Farris Timimi, M.D., has heard all the reasons why medical professionals are reluctant to use social networking tools as part of their daily practice: “I don’t have the time.” “I’m worried about HIPAA violations.” “I don’t want to lose control of the conversation.”

In a firm but nonscary way (enhanced by the fact that he wears neon-colored eye-glasses and striped socks), he tells them: “It’s not optional anymore.”

Timimi, program director for the Mayo Clinic’s Advanced Heart Failure and Transplant Cardiology Fellowship Program, also serves as medical director for the institution’s three-year-old Center for Social Media—a second calling for the cardiologist, who specializes in treating patients with advanced heart disease. Officially, he devotes approximately 10 percent of his time to bringing social media tools to life for practitioners, patients and caregivers nationwide. Unofficially, he admits he invests much more of his own time in the endeavor, “because I like it.”

His job, along with that of Director Lee Aase and 10 other full-time staff members at the center, is to get every employee at Mayo Clinic up to speed on making effective use of such tools as blogs, Twitter, Facebook, YouTube, Pinterest and LinkedIn. That includes providing guidelines and training for current employees and orientation for new ones.

Some of the training is practical: How do you open a Twitter account? How do you film, edit and embed a video? How do you govern your privacy settings? How do you monitor your social network channels effectively? Which tool is best for reaching a certain demographic or accomplishing a certain goal?

And some covers legal principles and best practices: How do we separate the professional from the personal? How do we protect patient information and proprietary business information? What kinds of statements by employees posted on social media sites are protected under the National Labor Relations Act?

“We want to make sure [employees’] behavior online is professional, appropriate, and represents themselves and their institution correctly,” Timimi says. “We also want them to have a degree of comprehension and some competence with the tools. So when specific opportunities arise for them to engage with specific patients or explore research or educational opportunities, they’ll understand how to pursue that.”
Timimi got his start on social media as so many do—by using Facebook to reconnect with old friends. For those of his professional colleagues who are reluctant or worried or doubtful, Timimi cites some compelling facts about U.S. adults (mostly from recent Pew Research Center studies) in order to convince them of the growing acceptance of social media and the importance of getting involved in it:

- 85 percent use the Internet
- 72 percent are social network site users
- Roughly one in four minutes of their time online is spent on social media sites
- Looking for health-related information is their third most common online activity (after checking email and using search engines).

“Our patients are there waiting for us,” Timimi says. “So it becomes a moral imperative that we put content in their path, that we walk with them on their journey through illness to recovery, be it online or offline.”

A very high ROI

Although not everyone is comfortable diving in, Timimi is undeterred. And he delights in witnessing colleagues experience their own “aha” social media moments. One such moment came in 2012, after Facebook devised a way for its users to show their organ donor status on their profiles. The change drove up donor registrations, which made headlines. Mayo’s Center for Social Media seized the opportunity to have one of its esteemed transplant cardiologists, Brooks Edwards, M.D., do a Twitter chat and a YouTube video about the importance of becoming an organ donor.

It was Edwards’ first foray into social networking. “He’s not a Luddite, but he’s not far from it,” Timimi says affectionately. “This is not something he would think of doing on his own.”

The Twitter analytics were persuasive: 294 contributors made 952 tweets in eight days after the hour-long chat took place, reaching 3,423,537 separate accounts. Edwards “was shocked at how many lives he was able to touch with what in essence became an investment on his part of an hour and a half of his time,” Timimi says. “It was a compelling argument for how many people you can potentially reach ... with a tool that is so profoundly archived and scalable. I mean the conversation has no geographic limitation at all.”

Edwards has since filmed more YouTube videos and now has his own Twitter account, which he uses to pass on heart-healthy tips and words of encouragement: “I’ve walked 13,630 steps today!” he posted recently, along with a link to Fitbit.

Timimi recalls another aha moment from 2009, a few years after Richard Berger, M.D., a Mayo hand surgeon, pioneered a treatment for the wrist injury that

Words to the wise

Farris Timimi, M.D., whose two young children (ages 5 and 7) have inspired him to hone his rhyming skills, lives by this simple, nearly self-explanatory 12-word social media policy:

- Don’t Lie, Don’t Pry
- Don’t Cheat, Can’t Delete
- Don’t Steal, Don’t Reveal

Here are some of his other suggestions about using social media:

- Don’t endorse as a matter of course.
- Supervisors: Don’t initiate an employee friend request at your own behest.
- Separate your circle of friends from the patients you mend. (He uses a criteria he calls “the bread test.” “If I break bread with someone, I’ll friend them on Facebook.” But beyond that, he would advise providers not to friend patients. I think it creates a disquieting exposure that is difficult to effectively control.”)
- Corporate logo in your user name is a no go.
- Adding a disclaimer is probably saner.
- Don’t practice on the Internet, regardless of your good intent.
- Always surmise that HIPAA applies.
- Speak on your behalf, not that of staff.
- Anonymity is really gimmicky.
- If you chat about your company, identify abundantly.

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Timimi recalls another aha moment from 2009, a few years after Richard Berger, M.D., a Mayo hand surgeon, pioneered a treatment for the wrist injury that
nearly ended the career of Los Angeles Dodgers outfielder Jayson Werth. Dozens of media outlets picked up the story after Berger successfully repaired the “split tear” in Werth’s ulnotriquetral ligament (an injury that resembles “a tear in a stalk of celery” that is often missed by MRIs, Timimi explains).

The story might have ended happily enough with Werth resuming his red-hot career. But a follow-up Twitter chat with Berger, co-hosted by Mayo and USA Today, gave it a second chapter. It so happened that a Baltimore woman, whose daughter had been plagued for years by wrist pain, was monitoring the chat. She alerted her daughter, Erin Turner, who was poised to have surgery to immobilize her wrist. “She was going to trade a lifetime of pain for a lifetime of disability,” Timimi says.

Based on what she learned during the Twitter chat, Turner got a second opinion at Mayo and had successful surgery to repair the tear. “That’s a patient whose life was changed in a positive way because she learned something on Twitter,” Timimi says.

**The cost of silence**

There are good reasons why it’s no longer an option for physicians to opt out of social media networking, Timimi says. The silence, he says, creates a void that can hurt their reputations and, worse, put whole populations at risk.

“Vaccine hesitancy” is a good example, he says, citing the 2011 pediatric measles outbreak in France and other areas where MMR vaccine penetration is low.

“There are 60,000 members of the American Academy of Pediatrics. If each one of them once a week put out one blog post, one YouTube video, one Facebook post, who becomes the moral authority on this issue? Us or Jenny McCarthy? I think our hesitancy has catastrophic impact. It truly does,” he says.

Physicians risk their own reputations if they don’t participate, he says, explaining that he regularly meets physicians who are upset about a Healthgrades comment or something someone said about them on Yelp or Rate My Doctor. “What we found is if those physicians will open a Twitter account, do a YouTube video, tweet on occasion, and populate a LinkedIn profile, within a few weeks all that [negative] content drops to page 2. And nobody goes to page 2; that’s the hinterlands. For those providers, their digital silence allows someone else to populate their digital avatar.”

Timimi believes social media is simply an extension of what used to be a one-way conversation, from providers to patients. “Transparency is powerful,” he says. “It’s scary at first, but once you get over the fear, the value of bi-directional conversations is truly breathtaking.”

Sarah T. Williams is a longtime Twin Cities journalist.

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