Conversations with the Community: The Methodist Hospital System’s Experience with Social Media

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SUMMARY • The Methodist Hospital System has maintained a social media presence on Facebook, Twitter, and YouTube since 2009. After initial unofficial excursions into the world of social media, we discovered that social media can be a useful tool to extend a conversation with our patients and the community at large and share our hospital’s culture with a larger base of like-minded people. But with this new power comes a heightened responsibility—platforms that can potentially reach millions of viewers and readers also provide a potential for misuse that can jeopardize patient privacy and place hospitals at risk. Because of their unique restrictions, even hospitals that use the tools regularly have much left to learn about social media. With constant monitoring and stewardship and a commitment to educating staff, hospitals can effectively use social media tools for marketing and education.

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The Methodist Hospital System on the Web

methodisthealth.com
facebook.com/methodisthospital
@methodisthosp on Twitter
youtube.com/user/MethodistHospitalHou

The Methodist Hospital System, which includes an academic medical center and four community hospitals, adopted its formal social media policy in the fall of 2009, after initial unofficial excursions into the world of social media. We saw social media as an opportunity to extend a conversation with our patients and with the community at large and share our culture with a larger base of like-minded people—a virtual street corner where people could gather to talk about their interests.

By 2009, it was clear that Facebook’s popularity was rising, and in March 2010, it surpassed Google in the number of weekly visits from US customers (Dougherty 2010). In May 2009, when Methodist established its corporate Facebook account, the growth trend was evident. The first few posts on Methodist’s Facebook page were videos taken from the hospital system’s local television commercials. Gradually, we incorporated information and photographs from patient-centered activities, such as “mammogram parties,” and announcements of clinics, screenings, and flu shots.

The core strategy then, as now, was to participate in any conversation about Methodist and its services. We cannot hope to control such conversations, but we can take part in them. By inviting patients, families, and employees to talk about Methodist, we hope to convey a favorable picture of our services.

As we crafted a content strategy for our Facebook page, we visited other hospitals’ sites. Mayo Clinic was one of the first in the country to fully embrace social media, and its rapidly growing Facebook presence was instructive in our efforts to grow an audience base. Other helpful sites we visited include Johns Hopkins, Cleveland Clinic, Stanford Hospitals and Clinic, St. Jude’s Children’s Hospital, and MD Anderson Cancer Center.

After obtaining buy-in from top administrators, including the hospital system’s president and CEO and senior executives, we set to work creating a social media use policy that would apply to all hospital personnel. Through the University HealthSystem Consortium, we identified other hospitals seeking to establish a social media presence and exchanged drafts of social media policies to craft our own policy.

**Employees and Social Media**

Hospital management, particularly our legal team, had reservations about a Facebook presence:

- Would employees abuse their access by spending work time on personal Facebook accounts, sharing private patient information, airing work-conflict issues (“My boss is stupid...”), and representing the hospital system negatively?
- How would posts and comments from the readership be monitored? How would we respond to negative or offensive posts?
- What steps would we take to prevent the intentional or inadvertent broadcasting of private patient health information?
Another important consideration was whether to block or restrict employees’ use of social media on company computers. During the period in which our administration was considering and approving our social media policy draft, more than 50 percent of US hospitals blocked employee access to social media (Bennett 2011). The Methodist Hospital System has more than 12,000 employees in its flagship hospital and four community hospitals. We felt that blocking access would simply encourage employees to access social media sites on their smartphones.

Our approach is to educate employees, sharing simple rules about the use of social media. First, employees are reminded they are still bound by patient privacy rules when they are on social media. Second, while they are encouraged to identify themselves as Methodist employees, they are reminded to make sure they clearly state that they are speaking on their own behalf and not for The Methodist Hospital System.

Many of our employees identify themselves on their personal Facebook pages as Methodist employees. Methodist promotes a unique culture within its hospitals and affiliated institutions: the set of values we call I CARE (integrity, compassion, accountability, respect, and excellence) was developed with employees’ input, and many are proud to work at a place that aspires to these standards. So we encourage our employees to identify themselves as part of the Methodist workforce when commenting on Methodist Facebook pages.

Since we instituted our social media policy, we have only had a few clear-cut violations by employees, which involved unauthorized disclosure of private patient information. These resulted in immediate termination.

Our current debate is whether to add new pages to reflect particular services Methodist offers. We initially resisted the addition of new pages, but in recent months we have considered new benchmarks other hospitals have set, and we’ve begun to add pages that reflect separate identities for each service. While all are administered by the social media program manager, each page has an additional administrator who is responsible for posting content and moderating comments from readers.

Each moderator must answer a series of questions that will help him determine whether his service can consistently maintain its own Facebook page with regular new content. Similarly, we offer guidelines for physicians who wish to create their own Facebook pages.

These guidelines are excerpted in Exhibit 1 on the following page. We also offer a list of social media questions and answers that are intended to guide physicians and employees, as shown in Exhibit 2 on page 19.

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**Helpful Social Media Sites**

- Found in Cache—Social Media Resources for Healthcare Professionals from Ed Bennett
  - [http://ebennett.org](http://ebennett.org)

- Social Media University, Global
  - [http://social-media-university-global.org](http://social-media-university-global.org)

- Ragan.com—News and Ideas for Communicators
  - [www.ragan.com/Main/Home.aspx](http://www.ragan.com/Main/Home.aspx)

- Mashable—The Social Media Guide
  - [http://mashable.com](http://mashable.com)
Our Facebook pages are monitored on a daily basis by the social media program manager and the individual page moderators. The social media program manager receives an e-mail each time a new comment is posted on a Facebook page. The manager, who has a company-issued smartphone, is able to access these alerts at any time. If an inappropriate or offensive comment appears, the manager is able to delete the comment promptly. This complies with our legal department’s mandate that the social media sites be monitored regularly, within reason.

**Content and Authority**

As we developed our Facebook presence, we also created and implemented presences on other social media platforms, including Twitter and YouTube.

Our first foray into the world of Twitter was an attempt to use the service as an internal communication tool. Its potential quickly unfolded, however, and we now have an active Twitter account with at least two tweets each day and almost 4,000 followers. Our tweets often point readers to links on Facebook and YouTube. We create video clips that are posted simultaneously on these two sites, and their short descriptions often link to larger news releases or other information on our website.

This use of social media suggests a public relations and marketing strategy that considers Facebook, Twitter, YouTube, and the Internet as compatible tools. Each platform can be used to engage customers and patients and promote the brand of our hospitals.

**Meeting Readers’ Needs**

Eighty percent of Internet users have searched online for information on diseases and other key health concerns, and about 59 percent of these users are adults (Pew 2011), our target audience. Customers discuss their health concerns and their desires to learn more about specific health conditions, diseases, or treatments. We identified the need for reliable and credible health information on the Internet as a key driver of consumer engagement, so the accuracy of the content we post on our social media platforms is critical.

We follow an industry guideline (Weaver 2011) that suggests that 30 to 50
EXHIBIT 2 Social Media FAQ

Should I accept Facebook friend requests from patients?
Probably not. Keep your personal profile only for friends, family, and colleagues. Create a separate business page to share general health information with your patients.

Should I respond to personal medical questions on Facebook or Twitter?
No. Refer questions to the patient’s physician. If a question comes from your own patient, handle it through an office visit, phone consultation, or encrypted e-mail exchange.

Should I post any identifying information about my patients?
Absolutely not. This is unethical and illegal. You cannot post any contact that includes personal health information, including patient images. You cannot use your social media site to provide medical advice or medical commentary. You can use your social media site to provide general health information and general medical information that will help educate consumers about a particular condition or trend.

Should I blog or tweet anonymously?
Probably not. Anonymity can make it easier for doctors to post content that is disrespectful to patients or that undermines patient trust.

percent of social media posts should address patients’ health rather than promote the hospital. We try to fulfill that quota by creating copy and video on topics such as weight management (e.g., controlling your food intake during the holidays), healthy eating (e.g., how to read food labels), staying safe and healthy in the heat, and hurricane preparedness. In addition to our own information, we also frequently link to articles by health agencies such as the Centers for Disease Control and Prevention and the American Heart Association and health-related articles from external media outlets such as the Los Angeles Times, the New York Times, and WebMD.

Other posts promote the hospital system with information about its honors and rankings, such as Fortune magazine’s “Best Companies to Work For” and U.S. News & World Report’s “Best Hospitals” rankings. This recognition helps create brand awareness among consumers, fosters a greater sense of the services our hospital has to offer, and provides a gauge for the quality of these services.

Members of the system’s public relations staff have been charged with administering our main social media platforms and generating most of the content. We work closely with our marketing representatives to identify trends and topics with which we can engage our audiences to create a meaningful conversation.

Marketing Uses and Results
More than half of all social media users are older than 30, and more than half are female (Pew 2011). And one in four Internet users has watched an online video about health; tracked weight, diet, exercise routine, or another health indicator online; or consulted online reviews of medical treatments or drugs (Pew 2011). Armed with this information, Methodist decided that our social media should center on these areas:
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Social media has helped us connect with patients from beyond our area. One man in the United Kingdom sought out a physician from the UK who now practices at The Methodist Hospital in Houston. The man hoped the physician would treat his wife’s serious heart condition. He posed his question as a direct message on our Facebook account; we were able to direct him to the physician and help him complete the international patient registration.

We use Facebook and Twitter to promote health screenings and other events that serve some segment of the community. For example, in the summer of 2011 our sports medicine and orthopedic services staged a series of medical checkups for high school student athletes. The Texas University Interscholastic League requires students to get these checkups before participating in extracurricular sports. We promoted the details of each screening opportunity on Facebook, Twitter, and our websites, and each screening—including a day-long mass screening at Houston’s Reliant Stadium—attracted a capacity crowd. We directly attribute the success of these screenings to our frequent posting of key information on social media sites.

One of our most successful Facebook promotions was for our Men's Health Expo. We posted an attractive baseball-themed flyer as an image on our wall, giving details about the screenings and offering free tickets to an Astros game for those who registered. We then posted a call to action with a link to registration below the image. Using this type of promotion in addition to the more traditional forms allowed us to attract a larger crowd to these screenings. The expo's success exemplifies how social media can help change patterns of compliance. We do not know how many of the registrations were made by the attendees’ wives or other family members, but we suspect the readily available information and the ease of registration—along with the free baseball tickets—encouraged men to sign up.

In another cross promotion on Facebook we provided a link to the Houston Chronicle’s Daily Deal, which on that day was a discount on metabolic testing at our Weight Management center. To receive the discount, readers had to click through on the link provided. The Facebook post, along with a Twitter post pointing consumers to the link, gave us an outlet to share this opportunity with consumers who did not regularly receive Daily Deal offers. From February to July 2011, the percent of total referrals to the weight management program that came from the Internet increased from 15 to 20 percent. The blogs on our weight management site, led by licensed professional counselors, include content about weight loss, emotional eating, and body image. Another blog features stories from a patient who shares his successes with our weight management program. Our referrals are 50 percent consumer driven, which makes social media a priority in our marketing initiatives.
Our volunteer services department has found that using Facebook is an effective way to communicate meeting dates, notices, and volunteer projects to its teen volunteer group. Many teens check Facebook before e-mail or voicemail. In 2010, we used Facebook to post polls and surveys and collect RSVPs for events and found it much more effective and efficient than phone calls and e-mail. All our Facebook fans can read the posts of others in the group, which promotes conversation.

Social media has given The Methodist Hospital System another way to communicate with the community and an opportunity for consumers to become more actively involved in their own health. We now have a full-time social media program manager, whose duties include social media administration (Facebook, YouTube, and Twitter), content creation (including news releases and video), and coordination of efforts among system hospitals and service lines. We are working to create a standard for measuring the effectiveness of our social media with consumer engagement metrics and a method for learning more about who our social media followers are.

Looking Forward

Social media has become a significant part of how The Methodist Hospital System promotes itself and serves the community. We have found that it encourages healthier behaviors, educates patients about important health issues, drives consumers to our services, and allows wider access to needed healthcare.

Interactive electronic communication, including the use of social media, is giving consumers more opportunities to actively participate in their medical care. Social media is important in meeting Centers for Medicare & Medicaid Services (CMS) standards for patient education. To receive CMS stimulus money in coming years, hospitals will be required to meet a set of core standards and prove that they are using electronic, patient-specific education resources to provide consumers with meaningful information. Social media tools, already important in engaging patients and consumers, will become even more valuable in healthcare’s future.

References


