

MISSING THE FOREST FOR THE TREES

The change in physician roles that
the healthcare industry missed



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Chapter 01

INTRODUCTION

The role of the physician has been evolving rapidly...
and those changes aren't limited to the clinical space



Physicians' role change extends beyond the exam room

There has been a great deal of attention paid to the changing role of the physician in the American healthcare system — and rightly so. Most of that attention has been attributed to the environmental factors associated with the system, such as:

Acute vs. Chronic

The medical profession (and its educational system) was created largely to deal with acute care and healing. When a patient is injured or sick, we patch them up as best we can, and send them on their way. The need for acute care, while still present and important, has been dwarfed by the need for the chronic care associated with poor (and well-documented) lifestyle choices.

Health “insurance” becomes health “maintenance”

Disconnecting both patients and physicians from a rational system of payment for services has had unintended consequences, including (but not limited to): Patients seeking care they don't necessarily need, physicians providing care that patients don't necessarily need, and patients losing access to care altogether as the cost of care skyrockets.

Litigation Nation

Outrageously unregulated malpractice litigation winds up costing doctors millions, which forces the cost of care upwards and causes them to practice defensive medicine (ordering tests and procedures that aren't really needed), with nobody benefitting except the lawyers.

Health Data

The amount of health data — and patients' access to it — has exploded. As a result, the physician's role as “ultimate arbiter of all health knowledge” has exploded with it (see [Dr. Eric Topol's Creative Destruction of Medicine](#)¹ for more detail — and a great read).

But much less has been made of another evolution of the physician's role — one that's much closer to the hearts of healthcare marketers and communicators.

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Chapter 02

PHYSICIANS AS MEDIA

Physicians aren't "just" healers, prescribers or researchers anymore. In the healthcare ecosystem, for all practical purposes, physicians are the media



Not everything has changed

Even when they aren't paying for healthcare products and services, doctors are still the unequivocal key decision-makers about whether a product is used or not. That goes for drugs, devices, diagnostic equipment, and even health IT hardware and software.

Doctors still stand out among their peers based on things like participating as clinical trial investigators, publishing research, inventing new products and procedures, and speaking at medical conferences.

Once upon a time, healthcare communicators could effectively treat the physician in the same way that any B2B company might market to their target customers. We'd try to reach them through advertising, through sponsoring the conferences at which they spoke, and through attempting to place stories in the media outlets we assumed they'd be likely to read, written by the journalists who worked for those outlets.

This is where the “hidden” change in the role of the physician has occurred: Physicians aren't just our target audience for product anymore. Now, *they are also the subjects of the research we do and the content we create*. And perhaps most importantly, *they are in many cases also the media — the “citizen journalists” — with whom we need to be sharing our stories*.

For some reason, we're still surprised when we hear about doctors going online

Prior to the birth of healthcare social media sometime in the mid-to-late 2000s, the healthcare establishment was startlingly wrong about two very important things. At the time, the conventional wisdom was that while patients and caregivers were increasingly going online for health information, they would never go further than *seeking information*. Healthcare, we reasoned, was far too personal and private a matter to even consider discussing in public, online channels.



The second thing that we held as gospel truth was that physicians would never be active in social media. They don't have time. They have too many privacy concerns. They're working for organizations that frown on any semblance of a public opinion being expressed by a doctor (see Dr. Bryan Vartabedian's "[Scientists and the Culture of Permission](#)"²). Their reimbursement model was diametrically opposed to the concept.

But doctors have actually come online in droves. Since 2007, when people like [Dr. Vartabedian](#)³ and Family Physician [Mike Sevilla](#)⁴ were among just a handful of "socially activated MDs," there are now tens of thousands of doctors who rely on the internet not just as a source of information, but as a source of connection — to patients, to each other, to the best-curated and latest information. In fact, a 2012 [study published in the Journal of Medical Internet Research](#)⁵ found that 61% of physicians scanned social media for medical information at least weekly, while 46% contributed information on at least a weekly basis.

Just as importantly, there are a growing number of patients, members of the media, and fellow physicians who are depending just as much on those online information-sharing doctors as they once did on WebMD.

With that level of mainstream adoption of social media channels, it's no surprise that there are now many, many doctors who have a significant-and-growing "word of mouth" network online. According to Manhattan Research in 2013, 39% of doctors say that information they receive from online social channels is influential or very influential to their clinical decisions.* Additionally, it turns out that online physicians haven't come on as "lone islands." They are incredibly well-networked, and those networks often form across the specialty or geographic lines that we might expect to see. In a study that included over 1,400 physicians on twitter and over 400,000 of their tweets, we found in 2012 that 36% of those physicians were followed by at least 20 other doctors in the study. And even more convincing, more than a third of the doctors studied had been mentioned at least once by one of their peers in the data set.

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* 39% of docs say that information they receive from online professional message boards, communities, social networks, blogs is influential to very influential to their clinical decisions. [2013 Taking the Pulse U.S. — Manhattan Research](#)⁶

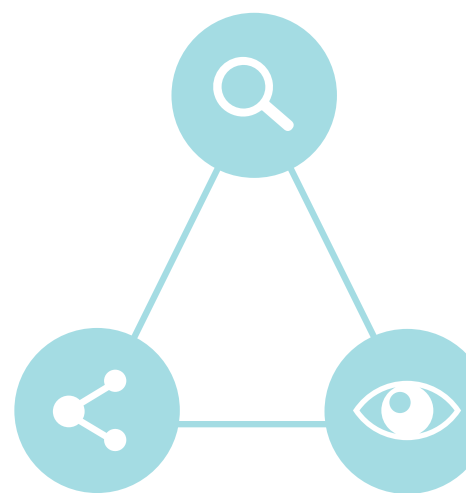


The trinity of content: easy to find — easy to consume — easy to share

To understand why this shift is so meaningful, the healthcare industry must return to the fundamental reasons we try to communicate to a physician audience in the first place. By and large, when we're communicating to any audience, it's because we need for them to *know* and/or *do* something that has meaning and value for our business. In the case of physicians, it's usually that we want them to be aware that our product exists, to understand in what circumstances it would be beneficial to their patients (or practice, or advocacy group, etc.) and to be enabled to use that product effectively. And it's our hope that, if we've shared the right information with the doctor and our product performs as it's meant to do, they'll not only continue to use it but will also share their positive experience with their peers.

That last bit is the most important: *we hope they'll share their experience with their peers*. We all know that physicians are even more likely than your average Joe to trust the recommendation of their peers over that of an advertisement or corporate message. But their peers are no longer just the folks they practice with, or their fellow members in a medical society. Their peers are on blogs, on Twitter, YouTube, Google+... and they're also writing columns in the mainstream media and hosting regular TV and radio segments.

As a result, we're now getting an inkling that the best way for healthcare companies to reach their core (physician) audience is to approach them from multiple angles. The old ways are still fine — lots of doctors read the New York Times, so getting a placement there is no bad thing. And doctors will still look to healthcare companies to provide medical education on the latest advancements in products, process and treatments. But we also need to be able to share those messages directly through the networks of physicians who care about them.



Chapter 03

WHAT IT MEANS TO THE HEALTHCARE INDUSTRY

As we begin to think about physicians playing a different role in our health communications ecosystem, there are a few things to keep in mind



Media? Yes. Reporters? No.

While many physicians are playing the role we once relied on broadcast and print media to play, their motivations for doing so (with a few notable exceptions) are very different.

Reporters — traditional journalists — are paid to tell stories; particularly stories that their audiences care enough about that they will spend time and/or money to read them. Nobody is paying (most) doctors to blog, tweet, create video, etc. Those doctors do what they do because they care about sharing legitimate health information with patients and peers. They care about growing their practice or business. So if you want them to share one of your messages, you need to frame it in a way that will help them to meet their own goals — because you should assume that they (rightly) don't care at all about yours.

And unlike the journalists who do, to some degree, rely on you as a source of material for their stories, doctors do not. So they'll have no problem publicly embarrassing you if you try to put one over on them — or even waste their time by sending them “pitches” that clearly establish that you don't know or care about their audience or their motivations.

One outlet is not like the other

The doctors who build their own WordPress site and start blogging are likely to have different motivations, interests and audiences than those who leverage a 3rd-party online media outlet — or create their own outlet. It's important to remember that physicians with different motivations require different approaches to content creation, outreach and relationship building.

Many of the most important and influential physician bloggers are those who are creating content and building networks and communities online completely on their own. Their own time, their own platforms, their own content, their own opinions.



Some good examples of this “type” would include Bryan Vartabedian ([33 Charts](#)⁷), [Howard Luks](#)⁸, Alex Djuricich ([Mired in MedEd](#)⁹), Natasha Burgert ([KC Kids Doc](#)¹⁰) and [Mike Sevilla](#) (among many, many more). Others have leveraged a platform owned and maintained by others in order to increase their overall potential to reach an audience and perhaps reduce their own administrative requirements. Some good examples might include people like [Claire McCarthy](#)¹¹, who writes both for the [Boston Globe](#)¹² and the [Huffington Post](#)¹³ and [Wendy Sue Swanson](#)¹⁴, who writes on her hospital’s blog ([Seattle Children’s](#)¹⁵) and has a regular feature slot on NBC TV’s Seattle affiliate [KING5](#)¹⁶.

And then there are some who have created their own outlet for corporate content creation, like Kevin Pho ([KevinMD](#)¹⁷), Bertalan Mesko ([ScienceRoll](#)¹⁸ and [Webicina](#)¹⁹), Jay W. Lee ([Family Medicine Revolution](#)²⁰), Lukas Zinnagl and Franz Wiesbauer ([Medcrunch](#)²¹) and Chris Porter ([OnSurg](#)²²).

They’re not our adversaries

Veterans of the healthcare business, if we’ve been there long enough, have undoubtedly had experiences when physicians have rejected us or our messages. And because we work in such a highly regulated environment, the risk of a public spat with a doctor is one we’re trained to avoid at all costs — mitigating risk is paramount. And let’s be honest — doctors have plenty of reason to distrust us as a whole. But the simple truth is that doctors are like anybody else in that if we have something of value to offer them, they are almost always open to conversation.

Even if they’re wary at first, if we can continually show that we are engaging with them in a way that will benefit them or the causes they care about, they’ll welcome us with open arms. A 2011 survey from EPG showed that more than 3/4 of doctors expected for pharmaceutical companies to engage online with them in places like user forums and communities.

A great example of this principle in action is the W2O Group client [Ventana](#)²³, a part of [Roche Tissue Diagnostics](#)²⁴. They have, for the last several years, operated a physician community ([PathXChange](#)²⁵) that boasts over 15,000 members around the world.

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Selling to the world or saving it?

In a healthcare world that's changing faster than we can really imagine, healthcare communicators have both risks and opportunities that we've never had before. There are few entities in the world that own more valuable health data and expertise than healthcare companies. There are millions of people in the world who are hungry for that information — some of their lives even depend on it. The new generation of online physicians do what they do because they know that they can help those people. That's why they're engaged in sharing their own knowledge and experience with a public that craves it.

Serious and dedicated people in the healthcare industry have devoted their lives, and in some cases millions or billions of dollars, to creating products, services and tools that help people to live their best lives. Yet healthcare companies on the whole are some of the least liked and trusted in the world.

How have we so badly squandered the goodwill that should be accorded such noble work? I believe one reason for that disconnect is that we let ourselves be turned from heroes into hucksters. We've focused more on advertising than educating. And we've focused infinitely more effort on talking than we have on listening. But it doesn't have to be that way.

Getting behind the doctors

We are already seeing evidence that the physicians who have created an online voice are playing a huge role in guiding the direction of our healthcare system. For an example, you don't need to look any farther than doctors like Eric Topol as he led the reaction to the [new cholesterol management guidelines](#)²⁶ released last November by the American College of Cardiology and the American Heart Association. Those doctors, from the most visible to the least, are the people who may be able to have the greatest impact on actually impacting patient health and healthy behaviors in the coming years.

We in the healthcare industry have a part to play here, and it's a pretty simple one. In truth, it's what almost all of us care about most. We can make sure that the doctors out there on the frontlines have the information they need to be able to help each other and to help patients.



Finding the Online Physician

When you're ready to examine this phenomenon for yourself, there are a few simple ways to find the doctors who matter most to you and your brand without a significant investment in time, money or risk.

Leveraging MDigitalLife

The W2O Group's [MDigitalLife initiative](#)²⁷ has spent years getting to know physicians online, and has made a number of valuable resources available to the public.

- *MDigitalLife Featured-Physician Posts*

MDigitalLife has posted dozens of interviews with leading physicians on WCG's Common Sense blog; The group of posts that you find here (<http://bit.ly/W6sXvQ>²⁸) will take you to all of them from one convenient launch point. By reading these profiles, you'll get a sense of how different physicians are leveraging online channels for their patients and for each other. Each post also contains a complete "digital footprint map" for each physician so that you can follow them on twitter, subscribe to their blogs & youtube channels, like their facebook pages, etc.

- *MDigitalLife Research*

Since its debut at the Mayo Clinic in October of 2012, MDigitalLife has published numerous research studies, slide presentations, infographics, videos and blog posts. Each of these content pieces can be found on the [MDigitalLife website](#) (mdigitallife.com); the best starting place will be the [Mayo Clinic debut presentation](#)²⁹, which lives on the W2O Group's slideshare channel.

- *The Social Oncology Project*

The most detailed public online physician research ever published is that associated with the [MDigitalLife Social Oncology Project](#)³⁰. This project, started in May of 2013, has resulted in the publishing of two research papers (the [2013](#)³¹ and [2014](#)³² Social Oncology Project Annual Report) along with dozens of other pieces of content including exploratory blog posts, expert video interviews, slide presentations and image capsules (interactive infographics developed by [Nextworks](#)³³).



Leveraging Physicians' Social Graphs

“Birds of a feather flock together.” We’re all familiar with that old saying. And while it holds true in general online, it is especially true of online physicians. In a recent blog series ([Who physicians ACTUALLY follow on twitter](#)³⁴), we noted that 24% of the top 1,000 twitter accounts followed by physicians belong to other physicians. And this number actually increases substantially once we leave the top 1,000; the “long tail” of those social graphs is chock-full of doctors. What that means for those of us who are getting to know online doctors is that we should start with a few well-known and widely followed doctors. For any of these doctors, all you need to do is to visit their blog or twitter account to see who:

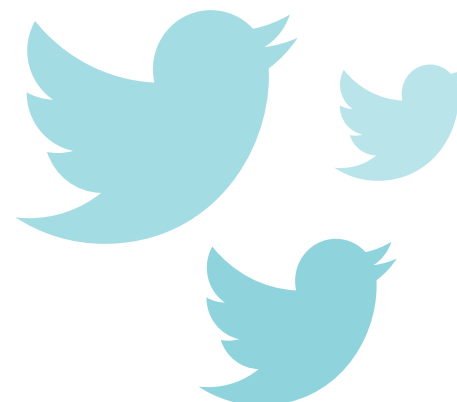
- › is listed on their [blogroll](#)³⁵
- › [follows](#)³⁶ their Twitter account
- › is [followed by](#)³⁷ (or ‘friends’ with) their Twitter account

While any of the doctors featured in the [MDigitalLife blog series](#)³⁸ referenced above would represent a suitable starting point, there are a few who stand out more broadly and should be referenced here.



Kevin Pho, MD
@kevinmd

Any discussion of online physicians should start with a doctor known to millions online as “KevinMD.” Doctor Pho, a longtime blogger and twitter user, created such a successful physician blog that he was able to make it into its own media outlet ([KevinMD.com](#)³⁹) and license it to MedPage Today, a leading online medical publication. Today, KevinMD features multiple posts per day, most of them by physician guest-bloggers from all walks of life, and all of them related to the present and future of health and medicine. Looking at [Dr. Pho’s twitter account](#)⁴⁰ can also be very useful; in our first analysis in 2012, we saw that almost half of the doctors on twitter were following KevinMD! Another great place to start is with the twitter list that Dr. Pho created and called “[essentials](#)⁴¹”; these are the folks whom Dr. Pho looks to online for sharing can’t-miss information.





**Bertalan Meskó,
MD, PhD**

@Berci

Bertalan “Berci” Meskó was one of the first doctors to begin building a global online audience back in the mid-2000s with his [ScienceRoll](#)⁴² blog. Since then, he has created an incredible set of resources for online physicians (and those who want to learn about them) at [Webicina.com](#)⁴³.

And like Dr. Pho, [Dr. Mesko’s twitter account](#)⁴⁴ is heavily followed by physicians, including an enormous number outside the United States (very useful to those whose remit extends beyond US borders). In a [study published in association with the Doctors 2.0 conference](#)⁴⁵ in Paris, Dr. Meskó was mentioned over 10,000 times by physicians in the past year — a staggering number far exceeding any other physician in the study.



**Matthew Katz,
MD**

@subatomicdoc

Dr. Katz, a radiation oncologist, is one of the most connected physicians in the world among both doctors and patients. As one of the originators of the now well-known [cancer tweetchat taxonomy protocol](#)⁴⁶, Dr. Katz has been instrumental in bringing doctors together with patients to educate and support each other in improving care — especially for cancer patients. [Dr. Katz’ twitter account](#)⁴⁷ is a treasure trove of online physicians for those who scan his followers and friends.

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Using Twitter Hashtags

A good rule of thumb for finding any online audience is to do a simple twitter search to see what hashtags they’re using, and follow those hashtags. In case that last sentence sounds a bit like greek to you, let me briefly explain. A [hashtag](#)⁴⁸ is a simple mechanism for categorizing content on twitter (which has now also spread to facebook, instagram and other online channels). A hashtag is created simply by adding a # sign to the beginning of any word or phrase. For example, for those interested in medical education, you’ll find a wealth of content (and potential network connections) by searching twitter for the hashtags [#MedEd](#)⁴⁹ and [#FOAMed](#)⁵⁰ (Free Open Access Medical Education).



There are two steps to leveraging twitter hashtags to find online doctors. The first is to identify which hashtags they use; the second is to search on those hashtags. Luckily, both are relatively simple and straightforward.

- *Finding the right hashtags*

Every twitter page has a search bar in the upper right-hand corner that can be used for any kind of twitter search (NOTE: executing a simple twitter search does require you to have a [twitter](#)⁵¹ account. This doesn't mean that you have to identify yourself, share anything publicly or ever tweet — but you must set up an account if you don't already have one). Simply use the search bar to execute a few searches that pertain to your topic area. For example, let's say that you're interested in finding online physicians who talk about rheumatoid arthritis. Just type “[rheumatoid arthritis](#)⁵²” into the search bar (minus the quotation marks) — and you'll get back a list of every use of those words in recent tweets. Now you can scroll down the list of tweets to see what hashtags are included in the results. You're likely to see hashtags like #RA, #Spoonie, #Rheum and [#Rheumatology](#)⁵³.

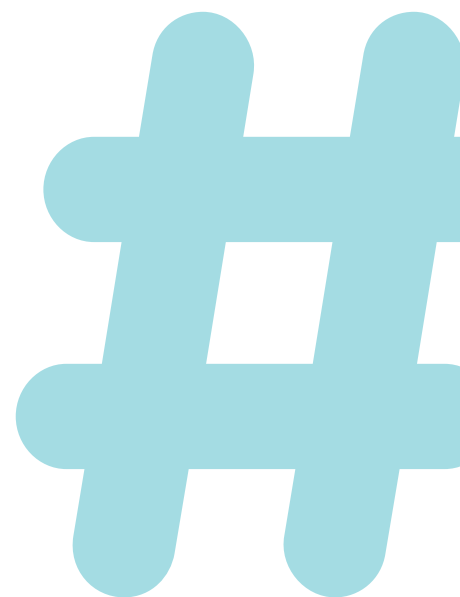
You can also use a terrific free resource called the [Symplur Healthcare Hashtag Project](#)⁵⁴. This site is a place for people who care about healthcare online to “register” their hashtags so that others can find them more easily. Searching for a medical specialty or therapeutic area on this site is likely to yield at least a half-dozen relevant results that you can use.

- *Searching the hashtags to find doctors*

Now that you know what hashtags to look for, you can move right back into twitter search to get a list of everyone that is using each tag. Scrolling down the list of tweets, you're likely to see people who clearly identify themselves as physicians (e.g., [@DrClaire](#)⁵⁵ or [@LSaldanaMD](#)⁵⁶). As you see them, you can click through to their twitter profiles and follow them directly or add them to a list.

Leveraging Medical Associations And Conferences

Another great mechanism for finding online physicians is to look online at the places they're likely to be — such as medical associations and other professional groups as well as conferences that cater to physicians. To use this technique for medical associations, simply go to the twitter account for the association



(they all have one now) and look at its list of followers and friends. You're likely to see dozens-to-hundreds of physicians in a relevant specialty following them. For example, check out the followers for the American College of Cardiology's 2014 conference handle — [@ACC_2014](#)⁵⁷. For medical conferences, the best thing to do is to find the hashtag for the conference (many will also have separately branded twitter accounts for the conference). People using the conference hashtag at a medical meeting are highly likely to be physicians who have a vested interest in the specific topic of the meeting. For example, Take a look at the tweets for the 2013 annual meeting of the California Radiological Society ([#CalRad13](#)⁵⁸). As you can see, there are dozens of physicians who were actively engaged in that conversation.

Wrapping Up

Hopefully you have no doubt about a few things:

- Doctors are online & engaging with colleagues, patients, regulators and (potentially) your competitors
- As they relate to healthcare companies, doctors are no longer “just” prescribers or researchers — they represent channels of media communication & influence all their own
- The smartest healthcare companies are already online learning from doctors as well as engaging with them

It's time for all of us to join those doctors online. To learn from them. To work with them. To support them in their mission to help each other & their patients live healthier lives.

Let's stop thinking about physicians simply as prescribers and researchers and let's recognize them for what they are becoming. Today's digital physician doesn't need to host a daytime TV show or get a media placement to educate their audience.

In the digital age,
physicians *are* the media.



About

Greg Matthews⁵⁹ is a business strategy consultant to healthcare companies around the world. He is the founder and managing director of the **W2O Group's MDigitalLife**⁶⁰ — a series of software and service offerings that help healthcare companies to understand, engage and activate physicians in the digital age.

The **MDigitalLife database**⁶¹ is the world's first and only to link physicians' online content to their national physician registry records. As of August 2014, MDigitalLife has mapped over 475,000 US physicians' digital footprints (over 1/3 of the physicians in the US) and has recently expanded globally, studying the online activity of over 7,000 physicians in 128 countries. For more information about how to leverage the expertise, data and software of the MDigitalLife team for your business, contact us at MDigitalLife.com/contact-us⁶².



Appendix

1. Dr. Eric Topol's Creative Destruction of Medicine — <http://bit.ly/1sX7MqX>
2. Scientists and the Culture of Permission — <http://bit.ly/1B9SqV1>
3. Dr. Vartabedian (Twitter) — <http://bit.ly/1tXaj7e>
4. Dr. Mike Sevilla (Twitter) — <http://bit.ly/1qIINz9>
5. Understanding the Factors That Influence the Adoption and Meaningful Use of Social Media by Physicians to Share Medical Information — <http://bit.ly/1oApltd>
6. 2013 Taking the Pulse Survey from Manhattan Research — <http://bit.ly/1tsgUrA>
7. 33 Charts — <http://bit.ly/Y8Rltq>
8. Dr. Howard Luks — <http://bit.ly/1A1PHup>
9. Alex Djuricich, MD — <http://bit.ly/WJj8o5>
10. KC Kids Doc (Dr. Natasha Burgert) — <http://bit.ly/1nvxIMX>
11. Dr. Claire McCarthy (Twitter) — <http://bit.ly/1nvxMXr>
12. Boston Globe “MD Mama” — <http://bit.ly/1lGeLXO>
13. Huffington Post Claire McCarthy, M.D. — <http://huff.to/Y8TvyH>
14. Mama Doc Medicine (Dr. Wendy Sue Swanson) — <http://bit.ly/1nSm3SA>
15. Seattle Children's “Seattle Mama Doc” (Dr. Wendy Sue Swanson) — <http://bit.ly/1ugaJox>
16. Wendy Sue Swanson on KING5 TV — <http://kng5.tv/1ulMw9D>
17. KevinMD.com — <http://bit.ly/1sXegpU>
18. ScienceRoll.com (Dr. Bertalan Meskó) — <http://bit.ly/1lwFgOy>
19. Webicina — <http://bit.ly/1rKVbeA>
20. Family Medicine Revolution (Dr. Jay W. Lee) — <http://bit.ly/1qINlzX>
21. MedCrunch — <http://bit.ly/1sXf5ii>
22. ONsurg — <http://bit.ly/1rf5THO>
23. Ventana — <http://bit.ly/Z5QijB>
24. Roche Tissue Diagnostics — <http://bit.ly/W9fJ1O>
25. PathXChange — <http://bit.ly/1rKWudD>
26. New cholesterol management guidelines — <http://bit.ly/1ly5fF7>
27. MDigitalLife initiative — <http://bit.ly/1x6w2Od>
28. MDigitalLife Bundle — <http://bit.ly/W6sXvQ>
29. Mayo Clinic debut presentation — <http://bit.ly/W6Jctk>
30. MDigitalLife Social Oncology Project — <http://bit.ly/1B9YGfE>
31. Social Oncology Project 2013 — <http://bit.ly/1uglVSa>
32. Social Oncology Project 2014 — <http://bit.ly/1lGiuEO>

Appendix

33. Nextworks — <http://bit.ly/1tXnzc4>
34. Who Physicians ACTUALLY Follow on Twitter — <http://bit.ly/W6QMnl>
35. Blogroll — <http://abt.cm/Z6uZhV>
36. Twitter Followers — <http://bit.ly/Z6vOCh>
37. Twitter “Friends” or Following — <http://bit.ly/1BaHYge>
38. MDigitalLife blog series — <http://bit.ly/W6sXvQ>
39. Dr. Kevin Pho — <http://bit.ly/1sXegpU>
40. Dr. Kevin Pho (Twitter) — <http://bit.ly/1q7GPCB>
41. Dr. Kevin Pho “essential” list — <http://bit.ly/Y90xTW>
42. ScienceRoll.com (Dr. Bertalan Meskó) — <http://bit.ly/1lwFgOy>
43. Webicina — <http://bit.ly/1rKVbeA>
44. Dr. Bertalan Meskó (Twitter) — <http://bit.ly/W6S6qv>
45. How Doctors who are Online Engage with the speakers from Doctors 2.0 — <http://bit.ly/Y91746>
46. Hashtag Folksonomy for Cancer Communities on Twitter — <http://bit.ly/1pEJPY0>
47. Dr. Matthew Katz (Twitter) — <http://bit.ly/1pIQm3J>
48. Hashtag Wikipedia — <http://bit.ly/1rfmQBZ>
49. MedEd — <http://bit.ly/1CSgrli>
50. Twitter Search — #FOAMed — <http://bit.ly/1qiqKLo>
51. Twitter Account — <http://bit.ly/1ugu7Se>
52. Twitter Search “rheumatoid arthritis” — <http://bit.ly/1qlUiXn>
53. Twitter Search #Rheumatology — <http://bit.ly/1IGkQTj>
54. Symplur Healthcare Hashtag Project — <http://bit.ly/1Ba13Pr>
55. Dr. Clare McCarthy (Twitter)— <http://bit.ly/1nvxMXr>
56. Dr. Luis Saldana (Twitter) — <http://bit.ly/1Ba1auz>
57. ACC 2015 — <http://bit.ly/1qxaHai>
58. #Calrad2013 — <http://bit.ly/1ugy9dh>
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60. W2O Group’s MDigitalLife — <http://bit.ly/1x6w20d>
61. MDigitalLife database (About Us) — <http://bit.ly/W6UtcX>
62. MDigitalLife (Contact Us) — <http://bit.ly/1vJsCil>
63. @mdigitallife on Twitter — <http://bit.ly/1qirEaJ>
64. MDigitalLife Google+ — <http://bit.ly/1rL18bp>
65. MDigitalLife LinkedIn Network — <http://linkd.in/1nLHvsS>