

MEDICINE on the Net

March 2007
Vol. 13 No. 3

FEATURES

New on the net 4

- Defendant guilty in identity theft case
- Senate reintroduces drug safety legislation
- Hawaii receives grant to develop EHRs
- Intel to create at-home health technologies for seniors in Ireland

Circle of friends 9

- Three social psychologists trained to examine people's interactions with others founded the online social networking site MyMedwork.com.

Site of the month 11

- Created in 2001, the Organization for Autism Research of Arlington, VA, uses science to answer commonly-asked questions about the disease.

Replacing the hospital water cooler

Despite what you may have seen on *Grey's Anatomy* or *ER*, physicians have many other things to do at the hospital besides socializing with colleagues over who's dating whom. In fact, the doctors' lounge—in addition to being an oxymoron—is quickly becoming a thing of the past. Unfortunately, without trusted colleagues to turn to, many questions go unanswered and, perhaps more important, individual observations go unshared. So where do busy physicians go when they need a sounding board?

Now that social networking Web sites such as MySpace, Facebook, and Xanga have become household words, startup companies have formed with the sole purpose of serving the healthcare industry by providing physicians with online communities that allow them to make contacts that they would not have ordinarily made on their own. Yes, the typically technology-wary healthcare industry has followed suit on the social networking trend.

From drug potency to warts

"Where I use it most is as a sounding board," says **Cliff Geertz, MD**, an office and ambulatory surgery-based physician who accesses the online community via Cambridge, MA-based Sermo (www.sermo.com). In fact, he was one of Sermo's first members. Sermo completed alpha testing in summer 2006 and went to full, general availability in September. Site members post observations, create discussions, and write multiple choice survey questions based on a topic. Physicians can comment or vote on the question and even propose alternative answers to it. As doctors vote, they also raise the



credibility of the observation based on how many other physicians corroborate it.

The system keeps track of the survey results, which allows doctors to return to the site to find out how the vote turned out and whether they share the consensus opinion.

"Sometimes I'll get a strange case that's not in the textbooks, or I don't agree with what the textbooks have to say and I want to hear what other people think about it," says Geertz.

In the past, Geertz has turned to Sermo to post messages about drugs his patients have used that he felt lacked potency to find out whether other physicians had similar experiences. And when his patients started complaining about the

Sermo

continued from p. 1

effectiveness of a generic drug over its brand-name version, he again turned to Sermo.

“I wanted to see if anybody else was encountering the same problems,” says Geertz. “The [U.S. Food and Drug Administration] has MedWatch, and the problem is that that’s going to take months and years for anybody to really compile enough data. Here, I can acquire [information from] 10 other docs fairly quickly and I’ll hear what they think. You post your questions, and usually you’re going to get an answer within 24 to 72 hours.”

Sermo means “conversation” in Latin, and there certainly is no lack of conversations on the site. They can be serious, surprising, and sometimes a bit irreverent, as the tool lets physicians make any observations they want—which sometimes leads to some pretty interesting discussions.

“We’ve never removed a single thing on the site,” says **Daniel Palestrant, MD**, Sermo’s founder and CEO. “What we rely on is the wisdom of the crowds—the power of the physicians to decide what they see value in and what they don’t see value in.”

The community’s response to an observation made by a pediatrician in a small community recently surprised Palestrant. The pediatrician initiated a conversation about when to switch children from 2% to whole milk. Many physicians joined in on the heated debate, with those in family practice saying that whole milk predisposes children to obesity, and pediatricians saying that children need whole milk for growth.

“Sure enough, that has been one of the hottest topics on the site right now,” says Palestrant. “That’s clearly something that doctors are very interested in. *JAMA* [the *Journal of the American Medical Association*] is not going to publish an article on that, but clearly, it’s a very hot and relevant topic for physicians.”

Palestrant believes that physicians are beginning to believe that mainstream publications aren’t reflecting real world issues. “The things that I read about—while interesting and scientifically relevant and critical—aren’t what I’m dealing with on a day-to-day basis.”

Another conversation that generated a lot of interest was a running joke within the company, says Palestrant. It’s an ongoing debate about the use of duct tape to kill warts, and it has become a perennial hot topic, with one physician even speculating whether the treatment is billable.

Conversation starter

Palestrant was well on his way to starting this online community a year ago when he was a surgical resident in Boston. He was having back problems and decided to leave surgery. At the same time, he had been toying around with the idea of creating a social networking site for physicians.

He says that after he and his colleagues would read medical articles in *The Wall Street Journal* or *JAMA*, they would often remark to one another that they had known about the problem being reported on for a long time, or that it was something that had come up during grand rounds. It was then that Palestrant founded Sermo with its “Know more, know earlier” philosophy.

“We’re trying to tap into the power of individual observation,” says Palestrant. “We have come up with a technology where we can capture the types of clinical observations that clinicians are making all the time—at the bedside in the clinic, late at night, early in the morning. And we put this into a format where it becomes very potent information for improving patient care.”

It’s a small (virtual) world after all

Interestingly enough, Geertz doesn’t think of Sermo as social networking, but rather a substitute for the sidewalk consultations that physicians used to have at the hospital water cooler or the doctor’s lounge.

“Because more and more people are moving out of the hospital into private offices and surgery centers, there’s a need to replace the office water cooler,” says Geertz. “This substitutes for that. There is no other water cooler on the Web like this for docs.”

Geertz also appreciates that the tools can allow him to

The screenshot shows the Sermo website interface. At the top, there is a navigation bar with links for 'home', 'about sermo', 'information arbitrage', and 'join sermo'. A main banner features the text: "Why consult with one physician when you can consult with thousands?*" and a "Join Sermo" button. Below the banner, there are sections for "Today's Top Postings" with medical case discussions, a "View an actual post" section with an email address input field, and a "Refer a Colleague" button.

For permission to reproduce part or all of this newsletter for external distribution or use in educational packets, please contact the Copyright Clearance Center at www.copyright.com or 978/750-8400.

[Blog](#)

[FAQs](#)

[Careers](#)

[Investors](#)

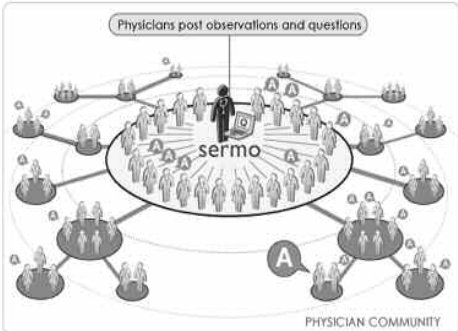
[Executive Team](#)

[Sermo in the News](#)

[Research Partners](#)

Welcome to Sermo, the fastest-growing community created by physicians, for physicians.

Here, physicians aggregate observations from their daily practice and then - rapidly and in large numbers - challenge or corroborate each others opinions, accelerating the emergence of trends and new insights on medications, devices and treatments. You can then apply the collective knowledge to achieve better outcomes for your patients.



Membership to Sermo is free.
Sign up now and become a member of the largest online community of physicians.

[Join Sermo](#)

communicate with other physicians regardless of their geographic location in the United States. “It will be a nationwide sampling,” says Geertz. “If you’re in a small community hospital, it’s not going to be the local chief of service answer. You’re going to get a very wide spectrum of answers from places like [Los Angeles], Portland, [OR], and New Orleans.”

“It’s sort of like the cross section of American physician zeitgeist,” says Palestrant. “It’s just an amazing look at what doctors are talking about.” Recently, Sermo conducted a survey of its members. It was surprised when it discovered that its heaviest users were physicians who had several years of career experience. After a few more surveys, it became clear that doctors were experiencing a sense of isolation resulting from a push toward outpatient medicine. “So, the usual points of discussion where doctors would talk with one another have evaporated,” says Palestrant. He speculates that younger physicians are more likely to be in urban environments and are still in a social circle with their friends from medical school. However, as physicians’ careers progress, they lose touch with these friends and replace them with others from the parent-teacher association or local fitness club. “They don’t have those normal opportunities to talk medicine,” says Palestrant. “That’s why I think older physicians seem to be particularly excited about Sermo.”

Paying the bills with a new business model

Palestrant says that Sermo uses an entirely new business model, which is what makes the site so unique. Sermo’s customers fall into three categories: financial institutions, indus-

try, and government research. Their customers pay the company for the information the system generates.

The site, which does not charge physicians, also does not contain advertising, which can turn off physicians, Palestrant says. Sermo reimburses physicians for the information they provide, but doesn’t tell them what information is eligible for reimbursement in advance. At presstime, Sermo had 6,000 physician members, making it the largest online physician community, says Palestrant. He says that anywhere from four to 600 physicians join Sermo each week. A survey of one week’s worth of activity on the site revealed that physicians had spent over 800 hours on Sermo. Word of mouth, positive press coverage, their physician referral program, and e-mails containing interesting system content have helped boost the site’s popularity. There’s just one thing that Geertz is waiting for the Cantabrigians over at Sermo to do. “I wish these guys would go [initial public offering],” he says.

The rate at which physicians have embraced Sermo has staggered Palestrant. “Two or three years ago, my guess is that Sermo probably wouldn’t be as successful as it is now,” he says. “We really have caught this trend of social media exactly at the right time.” ■

CALL FOR ENTRIES

NOMINATION DEADLINE MARCH 28, 2007



07

TOP LEADERSHIP TEAMS
HEALTHLEADERS MEDIA

Measure your team against the top leadership teams in healthcare today at this year’s **TOP LEADERSHIP TEAMS IN HEALTHCARE 2007** program.

Categories include:

- » Large Hospitals and Health Systems
- » Community Hospitals
- » Small and Rural Hospitals
- » Health Plans
- » Medical Group Practices

For details or to obtain entry forms, visit
www.topleadershipteams.net

SUPPORTED BY





MT55788

For permission to reproduce part or all of this newsletter for external distribution or use in educational packets, please contact the Copyright Clearance Center at www.copyright.com or 978/750-8400.