

Texting Protected Health Information: A Survey of Academic Plastic Surgeons

Sir:

Mobile communication by text messaging has become a cornerstone of communication for health care providers. Text messages are reliable, convenient, and efficient for connecting health care providers with each other and their patients.^{1,2} Unfortunately, there is a lack of consensus about how some of these forms of electronic communication may be used under the Health Insurance Portability and Accountability Act (HIPAA) of 1996.³

Identifiable health information is legally protected by the Health Insurance Portability and Accountability Act under the Privacy and Security Rules, which require appropriate safeguards to protect health information; these rules set limits on disclosures that can be made of such information without patient authorization. A failure to follow these rules, or a breach of privacy, can result in significant penalties.⁴ Understandably, there are concerns regarding the potential for breach of text messages on personal mobile devices, and the U.S. Department of Health and Human Services offers little guidance on appropriate-use parameters.

Although text messaging is the most commonly used smartphone application, little is known about use patterns in health care.⁵ We sought to examine current knowledge about, and use of, text messaging by academic plastic surgeons to better understand this form of communication. After institutional review board approval, we performed a cross-sectional survey of the membership of the American Council of Academic Plastic Surgeons in August of 2017. The survey was sent twice to maximize participation rates.

A total of 66 responses were received. Most respondents were attending physicians at academic hospitals

[$n = 55$ (84 percent)], were men [$n = 48$ (75 percent)], and had an average age of 52 years (range, 27 to 74 years). The majority of respondents (98 percent) stated that their institution required HIPAA compliance training, yet only 53 percent felt confident in their knowledge of HIPAA standards for text communication (Fig. 1). More than half of all respondents (56 percent) stated that text messaging of protected health information is prohibited by HIPAA; meanwhile, the majority of participants (58 percent) used it regardless.

Fortunately, text messaging of protected health information is not explicitly prohibited by HIPAA or the U.S. Department of Health and Human Services. The results of the survey demonstrate a strong preference for the use of text messaging (only 29 percent reported that texting was not their preferred means of communication at work). Given its ubiquitous use, more guidance would benefit the plastic surgery community regarding what safeguard standards should be taken.

We also identified a common misconception regarding prohibition of texting protected health information, which is worth clarifying for the physician community. HIPAA is considered “technology-neutral,” which means there is no one technology or application that is HIPAA approved or disapproved; any communication method that implements “appropriate” security measures to avoid a breach is compliant (e.g., strong passwords, encryption, remote deactivation).⁶ Although the goal of HIPAA is clearly to provide a safeguard in communicating protected health information, based on current interpretations of the guidelines, texting of protected health information is not explicitly prohibited.³ Until more guidance is provided and clearer guidelines are established, especially

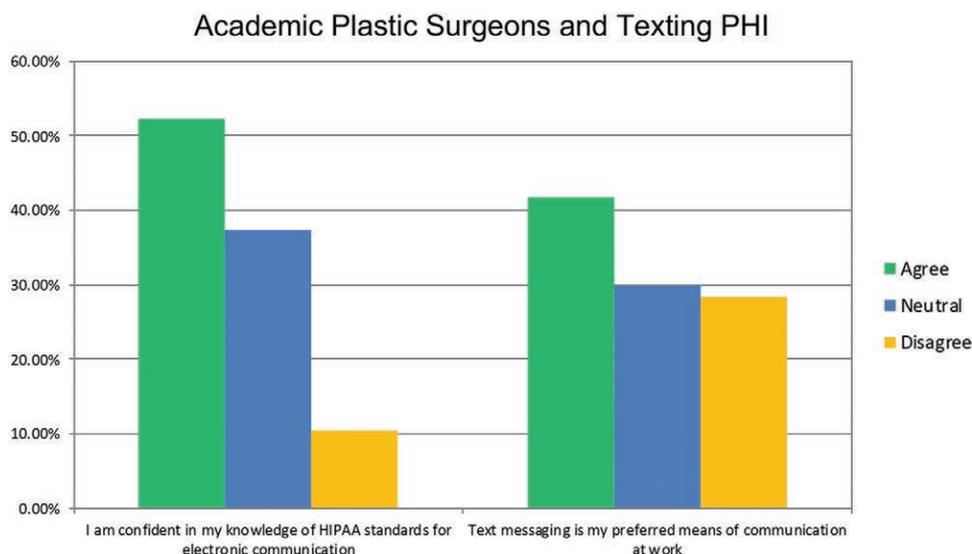


Fig. 1. Preference among academic plastic surgeons for texting, and confidence in knowledge of Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards for electronic communication.

given the significant consequences of a breach and variations in interpretation,⁷ plastic surgeons need to be wary of respecting patient privacy while using electronic communication such as text messages in delivering patient care and should obtain patient consent prior to doing so.

DOI: 10.1097/PRS.0000000000004763

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DISCLOSURE

None of the authors has a financial interest in any of the products or devices mentioned in this article.

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“The One Thing” in Plastic and Reconstructive Surgery

If you chase two rabbits, you will not catch either one.
—Russian proverb

Sir:

Almost all our mentors are “one-thing surgeons.” Take the three most influential plastic surgeons we know¹: Dr. Rohrich’s one thing is rhinoplasty, Dr. Lee’s is upper extremity allotransplantation, Dr. Wei’s is microsurgery, and the list goes on.

Although a lot of us enjoy a diverse practice, and that is perfectly normal, for those who would like to break through in a certain subfield, and be recognized earlier by their peers, the “one thing”² approach can be useful. Here are my thoughts on how to put this concept into work, and a few principles to help you achieve more in a field full of giants.

The Pyramid

Our founding fathers followed this path. Start with diverse practice, and work your way up the pyramid, narrowing down your focus. It could be time consuming. Distraction is almost inevitable. The transition depends on one’s fiscal condition, the presence of opportunity, and the willingness to take risk. Many surgeons have remained at the base, providing good broad service, but are not known for a particular expertise. If you still have to do it, I recommend a narrower base, and gradual but quick escalation. Consider this example: microsurgery, then supermicrosurgery, and then lymphedema reconstruction.

The Skyscraper

A broad base is not needed to go up high, but strong and deeply rooted foundation is. By focusing on a particular field, early on, such as rhinoplasty or perforator flaps, recognition could be yours remarkably fast. The principles are as follows: (1) mentorship is the holy grail (you cannot model a skyscraper on your own); (2) massive action geared toward big leaps of productivity, one at a time such as books, symposiums, and workshops; and (3) strong “why” throughout the journey.

No One Thing Is without Your Consent

“Who defends everything, defends nothing.” Focused expertise is required to build a name. One cannot sleepwalk through his or her career, expecting success. Pick up your niche, as soon as possible, and succeed. Then, compound it, or move on and repeat.

The One Thing Is Not “The Only” Thing

Achieving more in one thing does not mean you stay with it forever. Who wants more can always start the process again, one at a time, not in a multitask style.

The One Thing Is Not Necessarily Technical

Scholarly research has amplified the one thing. Think of Dr. Chung and his one thing: evidence-based medicine.