The Social Media DNA of Mayo Clinic—and Health Care

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Abstract

Hippocrates’ admonition and the medical community’s aversion to risk have caused many physicians and institutions to resist participation in modern social media sites such as Facebook (Facebook, Inc, Menlo Park, California, USA), Twitter (Twitter Inc, San Francisco, California, USA), and YouTube (San Mateo, California, USA). However, because Mayo Clinic’s founders were champions of analog social networking, it was among the earliest hospitals worldwide to create official accounts on these digital platforms. A proper understanding of the traditional mechanisms of knowledge diffusion in medicine and of the nature of social media sites should help professionals see and embrace the opportunities for positive engagement in social media.

Key Words: Social media, professional networking, Facebook, Twitter, YouTube

INTRODUCTION

Social media sites are a 21st-century innovation; if the major sites were persons, none of them would yet be old enough to vote, or even drive a car. YouTube (San Mateo, California, USA) will become a virtual teenager on February 14, 2018 [1,2]. Facebook (Facebook, Inc, Menlo Park, California, USA) is only a year older [3], and Twitter (Twitter Inc, San Francisco, California, USA) celebrated its 10th birthday in March 2016 [4].

Despite their youthfulness, these sites have massive societal impact, and the companies that own them are economic dynamos. Alphabet (Alphabet Inc, Menlo Park, California, USA), the parent company of Google (Google Inc, Menlo Park, California, USA), which acquired YouTube for $1.6 billion in 2007, is the second most valuable company in the Fortune 500, with market capitalization of $507 billion [5]. Facebook comes in fifth on the list at $321 billion, just behind petroleum giant Exxon Mobil (Irving, Texas, United States) [6]. Even Twitter, the poor cousin among the three, closed its first day of public stock trading in 2013 at a valuation of $25 billion [7].

Unlike Fortune 500 leaders Apple (Apple Inc, Cupertino, California, USA) and Exxon Mobil, social media companies produce no tangible products. They do not even charge end users. Instead, they profit through monetizing Metcalfe’s Law, which holds that the value of a network is proportional to the square of the number of its nodes [8]. Facebook has 1.86 billion monthly active users as of December 31, 2016 [3]. Facebook’s knowledge of the relationships among users, and its ability to target messages based on interests and demographic characteristics in the form of affinity data, have led to its profitability and enormous valuation. As Andrew Lewis observed in 2010, “If you are not paying for it, you’re not the customer; you’re the product being sold” [9].

To add to this user-as-product reality, many health care professionals may have concerns about improper online behavior, negative interactions, or the potential to compromise patient privacy when using social media sites. These fears often result in attempted risk mitigation via elimination, and many hospitals have blocked social media sites at the corporate firewall [10].
In an era when we all bring our own devices to work and with more than 80% of physicians using smartphones or tablets [11] with mobile data, this resistance may be futile. These devices with their cellular data plans typically have social media apps installed, rendering corporate firewalls impotent in blocking employee access to social sites. It is also counterproductive to the organizations’ business goals, because these devices increasingly are used to access electronic medical records and other data during clinical encounters [12].

Attempted blocking also fails to fully appreciate the ubiquity of employees, who represent our institutions online whether approved by the enterprise or not, and regardless of whether they post during working hours. It also hinders exploration of innovative applications of these tools.

What is a responsible stance toward these platforms for medical professionals and their organizations? What if, instead of mainly being risky from compliance and brand or reputation perspectives, social media sites are really potential forces for good in health care? What if they could facilitate knowledge dissemination at a pace that would thrill our predecessors?

BACK TO THE FUTURE

After a tornado ripped through Rochester, Minnesota, in August 1883, the head of the local Franciscan order, Mother Alfred Moes, approached Dr William Worrall Mayo with an offer: the sisters would raise funds to build a hospital if Dr Mayo and his sons William J. and Charles H. Mayo, who were physicians-in-training, would provide the medical staffing.

The brothers had assisted their father in his practice even as young boys, and they came of age in what became the golden age of surgery. Improved anesthetics and the Mayo trio’s embrace of aseptic surgical techniques, aided by fastidious Franciscan scrub nurses, meant they were able to perform more complex and specialized operations for various indications. As mortality plummeted, excited patients returned home eager to tell of their experiences. Rochester’s rail line connection and the advent of the telegraph caused word of their exploits to spread rapidly. By 1893 patients from 11 states—from New York to Montana—had traveled to Rochester for treatment [13].

With medical knowledge advancing so rapidly, the Mayo brothers were among the first to recognize the need for specialization and teamwork, and this led them to invent the private group practice of medicine. To facilitate this new model of multispecialty care, the Mayos’ associate, Dr Henry Plummer, invented the unified medical record as a way of gathering the observations of the diverse team of specialists involved in complex patients’ care and organizing the data to enable the best treatment recommendations [14]. This paper record, the forerunner of today’s electronic health record, was in essence a network for socialization of knowledge about each patient among the involved physicians and other members of the care team.

PROFESSIONAL NETWORKING

The elder Mayo had regularly participated in regional and state gatherings of physicians, sharing his experiences and seeking to learn from others. As the pace of change quickened, his sons put an even greater priority on submitting case reports and series to medical journals, attending and presenting their data at physician gatherings, and traveling to observe and learn from other surgeons. As Helen Clapesattle observed in their definitive biography [13]:

By the end of the 1920s Dr. Will could say he had studied surgery in every town in America and Canada of one hundred thousand population or more, and had crossed the Atlantic thirty times.

Even though he died in 1939, before the era of air travel, Dr Will ultimately conducted this in-person, analog networking in 25 countries on four continents, from Australia to Russia and from Sweden to Argentina.

The Mayo brothers welcomed physicians from around the world to visit them, too. The roster of the Surgeons Club, which was composed of physicians who had traveled to Rochester to observe surgery, named nearly 3,400 members who joined between 1908 and 1918 [15].

Analog social networking, whether among patients sharing their experiences with family and friends or in professional interchanges among medical and scientific colleagues, is part of the cultural DNA of Mayo Clinic. Understanding this made Mayo Clinic’s 21st-century venture into digital social media platforms a natural next step.

BRAND RESEARCH AND A NATIONAL MEDIA RELATIONS STRATEGY

Mayo Clinic began conducting brand research in the 1990s to assess consumer and patient inclination to consider Mayo Clinic for diagnosis and treatment of
دریافت فوری
متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات