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Meet the Presenter…

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On the topic:

Professional Use of Social Media in Your Practice
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“SOCIAL NETWORKING HAS A GREAT BENEFIT OF CREATING A "RIPPLE EFFECT" THAT ALLOWS PEOPLE/BUSINESSES TO SHARE INSIGHTS, INFORMATION AND TO COMMUNICATE IN GENERAL.

IF INAPPROPRIATE, UNETHICAL, UNPROFESSIONAL OR UNAUTHORIZED INFORMATION IS SHARED, THE RIPPLE EFFECT WORKS THE SAME - NOT ONLY CAN IT BE HARMFUL TO OTHERS, IT CAN (AND WILL) ALSO DIRECTLY REFLECT ON YOU OR YOUR BUSINESS.”
What is Social Media

- Internet based applications that allow the creation and exchange of user-generated content

- Common examples include:
  - Facebook
  - MySpace
  - Blogs
  - Twitter
  - Instagram
  - YouTube
  - LinkedIn
  - ...and the list goes on

What Social Media is Used For

- Talking
- Sharing
- Arguing
- Connecting
- Creating
- Friends
- Co-Workers
- Neighbors
- Community Members
**Compare and Contrast**

<table>
<thead>
<tr>
<th>Healthcare</th>
<th>Social Media</th>
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<tbody>
<tr>
<td>Requires limitations of Risk</td>
<td>Risk taking</td>
</tr>
<tr>
<td>Information provided by reliable and confirmed resources</td>
<td>Facts can be difficult to decipher and often opinion based</td>
</tr>
<tr>
<td>Privacy and security regulated</td>
<td>Limited regulation, anyone can publish anything</td>
</tr>
<tr>
<td>Controlled and preserved data</td>
<td>Information copied, shared, snipped, etc.</td>
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**Concerns of Social Media in Healthcare**

- HIPAA/PHI
- Professional vs Private online presence
- Appropriate Use
- Access to Social Media on healthcare or hospital networks
- Professional Guidelines and company policies
- Uncertainty in boundaries
WHO MONITORS SOCIAL CONTENT?!

Social Media Stats
Per the Federation of State Medical Boards

- An estimated 87% of medical providers use some level of Social Media for personal use
- An estimated 67% of medical providers use social media for professional use
- Research indicates that 35% of practicing physicians have received (personal) friend requests from a patient or member of their family
- An analysis of physician blogs revealed that about 17% of blogs included enough information to identify patients
Medical Board Survey

- A 2010 Medical Board survey revealed
  - 92% of Medical Boards indicated that violations of online professionalism had been reported within their jurisdiction
    - Many of these resulted in disciplinary actions
- In response to these violations
  - 71% of boards held formal disciplinary proceedings
  - 40% issued informal warnings
- Outcomes included:
  - 44% license limitation
  - 29% suspension
  - 21% revocation of licensure

Common Medical Board Sanctions

- Medical boards have authority to discipline physicians for unprofessional behavior relating to inappropriate use of social media, such as:
  - Inappropriate communication with patients online
    - And/or employees
  - Use of the internet for unprofessional behavior
  - Online misrepresentation of credentials
  - Online violations of patient confidentiality
  - Failure to reveal conflicts of interest online
  - Online derogatory remarks regarding a patient
  - Online depiction of intoxication
  - Discriminatory language or practices online
- As previously noted, disciplinary actions may include anything from a letter of reprimand to license revocation
Federation of State Medical Boards

- Encourages physicians to:
  - Have written and reviewed policies to accomplish the following:
    - Protect the privacy and confidentiality of patients
    - Avoid requests for online medical advice
    - Act with professionalism
    - Be forthcoming about employment, credentials and conflicts of interest
    - Be aware that information posted online may be available to anyone and could be misconstrued

Methods of Using Social Media

- Social Media is part of our daily life
  - Computer
    - E-mail
    - Websites and online organizations
    - Computer applications
  - Cell phones
    - Downloadable apps
    - Texting
Benefits of Social Media

...When Used Properly

- Can be beneficial for marketing
  - Simply seeing business profiles helps to keep businesses in the forefront of a patient’s mind
- Recruitment
  - Helpful in spreading the word for things like:
    - Changes in office hours
    - Holiday or weather closures
    - New practice location
    - Crisis Communication

More Social Media Benefits

- Increases transparency
  - Helps patients and others to learn more about your business
- Helps to promote brand
- Great for promoting current events & new services
- Educates consumers
  - Limitations to this are important to understand
Social Media Benefits, Cont’d

- We are able to provide our own content
  - Focused/target marketing & education
- Community Outreach
  - Allows you to build a “virtual” community based upon patient needs and your own practice focus and interests
- Allows for ease of communication with patients and peers

THE INTERNET IS THE LARGEST PROVIDER OF INFORMATION WE SHARE!
Maximizing Social Media

- Regardless of who is responsible for managing the practice Social Media
  - It is important for owners/doctors to understand why and how Social Media is being used
- Attraction to social sites thrives on fresh data
  - If you aren't updating data regularly, you're wasting your time
  - Social Media posts have a "shelf life" in which they are less likely to be found/viewed
- Use of key words or buzz words
  - Social Media is NOT intended to give complete descriptions
- Consider using pictures and videos along with text

Identify your Purpose for Using Social Media & Your Guidelines

- Do you only want to increase your practice visibility in your local community?
- Will you use this also to advertise new services, changes to your practice and possibly save $ in manual mailings?
- What avenues of Social Media would be most productive to your practice
  - Example: to educate patients; LinkedIn may not be the most productive as this is a professional network
Boundaries with Social Media

- Office Policy should contain Social Media guidelines
- Avoid allowing Social Media to become a distraction from daily responsibilities
- Personal Social Media and Practice Social Media should be carefully considered
  - Separate practice and personal Social Media pages...avoid dual use
- May create an unreasonable expectation that doctors will reply to questions/comments

AMA Ethical Opinion 9.124

- Professionalism in the Use of Social Media
  - Developed November 2010
  - Recognizes benefits of Social Media
  - Advises practices to understand boundaries prior to maintaining an online presence
AMA Ethical Opinion 9.124

- AMA states the following:
  - Physicians must remain cognizant of Patient Privacy and confidentiality standards.
  - Identifiable patient information must not be posted.
  - Physicians must understand that Social Media “Privacy Settings” are not absolute.
  - Once information is posted online IT IS THERE PERMANENTLY.
  - Physicians should monitor their own online presence and ensure that the information is accurate and professional.

AMA Ethical Opinion, Cont’d

- Physician/Patient online interaction must maintain all appropriate professional boundaries.
  - Personal and professional content should be kept separate.

- Should a physician become aware of unprofessional content posted by a colleague:
  - Individual that posted the information should have this immediately brought to his/her attention.
  - Unprofessional content must be immediately removed.
    - If it is not removed promptly, the appropriate authorities should be notified.
AMA Ethical Opinion, Cont’d

- Physicians must recognize that online actions and content can negatively affect their professional reputation and medical careers. Additionally, it can undermine public trust in the medical profession.

The Social Media Challenge

- Determining and adhering to professional boundaries
- Because Social Media is a newer method of communicating, the guidelines in place serve as a foundation or starting point. More guidelines will be enforced as time progresses and additional needs are identified.
Federation of State Medical Boards Guidelines

- Interacting with patients
  - Discouraged from interaction with current or past patients on PERSONAL social networking sites

- Discussion of treatment
  - Understand that social networking is not a “complete” form of communication

Federation of State Medical Boards Guidelines, Cont’d

- Possibility of misunderstood information/recommendations becomes very high
  - Thus, a liability to the physician/practice
  - Data crossing of state lines may conflict with “scope of practice” for some provider types
  - Patients are not “cookie cutter”
    - What works for one, does not work for all. Avoid the “one size fits all” misinterpretation
    - Impossible to review/discuss complete patient history and findings via Social Media
Federation of State Medical Boards Guidelines, Cont’d

• Patient Privacy/Confidentiality
  • Federal privacy laws such as HIPAA must be strictly adhered to
  • Never discuss information that can be used to identify patients
  • Never post patient pictures
  • Never refer to patients by code names or other potentially identifying titles

• Disclosure
  • If patient chooses to or is asked to write online, or post comments on websites about experiences as a health professional, the physician must:
    • Reveal any existing conflicts of interest
    • Be forthright about their credentials

Federation of State Medical Boards Guidelines, Cont’d

• Posting content
  • Be aware that information posted on social sites may be disseminated (whether intended or not) to a larger audience and may be taken out of context
  • Employees that post professional related data must also adhere. Physicians reserve the right to edit, modify, delete and review internet communications by employees (professional communications)
Social Media “Don’ts”

- When something is posted online, you NO LONGER have control
  - Information can be dissected, linked-to, forward, shared, screen shots can be taken, etc...
- Posting pictures of patients
  - Best to avoid
  - If absolutely necessary to post a picture, you must obtain proper written authorization from a patient which very clearly describes what is being done with their photo and to what degree it may be viewed. Your patient should also be made aware that he/she has the authority to request the removal of the photo at their own discretion. This being said, it is best to avoid posting patient pictures altogether so as to insure their privacy.
“Don'ts” Continued...

• Don't indicate or hint at the likeliness that you have treated or are treating a specific individual
• Don't post information regarding your business or the people employed by it that may be professionally harmful
• Don't solicit people unless they seek you out
• Don't post data or make recommendations without the proper disclaimers that may be viewed and used by another individual - possibly in another state where the said recommendations are beyond their scope of practice.

“Don’ts Continued...

• Do not discuss topics that are outside of your own scope of practice. This could potentially give the wrong message or impression as to your qualifications.
• Don’t give medical treatment advice to patients or potential patients. You must use appropriate means of communication where you are able to privately communicate with an individual regarding their own personal symptoms or complaints.
• Don’t post personal data on a professional or business social networking application. You must avoid allowing confusion between personal and professional relationships.
Social Media “Do’s”

- Do post invitations or reminders of events your practice may be having or attending that you would like your online followers to know about

- Do introduce new services or products that you would like people to know about

- Do introduce your team or a new employee
  - With proper employee authorization

- Do share sales or specials that you would like people to know about (although these must adhere to your local advertising guideline to avoid penalties)

More Social Media “Do’s”

- Do post reminder messages...website, phone #, blog, etc.

- Do post updates about office hours such as vacation or holiday closures, etc.

- Do post generic bits of information that are intended to target a specific market. For example, if you like to treat athletes, you may post something about proper hydration or proper stretching to avoid injuries.

- Do use for patient or potential education (i.e., Information on techniques, etc.)
  - YouTube & Podcasts are popular for this

- Do use caution when communicating or responding to posts from patients or potential patients where the provider/patient relationship could be misinterpreted.
Use caution so as to not dictate to employees how personal Social Media is handled

Do be clear as to what, in regards to your business and your patients, is and is not permitted to be posted.

Everyone should also recognize that the language and demeanor used when posting, reposting or responding to another post should be appropriate for the entire audience it is likely (or able) to be viewed by.
More on Employee Use...

- A written Social Media policy is critical
  - Include disciplinary repercussions for unprofessional use
- For employee protection, employees should not seek out patients to “friend” or “follow” on a personal basis
- What can and cannot be posted in relation to the workplace should be clear
  - Example: Advise against posting frustration or opinions of co-workers
Date: November 2012

Facility: Brookview Meadows

City: Green Bay

State: WI

Type of facility: Assisted living

How it became public: News story, criminal charges

Social media site: Snapchat

Description: Two workers took photos and videos of nude or partially nude elderly residents and shared them on Snapchat. One picture showed a resident vomiting; another video showed a resident being assisted with an obstructed bowel, according to a criminal complaint. The employees admitted taking photos and sharing them with one another and with friends. Both pleaded no contest to misdemeanor counts of disorderly conduct and invasion of privacy through use of a surveillance device. A lawyer for the facility told the Green Bay Press-Gazette at the time the women were charged that both were screened before they were hired, and both were fired after an investigation. The current executive director declined to comment beyond saying the facility has changed ownership since the incident.
September 19, 2017

Naval Jacksonville Hospital removed multiple employees, including nurses, after images of them inappropriately handling newborn babies surfaced online along with inappropriate captions.

Naval hospital reports that they have a zero-tolerance policy and employees have been turned over to the military and justice system.

July 2010

Nurse fired for off-duty post on Facebook. She tweeted that she had treated a “cop killer” that day along with other obscene comments. This post followed the shooting death of a Detroit police officer.

Nurse claims that she was frustrated with having had to care for this individual and vented her frustrations on Facebook. However, the hospital determined that she had breached patient privacy as this patient was now able to be easily identified. As a result, the hospital immediately terminated this nurse upon discovery of the Facebook post.
February 2013

A St. Louis OB-GYN was investigated and sanctioned for making the following post on her personal Facebook:

So I have a patient who has chosen to either no-show or be late (sometimes hours) for all of her prenatal visits, ultrasounds, and NSTs. She is now 3 hours late for her induction. May I show up late to her delivery?

Her post also resulted in a great deal of public backlash to her personally and to the hospital she served.

December 2016

A Denver Health anesthesiologist who posted unfavorable remarks about Michelle Obama on Facebook elected to voluntarily resign from the hospital. Her post resulted in significant public backlash to herself and Denver Health.
May 2011

A Rhode Island ER doctor was reprimanded and fined by the state medical board for posting potentially identifiable information about a patient on Facebook.

Protected Health Information (PHI)
Identifiers

The 18 Identifiers defined by HIPAA are:

- Name
- Postal address
- All elements of dates except year
- Telephone number
- Fax number
- Email address
- URL address
- IP address
- Social security number
- Account numbers
- License numbers
- Medical record number
- Health plan beneficiary #
- Device identifiers and their serial numbers
- Vehicle identifiers and serial number
- Biometric identifiers (finger and voice prints)
- Full face photos and other comparable images
- Any other unique identifying number, code, or characteristic

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