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3 Title: Remove False and Inflammatory Online Evaluations and Ratings of Physicians
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5 Introduced by: Robert M. Doane, MD
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7 Original Author: Robert M. Doane, MD
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9 Referred to: Committee on Rules and Order
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11 House Action: **DISAPPROVED AS A LATE RESOLUTION**
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14 Whereas, there are multiple online physician evaluation websites, such as healthgrades.com,
15 Vitals.com, etc., and
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17 Whereas, patients can write false and misleading comments and/or evaluations against a
18 physician, and
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20 Whereas, there is no realistic opportunity for direct rebuttal from the physician’s perspective
21 due to patient privacy and confidentiality provisions under the Health Insurance Portability and
22 Accountability Act, and
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24 Whereas, occasionally patients who are simply disgruntled because narcotics have not been
25 refilled will submit false and inflammatory evaluations on these websites, and
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27 Whereas, although some websites do allow for a general response alongside the patient
28 survey scores (i.e., healthgrades.com), they don’t allow for any detailed response to complaints, and
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30 Whereas, these websites have no verification or rebuttal processes for these negative
31 comments, such as contacting the physician or their office to discuss the details, and
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33 Whereas, this a completely one-sided process where the physician has no control or say as to
34 any of the validity of these comments and evaluations, and
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36 Whereas, some of these comments are completely libelous and defaming; therefore be it
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38 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our
39 AMA to actively pursue legislation to require the complete deletion of any negative evaluations and
40 comments from physician rating websites that are proven to be false; and be it further
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42 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our
43 AMA to amend AMA policy D-478.980, “Anonymous Cyberspace Evaluations of Physicians,” by
44 addition and deletion as follows:
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46 Our AMA will: (1) work with appropriate entities to encourage the adoption of guidelines and
47 standards consistent with AMA policy governing the public release and accurate use of physician data;
48 (2) continue pursuing initiatives to identify and offer tools to physicians that allow them to manage
49 their online profile and presence; (3) **provide advice on how to legally respond to negative**
50 **evaluations and false information including but not limited to the removal of such information**
51 **from physician rating websites;** (4) **aggressively** seek legislation that supports the creation of laws
52 to better protect physicians from cyber-libel, cyber-slander, cyber-bullying and the dissemination of
53 Internet misinformation and provide for **the deletion of information found to be false and for** civil
54 remedies and criminal sanctions for the violation of such laws; and (4) **(5)** work to secure legislation

55 that would require that the Web sites purporting to offer evaluations of physicians state prominently
56 on their Web sites whether or not they are officially endorsed, approved or sanctioned by any medical
57 regulatory agency or authority or organized medical association including a state medical licensing
58 agency, state Department of Health or Medical Board, and whether or not they are a for-profit
59 independent business and have or have not substantiated the authenticity of individuals completing
60 their surveys.

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63 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

Relevant AMA Policy:

Anonymous Cyberspace Evaluations of Physicians D-478.980

Our AMA will: (1) work with appropriate entities to encourage the adoption of guidelines and standards consistent with AMA policy governing the public release and accurate use of physician data; (2) continue pursuing initiatives to identify and offer tools to physicians that allow them to manage their online profile and presence; (3) seek legislation that supports the creation of laws to better protect physicians from cyber-libel, cyber-slander, cyber-bullying and the dissemination of Internet misinformation and provides for civil remedies and criminal sanctions for the violation of such laws; and (4) work to secure legislation that would require that the Web sites purporting to offer evaluations of physicians state prominently on their Web sites whether or not they are officially endorsed, approved or sanctioned by any medical regulatory agency or authority or organized medical association including a state medical licensing agency, state Department of Health or Medical Board, and whether or not they are a for-profit independent business and have or have not substantiated the authenticity of individuals completing their surveys.

Transparency of Health Care Provider Profiles in Commercial and Federal Physician Comparison Databases H-405.956

1. Our AMA encourages accurate and transparent listings of professional degree(s), post-graduate specialty education, and naming of the certifying agency with board certification data released to the public for comparison of healthcare providers or other healthcare services, in accordance with existing AMA policy.
2. Our AMA urges commercial entities and federal programs providing healthcare provider ratings, comparisons, referrals, direct appointments, telehealth, or other services to revise the search and reporting methodology used for profiling of all healthcare providers so as to increase transparency requirements, including the description of professional degree(s), post graduate specialty education, and naming of the certifying board(s), in accordance with existing AMA policy.

Collection and Analysis of Physician-Specific Health Care Data H-406.997

1. Our AMA advocates that third party payers, government entities, and others that collect and analyze physician-specific health care data adhere to the following principles: (a) The methods for collecting and analyzing physician-specific health care data shall be disclosed to physicians under review and the public. (b) Physician-specific health care data shall be valid, accurate, objective and used primarily for the education of both consumers and physicians. (c) Data elements used in the collection of physician-specific health care data, including severity adjustment factors, shall be determined by advisory committees which include actively practicing, and where relevant, specialty-specific, physicians from the region where the data are being collected. (d) Statistically valid data collection, analysis, and reporting methodologies, including establishment of a statistically significant minimum number of cases, shall be developed and appropriately implemented prior to the release of physician-specific health care data. (e) The quality and accuracy of the physician-specific health care data shall be evaluated by conducting periodic medical record audits.
2. Our AMA believes that health care coalitions which include physicians as full voting members are an appropriate forum for undertaking health care data collection and analysis activities; in consideration of the potential for misinterpretation, violation of privacy rights, and antitrust concerns, it is recommended that charge or utilization data provided to such entities by government, third party payers, and self-insureds companies be in the form of ranges or averages and not be physician-specific.