PROFESSIONAL BEHAVIOR vs. “DISRUPTIVE BEHAVIOR” FOR PHYSICIANS

Presented by:

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OBJECTIVES

• Identify what it means to be a disruptive physician
• Identify pitfalls of social media
• Identify acceptable and unacceptable professional behavior
DISRUPTIVE PHYSICIAN
DEFINITION

• Disruptive behavior consists of a pattern of behavior that interferes with the physician’s effective clinical performance

• Disruptive behaviors negatively impact the persons with whom the physician interacts
FOLLOW MEDICAL STAFF POLICIES

• Medical staff and hospitals develop behavioral standards
• Bylaws define appropriate and disruptive behavior
• Medical staff bylaws, policies and procedures should be consistent with hospitals’ regulations, and with federal, state and local laws
HOW BEHAVIOR IS IDENTIFIED

• Patient complaints and surveys
• Peer assessments
• Reviews that utilize feedback from coworkers, including:
  – Physician peers
  – Nursing staff
  – Administrators
YOU MIGHT BE A DISRUPTIVE PHYSICIAN IF...
YOU MIGHT BE A DISRUPTIVE PHYSICIAN IF YOU...

• Yell
• Use foul and abusive language
• Publically criticize coworkers
• Insult or shame others
• Slam, throw or break objects
• Are physically aggressive
YOU MIGHT BE A DISRUPTIVE PHYSICIAN IF YOU...

- Use hostile avoidance or the “cold shoulder”
- Intentionally miscommunicate
- Are unavailable for professional matters
  - Not answering pages from certain people
- Use implied threats
- Use racial jokes or slurs
- Joke about a person’s appearance
DISRUPTIVE PHYSICIANS

• Personality Traits
  – Highly-skilled
  – Well-read
  – Intelligent
  – Articulate
  – High-achieving
  – Confident

• Problem Traits
  – Arrogant
  – Intimidating
  – Controlling
  – Vindictive
  – Failure to self correct
  – Entitled
IMPACT OF DISRUPTIVE PHYSICIANS IN THE WORKPLACE

• Lower staff morale
• Increased turnover
• Negative reputation of healthcare system
• Poor patient satisfaction
• Increased cost of care
• Lawsuits
PERSONAL IMPACT OF BEING LABELED A DISRUPTIVE PHYSICIAN

• Being proven to be a disruptive physician may lead to:
  – Adverse action against clinical privileges resulting in a NPDB report
  – Action to drop the physician from insurance panels
  – Adverse action by the state medical board
  – Loss of specialty certification
IF YOU ARE TAGGED AS A DISRUPTIVE PHYSICIAN

• Educate yourself about the issue
• Avoid conduct labeled as “disruptive behavior”
• Seek professional counseling
• Respond to the complaint, but do so with your attorney
FALSE ACCUSATIONS

• Bylaws should include a due process component
• Complaints should not be considered without a complaint verification process
• Bylaws should include an appeals process with an option for a fair hearing
SOCIAL MEDIA
SHOULD YOU...

Have combined personal and professional social media accounts?
SHOULD YOU...

Friend patients or accept friend requests from patients?
INTERACTING WITH PATIENTS

• Physicians should refrain from interacting with past or current patients on personal social media sites
• Never discuss information pertaining to the physician-patient relationship
SHOULD YOU...

Give specific medical advice online?
DISCUSSION OF MEDICINE ONLINE

• Physicians must ensure that information exchanged on these sites remains confidential
• Physicians must ensure that non-physicians do not rely on the online discussion as medical advice
SHOULD YOU...

Share health care articles or videos for informational purposes?
SHOULD YOU...

Blog, Tweet or Facebook about a diagnosis of lung cancer in a young smoker in order to encourage others to stop smoking?
DISCLOSURE

• Physicians may write online about their experience as healthcare professionals, but they must reveal existing conflicts of interest and be honest about their credentials as physicians.
SHOULD YOU...

Acknowledge a physician-patient relationship online?
SHOULD YOU...

Talk about patients’ conditions, treatments or research online, even in general terms? – e.g. “We had a fifty-year-old male in the ER last night with alcohol-induced liver disease.”
PRIVACY/CONFIDENTIALITY

• Patient privacy and confidentiality must be protected at all times
• Physicians can discuss their clinical experience but should refrain from including details that may identify a patient
SHOULD YOU...

Post photos like this on social media?

Note: These are hypothetical photos from Dr. Ryan Greysen, assistant professor at the University of California, San Francisco
SHOULD YOU...

Report unprofessional behavior of others to authorities?
SHOULD YOU...

Share vacation photos, some of which show you drinking?
POSTING CONTENT

• Physicians must realize that any information they post online can be disseminated without their consent to a huge audience.
• Content can be taken out of context and will remain online forever.
USING SOCIAL MEDIA & SOCIAL NETWORKING IN MEDICAL PRACTICE

• Federation of State Medical Boards released “Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking”
MEDICAL BOARD SANCTIONS

• State medical boards have the authority to discipline for inappropriate online conduct, including:
  – Inappropriate communication with patients
  – Use of the internet for unprofessional behavior
  – Violations of patient confidentiality
  – Proof of impairment
MEDICAL BOARD SANCTIONS

• Including:
  – Failure to reveal conflicts of interest
  – Derogatory remarks regarding a patient
  – Depiction of intoxication
  – Using discriminatory language or practices
MEDICAL BOARD
DISCIPLINARY ACTIONS

- Letter of reprimand
- Mandated education or community service
- Monetary fine
- Probation
- Restriction of license
- Suspension of license
- Revocation of license
HIPAA LIST OF IDENTIFIERS

• Names
  – Including initials
• All geographical subdivisions smaller than a state
• All elements of dates (except year) for dates directly relating to an individual
HIPAA LIST OF IDENTIFIERS

- Phone numbers
- Fax numbers
- E-mail addresses
- Social Security numbers
- Medical record numbers
HIPAA LIST OF IDENTIFIERS

- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers
- Device identifiers and serial numbers
HIPAA LIST OF IDENTIFIERS

- Web Universal Resource Locators (URL)
- IP address numbers
- Biometric identifiers
- Full face photographic images
- Any other unique identifying number, characteristic or code
## HIPAA Violations

<table>
<thead>
<tr>
<th>HIPAA Violation</th>
<th>Minimum Penalty</th>
<th>Maximum Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual did not know (and by exercising reasonable diligence would not have known) that he/she violated HIPAA</td>
<td>$100 per violation, with an annual max. of $25,000 for repeat violations (Note: max. that can be imposed by State Attorney General regardless of the type of violation)</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
</tr>
<tr>
<td>HIPAA violation due to reasonable cause and not due to willful neglect</td>
<td>$1,000 per violation, with an annual maximum of $100,000 for repeat violations</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
</tr>
<tr>
<td>HIPAA violation due to willful neglect but violation is corrected within the required time period</td>
<td>$10,000 per violation, with an annual maximum of $250,000 for repeat violations</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
</tr>
<tr>
<td>HIPAA violation is due to willful neglect and is not corrected</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
<td>$50,000 per violation, with an annual maximum of $1.5 million</td>
</tr>
</tbody>
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PROFESSIONAL BEHAVIOR
ACCESSING RECORDS

• Do not access records of patients you are not seeing
  – Nurse fired for looking at Tiger Woods’ medical records

• EMR tracking
  – Current case involving stalking by physician who looked up demo information for address hundreds of times
BOUNDARY ISSUES

- Investment/business relationships
- Reciprocal treatment agreements
- Prescription exchanges
- Treatment of friends and relatives in general
- Inter-office dating
CASE STUDIES
BUT FIRST... 
LET ME TAKE A SELFIE

• An ENT doctor is accused of taking a selfie photo in the procedure room while the late Joan Rivers was under anesthesia.
OB-GYN’S OH NO!

Amy Dunbar
January 28 at 7:19pm via mobile

So I have a patient who has chosen to either no-show or be late (sometimes hours) for all of her prenatal visits, ultrasounds, and NSTs. She is now 3 hours late for her induction. May I show up late to her delivery?

Lisa Wolfe I'm surprise u see a patient that late. I came 30 min to my Gyne once and they made me reschedule, even though I once waited 2 hrs to be seen by this dr.
January 28 at 7:23pm via mobile

Mike Lasser If it’s elective, it’d be canceled!
January 28 at 7:33pm - 1

Pat Kramer I agree with Dr. Lasser. Cancel the induction.
Registered Nurse - Medical College of Wisconsin
January 28 at 7:40pm

Amy Dunbar here is the explanation why I have put up with it/ not cancelled induction: prior stillbirth.
January 28 at 7:41pm via mobile

Pat Kramer I thought of that after I hit send. I do not understand some people. I try to be at least minutes and bring a book, magazine and Kindle so the time waiting does not seem so long.
January 28 at 7:44pm

Pat Kramer That should have been minutes early.
January 28 at 7:46pm

Sandy Hou Maybe she’s hitting up the bar for her last drink?
Child Psychiatrist ENKI Clinics
January 28 at 9:11pm via mobile - 1

Anna Simpson Wichgers I love being early to my o.b. appointments! It's more time for me to read, or sleep, or relax!!!
January 28 at 9:27pm - 1
TALK DIRTY TO ME

- Seattle doctor accused of sexting during surgery (among other things)
- At one point sending 45 messages during a single operation
- License suspended
DRINKING AND POSTING

• Chicago doctor is accused of posting photos of an intoxicated patient to social media

• One photo is of the patient crying in bed connected to an IV with the caption: Cuvée #bottle #service #gone #bad

• Patient is seeking more than $1.5 million in damages
AID WORK OR SPRING BREAK?

• Aid workers in Puerto Rico posted photos of doctors drinking, mugging for cameras and brandishing firearms amid victims’ suffering.

• Some lost their jobs and tarnished their careers.
We must-ache you not to do this

- An anesthesiologist put stickers on an unconscious patient's face—giving her a black mustache and teardrops—then a nurse's aide snapped a photo.
- The anesthesiologist and other employees involved were disciplined but not fired.
Residency to Reality
Residents and Fellows Welcome

When: March 5, 2015 @ 6pm
Where: Citrus Club, 255 S Orange Ave Suite 1800, Orlando, FL

Join us for a panel discussion on transitioning from RESIDENCY to REALITY. We have a Certified Financial Planner, Real Estate Consultant, & Health Law Attorney discussing specifics steps to plan for “reality.” Q&A is encouraged, but a few topics include:

- Understanding your Employment Contract
- Debt Reduction Strategies
- Buying a home after residency. How soon?
- How to find an expert Realtor® in a new city

Appetizers and drinks will be provided. Doors will open at 5:30 and event will kick-off at 6:00pm.

RSVP by emailing Eric Roukey at eric@forthedocs.com
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