

Website and Social Networking Opportunities

Now you're ready to find the best way to get your marketing message out, and the place to begin is the Internet. If you haven't already made the leap online, now's the time to get comfortable—not only with your Web presence, but also with social networking sites that can help you connect with potential patients and referrals. The sites and tools that make the most sense for your plan will depend on your own individual goals, target audiences, and strategies.

Chapter in Brief:

- ▲ *Every practice that wants to grow or maintain its market share needs a well-crafted, well-designed Website that can be found quickly and easily by current and prospective patients.*
- ▲ *Your Website can go beyond physician biographies and patient scheduling. Consider including blogs and other tools to discuss current healthcare news and to position yourself as a thought leader locally or even nationally.*
- ▲ *Once you understand how social networking sites work and what kind of information they include, consider connecting to your patients through sites like Facebook or Twitter.*

How much do you know about how to use the Web and social networking when it comes to your business? To access the advantages for your marketing plan, it's critical to understand your online presence as well as how users are accessing information about healthcare in general and you in particular. In this chapter you will learn how to determine which tools and tactics will help you achieve your marketing goals.

For the treatment of hypertension



BYSTOLIC.

Significant blood pressure reductions
with a low incidence of side effects.¹⁻³

Bystolic 
(nebivolol) tablets
www.BYSTOLIC.com

Important Safety Information

Patients being treated with BYSTOLIC should be advised against abrupt discontinuation of therapy. Severe exacerbation of angina and the occurrence of myocardial infarction and ventricular arrhythmias have been reported following the abrupt cessation of therapy with beta blockers. When discontinuation is planned, the dosage should be reduced gradually over a 1- to 2-week period and the patient carefully monitored.

BYSTOLIC is contraindicated in severe bradycardia, heart block greater than first degree, cardiogenic shock, decompensated cardiac failure, sick sinus syndrome (unless a permanent pacemaker is in place), severe hepatic impairment (Child-Pugh >B), and in patients who are hypersensitive to any component of this product.

BYSTOLIC should be used with caution in patients with peripheral vascular disease, thyrotoxicosis, in patients treated concomitantly with beta blockers and calcium channel blockers of the verapamil and diltiazem type (ECG and blood pressure should be monitored), severe renal impairment, and any degree of hepatic impairment or in patients undergoing major surgery. In patients who have compensated congestive heart failure, BYSTOLIC should be administered cautiously. If heart failure worsens, discontinuation of BYSTOLIC should be considered. Caution should also be used in diabetic patients as beta blockers may mask some of the manifestations of hypoglycemia, particularly tachycardia.

Use caution when BYSTOLIC is co-administered with CYP2D6 inhibitors (quinidine, propafenone, fluoxetine, paroxetine, etc). When BYSTOLIC is administered with fluoxetine, significant increases in d-nebivolol may be observed (ie, an 8-fold increase in AUC).

In general, patients with bronchospastic disease should not receive beta blockers.

BYSTOLIC should not be combined with other beta blockers.

The most common adverse events with BYSTOLIC versus placebo (approximately $\geq 1\%$ and greater than placebo) were headache, fatigue, dizziness, diarrhea, nausea, insomnia, chest pain, bradycardia, dyspnea, rash, and peripheral edema.

 **Forest Pharmaceuticals, Inc.**

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Please see brief summary of Prescribing Information on adjacent page.

References: 1. BYSTOLIC [package insert], St. Louis, Mo: Forest Pharmaceuticals, Inc.; 2008. 2. Data on file: Forest Laboratories, Inc. 3. Saunders E, Smith WB, DeSalvo KB, Sullivan WA. The efficacy and tolerability of nebivolol in hypertensive African American patients. *J Clin Hypertens*. 2007;9:866-875.

Bystolic

(nebivolol) tablets

2.5 mg, 5 mg, 10 mg and 20 mg

Rx Only

Brief Summary: For complete details please see full Prescribing Information for BYSTOLIC.

INDICATIONS AND USAGE

BYSTOLIC is indicated for the treatment of hypertension. BYSTOLIC may be used alone or in combination with other antihypertensive agents.

CONTRAINDICATIONS

BYSTOLIC is contraindicated in patients with severe bradycardia, heart block greater than first degree, cardiogenic shock, decompensated cardiac failure, sick sinus syndrome (unless a permanent pacemaker is in place), or severe hepatic impairment (Child-Pugh >B), and in patients who are hypersensitive to any component of this product.

WARNINGS

Abrupt Cessation of Therapy

Patients with coronary artery disease treated with BYSTOLIC should be advised against abrupt discontinuation of therapy. Severe exacerbation of angina and the occurrence of myocardial infarction and ventricular arrhythmias have been reported in patients with coronary artery disease following the abrupt discontinuation of therapy with β -blockers. Myocardial infarction and ventricular arrhythmias may occur with or without preceding exacerbation of the angina pectoris. Even patients without overt coronary artery disease should be cautioned against interruption or abrupt discontinuation of therapy. As with other β -blockers, when discontinuation of BYSTOLIC is planned, patients should be carefully observed and advised to minimize physical activity. BYSTOLIC should be tapered over 1 to 2 weeks when possible. If the angina worsens or acute coronary insufficiency develops, it is recommended that BYSTOLIC be promptly reinstated, at least temporarily.

Cardiac Failure

Sympathetic stimulation is a vital component supporting circulatory function in the setting of congestive heart failure, and β -blockade may result in further depression of myocardial contractility and precipitate more severe failure. In patients who have compensated congestive heart failure, BYSTOLIC should be administered cautiously. If heart failure worsens, discontinuation of BYSTOLIC should be considered.

Angina and Acute Myocardial Infarction

BYSTOLIC was not studied in patients with angina pectoris or who had a recent MI.

Bronchospastic Diseases

In general, patients with bronchospastic diseases should not receive β -blockers.

Anesthesia and Major Surgery

If BYSTOLIC is to be continued perioperatively, patients should be closely monitored when anesthetic agents which depress myocardial function, such as ether, cyclopropane, and trichloroethylene, are used. If β -blocking therapy is withdrawn prior to major surgery, the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

The β -blocking effects of BYSTOLIC can be reversed by β -agonists, e.g., dobutamine or isoproterenol. However, such patients may be subject to protracted severe hypotension. Additionally, difficulty in restarting and maintaining the heart-beat has been reported with β -blockers.

Diabetes and Hypoglycemia

β -blockers may mask some of the manifestations of hypoglycemia, particularly tachycardia. Nonselective β -blockers may potentiate insulin-induced hypoglycemia and delay recovery of serum glucose levels. It is not known whether nebivolol has these effects. Patients subject to spontaneous hypoglycemia, or diabetic patients receiving insulin or oral hypoglycemic agents, should be advised about these possibilities and nebivolol should be used with caution.

Thyrotoxicosis

β -blockers may mask clinical signs of hyperthyroidism, such as tachycardia. Abrupt withdrawal of β -blockers may be followed by an exacerbation of the symptoms of hyperthyroidism or may precipitate a thyroid storm.

Peripheral Vascular Disease

β -blockers can precipitate or aggravate symptoms of arterial insufficiency in patients with peripheral vascular disease. Caution should be exercised in these patients.

Non-dihydropyridine Calcium Channel Blockers

Because of significant negative inotropic and chronotropic effects in patients treated with β -blockers and calcium channel blockers of the verapamil and diltiazem type, caution should be used in patients treated concomitantly with these agents and ECG and blood pressure should be monitored.

PRECAUTIONS

Use with CYP2D6 Inhibitors

Nebivolol exposure increases with inhibition of CYP2D6 (see Drug Interactions). The dose of BYSTOLIC may need to be reduced.

Impaired Renal Function

BYSTOLIC should be used with caution in patients with severe renal impairment because of decreased renal clearance. BYSTOLIC has not been studied in patients receiving dialysis.

Impaired Hepatic Function

BYSTOLIC should be used with caution in patients with moderate hepatic impairment because of decreased metabolism. Since BYSTOLIC has not been studied in patients with severe hepatic impairment, BYSTOLIC is contraindicated in this population (see CLINICAL PHARMACOLOGY, Special Populations and DOSAGE AND ADMINISTRATION).

Risk of Anaphylactic Reactions

While taking β -blockers, patients with a history of severe anaphylactic reactions to a variety of allergens may be more reactive to repeated challenge either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat allergic reactions.

In patients with known or suspected pheochromocytoma, an α -blocker should be initiated prior to the use of any β -blocker.

Information for Patients

Patients should be advised to take BYSTOLIC regularly and continuously, as directed. BYSTOLIC can be taken with or without food. If a dose is missed, the patient should take the next scheduled dose only (without doubling it). Patients should not interrupt or discontinue BYSTOLIC without consulting the physician.

Patients should know how they react to this medicine before they operate automobiles, use machinery, or engage in other tasks requiring alertness.

Patients should be advised to consult a physician if any difficulty in breathing occurs, or if they develop signs or symptoms of worsening congestive heart failure such as weight gain or increasing shortness of breath, or excessive bradycardia.

Patients subject to spontaneous hypoglycemia, or diabetic patients receiving insulin or oral hypoglycemic agents, should be cautioned that β -blockers may mask some of the manifestations of hypoglycemia, particularly tachycardia. Nebivolol should be used with caution in these patients.

Drug Interactions

BYSTOLIC should be used with care when myocardial depressants or inhibitors of AV conduction, such as certain calcium antagonists (particularly of the phenylalkylamine [verapamil] and benzothiazepine [diltiazem] classes), or antiarrhythmic agents, such as disopyramide, are used concurrently. Both digitalis glycosides and β -blockers slow atrioventricular conduction and decrease heart rate. Concomitant use can increase the risk of bradycardia.

BYSTOLIC should not be combined with other β -blockers. Patients receiving catecholamine-depleting drugs, such as reserpine or guanethidine, should be closely monitored, because the added β -blocking action of BYSTOLIC may produce excessive reduction of sympathetic activity. In patients who are receiving BYSTOLIC and clonidine, BYSTOLIC should be discontinued for several days before the gradual tapering of clonidine.

CYP2D6 Inhibitors: Use caution when BYSTOLIC is co-administered with CYP2D6 inhibitors (quinidine, propafenone, fluoxetine, paroxetine, etc.) (see CLINICAL PHARMACOLOGY, Drug Interactions).

Carcinogenesis, Mutagenesis, Impairment of Fertility

In a two-year study of nebivolol in mice, a statistically significant increase in the incidence of testicular Leydig cell hyperplasia and adenomas was observed at 40 mg/kg/day (5 times the maximally recommended human dose of 40 mg on a mg/m² basis). Similar findings were not reported in mice administered doses equal to approximately 0.3 or 1.2 times the maximum recommended human dose. No evidence of a tumorigenic effect was observed in a 24-month study in Wistar rats receiving doses of nebivolol 2.5, 10 and 40 mg/kg/day (equivalent to 0.6, 2.4, and 10 times the maximally recommended human dose). Co-administration of dihydrotestosterone reduced blood LH levels and prevented the Leydig cell hyperplasia, consistent with an indirect LH-mediated effect of nebivolol in mice and not thought to be clinically relevant in man.

A randomized, double-blind, placebo- and active-controlled, parallel-group study in healthy male volunteers was conducted to determine the effects of nebivolol on adrenal function, luteinizing hormone, and testosterone levels. This study demonstrated that 6 weeks of daily dosing with 10 mg of nebivolol had no significant effect on ACTH-stimulated mean serum cortisol AUC_{0-120 min}, serum LH, or serum total testosterone.

Effects on spermatogenesis were seen in male rats and mice at ≥ 40 mg/kg/day (10 and 5 times the MRHD, respectively). For rats the effects on spermatogenesis were not reversed and may have worsened during a four-week recovery period. The effects of nebivolol on sperm in mice, however, were partially reversible.

Mutagenesis: Nebivolol was not genotoxic when tested in a battery of assays (Ames, *in vitro* mouse lymphoma TK⁺, *in vitro* human peripheral lymphocyte chromosome aberration, *in vivo* Drosophila melanogaster sex-linked recessive lethal, and *in vivo* mouse bone marrow micronucleus tests).

Pregnancy: Teratogenic Effects. Pregnancy Category C:

Decreased pup body weights occurred at 1.25 and 2.5 mg/kg in rats, when exposed during the perinatal period (late gestation, parturition and lactation). At 5 mg/kg and higher doses (1.2 times the MRHD), prolonged gestation, dystocia and reduced maternal care were produced with corresponding increases in late fetal deaths and stillbirths and decreased birth weight, live litter size and pup survival. Insufficient numbers of pups survived at 5 mg/kg to evaluate the offspring for reproductive performance.

In studies in which pregnant rats were given nebivolol during organogenesis, reduced fetal body weights were observed at maternally toxic doses of 20 and 40 mg/kg/day (5 and 10 times the MRHD), and small reversible delays in sternal and thoracic ossification associated with the reduced fetal body weights and a small increase in resorption occurred at 40 mg/kg/day (10 times the MRHD). No adverse effects on embryo-fetal viability, sex, weight or morphology were observed in studies in which nebivolol was given to pregnant rabbits at doses as high as 20 mg/kg/day (10 times the MRHD).

Labor and Delivery

Nebivolol caused prolonged gestation and dystocia at doses \geq 5 mg/kg in rats (1.2 times the MRHD). These effects were associated with increased fetal deaths and stillborn pups, and decreased birth weight, live litter size and pup survival rate, events that occurred only when nebivolol was given during the perinatal period (late gestation, parturition and lactation).

No studies of nebivolol were conducted in pregnant women. BYSTOLIC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers

Studies in rats have shown that nebivolol or its metabolites cross the placental barrier and are excreted in breast milk. It is not known whether this drug is excreted in human milk.

Because of the potential for β -blockers to produce serious reactions in nursing infants, especially bradycardia, BYSTOLIC is not recommended during nursing.

Geriatric Use

Of the 2800 patients in the U.S.-sponsored placebo-controlled clinical hypertension studies, 478 patients were 65 years of age or older. No overall differences in efficacy or in the incidence of adverse events were observed between older and younger patients.

Pediatric Use

Safety and effectiveness in pediatric patients have not been established. Pediatric studies in ages newborn to 18 years old have not been conducted because of incomplete characterization of developmental toxicity and possible adverse effects on long-term fertility (see **Carcinogenesis, Mutagenesis, and Impairment of Fertility**).

ADVERSE REACTIONS

The data described below reflect worldwide clinical trial exposure to BYSTOLIC in 6545 patients, including 5038 patients treated for hypertension and the remaining 1507 subjects treated for other cardiovascular diseases. Doses ranged from 0.5 mg to 40 mg. Patients received BYSTOLIC for up to 24 months, with over 1900 patients treated for at least 6 months, and approximately 1300 patients for more than one year. In placebo-controlled clinical trials comparing BYSTOLIC with placebo, discontinuation of therapy due to adverse events was reported in 2.8% of patients treated with nebivolol and 2.2% of patients given placebo. The most common adverse events that led to discontinuation of BYSTOLIC were headache (0.4%), nausea (0.2%) and bradycardia (0.2%).

Adverse Reactions in Controlled Trials

Table 1 lists treatment-emergent signs and symptoms that were reported in three 12-week, placebo-controlled monotherapy trials involving 1597 hypertensive patients treated with either 5 mg, 10 mg or 20-40 mg of BYSTOLIC and 205 patients given placebo and for which the rate of occurrence was at least 1% of patients treated with nebivolol and greater than the rate for those treated with placebo in at least one dose group.

Table 1. Treatment-Emergent Adverse Events with an Incidence (over 6 weeks) \geq 1% in BYSTOLIC-Treated Patients and at a Higher Frequency than Placebo-Treated Patients

	Placebo (n = 205) (%)	Nebivolol 5 mg (n = 459) (%)	Nebivolol 10 mg (n = 461) (%)	Nebivolol 20-40 mg (n = 677) (%)
Headache	6	9	6	7
Fatigue	1	2	2	5
Dizziness	2	2	3	4
Diarrhea	2	2	2	3
Nausea	0	1	3	2
Insomnia	0	1	1	1
Chest pain	0	0	1	1
Bradycardia	0	0	0	1
Dyspnea	0	0	1	1
Rash	0	0	1	1
Peripheral edema	0	1	1	1

Other Adverse Events Observed During Worldwide Clinical Trials

Listed below are other reported adverse events with an incidence of at least 1% in the more than 5300 patients treated with BYSTOLIC in controlled or open-label trials, whether or not attributed to treatment, except for those already appearing in **Table 1**, terms too general to be informative, minor symptoms, or events unlikely to be attributable to drug because they are common in the population. These adverse events were in most cases observed at a similar frequency in placebo-treated patients in the controlled studies.

Body as a Whole: asthenia.

Gastrointestinal System Disorders: abdominal pain

Metabolic and Nutritional Disorders: hypercholesterolemia and hyperuricemia

Nervous System Disorders: paraesthesia

Laboratory

In controlled monotherapy trials, BYSTOLIC was associated with an increase in BUN, uric acid, triglycerides and a decrease in HDL cholesterol and platelet count.

Events Identified from Spontaneous Reports of BYSTOLIC Received Worldwide

The following adverse events have been identified from spontaneous reports of BYSTOLIC received worldwide and have not been listed elsewhere. These adverse events have been chosen for inclusion due to a combination of seriousness, frequency of reporting or potential causal connection to BYSTOLIC. Events common in the population have generally been omitted. Because these events were reported voluntarily from a population of uncertain size, it is not possible to estimate their frequency or establish a causal relationship to BYSTOLIC exposure: abnormal hepatic function (including increased AST, ALT and bilirubin), acute pulmonary edema, acute renal failure, atrioventricular block (both second- and third-degree), bronchospasm, erectile dysfunction, hypersensitivity (including urticaria, allergic vasculitis and rare reports of angioedema), myocardial infarction, pruritus, psoriasis, Raynaud's phenomenon, peripheral ischemia/claudication, somnolence, syncope, thrombocytopenia, various rashes and skin disorders, vertigo, and vomiting.

OVERDOSSAGE

In clinical trials and worldwide postmarketing experience there were reports of BYSTOLIC overdose. The most common signs and symptoms associated with BYSTOLIC overdose are bradycardia and hypotension. Other important adverse events reported with BYSTOLIC overdose include cardiac failure, dizziness, hypoglycemia, fatigue and vomiting. Other adverse events associated with β -blocker overdose include bronchospasm and heart block.

The largest known ingestion of BYSTOLIC worldwide involved a patient who ingested up to 500 mg of BYSTOLIC along with several 100 mg tablets of acetylsalicylic acid in a suicide attempt. The patient experienced hyperhidrosis, pallor, depressed level of consciousness, hypokinesia, hypotension, sinus bradycardia, hypoglycemia, hypokalemia, respiratory failure and vomiting. The patient recovered.

Due to extensive drug binding to plasma proteins, hemodialysis is not expected to enhance nebivolol clearance.

If overdose occurs, BYSTOLIC should be stopped and general supportive and specific symptomatic treatment should be provided. Based on expected pharmacologic actions and recommendations for other β -blockers, the following general measures should be considered when clinically warranted:

Bradycardia: Administer IV atropine. If the response is inadequate, isoproterenol or another agent with positive chronotropic properties may be given cautiously. Under some circumstances, transthoracic or transvenous pacemaker placement may be necessary.

Hypotension: Administer IV fluids and vasopressors. Intravenous glucagon may be useful.

Heart Block (second or third degree): Patients should be carefully monitored and treated with isoproterenol infusion. Under some circumstances, transthoracic or transvenous pacemaker placement may be necessary.

Congestive Heart Failure: Initiate therapy with digitalis glycoside and diuretics. In certain cases, consideration should be given to the use of inotropic and vasodilating agents.

Bronchospasm: Administer bronchodilator therapy such as a short-acting inhaled β_2 -agonist and/or aminophylline.

Hypoglycemia: Administer IV glucose. Repeated doses of IV glucose or possibly glucagon may be required.

In the event of intoxication where there are symptoms of shock, treatment must be continued for a sufficiently long period consistent with the 12-19 hour effective half-life of BYSTOLIC. Supportive measures should continue until clinical stability is achieved.

Call the National Poison Control Center (800-222-1222) for the most current information on β -blocker overdose treatment.

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Your Online Identity

It's tough to stay on top of online trends; what's hot today may shift quickly in the fast-moving world of technology. But there is one bottom line: Every medical professional should have a Website. That's where many prospective patients look for doctors as well as health information. Nearly half (47%) of Internet users (that's of the 61% of adults who now go online for health information) turn to the Web for information about doctors or other health professionals, according to "The Social Life of Health Information," a new study done by the Pew Research Center's Internet & American Life Project in partnership with the California HealthCare Foundation. The study was based on interviews with 2,253 adults, age 18 and older, in December 2008 about the social impact of the Internet on healthcare. The interviews were conducted in English or Spanish and included 502 cell phone interviews. (See "Where Adults Find Health Information," opposite.) The survey also showed that 37% of adults seeking information about doctors looked at online rankings or reviews. Find the complete study results at <http://www.pewinternet.org>.

In addition, a Harris Interactive poll commissioned by the California HealthCare Foundation in 2007 found that 80 percent of the state's adults used the Internet for health-related information. (See "Use of Internet for Care-related Purposes," p. 52).

The online audit outlined in Chapter 1 helped you identify your online presence by revealing what—if anything—is being said about your practice on physician rating sites. (See "Physician Rating Sites," p. 53.) The good news about these sites is that, at least so far, they aren't very influential. The Harris Interactive poll revealed that while nearly a quarter of the people using the Internet for healthcare research saw physician ratings, only two percent of them were influenced to make a change. (See <http://www.chcf.org> for the full report.) The bad news is that if one of these sites contains disturbing or inaccurate information, you may find it hard to get it changed. But you can try by contacting the site's Webmaster to discuss removing inaccurate information.

The best way to disperse accurate information is to have your own site. You can set it up yourself or use a consultant, who can

cost between \$750 and \$5,000. Or you can use a service like CheckMD (www.checkmd.com), which uses a standard physician template that can function as a de facto Website for your practice. CheckMD links the physician's template-created Website pages to reports on disciplinary actions, if any, and patient comments. Jonathon K. Black, president and CEO of CheckMD.com, positions CheckMD.com as a trust builder between patient and physician. "The tools we're offering for customer satisfaction, patient retention, advertising, and online marketing help the doctor get more patients who are informed and have a level of trust going in. Studies show there are fewer malpractice suits when there's a trust factor," he says.

However you create it, your practice Website must be a visual representation of your brand "look" as well as personality. While your site can simply include the basics (physician biographies, testimonials, frequently asked questions, driving directions, practice areas, and contact information), more and more medical practices are adding information and forms to their Websites to streamline the new patient process. (See "Five Tips for a Strong

Where Adults Find Health Information

People still use traditional sources of health information; but new media are making inroads, according to a new Pew Internet & American Life Project study on "The Social Life of Health Information."

When respondents were asked, "Now thinking about all the sources you turn to when you need information or assistance in dealing with health or medical issues, please tell me if you use any of the following sources ...," here's how they responded:

- 86% ask a health professional, such as a doctor.
- 68% ask a friend or family member.
- 57% use the Internet.
- 54% use books or other printed reference material.
- 33% contact their insurance provider.
- 5% use another source not listed.

Source: Fox S, Jones S. The Social Life of Health Information. Pew Internet & American Life Project, June 11, 2009, <http://www.pewinternet.org/Reports/2009/8-The-Social-Life-of-Health-Information.aspx?r=1>, accessed on June 19, 2009.

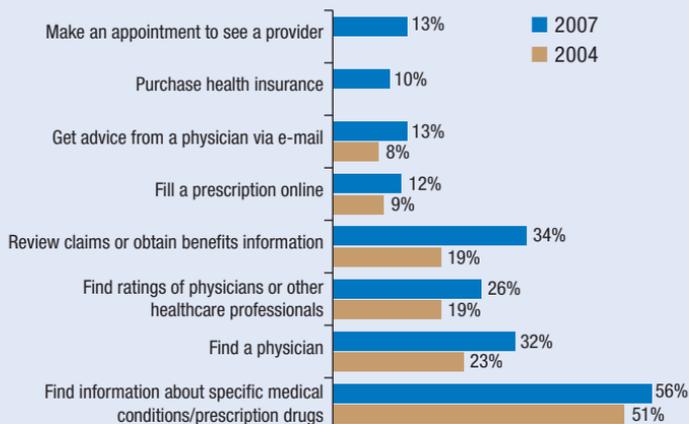
Online Campaign,” p. 54.)

For example, Olio Road Family Care in Fishers, Ind., provides patient registration and other forms on its Website in a downloadable PDF format. Patients print out the forms, complete them, and bring them to their appointment. Some sites allow patients to schedule appointments online by contracting with “back-end” services such as ZocDoc (<http://www.zocdoc.com>). If you use such a service, be certain that the software or system provider lets patients truly schedule the appointment quickly and easily. Some systems are cumbersome while others promise “online scheduling” but do nothing more than send e-mail messages to the office manager, who then must call the patient to schedule the appointment.

Your site can go well beyond patient scheduling. Dr. Berka recommends, for example, offering information on your site to help patients know what to expect when they come to the office, such as practice policies and procedures “including how to contact the doctor after hours,” he says. Other sites go even further,

Use of Internet for Care-related Purposes California, 2004 vs. 2007

% of Internet users who use it sometimes/often to . . .



Source: “The California General Public Survey,” conducted by Harris Interactive between November 5 and December 17, 2007. Reprinted with permission from the California Health-Care Foundation 2009.

Physician Rating Sites

Check the following online physician rating Websites for comments related to you or your practice:

www.angieslist.com

www.CheckMD.com

www.DrScore.com

www.HealthGrades.com

www.RateMDs.com

www.Vitals.com

offering interactive tools such as quizzes to help users assess their disease risk, information to help them make lifestyle choices that will help improve their health or prevent problems, and diet and exercise resources that help them monitor their progress on a fitness plan. For example, the Website of West Florida Primary Care in Pensacola provides detailed content related to women's health, men's health, heart health, and cancer. Some sites even include family pictures that help physicians connect with patients on a personal level.

In addition, increasing numbers of physicians are using videos and podcasts—audio recordings—on their Websites to aid patient education. Jim Keany, MD, an Orange County, Calif.-based emergency room physician, uses his Health-Buzz@Jim.MD Website to showcase podcasts on topics ranging from swine flu to osteoporosis (see <http://www.jim.md>).

No matter how detailed or sophisticated your Website is, you need make sure it can easily be found through search engine optimization (SEO), a strategy that helps consumers find the site when using search engines such as Google or Yahoo. Here's how it works: Search engines find the text on the site, in the page headings, and in the site's meta tags (words and descriptions within the back-end code of a site that aren't visible to users), so you should make certain that all three contain the exact words people will enter into a search engine when they are searching for services like yours.

Five Tips for a Strong Online Campaign

Create an online marketing campaign with impact by following these five steps, according to Bill Paquin, CEO of Vertical Health, Montclair, N.J.:

1. Create a high-quality Website that lets you improve the interaction between you and the patient and generates leads.
2. Make sure your site contains content that your target audience is searching for and is correctly coded by your Website technician so search engines can find it.
3. Provide content for other sites by writing informative articles.
4. Buy advertising.
5. Leverage free listings available on medical specialty and other sites.

To find out which words people are likely to use to find your site, Ryan Mull, a founder of the Noblesville, Ind., Internet marketing firm IMAVEX, recommends asking your Internet consultant to show you how to access, understand, and leverage the data in the analytics. These are SEO data that reveal not only the words users have typed into a search engine to find the page, but other site-usage details—such as how many visitors the site attracts, which pages they look at, how much time they spend on each page, and when they visited. Use this information to make content adjustments, especially if your site isn't getting as much traffic as you want.

To be sure your site pops up on those searches, include information on your site that specifically describes and explains medical conditions and treatment procedures, frequently asked questions, bylined articles, and a newsletter archive in a format that allows those engines to find that content. If your practice draws patients from several communities, make certain the names of those communities are in the site text. Also include biographies for all clinicians in your practice.

Because search engines rank sites by their connections to others, include outbound links to other sites and ask others to provide links back to your site. Here are some tips to generate more inbound links to your site:

- Distribute articles you've written for your site to other sites

and electronic newsletters by using article-marketing sites and by sharing them with medical specialty sites.

- Add your site's Web address to your online biography at other sites, such as hospitals, universities, and specialty societies.
- Register with specialized consumer medical information sites, such as *www.SpineUniverse.com*, and complete the physician profile form, which includes an opportunity to feature your practice's Web address.
- Comment on blogs on other sites and include your site address in your signature.

Bill Paquin, CEO of Vertical Health, Montclair, N.J., and publisher of *www.spineuniverse.com* and *www.endocrineweb.com*, encourages physicians to generate incoming links from respected sources. "Google places a higher value on links from .gov and .edu sites because these are harder to secure," he says. Having those incoming links can bump your listing higher on Google search results pages.

To Blog or Not to Blog

A blog is a type of Website that lets the owner communicate directly with an audience by typing news, opinions, and other information into a Web-based template on a regular basis. If a blog is a tool that will work for your practice goals and personal style, plan to post a message at least twice a week so that it's current and gives people a reason to keep coming back.

Blogs are an excellent way to establish your reputation as a trusted source of information on a specific healthcare topic. A well-written, frequently updated blog can build credibility in the local community while serving as a stepping-stone to regional or national speaking, specialty leadership, or publishing opportunities. In addition, blog content can help boost a practice Website's ranking with search engines, helping patients and others find the site more quickly and easily.

While your blog can be independent of your Website, maintaining it on your site keeps that site rich with relevant, contin-



LIPITOR
atorvastatin calcium
tablets

www.PfizerPro.com/LIPITOR

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ually updated content. Your Web design firm or consultant can suggest blogging tools and link your blog to the practice site. Some blog tools are free; others involve a fee. Many beginning bloggers use Wordpress (www.wordpress.com) or Google's Blogger (www.blogger.com) because they are free and easy to set up.

Kevin Pho, MD, an internist based in Nashua, N.H., writes what may be the best-read doctor's blog on the Internet. With 25,000 subscribers after five years of blogging, KevinMD.com/blog has caught the attention of mainstream media, from *The Wall Street Journal* to the *CBS Evening News*. That has led Dr. Pho to host his own show on *XM Radio* and to hold a seat on the board of contributors at *USA Today*.

While the blog has attracted some patients to his practice, he says that's not why he started doing it. "I first started blogging to give a doctor's perspective on medical news because so much of it is presented through the media without a doctor's commentary or context," he says. "Since then, it has also become a platform for me to advocate for the things I think are important." That includes educating the public about issues related to health-care reform and, in particular, the role of the primary care physician in the healthcare system.

That focus and the blog's reach caught the attention of the American College of Physicians (ACP). Steven Weinberger, MD, ACP's senior vice president of medical education and publishing, recently began contributing a monthly column to Dr. Pho's blog to engage doctors and the public in a dialogue about today's hot healthcare topics. "The column is not meant to be official statements from the communications arm of ACP," Dr. Weinberger says. "Rather, I'm offering the personal opinions of a senior leader of the organization."

Dr. Weinberger's first column addressed his thoughts for a practice model that would increase the appeal of general internal medicine; subsequent columns will likely reflect his interest in education. "There is so much going on in healthcare nationally that there will always be topics that I feel strongly about and can address in the column," he says.

Here are other tips for creating a blog that will be well read:

- Focus on providing content that is useful and interesting to

your target audience.

- Tap into what you see on the evening news, in the daily newspaper or electronic newsletters you subscribe to, or from the daily activities of practice. If available, subscribe to blogs published by national specialty or healthcare leaders to monitor what they're talking about online. For example, check out these blogs from ACP: <http://blogs.acponline.org/advocacy/> and <http://blogs.acponline.org/acpinternist/>.
- Keep postings short; usually just a few paragraphs are plenty.
- Offer tips, comment on newly published findings or research, and link to news articles online.
- Drive blog traffic by including the blog's Web address in all of your marketing materials; set up Google Alerts (www.google.com/alerts) for key terms or phrases for your field so that you know when others are blogging about them, then visit the blogs and comment on the postings; and include your blog's Web address in a signature after your comment.
- Make sure other sites that include your online identity have updated information and link to your Website.

Despite its many benefits, blogging has two downsides. First, doing it well takes time. Dr. Pho dedicates about two to three hours a day reading and writing for the blog. "It does take a certain commitment," he says. Second, it cannot be outsourced easily to an employee acting as the doctor's ghostwriter. For example, Drs. Pho and Weinberger write their own blog postings. However, you can share the responsibility by developing a blogging schedule that includes a turn for all of your practice's physicians, nurse practitioners, and other staff.

Should You Use Social Networks?

Social networking sites, sometimes referred to as user-generated content sites, can help you connect with patients and prospects or help position you as an expert in your field. There are also a number of specialized social networking sites for physicians and other healthcare professions. (See "Social Networking Sites for Physicians," p. 58.)

Here are the most popular social sites that your patients are likely to visit:

Facebook (www.facebook.com), a service that lets individu-

als create highly customized, interactive Web pages, was created by college students for college students. It is now available to everyone; women over age 55 currently comprise the fastest-growing segment of new users. The service has maintained a certain level of cachet by allowing users to decide for themselves who can and can't see their Web pages. The process of "friending," as it's called—whereby one user asks another to be his or her Facebook friend—creates a new level of social awkwardness and etiquette. This is important to understand because a physician who sees Facebook as a practice-marketing tool will be using it as a relationship-building tool and will probably feel obligated to accept most offers of online friendship.

There is a solution, however. Many small-business owners who use Facebook for business building maintain two pages—one for the individual and another for the business. That two-page approach lets you share information, photos, and updates only with friends and family on Facebook and not with patients. When creating a separate business page for the practice, be careful to maintain a personal (rather than businesslike) tone and to use your own photo on the page, because people connect with individuals, not with businesses. Provide professional information so that you continue to be seen as a source of trusted med-

Social Networking Sites for Physicians

A number of social networking sites are for physicians or healthcare professionals only. Use them to establish relationships with potential referral sources.

www.ClinicalVillage.com

www.DoctorNetworking.com

www.DoctorsHangout.com

www.Healtheva.com

www.MedicSpeak.com

www.Relaxdoc.com

www.Sermo.com

www.SocialMD.com

www.Tiromed.com

ical information, but share only enough personal information that you're comfortable with so that patient "friends" can find common ground with you.

LinkedIn (www.linkedin.com) is the site for professional networking, making it an excellent place to connect with local and national peers and referral sources. Like Facebook, LinkedIn gives users a Web page; but the LinkedIn fill-in-the-blanks template is strictly business. This page can include your head shot, describe the practice, showcase a professional biography, link to your practice Website, and highlight testimonials.

While some of the content for your LinkedIn page can come directly from your practice Website, it is not a replacement site—it's a tool for "linking" to others you know for networking purposes. The networking can help new physicians find jobs or help prospective patients find you through links to others who know you. Consumers can also search the site by specialty in their region. The site's search function can help you find people you know or those you want to know. It can also help you meet—again through links to others or by direct contact—physicians who can become referral sources. Use the system to ask those you trust to link to you, then review their contacts to identify people you'd like to meet; and ask for an introduction.

LinkedIn's "Answers" function allows physicians to position themselves as experts by searching for and answering questions that require their expertise. Like Facebook, it offers a status bar that can assist with positioning and credibility.

Twitter (www.twitter.com) is a social networking tool that lets people share brief bits of information (140 characters or less). Anything you "tweet" can be found by users if they search for terms used in your tweet or for your Twitter name. Unlike Facebook and LinkedIn, which make it easy for you to find people you know so you can stay current on their activities, Twitter makes it hard to find and "follow" people by name. Its value, then, is its potential for positioning you as an expert or for promoting specific aspects of your practice.

"The more information you put out there that is helpful, rather than self promotional, the more people will follow and listen to you," says Rebecca Roebuck, social media manager at Webbed Marketing in Columbus, Ohio.