

Letters

RESEARCH LETTER

Public Awareness, Perception, and Use of Online Physician Rating Sites

Patients are increasingly turning to online physician ratings, just as they have sought ratings for other products and services. Much of what is known about these sites comes from studies of the ratings left on them.¹ Little is known about the public's awareness and use of online physician ratings, and whether these sites influence decisions about selecting a physician.

Methods | In September 2012, we surveyed a nationally representative sample of the US population about their knowledge and use of online ratings for selecting a physician for themselves. The survey used the Internet-based KnowledgePanel (GfK Custom Research North America). Internet-connected computers were provided at no cost to those without access. Pilot testing of the survey was conducted on a separate convenience sample to ensure validity of the questions.

Results were weighted as in prior published studies to approximate the US population based on age, sex, race/ethnicity, education, and census region. The response rate was determined using RR1 of the American Association for Public Opinion Research. Significant differences among groups were identified with χ^2 analyses (2-sided $P < .05$) using Stata version 10 (StataCorp). This study was approved by the University of Michigan Medical School institutional review board, and the requirement for informed consent was waived.

Results | The response rate was 60% (2137/3563). Respondents (weighted percentage in parentheses) included 1131 women (52%) and 1006 men (48%); 1557 respondents (68%) were white/non-Hispanic, 196 (12%) black, 237 (14%) Hispanic, and 147 (7%) other. There were 357 respondents (21%) aged 18 to 29 years; 585 (17%), 30 to 39 years; 662 (18%), 40 to 49 years; 333 (19%), 50 to 59 years; and 200 (26%), 60 years or older.

Fifty-nine percent of respondents reported physician rating sites to be "somewhat important" (40%; 95% CI, 36%-44%) or "very important" (19%; 95% CI, 16%-23%) when choosing

a physician, although rating sites were endorsed less frequently than other factors, including word of mouth from family and friends (Table 1). Whether a physician accepted one's health insurance was rated "very important" most frequently (89%; $P < .001$ vs all other options).

Awareness of online physician ratings (65%; 95% CI, 61%-69%) was lower than for other consumer goods such as cars (87%) and non-health care service providers (71%; $P < .001$ vs all other options) (Table 2). Among those who sought online physician ratings in the past year, 35% (95% CI, 28%-43%) reported selecting a physician based on good ratings and 37% (95% CI, 29%-45%) had avoided a physician with bad ratings. For those who had not sought online physician ratings, 43% (95% CI, 36%-49%) reported a lack of trust in the information on the sites. Participants were also asked to consider the implications of leaving negative comments about a physician; 34% (95% CI, 31%-38%) had concerns about their identity being disclosed and 26% (95% CI, 22%-30%) were concerned about the physician taking action against them.

Discussion | Prior work has shown that few physicians are reviewed on rating sites.² However, an analysis of one rating site demonstrated that between 2005 and 2010 there was an increase in the number of physicians rated and the number of ratings per physician.³ A 2012 study from London, England, reported that 15% of individuals were aware of physician rating sites and only 3% had ever used them,⁴ which was similar to 2008 rates reported in the United States.⁵ A 2013 study from Germany reported 32% awareness and 25% usage.⁶ Our study found higher rates of awareness (65%) for the US population with usage (23%) comparable with Germany.

Our study has several limitations including (1) a 60% response rate, (2) the possibility that an Internet-based survey selected a web-savvy population that was younger than most health care consumers, and (3) measuring a single time point may not capture rapidly changing trends. Nevertheless, rating sites that treat reviews of physicians like reviews of movies or mechanics may be useful to the public but the implications should be considered because the stakes are higher.

Table 1. Importance of Factors in Selecting a Physician (N=2137)^a

	Responses as No. (%) [95% CI] to the question "When selecting a primary care doctor for yourself, how important is each of the following?"		
	Very Important	Somewhat Important	Not Important
Accepts my health insurance	1994 (89) [86-91]	108 (6) [5-9]	71 (5) [3-7]
Convenient office location	1305 (59) [55-63]	738 (36) [32-40]	76 (5) [3-7]
Physician's years of experience	914 (46) [42-50]	1019 (46) [42-50]	181 (8) [6-11]
Part of a trusted group practice	877 (44) [40-48]	873 (37) [34-41]	368 (19) [16-22]
Word of mouth (from family/friends)	828 (38) [34-42]	1002 (47) [43-51]	287 (15) [12-18]
Referral from another physician	657 (34) [31-38]	1032 (46) [42-50]	432 (19) [16-23]
Physician's rating on websites	361 (19) [16-23]	865 (40) [36-44]	889 (41) [37-45]

^a All percentages are weighted to approximate the US population.

Table 2. Awareness and Use of Rating Websites^a

	Responses as No. (%) [95% CI] to the Following Questions									
	(A)	(B)		(C)			(D)	(E)		
	"Are you aware that there are websites that rate and review the following?"	Among Those Who Answered "Yes" for (A): "In the past year, how often have you gone online to seek ratings or reviews about any the following?"		Among those who answered ">Once" or "Once" for (B): "How useful were the rating information and reviews to your decision-making for the following?"			"Have you or your family ever given ratings or written comments on websites about any of the following?"	Among those who answered "Yes" for (D): "Overall, what types of ratings or reviews have you given for the following?" ^b		
	Yes	>Once	Once	Very Useful	Somewhat Useful	Not Useful	Yes	Positive	Neutral	Negative
Cars	1916 (87) [83-89]	524 (23) [20-27]	400 (21) [17-24]	438 (48) [43-55]	457 (48) [42-54]	23 (4) [2-7]	133 (6) [4-8]	100 (80) [65-89]	32 (23) [13-38]	14 (8) [3-17]
Movies or books	1810 (82) [79-85]	766 (39) [35-44]	252 (13) [10-16]	470 (51) [45-57]	521 (47) [41-53]	24 (2) [1-5]	265 (14) [11-17]	214 (78) [66-86]	61 (26) [17-38]	49 (20) [13-31]
Electronics or appliances	1795 (81) [78-84]	696 (35) [42-40]	350 (18) [15-21]	551 (51) [46-57]	472 (46) [41-52]	18 (3) [1-5]	259 (10) [8-12]	189 (70) [60-79]	69 (24) [16-33]	58 (16) [10-24]
Restaurants	1810 (81) [78-84]	715 (40) [35-44]	264 (13) [10-16]	443 (48) [43-54]	503 (48) [42-54]	32 (4) [2-8]	287 (12) [10-14]	214 (69) [58-78]	69 (24) [16-33]	89 (25) [18-35]
Other ^c	1578 (71) [67-74]	239 (13) [11-16]	265 (14) [12-18]	188 (41) [33-50]	290 (56) [47-64]	26 (3) [2-6]	143 (5) [4-7]	75 (47) [32-62]	39 (22) [13-34]	52 (30) [19-44]
Physicians	1457 (65) [61-69]	275 (17) [14-21]	268 (19) [15-23]	209 (41) [34-49]	295 (52) [44-59]	33 (7) [4-13]	126 (5) [4-7]	78 (54) [39-68]	27 (29) [17-46]	28 (19) [11-32]
Hospitals	1276 (61) [57-65]	95 (9) [6-12]	173 (13) [10-17]	114 (56) [44-66]	135 (41) [31-52]	16 (3) [1-8]	67 (3) [2-5]	41 (57) [38-75]	14 (17) [8-32]	15 (27) [13-48]
Dentists	1398 (60) [56-64]	113 (7) [5-10]	217 (15) [12-19]	128 (48) [38-58]	176 (46) [36-56]	26 (6) [3-11]	82 (4) [3-6]	52 (60) [40-78]	18 (26) [12-47]	16 (11) [3-35]

^a All percentages are weighted to approximate the US population and are calculated on a per-question basis excluding those who were eligible for each question but did not respond.

^b More than 1 category could be selected.

^c Indicates other service providers (mechanic, plumber, electrician, etc).

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COMMENT & RESPONSE

Short-Acting β -Blocker Administration in Patients With Septic Shock

To the Editor The study by Dr Morelli and colleagues¹ evaluated the effect of short-acting β -blocker (esmolol) administration in patients with septic shock; however, we have some problems with their interpretation of the results.

First, stroke volume and left ventricular stroke work index (without any difference in arterial pressure) moved in parallel in the 2 groups. Analysis of the area under the curve (AUC) is frequently used in studies of drug pharmacokinetics, but in this case, a simple visual exploration (Figure 3 in article) does