Raising the Bar on Health Web Site Quality: New Standards Introduced in Version 2.0 of URAC's Accreditation Program

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With literally millions of health information sites on the Web, finding credible, timely health information online can be a roll of the dice. In 2001 URAC, an independent, nonprofit accreditation and certification organization, launched a health Web site accreditation program. It is the only Web site-accrediting program of its kind in the world—one that features an independent third-party review. Since the program's launch, URAC has given its seal of approval to some 50 accredited health Web sites and 300 portals, including WebMD, Healthwise, ADAM, the National Institutes of Health, the National Library of Medicine, KidsHealth, and Consumer Health Interactive.

Updating the Program

URAC has spent the past year revising and amplifying the program for 2006. To do this, it assembled consumers, health plans, providers, technology companies, health content producers, public policy organizations, and the federal government. (AHIMA participated in the advisory committee.) The group agreed to raise the quality bar by making mandatory many standards that were not mandatory under version 1, particularly in the health content section of the standards. The group also agreed to make the accreditation program more flexible by adopting a two-year accreditation cycle (increasing it from one year) and by changing the scoring from a binary system to the same four-point system used in URAC's clinical programs.

Perhaps the most innovative revision of the URAC standards—one that could have a widespread impact on health Web sites and consumer use of health Web sites—is the creation of a second URAC seal for health content developed by URAC-accredited health content developers. The portable health content seal was born when health content development leaders Healthwise and ADAM urged URAC to require vendor-developed content be peer reviewed.

This health content seal is portable with licensed content, so even nonaccredited Web sites have the ability to license and display health content with an accreditation seal from accredited health content vendors. This new functionality should dramatically increase consumer recognition of accredited health content development.

A second key revision in the standards is the requirement that collection of personally identifiable information and personal health information (PHI) requires the user to opt-in to the collection of this information. Previously, opt-in was required for only the collection of PHI. Numerous other revisions to the standards were made, and a crosswalk between version 1.0 and 2.0 of the standards is available from URAC.

Collaborative Review Process

The URAC Health Web Site Accreditation review requires providers of health content, tools, and Web site services to take a hard look at themselves and their operations. Unlike other programs, this is not a self-certification; it is a rigorous third-party review. A provider that has received URAC accreditation has spent many months and hours creating the infrastructure necessary to ensure the development of quality online health communities, as is demonstrated by the 49 accreditation standards (shown below).

The application process often serves as the framework around which Web sites and service providers can structure their internal operations to ensure quality outcomes. URAC uses a collaborative, team approach with organizations seeking accreditation. It works with the organization to build a client-specific accreditation application, which URAC reviews, and provides specific guidance to allow changes in noncompliant areas. URAC then conducts an independent audit of the Web site and interviews management from the Web site owner before determining an accreditation score and formally submitting the

application to URAC's accreditation committee. The committee, composed of industry experts and stakeholders, determines final accreditation.

Every organization that has applied for accreditation and has completed the process has made a concrete improvement in its internal operations and, as a result, should be able to point to a direct positive outcome from the accrediting experience. These operational enhancements not only benefit the company itself but also help a wide range of external stakeholders including patients and providers.

The Foundation: Hi-Ethics

At the invitation of former Surgeon General C. Everett Koop, leaders of well-respected health content Web sites met in September 1999 to discuss the creation of a set of rules that would help people gain trust in the information they found on the Internet. What resulted was the creation of Hi-Ethics, a coalition of the most popular Internet health sites. Hi-Ethics seeks to create ethical standards related to patient privacy, health information content, and advertising.

Hi-Ethics produced a set of 14 measurable principles that ethical health content Web sites should live by, and in May 2000 the membership of Hi-Ethics pledged to pursue voluntary compliance to those standards. Voluntary compliance, however, did not adequately distinguish Hi-Ethic members from the sea of other health Web sites that lacked the coalition's high standards. In May 2001 Hi-Ethics partnered with URAC to create an accreditation program that could award a recognizable third-party seal of approval for accredited Web sites. Almost five years later, URAC, Hi-Ethics, and others have come together to again raise the quality bar for Health Web Sites.

URAC Health Web Site Standards Summary (Version 2.0)

I. Disclosure

WS 1	Disclosure: Web site owner
WS 2	Disclosure: services, uses, limitations, and rights
WS 3	Disclosure: communication
WS 4	Disclosure: personally identifiable information
WS 5	Disclosure: editorial policy
WS 6	Disclosure: advertising or sponsorship
WS 7	Disclosure: promotional policy
WS 8	Disclosure: linking
WS 9	Disclosure: prominence
WS 10	Disclosure: conflict of interest

II. Health Content and Service Delivery

WS 11	Health content: editorial policies
WS 12	Advertising distinguished from health content
WS 13	Claims of therapeutic benefit
WS 14	False or misleading claims
WS 15	Health content: author, source, and date disclosure
WS 16	Service delivery: personal health management tools
WS 17	Service delivery: interaction with a health professional
WS 18	Service delivery: health professional principles
WS 19	Service delivery: health professional credentials

III. Linking

WS 20	Linking: policies and procedures
WS 21	Linking: notification
WS 22	Linking: appropriateness
WS 23	Linking: functioning and user reporting mechanism

IV. Privacy and Security

WS 24	Personally identifiable information opt-in requirement
WS 25	Personal health information opt-in requirement
WS 26	Spyware prohibition
WS 27	Maintain scope of opt-in
WS 28	Opt-in exceptions
WS 29	Opt-out requirements
WS 30	Privacy and security business partner agreement
WS 31	Security audit

V. Accountability

WS 32	User feedback and complaint mechanism
WS 33	Complaint dispute resolution
WS 34	User feedback and complaint quality oversight

VI. Policies and Procedures

WS 35	Policies and procedures
WS 36	Policies and procedures review
WS 37	Policies and procedures dates
WS 38	Web site ethics
WS 39	Staff training
WS 40	Delegation

VII. Quality Oversight Committee

WS 41	Quality oversight committee
WS 42	Quality oversight committee: health content
WS 43	Quality oversight committee: policies and procedures
WS 44	Quality oversight committee: quarterly performance review
WS 45	Quality oversight committee: consumer safety
WS 46	Quality oversight committee: corrective action
WS 47	Quality oversight committee: formal record of proceedings

VIII. Health Content and Personal Health Management Providers

| WS 48 | Health content and personal health management providers requirements |
| WS 49 | Peer-review and licensure |

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