Dear Dr. Jeff:

As an older physician, I have no more desire to tweet than to twerk. But many of my younger colleagues have urged me to get involved with social media as an important part of practicing long-term care medicine in the 21st century. I certainly try to keep up to date on changes in medicine, but don’t really see how a bigger online presence would make me a better or more efficient doctor. What do you think?

Dr. Jeff responds: Technology changes and medicine changes with it. Once doctors wore tops hats, not simply to look dignified, but because they were specially designed to hold the rigid stethoscope tubes that didn’t fit in a standard black bag.

Various uses of computers have become standard or even mandatory in long-term care medicine, from elimination of paper billing to mandatory online submission of every nursing home resident’s Minimum Data Set. Internet searches make the contents of entire, giant medical libraries available to every physician in the office or even at the bedside (albeit mixed with advertising and misinformation).

Many practitioners download “apps” to their smartphones, placing extensive pharmacologic data, algorithms for differential diagnosis, and clinical practice guidelines in the pocket or purse. Many carry patients summaries with medication lists in their handheld devices, ready for telephone medicine. Home care nurses routinely carry laptops or tablets with them to record and transmit basic patient data. The use of computers has so transformed radiology that few remember that the C in CAT scan is for “computerized.” The implementation of electronic health records (EHRs) in long-term care facilities has been slow and faltering, which may be a mixed blessing. To date, despite massive capital investment, EHRs have failed to produce the promised improvements in patient care. Nevertheless, they are an inevitable next step for the facilities that have not yet adopted EHRs.

participation of their children and pets, this site needs to be available only to friends. Also, as so many enthusiastic college students have lost contact.

Some long-term care professionals believe that participation, at least in Twitter, is absolutely necessary if we are to bend the arc of public discussion in our direction by challenging public misinformation about long-term care. As newspaper and magazine readerships decline, and as television network news programs fade (and the most trusted newscasters on television are on Comedy Central), we need to get our message to where people are actually paying attention.

Twitter can contain links to websites (including your own blog) where more sophisticated discussions can be reviewed outside Twitter. Participating in the discussion also allows users to monitor when references to them or to their facilities are being made. For this reason alone, it might be advisable for facilities or practitioners to at least monitor Twitter’s chatter without joining in.

AMDA’s Communications Committee has actively encouraged members to participate on Twitter, although an official AMDA position on social media is still pending.

Many professionals feel that they were already drowning in a sea of electronic communication from cellphones, e-mails, voice mails, faxes, and text messages. A quiet night with a good book and a glass of port might seem more attractive than an extra hour spent online or a request to “friend” someone we couldn’t stand 30 years ago.

For established practitioners who are uncomfortable with any new technology, there may be little genuine benefit. But professionals in long-term care, and particularly our facilities, ignore this whole new world at their peril.

Dr. Nichols is president of the New York Medical Directors Association and a member of the CARING FOR THE AGES Editorial Advisory Board. Comment on this and other columns at www.caringfortheages.com under “Views.”