

*Best Practice: Strategy*

# Building Physician Community

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## Building Physician Community

At M. D. Anderson's Office of Physician Relations, we see physician community as a concept that extends beyond social media platforms. Our community model encompasses all that we do – customer service, process improvement, communications, operations and education – and it focuses equally on our internal physicians, staff and the global referring physician audience. The foundation of this community lies in content, relationships and integrated platforms.

## Content

Physicians often have incredibly specific content or goals in mind when taking to the Web. Our polling and outreach efforts reveal an insatiable hunger for information about general research, clinical trials, treatment models and the backgrounds of our physicians. We are fortunate to be recognized globally for our cancer treatment and research, and that enhanced awareness shapes physician expectations about our content. Meeting these high expectations is one very important key to building community.

For us, meeting physician's expectations means moving beyond marketing brochure-ware and into professionally relevant and timely content. It is about giving them access to information that informs their patient care and shapes their practice. Examine your physician-directed content and ask yourself these questions:

1. Is this an indispensable professional resource for physicians?
2. Could this information lead to enhanced patient care in the community?
3. Does this information support physician education?
4. Is this content helping the physician run his or her practice more efficiently?
5. Can the physician find this information easily?

An honest assessment of your content always should reveal areas for improvement. There also is significant opportunity in moving beyond institution-developed content to enhance your platforms. Third-party CME, practice management educational material and other licensed content could be leveraged to fill content gaps or to enhance an already strong platform.

Placing the practical interests of your audience at the forefront is an essential step in the community building process. Development and delivery of quality content is your greatest challenge and your greatest opportunity.

## Relationships

Content and authority attract interest but reaching the end goal of establishing relationships with a global physician audience requires a lot more work and the successful management of an almost overwhelming number of touch points. Our Office of Physician Relations divides these touch points into two separate but overlapping and supporting classes - personal and technical.

Technical touch points can include social media channels, Web sites, electronic media (video and podcasts), and the internal systems such as EMR and clinical trials databases that carry information relevant to our audience. Personal touch points include Office of Physician Relations field staff who meet with community physicians on a daily basis, exhibit presences, phone-based customer service support and internal relationships. It is important to remember that there are people on both sides of the technical touch points and that using them effectively, especially in the social media arena, requires a personal service-oriented approach.

As physician relations professionals, we often focus on the external referring physician but building relationships with our own physicians and staff is an absolutely critical part of the process. We need these relationships so that we can navigate complicated physician service requests and develop critical content. We also leverage the relationships, and the resulting deep operational knowledge, to lead process improvement efforts that support our mission. Additionally, we believe that elevating the visibility of our physicians and their work is both a key element of our mission and an audience preference. Physicians desire contact with their peers and it is our goal to develop platforms and systems that facilitate this contact.

## Integration

In 2008 our office conducted a strategic review of our activities and mission. The results were encouraging. Our social media channels were operating effectively, our field staff developed excellent relationships with referring physicians, our entire team had developed an impressive array of internal contacts and relationships, and our understanding of technology and operations resulted in excellent Web-based referral and EMR services for referring physicians. However, the management of the complexity of all this activity and the challenges involved in delivering content across all channels, both personal and technical, clearly was becoming a difficult task. We needed to simplify.

Integration was our answer. In 2008 we began developing a concept that would eliminate the printing of our large, expensive *Guide for Referring Physicians* and move the content online. The new online version of the guide, with its global referring physician audience, would be an ideal platform for integration. We developed a content model that framed our online guide with information that our referring physicians frequently requested and looked for opportunities to deliver improved customer service and process improvement. The result is <http://physicianrelations.org>.

[About Us](#)
[How to Refer a Patient](#)
[myMDAnderson](#)
[Physician Community](#)
[Resources](#)


### Welcome Physicians

Welcome to M. D. Anderson Cancer Center's Guide for Referring Physicians. We understand the challenges you, our partners, face in treating your patients and their families - and we've assembled this resource to help meet your needs.

On this site, you can get to know the physicians who treat your patients, access your patients' medical records, refer patients to M. D. Anderson, discover appropriate clinical trials for your patients and join a growing physician community.

[Refer a Patient](#)
[Select a Guide](#)

[VIEW](#)
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#### Featured Clinical Trials

Protocol # 2008-0639:  
Phase II study of SGN-35  
in treatment of patients  
with relapsed or  
refractory Hodgkins'  
lymphoma. >

#### News

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PhysRelations: RT @CancerWise  
Study in NEJM reports a carefully  
controlled program of weight training  
benefited women w/ lymphedema  
<http://bit.ly/2ikdNG> >



#### Welcome Message

M. D. Anderson President, Dr. John  
Mendelsohn's welcome message to  
physicians. >

*Physicianrelations.org* is the result of only four efficient and highly cost-effective months of work. Development cost less than one year's printing of our traditional guide yet it represents a significant step forward in our effort to integrate our content and services. It also represents just the initial phase in our effort to build platforms that facilitate the development of community.

*Physicianrelations.org* is entirely focused on the needs of referring physicians. There is detailed information about the patient referral process, as well as easy access to Web-based referral forms and their patient's medical records. The "Resources" area contains information about physician-dedicated customer service options, links to important forms, physician training materials and other physician-directed content. Additionally, our "Physician Community" section integrates content from our departmental social media channels in one easily located section. It is particularly interesting that the "Physician Community" page continues to be the most visited part of the site after physician search.

home | physician community

## Physician Community



The Office of Physician Relations is branching out in an effort to connect and collaborate with physicians who share our goal of Making Cancer History. Our social networks deliver updates about **myMDAnderson for Physicians**, institutional news updates, medical conference insights, and information about practice management. Connect with us, and our global network of physician followers, through your favorite network:

It is important to note that social media content is not confined to the “Physician Community” page. There are “Follow Us on Twitter” icons on every page and our most recent departmental Tweet from <http://twitter.com/physrelations> is imported and displayed on the main page. However, the most important integration point involves our internal physicians. Included in the site is the ability to display links to our physician’s social media channels in their profiles if they so choose.

Home | Location | Search Results | Search Details

**Search Details**

**Anas Younes**  
 Division: Cancer Medicine  
 Department: Lymphoma  
 Care Center(s): Lymphoma and Myeloma  
 Phone: (713) 745-4256, Fax: (713) 794-5856, Unit: 429

**Board Certification(s)**

American Board of Internal Medicine  
 American Board of Medical Oncology

**Postgraduate Training**

Guest Researcher, Endocrine and Reproductive Research Branch, NICHD National Institutes of Health  
 Residency in Pathology, Medical College of Ohio  
 Residency in Internal Medicine, State University of New York, Downstate Medical Center  
 Fellow, Medical Oncology, Memorial Sloan-Kettering Cancer Center

Add physician to my guide

VIEW MY SELECTIONS

Refer a Patient

Select a Guide

**Publications**

Bertrand Collier, Arnold Abram, Ching-Hon Pui, Anas Younes, and Michael S. Cairo  
 In Reply  
*J Clin Oncol*;26:5650-5659,2008.

Nathan Fowler and Anas Younes  
 There will be blood: targeting tumor vasculature  
*Blood*;113:2123-2127,2009. [View Article >](#)

Daniela Buglo, Noor M Khaskheli, George V Georgaklis, and Anas Younes  
 Differential Effect of the Histone Deacetylase Inhibitors Vorinostat and MGD00103 in Cell-Free and Cell-Based Assays  
*Blood (ASH Annual Meeting Abstracts)*;112:4027,2008.

Daniela Buglo, Noor M Khaskheli, George V Georgaklis, and Anas Younes  
 Differential Effect of the Histone Deacetylase Inhibitors Vorinostat and MGD00103 in Cell-Free and Cell-Based Assays  
*Blood (ASH Annual Meeting Abstracts)*;106:1951,2005.

Felipe Sumanigo, Michelle Fanale, Barbara Pitt, F. B. Huguenin, Peter McLoughlin, Jorge Romaguera, Sethu Neelapu, Maria Aina Rodriguez, Luis Fayad, Anas Younes, and Larry W. Kwak  
 Penicillamine, Cyclophosphamide, and Rituximab (PCR): Achieve High Response Rates in Indolent B-Cell Lymphoma without Prolonged Myelosuppression  
*Blood (ASH Annual Meeting Abstracts)*;112:605,2008.  
[View All](#)

follow us on twitter

Note the Facebook and Twitter icons on the top left side of the profile of Anas Youne, M.D., on page 1.10. This integration allows us to deliver a service to the doctor, extending his reach, as well as giving referring physicians and other readers direct access to him and his content. Facilitating these connections, delivering value to all participants, is the bridge-building process that leads to community.

The integration of content has an obvious benefit for our referring physician audience but this strategy has helped us achieve many other goals as well. It has simplified the message of our field staff who now have an easy-to-remember single URL to share with physicians. It also has eliminated the need for multiple types of expensive printed brochures and other documents. Our office has standardized one single-page flier promoting the site and our services while all other documents are made available in electronic format on the site. Additionally, the site gives us a platform that shares the exceptional work of our physicians with a much wider audience. We are reaching a global audience rather than one defined by the limit of a print budget.

## Getting There

*Physicianrelations.org* represents just the first step in our strategy. Significant enhancements remain. We believe, and data seem to indicate, that it will be an effective tool. However, there are many possible solutions in this arena. Hospitals of all sizes (and budgets) can leverage these strategies to enhance their communications and build community. Building a standalone site represents one end of the spectrum while a careful examination and positioning of existing resources may represent a more realistic option for many. A few easy steps could yield impressive results.

## Define Your Goals

Define who you are trying to reach and why. Targeting physicians by specialty is one goal that would have significant impact on the development of your content and internal partnerships. Make sure your internal partners are part of your goal.

## Inventory

Identify the physician-directed content on your hospital's Web site and review or establish relevant social media channels.

## Evaluate

Are the key elements you need to reach your goal in place? Do additional channels or content elements need to be developed? Does the existing content meet the criteria defined in the opening paragraphs of this article?

## Integrate

Define your focal point. Are you going to build a new site or enhance an existing one? This can be a complex decision impacted by budgetary concerns, technical capabilities and your goals. When in doubt refining your existing content can be an effective first step.

## Communicate

You've built a great new tool. Start the community building process by refining your communications plan to promote it – both internally and to your referring physician audience.

## Enhance

Building and maintaining community requires constant support and enhancement. Evaluation, integration, content development and communication can't stop. Effective integration and platform choices can ease the burden significantly but the work is never ending.

## About the Author

John Little develops and manages online systems and channels which support M.D. Anderson's growing referring physician community. These systems range from sophisticated Web-based EMR platforms to social media channels such as Twitter. Little's experience with online communities and technology extends back to the bulletin board systems of the 1970s. He worked in aerospace through the 1990s and developed Internet-based systems for NASA's Aircraft Operations Division before becoming the webmaster for the Space Shuttle Program Office.

In 1999 he transitioned to health care and co-founded the wireless solutions company bAnywhere. As chief executive officer, Little partnered with Lockheed-Martin to deliver a pioneering hardware/software solution which allowed NASA to securely control an orbiting satellite with a common wireless PDA. He also worked with Palm Computing and the PGA Tour to deliver real-time tour scoring to Palm PDAs with wireless access. As an independent consultant he has developed and executed Internet marketing and public relations campaigns for major automakers, defense and political customers.

He can be found on Twitter at <http://twitter.com/johnwlittle> or e-mail him at [JLittle@mdanderson.org](mailto:JLittle@mdanderson.org).