

# Primary Care Cures

## Episode 43: This Doc Shows How Millions of Tweets Can be a Thing for You Too

**Dr. Dana Corriel, Founder of SoMeDocs**

Ron Barshop: Most problems in healthcare are fixed already. Primary care is already cured, on the fringes, reversing burnout, physician shortages, bad business models, forced buy outs, factory medicine, high deductible insurance that squeezes the docs and is totally inaccessible to most of the employees, the big squeeze is always on for docs. It's the acceleration of costs and the deceleration of reimbursements. I want you to meet those on this show that are making a difference. With us, Ron Barshop, CEO of Beacon Clinics. That's me.

Ron Barshop: Ockham's razor, put simply, states, that the simplest solution is almost always the best. It's a problem solving principle, arguing that simplicity is better than complexity. William Ockham lived in the 14th century, about 150 years before Columbus sailed the ocean blue. Why do we even care? Because this theory has driven so many of the greatest thinkers of all time, over the last seven centuries and it applies today to nearly every problem in health care.

Ron Barshop: Here's the most hopeful message that I see, feel and breathe almost every day. The solves are out there, the hacks are out there. They're simple fixes. There aren't one size fits all fixes, but they're big fixes, and the CEOs and physicians were the cheaper, better, faster way populate this show. That's what this is all about. I've tried to tease them out, but some of them will not to appear on the show. They're reluctant because I feel like there'll be targeted, and I'm talking about earners that are in primary care, making over seven figures. That's a million dollars, if you can't count the zeros. They feel targeted and are not going to be on this show.

Ron Barshop: So there's a family doc in the middle of nowhere, who retired early, who got me started on this journey, and he had tens of millions, and he retired in his fifties with a normal family practice, with an edge. And I'll talk about that in a second. He had 12 ancillaries, as his real business. Or I can talk about a consultant to 50 mostly PCP practices, who over time teaches them how to net seven figures using ancillaries. There's four other doctors I've met that net over a million dollars in their practice, and it's all legal and it's all within their scope. And it's all about ancillary income because that is the only one of two solutions for primary care to survive. It is not going to survive on its own, with no ancillaries. The other option, by the way, is direct primary care. That's another time for another show.

Ron Barshop: So today's guest is an ace at tapping your inner social media genius as a doctor, publicizing your ancillaries, your expertise, your philosophy, your values, how you present yourself to the world. And it's amazing how few physicians are involved with social media. Let me introduce you to Dana Corriel, M.D. She is a board certified internist with over a decade of experience working in outpatient general medicine. Family magazine named her one of the top 10 internists to follow on Twitter. [inaudible 00:03:06] has written about her. She's been in LA Times, Boston Globe, Neurology Today, SELF magazine, and many more.

Ron Barshop: She began to write in a personal blog, taking on a sabbatical and discovered this talent to connect that she never knew it was in her, as a social media writer. But how to mix the newfound creativity into a practice that simply lacks it, she began pushing boundaries in digital healthcare space. And with that, SoMeDocs was born. Short for doctors on social media. SoMeDocs is a network of doctors looking to mingle virtually, arm members with the best online tools to remote your voice and your brand, and then to make an impact globally, both individually and with collaborations. SoMeDocs now has 10,000 followers and millions of tweets across social media, and odd to say this, but going viral on the healthcare online space.

Ron Barshop: So Dana, viral is finally a good thing in healthcare, huh?

Dr Dana Corriel: Yeah. That's funny. I always say that as well. I like to infect people with positive things on social media. So I like that joke.

Ron Barshop: What you're doing, is a real privilege to talk to you, but it's also a real important new direction that physicians should be going, that they're not even looking at. What is the data on social media in medicine today?

Dr Dana Corriel: Well, so as just a tool for communication globally, the internet is taking the world by storm really because over 50% of the world is online, and over 40% of the world is active on social media, so that makes it over 75% of online users are actually on social media. I think that actually the medical world and healthcare in general, we lag behind the times, and so what the rest of the world knows in terms of utility of social media, is actually something that we're not really a part of and we're certainly not taking advantage of it to the max.

Dr Dana Corriel: I mean, I can say so much about that, but one of the things that I think is true is that physicians especially, we're so busy day in and day out, especially with some of the healthcare breaks that are happening right now with our healthcare system. We're so busy and we're so overworked and we're trying our hardest to survive in this field, especially in primary care,

that we just don't have the time to tackle social media. And yet social media may be a solution to some of our woes.

Ron Barshop: So doctors more than almost any other profession you and I could probably think through, fear lawsuits and blemishes on their records for [later credentialing. 00:00:05:56] Do you think that, that's a big factor besides the time you mentioned, as why they're not getting involved?

Dr Dana Corriel: Huge, huge. I mean, huge is an understatement. And here's why. I mean, you take someone who isn't a doctor and they go online and they make a claim, and for the most part they don't care. They don't care about the legal ramifications because who goes after just a random person that makes a claim online? Usually we don't, we just say, "Oh that person's a," I don't know, we use words like quack, right? But when a medical doctor goes online, just having those two initials or four initials, whatever it is, wherever country you're from, but just having earned that degree, sets us up for potential legal ramifications. And there's something wrong there because as a society, right, don't we want the people that have their degrees in health care making healthcare claims? And so I do think that legalities are at play here and I actually think that legalities of one of the root, the way that they're set up now, is one of the roots of our problems right now in medicine.

Ron Barshop: So if I'm hiring, if I'm in the hospital HR department, and I'm hiring a physician, I'm going to definitely take a look at their social media presence to see if they haven't slipped and made a mistake. I think again, this fear of that happening to them, has probably overblown, because maybe there's been one or two public lawsuits that are very visible, but they're one in a million lawsuits, aren't they?

Dr Dana Corriel: So, that's a great question. I actually, it's funny you said that, because you're right. I don't think it's happened very frequently, but I have to tell you, as someone who sort of prides herself at being innovative and in thinking ahead, I don't think this is something that will be true in the future. I do think that the lawyers are, they're smart, and this is an untapped territory and it's an unexplored space that will be very much explored in the near future. And so I don't necessarily think that this will not happen in the future. I do think that physicians have to be careful and I think that discussions like ones that you and I are having right now need to be had, because how are physicians going to be protected if we want them, right, the rightful influencers of healthcare. How can we protect them from being sued if we want them online influencing?

Ron Barshop: So let me give you an opportunity to present one or two thought leaders that you see in primary care that are using social media well. So these physicians listening to us can follow those folks and see how they're

presenting themselves, how they're stepping into their leadership, and how they're stepping into their thought leadership.

Dr Dana Corriel: Okay, I'll list a few. What's really amazing about social media is that each physician can sort of craft a presence that is specific to their niche. You can literally pick a topic. Even if you're a primary care doctor like me, who takes care of patients just generally speaking, right? I'll take care of someone who walks in and has an eye lesion, the same as I'll take care of someone who walks in and has abdominal pain or fever or a toe issue. What's nice about social media is that you can actually hone in on something specific. The reason I say that is because I know a lot of physicians that have sort of taken on work in a specific field, even though they're generalists, like primary care physicians.

Dr Dana Corriel: So for example, [inaudible 00:09:08] is out there, she's, I don't remember if she's a family medicine doctor, or an internist, but she just wrote a book on vaccine advocacy, and I think that's great. Someone needs to step up and do that because there's a lot of anti-vaccine rhetoric out there and false narrative about that topic.

Dr Dana Corriel: So another person that writes about, she focuses on I believe, dietary and heart health, is Dr Monique Tello from Boston. She's an internist and she's out there sort of talking about this important issue.

Dr Dana Corriel: And then someone who sort of speaks about everything and has a really big presence is Z Dogg. I really like what he does because he sort of taps into the creative and he sort of takes on like this, almost like other personality. He's got like a Darth Vader and he takes on rapping, but it appeals to the masses, but it appeals to the masses and very health positive messages. So those are important things.

Dr Dana Corriel: And then one last person to mention is Dr Jill Grimes. She's a friend and a colleague. She's a family medicine doctor who is writing a book about STDs, and especially geared towards teenagers. And that's a specific niche, that's very important as well. But she's a wonderful person to follow as well.

Ron Barshop: Right. What are your favorite platforms to watch? Are you a Twitter, you a Facebook, are you LinkedIn? What do you like to keep your eyes on?

Dr Dana Corriel: Great question. So being the quote, social media expert, someone who's created SoMeDocs, and having people reach out to me daily, and follow me, I actually have prided myself on using all of them, believe it or not. Maybe I'm better at some than others, but I honestly feel like they're all really amazing. It just depends on what your end point goal is and also your target audience. So if you want a specific age group, then you want to

target the platform where that age group is sort of hanging out at. And so Instagram is typically going to attract a younger crowd, a more millennial crowd. Whereas places like LinkedIn, LinkedIn draws in the more professional crowd, the older crowd, a little bit more sort of professional in its rhetoric and in the ideas exchanged there.

Dr Dana Corriel: So again, it's platform dependent. I personally really love Twitter. I think Twitter is fabulous for me, for idea generators and for creatives, because it allows you to really just spew out an idea, and then spew out another idea like minutes later, which makes it fabulous. So again, it depends on what you like, it depends on your talent and what you're good at. And a little quick pointer out there for people that are scared of using platforms is that, you don't have to be good at a platform. I wasn't good at everything when I began, but you slowly tweak your journey and you get better as you practice. Practice really does make perfect.

Ron Barshop: So there's, I think, an error in thinking. A lot of folks think that Twitter and the like, are going to generate tons of business for you right away. And then they'll read some statistics. They'll Google that maybe 66 or 67% of the folks using social media are not generating any business from it. So the way I look at social media, and I don't know how you do, but I look at it as a way to recruit people. I look at it as a way to establish myself as a thought leader. I've never gotten a single client out of it, and that's not actually the purpose of it. It's when I walk into a room, they know who I am because they've read something I've written. So, it's maybe more gravitas for me, than it is anything else about generating patients or generating clients? Do you agree with that?

Dr Dana Corriel: I absolutely do. In fact, I often point to the error in how physicians view social media, in that we're so algorithmic in the way that we like to look at things, right? We're always sort of looking for the algorithm. If I use social media, then my patient load is going to increase and it doesn't work like that. It's not magical in that way. It's magical in that over time you can see the benefits, but it's not going to happen overnight. There's no sort of magic pill that will make it better. There's no magic pill in real life anyway. Right. We always say to people like, "I'm going to put you on a pill, but it's not magic. You have to work on lifestyle modifications." Right?

Dr Dana Corriel: Same with social media. Nothing's going to get you from zero to being the world's foremost expert, just overnight. But it is possible to create a presence online and to get yourself places. So becoming a thought leader like you mentioned is huge, and opening doors, networking, name recognition, those are all things that are possible if you craft an online presence and an online brand for yourself.

Ron Barshop: Yeah. So the alternative is doing nothing. What is the problem with doing nothing?

Dr Dana Corriel: First of all, there's no real problem with doing nothing. I don't like to make people feel pressured or feel like they have to do something when they're not prepared. I can tell you firsthand that it was extremely difficult for me to get myself out there. And even when I got myself out there, it was hard to do certain things. And so there's sort of this period that you need to give yourself, you need to give yourself like a grace period to sort of get used to things and feel comfortable doing them. And that takes a while.

Dr Dana Corriel: So, lurking is an important thing, right? That's sort of like a social media lingo. Lurking is joining a platform, but then sort of just lingering there, and taking a look at how others are doing it. So when you lurk, you can sort of pick up on little nuances of what not only others are doing, but also what's working, and also what fits your personality. Because you'll see start to see that the virtual world has gotten a ton of little, like I mentioned, nuances, right? So some will fit your trajectory and some won't. So it's really important to go at your journey very slowly and to sort of craft it to your liking and to your end point goal.

Ron Barshop: So I'll tell you about some of the setbacks I had using social media, and I'm primarily LinkedIn. But some of these doctors, I mean it's mostly physicians that are attracted, and C suite hospital execs, that are attracted to my posts, and man, they'll hit me for an inaccuracy really hard. They will slam me and so I have to show the source material. I'm not giving a presentation at a CME conference. I'm just talking about trends and ideas and new things that they should be aware of, but man, accuracy is just a... I just get darts in my back every time I mentioned a number that's slightly off.

Dr Dana Corriel: Yeah, I think that's one of the negatives of social media unfortunately. It is a rough place to be lingering in it. It's not an easy space, because you are putting yourself out there publicly and you're setting yourself up for criticism, and that's actually one of the things that I tell doctors before they're going on. Is just, you do have to brace yourself because it isn't easy. And social media is something I like to consider unforgiving. It's an unforgiving space because if you are behind closed doors in a one on one conversation, there's much less pressure there. You can make a mistake. You could still be with a difficult personality who chooses to sort of to challenge you. But social media in general is not only unforgiving, but it has the potential to sort of, things how have the potential to escalate. Right?

Dr Dana Corriel: Because it's so one dimensional. It's so one sided. So you can say something that can be a mistake and people will just start to sort of pile up

on it, and people tend to gravitate towards that group mentality. They wait for one person, for two people, for 10 people to comment negatively, and then it almost spirals out of control. Whereas in real life, you can sort of make a mistake behind the closed doors, and even if it's a mistake that you made unintentionally, you can still apologize for it. Online, that's difficult to do.

Ron Barshop: You know, it's interesting to write something, that you write, or that I write, or any folks in social media write, it takes effort. There's a time involved. It's way out of proportion to the one or two paragraphs, or three paragraphs. But to criticize it just takes two words, fake news or wrong.

Dr Dana Corriel: Right.

Ron Barshop: It doesn't take any effort to criticize. So critics really have never bothered me because they're taking the easy path and they're not even explaining why. They just like to poke and prod and see what they can get a reaction to, to make themselves important. So I don't really worry about critics too much. What about you?

Dr Dana Corriel: That's a great question. Yeah, I think that the more successful you are, the more negativity. Some people do like to call it haters, but the more you will encounter, and not always because you're saying something wrong. Sometimes just because someone's resentful of the success that you've had. That's different of course than what you're talking about. I mean you're talking about putting data out there that actually may affect someone else's sort of livelihood and income and then they feel threatened, and so they go after you because of that fact. So those are two sort of different things, but both of those can be experienced online and you definitely have to brace yourself for that, when you are taking that dive.

Ron Barshop: I sometimes wonder Dana, if folks are hoping to be the Kleenex or Xerox of a certain type of thought leadership. In other words, maybe in three or four or five years, there's somebody that's just sort of owns the Mount Everest of some thought leadership in primary care, and they just sort of keep their position, like Z Dogg has done a beautiful job of that. Everybody can't wait to tune in and see what he's going to talk about next, because he's informational, but he's also entertaining at the same time. So he is the ultimate guy to watch because you're going to learn something and you're going to have some fun.

Dr Dana Corriel: Absolutely, and that appeals to me as well. I mean, my personality, and you can maybe hear it just in the way that I speak, I'm extremely down to earth, and that actually helped me in connecting to all of the patients that I treated over the years, is just that sort of, I don't know, that collegiality

feel that people have. They don't like to come to the doctor, especially not to their primary care doctor. They don't like to come to someone who's arrogant or who thinks that they're above them. And that has helped me there. And I certainly feel like that helps me on social media. It may actually turn off some people, especially in, for example, some academicians feel like it's too sort of, I don't know, it's not maybe professional enough for them, but I think that, that's actually the key to connecting with the public, with non physicians, and with getting important health messages out there. Right? To put a funny spin on things, to put a creative spin on things, and draw in people's attention, and then deliver them evidence based medicine.

Ron Barshop: So there's not going to be anything like Twitter wars where there's dominant thought leaders fighting each other. There's no battle bots that are going to be going against you. It's just organic. It's people are going to be putting out good ideas and others are going to build on that.

Dr Dana Corriel: I do think that there's inherent competition in human beings and so I do think that there are sometimes physicians that maybe throw what's called shade at each other, or they throw digs at one another. It may not always even be obvious to the public. I think that physicians may comment sometimes that are underhanded and unless you're in a leadership behind the scenes position, you don't necessarily pick up on it. And I personally pride myself on trying to take the high road and just focusing on the positivity of our individual abilities to shine online. But I've definitely felt it as well, especially the more successful that I get, and the farther my voice carries me online, I feel it. So I do think it exists, but I think that what gets as far as just keeping a positive voice, and being a positive presence, and sort of focusing on yourself and on your work, and not sort of worrying too much about what other people think.

Ron Barshop: There is a doctor who went on yesterday and he posted a story about two hours he'd spent on the phone trying to get medications for a woman who's been on the same med for 10 years, at the same dose. Took them two hours, and he asked for resources. And have you ever done that where you've gone online and you've said, "I need to find resources for this problem I'm having."

Dr Dana Corriel: I haven't, but I have gone online and vented about actually exactly the same thing. So as a primary care physician, I feel this and we need solutions. But no, I don't really know what... I mean, I don't even know where I would start in terms of a resource, because a lot of these prior auths, they need the physician to be online, because if you think about it, right, a lot of us have, or our organizations have hired help, either nurses or MA's or whoever can sort of get on the phone to prescreen or at least get in as much information as possible. But at the end of the day, if you



want the phone call to be effective, then the physician needs to get on the phone because who ultimately really knows not only the patient, but the medical necessity of having a medication need to be prescribed.

Dr Dana Corriel: And I'm sorry, but I have to continue on this topic because what actually bothers me so much about these prior auth procedures is that, I've studied close to 30 years of my life to become a doctor and to earn my degree. Why do I need to then spend time getting on a phone call and convincing someone who's very often not a physician, to convince them that my patient needs something?

Ron Barshop: Somebody's making 12, 15 bucks an hour, that wants the power play. I really don't understand it either, and there's got to be better. We live in 2019 last I checked. There's got to be a more automated approach to prior auths. That's just a...

Dr Dana Corriel: But social media, I'm hoping, and this is where this all stems from, is actually one of the reasons why I started this whole thing, is my frustration as a healthcare physician, as a person who has not only earned my degree but feels now like my place in healthcare is not the rightful place. I don't have the power that I should have. If I'm dedicating my life to the healthcare of a patient, and I am working hard to bring my talents to a one on one visit, then why should there be a thousand people in between me and the patient? Why can't we squeeze all of those people in between us out, and get to the core of what really is effective? And that's me and my patient.

Ron Barshop: Well, this gentleman yesterday was a direct primary care physician, and that's exactly what you do in DPC is you squeeze out all of the middles. There's 16 of different individuals attached to every doctor, patient visit. That can be your biller, or your coder, or your front desk. That could be your MA, but it could also be all the insurance players, and it could be all brokers, and everybody that's involved in feeding off of that. And the more you can squeeze out of that, I'm a DPC patient and I went to go see my doctor last week and I said, "I'm a \$65 profit margin to you today versus 10 or 15 bucks for everybody else walking in here." And he got it. There's not one type of patient. There's multiple ways to generate bottom line.

Dr Dana Corriel: Absolutely. And that's, by the way, that's not to say that those people that have those specific positions that do sort of squeeze themselves in between us right now, that they're not important, because people do need insurances, and people do need administrators to some degree to help us to organize the hospital. My problem is in the sheer numbers that we have. Having 10 administrators for every one physician just sounds to me like an excess, and unfortunately we have way too many administrators at this

point for every physician, and it makes no sense. And so it's important to really take inventory of the positions that actually make us move forward, but also limit that to the numbers needed, and to get this formula right.

Ron Barshop: Yeah. If any hospital exec is listening to this, and they just pull up the numbers on any of their hospitals, there's a really good chance the biller coders exceed the number of beds.

Ron Barshop: But let's change subjects here because complaining is not what we do on this show. We have solutions.

Dr Dana Corriel: Right.

Ron Barshop: What do you think social media is going to look like five years from now, Dana?

Dr Dana Corriel: Oh. So I definitely think that social media is going to have many more physician voices on it in five years. Also because the track records there. When I started about a decade ago, barely anybody was on it. I was really one of the only voices online and I was experimenting, and my experiments were met with a lot of eye rolls and with remarks from both friends and family who were close to me, "What are you doing? Why are you doing this? It's so silly. What is the end point for you on this? What do you think you're even doing? And just keep the white coat on." And I foresaw a future where we were all going to be online. So if any of your listeners have read Ready Player One, it's a really powerful novel, and it sort of reminds me of where headed because we are going to be doing a lot of our transactions online.

Dr Dana Corriel: We are doing a lot of our transactions online. Who doesn't bank online and who doesn't sort of communicate with their classrooms online? I know my son does and I know that our children are actually socializing online, and I don't necessarily agree with it. I actually fear for it, but that doesn't mean that I don't accept the fact that it's here and then I need to adapt to it. And so that's what I'd like to sort of tell your audience, especially the older audience that's having a harder time accepting this, because the digital age has so many negatives built into it. I think that we need to really embrace the fact that it's here and it's here to stay. How do we adapt ourselves to it and make it better and safer?

Ron Barshop: So one suggestion that I use all the time, is I curate who I'm following. I cut it back, way back, a lot, because I find that I'm getting posts, things about somebody newly hired or somebody glad you went to this conference. And I don't want to read all that stuff. So I just keep narrowing and narrowing the people I'm following. So it is really much more of a curated high value list. You do some of that?

Dr Dana Corriel: Absolutely. And I think that you hit like a key word that I love there and that's curated, and that's the key to helping people ease away from their fears. And that's, that it's your journey. You get to curate it, and so that's the power there, right? If you don't want to interact with someone, X, click. If you don't want to have your profile tackle a specific topic because maybe you don't feel as strong about it, then you don't tackle that topic. It is so highly customizable, that's the draw to it.

Ron Barshop: I want to find SoMeDocs, if I want to play in your universe, how do I find SoMeDocs, and how do I find Dana?

Dr Dana Corriel: So, SoMeDocs is present on multiple platforms and each platform, like I said, has different specifics to it. And so there's a Facebook group that we have that's physician only. You could just basically type in "doctors on social media" and you can find our Facebook group if you're a physician. There's also a group that I'm growing that's a public group, and that's "SoMeDocs public." There's also our public platforms on Twitter, and on Instagram, and that's basically type in "SoMeDocs." We have over 10,000 followers on Twitter, and then my personal accounts are all branded under Dr Corriel, so you can find... Oh I'm sorry. And the SoMeDocs also has a website so you can find SoMeDocs.com is where we are actually generating really unique services that physicians need to craft their social media profiles. We're helping doctors find ways to network, to connect, to grow, and we're also featuring physician voices that are sort of unique and out of the box on our website.

Dr Dana Corriel: And then personal brand is Dr Corriel, D-R C-O-R-R-I-E-L. I'm everywhere. So I'm on LinkedIn, Twitter, Instagram. I have a Facebook page, and I sort of play around again with idea generation, content creation, and creativity. That's my forte.

Ron Barshop: Well tell your mom that you've done just fine. Thank you very much for her advice.

Dr Dana Corriel: Thank you so much. I will.

Ron Barshop: Great. Really great platform. Great to talk to you. What is the one thing you would say on a banner, if you flew it over America, the world's largest banner. What's the message that American's should be reading from you today?

Dr Dana Corriel: Wow, that's a toughie because I have so many things that I teach. I think that as an individual, as Dr Corriel, I really believe in embracing your inner creativity. I think that, that's a big one for me personally. But as a SoMeDocs brand, I think reaching out to physicians and telling them they are the rightful healthcare influencers, because I feel like that will

empower them to speak up for healthcare, in whatever way they feel like they're comfortable speaking up online, and to not fear it.

Ron Barshop: Well, thank you Dana Corriel. Doc, you've done a service for physicians and you'll continue to grow this I'm sure. Well, we'll get you back on the show and watch as you grow and see where this is going and thank you again for joining us.

Dr Dana Corriel: Absolutely. Thank you so much.

Ron Barshop: Thank you for listening. You want to shake things up. There's two things you can do for us. One, go to [primarycarecures.com](http://primarycarecures.com) for show notes and links to our guests. And number two, help us spotlight what's working in primary care by listening on iTunes or wherever you get your podcast, and subscribing, and leave us a review. It helps our megaphone more than you know, until next episode.