

# Take Steps to Protect Your Online Reputation

BY SHERRY BOSCHERT

EXPERT OPINION FROM THE ANNUAL MEETING OF THE AMERICAN SOCIETY FOR MOHS SURGERY

MONTEREY, CALIF. — Have you searched for your name on the Internet? Your patients have.

"Your patients are Googling you," and some of them probably are rating your performance as a doctor on one of the many physician-rating sites or generic rating sites, Dr. Clifford Warren Lober said at the meeting.

Here's the problem: The patients most likely to rate you are those who are livid or those who think you walk on water. And it's not just patients who are posting comments about you, but previous patients, ex-employees, former spouses, or anyone else who knows you, said Dr. Lober, a dermatologist and attorney in Kissimmee, Fla.

Online comments may be made anonymously, may persist for years on the Internet, may be accessed by anyone with a computer, and may be replicated on other Web sites beyond the original.

If you discover comments about you that you think are harmful to your reputation, your attempts to remedy the situation may backfire and instead "optimize" the content by bringing more attention to the posted statement, amplifying its negativity, Dr. Lober pointed out.

Legal remedies are few and complicated. "There is a morass of legal defenses and privileges that protect the offending person," Dr. Lober said.

So what is the best way to manage your online reputation? One strategy is to minimize the impact of negative online information through search-engine optimization, he suggested.

In practice, this means blitzing the Web with your own content to crowd out comments by others.

"You want to occupy the first three pages of the rating sites" and the search-engine results pages, if possible, Dr. Lober said, adding that most people do not look beyond the first three pages of results.

This can be accomplished by establishing multiple Web sites, each with numerous internal page links, external high-traffic links, significant content on each of your home pages, and other features that make these the sites that show up when someone searches your name.

Establishing a deep social network presence helps, too. Dr. Lober suggests creating accounts on Facebook, Twitter, LinkedIn, ZoomInfo, Connectbeam, Ya-

hoo Profile, Google Profile, MSN Profile, Wetpaint, Naymz, Jigsaw, Ning, and others, he suggested. Ideally, get on sites that feature RSS (Really Simple Syndication) feeds so that information posted on one site transfers to others.

Other prongs in this strategy include issuing press releases by using Internet publication sites, establishing one or more blogs in your name, and using pay-per-click advertising.

Sound overwhelming? Innovative entrepreneurs thought that it might, so a number of Internet reputation-management companies have formed to do some of this work for you—for a fee, of course. These include companies such as

Reputation Repair & Management, Internet Reputation Management, and Reputation-Defender, Dr. Lober said.

If, instead, you want to make an attempt to get a specific offensive statement removed from the Web, seek legal counsel to guide you, he advised.

First, the statement must be determined to meet the legal definition of defamation. If it does, the next step is to determine if the person who wrote it is covered by any one of several standard legal defenses. If that's not an issue, check the terms and conditions listed by the Internet service provider (ISP) of the site where the comment appeared, to see if the ISP made any promises or assurances about the content on the site. If you contact the ISP, it may take the comment down.

Normally, ISPs are immune from lawsuits over statements made by others on its service; they resemble telephone companies more than newspapers in that respect, he said.

You or your lawyer can request that the courts issue a subpoena to try to compel the person who made the statement (even an anonymous poster) to remedy the situation, but this process is time consuming and expensive, and the person who posted the comment may be difficult to locate, Dr. Lober cautioned.

And if you sue, the defendant may try to frame your action as a SLAPP (strategic litigation against public participation) suit intended to muzzle critics and restrict freedom of speech.

Some states have anti-SLAPP laws that could leave you paying the defendant's attorney fees and costs, and make you vulnerable to a countersuit by the defendant.

Better to try to "manage" your online reputation than to try to legally defend it, Dr. Lober suggested. ■

**Disclosures:** Dr. Lober reported having no pertinent conflicts of interest.



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### Preventive Training Supported

The Department of Health and Human Services has awarded 15 grants totaling \$9 million to train about 55 residents in preventive medicine. Some of the funds come from the American Recovery and Reinvestment Act of 2009. The support goes to accredited schools of public health and medicine and hospital-based residency programs, the agency said. Griffin Health Services Corp., the parent company of Griffin Hospital in Derby, Conn., was awarded the top grant of \$1.4 million. The Johns Hopkins Bloomberg School of Public Health received \$1.1 million, and the University of California, Davis, received about \$1 million, DHHS said.

### State Backs Coordinated Care

Health care providers in five communities across New Hampshire have agreed with the state's major insurance companies to participate in a 5-year pilot program to encourage collaboration, prevention, and disease management instead of fee-for-service medicine, said Gov. John Lynch (D). Groups of providers in each community will become "accountable care organizations" and thus take responsibility for coordinating health care and preventive services to local residents. Each organization will determine how to spend its budget to achieve quality outcomes and efficiency. The current "system rewards providers for seeing as many patients as possible. We're going to change that. Under this pilot project, we are moving to a system where health care providers will profit from spending time with their patients and keeping them healthy," Gov. Lynch said in the statement.

### Generics Saved Nearly \$1 Trillion

Use of generic drugs saved the U.S. health care system more than \$824 billion in 2000-2009, according to a report commissioned by the Generic Pharmaceutical Association and conducted by research firm IMS Health. Cardiovascular drugs, nervous system drugs, and metabolism drugs accounted for three-quarters of the savings, according to the report. In 2009, generics saved \$139.6 billion, an increase of 15% over 2008, and those savings are expected to accelerate as 6 of the 10 current largest-selling brand-name drugs will lose patent protection by 2014, the report said. In that group are the cholesterol drug Lipitor (atorvastatin), the blood clot preventer Plavix (clopidogrel), and the asthma medication Singulair (montelukast).

### Whites Least Hospitalized for HBP

Blacks were hospitalized for hypertension nearly five times as often as whites in 2006, and Hispanics were as likely as whites to be admitted for the condition, according to the Agency

for Health Care Research and Quality. Whites had 33 admissions per 100,000 people each year, whereas the figure for blacks was 161 admissions and for Hispanics, 61 admissions. More than 250,000 people each year are hospitalized for hypertension with complications, the agency found. The poorest Americans were 2.5 times as likely to be admitted for hypertension as were the wealthiest.

### Agencies Post Disability Guidance

The Departments of Justice and Health and Human Services have jointly issued new technical guidance for health providers to encourage care of people with mobility disabilities. "Access to Medical Care for Persons with Mobility Disabilities" details how the Americans with Disabilities Act (ADA) and other government rules on disabled access apply to providers. The 19-page document includes an overview of general ADA requirements, frequently asked questions, and illustrated examples of accessible facilities, exam rooms, and equipment. Providers can download the booklet at [www.ada.gov/medcare\\_ta.htm](http://www.ada.gov/medcare_ta.htm).

### FDA: Intuniv Promotion Misleading

Promotional materials for the attention-deficit hyperactivity disorder drug Intuniv (guanfacine) misleadingly imply that the drug can correct "individual behavior problems" that "the whole family can see," the FDA said in a letter ordering the manufacturer, Shire Development, to stop using those claims in parent guides and in-office brochures and displays. The materials mentioned temper outbursts, arguments with adults, deliberate annoyance of others, and irritability, the FDA said in its letter. However, the agency told Shire, "these behavioral problems are not symptoms specific to ADHD, and we are not aware of substantial evidence or substantial clinical experience demonstrating an effect of Intuniv on these behavioral problems."

### Parents Want Genetic Tests

Most parents are interested in having their children checked for disease risks using at-home genetic testing kits, according to a survey from C.S. Mott Children's Hospital in the University of Michigan Health System in Ann Arbor. The poll found 53% of parents either "very" or "somewhat" interested. Almost that entire group said the testing might give them the chance to prevent diseases and could help them recognize children's health problems early. Two-thirds of those who said they wouldn't be interested in testing their children cited the possibility of discrimination against children who showed genetic risk of disease.

—Jane Anderson