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TODAY

KEEP IN TOUCH, ALWAYS

ELECTRONIC CONNECTIVITY

BETTER CARE OR PRIVACY CONUNDRUM?

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Premium Practice Today is a monthly feature section in **CRST** providing articles and resources to assist surgeons and their staff in the pursuit of premium practice development to facilitate exceptional experiences for patients and business success.

Keep in Touch, Always Electronic Connectivity— Better Care or Privacy Conundrum?

BY ROCHELLE NATALONI, CONTRIBUTING EDITOR

Although nearly all US adult consumers use the Internet, e-mail, and text messaging, these 21st century communication platforms are being used by only minority of physicians to interact with their patients (surveys indicate a range from 20% to 30%). Although regulatory issues and the lack of direct compensation are held up as obstacles, I think the world is moving past these objections, because the benefits of electronic communication far outweigh the risks. It will take years to sort it all out, but I am encouraged by the findings you will see in this month's column. Being online allows patients to find you, and digital communication is a meaningful way of building trust in the doctor-patient relationship. I predict that tools that foster this relationship will win out over government bureaucracy and concerns regarding privacy. Those of you who are afraid of or resistant to online communication with patients will especially appreciate this month's interviews and the blossoming of ways to make it safe to utilize the platforms now available.

—Section Editor Shareef Mahdavi

Trends suggest that people are becoming increasingly comfortable doing things online that once would have seemed unlikely, such as shopping for eyeglasses, registering for a doctor's appointment, or requesting information about cataract surgery. The widespread use of smartphones and tablets, with their ability to instantaneously provide desired information, has strengthened the sense of entitlement that is rampant among Millennials and aging Gen-Xers. They want what they want, and they want it now. They want to be able to text and e-mail and direct message their doctors and will not hesitate to "Yelp" about it if the physician is not amenable to these untraditional forms of doctor-patient communication.

David Evans, PhD, MBA, is the CEO of Ceatus Media Group (www.ceatus.com) in San Diego, which facilitates integrated Internet strategies for ophthalmology and other medical specialties. He points out that consumers—especially the Millennials—have grown up in a 24/7 plugged-in world and expect to have electronic access to everything.

"They expect to be able to go online and talk to their physician," he says. A major issue is privacy. For instance, many physicians—especially younger ones—want to have a personal Facebook page, but the line demarcating their professional life can become blurred when patients want to "friend" them. Some physicians shut down their personal page and just keep their practice page where patients can "fan" the practice instead, says Dr. Evans.

What makes this dynamic even more interesting is that the government is the feistiest supporter of electronic doctor-patient connectivity and is dangling an enticing monetary "carrot" in front of practices that implement electronic medical records (EMRs) along with a required patient portal in a meaningful way and a timely fashion. Some say this brave new world of electronic connectivity between patients and physicians could improve the quality of care; others say it opens up physicians to liability.

To some extent, this electronic connectivity is a part of telemedicine, which started decades ago as a way to provide health care to patients in remote areas. Today, the

American Telemedicine Association

(📍 www.americantelemed.org) reports that patients' demand for telemedicine is at an all-time high. "Using telemedicine technologies reduces travel time and related stresses for the patient," the association states on its website. "During the past 15 years, study after study has documented patient satisfaction and support for telemedicine services. Such services offer patients the access to providers that might not be available otherwise as well as medical services without the need to travel long distances."

As with any trend, there are benefits and disadvantages. What follows is a sampling of services, experiences, apps, recommendations, and predictions regarding electronic communication between physicians and patients. What the norm will be 5 years from now is anybody's guess.

CANNED COMMUNICATIONS

TeleVox (📍 www.televox.com) is a popular system used by medical practices to connect physicians and patients electronically via text messages and e-mail, among other methods. Although the messages are "canned," and quasi-impersonal, they reportedly satisfy patients. According to Scott Zimmerman, president of TeleVox, the service fills a need by providing a technology-based solution "with a human touch" that activates positive patient behaviors. "Our research shows that patients want doctors who take the time to provide them with ongoing, personalized interactions," he says. "In fact, over half of all patients like to be contacted by their physicians outside of the exam room for things such as between-visit care, wellness tips, or treatment plan reminders. When provided with this type of engagement by their providers, patients report feeling more valued, having an improved opinion of their physicians, and trusting their physicians more."

THE DOCTOR WILL E-MAIL YOU NOW

DoctorBase (📍 www.doctorbase.com) is a mobile patient-communications solution that utilizes an iPhone/iPad (Apple, Inc.) app called Panda Health. The service enables patients to communicate digitally with their physician via secure mobile messaging (voice, text, and images) on a platform where the doctor can get reimbursed for his or her time. Physicians pay \$300 per month for the service, and patients pay varying amounts that are set by the physician. Kim Cockerham, MD, is an ophthalmic surgeon with a special interest in reconstructive surgery of the face, eyelids, and eye muscles who uses DoctorBase. The system enables a patient to send her digital images along with a question such as, "Here is a picture of my

"To some extent, this electronic connectivity is a part of telemedicine, which started decades ago as a way to provide health care to patients in remote areas."

eyes from three different angles. Do you think blepharoplasty is right for me?" A representative from DoctorBase stressed that the service is for existing patients only.

The Health Insurance Portability and Accountability Act (HIPAA) 2013 Omnibus rule (📍 www.hipaasurvivalguide.com/hipaa-omnibus-rule.php) is among the regulatory concerns relevant to the use of this program. The rule requires providers to better document patients' opt-ins and message preferences and to post updated privacy policies. The DoctorBase representative says that most physicians using the service were already texting or e-mailing with some of their patients (before engaging the DoctorBase service) and were completely unaware of security and privacy issues, including the potential for smartphone theft/loss. She says the people at DoctorBase are trying to change that and help physicians interact electronically with patients within the confines of rules and regulations.

CHATting VIA SKYPE

Beverly Hills ophthalmic surgeon Rajesh Khanna has a high-profile and international clientele that includes patients scattered across time zones. In addition to e-mail and texting, Dr. Khanna offers patients the opportunity to Skype with him (Skype: KhannaInstitute) or his refractive consultants. "The challenge of dealing with busy actors, CEOs, and physicians is coordination of appointments and follow-up times," he says. "Skype provides a convenient method to interact with patients, including army personnel deployed in Afghanistan and patients whom I treated outside of the United States in Scotland and Switzerland."

THE ONLINE GO-TO DOC

Russell Faust, PhD, MD, is an otolaryngologist and a digital media professional based in suburban Detroit. His perspective on electronic communication between patients and physicians is comprehensive, objective, and based on his experience as a physician who has made his

e-mail address available to patients for the past several years. He is also the CEO of Anicca Media (📍 www.aniccamedia.com), a company that helps medical professionals effectively engage in digital media initiatives.

Dr. Faust says he was inspired to write a medical education blog specific to his area of expertise—transnasal, endoscopic skull-based repair in children—because (the parents of) his patients were increasingly showing up for appointments armed with erroneous information culled from Internet searches. “A few years ago, I became frustrated by my new patients’ arriving in clinic with stacks of information printed out from the Internet,” he says. “On the one hand, I encourage that level of involvement and empowerment in their health care. On the other hand, much of that information is garbage: link bait for [placement-targeted advertising sites]. My response was to develop my own medical education blog [📍 www.boogordoctor.com].”

Dr. Faust anticipated having a few hundred page views per month at most. Instead, the blog grew rapidly. Nearly 3 years into it, his blog receives about 20,000 views per month. “I wanted to know whether this level of readership had any relevance to my clinical practice,” he explains, “so I added questions to my intake form, such as ‘How did you find out about my practice? Were you referred? Did you request that referral? Did you find me online? By Google search? By Bing search? On Facebook? Twitter?’ etc. The findings were quite remarkable. At 1 year of blogging, approximately 50% of my new patients were finding me on the basis of my online, digital brand. I can tell you that, from a financial standpoint, the return on investment was spectacular and unmatched by traditional media advertising. Since that time, I have founded Anicca Media where we build better connected, more responsive and trusted health care brands through digital and social media.”

Dr. Faust points out that, according to Pew Research, of the 70% of adults who have access to the Internet, 80% of them use it to help them answer health care questions. The problem, he says, is that they report feeling overwhelmed by the amount of information out there, because they have no way of validating its credibility. “The answer is for you to be the trusted, go-to source of valuable, accurate health care information for your patient community,” he argues. “In fact, that should be your new mantra for the digital age. It’s time to connect with your patients in the digital world. They’re looking for you there. They expect to find you there. Don’t be the Borders Books of health care.”

Beyond advising physicians to have a strong online presence that is easily found and full of accurate, helpful information, Dr. Faust often recommends that physicians enable patients to reach them via e-mail. He says that physicians often balk, fearing that patients will take advantage of the situation. In fact, he has experienced just the opposite. “My patients are very respectful of my time, rarely call, and even more rarely e-mail me,” he says. “I think most of the difficult issues are legal in nature. For instance, even though my patients can reach me by e-mail, I never practice medicine by e-mail or by text. I always take specific medical questions offline, and I never offer specific medical advice unless a patient comes in to see me.”

LAW 101

Keeping up with the times and making oneself available to patients in the manner that they demand may be a requirement for the successful surgeon in the 21st century, but it must be done with an eye toward legal culpability. Michael J. Sacopulos, JD, founder and president of Medical Risk Institute (📍 www.medriskinstitute.com), Terre Haute, Indiana, points out that the Health Information Technology for Economic and Clinical Health (HITECH) Act makes it difficult for physicians to interact with patients via e-mail. This federal law requires that electronic private health information be encrypted. “Given that most patients don’t have software capable of decrypting, we have a problem,” Mr. Sacopulos says. There are two ways around this situation. The first and best way, he points out, is for the physician-patient communication to happen via the EMR system’s patient portal. “Most, if not all, EMR systems have a patient portal that allows for a patient to log onto a secure system and communicate electronically with the physician and his or her staff,” he says. “The second way is to obtain the patient’s permission to communicate via unsecure/unencrypted e-mail. If the patient initiates the communication, that is permission to respond, according to the Office of Civil Rights. The problem with this second approach is one of documentation. These e-mails external to the EMR system should be entered into the patient’s chart. This extra step requires more effort and increased possibility for error.”

Mr. Sacopulos comments that, until recently, enforcement of privacy violations connected to doctor-patient electronic communications was rare but that it is changing. “With respect to sending a patient an e-mail, until a few years ago, risks were relatively low,” he says. “Today, however, the Office of Civil Rights, under the Department

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of Health and Human Services, along with state attorney generals, is imposing big monetary fines for violations. High-level government officials have said they recover \$8 to \$9 for every dollar spent on enforcement. For obvious reasons, enforcement efforts are on the rise. Further, last year marked the start of random privacy audits by the federal government. The costs of noncompliance have never been higher."

Charlie Wingate is an information technology specialist who is in charge of efforts at Nashua Eye Associates (www.nashuaeye.com) in New Hampshire. He explains that the HIPAA-HITECH Act requires that the sender of private health information ensure that the recipient receives that information in a secure fashion. "Standard e-mail does not provide that level of security," he says. "Engaging in this kind of communication requires an end-to-end secure communication channel, and at this point, a fine per occurrence is \$1.5 million. There is no enforcement right now, but soon there will be. From a provider perspective, I would avoid it unless you have a solution that meets the HIPAA-HITECH requirements. Even if you reply simply saying, 'Make an appointment,' but you don't delete the information that the patient included in the original e-mail, that constitutes sending private health information, and if you did that in an [unprotected] fashion, it opens your practice to legal exposure."

PATIENTS NEED TO FIND YOU FIRST

Michael Dobkowski is the CEO of Glacial Multimedia (www.glacial.com) in Portland, Maine, which provides website design, web analytics, search-engine optimization, and social media integration for ophthalmology and other medical specialties. He says the main thing that consumers/patients want from physicians in the online world is to be able to find them. "I think that people in the industry think that patients want patient portals so they can be 'connected' to their physicians and so that they can download forms in advance of an appointment and that kind of thing," he says. "However, while some patients want that, what we see from Google Analytics is two main things. We see people looking at the practice location pages a lot to try to figure out where the practice is in relation to where they are, and we see people looking at the physician profile page to see if the physician is qualified. Every project we work on, we find that they physician bio page is the number-one viewed page. That tells me something."

To stay ahead of the curve or at least keep up with what patients want out of online connectivity with them, Mr. Dobkowski says, "Physicians need to understand that,

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if they have a website, it is an investment like a home and they have to maintain the investment over time. They have to make sure they are listed in online business directories and that their link popularity is healthy, which means that, each year, they have more links than the year before. They need to make sure that their content is repeatedly updated and that, if they have a blog, it must be integrated into the core structure of the website. It should be a pillar page of the website; otherwise, it has no value. The key is to invest in, maintain, "fertilize," and nurture the website so that patients can find you and [so] that, when they do, they find valuable information that engages them." ■

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