



Public Citizen's Health Research Group

**Report of Doctor Disciplinary Information
on State Web Sites**

**A Survey and Ranking of State Medical and
Osteopathic Board Web Sites in 2006**

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Previous versions of this report (2000 and 2002) were written by Demian Larry and John Paul Fawcett.

Introduction

Medical boards are the entities in each state that are charged with licensing and regulating the practice of medicine. In that capacity, boards take disciplinary actions against physicians licensed in their states and who violate the state Medical Practice Acts. Actions range from serious (revocation or restriction of license) to mild (reprimands or fines) for offenses running the gamut from patient abuse, substandard care, and insurance fraud, to failure to renew a license in a timely manner.

While some information that analyzes rates, types, trends, and predictive factors for medical board discipline exists in the medical literature,^{1,2} little attention has been paid to the quality of information provided to consumers regarding these disciplinary actions. Even less attention has been paid to evaluating the methods used by the boards to communicate disciplinary histories.

Historically, boards satisfied consumer requests for information in ways that were often cumbersome and labor-intensive for staff and inconvenient for consumers. Some boards produce newsletters that contain information about disciplinary proceedings, though the audience for these is usually physicians, not consumers. Many provide information to consumers via telephone, mail, or fax, but only after a consumer requests it.

The increasingly widespread use of the Internet in the mid-1990s led some state medical boards and legislatures to focus on the technology's possibilities as a tool for rapid, low-cost dissemination of information about physician discipline. In 1996, the Massachusetts state legislature passed the first law requiring that a state provide information about physicians online. Since then, boards have increasingly utilized innovative web technology to convey information to consumers, reflecting the ever-expanding role of the Internet in daily life. Such technologies are available for all boards to adapt and use.

An April 2006 report by the Federation of State Medical Boards (FSMB) notes that 22 states have passed laws requiring that medical boards provide physician profiles on their web sites.³ Profiles contain basic information about a specific physician such as name, license number, and license status. In most cases, this basic identifying information is accompanied by disciplinary information from the medical board. Some

¹ Dehlendorf CE, Wolfe SW. "Physicians disciplined for sex-related offenses." *Journal of the American Medical Association* 1998;279:1883-8.

² Jung P, Lurie P, Wolfe SM. U.S. physicians disciplined for criminal activity. *Health Matrix* 2006;16:335-50.

³ Federation of State Medical Boards. *Trends in Physician Regulation*. Federation of State Medical Boards, April 2006:13.

states' sites include even more complete disciplinary information from other sources such as hospitals, the federal government, and the civil and criminal courts. Basic profiles do not provide disciplinary information beyond indicating whether a disciplinary history exists, forcing consumers to find details elsewhere and greatly limiting the utility of the profile as a consumer tool. Some states provide profiles and disciplinary information together; others provide basic profiles in one location on their web sites and disciplinary information in other locations.

The FSMB report, which briefly addressed the issue of "proactively providing information about physicians to the public," provides a snapshot of the information available via state medical board web sites does not provide quantitative analysis. "Profiles created by legislative mandate tend to be more comprehensive than those created by board initiative," the report states, and "generally have required the inclusion of criminal convictions, medical malpractice information, and disciplinary actions by state medical boards and hospitals."⁴

Contemporaneously with the first board efforts to create online physician profiles, a profile site run by Administrators in Medicine (AIM) named DocFinder was created. AIM is a professional organization of state medical and osteopathic board executives. DocFinder houses profile data for 20 medical boards. It also offers a multi-state search function that allows users to search for profiles of a single doctor in all the states that house data on the AIM site. Some states house data on the AIM site but have created their own profiles; others do not utilize the full functionality of the DocFinder program.

Reports by Public Citizen have focused on rates of physician discipline,^{5,6} and two others have focused specifically on providing information about disciplined physicians on the Internet. In 2000, and again in 2002, Public Citizen analyzed the information available on each state's web site and issued grades to each medical board.^{7,8,9} In 2000,

⁴ Federation of State Medical Boards. *Trends in Physician Regulation*. Federation of State Medical Boards, April 2006:13.

⁵ Larson M, Marcus B, Lurie P, Wolfe SM. "Ranking of State Medical Boards' Serious Disciplinary Actions: 2003-2005 (HRG Publication #1766)." Public Citizen's Health Research Group, 2006. Available at: <http://www.citizen.org/publications/release.cfm?ID=7428>. Accessed August 4th, 2006.

⁶ Wolfe SM, Lurie P. "Ranking of State Medical Boards' Serious Disciplinary Actions, 2002-2004 (HRG Publication #1737)." Public Citizen's Health Research Group, 2005. Available at: <http://www.citizen.org/publications/release.cfm?ID=7380>. Accessed September 16, 2006.

⁷ Larry D, Wolfe SM, Lurie P. "Survey of Doctor Disciplinary Information on State Medical Board Web Sites (HRG Publication #1506)." Public Citizen's Health Research Group, 2000. Available at: <http://www.citizen.org/publications/release.cfm?ID=6708>. Accessed July 24th, 2006.

⁸ Fawcett JP, Lurie P, Wolfe SM. "Survey of Doctor Disciplinary Information on State Web Sites (HRG Publication #1615)." Public Citizen's Health Research Group, 2002. Available at: <http://www.citizen.org/publications/release.cfm?ID=7168>. Accessed on July 24th, 2006.

each state had a web site, but only 41 out of 51 medical boards provided state medical board disciplinary information on their web sites. Of these, 16 provided only cursory information, receiving a content grade of “C” or below. Only one state, Maryland, received an “A” grade for its content. By 2002, 49 of 51 state medical boards provided disciplinary information, 15 of which provided only cursory information and seven of which received an “A” grade for content.

Both surveys also performed reviews of user-friendliness, or the ease with which consumers could use the site. A site was considered not user-friendly if it provided either no disciplinary information or did so only in an unsearchable format. (Searchable formats were defined as a true search engine, an alphabetical listing of disciplined doctors, and an alphabetical listing of all doctors that indicated which physicians have been disciplined.) In 2000, 23 of 51 medical board states did not provide information in a searchable format. In the 2002 survey, only six medical boards did not provide information in a searchable format.

The first two Public Citizen web site surveys sought to establish whether and to what extent boards provided basic internally generated disciplinary information on their web sites. This survey evaluates the same aspects in much greater detail, describes whether web sites include data from outside sources such as hospitals, the federal government, insurance company malpractice payouts, and the courts, and uses more specific criteria to evaluate user-friendliness.

Methods

We evaluated each state’s profile and disciplinary information using criteria that fit into two basic categories. The first category addresses the content of the site—the information about physicians (including various kinds of disciplinary information) that is available to consumers, whatever the format. The second addresses the function of the site—the methods by which consumers can retrieve disciplinary information about their physicians. Each category was subdivided further into criteria, which were the actual components of the web site content and function that we scored.

Criteria for Evaluating and Scoring Web Site Information

In order to determine appropriate criteria for evaluating content and functionality of each board’s web site, we visited the web sites of the 21 medical boards whose websites

⁹ Fawcett JP, Lurie P, Wolfe SM. “Survey of Doctor Disciplinary Information on State Web Sites (HRG Publication #1615).” Public Citizen’s Health Research Group, 2002. Available at: <http://www.citizen.org/publications/release.cfm?ID=7168>. Accessed on July 24th, 2006.

had received a grade of “A” for either content or user-friendliness in our 2002 survey. From our own review of these sites and their content, we identified six content categories: Types of Doctor-Identifying Information, Board Disciplinary Action Information, Disciplinary Actions Taken by Hospitals, Disciplinary Actions Taken by the Federal Government (Medicare, Drug Enforcement Administration [DEA], and Food and Drug Administration [FDA]), Malpractice Information, and Criminal Conviction Information. Within each category, we created specific criteria to determine the extent to which each state provided the information relevant to that category. We evaluated the functionality of the site by examining web site search capabilities and whether the site provided certain supporting materials (see below).

We determined the appropriate starting web site(s) from which to evaluate each state using Google searches and the FSMB’s listing of all state boards’ web sites. In the 14 states where the licenses of Medical Doctors and Doctors of Osteopathy are overseen by separate boards, we evaluated the information available from each board separately, resulting in a total of 65 boards. (Note that the previous surveys did not include stand-alone osteopathy boards. Throughout this report, sites for states that utilize separate boards to oversee medical and osteopathic physicians are indicated by the inclusion of “Medical” and “Osteo” after the state name. Sites for states in which boards oversee both types of physician simply indicate the name of the state. In cases where data were available through multiple authorities within a state (i.e., separate board entities governing licensing and discipline, or a physician profile web site separate from the state medical board web site), we combined the information from all state authorities into a single board score. Throughout this report, the word “site” or “web site” is used to refer to the totality of disciplinary information that is available from or relevant to a particular board.

To evaluate boards, two Public Citizen employees (Meredith Larson and Benita Marcus) visited each site and attempted to locate information relevant to each of the categories. When searchable databases were available, we used the names of doctors known to have been previously disciplined by a particular state (drawn from information in Public Citizen’s *Questionable Doctors* database) to determine the presence or absence of board-generated disciplinary information. Scorers credited each board with a “Y” where information was clearly available and an “N” where information was clearly not available. When an answer could not be determined from the data available, the item was left blank.

Major Categories Assessed

Types of Physician-Identifying Information

We determined whether board sites provided each physician's name, year of birth, and the address at which the physician practices or resides. We established whether the site provided a physician's license number, license status, and specialty, if applicable. We also determined whether the board verified the physician's specialty with the American Board of Medical Specialties or any other source.

State Board Disciplinary Action Information

For this study, full board disciplinary information was defined as the offense committed, the action taken, the date of the action taken, the full board order, and a summary narrative of the offense and board action. We determined whether sites maintain records for physicians no longer licensed to practice in their state. Sites could also receive credit if disciplinary information was provided in electronic copies of newsletters, board meeting minutes, or other documents containing listings of disciplined physicians, but information presented only in this way produced a lower overall score because such sites lost points for lacking search capabilities. We also determined whether the site contained information about doctors currently under investigation by the board.

Some physicians are licensed in multiple states. Many boards take reciprocal disciplinary action if a physician who is licensed in their state has also been disciplined in another state. However, only those states that provided a section describing disciplinary actions taking place in another state in some detail were credited with having information about disciplinary actions taken by another state. Boards that only had detailed information on their own reciprocal action did not qualify as having met these criteria. Some states link to the AIM Multi-State Search, and those states received credit for providing information about discipline in other states even though the only accessible data are those from states who house their data on AIM.

Sites were expected to update the available disciplinary information within two weeks of an action being taken by the board and to post emergency actions (summary suspensions and other actions taken prior to a full hearing) prior to the next scheduled update. Sites that were updated on a daily basis or each time an action was taken received credit for updating emergency actions prior to the next scheduled update.

Hospital Disciplinary Action Information

For information generated by disciplinary bodies other than the state medical board, we included information that physicians reported to boards if it was available on the web site. A separate item determined whether this information had been verified by an entity other than the disciplined physician (either the disciplining authority or another concerned neutral party).

Full hospital disciplinary information consisted of the offense committed, the action taken, the date of action, a summary of the hospital order, and the hospital order itself. Because no publicly accessible source provides hospital disciplinary information on a national level, we could not confirm with certainty whether a particular hospital action was listed. We did search the web sites in a variety of ways to confirm our initial evaluations.

Federal Government Disciplinary Action Information

We reviewed the extent to which states provided information about physicians who had been disciplined by Medicare, the FDA, or the DEA. We used a database of physicians disciplined by Medicare (maintained by the Department of Health and Human Services¹⁰) to find disciplined physicians for each state and cross-checked this with information provided by each state. The FDA provided information on their Web site about physicians who had been disciplined by the agency. The information provided by the federal government about physicians disciplined by the DEA was not available in a format that allowed verification by us. Required details for federal discipline were the offense, action, and date of action, scored separately for each of the three government agencies. We also determined whether information on federal actions was verified by the state.

Malpractice and Conviction Information

A web site had to include all judgments and settlements against each physician, including the exact dollar amount, in the past ten years and the dollar amount of any such settlements to receive credit for having all malpractice information available. This included a specific item for providing the dollar amount of settlements and/or

¹⁰ Medicare: <http://exclusions.oig.hhs.gov>
FDA: Office of Regulatory Affairs http://www.fda.gov/ora/compliance_ref/bimo/disqlist.htm
DEA: Drug Enforcement Administration Office of Diversion Control
http://www.deadiversion.usdoj.gov/crim_admin_actions/index.html

judgments. Sites that contained some, but not all, of this information available received partial credit for having some information available.

Similarly, a physician record that included information about all felony and misdemeanor convictions (or *nolo contendere* pleas) in the previous ten years received credit for having all conviction information available, and those with less complete conviction information received credit for having some information available. We checked to see whether a state provided the number of criminal convictions and any detailed information about convictions beyond whether a conviction or *nolo contendere* plea had taken place. We also determined whether the information had been verified.

User-Friendliness

We evaluated the functionality of the site by examining the process necessary for a web user to obtain disciplinary information. If a site allowed the user to search for a single physician by name and the results of that search revealed detailed information about the physician's state board disciplinary history, the site was said to have fulfilled the "Search by Name for Disciplinary Actions" requirement. In this instance, we required information beyond license status or whether or not that physician has been disciplined; either offense, board action, a summary of the offense and board action taken, or the board order itself had to be both available and accessible from the results of a single search. Alphabetical lists of disciplined physicians were also considered to fulfill the "Search by Name" requirement if the list contained details of the offense or the action taken. If similar information resulted from searches according to license number, location, specialty, or hospital, the site received additional credit. Importantly, it was possible for a web site to receive credit for providing the details of medical board discipline for a physician without receiving credit for search capabilities if the search function did not retrieve those details. We did not require the search engine to include disciplinary actions taken external to the medical board such as hospital actions and criminal convictions.

We also ascertained whether online complaint forms and copies of the Medical Practice Acts were provided. In addition, we looked for a Frequently Asked Questions section that provided information about how to find and interpret disciplinary actions about physicians.

Confirmation and Clarification of Web Site Information with Medical Boards

After the web sites were evaluated, we created reports for all 65 boards and mailed a copy of our preliminary findings to each board, accompanied by a letter requesting that

the report be reviewed and that any questions left blank be answered. We asked each board to submit any corrections or additional information, accompanied by proof of any changes. Such proof consisted of either a URL leading to the relevant information or the name of a physician whose profile demonstrated the availability of a certain type of information. Boards were informed that any question left blank would result in the corresponding information being coded as absent.

Most boards responded promptly. We telephoned each board that did not respond to ensure that they had received the survey. The few boards that still did not respond were sent an e-mail request for a response. If e-mail contact information was not available, we continued to attempt to reach the board staff by telephone. If, after these attempts, we still had not received a response from a particular board, we scored that board as not having any information beyond what our survey initially found. We received no response from boards in Arkansas, Illinois, Iowa, Nevada (osteopathic board only), South Carolina, and Vermont (osteopathic board only).

If necessary, boards were contacted to clarify changes or additions they had made to the preliminary survey findings. Each state board was contacted as many times as necessary via telephone and e-mail. The California Board of Osteopathy was the only board not to respond to these inquiries and so did not receive credit for the changes they claimed. The dataset was closed on May 4, 2006.

Determining the Weights for Questionnaire Items

To determine the relative weight of each category and criterion in scoring the sites, the lists of categories and criteria were submitted to two experts in the field of physician discipline (David Swankin, President of the Citizen Advocacy Center, and Mark Yessian, an independent consultant and former Regional Inspector General for the U.S. Department of Health and Human Services). They were asked to first distribute 100 points among the six content categories and the two user-friendliness categories. They were then asked to distribute 100 points among the criteria within each of these eight categories (usually six to seven items per category). The score for each criterion was the product of the criterion percentage and the relevant category percentage. The scores from each expert for each item were averaged. Table One describes the point distribution by category. The full questionnaire with the number of points for each criterion can be found in the Appendix.

Data were entered into an Access database, associated with their weightings, and transferred to an Excel spreadsheet and analyzed.

Results

The median overall score is 42.4. Scores range from 83.7 to 12.3. The interquartile range¹¹ is 35.2-59.7.

Best States

The web site for New Jersey scores the highest, receiving 83.7 out of 100 possible points. The 10 boards receiving the highest scores are:

- New Jersey (83.7 points)
- Virginia (79.2)
- Massachusetts (79.1)
- New York (70.9)
- Vermont (70.9, Medical only)
- Georgia (68.7)
- California (68.0, Medical only)
- Idaho (65.0)
- Florida (64.1, Osteo only)
- Florida (64.1, Medical only).

For the sites providing disciplinary information for each of these 10 boards, physician profiles are required by legislative mandate, but we do not know what other elements the laws in each state require the profiles to display.

Worst States

The North Dakota web site scores the lowest, receiving 12.3 points, barely one-seventh as many as top-ranked New Jersey. The 10 lowest scoring web sites are:

- North Dakota (12.3)
- New Mexico (12.5, Osteo only)
- West Virginia (13.0, Osteo only)
- Louisiana (14.9)
- South Dakota (16.6)
- Arkansas (16.9)
- Alaska (18.4)
- Indiana (20.1)

¹¹ The interquartile range represents those scores falling in the 25th-75th percentiles of all scores.

- Montana (20.3)
- Minnesota (20.5).

Of these 10 states, Indiana is the only one whose legislature requires that physician profiles be made available.

Figure One, arranged by overall points from the highest to the lowest, and Table Two, arranged alphabetically by state, show the total number of points earned by each board. In Figure One, each element of the bar represents the points earned from a specific evaluation category. Table Two also shows the points earned by each state in each category.

Figure One and Table Two permit an analysis of general trends in the categories of scoring. All board sites but one provide, at minimum, some information that identifies licensed physicians and some additional information—a Frequently Asked Questions section, the state’s Medical Practice Act, or an online complaint form. All but five also provide some information about board disciplinary actions. All but the 13 lowest-ranked sites also offer some method of searching for information about disciplinary actions, either by offering a searchable database of licensed physicians or by providing an alphabetized list of disciplined physicians. The remaining variation between sites is largely related to the inclusion of disciplinary information from other authorities. Malpractice is the most common type of information to appear in those sites with the higher scores; hospital discipline and convictions are the next most common, and only four boards provide federal disciplinary action information.

Only two boards (Virginia and Idaho) provide data from all four non-state disciplinary sources. Only three sites that rank below the top 20 offer information from any regulatory authorities other than state boards. Conversely, only two sites in the top 20, the Oklahoma Medical Board site and the Alabama site, did not provide information from at least one other authority. Eighteen of the 20 highest-ranked states provide information about malpractice, 15 provide information about convictions, 11 provide information about hospital discipline, and 13 provide all three of these types of information. Figure Two compares the 21 sites that include information about at least one type of disciplinary actions taken by an entity other than the state medical board. Given that there are a possible 40 points for having all of the information from these four non-state medical board disciplinary sources, the fact that 44 sites (all but these 21 sites) therefore had scores of zero for this part of the analysis illustrates the impact of the absence of any such information on total scores.

Disciplinary Information

Physician Profile Information (15.0 points)

Scores for identifying physician information range from 5.3 to 13.5. The median score in this category is 11.3 with an interquartile range of 8.6-11.3. All sites provide physician names. Fifty-eight provide an address for each physician, and 16 provide the physician's year of birth. Sixty sites provide the physician's license number, and 59 provide the status of the physician's license. Thirty-nine sites provide information about a physician's specialty, but of these, only three states verify the physician's reported specialty with an outside source.

Board Disciplinary Actions (17.5 points)

Table Three describes the major board disciplinary information elements available from each site, as well as the total number of points each site earned in this category. It should be noted that the total points for board discipline include more categories than the five shown in Table Three. Scores from board disciplinary actions range from zero to 16.8, with a median score of 12.3 and an interquartile range of 10.2-14.0. Five sites do not provide any of these five types of information about disciplinary actions taken by the board: West Virginia (Osteo only), New Mexico (Osteo only), North Dakota, Louisiana, and Indiana. Three of them did fulfill other criteria in this section and thus received some points under the Board Disciplinary Action heading. All of these sites are among the ten lowest-ranked sites.

Of the remaining 60 sites, 58 provide information about the specific action taken against a physicians' license, 57 provide the date of the action taken, 48 provide the offense committed, 30 provide the full text of the actual board order, and 31 provide a summary of the action taken.

Only 12 sites provide all five elements of state disciplinary information shown in Table Three. Overall, 20 sites provide information about disciplinary actions in other states, and six provide information about open investigations concerning a particular physician.

Forty sites update the data on their web site within two weeks of an action being taken by the board. Forty-two sites add emergency actions to their web site prior to the next regularly scheduled update or update their web sites daily. Fifty-seven sites maintain at least five years of disciplinary actions for each physician. Only 23 boards have a

stated schedule for updating physician profiles and/or disciplinary information available on their site, and only 32 boards make the length of their archive clear to site users.

Hospital Disciplinary Information (15.0 points)

Scores for hospital discipline range from zero to 15, with 51 board sites receiving no points. Table Four describes the information available from the 14 sites that received any points for hospital disciplinary actions. However, the two Tennessee sites claim that data on hospital information is available, although we were unable to locate any. For this they receive some credit, explaining the non-zero score for hospital discipline in Table Two and the credit for hospital disciplinary information in Figure Two. Ten sites provide information about the hospital action taken; two sites provide only the date of the action without any further information. Only one site, New Jersey, provides information about all the elements of hospital discipline scored. All of the top 10 boards provide some data on hospital discipline. None of the bottom 42 sites provide any data on hospital discipline.

Federal Disciplinary Actions (7.5 points)

Only four sites score any points for federal disciplinary actions, with the highest being 6.4. Virginia and the two Tennessee boards provide information on Medicare discipline, though only the Tennessee boards verify the information provided. The Idaho site indicates whether the physician was barred from participation in Medicare (for which they received some credit) but does not give further details. All four of the websites appear in the top 12 for overall score.

Malpractice Information (10.0 points)

Scores for malpractice information ranged from zero to 10 (see Table Five). The median was zero, and the interquartile range was 0.0-4.8. Twenty boards provide some information about malpractice on their web sites. These sites typically include archives and verify the information, but crucial details, such as the amount of the award, are often absent. Only five boards provide information about the dollar amount awarded in a malpractice settlement or judgment. Thirteen boards provide information that is verified by a source other than the physician. Four board sites (New Jersey, Nevada Osteo, Oregon and West Virginia Medical) provide all of the required information about malpractice. Eighteen of the 20 sites providing malpractice information are among the top 20 highest-ranked boards.

Criminal Conviction Information (7.5 points)

Scores for conviction information range from zero to 7.5 (see Table Six). The median score is zero, and the interquartile range is 0.0-2.8. Fourteen sites indicate that information about physicians' criminal convictions is available. Fourteen states indicate that information about physicians' criminal convictions is available, but 16 actually provide as some such information, explaining their non-zero scores in this category in Table Two and credit for hospital disciplinary actions in Figure Two. Five of these give some amount of detail in the information provided, and eight boards provide the number of convictions and *nolo contendere* pleas. Nine sites provide conviction information that is obtained from the convicting authority or that is verified by the convicting authority. Five boards (Florida Osteo, Florida Medical, Massachusetts, New Jersey and Vermont) provide all criminal conviction information and verify it.

User-Friendliness

Web Site Search Capabilities (22.5 points)

Scores for web site search capability range from zero to 21.9 (see Table Seven). The median score is 14.6 and the interquartile range is 13.5-18.5. Of the 65 sites, 13 provide no method to allow users to search for information about specific disciplined physicians.¹² Of the 52 sites that provide some method, all allow users to search for a physician by name; 27 allow users to search for disciplined physicians by location; 40 allow users to search by license number; 19 allow users to search by specialty; and six allow users to search by hospital affiliation. Three sites (New York, Oklahoma Medical and Virginia) allow users to search by all five of the methods we evaluated; 13 allow users to search by four of the five methods. Fourteen sites allow users to search by three of the five methods.

Other Web Site Information (5.0 points)

Scores for other information available range from zero to five. The median is 3.6 and the interquartile range is 3.6-5.0. Twenty-six sites provide a Frequently Asked Questions section, 59 sites provide a form for filing complaints about a physician online, and 64 provide copies of the state's Medical Practice Acts online.

¹² The following boards did not allow users to search for disciplined doctors: Alaska, Arkansas, Indiana, Louisiana, Minnesota, Mississippi, Montana, New Mexico Osteo, North Dakota, South Dakota, Utah Medical, Utah Osteo, and West Virginia Osteo.

Comparisons Between Medical and Osteopathic Board Sites

Fourteen states have separate boards for the oversight of medical doctors and osteopathic physicians. Six of these states use identical systems to provide disciplinary information for physicians licensed by each board, and the overall scores are thus identical. The two Florida boards rank 9th, the Tennessee boards rank 12th, the Michigan boards rank 39th, the Washington boards rank 42nd, the Pennsylvania boards rank 49th, and the Utah boards rank 53rd.

Where medical and osteopathic boards use different systems to provide information, osteopathic boards consistently rank lower, sometimes substantially so (see Table Eight). The smallest difference in rank between an osteopathic and medical board (apart from those receiving the same score) is six, between Nevada's boards. The maximum difference in rank is 47, between the two West Virginia boards. The lowest difference in score between two board sites is 2.4 points, between the two Nevada boards. The greatest difference is between the two West Virginia boards (47.0 points).

According to the FSMB, 22 state legislatures have passed laws requiring medical boards to provide physician profiles. Interestingly, in two of these states, Vermont and California, the legislative mandate applies only to the medical board and not to the osteopathic board. The difference in rank between the two Vermont boards is 43; the difference between the two California boards is 16. Legislatures in Florida, Tennessee, Nevada, and Arizona all mandate profiles from both medical and osteopathic boards. Legislatures in Michigan, Washington, Pennsylvania, Utah, West Virginia, Oklahoma, Maine, and New Mexico, the other sites with separate medical and osteopathic boards, have not passed any legislation requiring that physician profiles be provided to consumers.¹³

Use of the AIM Database

Twenty states utilize the AIM database in some form. Of these, 10 boards use the basic AIM database to display information about a physician. This does no more than note whether a physician has a "public file" without giving any further information and is not considered a sufficient description of disciplinary action for the purposes of our study. The 10 other boards that house data on the AIM site expand in some way on the

¹³ Personal communication, Federation of State Medical Boards to Meredith Larson, July 17th, 2006.

basic format by adding additional information about disciplinary actions. Five of these latter ten sites use an expanded AIM format to provide more detailed disciplinary information, and some of these sites also provide additional disciplinary information elsewhere on the site. The remaining five sites utilize formats of their own design to provide disciplinary information. These latter five house their data on the AIM site, but do not themselves use the AIM search function. The ten boards that utilize the basic AIM format all rank lower than the ten boards that expand on the capabilities of the AIM database.

The AIM database proves the most useful in providing access to data about physicians disciplined in other states. Although the AIM site provides links directly to the disciplinary search function of all 65 boards, it only allows users to search, in a single search, all the data for the 20 states that house data on the AIM site for a particular physician.

Comparison to Previous Surveys

As described previously, Public Citizen has surveyed state medical board web sites twice before. The scope of inquiry in 2002 was much more limited, however. For example, the information relating to non-medical board discipline, which accounts for 40 of the 57.5 points now possible for all disciplinary information, was not scored in 2000 or 2002 since so few states had such information at that time. Were the very limited requirements of those earlier surveys applied to the content aspects of the non-osteopathic-only boards in our current survey (the present survey is the first to include separate osteopathic boards), 12 states would receive an "A" grade (up from one in 2000 and seven in 2002), 25 would receive a "B", five would receive a "C", four would receive a "D", one would receive an "F", and four would receive an "X". While 28 board sites were considered user-friendly in 2000 because they had doctor discipline data in a searchable form, 41 of the current board sites would now be so graded using this narrower definition of user-friendly than we have used in the current survey (The 2002 survey used a slightly different method and so is not strictly comparable to the other two surveys.)

Discussion

Ten years after the first legislative mandate for online physician profiles, almost all boards provide some form of physician disciplinary information online. Some boards provide information that is scant at best, and many provide information in a format that does not allow easy or efficient consumer access. The types of information available range from detailed, verified listings about an individual physician to PDF files that

contain the names of disciplined physicians and little else. Some sites are designed to allow convenient, multi-variable searches for physicians by name, location, license number, and other criteria; others have disciplinary information buried in almost-inaccessible monthly newsletters that are not searchable by any method other than reading each individual newsletter one by one. Five states provided no disciplinary information to consumers, and 13 states did not allow users to search for disciplinary information.

On a 100-point scale, the median overall score was 42.4, but the range is wide. With a top score of 83.7 for New Jersey, it is clear that all board sites do have the ability to provide information closely approximating what we have used as a standard in this report.

Given that all sites provide physician profile information, usually of relatively good quality, and most provide at least some board disciplinary information and what we termed "Other Web Site Information," the greatest determinant of overall score is whether sites provide external information such as hospital discipline, malpractice information, and conviction information. Because only four boards provide information on federal discipline, the presence or absence of this category of information did not have a large impact on rankings. Two boards do provide information from all four non-state sources and they are ranked second and eighth. However, 44 boards provide no information about any of these four sources, thus collecting none of the 40 points assigned to these categories.

An important element of board disciplinary action that is often lacking involves disciplinary actions taken by other states. Physicians can hold licenses to practice in multiple states, but when a physician is disciplined in one state, it is not certain that other states are made aware of the action. In the past, it was even possible for a physician to lose licensure in one state and then become licensed in another without the state issuing the new license having knowledge of the previous action. This situation has been improved by the advent of the National Practitioner Data Bank, but this information is not available to patients and better coordination of disciplinary information between states remains necessary. Only 20 states post actions from other states on their web sites or link to the AIM Multi-State search tool. Twenty states currently house data in the AIM DocFinder database, thus allowing users to determine whether their physician has been disciplined in any of the other 19 states (but not those not housing their data in AIM). All states can easily utilize this system and link to the database to provide users in their states with the useful information that it provides.

Fourteen states have separate medical and osteopathic boards and eight of these states' separate boards have separate web sites. In these cases, medical boards consistently rank higher than the osteopathic board in the same state, in some cases by a substantial margin. The cause of this phenomenon is unknown, but may relate to disparities in funding or in oversight between the two boards. The fact that some states require physician profiles for medical doctors but not osteopathic ones supports the idea that in some states osteopathic boards receive less attention than medical boards. Clearly both boards should provide information of the same quality.

According to data collected by the FSMB, two to five percent of physicians in responding states had criminal histories, and one to three percent of these physicians did not report them to the board. Unreported crimes most commonly involved driving under the influence and theft, though they also included sex crimes, assault, and child abuse.¹⁴ The FSMB report also cites a 2000 Florida survey completed that revealed that an astonishing 44 percent of doctors with criminal histories did not report these to the state medical board when applying for licensure. Yet only seven of the 16 sites providing conviction information verified that information, and 13 of 20 sites verified information about malpractice. Nine of 14 sites verified hospital discipline, and only one of six verified federal disciplinary information.

Some boards are limited by unduly restrictive state legislative mandates or the lack of a mandate altogether. Legislatures should pass legislation that requires medical boards to obtain verified criminal, malpractice, and hospital disciplinary information about physicians and to provide such information to consumers in an easily-accessible format. Currently, 22 states have mandates that require their medical boards to provide physician profiles. While state-specific laws were not analyzed in this study, an analysis of the scores of states that do have such mandates compared to those that do not reveals that the presence of a legislative mandate is a strong indicator of a high-quality site. Sixteen of the top 20 sites have legislative mandates, but only one of the 20 lowest-ranked sites also has such a mandate.

This survey has certain limitations. We acknowledge that our decisions on what categories to include are subjective, but we did limit ourselves only to categories that were covered by at least some states. To guard against bias in deciding which categories were most important, we engaged two outside experts to assign the weights both between and within categories. Some boards did not respond to repeated entreaties from us either to confirm our initial assessments of their web sites or to

¹⁴ Federation of State Medical Boards. *Trends in Physician Regulation*. Federation of State Medical Boards, April 2006:10.

respond to questions related to their clarifications. Some web sites may have been changed since the data set for this study was closed in May 2006.

The quality of web sites has improved somewhat since Public Citizen first surveyed sites in 2000 and 2002. The present survey is much more extensive than our previous surveys, inquiring in greater detail about areas included in the previous surveys and including assessments of external (hospital, federal, malpractice and criminal conviction) disciplinary proceedings (40 points). Although it is clear that search engines are much more common now, the content remains lacking in these crucial external areas in most states. All sites should provide detailed disciplinary information that is updated frequently and includes the action taken, the date of action, the offense leading to the action, a brief summary of the details of the action, and the full text of the board order. The information that results from a single search should also include similar information about hospital discipline, all available information about medical malpractice and criminal convictions, and federal disciplinary actions. As mentioned in the Methods section, for this report we gave states credit for search capabilities even if the search was limited to medical board disciplinary information. State legislatures should take the necessary steps to allow sites to provide searchable external disciplinary information. In the absence of these steps, consumers in many states will remain in the dark.

The current mantra in health care is consumer choice. But there can be no meaningful consumer choice if critical information is denied patients as they make the most fundamental of consumer choices: selecting their own doctors.

Public Citizen's Health Research Group

**Report of Doctor Disciplinary Information
on State Web Sites**

**A Survey and Ranking of State Medical and Osteopathic Board
Web Sites in 2006**

Appendix

Table One: Point Distribution By Category			
Category	Reviewer 1	Reviewer 2	Average
Types of Physician-Identifying Information	10.0	20.0	15.0
Board Disciplinary Action Information	15.0	20.0	17.5
Disciplinary Actions Taken by Hospitals	10.0	20.0	15.0
Disciplinary Actions Taken by the Federal Government	10.0	5.0	7.5
Malpractice Information	10.0	10.0	10.0
Conviction Information	10.0	5.0	7.5
Web Site Search Capabilities	25.0	20.0	22.5
Other (FAQ, etc.)	10.0	0.0	5.0
TOTAL	100	100	100

Figure One: Total Points, by Category

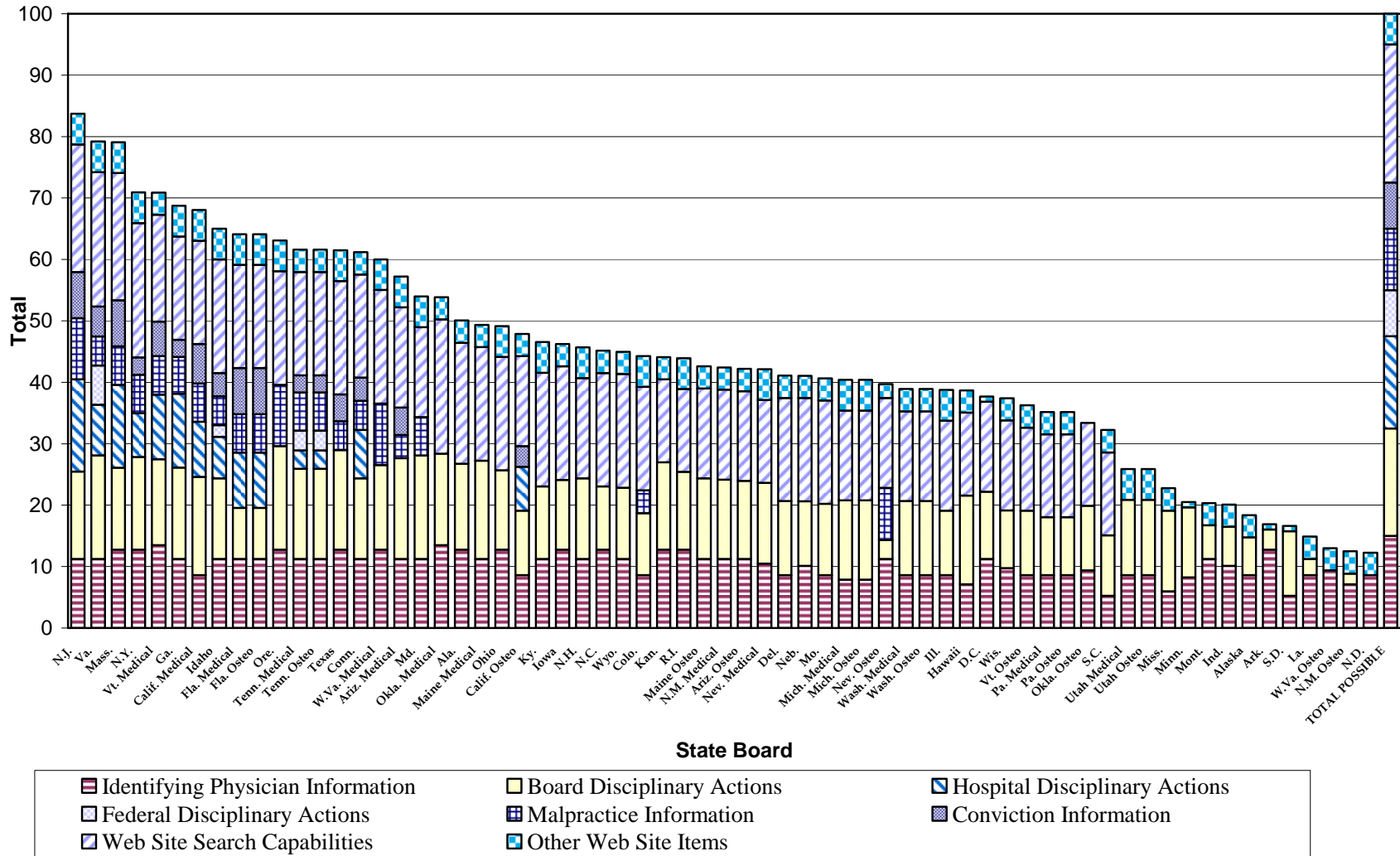


Table Two: Total Points, by Category

Rank	Site	Physician- Identifying Information (of 15.0)	Board Discipline (of 17.5)	Hospital Discipline (of 15.0)	Federal Discipline (of 7.5)	Malpractice Information (of 10.0)	Conviction Information (of 7.5)	Search Capabilities (of 22.5)	Other Items (of 5.0)	TOTAL (of 100)*
59	Alaska	8.6	6.1	0.0	0.0	0.0	0.0	0.0	3.6	18.4
20	Ala.	12.8	14.0	0.0	0.0	0.0	0.0	19.7	3.6	50.1
60	Ark.	12.8	3.3	0.0	0.0	0.0	0.0	0.0	0.9	16.9
34	Ariz. Osteo	11.3	12.7	0.0	0.0	0.0	0.0	14.6	3.6	42.2
17	Ariz. Medical	11.3	16.4	0.0	0.0	3.8	4.5	16.3	5.0	57.2
23	Calif. Osteo	8.6	10.5	7.1	0.0	0.0	3.4	14.6	3.6	47.9
7	Calif. Medical	8.6	16.0	9.0	0.0	6.3	6.4	16.8	5.0	68.0
29	Colo.	8.6	10.1	0.0	0.0	3.8	0.0	16.8	5.0	44.2
15	Conn.	11.3	13.1	7.9	0.0	4.8	3.8	16.8	3.6	61.2
46	D.C.	11.3	10.9	0.0	0.0	0.0	0.0	14.6	0.9	37.7
36	Del.	8.6	12.0	0.0	0.0	0.0	0.0	16.8	3.6	41.1
9	Fla. Osteo	11.3	8.3	9.0	0.0	6.3	7.5	16.8	5.0	64.1
9	Fla. Medical	11.3	8.3	9.0	0.0	6.3	7.5	16.8	5.0	64.1
6	Ga.	11.3	14.9	12.0	0.0	6.0	2.8	16.8	5.0	68.7
45	Hawaii	7.1	14.4	0.0	0.0	0.0	0.0	13.5	3.6	38.7
25	Iowa	12.8	11.4	0.0	0.0	0.0	0.0	18.5	3.6	46.2
8	Idaho	11.3	13.1	6.8	1.9	4.8	3.8	18.5	5.0	65.0
44	Ill.	8.6	10.5	0.0	0.0	0.0	0.0	14.6	5.0	38.8
58	Ind.	10.1	6.3	0.0	0.0	0.0	0.0	0.0	3.6	20.1
30	Kan.	12.8	14.2	0.0	0.0	0.0	0.0	13.5	3.6	44.1
24	Ky.	11.3	11.8	0.0	0.0	0.0	0.0	18.5	5.0	46.6
62	La.	8.6	2.6	0.0	0.0	0.0	0.0	0.0	3.6	14.9
3	Mass.	12.8	13.3	13.5	0.0	6.3	7.5	20.7	5.0	79.1
18	Md.	11.3	16.8	0.0	0.0	6.3	0.0	14.6	5.0	54.0
32	Maine Osteo	11.3	13.1	0.0	0.0	0.0	0.0	14.6	3.6	42.6
21	Maine Medical	11.3	16.0	0.0	0.0	0.0	0.0	18.5	3.6	49.3
39	Mich. Osteo	7.9	12.9	0.0	0.0	0.0	0.0	14.6	5.0	40.4
39	Mich. Medical	7.9	12.9	0.0	0.0	0.0	0.0	14.6	5.0	40.4
56	Minn.	8.3	11.4	0.0	0.0	0.0	0.0	0.0	0.9	20.5
38	Mo.	8.6	11.6	0.0	0.0	0.0	0.0	16.8	3.6	40.7
55	Miss.	6.0	13.1	0.0	0.0	0.0	0.0	0.0	3.6	22.8
57	Mont.	11.3	5.5	0.0	0.0	0.0	0.0	0.0	3.6	20.3
27	N.C.	12.8	10.3	0.0	0.0	0.0	0.0	18.5	3.6	45.2
65	N.D.	8.6	0.0	0.0	0.0	0.0	0.0	0.0	3.6	12.3
37	Neb.	10.1	10.5	0.0	0.0	0.0	0.0	16.8	3.6	41.1
26	N.H.	11.3	13.1	0.0	0.0	0.0	0.0	16.3	5.0	45.7

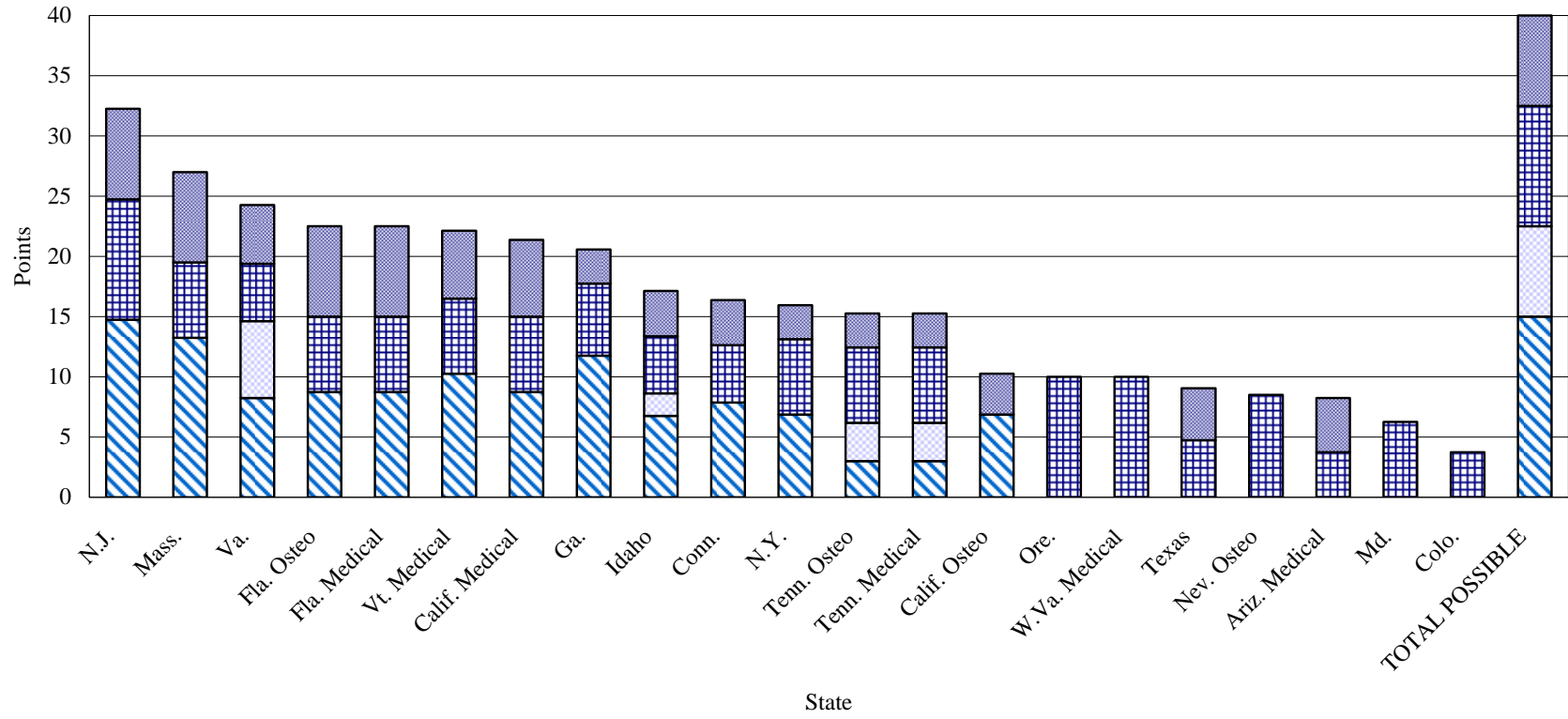
Table Two: Total Points, by Category

Rank	Site	Physician- Identifying Information (of 15.0)	Board Discipline (of 17.5)	Hospital Discipline (of 15.0)	Federal Discipline (of 7.5)	Malpractice Information (of 10.0)	Conviction Information (of 7.5)	Search Capabilities (of 22.5)	Other Items (of 5.0)	TOTAL (of 100)*
1	N.J.	11.3	14.2	15.0	0.0	10.0	7.5	20.7	5.0	83.7
64	N.M. Osteo	7.1	1.8	0.0	0.0	0.0	0.0	0.0	3.6	12.5
32	N.M. Medical	11.3	12.9	0.0	0.0	0.0	0.0	14.6	3.6	42.4
41	Nev. Osteo	11.3	3.1	0.0	0.0	8.5	0.0	14.6	2.3	39.7
35	Nev. Medical	10.5	13.1	0.0	0.0	0.0	0.0	13.5	5.0	42.1
4	N.Y.	12.8	15.1	7.1	0.0	6.3	2.8	21.9	5.0	70.9**
22	Ohio	12.8	12.9	0.0	0.0	0.0	0.0	18.5	5.0	49.2
51	Okla. Osteo	9.4	10.5	0.0	0.0	0.0	0.0	13.5	0.0	33.4
19	Okla. Medical	13.5	14.9	0.0	0.0	0.0	0.0	21.9	3.6	53.9
11	Ore.	12.8	16.8	0.0	0.0	10.0	0.0	18.5	5.0	63.1
49	Pa. Osteo	8.6	9.4	0.0	0.0	0.0	0.0	13.5	3.6	35.2
49	Pa. Medical	8.6	9.4	0.0	0.0	0.0	0.0	13.5	3.6	35.2
31	R.I.	12.8	12.7	0.0	0.0	0.0	0.0	13.5	5.0	43.9
52	S.C.	5.3	9.8	0.0	0.0	0.0	0.0	13.5	3.6	32.2
61	S.D.	5.3	10.5	0.0	0.0	0.0	0.0	0.0	0.9	16.6
12	Tenn. Osteo	11.3	14.7	3.0	3.2	6.3	2.8	16.8	3.6	61.6
12	Tenn. Medical	11.3	14.7	3.0	3.2	6.3	2.8	16.8	3.6	61.6
14	Texas	12.8	16.2	0.0	0.0	4.8	4.3	18.5	5.0	61.5
53	Utah Osteo	8.6	12.3	0.0	0.0	0.0	0.0	0.0	5.0	25.9
53	Utah Medical	8.6	12.3	0.0	0.0	0.0	0.0	0.0	5.0	25.9
2	Va.	11.3	16.8	8.3	6.4	4.8	4.9	21.9	5.0	79.2
48	Vt. Osteo	8.6	10.5	0.0	0.0	0.0	0.0	13.5	3.6	36.3
5	Vt. Medical	13.5	14.0	10.5	0.0	6.3	5.6	17.4	3.6	70.9**
42	Wash. Osteo	8.6	12.0	0.0	0.0	0.0	0.0	14.6	3.6	38.9
42	Wash. Medical	8.6	12.0	0.0	0.0	0.0	0.0	14.6	3.6	38.9
47	Wis.	9.8	9.4	0.0	0.0	0.0	0.0	14.6	3.6	37.4
63	W.Va. Osteo	9.4	0.0	0.0	0.0	0.0	0.0	0.0	3.6	13.0
16	W.Va. Medical	12.8	13.8	0.0	0.0	10.0	0.0	18.5	5.0	60.0
28	Wyo.	11.3	11.6	0.0	0.0	0.0	0.0	18.5	3.6	45.0
	All States (Median)	11.3	12.3	0.0	0.0	0.0	0.0	14.6	3.6	42.4

* Totals may not add precisely due to rounding error.

** Before rounding, New York had a higher score and so has a higher rank than Vermont Medical.

Figure Two: Non-State Disciplinary Actions



Hospital Disciplinary Actions
 Federal Disciplinary Actions
 Malpractice Information
 Conviction Information

* The following sites did not provide any information about non-state disciplinary actions and so score zero points in this category: Ala., Alaska, Ariz. Osteo, Ark., D.C., Del., Hawaii, Ill., Ind., Iowa, Kan., Ky., La., Maine Medical, Maine Medical, Mich. Medical, Mich. Osteo, Minn., Miss., Mo., Mont., N.C., N.D., N.H., N.M. Medical, N.M. Osteo, Neb., Nev. Medical, Ohio, Okla. Medical, Okla. Osteo, Pa. Medical, Pa. Osteo, R.I., S.C., S.D., Utah Medical, Utah Osteo, Vt. Osteo, W.Va. Osteo, Wash. Medical, Wash. Osteo, Wis. and Wyo.

** States are displayed if scored any points in one of the four non-state disciplinary action categories.

Table Three: Board Disciplinary Actions

Site	Offense	Action	Date of Action	Summary	Actual Board Order	Total Points for Board Discipline (of 17.5)[*]
Alaska				YES		6.1
Ala.	YES	YES	YES	YES	YES	14.0
Ark.		YES	YES			3.3
Ariz. Osteo	YES	YES	YES		YES	12.7
Ariz. Medical	YES	YES	YES	YES	YES	16.4
Calif. Osteo	YES	YES	YES	YES		10.5
Calif. Medical	YES	YES	YES		YES	16.0
Colo.		YES	YES	YES	YES	10.0
Conn.	YES	YES	YES		YES	13.1
D.C.	YES	YES	YES		YES	11.0
Del.	YES	YES	YES	YES		12.0
Fla. Osteo		YES	YES			8.3
Fla. Medical		YES	YES			8.3
Ga.	YES	YES	YES		YES	14.9
Hawaii	YES	YES	YES		YES	14.4
Iowa	YES	YES	YES	YES		11.3
Idaho	YES	YES	YES		YES	13.1
Ill.	YES	YES	YES	YES	YES	10.5
Ind.						6.3
Kan.	YES	YES	YES		YES	14.2
Ky.	YES	YES	YES		YES	11.8
La.						2.6
Mass.		YES	YES	YES		13.3
Md.	YES	YES	YES	YES	YES	16.8
Maine Osteo	YES	YES	YES	YES		16.0
Maine Medical	YES	YES	YES	YES		13.1
Mich. Osteo	YES	YES	YES			12.9
Mich. Medical	YES	YES	YES			12.9
Minn.	YES	YES	YES		YES	11.4
Mo.	YES	YES	YES	YES		11.6
Miss.	YES	YES	YES	YES		13.1
Mont.						5.5
N.C.	YES	YES	YES	YES	YES	10.3
N.D.						0.0
Neb.		YES	YES			10.5
N.H.	YES	YES	YES	YES		13.1
N.J.	YES	YES	YES	YES		14.2

Table Three: Board Disciplinary Actions

Site	Offense	Action	Date of Action	Summary	Actual Board Order	Total Points for Board Discipline (of 17.5) [*]
N.M. Osteo						1.8
N.M. Medical	YES	YES	YES	YES		12.9
Nev. Osteo		YES				3.1
Nev. Medical	YES	YES	YES			13.1
N.Y.	YES	YES	YES	YES	YES	15.1
Ohio	YES	YES	YES	YES	YES	12.9
Okla. Osteo		YES	YES			10.5
Okla. Medical	YES	YES	YES	YES		14.9
Ore.	YES	YES	YES	YES	YES	16.8
Pa. Osteo	YES	YES	YES	YES		9.4
Pa. Medical	YES	YES	YES	YES		9.4
R.I.		YES	YES		YES	12.7
S.C.	YES	YES	YES		YES	9.8
S.D.	YES	YES	YES	YES		10.5
Tenn. Osteo	YES	YES	YES	YES	YES	14.7
Tenn. Medical	YES	YES	YES	YES	YES	14.7
Texas	YES	YES	YES	YES	YES	16.2
Utah Osteo	YES	YES	YES			12.3
Utah Medical	YES	YES	YES	YES		12.3
Va.	YES	YES	YES	YES	YES	16.8
Vt. Osteo	YES	YES	YES		YES	10.5
Vt. Medical	YES	YES	YES	YES	YES	14.0
Wash. Osteo	YES	YES	YES		YES	12.0
Wash. Medical	YES	YES	YES		YES	12.0
Wis.	YES	YES	YES		YES	9.4
W.Va. Osteo						0.0
W.Va. Medical	YES	YES	YES			13.8
Wyo.		YES	YES			11.6
All Boards	48	58	57	31	30	12.3^{**}

* This number also reflects scores from criteria other than those reported in the table. For the complete list of criteria, see the Scoresheet.

** Median for all boards

Table Four: Boards Providing Information on Hospital Discipline*

Site	Actions Said to Be Available	Action	Offense	Date	Summary	Order	Verified	Total Points for Hospital Discipline (of 15.0)
Calif. Osteo	YES			YES			YES	7.1
Calif. Medical	YES	YES		YES			YES	9.0
Conn.	YES	YES	YES					7.9
Fla. Osteo	YES	YES		YES			YES	9.0
Fla. Medical	YES	YES		YES			YES	9.0
Ga.	YES	YES	YES	YES			YES	12.0
Idaho	YES	YES		YES				6.8
Mass.	YES	YES	YES	YES	YES		YES	13.5
N.J.	YES	YES	YES	YES	YES	YES	YES	15.0
N.Y.	YES			YES			YES	7.1
Tenn. Osteo	YES							3.0
Tenn. Medical	YES							3.0
Va.	YES	YES		YES	YES			8.3
Vt. Medical	YES	YES		YES	YES		YES	10.5
All Boards	14	10	4	11	4	1	9	N/A

*The following sites did not provide any information about hospital discipline and so score zero points in this category: Ala., Alaska, Ariz. Medical, Ariz., Osteo, Ark., Colo., D.C., Del., Hawaii, Ill., Ind., Iowa, Kan., Ky., La., Maine Medical, Maine Osteo, Md., Mich. Medical, Mich. Osteo, Minn., Miss., Mo., Mont., N.C., N.D., N.H., N.M. Medical, N.M. Osteo, Neb., Nev. Medical, Nev. Osteo, Ohio, Okla. Medical, Okla. Osteo, Ore., Pa. Medical, Pa. Osteo, R.I., S.C., S.D., Texas, Utah Medical, Utah Osteo, Vt. Osteo, W.Va. Medical, W.Va. Osteo, Wash. Medical, Wash. Osteo, Wis. and Wyo.

Table Five: Boards Providing Malpractice Information*

Site	Information Said to Be Available	Some Information Present	All Information Present**	Amount of Award Present	Verified	Archives	Total Points for Malpractice Information (of 10.0)
Ariz. Medical		YES			YES	YES	3.8
Calif. Medical	YES	YES			YES	YES	6.3
Colo.		YES			YES	YES	3.8
Conn.	YES	YES				YES	4.8
Fla. Medical	YES	YES			YES	YES	6.3
Fla. Osteo	YES	YES			YES	YES	6.3
Ga.	YES	YES		YES		YES	6.0
Idaho	YES	YES				YES	4.8
Mass.	YES	YES			YES	YES	6.3
Md.	YES	YES			YES	YES	6.3
N.J.	YES	YES	YES	YES	YES	YES	10.0
Nev. Osteo	YES	YES	YES	YES		YES	8.5
N.Y.	YES	YES			YES	YES	6.3
Ore.	YES	YES	YES	YES	YES	YES	10.0
Tenn. Medical	YES	YES			YES	YES	6.3
Tenn. Osteo	YES	YES			YES	YES	6.3
Texas	YES	YES				YES	4.8
Va.	YES	YES				YES	4.8
Vt. Medical	YES	YES			YES	YES	6.3
W.Va. Medical	YES	YES	YES	YES		YES	10.0
All Boards	18	20	4	5	13	20	N/A

*The following sites do not provide any information about malpractice and so score zero points in this category: Ala., Alaska, Ariz. Osteo, Ark., Calif. Osteo, D.C., Del., Hawaii, Ill., Ind., Iowa, Kan., Ky., La., Maine Medical, Maine Osteo, Mich. Medical, Mich. Osteo, Minn., Miss., Mo., Mont., N.C., N.D., N.H., N.M. Medical, N.M. Osteo, Neb., Nev. Medical, Ohio, Okla. Medical, Okla. Osteo, Pa. Osteo, Pa. Medical, R.I., S.C., S.D., Utah Medical, Utah Osteo, Vt. Osteo, W.Va. Osteo, Wash. Medical, Wash. Osteo, Wis. and Wyo.

** "All Information Present" consists of all settlements and judgments against a physician in the previous ten years, including the amount of the award in each case.

Table Six: Boards Providing Information About Criminal Convictions*

Site	States Information Available	Number of Convictions	Some Conviction Information	All Conviction Information	Details	Verified	Total Points for Conviction Information (of 7.5)
Ariz. Medical	YES	YES				YES	4.5
Calif. Osteo			YES		YES	YES	3.4
Calif. Medical	YES	YES	YES		YES	YES	6.4
Conn.	YES		YES		YES		3.8
Fla. Osteo	YES	YES	YES	YES	YES	YES	7.5
Fla. Medical	YES	YES	YES	YES	YES	YES	7.5
Ga.	YES		YES				2.8
Idaho	YES		YES		YES		3.8
Mass.	YES	YES	YES	YES	YES	YES	7.5
N.J.	YES	YES	YES	YES	YES	YES	7.5
N.Y.	YES		YES				2.8
Tenn. Osteo	YES		YES				2.8
Tenn. Medical	YES		YES				2.8
Texas	YES		YES			YES	4.3
Va.	YES	YES	YES		YES		4.9
Vt. Medical		YES	YES	YES	YES	YES	5.6
All Boards	14	8	15	5	10	9	N/A

* The following sites do not provide any information about convictions and so score zero points in this category: Ala., Alaska, Ariz. Osteo, Ark., Colo., D.C., Del., Hawaii, Ill., Ind., Iowa, Kan., Ky., La., Maine Medical, Maine Osteo, Md., Mich. Medical, Mich. Osteo, Minn., Miss., Mo., Mont., N.C., N.D., N.H., N.M. Medical, N.M. Osteo, Neb., Nev. Medical, Nev. Osteo, Ohio, Okla. Medical, Okla. Osteo, Ore., Pa. Medical, Pa. Osteo, R.I., S.C., S.D., Utah Medical, Utah Osteo, Vt. Osteo, W.Va. Medical, W.Va. Osteo, Wash. Medical, Wash. Osteo, Wis. and Wyo.

Table Seven: User-Friendliness

Site	Search By Name	Search by Location	Search by License Number	Search by Specialty	Search by Hospital	Disciplinary Information with One Search	Total from Search Capabilities (of 22.5)	FAQ available	Complaint form available	State Medical Practice Act Available	Total from Other Items (of 5.0)	Total Points for User Friendliness (of 27.5)
Alaska							0.0		YES	YES	3.6	3.6
Ala.	YES		YES	YES	YES	YES	19.7		YES	YES	3.6	23.3
Ark.							0.0			YES	0.9	0.9
Ariz. Osteo	YES		YES			YES	14.6		YES	YES	3.6	18.3
Ariz. Medical	YES		YES	YES		YES	16.3	YES	YES	YES	5.0	21.3
Calif. Osteo	YES		YES			YES	14.6		YES	YES	3.6	18.3
Calif. Medical	YES	YES	YES			YES	16.8	YES	YES	YES	5.0	21.8
Colo.	YES	YES	YES			YES	16.8	YES	YES	YES	5.0	21.8
Conn.	YES	YES	YES			YES	16.8		YES	YES	3.6	20.4
D.C.	YES		YES			YES	14.6			YES	0.9	15.5
Del.	YES	YES	YES			YES	16.8		YES	YES	3.6	20.4
Fla. Osteo	YES	YES	YES			YES	16.8	YES	YES	YES	5.0	21.8
Fla. Medical	YES	YES	YES			YES	16.8	YES	YES	YES	5.0	21.8
Ga.	YES	YES	YES			YES	16.8	YES	YES	YES	5.0	21.8
Hawaii	YES					YES	13.5		YES	YES	3.6	17.1
Iowa	YES	YES	YES	YES		YES	18.5		YES	YES	3.6	22.1
Idaho	YES	YES	YES	YES		YES	18.5	YES	YES	YES	5.0	23.5
Ill.	YES		YES			YES	14.6	YES	YES	YES	5.0	19.6
Ind.							0.0		YES	YES	3.6	3.6
Kan.	YES					YES	13.5		YES	YES	3.6	17.1
Ky.	YES	YES	YES	YES		YES	18.5	YES	YES	YES	5.0	23.5
La.							0.0		YES	YES	3.6	3.6
Mass.	YES	YES		YES	YES	YES	20.7	YES	YES	YES	5.0	25.7
Md.	YES		YES			YES	14.6	YES	YES	YES	5.0	19.6
Maine Osteo	YES		YES			YES	14.6		YES	YES	3.6	18.3
Maine Medical	YES	YES	YES	YES		YES	18.5		YES	YES	3.6	22.1
Mich. Osteo	YES		YES			YES	14.6	YES	YES	YES	5.0	19.6
Mich. Medical	YES		YES			YES	14.6	YES	YES	YES	5.0	19.6
Minn.							0.0			YES	0.9	0.9
Mo.	YES	YES	YES			YES	16.8		YES	YES	3.6	20.4
Miss.							0.0		YES	YES	3.6	3.6
Mont.							0.0		YES	YES	3.6	3.6
N.C.	YES	YES	YES	YES		YES	18.5		YES	YES	3.6	22.1
N.D.							0.0		YES	YES	3.6	3.6

Table Seven: User-Friendliness

Site	Search By Name	Search by Location	Search by License Number	Search by Specialty	Search by Hospital	Disciplinary Information with One Search	Total from Search Capabilities (of 22.5)	FAQ available	Complaint form available	State Medical Practice Act Available	Total from Other Items (of 5.0)	Total Points for User Friendliness (of 27.5)
Neb.	YES	YES	YES			YES	16.8		YES	YES	3.6	20.4
N.H.	YES		YES	YES		YES	16.3	YES	YES	YES	5.0	21.3
N.J.	YES	YES		YES	YES	YES	20.7	YES	YES	YES	5.0	25.7
N.M. Osteo							0.0		YES	YES	3.6	3.6
N.M Medical	YES		YES			YES	14.6		YES	YES	3.6	18.3
Nev. Osteo	YES		YES			YES	14.6	YES		YES	2.3	16.9
Nev. Medical	YES					YES	13.5	YES	YES	YES	5.0	18.5
N.Y.	YES	YES	YES	YES	YES	YES	21.9	YES	YES	YES	5.0	26.9
Ohio	YES	YES	YES	YES		YES	18.5	YES	YES	YES	5.0	23.5
Okla. Osteo	YES					YES	13.5				0.0	13.5
Okla. Medical	YES	YES	YES	YES	YES	YES	21.9		YES	YES	3.6	25.5
Ore.	YES	YES	YES	YES		YES	18.5	YES	YES	YES	5.0	23.5
Pa. Osteo	YES					YES	13.5		YES	YES	3.6	17.1
Pa. Medical	YES					YES	13.5		YES	YES	3.6	17.1
R.I.	YES					YES	13.5	YES	YES	YES	5.0	18.5
S.C.	YES					YES	13.5		YES	YES	3.6	17.1
S.D.							0.0			YES	0.9	0.9
Tenn. Osteo	YES	YES	YES			YES	16.8		YES	YES	3.6	20.4
Tenn. Medical	YES	YES	YES			YES	16.8		YES	YES	3.6	20.4
Texas	YES	YES	YES	YES		YES	18.5	YES	YES	YES	5.0	23.5
Utah Osteo							0.0	YES	YES	YES	5.0	5.0
Utah Medical							0.0	YES	YES	YES	5.0	5.0
Va.	YES	YES	YES	YES	YES	YES	21.9	YES	YES	YES	5.0	26.9
Vt. Osteo	YES					YES	13.5		YES	YES	3.6	17.1
Vt. Medical	YES	YES		YES		YES	17.4		YES	YES	3.6	21.0
Wash. Osteo	YES		YES			YES	14.6		YES	YES	3.6	18.3
Wash. Medical	YES		YES			YES	14.6		YES	YES	3.6	18.3
Wis.	YES		YES			YES	14.6		YES	YES	3.6	18.3
W.Va. Osteo							0.0		YES	YES	3.6	3.6
W.Va. Medical	YES	YES	YES	YES		YES	18.5	YES	YES	YES	5.0	23.5
Wyo.	YES	YES	YES	YES		YES	18.5		YES	YES	3.6	22.1
All Boards	52	27	40	19	6	52	14.6*	26	59	64	3.6*	19.6*

* Median for all boards

Table Eight: Medical and Osteopathic Board Comparison*				
State	Medical Board Site Score	Osteopathic Board Site Score	Medical Board Site Rank	Osteopathic Board Site Rank
Ariz.	57.2	42.2	17	34
Calif.	69.9	49.8	6	21
Maine	49.3	42.6	22	32
Nev.	42.1	39.7	35	41
N.M.	42.4	12.5	33	64
Okla.	53.9	33.4	19	51
Vt.	70.9	36.3	5	48
W.Va.	60.0	13.0	15	63

* Table includes only those states whose medical and osteopathic boards maintain separate sites.