

Colorado Connection

The Official Newsletter of Colorado MGMA



President's Column By Jan Krause, FACMPE

As one of the baby boomers I vigilantly watch and wonder what healthcare will be available for us five years from now. Whatever happens, my strategy is to be as healthy and strong as possible for the remainder of my productive days. Now if I can just create a few more hours a week to exercise I'll have it made. Please feel free to share your suggestions.

Jeff Milburn, CMGMA Third Party Payer Chair, continues to monitor legislation, new regulation and payer changes that are impacting our practices as you will see in his article. It is critical now for members to stay in touch and support each other through all the ongoing changes, and your volunteer leadership team continues to work hard to grow our presence, enhance our ability to communicate, and stay informed on looming issues.

The website upgrade initiative commences this week. From several excellent development proposals one was selected from a company that specializes in nonprofit services. A dynamite workgroup has been created to steer design and content for the CMGMA site that will enable all members to communicate and network easier than ever before. Watch for new and exciting online features!

Analysis is in progress on the survey information collected from member practices, and we are experiencing near record participation from 138 practices which means robust data! Data analysis was delayed three weeks in order to collect information from rural practices for a support project. If you need preliminary results before the report is released please don't hesitate to contact me for the benchmarks you need. Eric Chappell has done a super job as Survey Chair.

Be sure to read Todd Welter's article commemorating Mr. Jim Hertel, the publisher and editor of the Managed Care newsletter. Mr. Hertel was known and respected by many healthcare people in Colorado.

David Linger, John Milewski et al are planning a terrific conference for us on September 15th & 16th. If you like the ocean (and you must have a spirit of adventure in this career!) plan to join your colleagues for some great education and fun! We'll be *Riding the Wave!*

See you in September!

CMGMA Conference Office
Summit Meetings, Inc
90 Madison Street
Suite 403
Denver, CO 80206

2010 Important Dates

CMGMA Lunch and Learn
July 27, 2010
The Rosemont Room
Pueblo, CO

**CMGMA 5th Annual
Golf Tournament**
August 9, 2010
The Ranch Country Club
Denver, CO

Fall Conference
September 15-16, 2010
Red Lion Hotel
Denver, CO

Visit www.cmgma.com
or call
303-756-8380
for more
information

Salary Survey Report By Eric Chappell Salary Survey Committee



I can't believe we have almost completed the 2010 CMGMA Staff and Physician Salary Survey. I want to thank everyone for this year's participation. The membership's participation was exceptional. CMGMA received over 138 completed survey's, up from 89 last year. We appreciate your time commitment required to complete the survey. As you know, this is an exceptional tool in our office to benchmark benefits and salaries of employees and physicians.

The 2010 data has been collected, and Krause Kirkpatrick Bertrand, PC is analyzing the data and putting together the survey for distribution around mid August. The survey's CD will be mailed to participating members. For those members who would like to purchase a copy of either the 2010 Colorado Physician Compensation Survey or the Colorado Healthcare Staff Compensation Survey, you can obtain either from Caitlin at the CMGMA office for \$50.00 each. Non-Members are able to purchase a copy of the Physician Compensation Survey for \$250.00 or the Staff Survey for \$150.00

As the chairperson of the salary survey for the past two years, I would like to thank the CMGMA board and members for your support. I had a great time getting to know many of you both professionally and personally. I have made some great friends. If you are interested in serving on the survey committee, please either contact myself, or Jan Krause.

If you have an idea that would make next year's survey better and would like to share it, please contact myself or Caitlin. I would like to congratulate all the winners of the weekly drawing!!

- **Kyle Lynch**, Family Physicians of Greeley, LLP
- **David Linger**, Oasis Family Medicine
- **Trish Kramer**, Women's Health Associates, PC
- **Stephen Johanns**, Infectious Disease Specialists

**A special thank you to
this year's sponsors:
Colorado Business Bank
and
Copic**

In Commemoration of Jim Hertel By Todd Welter

Late Wednesday morning in Denver's St. John's Cathedral was an absolutely beautiful setting for a very sad event: the funeral and internment services for a dear friend, colleague and mentor, Jim Hertel, who, as his best friend eulogized him, was a friend to everyone he met and if there was one person out there who did not think of him as a friend, Jim would meet that person in heaven and convince him otherwise.

Jim Hertel was the publisher and editor of the Managed Care newsletter all of us in the managed care world depended on for the latest news. Jim also had a news "clipping" service where he published on his web site all of the latest information relating to healthcare policy and government changes. This was incredibly valuable information which affects all of us everyday.

Jim Hertel was best known and revered for his "State of the State" meetings where he corralled and often forced through his charm and wit all the players in the managed care world to come together and discuss the latest and the greatest. It was Jim's version of the United Nations where everyone from all points of view got together to hear from and discuss with "the professor" of managed care - Jim Hertel. These meetings were like those favorite classes in college or grad school that you loved and hated at the same time. I always knew "the professor" would call on me so I spent days preparing. I never knew what subject I would be called out on so I had to be sharp. Jim Hertel made me a better managed care player! I was honored to know him and call him a dear friend.

My dear friend, my honored colleague and my mentor Jim Hertel has passed away. I miss him.

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Membership News

By John Milewski, CMPE
President-Elect



In America today, I think you can ask anyone and they will say, "The business I am in is constantly changing". In healthcare, we have always been aware of this changing environment but now the other industries are catching up. Hence, everyone is hit with similar issues such as:

- cost controls
- revenue deficits
- quality assurance
- customer service

At CMGMA, we deal with the same issues on a "lighter note" since we are a non-profit and the board is all voluntary. Yet, we still address each of the above issues with tenacity and work on serving the membership.

Did you know the biggest fund raisers for CMGMA are the Spring and Fall Conferences? Each conference brings in enough funding for CMGMA to pay for operations for the entire year. The majority of this money comes from the vendor booths. This is why we encourage all members to patronize the CMGMA vendors.

The goal of the educational committee is to establish educational programs that meet the needs of each member. Considering the members are so diverse in their needs, I have learned it's "quite a job" in finding everyone's educational "hot button". Every member has the need and desire to learn more about:

- Information Systems
- Corporate Governance
- Human Resources
- Finance
- Human Resource Law
- Organizational Governance
- Risk Management
- Etc., etc.

We have a great line up of speakers for the 2010 Fall Conference that addresses each of these issues. By big demand, Elizabeth Woodcock will be back to address the audience on Finance & Patient Collections. In addition, we have many more speakers and programs lined up. **The Conference theme is "Surfing the Healthcare Wave."**

Be sure to come out to the Conference and enjoy the education, network and vendors. It will promise to be a great event. Be sure to **SAVE THE DATE!**



2010 CMGMA Fall Conference

Surfing the Healthcare Wave

September 15th & 16th
Red Lion Hotel, Denver, CO

Key Note Presentations by Elizabeth Woodcock, MBA, FACMPE, CPC

"The Economic Tsunami: Surviving and Thriving in Turbulent Times"
&

"The Stimulus Package: Get Paid to Implement an EMR"

Registration Information Coming Soon!



The College Corner
By Mike Chisholm,
FACMPE
College Forum Rep

It's July and you probably are well on your way towards taking your certification exam or submitting your Fellowship manuscript. If not - and I know how hard it is to manage all of your priorities - here are some reminders:

Preparing for Certification

For an in depth understanding of the board certification process and practice with sample exam questions, register for the Pathway to Certification workshop: Earning the CMPE Designation at:

<http://www.mgma.com/pd/default.aspx?id=9264>
The next workshops will be held Sept. 13-17 (online) and Oct. 23 (in-person at the MGMA 2010 Annual Conference, New Orleans).

Computerized board-certification exams

will only be held once more this year - from August 9-14. (As always, the last exams for the year are held at the MGMA annual conference via paper-and-pencil.) Nominees should register now at www.mgma.com/exams to ensure the best choices of exam locations and times.

Fellowship manuscript deadline - Aug. 27-

The deadline to submit your manuscript is **Aug. 27**. ACMPE must receive manuscripts by this date from individuals who want to be considered for recognition as a new Fellow at the MGMA 2010 Annual Conference.* Access resources such as paper and case study manuscript checklists, a planning tool, research help and writing aids are on the Fellowship area of the website: <http://www.mgma.com/FellowshipChecklists>

*Assuming all other Fellowship requirements are met prior to conference.

If you have questions about the college please contact me at: mchisholm@awha.com

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**Membership
Committee News**
By Julie Conroy
Membership Chair



**Getting the Word Out
About CMGMA**

Despite the multitude of benefits that CMGMA has to offer, we have discovered that CMGMA is not well-known outside of our membership. I have heard numerous comments like "I didn't know CMGMA still existed" or "I had no idea that there was a state entity of MGMA." Therefore, we need your help to spread the word about CMGMA. Talk to your colleagues and if they are not members, encourage them to join CMGMA. To assist you in this effort, below is an outline of the benefits you can highlight when talking about CMGMA:

- **Payer negotiation tool recently released** - use the *Payer Performance Survey to compare with your own reimbursement dollars* for E & M codes! Satisfaction and reimbursement Information is provided for four geographic areas of Colorado, and by practice size.
- **Annual staff and physician compensation survey** - data collection currently in progress. This project is conducted jointly with the Colorado Medical Society, and features a few thousand staff in job positions found in medical group practice. Participate and receive this report for free!
- **Be part of Colorado health care legislative initiatives!** CMGMA has one of the most active and progressive state MGMA associations in the country. Stay tuned with the latest information that impacts Colorado physicians and practices. Our legislative session is short, and CMGMA members are notified via email whenever significant bills merit immediate action.

- **Get affordable ACMPE credits at local Colorado conferences.** Our conferences cost less than \$200, provide excellent networking, and for the September conference we have scheduled Elizabeth Woodcock as our headliner!

If you have ideas on how to build our membership please feel free to contact me at 720-221-2246 or via email at jconroy@backofficemd.com.

Colorado Legislative News

By Janet McIntyre, MBA, FACMPE
Legislative Liaison



The 2010 Colorado legislative session wrapped up on May 12, 2010. This year's session did not have as many or as controversial healthcare bills as previous years largely due to budget and economic reasons. Although healthcare is a relevant topic in many areas and much tinkering was done, there was no real money for large initiatives.

Once again, Colorado Managed Care Contractors (CMCC) hosted an excellent legislative wrap-up session presented by Sharon Caulfield, Esq. of Caplan and Earnest, LLC in June 2010. Thanks to Ms. Caulfield and CMCC for allowing us to post her presentation on our website. It is a good summary or overview of the session and its healthcare bills. Check it out under Legislative on the top bar of www.cmgma.com.

Several follow up task forces were set or will be set. Perhaps those of most interest to our members are:

1. House Bill 1330: All Payor Claims Database—an advisory committee for transparency on claims processing, if funded by 1/1/2012. If you are interested in serving on this committee or learning more about it, please check with the Colorado Department of Health Care Policy and Financing (HCPF). You may contact Janie Dunckley at: jdunckley@civhc.org. Applications for the advisory committee are due by Friday, July 23, 2010.

2. House Bill 1332: Medical Clean Claims Transparency and Uniformity Act. This task force is charged with creating a consensus set of standardized coding and payment rules, that will be required for all health insurers who do business in Colorado. Any such rules developed for use in Colorado will be consistent with current national efforts to standardize coding and payment rules and health insurance claims. Colorado has an opportunity to once again lead the nation in health care reform efforts. Stay tuned to upcoming CMGMA announcements and calls for members to this task force.

Most of this year's healthcare bills fell into the following broad areas:

Consumer Protection—Insurance, Wellness programs, Cancer Drugs

Medicaid—Cost Savings, Eligibility, Benefits, Integrity and improvement, Enhanced federal match

Mandates (not many this year!)—Women and reproductive services, Breast Cancer screens in women over 40 years old

Access to Care—Behavioral and Family Health, Insurance Rights—developmental disability, and Terminal Care Decision making

Public Health—Medical Marijuana, Pharmaceutical Rules Health Professionals--Patient Safety, Licensure and Licensure Boards, Practice Parameters (Advanced Practice Nurses, Verbal orders)

This summer and fall, many of our senators and representatives will be campaigning for election or re-election. Please know who your senator and representatives are for they are truly public servants that deserve our support. CMGMA is especially grateful to and supportive of those legislators that serve on the committees of Health and Human Services and Business Affairs and Labor.

Thanks for reading!



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Reimbursement Trends – The Future

By Jeffrey B. Milburn, CMPE
Third Party Payer Committee

I don't know about you, but most of the people I talk to are seeing the negotiation process tightening up. Insurers, especially large national ones, are much more reluctant than usual to renegotiate rates at higher levels.

There are a number of reasons for this. Uncertainty about the impact of healthcare reform is a major excuse. The cost of mandated benefits is difficult to project and manage. Will the anticipated influx of new enrollees offset the higher cost of providing benefits? On top of all of this, the probability of government review and approval of premium increases is potentially a big factor for insurance companies trying to budget into the future. And, if you think the requirement for insurance companies to spend a fixed percent of their premium income on medical expenses will translate into a windfall for physicians after the hospitals and drug companies have been to the trough, think again.

Consider the insurers read on the political and business climate. Insurers believe that public opinion is on their side when it comes to reducing the cost of healthcare. This is supported by employers, politicians, and government regulators. The potential is great for some major negotiation conflicts across the country and locally between insurers and hospitals and physicians. These conflicts will result in service delivery and access disruptions, and the public may not be as supportive of physicians in this battle as in the past.

Unfortunately, physicians generally have less contracting leverage than hospitals. This relates to another interesting trend where physicians are being employed by or becoming affiliated with hospitals to form integrated delivery systems. Has your local hospital been noticeably friendlier recently? Have your physicians stopped referring to the local systems as the "evil empire"? In theory and practice, these new systems have more negotiating leverage which sometimes translates into higher reimbursement than unaffiliated physician groups resulting in a two tiered reimbursement system for physician services. Physicians employed by a hospital or who have significant size, specialty and/or geographic leverage will receive higher reimbursement rates than other physicians with little or no market leverage. This has been true for years, but we can anticipate the gap will get larger.

So what can you do as the forces of evil align against you? Be creative and look for opportunities that may be available to you. Continue to manage and cut expenses even though we know there isn't a lot of room for this in many of your practices. Eliminate unprofitable lines of service. Consider

new lines of service that can bring in additional profits. Maintain good relations with your payer contracting representative and request small incremental annual increases versus large catch-up increases every 3 to 5 years where possible.

Some practices are considering or reconsidering mergers in an effort to save money through economies of scale and improved contracting leverage. Mergers don't always result in reduced expenses or increased market leverage; however the opportunity to experience the fun of bringing disparate cultures together can be something to look forward to. In addition, employment by or affiliation with hospital systems has its own pros and cons that need to be carefully evaluated.

It isn't all doom and gloom. Look for opportunities in your marketplace and healthcare reform that you can take advantage of. Again, be creative and flexible. If you can develop a positive differential between yourself and your competition, your probability of survival and success is much higher. Start planning for this now, not later.

**The 2009 CMGMA Payer
Performance Survey is still
available for purchase.
Contact the CMGMA
Conference Office at
(303) 756-8385.**

What I Learned From My Daughter

By Jan Krause, FACMPE

Some of the greatest lessons I have learned in life originated from my daughter. She was born on February 14, 1976 as the perfect valentine, and my 24-years-late twin personality. Over the years I've wondered if part of her life's purpose is to thwart me just to keep me honest. However, her wisdom, knowledge and capacity for love always astound me in the midst of the lesson.

Three years ago, before my grandson, Carson, was born in April 2007, Jen announced that she intended to donate his umbilical cord blood cells as she could not afford fees to harvest and store the cells. This was an entirely foreign concept to me until months later on the Early Show I saw an interview with the young parents of Dallas Hextell, who had preserved their son's cord blood cells. His father's family had a history of chronic diseases, and his mother had been adopted, so they planned this extra "insurance" with a perfect genetic match.

Dallas was not able to nurse as he lacked coordination to make the sucking movement, would sit and scream for hours on end, and was seemingly isolated in his own world. He was diagnosed with Cerebral Palsy at eight months of age.

Fortunately, Dallas was invited be part of an experimental program at Duke Medical Center that would replace the stem cells from his body with the hope of enabling his body to heal itself.

Just five days after the transfusing the cells there was a dramatic change in Dallas. He began waving and laughing, and was eager to connect with others. Six months later he was walking with excellent coordination. Physicians have speculated that by age seven he may even be perfectly normal without any additional transfusions.

After hearing this heart warming story and conducting my own Internet search I was convinced that preservation of cord blood cells was an appropriate gift from a grandparent. Carson and his sister, Finley, both have these gifts stored safely in a frozen vault with hope that they will never need to use them.

Much is yet to be learned about the benefits of cord blood cells. I have read that nearly 80 diseases can be treated with the cells with documented improvement, including cancers, blood disorders and immune deficiencies.

The storage facility I chose is Cord Blood Registry (CBR) www.cordblood.com one of several facilities nationwide. The source of cord blood cells historically has been considered medical waste. Whether the cord blood cells are donated or preserved, I encourage you to learn about the potential benefits of the cells and save them for someone who really needs them.

Jen, you are a wonderful mother and daughter. Thanks for this lesson.

Corporate Affiliate Committee Report

By Karen Zeller
Corporate Affiliate Representative

New Chairman for 2010-12



Please allow me to introduce myself. I am Karen Zeller of Rocky Mountain Medical Search. It is with pleasure that I assume the position of your Corporate Affiliate Committee Chair for the next two year term. My first official proclamation is to thank to Scott Raberge for his years of service in this position.

I attended my first board meeting in May where I was asked to outline the top priorities of our committee. Without much time to consider or to confer with other corporate affiliates, my response to the board was that my goal would be to increase the value of membership to corporate affiliates as well as increase the value to CMGMA of having our corporate affiliates.

In the coming two years I hope to build a committee to achieve the goal of making this membership even more valuable to our corporate affiliates. I hope we can find ways to establish our members as experts in their respective industries and to be viewed as expert resources as well as sales people for our respective services. I would also hope to make exhibiting at CMGMA Conferences a more valuable experience for our exhibiting members. To that end, I will be holding a small town hall meeting for exhibitors at the Fall meeting to hear your ideas and thoughts on what works well, what doesn't, and what suggestions you all have to make our exhibiting experience a better one. Please look for information as to time of this meeting when you sign in at the Fall meeting. (Exhibitor prospectus coming soon.) I also plan to be in contact with the Corporate Affiliate Chairs from other state groups to learn what other groups are doing, and doing well.

I have already met with some of you, and look forward to meeting more of you in person at the Fall Conference in September. As I mentioned, I am looking to build a committee to work on increasing our visibility, developing and enhancing our status as expert resources, developing an opportunity for affiliate networking and in general adding value to our corporate affiliate membership. If you would like to help, please call me at 800-735-6721.

Enjoy the rest of your summer, and see you in September!

Are You Protecting Your Identity?

By Jan Chase

Senior Vice President and Healthcare Market Manager
for Wells Fargo, Denver Metro

They say sometimes the best defense is a good offense. That's definitely true when it comes to protecting yourself against identity theft.

According to the Federal Trade Commission, an estimated 9 million Americans are victims of identity theft each year. As a consumer, it's important to be informed about current fraud methods and responsive steps you can take to protect yourself. By playing an active role in protecting your personal and account information, you can lower the risk of becoming a victim.

Here are seven actions you can take:

1) Don't Over-Share Information on Social Media Sites:

Social networks may encourage people to share information that should be kept private. Avoid sharing personal details. .

2) Monitor Your Financial Records & Accounts on a Regular Basis:

Make sure you receive statements on time and as scheduled. Review account records and statements to verify the correct owners are listed. Consider using electronic tools, such as alerts sent to your email address or mobile device, to stay abreast of your account activity.

3) Report Fraud Incidents to the Authorities:

Nearly half of all fraud victims surveyed in the recent Javelin Strategy & Research ID Fraud Survey Report filed a police report, resulting in more arrests, prosecutions, and convictions of fraudsters and identity thieves than in the prior year.

4) Be in the Business of Protecting Your Information:

Small business owners should be vigilant: separate accounting responsibilities, make payables and receivables processing different work positions; protect all accounting documents by locking away check stock, signature equipment, invoices and critical account information; and monitor the activity of employees, vendors and contractors in and out of your offices. Monitor and reconcile account activity frequently. Examine bank statements as soon as you receive them.

5) Go Electronic with Online Access:

Regular account review using online banking can help identify fraudulent transactions sooner. Some financial institutions offer automatic alerts to help detect potential fraud more quickly.

6) Think Defensively:

Keep the anti-virus software updated on your computer. Also install browser, operating systems and software updates as soon as they are available. Use automatic alerts to stay on top of account activity. When making purchases online, ensure the website address starts with https://... The "s" indicates "secured" and means the web page uses encryption.

7) Be Savvy with Mobile Devices:

Unless you initiated the contact, do not give out personal information, such as account numbers, passwords, or any combination of sensitive information through text message, email, or over the phone.

Consumers should make sure their financial institution offers tools and services that allow them to monitor their accounts the way they want. It's important to check your accounts regularly, whether you're reviewing online or paper statements, using mobile banking to see a snapshot of account information, or viewing account information at the ATM.

You should also ask your banker how your financial institution protects your information online. A good financial institution will use a combination of front-end and back-end controls for a safe and secure website, including timed log-offs, password alerts, powerful firewalls and computer fingerprinting, among other security measures. You also want to make sure your financial institution guarantees you will be made whole in the event that someone you have not authorized removes funds from your account through the use of online services.

As a consumer, there are many steps you can take to protect your identity. Educating yourself is the first – and one of the most important – steps. By monitoring your accounts, keeping your computer software up-to-date and taking other measures, you can help make sure that your information is only used by one person – you!

**Jan Chase is Senior Vice President and Healthcare
Market Manager for Wells Fargo.**

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Avoid Social Networking Pitfalls

By Joyce Bruce, RN, MSN, JD, CPHRM

These days you can't watch the news, pick up a newspaper, or surf the Internet without seeing or hearing headlines about social media or social networking, loosely defined as web-based technologies that provide quick communication access and/or publishing availability. From a business perspective, it's becoming the norm to have a Facebook page or to "tweet" to followers on Twitter. No wonder a Nielson Report found two-thirds of the world's Internet population visits a social networking or blogging site.¹

This explosion in the methods available to electronically communicate with patients and nonpatients provides healthcare professionals unique new ways to share information, to improve access to care, and to market services available. However, because these methods are still so new, they also create potential problems and risks that must be considered prior to engaging in these forms of communication. Carefully crafted policies, processes, and safeguards can help mitigate these risks.

Social Networking

Recently, the media have reported on several cases of nurses posting cell phone pictures of patients to their MySpace pages. Such actions may constitute breaches of confidentiality and invasions of privacy, in addition to potential HIPAA and other state and federal violations. As an employer, you could be held responsible for the actions of your employees, so it is imperative to have policies and procedures in place that clearly specify prohibited topics or information that may not be discussed, shared, or posted on any website, blog, or social networking site.

Employers cannot censor lawful speech posted by employees outside of the workplace but, the use of any patient information or description of any patient should be absolutely prohibited. Healthcare providers often believe that if they don't reveal the patient's name or other identifiers, then it's fair game to describe or share the situation on-line. Not So! The context of the situation, description of events, circumstances, treatment, pictures or patient presentation can provide just enough information for other individuals, or the patients themselves, viewing the site to identify the individual patient.

This is an area in which doctors may need to seek legal advice as they devise policies that educate doctors and staff about their obligations to practice relative to social network sites, blogs, etc. State and federal laws must also be taken into account when developing these processes.

Whether or not to engage or accept "friend" status with a patient on a social networking site can be a sensitive matter fraught with potential challenges. Patients may easily misconstrue content on social media sites as medical advice and, unintentionally, patients or healthcare providers may blur the lines between professional and personal relationships. Your practice's social media site may give the impression that the practice is available 24/7. Another problem may occur if patients use your social media links to "work around" established channels of communication.

A basic social media framework, including policies and procedures, will help balance the risks and benefits.

Examples of issues to be considered include:

1. Write a policy that addresses the use of social media and networking. It should strictly prohibit the transmission of, posting, or reference to patient information except for health-care-related purposes conducted on approved workstations or electronic media only.
2. Set out the general purpose for use of the sites or media and their appropriate content .
3. Define the extent to which employees may be allowed to use the Internet at work. Prohibit employees from blogging or posting on sites while at work, unless they are engaged in approved work-related tasks. If employees are allowed limited personal use, e.g., paying bills on line, etc., specify which personal activities are approved and give examples of those that are not.
4. The policy should stress that employees remain responsible for the content of texting and Internet postings done outside of work. Employee posts should not violate any policies including HIPAA, Code of Ethics, Anti-Harassment, or Nondiscrimination policies. The policy should encourage the use of good judgment and discretion when posting information. It is important that employees understand that they should not post information that could injure the reputation of the provider or the practice. In order to accomplish this, the policy should reserve the practice's right to demand that the employee remove the information from the posting site and/or to discipline the employee.
5. Specify the job titles and skills that determine which individuals are permitted to access the content of the practice's sites and respond to questions and comments posted on the site.
6. Provide education on the policy and a copy of the policy to all staff. Have each staff member acknowledge in writing that he or she has received a copy.
7. All of the practice's electronic media and sites should include appropriate disclaimers. Examples might include:
 - a. "This content does not constitute health advice or establish a doctor-patient relationship;
 - b. "Content is included for information purposes only;"
 - c. "Consult with your doctor for more information."

Anyone who provides content for the site, or responds to questions or comments on the site, should always identify himself or herself, including information such as professional designation, job title, affiliation, and any appropriate disclosures.

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8. Any patient information, photos, or videos should require the patient's authorization for use, similar to any photo or video recording.

Overall, the essential benefit of MySpace, FaceBook, Twitter – and yet-to-be-developed social networking technologies – is the speed with which comments, information, and photos can be shared – in real time and with numerous parties. In the healthcare environment, doctors can communicate with patients and other individuals, sharing health updates, instructions about treatments, and explanations of new products and procedures. However, doctors and administrators need to understand that the promotion of products and services may be considered advertising – which comes under the jurisdiction of the Federal Trade Commission (FTC), thus requiring adherence to FTC regulations. Such activities may also come under a state's consumer protection act. Additionally, comments made in social networking arenas could become the subject of defamation lawsuits.

Summary

Leadership of medical practices may want to evaluate how social networking can promote their services, provide information, and improve communication with patients. The vast reach of social media creates an array of opportunities for doctors and their practices. However, it's equally important to evaluate social networking in order to identify its potential pitfalls. Sound risk assessment can help mitigate liabilities that cannot be completely eliminated – and may help avoid potential suits and regulatory violations.

1. Global Faces and Networked Places. The Nielson Company. March, 2009.

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