

THE OFFICE

Office Supply Scams

It doesn't occur to most physicians that a supplier might be ripping them off; but if adequate purchase controls are not in place, then it's possible, and even likely. Be aware of the common scams, how to avoid them, and the options if you're victimized.

Con artists take advantage of unsuspecting employees (and physicians) and lax purchasing procedures. Typically, the scam begins with a phone call from a "representative" who asks questions about the office and the supplies commonly ordered in bulk, such as paper, disposable gloves, printer cartridges, gauze pads, and cleaning supplies. (The caller might claim to be conducting a survey.)

The scammer might pretend to be a regular supplier who is "overstocked" on printer ink or toner. (Toner scams are so common that perpetrators are nicknamed "toner phoners.")

Here is how this scenario might play out: You receive a shipment of poor quality merchandise you didn't order. Later, you receive an invoice for 5-10 times the

amount you would pay a legitimate supplier for better quality supplies.

You can't be sure you didn't place the order, because you have no system in place for checking such things; your employees may have already opened the boxes; and you're under the mistaken impression that you have to return unordered merchandise or pay for it if you've started using it. (More on this later.)

Sometimes the caller offers your receptionist or office manager a free "promotional item" with "no further obligation." Your employee figures why not, and accepts the gift. You receive overpriced unordered merchandise, followed by an invoice with the employee's name prominently displayed. The crooks are betting you will blame the employee, who you assume placed the order to get the gift (despite his or her denials), and now you have to pay.

Regardless of the method, the goal is the same: to get an invoice into your hands. Once that is accomplished, the scammers get very aggressive; they will dun you with letters and phone calls,

send you to real or fake collection agents, and even threaten legal action.

You're at a disadvantage because you're not positive, and certainly can't prove, that you didn't order the supplies. And, if you pay the bill, you think maybe they will get off your back; however, you will only be targeted for additional scams. The scammer may even sell your "account" to other con artists.

Prevention is a matter of good organization and training. Put one person in charge of ordering supplies, and instruct everyone (including physicians) to tell all solicitors, "I'm not authorized to order anything or answer surveys. You'll need to speak to our purchaser."

Instruct your purchaser to be suspicious of all cold calls and unfamiliar salespeople, and to never yield to pressure to make an immediate decision. If an offer appears legitimate, ask to see a catalog or printed price list before ordering anything.

Standardize your ordering procedure. Acquire a supply of purchase orders – electronic or written – and make sure one is filled out for every order, and every order is assigned a number. The employee who pays bills, ideally someone different from the one who does the

ordering, should receive a copy of every purchase order. Keep blank order forms locked up or password protected.

When shipments arrive, verify they match the shipper's invoice and the purchase order. If everything reconciles, send a copy of the shipping invoice to your accounts payable employee. Bills for services should be reconciled the same way.

If a scammer still gets through your defenses, you have rights, and you should exercise them. According to the Federal Trade Commission, you are not required to pay for supplies or services you didn't order, nor are you required to return them. You may treat unordered merchandise as a gift. But you have to be able to prove you didn't order it, which should be easy if you use purchase orders.

The FTC has a good template of instructions for avoiding scams at www.ftc.gov/bcp/edu/pubs/business/alerts/alt065.shtm that can be printed and used to train employees. Put a copy in your employee manual as well. ■

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A Lesson in Taking Social Media to the Medical Level

BY SALLY KOCH KUBETIN

FROM A SEMINAR ON RHEUMATOLOGY

SANTA MONICA, CALIF. – Social media provide a way for physicians to engage with their patients and the community, whether the physician practices in an HMO or privately, according to Dr. Jeffrey Benabio, a dermatologist at Kaiser Permanente in San Diego.

Moreover, physicians in private practice could find social media useful in building their practices, Dr. Benabio said at the meeting, sponsored by the Skin Disease Education Foundation and the University of Louisville.

No matter what the specialty, the principles of using social media such as blogs, Facebook, Twitter, and Web sites as tools for improving patient care will apply. "Online patient communities are an ascendant means for patients to learn about their disease, and seek advice and comfort from [other] patients like them. Physicians can be part of this conversation and contribute to it. Who better to [advise] patients [on] how to live with pain, live with deformity, deal with insurance companies, than physicians?" noted Dr. Ben-

abio in an interview.

It takes no money but lots of time to build online networks. So why bother to do it? Dr. Benabio offered several reasons.

"Patients are going online to interact with their physicians, and we are not there.

"Physicians are losing [their] status as the sole source of medical knowledge. Whereas patients always had to come to us to learn about disease and health, now they get most of their information online. Our absence online perpetuates a trend of diminishing importance of our profession. Patients are online; physicians need to be where they are, he said.

As with much in life, the secret to being effective online comes down to showing up. "A physician becomes a trusted member of the community by being present. Over time, regular blog posts, Facebook updates, and tweets allow the audience to become familiar with the physician. To know that he or she is there, is listening, is part of the community.

"Physicians should blog and have Facebook pages. They should post things that are helpful and informative for their audience. They can report news, but it must be within the law. Physicians can talk about drugs



Dr. Jeffrey Benabio encourages physicians to be active members of the online medical community by using social media.

and about non-FDA-approved uses of drugs as long as they are not giving actual medical advice, and are clear about any disclosures and disclaimers," he said.

They should Google themselves and see what they find, although they might not like it. The only content you can control is the content you create, he asserted. Google has 400 million queries daily and 75%-80% of adults have sought medical information online. The nature of information on the Internet is that it is collaborative, and physicians need to be part of that. Otherwise, the public might be offered information that is inaccurate and biased, he noted.

"It is as important to be a trusted member of the online community as it is to be a trusted member of your actual community," Dr. Benabio said. Starting a blog and making it part of your practice's Web site will have the additional benefit of marketing the practice at the same time you are offering the public a reliable perspective on medical developments within your specialty.

Those who are interested in marketing their practices should remember that using social media is free but time consuming. But getting your name out online, making sure it is associated with reliable information, and being available as a caring, informed physi-

cian are all effective marketing strategies that are literally at your fingertips in the form of social media tools. Some say this is becoming the first choice in marketing, and that traditional marketing is dying.

Dr. Benabio warned that others will usurp physicians' role as providers of health information unless they get online to counter that trend. Certainly alternative health providers are on social media, building relationships with patients, and boosting their status among them. Just as a patient who has no access to a dermatologist will see a nurse or naturopath, patients online seek information from nonphysicians, he noted.

Physicians are on a slippery slope in this age of the Internet information highway. "This is a critical time when we are trying to demonstrate our value as practitioners," he said. "The more comfortable people are with nonphysicians, the more difficult it will be for us to fight nonphysicians' expansion of their scope of practice."

SDEF and this news organization are owned by Elsevier. Dr. Benabio disclosed that he is a consultant for Livestrong.com and a full-time employee of the Southern California Permanente Medical Group. ■