



Patient Engagement

Care Redesign

New Marketplace

Leadership

✦ SOCIAL NETWORKS TO INCENT BETTER HEALTH

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NEJM Catalyst

Patient Engagement Survey: Social Networks to Improve Patient Health

Insights Report · January 4, 2018


Analysis of the NEJM Catalyst Insights Council Survey on Patient Engagement: Social Networks. Qualified executives, clinical leaders, and clinicians may join the Insights Council and share their perspectives on health care delivery transformation.

Advisor Analysis

BY KEVIN G. VOLPP AND NAMITA SETH MOHTA

In our most recent NEJM Catalyst Insights Council Patient Engagement Survey, “Social Networks to Improve Patient Health,” 99% of respondents acknowledge that social networks are potentially useful in health care delivery, especially for chronic disease management (named by 85% of respondents) and promotion of healthy behaviors such as weight loss, physical activity, and healthy eating (78%).

The NEJM Catalyst Insights Council members surveyed — composed of health care executives, clinical leaders, and clinicians — see significant opportunity to improve health by either building or leveraging existing social networks. The seminal research by the medical sociologist Nicholas Christakis shows the strong linkage of behaviors leading to obesity, smoking, and alcohol use within social networks.

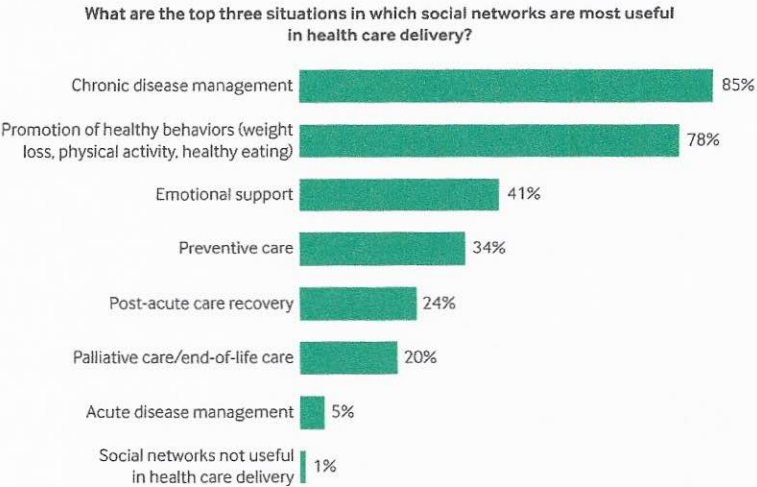


Approximately three-fourths of Insights Council

member respondents report their organization uses some type of social network as part of their care delivery initiatives, but 90% say these are not yet mature or only slightly mature.”

Facebook and other social media sites illustrate in everyday life the power of social connectedness and the influences individuals have on one another's behavior. Historically, care delivery has focused exclusively on individual patients. Awareness is growing that social networks in health care, such as PatientsLikeMe and Connected Living, can help people improve health behaviors. Peer networks can provide information and community to patients who otherwise might struggle alone with a new or existing disease.

Chronic Disease Management and Healthy Behavior Promotion
Are the Best Uses of Social Networks



Base = 601 (multiple responses)
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From the Patient Engagement Insights Report: Social Networks to Incent Better Health. [Click To Enlarge.](#)

Approximately three-fourths of Insights Council member respondents report their organization uses some type of social network as part of their care delivery platforms, but 90% report that these approaches are not yet mature or only slightly mature. However, more than 60% of respondents believe that when social networks do mature, the impact on patient engagement, quality of care, and provider engagement will be major to moderate — a significant endorsement of the potential of social networks in support of patient health.

Why are clinicians and health care leaders

interested in tapping into social networks?

The most obvious reason is that health systems have begun to take on financial risk for populations of patients. When health systems assume risk, they are no longer focused solely on treating disease and are incented to consider an array of options for keeping people healthy. Social networks provide the opportunity for innovative care at a relatively low cost (respondents score cost investment lowest among challenges to scaling these tools). Insights Council members single out disease-specific patient support groups and caregiver support groups as the social network approaches with the most potential (chosen by 75% and 66% of respondents, respectively).



Patients, physicians, and nurses — voted the top three parties who should be involved in developing social networks — will have to give careful thought how to make best use of these platforms. They will have to consider which tools they should

Face-
to-
face

use, whether to build or buy, how to integrate into workflows, and how to engage providers and patients successfully and sustainably. ”

communication (whether through group sessions or trainings) is named as the most useful mode of communication for social networks (by 69% of respondents). However, it seems inevitable that technology developments and an effort to more meaningfully engage younger patients will push virtual connections, such as social media sites, higher on the list. Social media platforms are a potentially more stable channel for connections with and among patients. For example, people switch cell phone numbers more frequently (largely due to cost issues) than they do Facebook user names.

In verbatim comments, some survey respondents express concern about HIPAA and other privacy regulations in the use of social media sites. It must be acknowledged, though, that for many years patients have been tapping into social networks such as

Alcoholics Anonymous, without concerns about privacy being a barrier. What has been missing is the formal involvement and endorsement by health systems. Insights Council respondents also say they are worried patients will receive flawed information about their diagnosis and treatment on social networks. Council members also are looking for reimbursement models that justify the time necessary to develop, implement, and measure the impact of social networks.

Patients, physicians, and nurses — voted the top three parties who should be involved in developing social networks — will have to give careful thought how to make best use of these platforms. They will have to consider which tools they should use, whether to build or buy, how to integrate into workflows, and how to engage providers and patients successfully and sustainably. We are in the initial stages of this work and look forward to supporting maturation of social networks to improve outcomes.

VERBATIM COMMENTS FROM SURVEY RESPONDENTS

How has or could the use of social

networks improve health care delivery in your organization?

"Social networks work best paired with a social activity — art for Alzheimer's for example."

— *VP of large nonprofit hospital in the Northeast*

"Decrease time and energy involvement of healthcare team for education and support for patients and families."

— *Clinician at a small for-profit clinic in the South*

"Unless we can remove commercial interests from social media I don't think of it as a proper place for disease management or health care delivery. Every business is drooling over opportunities offered by Facebook and similar sites. Health care is different and personal and patients are at

their most vulnerable;
offering social media
opportunities here, even for
what can be argued as
appropriate, might turn out
to be the most unethical
thing we ever did as health
professionals. As a physician,
I do not support its use in
this context.”

— *Program director at a
mid-sized nonprofit
hospital in the Midwest*

“As we move into Population
Health, developing CINs,
telehealth, these social
networks can become very
effective.”

— *Executive at a large
nonprofit health system in
the Pacific West*

*Download the full report for additional
verbatim comments from Insights Council
members.*

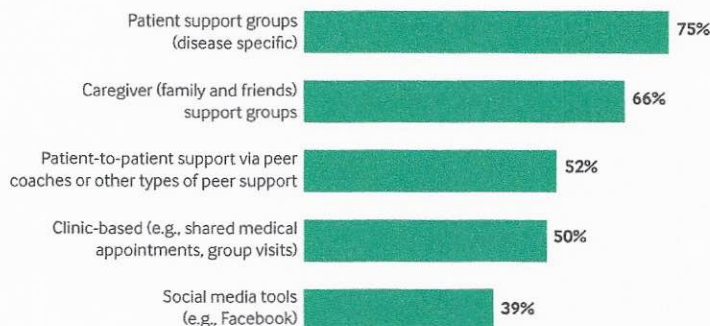
Charts And Commentary

BY NEJM CATALYST

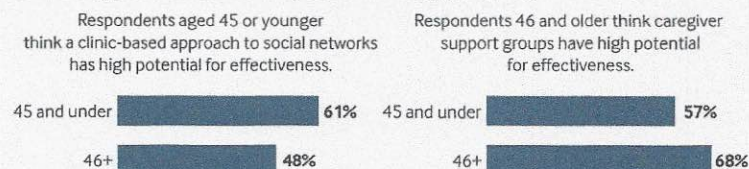
We surveyed members of the NEJM Catalyst Insights Council, who comprise health care executives, clinical leaders, and clinicians, about the impact and effect of social networks on health care delivery. The survey covers the social network approaches with the most potential, the social network approaches currently used by health care organizations, the situations in which social networks are most useful, modes of communication, respondents' involvement in developing social networks, challenges in scaling tools, the maturity of social networks, and their impact. Completed surveys from 601 respondents are included in the analysis.

Patient Support Groups Have the Most Potential

When you think of social networks for health care delivery, which three of the following approaches has the potential to be most effective?



There is a significant difference of opinion between age groups.



Base = 601 (multiple responses)

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From the Patient Engagement Insights Report: Social Networks to Incent Better Health. [Click To Enlarge.](#)

Disease-specific patient support groups top the list of most useful social network-based approaches. Diabetes is among the diseases that respondents say are well suited for patient support groups. Caregiver support groups (encompassing family and friends) rank second. Respondents cite caring for Alzheimer's disease patients as an example of where this type of social network is useful. A higher percentage of clinicians (69%) than executives (60%) think caregiver support groups have the potential to be most effective. Social media tools, despite ranking

second in approaches currently used for health care delivery, fall to the bottom of the list. A higher percentage of executives (46%) than clinicians (35%) think social media has the potential to be most effective.

Download the full report to see the complete set of charts and commentary, data segmentation, the respondent profile, and survey methodology.

NEJM Catalyst wishes to thank Michele Heisler, MD, MPA, Professor of Internal Medicine, Health Behavior, and Health Education at the University of Michigan, for assistance in constructing this survey. Check NEJM Catalyst for monthly Insights Reports not only on Patient Engagement, but also on the New Marketplace, Leadership, and Care Redesign.

Join the NEJM Catalyst Insights Council and contribute to the conversation about health care delivery transformation. Qualified members participate in brief monthly surveys.





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Kevin Volpp is the Founders President's Distinguished Professor, Director of the Leonard Davis Institute Center for Health Incentives and Behavioral Economics, Vice Chairman of Health Policy in the Department of Medical Ethics and Health Policy, and a Professor of Medicine and Health Care Management at the Perelman School of Medicine and the Wharton School, all at the University of Pennsylvania. [Learn more about Kevin G. Volpp...](#)



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Namita Seth Mohta, MD, is the Clinical Editor for NEJM Catalyst. She practices internal medicine at the Brigham and Women's Hospital and is faculty at The Center for Healthcare Delivery Sciences and at Harvard Medical School. [Learn more about Namita Seth Mohta...](#)

DISCUSS

HIDE 2 RESPONSES

Sorry, comments are closed for this item.



Stephen Wilkins, MPH

The choice of words that make up the title of this post, and the report, are unfortunate. I suspect that the vast majority of readers "scanning" the titles in NEJM Catalyst will interpret the words "social networks" as referring to Face Book, Patients Like Me, and other technology-enabled look-alikes. And of course every provider organization will claim to offer some variation on this technology-based social network theme.

But the real gold nugget in your post and study is that "face-to-face social networks", e.g., human interactions ... are seen by 70% of survey respondents as "the most useful mode of communications" for social networks followed by "face-to-face (human) one-to-one sessions with network patients" and web/technology-driven modes of communications, i.e., Face Book, etc. (non-face-to-face) tied at a distant 50% respectively.

Nevertheless I am sure this study will be widely quoted by champions of technology-based social network platforms ... who conveniently neglect to mention that "face-to-face human networking" is what the vast majority of your respondents see as their most useful (aka most effective??) approach to social networking ... and yes patient engagement.

*January 10, 2018 at
11:26 am*



Mary Ellen Levine

There's a lot to be said for fostering social support. Coupled with good healthcare oversight, it should be seen as one way for patients to do well for themselves.

January 11, 2018 at 2:25 pm

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