A MESSAGE FROM THE NEW HAMPSHIRE BOARD OF OPTOMETRY

Last year research published in JAMA found that 92 percent of state medical boards responding to a survey said that they had had at least one case in which an online professionalism violation led to board actions such as licensure revocation.

A position paper published in the Annals of Internal Medicine by The American College of Physicians (ACP) and the Federation of State Medical Boards (FSMB) advises physicians on how to protect patient interests – and themselves – while applying principles of professionalism to online settings. It also addresses the public perception of physician behaviors and recommends strategies for patient-physician communications that preserve confidentiality while best utilizing new technologies.

Notable recommendations from "Online Medical Professionalism: Patient and Public Relationships: Policy Statement From the American College of Physicians and the Federation of State Medical Boards" include the following:

- Physicians should keep their professional and personal personas separate. Physicians should not "friend" or contact patients through personal social media.
- Physicians should not use text messaging for medical interactions even with an established patient except with extreme caution and consent by the patient.
- E-mail or other electronic communications should only be used by physicians within an established patient-physician relationship and with patient consent. Situations in which a physician is approached through electronic means for clinical advice in the absence of a patient-physician relationship should be handled with judgment and usually should be addressed with encouragement that the individual schedule an office visit or, in the case of an urgent matter, go to the nearest emergency department.
- Establishing a professional profile so that it "appears" first during a search – instead of on a physician ranking site – can provide some measure of control that the information read by patients prior to the initial encounter or thereafter is accurate.
- The paper cautions that communicating with patients using e-mail offers the potential benefits of great accessibility and immediacy of answers to non-urgent issues. However, the potential dangers are confidentiality concerns, replacement of face-to-face or phone interaction, and ambiguity or misinterpretation of digital interactions.

(See more at: http://physbiztech.com/best-practices/technology/policy-paper-advises-physicians-not-friend-patients)

Table. Online Physician Activities: Benefits, Pitfalls, and Recommended Safeguards

Activity	Potential Benefits	Potential Pitfalls	Recommended Safeguards
Communications with patients using e-mail, text, and instant messaging	Greater accessibility Immediate answers to nonurgent issues	Confidentiality concerns Replacement of face-to-face or telephone interaction Ambiguity or misinterpretation of digital interactions	Establish guidelines for types of issues appropriate for digital communication Reserve digital communication only for patients who maintain face-to-face follow-up
Use of social media sites to gather information about patients	Observe and counsel patients on risk-taking or health-averse behaviors Intervene in an emergency	Sensitivity to source of information Threaten trust in patient-physician relationship	Consider intent of search and application of findings Consider implications for ongoing care
Use of online educational resources and related information with patients	Encourage patient empowerment through self-education Supplement resource-poor environments	Non-peer-reviewed materials may provide inaccurate information Scam "patient" sites that misrepresent therapies and outcomes	care Vet information to ensure accuracy of content Refer patients only to reputable sites and sources
Physician-produced blogs microblogs, and physician posting of comments by others	Advocacy and public health enhancement Introduction of physician "voice" into such conversations	Negative online content, such as "venting" or ranting, that disparages patients and colleagues	"Pause before posting" Consider the content and the message it sends about a physician as an individual and the profession
Physician posting of physician personal information on public social media sites	Networking and communications	Blurring of professional and personal boundaries Impact on representation of the individual and the profession	Maintain separate personas, personal and professional, for online social behavior Scrutinize material available for public consumption
Physician use of digital venues (e.g., text and Web) for communicating with colleagues about patient care	Ease of communication with colleagues	Confidentiality concerns Unsecured networks and accessibility of protected health information	Implement health information technology solutions for secure messaging and information sharing Follow institutional practice and policy for remote and mobile access of protected health information

(See entire position paper at: http://annals.org/article.aspx?articleid=1675927)