Newsbytes, 1/14

Raymond D. Aller, MD, and Hal Weiner

Why one pathologist champions social media

In an era when one angry tweet or provocative selfie can crash a career, the potential pitfalls of social media might be more obvious than their professional benefits. But one Arkansas dermatopathologist, an enthusiastic user of Facebook, Twitter, and YouTube, urges pathologists to consider the many opportunities social media offer, particularly for networking and education.

Participation in social media "is a huge area of untapped potential that pathologists should take advantage of," says Jerad M. Gardner, MD, assistant professor of dermatopathology and bone and soft tissue pathology and associate director of dermatopathology fellowship at University of Arkansas for Medical Sciences. "Facebook is a wonderful tool for meeting other pathologists, which makes it especially valuable to residents and junior pathologists who are trying to get their foot in the door," he explains. "It's also a fantastic and powerful way to educate and be educated." Dr. Gardner, who has used Facebook for the past five years, led a roundtable, at the CAP '13 annual meeting in October, on how pathologists can use social media for professional purposes.

In September, Dr. Gardner's passion for teaching prompted him to launch two Facebook groups focusing on dermatopathology and bone and soft tissue pathology. "I started the groups so that pathologists could share interesting cases with their colleagues—not for consultation, but for education and teaching," he says. "What ended up happening was awesome, because pathologists from all over the world are sharing their own cases, commenting, asking each other questions. I'm getting to see things I rarely see in my own practice, and I'm seeing comments from other experts in the field. A case I posted less than 24 hours ago already has 20 comments." Both Facebook groups have more than 2,500 members, "and 20 to 30 new members are joining every day."

Pathologists frequently ask Dr. Gardner about patient privacy and the legal risks associated with commenting about cases online. "The key is, you never, ever post anything that's identifiable: names, case numbers, initials, anything like that," he says. Dr. Gardner has posted a note on both Facebook groups stating that the discussions and posts represent unofficial opinions and are not medical advice or official consultations. "For most of the cases I put up, I already know what they are. I'm just sharing it so others can see and learn from it," he explains. Occasionally, he adds, a pathologist will post a case with the comment, "'I'm not sure what this is; what do you guys think?' And then we'll help identify it." While discussions are lively, they are rarely vitriolic, he notes. "I have not seen much come up that's more than a minor disagreement."

On his personal Facebook page, Dr. Gardner mixes the personal with the professional. "Some people don't like to do that—they want their family life to be totally separate from work," he says. "If you 'friend' me on Facebook, you're going to see posts about pathology, about food, and about my babies and my family." Noting that about half the pathologists he encounters at meetings are Facebook members, Dr. Gardner said he networks vigorously, friending each pathologist he meets.

Although the Facebook terms of service stipulate one account per person, Dr. Gardner says users who have two e-mail addresses can create two accounts to keep their work and personal communications separate. Assume all posts are public, he warns: "Be kind and reasonable, and don't put up anything you wouldn't want to see on the front page of the newspaper."

Twitter, on the other hand, is "more about making public statements and a little less familiar than Facebook," Dr. Gardner says, adding that Twitter gives pathologists a forum in which to air opinions and direct followers to articles, videos, or tweets of interest. "I use Twitter to interact with senators and congressmen about legislation that affects pathologists," he notes. "It's a nice, public way to engage your representatives about policies that protect patients and the specialty." Dr. Gardner maintains separate Twitter accounts "for my medical tweets and

my foodie tweets—things I'm eating and cocktails I've made—because I don't think they mesh very well." Both his Twitter and Facebook accounts include links to his YouTube channel, where he posts instructional videos geared to pathology residents.

While some pathologists have established a professional presence on social media, it's less common for a pathology department to do so, Dr. Gardner says. "It takes work and expertise to put together an effective social media strategy for an organization," he adds, and many pathologists don't have the time or knowledge to undertake such an endeavor for their department, or they worry about the liability. "But it's certainly something that can be done."

CMS releases plan to extend meaningful use timeline

The Centers for Medicare and Medicaid Services has proposed extending stage two of meaningful use for the Medicare and Medicaid EHR incentive programs through 2016, with stage three beginning in 2017 for health care providers who participated in stage two for at least two years.

According to a blog post on CMS' Web site, the proposed timeline would provide numerous benefits, such as additional time to analyze stakeholder feedback on stage two progress and outcomes, generate data on stage two adoption and measure calculations, enhance stage three requirements, and, for vendors, develop and distribute certified electronic health record technology before stage three begins.

The proposed timeline is based on feedback provided to CMS and the Department of Health and Human Services' Office of the National Coordinator for Health Information Technology by health care providers, consumers, health care associations, vendors, and other stakeholders in the health care industry, the blog post says.

CMS expects to release, in fall 2014, a notice of proposed rulemaking for stage three, while the ONC releases a corresponding notice of proposed rulemaking for the 2017 edition of the ONC standards and certification criteria, which will outline additional details of the proposed timeline.

The final rule, containing all requirements for stage three, is expected to be released in the first half of 2015, CMS reports.

Data Innovations acquires Dawning Technologies

The middleware company Data Innovations has acquired the assets of Dawning Technologies, also a supplier of connectivity solutions for the clinical laboratory market.

By acquiring Dawning Technologies' middleware and interface products, Data Innovations will be able to serve organizations ranging from small physician practices to large laboratories, DI reports.

"We remain committed to the growth of each of the product lines which are part of the combined organization," says Data Innovations CEO Mike Epplen.

[Data Innovations](), 802-264-3470

Aspyra offers updated version of CyberLab

Aspyra has released version 7.3 of its browser-based CyberLab laboratory information system. The updated version fully supports ICD-10 and ICD-9 diagnosis codes.

Among the other features of CyberLab 7.3 are graphical user interface updates; enhanced custom patient reporting, including cumulative reports, columnar microbiology, and the capability to build other custom results formats; and a streamlined collection verification process.

[Aspyra](), 818-449-8671

Patient information security for mobile devices

Marble Security has introduced Marble Messenger, which protects patient information on mobile devices via encryption and passwords and helps organizations enforce electronic protected health information security policies for sending and receiving patient information.

Because patient information is encrypted, it is also protected as it traverses the Internet or a mobile network. Additional safety is provided through an auto-destruct feature that deletes images and text after a time limit is reached.

Marble Messenger is the latest addition to Marble Security's mobile security platform, a next-generation cloud-service that includes functionality to protect against malware, unauthorized data access, phishing, wireless eavesdropping, and other network attacks while enforcing security policies.

[Marble Security](#), 855-737-4373

New contracts for Voicebrook

Voicebrook recently acquired several clients that will integrate Voicebrook's VoiceOver speech-recognition and digital dictation software with their institutions' anatomic pathology systems. Those clients include Detroit (Mich.) Medical Center; Georgia Regents Medical Center, Augusta; and DuBois (Pa.) Regional Medical Center.

[Voicebrook](#), 516-326-9400

[hr]

Dr. Aller is director of informatics and clinical professor in the Department of Pathology, University of Southern California, Los Angeles. He can be reached at raller@usc.edu. Hal Weiner is president of Weiner Consulting Services, LLC, Florence, Ore. He can be reached at hal@weinerconsulting.com.