Application of Facebook "Likes" as an Indicator of Quality in Health Care in Public Hospitals: Barriers and Opportunities in Peru

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To the Editor:

We were very pleased to read the article titled "Do Patients 'Like' Good Care? Measuring Hospital Quality via Facebook"¹ about the use of Facebook "likes" as proxy indicators of quality of care in New York hospitals. Here, we would like to share our thoughts about the barriers and opportunities for potential applicability of this approach in the Peruvian context as well as both thematic and methodological issues to take into account.

In Peru, studies evaluating customer satisfaction in public health system are scarce. In 2000, one of the first studies in Peruvian hospitals showed that 29.1% of patients expressed low satisfaction and 8.9% expressed dissatisfaction with care.² A more recent survey in 2006 showed that patient perceptions of the quality of care in the national health system are unsatisfactory and declining.³ As noted elsewhere,⁴ customer satisfaction may affect health care seeking behaviors and health outcomes in Peru.

In this scenario, the implementation of reliable, efficient, and easy-to-implement indicators to monitor and evaluate quality of care would be beneficial for our health system. However, before considering implementing Facebook "likes" for this aim, certain caveats must first be addressed as discussed below.

Peru has a population of close to 30 million people,⁵ 3.74 million of whom were using Facebook in 2011⁶; the majority of Peruvian Internet users are between 15 and 24 years of age. However, information about how well this population of Facebook users represents the actual population of active users of the health system is not available. Thus, sample representativeness is uncertain and a quantitative assessment and correction of the degree of bias in the results is far from being implemented. Moreover, most people seeking care in public hospitals are adults and elderly patients, and the Internet is not equally available in all cities throughout Peru. There is also a cultural barrier: Facebook is not available in all languages spoken in Peru. There are about 70 ethnolinguistic groups, 8 million of whom are Quechua speakers.⁷ Even if these information barriers were resolved, the most important challenge would be to assess the actual validity of the Facebook "likes" indicator against a series of indicators of quality of care in hospitals (eg, effectiveness of care, provision of complete information to the patients, safety of services)⁸ and not just against a single hard indicator such as mortality as used by Timian et al.¹

Based on the foregoing, we conclude that use of Facebook "likes" in Peru as a way to assess quality of care still requires further formative studies. We welcome and appreciate articles such as that by Timian et al¹ because they serve to open and motivate local discussion about alternative ways to measure quality. After further research, we may know better how to use Facebook "likes" and other Internet-based tools, or at least how to use it while remaining aware of expected biases in the results obtained.

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