



# PRF NEWS

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Covering Practice and Risk Management Issues for Health Professionals

## Managing Your On-Line Presence and Reputation

BY DEBRA PHAIRAS AND ASHLEY PORCIUNCULA

**M**anaging your online presence involves more than just creating a website. It also includes monitoring your patient reviews on sites such as Yelp and other MD rating websites, plus discovering and controlling what your own name produces when searched for on Google, Facebook, Twitter, blogs and other online resources. It is important to proactively manage your online presence and check the web frequently to determine patient perception of you and your practice. Marketing a practice now includes:

- Assuring that information about you and your practice is accurate and up-to-date.
- Knowing what your patients are saying about you, the physician or group, your staff and your practice.
- Assessing and correcting misconceptions about your practice on review sites such as Yelp, HealthGrades or RateMDs, and responding proactively to patient complaints.
- Conveying important information about your credentials and your practice, as well as helpful descriptions of medical conditions, surgeries, and procedures to your patients.
- Creating efficiencies for your practice and increasing customer service by posting online patient registration forms and/or scheduling appointments.

### WHAT DO YOUR PATIENTS FIND WHEN THEY GOOGLE YOU?

With the exception of the elderly (and even they are tech savvy today), most patients

don't use the telephone book or call "Information" when locating their own physician or finding a new one. They use internet search engines to quickly find the telephone number, address and website of a practice. If you move your practice, be sure to update your online information immediately. When referred to several doctors, patients will often make decisions based on the information they find online. Take a professional picture of yourself with a warm, smiling face and provide a brief but comprehensive list of your credentials. Include your philosophy of how you treat patients and make it patient friendly. You may wish to include your hobbies or interests to make yourself more approachable. Profiling staff members is also a good idea since patients interact with staff.

Have web designers create websites with content management using WordPress so you can easily add new content and pictures yourself. This is very easy to do today and does not require knowledge of HTML or programming to update content.

### SEARCH ENGINE OPTIMIZATION

Use Search Engine Optimization for your name to appear first on search engines like Google. This involves placing keywords that describe all the services your patients are looking for, which should be on your home page. Registering with online directories such as Google Plus will help your name and a map of your location be among the first results to appear. A YouTube video that is placed on your home page will draw search engines. A short video clip that profiles your personality, practice philosophy and services can make the difference in a patient choosing you over another physician.

You don't want the first item that appears on a search engine to be a negative rating review site. Assign your office manager or staff person to check your online presence once a month. Proactively correct and counteract negative reviews about bedside manner, staff customer service or office policies and procedures. Do not single out any staff members in meetings, but discuss negative reviews with problem solving ideas for practice improvement. Reward positive feedback and make this a part of performance reviews.

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## BRANDING YOUR IMAGE

Create a consistent brand that carries through your website and office materials. Choose a logo, colors, and style that create a standard for your practice. It can be as simple as the doctor or group name in a font, or a professionally designed logo with an image. For example, one medical oncology and breast surgery practice has a purple iris theme that was carried out in all logos, stationery, brochures, website, business cards, and includes giving the patient a vase with a purple iris after

***Writing short posts about something newsworthy or educational about you, your specialty or medical issues helps you stay relevant. Adding this to your website will increase your search ratings and get your message out.***

surgery. This thoughtful gesture can have risk reduction benefits.

If you are profiled in TV, radio, newspapers or an on-line publication, place a clip or link on your website. This allows your patients to view this “third party endorsement,” which gives you additional credibility. Patients love to see “their doctor” in the news.

## OSTENSIBLE AGENCY

If the group is actually an expense share arrangement of solo practices or a combination of sole proprietors/corporations instead of an integrated group but calls itself a group name, the group is creating ostensible agency/partnership. This can create the same liability as if all were in a true integrated group. Many physicians are unaware of this legal doctrine. This holds that if the public, patients and other physicians think the group is a true integrated group, then the group is all liable for each other just as if they were a true group. *Review CMA on-call legal documents on this subject or contact PRF for more information.* All websites, stationery, business cards, signs on walls and doors must be clear that this is an association of independent practices, and not an actual integrated group practice.

## SOCIAL MEDIA

You may want to join one of the popular social networking websites such as Facebook, Twitter, LinkedIn and others that are relevant to your business. Joining these websites gives you a face and gives you the ability to more proactively manage your online image. Have new staff sign your office personnel policies

and procedures stating that they will not utilize social media sites during work hours unless they are specifically charged with updating your website or profiles. Make it clear that harassment of staff or revealing any information or names of patients of the practice via social media is a breach of confidentiality that is grounds for termination.

## BLOGS

Writing short posts about something newsworthy or educational about you, your specialty or medical issues helps you stay rele-

vant. Adding this to your website will increase your search ratings and get your message out.

## EMAILS TO PATIENTS

Be certain the patient list is protected and create a group list that never shows patient email names to other recipients. Clearly define advice parameters of what is and is not appropriate to email. Contact PRF for current advice on this topic.

## TIPS FOR DEALING WITH YELP, ANGIE'S LIST, HEALTHGRADES AND OTHER RATING SITES

The Journal of General Internal Medicine examined 300 MDs and 33 rating sites and found that 88 percent were positive reviews, 6 percent were negative and 6 percent were neutral reviews. Some tips for dealing with rating sites include:

- ▶ Create a way for patients to tell you about complaints. Post a sign in your reception area and website that says if patients want to make suggestions or have a problem they should contact the office manager. Include an email address and direct phone line.
- ▶ Encourage positive reviews by instructing your patients how to post reviews on rating sites.
- ▶ Utilize patient satisfaction surveys on a continuous basis to improve service.
- ▶ Don't overreact when you see a negative review.

- ▶ Don't respond back publicly—always maintain patient confidentiality. The CMA legal on call documents suggest posting to the site a statement such as: “Our practice takes patient concerns seriously. Federal laws preclude us from responding to patient concerns publicly. If you are our patient, please contact our office directly at \_\_\_\_\_ so we can address your concerns confidentially.”
- ▶ Try to work with the patient and resolve issues; the patient can remove a negative review.
- ▶ Don't try to sue the site or insist the post be removed. The federal Communications Decency Act immunizes sites from liability for statements made by a third party.
- ▶ You can try to sue the patient for libel or defamation, but this can backfire. The patient can file an Anti-SLAPP (Strategic Lawsuit Against Public Participation) suit against you that online posting is protected public interest speech. It will be a matter of public record. A suit against a patient could result in more negative reviews, incur significant time involved and expense or trigger a malpractice claim.

Don't post fake reviews. The practice can be fined for making employees and friends post positive reviews. A cosmetic surgery practice in New York was recently fined \$300,000 for such activities.

Consider contracting with an online reputation service that can assist the practice in shaping online identity, increasing positive content and combating false or misleading search results.

## LINKS TO OTHER MEDICAL WEBSITES

Why have patients view websites that may contain inaccurate or biased medical information when you can provide them with medical sites you know are trustworthy? Put links on your website to your medical or specialty societies and organizations you want patients to view. ■

*Debra Phairas is president of Practice & Liability Consultants, LLC ([www.practiceconsultants.net](http://www.practiceconsultants.net)). Ashley Porciuncula is a website designer with over ten years' experience. Practice & Liability Consultants has consulted with over 1,700 medical practices since 1985. This article has appeared previously in other publications and is reprinted with permission.*

# Discharging a Patient from Your Practice

BY LISA T. UNGERER, JD

It is rare to find a physician who does not take pride in their ability to provide ethical, skilled, and compassionate care to their patients. Yet circumstances may arise where a patient's behavior becomes so disruptive that it appears that the only recourse is to sever the doctor-patient relationship. Although there may be an initial temptation to resolve the disruptive problem by discharging the patient from the practice, some degree of investigation with an effort to more completely understand the circumstances is generally warranted.

## ARE YOU SURE THE PROBLEM IS WITH THE PATIENT?

Not every difficult interaction with a patient is evidence of the need for termination. Sometimes perceived disruptive behavior results from ineffective communication with staff. Before launching any assault on a perceived "problem patient," be sure that it is indeed a problem *with the patient*. We recently received a termination inquiry from a physician who reported that an older male patient was rude to the receptionist and refused to say why he wanted to be seen. After being advised to contact the patient directly, the physician learned that the patient was terrified that he had contracted a sexually transmitted disease and was too embarrassed to share his concern with the young woman receptionist. Sometimes a simple apology can defuse these communication problems.

## MENTAL HEALTH DISORDERS MAY BE CHALLENGING

It is prudent to consider that patients may express their fear and anxiety in seemingly inappropriate ways. Directly addressing their anxiety over a specific health problem or worrisome diagnosis may serve to quell any disruptive behavior. It may also be that a referral for a second opinion or additional specialty care could be indicated.

On the other hand, patients with serious mental health disorders present a challenge because the disordered behavior can range from the truly dangerous to those who simply

cannot care for themselves. Prompt recognition of the dangerous and threatening patient is imperative. The response may need to be as immediate as calling the police and taking measures to secure and protect the office, staff and waiting area. If the situation is protracted, legal assistance may be required to obtain court orders restraining the patient from appearing at the office or home of the physician or staff. **Contacting PRF and its counsel for assistance in these circumstances is strongly suggested.**

## THE NON-COMPLIANT PATIENT

Some patients' health may deteriorate to the point that they repeatedly fail to follow-through with their prescribed medication, scheduled appointments, or laboratory or diagnostic tests. Discharging such patients from the practice is not going to be an acceptable first option. Identifying family or other potential caregivers, or seeking available alternative resources should be undertaken. Once again, this is not an uncommon scenario, and PRF can provide guidance to the practitioner.

## LOSS OF MEDICAL INSURANCE

Another common scenario involves the loss of insurance coverage during the course of ongoing management. We have seen several cases where an obstetrical patient receiving prenatal care has lost her insurance prior to delivery. Great caution should be exercised before a decision is made to discharge such a patient; particularly if the pregnancy has progressed into the third trimester and/or when the pregnancy has been identified as high risk. Although discharge could still be an option, it would require confirmation that alternative care had been obtained. Absent that assurance, the better choice would be to continue to provide care.

## PENDING LITIGATION

Patients who have sued their physician can be considered for discharge, as a conflict of interest has almost always developed.

## BEFORE EVEN CONSIDERING DISCHARGING A PATIENT...

Legitimate reasons to terminate patient care are highly fact-dependent, and termination is never acceptable if it endangers the patient's health or safety. It should go without saying that it is also never appropriate to discharge a patient when doing so would discriminate on the basis of sex, race, national origin, sexual orientation, religion, ancestry, national origin, or disability. Physicians must also consult their contracts with HMOs, PPOs, and IPAs – there may be contractual limitations on termination of the physician/patient relationship.

## WHEN ALL ELSE FAILS: APPROPRIATE STEPS TO TAKE

Despite best efforts, there are circumstances where a patient's behavior is so disruptive to their own health and to the health of the practice that consideration is given to severing the doctor-patient relationship.

Appropriate legal steps need to be taken in discharging a patient to minimize any potential for a claim of abandonment. As with any important patient interaction, care should be taken to document the problems and any interventions that have been taken, including phone contacts and electronic communication. If the circumstances permit, a face-to-face discussion with the patient and a chart note documenting the problem and the need for change should be undertaken. After that, there are still several additional specific legal requirements to fulfill.

**A final important message is that we strongly recommend that you consult PRF before undertaking ANY action to terminate the physician/patient relationship. ■**

*Lisa T. Ungerer is a senior counsel at the Oakland law firm Rankin, Sprout, Mires, Beaty & Reynolds. With more than 30 years of litigation experience, Ms. Ungerer is best known for her defense of physicians and attorneys. Geoffrey A. Mires, a partner at the same law firm, contributed to this article.*

# The PRF Website: Now and in the Future

BY JUNE RILEY, MBA

You may have noticed that PRF recently made some changes to the design of its website. We continue to invest time and energy into web development so that PRF can enhance existing features as well as offer new online services to its members.

## ELM Exchange Risk Management Education

In January 2013, the PRF website launched the ELM Exchange program for online risk management education for physicians and other healthcare providers. To date, approximately 50 PRF members have registered as members on the PRF website and taken the ELM Exchange online courses. PRF members who successfully completed at least three of the four offered courses earned 1.25 CME credits for each course and received a check for \$150 from PRF to thank them for their participation.

We will continue to send out letters and emails to PRF members who have not yet registered as a member on the PRF website or taken the ELM Exchange courses that teach physicians how to identify and mitigate risk in their clinical practices.

Time is running out to complete the courses for 2013. Fifty PRF members participating is a start, but we need a much greater degree of member participation for the ELM program to truly be a success. If you have not already done so, please take the time to go the website, register as a member and take the

courses. Each course typically takes a little more than one hour to complete.

In January 2014, PRF will offer four new courses through ELM Exchange. This will be a new opportunity for all PRF insureds to earn up to 5 CME credits and receive another \$150 for their participation.

## Forms available on the website

- **Applications for PRF insurance.** When an existing solo or group practice needs to add a physician or allied healthcare provider, users may click on the web form link and complete and submit the application online or download a PDF file of the appropriate application to print and submit a hard copy to PRF. Be assured that application submissions are encrypted and password protected.
- **Member's current Declaration.** In the near future, insureds will be able to go to the Members Only section of the website, key in their name and policy number and download a copy of their Declaration.
- **Management Report.** Whenever a PRF insured experiences an adverse patient outcome or receives any communication from a patient that indicates the intent to sue, the insured should **promptly** submit a Management Report to PRF. While we can fax or email a copy of a blank Management Report, it is much easier for the insured to go to the

*Members Only* section of the PRF website and complete the form online. The PRF insured will receive verification that the Report has been received when they receive a phone call and/or email from the PRF Claims Administrator.

- **Arbitration Agreements.** The *Members Only* section will soon have a link to an order form that insureds can download, print and fax to Baseline Resources, the supplier of our arbitration agreements. *For your convenience, a copy of the Baseline Resources order form is enclosed with this newsletter.*

## Premium information to be available soon

The most ambitious task for the PRF website will be to provide PRF insureds with access to their premiums payable information. The exact amount of premium owed can be confusing, especially in large group practices where the number of insureds and their practice patterns are subject to change. In the near future, solo and group practices will be emailed monthly or quarterly invoices as appropriate for their respective payment pattern. In addition, the PRF website will soon allow for the following services:

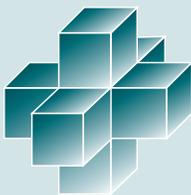
- Solo and group practices will be able to view their current balance and premium payable.
- If so desired, premiums may be paid online with electronic funds transfer from a designated bank account to PRF's bank account.

## We want your suggestions

The website will always be a work in progress as PRF strives to meet the evolving needs of its insureds. Your suggestions for future changes or improvements are always welcome. Please email June Riley at [june@prfrg.com](mailto:june@prfrg.com) or call the PRF office at (415) 921-0498 with questions, comments or suggestions.

PRF is working to make the PRF website a valuable resource for PRF insureds. Your input, feedback and participation are needed and appreciated. ■

*June Riley is executive director of PRF.*



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