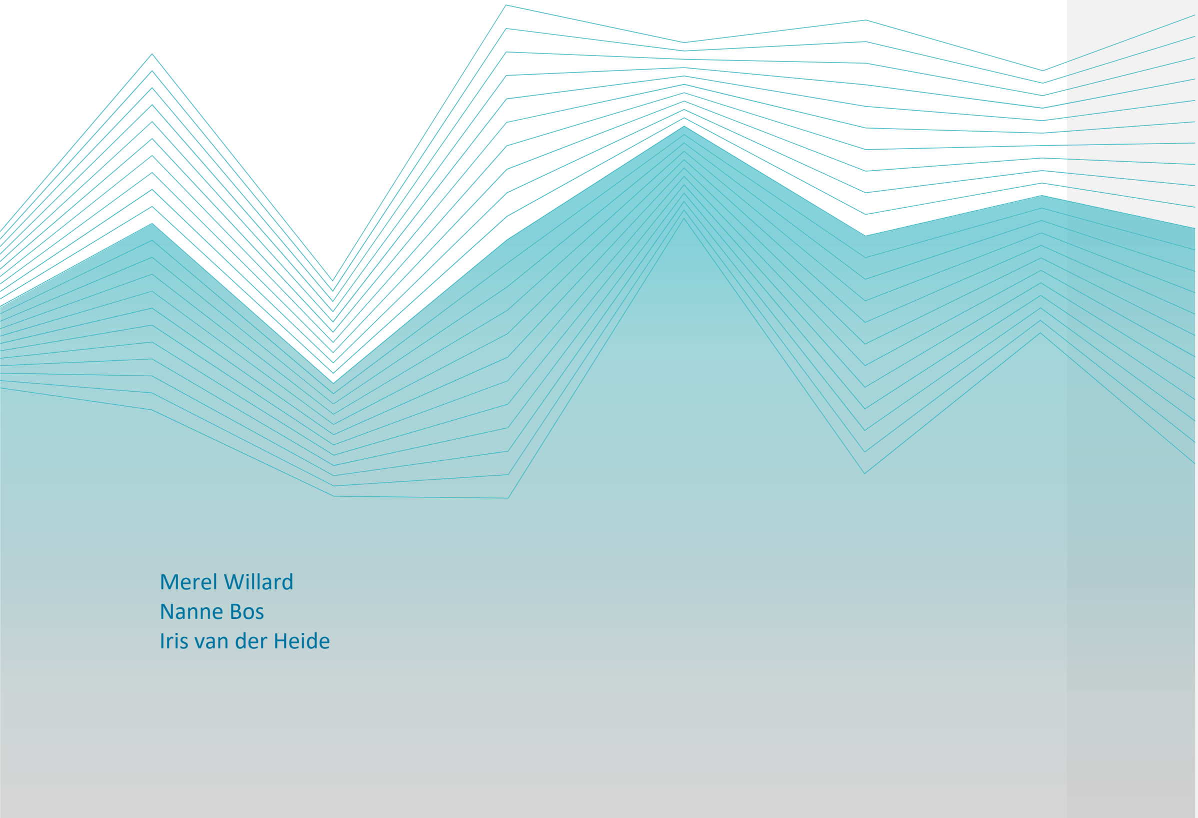
Rating and review platforms in OECD countries

A descriptive study on key-characteristics, opportunities and challenges



Merel Willard
Nanne Bos
Iris van der Heide

NIVEL
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+31 30 272 97 00
nivel@nivel.nl
www.nivel.nl

Preface

In many healthcare systems in OECD countries, transparency is an important pillar. Over the last decades rating and review platforms have increasingly contributed to the facilitation of transparency in healthcare systems. However, the design and role of these rating and review platforms vary considerably.

The aim of this study was to provide insight into the characteristics of various rating and review platforms in OECD countries. This study was funded by the Dutch National Health Care Institute. For the execution of this project, we had regular meetings with the Dutch National Health Care Institute as well as two reflection meetings with the Dutch Ministry of Health and the Dutch Patient Federation. None of these parties had any role in the interpretation of the data, the reporting of the results, or the conclusions drawn from the study. The authors bear sole responsibility for the content of this report.

We would like to thank the platform holders of CareOpinion Australia, CareOpinion Canada, CareOpinion UK, Legelisten and ZorgkaartNederland for their participation in this study. We would also like to thank the stakeholders who were willing to fill out the survey. In addition, we would like to thank prof. dr. Deerberg-Wittram and dr. Larsson for sharing their expert opinion. All of these contributions were essential for providing insight into the function of rating and review platforms in OECD countries.

Utrecht, February 2026

The authors

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Summary

Transparency is widely recognised as a fundamental principle of high-quality, patient-centred healthcare. By making information about healthcare performance, processes, and outcomes visible, transparency supports accountability, trust, and informed decision-making for patients, professionals, and policymakers. Within this transparency, patient experiences have gained increasing attention as a crucial source of insight into how care is delivered and perceived in everyday practice. The aim of this study was to explore the characteristics of healthcare rating and review platforms in use across OECD countries, including the methods they employ to ensure the reliability of ratings and reviews. The goal was to derive lessons for the (further) development and positioning of the Dutch rating and review platform ZorgkaartNederland. To this end, we examined international examples in OECD countries where patient rating and review platforms are active. This was done based on desk research as well as surveys and interviews among platform holders, a stakeholder survey and two interviews with experts.

Variation in focus of rating and review platforms

In total, we identified 14 platforms that were active at the time of the study. These platforms varied in focus and features. Some platforms primarily supported the selection of individual healthcare professionals and, in some cases, offered booking systems alongside professional information (e.g., Medicosearch). Other platforms focused more strongly on providing patients with an opportunity to share their experiences (e.g., CareOpinion). Platforms such as ZorgkaartNederland combine both approaches by enabling patients to share experiences while also offering information about healthcare organisations to support decision-making.

Level of information on patient experiences differs between platforms

The level at which information is provided also differs across platforms. Most platforms offer information at the level of individual healthcare professionals (e.g., Topdoctors), while others provide information only at the level of healthcare organisations or departments (e.g., CareOpinion). Healthcare professionals who participated in the stakeholder survey emphasised the potential of rating and review platforms to contribute to shared learning and service improvement. These professionals had experience with a platform that reported on the organisational or departmental level, which may feel less threatening to professionals and could foster greater involvement and use.

Reliability of rating and reviews is a delicate matter

Five platform holders completed the survey or participated in interviews: CareOpinion Australia, CareOpinion Canada, CareOpinion UK, Legelisten and ZorgkaartNederland. All of them indicated that the ratings and reviews that are published on these platforms are subject to verification, editorial review, and moderation processes. These steps contribute to the reliability of the information provided. In addition, healthcare professionals are given the opportunity to respond to ratings and reviews through a structured and moderated process. A key design principle of CareOpinion is to make the impact of patient feedback directly visible by using a visual tool with icons that shows what actions were taken and what changes were made, while encouraging the dialogue between patients and healthcare professionals. According to its developers, such visibility is essential to encourage engagement.

Transparency is therefore a central principle of the platform.

There is a need for rating and review platforms and collaborative improvement

Rating and review platforms face recurring challenges, particularly around the reliability of information and, in some contexts, resistance from health care professionals. Although questions about reliability remain central, these platforms continue to play a role in ongoing discussions about transparency in healthcare. Rather than assuming a fixed or uniform demand, it is important to explore under which conditions rating and review platforms can be meaningful and accepted by both patients and healthcare providers. Current platforms are very willing to learn from each other. ZorgkaartNederland provides an example of efforts to combine patient experiences with outcome information and to increase reliability through verified reviews. At the same time, platforms such as CareOpinion and Legelisten demonstrate the value of a clear focus and active engagement with healthcare providers, which may strengthen their practical relevance and sustainability. A key issue for future development is therefore not only whether patients need these platforms, but also how resistance among healthcare professionals can be reduced and how patients and providers can be brought into closer dialogue. This raises questions about what forms of transparency healthcare providers themselves would consider workable and legitimate, and whether patient needs for transparency might also be addressed through alternative or complementary approaches. Greater attention to conversations with healthcare professionals may help identify the conditions under which transparency initiatives are more likely to gain support and have practical impact. In addition, policymakers could play a key role, especially if the current government aims to strengthen transparency in healthcare. If the government is not involved with a platform, the absence of public subsidy pushes a platform towards alternative revenue streams, most often higher subscription fees for healthcare professionals or increased commercial advertising. Such a commercial approach may be more feasible in some countries than others, since a platform’s success is highly dependent on how well it fits within a country’s healthcare system.

1 Introduction

1.1 Background

Transparency is widely recognised as a fundamental principle of high-quality, patient-centred healthcare. By making information about healthcare performance, processes, and outcomes visible, transparency supports accountability, trust, and informed decision-making for patients, professionals, and policymakers. Within this transparency, patient experiences have gained increasing attention as a crucial source of insight into how care is delivered and perceived in everyday practice. Over the past decade, patient experiences have increasingly been shared and brought together in online spaces. These online rating and review platforms enable patients to share feedback about healthcare providers by giving a *rating* (a quantitative assessment, for example a score or star rating) and/or writing a *review* (a qualitative assessment, i.e. a written opinion describing their experience). Rating and review platforms have become a familiar way for patients to reflect on their care experiences and to make these experiences visible to others who are looking for information about healthcare providers.

In the Netherlands, the Dutch Patient Federation (PFN) has developed ZorgkaartNederland.nl, a rating and review platform where patients can share and consult experiences with healthcare providers. By 2025, ZorgkaartNederland had approximately 1 million visitors per month[1]. In the first quarter of 2025, there were approximately 3.07 million visitors in total. During the same quarter, around 55.911 verified reviews of healthcare providers were submitted. The information on the website not only focuses on patient experiences. ZorgkaartNederland offers multiple features, such as patient ratings and reviews, information on waiting times, and decision-making tools. These tools contribute to insight into the quality of care as experienced by patients and supports them in choosing a healthcare provider and/ or practitioner. Although research into patient experiences and satisfaction repeatedly shows that most patients in the Netherlands are very satisfied with the healthcare they receive[2], the predominantly positive reviews on ZorgkaartNederland, combined with the relatively low number of ratings and reviews per provider, led to criticism on reliability of the reviews on ZorgkaartNederland[3-7]. Research showed that in 2023, 10% of Dutch people had rated a healthcare provider or institution on ZorgkaartNederland[3]. Most patients did so at the invitation of their healthcare provider, while 28% left an online review on their own initiative. The study also found that an overwhelming majority of reviewers reported a positive experience[2].

In response to the criticism, PFN published two statements in May 2025 [7,8], explaining the measures already taken in recent years to safeguard the reliability of reviews. They also urge healthcare providers to contribute to increasing the number of verified reviews. However, PFN acknowledges that it is nearly impossible to create a “foolproof” system to prevent behaviour, such as purchasing fake positive reviews. In September 2025, PFN published a statement in which they announced a couple of improvements on the platform[9]. PFN announced that ZorgkaartNederland will stop publishing patient reviews submitted via the platform’s so-called “open route”. From now on, patients can only submit a review after being invited by their healthcare professional. The platform will place greater emphasis on improving access to objective information to support choice, as well as increasing the number of verified experiences across all sectors of healthcare. In doing so, the platform is responding to criticism concerning the potential reliability of patient experiences.

International rating and review platforms might face comparable challenges regarding verification, moderation, and misuse of reviews. The design of these platforms can vary considerably, for example with regard to the collection of patient input, the type of information provided, and how the platforms are being managed. In this context, platforms could benefit from learning from one another and from the examples and approaches adopted in other countries. International comparison and exchange could therefore offer valuable insights and identify additional measures to further strengthen the reliability and usefulness of patient rating and review platforms.

1.2 Aim

The aim of this study was to explore the characteristics of healthcare rating and review platforms in use across OECD countries, including the methods they employ to ensure the reliability of ratings and reviews. The goal was to derive lessons for the (further) development and positioning of the Dutch rating and review platform ZorgkaartNederland, while taking into account the interests of both patients and the healthcare providers. We explore international examples by examining countries where patient rating and review platforms are active. Insights from these examples are not only relevant for ZorgkaartNederland but also help inform the broader policy question of how individual patient experiences and evaluations of quality of care can be better understood and used within healthcare systems. The conclusions and recommendations are therefore not only focused on ZorgkaartNederland, but also speak to the broader question of how individual patient experiences and evaluations of quality of care can be better understood and used within these platforms.

1.3 Research questions

The following research questions will be addressed in this study:

1. In which OECD countries are rating and review platforms for healthcare providers and practitioners in use?

2. What are the characteristics of these platforms in terms of content, reliability, organisation and use? More specifically:

    a. What type and level of information does the platform provide?
    b. How are the reliability and representativeness of the information ensured?
    c. How is the platform managed?
    d. How is the platform used?

3. What lessons can be drawn from this for the various stakeholders, including ZorgkaartNederland and the government?

1.4 Reading guide

This report is structured as follows. **Chapter 1** introduces the topic of the study and provides the background, research aim, and research questions. **Chapter 2** outlines the research approach and methods used, covering the three phases of the study: desk research, surveys, and in-depth interviews with key stakeholders and experts. **Chapter 3** presents the findings of the study. It discusses the selection and key characteristics of international rating and review platforms based on the desk research, as well as detailed descriptions of a selection of platforms informed by the survey among developers and operators and the in-depth interviews. In addition, the chapter presents stakeholders’ views and experiences, describes examples of discontinued platforms and platforms with legal challenges, and reflects on the broader role of rating and review platforms. Finally, **Chapter 4** brings together the discussion and conclusions, interpreting the findings and outlining implications for policy and future research.

2 Methods

The study was conducted in three phases. First**, desk research** was undertaken to identify OECD countries in which patient rating and review platforms are active, to determine the most prominent platforms in those countries, and to describe their key characteristics. Based on this desk research, a selection of platforms was made for inclusion in the study. Second, an international **survey** was conducted among developers and/or operators of the selected platforms and other key stakeholders drawing on the findings of the desk research. Third, in-depth **interviews** were held to gain a deeper insight into the perspectives and experiences. Two reflection sessions were held with Zorginstituut Nederland, the Ministry of Health, Welfare and Sport (VWS), and PFN. One session at the end of the desk research phase, to discuss preliminary findings, allowing all participants to provide feedback, additional questions and suggestions for further platforms or sources to be included and topics to include in the surveys or interviews. A second reflection session was held, during which the draft report, shared with all participants in advance, was discussed. This session allowed participants to review the findings, prepare feedback, raise additional questions, and suggest further additions or points requiring clarification. In the following paragraphs, each phase of the study will be described in more detail.

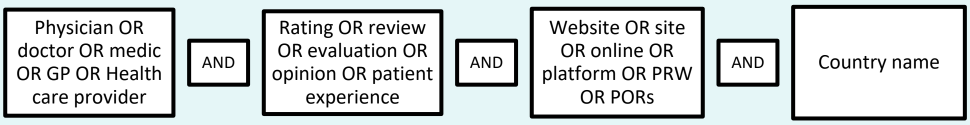
2.1 Desk research

The desk research had two main purposes. First, during the desk research we aimed to collect relevant background information and map the landscape of existing international rating and review platforms. Second, the desk research aimed to develop a structured contact database of relevant stakeholders which was necessary for phases 2 and 3 of the research.

Search strategy

Using the search strategy (figure 1), we examined all 38 OECD countries to determine whether patient rating and review platforms were active. The first author conducted the search, which was later checked on completeness by the second and third author. Searches of PubMed and Google Scholar were conducted for English-language scientific literature published from 2010 onwards, reflecting the period in which most rating and review platforms became active. Google searches were conducted to identify relevant platform websites, news articles, and online forums. Sources in both English and the language of the relevant platforms were included. This provided contextual understanding of the topic and helped to map the landscape of existing platforms, including their key characteristics.

Figure 1. Search strategy applied during the desk research phase



Inclusion- and exclusion criteria

For the selection of rating and review platforms, a set of inclusion and exclusion criteria was established. First, the platform had to be active in an OECD country. The focus on OECD countries served as an initial scoping choice, as these countries are most likely to have healthcare systems that are broadly comparable to the Dutch context. Key considerations include patients' freedom of choice when selecting a healthcare professional or provider, and whether the patient perspective is recognised as an aspect of healthcare quality.

Platforms were required to have a publicly available website and be accessible to the general public, with a primary focus on healthcare ratings and reviews. Platforms that also provide ratings or reviews for other types of businesses were excluded, as healthcare ratings and reviews are not their main focus. Examples of excluded platforms include Google Reviews and Yelp.

Only platforms that enable patients to independently submit their own rating or review were included. This covers platforms that operate with spontaneous submissions, submissions by invitation from a healthcare professional, or a combination of both. It was not required that ratings or reviews be limited to individual healthcare providers; platforms were eligible if feedback could be posted about healthcare institutions, departments, individual providers, or all of these. Furthermore, platforms were included if they offered at least one of the following: quantitative ratings (e.g., 1–5-star ratings) and/or qualitative written reviews.

Platforms were eligible regardless of whether they operated on a non-profit or commercial basis. Both international platforms operating across multiple countries and platforms operating at a national level were included.

Platforms that had been taken offline were also taken into account. Although these platforms are not operational anymore, information on them could help to illustrate the challenges and obstacles that platforms might face, and how they managed these issues. For these offline platforms, news articles were searched, and former developers or operators were contacted in order to provide additional background information and to clarify aspects of the platforms' development, implementation or deactivation.

2.2 Surveys

The aim of the surveys was to capture the perspectives of developers and/or operators of rating and review platforms, as well as other relevant stakeholders.

Two separate surveys were set up:

1. Survey directed at developers or operators of patient rating and review platforms (Appendix A);

This survey included questions that address:

- The aim and organisation of the platform, including its target groups;
- The platform's content and for what purposes it is used by various target groups;
- The reliability and the transparency of the platform's content;
- General view on patient ratings and review platforms;
- Perspectives on the (future) role of the platform.

2. Survey directed at other stakeholders, including patients, policymakers, patient organisations, and health insurers (Appendix B).

This survey included questions that address:

- General perspectives on patient rating and review platforms;
- Ways in which they engage with patient rating and review platforms;
- Purposes for using the information available on patient rating and review platforms;
- Perceptions of the reliability of the information presented on patient rating and review platforms.

The surveys were programmed using the EUSurvey tool, which is developed and maintained by the European Commission. The surveys were conducted in English, with the option of translation into a preferred language. Data were exported from EUSurvey in Excel format and transformed for the statistical software STATA version 16.1. Descriptive analyses were conducted using STATA version 16.1. The surveys also included open-ended questions to capture as much in-depth information as possible. These responses were analysed qualitatively using Excel.

Recruitment

During the desk research phase, a comprehensive database of platform-specific contact details was developed to support recruitment for phases 2 and 3 of the study. Potential contacts were identified through publicly available contact information on the platforms' websites (e.g., dedicated contact pages) and through existing professional networks of the research team.

For the first survey, aimed at operators and/ or developers of rating and review platforms, platforms were approached via the general email addresses or telephone numbers provided on their websites. Where available, individual representatives were additionally contacted through personal e-mail addresses or via LinkedIn. Where no response was received, follow-up reminders were sent. If individuals remained unresponsive, additional relevant representatives were identified via LinkedIn and subsequently invited to participate in the survey. The surveys were open for at least one month. When it became apparent that additional time was required to obtain sufficient responses, this period was extended with two extra weeks. Finally, once responses were received, these participants were asked to suggest additional patient rating and review platform operators or developers, both within and beyond their respective countries. This snowball sampling helped to ensure that potentially relevant platforms were not missed and supported the identification of appropriate contacts for further data collection.

Recruitment for the second survey targeting other key stakeholders was conducted through LinkedIn posts. All platform operators or developers who took part in an interview were asked to share a recruitment post for the second survey on their own LinkedIn pages. The post was also shared via Nivel's international LinkedIn page, and other relevant contacts within the researchers' networks were approached to help spread the survey among key stakeholders.

2.3 Interviews

Based on the results of the surveys, in-depth interviews were conducted with the representatives of patient ratings and review platforms (Appendix C). Prior to each interview, informed consent was obtained. The interviews focused in particular on the strengths and areas for development of the patient platforms, any barriers experienced, and the role of government. Given the limited timeframe of the study, the aim was to conduct a total of 5–8 interviews.

Since recruiting platform representatives proved difficult, and not all survey respondents were willing to participate in an interview, additional interviews were held with experts in the fields of patient experience and quality of care (Appendix D). These expert interviews were relevant in order to further examine the role and function of patient rating and review platforms and were contacted through the researchers' professional network. The healthcare transparency experts were able to reflect on general trends and developments in the measurement and use of patient experiences and rating and review platforms. They also helped to place our initial findings in context and to explain or interpret particular observations brought up during the desk research on the basis of their expertise and broader experience in the field. In doing so, the expert interviews provided important contextual insight to support the interpretation of the platform-specific findings and to substantiate their applicability to the Dutch context.

All interviews were conducted via online video call using Microsoft Teams and lasted approximately 60 minutes. The interviews were guided by an open-ended interview topic guide, which was submitted to the Zorginstituut for review in advance. A written summary of each interview was produced and shared with the interviewee for verification. The summaries were then analysed thematically and reported.

3 Results

3.1 Selection of rating and review platforms

The desk research resulted in a selection of nine OECD countries, with a total of 15 active rating and review platforms, as these platforms met the predefined inclusion and exclusion criteria (table 1). All platforms listed in table 1 were contacted to participate in the survey and in-depth interview.

Table 1 Overview of the selected rating and review platforms

Country	Platform name	Platform type and operator	Content	Ratings and reviews level	No. reviews	Main funding
Australia	Care Opinion Australia[a]	International[d], Non-profit, platform, part of an independent, citizen-led organisation.	Mostly reviews, some ratings	Healthcare facility and department	20.189	Paid subscription packages[e]
Austria	Docfinder[c]	International, commercial platform, run by a private operator	Ratings and reviews	Healthcare facility and individual professional	Real-time data unavailable	Advertising, paid subscription packages
Canada	RateMDs[c]	International, commercial platform, run by a private operator	Ratings and reviews	Healthcare facility, department and individual professional	Real-time data unavailable	Paid subscription packages and advertising
	Care Opinion Canada[b]	International, Non-profit, platform, run by a private operator	Mostly reviews, some ratings	Healthcare facility and department	218	Paid subscription packages, government subsidies
Germany	Jameda[c]	Commercial platform, part of the international company ‘Docplanner’	Ratings and reviews, booking platform[f]	Individual professionals	2.8 million	Subscriptions, booking functions
	Sanego[c]	Commercial platform, run by a private operator	Ratings and reviews	Individual professionals and treatments	589.633	Advertising, paid subscription packages
	Doctify[c]	Commercial, International platform.	Ratings and reviews, booking platform	Individual professionals	Real-time data unavailable	Paid subscription packages, booking functions
	Docinsider[c]	Commercial platform, run by a private operator	Ratings and reviews	Healthcare facility, individual professionals	Real-time data unavailable	Advertising, paid subscription packages
Ireland	Care Opinion Ireland[c]	International, Non-profit, platform, run by a private operator	Mostly reviews, some ratings	Healthcare facility and department	573	Paid subscription packages, government subsidies
The Netherlands	Zorgkaart Nederland[a]	Independent non-profit platform, run by a non-profit patient organisation	Ratings, reviews, waiting times, decision tool	Healthcare facility, department and individual professionals	1.074.982	Government subsidies, paid subscription packages, sponsorships

Met opmerkingen [MW1]: Table 1: mooi dat jullie een overzichtstabel hebben gemaakt, daarbij had ik bij enkele termen alleen wel wat vragen, zoals wat wordt bedoeld met ‘international’ bij ‘platform type and operator’ of ‘paid subscription packages’ en ‘booking functions’ bij ‘main funding’. Wellicht kan dat met voetnoten/sterretjes onder de tabel wat verder toegelicht worden.

Country	Platform name	Platform type and operator	Content	Ratings and reviews level	No. reviews	Main funding
Norway	Legelisten[a]	Independent commercial platform, run by a private operator	Ratings, reviews, booking platform	Healthcare facility, department and individual professionals	>100.000	Paid subscription packages and booking functions
Switzerland	Medico-search [c]	Commercial platform, part of the international company 'Onedoc'.	Ratings and reviews, booking platform	Individual professionals	Real-time data unavailable	Advertising, paid subscription packages
	OKdoc [c]	Commercial platform, run by a private operator	Ratings and reviews	Individual professionals	4783	Advertising, paid subscription packages
United Kingdom	Top doctors [c]	International , commercial platform	Ratings and reviews, booking platform	Individual professionals	12.128	Paid subscription packages
	Care Opinion UK[a]	International, Non-profit, platform, run by a private operator	Mostly reviews, some ratings	Healthcare facility and department	754.197	Paid subscription packages. Government subsidies in Scotland

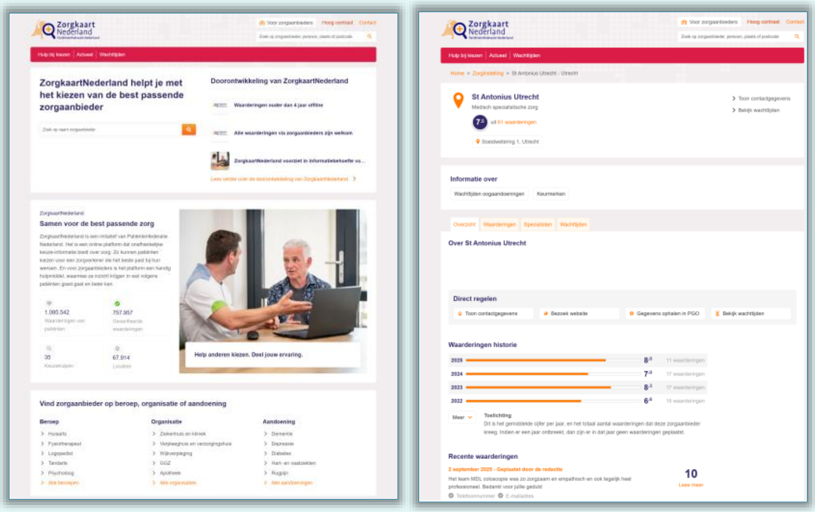
a The information presented is derived from desk research, survey data, and an in-depth interview conducted with a platform operator or developer.
b The information presented is derived from desk research and survey data.
c The information presented is derived from desk research.
d The platform is active across multiple countries.
e The platform receives funding through subscription-based packages paid for by users.
f The platform offers functionalities that allow users to book appointments with healthcare providers via the platform.

3.2 Detailed description of a selection of rating and review platforms

This paragraph provides a detailed description of four different platforms for which in-depth interviews were conducted with platform operators or developers. The platforms differ substantially in both design and focus, thereby offering a concise overview of variation between platforms and across countries. The content of this paragraph draws on the interviews, as well as on the desk research and survey data.

ZorgkaartNederland (the Netherlands)

ZorgkaartNederland is a non-profit platform developed and operated by the Dutch Patient Federation (PFN). PFN looks after the interests of everyone who needs care by giving patients a voice in politics, with health insurers and within the healthcare system itself. The Federation represents more than 200 patient organisations and uses their experiences to improve care, for example through reporting campaigns and by raising awareness of patients’ rights. ZorgkaartNederland was originally established in response to the lack of transparency among healthcare providers regarding outcome information. The platform was developed to give patients a clear voice and access to independent information when choosing a healthcare provider.



Visual representation of ZorgkaartNederland, illustrating the homepage (left) and an individual ratings and reviews page of a Dutch hospital in Utrecht (right). ZorgkaartNederland

Content and usage

ZorgkaartNederland started as an online guide providing basic information on healthcare facilities such as the location, address and opening hours of healthcare providers. Ratings and reviews were added at a later stage and now form a central focus of the platform. In addition, health outcome data is offered through decision-support tools for patients to compare healthcare providers and choose the option that best fits their needs, preferences and medical condition. ZorgkaartNederland also provides waiting times, which are currently limited to specialist medical care.

ZorgkaartNederland allows ratings and reviews at the level of healthcare institution, department and individual healthcare professionals. ZorgkaartNederland provides quantitative ratings (1-10) and written text reviews from patients. Patients can submit reviews only through invited submission. ZorgkaartNederland has stopped with spontaneous submission per 15 September 2025. All information on the platform is fully public. The platform is free to use but offers paid subscription packages for healthcare providers. In principle, all healthcare providers with an AGB code are listed on ZorgkaartNederland. An AGB code is a unique code identifying each healthcare professional in various digital processes used in healthcare[10]. Their personal details and authority levels can be inferred from the code. Providers are not asked for permission to be listed on ZorgkaartNederland, and the platform is deliberately cautious about removing listings. This approach reflects the fact that healthcare professionals are publicly registered, through the Dutch BIG register. The BIG register is a legal, online and public register for professions in individual health care (Beroepen in de Individuele Gezondheidszorg). Only healthcare professionals who are registered in the BIG register, may use the protected professional title and may independently perform the reserved actions associated with the profession[11]. Coverage of healthcare professionals on ZorgkaartNederland is estimated to include around 90 percent of all healthcare providers in the Netherlands.

Healthcare providers can respond to reviews by creating an account at no cost. Paid packages are optional and apply only to additional features, such as sending verified review links, benchmarking performance, and further customising profile pages. Some healthcare professionals actively engage with feedback, for example by thanking patients for positive reviews and inviting follow-up conversations when concerns are raised, while respecting clear boundaries around privacy. However, this function is not yet widely used, and ZorgkaartNederland actively encourages healthcare professionals to make greater use of it as a way to strengthen dialogue and learning from patient experiences.

The data collected by ZorgkaartNederland is used by patients, but also by healthcare providers, policy makers, health insurers, patient organisations and regulatory bodies. For example, the data is used by the Dutch Health and Youth Care Inspectorate (IGJ). When patient experiences start to decline, it is often a sign that something is not quite right and deserves a closer look.

Health insurers also display patient ratings in their care search tools, but healthcare providers themselves make particularly active use of the data. Providers closely monitor and benchmark their results, comparing their average scores with those of nearby practices or similar organisations. ZorgkaartNederland states that by collecting and connecting experiences from across the system, patterns begin to emerge that would otherwise remain invisible. Seemingly isolated complaints, such as recurring issues around medication shortages or dispensing errors in pharmacy collection lockers, can point to broader risks. When these signals appear repeatedly, they are shared with policy advisors within the federation.

Values and approach

The primary purpose of ZorgkaartNederland is to inform patients. The underlying belief is that better-informed patients are better able to engage in meaningful conversations with their healthcare providers about available options, make more informed choices, and ultimately contribute to improved healthcare outcomes. They argue that patients are in a better position to make decisions about the treatment of their disease when they have access to information about the organisations that provide the care they need. This information includes both factual information (addresses, specialisms, waiting times etc.) as well as patient reviews and outcome information.

> You need an organisation that draws in signals from all directions and brings them together into a clear picture. Someone that stays alert to whether the quality being delivered is good enough. That is what the Dutch Patient Federation does ZorgkaartNederland.
>
> **Interview ZorgkaartNederland**

ZorgkaartNederland believes that the possibility to compare healthcare providers often prompt reflection and change. When a provider sees that another practice a few towns away is scoring higher, it can encourage a closer look at the patient experience and where improvements can be made. The data allows providers to view performance at different levels, identify areas where scores are lower, and compare themselves with peers. It is even possible to benchmark different locations within a single organisation, or to set up comparisons by specialty, such as eye care within a specific region. ZorgkaartNederland states that ratings and reviews are, by nature, a subjective way of assessing quality. Their real value lies in scale. When enough reviews are collected, clear and reliable patterns begin to emerge, offering a meaningful picture of the quality of care.

The quality of care is not only visible through clinical outcomes, such as complication or reoperation rates, but are also clearly visible in long-term care and disability services, where quality is closely linked to how care is experienced. Everyday aspects such as accessibility, communication, and the feeling of being heard play a crucial role. Patient reviews and outcome data are seen as complementary sources. Reviews alone require large numbers to be reliable, while outcome data is often complex and open to interpretation. Combining the two creates a far more powerful and informative picture, even though it is organisationally and technically more demanding. This approach is reflected in the platform’s broader ambition to bring together different types of information, including basic provider details, patient experiences, outcomes and waiting times, in one place. Keeping this information clear and usable is an ongoing challenge, particularly as new datasets become available and care pathways grow more complex.

> We strongly believe that when patients are better informed, they are better able to have meaningful conversations with their healthcare providers about their options, make better choices, and ultimately contribute to better healthcare outcomes.
>
> **Interview ZorgkaartNederland**

Funding

Funded through advertising or sponsorships. Basic functions are free. There are paid packages that offer extra features for healthcare professionals and a paid access app. The platform is partly funded by the Dutch government. The paid packages are introduced to cover a part of the costs involved in running the platform. Because of these costs, some healthcare providers deliberately choose not to take out a package at ZorgkaartNederland but instead encourage their patients to use an alternative free platform such as Google Reviews. In principle, it would be preferable if participation did not come with extra costs, but the current funding model depends partly on package income. This balance is intentional, as it reduces reliance on government funding alone and helps safeguard the platform's independence. At the same time, maintaining the platform's value depends on attracting a sufficient volume of reviews.

Reliability and transparency

A verified review at ZorgkaartNederland means that the person submitting this rating was invited by the healthcare provider to write a review. For example, a patient may be invited by email to submit a rating. With the patient's consent, the rating is then provided to ZorgkaartNederland either by an independent research agency or via an enriched link supplied by the healthcare provider. Ratings and reviews are removed after 4 years.

ZorgkaartNederland operates under a clear code of conduct, and all reviews must comply with it. Reviews are assessed through a combination of automated checks and manual review. One important aspect is protecting privacy. Patients are, for understandable and often well-intentioned reasons, inclined to mention names in their reviews, such as praising a particular assistant or signing off with their own name. While doctors may be named, as they are publicly registered healthcare professionals, this does not apply to assistants or other staff who have not chosen public visibility. Reviews that score below a certain threshold are always checked manually, but all submissions are screened for a wide range of factors, including the use of prohibited language, excessive symbols or emojis, and whether the text fields are sufficiently completed. A continuously updated list of banned terms is also used to identify potentially discriminatory or inappropriate content, which is then reviewed before publication. Moderation is an ongoing process, with staff reviewing submissions every day and continually refining the system to improve reliability and fairness.

Development, future and innovation of the platform

Recently, ZorgkaartNederland removed the option to submit reviews spontaneously. Patients can now only leave a review when invited by their healthcare provider. This decision was driven partly by the desire to address recurring criticism around the credibility of open reviews. To tackle this effectively, ZorgkaartNederland concluded that reviews needed to be traceable, which led to the introduction of a fully verified route. Practical considerations also played a role. As a relatively small organisation with limited resources, moderating open submissions had become increasingly unsustainable. Although reviews submitted through the open route accounted for a minority of the total volume, around 80.000 out of approximately 300.000 reviews per year, they generated a disproportionate share of the workload, roughly 70 percent. According to the interviewee, the additional effort required to detect and remove fake reviews ultimately made the open route unworkable. ZorgkaartNederland states that the change led to an increase in attention to verified measurement. Healthcare providers who were previously used to sharing a simple public link now had to adopt new methods, such as working with survey agencies or using verified links and access codes. Since the decision, there has been an increase in providers choosing these packages in order to collect verified feedback. ZorgkaartNederland believes the change has reinforced the move towards more reliable measurement.

In the near future, ZorgkaartNederland will introduce a new feature, the healthcare volume map. A map illustrating the frequency with which a specific procedure is carried out at a given healthcare facility.

Criticism and challenges

The interviewee stated that the closure of the ‘open route’ and only allowing reviews after invitation had a noticeable impact. Many patients, as well as healthcare professionals, expressed disappointment, particularly because providers had long encouraged patients to leave reviews on ZorgkaartNederland as a way of sharing compliments and feedback. The change generated a significant response from patients and healthcare providers across multiple channels. Although some patients questioned whether provider-led invitations could be fully trusted, the survey agencies ZorgkaartNederland works with, are required to work with complete or randomly selected patient samples and are not permitted to apply selection. While absolute guarantees are impossible, the large scale of these verified measurements gives ZorgkaartNederland the confidence that the overall picture remains reliable.

The ambition that ZorgkaartNederland has to combine rating and review data with outcome data comes with certain challenges. The interviewee states that the combination of the two is very labour-intensive, especially when you are working with limited capacity and resources. They realise it is easier to focus primarily on patient experience, or outcome data. Of course, each approach requires different capabilities within an organisation. ZorgkaartNederland mentions that adding new indicators is never straightforward. Each one requires careful consideration of how it should be used, what its strengths and limitations are, and whether it genuinely helps patients make better decisions. ZorgkaartNederland is deliberately cautious with this. The aim is not to create simplistic rankings or eye-catching headlines, but to present information in a balanced and meaningful way, with the necessary context that allows people to form their own judgement.

> “
>
> Patient experiences and outcome data strongly complement each other. If you rely on reviews alone, you need very large numbers to form a reliable picture ... while outcome information on its own is highly open to interpretation. It’s by combining the two that you create something truly powerful.
>
> **Interview ZorgkaartNederland**

Country specific context

ZorgkaartNederland states that healthcare in the Netherlands is generally of a very high standard, and that is something to be proud of and to protect carefully. At the same time, most care is delivered through organisations that are required to be financially sustainable. Hospitals and care homes might face serious financial pressure. In that context, it is important that healthcare quality is not monitored by regulators alone. Just as consumers have independent organisations that keep a critical eye on products and services, healthcare needs an independent voice that continuously gathers signals from patients and the public.

CareOpinion UK

Care Opinion was founded in 2005, and the development was inspired by the idea that people could gain something personally while contributing to a broader public good. At the time, the developers of CareOpinion UK received a small amount of funding to develop a website that allowed patients to give feedback about healthcare services. The policy intention was that feedback would support patient choice of provider. However, patient choice was never the main interest for the developers. Instead, the developers were far more interested in how online feedback could affect relationships between patients and healthcare staff, and how it might influence organisational culture. The motivation was to explore how emerging social media could increase openness to patient perspectives, reduce defensiveness among staff, and encourage a stronger focus on quality improvement through patient experience.

Share your experiences of UK health and care services, *good* or *bad*.
We pass your stories to the right people to make a difference.

I made sure my mum could keep in touch

Now the staff know how they helped our family

Your stories help me to keep improving

"I would **give them a virtual hug** and say a big thank you"

About: Adult community health services / Stroke services (community), Musgrove Park Hospital / Accident and emergency, Musgrove Park Hospital / Stroke Services and South Western Ambulance Service NHS Foundation Trust / Emergency ambulance

"Each session **led me to explore** how I felt and why I felt that way"

About: Talking Therapies Doncaster

"made us **as parents feel safe** with twins being away in surgery."

About: Royal Hospital for Children (Glasgow) / Day surgery

"The two consultants **work so well together** to achieve the overall well-being of my son"

754,187 stories told
16,021 staff listening
In the past month...
78% of stories received a response
of rated responses are helpful

Visual representation of the CareOpinion UK homepage.
Care Opinion

Content and usage

Patients can submit qualitative feedback through free-text narrative reviews. At CareOpinion, these qualitative reviews are called 'Stories'. Both spontaneous submissions and invited submissions (where users are actively invited by their healthcare provider) are supported. The healthcare professionals with a subscription use a range of invitation methods depending on the service setting. Care Opinion models the hierarchy of the care system from top to bottom, so stories can be aggregated at any level, i.e. country, region, organisation, facility, service or team. Patients cannot rate individual healthcare providers. Authors may name staff members in positive stories, as recognition and gratitude have been shown to support staff morale and wellbeing. In contrast, names are removed from critical stories to avoid the risk of defamation. This does not prevent learning or improvement: critical feedback is still published and shared with the relevant healthcare provider, with identifying details redacted where necessary. This approach aims to balance transparency, safety for staff, and the constructive use of patient experiences to support improvement.

A patient can add 'tags' to their story. Story tagging plays a key role in identifying themes across the narrative feedback. This also allows users to search for healthcare services and specific treatments, enabling patients to explore the experiences of others. While not explicitly designed as a consumer comparison tool, it is possible to compare services or providers by viewing feedback, ratings, and patient stories side by side. Each healthcare service has a dedicated page showing optional ratings and the qualitative stories. Accessibility measures, such as allowing feedback via phone or mail, ensure inclusion for patients without internet access or with disabilities, like visual impairments or limited hand mobility. The story-writing tool also provides predefined topics with images to help patients that have difficulty telling their story. Children can contribute feedback through a specialised tool, to help them tell their story in an age-appropriate way.

Healthcare providers can respond to each story with written feedback, which is also published publicly. A unique feature of CareOpinion is that it shows what has been done with the feedback. Next to each story, it is clearly shown what action has been taken in response to the review. These tend to be practical and achievable, such as improving patient information leaflets, updating websites, changing appointment systems, improving waiting room conditions, or purchasing additional equipment.

Beyond these visible changes, there are additional impacts that are harder to display on the website. Regular contact with organisations using the platform reveals broader effects, including improvements in staff morale, increased openness to patient perspectives, reduced defensiveness, changes in staff behaviour, and improvements in how staff give feedback to one another. Even when a particular organisation does not actively engage with feedback, others may use it to drive change. As a result, there are multiple audiences. These include patients reading about services, staff learning from feedback, managers, policymakers, students in medical and nursing education, researchers, elected representatives, and patient advocacy groups. The underlying principle is that making information public allows many different users to use it for their own purposes.
CareOpinion UK runs a freemium model, which means the platform is free for all public users and free with limited logins and limited features for all healthcare provider organisation. Users can subscribe for access to a wider range of features, tools and support from the CareOpinion team. Healthcare providers can analyse their own data through reports and visual tools.

Values and approach

CareOpinion UK believes that the success of the platform is largely attributable to its clear purpose and sustainable approach. Many feedback platforms focus on consumer style choice, rating services so others can select what appears to be the best option. While this model may be effective in some healthcare systems, CareOpinion believes it fits poorly within the UK context. In practice, CareOpinion UK believes that people’s choices are heavily influenced by factors such as geographical location, which significantly limits the extent to which genuine choice can be exercised. Therefore, CareOpinion UK was never intended to facilitate consumer choice, but rather to encourage healthcare services to listen to feedback in order to improve and is not positioned as a consumerist platform. Instead, it operates as a tool for citizen empowerment and collaboration, aligned with traditions of public ownership, regulation, and collective responsibility in healthcare. At its core, CareOpinion UK tries to support the “rehumanisation” of healthcare with emphasis on compassion, empathy, and mutuality, recognising that while healthcare staff care for patients, patients can also support staff.

> “
> We were never interested in patient choice. We do not think it's particularly realistic in the UK health system, particularly in elective secondary care. We were much more interested in the impact of online feedback on the relationships between healthcare staff and patients and in staff morale and organisational culture.
>
> **Interview CareOpinion UK**

Funding

The platform’s funding is subscription-based. Basic features are available through free access, while more advanced tools such as reporting and analytics are provided through paid subscriptions. Organisations can analyse their own data, but not data from other organisations. Funding arrangements vary across the UK. In Scotland, Care Opinion has been funded by the Scottish Government since 2014, and in Northern Ireland by the Public Health Agency since 2020, making it the primary source of online feedback in those systems. In Wales, there is no comparable national platform.

Reliability and transparency

As a citizen centred platform, a key design principle is making the impact of patients’ feedback directly visible. A key design principle of CareOpinion is to make the impact of patient feedback directly visible by using a visual tool with icons that shows what actions were taken and what changes were made, while encouraging the dialogue between patients and healthcare professionals. Without this visibility, the developers believe that there is little incentive for people to engage. A central design principle of the platform is transparency. Once moderated, stories are made public, allowing others to read them and see whether a healthcare provider responded. This approach helps build trust and encourages meaningful engagement between healthcare services and patients. All stories are moderated for legal and safety reasons. Posting a story requires an email address and CareOpinion staff may contact the author in case of a highly critical story. All authors are registered on first use. In addition, IP addresses are monitored and checked for patterns of misuse. About 5% of stories cannot be published and these are not shared outside of CareOpinion UK. Decisions on editing or rejecting a story will always be made by CareOpinion UK staff, and in line with the moderation policy and processes. All conditions and/or methods are published and explained fully transparent on the CareOpinion UK website. Reviews remain visible indefinitely on the platform, unless a specific event occurs that requires removal.

Development, future and innovation of the platform

CareOpinion as a platform now operates across four countries: the UK, Ireland, Canada, and Australia. There is an ongoing stream of suggested improvements from patients, healthcare staff, and internal teams. Because resources are limited, prioritisation focuses on changes that deliver the greatest benefit to the largest number of people with the least effort. Over time, some features have been removed due to limited use, while others have become core elements of the platform. Key priorities on further enhancing the platform include improved usability and accessibility (including translation options and AI-driven improvements), better optimisation for modern devices such as mobile, strengthened security in response to a continuously evolving threat landscape, and improved scalability and performance. Planned improvements also include more advanced analytics for staff, behavioural “nudge” features to increase learning and impact, new functionalities to support professionals in training, and greater return of value to those who provide feedback. Furthermore, CareOpinion Uk is currently in the process of adding the new Scottish PREMs (Patient Reported Experience Measures) questions, enabling more structured and targeted collection of patients experience feedback.

Country-specific context

CareOpinion believes that the platform's success is strongly influenced by the cultural and structural context of healthcare. In the UK, the NHS is widely trusted and regarded as a public good, which encourages engagement and belief in the platform's ability to improve services. In contrast, in countries where healthcare is primarily a consumer transaction, the platform may struggle because people are less motivated to provide feedback for systemic improvement. Overall, a platform's effectiveness depends not only on its features, but on how people perceive the value of their input within the broader healthcare system.

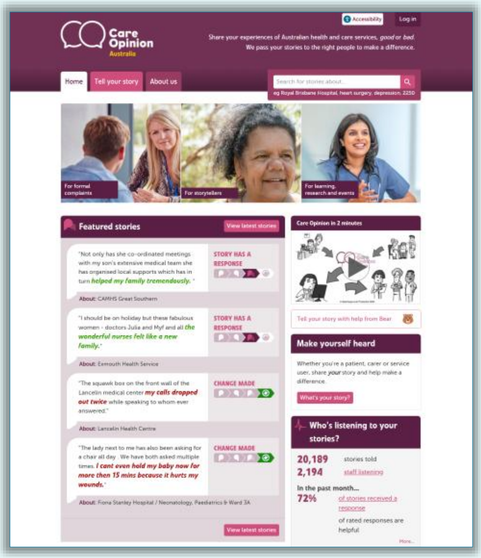
Criticism and challenges

While the platform is widely valued, it faces certain criticisms and limitations. Some people say that CareOpinion UK mainly posts positive feedback, however there's also a significant part of negative reviews on the website. CareOpinion UK has not faced any legal challenges to date. However, they received a small number of complaints from staff where a published story could potentially identify an individual staff member as the subject of criticism, thereby raising a potential risk of defamation. Where CareOpinion staff agrees that such a risk exists, the story is removed immediately. A central challenge is moderation of the reviews: every story must be reviewed before publication to prevent harm to patients or staff. This process can lead to disagreements when stories are edited or declined and is very time consuming.

> After all, we're trying to give people a voice, but there is a risk of harm, to patients themselves, to other patients, or to staff. That balance is something we are constantly trying to find. It's an area of enormous debate and it's a lot of work, the moderation of stories is the most significant limit on how quickly we can scale up.
>
> **Interview CareOpinion UK**

CareOpinion Australia

CareOpinion started as a platform in the UK in 2005 and was brought to Australia in 2012. The platform is positioned as an intermediary between healthcare providers and patients, operating in the space between the two. In Australia, the platform is not government funded at a national level, although it works closely with public health systems in some states. The purpose of introducing CareOpinion to Australia was to create a space where consumers could share their experiences in their own words. Traditional feedback mechanisms in Australia have largely focused on structured surveys designed around what healthcare services want to measure. These typically rely on predefined aspects of care. CareOpinion Australia was established to provide a unique approach in the country, allowing people to share their experiences in a written story format. This enables individuals to decide what matters to them, rather than responding only to predefined questions.



Share your experiences of Australian health and care services, *good* or *bad*. We pass your stories to the right people to make a difference.

"Not only has she co-ordinated meetings with my son's extensive medical team she has organised local supports which has in turn **helped my family tremendously.**"

About: CAMHS Great Southern

"I should be on holiday but these fabulous women - doctors Julia and Myf and all **the wonderful nurses felt like a new family.**"

About: Exmouth Health Service

"The squawk box on the front wall of the Lancelin medical center **my calls dropped out twice** while speaking to whom ever answered."

About: Lancelin Health Centre

"The lady next to me has also been asking for a chair all day . We have both asked multiple times. **I cant even hold my baby now for more then 15 mins because it hurts my wounds.**"

About: Fiona Stanley Hospital / Neonatology, Paediatrics & Ward 3A

Whether you're a patient, carer or service user, share *your* story and help make a difference.

20,189 stories told
2,194 staff listening
In the past month...
72% of stories received a response
of rated responses are helpful

Visual representation of the CareOpinion Australia homepage. Care Opinion Australia

Content and usage

The content and usage are similar to that of CareOpinion UK.

Values and approach

The values and approach are similar to those of CareOpinion UK, Care Opinion Australia is grounded in the belief that narrative feedback and quantitative data are complementary rather than competing forms of data. The platform challenges the assumption that only measurable indicators are valuable, arguing instead that patient stories provide rich insights into care experiences, culture, and relationships. Similar to CareOpinion UK, the platform is not designed to support consumer choice between providers, particularly in a context where many people have limited or no choice of healthcare providers, especially in rural Australian areas. Instead, the platform's focus lies on enabling healthcare facilities and healthcare professionals to listen, learn, and improve based on what patients choose to share.

Particular attention is given to engaging underrepresented groups, including the LHBTQ+ community, culturally and linguistically diverse communities, people with disabilities, rural populations, children, and First Nations communities in Australia. Especially since storytelling and spoken word are more appropriate for these groups.

Historical and ongoing health-related trauma might have created a deep mistrust toward health services for some of these groups. CareOpinion Australia therefore aims to communicate in culturally appropriate ways, build trust over time, and position itself as a safe space that supports the relationship between patient and healthcare provider.

> Especially within First Nations, they share knowledge through storytelling and spoken word. There is a lot of distrust with health services ... we are trying to position ourselves as a place to enable healing and rebuild trust for these communities.
>
> **Interview CareOpinion Australia**

Funding

Similar to CareOpinion UK. CareOpinion Australia is not government funded.

Transparency and reliability

The transparency and reliability are similar to CareOpinion UK.

Development, future and innovation of the platform

Care Opinion Australia continues to develop in alignment with the UK platform, benefiting from shared infrastructure while responding to local needs.

Country-specific context

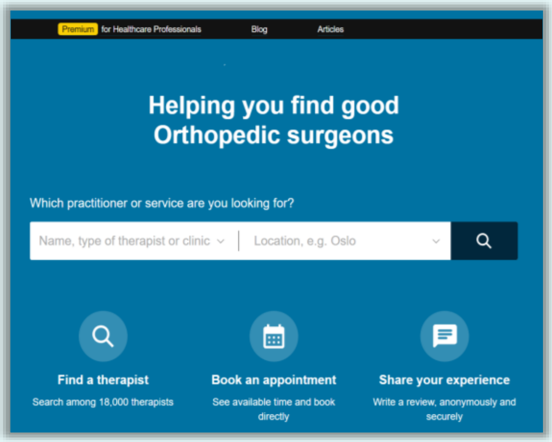
Adoption of the platform varies across Australia due to the country's size and state-based health systems. Western Australia has implemented Care Opinion across its entire public health system, making it a core source of online patient feedback, while other states have more limited engagement. In Australia, uptake has been slower compared to CareOpinion UK, as feedback is often perceived in terms of personal choice rather than collective benefit.

Criticism and challenges

The interviewees state that securing funding for patient feedback platforms can be difficult, particularly when healthcare services face tight budgets and must prioritise other operational needs. Convincing organisations of the value of narrative feedback, especially when resources could be directed elsewhere, remains a constant challenge. In the UK, these issues were prominent in the early years, but over time, the growing volume of feedback and the wealth of research evidence has made the benefits of the platform undeniable. While other regions may currently face similar struggles, there is confidence that, as evidence accumulates, the importance of sustained funding and support will become clear, enabling the platform to achieve long-term impact.

> It is sometimes hard to stress the importance of us ... and each state has different state governments, so you have to work with each state government as well.
>
> **Interview CareOpinion Australia**

Legelisten (Norway)



Helping you find good Orthopedic surgeons

Which practitioner or service are you looking for?

Search among 18,000 therapists

See available time and book directly

Write a review, anonymously and securely

Visual representation of the Legelisten homepage. *Finn lege, tannlege, psykolog og kiropraktor | Pasientvurderinger*

The idea for the platform began around 2008, when one of the developer's experienced difficulties with choosing a new general practitioner (GP) in Norway, despite an official government website being available. Realising that many patients faced the same challenge due to lack of accessible information, he began exploring the concept of a more user-friendly solution. Initially, the platform focused solely on GPs, allowing patients to write reviews about their experiences. While some GPs were sceptical at first, media coverage helped the platform gain rapid traction, and patients began contributing reviews extensively. The early version was simple, with feedback immediately published and minimal verification, but it established the foundation for a user-driven approach to healthcare transparency and choice.

Content and usage

Legelisten is free for patients, but the platform has paid access for organisations or professionals. In addition, the platform offers a couple of paid features to patients. The platform allows both ratings and reviews on individual healthcare professional level. Patients can submit a rating or review by spontaneous submission, without invitation. Currently, the platform added GPs, general practitioners, dentists, chiropractors, psychologists and many types of medical specialists. The platform has only added medical specialists who work in their own clinics, not those who work in hospitals. In addition to patient ratings and reviews, Legelisten provides basic information on healthcare providers, such as their qualifications and the languages they speak. The platform also offers a booking function that allows patients to schedule appointments with healthcare professionals. The platform allows and encourages healthcare professionals to respond to the ratings and reviews. The platform occasionally provides aggregated data to researchers or organizations for research or informational purposes, supporting studies on for example healthcare quality, discrimination, or system improvement. Such data sharing is not the core business but might help to inform healthcare research and policy.

The platform use also differs per healthcare professional, between public and private healthcare professionals. In Norway, there is a lot of competition between dentists, and many dentists use Legelisten to advertise their service and see this as marketing platform.

Values and approach

The primary role of the platform is to enable patients to make informed choices, find healthcare providers, and book appointments efficiently. It acts as a bridge between patients and providers, while also giving healthcare professionals ways to promote their services, such as through premium profiles that increase visibility and reach.

Beyond informing patients and enabling choice, the platform also indirectly aims to support quality improvement. By allowing patients to select GPs based on reviews, better-performing healthcare professionals attract more patients while poorly performing ones receive fewer, creating competition and encouraging GPs to maintain higher standards. This mechanism works best where there is genuine patient choice, and it has become more effective in certain areas over time.

Funding

The platform is funded through subscriptions, booking functionalities and private investments.

Reliability and transparency

The platform has a detailed moderation process to ensure transparency and reliability. Reviews are first evaluated against internal guidelines, and some cases are reviewed by multiple team members during weekly discussions, with guidelines updated as needed. Ratings or reviews that are not in line with the code of conduct, are removed or refused. Both patients and healthcare professionals can file complaints about published or rejected reviews, and the team may contact patients for verification. In that case, the staff will investigate the review and based on this investigation, the review is republished or removed.

Development, future and innovation of the platform

Over time, additional healthcare professionals and facilities besides GPs were added, along with features to generate revenue and enhance user experience. There has been discussion about offering more advanced tools, like access to rejected reviews for quality improvement or benchmarking against other GPs, but these have not been implemented due to limited resources. Some features, such as video consultations, were tested in the past but failed to gain traction. Capacity and technical limitations continue to constrain the development of certain functionalities, such as offering multiple appointment types per doctor, though these remain on the platform’s long-term to-do list.

The interviewee states that a big opportunity for the future might be to collect all of a patient’s medical records into one place. To collect scattered info from GPs, hospitals, and other providers, and then give something useful back to patients, like a summary or explanations of test results. The goal is to help people understand their health better and manage it more easily. At this moment in Norway, medical records are all over the place. Each GP and hospital have its own system, and while the government has tried to put some hospital records in a central portal, most patients cannot really access everything. This can be tricky for people with chronic illnesses or complicated health histories. The situation in Norway has room for improvement. For example, in Spain, there is one integrated system for hospitals, GPs, and pharmacies, all in an app, so you can see everything in one place. While this idea is really helpful for patients, it is not simple to implement. There are technical challenges, legal issues, and lots of sensitive data to manage carefully. Other similar platforms in other countries are working on the same concept, so it is a growing trend.

Country specific context

Objective quality data for Norwegian GPs is limited or not publicly available, so patient reviews serve as alternative indicators. While imperfect, the platform believes that these reviews can influence quality through market competition, and even small improvements can have meaningful effects.

Ratings and reviews give patients a voice in the healthcare system, and all feedback is publicly accessible to healthcare professionals and organizations.

In Norway, patients are registered with individual GPs rather than a practice. While patients can switch GPs, it is often difficult due to full lists and waiting periods, and children are automatically registered with their parent's GP. Unlike Norway, in countries such as the Netherlands, patient choice platforms focus more on specialist care rather than GP selection, as switching primary doctors is less common and often only occurs due to relocation. Initially, patients had no way of knowing when a GP would have open spaces, so many checked the government list daily. Therefore, the platform introduced a service that continuously monitored GP lists and sent SMS notifications when spots became available, which proved extremely popular and even generated revenue. However, the government and doctors' association later implemented formal waiting lists, partly to compete with the platform and redirect users back to official services. Over time, the government launched its own citizen portal, but patient reviews remained unique to the platform.

Criticism and challenges

The Norwegian doctors' association challenged the platform in a long Supreme Court case, seeking the right for doctors to opt out of reviews or the entire site. The platform won on all counts. Currently, reviews are only removed if a doctor provides a compelling reason, such as personal harassment or serious mental health impact. This approach balances patient feedback with privacy concerns. Similar cases in other countries have generally upheld the platform's right to publish reviews, supporting free speech over privacy objections.

Resistance is strongest among healthcare providers shielded from competition, like publicly funded GPs, while private providers, such as dentists, generally welcome the platform as a marketing and competitive tool. In addition to that, maintaining up-to-date information on practitioners is an ongoing challenge, requiring continuous monitoring of government databases, websites, and input from patients and clinics.

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>
> The doctor's association wanted doctors to be able to opt out of reviews or even the whole platform. But we won in the Supreme Court. So, but what we do have is that if a doctor complains and gives a convincing reason why we should remove the review, then we will obviously do it.
>
> **Interview Legelisten**

3.3 Cases of legal challenges

Met opmerkingen [MW2]: Een paar zinnen uitleg over waarom dit erin zit

Several rating and review platforms have increasingly come under sustained legal scrutiny, driven by concerns over privacy and data protection and by the ongoing need to strike an appropriate balance between freedom of expression and the protection of individual rights. Examining these legal challenges is relevant because they provide insight into how such tensions arise in practice, and into how different countries respond to them within their own legal and regulatory contexts.

In Norway, legal proceedings involving Legelisten culminated in a 2021 judgment by the Supreme Court[12]. The case was brought after health professionals objected to negative online reviews and sought to have themselves removed from the platform Legelisten.no. In its December 2021 ruling, the Court held that the publication of anonymous patient reviews could be justified under the GDPR on the basis of legitimate interests. It concluded that patients' freedom of expression and the public interest in access to information outweighed doctors' privacy interests, particularly because the reviews concerned professional conduct rather than aspects of private life. As a result, health professionals were found to have no general right to opt out, and the processing of personal data was considered necessary and proportionate, notwithstanding the potential for negative commentary.

Comparable concerns have also arisen in Canada in relation to RateMDs, where privacy issues have repeatedly been the subject of legal debate[13,14]. Although a proposed class action was dismissed by the courts in British Columbia in 2025, earlier proceedings, including a certified class-action lawsuit reported in 2024, illustrate the ongoing legal uncertainty surrounding the publication of personal data on healthcare review platforms.

In the Netherlands, ZorgkaartNederland has similarly been involved in a series of legal challenges, beginning with proceedings before the Rechtbank Overijssel in 2018 and followed by subsequent appellate decisions [15,16]. The courts ultimately held that anonymous reviews are, in principle, permissible, provided that adequate safeguards are in place to protect the interests of the professionals concerned.

3.4 Cases of discontinued platforms

In multiple countries, there are cases known of rating and review platforms that have been taken offline due to criticism or legal challenges. Operators and/or developers have been contacted to take part in this study in order to gain insight into the reasons behind the platforms' deactivation, the challenges they encountered, and the lessons that can be drawn from these cases. However, not all platform operators could be identified or contacted, and those who could be reached remained unresponsive. During the desk research, information was still gathered on two deactivated platforms from Belgium and Germany.

Wisdoc Belgium

Wisdoc was a Belgian website and mobile app that allowed patients to share experiences with their healthcare professional and search for healthcare professionals by municipality and specialty[17-20]. Users could rate professionals across four criteria: listening skills, clarity of explanation, follow-up, and availability, while explicitly excluding the medical procedure itself. Submitting a review required users to create an account, and healthcare professionals were able to add additional information to their profiles. Wisdoc attracted significant criticism from the Belgian Order of Physicians, which argued that the reviews were inherently subjective, potentially misleading, and could cause harm to both healthcare professionals and patients. They also noted that ratings were often based on isolated encounters, not necessarily representative, and that negative reviews could carry disproportionate influence[17-20]. Concerns were further amplified by reports that personal data had been published on the platform without prior consent, leading to complaints and calls for reviews to be removed through the Belgian Privacy Commission. Following a decision by Belgium's Data Protection Authority (APD/GBA), WISDOC was ultimately taken offline and is no longer available[17-20].

Weisse Liste Germany

Germany's Weisse Liste, an initiative that had helped patients find healthcare professionals, hospitals and other healthcare providers since 2008, was discontinued in March 2024. The platform was developed by Bertelsmann Stiftung and was supported by patient and consumer organisations. Its closure followed the introduction of a new hospital information portal by the German Federal Ministry of Health, the Bundes-Klinik-Atlas, which took over from May 2024[20-22]. The Bundes-Klinik-Atlas allows users to search for hospitals using terms such as diagnosis or treatment, with results ranked using indicators including procedure volumes and patient numbers per provider. The portal was intended to increase transparency about the quality of hospital care, as required under the Hospital Transparency Act, which entered into force in March 2023. At the same time, maintaining the accuracy and reliability of Weisse Liste data became increasingly difficult, and the developers of Weisse Liste decided to end the platform to prevent confusion and ensure data consistency[20-22]. However, in September 2025, the new Federal Health Minister announced preparations to discontinue the Bundes-Klinik-Atlas itself, which was a project of her predecessor, following sustained criticism from medical associations, hospital operators and patient representatives on reliability, incomplete data and limited accessibility for users[20-22].

3.5 Stakeholder views and experiences with rating and review platforms

A total of fourteen stakeholders responded to the stakeholder survey. Stakeholders were asked to reply in relation to the platform that they were most knowledgeable about. Thirteen respondents indicated that they were most knowledgeable about CareOpinion UK, and one respondent was most knowledgeable about ZorgkaartNederland. Furthermore, a total of eleven respondents answered from the perspective of care professionals/care organisations, one from the perspective of regulator and two from the perspective of patients/citizens (with one of these respondents having former care organisation and policy making experiences as well).

The question on **how and for what purpose the information on the platforms was used by care professionals/care organisations**, respondents answered that it changes how services are provided, by listening to patients. Feedback is used for learning from patient experiences, to provide assurance and to improve care services. It is also used to highlight the good the work, to motivate staff and supports commissioners to gain the views of service users. Furthermore, it was stated that platforms can support regional and strategic learning through the voice of lived experience and provide input for the exploration of research questions on patient safety. It was also stated that the platform helped care professionals/care organisations with appraisal, supervision, revalidation, policy review, learning from incidents and provide reports back into many trust groups for learning and discussion, to celebrate staff and celebrate good practice, for staff recognition awards, and to influence auditing.

Respondents were also asked about their **views on the reliability of the information** that is presented on the platform. Multiple respondents stated that they considered the reliability to be of high quality or excellent. It was also mentioned by multiple stakeholders that the moderation (monitoring and verification) contributes to the reliability of the information on the platform: IP-checks, a code of behaviour, and moderation provides assurance contributes to reliability and supports learning. At the same time, it was mentioned that it is difficult to 'prove' the facts in the stories and that stories might therefore be challenged by clinicians who might not recognise certain concerns.

Furthermore, it was stated that if patients are invited by healthcare professionals to post a review, which is by one respondent seen as an intervention in the healthcare delivery pathway in itself, this might reduce the reliability of the information, according to a respondent. Because the information that is provided covers the view of one person's perspective of the care they have experienced, on occasions perspectives may be blurred due to increased stress, heightened anxiety and general overall expectations, according to one of the respondents. Yet another respondent expressed that it is important to have the belief that the information that is shared on the platform is valuable as it gives the perspective of service user or carer, which is important for service change.

On the question **if and how the information on the platform is being used for healthcare quality improvement**, a question only directed at respondents that represented the care professional/care organisation perspective, all of the eleven respondents stated that this was the case. Several professionals/organisations made direct changes as a result of comments. In Northern Ireland the stories are a baseline for many policy/qualities improvement or service delivery. Multiple respondents mentioned that themes are being distilled from the feedback on the platform, which are then discussed internally and used to support changes. For example, it has helped an organisation to change the management of its telephone system, to look how they could become more trauma informed in different service types, and how to manage cancellation / rearranges. Themes from feedback were also used to inform action plans and quality improvement project on service user engagement and feedback. It was also mentioned that the feedback feeds into performance reporting to ensure all services are engaging with feedback and at the same time that it is used individually by services to create "you said - we did" improvements. One of the respondents from the patient's perspective mentioned that the platform acts as a confidential communication channel from members of the public into the NHS.

3.6 Reflection on the role of rating and review platforms

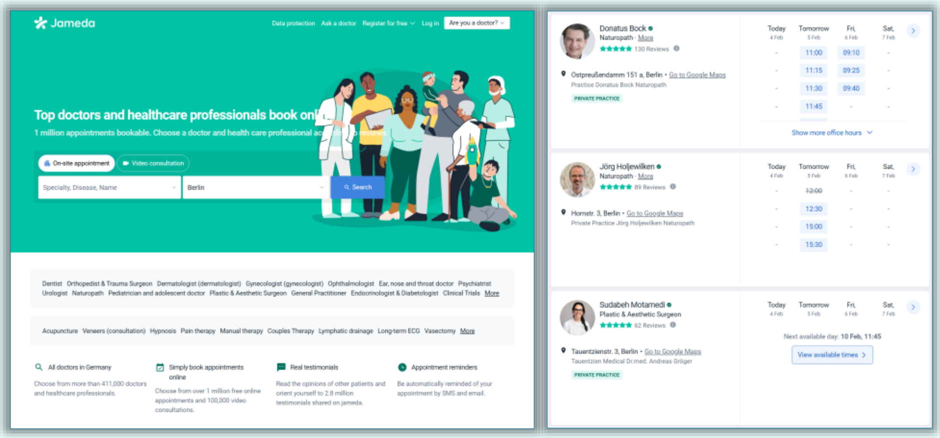
Interview Expert Prof. Jens Deerberg-Wittram

Prof. Jens Deerberg-Wittram gives insight into various rating and review platforms in Germany, explains how the context of the German healthcare system is important and shares his views on the position and value of rating and review platforms in general.

The healthcare system in Germany is very different from countries such as the Netherlands and Norway, and this difference affects how patient ratings and review platforms work in various countries. In Germany, patients often visit a specialist without a referral from a primary care physician. Most Germans still have a primary care doctor, but many only see them occasionally. Patients frequently see multiple specialists and often their primary care doctor is unaware of medications or treatments prescribed by other specialists, creating risks for fragmented care. Therefore, there is strong competition among healthcare professionals in private practices, particularly for specialised fields. About 9–10% of patients in Germany have private insurance, which is much more profitable for doctors than public insurance. This creates incentives for doctors to prioritize privately insured patients, as they can bring in higher reimbursements. Doctors in private practice, especially specialists, operate in a highly competitive and commercial environment, particularly in large German cities where many doctors are located close together. To attract patients, and especially those with private health insurance who are more profitable, doctors actively use platforms such as Jameda and Sanego to market themselves. For them, it is favourable to present an image with high ratings and sometimes even encourage patients to leave five-star reviews, similar to rating systems in other industries. He states that this commercial use of rating and review platforms contrasts with the broader societal goal of informed choice of platforms in other countries.

> Particularly specialised doctors in Germany are interested in seeing as many patients, ideally patients with private health insurance. That is the reason why these platforms, such as Jameda, are important for them.
>
> **Interview Jens Deerberg-Wittram**

Jameda (Germany)



Top doctors and healthcare professionals book onl

1 million appointments bookable. Choose a doctor and health care professional ac reviews.

All doctors in Germany
Choose from more than 411,000 doctors and healthcare professionals.

Simply book appointments online
Choose from over 1 million free online appointments and 100,000 video consultations.

Real testimonials
Read the opinions of other patients and orient yourself to 2.8 million testimonials shared on jameda.

Appointment reminders
Be automatically reminded of your appointment by SMS and email.

Donatus Bock
Naturopath · More
★★★★★ 130 Reviews
Ostpreußendamm 151 a, Berlin • Go to Google Maps
Practice Donatus Bock Naturopath
PRIVATE PRACTICE

Today 4 Feb	Tomorrow 5 Feb	Fri, 6 Feb	Sat, 7 Feb
-	11:00	09:10	-
-	11:15	09:25	-
-	11:30	09:40	-
-	11:45	-	-

Jörg Holjewilken
Naturopath · More
★★★★★ 89 Reviews
Hornstr. 3, Berlin • Go to Google Maps
Private Practice Jörg Holjewilken Naturopath

Today 4 Feb	Tomorrow 5 Feb	Fri, 6 Feb	Sat, 7 Feb
-	~~12:00~~	-	-
-	12:30	-	-
-	15:00	-	-
-	15:30	-	-

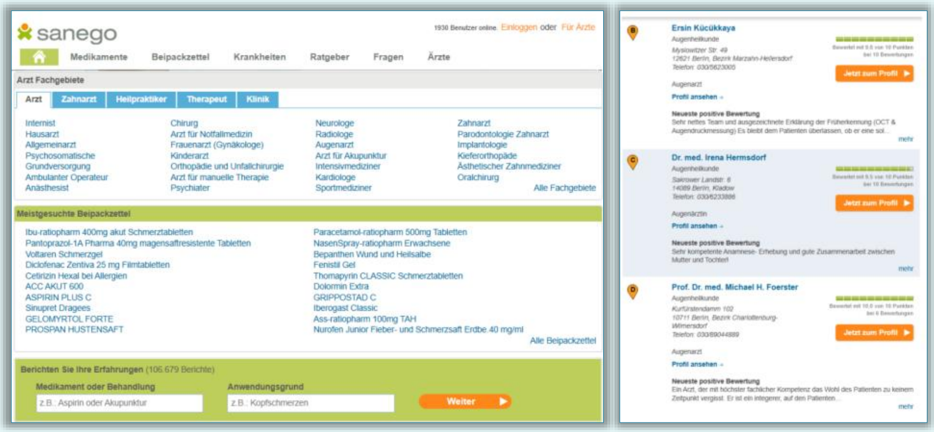
Sudabeh Motamedi
Plastic & Aesthetic Surgeon
★★★★★ 62 Reviews
Tauentzienstr. 3, Berlin • Go to Google Maps
Tauentzien Medical Dr.med. Andreas Gröger
PRIVATE PRACTICE

Today 4 Feb	Tomorrow 5 Feb	Fri, 6 Feb	Sat, 7 Feb

Next available day: **10 Feb, 11:45**

Visual representation of the Jameda homepage (left) and the search results page including the booking function for individual healthcare professionals in Berlin (right). *jameda - Arzttermine online buchen & Feedbacks lesen*

Sanego (Germany)



Arzt Fachgebiete

Internist
Hausarzt
Allgemeinarzt
Psychosomatische
Grundversorgung
Ambulanter Operateur
Anästhesist
Chirurg
Arzt für Notfallmedizin
Frauenarzt (Gynäkologe)
Kinderarzt
Orthopädie und Unfallchirurgie
Arzt für manuelle Therapie
Psychiater
Neurologe
Radiologe
Augenarzt
Arzt für Akupunktur
Intensivmediziner
Kardiologe
Sportmediziner
Zahnarzt
Parodontologie Zahnarzt
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Ästhetischer Zahnmediziner
Oralchirurg
Alle Fachgebiete

Meistgesuchte Beipackzettel

Ibu-ratiopharm 400mg akut Schmerztabletten
Pantoprazol-1A Pharma 40mg magensaftresistente Tabletten
Voltaren Schmerzgel
Diclofenac Zentiva 25 mg Filmtabletten
Cetirizin Hexal bei Allergien
ACC AKUT 600
ASPIRIN PLUS C
Sinupret Dragees
GELOMYRTOL FORTE
PROSPAN HUSTENSAFT
Paracetamol-ratiopharm 500mg Tabletten
NasenSpray-ratiopharm Erwachsene
Bepanthen Wund und Heilsalbe
Fenistil Gel
Thomapyrin CLASSIC Schmerztabletten
Dolormin Extra
GRIPPOSTAD C
Iberogast Classic
Ass-ratiopharm 100mg TAH
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Telefon: 030/5623005
Bewertet mit 9.5 von 10 Punkten bei 10 Bewertungen
Augenarzt

Neueste positive Bewertung
Sehr nettes Team und ausgezeichnete Erklärung der Früherkennung (OCT & Augendruckmessung) Es bleibt dem Patienten überlassen, ob er eine sol...

Dr. med. Irena Hermsdorf
Augenheilkunde
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Telefon: 030/6233886
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Telefon: 030/89044889
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Augenarzt

Neueste positive Bewertung
Ein Arzt, der mit höchster fachlicher Kompetenz das Wohl des Patienten zu keinem Zeitpunkt vergisst. Er ist ein integerer, auf den Patienten...

Visual representation of the Sanego homepage (left) and the search results page with a selection of healthcare professionals in Berlin (right). *Gesundheitsportal: Ärzte, Krankheiten, Medikamente | sanego*

The interviewee discusses that the success and the function of a platform is very country specific. Especially since patient involvement varies by country. In countries with easy access to providers, such as Germany or the Netherlands, patients tend to be less proactive in managing their own health, relying on doctors to initiate care. In contrast, in countries with scarce access, such as Sweden, patients are more self-reliant and active in prevention, rehabilitation, and overall health management. He also noted that this can differ per patient and between certain conditions, particularly cancer, drive higher patient engagement regardless of the healthcare system. Less privileged or less health-literate populations might be less active and self-reliant and miss preventive care, leading to poorer outcomes compared with more privileged groups.

While this form of patient experience data that is presented on platforms like Sanego and Jameda can be useful, it can also be misleading because a positive experience does not necessarily equate to high-quality care. According to the interviewee there is still a major lack of transparent and reliable information about actual health outcomes, which limits patients' ability to make truly informed choices, especially in outpatient care.

He also highlighted potential risks associated with healthcare platforms. If the data provided is inaccurate or not properly risk-adjusted, platforms could mislead both patients and providers, weaken trust in the healthcare system, and even incentivize doctors to avoid high-risk patients to maintain ratings. Platforms that are poorly designed or rely on unreliable data might inadvertently increase costs or worsen care quality.

Despite these risks, the interviewee points out significant opportunities. Properly designed platforms can improve the overall quality of care by providing transparency and encouraging peer pressure and self-reflection among providers. They can also foster innovation, as doctors seek better approaches and adopt new technologies to achieve improved outcomes. Doctors may fear transparency because it reveals areas where their practice is suboptimal and requires effort to change established routines. However, when doctors receive positive feedback and high ratings, it reinforces good practices.

Platforms can help patients make informed decisions aligned with their personal expectations. The interviewee believes such platforms are inevitable, particularly for younger generations accustomed to using online ratings for purchasing decisions. Without official platforms, patients often rely on uncontrolled sources like Google reviews or social media, which are inconsistent and do not have a moderation process.

The interviewee expressed a clear preference for nonprofit or public platforms. Unlike consumer products, healthcare is a public interest, and the government has a responsibility to ensure access to accurate and reliable information about quality care. While private models, such as those used for consumer electronics, can work in principle, healthcare requires a higher level of trust, regulation, and outcome-focused transparency.

> It is not the role of the government to ensure that everybody gets access to a good hair dryer, but it is certainly part of the constitution that people get access to good healthcare. So, I think there is also a role for the government here.
>
> **Interview Jens Deerberg-Wittram**

Interview expert Dr. Stefan Larsson

Prof. Stefan Larsson shares his views on the position and value of rating and review platforms in general.

The interviewee views patient experience as a means to achieve better outcomes, not as a quality outcome in itself and patient experience cannot be seen as a definition of high-quality healthcare. The interviewee states that patient experience is important. If a healthcare professional is rude or does not engage properly with a patient, the patient may leave the hospital or healthcare facility feeling insecure. They may not understand how they should take their medication, which side effects are normal, or which symptoms they should be alert to. For this reason, providing a good patient experience really matters. However, the interviewee warns that if healthcare quality is defined purely in terms of patient experience, this becomes problematic. It is possible to be very kind and attentive to patients while being a poor doctor, resulting in a good experience but no real improvement in health. The interviewee stresses that this context is very important when it comes to rating and review platforms.

The interviewee points out the commercial influences around patient experience. As an example, the interviewee mentions the American company Press Ganey, which has built a highly profitable business worldwide by positioning the measurement of patient experience as central to determine healthcare quality. While acknowledging that these tools are very helpful, the interviewee argues that patient experience is not sufficient to determine if care is of high quality.

The interviewee emphasises that rating and review platforms serve multiple important purposes. Data generated can help reduce unnecessary procedures in a responsible way. Patient choice will improve with the data made available and plays an important role in this process. Informed patients may decide against certain treatments once they understand the potential side effects and consequences. In this way, patient choice helps ensure that care is aligned with what patients genuinely want, which may also lead to cost savings, although saving money is not the primary objective. In addition transparency on the quality of care, should allow patients to choose care-providers, whether public or for profit, enabling the high performers to grow their operations. As long as patient outcomes is measured this should not drive more interventions.

In Sweden, healthcare providers are ranked across the entire care pathway through publicly available quality registries, in which institutions are nationally ranked based on the outcomes they achieve for patients. These registries in Sweden primarily measure patient outcomes, but they also in recent years include patient reported outcome measures, and in some cases, elements related to patient experience, such as outpatient reported outcomes and possibly indicators like the Net Promoter Score. Although these patient reported measures were not always part of the system, most registries now include PROM data.

The interviewee states that data on rating and review platforms should be public. It should be clear to patients, consumers and citizens when patients at a particular hospital are not satisfied, as few things are as effective in driving change as transparency. However, transparency could become a bad thing if the data is not reliable. Transparency requires really high-quality data. Therefore, the interviewee states that he understands the concern from healthcare professionals when it comes to them publicly being rated. However, he also mentions doctors are typically high achievers who performed well academically and worked extremely hard to reach their professional position. As a result, issues of prestige and performance are important, and seeing one’s own results publicly displayed, particularly when they are unfavourable, can be deeply uncomfortable and an important driver of change.

> “
>
> Patient experience in itself cannot be a definition of high-quality healthcare. Therefore, you need to have a broader perspective and make sure that patient experience is combined with true patient outcomes.
>
> **Interview Stefan Larsson**

The interviewee states that he sees a significant problem with platforms which provide information at the level of individual healthcare professionals. The results of a provider organisation or care network, is the result of a team. The most experienced staff should focus on the most difficult cases. If outcomes are measured individually for staff there is a significant risk of gaming or cherry picking. With patient outcomes, the entire care pathway matters. The interviewee emphasises that measurement in healthcare should be holistic. A clinical team is made up of multiple components. While the patient’s experience with the doctor is important, their experiences with nurses, physiotherapists and other members of the care team are equally relevant. Patient experience is often times a matter of staff behaviour or culture. How does the healthcare professional talk to the patient? How are their days planned, are they stressed? Management must organise work in a way that reduces stress for staff and waiting time for patients and must actively shape culture by rewarding good collaboration and professionalism, for example through peer review metrics. If management focuses on outcomes that matter to patients, patient experience or patient reported outcome scores, becomeas an important part of performance discussions and become important to the clinician as well. Inevitably clinicians will have to engage more thoughtfully with patients, and in most cases their behaviour changes accordingly. The interviewee emphasises the principle that behavioural change cannot be achieved simply by instructing people to behave differently. Instead, systems must be designed so that the desired behaviour becomes the most rational and easiest option.

The interviewee explains that patient needs vary greatly and that this variation makes patient choice both important and challenging in healthcare. Some patients really value a social person, friendliness, kindness and respectful communication. For them, the way the doctor speaks to them and the empathy shown could be central to their experience of care. In contrast, another patient wants detailed and technical information, including statistics, objective facts, comparisons between different treatments, outcome measures and performance scores. In this context, empathy and compassion may be less important because these patients have confidence in medicine and a strong understanding of the healthcare system. For some patients, having choice feels natural and is expected. They actively want options and are willing to invest time and effort in researching providers and treatments. For others, having to make choices can be overwhelming rather than empowering.

Additionally, these needs might change in certain situations, for example during a cancer diagnosis, where emotional support could become more significant. This demonstrates why patient choice matters. Different healthcare providers have different profiles, and when patients are able to see this, they can make informed decisions that suit their individual needs and preferences. Patient choice also creates pressure on hospitals and providers. If patients decide not to attend a particular hospital, that institution faces serious consequences and may need to improve its services. This highlights the importance of recognising that patients should not all be approached in the same way. Information should be provided at different levels, starting with a basic and accessible level, with the option to explore more detailed information for those who want it. At the same time, patients should not be overwhelmed by complexity, as healthcare data is highly sophisticated and difficult to interpret correctly without the right expertise. Expecting patients to process large amounts of complex data can increase anxiety and uncertainty, leaving them unsure how to act on the information they receive.

The interviewee strongly believes that patient choice is essential. In democratic societies and market-based economies, choice is a key driver of innovation, improvement and accountability. In a healthcare system that aims to continuously improve, patient choice encourages doctors and other healthcare professionals to increasingly take the patient perspective into consideration. Modern healthcare must avoid a lack of choice. Without meaningful patient choice, patients are left uncertain and powerless, unsure of what they will receive or why, which is incompatible with the values of contemporary healthcare systems.

> Choice is the foundation for innovation and improvement. Patient choice is important in a system that we want to continuously improve and where we want to care about the view of the patient. However, we need to recognise that choice can be overwhelming. It is therefore important to tailor the level of information to different patients and to provide information at different levels, depending on their needs.
>
> **Interview Stefan Larsson**

The interviewee notes that differences in platform focus and function between countries can be explained by differences in healthcare systems and incentives. This was illustrated by the interviewer with examples from Germany, where certain platforms are not primarily designed for patients, but rather serve as marketing tools for doctors and private providers. Germany operates a commercially driven healthcare system, and this context has significant consequences.

The interviewee argues that when launching a platform, careful consideration must be given to its purpose. Building the system, defining the questions and asking patients to invest meaningful time in responding all require a clear decision about what the platform is intended to achieve. Taking a step back and really ask the questions ‘What is the problem we are trying to solve?’, ‘Are we trying to change healthcare staff behaviour?’, ‘Are we trying to give patients a voice and show them they have an impact?’ , ‘What do we want to use the data for?’, ‘Is it actually helping us improve?’.

When both patient outcomes and patient experience are measured, the systematic collection of healthcare data creates multiple opportunities. When hospitals are able to compare their results with one another, they gain insight into whether they are achieving good outcomes or not. This comparison can stimulate collaboration and encourage to learn from best practice. It also enables research into why the highest performing hospitals achieve better outcomes, examining what they do differently in their clinical practice and how they treat patients. The interviewee explains that when patient reported outcomes, clinical outcomes and, where appropriate, elements of patient experience are measured in a standardised way by patient group and disease, and the data is made transparent, meaningful comparisons become possible. In such a system, it would be feasible to compare outcomes across hospitals, and the differences in results would be highly informative. This transparency can support patient choice and also has an impact on staff morale.

4 Reflection

4.1 Reflection on main findings

The aim of this study was to explore the characteristics of healthcare rating and review platforms in use across OECD countries, including the methods they employ to ensure the reliability of ratings and reviews. The goal was to derive lessons for the (further) development and positioning of the Dutch rating and review platform. To this end, we examined international examples in countries where patient rating and review platforms are active.

In total, we identified 14 platforms that were still active at the time of the study. These platforms varied in focus and features. Some platforms primarily supported the selection of individual healthcare professionals and, in some cases, offered booking systems alongside professional information (e.g., Medico-search). Other platforms focused more strongly on providing patients with an opportunity to share their experiences (e.g., CareOpinion). Platforms such as ZorgkaartNederland combine both approaches by enabling patients to share experiences while also offering information about healthcare organisations to support decision-making.

Most platforms generated revenue through subscriptions and paid features. For example, they offered healthcare professionals or organisations the opportunity to obtain personalised quality information (e.g., CareOpinion) and/or to present themselves on the platform (e.g., Legelisten). Only a small number of platforms, four in total, were partly funded by government sources.

Platform users included not only patients or citizens, but also healthcare organisations, healthcare professionals, and policymakers. Insurers were generally not directly involved in the platforms. However, research suggests that insurers increasingly use patient-reported data, including ratings and reviews, for quality assurance and improvement purposes[23]. Previous research also showed that the use of ZorgkaartNederland varies by healthcare sector, with hospitals making in general less use of ZorgkaartNederland than other care sectors [24].

The level at which information is provided also differs across platforms. Most platforms offer information at the level of individual healthcare professionals (e.g., Topdoctors), while others provide information only at the level of healthcare organisations or departments (e.g., CareOpinion). Platforms that publish information at the individual professional level have, in some cases, faced criticism from professionals who feel uncomfortable with this approach. At the same time, rating and review platforms can contribute to shared learning and service improvement. Healthcare professionals who participated in the survey emphasised this potential, based on their experiences with CareOpinion UK. This platform reports at the organisational or departmental level, which may feel less threatening to professionals and could foster greater involvement and use.

Among the platforms that completed the survey or participated in interviews, all indicated that ratings and reviews are subject to verification, editorial review, and moderation processes. These steps contribute to the reliability of the information provided. In addition, healthcare professionals are given the opportunity to respond to ratings and reviews through a structured and moderated process. A key design principle of CareOpinion is to make the impact of patient feedback directly visible. According to its developers, such visibility is essential to encourage engagement. Transparency is therefore a central principle of the platform.

However, these processes are highly resource intensive. It is therefore not surprising that maintaining accuracy and reliability can become so challenging that a platform can no longer remain operational. While platform mention that AI might help reduce some of this burden in the future, platforms indicate that it often shifts rather than removes the work, because it still requires a human eye to review, verify, and contextualise information, and ensure that content remains trustworthy and appropriate. They mention that the reliability of the data presented on such platforms is crucial. Expert interviews also indicated that transparency may have negative consequences if the underlying data are not reliable. Inaccurate or insufficiently risk-adjusted data could mislead both patients and providers, weaken trust in the healthcare system, and even incentivise doctors to avoid high-risk patients in order to maintain favourable ratings.

To support informed decision-making, patients require not only information about experiences but also transparent and reliable data on medical quality indicators. Without such information, patients' ability to make truly informed choices, remains limited. A recent literature review shows that patient experiences do not necessarily reflect medical quality indicators, underscoring the importance of presenting both types of information together[25].

Unfortunately, not all selected platforms agreed to participate. As a result, detailed information was available for only a limited subset of platforms. In several cases, it proved difficult to establish contact with platform representatives. The platforms that agreed to participate generally seemed open to engaging with research. This was also reflected in the broader approach of their platform, for example through their willingness to share their data for research purposes. As a result, detailed information was available for only a small subset of platforms. For the other platforms, we relied on publicly available information, which was generally clear but limited our understanding of the platforms' background and underlying rationale. For example, we were not able to interview operators or developers of larger commercial, international platforms. At the same time, the participating platforms still differed in important respects, allowing for insight into a range of platform characteristics and approaches

Future research should examine the perspectives of healthcare providers and healthcare organisations. As a key stakeholder group, their perspectives would contribute to a more comprehensive understanding of the opportunities and challenges associated with rating and review platforms.

4.2 Lessons learned

In general, rating and review platforms face similar challenges, particularly regarding questions of reliability and, in some cases, resistance from healthcare professionals. The findings of this explorative study suggest that rating and review platforms can fulfil multiple roles within healthcare systems. They may serve as decision-support tools in which professionals can present themselves, as channels through which patients can make their voices heard, and as instruments for quality improvement by increasing transparency about care experiences. To effectively function as a bridge between healthcare professionals and patients, it appears important to involve both groups in the design and use of such platforms.

The study also indicates a persistent demand for rating and review platforms. This underlines the importance of maintaining such platforms while continuously improving the quality, reliability, and relevance of the information they provide. Recent developments surrounding the discontinuation of the open submission route on ZorgkaartNederland illustrate this point: despite the change, people continue to leave ratings on other platforms, demonstrating that the underlying need remains.

Greater attention to conversations with healthcare professionals may help identify the conditions under which transparency initiatives are more likely to gain support and have practical impact. Ultimately, the success of a platform largely depends on how well it fits this broader organisational context. This makes the role of policymakers especially important if the current government seeks to enhance transparency in healthcare, since platform success depends on creating conditions for alignment with existing systems and practices.

ZorgkaartNederland appears to be at the forefront in combining patient experiences with information on outcomes. By incorporating reviews collected through survey agencies, the platform seeks to respond to healthcare professionals' concerns about reliability. In the future, the addition of more outcome-based quality information could further strengthen the platform and position it as a useful example for similar initiatives in other OECD countries. At the same time, important lessons can be drawn from the approaches of CareOpinion and Legelisten. The clear focus of both platforms may contribute to their use by both citizens and healthcare providers. A key insight is that these platforms have been able to actively engage healthcare professionals and demonstrate their practical value, which may be an important factor in their sustainability and impact. In addition, policymakers could play a key role, especially if the current government aims to strengthen transparency in healthcare. If the government is not involved with a platform, the absence of public subsidy pushes a platform towards alternative revenue streams, most often higher subscription fees for healthcare professionals or increased commercial advertising. Such a commercial approach may be more feasible in some countries than others, since a platform's success is highly dependent on how well it fits within a country's healthcare system.

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Appendix A Survey for platform developers and operators

Introduction
Thank you for taking the time to participate in this survey, which is launched as part of a study on healthcare ratings and reviews platforms conducted by the Netherlands Institute for Health Services Research (Nivel). The purpose of this study is to better understand how platforms from various countries operate and what lessons could be learned from differences or commonalities between various platforms for the improvement of these platforms.

This survey is being sent to developers and/or operators of healthcare ratings and reviews platforms. In this survey, a **rating** refers to a *quantitative assessment* (for example, a number or stars), whereas a **review** refers to a *qualitative assessment* (a written opinion or description explaining a certain rating).

This survey includes questions that address:

- The aim and organisation of the platform, including its target groups;
- The platform's content and for what purposes it is used by various target groups;
- The reliability and the transparency of the platform's content;
- Perspectives on the (future) role of the platform.

The survey should take approximately 15–20 minutes to complete. Your responses will be treated confidentially and used only for research purposes. If you are unsure about any questions, we encourage you to complete this survey together with fellow colleagues from the same platform. You are welcome to answer the open questions in the language of your choice.

About us
The Netherlands Institute for Health Services Research (Nivel), is an independent non-profit research institute based in the Netherlands, which aims to contribute to the quality and effectiveness of care. We do this through high-quality, reliable, and independent scientific research on topics of significant societal importance.

All research conducted by Nivel is published publicly, as mandated by our statutes.

If you have any questions about this survey or the study, please contact Merel Willard: m.willard@nivel.nl.

Thank you for your contribution.

A. Aim and Organisation

1. What is the name of the rating and review platform that you are affiliated with?

2. For how long has the platform been active?

   - ☐ Less than 1 year
   - ☐ 1–3 years
   - ☐ 4–6 years
   - ☐ 7–10 years
   - ☐ More than 10 years

3. What is the primary purpose of your rating and review platform? *Multiple answers possible.*

   - ☐ Inform patients/citizens
   - ☐ Direct patients/citizens towards specific healthcare professionals or organisations
   - ☐ Support quality improvement in healthcare
   - ☐ Inform oversight or regulatory bodies
   - ☐ Other, please specify:

4. Who are the main users of the platform? *Multiple answers possible.*

   - ☐ Patients/citizens
   - ☐ Healthcare professionals
   - ☐ Healthcare organisations
   - ☐ Regulators/government
   - ☐ Other, please specify:

5. What are the costs associated with using the platform?
   - ☐ Free access for all users
   - ☐ Free for patients/citizens, but paid access for organisations or professionals
   - ☐ Subscription-based model (monthly or annual fee)
   - ☐ Pay-per-use or per-report access
   - ☐ Funded through advertising or sponsorships (no direct user fee)
   - ☐ Other, please specify:

6. How is the platform funded?

- ☐ Public funding (e.g., government, health authority, or EU-funded initiative)
- ☐ Commercial/private investment
- ☐ Mixed funding model (combination of public and private sources)
- ☐ Funded through user fees or subscriptions
- ☐ Funded through advertising or partnerships
- ☐ Other, please specify:

7. Are there competing platforms in your country?

8. If so, how does your platform differentiate itself?

B. Platform Content and Usage

9. At which level are ratings and reviews displayed on the platform? *Multiple answers possible.*
    - ☐ Institution(s)
    - ☐ Specialty/department
    - ☐ Individual healthcare professionals
    - ☐ Not applicable, no ratings are displayed
    - ☐ Other, please specify:

10. In what formats can patients/clients submit ratings and/or reviews on the platform? *Multiple answers possible.*

    - ☐ Quantitative ratings (e.g., 1–5 stars, numerical scores)
    - ☐ Quantitative ratings based on predefined criteria / checklists (e.g., rating specific aspects like cleanliness, waiting times)
    - ☐ Qualitative reviews (e.g., free-text comments, narratives)
    - ☐ Other, please specify:

11. How can users submit ratings and/or reviews on the platform?

    - ☐ Spontaneous submissions (users can submit ratings or reviews without invitation)
    - ☐ Invited submissions (users are prompted or invited to submit a rating or a review)
    - ☐ Other, please specify:

12. Is all information publicly available, or is part of it restricted (e.g. to healthcare professionals, regulators or other partners)

    - ☐ Fully public
    - ☐ Partly restricted
        - ○ If so, which information is restricted and who is able to access it?

    - ☐ Fully restricted
        - ○ If so, who is able to access the information?

13. What types of information does your platform include? *Multiple answers possible.*

- ☐ Patient experiences (e.g., satisfaction ratings, free-text reviews)
- ☐ Operational data (e.g., waiting times, accessibility, appointment availability)
- ☐ Clinical outcomes and quality measures (e.g., complication rates, readmissions, quality-of-life scores)
- ☐ Booking functionalities (e.g., scheduling appointments or requesting services directly through the platform)
- ☐ Other, please specify:

14. How would you say the platform's information is used by different audiences? *Multiple answers possible.*

- ☐ Used by patients or citizens to compare and select healthcare providers
- ☐ Used by patients or citizens to book appointments with healthcare providers
- ☐ Used by healthcare organisations or providers for internal quality improvement and benchmarking
- ☐ Used by regulators or authorities for supervision and policy-making
- ☐ Other, please specify:

C. Reliability and Transparency

15. Does your platform need to comply with the Digital Services Act?

- ☐ Yes
- ☐ No, because:

- ☐ I am not sure

16. Which indicators are used to measure the platform's success? *Multiple answers possible.*

- ☐ Number of ratings and/or reviews placed on the platform
- ☐ Reliability of the ratings and/or reviews
- ☐ User engagement/traffic
- ☐ Healthcare provider quality improvements
- ☐ None
- ☐ Other, please specify:

17. How do you ensure the reliability of ratings and/or reviews? *Multiple answers possible.*

- ☐ Ratings and/or reviews are verified through identity checks (e.g., patient registration, email verification)
- ☐ The platform allows healthcare professionals to respond to ratings and/or reviews
- ☐ Fraud prevention measures are in place
  - ○ If so, please specify:

- ☐ Editorial review or moderation before publication
  - ○ If so, please specify:

- ☐ Reliability of ratings/reviews is verified by an external organisation, namely:
- ☐ Reliability of ratings/reviews is not verified
- ☐ Other, please specify:

18. How effective have measures to ensure reliability of ratings and/or reviews been?

19. How do you encourage representativeness in ratings and/or reviews? *Multiple answers possible.*

- ☐ Sending invitations to all patients after appointments or procedures
- ☐ Setting a minimum required number of ratings and/or reviews per care provider before publishing
- ☐ Targeted invitations to underrepresented patient groups (e.g., age, gender, condition)
- ☐ Incentives or reminders to encourage rating or review submission
- ☐ Monitoring raters' or reviewers' demographics
- ☐ No specific measures are taken to ensure representativeness
- ☐ Other, please specify:

20. How long are ratings and/or reviews kept visible on your platform?

- ☐ Indefinitely – all reviews remain visible permanently
- ☐ 1–6 months
- ☐ 7–12 months
- ☐ 1–2 years
- ☐ 3–5 years
- ☐ More than 5 years
- ☐ Until a specific event occurs (e.g., patient requests removal, provider changes)
- ☐ Variable / depends on review type (e.g., ratings vs. comments)
- ☐ Other, please specify:

21. Does your platform follow a formal code of conduct or ethical guidelines regarding ratings and reviews?

☐ Yes → *Please answer Q21a*
☐ No

21a. If yes, was the code of conduct developed internally by the platform or adopted from external guidelines?

☐ Developed internally by the platform
☐ Adopted from external guidelines
☐ Other, please specify:

22. How does the platform handle review removal or refusal? *Multiple answers possible.*

☐ The platform follows a formal code of conduct or ethical guidelines: reviews that are not in line with these are removed or refused.
☐ Reviews are removed or refused if they violate legal requirements (e.g., if reviews include discriminatory phrases).
☐ Reviews are removed if flagged as inappropriate or offensive by users or by staff.
☐ Healthcare professionals have the right to request removal or correction under certain conditions. ☐
Healthcare professionals have the right to request removal or correction at any time.
☐ No formal rules, removal or refusal is handled case by case.
☐ Not applicable, reviews are never removed or refused.
☐ Other, please specify:

23. What measures are in place to limit harmful or abusive content?

24. How does the platform handle complaints from healthcare professionals regarding negative ratings and/or reviews? *Multiple answers possible.*

☐ Professionals can always publicly respond to reviews.
☐ Professionals can send their complaints to the platform staff, who reviews the complaints before possibly correcting or removing the review.
☐ Professionals can send their complaints to the platform staff, who reviews the complaints before allowing professionals to respond publicly to the patient review.
☐ There is no procedure in place on the handling of complaints from professionals.
☐ Mediation or dispute resolution (e.g., a formal process involving both parties)
☐ Other, please specify:

25. How transparent is the platform on the conditions under which ratings and reviews are published and/or on how potential rankings are determined?

    - ☐ Fully transparent: all conditions and/or methods are published and explained
    - ☐ Partially transparent: basic methodology is explained, but details are limited
    - ☐ Minimal transparency: only general statements provided
    - ☐ No transparency: review conditions and/or ranking criteria are not disclosed
    - ☐ Not applicable
    - ☐ Other, please specify:

26. Have you ever experienced technical or operational issues affecting the availability of the platform?
    Please describe the nature of the issue, how often it occurred, and any impact it had on users or operations.

27. Has the platform ever received serious complaints or legal challenges related to reviews?
    If yes, please provide details about the complaint(s), the circumstances, and how they were addressed.

D. Future and Innovation

28. How do you see the future role of online rating and review platforms in healthcare?

29. Are there new features or improvements you plan to introduce in your platform?

30. What would you like to improve on your platform?

31. Is there anything else you would like to share about the platform that has not been covered in this questionnaire?
    Please include any additional comments, suggestions, challenges, or unique features you think are important.

32. In order to gain a deeper understanding of existing platforms, we are planning to conduct interviews with platform holders over the coming weeks. Would you and/or a colleague be willing to participate in such an interview?

    ☐ Yes, please contact me/my colleague at:

    ☐ No

Thank you for your cooperation!

Appendix B Survey for stakeholders

Introduction
Online rating and review platforms can be used to choose healthcare professionals, to share care experiences and to improve the quality of care. With this short survey we aim to get a better understanding of the perspectives and experiences of various stakeholder groups, i.e. patient or citizen representatives, healthcare professional/care organisation representatives, policy maker representatives, and insurer representatives on their involvement in and use of rating and review platforms.

This survey is part of an explorative study, conducted by the Netherlands Institute for Health Services Research (Nivel), on rating and review platforms in OECD countries. The purpose of this study is to better understand how platforms from various OECD countries operate and what lessons could be learned from differences or commonalities between various platforms.

The survey should take approximately 10 minutes to complete. Your responses will be treated confidentially and used only for research purposes. Results of the survey will anonymously be included in a report that will be made publicly available on the website of Nivel. You are welcome to answer the open questions in the language of your choice!

About us
The Netherlands Institute for Health Services Research (Nivel), is an independent non-profit research institute based in the Netherlands, which aims to contribute to the quality and effectiveness of care. We do this through high-quality, reliable, and independent scientific research on topics of significant societal importance. All research conducted by Nivel is published publicly, as mandated by our statutes. If you have any questions about this survey or the study, please contact Merel Willard: m.willard@nivel.nl.

Thank you for your contribution!

From which perspective are you answering this survey?

- ○ Patient/citizen perspective
- ○ Care professional/care organisation perspective
- ○ Policy maker perspective
- ○ Health insurer perspective
- ○ Other

Which organisation are you affiliated with (if applicable)?
We will not mention this information in the report.

☐

Please select the platform you are most knowledgeable about and can answer questions on.

- ○ CareOpinion UK
- ○ CareOpinion Ireland
- ○ CareOpinion Canada

- ○ CareOpinion Australia
- ○ Legelisten
- ○ ZorgkaartNederland
- ○ Other

In what way have you been involved in the platform?

How and for what purpose do you use the information on the platform?

What are your views on the reliability of the information that is presented on this platform?

Appendix C Interview guide for platform operators/developers

Part 1: Short introduction (5 minutes)
Thank you very much for your willingness to participate in this online interview. Before we start the interview, I propose we start with a short round of introductions. Then we will proceed with a short explanation of the purpose of this study and this interview.
[Short round of introduction: who is participating in the interview from Nivel side and from the platform side (what is the role of the interviewee.)]

Purpose of the study and the interview
The Netherlands Institute for Health Services Research (Nivel) is currently conducting a study on healthcare ratings and reviews platforms in OECD countries. The purpose of this study is to better understand how platforms from various countries operate and what lessons could be learned from differences or commonalities between various platforms.
For this study, we are sending out a survey aimed at developers and/or operators of healthcare ratings and review platforms. In addition to the survey, we are conducting interviews to gain a deeper and more nuanced understanding of the processes, challenges, and perspectives involved. These interviews allow us to explore topics in greater detail than a survey alone.

Practical information
The interview will last approximately 30 minutes, and you can indicate at any time that you want to stop. If you do not object, this interview will be recorded and transcribed by Teams. We will turn on the recording and transcription shortly, after which we will ask you to give permission for your participation and the recording of this interview.
We will anonymise the transcript and use it for thematic analyses. The recording will be deleted after completion of the study report. In the report we will provide a description of the platforms, but we will not refer to any names of persons that participated in the interviews.
Do you have any questions about this interview or the research before we start?
[Answer]

Start recording
If you agree we want to record the interview for transcription purposes. Do you agree with participation and the recording of this interview?
[Answer]

Part 2: Questions about the platform (20 minutes)
The following questions are about: 1) the history of [name platform] (when and why it was launched and by whom); 2) the current function of [name platform] (which goals it serves and for what audiences); 3) the current features of [name platform] and how and why these features might have changed through time (including how reliability and transparency are handled); 4) the future of [name platform] (are there any plans on further refinement, improvement or changes to the platform and what are reasons behind this); 5) general views regarding ratings and reviews platforms.

1. History of the platform
I will start with a few background questions on the history of the platform.

1. Who is the developer op this platform?

2. When has the platform been launched and what was the reason for its launch in your country?
3. Who is the host of the platform in your country?

2. Current function of the platform

I will now continue with questions about the current function of the platform.

1. You indicated the platform's main purposes in the survey. In practice, which purpose has become the most dominant and why?
2. What are the main audiences that your platform serves?
3. Has there been an important development or turning point for your platform that led to its' current purpose?
    a. What triggered it, and what changed afterward?

3. Current features of the platform

I will now move to some questions about the current features of the platform.

4. Which features or types of information on the platform have proven most valuable to users, and how do you know this?
    a. Are there functions that turned out to be less useful than expected?
    b. Are there features or data types you originally wanted to provide but could not (e.g., due to legal, technical, financial, or political constraints)?
    c. Have you tried to implement other functions beyond ratings and reviews?
    d. What was the motivation to implement new functions or remove functions?
5. How is the reliability of ratings or reviews that are placed on your platform determined and by whom?
6. How are choices regarding transparency and reliability made within the team that hosts the platform?
7. Have there been situations in which healthcare professionals or other stakeholders felt disadvantaged because of negative ratings or reviews on your platform?
    a. How did you handle them, and what did you learn?
8. Has the platform undergone major structural or strategic changes (e.g., changing verification methods, adding or removing data types)?
    a. What were the reasons and consequences?
    b. What considerations played a role in these changes?
9. In your experience, what impact does the platform have on patients?
    a. And healthcare providers or organisations?
    b. On any other key audiences?
    c. Can you give concrete examples?

4. The future of the platform

I have also a question regarding the future of the platform.

10. Are there currently any plans for changes, improvement or refinements of the platform?
    a. If so, in what specific areas and what is the reason of these changes?

5. General views on ratings and reviews platforms

11. What is your opinion on ratings and review platforms that included a commercial component (booking platforms)?
12. Based on your knowledge of the landscape, why do you think some rating/review platforms in your country or sector succeed, while others stop or never gain traction?
13. Looking at the future, what do you see as the biggest opportunities, for healthcare ratings and review platforms over the next five years? And the biggest risks?

Part 3: Closing of the interview (5 minutes)
I think I have gained a good insight in [name platform] during this interview.
Are there things that we have not yet discussed that you think are important? Do you have any questions for us?
Thank you very much for participating in the interview. I will stop the recording.
[stop recording]
The recording has stopped. I would like to thank you again for your time and effort in participating in this interview. Can we contact you by email if it occurs that we miss information or if something is not clear?
We will inform you after publication of the study report (by the end of February 2026).

Appendix D Interview guide for experts

Part 1: Short introduction (5 minutes)
Thank you very much for your willingness to participate in this online interview. Before we start the interview, I propose we start with a short round of introductions. Then we will proceed with a short explanation of the purpose of this study and this interview.
[Short round of introduction: who is participating in the interview from Nivel side and from the platform side (what is the role of the interviewee].

Purpose of the study and the interview
The Netherlands Institute for Health Services Research (Nivel) is currently conducting a study on healthcare ratings and reviews platforms in OECD countries. This is a study that was commissioned by the Dutch National Health Care Institute, which is a public healthcare institute in the Netherlands that works on behalf of the government to help ensure the Dutch healthcare system remains high-quality, accessible, and affordable for everyone.
The purpose of this study is to better understand how platforms from various countries operate and what lessons could be learned from differences or commonalities between various platforms.
For this study, we sent out a survey aimed at developers and/or operators of healthcare ratings and review platforms. In addition to the survey, we are conducting interviews to gain a deeper and more nuanced understanding of the processes, challenges, and perspectives involved.

Practical information
The interview will last approximately 30 minutes and you can indicate at any time that you want to stop. If you do not object, this interview will be recorded and transcribed by Teams. We would like to include your reflections into the report, either anonymous or not, in line with your personal preferences. The recording will be deleted after completion of the study report.
Do you have any questions about this interview or the research before we start?
[Answer]

Start recording
If you agree we want to record the interview for transcription purposes. Do you agree with participation and the recording of this interview?
[Answer]

Part 2: Preliminary insights from the project based on the Desk research (10 minutes)

Part 3: Views on ratings and reviews platforms (20 minutes)
1. To what extent do you think rating and review platforms play a valuable within healthcare systems?
2. For whom would you say ratings and review platforms could be valuable?
3. Do you think that rating and review platforms could contribute to improved quality of care?
4. Under what conditions do think rating and review platforms could contribute to quality of care?
5. What is your opinion on ratings and review platforms that include a commercial component (such as booking platforms)?
6. Based on your knowledge of the landscape, why do you think some rating/review platforms succeed, while others stop or never gain traction?
7. Looking at the future, what do you see as the biggest opportunities, for healthcare ratings and review platforms over the next five years?

8. And what do you see as the biggest risks?

Part 4: Closing of the interview (5 minutes)
Are there things that we have not yet discussed, that you think are important? Do you have any questions for us?
Thank you very much for participating in the interview. I will stop the recording.
[stop recording]
The recording has stopped. I would like to thank you again for your time and effort in participating in this interview. Can we contact you by email if it occurs that we miss information or if something is not clear?
We will inform you after publication of the study report (by the end of February 2026).