, I have a personal Facebook page. I will just create one for my practice and run it the same way. This approach can produce very negative results. As in real life, social media relationships are not all the same, so you need to know why you are conducting specific activities online. For example, do you want to generate new leads? Run a promotional contest. Do you want to educate people? Write a blog, use Twitter to share interesting articles with your patients, or create a YouTube channel with educational videos. Do you want to nurture your relationships with your best customers? You could use Path ([www.path.com](http://www.path.com)), a Facebook-style site that limits your "friends" to 50 people. This selectivity allows you close proximity to some of your key costumers.

What are you trying to accomplish by incorporating social media into your practice's marketing plan? Make sure your social media plan clearly and succinctly answers this question.

### **KEY No. 5. UNDERSTAND THE TOOLS**

You have set aside the time, and you have a plan. What tools do you want to use? As discussed in Key No. 1, social media is much more than Facebook. If you want to blog, hundreds of tools are available, each offering

different features and benefits. There are dozens of networking sites, hundreds of platforms for contests and promotions, and perhaps five or six good sites for sharing video; the list grows daily. Get to know the tools available and choose the ones that best fit your goals. (Because there are too many tools to explain here, jump to Key No. 8 if you are overwhelmed.)

### **KEY No. 6. IMPLEMENT YOUR PLAN ACROSS THE PRACTICE (NOT JUST ON THE INTERNET)!**

At the practice that I manage, our Web sites exist as a static place on the Internet, where they function like an ad in cyberspace. People visit the sites, read some of the information, and then call (one hopes). Social media is vastly different. A major reason to invest time in social media is that you wish to be active in the conversations about you that are taking place on the Web. Right now, someone may be posting a review of you or your practice on Yelp or Google Reviews. Do you know what he or she is saying? You should. If someone says something negative, you want to be able to respond. If someone gives you a rave review, you want to thank him or her. If someone offers great feedback, you want to take it to your team and implement the change.

This is the point at which social media intersects with real life, and you and your team must approach every day knowing that each patient could be reviewing you right now. Social media presents an opportunity for you to ask your best patients to offer positive reviews about your practice across your social channels. Remember, your patients are telling your story; you no longer have control of the message. Getting your team to turn real-life interactions into social interactions is important.

### **KEY No. 7. LEARN TO MEASURE**

How do you know your social media efforts are working? I hope you are already asking this of your traditional marketing; social media is much trickier. Do numerous Facebook "fans" or individuals' "liking" your practice mean you are a success? If your videos have been viewed 5,000 times, are your patients better educated? What do you do with bad reviews? What do you do with good reviews? Learning to measure your results and change course to achieve your goals is vital to any marketing effort but especially social media. A major reason is that, with social media, you are dealing with real people rather than print ads. You need to have a plan, commit the time, know what you want people to do, stay on message, and keep moving forward to be successful.

### KEY No. 8. PRACTICE AND EXPERIMENT

One of the best parts of social media is that you can practice your engagement with people and experiment with new tools relatively cheaply. Our practice decided to run a Facebook contest. We got it up and running, ran the contest, gathered results, measured our outcomes, and moved forward—all in 45 days. When you try new things, you learn. When you learn, you get better. You practice surgery, experiment with new lenses and tools, talk with colleagues, perform research, and gather new skills as a doctor. You will need that same innovative attitude for social media. One size does not fit all, so you will need to find the approach that works best for you.

### KEY No. 9. GET HELP

You are not a social media expert. If you do not want to waste your time and resources, get some help. Find someone on your staff who can head up a social media initiative for your practice. Ask your marketing team's members if they can create a robust plan, study

the tools, and take action. Alternatively, partner with a new team to move forward with social media.

### CONCLUSION

Across the Internet, conversations are taking place about LASIK, about cataracts, and about you. Many of these conversations do not include doctors, members of your staff, or anyone who will guide the discussants to your doorstep. If you follow the nine keys presented herein, you will be able to join the social media conversation with confidence and meet your goals: driving new patients to your practice, educating them, encouraging them, connecting them, and celebrating their stories. ■

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