

Practice Management

Utilizing Social Media to Drive Visits to Your Website and Urgent Care Center

Urgent message: As more Americans turn to the Internet for health-care direction, “social media” provide a mechanism for urgent care operators to shape patient perceptions and drive center visits.

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Introduction

In *Creating a Web Presence to Raise Awareness of Urgent Care* (JUCM, July/August 2009), we described how a well-designed website, optimized for retrieval by major search engines, enables highly targeted and localized promotion of an urgent care center.

But establishing a web presence is just the beginning; driving “clicks” to the website and “feet” to the center is enhanced by creating “buzz” in online communities.

Historically, word-of-mouth—spread in-person or by telephone—has been the number-one reason patients choose a medical provider, accounting for more than 50% of referrals.¹ Today, word-of-mouth manifests as content, experiences, and opinions shared with potentially millions of other patients on Internet blogs, forums, social networks, and video- and photo-sharing websites.

Tapping into such “social media” can help urgent



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care operators better understand patient needs and attitudes, providing an opportunity to demonstrate the value of urgent care and ultimately drive visits to their centers. (Table 1 provides a summary of social media tactics.)

Social Media and Consumer Influence

Americans are spending an ever-increasing amount of time on the Internet. More than 227 million Americans access the Internet at home and 118 million are “active” users, spending an average of 10

hours per week online. That’s in addition to the 63 million people spending an average of 19 hours per week online at work.²

Time spent online is quickly transitioning from routine transactions like paying bills and booking trips to interacting with others.

When it comes to healthcare, consumers use the Internet to solicit feedback on medical providers, discuss

Vigamox[®]

(moxifloxacin hydrochloride ophthalmic solution) 0.5% as base

DESCRIPTION: VIGAMOX[®] (moxifloxacin HCl ophthalmic solution) 0.5% is a sterile ophthalmic solution. It is an 8-methoxy fluorquinolone anti-infective for topical ophthalmic use.

CLINICAL PHARMACOLOGY:

Microbiology:

The following *in vitro* data are also available, but their clinical significance in ophthalmic infections is unknown. The safety and effectiveness of VIGAMOX[®] solution in treating ophthalmological infections due to these microorganisms have not been established in adequate and well-controlled trials.

The following organisms are considered susceptible when evaluated using systemic breakpoints. However, a correlation between the *in vitro* systemic breakpoint and ophthalmological efficacy has not been established. The list of organisms is provided as guidance only in assessing the potential treatment of conjunctival infections. Moxifloxacin exhibits *in vitro* minimal inhibitory concentrations (MICs) of 2 µg/ml or less (systemic susceptible breakpoint) against most (≥ 90%) strains of the following ocular pathogens.

Aerobic Gram-positive microorganisms:

Listeria monocytogenes
Staphylococcus saprophyticus
Streptococcus agalactiae
Streptococcus mitis
Streptococcus pyogenes
Streptococcus Group C, G and F

Aerobic Gram-negative microorganisms:

Acinetobacter baumannii
Acinetobacter calcoaceticus
Citrobacter freundii
Citrobacter koseri
Enterobacter aerogenes
Enterobacter cloacae
Escherichia coli
Klebsiella oxytoca
Klebsiella pneumoniae
Moraxella catarrhalis
Morganella morganii
Neisseria gonorrhoeae
Proteus mirabilis
Proteus vulgaris
Pseudomonas stutzeri

Anaerobic microorganisms:

Clostridium perfringens
Fusobacterium species
Prevotella species
Propionibacterium acnes

Other microorganisms:

Chlamydia pneumoniae
Legionella pneumophila
Mycobacterium avium
Mycobacterium marinum
Mycoplasma pneumoniae

Clinical Studies:

In two randomized, double-masked, multicenter, controlled clinical trials in which patients were dosed 3 times a day for 4 days, VIGAMOX[®] solution produced clinical cures on day 5-6 in 66% to 69% of patients treated for bacterial conjunctivitis. Microbiological success rates for the eradication of the baseline pathogens ranged from 84% to 94%. Please note that microbiological eradication does not always correlate with clinical outcome in anti-infective trials.

INDICATIONS AND USAGE: VIGAMOX[®] solution is indicated for the treatment of bacterial conjunctivitis caused by susceptible strains of the following organisms:

Aerobic Gram-positive microorganisms:

Corynebacterium species*
*Micrococcus luteus**
Staphylococcus aureus
Staphylococcus epidermidis
Staphylococcus haemolyticus
Staphylococcus hominis
*Staphylococcus warneri**
Streptococcus pneumoniae
Streptococcus viridans group

Aerobic Gram-negative microorganisms:

*Acinetobacter lwoffii**
Haemophilus influenzae
*Haemophilus parainfluenzae**

Other microorganisms:

Chlamydia trachomatis

*Efficacy for this organism was studied in fewer than 10 infections.

CONTRAINDICATIONS: VIGAMOX[®] solution is contraindicated in patients with a history of hypersensitivity to moxifloxacin, to other quinolones, or to any of the components in this medication.

WARNINGS:

NOT FOR INJECTION.

VIGAMOX[®] solution should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye.

In patients receiving systemically administered quinolones, including moxifloxacin, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If an allergic reaction to moxifloxacin occurs, discontinue use of the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment. Oxygen and airway management should be administered as clinically indicated.

PRECAUTIONS:

General: As with other anti-infectives, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy,

and, where appropriate, fluorescein staining. Patients should be advised not to wear contact lenses if they have signs and symptoms of bacterial conjunctivitis.

Information for Patients: Avoid contaminating the applicator tip with material from the eye, fingers or other source.

Systemically administered quinolones including moxifloxacin have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

Drug Interactions: Drug-drug interaction studies have not been conducted with VIGAMOX[®] solution. *In vitro* studies indicate that moxifloxacin does not inhibit CYP3A4, CYP2D6, CYP2C9, CYP2C19, or CYP1A2 indicating that moxifloxacin is unlikely to alter the pharmacokinetics of drugs metabolized by these cytochrome P450 isozymes.

Carcinogenesis, Mutagenesis, Impairment

of Fertility: Long term studies in animals to determine the carcinogenic potential of moxifloxacin have not been performed. However, in an accelerated study with initiators and promoters, moxifloxacin was not carcinogenic in rats following up to 38 weeks of oral dosing at 500 mg/kg/day (approximately 21,700 times the highest recommended total daily human ophthalmic dose for a 50 kg person, on a mg/kg basis).

Moxifloxacin was not mutagenic in four bacterial strains used in the Ames *Salmonella* reversion assay. As with other quinolones, the positive response observed with moxifloxacin in strain TA 102 using the same assay may be due to the inhibition of DNA gyrase. Moxifloxacin was not mutagenic in the CHO/HGPRT mammalian cell gene mutation assay. An equivocal result was obtained in the same assay when v79 cells were used. Moxifloxacin was clastogenic in the v79 chromosome aberration assay, but it did not induce unscheduled DNA synthesis in cultured rat hepatocytes. There was no evidence of genotoxicity *in vivo* in a micronucleus test or a dominant lethal test in mice.

Moxifloxacin had no effect on fertility in male and female rats at oral doses as high as 500 mg/kg/day, approximately 21,700 times the highest recommended total daily human ophthalmic dose. At 500 mg/kg orally there were slight effects on sperm morphology (head-tail separation) in male rats and on the estrous cycle in female rats.

Pregnancy: Teratogenic Effects.

Pregnancy Category C: Moxifloxacin was not teratogenic when administered to pregnant rats during organogenesis at oral doses as high as 500 mg/kg/day (approximately 21,700 times the highest recommended total daily human ophthalmic dose); however, decreased fetal body weights and slightly delayed fetal skeletal development were observed. There was no evidence of teratogenicity when pregnant Cynomolgus monkeys were given oral doses as high as 100 mg/kg/day (approximately 4,300 times the highest recommended total daily human ophthalmic dose). An increased incidence of smaller fetuses was observed at 100 mg/kg/day. Since there are no adequate and well-controlled studies in pregnant women, VIGAMOX[®] solution should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Moxifloxacin has not been measured in human milk, although it can be presumed to be excreted in human milk. Caution should be exercised when VIGAMOX[®] solution is administered to a nursing mother.

Pediatric Use: The safety and effectiveness of VIGAMOX[®] solution in infants below 1 year of age have not been established.

There is no evidence that the ophthalmic administration of VIGAMOX[®] solution has any effect on weight bearing joints, even though oral administration of some quinolones has been shown to cause arthropathy in immature animals.

Geriatric Use: No overall differences in safety and effectiveness have been observed between elderly and younger patients.

ADVERSE REACTIONS:

The most frequently reported ocular adverse events were conjunctivitis, decreased visual acuity, dry eye, keratitis, ocular discomfort, ocular hyperemia, ocular pain, ocular pruritus, subconjunctival hemorrhage, and tearing. These events occurred in approximately 1-6% of patients. Nonocular adverse events reported at a rate of 1-4% were fever, increased cough, infection, otitis media, pharyngitis, rash, and rhinitis.

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options for managing chronic illness, exchange tips on wellness and self-care, and express opinions on healthcare reform.³

And just as consumers are more inclined to trust word-of-mouth from like-minded peers than from traditional advertising verbiage, they are also likely to trust the real-life opinions and experiences posted by other Internet users.

Social Media Tactics

Bloggng

A blog is a website that provides news and commentary on a specific topic—typically appealing to a narrowly defined group of subscribers who respond by posting their own opinions and experiences.

Whether an urgent care operator starts a blog or contributes to other blogs, postings should address topics that encourage utilization of urgent care, such as emergency room overcrowding, healthcare accessibility and affordability, or prevention of injury and illness. Posts should be compelling enough to capture attention, but should also avoid controversial viewpoints that could create negative perceptions.

When readers find blog entries useful, insightful, or relevant, they are likely to visit the blogger's website, return to read future blog postings, or forward the blog's content to others. All increase the number of Internet users that become aware of the blog and, by extension, urgent care.

Because popular blogs distribute user-generated content to Internet newsfeeds and search engines, blog entries should include keywords like the name and location of the urgent care center, services offered and conditions treated, and the center's website address. The blog should also be submitted to leading blog directories, which likewise categorize blogs by topics and keywords; examples include Technorati, Blogarama, and BlogExplosion.

Related to blogging is posting comments on news websites—particularly those of local newspapers—and Internet discussion threads. Not only do other readers scan the comments, but postings are often read by editors in planning future stories. Being identified as an "expert" on healthcare topics can lead to additional press coverage for an urgent care provider. When possible, comments should include the name of the urgent care center and a link to its website (e.g., "It is standard

procedure at Hometown Urgent Care to send patients home with specific instructions on when to return to see us or head to the emergency room”).

Social networking

“Social networking” describes websites where a user creates an online profile or “persona;” links that profile to other users who share the same relationships, lifestyles, or political views; and then engages those users by sharing messages, articles, and media files.⁴

Social networking accounted for 23% of total Internet utilization in March 2009—an 83% increase over 2008.² Much of this increase is attributed to the popularity of the website Facebook (www.facebook.com), which reported 200 million users in July, 2009—up 100% from the previous year.⁵

There are two ways to establish a presence on Facebook and other social networking sites:

1. Providers and practice managers—individuals generally considered the “faces” of an urgent care center—create their own personal “profiles.” A typical profile highlights one’s professional background, academic interests, civic involvement, family relationships, and leisure pursuits.
2. Create a business “page” for the urgent care center. The center’s page should describe its location, operating model, and services offered—complete with pictures and links to the center’s website, blog, and reviews.

Once a profile or page is created, a network is started by inviting friends, family, employees, and business partners known to the provider and center to become “friends” or “fans.”

In other words, users link to another user’s profile or an organization’s page to receive all communication posted by that user or organization.

Facebook and other social networking websites tap into a user’s e-mail address book to invite known contacts to visit the user’s personal profile or business page and link it to their own. When users become “fans” of an urgent care center, such is indicated on the urgent care’s page and the user’s profile—increasing awareness of each among the other’s network.

Thus, an urgent care center can raise its visibility on Facebook by becoming a “fan” of other organizations. For example, an urgent care operator



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Table 1. Social Media Marketing Strategies

Social media are used to raise awareness of an urgent care center among a networked group of Internet users while also providing a mechanism for understanding and shaping consumer perceptions of urgent care. The more information that is available about an urgent care center on the Internet, the more likely the center is to appear when consumers search for healthcare information using major search engines.

Social media	What is it?	Examples	Promotional tactics
Blog	A website maintained by an individual—a “blogger”—for the purpose of posting commentary or news on a particular subject or maintaining a diary of activities or events. Blog entries include text, pictures, video, and links to other websites.	Blogger Blogspot LiveJournal WordPress	<ul style="list-style-type: none"> • Start a blog on healthcare-related topics to capture a regular following of established and potential urgent care patients. • Contribute to blogs maintained by others to raise awareness and share the benefits of urgent care.
Social networking	Web applications used to facilitate communication among a group of users interconnected by shared relationships, affiliations, opinions, or lifestyles.	Facebook Twitter MySpace LinkedIn Bebo	<ul style="list-style-type: none"> • Create a page or profile for the urgent care center and each provider or practice manager viewed as an opinion leader. • Build a network by searching for, and linking the center’s page to, users who are interested in receiving updates from the urgent care center. • Encourage utilization of urgent care by sharing announcements and promotions with the network.
Review websites	A website where patients post comments (often anonymously) about their experiences and perceptions of healthcare providers and facilities.	Yelp Epinions.com Google Local Angie’s List RateMDs.com	<ul style="list-style-type: none"> • Monitor review websites for feedback about the urgent care center to understand public perceptions and identify operational improvements. • Encourage patients to post their positive experiences online as a trusted resource for potential patients.
Video and photo sharing	A website that hosts video or photographic content. Most allow users to search, evaluate, and comment on videos and photos posted.	Video YouTube MySpaceTV Google Video Photos Flickr PhotoBucket	<ul style="list-style-type: none"> • Start by posting any existing commercials or other video content. • Post pictures or create a video tour of the urgent care center to set patient expectations of the experience. • Create compelling video content—such as provider interviews on current health topics—that would interest potential urgent care patients.

who becomes a fan of the Urgent Care Association of America’s (UCAOA) page on Facebook not only receives news and announcements posted by UCAOA, but the urgent care center also becomes visible to UCAOA’s other fans, some of whom may choose to also become fans of the center.

Another popular social networking site that functions like a blog is Twitter. “Tweeters” create 140-character posts (called “tweets”) about their activities and opinions, which are read in real time by interested followers—many of whom receive the posts on handheld devices, through e-mail or instant messaging applications, or on social networking websites.

For example, “followers” of UCAOA on Twitter receive news updates on urgent care and announcements regarding UCAOA conferences and activities.

The value of such interconnected networks is that

when the urgent care operator posts announcements and promotions to the center’s page, such updates are instantly shared with all followers. Patient visits can then be driven by announcements like “Flu vaccine has arrived,” “The deadline for sports physicals is approaching,” or “We offer relief for seasonal allergies.”

Using social networking websites, it’s also possible to search for posts on topics, businesses, or people of interest. Users re-post interesting messages for their own followers to read—frequently, unusual content or links to breaking news stories—which exponentially expands a user’s audience.

Following the posts of other network members provides insights on patient experiences and perceptions related to urgent care, allowing the urgent care provider to further tailor his or her messages to the interests and perspectives of the network.

Patient Review Websites

Given the importance of word-of-mouth as a referral source, satisfied patients should be encouraged to share their experiences on their blogs and social networks and when using common review websites like Yelp, Google Local, and Angie's List. There is an authenticity to actual patient comments that prospective patients trust, and the availability of patient feedback can add credibility to an urgent care provider.

The risk, however, is that an ex-spouse, disgruntled employee, or competitor can pose as a patient and anonymously describe fictitious bad experiences to the broad marketplace, damaging the practice's reputation. Due to privacy regulations, there is little that an urgent care operator can do to verify the accuracy of information posted, and the policy of most review websites is that they will not monitor or take responsibility for what's posted. It can be very difficult, if not impossible, to have negative feedback removed from a credible review website.

Providers complain that emotionally fueled comments cannot objectively evaluate the quality of medical services, and online review sites are a skewed sample lacking statistical controls. In response, companies like Medical Justice offer Internet anti-defamation services that require patients to sign an agreement not to post comments online. Other services go so far as to investigate and sue individuals making libelous posts.⁶

However, the most readily available response to negative online feedback is to understand what's driving authentic bad experiences, make operational changes to prevent similar negative experiences from occurring in the future, and then encouraging a sufficient number of counter-balancing positive patient remarks for consumers to reach their own conclusions about the quality of the urgent care center.

Online Video and Photo Sharing

In April 2009, 70% to 80% of Internet users watched video online via sites like YouTube (www.youtube.com), downloading about 16 billion videos in a one-month period.⁷ Video may be integrated into blogging or social networking posts or uploaded to video-sharing websites that allow users to rank or score videos, share opinions, and create lists of "favorites." The descriptions associated with online videos are often picked up by search engines, driving future views.

For an urgent care operator, developing an online video strategy may start with placing any existing television or radio advertising online, creating a custom

video showcasing the facility's capabilities, or recording a medical provider speaking on a newsworthy topic.

Similar to video, urgent care operators can use photo sharing websites to post pictures of their centers to set expectations of the quality of the experience before patients arrive. Seeing pictures of a facility's interior can reduce anxiety and alleviate uncertainty as to what an urgent care visit entails. Some photo sharing websites integrate "geo-tags" and other data picked up by search engines, so pictures of the center will appear when consumers search for "urgent care" in a particular locale.

As with other forms of social media, video and photo content is most compelling when it's created by patients. Thus, some organizations offer incentives or create contests that encourage consumers to share their experiences through various social media.⁸

Conclusion

Although the Internet is a global resource, it enables otherwise traditional word-of-mouth in focused and localized communities of interest. Using social media to tap into these communities raises visibility of urgent care as a patient-centered healthcare alternative, facilitates communication with established patients, and lets new patients know about the existence of a center and its capabilities.

As social media websites are often integrated with major Internet search engines, a social media strategy is essential to raising the rank and relevance of a local urgent care center when consumers look online for health information. Social media tactics also complement more conventional advertising methods to meet the ultimate goal of increasing awareness and driving greater numbers of to a local urgent care center. ■

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To see just how influential social media can be among visitors to U.S. hospitals and urgent care centers, turn to Developing Data on page 48.