SOCIAL MEDIA AND HEALTHCARE
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4103576/

Common Guidelines for the Use of Social Media by HCPs

Context	Concept
Content credibility	• Share only information from credible sources. • Refute any inaccurate information you encounter.
Legal concerns	• Remember that the content you author may be discoverable. • Comply with federal and state privacy laws. • Respect copyright laws.
Licensing concerns	• Know professional licensure requirements for your state.
Networking practices	• Do not contact patients with requests to join your network. • Direct patients who want to join your personal network to a more secure means of communication or to your professional site.
Patient care	• Avoid providing specific medical advice to nonpatients. • Make appropriate disclosures and disclaimers regarding the accuracy, timeliness, and privacy of electronic communications.
Patient privacy	• Avoid writing about specific patients. • Make sure you are in compliance with state and federal privacy laws. • Obtain patient consent when required. • Protect patient information through "de-identification." • Use a respectful tone when discussing patients.
Personal privacy	• Use the most secure privacy settings available. • Keep personal and professional profiles separate.
Professional ethics	• Disclose any in-kind or financial compensation received. • Do not make false or misleading claims.
Self-identification	• Identify yourself on professional sites. • Make sure that your credentials are correctly stated. • Specify whether or not you are representing an employer.

Glossary Social Media
- App: A software program that performs a specific function that is used on a computer or mobile device.
- Avatar: A graphic or illustration that represents a particular person in a computer game or on an Internet site.
- Blog: An interactive website, or part of a website, maintained by an individual, a group of individuals, or an organization that posts regular entries of commentaries and events.
- Crowdsource: Harnessing the knowledge base and skills of an external community for the purpose of collaboratively solving problems, sharing knowledge, or gathering opinions.
- Direct message: Private messages between Twitter users.
- Handle: The unique user name selected by a Twitter user. It is designated by an "@username" identifier.
- Hashtag: The # symbol used in front of key words to index and make the topic of a tweet searchable.
- List: Publicly or individually curated groups of Twitter users.
- Microblog: A Web service that allows subscribers to send short messages to other subscribers.
- Podcast: Audio or audiovisual content that can be downloaded to a computer or mobile device for later playback.
- Re-tweet: The redistribution of a tweet from another user on Twitter to a user's personal network.
- Tags: Names or key words added to blog posts or photos.
- Timeline: A real-time list of posts on Facebook.
- Tweet: A Twitter message, which by definition must be no more than 140 characters.
- Wiki: A collaborative website that can be directly edited by anyone with access to the site.

SOCIAL MEDIA AND HEALTHCARE
Is it useful or appropriate (or ethical or therapeutic) for a therapist and a client to share the kinds of information that are routinely posted on SNS like Facebook, Twitter, and others? How are psychotherapists to handle "Friending" requests from clients? What are the threats to confidentiality and therapeutic boundaries that are posed by the use of social media sites, texts, or tweets in therapist-client communication?

Identify threats to privacy and confidentiality involved in the use of social media
List boundary and multiple relationship issues involved in the use of social media
Discuss competence issues involved in the use of social media
Describe the privacy and boundary issues that can arise in the practice of "friending"
List social media issues that should be included in the informed consent process
Describe the record-keeping challenges posed by the use of social media

WHAT'S SOCIAL MEDIA?
The definition of "social media" is broad and constantly evolving. The term generally refers to Internet-based tools that allow individuals and communities to gather and communicate; to share information, ideas, personal messages, images, and other content; and, in some cases, to collaborate with other users in real time. Social media are also referred to as "Web 2.0" or "social networking."

Social media sites provide a variety of features that serve different purposes for the individual user. They may include blogs, social networks, video- and photo-sharing sites, wikis, or a myriad of other media, which can be grouped by purpose, serving functions such as:
• Social networking (Facebook, MySpace, Google Plus, Twitter)
• Professional networking (LinkedIn)
• Media sharing (YouTube, Flickr)
• Content production (blogs [Tumblr, Blogger] and microblogs [Twitter])
• Knowledge/information aggregation (Wikipedia)
• Virtual reality and gaming environments (Second Life)
Participation in social media by the general public has increased sharply over the past nine years. In the U.S., the proportion of adults using social media has increased from 8% to 72% since 2005. The use of social media is prevalent across all ages and professions and is pervasive around the world. In 2012, Facebook users exceeded one billion people worldwide, a number that represents one-seventh of the world's population. In addition, each day 100 million active Twitter users send more than 65 million tweets, and two billion videos are viewed on YouTube. Social media have been linked to highly significant political events, such as the Arab Spring revolution, as well as to widespread societal trends, including the shortening of individuals' attention spans and the decline of print news media

PARTICIPATION IN SOCIAL MEDIA BY HEALTH CARE PROFESSIONALS
Social media provide HCPs with tools to share information, to debate health care policy and practice issues, to promote health behaviors, to engage with the public, and to educate and interact with patients, caregivers, students, and colleagues. HCPs can use social media to potentially improve health outcomes, develop a professional network, increase personal awareness of news and discoveries, motivate patients, and provide health information to the community.
Physicians most often join online communities where they can read news articles, listen to experts, research medical developments, consult colleagues regarding patient issues, and network. There they can share cases and ideas, discuss practice management challenges, make referrals, disseminate their research, market their practices, or engage in health advocacy. A growing minority of physicians also uses social media to communicate directly with patients to augment clinical care.
A survey of more than 4,000 physicians conducted by the social media site QuantiaMD found that more than 90% of physicians use some form of social media for personal activities, whereas only 65% use these sites for professional reasons

SOCIAL MEDIA SITES FOR HEALTH CARE PROFESSIONALS

- **Social Networking Sites** As social networking has evolved, medically focused professional communities have been established. These networks are often private and protected from nonmembers, such as the lay public and even members of other health professions. Funding sources for these sites vary, with financial support often being provided by professional associations, advertising or data sales, research funding, and pharmaceutical companies

- **Blogs** The "blog," a term formed by truncating "Web log," is the oldest and most established form of social media, which has been used in medicine since as early as 2004. Blogs can reach wide audiences, especially if one writes content that is of significant interest. Posts that garner enough interest can be shared and viewed again and again by readers (referred to as "going viral"). Content that goes viral can establish a reputation or an online presence

- **Wikis** Wikis are public forum websites featuring text and multimedia content that can be edited by users. "Wiki" is a Hawaiian word meaning "quick," which refers to the speed with which information on a wiki can be accessed, added, edited, or deleted

- **Microblogs** Microblogs provide the most dynamic and concise form of information exchange via social media. This format allows users to post a large number of brief messages or updates over a short period. Numerous microblogging platforms exist; however, Twitter is the most prominent. On Twitter, users publish messages (called "tweets") that consist of a maximum of 140 characters. Tweets can be supplemented with hyperlinks to other online media, such as videos or websites. Tweets can also include "hashtags," a form of information indexing that allows people to search for tweets that are related to a particular discussion or topic. Hashtags followed by HCPs include #HCSM (for Health Care Social Media), #MDChat, and #Health20

- **Media-Sharing Sites** Media-sharing sites, such as YouTube, offer a large selection of social media tools that are optimized for viewing, sharing, and embedding digital media content on the Web. They also provide features that are typically found on other types of social media sites, such as profiles, connections, comments, and private messaging. Most media-sharing sites are easy to use, provide free basic accounts, and are accessible from both desktop and mobile devices.

- In medicine, media-sharing sites can be important resources for education, community building, marketing, and branding. Among the most notable media-sharing sites for HCPs is The Doctors' Channel (www.thedoctorschannel.com), which hosts videos featuring medical news, continuing medical education, and health care-related entertainment

- **Virtual Reality and Gaming Environments** Multi-User Virtual Environments (MUVEs) are three-dimensional environments that allow users to interact with each other through a virtual representation of themselves (known as an avatar). The application of MUVEs in health care is growing rapidly. They are increasingly being used for patient education, for the simulation of epidemiology and mass prophylaxis, for psychotherapy, for surgery, and for research. However, the fact that MUVEs are often perceived as computer games rather than as serious clinical tools may impede their adoption by health care institutions.

USES FOR SOCIAL MEDIA IN HEALTH CARE

Professional Networking

- The most popular social media sites for physicians are those where they can participate in online communities, listen to experts, and network and communicate with colleagues regarding patient issues. The use of social media by pharmacists also frequently focuses on communication with colleagues. The social-networking platforms used for professional networking are often solely accessible and specifically cater to people within these professions. Besides clinical topics, discussions on these sites address diverse subjects, such as ethics, politics, biostatistics, practice management, career strategies, and even dating in a medical environment. They can also provide a supportive environment for HCPs who subspecialize.
- Professional Education
- The communication capabilities provided by social media are also being used to improve clinical education. The high usage rate of social media by 18- to 29-year-olds has motivated the adaptation of clinical curricula to reflect the changing habits and culture of incoming students. Many studies have described the use of social media tools to enhance clinical students' understanding of communication, professionalism, and ethics. Universities are also using social media to recruit students, to increase access to academic libraries, and to create virtual classrooms and office hours, as well as other unique learning experiences.

ONLINE Patient Care

Although there has been a reluctance among HCPs to use social media for direct patient care, this practice is slowly being accepted by clinicians and health care facilities. For example, Georgia Health Sciences University has provided patients with access to a platform called WebView, which allows the patients to reach their doctors to ask questions or to request prescription refills. Recent studies have found that physicians have begun to develop an interest in interacting with patients online. Some physicians are using social media, including Twitter and Facebook, to enhance communication with patients. Approximately 60% of physicians were found to favor interacting with patients through social media for the purpose of providing patient education and health monitoring, and for encouraging behavioral changes and drug adherence, with the hope that these efforts will lead to "better education, increased compliance, and better outcomes." However, other studies have shown that considerable resistance still exists to using social media to interact with patients. In a survey of approximately 480 practicing and student physicians, 68% felt it was ethically problematic to interact with patients on social networks for either personal or professional reasons. Evidence indicates that electronic communication with patients can improve their care and health outcomes. Studies have shown that supplemental electronic communication emphasizes physicians' advice and improves adherence for patients with chronic diseases. It may also improve patient satisfaction by increasing the time spent communicating with and having questions answered by their physicians. A survey of patients at an outpatient family practice clinic found that 56% wanted their HCPs to use social media for reminders, for scheduling appointments, for diagnostic test results, for prescription notifications, and for answering general questions. Patients who did not use social media said they would start if they knew they could connect with their health care provider

THE DANGERS OF SOCIAL MEDIA

Poor Quality of Information

The main limitation of health information found on social media and other online sources is a lack of quality and reliability. Authors of medical information found on social media sites are often unknown or are identified by limited information. In addition, the medical information may be unreferenced, incomplete, or informal. While evidence-based medicine de-emphasizes anecdotal reports, social media tend to emphasize them, relying on individual patient stories for collective medical knowledge. Similar problems exist with traditional online media; however, the interactive nature of social media magnifies these issues, since any user can upload content to a site. Social media users may also be vulnerable to both hidden and overt conflicts of interest that they may be incapable of interpreting.

Damage to Professional Image

A major risk associated with the use of social media is the posting of unprofessional content that can reflect unfavorably on HCPs, students, and affiliated institutions. Social media convey information about a person's personality, values, and priorities, and the first impression generated by this content can be lasting. Perceptions may be based on any of the information featured in a social media profile, such as photos, nicknames, posts, and comments liked or shared, as well as the friends, causes, organizations, games, and media that a person follows

HIPPA Breaches of Patient Privacy Social Media

Concerns regarding the use of social media by HCPs frequently center on the potential for negative repercussions resulting from the breach of patient confidentiality.[5] Such infractions may expose HCPs and health care entities to liability under federal HIPAA and state privacy laws. HIPAA, as modified by the Health Information Technology for Economic and Clinical Health (HITECH) act, governs the permitted use and disclosure of patient information by covered entities, including HCPs and hospitals.[4] The HITECH act details privacy-breach notification requirements and expands various mandates to include business associates. Section 13410(d) addresses civil and criminal penalties for violations that are based on the nature of the violation, as well as resultant harm.

Although the use of social media isn't specifically referenced, these tools can certainly present risks under HIPAA and HITECH. An HCP may breach federal HIPAA/HITECH or state privacy laws in a number of ways when posting information, comments, photos, or videos concerning a patient to a social networking site.[4] Whether communicating with or about patients on social media, breaches of patient confidentiality can result in legal action against an HCP and potentially his or her employer.[4] However, it is important to note that HIPAA does not restrict the distribution of medical information that has been "de-identified."

In 2003, the Department of Health and Human Services (HHS) issued the HIPAA Privacy Rule, which provides the first federal privacy standards for the protection of patient information to be followed by "covered entities," such as HCPs, hospitals, and health plans. The HIPAA Privacy Rule levies heavy fines and potential criminal charges on the unauthorized disclosure of *individually identifiable* health information by covered entities in oral, paper, or electronic form. The HIPAA Privacy Rule also includes a "safeguards standard" that requires covered entities to reasonably protect patients' health information from unauthorized disclosure by using physical, administrative, and technical safeguards. The safeguard standards are somewhat flexible for entities of different sizes and resources. For instance, communication between a patient and an HCP using unencrypted email might be permissible, as long as other reasonable safeguards are followed

COMPLY WITH HIPPA ONLINE
To comply with the HIPAA Privacy Rule, clinical vignettes posted on social media concerning patients must have all personal identifying information and any revealing references removed.[10] *This "de-identification" can be accomplished by changing or omitting key patient details (e.g., names, insurance or Social Security numbers, date of birth, and photos), by avoiding the description of rare medical problems, and by not including specific time frames or locations without the patient's consent.*

However, despite these precautions, there have still been many well-publicized inadvertent breaches of the HIPAA Privacy Rule involving social media. Protecting a person's identity when writing about patients is often more difficult than might be expected. A study of medical blogs written by HCPs found that individual patients were described in 42% of the 271 samples studied. Of these samples, 17% were found to include enough information for patients to identify themselves or their providers, and three included recognizable photographs of the patients.

CONSENT WITH HIPPA ONLINE
The patient's consent is a critical issue to consider when using social media.[4] An HCP or health care organization might determine whether patient permission is needed by considering the place of publication. The use of specific HIPAA-compliant messaging systems, such as that provided within Doximity, may be theoretically safe even for patient-identifying information, assuming that the recipient has medical justification for receiving such information. However, it is ultimately up to the individual HCP, the practice, or the organization to decide when they will seek patient consent before posting de-identified case details online.

Violation of the Patient–HCP Boundary

HCPs who interact with their patients on social media may be violating the patient–HCP boundary even if patients initiate the online communication. A recent study found that patients often extend online "friend" requests to their physicians on Facebook. However, very few physicians reciprocate or respond, since it is generally thought to be ill-advised for an HCP to interact with a patient through a general social media forum such as Facebook. In addition, organizational policy statements often discourage personal online communication between HCPs and patients.

HCPs should therefore become familiar with the privacy settings and terms of agreements for the social media platforms to which they subscribe so that they can maintain strict privacy settings on their personal accounts

Physicians may also violate a patient's personal boundary through the inappropriate use of information found online or on social media. Since social media can provide a wealth of information about a patient, it can be used in a positive way to aid clinical care. This practice, known as "patient-targeted Googling," has been described in many medical settings. Anecdotal reports have highlighted some benefits to this practice (for example, using information found on social media to identify an amnesic emergency patient or intervening when a patient is blogging about suicide). However, the potential for the blurring of professional and personal boundaries exists, since this practice can also be spurred by inappropriate curiosity, voyeurism, and habit.

Licensing Issues

The use of social media can also adversely affect an HCP's credentials and licensure. State medical boards have the authority to discipline physicians, including imposing restrictions or suspending or revoking licenses. These penalties can be meted out for unprofessional behavior, such as the inappropriate use of social media, sexual misconduct, breaches of patient privacy, the abuse of prescribing privileges, and the misrepresentation of credentials.

U.S. licensing authorities have reported numerous professional violations by HCPs on social media that resulted in disciplinary action. For example, an emergency medicine physician was reprimanded by the Rhode Island State Board for "unprofessional conduct" and was fined after making comments on Facebook about a patient. The physician did not mention the patient's name in the post; however, sufficient information was included that allowed others within the community to identify the patient. Misrepresentation of credentials is one of the most common online violations reported to state medical boards. Physicians should be familiar with the requirements of state medical boards regarding online communications to ensure they do not commit any violations that might jeopardize their license

The widespread use of social media has introduced new legal complexities. A number of constitutional rights can be applied to the use of social media, such as freedom of speech, freedom from search and seizure, and the right to privacy; however, these rights can be successfully challenged.

In 2009, a U.S. District Court upheld the expulsion of a nursing student for violating the school's honor code by making obscene remarks about the race, sex, and religion of patients under her care. The court concluded that the school's honor code and confidentiality agreement signed by each nursing student governed the standards of acceptable behavior, dismissing the student's claim that her right to freedom of speech had been violated. A similar ruling was made in a case in which a student posted pictures of herself as a drunken pirate on MySpace.

Legal cases should never be discussed on social media because most current case law dictates that such information is "discoverable," although this may depend on the purpose for which the information is sought. Even if it is posted anonymously, various investigative methods may potentially be used to directly link legal information to a specific person or incident. The Facebook policy for the use of data informs users that "we may access, preserve, and share your information in response to a legal request" both within and outside of U.S. jurisdiction.

Concepts for Health Care Organizations' Social Media Policies
• Address discrimination, harassment, wrongful termination, leaking of confidential or proprietary information, damage to the organization's reputation, productivity, and other issues.
• Address expectations regarding employee behavior outside the realm of employment.
• Ban, limit, and/or monitor employee access to the Internet and/or to social networking sites.
• Define employees' responsibilities when witnessing inappropriate use of social media.
• Define policy regarding the use of organizational email addresses and graphics or logos.
• Define disciplinary actions for the inappropriate use of social media.
• Designate who can access social media on the organization's premises and for what purpose.
• Ensure that medical staff and employees acknowledge that they are not representing the organization when they post material to their personal social media sites.
• Ensure that medical staff and employees disclose any conflicts of interest.
• Ensure that the medical staff and employees are familiar with state and federal guidelines regarding patients' privacy.
• Ensure that the medical staff and employees include a disclaimer when they are not speaking on behalf of the organization.
• Ensure that the medical staff, employees, and students understand the need to

adhere to the organization's social media policy.

Revise or expand current policies regarding patient consent and the posting of patient information on social media.

Patients Trust Social Media, so Be Their Trusted Source

- "Instagram is for narcissists."
- "Individuals who spend time on social media don't have real jobs."
- "No one takes social media seriously."
- "Facebook is a place for cyberbullying."
- "Selfies are not for professionals."

You may have heard such comments. I don't agree with any of them.

Some people still don't grasp the utility of social media in the medical landscape. However, more than 2.5 billion people are using social platforms worldwide(www.statista.com), and the percentage of Americans using social media has increased from 24 percent to 81 percent(www.statista.com) in the past 10 years. Social media influences everything from politics to commerce to cultural movements, and it's time family physicians took notice.

By its nature, social media encourages users to publicize the private, so it's understandable that the medical community has reservations. There certainly are risks in using social media as a health care professional -- breaches of the Health Insurance Portability and Accountability Act, overexposure, and erosion of credibility, to name a few. But as clinicians, we know we must weigh the risks and benefits before making any decision. From my perspective, the benefits of using social media for medical purposes strongly outweigh the risks. It truly is an overlooked symbiotic relationship.

Our specialty has always been at the forefront of creating new lines of communication with our patients. The beauty of family medicine, and why I went into this field, is that we are able to make drastic differences in lives by not only treating disease but also through education and prevention. Social media is a tool we can use to continue this mission, one that can influence the health decisions of millions. This can range from encouraging preventive health visits to inspiring lifestyle changes.

There is no single way to make use of this global trend. Family physicians are a diverse group of people with equally diverse interests. Our social media styles should reflect that. Being an early adopter of Instagram, I have been able to amass a following of more than 3 million people. I will admit that initial interest in my page was not purely medical

in nature -- see *People Magazine*(www.nydailynews.com) -- but it is my responsibility to redirect this interest into a discussion about public health.

From posting selfies on Instagram of my everyday practice to creating unique YouTube videos on a variety of medical and nonmedical topics, I can reach millions of people and potentially influence how they take care of their health.

More than 40 percent of patients say social media presence influences their choice when selecting a new physician(thesparkreport.com). When a patient comes to my practice solely because of my social media presence, and we are able to detect early-stage cancer or administer a vaccine that may not have been given otherwise, I consider that a great success.

I am a passionate advocate for preventive care, but I see one glaring obstacle ahead. Young people don't go to the doctor as often as they should. Forty percent of people ages 18-24 do not see a medical professional yearly(www.census.gov) compared to just 8 percent of those older than 65. Making a lifestyle change in someone who is 20 can have a greater impact than in someone who is 60.

This is the heart of preventive medicine, yet no one has figured out how to engage in an ongoing conversation with the younger demographic. Other industries are already seeing the importance of utilizing social media, restructuring their workforce and shifting internal budgets. According to the Duke University School of Business, in 2016, the average business spent 11 percent of its advertising budget on social media(www.fuqua.duke.edu), and that number is expected to increase to 21 percent during the next five years. We need to think like marketers and sell our message of health through prevention and education.

I am aware the medical community likes to see studies showing tangible benefits. However, in this case, it may not be that simple. What I can do, in speaking from my own experience, is attest to the fact that my following is growing, patient's medical questions are improving, and new doctor-patient relationships are developing.

A public conversation about health is the first step in motivating this younger generation to begin to care about prevention and staying healthy. Ninety percent of young adults say they trust medical information shared on their social feeds(www.forbes.com), so it's important that they receive information from a source worthy of that trust.

Another point that is often not discussed is that we simply do not see family medicine represented enough in traditional or social media. Time and time again I see subspecialists talking about primary care issues because their specialties are glorified in scripted television. I know of no specialists more capable of answering a wide range of medical questions from the average viewer than family physicians. We have a finger on the pulse of what questions people have, we know what their worries are, and most importantly, we know the language to use so they can clearly understand our responses. During my time in the media spotlight, I have been able to share with the general public the incredible abilities of family physicians. During appearances on *The Dr. Oz Show, Good Morning America* and *The Doctors,* I consistently try to instill the idea in the producers' and audiences' minds that family medicine, as a health resource, should receive more consideration. Using social media to garner positive attention for our

specialty is one step we can take to change the way our work is perceived by the media and the masses.

Social media certainly has its risks. It can increase anxiety and depression in our youth. However, the answer is not to vilify its existence but instead to figure out how to best leverage it to serve the needs of our patients. The millennial generation wants more access with less work. They will ask questions on social media but may not visit you in the office unless directed to. We should not passively wait for the younger demographic to come to us but should instead reach out to them where they are. I prefer to give general answers to their questions online rather than have them simply rely on Dr. Google or spend several anxious hours navigating WebMD.

I admit there's a thin line between practicing "cocktail" medicine and just giving general advice, but this challenge is one we must grow comfortable with in our ever-changing technological landscape. The mission statement of the AAFP calls on family physicians "to improve the health of patients, families and communities by serving the needs of members with professionalism and creativity," and we can use social media to help us achieve those goals.