

# **Guiding You to Make Impact With the Use of Social Media**

Margaret S. Chisolm, MD Phillip Pierorazio, MD Elliott Haut, MD, PhD Therese Lockemy Tristin Bates Johns Hopkins Medicine

## Introductions



### Who we are





Therese Lockemy, director of internet marketing and social engagement at Johns Hopkins Medicine @tlockemy



Margaret S. Chisolm, MD, vice chair for education in the Department of Psychiatry and Behavioral Sciences at Johns Hopkins
Medicine @whole\_patients



Phillip Pierorazio, MD, associate professor of urology and oncology in the Brady Urological Institute at Johns Hopkins Medicine @drphil\_urology



Elliott Haut, MD, PhD, vice chair of quality, safety, and service in the Department of Surgery at Johns Hopkins
Medicine @elliotthaut



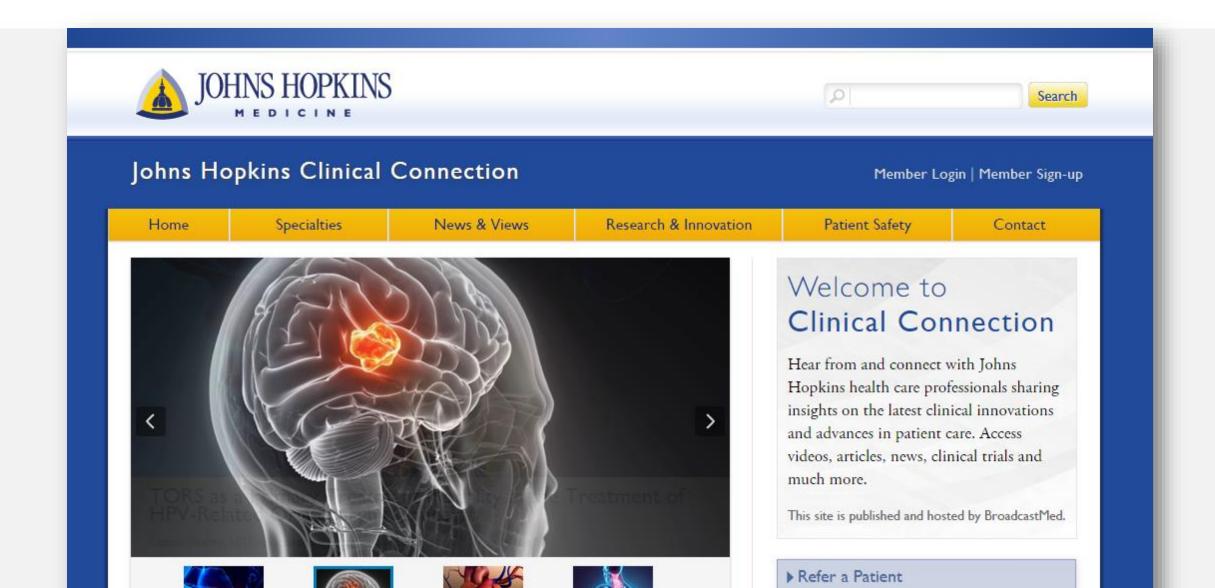
Tristin Bates, social media and blogging specialist at Johns Hopkins Medicine @iamtristinbates

## Enterprise Level Social Media



## Physician Portal





## Video Q & A and Case Presentations





#### When to Refer for Neurosurgical Treatment for Spasticity and Related Disorders | Q&A

Johns Hopkins professor of pediatric neurosurgery, Shenandoah "Dody" Robinson discusses when it is appropriate to refer patients for a neurosurgical consult for spasticity and related disorders.



#### Case Presentation - Spinal Cord Tumor (Schwannoma)

Spine neurosurgeon Ali Bydon discusses the case of a young athletic male with a nerve sheath tumor wrapped around his L4 nerve, which allows one to dorsiflex and walk



#### Case Presentation: Transoral Thyroidectomy

Head and neck endocrine surgeon, Jonathon Russell discusses the case of a 23-year-old woman with an indeterminate thyroid nodule who underwent a transoral thyroidectomy.

1 2 3

5

## **Distribution Channels**





Sign Up for the Clinical Connection E-Newsletter



State-of-the-Art Inpatient Rehabilitation Facility Opens at The Johns Hopkins Hospital

One innovative feature is a courtyard with several surfaces—including gravel, grass and sidewalk curbs—where patients can master walking.

Read More



A Comprehensive Approach to Lower Back Pain

At Johns Hopkins, physiatrists like Akhil Chhatre develop a treatment plan that includes diagnosisspecific exercises and a prescription for physical therapy.

Read More



Water Swallow Test Proves to Be Most Sensitive for Dysphagia

When patients take consecutive sips from larger volumes and do not have any symptoms, the test accurately rules out aspiration.

Read More



The Ins and Outs of the

clinicalconnection.hopkins

Did you know Johns Hopkins surgeons have performed more than 5,000 #Whipple Procedures since 1980?



For patients with #LiverCancer or a #LiverTumor, minimally invasive surgical techniques are available.







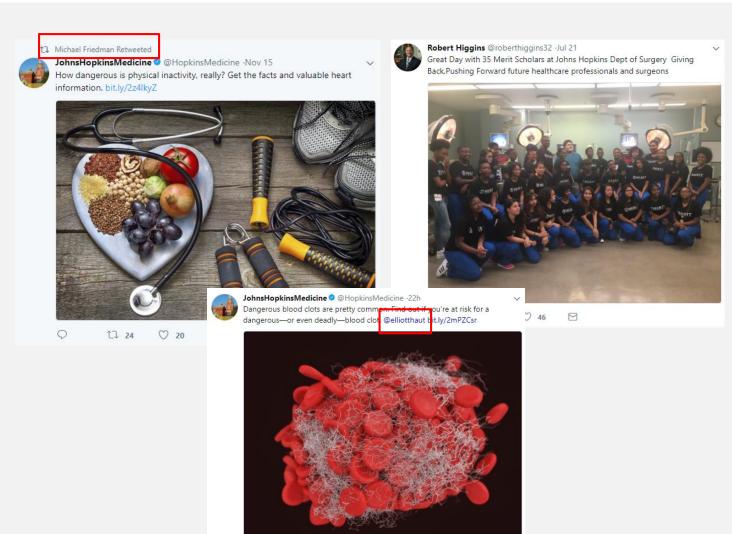
What does this look like for you?



## What does this look like for you?



- The ability to:
  - Share content that we share on your own channels
  - Connect with peers
  - Celebrate success
  - Connect it back to your individual profile as well
- Collaborate with Johns Hopkins Medicine



## Examples





Tweets Following Followers Likes 233 40 1,077 686

Robert Higgins and Gina Adrales

11 🔘 26

#### Robert Higgins @roberthiggins32

Robert Higgins, MD, MSHA is Director of Surgery William Stewart Halsted Professor of Surgery and Surgeon- in-Chief of the Johns Hopkins Medicine

Joined September 2012

Tweet to Robert Higgins

S 58 Followers you know























Following

115

Followers

284

Likes 107

## Examples





## Physician Profile & Social Handles





#### Johns Hopkins Medicine

22,626 followers

At the Johns Hopkins Comprehensive Transplant Center, survival rates are consistently higher than the national average, and kidney transplant wait times are significantly lower. Connect your patient with our team of experts.

http://bit.ly/2r0LOsA



Find a Doctor - Johns Hopkins Medicine hopkinsmedicine.org

44 Likes • 4 Comments

#### **Background**

Dr. Phillip Pierorazio is an Assistant Professor of Urology and Oncology in the Brady Urological Institute at Johns Hopkins University. Dr. Pierorazio is originally from New York, received his undergraduate degree from Georgetown University in Washington, DC and his medical degree from Columbia University, College of Physicians & Surgeons in New York City where he completed a Doris Duke Clinical Research Fellowship in Urologic Oncology.

Dr. Pierorazio has expertise in all malignancies of the urinary tract and performs both open and minimally-invasive surgeries including laparoscopic and robotic surgeries of the kidney, bladder, prostate and retroperitoneal lymph node dissection for testicular cancer. He has a special interest in kidney cancer, including partial nephrectomy for early stage disease and high-risk surgeries for patients with advanced cancers.

#### ...read more



#### **Twitter**

#### **Titles**

- Director, Division of Testis Cancer
- · Director of Social Media
- · Assistant Professor of Urology
- · Assistant Professor of Oncology

#### **Departments / Divisions**

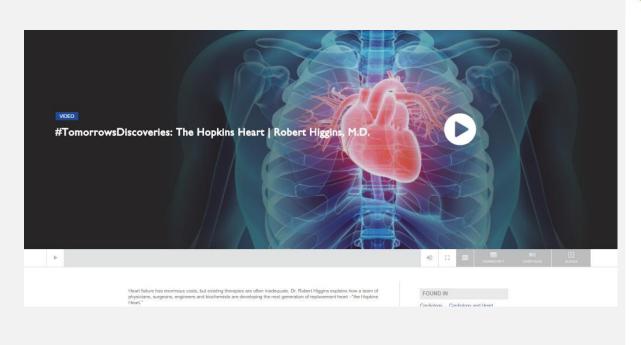
- Oncology
- Surgery at Sibley Memorial Hospital
- Urology

#### Centers & Institutes

- Brady Urological Institute
- Johns Hopkins Bayview **Medical Center**
- Robotic and Minimally **Invasive Surgery**
- Sidney Kimmel **Comprehensive Cancer** Center
- Von Hippel-Lindau Clinical Care Center

## Tagging Physician's When Sharing Content







## Panel Discussion



## Social Media Is Not One Size Fits All









**Tweets:** 4,059

Joined: November 2010

First tweet: March 27, 2014

**Tweets:** 32,917

Joined: February 2011

First tweet: February 2011

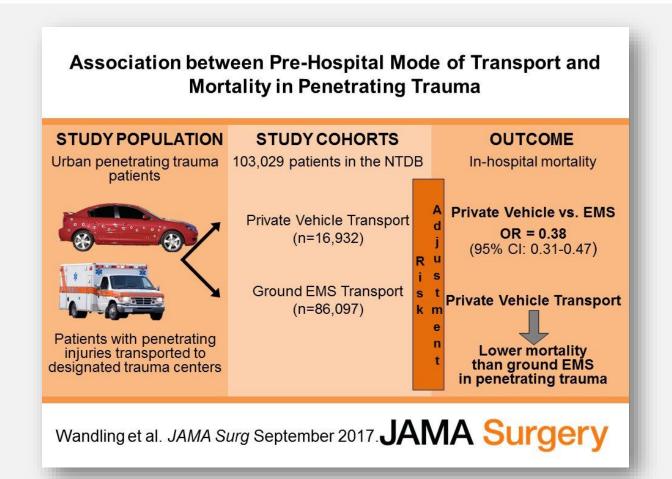
**Tweets:** 2,472

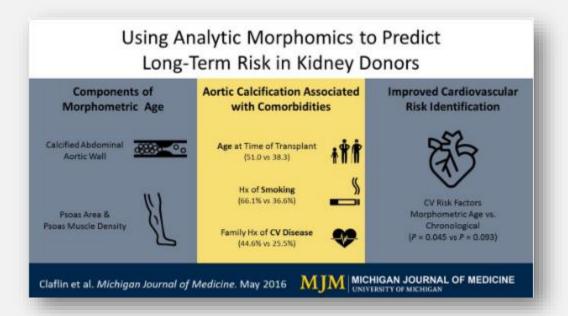
Joined: June, 2013

First tweet: June 28, 2013

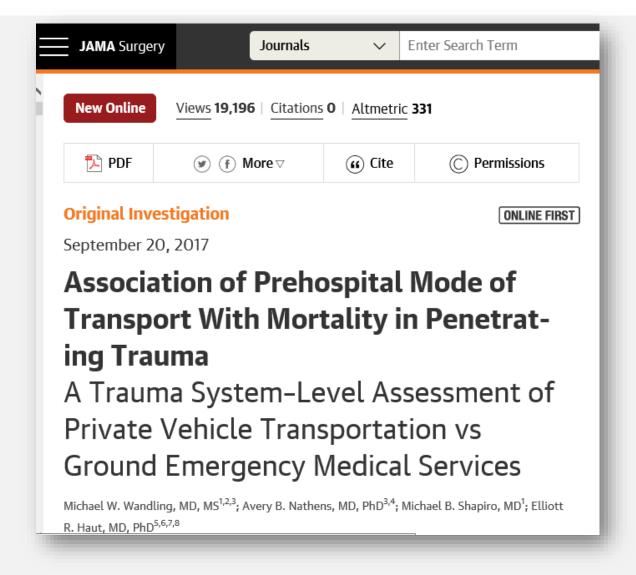
## **#VisualAbstract**

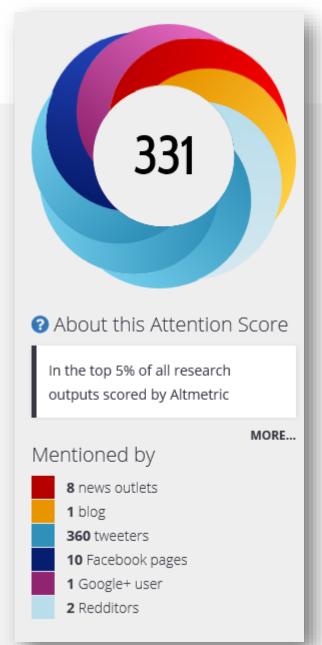






## **Article Metrics**

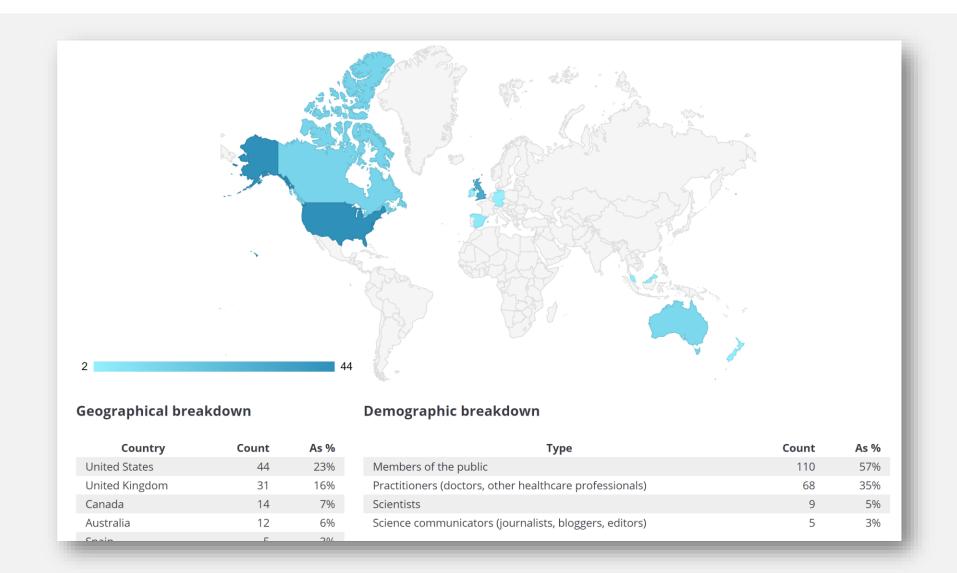






## Twitter Demographics





## **Amplification**





When surgeons ask "why can't my #EHR be more like @netflix, @amazon, @google & @apple? @JAMASurgery jamanetwork.com/journals/jamas ... @elliotthaut

Invited Commentary

**Computerized Clinical Decision Support Systems** for Prevention of Venous Thromboembolism Why Can't My Electronic Health Record Be More Like Netflix, Amazon, Google, and Apple?

Brandyn D. Lau, MPH, CPH; Elliott R. Haut, MD, PhD

to help busy clinicians deliver optimal care. Frequently, we pri-

oritize and make the most im-

clinical practice to improve quality in their systematic review to realize the full potential of the prevention of VTE. 10 among surgical patients.

has called prevention of VTE a top patient safety practice, of the vendor to develop new functions. The study by Borab highlighting successful strategies and calling for their we have done our part. Now, we challenge Epic and other EHR

pitals, both domestically and globally, do not have the infra-pitals do not need to "reinvent the wheel" when building structure to implement CCDSSs. Although they are not within CCDSSs for VTE and other clinical conditions.

For every hospitalized patient, innumerable decisions must the scope of the meta-analysis by Borab et al, 1 noncomputer be made to ensure the highest quality of care. Computerized ized methods of improving prophylaxis for VTE, while less efclinical decision support systems (CCDSSs) are a good option fective, remain a viable alternative when CCDSSs are not an

Although CCDSS interventions are successful at improvminently critical decisions ing prescription of prophylaxis for VTE, other facets of the prefirst and, with competing devention of VTE must not be ignored. Data from CCDSS tools mands for our attention, may can identify deficits in prescribing practice<sup>6</sup> and specific inunintentionally overlook other, less pressing, decisions. One dividuals who would benefit from focused feedback. 7 Efforts important decision that is frequently a lower priority is the premust be taken to ensure that patients actually receive prophyscription of prophylaxis for venous thromboembolism (VTE). laxis for VTE as prescribed; missed doses may represent an-We congratulate Borab and colleagues1 on describing in this other common defect in the prevention of VTE.8.9 A multidisissue of JAMA Surgery the effective marriage of technology and ciplinary team treating VTE from numerous angles is required

and meta-analysis of CCDSSs to improve prevention of VTE As the authors note, none of the studies included in their meta-analysis was implemented in Epic, which now domi-The authors chose a critically important aspect of health nates the hospital EHR market. Several disadvantages with Epic care quality. The Agency for Healthcare Research and Quality have been previously highlighted, including the exclusive right prompting hospitals to implement strategies to improve prophylaxis for VTE. A recent report sponsored by the Agency for search and Quality's statement that CCDSSs have the power to Healthcare Research and Quality summarizes these efforts, improve care for patients nationwide. As clinical researchers, dissemination.3 Computerized clinical decision support systems are featured prominently, with examples from 3 major tial. Although we applaud the option to customize their EHR, this choice should be available only for the few items that truly While electronic health record (EHR) systems have been differ between hospitals (ie, formulary medications). We need widely adopted in hospitals across the United States, many hos-

|  | m Invited Commerciary  |
|--|--|
| accordance: Health care perfessionals do set adequately stratify risk or provide prophylans<br>for second thromboembodism (VTC) among surgical patterns. Computational deviate decision<br>apport nythins (CCCSSA) have been implemented to assist detectors and improve<br>prophylans for VTE.  | Supplemental content   |
| CREATCHIVE. To evaluate the effect of implementing CCDSSs on the ordering of VTE<br>prophylose-and the runs of VTE.  |  |
| BATE SCURECE Published, MEDIL REL' NE OVED, EMBASE NE CIVIE), Scopus, Codinane CENTRAL,<br>Regulate of Controlled Trais, and classications, gave were searthed in June 2016 for articles<br>published in English Inon October 15, 1996, is i-february 16, 2016. A visusual-search of<br>informacin from relevant articles was also performed.  |  |
| STVDV MEDIC Triple Check finish and observational studies among surgical patients companing<br>CCDSGs with VTT risk stratefuction and seasotance in ordering prophylasis or matter care<br>without discious report were included. Of the 1884 articles screened, 8 (6.9%) were eligible<br>for meta-analysis.  |  |
| DATA CATENCTION AND SERVINGUES Meta analysts of Observational Statles in Epidemiology<br>galdelines were followed: Decreviewers extracted data and assessed quality independently  |  |
| MAIN COTCOMES AND MEASURES. Rates of prophyllants for VTE and VTE excepts. Random and flood effects models were used to summarize odds rates and risk rates.   |  |
| SECULD I Berne services in proposition colorativale and 2 prospective colorativals<br>compring (50.5 feet feetings in 50.7 feeting where research on the 10.2 feetings control<br>services in challed. The use of CODIGs was execution to the services are the feeting of<br>an appropriate or service of prosphysion for VIII (colorate). 2 feetings in the services<br>and a significant decrease in the risk of VIII events of Askutsia, OJR, 95% CJ, 0,72-0,85;<br>47-200. |  |
| CONCLUSIONS AND RECEIVANCE. Use of CCDSS-reviews the proportion of surgical pulsants<br>who were prescribed allegaste prophysicals for VTE and consistes with a reduction is VTE<br>exercis.   | Author ATTRATAMO, Virus<br>Department of Plants and<br>Sconnator-Now Supers New York<br>Drawards School of Medicine, New<br>York, Shoold, Swisson of Plants<br>Swigers, Department of Swigers,<br>Cornecting of Personshipson,<br>Philadelphia (Same, Sanoe, Flantsey),<br>Philadelphia (Same, Sanoe, Flantsey),<br>Sanoe, Sanoe,<br>Sanoe, Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sanoe,<br>Sa |

| III Rate of | Venous | Thromboembolism | Events in | Patier |
|-------------|--------|-----------------|-----------|--------|
|             |        |                 |           |        |

| CCDSS     | Without | CCDSS | RR   |
|-----------|---------|-------|------|
| s Total   | Events  | Total | (95% |
| 6632      | 43      | 6267  | 0.97 |
| 1200      | 12      | 399   | 0.64 |
| 6437      | 7       | 3051  | 0.68 |
| 2093      | 20      | 2077  | 1.29 |
| 377       | 8       | 389   | 0.64 |
| 80433     | 832     | 37795 | 0.77 |
| 97172     |         | 49978 | 0.78 |
|           | 922     |       |      |
| ; 12 = 0% |         |       |      |

RETWEETS

LIKES

















11:05 AM - 15 Mar 2017

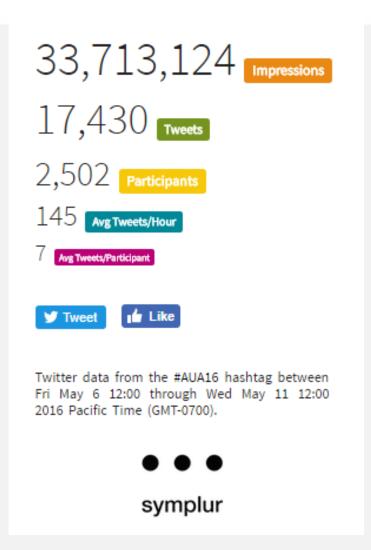


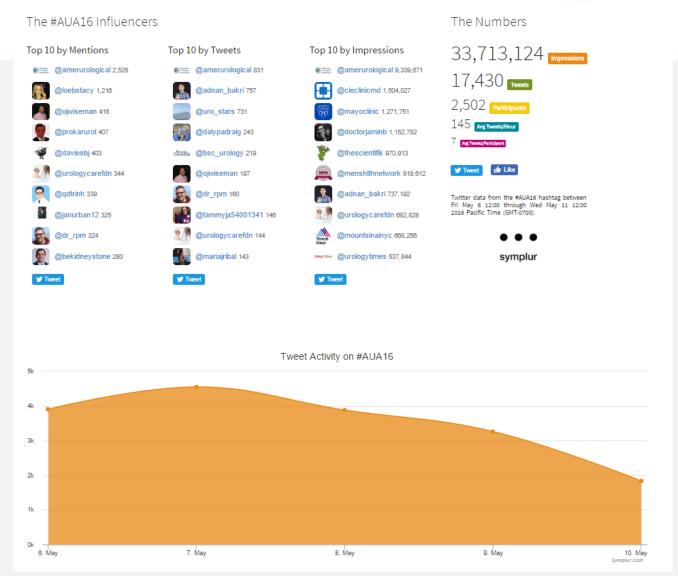


## Academic Meetings/Conferences



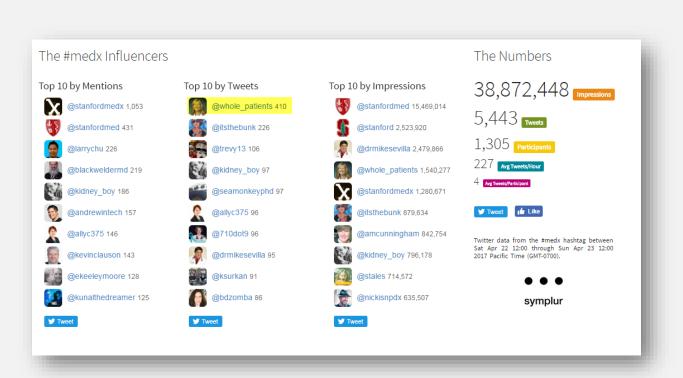
The Numbers





## Academic Meetings/Conferences







#### Top 10 by Mentions



@amcollsurgeons 37



@carlapughmdphd 12



@pturnermd 11



@josephsakran 10



@joshbroghammer 9



@acstrauma 3



@stopthebleed 2



@drkpodzo 2



@jonessurgery 2



@womensurgeons 2



#### Top 10 by Tweets



@amcollsurgeons 6



@ncsurgeons 2



@womensurgeons 2



@markovitzmd 2



@mdsurgeons 2



@tnchapteracs 2



@gasacs 2



@cooksurgery 2



@laurlanojuan 1



@booiespot 1





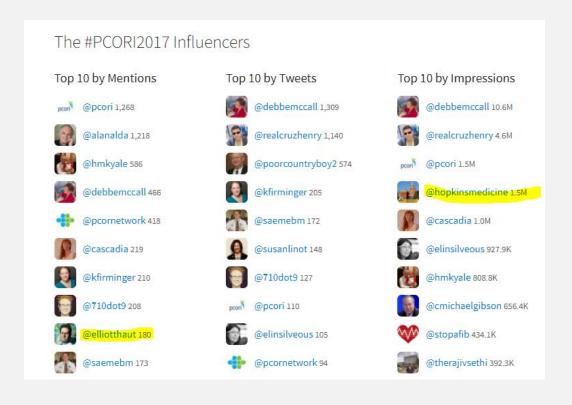
## Academic Meetings/Conferences

JOHNS HOPKINS

The Numbers

30.041M Impressions
7,766 Tweets
1,030 Participants
108 Avg Tweets/Hour
8 Avg Tweets/Participant





# Support and Centralization



Or find a doctor at another Johns Hopkins Medicine Member Hospital:

Phillip Martin Pierorazio, M.D.



Director, Division of Testis

Expertise: Adrenal Surgery, Bladder Cancer, Genitourinan Sarcoma, Kidney Cancer, Prostate Cancer, Robotic and Laparoscopic Surgery, ...read more

Research Interests: Kidney cancer; Renal-cell carcinoma; Urologic malignancies



#### Request an Appointment

I live in Maryland

410-955-6100 through MyChart!

Request an appointment

410-464-6641 Request Appointment

I live outside of Maryland

I live outside of the United States **4** +1-410-502-7683

Request Appointment

Insurance Information

Locations Background Education Research Activities Videos

#### Locations

The Johns Hopkins Hospital Appointment Phone: 410-955-6100

600 N. Wolfe Street Sheikh Zayed Tower Baltimore, MD 21287 map Phone: 410-502-5984

Johns Hopkins Bayview Medical

Appointment Phone: 410-550-7008

4940 Eastern Avenue Baltimore, MD 21224 map Phone: 410-550-0100

Insurance Information



#### Background

Dr. Phillip Pierorazio is an Assistant Professor of Urology and Oncology in the Brady Urological Institute at Johns Hopkins University. Dr. Pierorazio is originally from New York, received his undergraduate degree from Georgetown University in Washington, DC and his medical degree from Columbia University, College of Physicians & Surgeons in New York City where he completed a Doris Duke Clinical Research Fellowship in Urologic Oncology

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#### ...read more



- · Director, Division of Testis
- · Director of Social Media · Assistant Professor of
- · Assistant Professor of

Urology

- Oncology · Surgery at Sibley
- Memorial Hospital <u>Urology</u>

#### Departments / Divisions Centers & Institutes

- Brady Urological Institute
- Johns Hopkins Bayview Medical Center
  - Robotic and Minimally Invasive Surgery
  - Sidney Kimmel Comprehensive Cancer Center



#### **Background**

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#### ...read more



#### **Twitter**

#### **Titles**

- · Director, Division of Testis Cancer
- · Director of Social Media
- · Assistant Professor of Urology
- Assistant Professor of Oncology

#### **Departments / Divisions**

- Oncology
- Surgery at Sibley Memorial Hospital
- Urology

#### Centers & Institutes

- Brady Urological Institute
- Johns Hopkins Bayview **Medical Center**
- Robotic and Minimally **Invasive Surgery**
- Sidney Kimmel Comprehensive Cancer Center
- Von Hippel-Lindau Clinical Care Center

# Supporting Physicians & Encouraging Peer-to-Peer



#### **LinkedIn Best Practices & Tips**

#### Why LinkedIn?

LinkedIn is the world's largest professional social network. Healthcare professionals use this platform to connect with past and current colleagues, thought leaders and other experts in medicine. In addition, healthcare professionals may use this platform to amplify innovative research and industry news relative to their work.

On this platform, experts can:

- build a professional identity online while establishing thought leadership and authority by leveraging the platform's publishing tools,
- connect with colleagues and expand their professional network while discovering new professional
  opportunities and ventures,
- · engage their network with industry news and insights.

Below we have our best practices and tips broken into three pieces, being: Build, Connect, and Engage

#### **Build Your Profile**



Figure 1: (LinkedIn, Dr. Erin Michos)

As the point of entry for your audience, a complete LinkedIn profile can introduce you, your experience and expertise.

#### Why Twitter?

Twitter at its core, is a real-time public forum and information network where anyone can read, write and share messages. Populated with small 140-character bursts of information called Tweets, users follow the latest stories, ideas, opinions and news that interest them most.

Not only will Twitter allow you to connect in real-time to your targeted audiences, but you will be able to gather marketing and audience intelligence and feedback by following influencers and other key handles on Twitter

Below we have our best practices and tips broken into three pieces, being: Build, Monitor, and Engage

#### **Build Your Profile and Community**

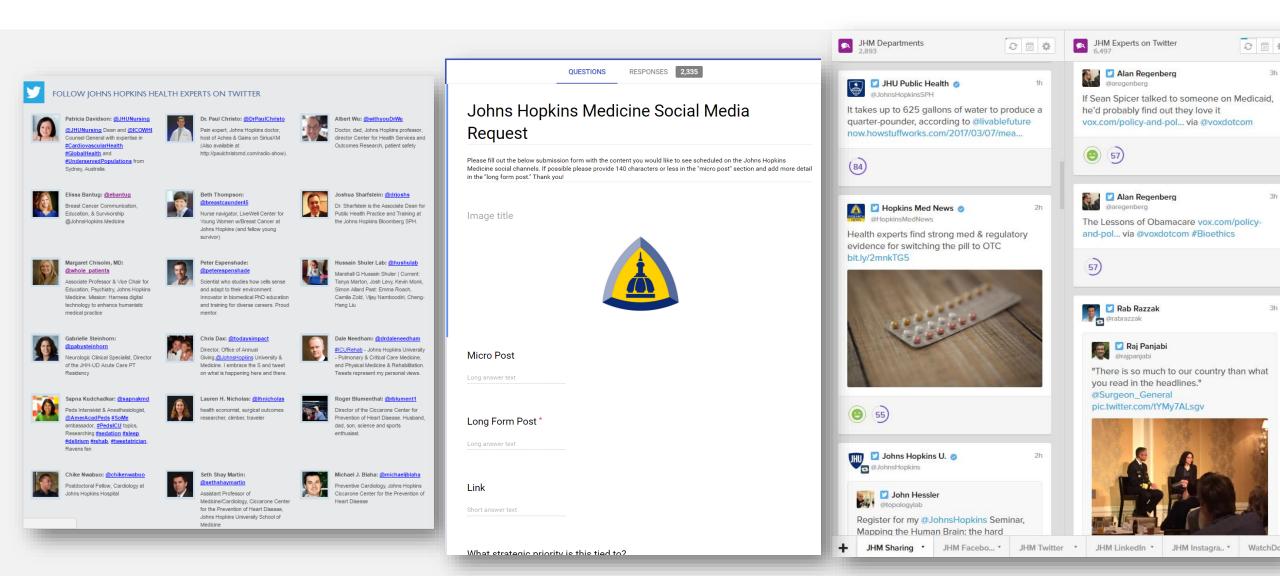


Figure 1: (Twitter, Dr. Peter Pronovost)

<u>Building your profile:</u> As the point of entry for your audience, every element of your profile—your @username, photo, bio and links—should reflect your professional identity and personality. Framed below are details about how to put your best face forward on your Twitter Profile:

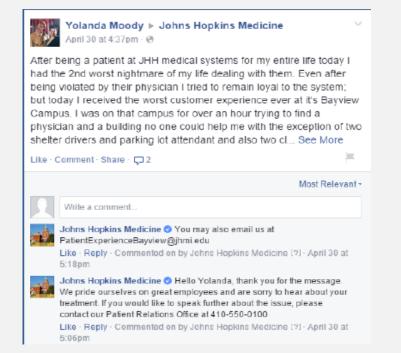
## Support and Centralization of Physicians

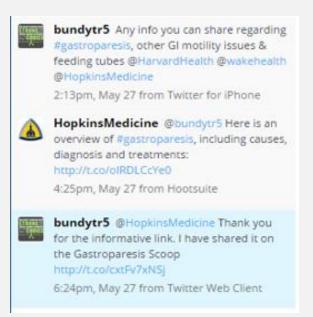




## Service Recovery and Customer Service









Susan Murry I am not sure I agree with his reasons for studying Downs. Is it to help them or using them to help others without the challenges? My son has an outstanding memory and good intelligence. I would hate him to be used as a human "lab rat".

Like - Reply - 2 3 - November 9 at 8:27pm



Johns Hopkins Medicine Hi Susan, thank you for your question.

Dr. Reeves has dedicated his career to studying Down syndrome, in an effort to develop treatments for its many health effects and improve the lives of persons with the condition. Through his team's research, additional findings were discovered that may help others as well, which is very exciting!

Like · Reply · 🖒 3 · Commented on by Johns Hopkins Medicine [?] · November 10 at 11:37am



Susan Murry Thank you for responding. As a Mom I needed to ask the question. Being an outstanding research facility besides a hospital my brain told me the answer, but my heart needed to read it. Thank you again for your quick and reassuring response.

## What's next?



## An Hour with Marketing and Communications



| Date              | Location                | Time    |
|-------------------|-------------------------|---------|
| January 10, 2018  | Balducci's in Zayed     | 11 a.m. |
| February 20, 2018 | Daily Grind in MRB      | 2 p.m.  |
| March 12, 2018    | Grille 601 in JHOC      | 11 a.m. |
| April 11, 2018    | Bayview TBD             | TBD     |
| May 14, 2018      | Greenhouse Café in PCTB | 2 p.m.  |
| June 21, 2018     | Balducci's in Zayed     | 11 a.m. |
|                   |                         |         |