5 Reasons Medical Practice Administrators Should Use Social Networking

Frank McDonough

Using Facebook and other social networking services like LinkedIn and Twitter to magnify your practice’s public exposure is becoming standard in the medical community. The Mayo Clinic’s Facebook page has nearly 7,000 fans. Many surgeons even send out “tweets” on Twitter during surgery.

Here are a few reasons you should consider putting social networking on your list of marketing efforts for your ophthalmology practice.

1. Social networking is cost-effective.

An online presence is more important than ever, whether you’re thinking of your next career move or new ways to market your practice. If you’re not connected, prospective patients from the younger generation will miss you altogether when searching for an ophthalmologist’s practice online.

You might think social networking is a duplication of your online marketing because the information can be found on your website. The fact is, many of your patients and peers already use social networking sites to find referrals and professional services. The fastest-growing demographic for Facebook is those 35 years and older, while Twitter ranks 45- to 54-year-olds as its top age category. The younger generations that once dominated the internet are being eclipsed by the patients you want to reach—the old and young—and they are at your virtual fingertips.

2. Can patients find you and your physicians?

When it comes to choosing a new physician, next to referrals, the internet is the first place many patients look. If you “Google” your health organization’s name, do you know what shows up? If you have to go more than one page down the results, then you are losing patients and money. How about your organization’s listing on online locator services like Google Maps or MapQuest? If you can be found online, can you be found in town?

First, see what’s online about your practice. Second, correct it if necessary (e.g., updating your phone number on your Google Maps list-

You won’t reach all patients or potential patients at your practice through just one platform; the more places you make available for information, the more likely that it’ll end up in the hands of existing patients and reach new patients.
tices have been known to mandate that clinical staff learn to triage calls and clerical staff train as ophthalmic assistants.

All have reported the tremendous value this brings to the patient experience and that it has been well worth the effort. Staff members can travel through the clinic as needed during peak patient hours, particularly when co-workers are on vacation or have called in sick. The awareness of previously unfamiliar elements of the clinic has made staff more proficient when they return to their primary position.

Continuing education. Ours is a rapidly changing field. To keep up with these changes, it is important that staff be made aware of new developments and how these may impact the work they do. Some practices view this as an unnecessary line item in the budget; best practices are reluctant to delete it.

Today education can take many forms. Online education is cost-effective and easy to monitor, and the practice’s professional staff can run in-house seminars with a minimum amount of planning. Regional educational seminars might also be available, and some practices reward excellent performance with a trip to a national meeting.

Patient flow and big picture. This is the single most important achievement of best practices. The clinical supervisor is able to see the big picture and allocate resources as needed to enhance patient flow. The most astute clinical leaders anticipate the day in advance and when necessary, manipulate the schedule accordingly.

Some practices use a “people mover” to ensure that doctors always have a patient to see instead of letting a doctor slip into his office to return phone calls. Others ask that all clinical staff be responsible for making sure patients are moving through the office.

Nimbleness. Even the best practices have days that are problematic. The cause may be a large proportion of immobile patients, unanticipated absences, or complex emergencies that were unexpected combined with a very small no-show rate. Yet, at the end of the day, the best practices analyze the day and determine what changes are to be made the next time they are confronted with similar obstacles.

continued from page 33

5. Find the best staff.

Potential employers can Google you to get a snapshot of your personality and credentials. You can also use the same tools to vet potential employees. You can see an applicant’s Facebook page or professional profile on LinkedIn as well as other personal websites, allowing you to gather information that you may not have requested in your employment application.

The lines between professional and personal marketing are getting thinner, but the ability to use these tools to get the word out about your practice is getting easier and less expensive. Be proactive and research the tools discussed, then find the ones that bring patients and physicians together in your practice.

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