

#hcsm - December 8, 2013

6:01



[Nick Dawson@nickdawson](#)



All my lights (Hue) are cycling colors - must mean its [#hcsm](#) tweet chat time.

6:01



[Teal Medina@teal_medina](#)



Hello! My name is Teal, I am a Community Health nursing student and am interested in joining the chat tonight! [#hcsm](#) [@CKRN](#)

6:02



[Kathy Nieder MD@docnieder](#)



Good evening everyone. Kathy, listening in Louisville [#hcsm](#)

6:02



[Alan Brewington@abrewi3010](#)



Alan here from the very cold Boise Idaho!!! [#hcsm](#)

6:02



[HealthSocMed | #hcsm@HealthSocMed](#)



We will assume all tweets within [#hcsm](#) during following hour are your own & not those of your employers (unless specifically declared).

6:02



[Janell O@joberheu](#)



Hi, I'm Janell. I'm a nursing student just checking out social media & healthcare communications! [@CKRN](#) [#HCSM](#)

6:02



[Ann Becker-Schutte@DrBeckerSchutte](#)



Wow, I'm here on time. Folks in my stream, [#hcsn](#) is starting up, so I'll be chatty for a while.

6:02



[T2D Research@T2DRemission](#)



Michael Massing arriving from the latke feast (belated closure to Hanukkah). [#hcsn](#)

6:03



[Matthew Loxton@mloxton](#)



Matthew the Knowledge Management guy, in Denver with balmy 10F. Just finished trip to Baltimore VAMC [#hcsn](#)

6:03



[Ann Becker-Schutte@DrBeckerSchutte](#)



I'm Ann, a Kansas City psychologist, health chat junkie, and big [#hcsn](#) fan.

6:03



[Kathy Nieder MD@docnieder](#)



[@T2DRemission](#) ... mmmm...latkes! [#hcsn](#)

6:03



[Tim C Nicholson@timbigfish](#)



Keeping one eye on the [#hcsn](#) chat tonight. The other out the window at the chilly Memphis night. 10 fingers near the keyboard. [#health](#)

6:03



[Pat Rich@cmaer](#)



Hey Gia, Long time, no tweet RT [@giasison](#): Hi everyone signing in from Manila Philippines! Gia here [#hcsn](#)

6:04



[Josh Herigon MPH@JoshHerigon](#)



Hi everybody, Josh Herigon, 4th year med student, applying for pediatric residencies, glad to be here tonight. [#hcs](#)

6:04



[Dr. Gia Sison@giasison](#)



[@cmaer](#) Waving hi Pat! Glad to see you! [#hcs](#)

6:04



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@giasison](#) Hi Gia! [#hcs](#)

6:04



[Kirsten Walters@KirstenWalters](#)



I feel like we're all frozen, but Kirsten here in snowy Wisconsin [#hcs](#)

6:04



[Dr. Gia Sison@giasison](#)



[@DrBeckerSchutte](#) Hi Ann!!! [#hcs](#)

6:04



[Kathy Nieder MD@docnieder](#)



[@nickdawson](#) Can we all weigh in on the book. ;) [#hcs](#)

6:04



[Matthew Loxton@mloxton](#)



Hi [@docnieder](#) [#hcs](#)

6:04



[Alan Brewington@abrewi3010](#)



It's a chilly 3 degrees right now [#hcsn](#)

6:05



[Dr. Gia Sison@giasison](#)



[@docnieder](#) Hi Kathy!!! [@cmaer](#) [#hcsn](#)

6:05



[Yinka Vidal@YinkaVidal](#)



[#hcsn](#) Hi Yinka from St. Louis Mo

6:05



[T2D Research@T2DRemission](#)



Ann, I didn't know where you were based. I'm an old Kansas Citian, originally from St. Joe. [#hcsn](#)

6:05



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@nickdawson](#) [@danamlewis](#) Ha--Nick, I hear you on the book. I've chosen to stay upright 'cause in bed I'd be OUT. [#hcsn](#)

6:05



[Glenn Lanteigne@GlennLanteigne](#)



Glenn here from Toronto - how is everyone tonight? [#hcsn](#)

6:05



[Alan Brewington@abrewi3010](#)



[@nickdawson](#) [@danamlewis](#) which book? [#hcsn](#)

6:05



[Matthew Loxton@mloxtton](#)



Hi Gia [@giasison](#) [#hcsnm](#)

6:06



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@T2DRemission](#) Really? What part of KC? I identify as from Brookside, office in Waldo, live way out in the boonies. [#hcsnm](#)

6:06



[HealthSocMed | #hcsnm@HealthSocMed](#)



Welcome, everyone, to [#hcsnm](#)! Special hi to any first-timers joining tonight :), and of course our friendly lurkers. Tweet in anytime!

6:06



[Nick Dawson@nickdawson](#)



[@abrewi3010](#) [@danamlewis](#) Goleman's Focus - I'm a nonfiction nerd. [#hcsnm](#)

6:06



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@abrewi3010](#) [@nickdawson](#) [@danamlewis](#) I wanted to know which book too! [#hcsnm](#)

6:06



[Dr. Gia Sison@giasison](#)



[@mloxtton](#) Hello Matthew! [#hcsnm](#)

6:06



[Mark Salke@marksalke](#)



Welcome! RT [@joberheu](#): Hi, I'm Janell. I'm a nursing student just checking out social media & healthcare communications! [@CKRN](#) [#HCSM](#)

6:07



[Marie Ennis-O'Connor@JBBC](#)



[@HealthSocMed](#) great to be here again [#hcsm](#)

6:07



[Annette McKinnon@anetto](#)



Annette here from Toronto. Blogger and patient volunteer [#hcsm](#)

6:07



[HealthSocMed | #hcsm@HealthSocMed](#)



We'll get started with topic 1 (T1) in just a few minutes. Remember if you jump in to [#hcsm](#) later to introduce yourself!

6:07



[Néha T. Singh@NehaTSingh](#)



Neha here from Ontario, Canada.....looking forward to my first [#hcsm](#) thanks for the tip [@GlennLanteigne](#)

6:07



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@JBBC](#) [@HealthSocMed](#) [@anetto](#) More friendly faces! [#hcsm](#)

6:07



[Dan Goldman@danielg280](#)



Hi all. Dan Goldman. lawyer from Mayo Clinic. [#hcsm](#)

6:08



[Glenn Lanteigne@GlennLanteigne](#)



Unless you are the employer! [@HealthSocMed](#) [#hcs](#)

6:08



[Kathy Nieder MD@docnieder](#)



[@NehaTSingh](#) Welcome! I hope you enjoy it. Keeps your fingers nimble! [#hcs](#)

6:08



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@NehaTSingh](#) Welcome! It goes fast. [#hcs](#)

6:08



[Amanda Changuris@AmandaChanguris](#)



[@HealthSocMed](#) *waves from friendly lurker gallery* [#hcs](#)

6:08



[Colleen Young@colleen_young](#)



[@nickdawson](#) [@danamlewis](#) Looks like [@cmaer](#) is staying up past his bedtime for [#hcs](#) too.

6:08



[Marie Ennis-O'Connor@JBBC](#)



[@cmaer](#) another day..another continent [#hcs](#)

6:08



[Kathy Nieder MD@docnieder](#)



[@mloxt](#) Eek! Only in the 20s here with a nice coating of snow. [#hcs](#)

6:08



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@colleen_young](#) Hi there! [#hcs](#)

6:08



[Nick Dawson@nickdawson](#)



[@marksalke](#) hey mark! [#hcs](#)

6:08



[MeredithGould@MeredithGould](#)



[@AmandaChanguris](#) [@HealthSocMed](#) *me too* [#hcs](#)

6:08



[Glenn Lanteigne@GlennLanteigne](#)



Looking forward to tonight [@HealthSocMed](#) [@danamlewis](#) [#hcs](#)

6:09



[Pat Rich@cmaer](#)



[@colleen_young](#) [@danamlewis](#) Have to make an effort once in a while - besides i'm on the road (again) in Toronto t'night [#hcs](#)

6:09



[Catherine Rose@drcatherinerose](#)



RT [@nickdawson](#) All my lights(Hue) are cycling colors - must mean its [#hcs](#) tweet chat time. [@philipshealth](#) & [@PhilipsLight](#) gotta love this!

6:09



[Mark Salke@marksalke](#)



Hey Nick. Good to see you! RT [@nickdawson](#): hey mark! [#hcs](#)

6:09



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@drcatherinerose](#) Catherine! Yay! [#hcs](#)

6:09



[HealthSocMed | #hcs@HealthSocMed](#)



TOPIC 1 - ([#hcs](#) being exception) Often pts & HCPs engage online but not w/ each other. Should pts & HCPs engage together? How? Why/not?

6:09



[Annette McKinnon@anetto](#)



This is the first chat I was ever in. So nice to see familiar faces [#hcs](#)

6:09



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@HealthSocMed](#) TOPIC 1 - Often pts & HCPs engage online but not w/ each other. Should pts & HCPs engage together? How? Why/not? [#hcs](#)

6:09



[Amanda Changuris@AmandaChanguris](#)



[@MeredithGould](#) There's always good company in the lurker gallery! [#hcs](#)

6:09



[Marie Ennis-O'Connor@JBBC](#)



Anyone else using [@twubs](#) ? Is it working ok? [#hcs](#)

6:09



[Marc R Katz MD, MPH@marcrkatz](#)



[@danamlewis](#) Congratulations of the new tag of "marathoner"!! Hi all from a slippery [#RVA](#) this evening [#hcs](#)

6:10



[Glenn Lanteigne@GlennLanteigne](#)



Welcome Canada (those south of the boarder are complaining about the cold-hahahaha) [@NehaTSingh](#) [#hcs](#)

6:10



[Annette McKinnon@anetto](#)



T1 There are too many silos in healthcare. This is one we can have an effect on [#hcs](#)

6:10



[Ann Becker-Schutte@DrBeckerSchutte](#)



A1-- Yes!! Yes!! Yes!! I would feel like I was losing out on so much wisdom if I didn't get to engage with patients online. [#hcs](#)

6:10



[Pat Rich@cmaer](#)



T1 Isn't that part of the value add for SM - hcs and patients interacting? [#hcs](#)

6:10



[Dana Lewis | #hcs@danamlewis](#)



[@marcrkatz](#) thanks & glad to see you tonight! [#hcs](#)

6:10



[Marie Ennis-O'Connor@JBBC](#)



[@HealthSocMed](#) T1 a resounding yes! how else can we learn from each other [#hcs](#)

6:10



[MeredithGould@MeredithGould](#)



Trying twubs for [#hcs](#)

6:10



[Kathy Nieder MD@docnieder](#)



Patients & HCPs absolutely need to engage together! Isn't that what we're doing here? [#hcs](#)

6:10



[T2D Research@T2DRemission](#)



[@DrBeckerSchutte](#) Westport to Brush Creek(?) axis. Briefly/barely E of the Paseo. Now when I go back friends are mostly out south. [#hcs](#)

6:11



[Glenn Lanteigne@GlennLanteigne](#)



Glad you could join [@marksalke](#) [@NehaTSingh](#) [#hcs](#)

6:11



[Dana Lewis | #hcs@danamlewis](#)



[@AmandaChanguris](#) I kind of sort of really want to make a [#hcs](#) lurker tshirt... [@MeredithGould](#) [#hcs](#)

6:11



[Dr. Gia Sison@giasison](#)



T1 Patient-HCP communication must be personal-> nothing beats this. Online comms may follow. [#hcs](#)

6:11



[Jewels@She_Sugar](#)



Jewels - Nurse, pt. advocate, freelance writer - live with and parent to autoimmune disease [#hcsn](#)

6:11



[Glenn Lanteigne@GlennLanteigne](#)



Great to have Canadians join [@NehaTSingh](#) [#hcsn](#)

6:11



[Amanda Changuris@AmandaChanguris](#)



[@danamlewis](#) [@MeredithGould](#) I'd wear it with pride. [#hcsn](#)

6:11



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@giasison](#) T1 Patient-HCP communication must be personal-> nothing beats this. Online comms may follow. [#hcsn](#)

6:11



[Pat Rich@cmaer](#)



[@giasison](#) But hcps and pts can talk about all sorts of health issues not involved with the individuals own health on SM [#hcsn](#)

6:11



[Alan Brewington@abrewi3010](#)



A1 yes, patients/HCP should interact online. The old model of HC obsolete. New model should be based on guided discovery using SM [#hcsn](#)

6:12



[Jewels@She_Sugar](#)



[@docnieder](#) It sure is and I couldn't agree more. [#hcsn](#)

6:12



[MeredithGould@MeredithGould](#)



[@AmandaChanguris](#) [@danamlewis](#) I'd wear it with sweatpants. [#hcs](#)

6:12



[Kathy Nieder MD@docnieder](#)



I'll buy one! [@JBBC](#) RT [@danamlewis](#): [@AmandaChanguris](#) I kind of sort of really want to make a [#hcs](#) lurker tshirt... [@MeredithGould](#)

6:12



[Ann Becker-Schutte@DrBeckerSchutte](#)



I think online spaces make it possible for questions that pts (or HCPs) may be unsure how to approach to be asked. [#hcs](#)

6:12



[Annette McKinnon@anetto](#)



Even when I plan to lurk ,I tweet. Engaging groups of people [#hcs](#)

6:12



[Colleen Young@colleen_young](#)



Good to see you Ann. It's been far too long. RT [@DrBeckerSchutte](#): [@colleen_young](#) Hi there! [#hcs](#)

6:12



[Nick Dawson@nickdawson](#)



T1: best reason for PTs & HCPs to engage is for exchange of experiences & empathy - saw it this week w [@AfternoonNapper](#) & [@HurtBlogger](#) [#hcs](#)

6:12



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@cmaer](#) [@giasison](#) But hcps and pts can talk about all sorts of health issues not involved with the individuals own health on SM [#hcsn](#)

6:12



[Mark Salke@marksalke](#)



A1: I say yes. But it will happen only if there is value in the connection. That's most important for the HCPs. [#hcsn](#)

6:13



[Jewels@She_Sugar](#)



[@JBBC](#) True, I'm a nurse and patient so more transparent line - my doc actually attended our wedding [#hcsn](#)

6:13



[Yinka Vidal@YinkaVidal](#)



[@danamlewis](#) [#hcsn](#) It's highly important for patients &HCP to engage in conversation. We develop trust. Social media is so impersonal

6:13



[Digital Health Space@glevin1](#)



The Cream rises to the Top [shar.es/DPU9k](#) via [@ShareThis](#) [#meded](#) [#hcsn](#)

6:13



[Ann Becker-Schutte@DrBeckerSchutte](#)



MT [@nickdawson](#) T1: best reason for PTs & HCPs to engage for exchange exp & empathy-saw it this week w [@AfternoonNapper](#) & [@HurtBlogger](#) [#hcsn](#)

6:13



[Néha T. Singh@NehaTSingh](#)



[#hcsn](#) T1 unfortunately a lot of patients do not have the means to access or understand social media but for those who can, great idea!

6:13



[Marie Ennis-O'Connor@JBBC](#)



[@She_Sugar](#) now that's nice [#hcsn](#)

6:13



[Kathy Nieder MD@docnieder](#)



[@marksalke](#) Absolutely! I've learned so much from patients by being on SoMe! It has made me a better clinician. [#hcsn](#)

6:13



[Pat Rich@cmaer](#)



[@marksalke](#) True enough. Many see no value for SM. No interest in interacting with pts outside of traditional hcp/patient relationship [#hcsn](#)

6:13



[Kirsten Walters@KirstenWalters](#)



[@DrBeckerSchutte](#) Agree, but often as a pt it's hard to get answers from HCPs - possibly due to HIPAA concerns? - have to fix this [#hcsn](#)

6:14



[Ann Becker-Schutte@DrBeckerSchutte](#)



MT [@NehaTSingh](#) [#hcsn](#) T1 unfortunately a lot of pts do not have the means access/understand social media but for those who can, great idea!

6:14



[MeredithGould@MeredithGould](#)



T1 I want to believe that [#hcsn](#) is removing barriers so that groups that traditionally have not talked can and will. [#hcsn](#)

6:14



[Josh Herigon MPH@JoshHerigon](#)



+1 RT [@docnieder](#): [@marksalke](#) Absolutely! I've learned so much from patients by being on SoMe! It has made me a better clinician. [#hcsn](#)

6:14



[Alan Brewington@abrewi3010](#)



A1 HC doesn't end when a patient leaves the office, why should communication end? [#hcsn](#)

6:14



[Marie Ennis-O'Connor@JBBC](#)



I like this idea MT [@JoshHerigon](#) T1: doctors and pts running blog together. [#hcsn](#)

6:14



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@KirstenWalters](#) There is a difference between direct health care advice and education. Education online is okay. Advice is trickier. [#hcsn](#)

6:14



[Jewels@She_Sugar](#)



[@abrewi3010](#) yes- its about personalities as well. Some people are just more social creatures. [#hcsn](#)

6:14



[Colleen Young@colleen_young](#)



Remember patients are people and doctors can exchange w/ people via social media. It's not consults we're looking for via sm. [#hcsn](#)

6:14



[Nick Dawson@nickdawson](#)



T1 Patients are often experts in their condition and experiences with healthcare. HCPs can tap that expertise easily through [#hcsn](#) online

6:14



[MeredithGould@MeredithGould](#)



[@colleen_young](#) <waving hi> [#hcs](#)

6:14



[Pat Rich@cmaer](#)



[@marckratz](#) Prostate Health Index? [#hcs](#) :)

6:15



[Néha T. Singh@NehaTSingh](#)



[@nickdawson](#) [@AfternoonNapper](#) [@HurtBlogger](#) Very good point this is where [#EBCD](#) Experience Based Co-Design comes into play as well. [#hcs](#)

6:15



[Janell O@joberheu](#)



RT [@NehaTSingh](#) [#hcs](#) T1 ...a lot of patients do not have the means to access or understand social media but for those who can, great idea!

6:15



[Alan Brewington@abrewi3010](#)



[@nickdawson](#) [@AfternoonNapper](#) [@HurtBlogger](#) what you guys did this week was very cool to watch [#hcs](#)

6:15



[Dr. Gia Sison@giasison](#)



[@JoshHerigon](#) Likewise Josh! [@doenieder](#) [@marksalke](#) [#hcs](#)

6:15



[Mark Salke@marksalke](#)



[@cmaer](#) Pat, it's kinda like a joke. If I have to explain it... :) Some just don't get it. [#hcs](#)

6:15



[Marie Ennis-O'Connor@JBBC](#)



T1 important to distinguish between looking for direct advice and interacting on an equal playing field [#hcs](#)

6:15



[Ann Becker-Schutte@DrBeckerSchutte](#)



MT [@colleen_young](#) Remember pts are people & doctors can exchange w/people via social media. It's not consults we're looking for via sm [#hcs](#)

6:15



[Sunny Chan@waisunchan](#)



T1 Doctors don't stop being doctors outside the office, and nor do patients [#hcs](#)

6:15



[Ann Becker-Schutte@DrBeckerSchutte](#)



Huge. RT [@JBBC](#) T1 important to distinguish between looking for direct advice and interacting on an equal playing field [#hcs](#)

6:15



[T2D Research@T2DRemission](#)



Last [#hcs](#) emboldened me to advise Merck (in a survey): the teach back method they tout to docs to ensure patient understanding was 1-sided.

6:15



[Kathy Nieder MD@docnieder](#)



RT [@NehaTSingh](#): [@nickdawson](#) [@AfternoonNapper](#) [@HurtBlogger](#) [#EBCD](#)--see, now I'm learning a new hashtag! [#hcs](#)

6:16



[Marie Ennis-O'Connor@JBBC](#)



A! I've never looked for direct advice online - but I still have learned a lot from hcps [#hcsn](#)

6:16



[Ann Becker-Schutte@DrBeckerSchutte](#)



And HCPs are people too--able to form relationships, offer support, learn from patient experts. [@JBBC](#) [#hcsn](#)

6:16



[Glenn Lanteigne@GlennLanteigne](#)



Saw a good example as week, where a patient in emerg got the attention of the hospital on twitter, very please 2 see that [@danamlewis](#) [#hcsn](#)

6:16



[Nick Dawson@nickdawson](#)



[@NehaTSingh](#) love co-design! But have to admit some cynicism about the phrase 'evidence based'. [#hcsn](#)

6:16



[Marie Ennis-O'Connor@JBBC](#)



[@DrBeckerSchutte](#) absolutely! [#hcsn](#)

6:16



[MeredithGould@MeredithGould](#)



T1 Having/continuing the conversation is a way to create a common vocabulary. [#hcsn](#) [#dream](#)

6:16



[Dr. Gia Sison@giasison](#)



[@YinkaVidal](#) Which is commendable Yinka. Online support groups help much [@danamlewis](#) [#hcsn](#)

6:16



[Jewels@She_Sugar](#)



[@DrBeckerSchutte](#) [@JBBC](#) Yes it is, simply conversation - patients are a wealth of knowledge [#hcsn](#)

6:17



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@KirstenWalters](#) That is a shame. I know that one of my primary goals online (after learning) is to educate when possible. [#hcsn](#)

6:17



[Mark Salke@marksalke](#)



[@marcrkatz](#) I've been interacting with HCPs on [#hcsn](#) for a long time, Never divulged any PHI.

6:17



[Pat Rich@cmaer](#)



[@GlennLanteigne](#) [@danamlewis](#) Sounds like a breakdown of established system if pt has to use Twitter to engage hospital from emerg [#hcsn](#)

6:17



[Kathy Nieder MD@docnieder](#)



Lots of MDs in this space --> RT [@marksalke](#): [@cmaer](#) it's kinda like a joke. If I have to explain it... :) Some just don't get it. [#hcsn](#)

6:17



[Marie Ennis-O'Connor@JBBC](#)



AI it humanizes both the patient and the doctor - reveals person behind the label for who we are [#hcsn](#)

6:17



[Pat Rich@cmaer](#)



RT [@waisunchan](#): T1 Doctors don't stop being doctors outside the office, and nor do patients [#hcsn](#)

6:17



[Ann Becker-Schutte@DrBeckerSchutte](#)



Such power in talking. RT [@She_Sugar](#): [@DrBeckerSchutte](#) [@JBBC](#) Yes it is, simply conversation - patients are a wealth of knowledge [#hcsn](#)

6:17



[Dr. Gia Sison@giasison](#)



+1/RT [@granitehead](#): [@giasison](#) T1 [#hcsn](#) trusting and focused

6:17



[Mark Salke@marksalke](#)



Great point! RT [@JBBC](#): T1 important to distinguish between looking for direct advice and interacting on an equal playing field [#hcsn](#)

6:17



[Melanie Lougnane@MelanieLougnane](#)



RT [@JBBC](#): A1 it humanizes both the patient and the doctor - reveals person behind the label for who we are [#hcsn](#)

6:17



[Layiwola@aliajibode](#)



I think the real issue is what constitutes the communication between doctors and patients? What would be shared? [#hcsn](#)

6:17



[Ann Becker-Schutte@DrBeckerSchutte](#)



Makes space to connect. RT [@JBBC](#) A1 it humanizes both the patient and the doctor - reveals person behind the label for who we are [#hcsn](#)

6:18



[Mark Salke@marksalke](#)



Me too. RT [@JBBC](#): A1 I've never looked for direct advice online - but I still have learned a lot from hcps [#hcsn](#)

6:18



[Pat Rich@cmaer](#)



[@JBBC](#) Ah, but humanizing the MD turns them into an individual and may incite all those boundary issues people are so afraid of [#hcsn](#)

6:18



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@alajibode](#) I share all kinds of basic psychoeducational information. I share support and concern. I share curiosity. [#hcsn](#)

6:18



[MeredithGould@MeredithGould](#)



T1 Meta-observation: Remember when there were basically NO physicians on Twitter? Some of us do! [#hcsn](#)

6:18



[Alan Brewington@abrewi3010](#)



A1 more communication btwn patients/HCP would also raise this country's medical literacy rate. Big problem right now [#hcsn](#)

6:18



[Marie Ennis-O'Connor@JBBC](#)



[@marksalke](#) biggest concern with HCPs who don't want to engage is that they think they will be inundated with pts looking for advice [#hcsn](#)

6:18



[Kirsten Walters@KirstenWalters](#)



[@JBBC](#) this is SO important. Sadly, many HCPs treat the disease(s) and NOT the patient. Has to change to be effective. [#hcs](#)

6:18



[Yinka Vidal@YinkaVidal](#)



[@nickdawson](#) [@NehaTSingh](#) [#hcs](#) Evidenced based is just a way to shift traditional medicine away from assemblyline medicine based on money

6:18



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@cmaer](#) [@JBBC](#) Mental health is boundary central. I define boundaries clearly, so don't have a problem being online. [#hcs](#)

6:18



[Anna@smanna750](#)



My GI office has a program where Crohns pt can connect w/new diagnosed pt via E-mail. They set up the pair. [#hcs](#)

6:19



[Nick Dawson@nickdawson](#)



[@DrBeckerSchutte](#) you set the bar high! [#hcs](#)

6:19



[Tim C Nicholson@timbigfish](#)



T1. Online doesn't mean broadcast. We live in the future. HCPs and pts should use tech to engage 1:1. Think Jetsons. [#Skype](#) [#FaceTime](#) [#hcs](#)

6:19



[Elin Silveous@ElinSilveous](#)



Checking in late to [#HCSM](#) chat from icy, snowy record-breaking cold Southern Oregon. Hi all. Hope to get warmed up with [#HCSM](#).

6:19



[Ann Becker-Schutte@DrBeckerSchutte](#)



Love it! RT [@smanna750](#) My GI office has a program where Crohns pt can connect w/new diagnosed pt via E-mail. They set up the pair. [#hcsm](#)

6:19



[Marie Ennis-O'Connor@JBBC](#)



[@cmaer](#) perish the thought! [#hcsm](#)

6:19



[Natalia Shche, Ph.D.@creativepharma](#)



[@nickdawson](#) also sharing personal health records of observations of daily living collected via mobile apps : projecthealthdesign.org/projects/round... [#hcsm](#)

6:19



[Glenn Lanteigne@GlennLanteigne](#)



It was Sanjay at Markham, it was great to see [@cmaer](#) [@danamlewis](#) [#hcsm](#)

6:19



[Sunny Chan@waisunchan](#)



[@She_Sugar](#) You are very right. Engagement is the key & distinguishing between personal advice & education [#hcsm](#)

6:20



[Pat Rich@cmaer](#)



[@ElinSilveous](#) Seems fairly well established North America is frozen tonight (north of M-D line anyhow) and England is flooded [#hcsm](#)

6:20



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@ElinSilveous](#) Plenty warm here! [#hcsn](#)

6:20



[Kathy Nieder MD@docnieder](#)



I agree, certainly saw that at [#MedX](#) when pts realize we need help. NT [@nickdawson](#): patients gaining empathy for HCPs [#hcsn](#)

6:20



[Jewels@She_Sugar](#)



[@MelanieLougnane @JBBC](#) Totally -- taking the jacket off and sitting with a patient is real medicine [#hcsn](#)

6:20



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@waisunchan @She_Sugar](#) You are very right. Engagement is the key & distinguishing between personal advice & education [#hcsn](#)

6:20



[Glenn Lanteigne@GlennLanteigne](#)



[#hcsn](#) is live tonight [@9pm](#) EST. Want to be part of the health & social media scene? Other good [#FF](#) include [#hcldr](#) [#hcsnca](#) [#HITsm](#) [@COACH_HI](#)

6:20



[Marie Ennis-O'Connor@JBBC](#)



[@nickdawson](#) that's been the most profound experience I have had online Nick [#hcsn](#)

6:21



[Dr. Gia Sison@giasison](#)



[@ElinSilveous](#) Hi Elin! [#hcs](#)

6:21



[Alan Brewington@abrewi3010](#)



A1 groups like this are great at policing themselves, I don't think HIPPA as big as problem as people think. Will always be bad apples [#hcs](#)

6:21



[Kirsten Walters@KirstenWalters](#)



[@creativepharma](#) [@nickdawson](#) So important. Many current apps often have issues, crash, etc, so aren't helpful for pts in long run [#hcs](#)

6:21



[Nick Dawson@nickdawson](#)



T1 exchanges bt HCPs and PTs don't have to be limited to clinical & DX chatter - experience, info sharing, personal info matter too [#hcs](#)

6:21



[Mark Salke@marksalke](#)



[@JBBC](#) Really? I think patients may be here to learn but most know that the forum is not right for individual advice. [#hcs](#)

6:21



[Marc R Katz MD,MPH@marckatz](#)



[@marksalke](#) Mainly a reminder to myself. Much great info to share, but have to rein in my workday instincts [#hcs](#)

6:21



[Sunny Chan@waisunchan](#)



[@JBBC](#) [@marksalke](#) That may be one fear but not one I've experienced [#hcs](#)

6:21



[MeredithGould@MeredithGould](#)



[#hcs](#)m HIPAA...See? I'm baaaack!

6:21



[Ann Becker-Schutte@DrBeckerSchutte](#)



MT [@nickdawson](#) T1 exchanges bt HCPs and PTs don't have to be limited to clinical/DX-experience, info sharing, personal info matter too [#hcs](#)m

6:22



[Jewels@She_Sugar](#)



[@smanna750](#) This is what JDRF does: "Online Diabetes Support Team", I answer emails for those affected by [#type1diabetes](#) [#hcs](#)m

6:22



[Layiwola@aliajibode](#)



I guess another issue is how patients can cut through the "noise" since they can easily get saturated [#hcs](#)m

6:22



[Kirsten Walters@KirstenWalters](#)



[@abrewi3010](#) I don't think so either, but I think the thought of violating that keeps many docs away from pts out of the clinic [#hcs](#)m

6:22



[Yinka Vidal@YinkaVidal](#)



[#hcs](#)m Always remember, patients aren't necessarily your friends. You're neither the [mentor.Can](#) you still treat without emotional attachment?

6:22



[Nick Dawson@nickdawson](#)



[@abrewi3010](#) HIPAA is actually empowering for patients - it's what affords access to med recs. it's too often a red herring [#hcs](#)

6:22



[Ronette LealMcCarthy@LealMcCarthy](#)



Good evening [#HCSM](#) from [#Chicago](#). Attorney with [@CremationECC](#) focused on all things [#eol](#). Sorry I'm late

6:22



[Annette McKinnon@anetto](#)



T1 It's amazing how much everyone has to add to the conversations, and how interesting it is [#hcs](#)

6:23



[Ann Becker-Schutte@DrBeckerSchutte](#)



My online experience would be diminished without a lively exchange that includes lots of HC stakeholders. [#hcs](#)

6:23



[Dr. William Harb@drwilliamharb](#)



MT [@healthhashtags](#): New Health Hashtag: [#ancsm](#) bit.ly/19qZYo0 Thank you [@subatomicdoc](#) [#hcs](#) cc [@CrazyAssCancer](#)

6:23



[Marie Ennis-O'Connor@JBBC](#)



[@waisunchan](#) exactly, the incidence of this happening is actually very low [#hcs](#)

6:23



[Nick Dawson@nickdawson](#)



T1 similarly, I see patients gaining empathy for HCPs and their work environment via [#HCSM](#) all the time - helps clear away assumptions.

6:23



[P. F. Anderson@pfanderson](#)



[@MeredithGould](#) And I'm AWFULLY glad you are! [#hcsn](#)

6:23



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@pfanderson](#) Boo for house problems. Glad to see you, though! [#hcsn](#)

6:23



[Dr. Deanna Attai@DrAttai](#)



A1 patient / HCP communication helps the physician tremendously - we learn a lot from the online interactions and can apply to IRL pts [#hcsn](#)

6:23



[Kathy Nieder MD@docnieder](#)



[@YinkaVidal](#) I don't think you should be treating w/o emotional attachment. You need SOME of that for empathy [#hcsn](#)

6:23



[Pat Rich@cmaer](#)



Great eclectic crowd here at [#hcsn](#) tonight - just wish there were many more wanting to use the forum

6:23



[Matthew Loxton@mloxtan](#)



All the days of paternalistic health care delivery are long gone, pt & dr are part of a delivery TEAM [#hcsn](#)

6:23



[Kirsten Walters@KirstenWalters](#)



[@nickdawson](#) Absolutely. One of my HCPs is very involved in what's going on in my life for an NP - wedding planning, etc. So helpful [#hcsn](#)

6:23



[Natalia Shche, Ph.D.@creativepharma](#)



[@KirstenWalters](#) [@nickdawson](#) true, but if there is a high uptake and buy-in from both patients and clinicians: should be fast to fix [#hcsn](#)

6:24



[Nick Dawson@nickdawson](#)



[@KirstenWalters](#) [@abrewi3010](#) but I say to those scared of HIPAA, interactions don't have to be about clinical or pt data. [#hcsn](#)

6:24



[Marie Ennis-O'Connor@JBBC](#)



I wish! RT [@cmaer](#) Great eclectic crowd here at [#hcsn](#) tonight - just wish there were many more wanting to use the forum

6:24



[Ann Becker-Schutte@DrBeckerSchutte](#)



Yes, THIS!! RT [@mloxtan](#) A1 the days of paternalistic health care delivery are long gone, pt & dr are part of a delivery TEAM [#hcsn](#)

6:24



[Néha T. Singh@NehaTSingh](#)



A1 - Any hospital / insurance risk managers online to make comment? Have seen quite a few decisions based on liability unfortunately [#hcsn](#)

6:24



[Kathy Nieder MD@docnieder](#)



[@pfanderson](#) Sorry! 'tis the season...for house issues. :([#hcsn](#)

6:24



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@LealMcCarthy @DrAttai](#) Oh, more wonderful faces! [#hcsn](#)

6:24



[P. F. Anderson@pfanderson](#)



[@nickdawson @abrewi3010](#) Empowering IF they understand HIPAA. Often misunderstood by both patients & practitioners [#hcsn](#)

6:24



[Alan Brewington@abrewi3010](#)



[@nickdawson](#) I'm starting to think its an excuse docs use to avoid changing their ways. I agree that HIPPA is empowering for patients. [#hcsn](#)

6:24



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@nickdawson](#) but I say to those scared of HIPAA, interactions don't have to be about clinical or pt data. [#hcsn](#)

6:25



[Yinka Vidal@YinkaVidal](#)



[@docnieder #hcsn](#) Perhaps, In meet, we all get too involved with patients at times. I want to go home and leave the patients at the hospital

6:25



[Jewels@She_Sugar](#)



[@DrBeckerSchutte @mloxtan](#) Provider + patient - can't exist without each other [#hcsn](#)

6:25



[Nick Dawson@nickdawson](#)



[@tomcampbellrva](#) [@abrewi3010](#) then don't talk clinicals. There's world of HIPAA-safe value in talking about processes, journals, PX... [#hcs](#)

6:25



[Kathy Nieder MD@docnieder](#)



& thx goodness! RT [@mloxt](#): A1 the days of paternalistic health care delivery are long gone, pt & dr are part of a delivery TEAM [#hcs](#)

6:25



[Mark Salke@marksalke](#)



[@DavidrVH](#) [@cmaer](#) That's the kind of attitude you may never be able to assuage. [#hcs](#)

6:26



[P. F. Anderson@pfanderson](#)



[@MeredithGould](#) And you are so insightful & compassionate. Love your thoughts, have missed you. [#hcs](#)

6:26



[Ann Becker-Schutte@DrBeckerSchutte](#)



Right, so maybe working together is key. RT [@She_Sugar](#) [@mloxt](#) Provider + patient - can't exist without each other [#hcs](#)

6:26



[Dr. Deanna Attai@DrAttai](#)



[@nickdawson](#) [@KirstenWalters](#) [@abrewi3010](#) difference btw provider of information vs care - former doesn't cross HIPAA if you do it right [#hcs](#)

6:26



[Marie Ennis-O'Connor@JBBC](#)



[@anetto](#) yes it is always inspiring and motivating to join these chats [#hcs](#)

6:26



[bacigalupe@bacigalupe](#)



RT [@pfanderson](#) [@nickdawson](#) [@abrewi3010](#) Empowering IF they understand HIPAA. Often misunderstood by both patients & practitioners [#hcs](#)

6:26



[HealthSocMed | #hcs@HealthSocMed](#)



Great T1 tonight, [#hcs](#)! Moving on to T2 in a few.

6:26



[Josh Herigon MPH@JoshHerigon](#)



HIPAA violations nothing to sneeze at RT [@abrewi3010](#) I'm starting to think HIPAA an excuse docs use to avoid changing their ways [#hcs](#)

6:27



[Pat Rich@cmaer](#)



[@bacigalupe](#) [@pfanderson](#) [@nickdawson](#) [@abrewi3010](#) And remember those of us north of the border not governed by HIPAA [#hcs](#)

6:27



[Marc R Katz MD,MPH@marckatz](#)



HIIPPA Schmippa its the most over used, misunderstood, alphabet soup in medicine [#hcs](#)

6:27



[Alan Brewington@abrewi3010](#)



[@KirstenWalters](#) it's an excuse to avoid change. These docs still practicing Old school med and don't want to adjust [#hcs](#)

6:27



[MeredithGould@MeredithGould](#)



[@bacigalupe](#) [@pfanderson](#) [@nickdawson](#) [@abrewi3010](#) Confusion about HIPAA would clear up if everyone knew the "p" stood for portability [#hcs](#)

6:27



[Yinka Vidal@YinkaVidal](#)



[@NehaTSingh](#) [#hcs](#) One is covering medical errors so the hospital will not face litigation. Code of silence is in place in many hospitals.

6:27



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@JoshHerigon](#) [@abrewi3010](#) HIPPA violations are not to be dismissed, but HIPPA used to scare providers too. [#hcs](#)

6:27



[Marie Ennis-O'Connor@JBBC](#)



Not hindered by HIPAA in Europe and same excuses! [#hcs](#)

6:28



[P. F. Anderson@pfanderson](#)



[@DrAttai](#) [@nickdawson](#) [@KirstenWalters](#) [@abrewi3010](#) Depending on what information is being provided, how, and to whom. [#hipaa](#) [#hcs](#) [#medlibs](#)

6:28



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@MeredithGould](#) [@abrewi3010](#) Confusion about HIPAA would clear up if everyone knew the "p" stood for portability [#hcs](#)

6:28



[Jewels@She_Sugar](#)



There's a fine line - people need to have social manners and not press docs in public with medical info/ ask advice [#hcs](#)

6:28



[HealthSocMed | #hcsm@HealthSocMed](#)



TOPIC 2 - Should HC orgs (via the org. handle or individuals representing orgs) participate in online HC/patient communities? Why/not? [#hcsm](#)

6:28



[Alan Brewington@abrewi3010](#)



[@nickdawson](#) [@KirstenWalters](#) just talking helps both parties tremendously! [#hcsm](#)

6:28



[Kathy Nieder MD@docnieder](#)



[@YinkaVidal](#) You don't have to take problems home - that is the HCP's problem--learning 2 leave worries behind, yet remaining involved. [#hcsm](#)

6:28



[Yinka Vidal@YinkaVidal](#)



[@JoshHerigon](#) [@abrewi3010](#) [#hcsm](#) I agree with that point. Hospitals do the same hiding behind HIPPA.

6:28



[Pat Rich@cmaer](#)



T2 HC institutions should if the patient communities want them to [#hcsm](#)

6:29



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@She_Sugar](#) I think it is our responsibility as HCPs to be clear and kind about appropriate boundaries. [#hcsm](#)

6:29



[P. F. Anderson@pfanderson](#)



[@MeredithGould](#) [@bacigalupe](#) [@nickdawson](#) [@abrewi3010](#) Portability INSTEAD of privacy, or patients, or ... [#HIPAA](#)
[#hcs](#)

6:29



[Josh Herigon MPH@JoshHerigon](#)



[.@DrBeckerSchutte](#) [@abrewi3010](#) That's what I'm trying to get at. Providers are fearful of most legal threats. [#hcs](#)

6:29



[Mark Salke@marksalke](#)



Truth! RT [@marckatz](#): HIIPA Schippa its the most over used, misunderstood, alphabet soup in medicine [#hcs](#)

6:29



[Dr. Deanna Attai@DrAttai](#)



[@nickdawson](#) yes and doc needs to be comfortable / savvy enough to decline and reinforce boundaries [#hcs](#)

6:29



[Andrew Lopez, RN@nursefriendly](#)



T2 Absolutely, [#hospitals](#) [#nursinghomes](#), need to establish a presence, it is no longer a luxury as [#consumers](#) now expect it. [#hcs](#)

6:29



[MeredithGould@MeredithGould](#)



T2 Fine w/HC orgs participating in HC/pt communities IF they use personal identifiers for tweets like this/mg [#hcs](#)

6:29



[Ann Becker-Schutte@DrBeckerSchutte](#)



MT [@danamlewis](#) T2: Should HC orgs (via org. handle or individuals representing) participate in online HC/patient communities? Why/not? [#hcs](#)

6:29



[Jewels@She_Sugar](#)



[@DrBeckerSchutte](#) Certainly but it goes both ways-- [#hcsn](#)

6:30



[Alan Brewington@abrewi3010](#)



[@nickdawson](#) [@tomcampbellrva](#) by just talking a stronger relationship can develop btwn both. This helps patients [#hcsn](#)

6:30



[Marie Ennis-O'Connor@JBBC](#)



[@HealthSocMed](#): TOPIC 2 v interesting question.. answer is it depends.. [#hcsn](#)

6:30



[Nick Dawson@nickdawson](#)



T2 unequivocally yes. 1. They provide expertise 2. More importantly they learn what PTs are thinking, feeling and needing. [#hcsn](#)

6:30



[Dr. Deanna Attai@DrAttai](#)



T2 absolutely HCP should participate in pt community - how else will you know what the patients are saying, what their concerns are? [#hcsn](#)

6:30



[Annette McKinnon@anetto](#)



T2 Health care orgs can add more depth to issues. Worth hearing. [#hcsn](#)

6:30



[Layiwola@aliajibode](#)



T2 Yes, they should. The first place patients go to is online. [#hcs](#)

6:30



[Steve Sisko@ShimCode](#)



“Patients That Share Freely” and “Doctors Who Engage Proactively” [socialmediatoday.com/himanshu-saree...](#) [#hcs](#)

6:30



[Kathy Nieder MD@docnieder](#)



T2 That's a hard one--often when ORGs get involved their purposes can be mixed. HC systems wanting to engage pts to obtain pts [#hcs](#)

6:30



[Andrew Lopez, RN@nursefriendly](#)



T2 Same as [#businesses](#), need a [#website](#) and [#facebook](#) page to be competitive, [#healthcare](#) orgs, need a [#SoMe](#) presence [#hcs](#)

6:30



[Marie Ennis-O'Connor@JBBC](#)



T2 first step is to listen to the conversations before diving in [#hcs](#)

6:30



[MeredithGould@MeredithGould](#)



[@pfanderson](#) [@bacigalupe](#) [@nickdawson](#) [@abrewi3010](#) EXactly, the assumption that it means "privacy" is 90% of the problem, imo [#hcs](#)

6:30



[P. F. Anderson@pfanderson](#)



[@DrBeckerSchutte](#) [@She_Sugar](#) There's article abt a barista told by boss she can't talk abt her upcoming surgery w/ clients cuz of HIPAA [#HCSM](#)

6:30



[Dr. Deanna Attai@DrAttai](#)



T2 participation can simply be listening / lurking [#hcsn](#)

6:31



[Josh Herigon MPH@JoshHerigon](#)



+1 MT [@nickdawson](#): T2 unequivocally yes. They provide expertise More importantly they learn what PTs are thinking, feeling and needing [#hcsn](#)

6:31



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@She_Sugar](#) It does. To assume otherwise would be back to the paternalistic model. [#hcsn](#)

6:31



[Aman Bhandari@GHideas](#)



RT [@fastfwdhealth](#): ICYMI: New on [@pulseandsignal](#) blog: 5 Innovators Tackle Chronic Disease [ow.ly/28Enk9](#) [#diabetes](#) [#healthfoo](#) [#hcsn](#)

6:31



[Yinka Vidal@YinkaVidal](#)



[@HealthSocMed](#) [#hcsn](#) They should. But may be scared of hospitals. Had same situation hospital CEO over-ruled organization's recommendations

6:31



[Andrew Lopez, RN@nursefriendly](#)



T2 By participating in [#healthcare](#) [#tweetchats](#), [#patient](#) communities they can establish ties to communities, build relationships. [#hcsn](#)

6:31



[Mark Salke@marksalke](#)



A2: Should, for many reasons! Community involvement, education and reputation, to name a few. [#hcsn](#)

6:31



[Matthew Loxton@mloxtan](#)



A2 Yes! But HC orgs need to listen & engage, not just view SoMe as another megaphone over which to blast out marketing. Conversation [#hcsn](#)

6:31



[Ann Becker-Schutte@DrBeckerSchutte](#)



Ack! RT [@pfanderson](#) There's article abt a barista told by boss she can't talk abt her upcoming surgery w/ clients cuz of HIPAA [#HCSM](#)

6:31



[Nick Dawson@nickdawson](#)



[@tomcampbellrva](#) valid questions - SDM is inviting PTs to make choices and helping guide if they don't want to or can't make them [#hcsn](#)

6:31



[Robert Mahoney@mahoneyr](#)



T2 Doesn't it depend on whether people want to hear from an organization? Isn't some of the point of [#hcsn](#) one person connecting with many?

6:32



[P. F. Anderson@pfanderson](#)



[@cmaer](#) [@bacigalupe](#) [@nickdawson](#) [@abrewi3010](#) Is there some other law governing similar issues in Canada? [#hcsn](#)

6:32



[Pat Rich@cmaer](#)



T2 Hard for institution to participate when they must get approval of the CEO for each comment [#hcsn](#)

6:32



[Kathy Nieder MD@docnieder](#)



Yes, agree! RT [@JBBC](#): T2 first step is to listen to the conversations before diving in [#hcsn](#)

6:32



[Andrew Lopez, RN@nursefriendly](#)



T2 It is only smart business, to reach out to your potential customer base, to increase your ultimate market share. [#hcsn](#)

6:32



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@pfanderson](#) Patients own their own health data. And they are legally allowed to talk to whoever they want. [#hcsn](#)

6:32



[Kirsten Walters@KirstenWalters](#)



T2: Absolutely, but have to participate actively or it makes no difference. Reach out to pts, other orgs [#hcsn](#)

6:32



[Néha T. Singh@NehaTSingh](#)



T2 they absolutely should, it is also critical to show how they take patient feedback into account to improve processes [#hcsn](#)

6:32



[Colleen Young@colleen_young](#)



T2: It depends on what the community wants. [#hcsn](#)

6:32



[Pat Rich@cmaer](#)



[@pfanderson](#) [@bacigalupe](#) [@nickdawson](#) [@abrewi3010](#) Yes, Canada has similar health care privacy legislation but not as

convoluted as HIPAA [#hcs](#)

6:32



[Andrew Lopez, RN@nursefriendly](#)



T2 By encouraging [#doctors](#), [#nurses](#), [#hcps](#) to participate, puts a [#HumanFace](#) on an [#organization](#). [#hcs](#)

6:32



[Alan Brewington@abrewi3010](#)



A2 all parties involved in HC should participate in the conversation. The key is to remember its a conversation not a bus opportunity [#hcs](#)

6:32



[KRM@CaHPSA](#)



[#hcs](#) sorry, arriving a little late. I am representing the California Health Professional Student Alliance. ([#CaHPSA](#) Chat Sundays 7PST)

6:33



[Nick Dawson@nickdawson](#)



[@MeredithGould](#) [@pfanderson](#) [@bacigalupe](#) [@abrewi3010](#) suspect the assumption is largely fueled by the "privacy practices" PTs sign often [#hcs](#)

6:33



[Marie Ennis-O'Connor@JBBC](#)



[@marksalke](#) but should be clear about why they are joining in and what they have to offer [#hcs](#)

6:33



[Clark Lagemann@ClarkLagemann](#)



sorry late arrival- at the [#mhealth13](#) event in DC - anyone else pulling double duty? [#hcs](#)

6:33



[Yinka Vidal@YinkaVidal](#)



[#hcs](#) Remember, hospital CEO who runs hospital doesn't want to listen to recommendations from orgs except regulatory orgs like Joint Comm.

6:33



[Dr. Meadow Maze Good@MeadowGood](#)



Please check out & share my [#hcs](#) [#meded](#) blog & video on [#SoMe](#) tips for health providers. [ow.ly/r69Wa](#) [ow.ly/r69SX](#)

6:33



[Mark Salke@marksalke](#)



[@DrBeckerSchutte](#) [@JBBC](#) [@docnieder](#) IMO, that's okay. It's usually a WIIFM proposition anyway. No problem with that. [#hcs](#)

6:33



[Kathy Nieder MD@docnieder](#)



[@mloxt](#) Yes, the megaphone aspect is what I see a lot of. Especially when the main individuals in HC orgs tasked w/[#SoMe](#) are PR folks [#hcs](#)

6:33



[Tim C Nicholson@timbigfish](#)



T2. All kinds of organizations are learning to be more like people. People are social. Ergo orgs should participate in social media. [#hcs](#)

6:33



[Marie Ennis-O'Connor@JBBC](#)



Exactly! ! RT [@colleen_young](#): T2: It depends on what the community wants. [#hcs](#)

6:33



[Andrew Lopez, RN@nursefriendly](#)



T2 If we are serious about [#ParticipatoryMedicine](#) [#S4PM](#), [#patient](#) [#empowerment](#), we need to lead by example on [#SoMe](#). [#hcsn](#)

6:33



[MeredithGould@MeredithGould](#)



+1 RT [@JBBC](#): Exactly! ! RT [@colleen_young](#): T2: It depends on what the community wants. [#hcsn](#)

6:34



[Colleen Young@colleen_young](#)



Not all patient communities are the same. I don't think you can generalize about clinician participation. [#hcsn](#)

6:34



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@mloxtan](#) T2: Yes indeed. It's really about an honest exchange of information, not trying to advertise. [#hcsn](#)

6:34



[Kirsten Walters@KirstenWalters](#)



YES MT [@abrewi3010](#) parties involved in HC shld participate in the convo. The key is to remember its a convo not a bus opportunity [#hcsn](#)

6:34



[Marie Ennis-O'Connor@JBBC](#)



And this! RT [@colleen_young](#) Not all patient communities are the same. I don't think you can generalize about clinician participation. [#hcsn](#)

6:34



[Ann Becker-Schutte@DrBeckerSchutte](#)



This is huge. Community ownership. RT [@JBBC](#) Exactly! ! RT [@colleen_young](#): T2: It depends on what the community wants. [#hcsn](#)

6:34



[Josh Herigon MPH@JoshHerigon](#)



A2 Can be difficult for orgs. Seen some hospitals struggle with it, use it as another PR channel in parallel with traditional media [#hcsn](#)

6:34



[Néha T. Singh@NehaTSingh](#)



T2 Patients have the ability to provide feedback via [#socialmedia](#) today but it takes courage to speak up even if it is through twitter [#hcsn](#)

6:34



[Meadhbh Octopodidae@OhMeadhbh](#)



[@marksalke](#) [@pfanderson](#) [@marcrkatz](#) isn't criticizing HIPPA a HIPPA violation? [#hcsn](#)

6:34



[Matthew Loxton@mloxtan](#)



[@mahoneyr](#) yes but for instance I want to know from Pharma why they hide negative trials [#alltrials](#) [#hcsn](#)

6:34



[P. F. Anderson@pfanderson](#)



[@cmaer](#) [@bacigalupe](#) [@nickdawson](#) [@abrewi3010](#) Somehow I have NO trouble believing that! HIPAA is only one part of the confusion [#hcsn](#)

6:35



[MeredithGould@MeredithGould](#)



T2 General rule: Be a positive contribution to the pt community, especially if you're visiting from an org [#hcsn](#)

6:35



[Steve Sisko@ShimCode](#)



"What Physicians Say About Patient's Internet Research" [ow.ly/rzsXS](#) [#hcsn](#)

6:35



[Jewels@She_Sugar](#)



[@nursefriendly](#) It is and so often the conversation is - how do we get healthcare workers involved in SM? [#hcsn](#)

6:35



[Ann Becker-Schutte@DrBeckerSchutte](#)



This! RT [@MeredithGould](#) T2 General rule: Be a positive contribution to the pt community, especially if you're visiting from an org [#hcsn](#)

6:35



[Yinka Vidal@YinkaVidal](#)



[#hcsn](#) Health organizations are afraid to lose HCP membership. On social media who are members representing themselves or the organization?

6:35



[Helen@heltweet](#)



T1 It's our core business engage pwd w HCP's [diabetescounseling.com.au](#) one on one & in Fora online chatetc [#SoMe](#) groups [@diabetescounsel](#) [#hcsn](#)

6:35



[MeredithGould@MeredithGould](#)



[@ElinSilveous](#) Say more about why not, please. [#hcsn](#)

6:35



[Kathy Nieder MD@docnieder](#)



LOL RT [@OhMeadhbh](#): [@marksalke](#) [@pfanderson](#) [@marcrkatz](#) isn't criticizing HIPPA a HIPPA violation? [#hcsn](#)

6:36



[Mark Salke@marksalke](#)



[@JBBC](#) Maybe so, Marie. But no one is so naive as to believe that the idea is to drive revenue by enhancing visibility and reputation. [#hcs](#)

6:36



[MeredithGould@MeredithGould](#)



[@docnieder](#) [@OhMeadhbh](#) [@marksalke](#) [@pfanderson](#) [@marcrkatz](#) Not if you spell it wrong, in which case it's moot. [#hcs](#)

6:36



[Nick Dawson@nickdawson](#)



T2 to hook onto [@MeredithGould](#)'s wording - be a good citizen of the community. Meaning, be open to learning as well as contributing [#hcs](#)

6:36



[Kathy Nieder MD@docnieder](#)



mmm...answer seems obvious MT [@mloxt](#): [@mahoneyr](#) yes but I want to know from Pharma why they hide negative trials [#alltrials](#) [#hcs](#)

6:36



[P. F. Anderson@pfanderson](#)



[@OhMeadhbh](#) [@marksalke](#) [@marcrkatz](#) LOL! Some might wish it was, but completely irrelevant to each other [#hcs](#)

6:36



[Annette McKinnon@anetto](#)



T2 Not sure I would call pharma a health care org. More a marketer in many cases [#hcs](#)

6:37



[Mark Salke@marksalke](#)



[@JBBC](#) Not being intentionally contrary, but the effort has to have value, or HC Orgs would never adopt sm. [#hcsn](#)

6:37



[Pat Rich@cmaer](#)



. [@mloxtan](#) Pharma not inherently evil. Just needs to make money [#hcsn](#)

6:37



[Lurie Cancer Center@LurieCancer](#)



[@HealthSocMed](#): Looks like such a good chat, wanted to join briefly from snowy Chicago. [#hcsn](#)

6:37



[Natalia Shche, Ph.D.@creativepharma](#)



[@JBBC](#) seems in Europe privacy is more of a barrier for patients than for HCPs according to a recent study: ncbi.nlm.nih.gov/pubmed/23899831 [#hcsn](#)

6:37

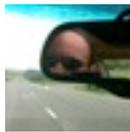


[Kirsten Walters@KirstenWalters](#)



I find specialists more open to info than GPs MT [@ShimCode](#) "What Physicians Say About Pt's Internet Research" ow.ly/rzsXS [#hcsn](#)

6:37



[Dan Goldman@danielg280](#)



Biggest thing to keep in mind re HIPAA: patient can always consent to disclosure/discussion of health info. [#hcsn](#)

6:37



[Marie Ennis-O'Connor@JBBC](#)



[@marksalke](#) strictly from a marketing point of view I have known it happen [#hcsn](#)

6:38



[Mark Salke@marksalke](#)



[@MeredithGould](#) [@docnieder](#) [@OhMeadhbh](#) [@pfanderson](#) [@marcrkatz](#) Also the most frequently misspelled HC acronym!
[#hcsn](#)

6:38



[Helen@heltweet](#)



and Hi! everyone signing in from [#Australia](#) [#hcsn](#) [@diabetescounsel](#) multitasking on multiscreens & windows

6:38



[T2D Research@T2DRemission](#)



[@mloxton](#) [@mahoneyr](#) I want to know from Pharma why they define the research agenda for so many diseases that have non-pharma treatments [#hcsn](#)

6:38



[Elin Silveous@ElinSilveous](#)



[@MeredithGould](#) Sometimes, health-related orgs are created to lobby for money or a political agenda. [#HCSM](#)

6:38



[Jewels@She_Sugar](#)



[@anetto](#) Also a life saver. [#hcsn](#) [#pharma](#)

6:38



[Yinka Vidal@YinkaVidal](#)



[@She_Sugar](#) [@OhMeadhbh](#) [@marksalke](#) [@pfanderson](#) [@marcrkatz](#) [#hcsn](#) Jewels we're already in health crisis situation in hospitals across the nation

6:38



[Marc R Katz MD,MPH@marcrkatz](#)



That was not accident. Dont look good in orange@MeredithGould: [@docnieder](#) [@OhMeadhbh](#) [@marksalke](#) [@pfanderson](#)
Not if you spell it wrong, [#hcs](#)

6:38



[Marie Ennis-O'Connor@JBBC](#)



[@creativepharma](#) great study - thanks for sharing and I agree that patients are not as forthcoming online as US and CDN counterparts [#hcs](#)

6:38



[Annette McKinnon@anetto](#)



[@DrBeckerSchutte](#) T2 The research is good but worry when pharma is co-author of research papers [#hcs](#)

6:38



[Andrew Lopez, RN@nursefriendly](#)



[@She_Sugar](#) I'm involved on [#SocialMedia](#) on a daily basis Jewels :) We need to stop [#Demonizing](#) it, accept it as a useful tool. [#hcs](#)

6:38



[MeredithGould@MeredithGould](#)



[@ElinSilveous](#) Ok, makes sense. Just needed clarification. [#hcs](#)

6:38



[Layiwola@aliajibode](#)



[@mahoneyr](#) [@mloxt](#) Some do partly because of worry about negative reaction to their stock prices. It's shortsighted. [#hcs](#)

6:39



[Mark Salke@marksalke](#)



[@JBBC](#) That has to be the pay-off. But so much other 'good' can happen while achieving that goal! [#hcs](#)

6:39



[P. F. Anderson@pfanderson](#)



[@marksalke](#) [@MeredithGould](#) [@docnieder](#) [@OhMeadhbh](#) [@marcrkatz](#) Can't count how many times I'm seen docs misspell it, and worse for others! [#hcsn](#)

6:39



[T2D Research@T2DRemission](#)



[@mloxtan](#) [@mahoneyr](#) ...and why gov't and academia allow that dominance and distortion of medical science. [#hcsn](#)

6:39



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@docnieder](#) Yes, I misspell it freq. Freudian? [@marksalke](#) RT [@marksalke](#): [@MeredithGould](#) [@OhMeadhbh](#) [@pfanderson](#) [@marcrkatz](#) acronym! [#hcsn](#)

6:39



[Alan Brewington@abrewi3010](#)



Engaging PACs, CEOs, marketers great way to remind them that we are patients not \$ signs. Power of pat stories can change minds! [#hcsn](#)

6:39



[Dr. Meadow Maze Good@MeadowGood](#)



[@HealthcareSMM](#) [@seanmcginnis](#) Please check out [#hcsn](#) blog & video [#SoMe](#) tips health providers. [ow.ly/r69Wa](#)
[ow.ly/r69SX](#)

6:39



[Elin Silveous@ElinSilveous](#)



[@MeredithGould](#) Some might even spread misinformation presented as EBM. Anti-vaccination groups, for example, [#HCSM](#)

6:39



[Jewels@She_Sugar](#)



[@YinkaVidal](#) [@OhMeadhbh](#) [@marksalke](#) [@pfanderson](#) [@marcrkatz](#) well yes- I meant HIPPA- that's what we were joking about [#hcs](#)

6:39



[Andrew Lopez, RN@nursefriendly](#)



[@She_Sugar](#) When every other week, you hear of [#HCPs](#) getting fired for [#Facebook](#) postings, any wonder they don't engage? [#hcs](#)

6:39



[Marie Ennis-O'Connor@JBBC](#)



[@marksalke](#) oh i totally agree with you Mark [#hcs](#)

6:40



[Ann Becker-Schutte@DrBeckerSchutte](#)



MT [@abrewi3010](#) Engaging PACs, CEOs, marketers great way to remind them we are pts not \$ signs. Power of pt stories can change minds! [#hcs](#)

6:40



[MeredithGould@MeredithGould](#)



[@cmaer](#) [@mloxtan](#) I used to write a lot of pt & caregiver & pcip education stuff for pharma & always made it past "red folder"! [#hcs](#)

6:40



[Jewels@She_Sugar](#)



[@nursefriendly](#) me too! [#hcs](#)

6:40



[Kirsten Walters@KirstenWalters](#)



[@She_Sugar @anetto](#) Many reach out to small # of pts for marketing info, feedback. Easy to transition to more convos I think [#hcsn](#)

6:40



[Dr. Meadow Maze Good@MeadowGood](#)



[@danamlewis](#) Please check out my [#hcsn #meded](#) blog & video on [#SoMe](#) tips for health providers. [ow.ly/r69Wa](#)
[ow.ly/r69SX](#)

6:40



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@ElinSilveous @MeredithGould](#) Some might even spread misinformation presented as EBM. Anti-vaccination groups, for example, [#HCSM](#)

6:40



[Jewels@She_Sugar](#)



[@nursefriendly](#) I haven't heard much on that trend [#hcsn](#)

6:40

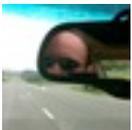


[Marygold@MarygoldJustice](#)



Transparency is key if HC orgs participate in SM. [#hcsn](#)

6:40



[Dan Goldman@danielg280](#)



I think presence of HC Org sponsoring/moderating a community can help make it feel safer and encourage participatn: Lifeguard effect [#hcsn](#)

6:41



[P. F. Anderson@pfanderson](#)



[@She_Sugar @YinkaVidal @OhMeadhbh @marksalke @marckratz](#) HIPAA! LOL HIPPA vs HIPPA. Have to come up w

something memorable for wrong way [#hcs](#)

6:41



[Yinka Vidal@YinkaVidal](#)



[@abrewi3010](#) [#hcs](#) Good luck! For hospital CEO who wants to increase revenue, do you think he cares?

6:41



[Matthew Loxton@mloxt](#)



[@cmaer](#) right so they need to explain themselves, not hide behind secrecy. [#SoMe](#) is a good place to have that discussion [#hcs](#)

6:41



[Pat Rich@cmaer](#)



. [@MarygoldJustice](#) Yes. OK for hc orgs to lurk but they should let people know they are there at the start [#hcs](#)

6:41



[Ann Becker-Schutte@DrBeckerSchutte](#)



That is why we need to be clear about our credentials, identities, agendas on social media. All stakeholders. [#hcs](#)

6:41



[HealthSocMed | #hcs@HealthSocMed](#)



Moving on to T3, our last topic for tonight, in just a few! [#hcs](#)

6:41



[Elin Silveous@ElinSilveous](#)



[@MeredithGould](#) I am strong supporter of health orgs participating online. I built/managed online forums for [@mssociety](#) [@AmericanCancer](#) [#HCSM](#)

6:41



[Kirsten Walters@KirstenWalters](#)



[@She_Sugar @nursefriendly](#) Neither have I. Would love to take a look if you have sources. [#hscsm](#)

6:41



[Amy Byer Shainman@FloridaForce](#)



joining in [#hscsm](#) [#BRCA](#) advocate

6:42



[Kathy Nieder MD@docnieder](#)



Ouch! I hope my CEO cares! He has a Mission in addition to his revenue stream. [@YinkaVidal](#) [#hscsm](#)

6:42



[Mark Salke@marksalke](#)



Boom! MT [@mloxtan](#): [@cmaer](#) right so they need to explain themselves, not hide behind secrecy. [#SoMe](#) is a good place to have that disc [#hscsm](#)

6:42



[Pat Rich@cmaer](#)



. [@mloxtan](#) And some in pharma are trying to have those discussions on sm - especially in Europe. Some good chats out there [#hscsm](#)

6:42



[Marie Ennis-O'Connor@JBBC](#)



[@marksalke](#) other point to this, is if the org adds value they will be welcome, otherwise.. [#hscsm](#)

6:42



[Robert Mahoney@mahoneyr](#)



Problem is that research is really expensive. Unfortunate, only government and private sector can afford it. [#hscsm](#)
[@T2DRemission](#) [@mloxtan](#)

6:42



[Jewels@She_Sugar](#)



[@danielg280](#) That is true - so Mayo? [#hcsn](#)

6:42



[MeredithGould@MeredithGould](#)



[@ElinSilveous](#) Back in the day when people wrote code and used bulletin boards! ;-) [#hcsn](#)

6:42



[Alan Brewington@abrewi3010](#)



[@YinkaVidal](#) I prefer to give people benefit of doubt. My story might break thru his profit motive, worth a shot [#hcsn](#)

6:42



[Elin Silveous@ElinSilveous](#)



[@MeredithGould](#) And many others, [@AARP](#), [@NAMICommunicate](#), UCPA, others. [#HCSM](#)

6:42



[Andrew Lopez, RN@nursefriendly](#)



[@marksalke](#) [@JBBC](#) For-Profit [#healthcare](#) [#institutions](#) are not know for their [#altruism](#) Mark :([#hcsn](#)

6:42



[Ann Becker-Schutte@DrBeckerSchutte](#)



Organizations can provide good information, learn from patients what real needs/concerns are. [#hcsn](#)

6:42



[Nick Dawson@nickdawson](#)



[@danielg280](#) And inverse is true - patient run communities can be lifeguards for HC orgs who don't traditionally have

community skills [#hcs](#)

6:43



[Dana Lewis](#) | [#hcs](#)@danamlewis



[@MeredithGould](#) I write code and use bulletin boards... ;) [@ElinSilveous](#) [#hcs](#)

6:43



[Dan Goldman](#)@danielg280



[@She_Sugar](#) R u asking if we do sponsor/moderate? Yes. [#hcs](#)

6:43



[Dr. Deanna Attai](#)@DrAttai



+1 RT [@DrBeckerSchutte](#): That is why we need to be clear about our credentials, identities, agendas on social media. All stakeholders. [#hcs](#)

6:43



[Ann Becker-Schutte](#)@DrBeckerSchutte



RT [@nickdawson](#) And inverse is true-patient run communities can be lifeguards for HC orgs who don't traditionally have community skills [#hcs](#)

6:43



[Ann Becker-Schutte](#)@DrBeckerSchutte



RT [@ElinSilveous](#) [@MeredithGould](#) And many others, [@AARP](#), [@NAMiCommunicate](#), UCPA, others. [#HCSM](#)

6:43



[HealthSocMed](#) | [#hcs](#)@HealthSocMed



TOPIC 3 - How do pts & HCPs handle burnout & information overload after they've been in their online communities a while? Tips/ideas? [#hcs](#)

6:43



[Mark Salke@marksalke](#)



[@mloxtan](#) [@cmaer](#) Matthew, I agree. It's transparency, which does not mean exposing secrets. Just being part of the convo. [#hcsn](#)

6:43



[Elin Silveous@ElinSilveous](#)



[@MeredithGould](#) :) Indeed. Decades ago. [#HCSM](#)

6:43



[Jewels@She_Sugar](#)



[@danielg280](#) I thought so-- [#hcsn](#)

6:43



[Marie Ennis-O'Connor@JBBC](#)



T2 it seems that individuals make more of an impact than orgs in online communities - pts will respond better [#hcsn](#)

6:44



[Elin Silveous@ElinSilveous](#)



[@danamlewis](#) [@MeredithGould](#) :) [#HCSM](#)

6:44



[Yinka Vidal@YinkaVidal](#)



[@mahoneyr](#) [@T2DRemission](#) [@mloxtan](#) [#hcsn](#) Let's hope they give us honest info , not cooked data for special interest to make money.

6:44



[Pat Rich@cmaer](#)



Sad that we have all these great forums on SM for health care exchange of info yet <10% of hcps are using them [#hcs](#)

6:44



[Ann Becker-Schutte@DrBeckerSchutte](#)



MT [@HealthSocMed](#) T3 - How do pts & HCPs handle burnout & information overload after they've been in their online communities a while? [#hcs](#)

6:44



[P. F. Anderson@pfanderson](#)



[@nickdawson](#) [@danielg280](#) Valuable insight! Value of partnerships between patients, clinicians, public, communities [#hcs](#)

6:44



[Kathy Nieder MD@docnieder](#)



T3 You have to take breaks to avoid burnout. Specify times when you just "tune out". And keep to them. [#hcs](#)

6:44



[Marygold@MarygoldJustice](#)



[#hcs](#) [@MarygoldJustice](#): [@She_Sugar](#) [@nursefriendly](#) providers participating as reps of an org is diff than an org representing self via a dept

6:44



[Nick Dawson@nickdawson](#)



[@HealthSocMed](#) timely question as I'm nodding off early tonight :) [#hcs](#)

6:45



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@marksalke](#) [@mloxtion](#) [@cmaer](#) Matthew, I agree. It's transparency, which does not mean exposing secrets. Just being part of the convo. [#hcs](#)

6:45



[Pat Rich@cmaer](#)



. [@JBBC](#) Needs a new PR model - where the voice of the institution also has a individualistic voice IMO [#hcs](#)

6:45



[Plus91@plus91](#)



Researchers uncover new ties between [#genetics](#) and [#skin](#) [#cancer](#) by mining patients' [#medical](#) [#records](#) [ow.ly/rsh2M](#)
[#EHR](#) [#hcs](#)

6:45



[Steve Sisko@ShimCode](#)



Excess annual costs attributed to low health literacy in the U.S.: \$106B - \$238B [ow.ly/rzteF](#) [#hcs](#)

6:45



[MeredithGould@MeredithGould](#)



T3 Take a break, but don't just disappear. Let people know you need to take a break for a bit. [#hcs](#)

6:45



[Josh Herigon MPH@JoshHerigon](#)



A3 Unplug and take a break; if constant participation is important for you, find somebody to help out for a while [#hcs](#)

6:45



[T2D Research@T2DRemission](#)



[@mahoneyr](#) [@mloxtan](#) Research on T2D consistently shows significant gains for modest investment. Biochem not the only input/output. [#hcs](#)

6:45



[P. F. Anderson@pfanderson](#)



[@HealthSocMed](#) When my own health problems became overwhelming, I've been known to vacate pt community for a while. Hard to come back [#hcs](#)

6:45



[Annette McKinnon@anetto](#)



T3 I had to stop looking for info now and then when I started to learn. "morbidity and mortality" stopped me in my tracks [#hcs](#)

6:45



[Bobby Ghaheri, MD@DrGhaheri](#)



[@danamlewis](#) I just went dark. Much easier. [#hcs](#)

6:45



[Alan Brewington@abrewi3010](#)



A3 maybe ask to participate in a different patient community. See others and how they operate. [#hcs](#)

6:46



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@pfanderson](#) When my own health problems became overwhelming, I've been known to vacate pt community for a while. Hard to come back [#hcs](#)

6:46



[Claudia Paz@_clapaz](#)



Topic 3 can't just be about connecting pts to info, system needs to be reengineered to support pts through decisionmaking process [#hcs](#)

6:46



[Kathy Nieder MD@docnieder](#)



T3 It's got to be really tough for people whose job is to use SoMe but who also want to participate personally. [#hcs](#)

6:46



[Jewels@She_Sugar](#)



I personally surround myself with positivity - if online interactions aren't such, I don't participate [#hcsn](#)

6:46



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@JoshHerigon](#) A3 Unplug and take a break; if constant participation is important for you, find somebody to help out for a while [#hcsn](#)

6:46



[Robert Mahoney@mahoneyr](#)



T3 one of the physicians I work with coined a new term for this: e-whelmed. [#hcsn](#)

6:46



[Natalia Shche, Ph.D.@creativepharma](#)



[@mahoneyr](#) [@T2DRemission](#) [@mloxtan](#) true, but is not it for everyone's good to share it openly to prevent duplication & possible harms? [#hcsn](#)

6:46



[Pat Rich@cmaer](#)



T3 Not possible for some of us. :([#hcsn](#)

6:46



[Marygold@MarygoldJustice](#)



[#hcsn](#) T3 I take a week offline now and then.

6:46



[Yinka Vidal@YinkaVidal](#)



[@HealthSocMed #hcsn](#) I just went through that experience. I took a break start writing next book on forgiveness. Social media burnout is real

6:46



[Dr. Deanna Attai@DrAttai](#)



A3 - no way around it - sometimes you just have to walk away for a bit. Only so many hours in a day. [#hcsn](#)

6:46



[Kathy Nieder MD@docnieder](#)



1+ RT [@mahoneyr](#): T3 one of the physicians I work with coined a new term for this: e-whelmed. [#hcsn](#)

6:46



[Elin Silveous@ElinSilveous](#)



T3. Yes, they take a break. Co-facilitators/co-hosts for groups can be helpful to avoid burnout. [#HCSM](#)

6:46



[MeredithGould@MeredithGould](#)



T3 Participate in an online community that has nothing to do with healthcare or [#hcsn](#) for a while. Recommend [#Foodiechats](#)

6:46



[Dr. Deanna Attai@DrAttai](#)



T3 and after going dark for a bit just jump back in - when and how you are comfortable [#hcsn](#)

6:46



[Dan Goldman@danielg280](#)



And we manage HIPAA by making it clear that all communications are public. Not a private communication channel. [#hcsn](#)

6:46



[Andrew Lopez, RN@nursefriendly](#)



[@KirstenWalters @She_Sugar](#) Lotsa individual cases popping up, every week for years - have a preference [#doctors](#) [#nurses](#), etc? [#hcsn](#)

6:47



[Ann Becker-Schutte@DrBeckerSchutte](#)



Great boundary. RT [@She_Sugar](#) I personally surround myself with positivity - if online interactions aren't such, I don't participate [#hcsn](#)

6:47



[Néha T. Singh@NehaTSingh](#)



A3 you could always do what we are doing now and schedule time for meaningful engagement chats where you have undivided attention [#hcsn](#)

6:47



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@danielg280](#) And we manage HIPAA by making it clear that all communications are public. Not a private communication channel. [#hcsn](#)

6:47



[P. F. Anderson@pfanderson](#)



[@DrGhaheri @danamlewis](#) I did, too, but have never stopped feeling guilty & exhausted when I even THINK about that community again [#hcsn](#)

6:47



[Marie Ennis-O'Connor@JBBC](#)



Love it! RT [@mahoneyr](#): T3 one of the physicians I work with coined a new term for this: e-whelmed. [#hcsn](#)

6:47



[Elin Silveous@ElinSilveous](#)



[@MeredithGould](#) [#WineChat](#) good too. [#HCSM](#)

6:47



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@DrAttai](#) T3 and after going dark for a bit just jump back in - when and how you are comfortable [#hcsm](#)

6:47



[Yinka Vidal@YinkaVidal](#)



[@DrBeckerSchutte](#) [@pfanderson](#) [#hcsm](#) It's always hard to come back to work after vacation. Ease in very slowly.

6:47



[Lurie Cancer Center@LurieCancer](#)



Honestly believe revenue not incentive for most health care orgs participating in SM. Opportunity to share information. [#hcsm](#)

6:47



[Sherry Reynolds@Cascadia](#)



RT [@mahoneyr](#): T3 one of the physicians I work with coined a new term for this: e-whelmed. [#hcsm](#) ^ I take little e-vacations

6:47



[Jewels@She_Sugar](#)



[@mahoneyr](#) Yes, too much self-diagnosis going on = unnecessary worry. [#hcsm](#)

6:47



[Kathy Nieder MD@docnieder](#)



[@nickdawson](#) Sleep peacefully, nice to see you! [#hcsn](#)

6:47



[Andrew Lopez, RN@nursefriendly](#)



[@MarygoldJustice](#) [@She_Sugar](#) Not really, long as you know who is tweeting behind the "org" account. [#hcsn](#)

6:47



[Dr. Deanna Attai@DrAttai](#)



T3 social media should not be a burden - if it is, you need a break. Just like with anything in life. [#hcsn](#)

6:47



[Ann Becker-Schutte@DrBeckerSchutte](#)



I think it is healthy modeling to take breaks, and tell people about them. [#hcsn](#)

6:48

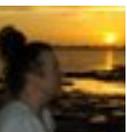


[Pat Rich@cmaer](#)



T3 Stories of some docs waking up during night - then start checking emails and tweets and never go back to bed [#hcsn](#)

6:48



[Helen@heltweet](#)



T3: Mindfulness & wellbeing vital for evrybdy: know when 2 hold em, when 2 fold em, when 2 walk away & when 2 run. [#hcsn](#) [@diabetescounsel](#)

6:48



[Marie Ennis-O'Connor@JBBC](#)



[@cmaer](#) and not just docs ;-)
[#hcsn](#)

6:48



[Matthew Loxton@mloxtton](#)



A3 take a break, lean on friends, stay real, turn, cough, and deep breath ;) [#hcsn](#)

6:48



[Jewels@She_Sugar](#)



[@danielg280](#) Similar to Alliance Health? [#hcsn](#)

6:48

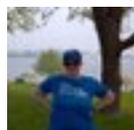


[Ann Becker-Schutte@DrBeckerSchutte](#)



Super important for patient community leaders. RT [@JBBC](#) [@cmaer](#) and not just docs ;-) [#hcsn](#)

6:48



[Kirsten Walters@KirstenWalters](#)



T3: As a pt, I work on a variety of projects. When I'm overwhelmed with one, I move to the others more. Still involved, but different [#hcsn](#)

6:48



[Kathy Nieder MD@docnieder](#)



I look forward to seeing that. MT [@cmaer](#): T3 Am writing a feature article for March about how digital environment impacts MD health. [#hcsn](#)

6:49



[Andrew Lopez, RN@nursefriendly](#)



[@marksalke](#) [@JBBC](#) Yes, but do we really want to have them participating knowing they are [#datamining](#) for [#marketing](#) purposes? [#hcsn](#)

6:49



[Yinka Vidal@YinkaVidal](#)



[#hcsn](#) A3 At times you can be addicted to social media because of expectations. Burnout is time for a break!

6:49



[Sherry Reynolds@Cascadia](#)



It also helps to remember that [#HCSM](#) is the medium not the goal - which for me is to connect or share or learn something new

6:49



[T2D Research@T2DRemission](#)



[@YinkaVidal](#) [@mahoneyr](#) [@mloxtan](#) I'm not claiming cooked data. Just that Pharma builds kitchen, provides all food/cookware, sets menu. [#hcsn](#)

6:49



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@Cascadia](#) It also helps to remember that [#HCSM](#) is the medium not the goal - which for me is to connect or share or learn something new

6:49



[P. F. Anderson@pfanderson](#)



[@DrBeckerSchutte](#) [@She_Sugar](#) Sometimes hard to insist on positivity when friends in pain, suffering [#hcsn](#)

6:49



[Jewels@She_Sugar](#)



[@mloxtan](#) It's always healthful to take breaks [#hcsn](#)

6:49



[Robert Mahoney@mahoneyr](#)



T3: Problem with internet is there's so much information (and misinformation) available, you always feel like you're not keeping up. [#hcsn](#)

6:49



[Dr. Deanna Attai@DrAttai](#)



good philosophy RT [@She_Sugar](#): I personally surround myself with positivity - if online interactions aren't such, I don't participate [#hcsn](#)

6:49



[Marie Ennis-O'Connor@JBBC](#)



RT [@Cascadia](#): It also helps to remember that [#HCSM](#) is the medium not the goal - which for me is to connect or share or learn something new

6:49



[John Lynn@techguy](#)



[@pfanderson](#) [@DrGhaheri](#) [@danamlewis](#) Classic cycle of over indulgence and burn out. [#hcsn](#)

6:49



[Farrah Parker@LeavUrImge2FDP](#)



[@danamlewis](#) T2: Indiv experts shud train HC staff 2 participate on their own 2 maintain intimacy/authenticity [#hcsn](#)

6:49



[Kathy Nieder MD@docnieder](#)



[@cmaer](#) The dopamine surge! That's an addiction don't you think? [#hcsn](#)

6:50



[KRM@CaHPSA](#)



T3 - My initial thoughts would be to take a break, step back, and re-evaluate how the system is working for you [#hcsn](#)

6:50



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@pfanderson](#) [@She_Sugar](#) I think that "positivity" includes honesty. Honest pain is different than drama or negativity. [#hcsn](#)

6:50



[Alan Brewington@abrewi3010](#)



A3 remember to digitally surround yourself with more givers of energy versus takers. We can't help everyone all the time [#hcsn](#)

6:50

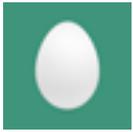


[Mark Salke@marksalke](#)



[@nursefriendly](#) [@JBBC](#) If they disclose and contribute to the discussion, why not! [#hcsn](#)

6:50



[Shantel C@SHAN_C4](#)



Hi! I am a BSN nursing student and im here to join in on the conversation... Not quite sure what the topic is right now. Help plz? [#hcsn](#)

6:50



[MeredithGould@MeredithGould](#)



T3 There's burnout but also "compassion fatigue," which slams caregivers f-2-f and via [#hcsn](#)

6:50



[Amy Byer Shainman@FloridaForce](#)



[#hcsn](#) T3 do something that requires me to physically move! Then a long, long hot bath. Away from electronics!

6:50



[KRM@CaHPSA](#)



[@mahoneyr](#) very true [#hcsn](#) sometimes its so hard to sift through whats valuable and what is not

6:50



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@pfanderson](#) The rapid pace of change online can make longer breaks seem more dramatic. [#hcs](#)

6:50



[SPSMChat@SPSMChat](#)



[@DrBeckerSchutte](#) [@She_Sugar](#) You will be more in control with your on-line interactions than anywhere else... [#hcs](#)

6:51



[P. F. Anderson@pfanderson](#)



[@techguy](#) [@DrGhaheri](#) [@danamlewis](#) Afraid of getting sucked in again, I think. Even when I want to help people. [#hcs](#)

6:51



[Andrew Lopez, RN@nursefriendly](#)



T3 Realize their limitations, adjust expectations for all involved. Clear guidelines should be set forth prior to getting involved. [#hcs](#)

6:51



[Robert Mahoney@mahoneyr](#)



Agree: data isn't cooked but menu is carefully selected. Have to be good consumer of medical info [#hcs](#) [@T2DRemission](#) [@YinkaVidal](#) [@mloxt](#)

6:51



[Ann Becker-Schutte@DrBeckerSchutte](#)



And requires good self-care. RT [@MeredithGould](#) T3 There's burnout but also "compassion fatigue," which slams caregivers f-2-f and via [#hcs](#)

6:51

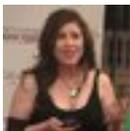


[P. F. Anderson@pfanderson](#)



[@DrBeckerSchutte](#) [@She_Sugar](#) There, that is useful! [#hcs](#)

6:51



[Amy Byer Shainman@FloridaForce](#)



[#hcs](#) T3 avoiding the spirit crushers!

6:51



[Jewels@She_Sugar](#)



Too much of anything = burnout (hours worked, , chronic disease, social media, etc.) [#hcs](#)

6:51



[Yinka Vidal@YinkaVidal](#)



[@cmaer](#) [#hcs](#) know the feeling My wife had to lure me to bed with some [goodies.She](#) rescued me. Good Heavens! Profoundly grateful. She a nurse

6:52



[Lurie Cancer Center@LurieCancer](#)



Time & energy to devote to social media changes w/circumstances-the same way it changes for other parts of life. [#hcs](#)

6:52



[Kathy Nieder MD@docnieder](#)



True IRL as well. RT [@FloridaForce](#): [#hcs](#) T3 avoiding the spirit crushers!

6:52



[Lisa Crymes@lisacrymes](#)



The Evolving Role of Social Media in Healthcare [fw.to/lix6BUm](#) [#hcs](#) [#sm](#)

6:52



[MeredithGould@MeredithGould](#)



T3 Whatever you (should) do IRL, do online to maintain self-awareness and self-care. Not that I actually practice what I preach! [#hcsn](#)

6:52



[Alan Brewington@abrewi3010](#)



A3 run a marathon like our esteemed host [@danamlewis](#) [#hcsn](#)

6:52



[Ann Becker-Schutte@DrBeckerSchutte](#)



I think that having lots of offline, unplugged connection keeps me able to engage on line. [#hcsn](#)

6:53

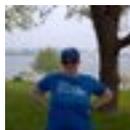


[John Lynn@techguy](#)



[@pfanderson](#) [@DrGhaheri](#) [@danamlewis](#) Come to the light and stay a while. [#evillaugh](#) [#hcsn](#)

6:53



[Kirsten Walters@KirstenWalters](#)



[@nursefriendly](#) [@She_Sugar](#) Not really, but let's go with docs since that's what our focus seems to be on? [#hcsn](#)

6:53



[Kathy Nieder MD@docnieder](#)



Or at least get out and walk! RT [@abrewi3010](#): A3 run a marathon like our esteemed host [@danamlewis](#) [#hcsn](#)

6:53



[Andrew Lopez, RN@nursefriendly](#)



[@marksalke](#) [@JBBC](#) Why not? Are you familiar with: The Twitter Chat that Killed Sermo | MedDevice, medicalmarcom.com/medical-device... [#hcs](#)

6:53



[Annette McKinnon@anetto](#)



[@She_Sugar](#) [@mahoneyr](#) That's when you take a tip from the doctors. Watchful waiting. Can't have everything (I hope) [#hcs](#)

6:53



[Mark Salke@marksalke](#)



A3: Balance. Moderation. cost v. benefit. :) [#hcs](#)

6:53



[Ann Becker-Schutte@DrBeckerSchutte](#)



Better 4 my knees. RT [@docnieder](#) Or at least get out and walk! RT [@abrewi3010](#): A3 run a marathon like our esteemed host [@danamlewis](#) [#hcs](#)

6:53



[Jewels@She_Sugar](#)



[@SPSMChat](#) [@DrBeckerSchutte](#) Perhaps, but you can choose providers that are a good personality match as well. [#hcs](#)

6:53



[Steve Sisko@ShimCode](#)



RT [@lisacrymes](#): The Evolving Role of Social Media in Healthcare fw.to/lx6BUm [#hcs](#) [#sm](#)

6:54



[P. F. Anderson@pfanderson](#)



[@DrBeckerSchutte](#) Very interesting in Second Life. Partnerships & separations follow roughly same patterns as RL, but 10x faster! [#hcs](#)

6:54



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@DonSmallman](#) RT [@DrAttai](#): A3 - no way around it - sometimes you just have to walk away for a bit. Only so many hours in a day. [#hcsn](#)

6:54



[Yinka Vidal@YinkaVidal](#)



[#hcsn](#) I learned from my wife a nurse, HCF at times run out of nurturing in their banks. I learn to remember that when she gets home.

6:54



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@pfanderson](#) Very interesting in Second Life. Partnerships & separations follow roughly same patterns as RL, but 10x faster! [#hcsn](#)

6:54



[Pat Rich@cmaer](#)



[@docnieder](#) [@abrewi3010](#) [@danamlewis](#) Running marathons like SM use can also feed addictive personalities (talking personally) [#hcsn](#)

6:54



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@MeredithGould](#) T3 Develop a group of trusted online friends and invite them to let you know when you seem "off" (via DM, of course) [#hcsn](#)

6:54



[Ann Becker-Schutte@DrBeckerSchutte](#)



I also encourage community leaders to grow a team. Share responsibility. Don't be the "sole provider." [#hcsn](#)

6:55



[MeredithGould@MeredithGould](#)



[@pfanderson](#) [@DrBeckerSchutte](#) My theory is that everything seems to be 3x's faster with social media. [#hcs](#)

6:55



[Steve Sisko@ShimCode](#)



"Patient Empowering Care Management: A Researcher's Perspective" (See pg. slide 31) [ow.ly/rztEk](#) [#hcs](#)

6:55



[Kathy Nieder MD@docnieder](#)



[@DrBeckerSchutte](#) [@danamlewis](#) For me it's the hips (or some ligament I can't remember the name for & don't feel like looking up). [#hcs](#)

6:55



[HealthSocMed | #hcs@HealthSocMed](#)



Time flies on Sunday nights - time to wrap up this week's [#hcs](#) chat! Last thoughts for the week ahead?

6:55



[April Foreman@DocForeman](#)



Life not so wonderful? [#SPSM](#) and memes tonight 9pm CST: [i.imgur.com/nUfVcGH.jpg](#) [#hcs](#) [#mhsm](#)

6:55



[P. F. Anderson@pfanderson](#)



[@anetto](#) [@She_Sugar](#) [@mahoneyr](#) I love that phrase. Need to hear it more often "Watchful waiting" [#hcs](#)

6:55



[SPSMChat@SPSMChat](#)



What is [#ProjectClarence](#)? How do you generate SoMe memes? [#SPSM](#) chat 9pm CST i.imgur.com/CiHBVAC.jpg [#hcs](#)
[#mhsm](#)

6:55



[David R. Van Houten@DavidrVH](#)



IMO A model MD for effective [#hcs](#) use, while still being engaged & listening to pt 1on1 (I am a pt) is [@hluks](#)
[@docnieder](#) [@mahoneyr](#)

6:55



[Alan Brewington@abrewi3010](#)



[@DrBeckerSchutte](#) [@docnieder](#) [@danamlewis](#) knees can be replaced, marathon glory can't :) [#hcs](#)

6:55



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@docnieder](#) [@danamlewis](#) Walking and yoga are so much more my friends. [#hcs](#)

6:55



[Ann Becker-Schutte@DrBeckerSchutte](#)



Ha!! RT [@abrewi3010](#) [@DrBeckerSchutte](#) [@docnieder](#) [@danamlewis](#) knees can be replaced, marathon glory can't :) [#hcs](#)

6:56



[Dr. Deanna Attai@DrAttai](#)



I'm with you, Ann! RT [@DrBeckerSchutte](#): [@docnieder](#) [@danamlewis](#) Walking and yoga are so much more my friends
[#hcs](#)

6:56



[Robert Mahoney@mahoneyr](#)



"Watchful waiting" can work, as long as you're actually watchful, and you actually wait. [#hcs](#) [@anetto](#) [@She_Sugar](#)

6:56



[P. F. Anderson@pfanderson](#)



[@MeredithGould](#) That can be a clue of "you need a break". You need to learn your own 'tells' - signs of stress [#hcs](#)

6:56



[Kathy Nieder MD@docnieder](#)



Esp HCSM tweetchats MT [@cmaer](#) [@abrewi3010](#) [@danamlewis](#) Running marathons like SM use can also feed addictive personalities [#hcs](#)

6:56



[MeredithGould@MeredithGould](#)



[@pfanderson](#) [@anetto](#) [@She_Sugar](#) [@mahoneyr](#) "watching waiting" is perfect for this season! (Advent) [#hcs](#)

6:56



[Pat Rich@cmaer](#)



[@abrewi3010](#) [@DrBeckerSchutte](#) [@docnieder](#) [@danamlewis](#) True enough. And I'm never going to see 2:40 again for 26 miles [#hcs](#)

6:56



[Dana Lewis | #hcs@danamlewis](#)



RT [@HealthSocMed](#) Time flies on Sunday nights - time to wrap up this week's [#hcs](#) chat! Last thoughts for the week ahead?

6:56



[Amy Byer Shainman@FloridaForce](#)



Letters To Doctors [@Teri_Smieja](#) & [@jdhermanmd](#) [#hcs](#) check out this chat on Sundays 9pm amazon.com/Letters-Doctor...

6:56



[Dr. Deanna Attai@DrAttai](#)



+1 RT [@DrBeckerSchutte](#): I also encourage community leaders to grow a team. Share responsibility. Don't be the "sole provider." [#hcs](#)

6:56



[Lurie Cancer Center@LurieCancer](#)



T3 Like other aspects of our lives, sometimes more time & energy to commit to Social Media than others. Should + not - [#hcs](#)

6:57



[Robert Mahoney@mahoneyr](#)



I prefer "conservative management", myself. [#hcs](#) [@pfanderson](#) [@anetto](#) [@She_Sugar](#)

6:57



[Jewels@She_Sugar](#)



We're in this together - at the end of the day we are all human beings. [#hcs](#)

6:57



[Pat Rich@cmaer](#)



[@danamlewis](#) Great chat -as always. Lucky I had my computer on [#hcs](#)

6:57



[Yinka Vidal@YinkaVidal](#)



[#hcs](#) Last thought for the night! Check out my healthcare books on sale. Help save some lives in hospitals [amazon.com/s?ie=UTF8&fiel...](https://www.amazon.com/s?ie=UTF8&fiel...)

6:57



[Elin Silveous@ElinSilveous](#)



Have a super week everyone. Stay safe in this extreme weather. [#hcs](#)

6:57



[MeredithGould@MeredithGould](#)



[#hcsn](#) Final thoughts: During this season of dodgy health (physical & emotional), be generous in your [#hcsn](#) communications.

6:57



[Erin Gilmer@GilmerHealthLaw](#)



RT [@marcrkatz](#): New 'golden' rule. Treat others how THEY wish to be treated. [#hcsn](#)

6:58



[Ann Becker-Schutte@DrBeckerSchutte](#)



What I say in couples therapy all the time!! RT [@marcrkatz](#) New 'golden' rule. Treat others how THEY wish to be treated. [#hcsn](#)

6:58



[John Lynn@techguy](#)



[@pfanderson](#) [@DrGhaheri](#) [@danamlewis](#) Do you go on vacation where there's no cell coverage so you don't feel guilty for not answering? [#hcsn](#)

6:58



[Dr. Deanna Attai@DrAttai](#)



+1000! MT [@DrBeckerSchutte](#): As a HCP, social media has been a great education. Pts source of learning, very respectful-not to fear. [#hcsn](#)

6:58



[Kathy Nieder MD@docnieder](#)



Closing thoughts: Great tweetchat tonight, remember to "self-care" in your SoMe use! Thanks for a great chat [@danamlewis](#)! [#hcsn](#)

6:58



[Pat Rich@cmaer](#)



[@techguy](#) [@pfanderson](#) [@DrGhaheri](#) [@danamlewis](#) Go to Cuba. That's what us Canucks do [#hcsn](#) Great beaches. Terrible cell coverage.

6:59



[P. F. Anderson@pfanderson](#)



[@mahoneyr](#) [@anetto](#) [@She_Sugar](#) It has less scope, IMHO. :) I much prefer the other. More meaningful, diversely applicable, more poetic [#hcsn](#)

6:59



[Ann Becker-Schutte@DrBeckerSchutte](#)



RT [@docnieder](#) Closing thoughts: Great tweetchat tonight-remember to "self-care" in your SoMe use! Thanks for a great chat [@danamlewis!](#) [#hcsn](#)

6:59



[Andrew Lopez, RN@nursefriendly](#)



[@KirstenWalters](#) [@She_Sugar](#) Actress suing Chicago doctor for taking pictures of her drunk in ER Read more: [nydailynews.com/news/national/...](#) [#hcsn](#)

6:59



[Annette McKinnon@anetto](#)



[@GilmerHealthLaw](#) [@marcrkatz](#) Or Tweet others as you wish to be tweeted [#hcsn](#)

6:59



[P. F. Anderson@pfanderson](#)



[@DrBeckerSchutte](#) [@marcrkatz](#) The main lesson of the "five love languages" (just heard of that last week) :) [#hcsn](#)

7:00



[Ann Becker-Schutte@DrBeckerSchutte](#)



[@techguy](#) [@pfanderson](#) [@DrGhaheri](#) [@danamlewis](#) I just turn off my cell. And tell people I'm doing it. No guilt. Recharged on return. [#hcs](#)

7:00



[Yinka Vidal@YinkaVidal](#)



[@pfanderson](#) [@docnieder](#) [@DrBeckerSchutte](#) [@danamlewis](#) [#hcs](#) When it's warm, I walk for one hour. It's very refreshing.

7:00



[Kathy Nieder MD@docnieder](#)



Oh yes--> !!! RT [@anetto](#): [@GilmerHealthLaw](#) [@marcrkatz](#) Or Tweet others as you wish to be tweeted [#hcs](#)

7:00



[P. F. Anderson@pfanderson](#)



[@DrBeckerSchutte](#) [@docnieder](#) [@danamlewis](#) That's what folk say, but I'm not convinced. Trouble maintaining workflow. [#hcs](#)

7:00



[Ann Becker-Schutte@DrBeckerSchutte](#)



<3 RT [@docnieder](#) Oh yes--> !!! RT [@anetto](#): [@GilmerHealthLaw](#) [@marcrkatz](#) Or Tweet others as you wish to be tweeted [#hcs](#)

7:00



[HealthSocMed | #hcs@HealthSocMed](#)



That's a wrap on another awesome [#hcs](#) chat! Thanks, all! See you again next Sunday at 8pm CT - and remember to DM or [@HealthSocMed](#) topics!