**Original Investigation**

**Trends of Online Ratings of Otolaryngologists**

What Do Your Patients Really Think of You?

Lindsay Sobin, MD; Parul Goyal, MD, MBA

**IMPORTANCE** The otolaryngologist’s online reputation is of increasing importance. Physician rating websites are becoming increasingly prevalent, and patients are using them to evaluate their current and future physicians.

**OBJECTIVE** To evaluate patterns in online ratings of otolaryngologists.

**DESIGN, SETTING, AND PARTICIPANTS** From May 1, 2013, through June 1, 2013, lists of academic program faculty members in the Northeastern United States were compiled, and academic allopathic otolaryngologists from the Eastern Section of the Triological Society were identified. Each faculty member’s name was searched using the Google search engine to link to profiles on the Healthgrades.com and Vitals.com websites.

**MAIN OUTCOMES AND MEASURES** State, program, academic position, years in practice, subspecialty, ratings, and reviews were recorded. Ratings were compared using analysis of variance.

**RESULTS** A total of 281 faculty members from 25 programs were identified. A total of 266 otolaryngologists (94.7%) had a profile on Healthgrades, and 247 (87.9%) had a profile on Vitals. Of those with profiles, 186 (69.9%) and 202 (81.8%) had patient reviews on Healthgrades and Vitals, respectively. The mean score was 4.4 of 5.0 on Healthgrades and 3.4 of 4.0 on Vitals. On Vitals, 179 profiles (63.7%) had comments associated with them. Overall, 49 comments (27.3%) were determined to be negative, and 138 otolaryngologists (49.1%) had at least 1 negative comment. Academic position and subspecialty affected reviews on Healthgrades. State and years in practice did not influence reviews.

**CONCLUSIONS AND RELEVANCE** Most patients use online resources for information on health care professionals. Physician perceptions of these sites tend to be negative. Awareness of the content and rating patterns may help physicians better manage their online reputation.


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Most patients use the Internet as a primary resource for health care information. In one study,1 80% of patients reported using the Internet to research health topics. In a separate series,2 76% of people who used the Internet for health-related research reported that the newly acquired information affected their health care decision making. In addition to using online resources to research health topics, patients are using these resources to access information about their physicians. Such information is easily available; more than 90% of physicians have professional information available online.3

Physician rating websites have gained popularity and are used commonly by patients. As of December 2010, a total of 33 websites were dedicated to providing this forum.4 Notable sites include Healthgrades, Vitals, Yelp, and Angie’s List. Zagat, widely known for restaurant reviews, has also entered the arena of compiling and presenting physician ratings.5 With 25% of patients reportedly viewing physician rating websites before their initial appointment, patients are using this information to make decisions about their health care professionals.3

Despite the increased popularity of these sites, many physicians view them unfavorably. However, 69% of physicians report having checked their online profile at least once.6 Most ratings are positive.9 In one series,10 88% of ratings were determined to be positive, and only 6% were overtly negative. Pertaining to the negative comments, physicians have been generally unsuccessful at pursuing liti-
The role and use of online physician rating websites are still evolving. In this study, we aim to better understand online physician ratings for otolaryngologists. Because otolaryngologists care for a wide variety of diseases in many settings, the patient population is diverse. The goal was to use this diversity to better understand the patterns and differences in the ratings of various subspecialties and practice locations.

**Methods**

From May 1, 2013, through June 1, 2013, faculty lists for academic programs in the Northeastern United States were compiled. Specifically, the sample included members of the academic allopathic otolaryngology departments encompassed by the Eastern Section of the Triological Society. This sample was selected because the area encompasses a high density of programs inclusive of all specialties in multiple practice settings. Institutional review board approval was not obtained because the study did not involve patients or patient records.

Each faculty member’s name was searched using the Google search engine. An initial series of searches revealed that the Healthgrades.com and Vitals.com websites were consistently found on the first page of the Google search results. Search engine ratings for other physician rating websites were less consistent. Therefore, the study focused on the ratings on the Healthgrades and Vitals websites.

On the Healthgrades website, the rating form includes questions that address whether a patient would recommend a physician to a friend, the level of trust, adequacy of explanations, listening abilities, and time spent with patients. The data collected focused on recommendation to a friend because this was representative of the patient’s overall rating. On the Vitals website, the questions included ease of appointment, promptness, courteous staff, accurate diagnosis, bedside manner, time spent, and follow-up. A combined score provided from Vitals was used. The final data analysis focused on the final scores because they were most indicative of an overall aggregate rating.

The Vitals website also allows raters to enter descriptive comments, which were analyzed. The overall number of comments and the number of negative comments were tabulated. Negativity was assessed by the one of the authors (L.S.).

Each physician’s profile on these websites was reviewed. State, program, academic position, years in practice, subspecialty, ratings, and reviews were recorded. Ratings and reviews were compared using regression analysis, analysis of variance, and post hoc t tests.

**Results**

A total of 281 academic faculty members were identified at 25 otolaryngology programs in the Northeastern United States. Programs in Connecticut, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, and Vermont were included. A total of 266 otolaryngologists (94.7%) had a profile on Healthgrades, and 247 (87.9%) had a profile on Vitals. Of those with profiles, 186 (69.9%) and 202 (81.8%) had patient reviews on Healthgrades and Vitals, respectively. The mean rank on the Google search result for the link to a physician’s Healthgrades profile was third. The mean rank for the link to the Vitals profile was fifth. The mean number of ratings for each physician was 6.8 for the 2 sites combined, and the mean number of comments on Vitals was 4.7.

The number of reviews and comments per otolaryngologist for each subspecialty was analyzed (Table 1). Facial plastics had the highest number of comments and reviews on the websites. The differences measured by t tests among subspecialties were not statistically significant.

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Analysis of variance was performed to evaluate differences in ratings based on state, program, academic position, years in practice, subspecialty, ratings, and reviews. For Healthgrades, academic position was found to be statistically significant. Associate professors received lower mean scores than professors and assistant professors. Post hoc t tests confirmed significant differences between assistant professors and associate professors (P < .001) and associate professors and professors (P = .004). For the subspecialties, laryngology had statistically significantly higher ratings compared with facial plastics (P = .003), general (P = .003), and neurotology (P = .05). Head and neck surgery had statistically significantly higher ratings compared with facial plastics (P = .005) and general (P = .005). Rhinology had statistically significantly higher ratings than facial plastics (P = .02) and general (P = .03) (Table 2). Differences based on state (P = .10), program (P = .09), and years (P = .22) in practice were not statistically significant.

Vitals rating analysis revealed no difference for ratings based on academic position, years in practice, or subspecialty. A difference was noted among the programs. Head and neck surgery had a statistically significant lower percentage of negative comments compared with rhinology (P = .02), facial plastics (P = .01), and general (P = .02). Laryngology had

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Practitioners, No.</th>
<th>Healthgrades Ratings</th>
<th>Vitals Comments</th>
<th>Vitals Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facial plastics</td>
<td>31</td>
<td>9.64</td>
<td>7.11</td>
<td>5.52</td>
</tr>
<tr>
<td>Neurotology</td>
<td>57</td>
<td>5.27</td>
<td>2.80</td>
<td>5.14</td>
</tr>
<tr>
<td>General</td>
<td>57</td>
<td>5.16</td>
<td>2.77</td>
<td>3.32</td>
</tr>
<tr>
<td>Head and neck surgery</td>
<td>22</td>
<td>4.96</td>
<td>2.81</td>
<td>5.19</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>44</td>
<td>4.30</td>
<td>2.05</td>
<td>3.68</td>
</tr>
<tr>
<td>Rhinology</td>
<td>45</td>
<td>4.06</td>
<td>2.00</td>
<td>3.64</td>
</tr>
<tr>
<td>Laryngology</td>
<td>25</td>
<td>3.18</td>
<td>1.73</td>
<td>4.00</td>
</tr>
</tbody>
</table>
a statistically significant lower percentage of negative comments compared with rhinology \(P = .048\) and facial plastics \(P = .04\) (Table 3). Academic position did not make a difference in terms of negative comments.

### Discussion

Most patients use online resources to access a wide variety of health care information. Many physicians remain wary about the content and utility of these sites, but these sites continue to emerge. According to the Healthgrades website (http://articles.healthgrades.com/about/), there are currently more than 250 million visits to online physician rating websites per year. Many patients will use this information to inform health care decisions. In addition, a number of national registries and insurance companies provide increased transparency for physician performance data. The New York State Cardiac Surgery Reporting System is one such resource, providing objective information about cardiac surgery procedures and complication rates.12 Insurance companies are progressing toward using these data along with data compiled from Press Ganey (a group that provides a forum for patient feedback to physicians and hospitals) for reimbursement and physician recommendations.13,14 These resources tend to be difficult to navigate and are not as widely used as sites that contain information entered by users.12 The goal of this study was to explore the patterns of ratings of otolaryngologists on 2 commonly used physician rating sites.

In our series, we found that most otolaryngologists have an online profile with largely positive reviews. Interestingly, only a few physicians had descriptive comments on Vitals, but almost 50% of those with comments had at least 1 negative comment. The numbers of reviews and ratings per physician continue to remain low. Overall, the reviews are skewed in a positive direction and have little variability, giving increased weight to each review. In cases where there are a small number of ratings, one outlying value or comment will have a disproportionately large effect.

We identified differences between ratings and reviews among subspecialties. In general, facial plastics had lower ratings than laryngology and head and neck surgery. This finding could be attributable to the nature of the subspecialty and patient expectations. Traditionally, facial plastic surgeons are more likely to obtain patients via word-of-mouth recommendations. This approach is recommended by the American Academy of Facial Plastic and Reconstructive Surgery: “Ask around. When seeking a surgeon, word-of-mouth referrals are a good place to begin your search...inquire at your local salon as to which doctors in the area have good reputations...”15 Online physician rating websites may represent the salons of the 21st century. In fact, a trend toward facial plastic surgeons having a greater number of comments and ratings per physician than other subspecialties was identified.

In addition, associate professors had lower scores than assistant professors and professors according to Healthgrades ratings. Faculty members may be perceived differently at different levels of their career by patients. Additional research should be conducted to further elucidate this phenomenon. Physicians at this stage of their careers may find it helpful to closely monitor their online reputation.

Our data raise additional questions regarding differences not only between specialties but also within specialties. For example, patients may be most interested in comparing ratings among physicians in a single subspecialty in a specific city. These differences may be the more meaningful comparison for patients using online resources and physicians looking to manage their online reputations. This type of comparison was not possible with our current data because our analysis focused only on full-time academic faculty. Additional research should be conducted to obtain a broader sample of physicians that includes both academic and private practice physicians throughout the United States to help make these types of comparisons.

Understanding the patterns of these ratings may be helpful for physicians, but even more helpful may be the fact that there are options available to help manage these ratings. Some of the sites offer physicians protection from outlying values. They allow physicians to hide a selected few ratings or comments, with the goal that physicians will not be unfairly maligned by a single rating. It is important for physicians to be aware of these options so that they can help manage their online profile.

There are other ways to gain an active role in the management of one’s online reputation. For example, the website Angie’s List allows physicians’ offices to give their patients paper rating forms. These forms can then be added to the online database via mail. Some physicians encourage their patients to complete ratings on these sites. The goal of this article is not to offer comprehensive ways to manage online reputations. It is important, however, to understand that there are strategies and options to monitor and manage online information that is used by patients.

### Table 2. Mean Scores Based on Subspecialties

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laryngology</td>
<td>4.76</td>
</tr>
<tr>
<td>Head and neck</td>
<td>4.59</td>
</tr>
<tr>
<td>Rhinology</td>
<td>4.59</td>
</tr>
<tr>
<td>Neurotology</td>
<td>4.50</td>
</tr>
<tr>
<td>General</td>
<td>4.06</td>
</tr>
<tr>
<td>Facial plastics</td>
<td>3.97</td>
</tr>
</tbody>
</table>

### Table 3. Percentage of Negative Comments Based on Subspecialties

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Negative Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laryngology</td>
<td>11.1</td>
</tr>
<tr>
<td>Head and neck</td>
<td>10.7</td>
</tr>
<tr>
<td>Rhinology</td>
<td>33.4</td>
</tr>
<tr>
<td>Neurotology</td>
<td>33.0</td>
</tr>
<tr>
<td>General</td>
<td>27.6</td>
</tr>
<tr>
<td>Facial plastics</td>
<td>31.6</td>
</tr>
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</table>
Some practices have moved toward having patients sign contracts that indicate that they will not post comments on physician rating websites. These strategies would seem to be counterproductive because they may create a litigious patient-physician relationship and do not foster open communication.

The information presented in this study is related to subjective perceptions and ratings. We are not suggesting that the rating information correlates with the quality of care or overall physician quality. This is an intrinsic limitation of the data, but these data are being used by patients to potentially make decisions about their health care professionals. For these reasons, these ratings hold weight, even if they are not good measures of overall physician quality.

Conclusions

Physician rating websites have an increasing presence on the Internet and an unspoken presence in the physician's office. Currently, the information on these websites varies and is subject to little oversight. Regardless of the reliability of the data, patients are increasingly visiting these sites for guidance in choosing health care professionals and providing feedback on their experiences. Most otolaryngologists in our study sample have profiles, and the preponderance of the reviews are positive; however, negative reviews exist. Although many physicians remain skeptical of physician rating websites, we recommend otolaryngologists take an active role in exploring these websites and managing their online reputation.

References


8. Woodward C. “Anti-defamation” group seeks to tame the rambunctious world of online doctor reviews. CMAJ. 2009;180(10):1010.


