

Why and How to Use QR Codes in Healthcare



As healthcare embraces technology to improve patient outcomes, streamline operations, and lower costs, the technologies with the most impact are the ones that Make Things Simpler.

One of the most basic ways to simplify a complex process to is remove friction

The electronic medical record removes the *friction* of paper records – finding, handling, storing, and securing them – all the things that can get between the critical information on the page and the physician who needs it. A smartphone removes the friction of needing to be near a desktop to read and send email, get contact information, and securely access practice and hospital documents and patient data. This technology provides value by simplifying a process to its core so that time, effort and resources are not wasted on mishaps, transportation, and basic human inertia.

Now, think about your practice's web content: the basic information and elevator pitch about your services that you want to communicate to existing and future patients. **Your content** is the reason you have a website in the first place and you should always be looking for ways to get eyeballs in front of it. Email lists, Facebook and Twitter, direct mail and practice brochures are all designed to connect people with your content to drive business to your practice. If someone

sees a link to your content while they're at their computer, then the only friction you'll encounter is getting them to click to go to your page.

But what about all the mobile time your potential customers spend?

If they see an advertisement – TV, billboard, print – that has the URL (web address) you want to send them to, they will have to bypass a lot of potential friction before they see your content. They have to:

- Commit to going to the website later
- Remember the URL, and why they wanted to go to in the first place
- Follow through with this commitment and remember how and why they wanted to go to the page
- Type the URL into a browser

With social media and email campaigns that are usually accessed through internet enabled PCs or mobile devices, a simple link enables you to bypass all of this potential friction because there's a fairly good chance that your customer will either click the link immediately, or possibly bookmark it to check it out later (enabling a much easier recall). But with print, public, and televised advertising campaigns the odds are the customer doesn't have either:

1. An internet enabled device on them at the moment, or
2. The time or inclination to check out the website immediately- and if they did, they would encounter more friction typing the address into their mobile.

So how can you overcome this friction, and get the benefits of the simplicity of a link in a "real world" marketing situation? One way is with Quick Response (QR) codes.

A QR code is a two-dimensional barcode that can be quickly and easily read by a fairly simple piece of software to

communicate a piece of information: text, or a phone number or other contact information, or a web address to direct a phone's web browser. Most of the QR Codes themselves are a small jumble of black and white pixelated dots that sort of resemble a "digital bacteria" or some sort of computer life form. But in many ways, Quick Response (or QR) codes are like hyperlinks that exist in our physical lives. By installing a small program on your phone, and then taking a picture of the code with your phone, you can immediately access the information embedded within.

- See a newspaper ad about a sale at one of your favorite stores, and scan the QR code to get a link to a coupon for an additional discount, or to register to be told about other upcoming sales.
- See a TV commercial about a new restaurant, where scanning the code on TV leads your phone to a website to make reservations for dinner, or receive a special two-for-one deal.
- See a poster at a health fair booth and scan the QR code to get an instant calculator app that gives you easy exercise options for someone your age with your level of physical fitness.

By removing the friction of telling someone about web content without giving them the ability to access it automatically, QR Codes lubricate the entire person education process. A QR Code on a brochure can facilitate initial contact with the patient by sending them to a website to get more information, or book an appointment, whereas a phone number to call with more info, or even just the practice's web address means a patient is left to go the rest of the way on their own. On top of that, a QR code is a simple and effective way to improve your image as an organization on both a technical and user friendly front, and QR codes are flexible enough to handle a lot of different applications in your practice:

- Flyers about annual checkup services: (blood pressure,

weight management, mammograms) that your patients see as they leave (often when most motivated to seek additional services) can include links to more information (general info sites, government warnings, approved resource sites, treatment communities) or redirect to content on your site or blog.

- Advertisements for surgical procedures and contain codes to access before and after pictures and patient testimonials, or to a landing page to submit requests for more information.

By streamlining the process of fulfilling a patient's request to "*tell me more*", QR Codes give practices an easy (and did I mention **free**) way to build relationships, influence patient health choices and outcomes, direct patients to the content you choose for them, and even send the message that your practice is on the leading edge of technology.

Five steps to start using QR codes in your practice right away

1. **Decide** how QR Codes fit into your overall marketing and education effort. Which real-world situations do you want to link to web content?
2. Setting up a QR plan doesn't have to involve a big up-front expense. **Use free programs** like Kaywa (<http://qrcode.kaywa.com/>) to generate codes for your campaigns, and free readers like i-nigma for iPhone (<http://itunes.apple.com/us/app/i-nigma-4-qr-datamatrix--barcode/id388923203?mt=8>) and QRDroid for Android (<https://market.android.com/details?id=la.droid.qr>) to get started right away
3. **Think carefully about where you place the codes themselves.** You want people to have access to the info, without making the code itself the center of the message. The code is the link to more, not the point of the marketing effort. And make sure people can see and

frame the code easily enough that they don't struggle to scan it. Don't add friction now!

4. **Don't assume** everyone knows what the code is, or what to do with it. Give them a clear call to action, complete with instructions. "Scan this code with a QR reader to receive (learn more, find out, book now...)"
5. Make sure the payoff at the other end of the code is worth the effort. **Give them some real value** for their scan. It could be a discount, it could be exclusive, valuable, it could be a frictionless way to make an appointment with you (win-win!), but don't have people scan if the effort won't be rewarded with real value.

12 Ways to Supercharge Your Practice in 2012: #3 Create a Customer Service Culture

Is Your Practice Struggling?
Click Here for 12 ways to
SUPERCHARGE IT!



When do you think about customer service in your practice?

When things start heading downhill? You overhear something that surprises you, complaints seem to be on the rise and you think, "time for another customer service seminar."

The problem with this, of course, is that customer service is a day-to-day relationship. If you wait until you recognize the signs of things heading in the wrong direction, it could be too late. Just like other relationships, customer service in your practice needs consistent attention and creativity to keep things fresh and in the forefront of everyone's mind. Just like other relationships, customer service is a living thing that needs care and feeding.

Here is what Customer Service isn't:

- A script.
- Regional casual endearments like honey, darlin' or sugar.
- Talking to another employee about something unrelated to the patient in front of the patient.
- Telling the patient the physician is delayed due to an emergency when he's late because_____. (fill in your own answer)
- Having patients sign in, then shouting out to the waiting area for the patient to come back up to check in.
- Leaving patients in the examining room for longer than 15 minutes without checking in on them and giving them an update.
- Bad customer service means patients may not come back, they may tell 10 or more people about their experience and they'll probably give your practice a very bad review on Twitter, Facebook, Yelp, Angie's List, HealthGrades and 10 other rating sites.

Here is what Customer Service is:

- Seeing people as individuals and remembering something about each one of them (yes, you probably will have to write it down to remember it, but I'm sure your computer system has some place to write a note.)

- Setting the practice thermostats to a comfortable level for the patients, not the staff. If you can't get the thermostat to behave, tell every patient that the office is chilly and to bring a sweater or jacket. Buy a refurbished blanket warmer. Everyone loves a warm blanket!
- Inviting patients to roundtables to tell you what they like and don't like about a practice. Don't forget to invite the patients who are really, really mad at the practice – they give you the best information and can become your greatest advocates.
- Telling patients when they call for their first appointment that the doctor always runs late and that no matter what appointment time they get, they should always come 30 minutes later. (Yes, you could try to retrain the physician, but I've never been able to, have you?)
- Excellent customer service means patients will feel good about coming back, they may tell 3 or more people about their experience and they might even give your practice a very good review on Twitter, Facebook, Yelp, Angie's List, HealthGrades and 10 other rating sites.

Customer Service is WHATEVER MAKES PEOPLE FEEL BETTER.

It is anything from saying "I'm sorry we didn't do the best that we could have for you," to providing a drink or a place to have a private conversation. We don't have to be perfect, we just have to have the desire to provide the perfect experience for each patient. Compassion is having no preconceptions about the other person and being willing to serve the other person's needs regardless of your own feelings about the person. It is taking "you" out of the equation.

Try this exercise with your staff. Tell them that none of the

patients coming through the door today will be paying, except for one person. That one person will be paying for all the patients in your practice today, and that one person will make it possible for the practice to stay open and for the staff to receive their paychecks. However, no one will know which person is the one that is paying for everyone. How will the staff treat the patients today?

How do you create a culture of service in your practice?

- 1. Your physicians model it.** The manager can be the most service-oriented person in the universe, but if the physicians don't model it, it's all over. The physicians must be respectful. (Dear physicians, please don't stand outside exam rooms and tell jokes, or talk to drug reps or talk about other patients because I have never met the exam room wall that you can't hear right through. You upset the patients and make the staff uncomfortable.)
- 2. You model it.** You prioritize patient complaints by meeting with patients and speaking with patients when they call. [You apologize.](#) You investigate their concerns.
- 3. You recruit for it.** You tell applicants that this practice exists to be of service to others, and if that is not a concept they are comfortable with, this is not the job for them. If they want to be of service to others, ask them for some examples of how they have been of service in previous jobs and what they would intend to do here.
- 4. You acknowledge good customer service** when you see it or hear about it from others. You may have a reward program in your practice for excellent customer service. You publish compliments about customer service in your newsletter or on a staff bulletin board.
- 5. You establish clear expectations.** Speak respectfully to

all people in the practice. Keep voices down. Smile. Patients often remember the “hello” and the “good-bye” the most – make them count. Be confidential. LISTEN and do not think you already know what every patient is going to say. [Read this.](#)

6. **You talk about it** in staff meetings. Someone told me once that there are only two reasons why people get angry – they’re either hurt or they’re scared. That has stayed with me for a long time. Teach employees to diffuse situations, to apologize sincerely, and help them by role playing the right answers to patients who are angry or disappointed or sick. Make sure everyone knows that patients have lots of choices for healthcare.
7. **You measure patient satisfaction.** You can measure it in a BIG WAY or in a small way, but start to measure it. There are a number of very fine organizations who will develop custom patient satisfaction forms for you, distribute them, collate them and interpret them for you and get you started on the road to improvement. You can also brainstorm with your team about a customer service focus each month of the year, and see what improvement gets the most comments from patients. Try a greeter in the reception area, calling every patient who had a sick visit the previous day to check on their progress, a nurse visiting your patients in the hospital (not cared for by you), a limited house call schedule – they can be little things or big things – recipes for patients to take home, patient voting on a big ballot for the magazines they’d like to see in your waiting area and exam rooms...the ideas are endless.

What will you do this year to change customer service at your practice?

Is Your Practice Struggling?
Click Here for 12 ways to
SUPERCHARGE IT!

The Social Media Conversation

As social media matures and more healthcare groups gain experience using it, we understand more about it and the role it will play in the future of healthcare.

Last week, Abraham and I gave a program called “Starting the Conversation: An Introduction to Using Social Media In Healthcare” to a group of healthcare managers. We discussed social media’s potential to influence patient satisfaction, which is expected to influence reimbursement.



You can download our program [here.](#)

Resources from the presentation:

[AMA Social Media Guidelines](#)

[Ohio State Medical Association Social Media Policy](#)

[CDC Social Media Toolkit](#)

[Dose of Digital Wiki of Healthcare Communities and Websites](#)

[Pew Internet and American Life Project](#)

[Mayo Clinic Center for Social Media](#)

[Manage My Practice Social Media Posts](#)

[“Found in Cache” Social Media resources for health care professionals by Ed Bennett](#)

[Five Simple Rules for Social Business](#)

[Brian Solis Definition of Social Media](#)

My Talk: Introducing Social Media in Healthcare

Yesterday I had the pleasure of speaking to the Fayetteville (NC) Area Medical Group Managers Association (FAMMA) and we had a lively discussion about social media and healthcare. Here's the [link](#) that you can use to download my powerpoint presentation.

An Interview With Author and Conference Innovator Adrian Segar: Conferences That Work

☒ I could write thousands of words about Adrian Segar and “Conferences That Work” because my conversation with him went that far and that long and he was that interesting to speak with.

Adrian told me “I am on my fifth career” and that “the arch of my life makes sense.” What a wonderful thing – to have one’s life make sense.

He has been an academic, a physicist, an IT consultant, a conference developer, and now, a consultant to others searching for ways to make conferences work. His book “Conferences That Work” was published last year and is now gaining the recognition it deserves. Among others, he has

been consulting with MGMA on the new “EDGE” program they are unveiling for 800 people in March 2011.

Adrian and I covered a range of topics and we discussed [my dwindling interest](#) in attending conferences for the past several years. He, too, had been disappointed in conferences – even those he organized – and was determined to find why traditional conference aren’t making the grade any more.

His book outlines four assumptions that traditional conference planners make:

Assumption #1. Conference session topics must be chosen and scheduled in advance.

Assumption #2. Conference sessions are primarily for transmitting pre-planned content.

Assumption #3. Supporting meaningful connections with other attendees is not the conference organizers’ job; it’s something that happens in the breaks between sessions.

Assumption #4. Conferences are best ended with some event that will hopefully convince attendees to stay to the end.

Adrian’s starting point was the current conference model of passive learning – letting others choose the topics and speakers and offering attendees limited opportunities for

anything besides pre-determined content. He moved from the model of passive learning to peer learning – leveraging the power and knowledge of the attendees to harness the hot topics of THAT MOMENT, not the moment that the conference committee met to determine the educational content 12 months or even 6 months ago. He noted that the best conference committees are able to guess less than 50% of what attendees really want from a conference.



Adrian uses the example of social media to illustrate the difference between broadcasting information (old) and partnering to share information (new), and notes that the goal of Conferences That Work is to “bring the resources of all attendees to each attendee.” I’ve been to a one-day meeting that accomplished that goal and I left the “camp” feeling energized, overrun with ideas and already connected through Twitter with almost everyone at the well-attended program. It was amazing.

If you are developing meetings or conferences for your church, your charity, your local or state managers group or for any other type of group, or if you want to see the future of conferences, you owe it to yourself to read “Conferences That Work” by Adrian Segar. He’s on a mission and he’s going to design and rock a conference that you, if you’re lucky, will attend some day soon.

Excerpts from his book are available [here.](#)

Free downloads to assist in making conferences that work are [here.](#)

His blog is excellent and can be found [here.](#)

This is My Application for a Spot on the Advisory Board for the Mayo Clinic Center for Social Media



Image via Wikipedia

Recently the Mayo Clinic launched its Center for Social Media and announced the names of 13 well-suited social media stars to sit on its volunteer external advisory board. An additional 12 people will be chosen from nominations and applications. This post is my application.

I've been writing about social media in healthcare since I read [Phil Bauman's groundbreaking "140 Healthcare Uses for Twitter"](#) almost two years ago. The exciting potential for social media in healthcare settings is also cause for apprehension among administrators and clinical staff. What once was so hidden, so cloistered, so proprietary, so inscrutable is now emerging into the sunlight and is becoming collaborative, transparent, open, consumerist and available. It's refreshing and scary.

I started my career in healthcare as a temp receptionist in an orthopedic office over 25 years ago. I have been a consultant, a private practice manager of small practices, a Chief Operating Officer of a very large practice. I've worked with

physicians and care providers of all kinds in settings both rural and urban, for-profit and not-for-profit, and I have done most everything in healthcare except serve on the Mayo Clinic Center for Social Media Advisory Board. (hint)

For the talent portion of my program, I will be interviewing myself live.

Q: Tell us something interesting about yourself.

A: I was Butler County (PA) Junior Miss of 1976 (a brains pageant with some physical fitness thrown in for good measure.)

Q: What is your greatest regret?

A: I wish I had taken touch typing in high school.

Q: Are you a cat person or dog person?

A: A cat person but I get along well with dogs.

Q: Favorite charity?

A: My brother is a missionary in Ukraine and his organization (www.muchhope.org) helps disadvantaged children with food, clothing, healthcare and education.

Q: How do feel about shameless plugs?

A: I find them tacky, but ultimately necessary.

Q: What social media apps do you use?

A: Twitter, Facebook, LinkedIn, YouTube, GoAnimate, Wellsphere, WordPress Blog

Q: What is your favorite social media app for healthcare?

A: Ummm. Pass.

Q: Why you?

A: Why not me? I'm a patient, a mom, a wife, a healthcare manager, a social media groupie, a blogger, a reader, a thinker, a cartoonist, a learner, a writer, an observer of life. Every board needs me.

Q: What is the future of social media in healthcare?

A: Mobile, for sure, and I think QR codes have tremendous promise.

Q: What is your favorite social media app for healthcare?

A: Facebook. The potential is unlimited.

Q: Last question: "healthcare." One word or two?

A: One.

NOTE: If my beloved readers wish to support my appointment to the MCCSM Advisory Board, please Tweet about me with the hashtag #mccsc, leave a comment on the MCCSM blog [here](#), or send an email of support to socialmediacenter@mayo.edu. Thank you!

Your Digital Reputation: What Does Your Online Presence Say to Future Employers?

I have been getting lots of questions lately about finding jobs in healthcare management. The healthcare field is very mobile right now and many managers inside the field and in other fields are looking for advice on the best way to make a move.

In addition to making sure they have the right skills and experience, job seekers also need to be sure that their digital reputations are sterling, and if not, need to make the move to correct them. In fact, **every single person reading this post should check on their digital footprint** and see what the web has to say. You never know when an employment change

will suddenly be in your future.

What if you don't show up on the web radar at all because you're not on Twitter, Facebook, LinkedIn and Google finds no matches for your name? That says you're not in the know, not networking, not sharing and definitely not computer-savvy. Here's an excellent SlideShare presentation by Susan P. Joyce of job-hunt.org that gives job seekers (and truly, each one of us in healthcare is a job seeker, whether we admit it to ourselves or not) a gold mine of information about creating or correcting your online presence.

[Online Reputation Management for Job Seekers](#)

View more [presentations](#) from [Job-Hunt.org](#).

Guest Author Jamie Verkamp: Healthcare Leaders Recognize Social Media as a Way to Connect with Patients in the New Year

✘ With huge growth in 2009, social media is not just a passing trend used by online marketers; it's a real, effective method of communicating ideas, sharing information and connecting with people across all age and socioeconomic groups. Healthcare, while slower to adopt the social media wave than other industries, is coming to realize the potential social media tools provide to develop connections with

patients, potential patients, along with other physicians and healthcare leaders around the world.

What are some of the driving forces behind this explosion in popularity? One reason is that as consumers, we're no longer trusting of advertising and we don't want to be marketed to, we want to be engaged, build a relationship, make the company earn our trust and hear our friends or family's review of their experiences. In fact, studies show that today, only 14% of people trust advertising, whereas 78% of people trust recommendations and referrals. Companies are using social media outlets to build relationships, trust and encourage recommendations and referrals from their engaged consumer base. As practice, hospital and physician growth are so strongly correlated to patient referral and recommendation volumes, it is only natural healthcare organizations look to social media outlets to continue to foster patient relationships and increase referral volumes.

As of February 2010, where is the healthcare industry in its adoption of this social media explosion? Larger organizations and health systems are utilizing the power to connect, share and engage their patients. While, on average, smaller private physician groups and individual physician offices are still slightly hesitant and dipping their toes in the social media pool cautiously. One can understand why healthcare professionals do need to take a more strategic approach to interacting and engaging patients online with potential HIPAA privacy issues and other challenges looming. However, with a carefully crafted social media strategy, many health organizations are realizing the benefits of becoming more accessible in their marketing and reaching out to inform, educate and build trust with patients. According to Ed Bennett (edbennet.org) hospitals are currently at a 53% adoption rate, with 336 Facebook pages, 430 Twitter Accounts, 254 YouTube Channels and 70 blogs. In total, 557 health systems are reported to be participating in some capacity with

social media, with the term “social media” encapsulating many forms and tools, including Facebook, Twitter, YouTube, blogs, LinkedIn, Flickr, and a number of patient forums.

How are healthcare organizations using these tools effectively? Let’s focus on the top three tools currently adopted and being utilized in the healthcare social media sector.

Facebook: Physician practices and health systems alike are using Facebook as a dynamic, community-based website. It has become a place where physicians and leaders can post timely, organic or professional videos to educate patients and also connect on a more personal level. As a valuable resource for health information sharing, many organizations are taking the embarrassment out of sensitive subject matter and addressing specific medical problems, questions and issues for patients. Also, introductions to staff members and tours of the facilities are assisting organizations with connecting with their patients outside the four walls of their office and building rapport before patients even arrive for their appointment. Practices are also encouraging patients to participate and engage on their site through discussions and contests. Private practitioners are more likely to start their social media strategy with just a Facebook Fan Page, while larger health systems and hospitals are embracing other social media tools in combination with Facebook in their initial strategy.

Twitter: Twitter is being adopted quickly by the larger health systems as a way to share information, publicize events like health screenings, fairs and clinics and also connect with other health organizations. I like to think of it as a public relations channel for these hospital and health systems. What’s great is that in short, 140 character or less “tweets”, these organizations are sharing a wealth of information to their patients and those patients are finding ways to access this health information and the system like

never before. Overall the smaller, private practitioners are not as quick to adopt Twitter as they are a practice website or even Facebook, but many are starting to realize the benefits of utilizing this community as a way to share their expertise and knowledge, along with driving traffic to their websites.

YouTube: Healthcare organizations are using YouTube like their own, private television station that can be shared with millions of viewers across the world. Again, more popular amongst the larger health organizations, videos of procedures, interviews with clinicians, tours of new facilities and patient testimonials are being posted in a searchable, user-friendly manner to continue to enhance brand awareness, build trust and gain patient loyalty. This social media tool can be used much like Facebook, easing patient fears and answering tough or embarrassing questions. It can also give patients a visual insight into the facility so they know what to expect before arriving at an appointment or for a procedure. It can act as an online referral source, highlighting patients that have had outstanding experiences and are recommending that organization to over a billion of their closest friends and family online. YouTube is the second largest search engine and healthcare professionals are quickly utilizing its power to share and connect with patients.

The fact of the matter is that for all industries, including healthcare, social media is both a curse and a blessing. Patients, who are now consumers with choices, can post content and interact freely with their physicians and their hospitals, sharing both outstanding experiences and negative experiences. Many health professionals are worried about their vulnerability, but social media is real life, online. As 2010 progresses, you'll be seeing more and more attention placed on social media by healthcare professionals and by the end of the year, it will be a necessity for organizations to be participating and engaging online, or be left out.

For those organizations still looking to test the waters, my best advice is to develop a clear and concise plan for your online activity. Think about your goals, who are you trying to reach and where are those patients connecting online? What resources do you have to allocate to this new marketing initiative? Will you keep your efforts “in-house” or look to a firm to help with the process? Who will manage this strategy once it has been developed? What legal implications must we bear in mind as we move forward to protect our patients’ privacy? These are some of the questions that must be asked before ever jumping into the real-life world of social media. Remember, your patients want to feel engaged and interact with you; they are not looking to be marketed to, promoted to, or sold to. They want real information that can assist them in making important health decisions, while getting to know you and why you care about them as a patient. Use social media tools as a way to connect with your patients outside your office and build lasting relationships, keeping you on the top of their mind. When you can make those types of connections with your patients and build loyalty, your organization will begin to see social media as an effective way to increase your referral and recommendation volumes.

Thanks to guest author Jamie Verkamp, Director, Growth and Development of (e)Merge whose tagline is “Helping Medical Practices Grow”. She can be reached by phone (816)326.8464 – OFFICE, (816)565.1657 – CELL, (816)474.0595 – FAX and can be reached electronically [email](#) | [web](#) | [twitter](#) | [facebook](#).

Dear Mary Pat: Should Staff

Be Allowed to Use The Internet on Their Smart Phones at Work?

I think so.

But I know I'm probably in the minority. Many managers do not approve of employees using their phones for social media (Twitter, Facebook, etc.) at work, but I am actually okay with it when used with discretion. Unlike computers, with smart phones you do not need to worry about viruses infecting the office network.

Most managers accept and allow employees who smoke to step outside at least twice a day to smoke a cigarette. Doesn't it seem fair to allow everyone else to take a phone break to check messages, make calls and text a few people?

Here are some objections I've heard to allowing staff to use their phones at work, and my answers.

"They'll never get any work done if you let them play on their phones all day."

My Answer: I only hire adults. I expect adults to have a reasonably well-formed work ethic that is demonstrated by doing work first, and doing non-work on breaks and briefly other times. If the practice can't run without me peeking over their shoulders every hour or so to see if they're working, then I am not a very good manager.

Performance measures are a great way to set guidelines for what work must be done. If the employee is meeting their performance goals appropriately, why shouldn't they be able to take a micro-break to catch up on life?

"Employees should do work at work and save their home life for

home.”

My Answer: Employees are people with busy lives, lots of commitments and lots of responsibilities outside of work. Every single one of us needs to attend to our personal lives for some part of the day. Most of it can be dealt with at lunch or during breaks, but sometimes people need to attend to their lives at work. I want them to be able do that, within reason, because it is a realistic response to life in 2010.

“What if staff using the Internet on their phones puts the practice at risk?”

My Answer: If you have done a good job of educating your staff about confidentiality and HIPAA, you should have no worries. In short, staff should not reveal any patient information (via spoken, written or digital communication) to any third party for any reason besides those dictated in your Notice of Privacy Practices (NPP). Your HIPAA education plan should be reviewed and updated annually to include any policy changes due to the use of social media for personal and practice purposes.

Dear Mary Pat: How Do I Get My Foot in the Door? (24 Things to Do to Break into Healthcare Management)



So you've been trying to become employed in healthcare, or

you've tried to enter healthcare management, or you're trying to move from one job in healthcare to another. You've read my [post about my search for a job](#) in healthcare and have been soldiering on, but you're just not getting anywhere. You might have education, but no experience or you might have experience but no formal education.

Healthcare is no different from any other field. It's a hodgepodge of what you know and who you know. What everyone is looking for is expertise and authority and that can't always be demonstrated by a degree or years of experience. A new buzz phrase is "What is your value proposition?" or "How will you pay for your salary and make me (doctor, practice, hospital, health plan) money besides?"

If you want to enter the field or climb the ladder in healthcare management, you need to demonstrate that you have something of value that someone wants. Try some non-traditional ways of gaining expertise and demonstrating value, like the ones I list here. Yes, each of these will take time in addition to your current job, but it has the potential to give you a hand up to your next job. If you don't currently have a job, you have lots of time to work on the list below, and when potential employers ask what you've been doing while unemployed, you have a great answer!

1. Blog about the field you want to enter – learn about the field and write about it.
2. Write about being in the middle of a transitional field and your experiences along the way – if you're a compelling writer, I'll publish it as a series on my blog!
3. Create a site of resources for others that already do what you want to do.
4. Interview others in the field you want to enter and publish the interviews.
5. Ask people if you can shadow them for one day or a half day to understand what they do to see if you're on the

right track (who would say “no”? I wouldn’t.)

6. If you haven’t used voice recognition, invest in a basic copy of Dragon and learn it inside and out.
7. Learn how electronic health records (EHRs) work. If you’ve never used one, gain experience by finding someone who has one and volunteer your time to write a user’s guide for them, or to use their user’s guide and critique it for them. Do that for as many different EHRs as you can find.
8. Think creatively about jobs in a department you want to be in, just not in the job you want to be in – call temp agencies, computer schools, software companies, any healthcare entity going through a conversion, etc.
9. Tell everyone (if you’re free to talk about it) what you’re looking for – you never know who might help you find it.
10. Volunteer to do an informal project for someone in the field – some topic they need information about but never have the time to do.
11. Join the [American College of Medical Practice Executives](#) (ACMPE) and pursue board certification and become a Fellow in the college. These credentials are quickly becoming the standard in the field.
12. ~~Get a Google Health account and learn how to use it inside and out.~~
13. Get a Microsoft Health Vault account and learn how to use it inside and out.
14. Get accounts on any other personal health record (PHR) platform you can find.
15. Publish case studies on common problems in other fields and how they were solved, and apply those solutions to healthcare problems.
16. Put a chart on your resume showing each skill you have and how it transfers to healthcare and brings added value to your potential employer.
17. If you don’t yet, get a Twitter account (free) and start conversations with others in the field.

18. If you don't yet, get a LinkedIn account (free) and join groups that are talking about the things you want to learn about (Twitter will give you more info and friends, LinkedIn will make you more business connections)
19. If you aren't already, sign up for websites that focus on what you are interested in, read them religiously and comment on their posts.
20. If you don't already, get your resume on visualcv.com (still free I think) Add any goodies you can to your visualcv that demonstrate you know your stuff – recommendations, videos, charts, white papers, etc.
21. Find someone to mentor you who is well-positioned (locally, regionally and nationally.)
22. Volunteer to do some pro bono work for your local professional group – your state MGMA, your state medical society, etc.
23. Join Toastmasters and polish your “elevator speech” so you can effortlessly let others know who you are and where you're heading.
24. Let me know what you plan to do, and how I can help.

Best wishes,

Mary Pat