

Medical Practice Trends

Podcast #26

Dr. Joseph Kim – Social Media and the Medical Practice

Peter: This is Peter J. Polack M.D. with Medical Practice Trends podcast. Our guest today is Dr. Joseph Kim, President of Medical Communications Media, Inc. Welcome, Joseph.

Joseph: Thank you for having me.

Peter: Our topic today is Social Media. I think everybody knows what that means. Specifically, how this relates to the medical practice. Tell us a little bit about your thoughts on that.

Joseph: Social media is an area that's rapidly evolving. I think, in general, health care professionals (particularly physicians) have been very hesitant to embrace social media. Some, in fact, work in settings that have policies that prohibit them from being on social networks.

Traditionally, they've been slow adopters of social media. They really didn't see the value in it. They're often too busy and they feel like it's not worth their time. But social media certainly goes way beyond just Facebook, Twitter, and sites like that.

First of all, I would like to just say that physicians need to realize that there are social networks out there that are just for them, that are just for physicians or just for licensed health care professionals. A few examples that come to mind include Sermo, QuantiaMD, Ozmosis, and there are several others like Doximity and there are new ones popping up all the time.

In some cases, your specialty society may also have a social network that's part of the specialty society website. But I think that's an area of social networking that can really add value for physicians who can learn, who can collaborate, who can share ideas with one another on these channels.

Then there's the application of social media as it relates to patients. Why would you want to engage patients on a social media site? Would you even want to do that? Those are areas where there's room for education, there's room to teach physicians what's appropriate and what's not so they don't do anything and violate HIPAA or get themselves into any kind of legal trouble.

But one of the key areas that I try to emphasize and remind physicians about is when physicians see what patients are talking about in a public open forum like on a Facebook or Twitter type of

site, they can actually see what the issues are, and perhaps glean from patient insights that they may not glean in the hospital setting or in that office visit.

They may hear of patients complaining about certain adverse reactions or toxicity effects, or they may hear patients sharing ideas that are just completely erroneous – medically incorrect information.

Therefore, they are valuable channels to let physicians learn what patients are talking about so that they can then become more effective during those office visits or during those patient counters to either dispel myths or misconceptions or to just be able to predict what the patient is going to ask or what the patient is going to want to talk about. It really becomes a powerful way to empower physicians and help them be more effective in communicating with their patients.

Peter: It seems that as far as the patient is concerned, younger patients more and more are expecting medical practices to have these alternative forms of media. What are some of the barriers that physicians must overcome to implement these sorts of things?

Joseph: I think the first one is making sure that form of communication with the patient is encrypted and secure. What's happening today is a lot of patients are receiving a text message or standard e-mail that includes elements of their personal health information or personal health record.

For instance, they may e-mail the doctor saying, "What did my CBC show?" The doctor e-mails back saying, "Everything was fine." Well, that's a very dangerous way to communicate with a patient because it's not secure and it's not encrypted. You don't know who's actually receiving that e-mail or reading it on the other end.

In the same way that you would never call a patient and leave a message on the answering machine saying, "By the way, your HIV test was negative, Mr. Jones. Thanks for visiting the office yesterday." You wouldn't leave a message like that on the answering machine. You shouldn't be using standard e-mail, standard text messaging, or other forms of communication that are not secure.

I think when it comes to data encryption and secure messaging, it's almost like you're talking a foreign language when you're talking with physicians who are not really tech savvy, who don't really understand the components of what makes something secure or encrypted. They think that just because I need to enter a password to enter my e-mail that my e-mail must be secure. But in reality, it's not.

Practices that are using digital communication to communicate with their patient are doing it in a very similar fashion that we're seeing in the banking industry. Most banks today will send a

communication saying, “You have a message waiting for you in your secure inbox. Please log into your banking portal and view this message.” Therefore, the message that you get, whether it’s through a text message or through an e-mail, doesn’t actually contain that sensitive information. It requires the patient to then authenticate themselves, log into a secure portal and access information.

That kind of capability doesn’t exist today for most medical practices, because they don’t have the infrastructure set up. Some of the electronic health record vendors have those kinds of patient portal capabilities, and therefore, they offer them. And we’re seeing that in large group practices and large hospital settings and groups like Kaiser Permanente and others.

But for many of the private groups and private physicians out there, they’re not thinking through that patient end. They’re only thinking about, “What do I need in my practice to run an electronic health record, to do the e-prescribing?” They’re not thinking so much about how the patient accesses the information. How does the patient access his or her labs or radiology reports? Can I just e-mail them a PDF attachment? The answer is that’s not an appropriate way to communicate.

For most providers, I think they have to understand that there needs to be a secure form of communication and that social media networks like Facebook, Twitter and others really don’t provide that. Text messaging doesn’t provide it. You can text message with a patient using a secure text messaging application, but in order to do that, you would have to have that application and the patient would also have to have that same secure text messaging application. These kinds of things are not really what I would call in the mainstay of most providers and patients, and therefore, it’s important for providers to know what kind of technology exists today, what they can access, and if they wanted to invest in something else, what it’s going to cost them.

Those are some of the key kernels and pearls that I try to emphasize to the physician community today.

Peter: On a related topic, some practices use social media not just for external marketing, but also for internal use. We’ve seen some issues of blurring of the lines between practice owner and employee as far as what would be ethical or appropriate using social media.

Joseph: Right. These are common scenarios that are coming up in all industries. It’s not just special to the health care industry. In that regard, we’re seeing organizations like Mayo Clinic, Cleveland Clinic, Kaiser Permanente, and others establishing very, very clear social media policies as to what is appropriate when they use social media to communicate internally, as well as when they’re communicating with their patients. They’re coming up with social media policies and putting these on their websites.

There are websites, like social media governance, for instance, that list a number of these different social media policies that these organizations have created exactly to prevent the kinds of scenarios that you're describing.

I think that many people, whether you're a health care professional or not, are not always thinking about, "When I post something on Facebook or if I put something on Twitter or on a blog, who's going to read it? Who's going to access this information?"

Even within a site like Facebook, you can change certain privacy settings thinking that they should only be limited to my close group of friends or contacts. The reality is that someone might then end up sharing something that you've posted, which includes your name. If they share that with their users and put it out on a public site somewhere, then all of a sudden, what you've posted which was meant to be private and confidential, is now out there in the public.

There's some instances where employee-employer communications have gotten either violated or they've gotten into trouble where employees were complaining about issues within their workplace and the employer found out about it, or vice-versa.

I think those are some common sense practical rules and tips. Things like developing a social media policy, making sure that your staff really understands what's appropriate, and setting those boundaries so it's very clear what's in your organization.

Peter: Joseph, if someone wanted to read a little more information about what you do or wanted to contact you, how should they go about doing that?

Joseph: I run several websites – my blog and so forth. I have a Twitter account and I have a Facebook page. It's pretty easy to find me if you just simply type in Dr. Joseph Kim into a search engine like Google.

The other thing you can do is go to one of my sites called www.MedicineAndTechnology.com. That's a site where I talk a lot about social media and digital communications and what's happening within the health care industry. I write about these kinds of things and I write about trends within this whole health care space. MedicineAndTechnology.com is insight where you can read some more and have a way to contact me.

Peter: Thanks so much.

Joseph: Thanks for having me.