



MASSACHUSETTS
MEDICAL SOCIETY

MMS Physicians' Guide to Social Media



www.massmed.org/socialmedia

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*The information in this booklet is intended to serve as a general resource and guide.
It is not to be construed as legal advice.*

INTRODUCTION: YOUR PATIENTS, THE INTERNET, AND YOU

The evidence is clear: Your patients are seeking, and often sharing, health information across a variety of platforms on the Internet.

Nearly 90% of U.S. adults use the Internet, and of those, more than 72% used it to look up health information within the past year, according to the Pew Internet Project's 2014 survey of American adults and health care.

Of those, 35% have gone online specifically to determine a medical condition they or someone else might have. And 20% percent have consulted online reviews and rankings of medical professionals and treatments. An estimated 18% — many of them with chronic or rare conditions — go online specifically to connect with other patients with health concerns similar to theirs, the Pew study found.

Your patients are also tracking and recording health indicators. Nearly 20 percent of smart phone owners say they have downloaded one or more apps specifically to track or manage their health. And a growing 3–4% of all Internet users say they have posted online about their experiences with health care providers or treatments.

However, the Pew study found that 90% of Internet users overwhelmingly preferred a health care professional as a source of information when an accurate medical diagnosis or information about prescription drugs was needed.

As Dr. Kevin Pho, founder of the website KevinMD, writes in his 2013 book, *Establishing, Managing and Protecting Your Online Reputation: A Social Media Guide for Physicians and Medical Practices*:

The availability of health information combined with social media channels has created a new generation of patients. We call them e-patients. They are empowered. They have a voice in their own care that they never had before.

All evidence indicates more and more health conversations will be held online in the years to come.

"The Internet is the place where patients go for the pre-visit consultation. And love it or hate it, physicians must figure out how to participate in the online conversation because its use will only continue to grow," Mark Britton, founder of the online rating site Avvo, wrote in a KevinMD blog in 2012.

But physicians needn't worry about being marginalized, according to health broadcaster Barbara Ficarra, RN.

"It's important for doctors, nurses, and other professionals to try to understand that Google, social media sites, health news and information sites, and online patient community sites will not replace them. It's simply a tool that offers additional information, and it allows the conversation to get started between health provider and patient," Ficarra said on her blog, www.healthin30.com.

Physicians can use the new platforms and communities to share valuable information, provide context to health stories in the popular media, and even dispel dangerous health myths.

In doing so, physicians who are active in social media will simultaneously strengthen their own online reputation and digital footprint, as well as that of their practice or employer.

This guide was created by the MMS Committee on Communications to help physicians engage in and manage social media tools in ways that will provide optimal benefit to their patients and practices.

MMS Committee on Communications

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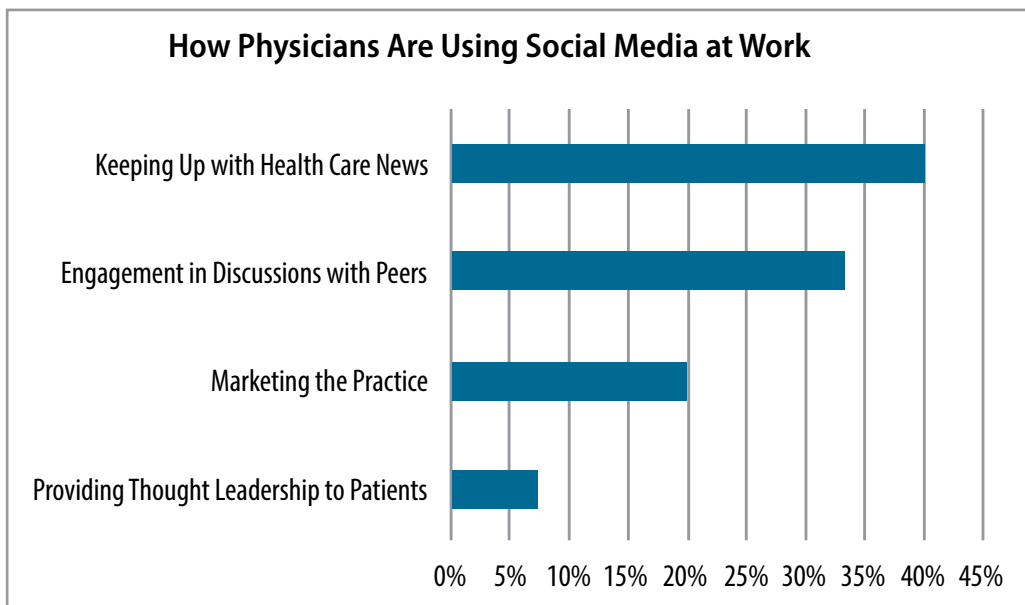
CHAPTER 1: BENEFITS OF SOCIAL MEDIA FOR PHYSICIANS AND PRACTICES

“Being present on these platforms therefore means that you can communicate with a wider audience than just those patients who pass through your practice doors. Consumers today rely on social media to inform them of where to find medical care, how that care is rated, and also provide an opportunity to learn more about a practice before committing to that care themselves.”

—“The Benefits of Social Media for Your Medical Practice,” *Physicians Practice*, Dec. 26, 2012

According to a 2013 ZocDoc study, an estimated 87% of doctors 26–55 years of age currently use social media. This June 2014 study conducted by MedData Group shows that 54% of physicians use social media for work purposes.

Social media tools allow physicians and their practices to share information, debate health care policies and practice issues, promote health behaviors, engage with the public, and educate and interact with patients.



Experts said one of the most important benefits of social media is its ability to act as an equalizer across diverse groups of both doctors and patients.

“We know that patients are in social media, and now doctors are using social media to take leadership roles in having the important conversations and taking actions to continue transforming the delivery of patient care,” health care leadership consultant Rob Silas wrote in the October 2014 blog post, “How Are Physicians Using Social Media?”

However, many physicians continue to express deep concerns about mixing medical care and new communication tools and platforms. What if a member of the practice staff accidentally reveals a patient’s protected health information on an online forum? What if a patient posts an urgent clinical question or their own private medical details on a practice’s Facebook page? What if an unhappy patient criticizes the care he or she received on a doctor review site?

These troubling scenarios no longer need to keep physicians or their practices from engaging social media platforms.

In this guide we will outline how to minimize and manage risk, establish clear rules to prevent staff and patients from revealing sensitive information, manage and protect your online reputation, and create a social media mission statement for your practice.

CHAPTER 2: GETTING STARTED — POPULAR PLATFORMS AND HOW TO USE THEM

Facebook

facebook.com

Facebook is the world's largest social networking site. Users connect with "friends" and can share comments, photos, videos, and links of interest. MMS policy recommends that physicians keep their public Facebook page (a forum where they can interact with patients and peers) separate from their personal page (reserved for close family and friends and protected by additional privacy settings).

In *Chapter 6: Monitoring and Managing and Your Online Reputation*, we will discuss privacy settings in more detail.

Twitter

twitter.com

Unlike Facebook, almost everything you type on Twitter, the world's most popular "microblogging" service, is public and available for anyone to view. A tweet must be limited to 140 typewritten characters. You'll first need to create a twitter name or "handle" (e.g., JohnJones, DrJohnJones, bostondoc, cardiofellow, etc.) to join the site. Follow us at @MassMedical.

Joseph Kvedar
@jkvedar
Vice President, @Partnersnews
@connectedhealth, Associate Professor,
Harvard Medical School. @Wellocracy
Mentor at @bphealth. Ideas are my own.

📍 Boston, MA, USA
🌐 chealthblog.connectedhealth.org
🕒 Joined January 2009

📷 12 Photos and videos

Tweets Tweets & replies Photos & videos



Joseph Kvedar @jkvedar · 5h
Growth in Health-Care Spending Picks Up. Can this beast be tamed?
wsj.com/articles/u-s-h...

Joseph Kvedar retweeted

MedSpeaks.com @Med_Speaks · Jul 27
Sought-after speaker @tgoetz to deliver "Precision Medicine Now:
Think Microphones, not Microscopes" #cHealth15 ow.ly/PX1KT

Joseph Kvedar @jkvedar · 14h
Telehealth experts bullish on ROI of
wearable health technology
[#connectedhealth](https://searchhealthit.techtarget.com/news/450025066...)
searchhealthit.techtarget.com/news/450025066...

Note Dr. Kvedar's list of affiliations — in tweethandle format — and the disclaimer about content. Other appropriate disclaimers can read, "Retweets do not imply endorsement" or "posts are my own opinions."

Jennifer M. Joe, MD
@JenniferJoeMD

Physician Social Entrepreneur, Millennial Visionary, Medstro CEO ([medstro.com](#)), MedTech Boston ([medtechboston.com](#)) Founder; #NEJMFForum Organizer

📍 Boston, MA
[medstro.com/profiles/5](#)

TWEETS 12.5K | FOLLOWING 1,588 | FOLLOWERS 3,798 | FAVORITES 6,026

Tweets | Tweets & replies | Photos & videos

Pinned Tweet
Jennifer M. Joe, MD @JenniferJoeMD · Apr 7

Thank you to @LeadDoc1 for the interview on how I became an entrepreneur! Doctor lives are complicated these days.
[goo.gl/L1TYmc](#)




Matthew Katz
@subatomicdoc

I am a radiation #edocctor dedicated to improving cancer care and health. Hashtag tinkerer, co-founder of #radonc journal club, founder of @Rad_Nation.

📍 Lowell, MA
[subatomicdoc.com](#)
🕒 Joined November 2009

214 Photos and videos

TWEETS 46.6K | FOLLOWING 3,359 | FOLLOWERS 11.2K | FAVORITES 9,323 | LISTS 6

Tweets | Tweets & replies | Photos & videos

Pinned Tweet
Matthew Katz @subatomicdoc · Jun 3

Disease-specific hashtags for online communication poster from #ASCO15 now #openaccess [bit.ly/1cxy9Bp](#) #meded #scicomm #FOAMed

Slide Share



Some popular accounts to consider following:

@NEJM: *New England Journal of Medicine*

@AmerMedicalAssn: American Medical Association

@statnews: Health and medical news from Boston-based website, *Stat*

@nytimeshealth: Health news from the *New York Times*

@WSJHealthBlog: Health news from the *Wall Street Journal*

@kevinmd: Kevin Pho, MD, internist from Nashua, NH

@Doctor_V: Bryan Vartabedian, pediatric gastroenterologist from Houston, TX.

LinkedIn

linkedin.com

LinkedIn is a professional networking site where you can post your resume, offer and receive personal references, and engage in discussion forums with peers. You can search for friends and colleagues by name, or by educational or institutional affiliation. LinkedIn connections are not necessarily endorsements per se, but do connote a professional relationship. Social media experts suggest that physicians only “link” to people they know well.

LinkedIn Discussion Groups

By subscribing to discussion groups, you can stay up to date on what people affiliated with an organization, university, or topics of interest are talking about. You can post your own discussion items or comment on existing discussions. You can start by joining the MMS group at www.massmed.org/linkedin and click “Join Group.” The MMS group is available only to members of the MMS and MMS staff.

The screenshot shows the LinkedIn interface for the "Massachusetts Medical Society Group". At the top, there is a navigation bar with tabs for "Discussions", "Promotions", "Jobs", "About", "Search", and "Manage". Below this, there is a section for starting a discussion with a profile picture and the text "Start a discussion with your group" and a text input field labeled "Enter a discussion title". A dropdown menu shows "Sort by Recent". The main content area features a post by "Lloyd Fisher", Associate Medical Director for Lean at Reliant, with a "Manager's Choice" badge. The post title is "Is Open Notes a positive move?" and the text reads: "I am curious as to people's opinions on the Open Note project. While I can see the value, I have some significant reservations. It completely changes the purpose of medical documentation and will require an alteration in the... more". Below the text is a link to a NEJM article titled "The Road toward Fully Transparent Medical Records — NEJM" with the URL "nejm.org". The post has 2 comments, 2 likes, and was posted on January 8, 2014. At the bottom, it shows that "Matthew Katz and Jennifer M. Joe, MD" liked the post, and a comment from "Claudia L. Koppelman" reads: "In my opinion NO. One more avenue to strip our profession of everything we have learned and force physicians to write everything in layman terms and practice even more 'defensive medicine'".

Lloyd Fisher 1st

Associate Medical Director for Lean at Reliant Medical Group
 Worcester, Massachusetts | Hospital & Health Care

Current Reliant Medical Group
 Previous Massachusetts Medical Society, Repromedix
 Education University of Massachusetts Medical School

[Send a message](#) [Endorse](#) 284 connections

★ Relationship Contact Info Connected 3 years ago

Background

Experience

Associate Medical Director for Lean Reliant Medical Group
 Reliant Medical Group
 March 2014 – Present (1 year 6 months) | Worcester, MA

Assistant Medical Director for Informatics
 Reliant Medical Group
 October 2009 – Present (5 years 11 months) | Worcester, MA

I provide content development and optimization for the EHR for our 250 physician multispecialty practice. In addition I act as a liaison between the practicing physicians and the IT department. Current

Matthew Katz 2nd

Medical Director, Radiation Oncology at Lowell General Hospital
 Greater Boston Area | Medical Practice

Current Lowell General Hospital, Radiation Oncology Associates, PA
 Previous Mayo Clinic, The Social Charter, Saints Medical Center
 Education University of Massachusetts Medical School

[Connect](#) [Send Matthew InMail](#) 500+ connections

★ Contact Info <https://www.linkedin.com/in/matthewskatz>

Background

Summary

I'm a doctor with an interest in improving the practice of clinical oncology. Although my formal training is in radiation oncology, I believe in taking a broader view of quality medical care than that of my expertise. My particular interests are in enhancing doctor-patient communication and developing methods to improve the quality of cancer care.

Experience

Medical Director, Radiation Oncology
 Lowell General Hospital

People Also Viewed

- William O'Meara**
Radiation Oncologist at Radiation Oncology Associates
- Pat Kupelian**
Vice Chair, Dept of Radiation Oncology at UCLA
- Donald Fuller**
Radiation Oncologist, Director at Genesis Healthcare Partners; Radiation Medical Group; CyberKnife Centers of San Diego
- Thomas Eichler**
Owner, Virginia Radiation Oncology Associates
- Mehta, Minesh**
Professor, Radiation Oncology, and Director, Maryland Proton Treatment Center at University of Maryland
- Howard Sandler**
Chairman, Radiation Oncology at Cedars-Sinai Medical Center
- Tara Washington, MD**
Radiation Oncologist, Physician at Vantage Oncology
- B. Aika Shoo**
Radiation Oncologist at Alameda Radiation Oncology
- Beatriz Amendola**
Director, Radiation Oncologist at

Practice or Personal Blogs

Some physicians write regularly for their own blog, to share their thoughts on professional issues, or to comment on developments in health care. Many blog platforms, such as WordPress, have free versions that are relatively easy to set up for those without technical expertise. Physicians should follow all social media best practices when posting on blogs — note professional affiliations, include relevant disclosures, and be aware that all post material may be viewed by patients, colleagues, and the public.

Some examples of popular blogs and online forums:

The screenshot displays the homepage of KevinMD.com, a website for medical professionals. At the top, there is a navigation bar with links for ABOUT, CONTACT, CONTRIBUTE, OPINION, BOOK, and SPEAKING. The main header features the logo "medpageTODAY's KevinMD.com" with the tagline "Social media's leading physician voice" and a search bar. Below the header, a secondary navigation bar lists categories: ALL, KEVIN'S TAKE, PHYSICIAN, PATIENT, POLICY, TECH, SOCIAL MEDIA, MEDS, CONDITIONS, MEDED, and VIDEO. The main content area is divided into several sections:

- Left Column:** Two featured articles. The first is titled "Natural drugs aren't necessary safe. Don't make that mistake." by Stephen Kamelgarn, MD, dated November 17, 2015, with 1 comment. The second is "Is robotic assisted prostatectomy worth the added expense?" by Leonard B. Sigella, MD, dated November 17, 2015, with 9 comments. Both articles include a "Read more..." link.
- Middle Column:** A "MOST POPULAR" section for the "PAST WEEK" featuring three articles: "Why medical scribes are the ultimate answer to our health IT woes" by Suneel Dhand, MD, Physician; "Believe it or not, most young physicians love their electronic health records" by Manish Shah, MD, Tech; and "Health IT: Dausaging" featuring an image of a blue robot.
- Right Column:** A "SUBSCRIBE" section with an email input field and a "Subscribe" button. Below it is a "SOCIAL" section with icons for Facebook, Twitter, LinkedIn, RSS, and Google+. Further down is a "FROM MEDPAGE TODAY" section with a "MEDICAL NEWS" sub-section, including a link for "PBC Drug Lowers ALP (CME/CE)".

kevinmd.com

wbur's
CommonHealth
Reform And Reality

For Depression, Computer-Assisted Therapy Offers Little Benefit, Study Finds

It's unlikely that your therapist will be replaced by a computer program anytime soon.

That's the takeaway of **recent** study out of Britain looking at the effectiveness of computer-assisted therapy for depression.

The bottom line: The computer programs offered little or no benefit compared to more typical primary care for adults with depression. That's largely because the patients were generally "unwilling to engage" with the programs, and adherence faltered, researchers conclude, adding that the study "highlighted the difficulty in repeatedly logging on to computer systems when [patients] are clinically depressed."

In an accompanying **editorial**, Christopher Dowrick, a professor of primary care medicine at the University of Liverpool, stated what may seem obvious. Many depressed patients, he wrote, don't want to interact with computers; rather, "they prefer to interact with human beings." He noted that the poor result "suggests that guided self help is not the panacea that busy [primary care doctors] and cost-conscious clinical commissioning groups would wish for."

As part of the study, published in the *BMJ*, 691 patients suffering from depression were randomly assigned to receive the usual primary care, including access to mental health care, or the usual care plus one of two computer-assisted options that offer cognitive behavior therapy (CBT), a form of therapy that encourages patients to reframe negative thoughts. Patients were assessed at four, 12 and 24 months; those using the computer

Most Popular

1. Who Is Overdosing In Boston And When
2. You Hate Leaf Blowers, Your Neighbor Uses Them: How One Town Seeks Middle Ground
3. Why You Really, Truly Should Not Put Q-Tips Into Your Ears
4. 10 Reasons To Get An IUD, And 5 Downsides
5. The Dark Side Of Kale (And How To Eat Around It)

Greatest Hits

1. When The Doctor Says This Won't Hurt A Bit — And Incredibly, It's True
2. Flunking The Insanely Workout But Coming Away Wiser
3. On Being Gay In Medicine: A Leading Harvard Pediatrician's Story
4. From First Cold To Grave: How Two-Month-Old Brady Died Of Pertussis
5. Patient Angst: When You Just Have To Say 'No' To The Doctor
6. Life of Riley: Rare Girl Battles Rare Disease
7. A Check-up On One Of America's Most

commonwealth.wbur.org

Skeptical Scalpel

How does a 16-year-old boy receive 38 times the normal dose of an antibiotic?

If you are a doctor, nurse, patient, or just someone interested in patient safety, you should read a five-part story called "The Overdose: Harm in a Weird Hospital" excerpted from a book "The Digital Doctor" by Dr. Robert Wachter.

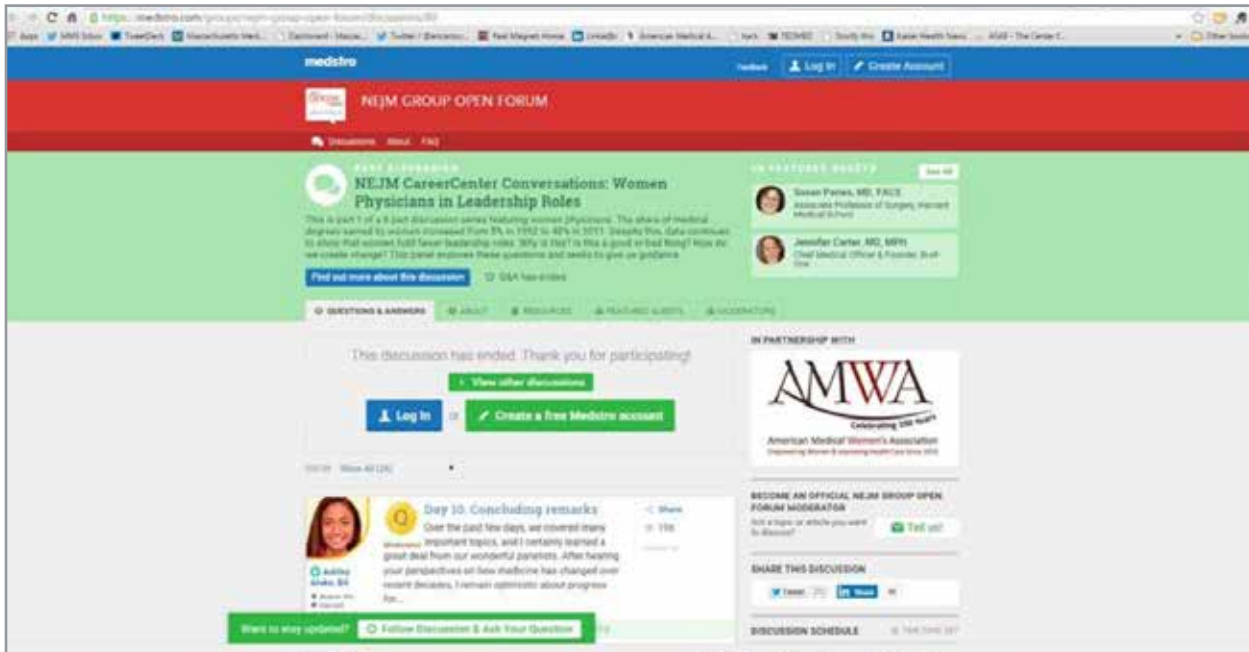
Dr. Wachter and the hospital are to be commended for publicizing this incident so others may learn from it. The hospital staff, the patient, and his mother, also deserve credit for allowing their stories to be told.

Nowtalk

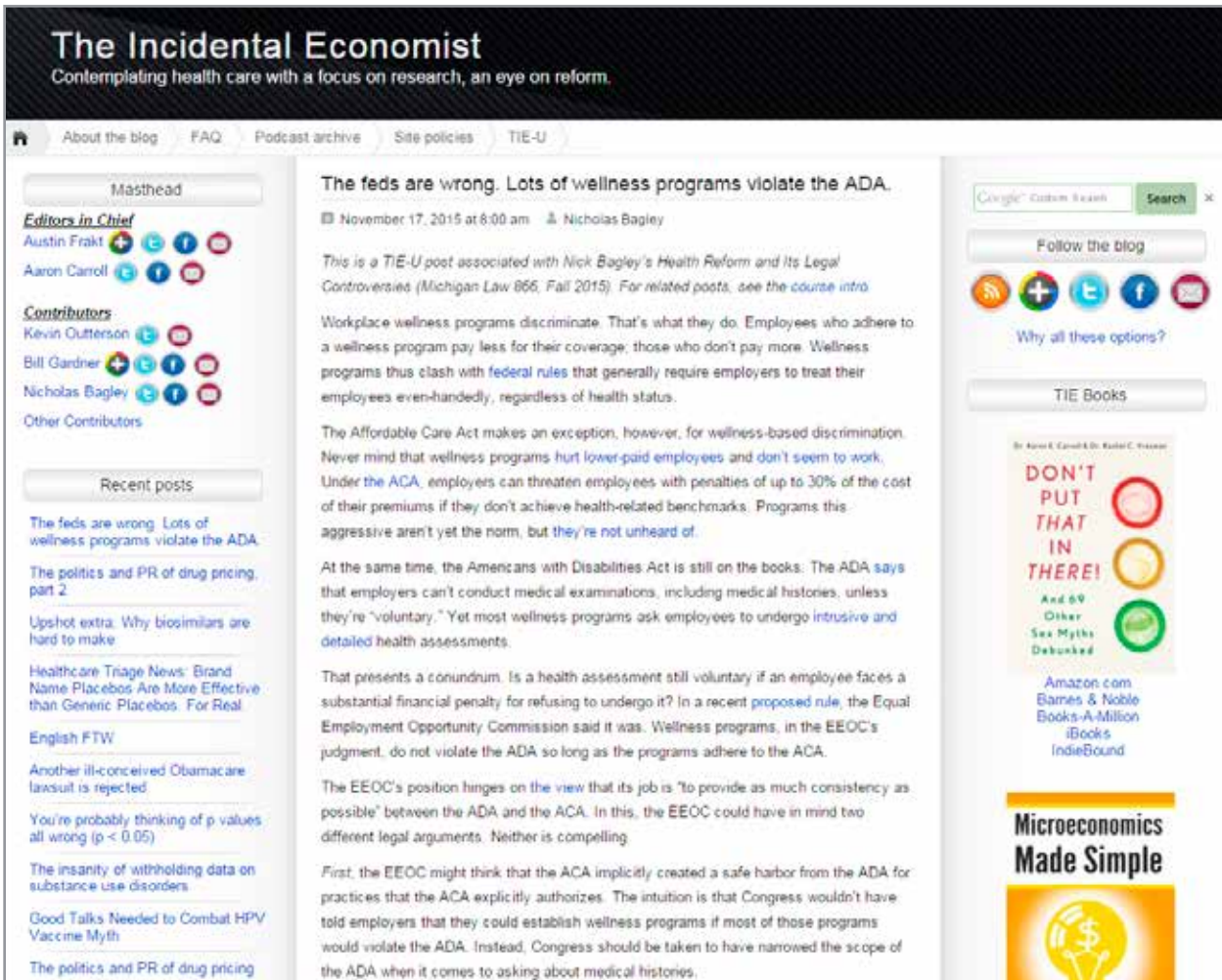
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theincidentaleconomist.com

CHAPTER 3: MINIMIZING YOUR LEGAL RISKS

Social media is still a relatively new and quickly evolving legal frontier. But an evolving set of best practices has emerged for physicians who wish to engage online with patients, colleagues, and the public.

For medical students, residents, and employed physicians, the most important set of social media use guidelines will most likely come from an institution or employer.

Independent physicians may wish to create their own social media policy or rules of the road for their practices.

The Legal Landscape and Case Law for Employers and Employees

National Labor Relations Board and Protected Speech

One of the most important legal decisions regarding social media and health care emerged from a series of National Labor Relations Board (NLRB) findings in 2011 and 2012 that found that employers may not fire employees for “protected concerted activity carried out through social media.”

“Protected concerted activity” generally covers employee conversations with each other about their wages and other working conditions. This activity is protected by federal labor laws, even for non-union employees.

In a series of rulings, the NLRB threw out specific corporate social media policies that it considered “overly broad” because they infringed, or could infringe, on employees’ rights to discuss their working conditions with each other.

The NLRB rulings did **not** protect employees who discuss company trade secrets, disclose companies’ sensitive financial information, violate privacy laws, or violate HIPAA.

This is a complex and rapidly evolving area of the law, so it would be very wise to consult closely with an attorney when drafting your own social media policy.

In the News: Cautionary Tales of Health Care Workers and Social Media

- In 2013, a New York City emergency room nurse was fired for posting a photo to her personal Instagram account of a trauma room used to treat a man hit and killed by a subway train, with the caption, “Man vs. 6 Train.” She was not fired for violating privacy laws, but for being “insensitive,” the nurse told an ABC news reporter.
- In 2013, a patient filed a multi-million dollar lawsuit against a Northwestern Memorial Hospital physician who took photos of her while intoxicated in her hospital bed and posted them to social media sites, with commentary. That case is still pending.
- In 2007, a Boston-area pediatrician in the midst of a malpractice and wrongful death trial was unmasked as an anonymous blogger. Using the Internet pen name “Dr. Flea,” the physician had been writing scathing commentary about the case online. The defense was forced to settle the case in the plaintiff’s favor, with the physician paying a large settlement.

Social Media and Legal Risk Management

Katharine Schuler, communications and social media program manager for the Risk Management Foundation of the Harvard Medical Institutions, Inc., a division of CRICO, said social media has not yet emerged as a significant factor in medical malpractice claims, but is something that needs to be watched. CRICO is known as a leader in risk management and medical professional liability management.

CRICO recently added coding to its analytical taxonomy to capture the emerging risk related to inappropriate communication or HIPPA violations on social networking sites, physician marketing sites, YouTube, and other media sharing sites. “We are watching for this,” said Ms. Schuler. “It is something that is slowly emerging as a risk.”

One way it can arise is after a claim has been filed, she said. “We advise defendant physicians about the risks of posting about a pending complaint. Anything you post on any forum is out there for anyone to discover. This kind of information is all discoverable,” said Ms. Schuler.

However, severe restrictions or an outright ban on physicians engaging in social media by medical insurers in the near future is unlikely, said Ms. Schuler. “The responsible use of social media in health care is a useful way to engage in growing networks and connect with patients and we don’t want to cut off that avenue.”

“Physicians Should Have a Social Media Policy of Their Own”

James L. Wilkinson, Esq., a Massachusetts attorney who specializes in defending physicians, hospitals, and health care systems, said that social media is becoming an important source of information in medical liability cases.

“The use I am seeing in medical malpractice cases is predominantly with respect to discovery. Social media sites are being used to look at plaintiffs in medical malpractice cases and their friends with respect to background information concerning the plaintiff and the veracity of the claims in regard to their injuries,” said Mr. Wilkinson, of the Woburn-based firm, Murray, Kelly & Bertrand, P.C.

“It is still a new way of gathering information and it can be helpful, and more and more we may see it taking a central role. The commentary (by the suing party) can reflect how they were feeling at the time.”

Mr. Wilkinson described a malpractice case involving case of a young woman who suffered a stillbirth.

In a deposition, she claimed she had experienced symptoms of pre-eclampsia a few days earlier. But public social media photo postings showed the woman celebrating at a wedding during the same time she claimed to be seriously ill. Other postings revealed that the plaintiff might have smoked marijuana during her pregnancy.

“This [is] information you could not get about a person in a deposition,” he said.

Social media has so far been less often used against physicians in malpractice cases, but plaintiffs’ attorneys are increasingly seeking all correspondence relating to a client — social media and email sent outside official hospital or practice servers — via a “litigation hold” letter.

A hospital or practice risk manager is typically responsible for preserving all information in electronic form about a patient when such a letter is received, but if a physician fails to preserve unofficial emails or postings “negative inferences can be drawn,” said Mr. Wilkinson.

What advice would he offer Massachusetts physicians who wish to minimize their risks while participating in social media?

“Obviously, don’t ‘friend’ patients; I think most physicians know that,” said Mr. Wilkinson. “Physicians should have a social media policy of their own [that] they can share with their patients if they try to ‘friend’ their doctor, to explain why they can’t and to keep boundaries firm.”

“Doctors sharing information about patients for academic reasons need to take extra care to protect private information, and regularly monitor their digital footprint out there,” he said. “Be careful of photos and **don’t** let people tag you in them.”

CHAPTER 4: BEST PRACTICES FOR PHYSICIANS AND PHYSICIAN PRACTICES

Social media is not unlike traditional communication: there are many ways to do it correctly. The general guidelines of courtesy, politeness, honesty, transparency, civility, and professionalism that govern traditional patient care and communication should carry over to a physician's social media activity.

The Federation of State Medical Boards wrote the following in its *Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice*:

To ensure a proper physician-patient relationship, there should be parity of ethical and professional standards applied to all aspects of a physician's practice, including online interactions through social media and social networking sites.

...Physicians using social media and social networking sites are expected to observe the following ethical standards:

- **Candor** — Physicians have an obligation to disclose clearly any information (e.g., financial, professional or personal) that could influence patients' understanding or use of the information, products or services offered on any website offering health care services or information.
- **Privacy** — Physicians have an obligation to prevent unauthorized access to, or use of, patient and personal data and to assure that "de-identified" data cannot be linked back to the user or patient.
- **Integrity** — Information contained on websites should be truthful and not misleading or deceptive. It should be accurate and concise, up-to-date, and easy for patients to understand. Physicians using medical websites should strive to ensure that information provided is, whenever possible, supported by current medical peer-reviewed literature, emanates from a recognized body of scientific and clinical knowledge and conforms to minimal standards of care. It should clearly indicate whether it is based upon scientific studies, expert consensus, professional experience or personal opinion.

Ragan's Health Care Communication News suggests physicians follow a set of guidelines that includes some of the following general "rules of the road":

- Be respectful. Don't argue.
- Use common sense and common courtesy. If in doubt, don't post.
- Stick to areas of expertise.
- Offer insight and wisdom, but don't provide confidential information.
- Don't swear.
- Be polite. Don't be antagonistic.
- Do not comment on any legal matters or litigation.
- If someone brings up a crisis, do not comment.
- Don't post about competitors
- Don't post about your employer.
- Be transparent. Never misrepresent yourself.

- Always disclose any freebies you've received or anything you're getting paid to post.
- Keep the line between personal and business as clear as possible.
- Be kind to your colleagues and peers.
- If you post from company-provided technology or on company time, have no expectation of privacy.

In its July 2015 issue, *Harvard Business Review* offered the following practical set of guidelines:

Be nicer online than you are offline.

Because we're notoriously bad at judging how we write — or rather, what we intend to write — will sound to the person reading it (and they'll probably assume it's worse than you intended). A good rule of thumb is to read anything you write out loud before you post or send it, particularly if it's a challenging or controversial communication (ideally, you'll set those aside for 24 hours, show them to another person first, and/or take the conversation offline). If you aim to be nicer online than you are face to face, you'll probably avoid the accidental lapses in tone that can cause real relationship and business problems.

Be aware of bragging and groaning.

Many people post a lot of brags ("Just got off the phone with an F500 company that is so excited to be working with me!") or complaints ("Another day of mind-numbing meetings."). The occasional victory cheer is totally warranted, particularly when you're sharing good news — but try to keep that to one brag a month, and try to share your news in a way that offers some value to your readers, like telling them how to register for the conference that just invited you to keynote.

Embrace humor... cautiously.

*Your best bet is gentle self-deprecation (but nowhere near the uncomfortable line of self-loathing), good-natured cracks about broad topics like sports, parenting, or the weather (or even politics, if you don't need to worry about alienating people with different views), or funny Internet memes (as long as they're not offensive). **If in doubt, don't post it, forward it, or share it.***

Remember the Internet is forever.

If you write it down, you should be prepared to see it on the front page of a newspaper. Even when you're corresponding with someone via email, think about what would happen if this email got leaked. That doesn't mean you can't email your colleagues about confidential business dealings, but be sure that you can live with whatever you've written — so don't write down anything that would sound small-minded or unethical... And when you're posting on social networks... assume that anyone can see anything.

(From HBR's *Using Social Media Without Jeopardizing Your Career*, by Alexandra Samuel, July 2015)

Social Media and Your Staff

Inappropriate communications with patients online, online violations of patient privacy, and unprofessional comments directed at patients or coworkers are some of the issues that can be prevented with a good office social media policy.

In a June 1, 2015, article for the website *Healthcare IT News*, Kimberly Danebrock, a risk management and patient safety specialist with the Cooperative of American Physicians, Inc., advises that physicians should create a special set of guidelines for their employees.

Those guidelines should set clear expectations, including the following:

- Determine who can access social media from the office as well as any restrictions on the use of office equipment.
- Explain the HIPAA privacy rules and the serious consequences for violations (fines of up to \$1.5 million) and provide examples of content that constitutes breach.
- Describe what information employees are allowed to post online and what is off limits. Explain that if employees ever have questions about the appropriateness of content, they should first ask their employer or chief privacy officer.

Reinforce that employees are responsible for maintaining a professional image of the business, the physicians, their coworkers, and themselves.

Identify the consequences of noncompliance with the social media policy. Be clear that employees are held responsible for their actions and that violators will be subject to disciplinary action, including a written reprimand or termination of employment.

“When educating office employees, discuss the importance of maintaining professional boundaries with patients and remind them that they should not ‘friend’ patients on Facebook. Additionally, inform them that posting photos of patients, for any reason, is strictly prohibited, wrote Danebrock.

“While labor laws allow an employee to discuss their work conditions, employees should never post any details of their work day that relates to patients, even if the information seems generic. When employees post on social media, not only do they represent themselves, they represent the employer, the office, and all health care professionals.”

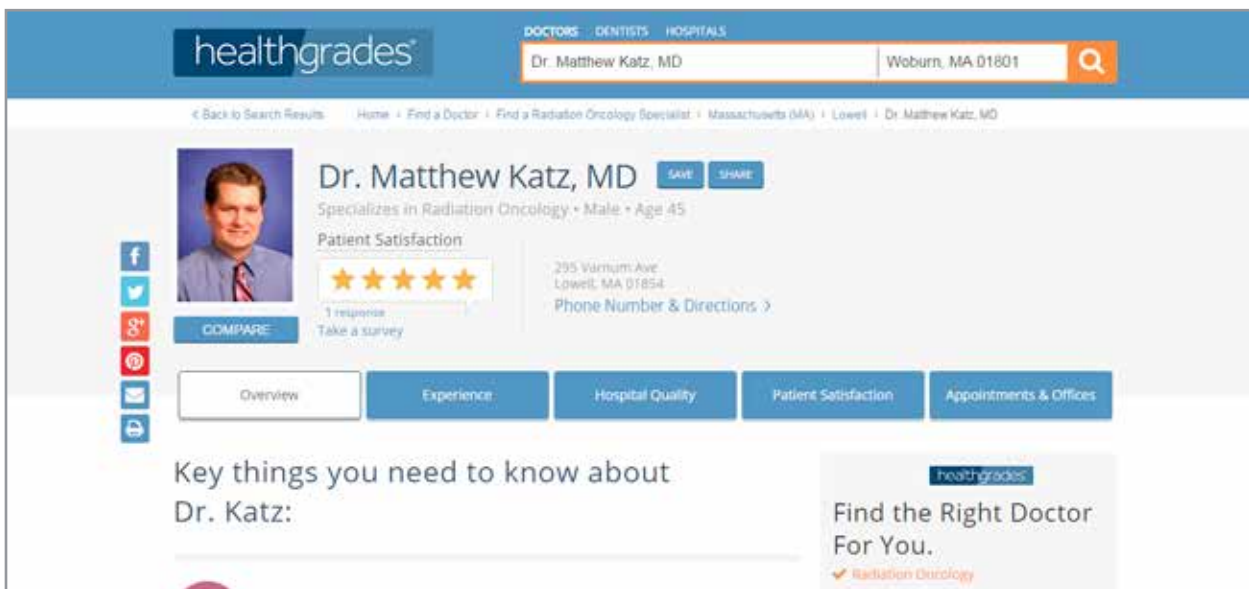
CHAPTER 5: ONLINE REVIEWS AND RATINGS SITES

Many physicians would probably admit that some of their most uncomfortable online moments are when they spot their name on a medical care review site that features anonymous patient comments.

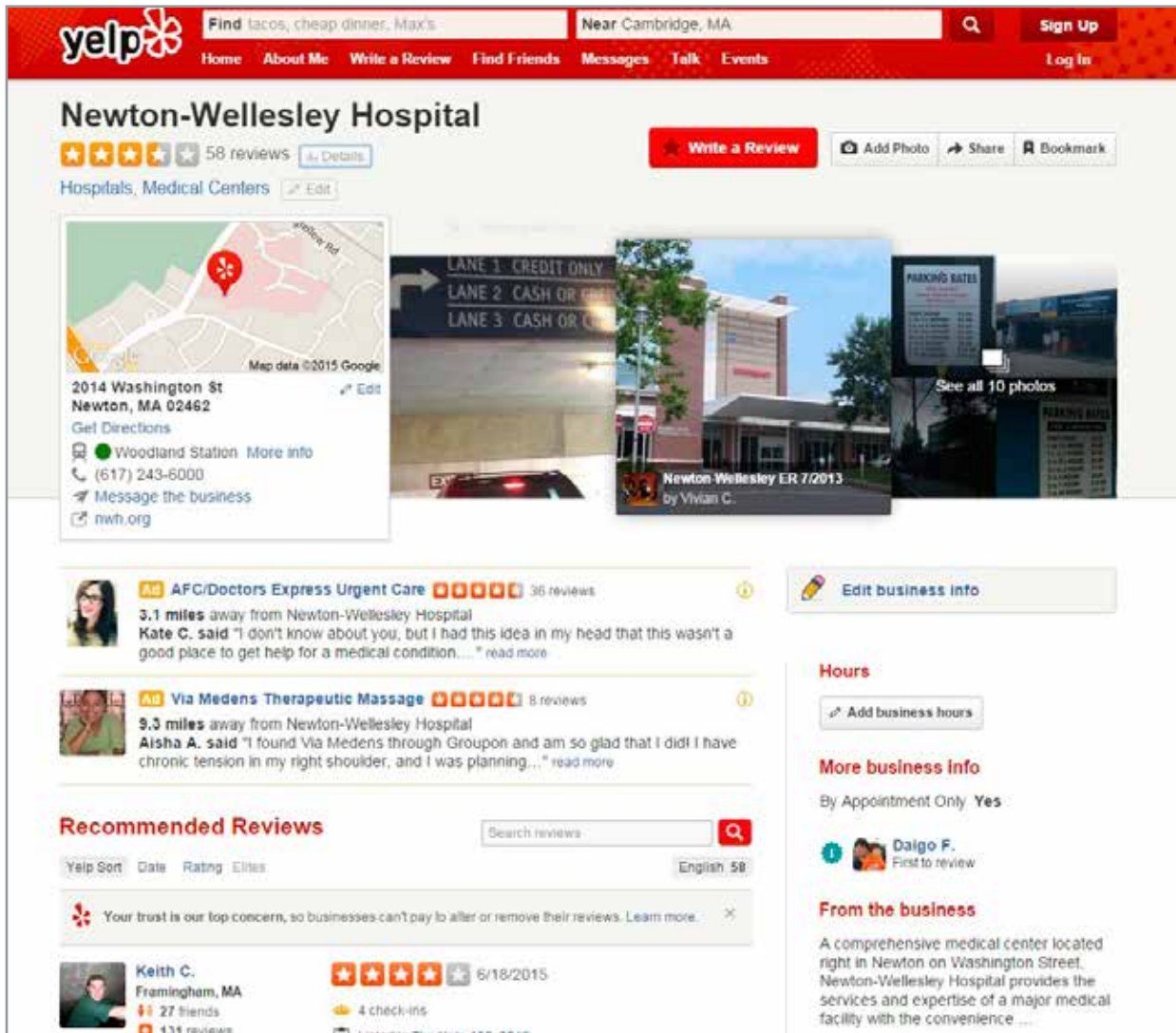
Most online comments about physicians tend to be kind and compliment the care received by the commenter. An estimated 90% of online reviews on physician rating sites were positive, according to a study published in the *Journal of General Internal Medicine*. Most negative comments were mostly actionable criticisms that physicians could address immediately without compromising patient confidentiality, the study found.

But critical comments can feel hurtful and unfair to even the most online-savvy physician.

The most popular review site is Yelp, where consumers rate everything from a cheeseburger at their local pub to care received at a major medical center. Healthgrades and other medical-specific rating sites such as Vitals, ZocDoc, and RateMDs are also gaining in popularity.



healthgrades.com



yelp.com

No physician can control what is said about him or her on these rating sites. Although it can be difficult, it is critically important to resist arguing with commenters or being drawn into online arguments.

Fighting bad reviews is usually a waste of time, as most sites don't allow reviews to be taken down unless they are fraudulent.

A better strategy, if a physician feels compelled to respond to online criticism, is a calm and measured response, as if the complaint was made face-to-face in the practice setting.

A physician or practice can calmly acknowledge complaints about a particular problem — such as wait times or a crowded parking lot — and the practice can tell patients what they plan to do about the problem.

In general, the public responds positively to doctors who take criticism seriously and are genuinely attempting to remedy a problem. **Note: it is a violation of HIPAA laws to acknowledge that a commenter is a patient.**

In “The Right Way to Fight Bad Online Reviews,” published November 25, 2014, in *Medscape*, author Jeffrey Segal, MD, JD, wrote:

HIPAA prevents a “covered entity” (i.e., a physician) from disclosing protected health information without the patient’s consent or unless authorized by law. Some doctors assume that if patients publicly disclose protected health information on their own, doctors are free to respond. This is not accurate. The reason is simple: The doctor does not have the patient’s permission to disclose protected health information — regardless of whether the patient did so first on his or her own.

Furthermore, there is no explicit authorization embedded in the HIPAA or Health Information Technology for Economic and Clinical Health (HITECH) statutory language that allows a physician to disclose patients’ health information. So be careful. The fines associated with making inaccurate assumptions about what HIPAA does and doesn’t permit can be steep.

Inaccurate, Malicious, or Defamatory Reviews

In the unusual case where defamatory things are written on a review site about a physician or practice, and the information is clearly false and/or malicious, it may be advisable, with the help of an attorney, to contact the review site directly and petition to have the material removed.

But experts say in the vast majority of cases physicians should not get angry or threaten action against an online commenter or review site.

“Jumping to a lawsuit is definitely the wrong direction,” said Anthony LaFauce, director of digital strategy for Spectrum Science, a Washington, D.C.-based health and science public relations firm, told *American Medical News* in a 2010 article by Pamela Lewis Dolan.

“What you can do is create counter-messaging to promote the good you are doing to help get on top of that negative messaging. Because if you go out and attack this person through a lawsuit or through a counter-post on that same website, you’re validating their claims,” said Mr. LaFauce.

A physician’s time is better spent drumming up positive reviews, he said. Directing good comments back to the same site will help dilute the sting of any negative comments.

This can be done by posting frequently on your own Facebook or Twitter accounts. Not only are you able to control the messages sent and viewed by potential patients, but content on large social networking sites is more likely to show up first in a search of your name or practice than content physician rating sites.

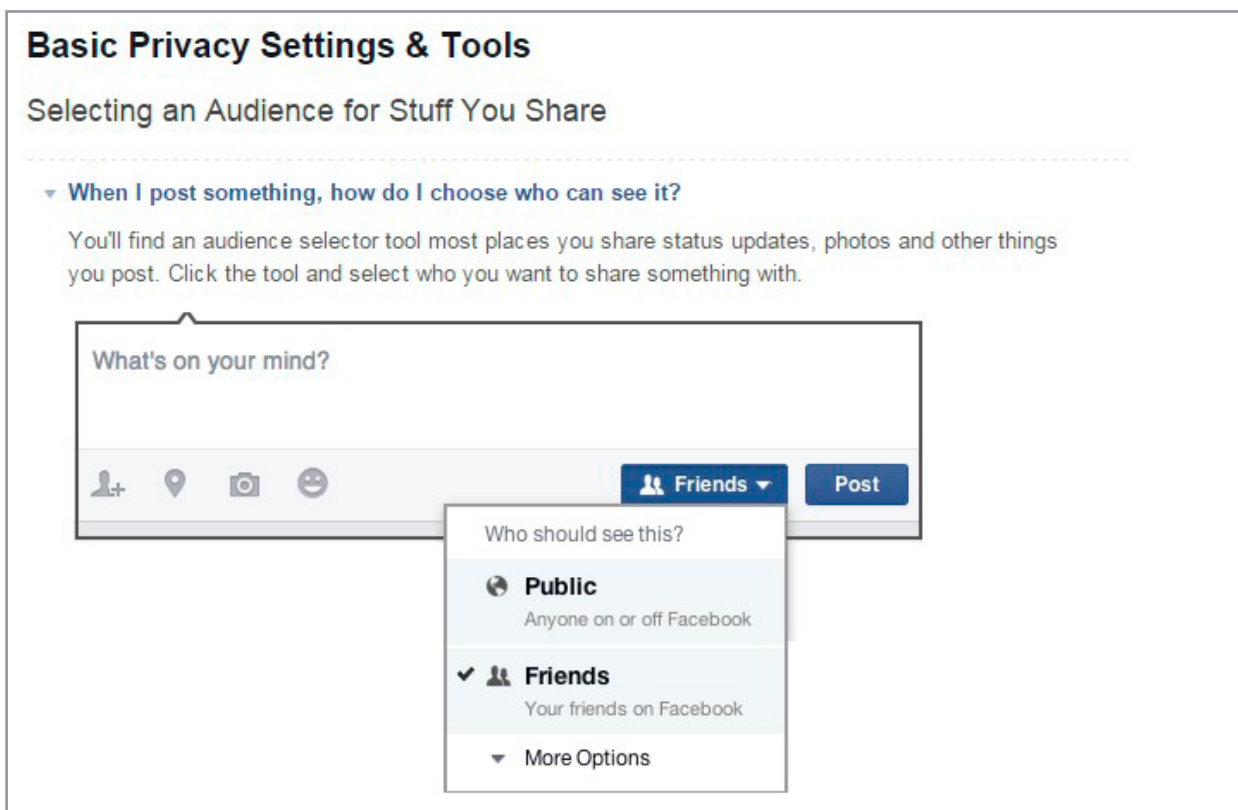
Read more in this guide’s chapter, *Monitoring and Managing Your Online Reputation*.

CHAPTER 6: MONITORING AND MANAGING AND YOUR ONLINE REPUTATION

1. Examine Your Current Online Presence

Set aside a few hours to search your name and adjust your privacy settings on the relevant social media platforms we have discussed. **It is important to remember that these can change often, and frequently without notice to users.** Delete, when possible, any questionable posts on any social networks where you may have been tagged at social events or in unprofessional settings.

Check your privacy settings, and chooses as a default the most secure setting offered. (On Facebook, for example, make sure posts on your personal page are only shared with friends and are not publicly searchable. Activate the setting that requires your permission before another person can post to your wall.)



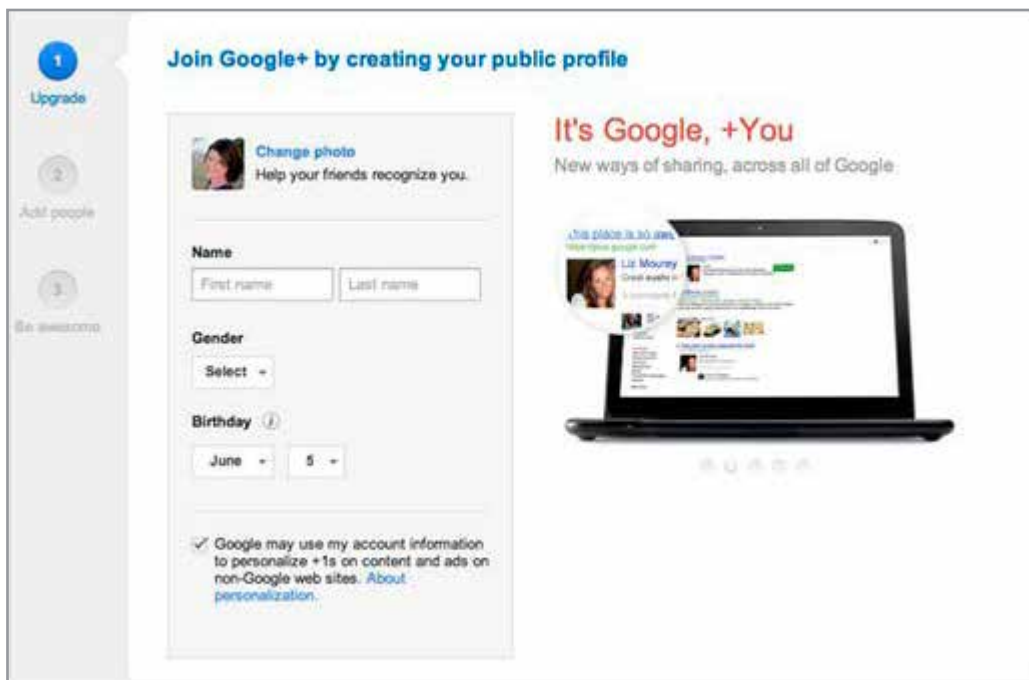
Maximizing Facebook Privacy Settings

Choose the default settings that will limit others from posting to your timeline or tagging you in photos without your consent.

| | | | | |
|--|--|--|--|---------------|
| <ul style="list-style-type: none"> ⚙️ General 🔒 Security | Timeline and Tagging Settings | | | |
| | Who can add things to my timeline? | Who can post on your timeline? Review posts friends tag you in before they appear on your timeline? | Friends On | |
| <ul style="list-style-type: none"> 🔒 Privacy 📅 Timeline and Tagging 🚫 Blocking 🌐 Language | Who can see things on my timeline? | Review what other people see on your timeline Who can see posts you've been tagged in on your timeline? | Friends Only Me | |
| | <ul style="list-style-type: none"> 🌐 Notifications 📱 Mobile 📡 Followers | How can I manage tags people add and tagging suggestions? | Review tags people add to your own posts before the tags appear on Facebook? When you're tagged in a post, who do you want to add to the audience if they aren't already in it? | On Only Me |
| | | Who can see what others post on your timeline? | Friends | |
| <ul style="list-style-type: none"> 📱 Apps 📺 Ads 💳 Payments 🛑 Support Inbox 🎬 Videos | Who sees tag suggestions when photos that look like you are uploaded? | No One | | |

2. Create a Google+ Account


Create a Google+ account. Anything you post here will automatically rank higher in a Google search. Consider buying the domain for your name and practice name, even if you do not intend to use it. See more in "How to Clean Up Your Online Reputation" by Becky Worley for Yahoo News.



3. Set a Google Alert

The easiest and least expensive way to monitor online content about you or your practice is to set up a Google alert for a few key terms. (You need a Google account to set up an alert. If you don't have one, an account with a Gmail address can be created for free.) You will receive email notifications when new content is published containing these terms.

Create an alert

1. Visit [Google Alerts](#) .
2. In the "Create an alert about" box, enter the words you want to get email notifications for.
3. Click **Show options** to say how often you get alerts, what types of results you want to get, and more.
4. Click **Create Alert**.
5. Once your alert is set up, you'll start getting emails any time we find new search results for your keywords.

You can also create an alert by clicking the + next to any of the suggested topics on the Google Alerts page.

Google alert sample terms

A Rockport pediatrician named Mary Jones with her own practice might consider some of the following search terms:

Mary Jones

Mary Jones, MD

Dr. Mary Jones

Jones Medical Associates

Rockport and pediatrician

4. Update Your Profile on Key Sites

You should have an updated profile — including a flattering photo, practice logo, and a few lines about your education and expertise — on Facebook, Twitter, Google+, and other major hubs and medical review sites.

Update your profile and contact information on the state medical board database and any databases of your specialty society. A large amount of the incorrect data found on the various doctor search directories is taken from publicly available state licensing board records, according to drchrono.com.

CHAPTER 7: CREATING A SOCIAL MEDIA MISSION STATEMENT

Your mission statement serves as “your compass in the social media sea,” according to Power Your Practice.

As you prepare to expand your online presence and create social media content, ask yourself a few questions:

- How do I want to build my personal or organizational brand using social media?
- What outcomes do I want to see from my time and investment in social media?
- Who will take responsibility for the success of my social media content?
- Which platforms or tools will I use for my social media activities?
- How often will I evaluate my efforts and impact?
- How does social media fit into my overall strategy for my practice?

In a 2011 article for *Physicians Practice*, author Suzanne Madden suggests physicians gather a group of trusted friends and colleagues to discuss ideas.

A social media mission statement helps establish priorities, set boundaries, and outlines achievable goals.

Enlist the help of staff, partners, patients, family, and friends — whomever you think can provide insight into, and objectivity about, your practice.

Often, a mission statement ends up being a blend of what your practice is now and what you hope to evolve it into.

Through this process, a pattern will pretty quickly emerge, highlighting the ideals that are most central to your practice’s philosophy. Now is the time to begin drafting those keywords into sentences that employees, patients, and others can readily understand. The objective is to be able to accurately convey what your practice philosophy is all about.

Once you have created your mission statement, put it to work! Share the mission with your employees and patients. Incorporate it into your marketing messages. And utilize it as a training tool for your staff. If you can tap an employee on the shoulder and ask “did your interaction with that patient express our mission?” then you are putting your mission into action.

Sample Social Media Mission Statements

The social engagement platform Hootsuite suggests its users start with a simple statement:

We will use (social network) for (purpose of this social network) in order to help (business goal).

Sample: *We will use Facebook for publicizing our clinic hours to help patients get earlier appointments.*

Sample: *We will use Twitter to share information about flu vaccine availability to help protect our patients from illness.*

Sample: *We will use LinkedIn for building our practice’s professional network to help establish our brand as regional experts in gastroenterology.*

APPENDIX: SOCIAL MEDIA RESOURCES FOR PHYSICIANS

The American College of Physicians recommendations for proper use of social media

The American Academy for Family Physicians guide to successfully using social media in the professional field

The Doctors Tablet Blog, a Q&A with Dr. Kevin Pho about the usage, advantages, and risks for physicians using social media

Dr. Kevin Pho's medical blog on social media, various topics regarding professionalism, risks, benefits, social media examples, etc.

The Boston Children's Hospital's social media policy and disclaimer in both legal language and "plain English" as they called it

The American Dental Association has a *Social Media Planning Guide* that can be purchased

A 2014 study done by the *Journal of Medical Internet Research* titled "How Doctors View and Use Social Media: A National Survey"

The Canadian Medical Association's social media policy

The Cleveland Clinic's social media policy

Physician's Weekly article on social media tips for doctors

Medscape's advice for social media usage in regards to the new policies put into place
(***NOTE:** Requires a Medscape account to access)

MMS Social Media Guidelines for Physicians

MMS Social Media Guidelines for Physicians, Adopted December 2015

1. Carefully planned and professionally executed participation in social media by physicians is professionally appropriate, and can be an effective method to connect with colleagues, advance professional expertise, educate patients, and enhance the public profile and reputation of our profession.
2. Physicians should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must not post any content that could be used to directly or indirectly reveal a patient's identity.
3. Physicians must recognize that personal and professional online content can have a significant impact on public trust in the medical profession, both positively and negatively. The content that physicians post online may also influence their reputations among patients and colleagues, and may have consequences for their medical careers, particularly for physicians in training and medical students.
4. When using the Internet for social networking, physicians should use privacy settings to safeguard personal information and content to the extent possible, but should realize that privacy settings are not absolute and that once on the Internet, it is highly likely that content will remain there indefinitely, and may reach a wider audience than intended. Thus, physicians should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and, to the extent possible, content posted about them by others, is accurate and appropriate.
5. If they interact with patients on the Internet, physicians must maintain appropriate boundaries of the patient-physician relationship in accordance with professional ethical guidelines, just as they would in any other context.
6. To maintain appropriate professional boundaries, it is recommended that physicians separate personal and professional content online, where technically feasible. Physicians should accept patient online invitations to connect only on a physician's professional or a practice's social media account, and should not accept invitations from patients to connect on their personal accounts.
7. Physicians' existing professional responsibility to hold their colleagues to account for maintaining the profession's code of ethics (e.g., AMA position on the necessity of reporting a colleague's unethical conduct) extends to behavior in online communities. Thus, when physicians see content posted by colleagues that appears unprofessional, they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions. If the behavior significantly violates professional norms and the individual does not take appropriate action to resolve the situation, the physician should report the matter to appropriate authorities.
8. Physicians must disclose all relationships they have with regard to the maker or provider of products and services they review or discuss in online communities. This includes discussions and reviews of products and services provided to the physician for free.