SOCIAL MEDIA
TOOL KIT
Social Media:
For The Aesthetic Plastic Surgeon

“When you give everyone a voice and give people power, the system usually ends up in a really good place.”

— Mark Zuckerberg, CEO & Founder of Facebook

The Aesthetic Society gratefully acknowledges Mr. Tom Seery for creating this document for ASAPS members. Tom is the CEO and Founder of RealSelf.com, which has held a partnership with ASAPS for over four years and counts over a thousand surgeon members as contributors. Disclosure: In addition to RealSelf, several references in this document are to www.medibeauty.biz. Tom is the Editor of this blog and receives no direct commercial benefit from it.

You can visit the RealSelf site at www.realself.com
Introduction

Patient expectations are changing fast, fueled by the communication revolution that’s called “social media.” The web is finally starting to mimic the way we’ve always communicated and shared information. It was never supposed to be about search engine rankings!

You have already felt the impact from this sudden shift to a socially structured Internet—just years ago the web was modeled and shaped around linking documents and content. Now it’s linking people. Prospective patients are walking into consultations with unprecedented access to cosmetic surgery information. With them they carry new, and potentially unreasonable expectations. They find doctors based on positive online postings on sites where you (may) have no voice. Within your existing patient population, an increasing number of patients are stepping up to the podium offered by social media to post opinions of you and your practice (good or bad).

On the competitive front, social media acts as a silent, erosive force on the gold standard of plastic surgery: board certification. Clinics offering discount lipo or gimmicky lunchtime procedures are chipping away at these medical standards, choosing to focus on being there for consumers in Facebook, 24 x 7 providing a helpful, consultative, and empathetic shoulder. Consumers are left wondering who or what to trust.

Social media has also accelerated content creation to levels that overshadow everything previously produced by humans:

“If you add all information that was generated by the mankind for the last 30,000 years… equal amount of information was created last year for only two days… And moreover the same amount of information will be generated in ten years from now only within one hour”

—Yuri Milner, Entrepreneur and venture capitalist

To keep up and prepare for the inevitable Facebook search solution, search engines are forced to radically change the way they calculate relevancy and rankings in result pages. Social “signals”, such as how often a page is shared or commented on, become far greater in importance than links and keywords.

Despite this incredible impact, the temptation is to view social media along narrow sets of tactics, such as signing up for a Facebook or Twitter account. It is not that simple. If it were, we wouldn’t have witnessed the Arab uprisings and overthrow of powerful dictators by twitter users. It takes an integrated approach across many tools and services, many of which may have small audiences but are extremely targeted toward plastic surgery patients.

Since social media is already having a significant influence on how prospective patients make decisions, you’ll eventually be making the call on where to share, how often, and what to talk about with these patients. The goal for this guide is to help you make social decisions with a solid base of information specific to the ASAPS surgeon and the marketing of your medical practice.

I look forward to hearing from you on whether this guide met your information needs and helped you develop a plan of action for social media.

—Tom Seery

(toms@realsef.com)
I. Why You Should Care

Are you already on a social media website?

- If not, this guide provides plastic surgeons greater context to how social media fits with aesthetics, and sort through which tools are best (e.g., social sites like Twitter, Facebook, LinkedIn, and others), and how to get a positive return from this investment.

- If you’re already doing some form of social media marketing or posting, you may already be aware that being on a site that has millions of people doesn’t mean anyone is listening/cares or that it’s having a measurable impact on your practice.

After reading this guide, you will have the know-how to run your social media efforts and how you should be defining success.

II. Being Strategic – A Framework

To bring together all of these concepts, we propose a social media plan that follows a strategic framework that is patient-centered, purpose-driven, and targeted at driving leads into your own web property. The “REAL” framework has four components:

Relate

A key success factor is to translate what you do offline to your online social media efforts, and make you, the surgeon, less feared or misunderstood. As a surgeon who touches peoples’ lives in a big way, you are uniquely setup to be a great success in social media because you already know how to relate to patients. You possess a knowledge base that people desperately seek, and you have great sensitivity to the emotional needs of patients. Compared to brands like Pepsi, Lexus, or Tylenol, you have a big leg up when it comes to being valuable and meaningful. Social media is a platform to continue to build your personal brand into one that has soul and meaning to consumers.

Educate

Leverage your training and deep expertise to help people make smarter decisions. Let consumers guide you toward what’s on their minds and concerns. It’ll likely be centered on outcomes and functional concerns as people work out how to get a surgery to fit into their busy lives.

Actualize

Get social profiles going in places where you can maintain a regular presence and reach the right audience.

Lead Them Home

Bring everyone back to your website or blog where you can sell, talk about your great staff, and efficiently convert visitors into consults and patients.

In a true social media fashion, we welcome discussions and debate to each section of the REAL framework and this guide. Throughout the guide there are links to blog entries that allow for commenting and questions. The authors of these posts surely welcome your feedback.
III. Social Media: Where’s the Evidence?

As social media tools become de rigueur for online communication, plastic surgeons remain cautious about jumping into the fray without greater evidence it’s a good use of time and money.

Let’s look at a marketing activity that you do today that doesn’t cause you to lose sleep: your website.

What encourages you to continuously develop and spend resources on this website?

It’s likely that the feedback loop, in terms of data, reinforces the notion that some positive return is coming from the effort. Even with less-than-perfect tracking of online users, you get a feel for how the website investment is paying off:

- Traffic: people visit the website and spend reasonable time looking at practice information
- Contacts: emails and contact forms indicate the site is driving new patient leads
- Ranking: getting to the top of Google increases traffic to the website

You’ve heard stats like over half a billion people are on Facebook. One-quarter of online time is spent on social networks and blogs. Yet, “everybody is doing it” isn’t a solid rationale for a doctor to invest in social media. There’s also no overall measure for how tweeting, Facebook posting, and answering Q&A, translates into patients booking surgery.

In spite of the evidence gap with social media, you may decide its time to act now based on several factors:

1. It’s where your target customer spends a lot of time getting informed
2. Prospective patients trust what they learn from these social media outlets, such as online review sites
3. Traditional marketing messages are getting lost by the flood of social media content
4. Lack of a presence raises questions, such as, why are you not here? Are you trying to hide something?
5. Being active has positive influences on your website rankings
6. It inoculates you from web attacks and mitigates reputation damage by a single angry poster

Major brands, political campaigns, the nearby medispa chain all see social media as an essential investment because they can no longer count on buying the attention needed to remain top of mind of their target customer in our info-cluttered world. It requires the help of people, and
word of mouth, to get heard, shared and part of the roaring online conversation. When others pass along this information it ends up generating greater impact than any other form of marketing (see sidebar).

IV. With Social Sites You Earn Media Coverage vs. Buy Attention

“You can buy attention (advertising). You can beg for attention from the media (PR). You can bug people one at a time to get attention (sales). Or you can earn attention by creating something interesting and valuable and then publishing it online for free.”

— David Meerman Scott, Best-Selling Author & Speaker

Buying ads and conducting traditional media efforts such as a press release that produce media “impressions” follows a time–tested marketing principle that effective marketing is about pushing information to consumers. In this model, marketing budgets end up defining strategy which used to make sense: “information flowed in one direction: from companies to consumers. When we drew up our plans and budgets, the key metric was consumer impressions: how many people would see, hear or read our ad?”

The effectiveness of pushing information at consumers was largely interrupted by the availability of cheap and easy–to–use web publishing platforms, such as blogs. These tools fueled an unprecedented proliferation— and fragmentation— in new media outlets, publishers and information. The largest newspaper in the United States reaches just 1 percent of the population.

Social media is a conversation—a dialogue vs. a monologue. It has challenged media buying which was designed to interrupt consumers from an activity. Online ads can still be influential to a person’s purchase decision, it’s just hard to get noticed when the ad message lacks relevancy or trust.

V. Blame Google for This, Not Facebook

“Google preconditioned users for Facebook, MySpace, and Twitter in that it taught people to expect instant satisfaction and instant answers”

— Timothy Pearson

WHY NOT JUST PAY FOR CLICKS (PPC) ON GOOGLE?

PPC appears to offer a simple solution – paid ads to drive people to your website. But used on its own it actually fails companies because:

IT’S A SHORT–TERM FIX

PPC is purely about grabbing the potential customer’s attention without actually developing a lasting relationship with them. It focuses on the attraction stage and neglects to actually nurture and convert the buyer. This is why used alone, it can only ever offer limited returns.

IT IS BRAND–UNAWARE

PPC is purely about the ad and about capturing the interest of window shoppers. With no brand awareness or value proposition around it, the PPC campaign tends to attract window shoppers who are focused on cost rather than quality.

— Sookie Shuen
Google made the vast, ever-expanding world of information a quick keystroke away. Consumers love instant results. In fact, speed is so important to consumers, a significant ranking factor for Google is the speed at which a website renders a page. These technological advances paved the path for social media adoption, well ahead of Facebook emerging from a Harvard dorm room.

Instant results and hyper-accessibility to information has empowered consumers to take control over purchase decisions, plastic surgery included.

VI. What Are the Risks?

Doctors are frequently told that they’re at-risk for getting involved in social media: legal, regulatory, and ethics–related (which are beyond this guide).

Being cautious is important, but there are also real risks from sitting out from social media marketing.

1. Socially disconnected doctors compete for a shrinking customer base
2. Professional reputations get defined by everyone but the doctor
3. You lose touch with super valuable customers

In the end, your rationale for getting active in social media may end up becoming an entirely defensive strategy -- to protect your offline reputation from becoming contaminated by online conversations that are out of your control.

VII. Staying Relevant to the 18 to 34 Demographic

If you’re looking for one more factor to get off the fence regarding social media consider one question—where will your customers be in five, ten, twenty years?

Since a practice needs to be prepared for the future, what’s happening with 18 to 34 year olds today offers a predictive view into how plastic surgery purchase decisions will be made by all patient populations. What makes the 18–34 demographic unique is that they are essentially addicted to social media and are strongly influenced by it.

- The largest age group visiting Facebook once per month is 18–34 year olds (73% of Facebook visitors)
- Moms with younger children are the most active social networkers.
- Their ownership and use of connected devices enables them to be tethered to social media during all waking hours and activities
- They use social media for product research and for searches for the right doctor, trusting peer opinion above all other review methodologies
- 55% of active social media moms said they made their purchase because of a recommendation from a personal review blog.

— NPD Group, Inc.
If you want to influence the aesthetic decisions made by 18–34 year olds, it means adjusting to how she—the digital consumer—uses media, gets informed, and bases decisions regarding surgery.

**VIII. The Consumer Journey**

To be relevant to 18–34 year olds, you need to throw away any thinking that marketing equates to showing up in the digital equivalent of the Yellow Pages, just in time before a person makes a purchase decision.

Consumers don’t follow a linear pathway to choosing a doctor, or what’s classically referred to as the “purchasing funnel.” In a funnel, the idea is that a prospect progresses nice and neatly from awareness to consideration to booking a procedure to becoming a loyal part of the patient base.

Aesthetic consumers are, instead, on a decision journey.

McKinsey & Company arrived at this new purchasing model after they examined 20,000 consumers across five industries and three continents.

They discovered that researching and buying complex products or services has evolved into a highly unpredictable decision journey with unexpected results. The socially enabled consumer makes decisions by pulling helpful information and people into their process—such as reviews—, which acts to expand their considerations with time. A doctor that only centers on the end point of the decision will have a challenging time being seen as a potential candidate for doing the surgery.

---

**PLASTIC SURGERY DISCUSSIONS ON THE WEB CENTER ON BEING HELPFUL**

It’s easy to conclude the web is filled with negative posts and bad mouthing of doctors. The majority of these conversations are by peers giving each other support and advice to undergo surgery. The following statements are based on actual feedback from consumers on RealSelf.com:

- **Support:** Thank you much everyone for your support...You all went with me into surgery and continue to be with me as I recover.
- **Companionship:** Even though I have had full support from my family, it has been wonderful knowing that I am not the only one that has had this done.
- **Coaching:** Don’t worry too much about what others are going to think. It’s what you want and you’re doing it to make yourself feel more confident.
- **Privacy:** Thanks for the info, I’ve never told anybody of my desire to have this done, its like its my own private place.
- **Paying it forward:** I will review everything that I have had done or tried. I do believe that it’s important for others to hear peoples experiences and am happy to share mine so that I can hopefully help others with making the right decision for them.
- **Overcome anxiety:** This has helped to alleviate the fears and concerns that I have. Were it not for this site and you ladies talking about your personal experiences I am not sure that I would ever have the guts to go through with it.
IX. FORGET THE MILLENNIALS, THE 60-YEAR OLDS PAY MY BILLS!

Regardless of whether you want to bring 18–34 year olds into the practice, eventually the social web will become the way all consumer groups make purchase decisions.

- 58% of all Americans have done research for products online (Pew research in 2010)
- 65% of all internet users participate in social media
- Social media accounts for nearly 25% of all time spent online (Nielsen 2011)
- Internet users in higher-income brackets do significantly more online research than those in lower income brackets
- Consumer–generated reviews and product ratings are the most preferred sources of product information among social media users

If your web–based marketing relies upon the old model of waiting for people to get information from your website, you’re falling out of relevance, making your job harder to attract new patients.

---

The behavior of gathering new information online and sharing has become the norm:

- 58% of women (18+) share both good and bad experiences online
- 36% share to help others make smart purchases

— Harbinger Women and Word of Mouth Study, October 2010

This is extremely relevant to surgeons, because aesthetic patients make purchases of procedures at a far slower rate than at which they consume media and information about the purchase. They have a voracious appetite for content because becoming completely informed reduces risk.

On top of great appetites for content, they are often on a decision journey kept secret from people they normally turn to for making big decisions: friends, family and colleagues. Since the people they have the strongest ties to are often unavailable, they find alternative means of building confidence and to source trusted advice about the right procedure and the right doctor. Hence, the journey–takers gravitate toward fast, easy, and free access to answers, video, pricing, and real patient feedback and first-hand accounts.

---

**CONSUMER MOTIVATION TO SHARE ONLINE ABOUT A PURCHASE EXPERIENCE**

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protect others</td>
<td>58%</td>
</tr>
<tr>
<td>Learn more about product</td>
<td>53%</td>
</tr>
<tr>
<td>Discount</td>
<td>41%</td>
</tr>
<tr>
<td>Company to reach out</td>
<td>32%</td>
</tr>
<tr>
<td>Feel empowered</td>
<td>31%</td>
</tr>
<tr>
<td>Punish company</td>
<td>25%</td>
</tr>
<tr>
<td>Bond with others</td>
<td>23%</td>
</tr>
</tbody>
</table>

— NM Incite

---

58%  53%  41%  32%  31%  25%  23%
X. The Surgeon’s Dilemma

At this point, it should be clear that the rules of marketing have radically changed.

1. Control doesn’t exist
2. Consumers decide what a brand or practice stands for and the reputation of a business or individual
3. It’s much more than the transaction
4. Some of the most important marketing happens when your patients post online about their experience—good or bad.

The surgeon’s dilemma is simply put, consumers want what you can’t give them: complete accessibility.

- They want unlimited access—including the ability to talk on a regular basis—because plastic surgery is largely inaccessible for emotional and functional reasons (e.g. they can’t afford it yet). They also don’t understand the jargon, the differences between solutions, and how they should evaluate and compare doctors.
- They want to be able to write you a private message on Facebook, and get an instant response.

XI. Adapting to Social Media

“We want innovation, but without experiencing failure. We want to embrace the new, but without risk. We want to act fast and fluid, but to maintain tight controls. We want to empower everyone but retain decision rights for ourselves. We want to experiment, but we also want predictability. We want to be flexible to customer input, but remain ruthlessly efficient. We want to adapt, but we fear the death of familiarity.”

— Nilofer Merchant

There is no formula for social media marketing for your medical practice. What works in other industries and professions are irrelevant or unacceptably risky. How another practice that competes with you approaches social marketing won’t work for you. There’s an adaptation process because social marketing requires taking the risk of being open, ego-checked, and centered around her needs. The more you share, or get others to talk about you, the more trust it engenders and differentiation it provides.
XII. KEEPING IT REAL – A FRAMEWORK

Bringing together what we’ve discussed about the dynamics of aesthetic consumers and social media, consider again the REAL framework where you lead off by developing a strategy and approach prior to jumping into tactics like Facebook or Twitter.

RELATE

Your prospective patients aren’t seeking to become your next BFF. Instead, they need absolute assurance that their experience with you as their surgeon will be exceptional. To this end, your social media goal is to present an image of yourself that’s relatable, professional, and outcomes-centric. This is more than what you have to say. Being relatable includes activating your patients to openly share their testimonials, stories, and reviews.

EDUCATE

Use your training and expertise to help people make smarter decisions. What to post? Let consumers guide you toward what’s on their minds and concerns…it’ll likely be more about outcomes.

ACTUALIZE

Get profiles going in places where you can maintain a regular presence and reach the right audience

LEAD THEM HOME

Bring everyone back to your website or blog where you can sell, talk about your great staff, and efficiently convert visitors into consults and patients

XIII. RELATE AND EDUCATE

“Companies emerging as successful are often those that are the most human.”

— Peter Merholz

A key step by which you humanize your organization and develop a great personal brand—is to become relatable to prospects online. To relate to others on social websites doesn’t mean friending complete strangers, clicking follow buttons or becoming overly accessible in chat rooms. Rather, relational bonds form when you bring your expertise to the web with the agenda of being helpful.

“Consumers don’t expect brands to be flawless. In fact, consumers will embrace brands that are FLAWSOME*: brands that are still brilliant despite having flaws; even being flawed (and being open about it) can be awesome. Brands that show some empathy, generosity, humility, flexibility, maturity, humor, and (dare we say it) some character and humanity.”

— Trendwatching

Imagine your best friend asked what cosmetic procedure was right for them. Just as you would in this setting, your sharing to social sites should be informative, less formal, and rarely promotional.

Even though digital media “experts” frequently explain that social media success requires building relationships through direct conversations, that’s unrealistic for physicians. It’s not physically possible—or potentially ethically sound—to be in back-and-forth discussions revolving around medical advice. A busy
doctor can’t possibly keep up with thousands of wired 18 to 34 year olds!

Here are 6 ways you can relate without becoming overly accessible:

1. Answer questions.
   Services like ASAPS Ask-A-Surgeon, RealSelf and Quora don’t enable a two-way communication that draws you into a place where the conversation is entirely unpredictable. Questions are great because they express what’s on people’s minds vs. what you think they should be told. You can even add Q&A to your own website or blog to demonstrate you’re helpful to others.

2. Continuously test for what’s personally relevant.
   Discover what your fans or followers actually care about. Most don’t have the time to respond to your questions or quotes of the day. An emphasis on your connection to the community, or charitable activities, may be much more effective than any other communication. Cause marketing is a proven way to cut through the clutter to get people to engage, connect, and relate to a practice.

3. Avoid controversial stands.
   Keep personal opinions to immediate friends and steer away from religion, politics, and other potentially divisive topics.

4. Use “we”…i.e.
   Your practice is your persona on Twitter and Facebook

5. Share other people’s information.
   Retweet, link to blog posts, and other resources that offer good tips. Be sure to explain what the resource or linked content offers. It wastes everyone’s time when an update is “Check out this awesome patient story.” Loads of bad SEO advice has convinced many doctors that linking hurts your practice website rankings. Linking to quality information is great for consumers and it’s good for rankings. What you choose to share also builds your personal brand.

6. Let others do the talking.
   Empower your patients to share their experiences. While it may be uncomfortable for a surgeon, requesting that a patient post about their outcome is a powerful way to help people understand your expertise as a surgeon and how you deliver superb care. When they say you’re great it has vastly greater impact than you saying it.

“I learned something last year that I never learned before as a marketer: Let go of your brand. Let others talk about your brand for you. That’s why we made such a progressive investment in social media.”
— Jim Farley, VP-global marketing, Ford Motor Co.

XIV. ACTUALIZE

Once armed with a plan to position yourself as a relatable, highly reliable educator in social media, you have numerous social media tools to pick from (see Table). How do you sort this all out?

First, consider the advice of Michael Hyatt, where your social media efforts represent setting up embassies and outposts, that lead back to your website.
“Embassies. These are places you don’t own, but where you have a registered profile. In other words, you have a regular presence on someone else’s property. You engage in conversations with those who congregate there. Examples would include Facebook, Twitter, Linked In, or even other blogs you follow. You generally need a “Passport” (verified credentials) granted by the site owner to maintain residency or participate in conversations.

Outposts. These are places you don’t own nor have a regular presence. Instead, you simply listen into conversations about you, your brand, your company, or topics that interest you. For example, I have search columns in HootSuite that monitor mentions of both my name and my company. I also have Google Alerts that monitor the same information wherever it may occur on the Web.”

Second, context matters significantly to where you set up your “embassies” for sharing plastic surgery–related content. Just because you’re speaking on a social platform doesn’t mean people are listening or engaging. Finding the right tool is a function of audience size, your own comfort with accessibility, relevancy, and how consumers prefer to get informed about plastic surgery.

Plastic surgery has a decidedly anti–social media nature, in the sense that a consumer values anonymity and has heightened sensitivity around privacy. This privacy concern is illustrated by the fact over 30% of RealSelf visitors arrive on the site from a mobile device—this is a way they can surf the web without the prying eyes of others.

People don’t want to freely admit that they’re going to undergo surgery (see sidebar). 37% of consumers surveyed on RealSelf specifically requested removal of all abilities to share information to Facebook and Twitter, due to lack of relevance of this functionality or fear of accidentally posting to their friends. Additional research conducted by RealSelf found that consumers favor email over any other means of sharing information related to their cosmetic surgery research.

Third, actualization of your social media plan is how to get these tools and your internal processes aligned so you get a bigger bang for your buck invested in online postings. Think and act more like a publisher...

### Which of these services would you use to share RealSelf?

<table>
<thead>
<tr>
<th>Protect others</th>
<th>Chart</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facebook</td>
<td></td>
<td>20 %</td>
</tr>
<tr>
<td>Twitter</td>
<td></td>
<td>5 %</td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td>45 %</td>
</tr>
<tr>
<td>Other, please specify:</td>
<td></td>
<td>15 %</td>
</tr>
<tr>
<td>I wouldn’t share RealSelf using any of these</td>
<td></td>
<td>60 %</td>
</tr>
</tbody>
</table>
because you are one when it comes to this effort. Re-post a blog entry to your Facebook page. Tweet an answer to a question, and then have this update your LinkedIn profile. Social media makes it easy to build once and display many places.

“Those who insert themselves into as many channels as possible look set to capture the most value. They’ll be the richest, the most successful, the most connected, capable and influential among us. We’re all publishers now, and the more we publish, the more valuable connections we’ll make.”

— Pete Cashmore, Founder of Mashable

XV. FINDING THE RIGHT SOCIAL TOOL

While each social media tool has pros and cons, you should try to choose 2 or 3 services where you can maintain a steady presence. Branch out once you have these efforts running smoothly.

Each requires that you modify how you communicate to the audience. One type of post could work great on Facebook, and fall flat on Twitter.

PRIVACY: THE NEXT BIG THING IN DIGITAL MEDIA?

Privacy, or lack thereof, in social media is starting to gain attention as consumers see how the information they share with friends ends up being used to market toward them. You’ve seen the ads that follow you across the web that reflect the car you researched a month ago. This is small potatoes compared to the data leveraged by Facebook, iPhone Apps, and other services to target you. The depth of information is vast and why Facebook and other social networks have huge valuations.

“This appetite for personal data reflects a fundamental truth about Facebook and, by extension, the Internet economy as a whole: Facebook provides a free service that users pay for, in effect, by providing details about their lives, friendships, interests and activities. Facebook, in turn, uses that trove of information to attract advertisers, app makers and other business opportunities.

Up until a few years ago, such vast and easily accessible repositories of personal information were all but nonexistent. Their advent is driving a profound debate over the definition of privacy in an era when most people now carry information-transmitting devices with them all the time.”

— Selling you on Facebook, WSJ

As social sites become publically traded companies, we’ll likely see more social media services providing higher levels of transparency on what personal data is collected and shared. For a surgeon, it’s an important reminder to honor the privacy needs of patients, and to train staff to avoid all instances of posting personally identifiable photos or surgery cases.
<table>
<thead>
<tr>
<th><strong>Social Media Tool Kit</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
</tr>
<tr>
<td><strong>Facebook</strong></td>
</tr>
<tr>
<td><strong>Google Plus</strong></td>
</tr>
<tr>
<td>Social Media Tool Kit</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td><strong>Twitter</strong></td>
</tr>
<tr>
<td><strong>YouTube</strong></td>
</tr>
<tr>
<td>Yelp</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>Yelp is a multi-city review site covering restaurants, doctors, and pet sitters. It’s die-hard users are motivated to post due to a positive feedback system (you only get praised when posting).</td>
</tr>
<tr>
<td>Pinterest</td>
</tr>
<tr>
<td>Social Media Tool Kit</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Interesting Statistic</th>
<th>Potential Relevancy to Your Marketing</th>
<th>Bottom line</th>
<th>How to sign up</th>
</tr>
</thead>
<tbody>
<tr>
<td>LinkedIn</td>
<td>LinkedIn is a network for professionals. The users are older, and typically more educated.</td>
<td>Approximately 120–million world wide users</td>
<td><strong>MEDIUM:</strong> Not a place to find new patients, but a good outpost for recruiting new hires, getting ranked in Google search for the profile.</td>
<td>Create an account and connect to professionals in your network. It’s a great tool for personal networking and researching job candidates.</td>
</tr>
<tr>
<td>RealSelf</td>
<td>RealSelf allows patients to ask questions and share experiences with aesthetics. Over 4,000 core aesthetic doctors have posted 350,000 answers. An ASAPS partner.</td>
<td>2M Monthly Unique Visitors</td>
<td><strong>HIGH</strong>: The largest social site focused on plastic surgery, “Worth It Ratings” for procedures, and doctor-driven Q&amp;A. Responding to Q&amp;A takes considerable time, and surgeons need to be prepared to handle an influx of demand on their time.</td>
<td>Claim your profile and upload photos. Take advantage of connecting the Q&amp;A and reviews to appear on your own website, Facebook, and Twitter.</td>
</tr>
<tr>
<td>Other Sites</td>
<td>Here’s a list of hundreds of others, none with very targeted opportunities for doctors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
XVI. **Facebook Quick Take Aways**

**Key Benefits**
- Facebook is a great way to see what people you’re practice reaches care about. It provides real-time feedback on what people engage and share.
- Provides free, detailed analytics on your business page “fans”.
- Drives some traffic to your website, but never as much as SEO.
- Provides a platform to build your online brand.
- Announce events, news, specials.
- Advertising is unique in that you can pinpoint people with your message.

**Must Knows**
- Staff & web team can share administrative responsibility.
- Use a business page (which everyone can see), not personal page (which only friends can see).
- Newsfeeds are algorithmic, very little of what you post is seen by people following your business (see Being Liked Doesn’t always add up).
- Nobody visits business pages; they are not similar to having a website.
- Continuous investment. Can’t let it go dormant.
- Likes are uncommon in plastic surgery – few want to make it public.
- Don’t sell, instead be interesting (see sidebars).

**Do’s on Facebook**
- Follow the 10% rule:
  - 10% promotional/about you/the practice
  - 90% of your posts are informational.
- Length of post: under 250 characters are best, according to Facebook.
- Share: photo albums, a picture or a video get the highest engagement.
- Ask: Don’t just tell. Solicit the opinions of your fans.
- Try: Fill-in the blank _____ posts get 90% higher engagement.
- Reward: Give your fans exclusives on special offers you have in the practice.

**Don’ts of Facebook**
- Prohibit Fans from commenting or writing on your Wall.
- Intend for your posts to be private.
- Be too clinical or boring.
- Post before and after photos.
- Post bad news, politics, or religious content.
- Be obnoxious with your specials.
- Post too often (2–3 posts per week is enough).
- Write overly long status updates (1–2 sentences at most).
- Post while your office is closed (looks desperate).

— Eva Sheie, Real Patient Reviews
XVII. BEING LIKED DOESN’T ALWAYS ADD UP

Your patients may like you on Facebook, but that affection may be worth less than you think. Despite the ubiquity of that familiar “thumb’s up” button, research is giving it “thumb’s down” in terms of its power to engage with consumers and generate business.

The reason is both simple and complicated.

On the simple side, evidence suggests that the number of “Likes” a page receives is a poor indicator of consumer engagement. According to a January study by the Ehrenberg-Bass Institute for Marketing Science, just 1.3% of fans of the biggest brands on Facebook actually engage with the brand in question. The number drops even further — to just 0.45% — when you exclude new Likes, which require no further engagement than a single click.

For a doctor with even 5,000 Likes that means that less than 25 could be considered loyal followers, i.e. those that ask questions, sign up for newsletters or respond to special offers. The other 4,975 may have clicked on the button out of habit, because a friend suggested they do or because a particular update resonated. As eMarketer notes:

“The link between “likes” and loyalty remains unclear. Although many consumers have opened up to brands that are present on Facebook, brand marketers should not expect they’ve earned consumer loyalty simply because a consumer has clicked the “like” button.”

— eMarketer

Then there’s the more complicated issue, which boils down to the reality that even your most loyal fans may not be seeing your updates. That’s because, unbeknownst to most of its users, Facebook actively winnows down the flow of stories that make it into people’s newsfeeds.

The challenge for any publisher of content on Facebook is that only 10% of their ‘fans’ will see the updates in their newsfeed. This is because Facebook’s newsfeed is based on an algorithm called EdgeRank.

The inner workings of EdgeRank are a closely guarded secret, but Facebook marketing expert Jeff Widman offers an in-depth analysis at EdgeRank.net. Suffice it to say that the Facebook servers analyze your updates, rank them in terms of potential interest and show only the highest-scoring ones to your fans.

It’s possible to optimize your fan page to improve your EdgeRank but it’s equally important to recognize that even the powers–that–be at Facebook view the site as a service rather than a one-stop shop. As Widman explains, Mark Zuckerberg’s vision is for Facebook to serve as the social layer on the web, not as the destination site.

“Better instead to stop worrying about being “liked,” concentrate on making your website your fans’ preferred destination and using your Facebook page as another path to lead them there.”

— Mark Zuckerberg
**XVIII. LinkedIn Quick Take Aways**

**Key Benefits**
- Highly trusted by Google – your profile can rank above other doctor rating sites
- Good insights into job candidates and emerging as a key venue for job postings
- Professional networking on steroids: stay connected to colleagues, classmates, and friends without being overly taxed to update
- Easy to connect your social activities to the profile to keep it fresh
- Highly educated user base – an alternative way to reach strong patient prospects
- Plenty of value passed to free account holders

**Must Knows**
- Don’t set it and forget. If you want to get the SEO advantage of ranking the profile ahead of other sites, you need to update the profile routinely. Set a reminder on your calendar to update every few weeks, request new connections, etc.
- Ask for recommendations – one per major role held. Recommendations are an important social currency on LinkedIn.
- You can link to 3 websites from your profile. Consider linking to your website, blog, Twitter, Facebook, or “Sign-up for our newsletter.”
- You can setup a practice profile, which then allows all employees to appear connected. The one challenge is that this highlights turnover, so if folks don’t last long, don’t use this feature.
- Syndicate your tweets and blog posts to appear on the profile as updates.
- Join industry, alumni organizations, or interest groups for free. Be sure to adjust settings so you don’t get inundated with irrelevant messages or updates.
- Complete all fields in the personal profile, as well as the Practice page. This looks professional and polished.
- Include a link from your website (your bio page), to your linked in profile. LinkedIn offers free badges to make this more visible.

**XIX. Lead them Home**

This is the most overlooked part of social marketing. All of your online investment to “get found” amounts to demand generation of a “lead” back to your own website.

It’s common and tempting to see leads in a binary way: there are good leads that book surgery and bad one’s that waste time. This is a potentially wasteful approach because plastic surgery is a long-term decision (or journeys, as we’ve discussed). Not everyone is ready to buy who contacts your office or visits your website. They need to be qualified, in a process that’s called lead nurturing. In fact, process and systems are essential to getting a good ROI from your marketing in all channels.
Staff training:

The entire practice needs to shift the philosophy from seeing people who haven’t decided on a procedure as “unqualified” shoppers or tire kickers. They’re just not there yet, and you want to be the one they select when prepared.

Fast response goals:

The web consumer is a different prospect than one who is referred in by another patient. They want fast responses to an inquiry, yet few practices deliver on this expectation. Data collected by RealSelf shows that 75% of patient inquiries are not responded to within 24 hours of delivery. This isn’t acceptable to consumers who are accustomed to instant results. This is far greater time than nearly every other business with highly considered purchases, such as cars.

When a prospect contacts you, they’re thinking Amazon, not the operational constraints of a doctor’s office. If you respond right away, you know they’re at the closest moment to making a decision, and available to receive your response!

In addition to setting an internal goal from response times to inquiries, a practice can:

- Give an automated instant response by e-mail that acknowledges the contact. In this mail, it’s essential to set expectations about when you will respond to them in-person. At the same time, ask for more information right away in order to keep them engaged.
- Provide them with a resource. Based on their inquiry, you could email a link to a paper, video, blog post, or some other detail that the prospective patient would find helpful. Even a link to “Commonly asked Questions” is useful.
- Respond in less time than what you stated in your email (or voicemail). Always under promise and over deliver.

Get the micro-conversion:

Too often medical practices calculate conversion of leads from web traffic, and get paltry results like less than 1% of the website visitors contact the practice for consultations, and just 1 in 3 come in after they called. It’s hard to stay motivated by these kinds of results.

- The reality is that your website visitors and callers are better measured against additional conversions, called micro conversions, which are actions by prospects that indicate your practice is in their consideration. For instance, a micro conversion could be when a website visitor downloads a white paper, watches a video, or responds to a poll.
- You already have tools used to stay in touch with your patient base, such as email. Assuming you have a newsletter, a successful micro-conversion occurs when your staff has a caller provide an email address in order to get subscribed.
- A micro-conversion could also be counted when someone becomes a Facebook fan based on asking him or her in a call to like your fan page.
**Put prospects into drip marketing campaigns:**

A practice can maximize marketing investment by dropping prospects who just aren’t ready to buy into “drip marketing” programs—a series of regular email communications that include newsletters, patient stories, or event invitations—that keep your practice top of mind among prospects and knowledgeable when it comes to them making a purchase decision. You’ve already built the relationship; now the goal is to keep it going. There are numerous technology vendors that offer these marketing tools. Just Google “drip marketing campaign tools”.

**XX. Wrapping it up...**

Surgeons can differentiate themselves from non-core rivals by demonstrating they’re helpful experts for consumers who are on information-intensive decision making “journeys.”

Prospective patients don’t see the distinction or a line between offline and online, so to meet these expectations it will require new resource allocations in your practice. You’ll be forced to spend more time to consider much more than your presence on a website, and see that there’s a seamless experience with your practice and brand.

In the future, the effectiveness of your marketing will get measured by how many patients the practice influenced during the journey, not just how many people booked appointments. You’ll record success in connecting on a relational level with complete prospective patients. For instance, there could be a count of how often in a consultation you’re told, “I feel like I already know you.” This statement reflects the core need of a consumer: they want to build trust far in advance of calling for an appointment.

By making your online activities centered on the needs of your target customer, rather than your own, you will discover that social media is a word of mouth megaphone that is heard far beyond your practice’s patient base.
**Addendum: Frequent Objections to Doing Social Media**

- Posting often makes me look like I’m not busy
  
  *As long as you’re relatable and an educator, you’ll never be considered too helpful.*

- I fear the negative more than the positives of social media
  
  *Monitor your name and practice name using Google Alerts or similar tool.*

- How can I keep up with all of this new demand for time?
  
  *Decentralize the social media efforts as much as possible. Set the rules, and then set your staff free. Constant check-ins and sign-offs will hinder efforts.*

- I’ve got 1000 followers on Twitter, I’m already a social media success.
  
  *Twitter follower count is somewhat of a meaningless metric when it comes to determining influence. These are vanity metrics:*

  "When companies think of social media, they hope to get consumers to “like” them or “fan” them, as if that increased connection is meaningful. Again, that captures the marketing aspect but misses the strategic point. The social object that unites people isn’t a company or a product; the social object that most unites people is a shared value or purpose. When consumers “love” Apple, they are saying they love great design and the shared idea that “thinking differently” is valuable. By “loving” Firefox, the web community is saying that they believe an open web browser is valuable to the world."

  — Nilofer Merchant