Resources for Creating a Social Media Policy

Introduction

The National Quality Center (NQC) intends for this resource to be a foundation for designing and writing an effective social media policy. The NQC created this reference to address the need for resources in beginning to create a social media policy. It is imperative to ensure that provider use of social media solely provides better health outcomes and excludes potential harms on a structural level. The purpose of this resource is to contribute to the process of realizing this vision.

Background

In the past decade, social media sites proliferated to accommodate the accelerated growth of the user community. This development substantially increased the number of channels through which health care providers and patients could communicate. Many of these social media outlets reside in the public domain, and are subject to scrutiny. Thus, establishing and maintaining appropriate practices in social media is essential to adapting to the shifting communications environment.

What is Social Media?

Social media refers to any technology software that facilitates human communication beyond isolated one-on-one interactions. Social media exist in various forms, including but not limited to:

- Networking Sites (e.g. Facebook, LinkedIn, Google+)
- Collaborative Projects (e.g. Wikipedia)
- Social News (e.g. Digg, Stumble Upon, Reddit)
- Social Entertainment and Game Worlds (e.g. World of Warcraft, Second Life)
- Blogs and Microblogs (e.g. Twitter, Google Buzz, Tumblr)
- Multimedia Sites (e.g. YouTube, Flickr)
- Dating/Hookup Sites (e.g. OkCupid, eHarmony, JDate, Manhunt, etc.)

¹ http://en.wikipedia.org/wiki/Social_media

² Kaplan, Andreas M.; Michael Haenlein (2010) "Users of the world, unite! The challenges and opportunities of Social Media". Business Horizons 53(1): 59-68.

- Online Communications (e.g. Email groups, Chat Rooms, Instant Messaging, and Webinars)
- Phone Communications (e.g. Text Messages)

Planning

Should You Use Social Media?

Before considering what to include in a social media policy, it is important to evaluate and explore the reasons for using social media in general. In particular, responsible use of social media includes planning, evaluating, and justifying each program before creating it. Necessary questions include:

- Do you have an overall communications plan?
- What are the goals (long term) and objectives (short term) of your current communications activities?
- Can these goals be achieved by other means? In other words, is social media the most effective method to achieve desired outcomes?
- Who is the audience? Why do you want to communicate with them?
- What staff, time, and funding resources are available for communications activities? For social media components?
- How have you designed the messages/information to make best use of the platforms selected?
- What consequences could arise from using social media?
- What benefits are obtained through social media?
- Have you designed policies and procedures for oversight of your social media program, including allowable content and language; staff access; provisions for public comments, responses, and deletions; legal and confidentiality parameters; separation of personal and organizational accounts; etc.
- How will you implement policies and procedures that will guide the social media program, should you decide to use one?

The hasty creation of a social media program without proper planning and evaluation may--in the end--cause more harm than good. It is for this reason that it is vital to place the desire for a social media program in the context of the goals and aims of the institution.

Why Create a Social Media Policy?

Firstly, with clear standards at the outset, it is less likely that misconduct on social media outlets will occur. Many providers have already been reported for misconduct.³ The Federation of State Medical Boards (FSMB) reports,

"In a 2010 survey of Executive Directors at state medical boards in the United States, 92 percent indicated that violations of online professionalism were reported in their jurisdiction. These violations included Internet use for inappropriate contact with patients (69 percent), inappropriate prescribing (63 percent), and misrepresentation of credentials or clinical outcomes (60 percent)."4

The first step to counteracting activities such as these is to clearly define expectations and regulate actions with a social media policy.

Secondly, the consequences of bad behavior are different for many social media outlets than for other forms of communication. For instance, anything posted cannot be deleted permanently, and thus is documented in the public domain instantly and indefinitely. Although certain comments may be designed with a particular audience in mind at the point of release, it is always possible for information to spread rapidly beyond the intended viewers and into public discourse. As a result, great care is necessary in conducting these activities, and a social media policy will facilitate responsible use.

Thirdly, and most importantly, social media policies help maximize the benefits of social media use, minimize the potential damages, and reduce exposure to litigation risk. A large number of studies indicate that communicating with patients through social media channels such as text messages and networking sites promotes better outcomes in health for HIV patients.⁵ In particular, these studies demonstrate a statistically significant difference between regular communications and interventions via social media, and that these interventions increase both adherence and retention. In order to take advantage of these advancements in technology

³ The Special Committee on Ethics and Professionalism, "Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice," Federation of State Medical Boards (April 2012). http://www.fsmb.org/pdf/pub-social-media-guidelines.pdf

⁴ Ibid., 2.

⁵ See for example L. Y. Chen et al., "Comparison of an SMS Text Messaging and Phone Reminder to Improve Attendance at a Health Center," Journal of Zheijang University v. 9, no. 1 (2008): 34-38. See also B. S. Curtis et al., "Impact of a Text Messaging Pilot Program on Patient Medication Adherence," Clinical Therapeutics v. 34, no. 5 (2012): 1084-91; C. M. Bann et al., "Tailored Text Messaging Intervention for HIV Adherence," Health Psychology (April 2012); N. Dowshen et al., "Improving Adherence to Antiretroviral Therapy for Youth Living with HIV/AIDS," Journal of Medical Internet Research v. 14, no. 2 (2012); H. Azman et al., "Mobile Phone Text Messaging for Promoting Adherence to Antiretroviral Therapy in Patients with HIV Infection," Cochrane Database Systematic Reviews v. 14, no. 3 (March 2012); K. R. Amico et al., "Technology Use and Reasons to Participate in Social Networking Health Websites Among People Living with HIV in the US," AIDS Behavior Journal v. 16, no. 4 (May 2012): 900-10.

without producing negative externalities, it is advisable to plan ahead and create a social media policy.

Creating a Policy on Social Media

The aggregated materials that follow summarize common themes and standards in other social media policies that are currently in use.

Policy Purpose

HIV Providers use social media policies for a variety of purposes. These include:

- 1. To protect patient privacy and adhere to strict regulations
- 2. To protect the provider from litigation
- 3. To maximize the benefits and minimize the potential harms of using social media
- 4. To ensure professionalism among all provider employees

Policy Statement

Commonplace in social media policies are organizing principles and clear standards of conduct. Principles guide the philosophical foundation of policies; standards explicitly state policy expectations. During the planning process of creating a social media policy, it is helpful to consider how best to unite ideological and practical guidelines to perform best practices as a healthcare provider. The function of the following principles and standards is to initiate the brainstorming process in forming a policy. They have been collected from a variety of sources (please see the References section).

Policy Principles

Principles serve to illustrate the vision behind a policy. They help construct an institutional philosophy regarding how social media should be used. Examples of principles include:

- 1. **Privacy**. Respect the confidentiality of patient information. Prohibit unauthorized access to patient and/or personal data.
- 2. Integrity. Maintain moral and ethical standards of conduct and respect differences.
- 3. **Judgment**. Evaluate and consider before acting.
- 4. **Responsibility**. Be reliable and accountable for your actions.

- 5. **Honesty**. Exercise candor and always uphold the truth. Do not mislead or deceive. Provide clear and understandable information.
- 6. **Accuracy**. Provide correct and verified information that is from reputable sources and list references clearly.

Policy Standards

Policy standards provide explicit instructions for conduct on social media. They help create the vision set forth by principles. For example, one of the most common clauses in a social media policy states:

"As a quest posting content to any Social Media Site on the internet, you agree that you will not: violate any local, state, federal and international laws and regulations, including but not limited to copyright and intellectual property rights laws regarding any content that you send or receive via this Policy; transmit any material (by uploading, posting, email or otherwise) that is unlawful, disruptive, threatening, profane, abusive, harassing, embarrassing, tortuous, defamatory, obscene, libelous, or is an invasion of another's privacy, is hateful or racially, ethnically or otherwise objectionable as solely determined in CC's discretion; impersonate any person or entity or falsely state or otherwise misrepresent your affiliation with a person or entity; transmit any material (by uploading, posting, email or otherwise) that you do not have a right to make available under any law or under contractual or fiduciary relationships; transmit any material (by uploading, posting, email or otherwise) that infringes any patent, trademark, trade secret, copyright or other proprietary rights of any party; transmit (by uploading, posting, email or otherwise) any unsolicited or unauthorized advertising (including advertising of non CC services or products), promotional materials, "junk mail," "spam," "chain letters," "pyramid schemes" or any other form of solicitation; transmit any material (by uploading, posting, email or otherwise) that contains software viruses, worms, disabling code, or any other computer code, files or programs designed to interrupt, destroy or limit the functionality of any computer software or hardware or telecommunications equipment; harass another; or collect or store, or attempt to collect or store, personal data about third parties without their knowledge or consent; or to share confidential pricing information of any party."

- Cleveland Clinic Social Media Policy⁶

⁶ Cleveland Clinic Social Media Policy http://my.clevelandclinic.org/about-cleveland-clinic/about-this-website/social-media-policy.aspx. See also Stanford University Social Media Policy
http://stanfordhospital.org/newsEvents/documents/SocialMediaPOLICY.pdf; University of Minnesota
http://www.umphysicians.org/terms-of-use/social-media/index.htm; Sentara Healthcare
http://www.sentara.com/sentara-healthcare/news/pages/social-media-policy.aspx; Rochester General Health
http://www.rochestergeneral.org/social-media-policies/; Central Maine Medical Center

Examples of types of policy standards to consider in the brainstorming process include:

1. Professionalism

- Separate personal and professional social media completely. Of particular importance, use your professional email to sign up for professional sites only and use and your personal email otherwise.
- Report any unprofessional behavior of colleagues
- Adhere to the same principles online as offline as defined by the employing institution
- Cyber-bullying is always unprofessional
- Don't be tagged on facebook in photos where you are doing unprofessional things including but not limited to excessive drinking, drugs, illegal activity etc. especially not with a provider logo.
- Do not voice complaints about colleagues online
- Do not complain about institutional infrastructure online
- Do not anonymously accuse organizations or people online; especially do not accuse them falsely
- Do not seek out personal healthcare information
- Do not endorse products or businesses
- Do not disclose intellectual property or financial interests of the institution
- Make sure use of social media does not interfere with work, or the workplace.
 This includes use of social media that is unrelated to work or disproportionate use of bandwidth resources.

2. Disclosure and Disclaimers

- You must disclose who you are very clearly
- You must be honest about your credentials
- You must state if you are representing your own independent opinion, or the opinion of the institution you work for
- If you are stating an institutional opinion, you must be correct about this and you must be cleared by your supervisor and/or an institution representative
- You must disclose conflicts of interest
- You must disclose your sources
- You must provide disclaimers to indicate your intentions

3. General Content

- Discussions with fellow providers on social media sites can be helpful. A good example is Doximity. It is important to:
 - i. Ensure professional networks for medical discussions are secure and password protected

- ii. Post accurate content only
- Do not practice medicine online, never respond to personal medical questions
- 4. Abide by the Law and Medical Institution Policies
 - Do not violate any local, state, federal or international laws and regulations
 - Do not violate your medical institution's policies
- 5. Respect Difference and Diversity
 - Do not harass
 - Do not say anything hateful or discriminatory
 - Respect diversity. Do not make derogatory comment aimed at a particular ethnicity, gender, age, size, ability, sexual orientation, religion or political view among other things.
- 6. Privacy and Confidentiality
 - Standards of patient confidentiality do not change for social media
 - i. Refer to HIPAA
 - Providers should never provide any information that could be used to identify patients. Never:
 - i. Mention patients' room number (inpatient) or address (inpatient and outpatient)
 - ii. Refer to them by code names
 - iii. Post their picture
- 7. Provider-Patient Relationship
 - The provider-patient relationship can begin without personal contact; in other words, it can begin online and providers have potential exposure to risk
 - Providers should not use their professional position to develop personal relationships with patients
 - Providers should never appear unprofessional and undermine their position
 - Providers should not interact with patients on personal social media sites
 - Make sure that interactions through professional social media do not lessen the quality of care provided to the patient
 - Do not friend a patient on Facebook
- 8. Monitor Your Own Sites and Uphold Community Reputation and Values
 - Remember you are representing the medical community
 - Providers should monitor their own sites daily, and remove bad content such as inaccurate information or HIPAA violations including the 2012 changes
 - Providers should remove posts that violate any of the standards above
 - Report violations of other providers
 - Providers must uphold the reputation of the medical community
- 9. Rights of healthcare provider institution
 - The right to regulate, monitor, edit, delete and retract anything posted on an institutional social media site
 - Right to warning, probation, and termination of employees

- 10. Agreements and Future Changes
 - Explicitly state that as social media evolve so will the policy
 - Individual agrees to the above policy standards

Implementing a Social Media Policy

Implementation Steps

After deciding upon a social media program and designing a social media policy, the implementation process is essential to achieving the goals set forth in the planning stages. Necessary questions for implementation include:

- Who designs and technically implements the communications and social media program?
- How much staff training has taken place? In what areas?
- How is content developed/vetted/restricted? Who has final responsibility for the social media program?
- Are there provisions and procedures for feedback and ongoing dialogue? Who monitors and responds to comments? In what timeframe?
- If you have partners or support from outside individuals or organizations, what are their roles and responsibilities?
- What mechanisms are in place to track cost, staff time?

Specific plans for staff training and social media program oversight will make the standards and principles in the social media policy more feasible. In particular, by specifying roles and responsibilities, employees will have an unambiguous understanding of what they are expected to do. Moreover, it is essential to cast a wide net when training employees in order to reduce the risk of irresponsible social media usage.

Before embarking on the process of designing and creating a social media program, be sure to include implementation steps in the planning process.

Conclusion

The contents of this reference source provide a foundation for creating a social media policy; however, this is not a formal policy. It is important to seek legal advice elsewhere. Each institution has its own

needs; these must be addressed individually with internal meetings. Adapting to the shifting communications environment is paramount to maintaining professionalism, improving health outcomes for patients, and succeeding as a healthcare provider. Further resources for creating a social media policy are listed in the following section.

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