

Emerging Trends and Opportunities for Healthcare Organizations to Leverage Web 2.0

PATRICIA DONOVAN: This is Patricia Donovan for the Healthcare Intelligence Network. Today I am speaking with Dave Bennett, director of web resources services for the Medical University of South Carolina. Dave is presenting at HIN's webinar on "Emerging Trends and Opportunities for Healthcare Organizations to Leverage Web 2.0". Thanks for joining me today Dave.

DAVE BENNETT, DIRECTOR OF WEB RESOURCES SERVICES FOR THE MEDICAL UNIVERSITY OF SOUTH CAROLINA: Thank you.

PATRICIA DONOVAN: To begin MUSC's podcasts and video libraries are very impressive. I see that you've also placed your awareness under anesthesia video on YouTube. We were wondering if you have any plans to place any more of your videos there.

DAVE BENNETT: We do actually. We've been doing a lot of looking at social media as well as what I would kind of talk about large public events. Obviously it's interesting with that particular incident where we had a movie coming out that touched upon healthcare. So we're looking to do that more because we've seen a lot of interesting trends with that and putting those videos, tying them into YouTube and doing press releases and other things around current events like that tend to really draw an awful lot of people's attention what's happening with current events. So I think that that's been a very interesting set of tactics that we've used, and we've been looking at a much larger scale kind of focus. As well as putting new videos and the like on YouTube we've been doing that for quite some time now and it's been very interesting. A lot of people asked us, does that

really result in patients, and I would like to tell you yes in fact it does. We've actually had patients who have actually seen our videos on YouTube and have called us and said, "Hey I'd like to see that physician." So I think it's an emerging trend that we expect to continue here.

PATRICIA DONOVAN: I see. That's going to be the new trend in patient recommendations and so on, in ratings maybe?

DAVE BENNETT: You never can tell. I don't think it's going to be an end all be all. But it certainly is an interesting channel and a way to communicate with people. It kind of goes into the power of social media in that sense. One would have never guessed and I honestly would have been one of those people several months ago or a year ago that would have never thought that these sorts of channels would have resulted in real interest in health care topics that resulted in people wanting to come to ones institution. But the world is changing.

PATRICIA DONOVAN: Also, have you found YouTube equivalent for your podcasts?

DAVE BENNETT: We haven't yet. Obviously like many we host a large number of our podcasts in iTunes as well a many other podcast directories. But we haven't seen the same traction that we have seen in things like YouTube. I think at least the viral ability to email a video to somebody or a recommendation – although I will tell you with iTunes we have seen significant traction in that month after month. In fact, to give you an idea, when we go back and look at where we started about 12 months ago we've seen probably upwards to 600% increase in the

number of people downloading our particular podcasts through iTunes which is quite phenomenal.

PATRICIA DONOVAN: Yes, that is a huge increase. Thank you Dave. You have more than 500 podcasts available from your site and many of them feature physician's interviews and commentaries. What's the business case for having physicians or other employees for that matter create or contribute to podcasts, blogs or Wiki's or other Web 2.0?

DAVE BENNETT: Sure. That's a very good question. We have taken a kind of different approach when it came to developing this content and creating a business case for it. We know that typically we look at the way people search on the internet and even search is changing somewhat, but people are more interested in specific diseases and disorders. So one of the things that we did is we took a different approach and decided that we wanted to develop very specific content about a specific condition or treatment or things like that. Part of that value proposition in developing that was how could we involve our clinical staff because they're the people that actually speak on a day to day basis, physicians do with patients and other healthcare providers, so our general tact was, "hey who better knows how to speak to the patient?" They probably hear these questions hundreds and hundreds of times over and over again. And also how can we speak at least in a forum and manner that the patient can understand.

So we've created a very unique opportunity here in the sense that the Dean of our college of medicine rapidly grasped the importance of this and was kind enough to work with us. And we actually have an Associate Dean of Communications who is another

physician her name is Linda Austin and she's a practicing psychiatrist who works hand in hand with myself and my team to basically draw in the physicians community. We've got several hundred physicians in this institution and she's actually been quite an ambassador to go out and reach and actually integrate them into our general program.

The nice thing about it is I will tell you that many organizations are fraught with problems of trying to engage ones physicians and clinical staff and marketing and other sorts of activities. There was an instant synergy with our physicians in the sense that not only could we create material that had marketing value, but we could also create content that would target improvement and help literacy and general knowledge related to the specific diseases and conditions. Our physicians readily adopted that and became really the cornerstone to us building a program like this. So they're very tightly integrated with us. They've worked in order to help develop the content with us and really for the first time, at least in a marketing world, we actually are really working one on one with physicians to develop content that maybe serves multiple purposes, but like most businesses I'm judged on the return on investment. I have to build my beds and my outpatients programs. So it allows them to actually be part of creating the content for marketing strategy and program that actually can deliver on those promises of generating revenue for the organization. It's a very unique working relationship and one that really has been quite phenomenal for us when it comes to working with our clinical staff and leveraging their expertise.

PATRICIA DONOVAN: That's great David. Is that something now when you bring a new physician on board you explain to them its

part of the job?

DAVE BENNETT: We are very fortunate in getting heads up of new physicians and new faculty that are joining our institution and we actually target them right off the bat. You know to actually create a podcast maybe we're going to create an eight or seven minute segment. It's not all that labor intensive, but right off the bat without asking them to write content or to be interviewed by one of our writers, we can bring them right in and really have a candid discussion with them about what kind of things they see services or treatments they may offer or their expertise in a specific disease state or condition. So we actively go after those folks as they come into the institution and one thing like most organizations, they're really ripe to get working and promote their services right off the bat. They don't typically have a large patient load initially. They do have a little time on their hands as they're acclimating to the environment and the institution and it gives them a good opportunity to really see what we do over here and really become part of a larger team in developing content.

PATRICIA DONOVAN: That's great. You mentioned the production time required for a podcast. How about for one of your videos? Is there an average amount of time?

DAVE BENNETT: Our videos obviously take a little bit more time, and even podcasts to some degree, because like most of us we have a lot of physicians that are very good speakers and we have some of those who for one reason or another have certain mannerisms a lot of ah's and ums and things like that. And those require a little more time, because what we try to do is we try to polish the end product and edit that up and make it a very

smooth professional production. So it does take a little time to do post production for those, the same for video. Generally I think we've got a pretty good process down.

So for instance, we may shoot a five minute video on something and it may take us 20 minutes to shoot it a couple of different times, and then post production maybe, video is a little more complex needless to say than audio, but we might spend an hour or an hour and a half doing post production editing. And a lot of that depends upon the person that we're interviewing, like I said, whether or not they're speaking very fluently and articulate or whether or not they're doing a lot of pauses or other things like that, a lot of movement, things along that line. Or we also have physicians that may want to integrate an image and things like that, all of those things obviously take a little more time to edit and create a final product.

PATRICIA DONOVAN: I see. Thanks Dave. Could you tell me about this whole, "Take a minute for kids" podcast? How they came about?

DAVE BENNETT: That was a really unique program. One that's been very successful, and we really have to thank Kohl's for that. It originally started with Dayton Children's hospital actually. They had a great relationship and they still do with Kohl's. Obviously Kohl's has stores all throughout the United States. They had a little larger concentration up in that area than in our area in South Carolina. And what we did is Kohl's has been really well known for supporting children's hospitals and children and family initiatives. They actually came to us and spoke to us about creating a series of podcasts around safety issues and children. And we actually worked with them and came

up with a concept of a series of podcasts that we would create covering such subjects as the use of car seats or the use of seatbelts, things like that, the real vast majority were focusing on injury prevention really as well as just general educational opportunities for parents. And Kohl's stepped up to the plate and actually funded that initiative for us. So the nice thing about that is they're creating public service announcements which we did with them as well and at the same time, we're also developing content that we can put on the web that will relate back to those public service announcements. And all of that was made possible really through the generous support of Kohl's. I think that there's a lot of opportunities with entities such as Kohl's for other institutions outside of our entity or Dayton Children's.

PATRICIA DONOVAN: I didn't have a chance to check Dave, but do they have a link on their site to the podcast as well?

DAVE BENNETT: They do, and we basically co-brand the sites we have linked back to Kohl's and they have links on the Kohl's site back to our particular content as well. As well as the Dayton Children's also.

PATRICIA DONOVAN: Thank you. And finally Dave I wanted to ask you, do you have any demographic data on visitors using your Web 2.0 tools?

DAVE BENNETT: We do. Most amazing thing, we like a lot of organizations are always looking at demographics information. We do have some on age, but very limited. What we really have focused on is geographic distribution of our content. The most amazing thing I think and it really sunk in from our standpoint

has been the wide reach of this sort of content. For instance, our podcasting library when we last looked at our numbers back in November we were reaching close to 150+ countries around the world which is really phenomenal for any organization as far as elevating one's brand and name recognition throughout not just our regional area, but throughout the world. So as far as demographics we have done some informal gathering of that information. Obviously it's tough online to determine what the age of somebody is that's listening to this sort of stuff. But a lot of the feedback that we've got is that it's been traditionally not an older group, but say a 30's mid 30's early 40's.

A lot of it is near some of the other information that's been reported by Pew Research Center and others. But that is one challenge that we've had and I think that we've looking at some unique ways to gather more information about our end users and listeners of this sort of content. The largest challenge clearly is in areas such as iTunes and others where you basically have the anonymous transfer of these files. The real challenge is that we really don't see any good solutions in really gathering and understanding who those end users are needless to say. Somewhat the same with the YouTube phenomenon too as well, because people certainly email and forward clips and other things to a number of people. But we don't really know a whole lot about that. So what we've done is we've looked at more general information on those sites that have been available through Pew and comScore and other sources like that to have a better understanding of who these viewers and end users might be.

PATRICIA DONOVAN: I see. So are you using say Google Analytics

or some other tool of information to get information on your podcasts?

DAVE BENNETT: We use several tools like that. We do use Google Analytics to a great extent. We also use Web Trends, and Google has some other products that they've acquired such as FeedBurner, which allowed us to look at the feeds of things. The other thing that we do, we also look at some of the log file data, for instance our videos, we actually stream our videos through content delivery network and make the videos' downloadable through iTunes through that same network. They have some great tools and recording structure that allows us to look at which videos are being downloaded, which ones are being viewed and also the range of distribution, where they're coming from, those sort of things.

There are always some issues about the tracking, but it gives us an overall flavor of what people are looking at and what they're interested in as well as overall penetration throughout our geographic region and well beyond it. The trick is to marry all of these tools together and to use them and to use the data in order to really understand what's going on. And like I said we use multiple tools from Google Analytics which is a great product, looking at some of our static pages, like where our podcasts are located, and again Web Trends as well. But we use multiple tools. And we're also based, like many other organizations with the idea of creating better data collection tools and better analytics for this stuff. Unfortunately the technologies emerging and moving at such a fast pace, that you often find that it's outpacing some of the abilities to track some of the information that you would traditionally like to look at.

PATRICIA DONOVAN: Do you have any future plans to perhaps require pre-registration for any of the content available at your site so that you can capture some additional demographics?

DAVE BENNETT: We are looking to do that in some areas on some more precise types of information that we're collecting and we're actually working with another group on doing that. And some of that would be stuff that we would do through push technology such as e-newsletters and others, but we are still kind of evaluating. Our concern is that we're really afraid about putting barriers in front of people. Like most institutions everybody wants to know what the return on investment is. How am I effectively—who am I reaching, what are they doing with this information? You end up with kind of a quandary of trying to create a delicate balance between not making a barrier and getting as much information in your content out there, or do you go ahead and put up some hurdles and try to gather some information. Because there's always going to be that individual or that sub group of individuals that are very unlikely to share information with you for one reason or another. And it may be because of the content that they're listening to.

I could point for example, things such as talk about infectious diseases or other things where people feel more comfortable in an anonymous mode at home, looking at it and are probably going to be a little reticent about sharing that information. But it may be that it's possible to create sub groups of people that we know we're not going to be hitting on very hot issues that may be questioning whether or not you're revealing certain privacy issues and whether or not to register or a specific set of types

of podcasts. But we're still evaluating that. Our general philosophy as I said has really been not putting any barriers and open that up. And that may change. Again our real purpose as I said is not only to generate revenue but it's also been to elevate our brand and our image across the country.

PATRICIA DONOVAN: Well thank you Dave. Good luck with that. I believe many organizations who are using some of these Web 2.0 tools are facing the same dilemma.

DAVE BENNETT: Most definitely.

PATRICIA DONOVAN: Thank you. To register or get more information about this Webinar, please call the Healthcare Intelligence Network at 1-888-446-3530. This is Patricia Donovan for the Healthcare Intelligence Network.