Hoffman Digital Media

MANA Region 2 Conference

Successful Social Media- HIPAA and Beyond

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Social Media for Healthcare

Balancing the Use of Social Media to connect while maintaining HIPAA Compliance

Social Media has entered almost every aspect of our lives. While many people in health care are concerned about communicating through social media and potential HIPAA issues that can come up, understanding what's public and what's private online can make these decisions much easier. In the presentation and in this handout, we'll discuss HIPA regulations and what they require, and their implications when using social media and its tools to help promote your practice, connect to other practitioners, and build relationships online.

Basic Considerations

Am I discussing a patient?	HIPPA Issue?
No- my conversation does not deal with any patient in particular, nor any case/person	Unlikely, because you are not talking about any individual's care, medical history, etc.
Yes- I'm discussing a person I am currently treating/ have treated in the past; I'm seeking advice about a patient, or I am discussing issues with a patient directly online	Possible HIPAA issue. Lots of information in social media is indexed by Google, meaning that Facebook updates, Twitter posts, blog posts and the like can be easily found trough search. Could you have this same conversation in a less "public" forum?

Social media is about making social connections. Those connections can be with family and friends, co-workers, colleagues, people from around the world- and this includes potential patients. This ability to connect with people both in real time, regardless of location, and through public forums like Twitter and Facebook are beginning to change the World. While this may sound dramatic, we need only see the way social media has helped to foster recent political movements throughout the Arab world to understand these tools are no longer fads and can be used for more than discussing your last meal or latest trip to the mall.

Inherent in this ability to connect is to understand what communications you are making are public and which are private. It's not always easy to discern or understand. For example, the 140 character "tweets" on Twitter are indexed by Google and will turn up in search results. Similarly, there are many nuanced privacy settings for Facebook that are constantly being tweeked and altered, but have implications not only regarding the ads we see in the margins, but on what companies and other Facebook folk can find out about you.

Things on the internet, on blogs, in newspapers, and more are also indexed and frequently cached as part of the "Internet Wayback Machine", meaning that even the content of defunct websites can be found by those diligent enough to search for it. More so than ever before, we have to treat our electronic communication as if it is "forever", and that more and more of it can also be considered "public" unless it specifically occurs behind secure, virtual closed doors.

HIPAA, The Health Insurance Portability and Accountability Act, contains privacy provisions regulating the transmission of patient information, orally and electronically. It covers the transmission of both identifiable information and that stripped of identifying information, through written, oral or electronic means.

In the discussion, we'll explore various social media tools and their reach, as well as how they can be used to help support your practice. The slides of the presentation will be available afterwards through Slideshare (http://www.slideshare.net/). This PDF will provide a list of resources and links for you to help use social media to the best effect for your organization, as well as a list of web based tools that will help you spread the word about your work to others, and will be available for download on my website, http://www.whitneyhoffman.com under the Presentations and Handouts tab.

What The Big Deal About Social Media?

The Pew Research Center's Internet and American Life Project reports that 75% of American adults are active in some kind of voluntary group or organization, and internet users are more likely than others to be active. 80% of internet users are active, compared to 56% of non-internet users. Further, participation goes up for those engaged in social media- 82% of social media users and 85% of Twitter users are group participants. People are looking for people like them, and things to do to make a difference, as we can see from the uptick in what people are doing while online- it's not all cat videos on YouTube. This is why social media has become such a popular tool for creating communities, both for educational and purely social purposes.

Education and Information is also PR

With the rise of the web, credibility of source material has become more fluid than in the past. Anyone, regardless of credentials and accuracy of belief, can put up a blog, participate in social networks, and spread information at an incredible rate. This has made the marketplace of ideas more crowded than ever before, and it's more important than ever before for practitioners at all levels of the medical field to help communicate reliable information and knowledge to the public. In a vacuum of reliable information, anything can be posted and believed.

In the medical field, HIPAA rules are geared towards maintaining patient privacy, which can run counter to the open and sharing nature of online communities. Private groups on Facebook or Ning sites, where you can create an online community that mimics Facebook in many ways, can help solve the HIPAA compliance problems by making these portals invite-only. Behind these virtual walls, practitioners can openly share and discuss professional issues, patient concerns and more, without worrying about accidentally disclosing patient identifying information that might cause HIPAA concerns. Thus, whenever discussing particular patient-related information, please make it a habit to remove/transfer some of these conversations that may have emerged on more open platforms, like Twitter or Facebook, and continue them by email or other, more secure methods.

Creating an Online Presence with Social Media and its Tools

When creating content for the web- whether it's a website, Facebook page, Blog, e-book or PDF handout for your patients, it's important to make that content as engaging as possible. Your web presence is available 24 x 7, and it may often be the first impression of your any new patient or client may get.

Key "Stickiness" Factors to remember

In their great book, "Made to Stick: Why some ideas die and others survive", Chip & Dan Heath came up with six key factors that help ideas spread including:

Simple: This isn't about dumbing down a message, but making it the most important, key thing to remember.

Unexpected: Surprise, curiosity, contrasting comparisons grab out attention and keep it.

Concrete: Use sensory language and make abstract ideas more tangible, such as "snowy-white birds" versus "migratory water fowl." Make statistics and numbers analogous to real-life examples. "Four car lengths"

Credible: use authority, statistics and vivid details. Let people know why they should believe you.

Emotional: People care about other people- bring the information home and make it personal and relevant. Use a single person rather than a group in examples.

Stories: Stories are how we learn and remember best. Make your stories personal and compelling to help people picture themselves taking action and motivate them to do so, by creating a sense of possibility and urgency.

While all of these elements aren't necessary to make an idea sticky, they are elements that will help make everything from your newsletters to website copy more interesting and compelling.

Online: http://heathbrothers.com/resourcedownloads/

See also: **Content Rules:** How to Create Killer blogs, Podcasts, Videos, e-Books, webinars (and more)t that engage Customers and Ignite your Business. CC. Chapman & Ann Handley

Online: http://www.contentrulesbook.com/

Social Media Tools

There are tons of different social media websites out there, and more will come in the future. We'll concentrate on the ones that have become most popular, and where you should concentrate your efforts initially.

Facebook

Facebook was started in a Harvard dorm room, and has now grown to encompass more than 600 million members who access the site both from the computer and a host of mobile devices daily. The site allows you to have a personal page and also create a business page. Facebook Groups can be very effective for creating a community, but it will only be as successful as the participants are active and engaged. Facebook is also great for publicizing events, and you can locate individuals "to target" on Facebook based on over 12 factors including demographics and interests. Facebook has a social bent, and is most effective when used as a social engagement tool.

Twitter

Twitter is a very simple messaging system where users can post text-length messages of 140 characters or less. Twitter has become incredibly popular as a real-time news source, and like any social network, becomes more useful as your individual network for listening and communicating grows.

Use the search feature, or go to www.search.twitter.com and look for topics of interest. Groups often post on "themes" or events with hashtags, or # signs, such as #netde for people posting information about Network Delaware, making tweets about that subject or event easier to find.

Growing your own network based on interest and friendships will be more useful to you than artificially growing your popularity through any of the sites promising you 1,000 twitter followers for $12.95. Several sites offer lists of users that may be of interest to you and help grow a useful network quickly. Avoid spamming, and share information frequently and freely to extract the most use.

LinkedIn

Linkedin is a more business oriented social network, that allows you to essentially post your CV and references online. It helps make your personal rolodex more transparent, and helps you see the connections between people you know, and the people they know, which can be very helpful when looking for , say, an inside person at an organization you need to approach for funding. LinkedIn can be very helpful for gathering recommendations, and can help people find out more about you before you meet. LinkedIn allows you to also aggregate your information from other social networks within it- but be cautious and use LinkedIn for more business-side interactions.

Hospitals Can Block Facebook But Not the 21st Century

Posted by [Phil Baumann](#) on Aug 13, 2010 in [Healthcare Social Media](#) | [19 comments](#)

Healthcare organizations – hospitals in particular – have a moral and fiduciary duty to understand, evaluate and intelligently adapt to the technological and communications conditions of today.

This is a public health matter. In a world where data flows at the speed of electrons, doctors and nurses and other providers have unprecedented access to new ways of getting information and providing care to patients.

The issue of hospitals blocking access to social media like Facebook and Twitter has been a topic of debate. It's time we address this matter with open minds.

You can catch up on this story if you need to here:

- [When Facebook Goes to the Hospital, Patients Can Suffer](#) (10 points for masterful use of melodrama in a title)
- [Blocking Facebook Won't Stop Stupidity](#) by [@Paulflevy](#)
- [Should Hospitals Block Facebook?](#) by [@Doctor_V](#)

Before discussing hospital blocking of social media, let's take a quick look at some general observations about our world:

- Rates of technological change always exceed rates of cultural change
- Human and organizational psychologies often convert legitimate concerns into irrational fears
- The Web is an unstoppable [media-producing medium](#)
- Communication, social exchange and information are critical components of Healthcare

Do you see where I'm going with this?

I know about privacy. And [HIPAA](#). And patient dignity. (In fact, I've even had to fight hospital administrators over that last part.)

What I'm saying is: I know how important and concerning these matters are to administrators. They're not "wrong" in being concerned. It's the fear which is a problem.

I also know what it's like to work in an environment with horrible information systems – systems that are disconnected from a world – literally a world – of information, crowd-sourcing and expert curation.

FACEBOOK IS INSECURE AND RISKY

Facebook is a security problem.

You know what's a security problem in hospitals? Ignorance. Misinformation. Fear.

Facebook is a risk.

You know what's risky? Surgery. Suction tubes. Insulin pumps. Hospital acquired infections.

Surgery can kill you with the wrong cut. Facebook can't.

Suction tubes can tear your lung tissue. Facebook can't.

Insulin pumps can shunt you into hypoglycemia and kill you. Facebook can't.

Hospital acquired infections kill approximately 100,000 people admitted to hospitals per year (that's practically genocidal). Facebook can't.

Healthcare has always had to address risk. What makes Facebook so more frightening than a hospital admission?

You know what else is risky? As more of the world uses social media as the leading way to publish and consume breaking news, it becomes easier and easier to miss critical alerts if you're not monitoring Twitter or Facebook or other media.

Imagine a national disaster and hospitals are asked to partake in efforts, some of which are conducted via Twitter or other public media. Do you want to be in a hospital that has to take last-minute measures with IT to get connected?

See where else I'm going?

A 21ST CENTURY OATH

I can't speak for other Healthcare professionals about whether or not we have a duty to learn about the Web and 21st Century communications.

But I will speak for myself: I took an oath to protect patients. And even though I don't practice at the bedside, I consider my work and opinions and evangelism of the dangers and opportunities of the Web as extensions of my oath. I consider it my public health duty to do my best to explore, learn and question as much I as can about the Web.

In other words, I've done my best to bring a nursing perspective of the human condition to our understanding and use of the Web. And I have online colleagues who are doing that everyday.

A CAPITAL QUESTION

Should Hospitals block Facebook?

That's not really the question. Here's the question:

Should hospitals block the 21st Century?

If they can, then that means they have access to technologies which can also probably cure all disease from the face of the earth.

Then they'd be out of business, and we wouldn't have to fret about their policies over staples of main stream communication like Facebook and Twitter.

And here's the fiduciary responsibility part: the more comfortable a business is using social media internally, you know what happens? It becomes more proficient in marketing and public relations in our time.

Management is morally obligated to ensure the best care for patients. It's also legally obligated to do what's right for Investors.

They're the ones with capital.

Which is to say: they are the ones who ultimately decide who keeps their job.

It's a rough economy. Attention is a scarce resource.

Doing your best to know what century you're in is never a bad career move.

by @PhilBaumann - @RNchat – @HealthIsSocial

Twitter, HIPAA, Privacy and Freedom of Speech

Posted on July 17, 2008 by Phil Baumann

Twitter will get you fired, fined or sued. Well, it will if you're a health care professional who doesn't follow the rules set down by the federal government and patient bills of rights. Here are some thoughts on how to Twitter safely in the clinical care setting.

WHAT HAPPENS ON TWITTER STAYS ON TWITTER…AND SUMMIZE AND…

Permission-based processes, whether you know it or not, have been a central dogma of medicine and nursing for many years. Acquiring informed consents or refusals has always been a right of patients, whether or not it was properly acknowledged by practitioners.

Twitter is a remarkable tool for broadcasting the latest advances in medicine or nursing. It's also a way to establish an ambient intimacy within a community. Unfortunately, it has opened up a publicly viewable portal into the effluence of private patient information.What happens on Twitter, stays on Twitter…and Summize and FriendFeed and Disqus and ping.fm and Google's cashes forever and ever and ever. Oh, and right on that PowerPoint slide which the plaintiff's attorney ginormously projects onto a court room wide screen.

HIPPA IS DEFECTIVE LEGISLATION. BUT I FOLLOW ITS RULES.

Patients have a right to privacy when receiving care. That's just common sense. Unfortunately, there have been legislative attempts to regulate how providers ensure patient privacy and information security. Those steps are honorable. Their execution, however, is matter for another blog post. Suffice it to say, HIPAA is not the optimal solution to the problem of patient information security.

HIPAA (Health Insurance Portability Accountability and Accountability Act of 1996) is one of those legislative examples of fighting the right war with the wrong means. Again, I won't get into the merits of fighting HIPAA, but I'll emphasize that until the act is properly amended, health care professionals are well advised to comply.

Why? Here are just two civil and crimianl penalties for non-compliance (Source):

1. fines up to $25,000 for multiple violations of the same standard in a calendar year (ouch!)

2. fines up to $250,000 and/or imprisonment up to 10 years for knowingly misusing individually identifiable health information (yikes!)

I'd hate to see any doctor or nurse lose their job, get fired or sued by a patient for violations that are easily avoided.

If you're a health care provider and you plan on using Twitter or a similar tool to open up the world to what happens in the clinical setting (and I applaud you), here are two questions to ask yourself:

- Would I want my care to be broadcasted to who-knows-whom?

- Even if my name wasn't mentioned, would I want my care to be on [TwitterVision](#)? If I do, did I sign a fully informed consent?

FREEDOM OF SPEECH

So, how could health care providers use Twitter to express their freedom of speech while protecting the information safety of patients? Here are some off-the-cuff suggestions:

1. Be fictive with cases if your Twitter feed is on a public time-line

2. Get permission, in writing, from patient's or patient representatives

3. Understand the ways in which protected health information privacy rights can be violated

4. Remember that patient privacy is a part of patient safety

5. Think about the purpose of a Tweet

6. If you don't have a real purpose to Tweet, don't update

7. Look at your license, recall that oath (I know corny, but it's better than staring at a jail cell wall for 10 years)

I understand the excitement over using Twitter in a clinical setting (hey, I'm one of the advocates of Improvement through Health 2.0). But I don't want that excitement to lose its luster in the wake of avoidable violations.

I'm not a big fan of HIPAA but I follow its rules. And so should you if you want to keep your license and practice the artful science of being a Jedi. Twitter's awesome. But I'm not going to endanger my patient's dignity and safety over it. All that, it ain't.

Perhaps our first Tweets about the state of health care aught to be made about a wider discussion about how to simultaneously protect patient privacy and health professional sanity. HIPPA may be a [stupidly constructed](#) work of legislative ignorance, but it has the enforceable power to fine and jail you. Tweet Smart.

Sorting Out the Confusion of Social Media and HIPAA Regulations
http://emergewithus.com/2009/10/sorting-out-the-confusion-of-social-media-and-hipaa-regulations/

As more healthcare organizations and medical practices adopt social media forums like Facebook and Twitter to interact and connect with their patients, more concerns and questions are raised about how to be compliant with HIPAA regulations while being effective online. While there are many "gray areas" that can be confusing, practices can move forward with a presence in social media while staying within the patient privacy guidelines of HIPAA. Here are a few thoughts to consider when looking at your strategy for online interaction from two industry experts, a healthcare attorney and a medical marketer.

1. **Get it in Writing.** Remember that your website, online forums, Facebook Fan Page and Twitter account is to promote you, the physician/practice/hospital/organization, not your patients. As with every other medium in advertising, displaying information about the practice and physicians is acceptable, but sharing information that may identify your any of your patients is not. If you are going to use pictures of patients or testimonials make sure to get consent in writing from those patients and keep them on file.

2. **Use disclaimers to protect you and your practice.**Disclaimers on your website, Facebook Fan page and Twitter can save you from a HIPAA disaster. David Harlow, Principal of The Harlow Group, L.L.C. states in his blog; "My take: include disclaimers and warnings galore, so that posting in such a form constitutes consent to the public discussion." Making it clear to your patients that the information they are sharing with you in a social media outlet will be public helps to ensure your practice remains HIPAA compliant. It is also important to use disclaimers for the health information you share on your social media forums, informing your patients that they should consult you for specific diagnoses and the information shared is purely educational.

3. **Deal with patient sensitive issues in confidence.** By opening yourself up to patient comments and interaction through social media, you may face issues with negative patient experiences being exposed. If these instances do come up, address the situation in a confidential, personal matter with the patient responsible for sharing that information. While you can make a generic public comment such as "We regret hearing about this negative experience and look forward to addressing the matter promptly." Harlow recommends in his blog that a practice set up specific policies for dealing with negative comments from patients, both online and offline; "The social web does not always require the creation of new rules of the road; often, it requires a re-examination of organizational culture and approach in other contexts, and those approaches may then be extended into the web 2.0 environment."

The key takeaway item is to use common sense when formulating your strategy for an online presence. Many of the same offline HIPAA regulations apply online as well, so continue to ensure the privacy of your patients while building your practice's brand online.

For more information on David Harlow and The Harlow Group, please visit his website and read his blog, "The Lawyers Don't Always Say No: Bringing Legal into Healthcare Social Media Strategic Planning" for more details and suggestions to be certain your practice is HIPAA compliant online.

Legal Issues (Part 2): Unique Issues in Healthcare Social Media

http://socialmedia.mayoclinic.org/2010/08/02/legal-issues-part-2-unique-issues-in-healthcare-social-media/

Posted on August 2, 2010 by Dan Goldman
Editor's Note: This is part of a series by Mayo Clinic attorney Dan Goldman on legal and employee policy issues in social media for healthcare organizations.

What's Unique About Healthcare Social Media?

Privacy. HIPAA and state privacy laws make social media particularly challenging in healthcare. As well, these strict privacy requirements mean that the stakes are high if your employees act in appropriately in their use of social media. Violations of patient privacy, whether international or inadvertent, can lead to liability under HIPAA and state privacy laws, and to enormous PR ramifications for your facility. Another issue to think through is that privacy laws limit your ability to engage in the social media dialogue, and may prevent you from defending your company online.

If you are a car manufacturer and someone posts on their Facebook page that that your car was defective and caused an accident you can respond on their facebook page (or your own). However, if you're a healthcare provider and someone posts on your facebook page that your hospital committed malpractice when you treated them, you generally would be prevented by HIPAA and state privacy laws from defending yourself since it would invariably require you to disclose the patient's protected health information (PHI).

Practice of medicine issues. While this issue is not unique to social media (it's an issue whenever providers interact with patients and potential patients on the Internet), the nature of social media (personal interaction, dialogue, etc.) means there is an increased risk that providers will unintentionally be seen as practicing medicine or otherwise providing care to patients or prospective patients, which can lead to malpractice claims, and could raise licensure issues if the "patient" is located in a state in which the provider is not licensed. Twitter raises the additional risk that due to its short character limit it's more difficult to provide any meaningful disclaimers regarding this issue.

Ethical issues of medical professionals becoming social media "friends" with their patients. An outgrowth of the blurring of professional and private personas. Is it ever appropriate for a healthcare provider to become social media "friends" with a patient on their non-work related social media profiles? This question can raise challenging issues regarding appropriate boundaries for the treating relationship, especially for mental health professionals.

In the third installment in this series, Dan will offer guidelines for developing organizational social media policies for employees.

Facebook friends with patients can violate HIPAA privacy laws
7 COMMENTS
in SOCIAL MEDIA
http://www.kevinmd.com/blog/2010/06/facebook-friends-patients-violate-hipaa-privacy-laws.html

Should you friend your doctor on Facebook?

It's a question that's gaining increasing relevance as Facebook increases its social networking dominance.

I've touched upon the issue in the past. So has the *New England Journal of Medicine*.

Washington, DC physician Katherine Chretian gives her take on the issue in a recent *USA Today* op-ed. She is an expert of the Facebook-medicine intersection, having authored a *JAMA* study on the issue.

She says, no, doctors should not be friending their patients:

Having a so-called dual relationship with a patient — that is, a financial, social or professional relationship in addition to the therapeutic relationship — can lead to serious ethical issues and potentially impair professional judgment. We need professional boundaries to do our job well.

Furthermore, there's the little matter of patient privacy and HIPAA. I wasn't aware of this, but simply becoming Facebook friends with patients can infringe upon uncertain ground:

Much more serious are the potential threats to patient privacy that can occur when patients and physicians are communicating on a public platform such as Facebook.

Violations of the Health Insurance Portability and Accountability Act, the law that protects against unauthorized disclosure of identifying health information, can result in fines up to $250,000 and/or imprisonment, besides being an ethical breach. The mere existence of a patient-physician relationship (e.g. having others suspect a Facebook friend is a patient) could be a violation of HIPAA.

Facebook pages, which many doctors and practices have —*KevinMD.com* is no exception — are the best way to interact with patients. Separate your personal and professional entities on Facebook.

Practicing Medicine in the Age of Facebook

Sachin H. Jain, M.D., M.B.A.

In my second week of medical internship, I received a "friend request" on Facebook, the popular social-networking Web site. The name of the requester was familiar: Erica Baxter. Three years earlier, as a medical student, I had participated in the delivery of Ms. Baxter's baby. Now, apparently, she wanted to be back in touch.

Despite certain reservations, I clicked "confirm," and Ms. Baxter joined my list of Facebook "friends." I was curious to hear about the progress of her baby girl, but I wondered about the appropriateness of this interaction. Was Ms. Baxter simply a grateful patient interested in sharing news about her child — as a follow-up to our professional interaction — or did she have other motives that weren't apparent to me? In confirming this patient as my "friend" on Facebook, I was merging my professional and personal lives. From my Facebook page, Ms. Baxter could identify and reach anyone in my network of friends, view an extensive collection of personal photographs, read my personal blog, and review notations that others had left on my "wall." The anxiety I felt about crossing boundaries is an old problem in clinical medicine, but it has taken a different shape as it has migrated to this new medium.

Over the past 5 years, social-networking sites have evolved from a preoccupation of high-school and college students to a mainstream form of social interaction that spans divisions of age, profession, and socio-economic status. At the hospital where I'm in training, medical students, nurses, residents, fellows, attending physicians, and service chiefs can all be found linked to one another as active members of social-networking sites. The technology facilitates communication, with personal Web pages that permit users to post information about events in their lives, advertise social activities, and share photographs. Users are prompted by Facebook to carve out a digital identity by disclosing their political affiliations, sexual orientation, and relationship status. Those who do so can readily communicate and associate with other users who have similar interests — a feature of these sites that facilitates collective action across spans of geography and time. In the 2008 presidential campaign, the group Doctors for Obama used Facebook to rapidly mobilize thousands of doctors to communicate their views on health policy to the Obama headquarters. This group of physicians continues to have a voice in the Obama administration, largely on the strength of its Facebook-created network of members. Similarly, Facebook networking groups have been created with a focus on specific medical specialties or diseases. Doctors or patients can interact with one another in groups such as "Diabetes Daily" and "I Support Cystic Fibrosis Research and Awareness!," each of which boasts thousands of Facebook members. Hundreds of thousands of philanthropic dollars can be traced back to initiatives publicized on social-networking sites.

By creating a new environment for individual and group interaction, social-networking sites also create new challenges for those who work in clinical settings. Take, for example, the MICU nurse who blogs about her experiences in dealing with a difficult patient, forgetting that one of the patient's family members — a recent addition to her network of friends — has access to her blog. Or the dermatology resident who is asked on a date by a clinic patient after he learns from her online profile that she is single — information that he would have hesitated to draw out of her in person. Or the medical attending whose clinical judgment is questioned because of photographs posted online, showing him in progressive stages of apparent inebriation at a department holiday party. Although many Web sites allow users to choose higher privacy settings and to control which personal content is available to whom, it is clear that there is no longer a professional remove between many clinicians and their patients.

Physicians, medical centers, and medical schools are trying to keep pace with the potential effects of such networking on clinical practice. In an e-mail to students and faculty of Harvard Medical School, Dean for Medical Education Jules Dienstag wrote: "Caution is recommended . . . in using social networking sites such

as Facebook or MySpace. Items that represent unprofessional behavior that are posted by you on such networking sites reflect poorly on you and the medical profession. Such items may become public and could subject you to unintended exposure and consequences." At the Drexel University College of Medicine, medical students are warned about the possibility that information placed on social-networking sites might influence the fate of their applications for postgraduate training: "Programs/employers are increasingly gaining access to social networking sites such as Facebook and MySpace to see what they can learn about candidates." Although legal questions surrounding the relationship between clinical medicine and social networking are as yet undefined, there are obvious concerns for individuals and institutions, since their Internet presence makes clinicians' attitudes and activities increasingly visible.

The issues raised by access to online media are in many ways similar to issues that physicians and medical institutions have dealt with for generations. Physicians, after all, are members of real-life communities and might be observed in public behaving in ways that are discordant with their professional personas. During medical training, the importance of maintaining professional distance — however much one desires to have a close, meaningful relationship with one's patients — is taught by educators and reinforced by the use of beepers and paging services meant to shield physicians from their patients. What is different about the online arena is the potential size of the community and the still-evolving rules of etiquette.

After becoming my Facebook friend and exchanging a few friendly e-mails, Ms. Baxter divulged the reason she had gotten back in touch. Having tired of her job as a fitness instructor, she had decided to apply to medical school and wanted some advice. Relieved to be back in a semiprofessional realm, I began a correspondence with her and shared a few thoughts and suggestions. Among other things, I recommended that she carefully consider her online identity.

The name and identifying characteristics of the patient have been changed to protect her privacy.

No potential conflict of interest relevant to this article was reported.
Source Information

From Harvard Business School and the Department of Medicine at Brigham and Women's Hospital — both in Boston.

The Realities of HIPAA in Social Media

http://lovell.com/healthcare/the-realities-of-hipaa-in-social-media/

by Rosemary Plorin on April 6, 2010 | 4 comments
in Healthcare, Organizational Behavior, Social Media

Part Two in the discussion of PR and Legal Counsel as Uneasy Bedfellows and Strategic Partners

The number of hospitals and healthcare providers jumping into social media increases daily. (Check out **Ed Bennett's impressive resource** if you don't believe me). Like most all consumer-driven businesses, hospitals are eager to reap the value that social media can deliver – often with remarkable cost efficiency.

Healthcare administrators' apprehensions about the perceived liabilities of social media engagement seem to have abated as marketers have become increasingly adept at addressing management's main concerns:

"What will we do if someone criticizes us?" Apply standard **service recovery** techniques and have a clearly articulated and well posted disclaimer about removing inappropriate posts.

"What can we do about employees spending time on Facebook during work hours?" Have a plain-language **social media policy**; propagate it thoroughly and often.

But just as anxiety in the hospital c-suite begins to wane, dyspepsia spreads around the legal department and the attorneys pull out their favorite trump card: HIPAA. The PR vs. legal clash is on.

Fortunately, a growing number of marketing sensitive attorneys are stepping into the discussion, reminding their peers about whom the Health Insurance Portability and Accountability Act applies: **covered entities,** meaning hospitals, providers and now authorized business associates. Patients and family members are not covered entities under HIPAA. So it's not a HIPAA violation for a well-meaning daughter to post that her father received great care at General Hospital after his stroke from uncontrolled diabetes.

Media and internet attorneys will also explain there is no liability for General Hospital to sponsor or even own the site on which the daughter makes the post. Providers of interactive services (such as a Facebook fan page or hospital blog) are protected by provisions of the **Communications Decency Act**. So long as the social media team at General understands it should *never* edit posts (though it is free to remove them), the liability just isn't real.

This is not to suggest that hospitals and other healthcare providers should enter into social media blindly. But if your market research and planning indicate it's time to go social, legal concerns needn't keep you in Web 1.0.

[7 Ways to Get More Out of LinkedIn](#)

November 9th, 2009 | by [Sharlyn Lauby](#)

Sharlyn Lauby is the president of [Internal Talent Management](#) (ITM) which specializes in employee training and human resources consulting. She authors a blog at [hrbartender.com](#).

[LinkedIn ()](#), which recently reached the [50 million user milestone](#), has long been considered *the* social networking site for professionals. If you're in business, it is basically expected that you have a profile there.

But with the more mainstream platforms like Twitter [()](#) and Facebook [()](#) being used for business purposes, some professionals are neglecting their LinkedIn profiles. While [LinkedIn](#) is certainly not as dynamic as other social media sites, it still provides a lot of value — if you use it correctly. So whether you're new to LinkedIn or a veteran, here are some of the things you should consider incorporating into your LinkedIn strategy.

1. Include a Photo Avatar

Some media reports claim that because organizations can use any criteria they want to make hiring decisions, photo avatars provide companies with information they may not have otherwise known about you based on a resume alone and could actually hurt you more than help. But, not including a photo with a social networking profile flies in the face of conventional wisdom when your goal is to build relationships and community.

[Eric B. Meyer](#), an associate in the labor and employment group of [Dilworth Paxson LLP](#), reminds us that when using a professional networking site such as LinkedIn, "don't give a potential employer an easy excuse to remove you from consideration. Use a professional headshot and scrap the picture of you doing a keg-stand."

He adds that "an employer may not discriminate when selecting one job applicant over another. For example, an employer may not base a hiring decision on such things as race, religion, gender, and national origin. Although actually proving an employer made a discriminatory hiring decision may be difficult." Businesses who engage in hiring discrimination are the exception, not the rule. Just remember, by using an avatar, you will be providing information about yourself a prospective employer may not have otherwise obtained on its own.

2. Build Your Network of Connections

While we might be inclined to say quality is better than quantity, it could be possible that the number of connections you have says something about you. [Greg Koutsis](#), corporate and international channel recruiter for [Aplicor LLC](#), says, "if someone has 20-50+ connections then I know they probably check LinkedIn at least once a week. If someone has 1-19 then I realize they probably either haven't begun to pop the hood and look inside or gotten past the initial threshold

of their friends, family and past colleagues. They might be a great prospect for me to reach out to but this might not be the best use of my time. This combined with the profile they have listed lets me realize quickly if I am wasting my time with someone who has no interest or trust in LinkedIn."

So you might say to yourself, if small numbers in the connection department signal you're a novice, do large numbers mean you'll connect with just about anyone? Koutsis says not necessarily. "I do not believe there's a maximum number of connections that makes someone look like they will just connect with anyone. LinkedIn only shows 500 then adds the + sign after the 500 so you never really do know how many more than 500 connections someone has until you connect with them."

3. Use Status Updates to Your Advantage

Once you complete your profile, there aren't a lot of places to make regular updates in LinkedIn. The one space where you can keep your connections informed is the status updates section.

Lori Burke, director of human resources at [Neighborhood America](), explains that updates are not only an interesting read, but very valuable. "I've found new networking groups I may not have thought about [via status updates]. Additionally, it allows me to learn what others are involved with or in, who they may be connected to, etc. In total, it widens the scope of knowledge for me."

4. Seek Meaningful Recommendations

A terrific feature of LinkedIn is the ability to provide recommendations. This is a place for your connections to comment about your work. Recommendations can be thought of as beefed up thank you cards. Instead of telling one person how you feel, you're telling the world that person does good work.

It's important to get good solid recommendations and Meyer offers some thoughts on how to do that. First, "think about who knows you best. It could be a co-worker or manager. It could also be a client or customer for whom you just did an incredible job on a huge project. If you seek a recommendation from a client or customer, be polite and remember to thank the person who gives you the recommendation."

Then, "If you are going to seek a recommendation from a co-worker or manager, keep a few things in mind. Many employers have written policies against giving out anything other than neutral job references to current and former employees. These policies generally focus on giving recommendations, as opposed to seeking them. Still, as a courtesy to the person in your company from whom you seek a recommendation, just be sensitive to your company's neutral reference policy."

5. Optimize Your Profile

Your LinkedIn profile should not just be an online version of your resume, optimizing for search engines is key. The format of your LinkedIn profile might depend on whether you are currently employed and whether or not you are seeking new opportunities, says Koutsis. "If you are looking for a new position then you might want your profile to look more like a resume, but maybe not so much if I am currently employed."

Burke doesn't mind if the full content of the resume is on the profile as it can be helpful when searching for candidates. However, it is a bonus "when I find networkers who have added more content than you might find in a resume, such as a link to their portfolio."

When filling out your profile, you should think about your goals for the type of networking you hope to get done. Also, since LinkedIn has the ability to search any word in the content, both Burke and Koutsis suggest listing all relevant keywords at the bottom of your profile if you want to be found easier.

6. Use Groups to Expand Your Reach

Groups are a beneficial networking tool and a great way to expand your network. Koutsis says that he doesn't look at what groups a person belongs to when he's searching for candidates but he does find potential resources using the groups function.

However, Meyer reminds us it's possible to be viewed in a negative light based upon group membership. "For some time now, many employers are going beyond simply running a criminal background check in order to vet job applicants. Employers may be Googling candidates, checking out their public postings on Facebook, reviewing tweets on Twitter, and scrutinizing LinkedIn profiles. In a down economy — as in any economy, really — employers want to fill job openings with the best possible candidates."

Today's rule of thumb should be that anything you post in an online profile may as well be listed on your resume or bio. If you belong to a LinkedIn group that is inconsistent with the business image you wish to portray, then that could be a challenge for you. Meyer shared with me the example of belonging to a group called "The Deer Hunters" while applying for a position with an animal rights group (let's just say, good luck with that).

7. Consider Whether to Link Your Profiles

Burke believes that accounts should be kept separate. "I believe that this strategy allows me to keep my professional personae separate from my personal. Case in point was the one time I posted a social media article to both applications. My Facebook family and friends found the information of little value to them and I believe the same may be true in reverse. However, I will post general information about me (i.e., speaking engagements) with both networks. In essence, it depends on the content," she says.

On the other hand, Lance Haun, vice president of outreach at MeritBuilder, explains that LinkedIn is "a snapshot of your life at the time you updated your profile so including Twitter, Facebook, or a blog helps to add living context to your profile." With the lines between work and life being blurred, posting something business related at 1:00 PM and a picture of a cat at 1:00 AM helps "bring the picture of a person together completely."

In the end, Koutsis asks, "if people see no reason after viewing your profile to connect with you, then why did you reach out to them in the first place?" The most important thing we can do is create a complete and compelling profile. Because the bottom line is the value proposition you propose when you try to connect with someone on LinkedIn.

Appendix, References and Further Resources

Mayo Clinic Center for Social Media
http://socialmedia.mayoclinic.org/tag/center-for-social-media/

Health is Social Blog
http://healthissocial.com/healthcare-social-media/hospitals-can-block-facebook-but-not-the-21st-century/

(e)merge Helping Medical Practices Grow blog
http://emergewithus.com/2009/10/sorting-out-the-confusion-of-social-media-and-hipaa-regulations/

Care Networks Social Media Strategy and Solutions website
http://www.carenetworks.com/social-media-and-hipaa-what-you-need-to-know

MedPage Today's Kevin MD's Blog
http://www.kevinmd.com/blog/2010/06/facebook-friends-patients-violate-hipaa-privacy-laws.html

New England Journal of Medicine- Practicing in the Age of Facebook
http://www.nejm.org/doi/full/10.1056/NEJMp0901277

Additional Resources and References

Pew Internet and American Life Project Research-
http://www.pewinternet.org/Data-Tools/Get-The-Latest-Statistics.aspx

Group Participation and technology- Pew Research:
http://www.pewinternet.org/Infographics/2011/Social-Side-of-the-Internet.aspx

Web Analytics 2.0- Avinash Kaushik http://www.webanalytics20.com/and his blog, Occam's Razor http://www.kaushik.net/avinash/

Go To Web 2.0 http://www.go2web20.net

Mashable.com http://www.mashable.com and its various social media guidebooks

http://www.EnterpriseSocialTechnology.com

Http://www.socialtwist.com

IntersectionConsulting.com
Silicon Valley Insider
Wired Magazine
Fast Company Magazine

Chapman, CC and Handley, A. Content Rules: How to create killer blogs, podcasts, videos, ebooks and webinars that engage customers and ignite your business" Wiley and Sons, 2010.

Brogan, Chris and Smith, Julien. Trust Agents, Wiley, 2009.

Joel, Mitch. Six Pixels of Separation. Hatchet, 2009.

Heath, D, & Heath, C. Made to Stick - Why some ideas survive and others die. Random House, 2007.

Harvard Business Review, McKinsey Quarterly (online resources)

Living Social
Groupon
Foursquare.com

Statistics from:

Quantcast http://www.quantcast.com
Compete.com http://www.compete.com
Alexa http://www.alexa.com

The Neilsen Company

Paid Social Media Monitoring tools:
Radian 6
Flowtown

Tools for Your Business

Social Media ROI Calculator

http://www.dragonsearchmarketing.com/online-marketing-strategy/social-media-marketing/social-media-roi-calculator

Social Media Guide for Small Business

Blog post with tons of links from Mashable, one of the most influential tech blogs. This is a treasure trove of information.

http://mashable.com/2009/12/04/small-business-guide/
utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+Mashable+%28Mashable
%29&utm_content=Google+Feedfetcher

Delicious
A "social" bookmarking site where you can bookmark web pages, blog posts and more, for your use and share out with friends and collegues. Since the bookmarks are online, you can access them from any web-enabled computer, and are no longer harnessed to your personal web browser/computer. This makes it easy to share information with others, as well as see what they're up to. Accounts are free.

http://delicious.com

Whitney's bookmarks:
http://delicious.com/whitneyhoffman

HARO - Help a Reporter Out
Ever want to know why a reporter decided to use one person over another for an interview or piece in the magazine? Sometimes reporters just need a source, and this website, Help a reporter Out, sends requests from reporters seeking sources every day. Can you help them out? There are rules to this- pitches must be relevant and on topic or you will not be allowed to pitch in the future. This can lead to excellent press- Whitney was quoted in an article in the Sunday New York Times Magazine by a lead and pitch through HARO.

http://www.helpareporter.com/

Google Local
Make sure you optimize your local listing in Google!

http://www.google.com/local/

Competitive Intelligence
- www.Compete.com or www.quantcast.com- check a website's traffic and compare it to your own
-Google alerts, keyword tools- see what the web is saying about your competition
-Google
-also check out free SEO tools from www.seomoz.com and www.hubspot.com
http://news.cnet.com/newbies-guide-to-twitter/

Desktop and Mobile Applications:

Seesmic

Tweetdeck

Hootsuite

5 Desktop Twitter apps: http://download.cnet.com/2797-2152_4-263.html?tag=mncol;txt

Also explore apps through OneForty : http://oneforty.com/

Facebook
Guides:

http://mashable.com/guidebook/facebook/

http://news.cnet.com/newbies-guide-to-facebook/

http://www.socialmediaexaminer.com/facebook-101-business-guide/

Desktop and Mobile Applications:

Seesmic

Tweetdeck

Hootsuite

20 Facebook Desktop Apps to try: http://news.cnet.com/8301-17939_109-10197457-2.html

Twitter
Guides:

http://mashable.com/guidebook/twitter/

http://business.twitter.com/twitter101/

LinkedIn
 Guides:

http://learn.linkedin.com/new-users/

http://www.centernetworks.com/linkedin

http://www.interactiveinsightsgroup.com/blog1/linkedin-superguidetutorials-tips-and-tool/

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