

Can Twitter groups be effective for business discussion?

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STweM / #hcsmeu

As [Silja Chouquet](#) and myself perched expectantly in front of our respective computers in Switzerland and the UK at noon GMT on 7th August 2009, it was with some trepidation that we posed our very first question to the Twittersphere: ‘What use of social media (SM) is being made by healthcare in your country?’

I’d say ‘posed our very first question to our community’, but at that point we had no idea if there was one to address. A scant couple of weeks before, Silja and myself had encountered each other online and discovered a mutual fascination with the role the social web was beginning to play in democratizing the health conversation. We eagerly questioned each other in the hope that we would discover that an online group already existed that was facilitating discussion between the three key stakeholders in the health discussion, namely patients, providers, and the industry. Our disappointment in discovering that neither of us had such information to share subsided as we realized that we now had the opportunity to create one ourselves, predicated of course upon our assumption that other like-minded advocates did indeed exist elsewhere in Europe.

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In this inauspicious manner, ‘Healthcare Social Media Europe’ was born, and the hashtag #hcsmeu was forged. Our coy initial question was followed by two other rather less than inspiring conversation starters (‘What is the key driver of healthcare social media adoption in your country? Patient advocacy, healthcare professional bloggers, or national health systems?’; What are the most important differences between the use of social media EU vs. US?) which despite our scant pre-promotion attracted more than twenty participants, to our surprise and relief.

Ten months, **40 Twitter events**, one **conference**, and over **125 questions** later, **Healthcare Social Media Europe** has taken on a life of its own. The community has ratified a **mission statement**, and has **committed** itself to building a knowledge hub, establishing local chapters (with **Spain** being the first to mobilize) in order to promote the #hcsmeu agenda and recruit new members, and devise a means to collect, analyze and redistribute health data. It has a clear understanding of its **advisory** role, its commitment to improving patient outcomes, and its potential to signpost and share healthcare knowledge across the continent its membership hails from.

Healthcare Social Media Europe’s weekly online gatherings now attract as many as fifty participants, with

more than 250 followers of the **hcsmeu Twitter account**, over 230 users regularly deploying the #hcsmeu hashtag to share content and flag conversations, and a **potential readership of over 20,000**, which it has been pointed out is more than the circulation of some industry publications. The hour sessions themselves often have a ‘cocktail party’¹ atmosphere, with several simultaneous conversations taking place around each of the week’s three questions as they are addressed in turn. Unlike a cocktail party, however, where you may miss the most interesting discussion whilst you circulate elsewhere, it is possible to **review the #hcsmeu archive** after the event in order to get a fuller understanding of the group’s collective opinions on the week’s subjects.

Some themes are regularly revisited as the discussion evolves around the topic in question. The rise of participatory medicine, the development of healthcare professional and patient communities, pharma social media governance, and clinician engagement best practice within the social web are frequently considered. Similarly, PR crisis management, the facilitation of patient access to high quality health information, the democratization of the health conversation, and the way in which the industry deports itself on the social web have all proved to be popular topics, and attract regular submissions.

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Weekly meetings bring an air of contemporaneity to #hcsmeu, and some of the most interesting discussions have taken place around occurrences that have taken place during the preceding week, or on occasion only hours previously. The group was among the first forums to discuss Boehringer’s live tweets from the RE-LY study (4 September 2009), consider the significance of the announcement of the FDA hearings on social media (25 September 2009), and assess the potential threat that Google’s SideWiki posed to pharma’s websites (2 October 2009). More recently, the Sanofi-aventis ‘Voices’ Facebook PR crisis (19 March 2010), the impact of Ning’s withdrawal of its free services on patient communities (16 April 2010), fake patient campaigns (21 May 2010) and the iPad’s potential to improve the quality of care and patient outcomes (28 May 2010) have all prompted lively debate.

The rapid development of Healthcare Social Media Europe has had far less to do with Silja and myself having created the conditions of possibility for its existence than it has with the enthusiasm, commitment, and intelligence of its burgeoning community. The #hcsmeu membership has shown not only an enthusiasm for stimulating conversation around key health issues, but also a desire to affect change. Like our peers, Silja and myself are impatient to find out what comes next. Why not pose a question yourself next week, and discover with us just what that might be?

References:

1. Social Media Is A Cocktail Party: Why You Already Know The Rules Of Social Media Marketing, Jim Tobin. Available at **Amazon.com**.

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