

## Health Policy Review

## A Five-Star Doctor? Online Rating of Physicians by Patients in an Internet Driven World

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**N**owadays, the public can rate almost anything on the Internet: books, electronics, hotels, restaurants, the list goes on...So why not doctors? (1-3). It is only fair, not to mention beneficial, as alleged by sponsors of health care rating websites and administrators of health care organizations, and patients are lead to believe this as well.

If only rating of medical care was this simple! Concerns of a potentially significant negative impact of current rating measures on medical practices have already been voiced by medical doctors, health care providers, and physician organizations (4-8). Until a more comprehensive method of rating, with adequately sophisticated analysis, becomes available, online rating of physicians by patients is not only unfair, but also potentially detrimental to both physicians and patients (9,10).

First and foremost, we must consider if online rating of physicians fair? We emphatically think not. Although one's chances of getting a great meal at a 5-star restaurant are pretty high, receiving excellent care with better outcomes from a 5-star doctor rated by other patients is far less certain (3-6). This is because the quality of medical care is composed of many elements, but online rating by patients focuses only on those they are able to give opinions on, and excludes those they are not (9,11). Examples of this skewed evaluation are an everyday phenomenon in the subspecialty of pain management, as well as other medical specialties. Patient subjective issues, such as patient wait times, overall time spent with a doctor, and physician courtesy are most typically represented in the patient's rating of doctors. Certain physicians' actions, such as ordering multiple diagnostic tests and prescribing opioid analgesics (even if medically unnecessary), are commonly viewed as more satisfying by patients than other beneficial cares, such as counseling of weight loss or cessation of smoking (9-11).

However, good or excellent medical care aiming at the best outcome for the patient does not necessarily make the patient happy, especially in the field of pain management (6,9,10). Saying no to routine magnetic resonance imaging (MRIs) or the requests of a patient for unnecessary prescriptions of opioids can both be sound medical decisions, but can anger many patients. Those same patients can vent their frustration by giving their doctor a poor rating.

The challenges in the validity of patient online ratings of doctors are rooted in the fact that medical care is fundamentally different from most commercially marketed products and services. In medicine, the concept of good quality service should be good health care outcomes (2). While the best outcome should strive to include patient satisfaction, often times it may not be able to, especially when it comes to immediate patient satisfaction. The highest immediate patient satisfac-

tion is not equal to the ultimate best patient outcome (4,6,9,10).

This is the critical fallacy that we think makes the online rating of doctors lack validity. In the online rating of physicians, patient satisfaction is used as a metric similar to customer satisfaction in commercial industries and services, which originates from consumer marketing, and is a measure of how services or products of a company meet or exceed the anticipated expectations of the customer (12). Again, while it is possible that a customer can judge how good the food is in a restaurant, it is almost impossible for a patient to judge whether a doctor has conducted the best possible medical care for his/her medical condition.

In addition, it has been found that in consumer marketing, when the service experience approximates or even exceeds the expectations, the customer tends to be indifferent with respect to service quality and to satisfaction. On the other hand, if expectations are not met, the customer judges service quality as low (12). This means that patients are more likely to rate the doctor online when their own requests are not met by the doctor. This further compromises the validity of patient online ratings of doctors as a metric of the quality of medical care.

Online rating of physicians by patients is not only an unfair metric for the quality of care, when used as a main metric by the health care industry to evaluate and to compensate an individual physician, it can be detrimental to both physicians and to patients (6-10).

In a survey of emergency room physicians, 59% of emergency physicians said patient satisfaction surveys increased the amount of tests they ordered (13). In another survey of physicians practicing in South Carolina, nearly half of physicians said that pressure to improve patient satisfaction led them to inappropriately prescribe antibiotics or narcotics (14). In fact, Sens. Dianne Feinstein, D-Calif., and Charles Grassley, R-Iowa, wrote a letter to the administrator of the Centers for Medicaid and Medicare Services, indicating that "there is growing anecdotal evidence that these (patient satisfaction) surveys may be having the unintended effect of encouraging practitioners to prescribe opioid pain relievers (OPRs) unnecessarily and improperly, which can ultimately harm patients and further contribute to the United States' prescription OPR epidemic."

Indeed, the detrimental impact is not anecdotal anymore. A landmark study published in *JAMA Internal Medicine* analyzed more than 50,000 patient satisfac-

tion surveys, and while the data pre-dates online ratings, it found that patients who were more satisfied with their doctors had higher health care costs, were hospitalized more frequently, and had higher death rates compared to less satisfied patients (6,10). These surveys and studies clearly point to the fact that the science of integrating quality and outcome metrics into patient satisfaction based on an online rating is far from fully developed.

Still, online rating sites and other commercial providers of patient surveys claim that there is a direct link to quality by pointing to reductions in malpractice claims and by noting that perceptions of quality can actually be medically beneficial (2). Patient satisfaction surveys are increasingly used to monitor quality. Health care delivery organizations spend considerable money, time, and effort to track patient satisfaction not only across departments, but also for individual physicians. The health care industry has rapidly embraced and adopted the concept of patient satisfaction as perhaps the most desirable medical outcome and given it a unique voice in performance evaluation across all levels of practice.

Although the desire to improve quality by increasing satisfaction seems altruistic, it can be self-serving and driven by financial performance. As a result, physicians struggle to meet patient satisfaction while still under the ever-increasing pressure of reducing care costs. In the end, health care further deviates from seeking the ultimate best outcome for patients' health in seeking the perfect score of patient online rating. Who benefits from this? Clearly not the patient.

As detailed in this analytical discussion, we consider the current online patient rating of doctors as neither fair nor beneficial to physicians or patients. Indeed it can be detrimental to patients' health, especially in the long-term as evidenced by recent studies (6,10). Until all elements of medical care are integrated in a comprehensive evaluation method, online patient rating is largely invalid as a metric for physician service quality and performance.

Of course, for-profit websites sponsoring online ratings, together with for-profit health care delivery systems, will continue to advocate patient online ratings of doctors as being fair, altruistic, and beneficial. Remember Wendell Willkie's famous words "a good catchword can obscure analysis for fifty years." Therefore, it is imperatively important that we, as physicians, continue making a collective effort to educate ourselves, our patients, and all others involved in

health care delivery and utilization of the misleading concepts of high ratings from patients being equal to high quality care. As pain management specialists, we should consider ourselves as carrying more responsibility

in this effort because this seriously skewed rating method is more detrimental to our practice and our unique population of patients. If we do not act upon this, who shall?

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