

**NN/LM MidContinental Region
Regional Advisory Board Meeting
September 25, 2009
Aurora, CO**

Minutes

Location: *Health Sciences Library, University of Colorado Denver – 2nd floor conference room*

Welcome and Introductions – *Jean Shipman, Director, and Claire Hamasu, Associate Director*

NLM Update – *Renee Bougard, Outreach Librarian National Network Office*

- NLM Associate Fellows
- FY2010 Budget
- Extramural Programs (EP)
- NIH Grants
- PubMed
- MedlinePlus
- TOXMAP
- Arctic Health
- DailyMed
- Personal Health Record (PHR)
- Twitter
- NLM's 175th Anniversary

Emergency Planning in the NN/LM – *Dan Wilson, Coordinator - NN/LM National Emergency Preparedness & Response Plan, and Sharon Medcalf, Associate Director - Center for Biopreparedness Education – University of Nebraska*

Dan Wilson talked about what's been happening nationally to encourage health sciences librarians across the nation to work on emergency preparedness plans. New initiatives in emergency preparedness programming will reach out to hospitals without libraries and to community based organizations. Sharon Medcalf presented a flu 101 so everyone would have a better understanding of what the flu is, how it is dispersed, why flu inoculation is important, and the government plans to get everyone inoculated for both the regular flu and H1N1.

State Bingo – *Marty Magee, Caller*

The items called were statements describing health information access in the different states in the region. Advisory board members submitted the statements used in the game. (See Attachment 1 for list of statements)

Visioning – Barb Jones, Missouri/Library Advocacy Liaison

What will health care look like in 2016, if there is no barrier in obtaining all the health information that is needed?

Five groups were formed and came up with the following scenarios:

1. *The VA Electronic Medical Record Scenario*

The VA electronic medical record system is widely adopted with access by patients as well as their health care providers. The EMR offers links to consumer health information that is culturally appropriate. NLM has an important role in setting standards for the information imbedded in the EMR. Telehealth is wide spread giving remote areas access to consultants.

2. *The Cleaver Family Scenario*

Patient: The Cleaver Family

Provider: Dr. Marcus Welby IV

Health Status:

- Ward: GI concerns due to stress
- June: Diabetes
- Beaver: ADHD
- Wally: needs STD information

Each family member has a personal mobile unit that allows them to access their personal health information, and that information is linked to evidence based wellness plans. The devices can also administer certain tests, like blood pressure, monitoring June's diabetes, and Beaver's compliance with taking his ADHD medication (June also gets notices if Beaver is not taking his medication). There are also telemedicine capabilities that allow the Cleaver family to access a nurse, librarian or health educator at any time.

The information that is entered into the device, like the blood pressure tests, is sent to the health care provider and added to the family member's electronic health record (HER), allowing the provider to monitor information as it comes in. In addition, the provider can send a new or a renewal of a prescription directly to the pharmacy the family uses based on this monitoring of incoming information. Wellness triggers are also sent to family members; i.e. Beaver is reminded to take his medication, walk the dog, go to bed at 9:00, etc.

June was recently hospitalized and her medication order was messed up; this information went into the EHR where the hospital's Performance Improvement team caught it. They worked with Dr. Welby to help improve his patient care. That information was also fed into a benchmarking database to improve care across the country.

Ward lost his job, but the family still has healthcare at the same cost. He now attends yoga classes to distress. Losing his job ended up being the best thing for the whole family. June now has a job as a medical librarian, and has thrown her pearls and heels away.

Dr. Welby IV is also having an easier time; he is able to spend more time with patients because the monitoring information is sent to the EHR, He has lower overhead costs as well. He has access to point of care information, and even though his practice is in a very rural area, he can make better treatment decisions because of his access to this evidence based point of care info. He also has access through telemedicine to specialists to assist with treatment.

When the family went to MCMLA conference in Breckenridge, they were able to access the Beaver's EHR when he sprained his ankle while hiking on the Peak 9 trail.

Overall this system will reduce health care costs and improve outcomes. People will be healthier and healthcare will be affordable.

3. Preventive Medicine Scenario

To grow a healthy public a strong sense of wellness begins even before a child is born with parents as wellness advocates. Wellness must also be integrated into school curricula where Physical education is as important as scholarly education. Public health and community based organizations are also involved in promoting and implementing preventive medicine. Information for schools, public health and community based organizations are supported by librarians and is evidence based.

4. The Evidence Based Information Scenario

Evidence based information is available from the electronic medical record for both the health care provider and the patient. Data from EMRs is used to develop evidence based information. Both providers and patients contribute to the EMR. Using and affecting evidence based information are government, community, non-governmental organizations and librarians. The outcome from this free flow of evidence based information is improved outcomes and higher expectations by patients of the healthcare system. This may result in more frustration and malpractice law suits, if the patient outcome is not as expected.

5. Community Health Care Scenario

Regulation from health care reform and increased awareness improve access and use of information by the different communities that make up society: consumers, health professional, administrative, librarians, government, and lobbyists. There are more consumer geared products e.g., customized genomic information and the personal health record. Local governments are being pushed by communities to provide computerized health care record access across hospitals, provider offices, and clinics.

Tour of Library -- *Jerry Perry, Director Health Sciences Library – University of Colorado Denver, Dana Abbey, Colorado/Consumer Health Liaison, Mary Mauck, Student Email Coordinator, and Rhonda Altonen, Media Specialist.*

Build Scenarios – *John Bramble, Utah/Network Membership Liaison*

Groups answered the question, “What resources and/or activities are needed for the scenario to be reality?”

- All U.S. residents learn how to use electronic health systems
- Uncensored Evidence-Based Knowledge
- Culturally appropriate delivery of information
- Standards: Technical, medical, cultural
- National infrastructure for broadband Internet access in the most remote places
- Constant and widespread public service announcements promoting good health
- Acceptance that healthcare is a right
- Electronic Medical Record is pervasive and is as accessible to the patient as the health care provider.

Merge Scenarios – *Rebecca Brown, Kansas/Technology Liaison*

Common elements of the scenarios were extracted:

1. National Electronic Medical Record; National Personal Health Record
 - Must be a non-proprietary system
 - Healthcare practitioner view with access to uncensored evidence-based full-text articles
 - Consumer view: Health record would be automatically populated from MedlinePlus and other vetted, uncensored sources with information on patient’s diagnosis.
2. National Institutes of Health sets guidelines and standards for personalized alerts to patients about:
 - Medication reminders (refills, etc) – addresses patient compliance
 - Scheduled tests (mammograms, colonoscopies, etc.)
 - Annual check-up reminders (preventative)
3. Public Service Announcements:
 - Advertising for checkups, specific diseases (diabetes for example), flu season
4. Education:
 - Preventative and wellness curriculum throughout all levels of public education
 - All U.S. residents learn how to use the electronic system
 - Culturally appropriate delivery: translated materials may not be enough. Literacy in some languages is very low. May need to rely more heavily on images, person-to-person, creative approaches.
5. Build a consortium to address:
 - ethics
 - privacy
 - knowledge base
 - standards

- access

6. National Internet infrastructure is put into place to enable access in even the most remote places for strengthened Telehealth (services for practitioners and consumers such as Radiologist reading x-rays).

Thank You and Adjournment – *Jean Shipman, Director, and Claire Hamasu, Associate Director*

The Regional Advisory Board meeting adjourned at 3:30 pm.

Attachment 1
RAB Bingo Call List

1. The Colorado Cancer Resource Guide web site includes links for adult and pediatric cancers and preventative care.
2. Missouri Department of Health and Human Services posts important health information for citizens on the Missouri State government website.
3. Colorado has an active and responsive State Library that has been very much engaged in promoting stimulus funding for improving broadband capacity at public libraries.
4. The Missouri State Library has funded grants for CE for librarians in health care.
5. The Missouri Area Health Education Center (MAHEC) has created a Digital Library (MDL) that provides access to a core set of health information resources for all AHEC supported preceptors, students and other health care providers who are practicing in Missouri.
6. St. John's Van K. Smith Community Health Library provides health information services to the public in a 34 county region of southwest Missouri
7. Health Literacy Missouri is working toward improving the health of Missouri citizens by improving the health literacy of and health literacy materials for state citizens.
8. McGoogan Library maintains Nebraska's Go Local database, which has been cited for both quality control and marketing by the National Library of Medicine.
9. The Via Christi librarians just designed a web page of freely available healthcare resources for anyone in the state to use.
10. In Kansas, everyone, including nursing students and working nurses, have free access to nursing databases including the Joanna Briggs Institute database through the State Library.
11. State Library of Kansas serves all of Kansas with reliable consumer health information resources.
12. Missouri has two strong local medical librarian groups furthering the dissemination of health information, Health Science Library Network of Kansas City and St. Louis Medical Librarians.
13. Connectivity to the Internet in general is very good throughout the state of Colorado, and especially on the Western Slope and along the Front Range.

14. Kansas Health Online: offers tools to compare hospitals, find doctors and information about healthy lifestyles to help you make healthy choices. This is the home of Kansas GoLocal that has the potential to be a major resource on health services for the state.
15. Through Creighton University and the University of Nebraska Medical Center, Nebraska has special strength in two priority NN/LM programs - eliminating health disparities and emergency-disaster planning and response.
16. The Denver Public Library maintains a large health resources web site with local, state, and national links, health news, and podcasts.
17. Because the University of Utah Health System Burn Center serves the entire Intermountain West, a great deal of education is done for rural hospitals, fire departments, and citizen groups on burn prevention and treatment.
18. University of Utah Health System clinics send a 4 page newsletter on health topics each quarter to the home of each of their patients.
19. All NE residents have access to free consumer health information via phone, fax or the internet through the Consumer Health Information Resource Service provided by the McGoogan Library at the University of Nebraska Medical Center.
20. The Colorado AHEC system is a flexible and willing partner for library-sourced outreach efforts to bring information resources and services to practitioners and community based groups all over the state.
21. Kansas medical librarians find statewide access to a wide variety of important databases through the Kansas State Library to be a very valuable service plus.
22. The Kansas City Metropolitan Library and Information Network (KCMLIN) is a wonderful system that increases access to collections across the state for small or special libraries that otherwise might not have easy access to these collections and services.
23. Health information service in Nebraska is characterized by strong partnerships and a high level of collaboration among the players, which include two resource libraries, the Nebraska Library Commission, a strong health science library consortium, and Nebraska public libraries.
24. Missouri has two NN/LM Resource Libraries.
25. The University of Utah's Be Well Utah health fair provided health related information on a variety of topics to over 10,000 in September.
26. Missouri is creating of a web-based library of health literacy tools for the use of community-based organizations and healthcare professionals.

27. The Health Literacy Missouri Coordinating Council offers a coordinated strategic plan for health literacy and a mechanism for funding for new initiatives and pilot projects around the state.
28. The Colorado Department of Public Health and Environment web site provides links to information on health topics and environmental topics.