

SURVEY OF STATE MEDICAL AND OSTEOPATHY BOARD DISCIPLINARY WEB SITES IN 2006

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ABSTRACT

We sought to describe doctor disciplinary information provided on the web sites of state medical and osteopathic boards. Information collected included state board, hospital and federal government actions, as well as malpractice judgments and settlements and conviction information. Web sites were also assessed for user-friendliness, primarily their searchability. Expert reviewers provided weights for these elements, yielding a 100-point score. The median score was 42.4 (range: 12.3-83.7). All sites provided physician profile information and 92% offer at least some board disciplinary information. Thirty-two percent provided non-state disciplinary information and 13 states' web sites were not searchable. We conclude that some boards provide very limited information and many do not facilitate efficient consumer access. The findings were released on Public Citizen's web site on October 17, 2006.

I. INTRODUCTION

Medical boards are the entities in each state that are charged with licensing and regulating the practice of medicine. In that latter capac-

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ity, boards take disciplinary actions against physicians licensed in their states 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 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 increasing 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 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 (also referred to as Physician-Identifying Information in this report) on their web sites.² Profiles contain basic information about a specific physician such as name, license number, and license status. In most cases, this basic identifying

¹ See, e.g., Christine E. Dehlendorf & Sidney M. Wolfe, *Physicians Disciplined for Sex-Related Offenses*, 279 JAMA 1883 (1998); Paul Jung, Peter Lurie & Sidney M. Wolfe, *U.S. Physicians Disciplined for Criminal Activity*, 16 HEALTH MATRIX 335, 335 (2006).

² FED'N OF STATE MED. BOARDS, TRENDS IN PHYSICIAN REGULATION 13 (2006), available at http://www.fsmb.org/pdf/PUB_FSMB_Trends_in_Physician_Regulation_2006.pdf. This information was subsequently modified from 23 to 22 states. Telephone Interview with Fed'n of State Med. Boards (July 17, 2006).

information is accompanied by disciplinary information from the medical board. 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' sites include even more complete disciplinary information from other sources such as hospitals, the federal government, and the civil and criminal courts. 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 concluded that state-required profiles were more likely to include information from hospitals, malpractice payouts, the federal government and the courts.³

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 osteopathy board executives. At the time of this research, DocFinder housed 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.

Two previous Public Citizen reports have focused specifically on providing information on the Internet about physicians disciplined by state medical boards. In 2000, and again in 2002, Public Citizen analyzed the information available on each state's web site and reviewed each site for user-friendliness, or the ease with which consumers could use the site.⁴ Those surveys focused only on state disciplinary actions. This survey evaluates the same kinds of information in much greater detail, describes whether web sites include data from outside sources such as hospitals, the federal government, malpractice payouts, and the courts, and uses more specific criteria to evaluate user-friendliness.

II. METHODS

We evaluated each state's profile and disciplinary information using criteria that fit into two basic categories: 1) Content (profiles

³ FED'N OF STATE MED. BOARDS, *supra* note 2, at 13.

⁴ DEMIAN LARRY, SIDNEY M. WOLFE & PETER LURIE, PUBLIC CITIZEN'S HEALTH RESEARCH GROUP, SURVEY OF DOCTOR DISCIPLINARY INFORMATION ON STATE MEDICAL BOARD WEB SITES (2000), <http://www.citizen.org/publications/release.cfm?ID=6708> (last visited Oct. 5, 2008); JOHN P. FAWCETT, PETER LURIE & SIDNEY M. WOLFE, SURVEY OF DOCTOR DISCIPLINARY INFORMATION ON STATE WEB SITES (2002), <http://www.citizen.org/publications/release.cfm?ID=7168> (last visited Oct. 5, 2008).

and various kinds of disciplinary information), whatever the format; and 2) user-friendliness (the methods by which consumers can retrieve disciplinary information about their physicians). Each category was subdivided further into criteria, which were then scored.

A. 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 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. There were two user-friendliness categories: 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. (Public Citizen's 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 "Osteopathy" 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 authors (ML and BM) visited each site. To determine the presence or absence of board-generated disciplinary information, we used the names of doctors known to have been previously disciplined by a particular state when searchable databases were available.

B. Major Categories Assessed

1. 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.

2. State Board Disciplinary Action Information

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 web site 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.

3. 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.

4. 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 Medicare⁵ to find disciplined physicians for each state and cross-checked this with information provided by each state. The FDA provided information on its Web site about physicians who had been disciplined by the agency and this, too, was cross-checked against state information.⁶ There was no comparable online database for DEA disciplinary actions. Instead, we assessed the state web sites for evidence of DEA actions and then used the confirmation process described in “Confirmation and Clarification of Web Site Information” below to confirm whether states provided information about DEA discipline. 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 provided by physicians was verified by the state.

5. 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

⁵ U.S. Department of Health and Human Services, Office of the Inspector General, List of Excluded Individuals/Entities, <http://exclusions.oig.hhs.gov/> (last visited Nov. 5, 2008).

⁶ U.S. Food & Drug Administration, Office of Regulatory Affairs, Disqualified/Totally Restricted List for Clinical Investigators, http://www.fda.gov/ora/compliance_ref/bimo/disqlist.htm (last visited Nov. 5, 2008).

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 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 provided by physicians had been verified.

C. 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 by entities other than 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 online disciplinary actions about physicians.

D. Confirmation and Clarification of Web Site Information

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 several e-mails requesting a response. If e-mail contact information was not available, we continued to attempt to reach the board staff repeatedly by telephone. We received no response from boards in Arkansas, Illinois, Iowa, Nevada (osteopathy board only), South Carolina, and Vermont (osteopathy board only). The California Board of Osteopathy was the only board not to respond to inquiries clarifying a requested change and so did not receive credit for the changes they claimed. The dataset was closed on May 4, 2006.

E. 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.

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

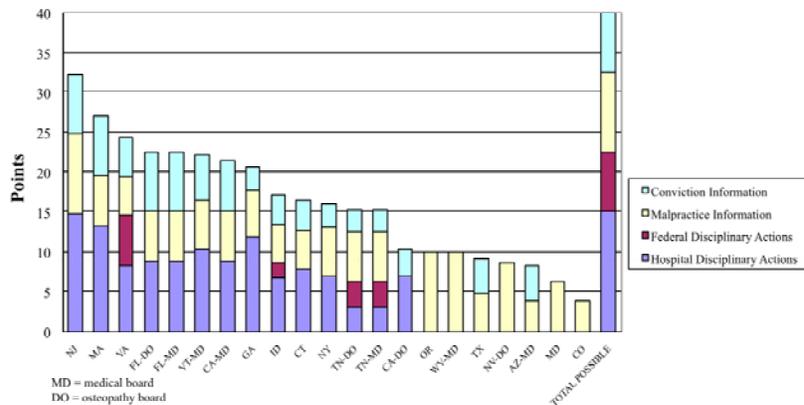
III. RESULTS

The median overall score is 42.4 out of a possible 100. Scores range from 12.3 in North Dakota to 83.7 in New Jersey (interquartile [IQ] range: 35.2-58.6).

All board sites but one, the Oklahoma Osteopathic Board site, provide, at minimum, some physician-identifying information 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. 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; hospital discipline and convictions are the next most common. Only four boards provide federal disciplinary action information.

Twenty-one sites provide disciplinary information from at least one category other than the state medical board, although only two boards (Virginia and Idaho) provide data from all four non-state disciplinary sources (see Figure 1). The presence of such information had a significant impact on scores. Only one site that scored below the median provided any disciplinary information from a non-board source, while all of the sites that scored in the top quartile provided information from at least one other authority.

Figure 1: Non-state Disciplinary Actions on Web Sites



MD = medical board
DO = osteopathy board

The two Tenn. sites claimed to provide hospital disciplinary information. For this reason, they received some points in the Hospital Disciplinary Action category. However, we could not identify that information on their web sites.

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

Scores within individual categories also ranged widely (see Table 1). In seven of the eight categories, at least one site did not receive any points, but in four of the eight categories, at least one site achieved the maximum number of possible points. Each of the categories of non-board information had a median score of zero, but in three of the four categories, at least one board also scored the maximum number of possible points.

Table 1: Web Site Scores by Category

Category	Maximum Possible Points	Median	Range
Physician-Identifying Information/Profiles	15	11.3	5.3-13.5
State Board discipline	17.5	12.3	0-16.8
Hospital discipline	15	0	0-15
Federal discipline	7.5	0	0-6.4
Malpractice	10	0	0-10
Criminal convictions	7.5	0	0-7.5
Searchability	22.5	14.6	0-21.9
Other user-friendliness	5	3.6	0-5
Total	100	42.4	12.3-83.7

A. Disciplinary Information

1. Physician-Identifying Information (15.0 points)

Scores for identifying physician information range from 5.3 to 13.5 (median: 11.3; IQ range: 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.

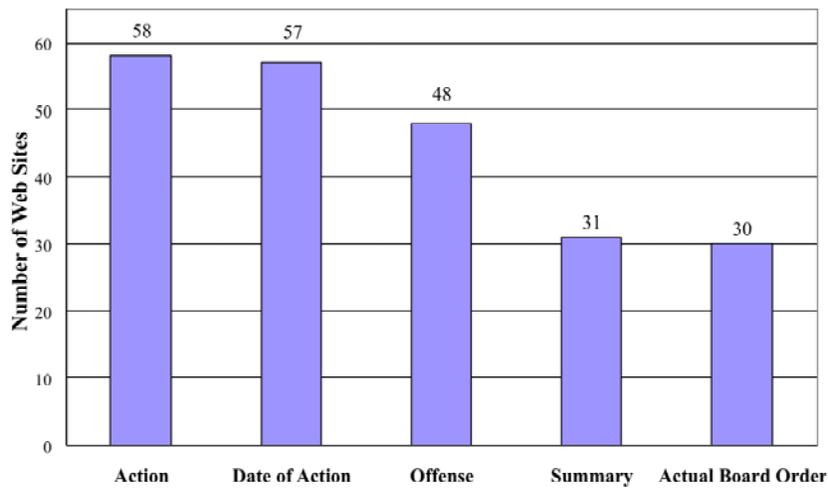
2. State Board Disciplinary Actions (17.5 points)

Scores for board disciplinary actions range from zero to 16.8 (median: 12.3; IQ range: 10.2-14.0). Five sites do not provide any of the five types of information about disciplinary actions mentioned in the

Methods: West Virginia Osteopathy, New Mexico Osteopathy, North Dakota, Louisiana, and Indiana. Three of them did fulfill other criteria in this section and thus received some points for State Board Disciplinary Actions.

Figure 2 describes the 60 sites that provided information about board discipline. Most provided both the action taken by the board and the date of the action. A majority also provided information about the offense and about half each provided a summary of the board's action and a copy of the actual disciplinary order. Only 12 sites provide all of these elements. Twenty sites provide information about disciplinary actions in other states, and six provide information about open investigations concerning a particular physician.

Figure 2: Elements of State Board Disciplinary Actions Included on Web Sites



Forty sites update the data on their web site within two weeks of an action being taken. 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.

3. Hospital Disciplinary Information (15.0 points)

Scores for hospital discipline range from zero to 15, with 51 board sites receiving no points. 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. 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.

4. Federal Disciplinary Actions (7.5 points)

Only four sites score any points for federal disciplinary actions, with the highest being 6.4. Virginia has information on Medicare, FDA and DEA discipline, while the two Tennessee boards and Idaho only provide information on Medicare discipline.

5. Malpractice Information (10.0 points)

Scores for malpractice information ranged from zero to 10 (median: 0; IQ range: 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 of judgment. Thirteen boards provide information that is verified by a source other than the physician. Four board sites (New Jersey, Nevada Osteopathy, Oregon and West Virginia Medical) provide all of the information we required.

6. Criminal Conviction Information (7.5 points)

Scores for conviction information range from zero to 7.5 (median: 0; IQ range: 0.0-2.8). Fourteen sites indicate that information about physicians' criminal convictions is available, and 16 actually provide some such information. Five of these give some 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.

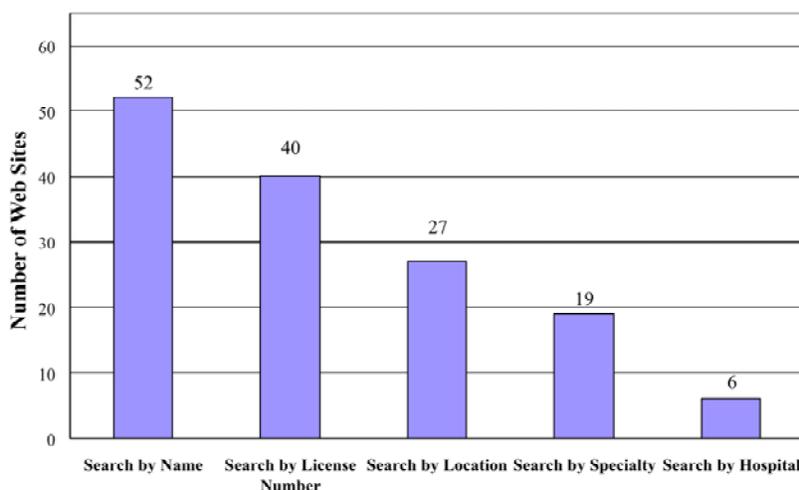
B. User-Friendliness

1. Web Site Search Capabilities (22.5 points)

Scores for web site search capability range from zero to 21.9 (median: 14.6; IQ range: 13.5-18.5). Thirteen sites provide no method to allow users to search for information about specific disciplined physicians. Figure 3 describes the 52 sites that provide some method for

users to search for disciplinary information. All sites that allow searches allow searches for a physician by name, and most allow searches by physician's license number. Searching by specialty and hospital affiliation were least common. Three sites (New York, Oklahoma Medical and Virginia) allow users to search by all five of these methods.

Figure 3: Search Function Capabilities on Web Sites



2. Other Web Site Information (5.0 points)

Scores for other information available range from zero to five (median: 3.6; IQ range: (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.

IV. DISCUSSION

Ten years after the first legislative mandate for online physician profiles, almost all boards provide some form of physician disciplinary information online. However, 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. Five sites provide no disciplinary information to consumers, and 13 do 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. In four of the eight categories comprising our overall score, at least one web site received the full complement of points.

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 on hospital discipline, malpractice information, federal actions, 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, but often absent, element of board disciplinary action is disciplinary actions taken by other states. 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 improved since the advent of the National Practitioner Data Bank in 1990. However, this information is not available to patients or physicians, and better coordination of disciplinary activity between states remains necessary. At the time of this research, only 20 states posted actions from other states on their web sites or linked to the AIM Multi-State search tool. Twenty states housed 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 that do not house their data in AIM). However, 10 of these sites simply inform the user that the practitioner has a "public file" in the AIM database, but provide no further information. This valuable resource thus remains greatly underutilized.

Fourteen states have separate medical and osteopathy boards and eight of these states maintain separate web sites. In these cases, medical boards always score higher than the osteopathy board in the same state, in some cases by a substantial margin (median difference: 20.3

points; range: 2.4-47.0 points). The cause of this phenomenon is unknown, but may relate to disparities in funding or in oversight between the two boards. For example, in Vermont and California, the legislative mandate requiring physician profiles (such mandates exist in 22 states⁷) applies to the medical, but not the osteopathy board.

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. The presence of a legislative mandate is a strong indicator of a high-quality site: sixteen of the top 20 sites have legislative mandates.

According to data collected by the FSMB, two to five percent of physicians in 16 states responding to the FSMB had criminal histories, and one to three percent of physicians with criminal histories 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.⁸ The FSMB report also cites a 2000 Florida survey that revealed that 44 percent of doctors with criminal histories did not report these to the state medical board when applying for licensure.⁹ Yet only seven of the 16 sites providing conviction information verified that information with a source other than the reporting physician, and 13 of 20 sites providing information about malpractice verified that information. Nine of 14 sites verified hospital discipline, and only two of four sites verified any federal disciplinary information.

This survey has certain limitations. We acknowledge that our decisions on what categories to include are subjective, but we did include only those categories that were covered by at least some states. To minimize bias, two outside experts assigned 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 respond to questions related to their clarifications. Finally, some web sites may have been changed since the data set for this study was closed in May 2006.

In 2000, when Public Citizen first conducted a survey of medical board web sites, 10 states had no state disciplinary information on the web; by 2002 this had decreased to two states and now all states have

⁷ FED’N OF STATE MED. BOARDS, *supra* note 2.

⁸ *Id.* at 10.

⁹ *Id.*

such information. (The 2000 and 2002 surveys did not include osteopathy-only sites and these are excluded from the 2006 survey in the comparisons below.) The quality of web sites has also improved somewhat. While 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), the data can be compared using the methods of the 2000 survey. While only one web site in 2000 included the doctor's name, the disciplinary action taken, the offense committed, a summary narrative, and the full text of the actual board order, seven did so in 2002 and 12 medical web sites did so in the present survey. 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. (The 2002 survey used a slightly different method for user-friendliness and so is not strictly comparable to the other two surveys.)

Although it is clear that search engines are much more common now, the content remains lacking in most states, especially with respect to disciplinary actions taken by entities other than the state board. 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. Where state law is an obstacle, state legislatures should take the necessary steps to allow sites to provide searchable external disciplinary information.

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.