April Lewis:

Good afternoon, everyone. This is April Lewis, the Director of Health Center Operations and HR Training here at NACHC. I want to make sure everyone can hear me okay, so if someone can put a note in the chat box or the Q&A box and say that we're good to go out there, it would be greatly appreciated. Perfect, thank you Bianca. All right, let me do the slide advance here.

April Lewis:

And for some reason, they are not. So I am going to share my screen and use the right share screen button. Okay, great. Looks like we are all set now. So, thank you again for joining. Happy Thursday to everyone. Before we get in the presentation, I want to introduce myself and my colleague here with me. My name is April Lewis, again, Director of Health Center Operations, and I'm joined with Marisol Murphy-Ballantyne, our Director of Digital Communications. We bring you greetings from the Bethesda, Maryland, here at NACHC headquarters, where it is extremely cold right now. So for anybody that's in warm environments, please send some sunshine our way.

April Lewis:

Before we enter today's webinar and navigating social media risk, I want to show you a project that NACHC recently completed with 19 other NCAs. Those are entities that are funded through HRSA. Our new website, healthcenterinfo.org, it's the Health Center Resource Clearinghouse. Basically, it is the one-stop shop to find training and technical assistance resources. You can see that they're broken down by category, they're broken down by specific topics, and also give you an opportunity to ask any questions. So please make note of that website, healthcenterinfo.org. Visit it. We are welcoming feedback if you have any ideas, suggestions, comments. We'd love to hear if it was useful or not, or if there's anything that you would like to see in it. It's no longer in its beta phase, but we're still within the first few months of releasing it, so we welcome all feedback.

April Lewis:

Today's webinar really was birthed out of a concern from a healthcare provider, and just basically something that you all deal with on an everyday basis: patient engagement. Why is this important? Patient engagement is really the number one reason that we are in business, and our number one focal point, making sure that we provide a great patient experience and that our patients are healthier. So we want our patient experiences to be positive. We want to stay anchored in the quadruple aim, which one of them is patient satisfaction. And so many of you do a great job of capturing patient satisfaction responses through technology by using iPad or tech surveys, and then there are some of you that are still doing paper.

April Lewis:

Whatever way that you're doing it, we do want to encourage you to receive feedback from your patients in a timely manner, because you want to take that information and improve your operations as needed. I got a question that's asking if there are audio, so I want to make sure you all can still hear me.

April Lewis:

Let's see here. Okay, thank you Robert. Yes, Ellen, if you're having issues with the audio, please restart. Sometimes it just helps to close down your computer and start it right back. Perfect. Thank you Tiffany, thank you Bianca. Again, make sure that you're receiving feedback from your patients so you can adjust

accordingly. We also want to make sure you're aware of the crossroad between being social and being at risk. We want to make sure that you are protected online, and protect your brand and the reputation of the health center, while also protecting patient information. And the purpose of this also is to educate you on potential risk of being online.

April Lewis:

So patient engagement combines a patient's knowledge, skills, ability, willingness to manage their health, participation in interventions to increase activation, which basically means anything that you are doing at the health care provider to get them engaged and involved in their healthcare, and then also promote a positive behavior. Positive in what they eat, how they sleep, their physical activities, all the things that you work so hard to do at your respective health center to make sure that they are well.

April Lewis:

So how does this translate online? There are three key areas to address when interacting with patients: privacy and security, medical malpractice, and reputation. How do you protect yourself, considering all three things? We first want to explain confidentiality, because it's truly the foundation with everything that we're going to talk about on today's webinar. We know about confidentiality in the healthcare space more than any other entity. And it can be challenging at times when you use different platforms such as patient portals, public platforms like social media that we'll go into detail today, email, texting, faxing, use of medical devices.

April Lewis:

And I actually feel small when I see... With fax services, because we're never going to get away from faxing documentation, even as advanced as we've become in the digital space. So we also have your wireless networks. Now, how many of you out there sit at a coffee shop or at your favorite restaurant and hop on the WiFi to get some work done? Consider what you're doing when using those public networks. And you always want to make sure when you go online in your URL, which is basically where you put the web address, www.healthcenter.com, make sure that you're on a site that is secure, especially if you're on a public domain. Http is what you want to see in the URL.

April Lewis:

And so, HIPAA and HITEQ are our friends in the healthcare space. They don't have specific rules on social media, so it's important for you at the health center to implement a HIPAA social media policy to reduce the risk of privacy violation. Your online violations may cause a greater risk because two reasons: the reach and the permanency of online communication. Once you put something online, or a patient puts something online, we all know there's no real way to delete it. It remains on servers, or someone can easily take a screenshot. And you know firsthand from Facebook, Facebook does a wonderful job of reminding us what we did last year, two years ago, so that speaks to how it still sits on their servers. It does not go anywhere. So that makes us a little more vulnerable to what's being put out online, so consider that as you respond to patients and as you, as a healthcare professional, engage online as well.

April Lewis:

Also be cautious about the unauthorized disclosure of individually identifiable health information in any form on social media. No PHI! Now it's confidentiality. Think about it. It can be as simple as your patient goes, "OMG, we're pregnant!" Any response by the practice regarding the post will violate HIPAA, even if you just put, "Congratulations," which is very standard. People always are putting good news out. "I

had a great visit at the doctor. My blood pressure's down." All of that is good in the social space, but in the healthcare arena, it is in violation of HIPAA. So be sure not to respond to those type of posts.

April Lewis:

And speaking to the PHI, Protected Health Information, I want to explain it to you so you can be clear on just the many nuances that are involved in it. The individually identifiable health information is transmitted by electronic media, maintained in electronic media, and transmitted or maintained in any other form of medium. Now, the individually identifiable health information is information that is a subset of health information collected from an individual, affiliated entity, and captured at any time. So basically, an affiliated entity can be your employer, it can be the clearinghouse, and it can be from three years ago to present day. It is all information that is directly related to one person.

April Lewis:

Now, there are several risks that the internet poses when dealing with patients. There's countless benefits as well, but we in healthcare, we always have to be mindful of the risks. You have the risk of breaching confidentiality in HIPAA, medical malpractice and reputational risk. The key is to minimize them all.

April Lewis:

How can you address confidentiality risk? You want to create and make sure that you update practices to address how you communicate with your patients. You want to ensure that all your patient portals and electronic means of communications are secure and encrypted. You want to implement authorization procedures and consider a two-step authentication. A lot of us are moving to that on our phones or within our personal emails, so depending upon the advancement of your IT team, you may want to use two-step authentication. And that can be as easy when a patient logs into a portal, that their secure user name and password, they may receive a text message to enter an authentication code. Depending on where you are, that may be an option.

April Lewis:

And then also making sure that your communication is encrypted. That's in transit and at rest, which basically means when you are sharing files or information that is going across a channel encrypted and when it's docked on a server, it's encrypted. So all the IT people on the line, I'm sure you understand that. For everyone else, it just basically means anywhere in the channel of communication, if a hacker gets into it, they won't be able to read what is lying there.

April Lewis:

You also want to review and update security measures regularly and adopt to changing technology. Unfortunately, technology will not slow down, so we have to keep up with it. If you are responsible for your company's social media presence, you want to be aware of your privacy and security rules and regulations, new platforms, different ways of communications, different ways people can capture video. You want to stay on top of it so you can respond accordingly. And the thing is, each staff member is responsible. It's not just the IT department.

April Lewis:

And other ways to continue to address confidentiality risk is education. Education for you as a staffer and educating your patients as well. You want to discern what should be answered in the patient portal or another mode of communication. The patient portal is a great place ... and we'll get into it in detail later ... for patients to stay in tune and engage with their information. But it's not the place for that certain health or medical advice, so you want to be clear internally what you're going to discuss in the patient portal and then share that information with the patient so they'll know.

April Lewis:

And if you're posting a clinical example to educate your followers online, ensure anything you post is de-identified. Don't use a picture of someone in a waiting room in a cast to talk about how you should have your foot elevated if you have a lower extremity injury. Don't do any of that; just speak very generally and very generic. And you also want to develop an internal process to report unauthorized release of PHI. So ensure that you're compliant with HIPAA's breach of notification rule.

April Lewis:

The main thing is you have HIPAA to be aware of, making sure anything you implement internally is in alignment with HIPAA rules and regulations. And now I'm going to pass it over to my colleague Marisol. We're going to get into the specifics of social media.

April Lewis:

Hold on one second. It's saying we lost sound. Okay, Kristen, thank you. I'm not sure what happened. Talking about technology and technology is trying to fail us. So thank you. Yes, please keep us posted if anything like that happens again. Thanks, Kristen.

Marisol Murphy-B:

Yeah... Right so in social media, I think a lot of health centers are actually on Facebook, Twitter, some are on Instagram and some are really advancing into YouTube and this is going to keep changing every once in a while. I'm sorry, we have a question regarding what you said. Hold on, we've got a question. It says it's hard to hear me.

April Lewis:

Okay, it sounds like she's far away. So we've got to move this over. ...

Marisol Murphy-B:

Can you hear me a little better now? Awesome, okay. Sorry. All right, great. Okay, so we'll keep moving it along. Oh, and just on this slide it talks about benefits, keeping up with the times, improving patient-provider relationships, and strategic marketing are all reasons why we use social media. Oh, do I?

Marisol Murphy-B:

So, why social media? A couple of reasons: crisis communications. Social media is a really easy way to amplify your voice very quickly and reach a wide audience with information on things like Zika, when we had the Zika, which we still have Zika, as well as Ebola when we had that crisis, and any other public health crisis that you may want to reach your audience with. I once talked to a health center in Washington State who did a really good job reaching some mothers about some formula that had needed to be recalled for whatever reason. And she was able to get on social media and post something

and quickly get a lot of attention for it, which is really great, because she was helping her community in that way.

Marisol Murphy-B:

The other thing that you can do is an ongoing response, keeping items in the news. We all know that the wave in news moves these days really, really quickly. And so, sometimes we have to make that extra effort to keep something that's in our community at the very top, and that includes putting things up on social media.

Marisol Murphy-B:

The other part of this is raising awareness. Raising awareness of your campaigns, your programs, your causes. I've seen a lot of things going on right now during the holiday season where people are saying, "Come in and drop off a gift, adopt a family from our health center," et cetera. Those are really great uses of social media. And then there's brand management. Crisis communications and raising awareness add to your brand management. And it makes you more credible, more trustworthy among your community, and it helps you seem like an organization that's knowledgeable, particularly about health concerns and any other services that you provide. And it sort of provides a window to potential consumers about what you do in your health center, what your culture is like. It's also a good way to manage your company culture.

Marisol Murphy-B:

I always give the example of Google. Google's really great in that everybody understands what a Google campus is like. I've never been to a Google campus, but I know they have bikes, they have a nice cafeteria, they have pods I think that they can take naps in. But the only reason I know that is because they've shared that sort of information.

Marisol Murphy-B:

Where are your patients? YouTube has grown exponentially. Facebook is still at the top. Instagram, which was bought by Facebook, is growing as well. So you see there's sort of a trend here. It's always been a trend, but it's just increasing that people really like visuals and videos. Pinterest, Snapchat, LinkedIn, Twitter. I'm kind of sad for Twitter myself, because I really enjoy Twitter, but it's more for 'new bucks'. It's a really great place for raising awareness of a crisis or even your campaigns. And then there's WhatsApp, which I think is used more broadly overseas.

Marisol Murphy-B:

I'll pass it to April now.

April Lewis:

And one thing that I do want to plug about the WhatsApp, here at NACHC, myself and my colleague Jason Patnosh, we're responsible for the emergency preparedness efforts. And we used, by way of Hurricane Irma, we used WhatsApp to communicate with health centers and PCAs that are in any areas that may have lost power, internet, all that good stuff. Because it allowed us to still be able to have a way to be connected out to the field.

April Lewis:

So if there's anyone here, if you're in that emergency preparedness space, or one of your colleagues, consider that in the event that there's a loss of power or WiFi or anything. It really, really ... In Puerto Rico, really that was their only way to communicate. So just a plug right there, consider how you can use social media even in times of crisis.

April Lewis:

Our patient portals, which honestly, they're a form of being social with our patients, because we're meeting them where they are. And it allows our patients to be in power. It connects patients to tools that help them become involved in their health. We know we have patients sign patient responsibility forms, but sometimes that does not always resonate with them what they're actually signing. A patient portal is a digital way to meet them, honestly, in the palm of their hand, on their computer, their desktop, and let them see what's going on with the current state of their health, their test results. They can make appointments, refill prescriptions, and communicate directly with their provider.

April Lewis:

And a couple of did you knows. To answer your question, yes, the slides are going to be available on MyNACHC, but I put this out here. We learned that the health care industry has been the slowest to use health information technology, almost 15 years slower than the next leader in the industry. And it's for two reasons: safety and workflow. If you've had anything to do with the implementation of an electronic medical record, you know the workflow is critical, because you have a solid workflow and then you put the technology on top of it to advance it, not the other way around.

April Lewis:

For those two reasons, we in health care with EMRs, with text message reminders, all of those, we are behind the industry. The use of social media continues to increase, prompting health centers to establish more of a social media presence and interaction with patients. Now, there are so many people out in the world that just say they do not like social media, they do not like Facebook. That is perfectly fine, but it's where we are and it's where we're honestly going to remain. It's not going to change. So we want to again, meet our patients where they are. That's human services 101. If they're online, we need to be online.

Marisol Murphy-B:

And I just want to add that social media is a good place to listen. Regardless of whether or not you yourself or your organization has already taken a jump onto social media, people are already talking about you online, whether that's Yelp reviews, Google reviews, or wherever else. You're already there. And so, it's a really good place to listen and find out maybe concerns that are going on within your health center, to find out what's the latest in health care industry news. It's a good place to hear that. Any sort of trends that can help you serving your patient base.

April Lewis:

That's a great point. Just remember, they're out there, so we want to be out there with them speaking and listening. So, privacy and security. These two are often grouped together, but I wanted to be sure that you understand the difference between them. Privacy is protecting the user identity, so that's Patient X. Our previous example where Patient X says, "OMG, I'm pregnant," you would not want to come in and say, "Oh my goodness, April Lewis, congratulations on having the baby!" You want to protect the person's identity.

April Lewis:

And then you also, you don't want to do things like make a sticky note with the patient's information inside of a health center. Protecting their identity, that's how we remain private. Security is protecting data. That is really the place in this online space and when you look at your patient portals, your EMR, your text messages. Are we protecting that data? We have to focus on both of them.

April Lewis:

Now we're going to go into medical malpractice, because it is one of the nuances of protecting yourself online. Thanks to our trusted legal counsel, Feldesman Tucker Leifer and Fidell, I want to go through a few slides on medical malpractice.

April Lewis:

The general elements of a successful malpractice claim include the following: the creation of a patient/provider relationship, which basically is the establishment of duty of care, the provider's actions breach the duty of care, the provider's contributed to the harm to the patient, and the patient sustained damages to the provider's breach. So those four entities literally will make up a successful malpractice claim.

April Lewis:

Now, malpractice explained a little deeper, when online interactions with patients, it's uncertainty about the establishment of a patient/physician relationship, which basically means if you're a physician and you have your personal Facebook page and it says in your bio that you are a doctor and someone says, "Should I take Sudafed over Benadryl?" And you answer, that does not necessarily say that you are now this person's primary care provider. Those are the little things that we want to be clear on. Again, we'll talk later about friending patients online and just how you respond to patients.

April Lewis:

The establishment of a physician/patient relationship controls whether a physician has a duty of care to a patient, and is key to a determination as to whether a cause of action for malpractice exists. Again, is there a duty of care by me just saying, "I'm a doctor, and I'm responding to say, 'Oh, go get Benadryl instead of Sudafed?'" And if a patient interacts with a health care provider online regarding medical care before ever being seen for a face-to-face visit, has a physician/patient relationship been created?

April Lewis:

So there's minimal cases laws exist on the subject of online medical malpractice, of social media, and what constitutes the establishment of a physician/patient relationship. Additional FTCA concerns, for FTCA purposes, a health center patient is defined as someone who accesses care at a health center site, unless they are receiving triage services. So, would online communications constitute triage services?

April Lewis:

It's very complicated online. What happens if a patient reports a physical complaint via email? Are online communications being captured in the medical record? More consumers of health care are checking provider reviews online, so we have to be sure that we are aware of what's happening out there. And you'll see in a later slide the different places where patients can go online to share their experience of visiting your respective health center. Your review can taint your reputation, and often it's

not good, because we know most people when they post a review, it's after having a bad experience. So think about the last time you posted a review. Were you complaining or expressing praise to a business or an individual?

April Lewis:

Here's how you can defend yourself against medical malpractice. You want to educate your patients on how to communicate with your provider and use examples. That is so important in this space. We understand our respective language, our acronyms, because we are healthcare professionals. Our patients may or may not understand it, so always give them an example and make sure they clearly understand what you're saying. Allow them the opportunity to ask questions. You want to add disclaimers to all your social media accounts. If you are the owner and operator of your organization's social media platform, you want to have a disclaimer that clearly states that a comment is not medical advice. And you also want to provide a phone number and an email for patients to get in contact with your health center.

April Lewis:

Technology makes that super easy, where they can click on the number and call right into the health center. Or they can click on an email address and just send an email from their phone. The goal is to make sure they can get to you in a secure, protected way with their questions or concerns. You also want to designate the point of contact for your social media platform and ensure that sites are monitored regularly. This happens from the top of the leadership channel down to ... I don't like to say the bottom ... but at the beginning stages of it.

April Lewis:

If you are the leader of your Facebook or YouTube channel, go out there, even if you haven't posted anything, if you posted a video two weeks ago, look back and see if any comments have been posted. Make sure all of your notifications are turned on. In the business space, you absolutely want your notifications on. Personally, I don't want to hear any notifications. When I go on social media, that's when I want to see what's happening. But other than that, I don't want the bings and the vibrates. But you, if you are running and representing your organization online, you do want to have your notifications on.

April Lewis:

And then you also want to deliver a standard message advising patients to contact the center for help or to schedule an appointment. That is truly going to be your saving grace, to get them offline, acknowledge them, but then ultimately get them offline and into your health center, or on the phone and see an email.

April Lewis:

Now we're going to go on to reputational risk, which honestly encompasses all of what we've mentioned up until this point. And I'm going to pass it over to Marisol.

Marisol Murphy-B:

Yeah. Reputational risk really just means ... Well, some of it is just mostly trolls. We've all seen how people can jump online very quickly and complain very, very loudly to the entire world about customer

service, about just anything they find that they did not like. And those represent your external threats. But there's also local and regional competition, your disgruntled former employees. And that even includes ... I'm not sure if a lot of you are aware of Glassdoor where people can leave reviews and information about what it was like to work at your organization. If you have not visited Glassdoor, I definitely recommend going in there and seeing what's there.

Marisol Murphy-B:

And then there's patient reviews and comments. Those are all external threats. And then internal threats also include current employees. Now, you might be thinking the current employee, when I'm talking about current employees, I'm just talking about someone complaining or venting online to their friend, but it's not just that. Some of it is complaining and venting and accidentally including PHI without even realizing it. And so, that constitutes an internal threat to your organization when it comes to your reputation and making sure you stay clear of any HIPAA violations.

Marisol Murphy-B:

Again, reputational risk here. Online reviews, that's why I'm saying ... When I say listening, I mean go and find out what people are saying about you. Because those reviews do have consequences. We're finding more and more people don't just look for reviews on movies and restaurants and vacation spots and things like that; they actually do look for reviews for physicians and health providers. They want to get as much information as they possibly can to make their decision on whether or not they're going to go somewhere and see someone.

Marisol Murphy-B:

Now, you cannot really control what is posted on third-party review sites, but what you can do is make sure that the people who appreciate what you do can come in and voice their opinion. And they can help you in that way. Use a generic admin email so your providers are not stalked. If people have concerns or anything like that, give them an email they can reach that is generic.

Marisol Murphy-B:

So for instance, we have a communications@nachc.org email. That's our generic place for people who have questions about communications but they don't really know who to reach, or vendors who are trying to reach us, things like that. Always keep one of those. And then, legal action may be taken after a bad review is posted, but these types of suits are still novel. It's an uphill battle. So just remember, that's part of reputational risk there, that you should be listening so you can try to mitigate what's coming down the pipe.

Marisol Murphy-B:

Don't be alarmed; patients have rights when posting. And this is another slide created by Feldesman Tucker Leifer Fidell, which we really appreciate. Patients do have rights when they're posting, and that includes freedom of speech laws, state laws that prevent businesses from curbing public disclosure about the business, non-disparagement clauses, and Consumer Review Fairness Act of 2016. So patients do have the right to voice their opinions online.

April Lewis:

To piggyback on what Marisol said about the listening, it is absolutely okay if you encourage your patients to go online and leave a review. We don't want to be afraid for them to be online; we absolutely want them to be online singing our praise. I visited a health center recently, and they do that. They have a little jar. I mean, it's not online, but they capture when the patient finishes their appointment, "Did anybody make you say 'Wow,' or 'Aha' about anything?" And they can write it right there. And then ultimately, this health center put it on their internal brag wall.

April Lewis:

But do the same for your patients. Promote your social media sites at checkout. Maybe advise your front desk person or your checkout staffer, "Hey, if a patient's leaving, remind them that we are on Facebook, we're on Instagram, we're on Twitter. We love their feedback." You don't want to force feed them and say, "Leave a great review," just because that's not operating with integrity. But you do want them to know that you are online and encourage them to share their experiences.

Marisol Murphy-B:

Definitely offer them the opportunity to do so if they can. And then I would say that it's the other way to combat this is again, to share all the great stuff that you do online, and all your different platforms that you have. All the great work that you do, all the celebrations that you have for achievement, share that stuff online so that that combats anything out there that is maybe not the best review.

April Lewis:

Now, there are several ways your health center's reputation may be put at risk online. There's defamation, which is a false statement that caused harm. Basically you defame someone if someone speaks negatively about the health center, or a staffer had a bad experience at check-in or checking eligibility, they can write a statement basically defaming the character of your health center, and they may name drop the staffer. Someone may also perform libel, which is a written statement that caused harm. So the defamation is not true; it's a false statement. Like I say, you hear the term defaming someone's character; libel is just a written statement that caused any harm to the person.

April Lewis:

And slander is a spoken statement that caused harm. So the libel means that it was written down, slander means that it was spoken. Those are three ways that your reputation can be put at risk. So again, we want to make sure that our patients are having good experiences from check-in to checkout, and everything in between. And if you do send them online, be open and ready and responsive to whatever they're saying. The key is just getting them off a social media platform when it's a serious issue and into a secure email or on the phone with a professional.

April Lewis:

What can you do if a false statement is made? And the decision is truly up to you. If you know ... If a patient makes a post that someone screamed at them at the front desk, and you're the front desk manager and you see this post and you know that absolutely did not happen, you can speak with the individual. I wouldn't necessarily recommend speaking with them right there on the social media platform. And I've seen organizations do acknowledge what they're saying. And that's the key, you want to acknowledge what they're saying, then they're valid in whatever they're saying. And then you ask them to contact you at a specified phone number. Or, if you want to say, "Do you want to message me?" And there's a number that I can reach you at directly.

April Lewis:

You just want to get on the phone with that individual and see what happens. Then you can contact the website directly. If they posted something on an external website outside of social media ... I remember in college we had this Rate Your Professor site where you can go in and say what you wanted to say about your professor. Contact the website, "Hey, take this down. This is not true. We are working through this internally." If you want to take it to a higher level based on defamation, libel, or slander, you can put forth a court order. But again, from our previous slides, medical malpractice is still new as far as social media engagement. But false statements and being able to prove the falsivity of it, all of that is where you would want to contact your legal authority and get the sound advice on how you should move forward.

April Lewis:

And then, of course, there's civil action. So if something comes against you, if there's something that is said or written against your health center's reputation, there are measures that you can take.

Marisol Murphy-B:

These are some tips you can take to protect your health center. First of all, as we've said, most of the times, go online, conduct a risk analysis to see what people are saying and what online engagement is like around your organization. Create and implement policies to ensure all parties are protected online. What that means is, you should have a social media policy. I'm always telling people, pick one or two people who handle your social media for you at your organization, and make sure they're educated and trained on what exactly they can say and cannot say when they engage people online. And make sure that they're just up to date and that everyone at your health center knows who they need to turn to if they want to post something on social media.

Marisol Murphy-B:

And include in there how to handle bad online reviews, how to handle direct communication on any platform. We actually had our Feldesman Tucker create some sample language, which is in an issue brief that we're going to talk about later. But it's just your basic language, and it's something you can use to reply to some of these bad online reviews. And it just says, I'm just going to repeat it, it says, "In accordance of laws about patient confidentiality, it is XYZ health center's policy to refrain from responding to any comments made on this platform. We invite patients or families and members of our community to direct any concerns or requests for information about XYZ health center with us directly by contacting us at," and then include your phone number and that generic email address I was talking about.

Marisol Murphy-B:

And then, always train health center employees when they come onboard the organization, probably once a year, and just talk about the potential risks of online communications with your patients, including HIPAA, malpractice, reputation risk. And then this little graphic here on this slide is just a good thing. Maybe you can post it in a break room or something. And it just says, "Think about what you're posting before you post it." And that even includes when they're outside of the office and they're venting. Please don't include PHI. You have freedom of speech, but you can't include patient information.

April Lewis:

Again, the purpose of today's chat is to really help you protect yourself and how to navigate any risks online. Some tips to help protect your health center: again, educate your patients about the health center expectations regarding electronic communications. And one way that you can do that, create a simple graphic. If you have a graphic where you can say what you respond to, how to communicate, whatever your phone number or your generic email is, contact us, create a graphic. You can push that out super easy across Facebook, Instagram. If you want to do a video on YouTube. So let them know what the expectation is, let them know that you will not provide medical advice, that their privacy is important to you, so they're going to be directed to a phone number.

April Lewis:

If you put that out on the forefront, when you do have to respond to a statement, then it'll be more acceptable because they have already been educated on the process. So you want them to know your health center's privacy and security protections. You want them to understand when and what will be discussed online versus in person. A quick and easy way you can do that: create a yes and no sheet. Yes, and list the things that you can say or your health center will say online. No, and list the things that you cannot say online. People respond to visual graphics, and you can make it really easy.

April Lewis:

Use your patient data. If you have patients that are communicating on your platform, and they seem to keep asking the same questions or they want to know ... I think it would be weird, but they ask, "Can I get the results of X test?" Whatever your patients are communicating, however they're communicating with you, respond to that when you're communicating with them. So create those tip sheets for them and blast it across your respective platforms. And then ask your colleagues, anybody else who's connected to the health center online, to share it across their respective networks.

April Lewis:

You also want to share what the expected response time is, and make sure that the designated responder is in agreement with this. It is nothing more unprofessional than someone posting or having an email, a generic response that say, "Oh, we received your message. Thank you. We'll be back in touch within 24 hours," and you never hear back. Or you see 24 to 48 hours and you never hear back. So if the person that's manning your social media, if that's you, and this has unfortunately become your other duty that's assigned and you don't have the bandwidth to respond within 24 hours, give yourself that leeway and say, "Hey, we'll respond to all posts within 72 hours." Whatever works for you. People will be receptive to the truth than you just saying 24 hours because it sounds good.

Marisol Murphy-B:

I would just add on that that on Facebook, you can actually turn off the message section of your page so that people can't send you messages to the page if you don't have somebody. Because I know some health centers do post things to Facebook, but they don't necessarily have somebody monitoring Facebook all of the time.

Marisol Murphy-B:

And so, you can make it so that you don't have that feature. You can also make it so that you have that feature and you have a generic message that pops up and says, "We'll get back to you as soon as possible." But, the issue there is, Facebook can actually tell people ... Well, I'm sorry. Actually, on Facebook, if you do that, you need to make sure to follow through. Because if you've set up ... I think

everybody knows you can schedule posts for Facebook now. But maybe your audience doesn't know that.

Marisol Murphy-B:

If they sent you a message and something has been posted since they sent you that message and you haven't responded, it looks like you're ignoring them. So just keep that in mind, and just stay at your bandwidth, and remember you don't have to have that message feature on.

April Lewis:

That is sound advice, Marisol. Thank you for that. Here are a couple of other tips. Now, the association guidance can be helpful for you at your health center. The American Academy of Family Physicians provide this very specific outline of how to engage. And for anybody that's driving, I want to read it so you can fully hear what's recommended. And that's physicians not accept patient friend requests in their personal social network, thinking of their personal social network.

April Lewis:

If you are responsible for the organization's social media platforms, if a patient sends a request, yes, friend it. But your personal page, it's highly recommended that you do not. And this is not only to protect the physician from exposure to litigation, but maintains the boundary needed for professional physician/patient relationship. Facebook in particular offers a way to keep this boundary in tact by the use of a business page, which most of you at community health centers and PCAs have.

April Lewis:

Facebook business pages allow physicians to post information, moderate questions and comments, plus analyze which posts were most relevant through a robust series of page and post metrics. That said, if a physician chooses to engage with patients on social channels such as Facebook, the key becomes how and where patient questions are answered. Again, I believe I saw on the chat, it's not that it's discouraged. We want you to be active online. We want you to be present and be social. But more than anything, we want you to be protected. So that's where keeping it off your personal page comes into play. Making sure the person who is the designated correspondent on your social media platform stays aware of any tips and tricks out in the field to protect themselves and your brand. Be sure you protect yourself from medical malpractice.

April Lewis:

And then also just make sure the lines are clearly defined on what is going to be said and responded to. And don't feel like you cannot make that ... Even if you wanted to do a campaign on communicating with you through technology or something far more catchy than that, if you feel like now, going into the new year, people are going to be flipping a lot of visits... Cakes and gifts and all that, you can have the campaign. One, it'll give you more exposure, and to what Marisol said earlier, to your brand, you'll get your brand out there. And it'll help you with content. Because if you're in the midst of a campaign, you don't have to think every day, "What can we post about?" Versus, "Here is three weeks of, or two weeks, maybe not that much, of how we engage with you online. And we love your feedback, if you prefer this form of this communication or not."

April Lewis:

Think of creative ways to be out there, staying protected, and always providing a value to the marketplace.

Marisol Murphy-B:

And one of the ways ... and just to add to what April just said, one of the ways you can be out there providing this information is even just highlighting health days. NIH, or HHS puts out a calendar every year on health holidays that they're going to highlight. And you can take that and customize it to what you think your patients might be interested in, whether it's preventing and controlling diabetes, or online obesity programs, or even measuring your blood pressure. Things like that. Those are all interesting and provide resources, information that's helpful to your audience. And that's going to build your credibility.

Marisol Murphy-B:

So don't feel like just because you can't talk to somebody, engage with them about their illness or why they're coming to see you at the clinic, don't feel like that means you can't provide them with information on social media, because you certainly can. There's a plethora of stuff out there that you can certainly share with them.

April Lewis:

Oh, I'm sorry. I hope you all can hear me okay. Just more tips, in addition to observing HIPAA rules, which is definitely our guiding light in this space. Never initiate a medical conversation with a patient over a social media channel. Insist on a visit. We keep reiterating that. Get the patient into the health center or on the phone. Never diagnose; always educate and engage with the patient. And provide answers only to general non-patient specific questions, such as dosage recommendation for over-the-counter medications, and information that can also be found on the manufacturer's website.

April Lewis:

If someone asks a question about, "How many Benadryl should I take?" If you can look and see that it recommends one every 24 hours, that can be found publicly inside CVS on the box, or if you go to Benadryl's website. So that's not giving specific medical advice; that's just sharing what's already considered public information. If a patient uses a social media channel to ask a complicated or patient-specific question, direct the patient to your secure patient portal or to make an appointment. And if the request is urgent, call the patient with your response. Just because the question originates on a public social networking channel, doesn't mean the answer has to use the same channel.

April Lewis:

So if a patient posts something in the middle of a crisis, if we can't get to them or direct them to an emergency facility, but if you're manning the social media site and you just so happen to be at the health center, and the provider's around and he says, "Hey, I want to get on the phone with this patient now," that's okay. You aren't responding on social media, you're taking them on and you're getting them on the phone rather than face-to-face.

Marisol Murphy-B:

Just say no. That's really all I have to say about this. You don't want to friend your patients online. And I know sometimes, depending on your community, your patient's kid is also in your kid's class, and it can

seem like a really good idea. I just think that you should just be transparent with them if they say, "Well, why can't we be friends on social media?" And just be as transparent as possible and let them know why you can't. I think most people will understand the reason for this.

April Lewis:

And in summary, just to recap what we discussed, social media does allow you to engage with more patients. The key is protecting your health center and protecting your patient's identity and information. And it's truly mutually beneficial for both you and the patient to know what can and cannot be discussed online. The patients will become increasingly more connected to their health centers online, so don't be alarmed. People want to follow your page, they want to like your page, they want to ask questions. Coming up now, when I used to do PR consulting for a health center, they would ask, "Are we open today? Is Dr. X in?" So they want to go where they are in their everyday lives.

April Lewis:

You being the medical provider does not make that any different. They will Google and want to find things out, so they'll do the same with you. And health centers should take steps now to manage the risk associated with patients' online connections. Again, we don't discourage you from being online; we just want to encourage you to be educated, to be safe, and to be protected. And we have a few resources available to help you on this journey.

April Lewis:

On NACHC's website, bit.ly/nachcsocial, and again, these slides will be available on MyNACHC. But we created an issue brief, thanks to Feldesman Tucker, on managing online patient engagement. It goes into greater detail than what we discussed here on how you can protect yourself online. It speaks to HIPAA implementations, it speaks to the malpractice, and really provides you the resources that you need. And it's a great tool if you are onboarding someone to be your new social media manager or director. Allow them to read this first. Go on here and download and get this out to all your staffers.

April Lewis:

My patient wants to friend you on Facebook. That's not just for the physician; that's everyone. Because even if you are responsible for checking eligibility for sliding fee, you want to make sure there are boundaries between you and your patients. You would not want a patient coming in and they feel like you are friends and they don't have to pay their copay. Make sure that you keep those lines drawn. And then we also have electronic communications for your and the patients' eyes only.

April Lewis:

Again, you are not out here alone. When you are engaging with your patients online, remember that you are representing the healthcare organization and not yourself. So keep the line separate. You have your personal page, and then you have your business page.

April Lewis:

So we're going to go into the chat room now and answer any questions that you have. And because technology attempted to fail us, we'll have to go back into the main WebEx. Hold on. Stand by.

April Lewis:

All rightey. So hopefully, I see my audio was not working for a portion. Yes, it will be recorded, so I'm going to scroll back to the top. And thank you all for being so engaged on today's webinar. I'm scrolling down now, and please input any questions that you have. I am an IT representative, so hopefully you were guys were able to get ... Yes, the slides will available on MyNACHC. What I'll do, we take our webinars and compress them and get the full recording. And once our IT team here lets me know that everything is ready, I'll just email everyone who was registered and say, "Hey, you can go onto MyNACHC and access the slides."

April Lewis:

Hold on one second, I'm scrolling down. And we'll apologize for any issues with hearing us earlier, so hopefully everything got worked out. A question regarding what you said about HIPAA and social media: "If a patient posts a review, whether it be good or bad, on the clinic Facebook, any response by the clinic is considered a HIPAA violation. Is this correct?" If it's specific to the individual, so it's all about not identifying the patient. Again, the example that we use, Patient X says, "OMG, I'm pregnant." If you respond and say congratulations or anything, it is. Because you are affirming that Patient X is your patient, she came in for treatment. All of that is her private information.

Marisol Murphy-B:

I was going to say, that sample language I shared earlier, it's actually in the brief. And you can use that language to respond to someone who has left a negative comment on your Facebook.

April Lewis:

And don't feel bad about using generic language. And I say that because when some large corporations, Target is the one I think about, when they had the breach a couple of years ago with credit card information being stole, they hired additional people and they responded to every comment that was put on social media. And the vast majority of them were a very generic statement apologizing for what happened and directing people to contact them if they feel that their information was harmed. So it's perfectly acceptable.

April Lewis:

We had a comment that says, "Statements that can harm a health center are not just 'false statements.' Some are opinions and some complaints may actually be true. In an event, the complaining individual should receive direct outreach from the health center." Absolutely. It may be true, but we still want to make contact with the patient. And then again, the key is to resolve it. If someone says anything that doesn't hold up as a healthcare professional in a high level, we want to communicate to them to see what went wrong, what can we do better. Or was that just purely a misunderstanding?

April Lewis:

A comment reads, "Many youth or people who are experiencing homelessness may not have a data plan for phone services, but are willing to use social media or a texting app. What is the limit of the type of conversations we can have online?" As we said earlier, it's nothing that's going to put the health center at harm where you're exposing the patient's identity or any of their health information. We do understand that everyone doesn't have access to data, but anything that's going to protect your brand as the health center and the patient from their information being exposed, is perfectly fine to say online. So there's no limit as long as what you are saying is safe.

April Lewis:

And we don't discourage one-on-one communications. Again, we just encourage that it's safe and that you're protecting your health center, and that the person, if you're communicating with them, is very general conversation. The minute it gets into asking medical advice or speaking on their PHI, you want to have them call the health center.

April Lewis:

A comment reads, "Let's say someone creates a Facebook post accusing your health center of poor quality care, and uses specific examples that calls out your organization and a specific visitor provider and that goes viral. Now you're faced with a reputation crisis but cannot defend yourself because of HIPAA. What would you recommend?" At that point, I would recommend reaching out to legal counsel. Again, you can just quickly respond to the leading post, or the original post that was on the app... But then I would get on the phone with your legal counsel, because at that point, you are in crisis management.

April Lewis:

Again, even this would be a separate webinar, but a communications plan that you have at your health center, one of the components of effective communication plans is crisis management. What happens if our reputation is breached publicly? Who's going to be the first to respond? Who's going to contact the media? All of that is what you want to have in place before. Fingers crossed it never happens, but then if it does happen, I would definitely contact your legal counsel for advice on how you move forward.

April Lewis:

A comment reads, "If there is a negative review, or our health center invites a patient to contact us directly to address any concerns, then that would not be considered a violation?" Correct. If there's a comment, redirecting them to contact you by phone or email is providing a contact information, and it's not in violation.

April Lewis:

Let's say someone creates a Facebook post ... Oh, that was a duplicate. Sorry. "From time to time, we host contests or giveaways on our Facebook page for a gift basket, toothbrush, gift certificate, et cetera. The contest is open to all who comment, not just patients. Is there anything to be concerned with HIPAA-wise, that those comments may be patients?" If you're keeping the comments very general and it's, again, not disclosing patient information or you're saying, "It was great to see you. What picture did we have posted on the wall in the health center today?" Then you're fine.

April Lewis:

If you're keeping it very general asking, "How many times a day do you brush your teeth?" Then the person who puts, "Three times a day," that's perfectly fine.

April Lewis:

Okay. And again, if you have any questions about doing a campaign ... which kudos to you, that's a great campaign to do ... I would contact your legal counsel just to make sure. Make sure that the open-ended question that you're asking does not open you up for putting yourself at risk. Or run that by ... not your legal counsel, your corporate compliance officer, and see if you can get support in that matter.

April Lewis:

"What do you do when patients post to Google, for example, and obviously use a fictitious name, and what they post is harmful from a PR perspective and cannot be confirmed or denied, since it's anonymous?" If you have a Google account, you can again post that generic message, acknowledging their statement and having them contact the health center directly.

April Lewis:

"Is there a resource we can access that gives specific case examples involving health center HIPAA and social media violations?" I am not sure of resources. We can make a note and see if we can find some things online. Marisol may know of some things and case studies.

Marisol Murphy-B:

... the last slide to provide a couple of examples that you can look at. And I would highly recommend checking that out. Feldesman Tucker actually did a four-part series on this issue for a magazine, and so all of those are available on that website.

April Lewis:

Perfect. So be sure to go to NACHC.org and get connected to the resources available. "At our health center, if a patient makes a specific complaint on social media, our operations manager reaches out right away to try to resolve the problem. Are you saying this is a HIPAA violation?" It is dependent upon what's being said and how. It depends on how they're reaching out. So if they're responding right on the Facebook post, or they call and reaches out privately by phone.

April Lewis:

No, that's fine. You get on the phone with a patient and then of course, I'm sure when you get on the line, you verify the patient. "Can you just verify your date of birth?" Or the standard things like that so that you know that it's the patient that you're dealing with.

April Lewis:

"If someone leaves a favorable comment about a patient experience and you respond with a thank you, are you violating patient privacy?" That is not in violation if you respond with a thank you, because the patient is just saying that they had a good experience. But again, with any response, I would tread softly and just have them get in contact with you or see if ... I don't know if you have patient portal respectively has where they could input any feedback, but the response, if they say anything, once you respond ... Because you're acknowledging that they came to your facility for treatment of care.

April Lewis:

So even by saying, "Thank you," theoretically it doesn't seem like it, but again, going back to one of the slides earlier, because we're so new in this space, a lot of it hasn't been worked out in its entirety. So contact your corporate compliance officer, get things in writing, contact your legal counsel, and make sure that anything that you say won't put the health center at harm.

April Lewis:

All right. Any other questions? All right. Well, I want to thank you all for joining us today. You all were a great group, and we appreciate the feedback and engagement online. We can be contacted here at

NACHC. Let's share the screen so you can see our contact information. Please, please, please reach out if you have any followup questions, or if there's anything we can do to support you.

April Lewis:

You did get the answer about the case study, so check out the NACHC resources that are available. And then again, just follow up accordingly for further clarification. In the event that you are uncertain, don't say anything. And then just contact the appropriate authority.

April Lewis:

So I am April Lewis here with Marisol, and we are signing off and wishing you a wonderful rest of 2018 and an even better 2019.