

Submission Title:

Popular Physician Rating Websites Have Unreliable Numbers of Reviews for Academic Emergency Physicians

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Abstract

Introduction and purpose

Physician rating websites have emerged that are highly ranked by search engines when entering the name for any U.S.-based physician. There is a paucity of research analyzing the adequacy of data captured for each physician. We investigated available patient reviews and scores at prominent physician grading sites for a cohort of U.S. academic emergency physicians.

Methods

This was a retrospective analysis of reviews and rating scores for 220 academic emergency physicians from 23 hospitals at the following websites: RateMDs, Healthgrades, Vitals, and WebMD. From a list of 1040 U.S. academic hospitals, the study hospitals were randomly selected for inclusion utilizing a random number generator. Study authors collected demographic and review/ratings data for the first ten physicians listed on the ED website for each study hospital. If a hospital had less < 10 physicians listed, all were included for analysis. A second, blinded, study author reviewed a sample of reviews for 30 physicians at all four sites to assess for inter-rater agreement (kappa). Continuous data were analyzed by t-tests.

Results

The reviews for 220 physicians at the study hospitals were evaluated; 31% female, mean age 49+/-10 years, and 95% board certified. In aggregate for the four physician rating sites, only 47% of physicians evaluated had any reviews, 11% had > 5 reviews, and 46% had any ratings scores. The study physician group had a mean number of reviews of 2.2+/-4.3 and mean rating score of 3.8+/-1.4 (scores 1-5; 5 highest rating).

There were no differences in mean number of reviews received by physician gender (female 2.0+/-3.8 vs. male 2.2+/-4.6; p=0.8), board certification status (boarded 2.2+/-4.3 vs. 1.9+/-3.6; p=0.8), increasing physician age (p=0.08). There were no differences in the mean scores physicians received with respect to gender (3.8+/-1.5 vs 3.8+/-1.4; p=0.7), board certification status (3.8+/-1.4 vs. 4.7+/-0.4; p=0.2), increasing physician age (p=0.3). Interrater agreement for total number of reviews was substantial (0.8).

Conclusion

Popular physician ratings websites had a number of reviews too low to provide any reliable information about most academic EM physicians in our study group. Combined with most patients' lack of understanding of statistics, the results from these websites can be misleading for patients looking for information on EM physicians.