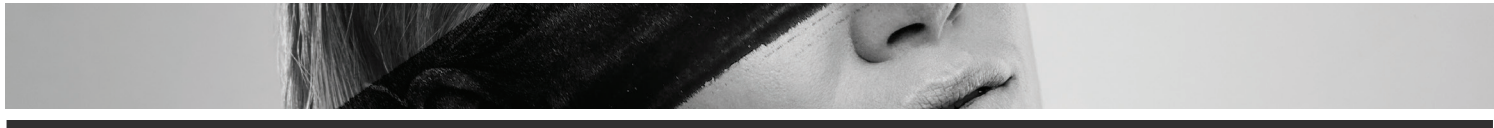


BOARD FORUM REGULATED ENGAGEMENT: PATIENT CONNECTIONS IN THE DIGITAL AGE



If you use social media, do you see it primarily as a marketing tool for new patients? A touch point with existing patients? An education tool? Do you find that there is a lot of misinformation on social media that you need to address with your patients?

Jason Emer, MD: I use social media for all fronts. I want to market the treatments we do, but more so we use it for our practice to educate and stand out.

So many people do similar treatments, why would any patient chose to go to me or my practice? We use social media to show our unique treatment plans or customized services and our care. We also use it to educate and arouse interest.

Buyers must beware, as there is a lot of misrepresentation and altering of photos on social media. They should know that, in reality, if you are going to use social media you want to go to a doctor who does live video and posts that show immediate before/after results and patient stories.

Sabrina Fabi, MD: I use Facebook, Instagram, and YouTube as both touch points with existing patients and as an educational tool. YouTube is probably a better tool for new patients. I think there is a lot of noise out there, making it hard for the consumer to know what is sensationalized and what's more real.

Adam Schaffner, MD: Social media may be used to educate existing and prospective patients on services offered by the practice. There can be misinformation on social media, as there is on the internet, which may require me

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and my staff to educate patients on treatment options available to address their concerns and achieve their desired results.

Do you feel that your practice has a good handle on HIPAA as it relates to electronic communications? How have you gotten and kept up to date on best practices?

Dr. Fabi: We have separate consents to use photos and videos for social media. Before it was a sentence in our general consent, but today it involves its own consent to ensure we are HIPAA compliant.

Dr. Emer: Yes, we have very detailed consents and HIPAA guidelines that we follow.

Dr. Schaffner: I believe my practice complies and remains current with HIPAA requirements as it pertains to electronic communications (including social media and review sites) due to the expert guidance provided by our practice's healthcare law firm.

Have you had a negative experience with online reviews and how have you been able to deal with it? Do you actively solicit positive reviews?

Dr. Schaffner: I have had patients post negative online reviews—mostly about longer-than-desired wait times and cost (eg., fees too expensive, did not participate with insurance carrier). I do my best to ensure all patients are happy and immediately address any concerns. It is best to address complaints quickly and solicit feedback to minimize the likelihood a patient will post a negative review.

If we can identify the patient who posts a negative review, I personally call the patient to address his/her concerns. I often request that patients who are pleased with the care received post a positive review.

Dr. Emer: There are always going to be online reviews that you wouldn't want, especially if you do a significant amount on social media. Those who come into you from online will want to express their experiences online. But with any bad you have to dilute it with the good or try to protect yourself by responding to the posts in a very professional way.

My staff all follow up with our patients and ensure they are happy and ask for reviews to all sites: Yelp, RealSelf, Google Plus, Facebook, etc.

Dr. Fabi: There will always be unhappy patients, just as

there are unhappy people. I don't think you can control for this. Obviously most doctors are trying to do their best and not harm anyone, but a bad review sometimes has nothing to do with the doctor, but the office pricing, how well the receptionist greeted the patient, etc. So some things are beyond our control.

I do try to focus on the positive and encourage patients that are happy to share their experience with others by posting a review.

Do you worry about encroachment from non-core providers? Do you think that regulation is the answer to preserving the cores?

Dr. Fabi: I don't worry too much about encroachment. I think there will always be patients who will pay a premium to see an expert. I know I would.

Dr. Shaffner: I am concerned that patients in my practice receive quality care, achieve beautiful results and have an outstanding experience. I do not worry about "encroachment" from other core or non-core providers.

I can only hope that all providers only perform procedures in which they have knowledge, training, skill, and experience. It is up to patients to do their homework to ensure they are selecting a provider—core or non-core—who has these qualities for the procedure(s) they desire.

Dr. Emer: None at all. The more people doing these treatments the more issues you will get from those who are not well trained. Which will mean more business for me fixing this bad work or botched jobs.

Also, it gives me more ability to show how much more unique, different and experienced I am, compared to those who are not core trained. ■