A Socially & Inclusive Social Media Landscape

It is time to look at vertical healthcare solutions that can create a socially and inclusive social media in healthcare in India

By: Kapil Khandelwal

India is world's second largest growing online population in the world after Brazil. Over the last one year, India witnessed a YoY growth of 31 per cent in people going on the internet, making it the world's third largest population on the internet. More importantly, this growth has been fuelled by people using tablets and smart mobiles to go online. However, when we look at in absolute terms, only 73.9 million people were on the internet (less than 10 per cent of India's mobile connected population) of this only 86 per cent of the population (63.55 million) is using social media (SM). While the use of healthcare online grew by 17 per cent last year, it is still lower than retail sector's growth of around 80 per cent last year.

It is fairly evident that several vertical online and SM options have sprung up in India, which has led to the heady growth in retail SM in India. SM is not about page views, eyeballs or clicks (see box – What is SM?). Healthcare is no exception to this, as SM platforms radically change the nature of business relationships. While over $ 750 million was invested

in social and online retail business models last year, why has online and social healthcare business models and solutions remained a laggard in India?

The social media landscape

Today there are over 250 social networking sites globally and they collectively serve over 5 billion registered users. Nearly 1 in 5 minutes online is spend online on SM, with Facebook getting a lion's share of the time spent on SM. Healthcare consumers are now starting to leverage

SM globally and in India. However, healthcare decisions or dis-engagement at any point in time with the decision making process is a very complicated process and there are many factors associated with this in the SM usage. It's not just about hospitals putting up their Facebook pages, doctors in India putting up their profiles on Linkedin or some surgeon putting up videos of his/her procedures on You Tube.

This fragmentation has to be assessed beyond Facebook, Linkedin, Google+, Twitter and You Tube.

What is social media?

Social Media is different from other communication platforms and channels in four ways:
- Content is generated and governed to a varying degree by the users
- Communities connect people with common life experiences, preferences and interests
- Information can be developed quickly and distributed broadly
- Open, interactive dialogue and information sharing among media users is encouraged

enhance and modify products and services for consumers. These also include tools that enable the SM networking.

Engage

The platform that is used by healthcare providers, payers and employers to communicate and create a dynamic interaction with their community of patients, members and professional affiliates.

Educate

There are several platforms where user generated content and shared learning supports improved healthcare.

Enable

Enabling consumers to take a lead role in finding, sorting and acting on health

Understanding the 4Es in Social Media
Enhance

These are players who enhance and push content into the social community.

By seeding conversations and then enhancing it, healthcare companies create and perpetuate an ongoing focus group that can help identify opportunities to create,

Healthcare Insurance and Providers

Enhance
- Persona Management
- Reputation Management
- Influence Marketing
- Patient/Consumer Surveys
- Social Feedback Tools
- Big Data Management
- Social Media Usage Analytics

Enable
- Product/Service Co-Creation with Fans
- Social Shopping
- Consumer Targeted Ads
- Integrated Social Channels for Healthcare
- Incentive Management
- Health Gaming
- Mobile & Wearable Device ServicesHealth Product/Service Assessments

Educate
- Content Discovery
- Healthcare Access Forums
- Doctor Reviews
- Consumer Mobile Apps
- Consumer Wellness Portals
- Research Wellness Portals
- Health Community Forums
- Crowd Sourcing Tools
- Social Coaching Tools
- Social Learning Tools
- Health Wikis/Blogs/Tips

Engage
- Resolution Management
- Feedback Management
- Patient Experience Forums
- Online Lead Origination
- Providers Support/Liaison
- Health Systems Communications Support
- Providers Professional Networking
- Social Gaming
- Patients Disease/Episode Management
- Open Health Networks

Healthcare Consumers

4Es of Social Media in Healthcare	Representative Companies in India and Globally
Enhance	LiquidGrids, Listenlogic, Pharmawall, Semantelli, Welltok, NodeXL, Gephi
Engage	Shapeup, ExtendMD, FairCareMD, HealthCrowd, QuantiaMD, RN Rounds, Sermo, Wellness Layers, Healthcaremagic
Educate	There are about 150 players here in India and abroad
Enable	Snapdeal, Groupon, CarePages, eCareDiary, FitBit, Digifit, Endomondo, Gamercize, HealthCentral, LivingSocial, ZocDoc, 15 sites in India

Top – 10 Need-to-Knows about SM

1. Social networking is the most popular online activity worldwide
2. Social networking behavior both transcends and reflects regional differences around the world
3. The importance of Facebook cannot be overstated
4. Microblogging has emerged as a disruptive new force in social networking
5. Local social networks are making inroads globally
6. It's not just young people using social networking anymore – it's everyone
7. "Digital natives" suggest communications are going social
8. Social networking leads in online display advertising, but lags in share of dollars
9. The next disrupters have yet to be decided
10. Mobile devices are fueling the social addiction

Social Network Map of Surgery on You Tube
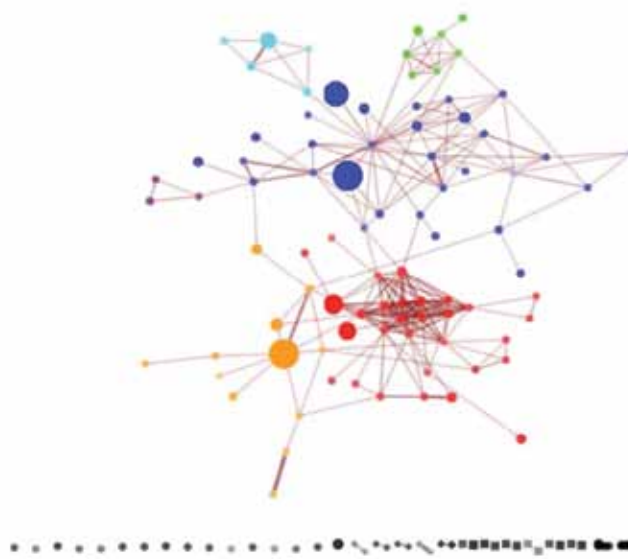
information. There are over 40 different micro-segments from the 4Es for SM features and services that can be offered by different SM platforms in healthcare.

This is where there is opportunity for Indian SM platforms in healthcare to emerge and grow out globally. While analysing the marketplace for vendors marketing social tools related to healthcare, I found a wide variety of business models and strategic approaches. Of the numerous healthcare-centric solutions, many are geared toward consumer use, most are small and a scant few have "platform features" where

broad social initiatives could be supported.

Roadmap to Business Models in SM

As you will notice from the table (4Es of SM in Healthcare), there are a handful of SM business models or platforms in healthcare that have emerged out of India even though there is a huge potential to tap the huge mobile teledensity of close to 900 million. We have tapped less than 10 per cent of this, even though healthcare is an important part of the way people live, work and communicate in India. How do we create a similar

platform for rural areas, where Internet platforms are not usable due to literacy, access, and affordability challenges? Building on from my work at the Health and ICT Minister's Panel for Africa in the last decade, the key takeaways from my work in the emerging market with respect to healthcare, ICT and SM is that these business models will be successful only when there is:

Transparency: The transparency of activities is a key feature in SM; health is a subject affects private provider companies, public administration as well as consumers.

Rise of ubiquitous participatory communication model: Newspapers, urban spaces and television will all be supplemented with interactive SM applications.

Reflexive empowerment: Healthcare empowerment through SM is mostly reflexive, i.e. it is usually based on a specific issue and temporary coalitions that engage in dialogue on the topical issue.

Personalisation/ fragmentation versus mass effects/integration: Practices and services in the web can be tailored and personalised to almost every detail with the help of portable profiles. Simultaneously, SM opens vast potential also for enormous mass effects and integration.

New relations between physical and virtual worlds: Practices induced by SM, e.g. communication, participation, co-creation, feedback and rating, get more common in daily environments and in urban spaces.

Key Driver	Impact
SOCIETAL AND CULTURAL CHANGE	
Changing cultural environment	• Political influencing • Medical tourism – domestic and international • Cultural changes influence work life
Networking	• Businesses go from individual- to relationship-based intimacy • Ever more extensive services will form global services • Subcontracting • Potential resources of businesses are considerable and create an increasing demand for tools
Ageing	• Extended working age • Phased retirement process • New forms of home help services (virtual communities) • Need for clear and adaptable interfaces • Participation in networks fulfils social needs
BUSINESS AND CLIENTS	
Commercial and customer orientation	• Market orientation • Implementing social media in new business sectors • Customers require transparency from businesses • Clients participate in product development • Strengthening of the dialogue between businesses and clients, paying attention to customers' needs • Mass customisation • Client-product-model • Individual customisation of products and services • Feedback, flexibility • Role of communities Segmented needs of diverse customer sectors • All customers cannot be served individually. Market segmentation of one!
SCIENCE, TECHNOLOGY AND INNOVATIONS	
Accessibility of technology	• Nosedive of prices (hardware, software, telecommunication networks) create major availability and accessibility Increasing technology literacy • Ubiquitous computing • Expansion of geographical dimension from industrial countries to developing countries will create new behavioural models, innovations, interaction • Everyman's right
Development of technology	• Technology as an enabler • Compatibility, standardisation • Wireless connection to items

Key drivers to social networking

There are 12 key drivers that need to be broadly analysed for developing social networking business models in (see table: Key Drivers on this page) in healthcare in India and that can then be exported to other emerging markets. Every business model in social networking in healthcare would pick 2-3 key drivers to disrupt the social networking landscape as described earlier.

Transformative business models

Countries like Finland, Singapore are experimenting these models of social media networking for healthcare. There are several analytical tools being used to analyse this networking effect (see table on last page).

Charting out and exploring the social network relationships

As we are increasingly surrounded by a by a sea of tweets, e-mails, blogs, wiki pages, videos, wall posts and different apps that enable the social networking. It is important for any new business model to map out these relationships to understand where the gaps are in the overall social network landscape (4Es given earlier).
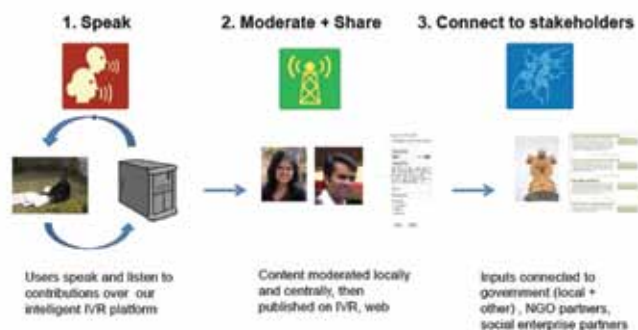
Not all SM networks include people as nodes. Some include content of interest, such as videos, images, or wiki pages. Increasingly, data from SM sites such as tags, comments, purchasing patterns, and ratings can be used to link related content together into networks. Viewing content as a network can help learners make sense of how individual

concepts or experiences fit into a larger whole. They can provide a view that provides perspective on an entire field of knowledge so that information that is most relevant can be identified. The goal is to provide an overview on surgery, many of which can be used to help educate medical students, professionals, and consumers. It may be useful in finding relevant content and its relationship. Companies or educational institutions interested in medical content may use such a map to inform their decisions about what videos to post and how to carve out a unique niche in the existing information landscape. Or they may decide that their solution has a poor selection of videos on the topic of interest.

Case Study: Gram Vaani: Taking SM to masses

Gram Vaani is voice-based SM network accessible from ANY phone (not a smart phone connected to an

SUSTAINABLE DEVELOPMENT	
Environmental challenges	• Eco-travelling/medical tourism • Rationalisation and reduce of travelling and commuting (car sharing) • Social media as a channel of citizen activity in environmental issues (bottom-up) • Energy generation and saving both for price and CO2 emissions • Restrictions, resistance • New operation models, attitudes
Social responsibility and sustainable development	• Social media as a new bottom-up communication channel in all fields of sustainable development (ecological, economic, cultural and social including ethical • Strict laws • Attitude change • Copyright
WORK LIFE	
Human resources	• Fragmentary working life • Young people's attitudes towards work and working environment: stability is not a value, work is not tied to a place or time • New working models: international telework, short temporary employment, combining temporary employments • Ready accessibility of human resources to changing demands (varying demand of know-how) • Networks • Subcontracting eg. Housekeeping, security • Atypical employments, e.g. nurses, doctors • Incidence of demand and supply of labour • Everybody has to be an entrepreneur at some level
Outsourcing	• Scattered working models • Crowd sourcing (also without guidance) gets easier • Working when needed (ad hoc)
MARKETS	
International markets and competition	• Dynamics • Remigration of outsourcing: Indian investors in Asia • Language skills and communication capacity • Cultural understanding

1. Speak — Users speak and listen to contributions over our intelligent IVR platform

2. Moderate + Share — Content moderated locally and centrally, then published on IVR, web

3. Connect to stakeholders — Inputs connected to government (local + other), NGO partners, social enterprise partners

EDGE or 3G network). They have developed the novel concept of voice based SM, wherein they enable people to express themselves and share information in voice through ordinary phone calls. People can call into our toll-free number and leave messages or listen to messages left by other people (post moderation). It has captive user base of 35,000 families, over 2,000 impressions made per day. This enables

• bottom-up information sharing where people ask questions and others from the same community help answer these questions, or share stories and experiences, and

• accountability by giving reports on the performance of government schemes, demanding better performance from local and state social welfare providers, and policy inputs.

Their network in Jharkhand has seen several cases where reports filed by people led to redressal action by the government departments including healthcare, and the platform is also used regularly for information seeking on agriculture, livelihoods, health and education, and even cultural expression through folk songs and poetry. They have ability to run sponsored channels and programs and to

Society	Health Economics	Private-Public Healthcare Business Providers	Local Environment
• Less control of their lives from Government • Critical mass of users (over 900 mn mobile) for societal participation • Political transparency • Bottlenecks can be foreseen – like low participation, participation just by elites, noise, excessive transparency and loss of control, destructive behaviour and manipulation of content	• Huge chronic care burden • Rs. 76 per person to implement chronic disease prevention programs • 85% of the healthcare budgets go into admin and management of the schemes in some of the states • Health workforce density is 2.5/1000 population • 18% of urban population has sanitation issues • Crowd-sourcing yet to go mainstream • ICT in healthcare is hardly leveraged in India	• Increasing cost burden being passed on to the consumers • Public health providers not sufficient in delivering the services • PPP models have not had a success. Open collaboration models yet to be tested • Lifeblogs record continuously one's actions and environment, store combination of presence, location, users' comments, the whereabouts of one's daily life and special health events, etc • Increasing doctors participation in social media	• Local municipal and village level implementation of health services • Virtual communities to reach people at the local level • SMS and voice based ICT solutions to reach the larger base of population locally • 108 and 104 like models that can collect local population health behaviours • Social networking of health services buying

About the Author

Kapil Khandelwal has earned recognition as an angel investor, venture capitalist and expert in health sciences, education, agri, clean tech and information communications and technology (ICT). His expertise positions him as one of the thought leaders in India, Asia Pacific and emerging markets. In his 25 years of his career, he has carried out over 30 transactions including cross-border and buyouts. He has chaired various committees at various industry bodies. Kapil runs an early stage investment fund and his own investment banking and advisory services company EquNev Capital Private Limited. He can be contacted at: kapil@kapilkhandelwal.com

incentivise local entrepreneur networks to conduct social marketing. Almost 90 per cent community sourced content which includes local news, interviews and informational services, opinion on topical issues, etc.

Summing Up
India is a typical to many other emerging markets where SM has only penetrated the urban and the educated sections of the society, while over a large majority (90 per cent) of the mobile population is still not seen the face of the Facebook. Healthcare is now emerging as investments in retail sector have penetrated deeper into India. We need business models that can become the next twitter or Facebook in India. Folks like Graam Vaani have shown that they can bring SM to the emerging markets. It is time to look at the 4Es of healthcare SM and start building vertical healthcare solutions on top creating a socially and inclusive SM in healthcare in India. HBI