Issue Brief

For more information about this study, please contact:

Larry S. Boress, M.P.A., C.A.E.
Vice President
Midwest Business Group on Health
Tel 312.372.9090
E-mail lboress@mbgh.org

or

Anne-Marie J. Audet, M.D.
Assistant Vice President
The Commonwealth Fund
Tel 212.606.3856
E-mail ama@cmwf.org

Finding Doctors in Chicago: A Project to Improve Online Physician Directories

Summary of Findings and Recommendations

THE MIDWEST BUSINESS GROUP ON HEALTH

ABSTRACT: When consumers select new doctors, they often have limited information beyond their own prior experience and the recommendations of family and friends. Physicians, when making referrals to specialists, can also find themselves armed with inadequate data. With more people turning to the Internet as a source of health care information, online physician directories are becoming important resources. Unfortunately, these sites are frequently difficult to use, not objective, or contain information that is old, inaccurate, or incomplete. The Midwest Business Group on Health worked with stakeholders to find out what consumers and physicians like and dislike about online directories. According to the study's findings, online physician directories should maximize ease of use and navigation, for example, by incorporating sophisticated search functions and interactive features; provide a wide range of content, including information on physicians' practice style; and ensure the credibility of data by regularly updating and monitoring for accuracy.

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Overview

In general, people think about selecting a doctor only at certain times: during their employer health plan's annual enrollment period, after moving to a new community, when their regular doctor leaves their insurance plan, or

This issue brief provides a summary of key findings and recommendations from the Finding Doctors in Chicago project. The full report is available at http://www.cmwf.org/General/General_show.htm?doc_id=255885.

when illness strikes. Research consistently has shown that at those times, most people rely on prior experiences with physicians or on the advice of family or friends. Consumers are not alone in their need to find qualified doctors: physicians who make referrals to specialists often have little information outside their own experiences and professional relationships to make these important decisions.

With the Internet now routinely being used as a resource for health care information, more people seeking doctors are now visiting the Web sites of health plans or local hospitals to view directories of affiliated physicians. Many online physician directories, however, are not objective and are difficult to use. Moreover, they frequently fail to meet the information needs of consumers, or contain information that is old, inaccurate, or incomplete.

Finding Doctors in Chicago was an effort undertaken by the nonprofit Midwest Business Group on Health (MBGH), a coalition of public and private employers working on health benefit issues, to improve online physician directories and make them comprehensive, trusted sources of information for consumers, purchasers, insurance plans, and health care organizations. Working with leading health care organizations, employers, physicians, health data experts, and accreditation agencies in Chicago, MBGH sought to: determine the feasibility of adopting national standards on physician directories; identify barriers to implementing experts' recommendations; and evaluate what consumers and physicians like and dislike about online directories.

Based on its findings, MBGH developed a comprehensive set of recommendations for the sponsors of online physician directories. Key among them:

- Maximize ease of use and navigation. Include sophisticated search functions, explanations of search terms and physician data provided, and links to independent sources of objective ratings and information.

- Provide a wider range of information. Consumers want to be able to learn more

about physicians' communication skills, personality, and practice style, including information on philosophy of care, languages spoken, years in practice, and personal interests. They also would like more interactive features, such as those that enable appointment scheduling and viewing diagrams of medical procedures.

- Ensure the credibility and usability of data. Physician data must be regularly updated and monitored for accuracy, and the process for validating information must be plainly disclosed. All data provided should be communicated in layman's terms, with points of reference to help consumers and physicians interpret data.

Finding Doctors in Chicago

With support from The Commonwealth Fund, MBGH in 2003–04 conducted an evaluation of new recommendations issued by the National Committee for Quality Assurance (NCQA) for Internet-based directories of physicians in the Chicago metropolitan area (see Appendix). To evaluate the potential value and barriers to implementing the NCQA recommendations, the MBGH team worked with the following groups:

1. The organizations sponsoring online physician directories in the Chicago area. Each organization participating in the study was asked to identify areas of their sites where specific NCQA recommendations could be implemented to improve their directories. Site sponsors were also asked to document barriers to implementation as well as the general reaction of their medical staffs or physician members.

2. A directory advisory council of employers, physicians, health data experts, provider organizations, and accreditation agencies. Council members issued recommendations on how each recommended directory element could be presented, modified, or improved, and identified problems with certain types of data requested by NCQA.

3. Users and potential users of online physician directories. To gain the perspectives of consumers and physicians, the project team collected the results of an online survey completed by more than 2,200 users of participating Web sites. In addition, the team conducted three focus groups of consumers and three focus groups of doctors.

The following sections review findings from the user online survey and consumer and physician focus groups.

Finding Doctors: Consumers' Concerns

Consumers are unaware of the extent of physician data available and have limited experience using online physician directories. Most consumers have no idea of the wealth of physician data that is accessible on the Internet but are interested in accessing this information once they know it is available. Sponsors should promote more than just the ability to find a doctor. They should offer information about physicians and recommended links to other Web sites. In addition, many consumers do not understand some of the NCQA measures, such as mortality, volume, and discipline, and, thus, do not consider them important. It is recommended the NCQA provide a "seal of approval" for those directories that have followed the recommendations and meet the guidelines.

Consumers do not feel comfortable using an online physician directory as the sole method to find a doctor. Most consumers prefer to rely on recommendations from friends or family to find a doctor, with online directories viewed as a way to validate the choice. Having a personal connection with a doctor is vitally important for many consumers. As a substitute for personal contact, consumers like to know as much about a doctor's personal background, culture, and practice style as possible.

Consumers prefer doctors who are easy to reach, use favored hospitals, are covered under their insurance, have appropriate training for procedures, and have similar backgrounds. Of the NCQA recommended dataset for physician directories, consumers listed their top priorities as: 1) location of office, health plan affiliation, specialties/subspecialties, and hospital affiliation; 2) years in practice; accepting new patients; board certification; and 3) photograph, gender, personal interests and philosophy, medical school. Additionally, consumers were interested in seeing data on office hours, volume of selected procedures, acceptance of Medicare and Medicaid, professional appointments, links to physicians' Web sites, and aspects of access (e.g., disabled access, access to public transportation).

Participants also said that face-to-face meetings are important in understanding a doctor's friendliness and approachability. This desire might be addressed by the inclusion of short video or audio files on the directory. However, this development would cause its own problems, due to varying degrees of doctors' comfort and skill in speaking or being filmed.

An effective online directory offers clear, easy-to-follow instructions, a search capability to identify physicians, and other credible sources of data on doctors. Consumers like step-by-step instructions, with definitions of terms and tips for a successful search all on the first page, ideally with an example search. They also want the site to contain language that is simple, jargon-free, and easy to understand. Additionally, they would like descriptions and diagrams of medical procedures to help in conversations with their doctors. Directories should indicate where consumers can get independent objective ratings or satisfaction scores on physicians, similar to Internet shopping rating services.

Consumers do not view all sources of physician data as equally credible. Consumers believe the most credible data exists on the following Web sites: medical society, hospital/health system, and not-for-profit Web sites. On such sites, they gauge credibility by a site's navigation/user-friendliness, site sponsorship, and third-party validation. Consumers are willing to look to other sites for sensitive information (e.g. patient satisfaction, malpractice, board

certifications, disciplinary actions) if the directory does not contain this information. Data on physicians' own sites is not viewed to be as credible.

Finding Doctors: Physicians' Concerns

Physicians are reluctant to use online directories for referrals, preferring to rely on personal or professional experiences and relationships for such decisions. In this project, one-third of physicians said they would never use online directories, even if NCQA recommendations were added and the information was accurate. Some physicians, however, said they may use such directories to support referral decisions. Physicians showed some interest in directories designed solely for use by doctors, especially if sponsored by their hospitals.

Physicians do not believe malpractice history, disciplinary actions, or clinical performance should be included in directories, due to potential inaccuracies and a lack of understanding by consumers. Physicians are very uncomfortable having more sensitive data items included on Web sites and feel that some data can be misinterpreted by consumers. For instance, a high number of malpractice cases can be viewed as a proxy for low quality. However, consumers may not understand that certain specialists, especially those who take high-risk patients or do high-risk procedures, have more malpractice suits than do primary care physicians and practitioners in low-risk specialties. Instead of displaying a doctor's mortality rates for certain procedures, physicians favored showing hospital-provided data, such as success/complication rates for selected procedures, length of stay, and costs per discharge.

There is a clear conflict between the information consumers desire and the information physicians are willing to make publicly available. The information consumers view as highly useful (e.g., malpractice, disciplinary actions) is often of concern to physicians. Other information that consumers desire, like race and ethnicity or languages spoken, may lead them to make mistaken assumptions about doctors' backgrounds.

Recommendations for Online Directories

The following recommendations were based on the consumer and physician survey and focus groups, Web site evaluations, and interviews with directory sponsors.

Ease of Use and Navigation

- Provide definitions of directory search terms, step-by-step search instructions, and tips for a successful search on the directory home page. Include search tips on each page as needed, especially when a search ends with zero results.

- Automatically extend the geographic radius of the search if the search ends with no results.

- Provide links where consumers can get independent, objective ratings on physicians.

- Test a newly designed site with consumers to ensure its usability.

Comprehensiveness

- Make sure consumers have access to the data they find most useful in selecting a physician. Location, specialties/subspecialties, and hospital affiliations are the most requested elements, followed by years in practice, health plan affiliations, acceptance of new patients, and board certification.

- Consumers look for information that may give an indication of a physician's approachability, personality, and communication skills. Provide photographs and information on philosophy of care, personal interests, languages spoken (rather than race), and years in practice (rather than age).

- Enable patients without health insurance to search for doctors who are willing to provide them with care, including those who offer flexible payment plans.

- Add more interactive features, such as the ability to make appointments online or to view

diagrams of medical procedures (which prepare consumers for more informed conversations with their doctors).

Credibility

- For physician data that needs to be continuously monitored for accuracy, show the date the information was last updated or verified. Consumers want these data to be updated or verified at least monthly by an independent, qualified third party.

- Establish and communicate the process for updating/validating information, including the frequency of updates.

- Communicate the process taken to help ensure the physicians listed are credentialed and "good and trustworthy" doctors.

- Standardize listing of board certification. Sponsors should state how they determine doctors' specialties and also list the hospital departments to which physicians are assigned.

- Disclose information about physicians' continuing medical education (CME)—critical for staying informed on new research and evidence on diagnostics tools, drug developments, and procedures. Directories should identify the organization or state agency requiring the CME hours and if the doctor completed the requirement.

- Communicate all efforts to meet reporting standards set by NCQA, MBGH, the American Medical Association, and other organizations.

- Include a disclaimer that information may change and that consumers should always contact the physician directly to verify the information.

- Include hospital data related to lengths of stay, success/complication rates, and costs per discharge.

- Refer consumers to reputable sources of physician disciplinary actions and malpractice history rather than listing such information in an online directory. The NCQA recommends including information on malpractice history and disciplinary actions taken against physicians. While these are areas of high consumer interest, there are a number of dangers in listing this information. These include the difficulty of obtaining and maintaining information from all the potential sources and the risk of providing inaccurate, incomplete, or dated information. To avoid expense, time, and potential liability, it is recommended that directory sponsors provide a link to their state's licensure agency's Web site, accompanied by guidance for consumers on the types of information they can expect to find.

- Define physician data in layman's terms and provide reference points to help consumers interpret the data (e.g., benchmarks to understand what a "good" procedure success rate means).

- Recommend links to other credible sources of physician data, with appropriate disclaimers included.

- Include links to doctors' own Web sites for office-specific information, rather than maintaining this information on directory sponsors' sites. Some access information—for example, hours of operation, availability of parking and public transportation, types of public/private insurance accepted, and acceptance of new patients—is more likely to be accurate and regularly updated on physicians' sites.

- Include information on whether a physician participates in a performance measurement program, such as the NCQA-American Diabetes Association's Physician Recognition Award. The sponsor of the program (e.g., Medicare, specialty society, or hospital) should be included.

- Include data on patients' experiences or satisfaction with care, but only if these data are collected by a validated instrument or program.

Additional Recommendations

- It might be worthwhile for states to develop a template that would allow communities to pool physician data. Directory sponsors are frustrated with the duplicate costs and time of collecting and maintaining data on local physicians. By developing a template that pools information into a single site, all directories could use the site as their primary information source. This could also serve as a base for centralized credentialing information.

- States might want to create a central repository for "sensitive" physician data, including data on patient experiences and satisfaction with care, physician malpractice history, disciplinary actions, and clinical performance data.

Currently, the National Practitioner Database has disciplinary and malpractice information, but it is not accessible to the public. Currently, there are few states that have one resource where consumers and physicians can go for sensitive physician data.

RESOURCES

Shelton, L., L. Aiuppa, and P. Torda, *Recommendations for Improving the Quality of Physician Directory Information on the Internet,* The Commonwealth Fund, August 2004.

Stone, E. M., J. W. Heinold, L. M. Ewing, and S. C. Schoenbaum, *Accessing Physician Information on the Internet,* The Commonwealth Fund, January 2002.

Appendix. Summary of Recommendations Issued by the National Committee for Quality Assurance (NCQA) for Online Physician Directories

General characteristics of an Internet physician directory:
- Provides as much information as can be kept current and accurate
- Is organized, efficient, and intuitive for the user
- Discloses any bias

Recommended Minimum Features and Content
1. List of the information provided on a doctor
2. Multiple ways to search for a doctor (e.g., by name, specialty, gender)
3. Explanation of how doctors are listed (e.g., alphabetically, by zip code)
4. Caveats and disclaimers the consumer should consider before using the information to select a doctor:
   a. when each data element or information on the doctor was last updated
   b. explanation of how to interpret results on performance or satisfaction measures that are listed
   c. suggestion that the doctor's office be called to confirm new patients are being accepted
5. List of the sources where the information was gathered and, of the items listed, what information was self-reported by the doctor versus obtained from other sources
6. Statement indicating if sponsor validated information to ensure its accuracy and the sources used for validation
7. Explanation of why certain information is not available for a particular doctor, and if user can draw conclusions from the omission
8. Disclosure statement indicating what parties sponsor the Web site, if fees are required, or if doctor's business relationships must be listed
9. Listing of other Web sites to visit for physician information

**Appendix. Summary of Recommendations Issued by the
National Committee for Quality Assurance (NCQA) for Online Physician Directories (continued)**

Recommended Specific Data Elements

Physician Descriptors and Characteristics

- Physician name
- Gender of doctor
- Specialty(ies) and subspecialty(ies)
- Post-medical school training
- Medical school
- Years in practice, or date started practice

- Professional appointments
- Health plan affiliation(s)
- Hospital affiliation(s)
- Acceptance of Medicare
- Acceptance of Medicaid
- Language(s) spoken other than English

Physician Expertise

- State(s) where doctor can practice
- Specialty board(s) that certify doctor, and year(s) of certification
- Disciplinary actions: criminal, licensure board, Medicare/Medicaid, Drug Enforcement Administration, Food and Drug Administration
- Malpractice judgments and settlements
- Experience with various procedures, including number of times a doctor has performed procedure—to be included only if data are publicly available, validated, evidence-based, risk-adjusted, audited, and obtained from all payers/hospitals whenever possible

Patient Access

- Whether doctor is accepting new patients, listed by type of insurance (private, Medicare, Medicaid)
- Regular office hours and after-hours availability
- Availability of same-day appointments
- Handicapped access
- Public transportation near office
- Parking near office
- Availability of e-mail for appointments, care reminders, response to questions

Clinical Interests

Performance Measures

- Recognition by a clinical recognition program
- Mortality rates—to be included only if data is publicly available, validated, evidence-based, risk–adjusted, audited, and from all payers/hospitals whenever possible
- Patient survey results, e.g., Consumer Assessment of Health Plan Survey (CAHPS) results on waiting time, office staff, and communications

Optional Data Elements

- Race/ethnicity
- Year of birth
- Photo
- Links to doctor's own Web site

- Patients' comments on doctor
- Philosophy of care
- Honors/awards