

Checking up on your doctor



Many states are using the Internet to let patients check on disciplinary actions and other information about health-care providers that was once difficult to obtain.

BY MICHELE BUSHONG

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Two women in Kansas received harassing phone calls and were shadowed by a stalker. Both recently had visited a hospital emergency room. The shocker came when they discovered the culprit was their emergency room physician.

Dr. Bernard Megaffin was charged with stalking and telephone harassment of two women he had treated at Via Christi Regional Medical Center-St. Joseph Campus emergency room in Kansas. What the victims did not know was that when Megaffin applied for a Kansas medical license, he had lost his Ohio medical license because he was charged with a felony sex crime.

At the time of the crimes, Ohio listed disciplinary actions against physicians on the Internet while Kansas did not. The question arises: If information on physicians were publicly available in an easily accessible format, such as through the Internet, would it make a difference?

To give patients more information on their doctors, 10 states have passed legislation requiring physician profiles, which contain information on a physician's education, malpractice, disci-

plinary history and other background information. The profiles are available in public documents, often on the Internet. Another seven states have legislation pending as of August. In addition, medical boards in 14 other states make physician information available on the Internet without legislation.

"There has been growing interest on the part of the public for information on their physicians, and profiles are a natural outgrowth of this," said Dale Austin, deputy executive vice president and chief executive officer of the Federation of State Medical Boards, which is an association for state medical boards. Information technology now makes dissemination of this information much easier than in the past.

Such information has long been unavailable to the public or was difficult and time-consuming to obtain. For example, a federally funded national data bank that compiles malpractice and hospital disciplinary action on doctors and licensed practitioners is open only to state and federal government agencies, hospitals and a few other select groups.



Two states' initiatives

Massachusetts in 1996 was the first state to enact legislation requiring physician profiles and in 1997 placed profiles on the Internet. The Massachusetts Board of Registration in Medicine must complete a profile for each Massachusetts licensed physician. Nancy Achin Sullivan, executive director of the board, said that the physician profiles are a success. She estimates by the end of this year the Web site with the profiles will have 3 million 'hits' or visits.

Other states may go beyond requiring public information on physicians. Awaiting the governor's signature in New York is S.B. 8127-A, sponsored by Sen. Kemp Hannon. The bill requires information on various health-care providers, including physicians, hospitals and health-care plan quality assurance data.

The bill calls for patient access to Internet sites about most health-care providers. Jane Preston, executive director of the New York Senate Health

Committee, said, "Any system that is going to provide patients with access to health information must acknowledge this interconnectedness [among all health care entities]."

The bill also would close regulatory and enforcement loopholes that had led to poor patient care.

New York Rep. Richard Gottfried said he sponsored a similar bill in the Assembly because "consumers should be able to obtain as much information as possible about a physician before they put their lives in that doctor's hands."

If the governor signs the Senate bill, New Yorkers will have access to the government's extensive information on physicians, including criminal records, malpractice history and loss of hospital privileges.

The bill also creates a patient-safety center within the Health Department to evaluate data and to review best practices in an effort to improve quality of care and patient safety.

"After much thoughtful analysis and deliberate negotiation, this bill represents a balanced approach to improving the access to health information and improving the quality of health-care delivery to patients," Hannon said.

Context and costs

As with any new legislation, there are concerns associated with physician profiling. The most controversial topic pertains to releasing malpractice data. Doctors caution that information that is made public should be placed in context so consumers understand what it means.

Dr. Thomas Reardon, past president of the American Medical Association and AMA Board of Trustees member, opposes making raw data available to

patients, especially related to malpractice. He said he supports patients having access to good, reliable information to better choose their health-care providers.

The Massachusetts Medical Society supported the profiling legislation,

which enables patients to interpret physician malpractice data in a helpful, instructive manner without unfairly penalizing some physicians. The profiles report malpractice payments in relation to similar awards against other physicians in the same specialty so that it benefits the consumer and is fair to the doctor. For instance, awards against an obstetrician are in context of malpractice payments by other obstetricians, who typically treat higher-risk patients than do

pediatricians.

The New York bill will disclose medical malpractice information in a profile if a physician has three or more settlements. The commissioner of health will have the discretionary authority to disclose malpractice information that indicates egregious problems.

The Federation of State Medical Boards formed a committee to provide recommendations to state policy-makers. The committee wrestled with the recommendation to include malpractice information in physician profiles. Medical boards maintain that malpractice judgments have few implications for disciplinary actions. Disciplinary action by a state medical board and a malpractice judgment do not carry the same weight. "Malpractice information is subject to a variety of interpretations but the public wants to know it," Austin said. The committee recommended that profiles contain contextual information.

The committee emphasized that it takes resources to do a high-quality job of putting together physician profiles. Austin said funding is necessary for such a resource-intensive undertaking. Medical boards already are resource-starved and profile initiatives will hurt



New York
Assemblyman
Richard
Gottfried



New York Sen.
Kemp Hannon

State physician profiling information

<i>State</i>	<i>Board initiative or statute</i>	<i>Medical education</i>	<i>License information</i>	<i>Criminal convictions</i>	<i>Malpractice information</i>	<i>Disciplinary actions</i>
Alabama	Board initiative	Yes	Yes	No	With written consent from licensee	Yes
Arizona	Board initiative, Statute (1999)*	Yes	Yes	Adding	Adding	Yes
California	Statute (1997)	Yes	Yes	No	Yes	Only if license is revoked or terminated
Colorado	Board initiative	No	Yes	No	No	Yes
Connecticut	Statute (1999)	Yes	Yes	Yes	Yes	Yes
Florida	Statute (1997)	Yes	Yes	Yes	> \$5,000	Yes
Georgia	Board initiative	No	Yes	No	No	Yes
Hawaii	Pending	—	—	—	—	—
Idaho	Statute (1998)	Yes	Yes	Yes	Yes	Yes
Illinois	Pending	—	—	—	—	—
Iowa	Board initiative	Yes	Yes	No	No	Yes
Kansas	Board initiative	Yes	Yes	No	No	Yes
Maine	Board initiative	Yes	Yes	No	No	Yes
Maryland	Board initiative, Statute (1999)*	Yes	Yes	No	No	Yes
Massachusetts	Statute (1996)	Yes	Yes	Yes	Yes	Yes
Michigan	Board initiative	No	Yes	No	No	Yes
Minnesota	Board initiative	Yes	Yes	No	No	Yes
New Jersey	Pending	No	Yes	No	No	Yes
New York	Pending**, Board initiative*	—	—	—	—	—
North Carolina	Board initiative	Yes	Yes	No	No	Yes
Ohio	Pending, Board initiative	Yes	Yes	No	No	Yes
Oklahoma (Osteopath)	Pending, Board initiative	No	Yes	No	No	Yes
Oregon	Board initiative	Yes	Yes	No	No	No
Pennsylvania	Pending	—	—	—	—	—
Rhode Island	Statute (1997)	Yes	Yes	Yes	Yes	Yes
Tennessee	Statute (1998)	Yes	Yes	Yes	Yes	Yes
Texas	Statute (1999)	Yes	Yes	adding	adding	Yes
Vermont	Board initiative	Not listed on all profiles	Yes	No	No	Yes
Virginia	Statute (1998)	Yes	Yes	No	Yes	Yes

Sources: Federation of State Medical Boards, Administrators in Medicine — www.docboard.org, State Medical Board homepages

* Profile data specified in the statute may require different or additional data than that provided by the board.

** Passed the House and Senate, awaiting the governor's signature.

existing operations unless additional funds are provided, he said.

Funding practices vary among the states. In a state without authorizing legislation, the Ohio State Medical Board receives state funding through licensing fees to implement its program. Ohio provides physician background information to the public through the state Web site. Thomas Dilling, of the Ohio State Medical Board, said that the profiles provide consumers with basic and relevant public information, including updated board actions against physicians.

Legislation pending in Illinois on physician profiling, H.B. 4075, does not provide funding. Tony Sanders, of the Illinois Department of Professional Regulation, said, "If a profiling bill does pass, certainly the Department of Professional Regulation would request funding to implement the law."

Even though not required by law, the department updated its Web site in

August to allow people to check on disciplinary actions taken against licensed professionals, including doctors, nurses, chiropractors, dentists and other licensed professionals and businesses. The department began offering the public access last year to other licensure information.

The Massachusetts Legislature did not provide funding for physician profiling, leaving the board to rely on its own resources.

Other concerns

Other concerns surface as information once private becomes public. Massachusetts offers some examples. Although some people speculated that peer reporting of physician misconduct would decrease as this information became public, Massachusetts instead has seen an increase in disciplinary actions. Moreover, although doctors were concerned about being targets of

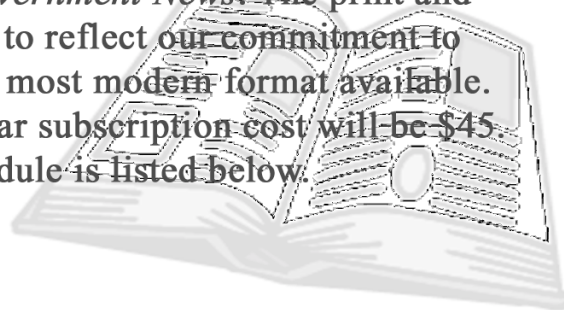
frivolous lawsuits, Massachusetts has seen no change in the nature of its malpractice suits since the law passed. Some people thought that doctors would leave the area, but Sullivan said this is not happening. She said that profiling may prevent incompetent doctors from applying for a Massachusetts medical license.

In New York, the State Medical Society objected to including information in profiles of physicians who were dropped from health maintenance organizations. The State Medical Society argued that HMOs could use this as a weapon against doctors who advocated for their patients' care. As a result, the Senate bill dropped this requirement.

There is a great value in profiling being a collaborative, cooperative effort. State medical boards, legislatures and medical societies can work together to bring everyone to the table. "This results in a better product which serves everyone well," Austin said. ★

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