THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

Navigating Social Media, Online Reviews, & HIPAA

No one likes a bad review. It is much more common for an unsatisfied customer to post a negative review than it is for a happy customer to post a positive review. Most business advice sites recommend responding to both good and bad reviews because it helps resolve issues and actually wins back customers. However, HIPAA is a tricky and sometimes complicated topic healthcare entities must consider compared to other industries, like foodservice, when replying to an online review.

Responses to both good and bad reviews or social media posts carry the same risk of a breach or potential complaint to the OCR. Recently, a response to a negative review that resulted in a breach cost a dental practice $50,000 in the form of an OCR penalty. Posting an angry response to a negative review can not only cost you a lot in penalties, but it can also cost you a lot of business. Even though it is the patient who posts information about their visit or health condition, if your practice's reply acknowledges that they are a patient and/or provides more information about them or their condition, it is a breach of their PHI. Also, since it is hard to verify someone's identity on most websites, consider that the post might be from an imposter.

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HIPAA OSHA INFECTION CONTROL BUSINESS ASSOCIATES

HIPAA COMPLIANCE

Posts about patients made by employees from personal social media accounts are also HIPAA violations. Sometimes these posts are made accidentally, like when employees take a birthday picture together, a patient could be in the background, or an employee may post about a patient who is a friend or family member or who has come to feel like a friend or family member. Intentional posts are rare but have happened. Posts made from a practice-owned social media account can only be made if the patient has signed a proper HIPAA Authorization.

Reducing the likelihood of a mistake takes a few easy steps and some reminders from time to time. Here are a few ideas to avoid an OCR investigation and penalty, breach, and/or an ethical issue:

- Avoid the urge to reply right away to a negative review.

- Reduce or restrict the ability to reply to reviews under your practice's profile to 2-3 people. Consider having your privacy officer read the reply before it is posted.

- Use a consistent, positive template response for consistency, even for good reviews. Remember the goal is to avoid disclosing more information about the patient/poster.

An example of a template to consider using for a positive review: "We appreciate your feedback! We are committed to providing the best patient care. Thank you."

HIPAA COMPLIANCE

Do not ask the patient/poster for anything such as "spread the word" about your practice or send them a direct message. If you'd like, you can add your phone number and/or email at the end. "You may contact us at [phone number/email]."

An example of a template to consider for a negative review: *"We appreciate your feedback and are committed to providing the best patient care. Due to federal regulations, complaints cannot be addressed on social media. If you have had a bad experience with our practice, please contact us at [phone number/email]. We would love the opportunity to discuss and resolve your issue."*

Be sure your employees are aware of this process and know who the point of contact is for these issues. If the patient contacts you with their issue, be willing to have them fill out a patient complaint form and work to resolve the issue with them.

TMC clients not only have immediate access to forms and guidance in our Client Portal but have a personal consultant as well as easy access to expert support by contacting Client Services.

Monkeypox? Not Impossible Now

On June 1, the World Health Organization (WHO) confirmed more than 550 monkeypox cases across 30 countries, including the United States. The disease first occurred in colonies of monkeys that were used for research in 1958, with the first case of human monkeypox being diagnosed in 1970. Historically, cases have been consistently documented in both the West and Central African nations. Based on these new cases and locations outside of African nations, WHO believes that this virus may have been spreading undetected for some time. Human-to-human transmission of monkeypox virus occurs by direct contact with lesion material or from exposure to respiratory secretions.

There are currently more than 20 cases reported in the United States.

Monkeypox and Orthopoxvirus Cases in the U.S.*
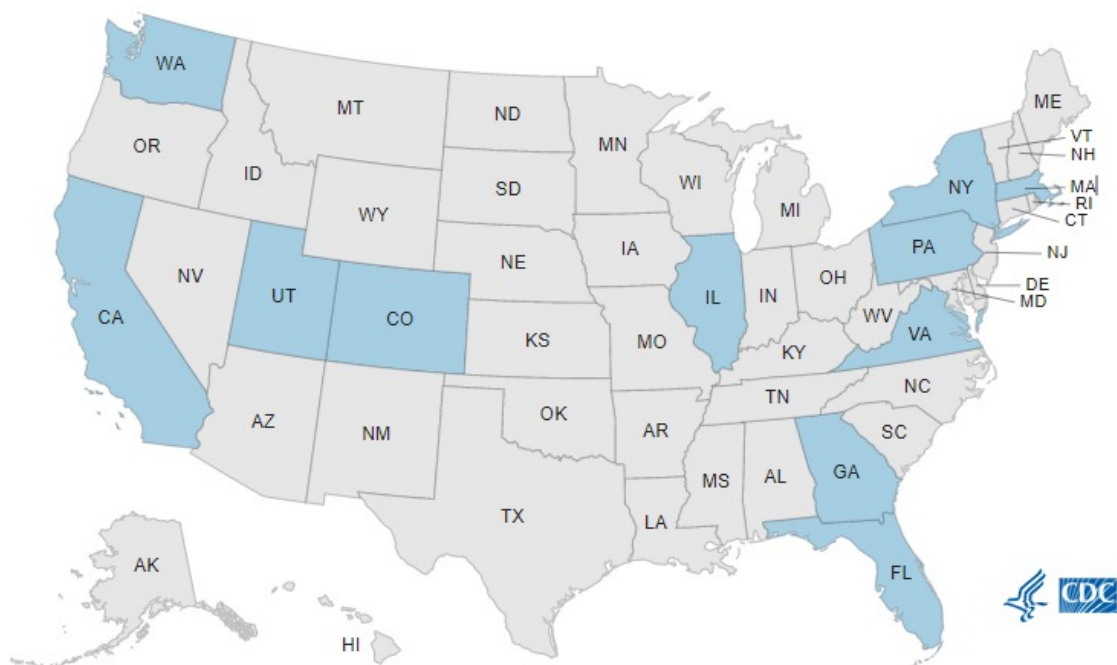
The CDC is asking all healthcare providers to be suspicious of monkeypox for any patient presenting with rash illness consistent with the virus. Local and state health officials are working to identify individuals who may have been in contact with an infected individual so that they can monitor their health.

The CDC provides the following criteria to help in the determination of a monkeypox diagnosis:

- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox OR

- Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity. This includes men who have sex with men (MSM), people who meet partners through an online website or dating app, or a social event. OR

- Traveled outside the US to a country with confirmed cases of monkeypox or where Monkeypox virus is endemic OR

- Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)

Clinical Presentation

- After infection, there is an incubation period which lasts on average 7 to 14 days but can range from 5 to 21 days.

- Initial symptoms include fever, malaise, headache, and weakness. Swollen lymph nodes should be assessed. These may be localized or involve many locations on the body. These symptoms mark the beginning of the prodromal period.

- Within 1 to 3 days after the symptoms appear a rash will develop, often on the face and then on other parts of the body.

Photos courtesy of the CDC

Stage	Stage Duration	Characteristics
Enanthem		• The first lesions to develop are on the tongue and in the mouth.
Macules	1-2 days	• Following the enanthem, a macular rash apears on the skin, starting on the face spreading to the arms and legs and then to the hands and feet, including the palms and soles. • The rash typically spreads to all parts of the body withing 24 hours becoming most concentrated on the face, arms, and legs (centrifugal distribution).
Papules	1-2 days	• By the third day of rash, lesions have progressed from macular (flat) to paular (raised).
Vesicles	1-2 days	• By the fourth to fifth day, lesions have become vesicular (raised and filled with clear fluid).
Pustules	5 to 7 days	• By the sixth to seventh day, lesions have become pustular (filled with opaque fluid). • Lesions will develop a depression in the center (umbilication). • The pustules will remain for approximately 5 to 7 days before beginning to crust.
Scabs	7-14 days	• By the end of the second week, pustules have crusted and scabbed dover. • Scabs will remain for about a week before beginning to fall off.

Once all scabs have fallen off a person is no longer contagious.

INFECTION CONTROL COMPLIANCE

When caring for suspected or confirmed patients with monkeypox the following infection control measures should be in place.

- Patient should be placed in a single-person room with the door remaining closed.

- Transport or movement of the patient outside of the room should be limited. If the patient must be moved, the patient should wear a well-fitting surgical mask. Any exposed skin lesions should be covered by a sheet or a gown.

- PPE used by healthcare personnel who enter the patient's room should include:

  - Gown

  - Gloves

  - Eye protection (i.e., goggles or a face shield that covers the front and sides of the face)

  - NIOSH-approved N95 filtering facepiece or equivalent, or higher-level respirator

Once the patient is discharged the room should be cleaned and disinfected using an EPA approved hospital level disinfectant on List Q with an emerging pathogen kill claim. Follow the manufacturer's instructions for use to ensure elimination of the virus. Cleaning activities such as dry dusting, sweeping, or vacuuming should be avoided as this could resuspend dried material from lesions.

Monkeypox is typically a mild, self-limiting disease, but is contagious. Currently the US, as well as other countries around the world, are identifying an unusual number of cases. All healthcare providers should be aware of the possibility of this diagnosis when patients present with any of the recorded symptoms, starting with lesions in the mouth.

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OSHA:

What should our office know about monkeypox?

HIPAA:

TRUE OR FALSE: It is a good idea to respond to a patient who posts an issue or a negative review online so everyone can see that your practice is helpful and caring.

Click Here
For Blog Link

Security Scout

Do you know what a software patch is and why they are important?

A software patch is an update to a program or product (like an app, computer, phone, or your practice's EHR) that can fix issues if something isn't working correctly. More importantly, patches can also update security features to keep you safe from cyberattackers. That is why it is important to choose automatic updates when given the option. If that isn't an option, sign up for reminders from the software provider or set a reminder on your calendar to check for updates from software providers every few months.
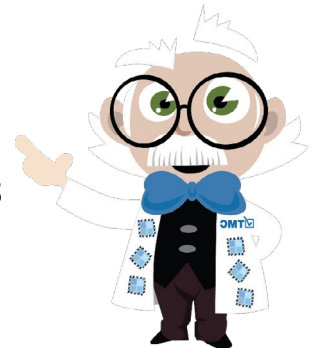
When a security patch is available, install it ASAP. If the software doesn't automatically connect and install a patch or update, it is the safest option to download and install patches directly from the software vendor's trusted website only when you are connected to the internet at your office. Do not download and install them:

- By clicking a link in an email, or

- While connected to "free Wi-Fi" in a public location such as a coffee shop, airport, or even the library.

If you're unsure about your settings, talk with your IT support to be sure you will stay up to date and protected. A great resource for patch information is the Cybersecurity and Infrastructure Security Agency (CISA) weekly bulletin. https://www.cisa.gov/uscert/ncas/bulletins.

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TMC
TOTAL MEDICAL COMPLIANCE

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INSTRUCTIONS

Print and post newsletter in office for staff review. Each member should sign this form when completed. Keep on file as proof of training on these topics.

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