

Physician-Rating Web Sites: Ethical Implications

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Purpose To understand the ethical and professional implications of physician behavior changes secondary to online physician-rating Web sites (PRWs).

Methods The American Society for Surgery of the Hand (ASSH) Ethics and Professionalism Committee surveyed the ASSH membership regarding PRWs. We sent a 14-item questionnaire to 2,664 active ASSH members who practice in both private and academic settings in the United States.

Results We received 312 responses, a 12% response incidence. More than 65% of the respondents had a slightly or highly unfavorable impression of these Web sites. Only 34% of respondents had ever updated or created a profile for PRWs, although 62% had observed inaccuracies in their profile. Almost 90% of respondents had not made any changes in their practice owing to comments or reviews. One-third of respondents had solicited favorable reviews from patients, and 3% of respondents have paid to improve their ratings.

Conclusions PRWs are going to become more prevalent, and more research is needed to fully understand the implications. There are several ethical implications that PRWs pose to practicing physicians. We contend that it is morally unsound to pay for good reviews. The recourse for physicians when an inaccurate and potentially libelous review has been written is unclear. Some physicians have required patients to sign a waiver preventing them from posting negative comments online. We propose the development of a task force to assess the professional, ethical, and legal implications of PRWs, including working with companies to improve accuracy of information, oversight, and feedback opportunities.

Clinical relevance It is expected that PRWs will play an increasing role in the future; it is unclear whether there will be a uniform reporting system, or whether these online ratings will influence referral patterns and/or quality improvement. (*J Hand Surg Am.* 2016;41(1):104–110. Copyright © 2016 by the American Society for Surgery of the Hand. All rights reserved.)

Key words Doctor rating, online physician reviews, public reporting, physician-rating Web sites, social media.



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INTERNET-BASED CONSUMER RATINGS of physicians and hospitals are becoming commonplace. In 2011, the Pew Internet and American Life Project reported that 66% of the 128 million Americans who had Internet access looked up health information online.¹ By 2013, this number jumped to 72%.² With ease, potential patients can look up a doctor and find a variety of grades, patient feedback, and biographical information using a physician-rating Web site (PRW). In a German survey, 25% of respondents reported that they actively searched for a physician online, and 63%

of individuals reported that they had consulted a particular physician based on reported ratings.³ The number of physician searches increased 68% from 2013 to 2014.⁴

Although the primary focus of PRWs is the scoring and discussion of physician performance, consumers can also find other information, such as addresses, office hours, board certification, and disciplinary action.⁵ In a criteria-based analysis of both English- and German-language sites, there was a heterogeneous representation of the different dimensions of patient experience and satisfaction from site to site.⁶ In a recently published report evaluating the online ratings of orthopedic surgeons in a major metropolitan region, the variables that led to higher ratings included ease of scheduling, time spent with patients, short wait time, surgeon proficiency/knowledge, and bedside manner.⁷

It is unclear whether these online ratings will affect patient choices or quality improvement. Some PRWs offer to add or modify their report of a physician for a fee. It is important to understand if and how providers' practices, attitudes, and outcomes have changed secondary to these online ratings. Our aims were to survey the American Society for Surgery of the Hand (ASSH) membership regarding attitudes about, interactions with, and interventions pursued secondary to PRWs. Our goal was to understand the ethical and professional implications of physician behavior changes secondary to online PRWs.

MATERIALS AND METHODS

We developed an online questionnaire and submitted it to all members of the ASSH Ethics and Professionalism Committee for review. After revisions and comments from committee members, a final 14-item questionnaire was created (Appendix A, available on the *Journal's* Web site at www.jhandsurg.org).

Once the survey was approved, it was sent via blast e-mails on February 5 and February 13, 2015 to the 2,664 active ASSH members in both private and academic practices in the United States. A reminder for the survey was also included in the Weekly Member Update on February 6, 13, and 20. The survey was closed on February 23, 2015.

RESULTS

We received 312 responses out of 2,664 members, a 12% response. The most recognized Web site by ASSH members included HealthGrades.com (83% of the membership), followed by Vitals.com (53%), WebMD.com (23%), RateMD.com (19%), and Yelp.com (19%).

TABLE 1. Survey Questions and Responses

| Survey Question | Yes | No |
|---|-----|-----|
| Have you ever asked patients to write comments about their care on these Web sites? (n = 309) | 30% | 70% |
| Have you or any of your office staff ever written comments on these Web sites? (n = 304) | 7% | 93% |
| Do you think these Web sites have changed referral patterns? (n = 296) | 39% | 61% |
| Have you ever paid to improve your ratings? (n = 309) | 3% | 97% |

All other Web sites (including [Angies List.com](http://AngiesList.com), Checkbook.org, EverydayHealth.com, Kudzu.com, RevolutionHealth.com, Thirday.com, [UCompare Healthcare.com](http://UCompareHealthcare.com), ZocDoc.com, RealSelf.com, Google.com, BetterDoctor.com, and Sharecare.com) were infrequently recognized (0%–11%).

Sample questions and responses are listed in Table 1. The vast majority of respondents (69%) do not regularly monitor rating sites for information. However, 20% of respondents stated they personally check the sites, and 11% responded that their staff monitors Web sites. Three-fifths of respondents had found inaccuracies in their profile (Figs. 1, 2).

Seventy percent of respondents had seen a critical comment on a Web site that was objectively false. There were multiple responses reporting postings from angry narcotic-seeking patients and patients who were unhappy owing to the decision by the provider to release them back to work. There were also numerous erroneous posts that were clearly intended for other providers. Many of the negative comments were due to dissatisfaction about financial issues. One respondent actually investigated a negative comment about him and confirmed the comment was not written by an actual patient but by a local competitor. Other comments are summarized in Table 2.

Most respondents (82%) did not feel that the ratings had any direct effect on their practice. Some of the respondents (17%) felt that the ratings did affect reimbursement, number of patients, and patient referrals. Although 12% of the respondents had made changes secondary to PRWs, staff education was the most frequently cited change (78%). Respondents specified other changes, which are included in Table 3.

Respondents were given the opportunity to provide general feedback regarding their opinions of PRWs. One hundred four (33%) respondents wrote their opinions about the Web sites, and the vast majority of

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