Mayo Clinic celebrated the 10-year anniversary of its Facebook page on November 7, 2017, having created its page on the first day Facebook made this type of presence available to organizations.

Why was Mayo such an early adopter when few other hospitals were even considering social media?

Health care is by nature a risk-averse industry. One might even say this aversion is a protective feature of its DNA; in the clinical setting, we expect our providers to prescribe therapies and medications and perform operations and interventions that have been scientifically validated. When they want to experiment with approaches they think may be improvements, rigorous procedures protect human subjects from harm and also secure informed consent for possible deviations from standard of care.

In tandem with this process for developing validated treatments, a global system for disseminating knowledge and best practices has developed, with both formal and informal mechanisms. Scientific peer-reviewed journals represent the former end of the spectrum, whereas medical society gatherings, visiting lecturers, and faculty exchanges exemplify the latter. And because of their unique placement in space and time, Mayo Clinic’s founders both participated in and helped to shape this “social networking” among physicians.

William J. Mayo, MD, and Charles H. Mayo, MD, were the sons of a frontier physician, Dr William Worrall Mayo, who arrived in Rochester, Minnesota, in 1864. They assisted him in his practice even as young boys and also shared his interest in surgery. They came of age just as improved anesthesia and aseptic methods made more complex operations feasible while reducing postsurgical mortality. This led to global experimentation and rapid improvement in techniques.

The Mayo brothers realized that to provide the best care to their patients, they needed to learn from their peers, and the advent of train travel made that possible. Dr Will would typically visit and observe other surgeons for several weeks each spring, whereas Dr Charlie stayed behind to care for patients; in the fall, the roles reversed. By the late 1920s, Dr Will had studied surgery in every city with a population of 100,000 or more in the United States and Canada and had crossed the Atlantic Ocean 30 times. He visited and observed surgeons in 25 countries altogether—ranging from Australia and New Zealand to Argentina, Russia, and most of Europe—all before the era of air travel.

The trains ran in both directions, however: between 1908 and 1918, nearly 3,400 physicians traveled to Rochester (population approximately 5,000) to observe and learn from the Mayo brothers, becoming members of an informal society called The Surgeons Club. These professional interactions led to doctors coming to the Mayos for their own ailments. They also referred patients who subsequently shared their experiences with family and friends.

This old-fashioned analog social networking, among both professionals and patients, was essential to Mayo Clinic’s development and growth. A century after the peak of The Surgeons Club, and with the population of Rochester now just over 100,000, patients come to Mayo Clinic from every US state and more than 140 countries each year.

As I began my career at Mayo Clinic in 2000 as a member of the media relations team, I learned during orientation that the most important sources of information for those choosing Mayo Clinic were word of mouth, news media stories, and physician referrals. Our team’s focus was working with journalists and facilitating more of those news media stories, including through syndicated features.

In 2005, after I had become manager of the team, we saw opportunities to experiment with what we then called “New Media.” We created an RSS feed for our daily syndicated radio segment and listed it in Apple’s month-old iTunes Podcast Directory, and fortunately saw it featured on the front page for 3 weeks. The resulting 8,100% increase in
audio file downloads helped us make the case that we should explore further, leading us to experiment with YouTube, consumer-grade video cameras, Facebook, Twitter, and blogs.

Our initial applications were aimed at doing media relations work more effectively, such as pitching story ideas through YouTube videos of physicians and featuring patients, instead of by press release or phone calls.

We soon saw opportunities to go deeper with narrower audiences of patients interested in highly specialized content about relatively rare diseases and conditions for which Mayo Clinic had leading expertise. Instead of only reaching mass audiences with general interest news via journalists, we also could engage audiences directly and invite them to share their perspectives.

Some hospitals hesitated to use social media because of concerns related to patient privacy and particularly the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Mayo Clinic’s previous media relations work and proper understanding of the regulatory environment of health care were essential to our ability to venture into these new platforms.

Through an analysis of the issues in collaboration with our Mayo Clinic Legal Department, we determined that those barriers to engagement could be easily addressed. HIPAA prohibits covered entities, including hospitals, from disclosing protected health information about patients without their consent. In our media relations work, we had facilitated patient stories for many years by obtaining exactly that type of patient consent, so in our “new media” world of blogs and social media, we would require the same signed authorization before Mayo would publish any protected health information on our platforms.

But patients aren’t covered entities under HIPAA: If they choose to disclose information about themselves on public social media sites, even on a hospital-sponsored page, the hospital isn’t publishing the information—the patient is. So the privacy-based obstacles to engagement could be overcome either through a standard media release or through proper understanding of who was actually initiating publication.

As colleagues from other hospitals saw Mayo Clinic’s social media initiatives, they inquired as to how Mayo had resolved concerns and asked for resources to help drive their organizations’ social media adoption. As we relayed these questions, Mayo Clinic leaders saw an opportunity to create a modern-day analog to The Surgeons Club, but this time for social media.

In July 2010, they established the Mayo Clinic Center for Social Media and the Social Media Health Network, now combined as the Mayo Clinic Social Media Network (#MCSMN), to accelerate adoption of social media strategies throughout the Mayo Clinic enterprise and to serve as a resource for peer organizations.

Whereas Mayo Clinic’s social media efforts had been focused on public relations and marketing applications, the goal of #MCSMN was to encourage use of social media to support clinical practice, research, and educational objectives. #MCSMN staff consulted with internal stakeholders to help them conceive appropriate social media strategies and developed resources to support their efforts. They also recruited a diverse group of external thought leaders and practitioners to serve on the #MCSMN External Advisory Board.

In addition to making exemplary guidelines and related documents available to peers globally, beginning in 2011, #MCSMN has accomplished the following:

- Developed Social Media Residency as a day-long immersive course for professionals interested in quickly becoming familiar with these tools and creating strategic social media plans
- Hosted annual conferences at its campuses in Minnesota, Arizona, and Florida to bring together network members to share case studies and best practices
- Held 2 International Healthcare and Social Media Summits in 2015 and 2016 in Brisbane and Melbourne, Australia, in response to an invitation from participants in these conferences
- Collaborated with Hootsuite, Inc, to create the first continuing medical education–accredited online course in the basics of social media for health care professionals in 2015
- Created a sister site, Mayo Clinic Connect, which is a community of communities with more than 80,000 patients and caregivers who support and encourage each other as they share their experiences in more than 50 disease-specific groups

As social media in health care has come of age and become more widely adopted, #MCSMN has evolved to become a free platform for anyone interested in these applications to engage in discussions and to make connections with like-minded peers. Its core premium offering is a corporate membership that offers employees of member organizations unlimited access to the same training resources Mayo provides to its own staff.

In so doing, we’re keeping faith with the legacy bequeathed to us by the Mayo brothers. As Dr Will said, “It is a great thing to make scientific discoveries of rare value, but it is even greater to be willing to share these discoveries and to encourage other workers in the same field of scientific research.”

In his day, members of The Surgeons Club paid dues of $1 for their educational visits to Rochester. Thanks to the scalability of digital platforms, today’s annual corporate dues for #MCSMN are even lower, especially accounting for inflation… and without the time and expense of travel.

Mayo Clinic’s social media leadership through #MCSMN is a natural extension of the social networking that was so instrumental in its founding and early development. Its continued
existence and growing relevance support this thesis: If social media had been seen as a harmful mutation, it would have been rejected by the organization’s immune system.

Beyond its consistency with Mayo Clinic’s organizational origins, social media used properly is an expression of the DNA and fundamental values of health care more broadly. By enabling connections among those sharing personal or professional concerns about diseases and conditions, social media tools can disseminate the latest knowledge, inspire exploration, and enable community and mutual support.

In political life, much of the promise of social media has gone unrealized, undermined by partisanship. Although pockets of partisanship also exist in health care, such as among vaccine skeptics, opposition to the common enemy of disease and infirmity has enabled greater unity and effectiveness in health-related applications of social media platforms.

As more health care professionals and organizations join online discussions, the pace of change can accelerate. We look forward to supporting their involvement.

Author declaration and disclosures: The author is Director of the Mayo Clinic Social Media Network but derives no personal compensation from sale of its products and services.

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DIA 2019 Global Annual Meeting
June 23–27, 2019
San Diego, California

International Society of Managing and Technical Editors
August 1–2, 2019
Durham, North Carolina
https://www.ismte.org/page/Conferences

Regulatory Affairs Professionals Society
September 21–24, 2019
Philadelphia, Pennsylvania
https://www.raps.org/regulatory-convergence

Plain Language Association International
September 25–27, 2019
Oslo, Norway
https://plain.difi.no/

National Association of Science Writers
October 25–29, 2019
State College, Pennsylvania
https://www.nasw.org/events

International Conference on Communication in Healthcare
October 27–30, 2019
San Diego, California
https://www.achonline.org/Events/International-Conference-ICCH/2019

American Public Health Association
November 2–6, 2019
Philadelphia, Pennsylvania
https://www.apha.org/events-and-meetings/annual

European Medical Writers Association
November 7–9, 2019
Malmö, Sweden
https://www.emwa.org/conferences/future-conferences/

AMWA Medical Writing & Communication Conference
November 6–9, 2019
San Diego, California
https://www.amwa.org/conference