



Health Web Site Standards

Version 1.0

Purpose and Scope

These standards are intended for the accreditation of consumer-oriented online health resources.

Organizations offering such resources include (but are not limited to):

- Health care financing organizations, such as health plans and health insurers;
- Health delivery organizations, such as hospitals and physician practices;
- Health management organizations, such as third party administrators and specialty managed care organizations;
- Organizations offering health resources primarily through the Internet or other electronic media;
- Different combinations of the organization types listed above

Accreditation may increase the confidence of consumers and other stakeholders that their Web-based interests, welfare, and safety are protected by organizations that meet these standards.¹

Additional details regarding the Health Web Site Accreditation Program are available on URAC's Web site at www.uran.org.

¹ Compliance with these standards does not substitute for compliance with applicable law(s) except where expressly provided in such law(s).

Definitions

Note: Defined terms are *italicized* throughout this document. Definitions apply to the way in which the terms are used in this document and do not necessarily apply in other contexts.

Commerce: Any services provided by a *Web site* that include the selling or marketing of *health content*, medical supplies or equipment; pharmaceuticals, dietary or nutritional supplements; *service delivery*, or other health care services or products.

Connectivity: Any services provided by a *Web site* that include the exchange or storage of *personal health information* or *health content* between *users* and the *Web site*, *users* and *health professionals* or facilities, or among *users*. Examples include management of health care records, chat rooms, discussion groups, bulletin boards, and e-forums.

Contractor: A business entity that performs delegated functions on behalf of the *owner*. Includes (but is not limited to) wholly-owned or controlled subsidiaries and third-party vendors.

Health Content: *Web site* services that are intended to provide general, *user* non-specific information or advice about maintaining health or the treatment of an acute or chronic illness, health condition, or disease state.

Health professional: An individual who: (1) has undergone formal training in a health care field, (2) holds an associate or higher degree in a health care field and holds a state license or state certificate in a health care field (where applicable), and (3) has professional experience in providing direct patient care.

Opt-in: Affirmative consent actively provided by a *user* to participate in an activity or function of the *Web site*, provided after the *Web site* has fully disclosed the terms and conditions of participation to the *user*, including:

- The duration of the opt-in (is it indefinite or does it apply for a specified period?);
- The type of information to be collected from the user, and the purposes for which the information will be used; and
- The mechanism by which the user may *opt-out*.

Opt-out: A process by which a *user* declines to participate in an activity or function of the *Web site*.

Owner: A business, corporation, association, coalition, group, or other entity that owns or operates a *Web site*. For the purposes of these standards, an owner will usually (but not always) be:

- A health care organization, such as a health plan, insurer, managed care organization, hospital, or physician practice.
- The entity that *users* identify as the sponsor of the *Web site*.

Note: Under these standards, the owner is responsible for all *Web site* functions, even in instances where such functions are delegated to a *contractor*.

Passive tracking mechanism: A persistent electronic file used to track *Web site* navigation. (Passive tracking mechanisms may be temporary, which exist during a given Internet session but are destroyed automatically after the session is ended, or persistent, which exist permanently until they are deleted and may be used to track *user* behavior from one session to the next. The term “passive tracking mechanism,” as used in this document, refers to persistent mechanisms, which allow a *Web site* to record and retain *user*-specific navigation information whenever the *user* accesses the *Web site*.) Examples of passive tracking mechanisms include (but are not limited to) cookies, clear gifs, web bugs, etc.

Personal health information: Any *personally-identifiable information*, whether oral or recorded in any form or medium, that:

- Is created or received by a *user*, *owner*, health care provider, health plan, public health authority, employer, insurer, school or university, or health care clearinghouse; and
- Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

Personally-identifiable information: Any information that can be tied to an individual identifier.

Quality Oversight Committee: A committee that has been assigned responsibility and authority for the quality of the *Web site* by the management of the *owner*. At a minimum, the committee membership includes:

- (i) The *health professional(s)* responsible for the *health content* on the *Web site*; and
- (ii) The individual responsible for the *Web site's* privacy practices.

Service delivery: Any services provided by a *Web site* that include *user-specific* health care advice or information; communication between and among health care providers, *users*, and health plans, health insurers, or health care facilities regarding treatment decisions, claims, billing for services; and other services provided to support health care.

User: An individual person who visits a *Web site*.

Web site: An electronic source of *health content, commerce, connectivity, and/or service delivery*.

Health Web Site Standards

To achieve URAC accreditation, *owners* and *Web sites* must comply with the following standards.

I. Disclosure

Standard WS 1

The *Web site* discloses to *users*:

- (a) The specific services it provides, such as *health content, connectivity, service delivery, personal health management, and/or commerce*;
- (b) Terms and conditions regarding the provision of services;
- (c) Appropriate uses and limitations of those services including limitations (if any) on
 - (i) providing health advice to *users*; and
 - (ii) emergency health situations; and
- (d) The rights and responsibilities of *users* and other participants.

Standard WS 2

The *Web site* discloses its practices for uses and response times for e-mails, electronic messages, and other communications transmitted via the *Web site*.

Standard WS 3

The *Web site* discloses to *users*:

- (a) What information is collected about *users* and how it is used (including the use of *passive tracking mechanisms*);
- (b) To whom *personally-identifiable information* may be disclosed, and for what purpose;
- (c) How long *personally-identifiable information* is retained;
- (d) The rights of *users* with respect to their *personally-identifiable information*, including all the rights enumerated in section IV of these standards;
- (e) The entity that maintains *personally-identifiable information*; and
- (f) Any limitations on deletion or removal of information.

Note: Please refer to section IV, below, for standards regarding *personally-identifiable information*.)

Standard WS 4

The *Web site* discloses to *users* information regarding:

- (a) Significant financial investors and interests in the *owner* or *Web site* (to include any product, service, or organization mentioned or endorsed on the site);
- (b) The identity of the *Web site* owner, including address and legal name; and
- (c) Where to get more information about the *owner(s)* (such as annual reports).

Standard WS 5

The *Web site* discloses to *users* its editorial policy. (see WS 11, below)

Standard WS 6

If advertising or sponsorship is one of the funding sources, the *Web site* discloses to *users* its advertising and sponsorship policies.

Standard WS 7

The *Web site* discloses significant relationships between commercial sponsors and *health content* by identifying a sponsor's involvement in:

- (a) Selecting or preparing health information content that appears on the *Web site*, including any sponsorship of priority listings in search engine results, product listings, or other preferences in presentation of information to consumers; and
- (b) Any "co-branding" of *health content* or *service delivery*.

Standard WS 8

The *Web site* discloses to *users* its promotional policy, i.e. if and how it will use information obtained from users to promote goods and services of the *owner* or its business partners.

Standard WS 9

The *Web site* discloses if it has a material financial and/or business relationship based on linking to other sites. (see section III, below)

Standard WS 10

Notice of all disclosures is prominently posted on the *Web site*, and the disclosures are available electronically through the *Web site*.

II. Health Content and Service Delivery

Note: The URAC Health Web Site Accreditation Program is not designed to guarantee a minimum level of quality for *health content* or *service delivery*. However, the practices and mechanisms described in this section (and elsewhere in these standards) are important components of a quality *Web site* program.

Standard WS 11

The *owner* develops editorial policies and applies these policies to all *health content* on the *Web site*, whether developed by the *owner* or licensed from another organization. Editorial policies specify:

- (a) Requirements for minimum qualifications of authors and sources of *health content*;
- and
- (b) The editorial review process for any *health content* to be displayed on the *Web site*.

Standard WS 12

The *Web site* clearly distinguishes advertising from *health content* using identifying words, design, or placement.

Standard WS 13

The *Web site* does not make claims of therapeutic benefit without reasonable support.

Standard WS 14

The *owner* implements a policy not to knowingly accept advertising or sponsored *health content* for the *Web site* that either contains false or misleading claims or promotes ineffective or dangerous products.

Standard WS 15

For *health content*, the *Web site* provides:

- (a) The name of the author and/or source of the material; and
- (b) The date of the *health content* or its last update.

Standard WS 16

Where the *Web site* presents *health content* based on clinical experience or scholarly research, the *Web site* clearly discloses the actual author(s) of the *health content*.

Standard WS 17

The *Web site* has a conflict of interest policy for all authors of *health content* that is easy for *users* to find, read, and understand.

Standard WS 18

Where the *Web site* offers any self-assessment tools, the *Web site*:

- (a) Discloses their source;
- (b) Appropriately describes the scientific basis for their operation; and
- (c) Describes how the *Web site* maintains self-assessment tools, including:
 - (i) a description of the evaluation process; and
 - (ii) the date of the last review or update.

Standard WS 19

For *service delivery*, the *Web site* provides conspicuous and appropriate information for *users* to understand when they are, and are not, in an interaction with a *health professional* that is covered by the ethical standards of the profession.

Standard WS 20

For *service delivery*, the *owner* implements systems to enable *health professionals* to adhere to professional ethical principles in the *Web site* environment.

Standard WS 21

The *Web site* provides information on:

- (a) The credentials and qualifications (and, if applicable, professional licensure) of persons responsible for *service delivery*; and
- (b) Whether the *owner* verifies information regarding *health professionals* or others who provide services or information on the *Web site*.

III. Linking

Standard WS 22

The *owner*, with the involvement of the *quality oversight committee*, develops, documents, and follows specific policies and procedures for evaluating and choosing sites with which to link.

Standard WS 23

The *Web site* clearly indicates to *users*:

- (a) Whether links to other sites are provided for information only or constitute endorsements of those other sites; and
- (b) When they are leaving the *Web site* to go to a linked site.

Standard WS 24

The *owner* periodically (at least annually):

- (a) Re-evaluates appropriateness of links to other sites; and
- (b) Checks the functionality of links and removes or corrects non-functioning links.

Standard WS 25

The *Web site* provides a mechanism for *users* to report non-functioning links.

IV. Privacy

Standard WS 26

The *Web site* allows *users* to *opt-out* of the collection and use of *personally-identifiable information* and describes the consequences both of providing, and not providing, such information.

Standard WS 27

If the *Web site* uses *passive tracking mechanisms*, the *Web site*:

- (a) Discloses the use of *passive tracking mechanisms* to *users* and the purpose(s) for which the *passive tracking mechanisms* will be used;
- (b) Obtains *opt-in* from *users* before persistent *passive tracking mechanisms* are used;
- (c) Provides users who have previously agreed to the use of *passive tracking mechanisms* a mechanism to subsequently *opt-out*; and

- (d) Informs *users* of the consequences of not agreeing to the use of *passive tracking mechanisms* (for example, restricted access to the *Web site*).

Standard WS 28

If the *Web site* collects *personal health information*, the *Web site* does so only for *users* who *opt-in* for collection, and the *Web site* describes the consequences both of providing, and not providing, such information.

Standard WS 29

The *Web site* obtains *opt-in* from *users* prior to the collection and use of *personal health information*.

Standard WS 30

The *Web site* does not use *personal health information* for any purpose outside the scope of the original *opt-in* without first obtaining additional *opt-in* (unless required by law).

Standard WS 31

The *Web site* provides information to *users* about how to access, supplement, and amend *user-provided personal health information*.

Standard WS 32

Specific, voluntary *opt-in* is obtained prior to disclosure of *patient health information* unless required for: health care operations, treatment; payment, internal quality management activities, or legal requirements (public health reporting, fraud and abuse investigations, court orders, and warrants).

Standard WS 33

The *Web site* allows *users*, at any point, to *opt-out* of the continued collection and use of their *personal health information* and/or request deletion or removal of that information, providing directions/adequately describing how to do so.

Standard WS 34

For users who have *opted-out* of the use of their *personal health information* (or who no longer have access to their *personal health information* on the *Web site*), the *owner* develops and implements policies and procedures for:

- (a) The management of retained *personal health information*; and
- (b) The deletion or removal of *personal health information* for which the *user* has *opted-out*.

Standard WS 35

The *owner* requires a business partner agreement from any third parties that have access to *personally identifiable information* on (or obtained through) the *Web site*, holding them to the same (or higher) privacy standards as the *owner*.

V. Security

Standard WS 36

The *owner* requires a business partner agreement from any third parties that have access to *personally identifiable information* on (or obtained through) the *Web site*, holding them to the same (or higher) security standards as the *owner*.

Standard WS 37

If the *Web site* maintains or collects *personal health information*, the *owner* has on file a credible auditor's report, no more than one year old, that finds the *Web site* meets or exceeds industry security standards and practices – both technological and administrative – to guard against unauthorized access to *personal health information*.

Note: URAC will evaluate the credibility of security audits under standard WS 37 on a case-by-case basis, considering such factors as:

- The qualifications and independence of the auditor;
- The standards used by the auditor; and
- The rigor of the auditing process.

In cases in which the *owner* does not have an acceptable auditor's report, the *owner* may arrange for such an audit, or URAC will perform an audit as part of the accreditation process (for an additional fee).

VI. Accountability

Standard WS 38

The *Web site* provides a mechanism, clearly identifiable to *users*, to:

- (a) Provide feedback about the *Web site*; and
- (b) Register complaints.

Standard WS 39

The *owner* develops and implements policies and procedures to respond to complaints in a timely and appropriate manner, and for dispute resolution.

Standard WS 40

Information collected through the mechanisms described in standards WS 38 and WS 39 is documented and shared with the *quality oversight committee*.

VII. Policies and Procedures

Standard WS 41

The *owner* develops and maintains written policies and procedures that govern all material aspects of its Web-based, electronic activities, including (but not limited to):

- (a) *Quality oversight committee* (see standards WS 47 through WS 53)
- (b) Staff Competency Development (see standard WS 45)
- (c) Disclosure (see standards WS 1 through WS 10)
- (d) *Health content* and *service delivery*, including editorial policy (see standards WS 11 through WS 21)
- (e) Linking (see standards WS 22 through WS 25)
- (f) Privacy and Confidentiality (see standards WS 26 through WS 35)
- (g) Security (see standards WS 36 and WS 37)
- (h) Accountability (see standards WS 38 through WS 40)
- (i) Accessibility (including accessibility for disabled persons)
- (j) Reliability and Performance
- (k) Credentialing and Professionalism (see standards WS 19 through WS 21)
- (l) Protection of children regarding *Web site* access

- (m) Business relationships (including advertising, editorial autonomy, etc.)
- (n) Response to *users* who attempt to utilize the *Web site* outside the scope of its intended services
- (o) Roles and responsibilities (if any) with respect to reporting information to appropriate legal and regulatory authorities

Note: Please refer to the subsequent sections of these standards for guidance on necessary policies and procedures regarding the items listed in standard WS 41.

Standard WS 42

The *owner*:

- (a) Maintains a master copy of policies and procedures; and
- (b) Reviews policies and procedures no less than annually, and revises when necessary.

Standard WS 43

Internal policies and procedures include:

- (a) Effective dates, including the date of the most recent revision; and
- (b) Signature of person with approval authority.

Standard WS 44

The *owner*:

- (a) Adopts an appropriate and established set of guidelines, principles, or ethics code to guide the *Web site*, and
- (b) Ensures that all policies and procedures are consistent with the guidelines, principles, or ethics code adopted by the *quality oversight committee*. (see standard WS 48, below)

Standard WS 45

The *owner* implements a process to provide staff training, in order to keep all those involved in *Web site* operations up-to-date regarding all policies and procedures relevant to their job functions.

Standard WS 46

The *owner* implements processes to maintain oversight of activities delegated to *contractors*, including written contracts that specify:

- (a) The responsibilities of the *owner* and the *contractor*; and
- (b) Mechanisms to address any problems with the *contractor's* performance.

VIII. Quality Oversight Committee

Standard WS 47

The *owner* establishes a *quality oversight committee*. (see definition)

Standard WS 48

The *quality oversight committee* considers and applies other professional guidelines, principles, or ethics codes as appropriate to its *health content*, audience, and goals.

Standard WS 49

The *quality oversight committee* reviews changes to all policies and procedures related to the *Web site*.

Standard WS 50

The *quality oversight committee* establishes and reviews performance data or indicators relative to the *Web site* at least quarterly and implements interventions in cases where the data indicate deviations from stated policies.

Standard WS 51

The *quality oversight committee* maintains a process to implement appropriate interventions for circumstances or events that may pose an immediate or imminent threat to the health, safety, or welfare of *users*.

Standard WS 52

For issues that require intervention, the *quality oversight committee*:

- (a) Oversees the corrective action; and
- (b) Documents the corrective action and any resulting improvements.

Standard WS 53

The *quality oversight committee* maintains a formal record of proceedings.

References

Sources for this document include:

- Cynthia Baur, PhD. and Mary Jo Deering, PhD., “Proposed Frameworks to Improve the Quality of Health *Web sites*: Review,” September 26, 2000, Medscape, Inc., www.medscape.com.
- “Best Principles for Health Privacy,” Health Privacy Project, Institute for Health Care Research and Policy, Georgetown University, July 1999.
- “eHealth Code of Ethics,” eHealth Ethics Initiative 2000, Internet Healthcare Coalition, www.ihealthcoalition.org.
- “Ethical Principles for Offering Internet *Health Services* to Consumers,” Hi-Ethics, www.hiethics.com.
- “Guidelines for medical and *health information* sites on the Internet,” American Medical Association, www.ama-assn.org.
- HONCode, Health on the Net Foundation, www.hon.ch.
- Information Quality Tool, Health Summit Working Group, <http://hitiweb.mitrettek.org/iq/>.
- RAND Health/California HealthCare Foundation, “Proceed with Caution: A Report on the Quality of Health Information on the Internet,” May 2001, www.chcf.org.