



MEDICAL BOARD OF CALIFORNIA



PUBLIC OUTREACH, EDUCATION AND WELLNESS COMMITTEE MEETING AGENDA

COMMITTEE MEMBERS

Ronald Lewis, M.D., Chair
Randy Hawkins, M.D.
Howard Krauss, M.D.
Sharon Levine, M.D.
Denise Pines
David Serrano Sewell

Hilton Los Angeles Airport
5711 W. Century Blvd.
Los Angeles, CA 90045
(310) 410-4000
(directions only)

Thursday, May 5, 2016
2:15 p.m. – 3:15 p.m.
(or until the conclusion of business)

Public Telephone Access – See Attached
Meeting Information

ORDER OF ITEMS IS SUBJECT TO CHANGE

Action may be taken on any
item listed on the agenda.

While the Board intends to
webcast this meeting, it may
not be possible to webcast the
entire open meeting due to
limitations on resources or
technical difficulties.

Please see Meeting Information
section for additional
information on public
participation

ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE.

**If a quorum of the Board is present, Members of the Board who are not Members
of the Committee may attend only as observers.**

1. Call to Order/Roll Call
2. Public Comments on Items Not on the Agenda
Note: The Committee may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. [Government Code §§11125, 11125.7(a)]
3. Approval of the Minutes from the January 21, 2016, Public Outreach, Education and Wellness Committee Meeting
4. Update and Discussion on the Public Outreach Plan – Dr. Lewis
5. Update and Discussion on the Public Affairs Strategic Plan Activities – Ms. Kirchmeyer and Ms. Simoes
6. Update, Discussion and Possible Future Action on Enhancements to the Website – Ms. Kirchmeyer
7. Future Agenda Items
8. Adjournment

Meeting Information

This meeting will be available via teleconference. Individuals listening to the meeting will have an opportunity to provide public comment as outlined below.

Thursday May 5, 2016

The call-in number for teleconference comments is: (888) 221-9518

Please wait until the operator has introduced you before you make your comments.

To request to make a comment during the public comment period, press *1; you will hear a tone indicating you are in the queue for comment. If you change your mind and do not want to make a comment, press #. Assistance is available throughout the teleconference meeting. To request a specialist, press *0.

During Agenda Item 2 – Public Comments on Items Not on the Agenda, the Board has limited the total public comment period via teleconference to 20 minutes. Therefore, after 20 minutes, no further comments will be accepted. Each person will be limited to three minutes per agenda item.

During public comment on any other agenda item, a total of 10 minutes will be allowed for comments via the teleconference line. After 10 minutes, no further comments will be accepted. Each person will be limited to three minutes per agenda item.

Comments for those in attendance at the meeting will have the same time limitations as those identified above for individuals on the teleconference line.

The mission of the Medical Board of California is to protect health care consumers through the proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and to promote access to quality medical care through the Board's licensing and regulatory functions.

Meetings of the Medical Board of California are open to the public except when specifically noticed otherwise in accordance with the Open Meeting Act. The audience will be given appropriate opportunities to comment on any issue presented in open session before the Committee, but the Chair may apportion available time among those who wish to speak.

For additional information, call (916) 263-2389.

NOTICE: The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Lisa Toof at (916) 263-2389 or lisa.toof@mbc.ca.gov or send a written request to Lisa Toof. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.



MEDICAL BOARD OF CALIFORNIA
Executive Office



Public Outreach, Education and Wellness Committee Meeting

Cal Expo Courtyard Marriott
1782 Tribute Road
Sacramento, CA 95815

Thursday, January 21, 2016

MINUTES

Agenda Item 1 Call to Order/Roll Call

The Public Outreach, Education and Wellness Committee of the Medical Board of California (Board) was called to order by Chair Ronald Lewis, M.D., at 2:31p.m. A quorum was present, and due notice had been mailed to all interested parties.

Members of the Committee Present:

Randy Hawkins, M.D.
Ronald Lewis, M.D., Chair
Howard Krauss, M.D.
Sharon Levine, M.D.
Denise Pines
David Serrano Sewell, J.D.
Barbara Yaroslavsky

Staff Present:

Liz Amaral, Deputy Director
Christina Delp, Chief of Enforcement
Dianne Dobbs, Legal Counsel, Department of Consumer Affairs
Charlotte Clark, Staff Information Systems Analyst
Sean Eichelkraut, Data Processing Manager II
Dennis Frankenstein, Staff Services Analyst
Virginia Gerard, Associate Governmental Program Analyst
Cassandra Hockenson, Public Affairs Manager
Kimberly Kirchmeyer, Executive Director
Nicole Kraemer, Business Services Office Manager
Lois Ranftle, Management Services Technician
Regina Rao, Associate Governmental Program Analyst
Letitia Robinson, Research Specialist
Elizabeth Rojas, Business Services Office
Reylina Ruiz, Administration Manager
Jennifer Saucedo, Staff Services Manager
Jennifer Simoes, Chief of Legislation
Lisa Toof, Administrative Assistant II

Public Outreach, Education and Wellness Committee

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Kerrie Webb, Staff Counsel
Susan Wolbarst, Public Information Officer
Curt Worden, Chief of Licensing

Members of the Audience:

Aaron Barnett, Investigator, Health Quality Investigation Unit
Gloria Castro, Senior Assistant Attorney General, Attorney General's Office
Yvonne Choong, California Medical Association
Zennie Coughlin, Kaiser Permanente
Karen Erlich, LM, Midwifery Advisory Council
Julie D'Angelo Fellmeth, Center for Public Interest Law
Rae Greulich, Consumers Union Safe Patient Project
Marianne Hollingsworth, Consumers Union Safe Patient Project
Sarah Huchel, Consultant, Senate Business and Professions Committee
Terry Jones, Supervising Deputy Attorney General, Attorney General's Office
Christine Lally, Deputy Director, Boards and Bureaus, Department of Consumer Affairs
Lisa McGiffert, Director, Consumers Union Safe Patient Project
Tina Minasian, Consumers Union Safe Patient Project
Janelle Miyashiro, Consultant, Senate Office of Research
Michelle Monserrat-Ramos, Consumers Union Safe Patient Project
Danielle Sullivan, Center for Public Interest Law
Kimberly Tejada, Investigator, Health Quality Investigation Unit

Agenda Item 2 Public Comment on Items Not on the Agenda

No public comments were provided.

Agenda Item 3 Approval of Minutes from the October 29, 2015 Public Outreach, Education and Wellness Committee Meeting

Dr. Krauss made a motion to approve the minutes from the October 29, 2015 meeting; s/Ms. Yaroslavsky. Motion carried unanimously.

Agenda Item 4 Presentation, Discussion and Possible Action on the Public Outreach Campaign and Plan

Dr. Lewis stated that at the Board meeting in October 2015 there was a presentation by staff on the outreach plan regarding informing patients how to verify doctors' licenses and view their doctors' disciplinary history. After the presentation some of the Board Members and members of the audience made comments on how to make the plan more patient friendly.

Dr. Lewis continued by explaining that he met with Board staff to look at the plan and rebrand it so that it would reach as many patients and consumers as possible. The new outreach campaign slogan is "Check up on your doctor's license." He talked about the goal, the target audience, the lack of a budget, and the two strategies to implement: 1) current and ongoing event participation and outreach and 2) partnering with

numerous organizations to help with the campaign. There are two things that need to be completed, one is to develop a public service announcement and the other is to develop a tutorial for the website to inform patients how to look up information on a physician.

Dr. Lewis talked about the groups that reach large segments of the population continuously, such as state, city and county payroll or the utility companies where flyers, and information can be placed into mailings or unions where the Board can either attend their conventions or meetings or provide flyers for them to hand out. This is considered priority one, which should be completed before going on to priority two. In priority two, various other regulatory boards can assist the Board using their membership, school publications, community newspapers, etc. Dr. Lewis emphasized that this is an ongoing effort. Dr. Lewis also stated that Board staff is working on planning a Legislative day (or two) where the Board will talk about this outreach campaign and Legislators will be asked to reach out to their constituents and assist the Board with this campaign.

Agenda Item 5 Presentation, Discussion and Possible Action on the Public Outreach Brochure

Dr. Lewis asked everyone to look at the brochure that was developed by the Board staff and asked for their opinions. He continued by explaining the different sections of the brochure. Dr. Lewis spoke about the information inside the brochure that walks consumers through the website. He also noted that staff is working on developing a tutorial on how to look up a doctor's license. Dr. Lewis stated that if a consumer calls the Board's 800 number they can get the same information that is available on the website.

Ms. Kirchmeyer stated that the Board's call center staff is trained to answer the phone call in a timely manner and that calls are being returned. The system will continue to be tested, and statistics on the hold time on the phone are being gathered.

Ms. Yaroslavsky asked if there were any statistics on how often that search button is pushed to verify a license.

Dr. Lewis stated that her question would be answered when they do the demo on the website.

Agenda Item 6 Presentation, Discussion and Possible Action on Enhancements to the Website

Ms. Kirchmeyer explained the reason for the new look of the website.

Ms. Clark stated that of the 50 states only about 15 still use the term "verify a license" or some version, however, most are using similar terminology that MBC has chosen, which is "check up on your doctor's license."

Ms. Kirchmeyer walked everyone through the website with all its functions and stated that it would be sent out to individuals for their thoughts. Staff is hoping the website is understandable and not so bureaucratic.

Ms. Yaroslavsky suggested that when it is put out to the public for clarification, to send it to some group who has no idea what the Board does.

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Dr. Hawkins stated that he liked the changes and the growth and development in this area and commented that he would use some of his patients to try the website and see where they might get stuck. Dr. Hawkins suggested going to the churches for a large gathering of people.

Dr. Krauss congratulated the Board staff on their efforts and asked what the metrics of the website usage were regarding how many hits there were and how those numbers compared with last year's numbers.

Ms. Clark said that she did not have the statistics available from last year to compare, but that last month there was a total of 335,000 hits and that 254,000 were unique hits to the site. Unique means initial contact.

Mr. Eichelkraut talked about what kinds of data can be gathered through Google Analytics and that he would be helping Ms. Hockenson put together some charts and statistics for future meetings.

Ms. Clark said that last month there were 91,000 hits on the license search button, and if they are coming through the Medical Board's website it can be tracked. The ones that go through Breeze cannot be tracked.

Dr. Levine said that she was surprised at the number of hits and stated that it is very reassuring. She stated Google Analytics will be incredibly important in being able to track spikes based on specific activities in the outreach campaign. She said enough time should be allowed to measure the impact of a PSA or a health fair locally, to see if there are spikes.

Ms. Hollingsworth, Consumers Union Safe Patient Project (CUSPP), stated that the new campaign has been reviewed, and that the most effective way to keep patients informed is for the physicians themselves to tell the patient. She then recommended some edits to the sign that is required to be posted in the doctor's office. The edits should state where to look up your doctor's history and where to file a complaint against the doctor, including a website link and phone number. In addition every patient should be handed a piece of paper that includes the information that was suggested to be included on the sign. CUSPP urges the Board to attempt to make these changes by regulation, however, if the Board does not believe that it is feasible, perhaps the Board should sponsor legislation. Ms. Hollingsworth also suggested targeting high schoolers because they are a captive audience who must take CPR prior to graduating and would take this information home.

Ms. McGiffert, CUSPP, stated that she supports what the Board is doing regarding outreach. Ms. McGiffert had several ideas: 1) a statement at the top of the profile page that says the doctor has a disciplinary order or has been disciplined; 2) a summary of the action, maybe placed in the box where the actions are; 3) a monthly update of the list of doctors on probation by county to be put on the website, as well as sent to the Board's email list; 4) a budget for the outreach plan; and 5) she suggested using social media and possibly interns to keep social media updated. She suggests that the work be ongoing, not just one month and hopes that the statistics will be used to measure progress from time to time. She suggested that a polling question be used to ask if people know about the Board, so the effectiveness of the outreach efforts can be tested a year from now.

Ms. Greulich, CUSPP, applauded the campaign and suggested a dedicated hotline number for people who do not have internet access. She gave some statistics regarding the percentage of people who do not use the internet.

Ms. Monserrat-Ramos, CUSPP, requested that the target audience be expanded to include the chronically ill, stating that these patients regularly receive information in the form of paperwork and the Board could easily add its information. The system is already set in place where a flyer or pamphlet can be developed that will provide information on who the Board is, what information the website provides to consumers, how to check the doctor's background, how to file a complaint, or even how to find a doctor in their area by specialty.

Ms. Monserrat-Ramos, suggested that a brief summary stating the reasons for the discipline, the timeline for probation, and any practice restrictions should be readily visible to the patient and written in plain, easy-to-understand language. The brief summary should be located under the physician's name and license number so that it is the first thing that they see. Also, there are a number of BreZE problems that need to be addressed. CUSPP is requesting that an additional search entry be added to the physician profile search, for a search to include a multiple entry search and a physician discipline search be included on the physician profile. It will make it easier to find out which doctors have public reprimands or are on probation.

Ms. Erlich had several suggestions: 1) that licensed midwives and other professionals be placed on the brochure; 2) that malpractice settlements and malpractice judgments be placed together, with definitions for both terms to show that they are not the same thing; and 3) regarding outreach consider adding parent-teacher associations, school boards and the many private schools.

Ms. Minasian, CUSPP, had several suggestions for outreach: 1) put the Board's website address on state cars; 2) use auto dialers for public service announcements; 3) the Board's website under public documents is confusing and needs to be rewritten; and 4) add a blurb stating that if there is a pending investigation or complaint against a licensee, this is not a public record and will not appear on the Board's website.

Agenda Item 7 Future Agenda Items

Ms. Erlich suggested following up on the ideas made by individuals from CUSPP.

Dr. Levine stated that a lot of good information and feedback was discussed at the meeting today. Dr. Levine suggested that it might be helpful to report on the timeline and have dates added to the priority on outreach activities in the plan at the next meeting.

Agenda Item 8 Adjournment

Dr. Lewis adjourned the meeting at 3:45 p.m.

The complete webcast can be viewed at: http://www.mbc.ca.gov/About_Us/Meetings/2015/

Outreach Activity	Status Update
<p>Develop a tutorial for the Medical Board of California’s (Board’s) website on how to lookup a physician’s license and what the information means on the website.</p>	<p>A script for a tutorial has been completed and the public affairs staff gathered the materials needed to produce it. Work will begin with DCA on April 22, to shoot and edit the tutorial. The tutorial should be completed and posted online by the July 2016 Board Meeting.</p>
<p>Develop a PSA that can be provided to entities to air.</p>	<p>The PSA will be developed after the tutorial is completed. Public affairs staff is in the process of determining the talent to use. The PSA will be completed by September 2016.</p>
<p>Include information about the Board on utility bills throughout the state.</p>	<p>Research has determined that there are two types of utilities, municipalities and private, investor-owned. The municipalities are basically publicly owned and are quasi governmental while private, investor-owned utilities are for profit. Both have stated they will not consider putting something in their billing unless it specifically relates to what they do. However, the Public Affairs Manager reached out to the PG&E Public Affairs Director, who put her in touch with a nurse practitioner recently hired with PG&E, Ms. Tammi Watts. Ms. Watts was hired to create a health center for PG&E employees and she is very interested in working with the Board. It was discussed that the Board could provide information via brochures, newsletters, Op Ed’s, and possibly participate in future outreach events for PG&E employees. Ms. Watts will be getting back to the Board with more details.</p>
<p>Include information about the Board on city, county, and state employee paystubs.</p>	<p>A message encouraging state employees, vendors and contractors to “Check Up on Their Doctor’s License” will appear on all California warrants issued by the State Controller’s Office during the period of 6/1/16 to 6/30/16 (this is subject to change). This will reach approximately 439,916 individuals.</p> <p>At this time, Board staff has not been successful with any other cities/counties contacted, but staff plans to continue outreach to numerous cities and counties in California.</p>

<p>Work with the AARP to provide Board information at their conferences, in their publications, and on their website.</p>	<p>The Board’s Public Affairs Manager has reached out to Charee Gillins who handles media for AARP in Southern California and Mark Beach who handles media in Northern California. Board staff has heard from Ms. Gillins who is going to look into the issue of promoting the Board’s messaging in Southern California to AARP members. Board staff is waiting to hear back from Mr. Beach who represents Northern California.</p>
<p>Reach out to unions so they can provide their members information about the Board and a link to the Board’s website on union materials.</p>	<p>Board Staff wrote a short article for CalSTRS, which was sent to publications editor Krista Noonan on February 8, 2016. CalSTRS has an active teachers group that will be publishing its next newsletter in the spring. They also have a retired teachers group and their publication will be out in the summer. CalSTRS has confirmed that the article will be published in each publication, as long as space is available. The total target readership is 900,000.</p> <p>The same short article was also submitted to the California State Retirees Association. Managing editor, Trinda Lundholm, confirmed the story will run in their April issue. The total target readership is 34,000 retired state employees.</p> <p>The American Federation of State, County, and Municipal Employees (AFSCME) is a national union and has two District Councils, #36 serves Southern California and #57 serves Northern California. The Board’s Public Affairs Manager has spoken with Erica Lichtman from District 36, and on April 4, an email was sent to Ms. Lichtman providing a copy of the Board’s brochure and a short write up detailing the campaign. Potential target readership is 120,000 California members.</p>
<p>Provide an interview and PSA to iHeart Radio with the Board staff and/or with Board Members.</p> <p>Interview/PSA on NPR and Capitol Public Radio.</p>	<p>The Board’s Public Affairs Manager will work to get these interviews scheduled after the Board’s PSA is completed – September 2016.</p>

<p>Encourage Legislative Members, Congressional Members, and local government to include information and a link to the Board's website in their newsletters and to Tweet the Board's link and post the Board's link on their websites.</p> <p>Hold a Legislative Day (possibly two) at the Capitol where Board staff passes out brochures and Members meet with key Legislators.</p>	<p>The Board's Leg Day will be held on May 11, 2016. At meetings with Legislators, Board Members and Staff will encourage Legislators to distribute information on the Board and its website to their constituents.</p>
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“Check Up on Your Doctor’s License” Campaign Outreach Plan

Goal: To reach as many patients in California as possible to make them aware of the Medical Board of California (Board) and their ability to verify a physician’s license on the Board’s website. This will allow patients to ensure a physician is licensed and is in good standing with the Board.

Situational Analysis: The assumption is that most Californians are not aware of the Board’s function and the tools available to them to obtain information about their current and/or potential physician.

Target Audience: Every patient in California. Target groups are seniors, ethnic groups/communities, parents, Legislators, California consumers, using a prioritized approach.

Challenges: The Board has limited financial resources to spend on outreach and must have approval from the Department of Consumer Affairs and other oversight agencies in order to obtain services for outreach, e.g. billboards, PSA airing, etc. In addition, the Governor’s Office has an Executive Order that does not allow employees to incur significant travel expenses (such as flights) for outreach events. Therefore, the Board must have staff and Board Members in those areas provide outreach or attend the events around other approved Board events, such as a Board Meeting. In addition, California is a diverse state where many different languages are used, the Board will need to use the census information to identify the top three languages used in California and translate brochures and information into those three languages.

Strategies: The Board has two strategies to implement this campaign: 1) Current and ongoing event participation and outreach; and 2) Partner with numerous organizations with the end goal being to focus on a particular month as “Check Up on Your Doctor’s License” month.

Proposed outreach includes:

These two items will need to be completed before outreach priorities can begin:

- ✓ Develop a PSA that can be provided to entities to air
- ✓ Develop a tutorial for the website on how to lookup a physician’s license and what the information means on the website

Priority 1

- ✓ Information about the Board on utility bills throughout the state
- ✓ Information about the Board on city, county, and state employee paystubs
- ✓ Work with the AARP to provide Board information at their conferences, in their publications, and on their website
- ✓ Board reach out to unions so they can provide their members information about the Board and a link to the Board’s website on union materials.
- ✓ Provide an interview and PSA to iHeart Radio, this could be with the Board staff and/or with Board Members
- ✓ Interview/PSA on NPR and Capitol Public Radio
- ✓ Encourage Legislative Members, Congressional Members, and local government to include information and a link to the Board’s website in their newsletters and to Tweet the Board’s link and post the Board’s link on their websites
- ✓ Hold a Legislative Day (possibly two) at the Capitol where Board staff passes out brochures and Members meet with key Legislators

Priority 2

- ✓ Work with other DCA regulatory boards to explore ways to leverage community health workers to assist in the outreach campaign
- ✓ Ads in community newspapers and school publications
- ✓ Air PSA on three television markets
- ✓ Invite media to all events held during the focus month and provide them with information on the campaign

Other Outreach Items

- ✓ Board staff and Board Members will attend health fair events throughout California
- ✓ Ads on mass transit (in English and Spanish) throughout the state
- ✓ Information about the Board on store coupons and receipts throughout the state
- ✓ Provide information to Teachers Associations
- ✓ Commercials on Facebook, Google, Pandora, YouTube, Twitter
- ✓ PSA to run on Sirius XM radio
- ✓ Contact the Governor's Office to seek interest/support with a quote and a link on the Board's home page in the focus month
- ✓ Seek a Legislative Resolution to proclaim focus month as "Check Up on Your Doctor's License" month
- ✓ Issue a Press Release at the beginning of the focus month

Resources: The Board will need staff time to attend events (this will include public affairs staff as well as other programs within the Board); Board Member time; funding for any ads/air time

**Education and Wellness Committee
Strategic Plan Update May 5, 2016**

Please Note: Only activities assigned to the Public information Officer are listed in the update. In addition, only those items that are due or have actions completed will have updates included.

Goal 2: Regulations and enforcement: Protect the public by effectively enforcing laws and standards.			
2.3	Identify methods to help ensure the Board is receiving all the mandated reports.	High - 3	
Activities	Date	Responsible Parties	
c.	Identify opportunities for placement of articles on mandatory reporting in professional newsletters/publications and provide content to be used.	July-2014 and ongoing	Public Information Officer
<ul style="list-style-type: none"> • A “CURES Update” was in the 2015 Summer <i>Newsletter</i>. It addressed CURES status and registration requirements. This was re-printed by the Santa Clara County Medical Association’s publication titled <i>The Bulletin</i>, in addition to the Merced-Mariposa County Medical Society’s publication. • “Reporting Lapses of Consciousness/What is your Legal Responsibility” was in the 2015 Summer <i>Newsletter</i> and also picked up by the Santa Clara <i>Bulletin</i>. • “Patient Protection is Paramount – File Your 805.01 Reports” was in the Fall 2015 <i>Newsletter</i> and picked up by the Santa Clara <i>Bulletin</i> and the Merced-Mariposa County Medical Society. • “Mandatory Reporting Requirements for Physicians and Others” was in the Winter 2016 <i>Newsletter</i> and picked up by the Santa Clara <i>Bulletin</i>. 			
d.	Conduct outreach on reporting requirements to all mandated reporters, as resources allow.	July-2014 and ongoing	Public Information Officer
<ul style="list-style-type: none"> • On September 18, 2015, the Executive Director and Chief of Enforcement attended the California Association Medical Staff Services (CAMSS) Mid-Valley Legal and Regulatory Seminar. Topics included training on 805 and 805.01 mandatory reporting. • On December 10, 2015, the Executive Director gave a presentation to the California Hospital Association. Topics included the physician health program, postgraduate training requirements, 805 and 805.1 reporting, and the mandatory hospital transfer reporting form. 			

**Education and Wellness Committee
Strategic Plan Update May 5, 2016**

Please Note: Only activities assigned to the Public information Officer are listed in the update. In addition, only those items that are due or have actions completed will have updates included.

Goal 3: Consumer and Licensee Education: Increase Public and Licensee awareness of the Board, its mission, activities and services.		
3.2	Expand all outreach efforts to educate physicians, medical students, and the public, regarding the Board’s laws, regulations, and responsibilities.	High - 2
Activities	Date	Responsible Parties
a.	Engage in two or more consumer outreach events with area organizations, as travel permits.	Quarterly Public Information Officer
<ul style="list-style-type: none"> • On July 21, 2015, the Public Affairs Manager gave a presentation at a Town Hall Meeting hosted by Assemblyman Bill Dodd and the California State Bar Association. The topic was the Board’s role in consumer protection, how to look up a license and file a complaint. • On July 28, 2015, the Public Affairs Manager did a radio interview with iHeart Radio’s PSA Show on the Board’s prescription drug abuse and misuse campaign. The interview was aired on Sunday, August 9, 2015, and was also a statewide podcast. • On August 29, 2015, a Health Quality Investigation Unit Supervising Investigator gave a presentation at the Napa Pain Conference on the laws and regulations and the new Guidelines for Prescribing Controlled Substances for Pain. • On September 17, 2015, the Executive Director attended a general medical staff meeting at the Sonora Medical Center in Sonora. The subject was “Bending the Curve: the Opioid Epidemic in Tuolumne County.” The presentation included educating physicians on the Board’s Enforcement Process and the new Guidelines for Prescribing Controlled Substances for Pain. • On September 17, 2015, the Chief of Legislation participated in a Think Tank Round Table with the California Healthline on SB 396 (Hill) and increased regulations and oversight of outpatient surgery centers in California. • On September 23, 2015, the Public Affairs Manager attended a forum at the Sacramento Bee to discuss the Public Records Act and Freedom of Information Act and how it applies to government and state agencies. 		

**Education and Wellness Committee
Strategic Plan Update May 5, 2016**

Please Note: Only activities assigned to the Public information Officer are listed in the update. In addition, only those items that are due or have actions completed will have updates included.

Activities	Date	Responsible Parties
a. Engage in two or more consumer outreach events with area organizations, as travel permits. (continued)	Quarterly	Public Information Officer
<ul style="list-style-type: none"> • On September 29, 2015, the Public Affairs Manager gave a presentation at the California State University Sacramento Campus Consumer Health Class. The topic was the role of the Medical Board, licensing, and enforcement, as well as the issues of prescription drug abuse and misuse. • On September 30, 2015, the Public Affairs Manager gave a second presentation at the California State University Sacramento Campus to another Consumer Health Class on the above topics. • On October 4, 2015, the Public Affairs Manager attended the Yolo County Outreach Event sponsored by the Yolo County District Attorney’s Office and the California State Bar. The presentation was on the Board’s role and mission but concentrated on how to look up a physician’s license, what the information means, and how to file a complaint. • On October 23 and October 24, 2015, the Board held an outreach event at Arden Fair Mall in Sacramento. Board staff showed consumers how to look up a physician’s license, answered questions on the Board’s role, and discussed how to file a complaint. • On October 28 and 29, 2015, the Board held another outreach event at Horton Plaza in San Diego. Board staff showed consumers how to look up a physician’s license, answered questions on the Board’s role, and discussed how to file a complaint. • On October 30, 2015, the Board held another outreach event at the Fashion Valley Mall in San Diego. Board staff showed consumers how to look up a physician’s license, answered questions on the Board’s role, and discussed how to file a complaint. • On November 12, 2015, the Public Affairs Manager joined Assemblyman Bill Dodd, and the California State Bar at a Town Hall in Dixon, California. The topic was consumer protection and the Medical Board’s role. • On February 29, 2016, the Executive Director gave a presentation on the enforcement process at the California Association of Medical Staff Services, Managed Care Chapter (CAMSS MCC). 		

**Education and Wellness Committee
Strategic Plan Update May 5, 2016**

Please Note: Only activities assigned to the Public information Officer are listed in the update. In addition, only those items that are due or have actions completed will have updates included.

Activities	Date	Responsible Parties
a. Engage in two or more consumer outreach events with area organizations, as travel permits. (continued)	Quarterly	Public Information Officer
<ul style="list-style-type: none"> • On February 29, 2016, the Public Affairs Manager was a presenter/speaker at the 2nd Annual Dose of Awareness 5K Walk and Health Expo in San Ramon, held by the National Coalition Against Prescription Drug Abuse (NCAPDA). She spoke on the importance of checking on your physician’s license and how to file a complaint with the Board, in addition to the Board’s mission of consumer protection. • On March 11, 2016, the Executive Director and Staff Counsel gave a presentation to the California Certifying Board of Medical Assistants and the California Medical Assistants Association on the scope of practice of medical assistants. • On March 28, 2016, the Chief of Licensing gave a presentation at the University of Southern California, Keck School of Medicine. • On April 18, 2016, the Public Affairs Manager attended a senior scam stopper event hosted by Assemblyman Jim Cooper. The topic was the Board’s mission of consumer protection, the importance of checking up on your doctor’s license, and how to file a complaint. 		
b. Continue to provide articles and information in the Newsletter regarding potential violations to assist physicians in understanding the laws and regulations.	Quarterly	Public Information Officer
<ul style="list-style-type: none"> • The Summer 2015 <i>Newsletter</i> had an article on “New California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care.” • The Summer 2015 <i>Newsletter</i> had an article on the “Rollout of Uniform Standards for Substance Abusing Licensees.” • The Summer 2015 <i>Newsletter</i> had an article on “Report Lost or Stolen Prescription Pads.” • The Fall 2015 <i>Newsletter</i> had an article on “Warnings About Workers Compensation Fraud.” • The Fall 2015 <i>Newsletter</i> had an article on “Medical Records and Patients’ Rights.” • The Fall 2015 <i>Newsletter</i> had an article on “Implementing a Provider Compliance Program.” 		

**Education and Wellness Committee
Strategic Plan Update May 5, 2016**

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Activities	Date	Responsible Parties
b. Continue to provide articles and information in the Newsletter regarding potential violations to assist physicians in understanding the laws and regulations.	Quarterly	Public Information Officer
<ul style="list-style-type: none"> • The Fall 2015 <i>Newsletter</i> had an article on “Telehealth and the Law: What You Need to Know.” (The article was re-printed in a publication called “San Francisco Medicine” that reaches the San Francisco Medical Society.) • The Fall 2015 <i>Newsletter</i> had an article on “Trauma Informed Care: A Challenge for Physicians.” • The Fall 2015 <i>Newsletter</i> had an article on “Medical Assistants Scope of Practice Clarified.” • The Winter 2016 <i>Newsletter</i> had an article on the “Overview of the California End of Life Option Act.” • The Winter 2016 <i>Newsletter</i> had an article on the “Importance of Discussing Potential Risk of Pain Medication on Vehicle Operations.” 		
c. Launch a Twitter account to provide stakeholders with updates on best practices, changes in laws and regulations, and recent Board activities.	Aug-2014	Public Information Officer
<ul style="list-style-type: none"> • Since launching Twitter at the End of January 2015, the impressions and followers continue to grow. • In July 2015, the Board had 211 profile visits and 2,515 tweet impressions. • In August 2015, the Board sent 3 tweets, had 225 profile visits and 1901 impressions. • In September 2015, the Board sent 15 tweets, had 234 profile visits and 4,509 impressions. • In October 2015, the Board sent 13 tweets, had 350 profile visits and 5,655 total impressions. • In November 2015, the Board sent 2 tweets, had 121 profile visits and 2086 impressions. • In December 2015, the Board sent 3 tweets, had 126 profile visits and 2684 impressions. • In January 2016, the Board sent 14 tweets, had 311 profile visits and 7808 impressions. • In February 2016, the Board sent 9 tweets, had 353 profile visits and 6,034 impressions. • In March 2016, the Board sent 2 tweets, had 281 profile visits and 4,289 impressions • Total Twitter followers as of March 31, 2016, is 250. 		

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Activities		Date	Responsible Parties
d.	Provide two or more articles to appropriate media outlets regarding laws and regulations and what they mean to stakeholders.	Quarterly	Public Information Officer
<ul style="list-style-type: none"> As mentioned above in 2.3(c) the Board has successfully provided four mandatory reporting articles to the Santa Clara Medical Association's <i>Bulletin</i> publication as well as two to the Merced-Mariposa Medical Society and the Telehealth Article was provided to the San Francisco Medical Society's <i>San Francisco Medicine</i>. 			
3.3	Examine opportunities for the Board to provide training to licensees via the internet, including hosting webinars on subjects of importance to public protection and public health.		High - 3
Activities		Date	Responsible Parties
a.	Work with DCA to establish webinar protocol and tools needed to hold a successful webinar	ongoing	Public Information Officer
<ul style="list-style-type: none"> On April 22, 2016, the Public Affair Manager will meet with DCA and discuss the practicality and possibilities of webinars, in addition to assistance in shooting and editing tutorials. 			
b.	Work with healthcare agencies and organizations regarding topics of interest for training purposes.	Sep-2014	Public Information Officer
<ul style="list-style-type: none"> The Board continues to partner with the California Department of Public Health (CDPH) regarding the statewide work group that seeks to curb prescription drug misuse and abuse. Additional plans for this campaign are in discussion. The Board has partnered with the California State Bar and various legislators to educate consumers on the Board's mission of consumer protection. As outlined in 3.2a the Board staff have provided numerous training and educational presentations to healthcare agencies and organizations. 			

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Activities		Date	Responsible Parties
c.	Develop interactive webinar content for licensees to promote public protection.	Jan-2015	Public Information Officer
<ul style="list-style-type: none"> • Due to staffing resources and other priorities, the Board staff has not developed an interactive webinar for licensees. 			
d.	Conduct webinars to promote public protection.	Apr-2015 and bi-annually	Public Information Officer
<ul style="list-style-type: none"> • On December 10, 2015, the Executive Director gave a webinar presentation to the California Hospital Association. Topics included the physician health program, postgraduate training requirements, BreZE, 805 and 805.1 reporting, the Licensed Midwife hospital Reporting Form, and public outreach. 			
3.4	Establish a proactive approach in communicating via the media, and other various publications, to inform and educate the public, including California’s ethnic communities, regarding the Board’s role in protecting consumers through its programs and disciplinary actions.		High - 4
Activities		Date	Responsible Parties
a.	Expand and continue to cultivate relationships with various ethnic communities through their individual media outlets by providing information and education on the Board's role and responsibilities. Provide updates to the Board.	Quarterly	Public Information Officer
<ul style="list-style-type: none"> • On July 23, 2015, the Public Affairs Manager attended the All-State Information Officers and Communication Managers event to network with a variety of communication specialists from a number of California Agencies. A main topic of discussion was ethnic outreach. • On August 19, 2015, the Public Affairs Manager attended a presentation held by the Northern California Chapter of the Public Relations Society of America. One topic of discussion was international media. 			

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Activities	Date	Responsible Parties
b. Engage in television and radio interviews promoting transparency and providing needed information as requested.	Ongoing	Public Information Officer
<ul style="list-style-type: none"> • Staff continues to work with the San Jose Mercury News regarding the issue involving the prescribing psychotropic drugs to foster children. • The Public Affairs Manager has given several interviews and quotes to a variety of media outlets on a variety of topics, including the Check up On your Doctor’s License Campaign to the San Francisco Chronicle, Sacramento Bee, Orange County Register, LA Times, Merced Sun-Star, San Jose Mercury News, News Channel 3 in Santa Barbara, KGET Bakersfield, Wall Street Journal, Center for Investigative Reporting, California Health Report, Channel 29 Bakersfield, 10 News San Diego, KTVU Channel 2 Oakland, Modesto Bee, Consumer Reports Magazine, News 10 Sacramento, the Business Journal, and others. • On March 11, 2016, the Executive Director was interviewed by a journalist from the Sacramento Business Journal on the Board’s Enforcement Program and the vertical enforcement model. • The Public Affairs Manager worked with and continues to work with LA Times reporter Alan Zarembo regarding his investigation of a “stem-cell treatment clinic” operating in California and Mexico. • The Public Affairs Manager continues to work with both state and national news on the topic of physicians on probation. • Three News Releases have gone out: on October 20, 2015, “Be An Informed Patient – Verify your Physician’s License Status;” on February 19, 2016, “ Los Angeles/Glendale Physician’s License Suspended for Sexual Misconduct and Overprescribing;” and on March 10, 2016, “Accusation Filed Against Los Angeles/Glendale Physician for Sexual Misconduct and Excessive Prescribing.” 		

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Activities	Date	Responsible Parties
<p>c. Create PSAs and videos that can be placed online for viewing that address topics of interest as well as educate stakeholders.</p>	<p>Aug-2014 and ongoing</p>	<p>Public Information Officer</p>
<ul style="list-style-type: none"> • On September 28, 2015, the Public Affairs Manager made arrangements to air the Natalie Coughlin PSA on Prescription Drug Abuse and Misuse “One Pill Can Kill” on CBS affiliates CBS-13 in Sacramento, KPIX in the Bay Area, and CBS-2 in Los Angeles. The PSA aired twice at each affiliate between 7:00 – 9:00am. Once aired the PSA was placed on each station’s website and received an additional 63,547 viewings on CBS-13, 63,491 viewings on KPIX, and 63,512 viewings on CBS-2. • On April 22, 2016, the Public Affairs Manager began working with DCA to shoot the script for the tutorial on “How to Check Up On Your Doctor’s License.” Completion date will be July 2016. • The Public Affairs Manager will begin work on a second PSA addressing the Check Up On your Doctor’s License Campaign with a completion date of September 2016. • The Public Affairs Manager will begin work on a tutorial on “how to file a complaint” in late fall. 		
<p>d. Promote the Board’s website and provide consumer friendly information on how to file a complaint.</p>	<p>Ongoing</p>	<p>Public Information Officer</p>
<ul style="list-style-type: none"> • At the January 21, 2016 Public Outreach, Education, and Wellness Committee, the Board staff presented numerous changes to the Board’s website, including making it easier to search for a physician, file a complaint, and review disciplinary documents. • After the January 21, 2016 Public Outreach, Education, and Wellness Committee, the Board staff added a document that identifies what the information in a physician’s profile means and how to obtain that information. 		

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3.5	Establish a method for hosting public seminars taught by legal or enforcement personnel on disciplinary cases, laws violated, and other issues of importance to the profession and the public.		Med - 5
Activities		Date	Responsible Parties
a.	Develop a list of groups who have shown interest for Board speakers in the past, in order to identify similar groups that the Board can reach out to for potential seminars.	Sep-2014	Public Information Officer
<ul style="list-style-type: none"> • The Board staff has a list, and will continue to expand it in the future. Board public affairs staff maintains a chart detailing speaker and outreach requests for various Board speakers that is regularly updated. • The <i>Newsletter</i> has a regular add offering speakers to provide presentations at meetings and events regarding the Board’s mission and functions. Several of the speaking engagements have been requested based upon seeing this offer in the Newsletter. 			
b.	Cultivate relationships with groups not previously engaged, in order to provide seminars.	Sep-2014	Public Information Officer
<ul style="list-style-type: none"> • See 3.2a to identify all the new entities the Board has been able to provide a presentation to on the Board’s roles and functions. • The Public Affairs Manager makes contacts at various outreach events that result in being invited to more outreach events. 			

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Goal 4: Organizational Relationships: Improve effectiveness by building relationships with related organizations to further the Board's mission and goals.		
4.2	Improve educational outreach to hospitals, health systems, and similar organizations about the Board and its programs.	High - 2
Activities	Date	Responsible Parties
b.	Provide presentations on the Board's roles, responsibilities, mandatory reporting requirements, and processes at hospitals, health systems, and similar organizations, as travel permits.	Quarterly Public Information Officer and Appropriate Subject Matter Expert
<ul style="list-style-type: none"> • On September 11, 2015, the Executive Director attended the California Ambulatory Surgery Association Annual Conference in Huntington Beach to discuss outpatient surgery settings. • On February 3, 2016, the Executive Director and Chief of Licensing Curt Worden had a meeting with the University of California Graduate Medical Education Directors. • On February 18, 2016, the Executive Director and a Board Member provided a presentation at UCSF, Fresno, to 50 family medicine residents on the Board and how to be in compliance with the law. • On February 25, 2016, the Medical Board Staff toured the Fort Sutter Surgery Center, a new outpatient surgery setting. 		

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4.3	Optimize relationships with the accreditation agencies, associations representing hospitals and medical groups, consumer organizations, professional associations and societies, the Federation of State Medical Boards, federal government agencies, and other state agencies, including the Department of Consumer Affairs and the Business, Consumer Services and Housing Agency.	High - 3	
Activities		Date	Responsible Parties
a.	Develop a contact list of representatives for stakeholder organizations.	Mar-2014 and update annually	Public Information Officer
<ul style="list-style-type: none"> • The Public Affairs Manager maintains a contact list for stakeholder organizations who have contacted the Board and will continue to add to this list. 			
b.	Offer to make presentations to all stakeholder organizations to provide educational information and updates on the Board's current activities, as travel permits.	May-2014 and ongoing	Public Information Officer
<ul style="list-style-type: none"> • See 2.3d, 3.2a, and 4.2d above. 			
c.	Maintain regular communication with stakeholders, including attending stakeholder meetings as appropriate, as travel permits.	Ongoing	Public Information Officer
<ul style="list-style-type: none"> • Board staff meets on a quarterly basis with the California Medical Association on issues of interest. • Board staff meets with Consumer's Union on issues of interest. • Board staff has attended webinars provided by the Federation of State Medical Boards (FSMB) and have provided input on issues raised by the FSMB. • Board staff meets with Department of Consumer Affairs Executive Staff on an ongoing basis. • Board Staff is working closely with CDPH. 			

**Education and Wellness Committee
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d.	Invite stakeholders to participate in the Board's Newsletter with articles and information, approved by the Editorial Committee, pertinent to licensees.	Mar-2014 and ongoing	Public Information Officer
<ul style="list-style-type: none"> • The Spring 2015 Newsletter included articles from Donate Life California, the Department of Health Care Services, the Drug Enforcement Agency, and the Physician Assistant Board. • The Summer 2015 Newsletter included articles from the Department of Health Care Services, a guest physician writer, who is a professor at the University of California – San Diego, Food and Drug Administration, and the Athletic Commission. • The Fall 2015 Newsletter included articles from the Department of Industrial Relations – Division of Workers' Compensation, Centers for Medicare/Medicaid Services, and University of California, Davis. • The Winter 2016 Newsletter included articles from a guest physician writer, who is a professor at the University of California Davis School of Medicine. 			
e.	Provide activity reports to the Education and Wellness Committee.	At each committee meeting	Public Information Officer
<ul style="list-style-type: none"> • Completed at each meeting. 			
<p><u>Goal 6: Access to Care, Workforce, and Public Health:</u> Understanding the implications of Health Care Reform and evaluating how it may impact access to care and issues surrounding healthcare delivery, as well as promoting public health, as appropriate to the Board's mission in exercising its licensing, disciplinary and regulatory functions.</p>			
6.1	Inform the Board and stakeholders on the Affordable Care Act (ACA) and how it will impact the physician practice, workforce, and utilization of allied healthcare professionals, and access to care for patients.		High
Activities		Date	Responsible Parties
b.	Identify and obtain ACA articles to print in the Board's Newsletter.	Bi-annually	Public Information Officer
<ul style="list-style-type: none"> • The Fall 2015 Newsletter had an article on “Implementing a Provider Compliance Program.” 			

Seeking Doctor Information Online: A Survey and Ranking of State Medical and Osteopathic Board Websites in 2015

March 29, 2016



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DISCLOSURE: Martin Schneider serves as Chairman of the Board of the Informed Patient Institute and also serves on the Board of Consumer Reports. He had no input into this report in either capacity.

Executive Summary

There are a variety of reasons that patients and families may need to find a new doctor—moving to a new town, getting new insurance, or receiving a diagnosis. Many of us turn to the Internet for information about doctors. One place to look in every state is a state medical board website. Medical boards are government agencies that protect the public from the unprofessional, improper and incompetent practice of medicine. In addition to licensing doctors, they accept and investigate complaints about doctors from the public.

After evaluating 65 medical and osteopathic board websites, this report concludes that the information you find on these sites varies greatly—and all can be improved to provide the public with easier access to important information about their doctors. In some states, a site may be easy to use, but have little information about a doctor of interest. In others, the information may be comprehensive, but you cannot easily get to it, cannot tell where it comes from or how current it is.

The highest rated websites had comprehensive information gathered in a “physician profile” for each licensee. But most sites were difficult to navigate, with a variety of user barriers such as confusing entry points (“verify a license”), long drop down menus, security codes, or information in multiple places.

We used 61 criteria to evaluate the sites based on: search capabilities, the types of information one could find about a doctor, instructions and ease of filing a complaint, and what general information was available about the medical board’s operations. Weighted scores were applied to identify the best and worst websites:

HIGHEST SCORING STATES

- [Medical Board of California - 84](#)
- [New York State Physician Profile and State Boards of the Professions - 79](#)
- [Massachusetts Board of Registration in Medicine - 78](#)
- [Illinois Department of Professional Regulation - 76](#)
- [North Carolina Medical Board - 76](#)
- [Virginia Board of Medicine - 72](#)
- [New Jersey State Board of Medical Examiners - 70](#)
- [Florida Board of Medicine - 70](#)
- [Texas Medical Board - 68](#)
- [Florida Board of Osteopathic Medicine - 67](#)
- [Oregon Medical Board - 66](#)

LOWEST SCORING STATES

- [Mississippi Board of Medical Licensure - 6](#)
- [Medical Licensing Board of Indiana - 20](#)
- [New Mexico Board of Osteopathic Medical Examiners - 22](#)
- [Hawaii Board of Medical Examiners - 22](#)
- [Montana Board of Medical Examiners - 26](#)
- [Wyoming Board of Medicine - 27](#)
- [Washington Board of Osteopathic Medicine and Surgery - 29](#)
- [Arkansas State Medical Board - 29](#)
- [Vermont Board of Osteopathic Physicians - 29](#)

- [Oklahoma State Board of Osteopathic Examiners - 30](#)

All but one medical board site had “physician profiles” but they varied widely in the scope of information provided about doctors—such as their educational background and specialty, medical board disciplinary actions, malpractice payouts, actions by hospitals and federal agencies, and criminal convictions. Only four states had at least some information in each category we evaluated. Most states provided a link to the actual board disciplinary orders, which is important. However, profiles generally failed to provide plain language summaries that included the reasons that physicians had been disciplined and specific limitations on their licenses. Users often have to wade through long legal documents to figure this out.

States varied in informing users how often their profiles were updated and how long they kept historical disciplinary information. And, it was not always clear which information on a physician profile was verified by the medical board and which was self-reported by the doctor.

Many states allow users to file a complaint online and almost all include an explanation of their complaint process. Most sites provided links to the laws and regulations governing their work, minutes of their meetings, and names of board members. Few boards are using available methods to engage the public such as webcasting meetings, remote public participation and social media.

Medical board website physician profiles have been around since 1996 and 20 years later people generally have better access to public information about doctors. However, many sites still fall far short of helping the public easily find accurate and comprehensive information. Although medical boards can be constrained by state laws and budgetary concerns, we found examples of innovation that indicate the possibilities for improving these vitally important public resources.

We make the following recommendations for such improvements:

Doctor Search

- Use easily understandable search terms on medical board website homepages and eye catching graphics to help consumers quickly find doctor-specific information.
- Eliminate barriers to accessing physician profiles in terms of security codes.
- In states where medical boards are part of aggregate sites with many professions, provide a direct link from the medical board homepage to the search for doctors, thereby eliminating long drop-down menus and simplify the number of terms describing licensees.
- Consider the needs of users who are looking at multiple doctors by making the search process more seamless and easier to use. Don't make users start over every time with data entry up front, drop down menus, security codes, multiple screens etc., but allow them to quickly start a new search if they want to.
- Incorporate other best practices from the federal government's usability.gov website in terms of making medical board websites useful, usable, findable, desirable, accessible, credible and valuable.

Physician Profile Information

- Include comprehensive information on a physician profile for all physicians that have ever held a license in the state including information about the doctor's background, current and historic information on board disciplinary actions, complete malpractice information, hospital actions, criminal convictions and Federal actions. Provide links to official documents—especially those created by the board such as orders and letters of reprimand.
- Compile all information on the physician profile, minimizing a user's need to go to multiple places to find it.

- Clearly indicate whether a doctor has a disciplinary action of some type early in the search process and at the top of the physician profile.
- The National Practitioner Data Base (NPDB) should be free to states checking for information about their licensees.
- Provide information on the doctor profile about the number and nature of complaints that the board has received against a doctor.
- Include a “plain English” summary of board actions on a physician's profile that provides the date, reason, duration, and restrictions tied to disciplinary actions, as well as links to the actual board orders.
- Clearly indicate when information on the physician profile was last updated.
- Clearly note on the physician profile which information is verified by the medical board and which information is provided by the doctor.
- State laws should give medical boards full leeway in publishing public information they hold about doctors. If it is public information, it should be on the website.

Complaints

- Allow the public to file complaints online, and include instructions regarding mailing in relevant copies of medical records if not available electronically.
- Provide clear information about how complaints are handled, including expected time frames and when and how the complainant will be notified of what happens.
- Clearly describe any time frames regarding filing a complaint. If there is no statute of limitations, state that someone can file a complaint at any time in the future.

General Medical Board Information

- Consider creating a readily apparent “consumer” section of the website where plain English information about the medical board is housed including what the board does, how to file a complaint, FAQs, how to access doctor information.
- Provide live web casts of every board meeting and archive them on the website. Consider allowing the public to call in to make comments during meetings.
- Use social media platforms to do outreach to the public about the board's activities and to inform the public about actions taken on particular doctors.

INTRODUCTION

You've just been diagnosed with a new medical condition. Or you've moved to a new town—or have a new job with different health insurance. These common scenarios often mean finding a new doctor. You may also want to know more about the doctors you already go to. In addition to asking friends, family and other trusted health professionals, many of us will turn to the Internet to search for information. What you'll find there are a variety of sites that provide bits and pieces of information about the over 900,000 doctors in the United States—such as where they went to medical school or whether they're board certified in a particular specialty.

One place to look online for information about doctors is on every state's medical board website. What this report concludes, however, is that the information you find there will vary greatly. In some states, a site may be easy to use, but have little information about a doctor of interest. In others, the information may be comprehensive, but you don't know where it comes from or how old it is. If you live near state borders, you may have to navigate several medical board websites. In no state did we find an “ideal” medical board website—one where a user can:

- 1) Easily search for information about doctors of interest
- 2) View comprehensive and timely information about a doctor, in plain language
- 3) Easily file a complaint about a doctor
- 4) Learn more about how the medical boards regulate and discipline doctors

Medical boards are state government agencies established to protect the public from the unprofessional, improper and incompetent practice of medicine. They oversee doctors and issue licenses to practice medicine to those who meet certain educational and training requirements. Medical boards also investigate complaints and discipline doctors who violate the law. Some states have two boards—one that licenses medical school graduates (doctors with “MD” after their name) and another for osteopathic doctors (“DO” after their name). Osteopathic doctors receive special training in the musculoskeletal system. In some states, medical boards also license other health professionals like podiatrists, acupuncturists, and physician assistants.

There are 65 state medical and osteopathic boards in the country (not including the American territories). State law—usually called a “Medical Practice Act”—defines their mission and work and therefore their scope and operations vary from state-to-state. Some medical boards are part of a broader umbrella agency (such as the Department of Health or a general state professional licensing agency) while others are independent agencies. The boards are typically made up of volunteer physicians and some members of the “public” (non-physicians) who are usually appointed by the Governor. Boards are supported by a staff of state employees, including investigators and lawyers. For a list of medical boards, [click here](#).

Medical boards review and investigate complaints about doctors' unprofessional conduct. These complaints come from a variety of sources including patients and their families, health professionals, government agencies and health organizations (such as hospitals or medical groups). Each state has a process for receiving and investigating complaints, taking action if warranted and publicly reporting information about the outcome. According to the Federation of State Medical Boards (FSMB)¹ (a national organization that represents all of the state medical boards) examples of unprofessional conduct include:

- Alcohol and substance abuse
- Sexual misconduct

- Neglect of a patient
- Failing to meet the accepted standard of care in a state
- Prescribing drugs in excess or without legitimate reason
- Conviction of a felony
- Fraud

The primary way that medical boards communicate with the public is through their websites. Every state medical board has a website that provides some level of information about what they do—including information for doctors about the licensing process. Of particular interest to consumers is the “physician profile” which is an individual web page (or pages) that provides a variety of information about a specific doctor. Generally, these profiles enable you to search for a doctor and find some information about where a doctor practices, their education, specialty and whether there are any disciplinary actions taken against them by the medical board. It is particularly important that medical board physician data is accurate and current as the information feeds other popular “doctor ratings” websites targeting consumers. Other health care entities, such as hospitals and health plans, also use this information.

In 1996, the Massachusetts state legislature passed the first law requiring the state to provide information about physicians online.² Since then, the Internet has created a platform for medical boards to make more information readily available to the public. Every medical board, except Mississippi, has such a profile available on its website. However, this report reveals that each state’s profile contains different information, often depending on their state laws or budget resources.

In 2015, FSMB launched [DocInfo](#) which allows users to put in a doctor's name and state and then be directed to state medical board website(s) where that doctor currently, or previously, was licensed. Many doctors are licensed in more than one state—22% of doctors held two or more active licenses from different state medical boards in 2012 according to the FSMB.³ While very helpful as a national database of doctors, the DocInfo website still requires the user to navigate each state medical board website to find relevant information about the disciplinary actions against a particular doctor.

There is another national database that includes comprehensive information about all disciplined doctors in the country. The National Practitioner Data Bank (NPDB) is a federal repository created by Congress in 1986 and started operations in 1990.⁴ It contains information on doctors who have malpractice payments and other adverse actions against their license—including sanctions by federal agencies for Medicare fraud and drug offenses, by hospitals, and by multiple state medical boards. This type of comprehensive information is usually not available on medical board websites. While the NPDB does make general information available to the public, the information is not linked to physicians’ names, which are confidential by law. If that law were changed, full access to the physicians’ names in the NPDB would allow consumers a “one-stop” resource to check on any doctor of interest.

State medical boards, however, do have access to the NPDB, which among other things was intended to “to prevent incompetent practitioners from moving state to state without disclosure or discovery of previous damaging or incompetent performance.”⁵ There is significant variation, though, in how often and completely the states access the NPDB to supplement the information they have about doctors in their state. In some cases this is due to budget constraints, as there is a charge for the medical boards to check the NPDB. State oversight of doctors would be improved by increasing the ease and decreasing the cost—even making it free—of information exchange between the NPDB and state medical boards.

This report aims to see how well state medical board websites did at providing comprehensive

information to the public in a user friendly way. It builds on similar work of Public Citizen's Health Research Group (a Washington, DC-based non-profit that works on health and safety issues) in 2000, 2002 and 2006. Their most recent report in 2006, [Report on Doctor Disciplinary Information on State Websites: A Survey and Ranking of State Medical and Osteopathic Board Websites](#) ranked the states based on over 50 criteria.

This report concludes with recommendations on how medical boards can improve their website search function, expand information about doctors on their physician profiles, facilitate the complaint process, provide more explanatory information about the medical board's duties and responsibilities, and to generally make the public more aware of their doctors' disciplinary history.

METHODOLOGY

Criteria

We evaluated each state's information using criteria in two categories: Usability/General Information and Content. Usability addressed how easy it was to find and view information. Content addressed the types of information one could find about an individual doctor (such as disciplinary actions). Each category was further sub-divided into criteria, which were the actual items that we looked for and scored in each site review. There were a total of 61 criteria reviewed in the following eight categories:

Usability/General Information

- Search capabilities (such as clearly finding and using a “Look-up” doctor function)
- Complaint and board information (such as how to file a complaint and medical board laws)

Medical Board Website Content

- Identifying doctor information (such as education, specialty training)
- Medical board disciplinary actions
- Hospital disciplinary actions
- Federal disciplinary actions
- Malpractice payouts
- Criminal convictions

We developed the report criteria off those used in the 2006 Public Citizen Report. Staff at Consumer Reports' Safe Patient Project and Informed Patient Institute reviewed Public Citizen's criteria for relevance and then submitted a proposed set to the members of the Medical Board Roundtable for comment. The Medical Board Roundtable is a group of patient and family advocates from around the country who are interested in, and follow issues related to, state medical boards. Over several discussions the criteria were finalized—including the addition of new criteria. **See Appendix B for a complete list of the criteria.**

Review Process

Two reviewers each independently reviewed each medical board website against the criteria, entering a “Yes” or “No” in a spreadsheet to indicate the presence or absence of the information on the websites. In conducting the reviews, they were instructed to replicate how consumers might search for information about their doctors, so not to spend an unreasonable amount of time digging for the information as a researcher might. Also, most of the “content” criteria were linked to whether or not the

information was present on the medical boards' physician profiles, as opposed to scattered about the website.

The two reviewers looked at 65 state board websites. Thirty-seven websites had information about both medical and osteopathic doctors combined, while 14 states (28 websites) had separate boards and websites for medical doctors and osteopathic doctors. Through research on the medical board website, another assistant found names of doctors who had been disciplined in each state during certain periods of time. This allowed the reviewers to check the timeliness of posting information and archiving past information. We also searched federal databases of sanctioned doctors, such as those maintained by the Department of Health and Human Service's Office of Inspector General (OIG), the Drug Enforcement Agency (DEA) and the Food and Drug Administration (FDA) to find names of doctors with federal actions so we could see if these were included in doctor profiles wherever possible. The site reviews were conducted between March and May 2015.

After the independent review of the websites, the two reviewers met to compare each difference and resolve it to an agreed upon "Yes" or "No". A third reviewer conducted spot reviews of random websites to confirm the final outcomes. This resulted in one report for each of the licensing boards.

Confirmation of Website Evaluation with the Medical Boards

In order to confirm and clarify the information gleaned during the reviews, we sent each state medical and osteopathic board our findings about their website. We used various sources to identify contact information including the Administrator's in Medicine, the [DocFinder site](#), FSMB, and the "contact us" section of each state's website. We addressed our request to the Executive Director of the board and asked them to review and verify the information on their state's website. If a specific staff e-mail address was available, we used that. We asked each state to submit any corrections or additional information, accompanied by proof of the change (such as a URL linking to the correct information). We advised them that we would publish the review, as is, if they did not reply within a certain time frame.

Follow-up reminders were e-mailed and we called numerous boards when we did not hear from them. If, after these attempts, we still did not receive information from a particular board, we scored the board based on the information in our review. Fifty-four out of 65 boards responded to our request.

One original reviewer and another staff member reviewed each board's responses and made changes when appropriate. Most boards did not provide links and we did not change answers without verification, unless it was obvious. Some said state law did not allow disclosing certain information – in those cases we gave them a "no."

This confirmation process took place over several months, concluding in January 2016.

We recognize that website updates are done regularly by medical boards and that some of them may have changed since our review was completed. We invited state medical boards to send information about changes they have made since our survey and we have posted their [comments here](#).

Scoring

To determine the relative weight of each category and criterion in scoring the sites, the information was submitted to two outside experts in the field of medical boards and physician discipline. They were asked to distribute 100 points among the eight content categories and then among the criteria

within each of the eight categories. This information, together with final input from Consumer Reports and Informed Patient Institute staff, resulted in the weighting scheme used to rate the websites. Consumer Reports' statisticians applied the weighting to come up with the overall scoring.

RESULTS

Our review found that where you live determines the level of information available to you about doctors.

HIGHEST SCORING STATES

Overall, the report found the highest scoring states, based on the total weighted scores from all criteria, were:

- [Medical Board of California - 84](#)
- [New York State Physician Profile and State Boards of the Professions - 79](#)
- [Massachusetts Board of Registration in Medicine - 78](#)
- [Illinois Department of Professional Regulation - 76](#)
- [North Carolina Medical Board - 76](#)
- [Virginia Board of Medicine - 72](#)
- [New Jersey State Board of Medical Examiners - 70](#)
- [Florida Board of Medicine - 70](#)
- [Texas Medical Board - 68](#)
- [Florida Board of Osteopathic Medicine - 67](#)
- [Oregon Medical Board - 66](#)

LOWEST SCORING STATES

The lowest scoring states, based on the total weighted scores from all criteria, were:

- [Mississippi Board of Medical Licensure - 6](#)
- [Medical Licensing Board of Indiana - 20](#)
- [New Mexico Board of Osteopathic Medical Examiners - 22](#)
- [Hawaii Board of Medical Examiners - 22](#)
- [Montana Board of Medical Examiners - 26](#)
- [Wyoming Board of Medicine - 27](#)
- [Washington Board of Osteopathic Medicine and Surgery - 29](#)
- [Arkansas State Medical Board - 29](#)
- [Vermont Board of Osteopathic Physicians - 29](#)
- [Oklahoma State Board of Osteopathic Examiners - 30](#)

For complete state scores, see Appendix A.

SEARCHING FOR DOCTORS

When a user lands on a state medical board website homepage, it should be easy to see where to find information about specific doctors. We looked for a well-labeled search process that most people would understand and that would quickly get you to the information about doctors. Once there, people should be able to search based on several factors such as name, location, specialty and hospitals where the doctor practices. The search process should also accommodate users interested in looking up more than one doctor—for example when checking on all of the specialists participating in a particular health plan network.

Starting your Search

There were a variety of search phrases that medical board websites used on their homepage to help users find information about doctors. Only 29% of the state medical board websites featured consumer-friendly search terms such as:

- “Doctor search”
- “Find a doctor”
- “Look up a doctor”
- “Look up a health professional”
- “Physician profile”

These phrases are most useful because they contain the words “doctor”, “physician” or “health professional” to help orient users to what they would find when they click on the link. Though we still gave credit, more difficult search terms included “Find a healthcare provider” or “Find a healthcare practitioner”. We did not give credit for “find a provider” because we think most people are not familiar with that term for doctors.

On the other hand, 71% of medical board websites used terms that would be unfamiliar to consumers such as:

- “Verify a license”
- “Licensee look-up”
- “License search”

While the terms “licensee”, “license” and “verify” are familiar words within the medical board world, they are not familiar to most consumers. Interestingly, several of our highest scoring states—the California and New Jersey medical boards—have a good amount of information available, but site visitors might miss it by not knowing to click “Verify a License” or “NJ Health Care Profile” to find that information. In New Jersey, a simple change to the home page could take consumers to a treasure trove of information that is relatively easy to navigate.

Using Search Functions

The best medical board websites take the user directly from the home page to a doctor search function without a lot of intervening steps. Once there, almost all states (95%) allowed users to search by a doctor's last name and license number. The Mississippi board—the lowest ranking website in our evaluation—merely lists the names and addresses of doctors in their state and a “Yes” or “No”

regarding whether they have a “public record.” For additional information regarding a doctor's public record, the website sends you to a page indicating you have to pay a \$25 “verification fee” to have the information sent by mail or email. This highlights the dual nature of these websites—physicians use them to apply for or renew a license, or to have their license officially verified for employment or other reasons. The public, however, uses them to access information about doctors in their state and should not be charged a fee for this information.

The Washington medical and osteopathic boards are the only websites that require the use of a doctor's partial first and last names in their search function—such as an initial or the first three letters of a name. This practice is very consumer unfriendly as many people might not know the first name of a doctor of interest and it provides opportunities for additional spelling errors.

In terms of searching for doctors using other criteria:

- 78% allowed search by location such as city
- 45% allowed search by specialty
- 9% allowed search by hospital

Several states allowed the user to search on all five criteria (name, location, specialty, hospital and license): Massachusetts, New Jersey, New York and the Oklahoma medical board. On the other hand, many states allowed searches on only two criteria: name and license number (which is not known by most users). These included the medical boards in the District of Columbia, Hawaii, Maryland, New Mexico, Oklahoma Osteopathic board, Rhode Island, South Dakota, the Utah medical and osteopathic boards, the Washington medical and osteopathic boards and Wisconsin.

One of the best practices is the Oklahoma medical board. It has a box on the homepage that clearly indicates: “Find a Doctor by Name, Specialty, County, License Number and More” and takes you directly to a doctor search function. The site allows you to search by the languages spoken by the doctor, whether they accept new patients, participate in Medicare and Medicaid, and are affiliated with certain health plans. It also allows you to search for licensees with disciplinary actions. But the site falls short because after the easy access, their physician profiles don't include full information about a doctor's disciplinary record.

The New Jersey board (one of the top scoring sites) also has a good search function that includes the ability to search by type of practice (allergy, cardiology etc.), hospital, and license status (whether the doctor's license is active, expired, suspended, surrendered or revoked). It helps users who aren't sure how to spell a doctor's name by entering the first three letters and then providing a list of names that begin with those letters. Unfortunately, it is hard to find the link that leads to this search function “at a glance” from the home page.

Getting to the Physician Profile

Users are likely to face challenges when navigating websites to find information about doctors. Many sites combine doctor profiles into aggregated websites that include many other licensed professionals in the state. This typically requires a confusing process of trying to find the right words (such as “doctor”, “medical” or “physician”) in drop down menus that include dozens of professions. These drop down boxes—in states such as Washington, Colorado, and Montana —have doctors listed along with accountants, animal massage certification, architects, athletic trainers, barbers, home inspectors, massage therapists, interior designers and other professions requiring a license.

Even if one can find the “doctor”, “physician” or “medical” section of the drop down menus, there are sometimes multiple and confusing entries. In Washington, for example, the list includes:

- Physician and Surgeon County/City Health Department License
- Physician and Surgeon Fellowship License
- Physician and Surgeon Institution License
- Physician and Surgeon Residency License
- Physician and Surgeon Teaching Residence License
- Physician and Surgeon Temporary Permit

The Colorado site includes:

- Medical: Foreign Teaching Physician
- Medical: Physician Training License
- Medical: Physician
- Medical: Physician in a Training Program
- Medical: Pro Bono Physician

Both of these sites provide an unnecessary level of detail that is likely to cause many users to click back and forth numerous times before finding the profile section they are looking for.

A couple of aggregated medical board sites have short-cuts that allow you to skip other professions and go directly to information about doctors or other regulated health professionals from the “search for a doctor” link. For example, California aggregates licensing information for many health professions, but the medical board site directly links to an intermediary page that makes it relatively easy to choose physicians and surgeons from a static list rather than a drop down menu of every profession licensed by the state. After clicking on the search function on the Maine osteopathic and medical boards' home pages, the sites pre-populate the resulting search box with the words “Osteopathic licensure” or “Medicine” so the user doesn't have to find those terms in long drop down menus.

Some sites create another barrier to access by requiring users to enter a security code before they get to the information they want. For example, sites in Hawaii, Minnesota, Tennessee and Washington require users to enter characters or text in a box in order to proceed in a search. For users who are researching several doctors, it can be frustrating and time consuming to have to continually re-enter security codes for each doctor search. Tennessee's code expires after 90 seconds, requiring one to enter a new code for each search. Some sites (such as those in Louisiana, North Dakota, and West Virginia medical) use a slightly easier security process of having the user click on a button that indicates: “I am not a robot”.

While limited financial resources and concern about security may lead states to aggregate information about all licensees on a single web portal, these practices affect the usability of this vitally important doctor information. Medical boards are governmental entities that generate information that should be easily accessible to the public. Those states using aggregated sites should create links that facilitate easier access to the doctor information.

And finally, as with all websites, optimal site function can degrade over time. We found medical board websites that were very slow in bringing up names (such as California and Hawaii), dropped part of names, and sent us to dead pages. Each medical board should have staff responsible for routinely checking site performance so that consumers, physicians, and others can readily find the information they provide.

INFORMATION AVAILABLE ON DOCTOR PROFILES

Once the medical board website user finds their way to a physician profile, the ideal profile would include a robust and timely range of information about doctors. This includes documentation of medical board disciplinary actions and information from other sources such as malpractice insurers, hospitals, the court system and the federal government. In addition, users should have access to both current and historical information, and they should know where the information came from. The profile should clearly state which information is supplied by the doctors about themselves and which is verified, or provided, by the medical board. This report details the variation in how well state medical boards did on all of these criteria.

Information about the Doctor's Background

Almost all states provided some level of information on their physician profile about doctors licensed by that state. The most common types of information were:

- Name of the physician – 98%
- License status – 98%
- License number – 97%
- Physician location – 88%
- Specialty – 72%

Less commonly provided information:

- Name of medical school attended – 66%
- Year of graduation from medical school - 63%
- Name of residency program – 37%
- Year of residency program completion – 32%
- Year of birth – 15%
- Whether doctor holds license in another state – 11%

In order to determine a doctor's specialty, some states, provide a link to the homepage of the American Board of Medical Specialties (ABMS) website. Here users must then go to another website—<http://certificationmatters.org>—where they have to register with the site before getting any information. Given that this process takes many clicks to get to the actual data, we did not give states credit for providing specialty information unless they provided it directly to consumers on the physician profile.

Board Disciplinary Action

Disciplinary information about a physician is the most important information that a medical board can provide to the public. It indicates that a physician has violated the conditions of their license or has failed to meet the standard of care for patients. These criteria were rated highly in our scoring methodology. According to the FSMB, there were over 9,000 state medical board actions in 2012.⁶

The process for disciplining doctors varies from state to state but often starts with a complaint. Board investigators, sometimes with staff from other agencies such as an Attorney General's office, decide whether to act on the complaint based on the law. If they find evidence of unprofessional, improper or

incompetent medical practice, they follow a process that generally starts with a “charge” or “accusation” (the alleged offense committed by the doctor) followed by a series of meetings and hearings if the case goes forward. If the board finds that the doctor has violated the law, they can take disciplinary action against the doctor's license—generally called a “sanction”. Sanctions include suspension or revocation of a doctor's license, probation, sending a letter of concern (or reprimand), collecting a fine, or imposing supervision or educational requirements on the doctor. The description of the process and outcome against a doctor is generally written up in a legal document called a “board order.” Almost 4,500 doctors nationwide were either put on probation, had their license suspended or had their license revoked in 2012.⁷

Our research found that there is a wide variety of public information available online about physician disciplinary actions. And again, reviewers were instructed to be able to find information about doctors relatively quickly on physician profiles and not have to dig in the site for the information.

We found that no board's physician profile provided information about complaints against a doctor, unless the complaint led to formal charges or board action against them. While all physicians should have access to due process, and some number of complaints could be viewed as out of the medical board's scope, it is troubling that the public has no way of knowing if a doctor has received multiple substantive complaints about their clinical performance.

Hawaii has a separate complaints office within their Department of Commerce and Consumer Affairs that oversees and enforces the state's professional licensing laws, including their medical and osteopathic boards. On this Regulated Industries Complaints Office site, you can search for complaints about doctors and, in some cases, find out about the disposition of the complaint. The site has a long disclaimer that you must agree to before getting information, makes it difficult to figure out the profession of the individuals listed (for example, doctors are “MD+a number” and RS+a number are Real Estate Salespersons), but the tenacious user can find the general cause and disposition of some complaints. One physician we looked up had two complaints that led to actions (a warning letter and a fine) but her profile, which was accessible in a different part of the site, gives no indication of any issues. Placing this information in a physician profile would be much more helpful for consumers.

On the other hand, almost all states (92%) had a list somewhere on their site (other than on the physician profile) of medical board actions against doctors. The actions are often listed by month or year and sanctioned doctors are usually listed alphabetically with varying degrees of information about the case. Sixty-two percent of the sites' lists included links to the underlying board orders that provided details of the case. While this is helpful, particularly for those who follow the work of the medical board, for someone looking for information about specific doctors, it is most useful if board actions also appear on an individual doctor's physician profile.

Some sites have archival information by year with similar disciplinary action lists. The West Virginia medical board includes a down-loadable spreadsheet of all disciplinary actions dating back to 1953. The California medical board site provides access to annual actions since 2008 that can be downloaded into excel spreadsheets but it is difficult to find it under the “About Us” tab.

In terms of what was found on physician profiles, most gave the outcome of the board action (83%) such as whether a doctor was disciplined and, if so, the kind of action (i.e. “suspended” or “revoked”). Most (89%) also provided some information on doctors who no longer practice in the state. For example, doctors who were deceased, retired or no longer lived in the state.

Less commonly found on physician profiles were the following:

- The date of the board action against the doctor – 68%
- A link to the actual board order that provided details of the case – 69%
- A “plain English” summary/description of the board action – 46%
- Information on actions against a doctor from other states – 28%
- A description of the offense or specific charges against the doctor - 18%

Some states provide information early in the search process about whether a doctor has a license problem. For example, after you enter a doctor's name in the search engine and get a list of doctors, you can see the license status of each of the doctors on the list (such as “active”, “suspended”, “revoked”). This provides an early signal to the user to learn more about that doctor if there are problems.

Once you are on a physician profile, it is important for boards to clearly signal that there is a license problem. The Maine medical board, for example, puts a sentence in red at the very top of their profile indicating when a doctor has been the subject of board disciplinary action. They then direct the user to details below in the physician profile.

It is important for medical board websites to include access to full legal documents about a disciplinary case, including accusations/charges and board orders. But many consumers will find these difficult to understand as often the serious reasons for the discipline (such as gross negligence, sexual misconduct or substance abuse) are buried in complicated legal language. Some states provide summaries of the board actions on the physician's profile. For example, the physician profile in Georgia includes the date of the disciplinary action and a plain English description of the type of violation and the action taken by the board. The Illinois and Maryland boards also include good consumer oriented summaries. Finally, the Iowa medical board includes a copy of the press release about sanctions on the physician profile so users can read the details of the case in more accessible language.

Malpractice

Medical malpractice information on medical board websites is probably the most difficult for the public to decipher. Some states differentiated between settlements and judgments; others between arbitrations or claims filed in courts. The criterion we used was simply “malpractice payouts” meaning any cases involving a payment. We actually spent more time on this section than an average consumer might spend. Generally, profiles were often not clear whether malpractice information was verified by the board or simply reported by the physician. In their responses to our findings, numerous boards indicated they received this information directly from malpractice insurers. We counted those as verified.

A little over a third (35%) of the medical board websites had any information about malpractice on their physician profiles. Only six sites (9%)—Illinois, Massachusetts, Oregon, Vermont medical and Nevada medical and osteopathic boards—had information on all malpractice payouts. More common was for the profile to include only certain malpractice information. For example, a profile might include only the most recent cases, those above a certain dollar amount, or only when a doctor had a certain number of cases within a particular time period, for example, three payouts within five years. Many boards indicated these limits were set in state laws. Several states—including Virginia, New York and Vermont—did not list the amount of payouts, but rather ranked them as low, average or high based on a comparative formula with other physicians within a particular specialty.

Only Massachusetts and Illinois got a “yes” on every one of the medical malpractice questions: They

listed all payouts that were verified by the board, had at least 10 years of records, and included the amount of the payouts.

Several of the sites have somewhat lengthy explanations for users that limit the impact of the malpractice information. For example the Oregon site requires you to read this statement before getting the malpractice information:

“The settlement of a medical malpractice claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee, even though there is a closed malpractice claim on file. A payment in the settlement of a medical malpractice action does not create a presumption that medical malpractice occurred.”

The Tennessee medical board also has a very long statement about medical malpractice liability claims that could cause users to question the value of the information. And the Maryland medical board has a similar statement, but they give the user the option to read it or not by clicking on a link.

Hospital Disciplinary Actions

Most doctors are affiliated with hospitals where they can admit patients if needed. Many states require hospitals to report to the medical board if a hospital takes certain actions to limit a doctor's ability to practice (often called their “privilege” to practice within a hospital). And federal law requires that these reports go to the NPDB. Our review of medical board websites found that only about a quarter (23%) included information about hospital actions against doctors on their physician profile. And only 18% provided any additional information about the hospital action, such as the date of the action or a summary of why the hospital took action.

The Kansas medical board, for example, indicates whether there are any “Health Care Facility Privilege Actions” on their physician profile. The Tennessee medical board profile has several sections on hospital issues, including where the doctor has staff privileges, whether there are any “resignations from a hospital in lieu of termination” and any actions taken by a hospital. And the Vermont medical board profile includes information on “revocations or involuntary restriction on hospital privileges,” as well as other hospital restrictions.

Federal Disciplinary Actions

Federal agencies occasionally discipline doctors. The Centers for Medicare and Medicaid Services (CMS)/Department of Health and Human Services, the Food and Drug Administration (FDA) and the Drug Enforcement Agency (DEA) all have authority to sanction doctors who have committed Medicare fraud, engaged in criminal conduct with respect to the development or approval of drugs, or committed drug related crimes, respectively. All of these federal agencies maintain websites that publish national lists of doctors who are excluded or debarred from their programs.

Only a small number of state medical board websites (11%) had information available on their physician profiles about any federal actions against a doctor. Examples of those that do: the North Carolina medical board includes actions taken by federal agencies under their “Actions - Adverse and Administrative” tab while the Kansas board lists “Other Public License Actions, DEA Actions, Criminal Actions or Miscellaneous Information” and the Virginia medical board includes a tab for “Proceedings, Actions and Convictions” that includes actions taken by organizations other than the Virginia medical

board.

An even smaller number (5%) provided a link to more information about any federal agencies' actions.

Convictions

According to the FSMB, 45 states require criminal background checks of doctors as a condition of initial licensure.⁸ Research conducted by FSMB in 2006 found that two to-five percent of physicians applying for licensure had criminal histories and one to-three percent did not report them on their applications. After they receive their license, most states require that doctors self-report any convictions. In 2000, the Florida medical board reported that after the board began requiring fingerprinting, approximately three percent of doctors showed a criminal history. Of the applicants with a criminal history, 44% failed to report that information on their license application.⁹

In our review, we found that a little over a third of medical board websites (34%) had information on their physician profiles about whether a doctor had any criminal convictions. Only 13 states (20%) had any additional information such as the number of criminal convictions or details about the convictions.

Timeliness

There were a number of ways that we assessed the issue of timeliness in the review of medical board websites. We were interested in whether the site clearly indicated how often content was updated and specifically, whether there was an indication on the physician profile that told the viewer when that information was last updated. We were also interested in whether medical boards archived information about doctors who had been disciplined in the past, thus providing their full history.

Twenty percent of the sites included information about how often the website was updated. A higher number of sites, over half (51%), indicated when their physician profiles were last updated. For example, the homepage of the New Jersey medical board indicates when the contents of the page you are viewing was "Last Modified" and also clearly indicates on the physician profile when some of the information was last updated. North Carolina also indicates when information provided by the doctor was last updated on their physician profile.

Other medical boards, such as California, Colorado, Louisiana and North Dakota, indicate the date and time you are viewing the physician profile. This information is useful if you want to print out the information and know when you viewed it, but doesn't necessarily indicate when that particular profile has been updated. In our validation of responses with each board, however, we gave credit to the boards that told us their site was updated daily or as soon as information became available.

With regard to archiving board actions, we found that 37% of sites clearly stated how long they kept medical board actions on their physician profile. Since all historic licensing about physicians is public information in most states, users should be able to see the full history of a physician online. To test this, we gathered names of disciplined doctors by reviewing lists of sanctioned doctors for various periods in each state. Wherever possible, we then checked to see if their profile included these actions. Eighty percent of sites (52 boards) included actions against physicians that occurred between 1-5 years ago on the physician profile and 50 boards (77%) included the most recent actions we could find on the physician profile. This indicated that the majority of states are updating profile information in a timely manner. Also, most states included disciplinary actions from 5-10 years ago (77%) and actions from more than 10 years ago (62%).

Verification of Information about Doctors

The public expects to view accurate information on government-sponsored websites. Knowing what doctor information has been verified by the medical board as accurate versus what is self-reported by doctors (who may not report in a timely or accurate manner), is key to ensuring user confidence in the information. Several of our criteria addressed the issue of whether and how medical boards conveyed these distinctions to the public. We looked for a clear indication on what information on the physician profile had been verified by the medical board (and could therefore be confirmed as accurate) and what information was provided by doctors.

We found that nearly half of the reviewed profiles (45%) indicated which information was self-reported by the physician. However, often sites provided this notice in hard to find or read disclaimers, or through other links, making the source of the information less clear.

The Texas medical board does a good job of delineating and titling information that is self-reported. It puts a box around information and notes: “The Information in this Box has been Verified by the Texas Medical Board.” In another box, they indicate: “The Information in this Box was Reported by the Licensee and has not been Verified by the Texas Medical Board.” The Minnesota board clearly indicates whether certain information is “Self-Reported Information” or “Self-Reported, Not Verified by Board”.

When we looked at whether specific types of information on the profiles were verified by the medical board, the numbers were much smaller:

- 15% of conviction information was verified
- 6% indicated that they verified the specialty of the physician
- 6% indicated malpractice actions were verified
- 5% indicated hospital actions were verified
- 3% indicated federal actions were verified

As previously noted, some states provide specialty information on the physician profile, but require you to follow a link to the American Board of Medical Specialties (ABMS) website to verify it.

Searching for Information in Multiple Places on Medical Board Websites

A key concept of website usability is the ability to see information in one place so a user doesn't have to hunt around for information—particularly when words and concepts may not be familiar. The best place in a medical board website to put comprehensive physician specific information is on each doctor's physician profile. The best sites made these profiles a one-stop location to find all about each licensed doctor. Some states use tabs on their profile to indicate the different types of information that are available such as General Information, Education/Certification, Board Disciplinary Action, Malpractice, Convictions, and Other Adverse Actions (which might include hospital and federal actions). Some also offer the ability to see all of that information on one page so a user could easily print it.

On the other hand, we found some medical board websites put physician-specific information in multiple places, making it difficult for the user to pull together a full picture of doctors' licensing records. For example:

- The Louisiana medical board website has a list of all disciplinary actions dating back to the early 1970s. However, some of this information is not fully included on the physician profile so the user would need to check two places for a complete history.
- The Tennessee medical board presents a confusing array of information sources on their search page, stating: “While searching for information on a particular health care professional, consumers should be aware that there are several locations available to aid them with their research. (License Verification, Abuse Registry, Monthly Disciplinary Actions and Recently Suspended Licenses for Failure to Pay Child Support).”

Some states even have information on completely separate websites. As discussed previously, Hawaii provides complaint information on a site separate from the medical board site. It would be much more user friendly if these states placed all of their information into the physician’s profile, or at least provided a link within the profile.

And New York is unique, with a well designed and easy to navigate physician profile site that is separate from the medical board’s site. In 2015, the state’s Governor slated the site for elimination by zeroing out its budget. But a coalition of determined consumer and public interest groups, including Consumers Reports, fought against the proposal and succeeded in saving the website.

FILING A COMPLAINT

One of the most important functions of state medical boards is to accept, investigate and act on complaints about doctors sent to them by the public. Medical boards depend on complaints to flag doctors of concern. Several of our criteria examined information in this area.

Almost all sites (97%) had an explanation of their complaint process, while a little more than half (54%), allowed users to file a complaint online—in many cases by completing and submitting an online form. Being able to file complaints online simplifies the process for patients. However, including all of the medical records needed to back up their complaint could be a challenge, since these records are often unavailable in an electronic form. Any online complaint forms should include instructions regarding where to mail medical records to accompany the complaint. Staff conducting the initial review of the complaint could decide to summarily dismiss it if they do not have the full information backing up the allegations.

We also examined whether the site indicated if consumers had to file a complaint within a certain time frame in order to have it considered by the board—generally called a “statute of limitations.” We found that only 13 states (20%) clearly conveyed this information on their site. In the verification process with medical board staff, some said that they had no time frames listed on their website because they had no statute of limitations. In these cases, we did give them credit for this criterion. However, we find it hard to believe, for example, that boards would accept and investigate complaints that were 10 or 20 years old. If there really is no statute of limitations at all, the website should say so.

In terms of best practice, we found that in addition to having an online complaint process, the Maine medical board has a “Consumer Assistant” on staff to help consumers with the process. On the other hand, the Minnesota Board indicates that complaints must be notarized, which could present a barrier to people who wish to file.

OTHER MEDICAL BOARD INFORMATION

Finally our analysis included criteria about other aspects of medical board websites that addressed general information about the board and its operations. We found that:

- 98% provided information or links to laws and regulations governing the medical board's work
- 95% listed the names of the medical board—indicating which ones were public members
- 82% of medical board meeting minutes were available on the website
- 74% had archived board minutes available (prior to 2014)
- 74% provided consumer-oriented Frequently Asked Questions (FAQs) about the medical board
- 11% web cast board meetings

States that webcast meetings include both medical and osteopathic boards in California, Tennessee and Florida, and Arizona's medical board.

Though we didn't ask if they allowed the public to remotely comment on agenda items in this research, Consumer Reports activists in California pushed for this option given the size of the state and the challenges to the public to attend in person. As a result, the board now allows comments over the phone during medical board meetings. This function is used regularly by consumers and physicians who wish to officially comment during board meetings.

Several states have sections of their website marked for "consumers" or "public." For example, the Iowa site has a section called "Consumers" which notes "How may we help you?" The section includes information on how to file a complaint, find a physician, link to other health sites and get other consumer information. The Nevada medical board site also has a section for "Patients and Consumers" that points out where to find doctors and file a complaint, as well as explaining the investigative process and ordering public records—though they also charge for providing public records.

Some medical boards use social media to convey information to the public. For example, medical boards in Alabama, California, the District of Columbia, Florida, Georgia, Kansas, North Carolina, Ohio, Rhode Island and Washington have Twitter accounts. Facebook is also used by states such as California, Iowa, Maryland, North Carolina and Tennessee. North Carolina in particular is an active user of social media and posts meeting minutes and other announcements on Facebook. Boards should explore using social media to reach people interested in their work and to inform the public about disciplinary actions taken and board operations.

DISCUSSION: TWENTY YEARS OF MEDICAL BOARD WEBSITES (1996 – 2016)

Ten years after the first law passed in Massachusetts to require a state medical board to provide information about physicians online, Public Citizen conducted their study of medical board websites in 2006. And now, 10 years after that, Consumers Reports and the Informed Patient Institute have examined 65 medical board websites. What has changed over the past 20 years?

Overall, it is still too difficult for people to find important information about their physicians on medical board websites. There are not enough direct links to physician profiles and too many clicks and other barriers to get to them. Once there, many sites lack complete doctor information and often what is there is not presented in plain language.

In some respects, however, there has been progress 20 years after Massachusetts' pioneering effort. Almost all states have online physician profiles available to the public—Mississippi being the only state that does not. In addition, over 90% of state medical board websites:

- Provide a way to search for a doctor by their name or license
- Give information on the license status of a doctor
- Provide information somewhere on the site about doctors who have been disciplined
- Provide information about state medical board laws and regulations
- List the names of the medical board members and indicate which ones are public members
- Provide an explanation of their complaint process

Similar to 2006, most states provide some level of information about board disciplinary actions, though often the user must review legal documents that may be hard to understand. Fewer than half the states (46%) help users by providing a more “plain English” summary of what happened. And most of these lack details—such as why actions were taken against a doctor or what limitations were placed on the license. In some states, users may have to go multiple places to get a full picture of a particular doctor’s record. As previously noted, no state physician profiles included information about complaints that patients and others filed against a doctor. Only four board websites (California medical, Maryland, New York, and Texas) had all of the criteria we were looking for regarding information about physician disciplinary actions.

The largest variation among states, as was the case in 2006, is the availability of other types of disciplinary information such as malpractice, hospital actions, criminal convictions, and federal actions. Overall, some information about malpractice and convictions was available on about one-third of the physician profiles. Only a quarter included either information about hospital actions or disciplinary actions from other states—and just over 10% included information on federal actions. Only four medical board websites had at least some information from all five categories: California, New York, North Carolina and Virginia. However, states still varied substantially in the breadth of information provided within each of these categories.

Conveying both the timeliness of information, as well as making historic information available are both features of interest to website users. Given the ability to quickly update online information, users expect that what they see is current—and they should be able to see that by viewing “update” dates on physician profiles and other website pages. They should also be able to easily find complete historic information about a doctor's disciplinary activities in one place and not have to click around to pull together the available information.

We recognize that state medical boards can only do as much as the laws governing their work allow. However, even when they have some latitude, medical boards may be reluctant to do more than is explicitly legally required given powerful forces, such as state medical associations, which are generally opposed to complete public information. Also, the significant costs and staff time associated with having robust, user-friendly and comprehensive medical board websites may not be a legislative budget priority. In addition, states with aggregate sites that provide information on numerous professions face particular constraints in terms of their ability to control the design and usability of their doctor information.

Our review indicated, however, that it is possible to provide comprehensive timely information about doctors in an easily accessible and user-friendly fashion. On the other hand, we also found that the worst websites provided little information about doctors in their state—or put the burden on users to piece together information from multiple places. As the only places where the public can get information about the status of doctors’ licenses and, given the reach of that on other websites used

by consumers, medical boards should strive to produce websites that provide robust, comprehensive and timely information about doctors. The mission of medical boards—to protect the public—requires a commitment to transparency by publicly sharing as much information as possible in a user-friendly fashion.

RECOMMENDATIONS

We make the following recommendations for how to improve the usability and comprehensiveness of medical board websites.

I. Doctor Search

- Use easily understandable search terms on medical board website homepages and eye catching graphics to help consumers quickly find doctor-specific information. Examples of search terms include simple phrases such as “Find a Doctor” or “Look-up a Doctor” that are featured with highlighted links.
- Eliminate barriers to accessing physician profiles in terms of security codes. If state policy requires this, consider using security approaches that are less onerous on users, such as checking “I am not a robot” rather than typing in a string of letters and numbers.
- In states where medical boards are part of aggregate sites with many professions, provide a direct link from the medical board homepage to the search for doctors, thereby eliminating long drop-down menus. Simplify the number of terms describing licensees to “Doctor” or “Physician” rather than using multiple categories (such as “Physician Fellowship license”, “Physician Institution license” etc.).
- Consider the needs of users who are looking at multiple doctors by making the search process more seamless and easier to use. Don't make users start over every time with data entry up front, drop down menus, security codes, multiple screens etc., but allow them to quickly start a new search if they want to.
- Incorporate other best practices from the federal government's usability.gov website in terms of making medical board websites useful, usable, findable, desirable, accessible, credible and valuable.

II. Physician Profile Information

- Include comprehensive information on a physician profile for all physicians that have ever held a license in the state including information about the doctor's background, current and historic information on board disciplinary actions, complete malpractice information, hospital actions, criminal convictions and federal actions. Provide links to official documents—especially those created by the board such as orders and letters of reprimand.
- Compile all information on the physician profile, minimizing a user's need to go to multiple places to find it.

- Clearly indicate whether a doctor has a disciplinary action of some type early in the search process and at the top of the physician profile.
- Ensure medical board access to the National Practitioner Data Bank (NPDB) to efficiently get more comprehensive information not easily available in the state. The NPDB should be free to states checking for information about their licensees.
- Provide information on the doctor profile about the number and nature of complaints that the board has received against a doctor.
- Include both a “plain English” summary of board actions on a physician's profile that provides the date, reason, duration, and restrictions tied to disciplinary actions, as well as links to more detailed information.
- Clearly indicate when information on the physician profile was last updated.
- Clearly note on the physician profile what information is verified by the medical board and what information is provided by the doctor.
- State laws should give medical boards full leeway in publishing public information they hold about doctors. If it is public information, it should be on the website.

III. Complaints

- Allow the public to file complaints online, and include instructions regarding mailing in relevant copies of medical records if not available electronically.
- Provide clear information about how complaints are handled, including expected time frames and when and how the complainant will be notified of what happens.
- Clearly describe any time frames regarding filing a complaint. If there is no statute of limitations, state that someone can file a complaint at any time in the future.

IV. General Medical Board Information

- Consider creating a readily apparent “consumer” section of the website where plain English information about the medical board is housed including what the board does, how to file a complaint, FAQs, how to access doctor information etc.
- Provide live web casts of every board meeting and archive them on the website. Consider allowing the public to call in make comments during meetings.
- Use social media platforms to do outreach to the public about the board's activities and to inform the public about actions taken on particular doctors.

¹ Federation of State Medical Boards (FSMB), “[US Medical Regulatory Trends and Actions](#)”, May 2014;– page 7.

² D. Johnson, and H. Chaudry, *Medical Licensing and Discipline in America*, 2012, Lanham, MD: Lexington Books – page 220.

³ Op.cit. FSMB - page 20.

⁴ See NPDB history at <http://www.npdb.hrsa.gov/topNavigation/timeline.jsp>; accessed 3-18-16

⁵ Ibid.

⁶ Op.cit. FSMB – page 19

⁷ Ibid.

⁸ Federation of State Medical Boards, [Criminal Background Checks: Board by Board Overview](#)
; Accessed 2/17/16; Page linked from: <https://www.fsmb.org/policy/advocacy-policy/key-issues>.

⁹ Federation of State Medical Boards, [“Trends in Physician Regulation”](#), April 2006 – page 10. \

Appendix A

ConsumerReports Medical Board Website Ratings

● Excellent ● Very Good ○ Good ● Fair ● Poor

Site	Overall Score	Search Capabilities	Complaint and Board Information	Identifying Doctor Information	Board Disciplinary Actions	Hospital Disciplinary Actions	Federal Disciplinary Actions	Malpractice Payouts	Convictions
California	84	●	●	●	●	●	●	●	●
New York	79	●	○	●	●	●	●	○	●
Massachusetts	78	●	○	●	○	●	●	●	●
Illinois	76	●	●	●	●	●	●	●	●
North Carolina	76	●	●	●	●	●	●	○	●
Virginia	72	●	●	●	○	●	○	○	●
New Jersey	70	●	●	●	●	●	●	○	●
Florida	70	○	●	●	●	●	●	○	●
Texas	68	●	●	●	●	●	○	○	●
Florida Osteopathic	67	○	●	●	●	●	●	○	●
Oregon	66	●	●	●	●	●	●	●	●
Nevada Osteopathic	61	●	●	●	●	●	●	●	●
Colorado	61	○	●	●	●	●	●	○	○
Arizona	59	●	●	●	●	●	●	●	●
Connecticut	58	○	○	●	●	●	●	○	○
Tennessee Osteopathic	58	●	○	●	●	○	●	○	○
Maryland	57	●	○	●	●	●	●	○	●
Kansas	56	●	○	●	●	●	●	●	●
California Osteopathic	56	○	●	○	●	●	○	○	●
Georgia	55	○	●	●	●	●	●	○	○
Iowa	53	●	●	●	●	●	●	●	●
Nevada	53	○	●	●	●	●	●	●	●
Tennessee	53	●	○	●	○	○	●	○	○

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ConsumerReports Medical Board Website Ratings Continued

● Excellent ● Very Good ○ Good ● Fair ● Poor

Site	Overall Score	Search Capabilities	Complaint and Board Information	Identifying Doctor Information	Board Disciplinary Actions	Hospital Disciplinary Actions	Federal Disciplinary Actions	Malpractice Payouts	Convictions
North Dakota	51	●	●	●	●	●	●	●	●
Arizona Osteopathic	50	●	●	●	●	●	●	●	●
Oklahoma	49	●	●	●	●	●	●	●	○
Ohio	48	●	●	●	●	●	●	●	●
Maine Osteopathic	48	●	●	●	●	●	●	●	●
Vermont	47	●	●	●	●	○	●	●	○
District of Columbia	46	○	○	●	●	●	●	○	○
South Carolina	45	●	●	●	○	●	●	●	●
Minnesota	45	●	●	●	●	●	●	●	●
Maine	44	●	●	●	●	●	●	●	●
West Virginia	43	●	○	○	●	●	●	○	●
Idaho	42	●	○	●	●	●	●	●	●
New Hampshire	42	●	●	●	○	●	●	●	●
South Dakota	40	●	●	○	●	●	●	●	●
Alabama	40	○	●	●	●	●	●	●	●
Kentucky	40	●	○	●	○	●	●	●	●
Michigan	39	○	○	●	●	●	●	●	●
Michigan Osteopathic	39	○	○	●	●	●	●	●	●
Pennsylvania Osteopathic	39	○	●	○	●	●	●	●	●
West Virginia Osteopathic	38	○	●	●	●	●	●	●	●
Missouri	38	○	○	○	●	●	●	●	●
Wisconsin	37	●	●	○	●	●	●	●	●
Delaware	37	○	●	○	○	●	●	●	●

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ConsumerReports Medical Board Website Ratings Continued

● Excellent ● Very Good ○ Good ◐ Fair ● Poor

Site	Overall Score	Search Capabilities	Complaint and Board Information	Identifying Doctor Information	Board Disciplinary Actions	Hospital Disciplinary Actions	Federal Disciplinary Actions	Malpractice Payouts	Convictions
Louisiana	36	◐	○	◐	◐	●	●	●	●
Pennsylvania	36	○	●	○	○	●	●	●	●
Washington	36	◐	●	○	◐	●	●	●	●
Nebraska	35	○	○	○	◐	●	●	●	●
Utah Osteopathic	35	◐	◐	○	○	●	●	●	●
New Mexico	34	◐	◐	◐	○	●	●	●	●
Rhode Island	34	◐	◐	◐	○	●	●	●	●
Utah	34	◐	◐	◐	◐	●	●	●	●
Alaska	32	○	◐	○	○	●	●	●	◐
Oklahoma Osteopathic	30	○	○	○	◐	●	●	●	●
Vermont Osteopathic	29	○	●	○	●	●	●	●	●
Arkansas	29	◐	○	○	●	●	●	●	●
Washington Osteopathic	29	◐	●	○	◐	●	●	●	●
Wyoming	27	◐	○	○	●	●	●	●	●
Montana	26	○	○	○	◐	●	●	●	●
Hawaii	22	◐	○	○	◐	●	●	●	●
New Mexico Osteopathic	22	○	◐	○	●	●	●	●	●
Indiana	20	○	●	○	●	●	●	●	●
Mississippi	6	●	◐	●	●	●	●	●	●

Consumer Reports and the Informed Patient Institute, a nonprofit group that gives consumers information about healthcare quality and cost, analyzed the websites of state boards that regulate doctors to see how complete their information was and how easy the websites were to use. We then rated the websites on a 1-to-100 scale. The Ratings include medical boards as well as boards that oversee osteopathic doctors, who are physicians with special training in the musculoskeletal system.



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Appendix B
2015 MEDICAL BOARD WEBSITE REVIEW CRITERIA
Criteria used in Survey
Provided to State Medical Boards for review of Survey findings
7-14-15

NOTE: a “physician profile” is generally defined in this survey as an online record of each individual physician’s license information, status, disciplinary actions, and other information that is searchable by doctor’s name or other identifying information.

WEB SITE SEARCH CAPABILITIES

- 1) Profile can be searched By Physician Last Name Only
- 2) Site requires both Physician Last Name and First Name to Search for profile
- 3) The profile can be Searched By Location
- 4) The profile can be Searched By Specialty
- 5) The profile can be Searched By Hospital
- 6) Website homepage clearly indicates to consumers where to find a physician profile. (i.e. consumer tabs, “find a doctor” language, etc.; “verify a doctor” is not clear to most consumers)
- 7) The profile can be Searched by License number

IDENTIFYING PHYSICIAN INFORMATION

Is the following information available on the physician profile?

- 8) Name Of Physician
- 9) Year Of Birth
- 10) Practice Address (city/state OK)
- 11) License Number
- 12) License Status (clear statement of status without having to read legal documents)
- 13) Specialty
- 14) The specialty is verified by the medical board, as indicated on the Physician Profile. (Note: A mere link to ABMS database gets a NO.)
- 17) Name of Residency Program(s)
- 18) Year of Residency Program(s) Completion
- 19) Medical Licenses Held in Other States
- 20) Does the profile clearly state which information is physician self-reported or not verified by the medical board?

PHYSICIAN SPECIFIC BOARD DISCIPLINARY ACTIONS

Is the following information available on the physician profile (may include links to documents)

- 21) Complaint/Accusations against the doctor (Before investigation)
- 22) Offense (i.e. The specific charge against the doctor is listed)
- 23) Date Of Board Action Against the Physician: (i.e., When did the action take place?)
- 24) Board Action (i.e., A general description of the outcome; e.g., Restricted license, probation, fine etc.)

- 25) Actual Board Order (i.e. Link to legal document, which details the offense and the action taken by the board)
- 26) Summary Of Board Action (i.e. Plain English summary of Board action)
- 27) Is there a listing of all board actions taken against doctors somewhere (other than the profile) on the website?
- 28) The list of board actions taken against doctors (in #27) includes links to the actual Board orders (i.e. Link to a legal document, which details the offense and the action taken by the board).
- 29) Actions are listed On Web Site For Physicians Without Active License (i.e. Information about doctors that were previously licensed in the state, "inactive" doctors)
- 30) Does the profile include board actions From Other States

WEBSITE UPDATING

- 31) The website indicates when a doctor profile was last updated
- 32) There is a regular Update Schedule Stated On Web Site

ARCHIVES OF DISCIPLINARY ACTIONS ON PHYSICIAN PROFILES

- 33) Length of Time That Actions Are Archived (kept on the profile) is Stated Clearly On Web Site (FAQ Or Elsewhere); e.g., "any actions older than 10 years are not included on the profile"
- 34) Information about disciplinary actions are on the profile for 1-5 years (2010-2014)
- 35) Information about disciplinary actions are on the profile for 5 -10 years (2005-2009)
- 36) Information about disciplinary action is on the profile for over 10 years? (Prior to 2005)
- 37) Information about the most recent disciplinary action is on the profile?

HOSPITAL DISCIPLINARY ACTIONS

NOTE: Since so few websites had any specific information about hospital actions, we combined the questions #40-#44 into one question (#40) - states got credit for #40 if they had **any** additional information about hospital actions.

- 38) Hospital Actions are available on the Physician Profile
- 39) Hospital Actions are verified By the Medical Board (as indicated on the profile)
- 40) Date Of Hospital Action
- 41) Hospital Offense
- 42) Hospital Action
- 43) Summary Of Order
- 44) Actual Order Included

FEDERAL DISCIPLINARY ACTIONS: (including OIG, FDA/DEA)

- 45) Federal Actions Available on the Physician Profile
- 46) Federal Actions are Verified by the Medical Board (the profile indicates that the board verifies this information)
- 47) Provides Link to federal actions

MALPRACTICE

- 48) Malpractice Information Available on the Physician Profile
- 49) All Malpractice Payouts Are Included
- 50) Amount Of All Malpractice Payouts Is Included
- 51) Malpractice Verified by the Medical Board (as indicated on the profile)
- 52) Malpractice Archives Are Present (i.e. Has historical information about all malpractice payouts)

CONVICTIONS

- 53) Conviction Information on the Physician Profile (i.e. non-medical issues such as DUI, larceny, fraud etc.)
- 54) Conviction Information Verified by the Medical Board (as indicated on the profile)
- 55) Number Of Criminal Convictions/No Contest Pleas
- 56) Details Of Convictions Are Provided

OTHER WEB SITE ITEMS

- 57) States That Statutes/Rules For Physicians Available Online: (i.e. Link to Medical Practice Act/Regulations)
- 58) Complaint Form that can be submitted Online
- 59) Consumer FAQ/Explanation Of What is On Site
- 60) Is there a Plain English Explanation of the Complaints Process?
- 61) Is there information on timeframes for filing a complaint (statute of limitations)?
- 62) Does the Site include the names of Medical Board Members and indicate which are public members?
- 63) Are the minutes of the Medical Board meetings available on the website?
- 64) Are minutes of the Medical Board meetings prior to 2014 available on the website?
- 65) Does the medical board webcast its meetings?