

RAC comments during MAR awards update

- RAC should organize and generate ideas to submit funding proposals for NIH funding from stimulus package
- We should think about other federal stimulus funding (through IT & Education) for additional funding related to health information projects
- Leadership Institute:
 - Hospital & academic librarians have different needs in this arena; the award should focus on a target population and not try to serve such a broad base [my idea: could it offer dual but separate tracks?]
 - Connect with other leadership groups such as AAHSL, MLA task force, etc., to help leverage award money
 - Look to Harvard Leadership program for ideas

Open discussion: How can we encourage member participation in developing local programs linking unaffiliated health professionals to health information?

- We need more money to do outreach to unaffiliated. Can we use MAR award to seed an outreach project and then use the project as a revenue generating activity (fee for service) for the library/institution?
- Librarians need to consider the tax implications of revenue generating versus cost recovery.
- Partner with another organization (e.g. AHECs) that already has access to a client base.
- Consider multi-part awards.
- Barrier: Hospitals without libraries are also likely not to have funds to pay for outside library services.
- In MAR there have been at least 30 years of RML-funded outreach projects. Is there any outcomes data on these projects? Until some evaluation is done, perhaps no new money should go in to outreach projects until we know the real need based on real data.
- NLM outreach activities use a scattershot or “drop in the bucket” approach which is ineffective. Consider using a better approach with more funds and more focus.
- Do hospitals with libraries have an obligation to help hospitals who choose not to have libraries/librarians? This issue is part of a bigger debate on health care quality.
- Doctors are not willing to pay for information, so how can we address this with unaffiliated professionals? How can we give them access to appropriate online resources?
- When we talk about outreach projects we are talking about providing access to information, not about training, right? Training is an old-fashioned method; we need to work on providing access. Service to unaffiliated health professionals means information access to journal articles, no longer just PubMed training.
- We need to work on open access by educating authors/researchers on their publication rights to ensure access to these materials by others.
- We need to license clinical information tools on a broad level to create access for unaffiliated health professionals.
- Save local resources, e.g. NOAH—it is an outreach tool.
- Re-fund successful projects at the next level.
- Promote libraries as part of patient-centered family care; make libraries part of the marketing strategy. “Choose our hospital because of our high-quality patient information.”
- Perhaps redefine outreach as mission critical from the hospital librarian’s point of view – this might increase interest and up the ante for network members.

- The reality is that most hospital libraries are understaffed, and that reality prevents doing outreach UNLESS the librarian partners with another hospital department that is already doing outreach.
- What can NLM do for unaffiliated health professionals? They created MedlinePlus for free for consumers, they created Medline for clinicians; Loansome Doc is not enough, nor practical because they have to pay for it. Perhaps NLM could create a point-of-care resource for unaffiliated folks.
- Clinical information tools are missing from NLM's offerings. PubMed is not enough.
- The demand is for full text, which is a step beyond PubMed. NLM has no full-text, point of care resource for clinical information (i.e. something analogous to MedlinePlus, but for clinicians).
- Look around the world: Other national governments are funding access to full text clinical resources.
- Physicians want a product, such as UpToDate, that synthesizes full text.
- Physicians also want the full text itself via journal access.
- Delaware is looking at the possibility of a licensing model with Ebsco to put full text medical resources in all hospitals. Delaware Health Information Network (DHIN) is working to share electronic patient information across all eight hospitals in Delaware. DHIN is also in talks with vendors about adapting electronic licensing models to include ALL health professionals in DE.
- Regional Health Information Organization (RHIO) in central Pennsylvania.
- Consider the effects of state-funded databases in New Jersey and New York that are being cancelled because of budget cuts.
- RML should promote partnering: Communicate partnership opportunities. Librarians should partner with medical informatics colleagues to integrate information into the Electronic Health Record. NLM should partner with AHRQ and other relevant government agencies to improve the National Guideline Clearinghouse and other government full-text clinical resources.
- NLM should encourage informationists and librarians to work on EHRs at their institutions.
- Identify good models from past RML-funded projects.
- Redefine outreach from the local model to the nationwide model. NLM should work on national outreach ("big O") before individual libraries work on local outreach ("little o").
- Reconsider outreach as "infiltration", working with groups rather than from the outside of them.
- Even if NLM incentivizes outreach, it will be successful only if the library's parent institution supports outreach.

Comments for RML consideration

- Emphasize partnering when communicating about outreach awards
- Sustainability needs funding and staff
- Can we facilitate a change to state-wide funding of electronic licensing models
- We need to record outreach being done through regular library programs
- Add the Chairs of NYS hospital library programs to committees
- We need to sponsor a Go Local conference to discuss how to integrate Go Local with other similar programs in the area, and discuss what did and did not work: invite successful implementers from other RMLS
- Leadership Institute – who should actually develop it, should it focus on new librarians in the region?

Comments for NLM

- Define outreach with a BIG O and contrast it with a little o (look to larger context); we need an IAIMS level of commitment to outreach from NLM that determines best practices. There was a strong desire for a clearer outreach focus from NLM.
- What all unaffiliated users, including the public and community groups want is the information itself – full text. NLM should develop its next “killer app” (after PubMed and MedlinePlus) to be a point of care application like UpToDate that is truly Evidence Based and is publicly available. Could they do this in partnership with AHRQ?
- Use the word “infiltration” instead of outreach, as a representation of the concept of changing truly providing and continuing to provide an essential service. Outreach is somewhat one-off in wording.
- Question, can a library generate revenue based on a program funded by an RML award? Can service to unaffiliated health professionals be a revenue-generating activity (not just cost recovery)? Example of revenue generating activity: Teach PubMed for CME credit.
- NLM needs to advocate for the role of the librarian in adding library resources to the EMR, it’s a real struggle to get to the table, and not a good idea to not have librarians at the table

Comments for the Value Study Group

- Do we have Ovid Medline delineated on the resource list?
- We need to communicate directly to administrators about why they would want their hospital to participate
- Incentives – yes, but: do you have within each institution or the whole group (within each institution it could be a variety of things like cafeteria cards etc; one big one would be permission to be in a pool for a drawing
- What is the exact format of the data output, can it be drawn out and used in other studies for benchmarking etc.
- Concern that many clinicians in private practice outside the hospitals would not be reached even though they admitted patients to the hospitals
- Concern that some physicians who are at multiple hospitals in a metro user area would be asked to participate multiple times
- Need to communicate “what’s in it for me” to all levels of participants – librarians, administrators, clinicians
- Add EMR as point use
- On remote access, are they logging in to a virtual desktop (VPN) or is it traditional proxy to just the library
- We should have a minimum of 2 institutional champions