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Social Media and Health Care – The Pros and the Cons

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Social Media Can Play a Positive Role in Health Care While Also Posing Some Risks

Today so much information is available to so many individuals at any time or on any day thanks to the Internet. The world is Friending, Tweeting, Blogging, Pinning, or Tumbling at a very fast rate. With so much activity we should all be in great shape; unfortunately, though, it's only our fingers that are getting the exercise.

It has been reported that Facebook has over 1 billion active users[1] and Twitter has over 140 million users.[2] Approximately eight of 10 health care companies use social media sites in some way.[3] In health care, using social media certainly has pros and cons.

Social media can be a benefit to both patients and health care providers. Many health care organizations use Facebook and Twitter to:

- promote employee and community activities;
- communicate opportunities for better health;
- introduce new and advanced medical procedures;
- spotlight employee volunteer efforts; and
- keep employees and patients up-to-date on the impacts of weather-related events or emergencies.

In addition, Internet support groups and blogs allow patients to share their disease struggles and achievements so that others with the same disease will benefit through more knowledge and a better understanding of the impacts of their disease.

In April 2012, PricewaterhouseCoopers LLP (PwC) Health Research Institute[3] conducted a study on usage of social media in health care. The study found that consumers do not object to having their conversations monitored as long as the conversations can help them improve their health.[3] Some key points of that survey include:

- 61 percent of consumers reported they are likely to trust information posted by providers, and 41 percent

are likely to share information with providers via social media.
- More than 75 percent of consumers reported they would expect health care organizations to respond within a day or less to appointment requests via social media; others reported they would expect a response within a few hours.
- 45 percent of consumers said information found in social media would affect their decisions to seek a second opinion; more than 40 percent reported information found via social media would affect the way they coped with a chronic condition and how they approached diet and exercise.

The PwC survey found that consumers are using social media for health-related activities. Here is how the 1,060 adult consumers surveyed use social media:[3]
- support health-related cause — 28 percent;
- comment on others' health experiences — 27 percent;
- post about health experiences — 24 percent;
- join health forum or community — 20 percent;
- track and share symptoms/behavior — 18 percent;
- post reviews of doctors — 17 percent;
- post reviews of medications/treatments — 16 percent;
- share health-related videos/images — 16 percent; and
- post reviews of health insurers — 15 percent.

Social media can be an excellent way for consumers to learn about health care.

There are concerns that need to be addressed when using social media in health care. Privacy in health care is a key concern for every organization. Organizations must protect patient privacy; patients expect organizations to protect their personal health information. If patients learn their privacy has been compromised by an employee who posts information on a social media site, patients lose trust in the organization and its employees. There also may be penalties for the employee and the organization.

Employees must be cognizant of the effects of their actions; even seemingly innocent posts can have an impact. For example, an employee may post on a social media site that he or she is having a bad day at work. Patients who saw the post may wonder if they are getting the best possible care that day. Or an employee posts patient names or photographs of patients on a social media site and — to make matters worse — adds a malicious comment about the patient. This could cause current and potential patients to think twice about choosing the organization for additional or new care needs.

Many health care organizations have policies on social media that instruct employees not to post anything at all about their job, their workday, or their patients. Training is the key to success — training, training, and more training. Employees need to know what they can and cannot do and understand the implications of their actions. It is the law that a patient's privacy must be protected; the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and applicable state laws govern.

This gets even more complicated when organizations have their own Facebook pages or other social media accounts; family members or friends of patients may post protected health information on the page. They usually have good intentions, but it could be a HIPAA violation if the organization lets it stay on its Facebook page instead of deleting it. Many take the safe route and delete it.

The potential reputational harm for an organization can be huge, whether through postings from employees or when a patient uses social media to complain about their perception of the care they received. Depending on the patient's number of friends or followers, this could be an easy way to tell dozens, hundreds, or thousands of people about their negative experience. Many organizations assign employees to monitor social media daily for inappropriate or negative posts about patients or the organiza-

tion. These employees typically coordinate efforts to help repair the damage, which could include removing a post or performing some type of service recovery.

Social media can play a positive role in health care while also posing some risks. Organizations should provide guidance and training to their workforce on the proper use of social media for health care to protect patient privacy and ensure compliance with federal and applicable state law. With the right guidance and policies, the positives of social media will outweigh any potential negatives.

Endnotes:

1. Facebook, November 2012.
2. Twitter, November 2012.
3. PricewaterhouseCoopers LLP Health Research Institute. *Social media "likes" healthcare. From Marketing to social business. April 2012*. Available at www.pwc.com/us/en/health-industries/publications/health-care-social-media.jhtml.

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directly to program faculty.[46] Manufacturers may make undesignated educational grants to CME providers that may be used by the program sponsor to pay faculty and honorarium, but comments suggest that even reporting these indirect payments to physicians pose significant problems.

The CME Coalition points out that publishing such payments as if the faculty received the payment directly from the applicable manufacturer calls into question the independence of the CME program. Moreover, linking an applicable manufacturer to CME faculty in this way is improper because many of these physicians will have had no prior contact or association with the company, other than knowing the names of companies that are supporting the program with an educational grant.

The CME Coalition speculates that speakers who do not have relationships with manufacturers will refuse to serve as CME faculty in order to avoid being assumed and reported to have such relationships simply by virtue of accepting an invitation to present at a CME program.[47] Commenters urged CMS to clarify in the final rule that speaker fees for accredited CME programs should not be reported.[48]

Conclusion

Although CMS considerably delayed release of the final rule due to its desire to give consideration to the unexpectedly high number of comments received, it is not clear the extent to which CMS will give weight to stakeholder input on the proposed rule. But standby — as soon as the final rule is issued, we will be back with our analysis!

Endnotes:

1. 42 U.S.C. § 1320a-7h et seq.
2. 76 Fed. Reg. 78724 (2011).
3. Memmott, Scott A. and Clarke, Jennifer L., The Proposed Rule on Transparency Reports: Shedding Light on the Sunshine Act, An Overview of the Most Important Aspects of the Proposed Regulations, Journal of Health Care Compliance, March – April 2012, pp. 13 – 20.
4. Memmott, Scott A. and Clarke, Jennifer L., The Proposed Rule on Transparency Reports: Shedding Light on the Sunshine Act (Part II), The Impact of the Proposed Regulations on Manufacturers, Providers, and Suppliers, Journal of Health Care Compliance, May – June 2012, pp. 23 – 28.
5. AdvaMed notes that "[t]he proposed definition of applicable manufacturer extends beyond the statutory language of the Sunshine Provisions and there may be unintended and inequitable consequences as a result . . . ," AdvaMed Comments p. 5, and PhRMA argues that CMS has proposed a definition of applicable manufacturer "that is inconsistent with the definition set forth by Congress . . . ." PhRMA Comments p. 5.
6. As in our first two articles, we refer in this article to covered drugs, devices, biologicals, and medical supplies collectively as "covered products." Note that "covered products" is not a term defined in the Sunshine Act or the proposed rule.
7. 42 U.S.C. 1320a-7h(e)(2) (emphasis added).
8. 42 U.S.C. 1320a-7h(e)(9).
9. 76 Fed. Reg. 78743, 78744 (2011) (emphasis added).
10. 76 Fed. Reg. 78744 (2011).
11. AdvaMed Comments p. 6.
12. PhRMA Comments pp. 4-5.
13. AdvaMed Comments p. 6; PhRMA Comments p. 6.