

# Managing Your Online Presence

*Using websites and social media  
to boost your visibility*

**Social  
Media**

**Physician  
Websites**

**Third-Party  
Sites**

**Monitoring**

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**SEO**

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# SCAM-Q\*

\* How insurance companies, hospitals, government, etc. Slice Costs And Maintain Quality

## I Swear or Affirm to Twist the Truth, the Whole Truth, and Nothing But the Truth...

By Richard J. Gimpelson, MD

For those of you who have been in court, you have said, "I do," to a statement similar to the headline of this column. I know the word "tell" was used instead of **TWIST**, but when politics are involved, twisting the truth is a much better fit than telling the truth. In fact, sometimes an outright lie fits better, e.g., "No New Taxes," or, "You can keep your present doctor and insurance."

Recently Sandra Fluke, a student at Georgetown University Law School, testified before a Democratic House hearing on contraception. Now, I am not going to accuse Ms. Fluke of not telling the truth, because she may buy contraception on Rodeo Drive, but I am accusing her of twisting the truth.

First, I will issue my disclosure: I am employed by Mercy Hospital St. Louis, a Catholic institution. I ran for the Republican nomination for U.S. Senate in 1986 and I was soundly defeated (too bad for organized medicine and the American people). I ran for the U.S.



Richard J. Gimpelson, MD

House of Representatives in 2000 for the Reform Party and I was soundly defeated (too bad for organized medicine and the American people)... but I digress.

Ms. Fluke emphatically stated that women can spend \$1,000 per year for contraception. Now let us look at the real numbers (another disclosure, I am a board-certified OB/GYN, so I am aware of what my patients are paying for contraception). The first thing is that Ms. Fluke cannot include the office visit in the cost since the office visit is for health maintenance and needs to be done whether the patient is celibate, wants contraception, or is already sterilized.

I remind you, Ms. Fluke claimed \$1,000 per year for contraception. Table 1 shows the more realistic numbers: (Note: I am listing the high end – many can be obtained cheaper.) Trojan 12 pack @ \$6.50 allows for sex five times per day in a year. I'm sure at this rate the partner should be willing to share in the cost.

Please realize I am not writing this column to express my own personal opinion on whether the birth control mandate violates our First Amendment rights, I am just writing it to expose the truth-twisting that goes on in Washington all the time.

Note: Keep in mind that attending Georgetown Law School costs at least \$50,000 a year.

**Table 1**

Depo-Provera IM q 3 months (\$105 x 4)	= \$420/year
Mirena IUD (\$1,000 for 5 years)	= \$200/year
Paragard IUD (\$800 for 10 years)	= \$80/year
Diaphragm – less than	= \$200/year
Nuvaring (\$55 ring)	= \$715/year if used on a 28-day cycle = \$660/year if used on a monthly cycle
Nexplanon (\$800 for 3 years)	= \$267/year
Ortho Evra (\$50 per cycle)	= \$650/year
Birth control pills (the most common contraception) (brand name \$60 per cycle) (generic \$10 per cycle)	= \$780/year = \$130/year
Condoms – most expensive @\$4/each	= \$800/year if has sex 200 times.

*Dr. Gimpelson, a past SLMMS president, is co-director of Mercy Clinic Minimally Invasive Gynecology. He shares his opinions here to stimulate thought and discussion, but his comments do not necessarily represent the opinions of the Medical Society or of Mercy Hospital. Any member wishing to offer an alternative view is welcome to respond. SLMM is open to all opinions and positions. Emails may be sent to editor@slmms.org.*

## Harry's Homilies<sup>©</sup>

Harry L.S. Knopf, MD

## ON LIVING

*Time's a-wastin'; get on with it.*

Shakespeare spoke of the "inaudible and noiseless foot of time" (*All's Well That Ends Well*), and who should not listen to the Bard. We are only granted one lifetime. During our brief sojourn, we may contribute to the good or the bad: We have free choice. Or we may pass by like a leaf in a stream with nary a notice. It is up to each of us to make our contributions count. It is never too late, but time silently treads on – are you up to it?

Dr. Knopf is editor of Harry's Homilies.© He is an ophthalmologist retired from private practice and a part-time clinical professor at Washington University School of Medicine.

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# “In 25 Words or Less” ... or “140 Characters With Spaces”



Medical Society President  
Robert McMahon, JD, MD

We can use social media to connect with the world, but the personal connection in the office remains our best trust-building relationship.



My mother was a “contester” – she entered and won contests for a variety of prizes for much of her life. Her favorite was the “in 25 words or less...” format which faded when sweepstakes became more popular. She never really liked sweepstakes (“no skill involved”), and with her advancing age and the popularity of Internet entries, she eventually stopped contesting altogether.

I am reminded of the “25 words or less” in the context of text and Twitter messaging, where a character limit (including spaces, 140 for Twitter) is imposed on a message. Like a contest entry, a text or tweet can be brainless or clever. Like a winner, with work and polish, they may be sublime: (“A few simple tips: Don't promise when you're happy, Don't reply when you're angry, and Don't decide when you're sad. @RealWizKQuotes”). A poorly drafted or thoughtlessly sent message (email, text, or tweet) is permanent. If you want your thoughts to remain private, don't publish them!

This issue of *St. Louis Metropolitan Medicine* contains articles about “Managing Your Online Presence” and social media. For this President's Page, to increase my understanding, I did what my patients often do to understand their illnesses or symptoms: I used an Internet search engine. “Social Media” and “Social media in medical practice” search terms lead to the Wikipedia “the free encyclopedia” entry on social media ([http://en.wikipedia.org/wiki/Social\\_media](http://en.wikipedia.org/wiki/Social_media)) and the MGMA Practice Blog (<http://www.mgma.com/blog/A-start-up-social-media-guide-for-medical-practices/>).

Wikipedia is a dynamically edited (by

anyone!) site of information that gives a starting point. A blog is a writer's experiences or observations contained in a website.

I have an unsophisticated awareness of the power of the Internet (the Web) and have heard about Facebook, Twitter, LinkedIn, GooglePlus, Flickr, YouTube and so forth. Twitter can result in a “micro-blog” since you can follow a user for a series of tweets. The *NEJM*, *BMJ*, *Lancet*, and *JAMA* are followed on Twitter ([http://doc2doc.bmj.com/blogs/medicalbytes/\\_tweet-doctor-top-medical-journals-twitter](http://doc2doc.bmj.com/blogs/medicalbytes/_tweet-doctor-top-medical-journals-twitter)). I cannot address “hashtags,” “QR codes,” RSS feeds, Podcasting, Social Bookmarking, or Social Networking in this page. I hope our contributors guide us all.

My practice has a website ([www.stlgastro.com](http://www.stlgastro.com)) and a Facebook presence (search St Louis Gastroenterology), and my partners and I regularly use phone texting to send short non-clinical messages (SMS). We have an EMR but have not yet faced the challenge of implementing patient access to their results (according to impending federal law). Apparently one in four Americans over 65 is part of at least one social networking site.

Patients are customers who want physicians to listen, to engage, and to respond to their needs. The Internet already serves their needs in finding other providers of service, information, or product.

I am at a desktop computer right now, but I am told the world is moving to smartphones and the small screen for access to the Internet, and the new demographic of patients and physicians will embrace this.

*continued on next page*

Short, succinct, pithy information is what transfers best. The “loudest” sources will be those that show up on search engines first.

How can a patient “research” their illness or symptoms effectively? Using the Web, the most polished and most outspoken self-styled authority can often sway a patient’s opinion. There is no real control over content in the Web, and peer-reviewed results of well designed, unbiased randomized controlled trials are not the rule.

A patient has equal access to “renegade” charlatans with flashy websites and self-promotion in search engines as they do to NIH based health information (<http://health.nih.gov/>) or Mayo Clinic information ([www.mayoclinic.com](http://www.mayoclinic.com)). This is particularly true in “alternative” or “natural”

healing approaches, usually disfavored or ignored by “mainstream” medical sites. As physicians we must remain open-minded, avoid criticism or ridicule of a patient’s “research” and try to share our education and experience.

We can use social media to connect with the world, but the personal connection in the office remains our best trust-building relationship. (<http://casesblog.blogspot.com/2011/05/for-doctors-how-to-be-twitter-star-in.html>)

*Summarized in 140 characters or less? Sorry mom, I am not as clever as you were, I am just a simple country doctor. Robert @McMahonJDMD \**

*\*(25 words, 137 characters)*



# Online Presence Essential Today

*Medical Society updating online*



Medical Society Vice President  
Thomas A. Watters, CAE

**A website is no longer an afterthought – it is in the front line of an organization’s marketing and communication efforts.**

**O**nline Presence. Ten or fifteen years ago the term was virtually unknown. Today, it is an essential ingredient of any successful business plan.

Like any other business entity, membership societies need to consider all the ramifications of a meaningful online presence. The pieces include marketing, PR, sales (memberships), communication with members and the public, and maintenance of an image.

For most of the recent past (interpret: since the Internet’s been around) maintaining an online presence meant hosting a website. Until the last few years, websites were primarily “static” ventures that required little upkeep beyond the occasional update. Today, maintaining a state-of-the-art site requires creativity, financial commitment and constant attention. A website is no longer an afterthought – it is in the front line of an organization’s marketing and communication efforts.

Here at SLMMS, our formerly static site is gradually being converted to a “Web 2.0” site, which is a generic term webmasters like to use that means “interactive.” This involves contemporary use of the various social media (read Facebook, LinkedIn, etc.), an interactive page for comments (read blog), and hopefully, more member involvement. The plan is to update and upgrade our site so that it is on a par with the best medical society sites across the country.

Being a large “local” medical society puts us on a competitive basis with most of the other big city metro societies, and we are about as large, or larger, than some state societies. This makes it incumbent upon us to represent our society, its services, and our members in the

most contemporary and complimentary way possible.

There are numerous questions we face as we approach this task. For example, how interactive do our members really want to be? If we build it, will they come? For example, we know that many of our members are active on Facebook. Will they use it to interact with us, or is Facebook more as its name indicates – a “social” medium? If we make a blog available, will our members use it? Should it be for members only, or for the public as well, or perhaps separate blogs for separate audiences? Do we need a “members only” section?

Each month the SLMMS website receives about 1,400 visitors. One of the strongest features is our “Find a Physician” location. This is widely used by the public, and steers them to our members when they’re looking for a physician. They can search for doctors by location, specialty, or even by languages spoken. Is there a way to make this even better?

As we approach this, we are developing a marketing plan to keep pace with the changes and the marketplace. We are building inclusive advertising packages for our magazine advertisers that include a presence on the site as part of their package. All of these changes require more maintenance, and therefore a bigger financial investment, so it is important that we find a way to pay for it as well.

When it comes to finding out what our members want, our best resource is the members themselves. We would appreciate your comments and input. Feel free to drop me an email at [twatters@slmms.org](mailto:twatters@slmms.org), or give me a call (314-989-1014). We can always use good advice.



# Managing Your Online

## What do your patients find when t

Today you have an online presence whether you want it or not.

Just enter your name into one of the popular Internet search engines – Google, Bing, Ask, Yahoo or others. What do you find? Chances are, physician results will range from your website to any outside activities with which you are involved, to an array of third-party sites that purport to provide physician ratings and business information. Some results you find may be complete surprises, such as an obituary for your mother-in-law listing you as a survivor.

It's important to know what people are seeing, because it is your patients who are looking for you online. For that reason, more physicians are actively maintaining their online presence by operating websites, Facebook pages and other tools, and monitoring what is said on the Internet.

The Internet today is a primary way for people to find information about most anything. And that includes physicians, hospitals and the health conditions for which they seek treatment. Jerrie K. Weith, director of health care services for Anders Minkler & Diehl LLP, said, "Today if we need something we commonly utilize our laptop or smart phone to perform a search. If providers aren't participating online, they could be missing a strong referral source."

Besides having a website and Facebook page, physicians also can boost their visibility online by purchasing ads or sponsored links on those two sites. These "can be a cost effective way to help to brand the practice," Weith said.

Another tool is having a page on LinkedIn, a site primarily for professional networking. A LinkedIn profile is similar to a re-

sume, and can list the doctor's practice, education, residency, certification, specialty, etc. This can help counter any inaccurate information on third-party sites.

### Monitoring What's Being Said

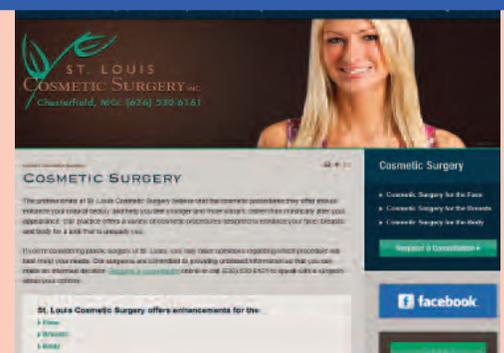
Managing your online presence starts with being aware of what is said. Experts agree that you should regularly check your results in online search engines at least monthly, preferably more often, according to Steven Wyr, managing director of Reputation Advocate, Inc., quoted in the Sept. 12, 2011 *American Medical News*.

Another way to keep up to date is with Google Alerts. You can sign up to receive an email when something new appears about you on a website or in news media. Several SLMMS members say they use Google Alerts, but have not found it always useful. Experts suggest that one way to increase the effectiveness of Google Alerts is to enter all possible search terms, i.e., "John Smith MD," "Dr. John Smith," "John Smith ophthalmology" or "Smith Vision Care."

Physicians should exercise discretion in anything they post on a website, blog, Facebook page or other media.

"Physicians can make prudent use of the internet and social media, but they have to remember that once something is out on the Internet, it's potentially out there forever. Therefore, physicians should be careful about the information that they post," said Stuart J. Vogelsmeier, attorney with Lashly & Baer, P.C.

"Obviously, physicians shouldn't write about a specific patient, unless they have obtained prior written consent from the patient," he said.



Websites of St. Louis Gastroenterology, Washington University Facial Plastic Surgery, and St. Louis Cosmetic Surgery

# Web Presence They Google you?

By Jim Braibish  
St. Louis Metropolitan Medicine



## Websites and Search Engine Optimization

Among several ways to inform current and prospective patients online is with a website. Many but not all physicians have websites.

SLMMS member Herluf G. Lund, Jr., MD, said, "As a plastic surgeon, I must have a web presence to survive. We have a brand new site developed with one of the best aesthetic medicine website developers. We also have a full-time in-office marketing director who constantly monitors our website and adds content daily with the appropriate links to other sites."

Gregory H. Branham, MD, professor and chief of facial plastic surgery at Washington University, also an SLMMS member, said, "We have a website for our practice that has been in place for approximately five years. It is very rich with a lot of educational content containing keywords that will bump us up on the search engine lists."

SLMMS Councilor Samer W. Cabbabe, MD, with St. Louis Plastic Surgery Consultants, said his practice has a website which they optimize by adding new content frequently. They also use an outside consultant for search engine optimization (SEO).

Several other physicians who responded to a recent SLMMS member email indicated they do not have websites, had tried them with limited success, or have websites preparing to launch.

Websites are available in all price ranges. In seeking a web developer, the physician should have a budget in mind and determine the goals for the site. In addition, free online tools such as Wordpress enable non-technical people to set up simple websites on their own. Wordpress is built around blogging, which is in essence your personal commentary. It is a useful way to provide updates on your practice as well as new techniques and treatments available to patients. Blogs should be concise and stick to professional topics since they are available throughout cyberspace for all to see.

Blogging also is a way to improve the standing of your site in search engine listings. The goal is to be at or near the top. Sites that are updated regularly tend to do better than those that remain static.

"Some of our doctors will write blogs or answer questions on our site to keep the content fresh," Dr. Lund said. "We also take regular classes that look at the ever-changing methods used by the major search engines to keep our website at or near the top."

Google is constantly updating how it operates searches, said Paul Sadowski of MDNetlink, a St. Louis web development firm serving medical practices.

One common way to improve search-engine visibility is making sure keywords appear prominently in your site. These would be words or phrases patients might use to find you. Keywords for a family practitioner, for example, might be "family medicine," "general medicine," "family physician," "medical check-up," "examination," "best doctor," and the doctor's name.

In addition to keywords, site architecture can build "meta tags" behind keywords and phrases. Ophthalmologist William L. Becker, MD, SLMMS member, said his site uses meta tags. "We tag words you might think patients would associate with you or your practice or your field of medicine."

According to Wisegeek.com, "HTML meta tags are inconspicuous pieces of code that work in the background, and are typically used to provide information on the content of a website to search engines. Search engine optimization specialists often use meta tags to help improve the visibility of a website, and to help search engines better categorize and describe the website itself."

## Cautious About Facebook

Several physicians interviewed have Facebook pages for their practices. All are cautious about the use of this popular social networking tool. According to Facebook's website, the site has 845 million active monthly users worldwide.

Stephen G. Slocum, MD, of West County Ophthalmology and past SLMMS president, does not use Facebook for the practice. "I personally am hesitant to have patients contacting me online, when there is a chance I will not see their message, especially concerning potentially serious medical conditions," he said.

Psychiatrist and SLMMS member Jo-Ellyn Ryall, MD, said, "I

*(continued on next page)*

# Managing Your Online Presence

## What do your patients find when they Google you?

(continued)

have a Facebook page but not for my practice. While patients may want to friend me on Facebook or connect on LinkedIn, I do not accept access from current patients.”

Dr. Branham said, “We do not have a Facebook page but have begun to discuss it. A page requires constant input to remain fresh and we don’t have the personnel to do that daily. With the website, some maintenance is required but it is not a daily requirement.”

Plastic surgeons Dr. Lund and Dr. Cabbabe both use Facebook for the practice but have seen limited results. Dr. Cabbabe’s office updates the Facebook page weekly.

Dr. Lund said, “Facebook is hard to determine as far as how successful it is for our practice. You may have lots of fans but that does not mean they are coming into your office or even reading the content. Still, we are out there and we do add content every day and try to make the page as interactive as possible.”

In setting up a Facebook page, the practice should consider to what extent it will allow third parties to post comments. Attorney Vogelsmeier said, “Facebook has a number of different levels of controls regarding posts on a business website by third parties. The practice needs to give careful consideration to whether it will even allow any comments from third parties at all. In other words, a practice may choose not to allow any outside posts on the practice’s ‘wall.’ That’s the easiest way to avoid dealing with negative comments.”

Vogelsmeier also reminds physicians to use caution with personal Facebook pages, even if viewing is restricted. “Once a physician posts something, it is out there for the world to see. Expect that people will be looking at your Facebook page. Expect that someone will eventually try to use your Facebook page in a negative manner at some point in your professional career.”

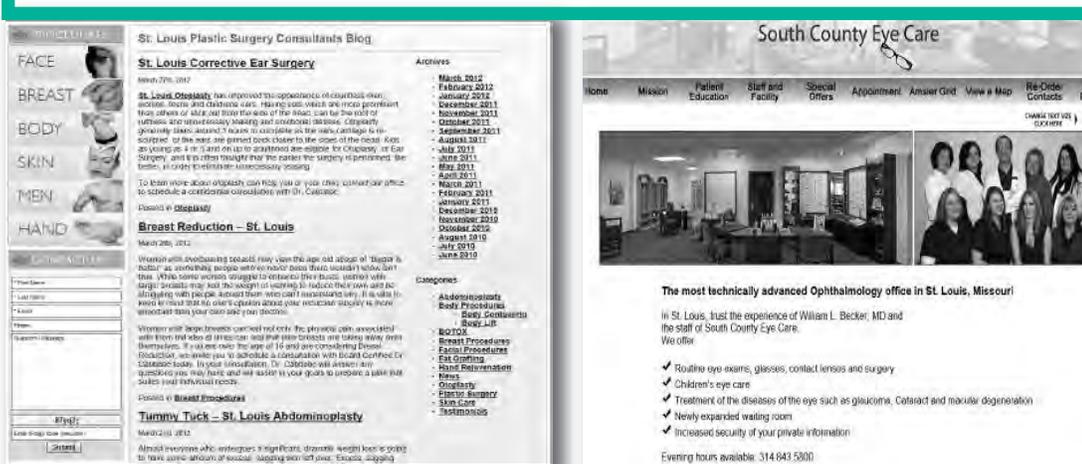
### Third-Party Rating Sites

Most searches of physicians turn up a multitude of third-party sites offering information and ratings. Several examples are Healthgrades and RateMDs. Most of these sites use web crawlers to harvest information from public records, Sadowski said. “Some of the information is incorrect. They just want enough hits to attract ad money,” he said.

Physicians are skeptical of the value these websites. “I am not sure how many patients use them. My opinion is that there are so many it is hard to tell which ones are valid,” Dr. Branham said.

“Generally, they are worthless,” said Robert McMahon, JD, MD, SLMMS president. He cited an example of a physician whose license was revoked in 2008 still appearing on several third-party sites but not showing on the Board of Healing Arts site since he no longer is licensed.

A major problem with rating sites is the openness to anyone to post comments, legitimate or not. “It is very difficult to counter negative reviews that may be placed by patients,



(left) Plastic Surgery Consultants’ site features a blog to help with search engine optimization; (right) South County Eye Care uses keywords and meta tags to attract search engines. Note the descriptive copy on the practice using many possible search keywords.

or even persons who are not patients but want to plant negative information. It is an additional burden on physicians to continuously monitor an expanding number of rating websites,” Dr. McMahon said.

Dr. Branham added, “One unhappy or crazy patient can attempt to ruin your reputation. These sites are not typically going to regulate that material as they don’t have the time or resources and so many of them are not really interested in providing a public service as they are in making money.”

In Scottsdale, Ariz., cosmetic surgeon Albert Carlotti III, MD, was the target of online posts by an angry former patient who used third-party sites as well as her own site she created. In December 2011, Dr. Carlotti won a \$12-million defamation suit against the former patient, reported the American Medical News on Feb. 20, 2012.

The ratings game can work both ways, with the common denominator being the websites’ desire to make money. Some sites will post only positive comments but charge physicians a fee for doing so. Another company, Medical Justice, Inc., was recently forced by the Federal Trade Commission to stop its practice of having patients of its client practices sign contracts stating they would not post online comments without the doctor’s consent. In addition, the website RateMDs.com accuses Medical Justice of planting glowing reviews on the RateMDs site, citing the sources of many positive reviews being Medical Justice URLs.

Some physicians accept the rating sites as a necessary part of the online world. Dr. Lund said, “These rating sites are here to stay because the public likes and trusts them. I monitor them on a weekly basis to see if someone has written something about my practice.” He suggests physicians keep their profiles on the sites up to date.

Keeping information on the sites current contributes to higher search visibility. Dr. Cabbabe said, “They are extremely important as they help determine SEO. I have updated profiles. Google uses the review sites to help determine ranking on a page for a given search.”

What should you do if you receive a negative comment? “Do not respond to an unfavorable rating no matter how much you feel you have been unjustly treated. It plays right into the hands of the rater,” Dr. Lund said. However he cited an example of an inaccurate rating where he contacted the



**Allergy Consultants (SLMMS member practice) uses their Facebook page (top) to inform patients about daily pollen counts and other updates; viewers are not allowed to post. St. Louis Cosmetic Surgery (above) uses Facebook to help build visibility.**

website and explained the situation. The comment was removed.

Weith added that if a comment is libelous you should consult an attorney.

If the third-party websites are of uneven value, where should patients go for information? Physicians suggest the Board of Healing Arts or old-fashioned word of mouth.

Managing online presence is one more challenge physicians face in an already busy daily agenda.

