NCQA EXPERT PANEL RECOMMENDS STANDARDS FOR ONLINE PHYSICIAN DIRECTORIES
Directories Frequently Contain Inaccurate Information That Could Mislead Consumers

New York City, August 5, 2004—Online physician directories often have missing, incorrect, or outdated information, pointing to the need to create industry-wide standards for verification of data, and frequency of updates, says an expert National Committee for Quality Assurance (NCQA) panel, whose recommendations are detailed in a new report from The Commonwealth Fund. Such standards would help improve online directories’ value and usefulness for consumers.

The panel noted the potential for online directories to provide important information for health care consumers. A large proportion of the U.S. population relies on the Internet for health information and most health plans have put their directories online.

“Incomplete or incorrect information in online directories means missed opportunities for patients to find physicians who are best suited to meet their health care needs,” said Anne-Marie Audet, M.D., assistant vice president for quality improvement at The Commonwealth Fund.

“Consumers deserve more than a name and an address when selecting a doctor,” said Phyllis Torda, NCQA Vice President for Product Development. “These recommendations will help ensure that people have reliable, comprehensive information to help them find the doctor that’s right for them.”

Among the recommendations of the panel convened by NCQA, which included creators and users of physician directories, as well as experts on Internet information on health care:

- Information such as gender, languages spoken, specialties, education, training, and health plan and hospital affiliation are essential.
- Performance measures such as any publicly available evidence-based measures of quality, including NCQA data, mortality rates, and patient survey data, should be listed.
• Patient access information should be included, such as location, information on whether the doctor will accept new patients in all health plans (including Medicare and Medicaid), whether the physician is accessible by e-mail, and the availability of same-day appointments.
• The directory should specify how often information is updated, and whether frequency of updates varies by data element.
• Directories should specify which elements were verified, as well as the sources used for verification.
• Disciplinary actions and malpractice history of physicians should be included, with an explanation of the context—for example, consumers should be told that some specialties have higher rates of malpractice claims than others.
• As many elements as possible should be searchable.
• Sources of information be specified, and whether the information is self-reported by the physician or an outside source.

The panel made their recommendations based on a comprehensive review of physician directories by the Massachusetts Health Data Consortium (MHDC) which found that just 63 percent provided information on the medical schools physicians attended, just 45 percent listed physicians’ gender, 43 percent listed languages spoken, and 10 percent listed years in practice.

Another Commonwealth Fund-supported project is testing the application of the NCQA panel's standards. The Midwest Business Group on Health (MBGH) is working with the Chicago Medical Society as well as health plans including Advocate Health Care and Blue Cross Blue Shield of Illinois to design physician directories that comply with the recommended standards. The redesigned directories will be assessed for their credibility, ease-of-use and value to patients and doctors. Findings from the demonstration project are expected to be published later this year.

The report, *Recommendations for Improving the Quality of Physician Directory Information on the Internet*, by Linda Shelton, Laura Aiuppa, and Phyllis Torda, all of NCQA, is available on the Fund’s website.

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