



Assessing the health sciences Information needs of unaffiliated health professionals & using training on openly-available search tools & resources to provide solutions to their information access challenges/barriers.



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Discover. Educate. Care. Lead.

Acknowledgements

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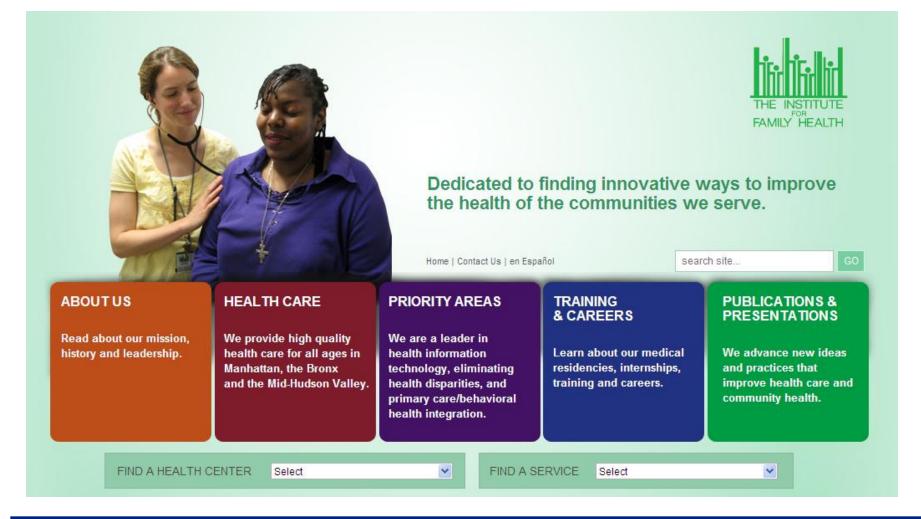
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The Institute for Family Health (http://institute2000.org)





The Setting

- Institute for Family Health (<u>http://institute2000.org</u>)
- Federally-qualified community health center (FQHC) serving disadvantaged populations in NYS.
- Located in Manhattan, the Bronx, and the Mid-Hudson Valley.
- Provide comprehensive primary care based on the family practice model.
- Operates 15 full-time & 9 part-time health centers.
- Employs ~66 physicians, as well as, NPs, social workers, health educators, and nursing staff among others.





The Patient Population IFH Serves

- Serves over 72,000 patients and provides **225,000 patient visits** annually.
- Provides care regardless of ability to pay & a large portion of its patients receive Medicaid or are uninsured.
- Patient population: predominantly minority groups (Black/Hispanic)
 - facing **significant health problems**, including: high rates of HIV/AIDS, asthma, diabetes, obesity, and depression.
 - facing numerous socioeconomic hardships, including: poverty, low literacy and education levels, high unemployment, and lack of health insurance.
 - Many **do not speak English** or have limited English proficiency.



IFH - a Leader in Health Information Technology

- Institute includes a federally-registered practice-based research network (PBRN) that focuses on translational research in the areas of health disparities, health information technology (HIT), mental & women's health.
- Adopted electronic health record (EHR) system in 2002 one of the first community health centers in the US to do so.
- Since 2003, **IFH has been paperless** all chart notes, clinical data, & demographic information are stored within EHR system.
- MyChart-MyHealth (<u>https://www.mychartmyhealth.org/</u>) is IFH's patient portal to the EHR.
- Over 11,000 IFH patients are already using MyChart.







Need More Help? <u>mychart@institute2000.org</u> 800.444.6107 • Hablamos Español





MyChart MyHealth Mobile App Is Now Available For <u>Android</u> and <u>iPhone/iPad</u>!

Welcome to MyChart MyHealth

- See your test results
- Send a message to your doctor
- Renew your prescriptions
- View your clinic visits

We want to help you live a long, healthy life. That's why <u>The</u> <u>Institute for Family Health</u> offers MyChart MyHealth so you can manage your health online, any time of day or night!

Urgent Medical Matters

In an emergency, call 911. DO NOT use mychart.

ESPAÑOL	Help Video	– Size 🕂				
	MyChartMyHealth Username					
Forgot MyChartMyHealth Username?						
Password						
	Forgot Password?					
	Sign In					
MyChart ® Epic Systems Corporation						
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New User?						
Sign Up Now						
Learn	More					
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Privacy Policy						
<u>Terms and Conditions</u>						
		ions				





IT-rich yet Library-Less and Information Poor

- **No library** entity (onsite or digital) or budget dedicated to information resources
- Minimal access to proprietary subscriptions (mentioned access to DynaMed, possibly via a trial)
- No librarian on staff.
- No network/ability to order articles from other institutions.
- No memberships on library councils/consortia, etc.
- No official affiliation to academic or medical institutions that have access to a library or librarian.





The NLM-Funded Columbia-IFH Project

Aims of this pilot project:

- To determine the medical literature and training needs of IFH personnel.
- To develop generic licensing agreements with publishers that would enable a Health Sciences Library to provide access to electronic resources for Federally Qualified Health Center (FQHC) personnel.
- To develop reference/education services for IFH staff.
- Award total: \$30,000 (\$20,000 for electronic materials licensing)





The Survey: IFH Staff Health Sciences Information Resource Needs

- **15 question online survey** created using SurveyMonkey.*
- Survey was **IRB-approved** and piloted internally for clarity.
- IFH staff members (N=809) were sent an invitation to participate using their active, institution-sponsored MS Outlook email accounts.
- Total of 337 IFH staff members completed the survey (42% response rate)
- The survey was open over a three week period (November 30th – December 17th, 2010)

*Thank you to Jennifer Rutner for assistance with SurveyMonkey.





Survey Questions Asked

Part A: Background Information

- What is your primary role at IFH?
- Does your work involve any research activities?
- Does your work involve any quality improvement activities?
- Do you use health sciences literature (eg. medical or nursing journals) in carrying out your work?

Part B: Current Research Habits

- Are you affiliated with any other (academic, medical professional) organizations through which you have access to online health sciences information resources?
- What generally motivates you to use health sciences information resources?
- How often do you use health sciences information resources?
- Which types of online information resources do you use most frequently?





Survey Questions Asked

(...continued)

- Which scholarly journals do you consider to be essential to your work? (Please identify your top 5 journals.)
- Do you currently have access to these journals? (If not, tell us which ones you do not have access to.)
- Please select the statement you agree with the most: "when I need to read an article for which I do not have full-text access I will..."

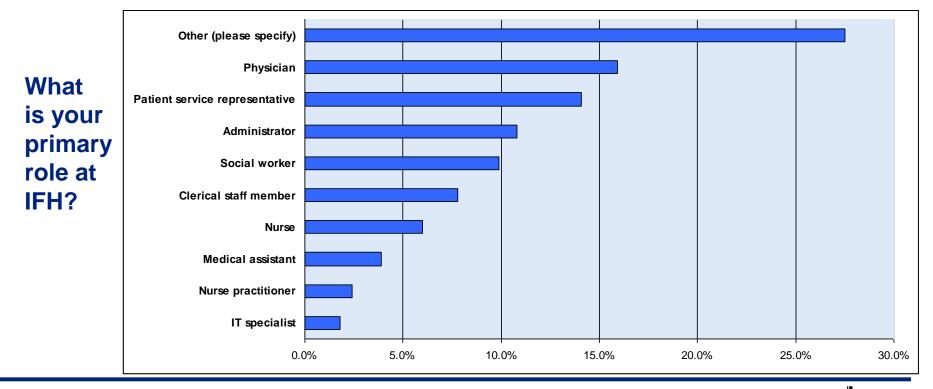
Part C: Current Training Needs

- Which research task do you often need help with?
- Where do you generally start your information research?
- How do you currently manage your literature?
- Prioritize the following list of training classes according to degree of interest. (1=High priority, 2=Would be nice but not essential, 3=Low priority/not interested)





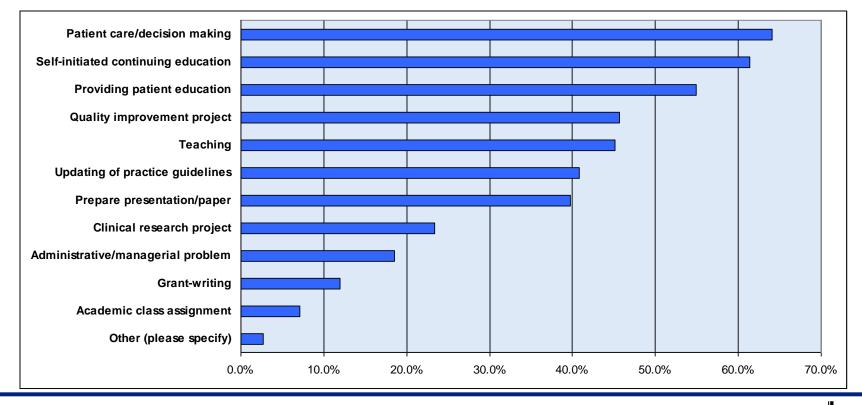
- 48.1% (161/335) did not do work that involved research activities.
- 81.6% (270/331) did work that involved quality improvement activities.
- 37.6% (126/335) did not use the HS literature for their work.





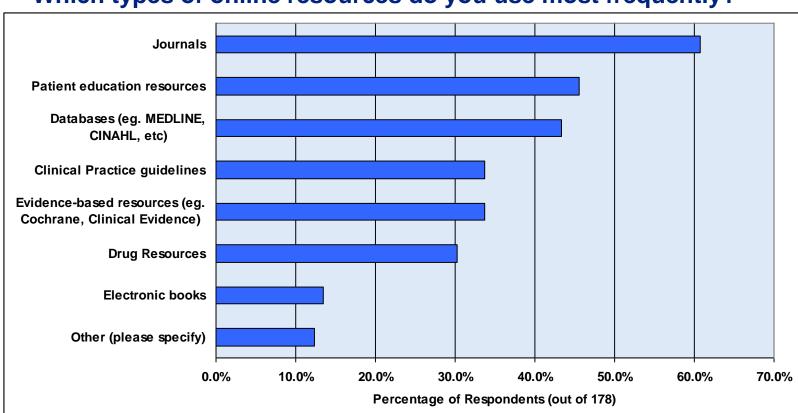
• **59.6% (109/183)** were **not (or were unaware of being) affiliated** with another organization that provided them with access to library services.

What generally motivates you to use HS information resources?





• 58.9% (106/180) reported using HS information resources almost every day or almost every week.



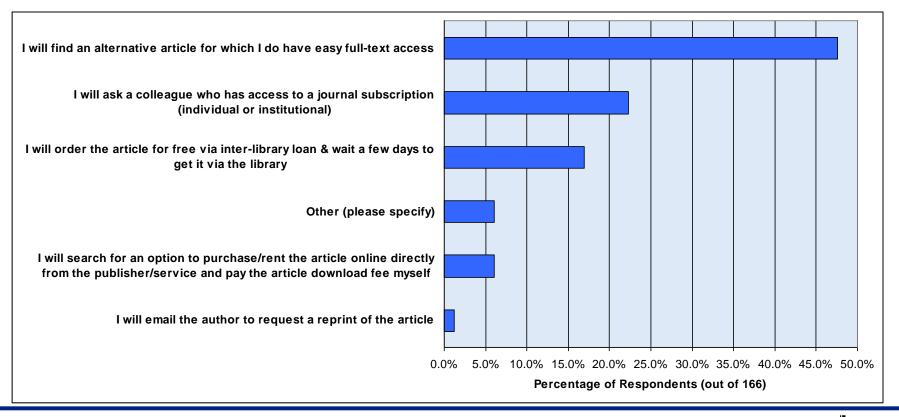
Which types of online resources do you use most frequently?





 58.2% (92/158) reported that "locating the full-text of articles of interest" was the research task they most often needed help with.

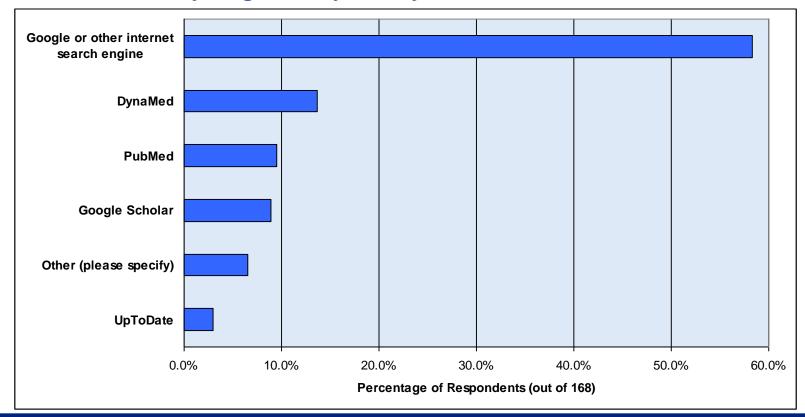
"When I need to read an article for which I do not have full-text access..."







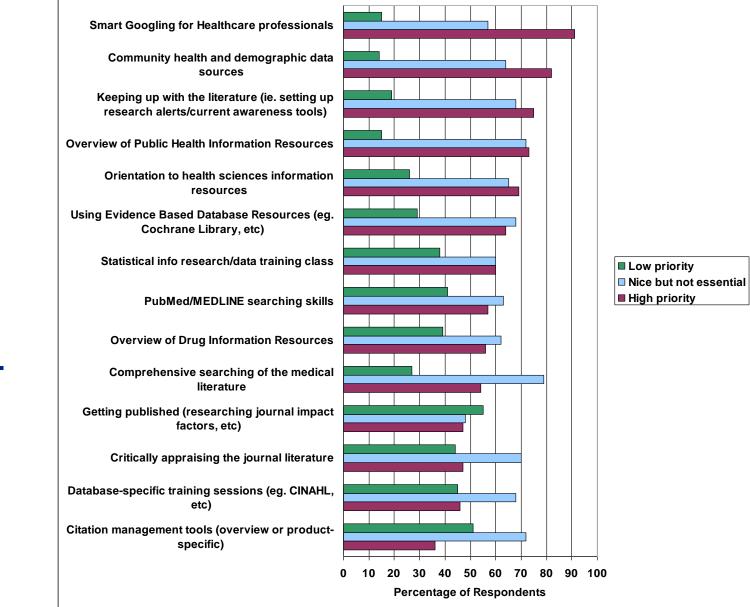
 55.2% (91/165) reported that they do not currently manage their literature/citations but would like to learn how.



Where do you generally start your information research?







IFH staff prioritize list of training classes according to degree of interest.





Survey Informs Next Steps

Survey illuminated two issues:

- A real unavailability of quality content.
- A lack of search skills/habits needed to get to free high quality content.

Steps taken towards finding solutions to the IFH's information access challenges/barriers:

- Online subscriptions to handful of top journals & setup of inter-library loan account for IFH.
- Series of **ten one-hour training classes** developed & delivered via webinar technology (GoToWebinar).





Online Journal Usage Stats

FAMILY HEALTH

Journal Name	Subscription Period	Usage Data Approx. Cost of Renewal (
American Journal of Nursing	4/15/11 - 4/15/12	0	\$2,361
New England Journal of Medicine (NEJM)	4/20/11 - 4/19/12	655	Tier 2: \$2,500
American Academy of Family Physicians (AAFP)	4/1/11 - 3/31/12	Do not track	Tier 5 : \$4,504 Online only and \$4,604 Online & Print
Journal of American Medical Association (JAMA)	4/1/11 - 3/31/12	236	\$1,980
Journal of Health Care for the Poor and Underserved	3/2011 - 12/2011	38	\$370
Social Work in Health Care Online	Vol. 2011 – Iss. 1 to 10	N/A	\$1,248 Online only and \$1,386 Online & Print
American Public Health Association (APHA)	1/1/11 - 12/31/11	58	Tier 2 (U.S. & Int'I): \$551 Online only and (U.S.): \$612 Online & Print
Health Affairs (Print & Online)	1/1/12 - 12/31/12	-	\$643





IFH Training Class Series 2011

Orientation to Health Sciences Information Resources (Feb 23@12pm) Comprehensive Searching of the Medical Literature (Mar 3@12pm) Smart Googling for Healthcare Professionals (Mar 10@12pm) Community Health and Demographic Data Sources (Mar 21@12pm) Keeping Up with the Medical Literature (Mar 29@12pm) Overview of Public Health Information Resources (Apr 6@12pm) Finding Evidence Based Information Resources (Apr 13@12pm) Expert PubMed/Medline Searching Skills (Apr 29 @12pm) Finding Patient Education Information Resources (May 11 @12pm) Searching for Data in Statistical Information Resources (May 17 @12pm)





Only Openly-Available Search Tools Covered

- Training classes featured **only freely-available** information resources (NLM and many other reliable sources).
- Nine of the classes were developed and taught by K. Matsoukas.
- The "Community Health and Demographic Data Sources" class was taught by **Christa Myers**, **MPH** (statistical analyst, *New York City Department of Health & Mental Hygiene, Bureau of Epidemiology Services).*
- Classes were delivered as live webinars that allowed for participants to ask questions of the presenter.
- Screenshots were preferred over live demos of resources as the slides could later be distributed as handouts.
- The production **schedule was very tight** (classes were offered on an almost weekly basis, always at 12 noon).





Free can mean good quality... take water for example



Convincing people to drink the tap water

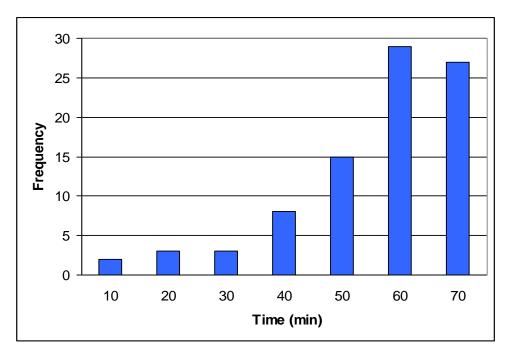




Impact of the Training Classes

- Total of 179 people registered for the training classes.
- Of these, **100 people attended the training classes**.
- 64% of the participants attended 60 min or more of the session.

On average, for how long did attendees remain tuned into the webinars?





Training Classes Evaluations

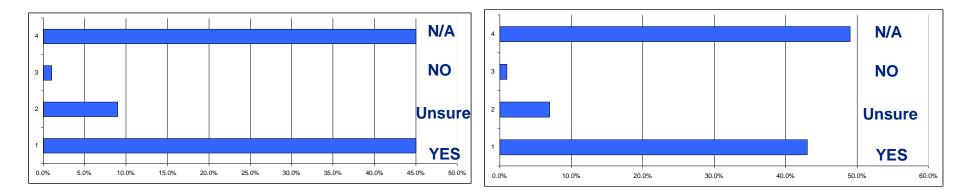
•Questions were asked about whether the attendee felt that attending the class was well worth their time, about the class length & pace, and about the level of the content coverage.

- •Overall, the class evaluations were very positive.
- •Additional question included:

Did you find the topics covered in this training class to be relevant in helping you attain your work and/or professional goals?

Would you recommend this class to a colleague?

 \rightarrow Only 1 attendee found the class to be not relevant to their work and would not recommend it to a colleague.









AHEC STRATEGIES

LEADERSHIP NYS AHECS

RESOURCES CONTACT

ONLINE TRAINING

Online Video Training Library: (Recently Added Videos)

http://www.ahec.buffalo.edu/

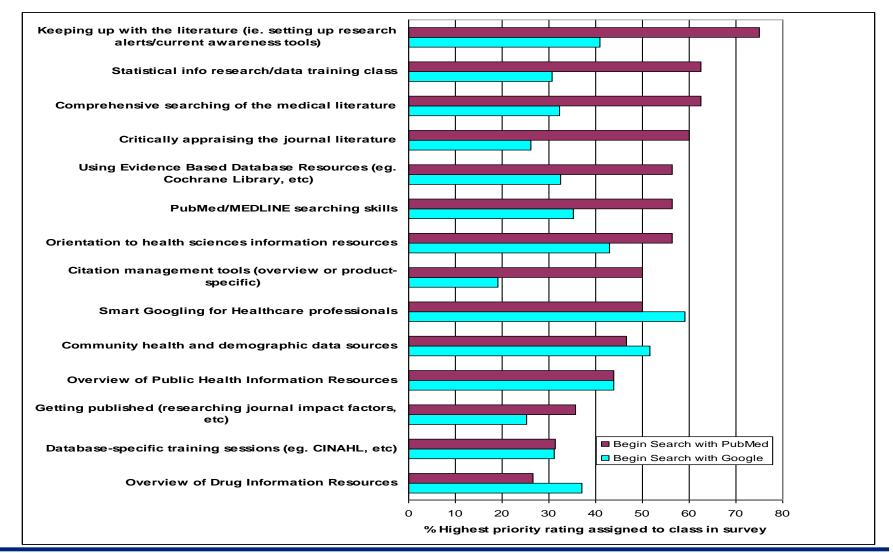
UB Family Medicine/PRCI Faculty Development videos are available here.

THE PROBLEM

	Date	Program Title	Presenter	Duration
	5/9/12	Streaming video portal	Various presenters	N/A
	5/21/11	TEAMS: Leaders and Followers	Richard Beebe, MS Ed., BSRN, NREMTP 80 (Emergency Responder Leadership Academy)	68 min
	5/21/11	Fostering Motivation Through the Generations	Robert Delagi, MA, NREMT-P (Emergency Responder Leadership Academy)	83 min
	5/21/11	It's Not a Question of "If"Rather, it's a Question of "When" – Planning for a Large Scale Incident in Your Community	Karl Klug, MS, CIC, EMTCC (Emergency Responder Leadership Academy)	73 min
	5/21/11	Of Course your Agency Provides Excellent Service	Lee Burns, BS, EMTP, CICRF (Emergency Responder Leadership Academy)	91 min
+	5/17/11	Searching for Data in Statistical Information Resources	Konstantina Matsoukas, MLIS (Columbia University Medical Center) (PowerPoint)	48 min
	5/12/11	Writing and Publishing Your Research	Andy Danzo(University at Buffalo - Family Medicine) (PowerPoint)	62 min
+	5/11/11	Finding Patient Education Resources	Konstantina Matsoukas, MLIS (Columbia University Medical Center) (PowerPoint)	60 min
+	4/29/11	Expert PubMed/Medine Searching Skills	Konstantina Matsoukas, MLIS (Columbia University Medical Center) (PowerPoint)	52 min
	4/21/11	Little 'r', Big 'R' Research: Einstein, Aristotle and Osler	Dr. Thomas Rosenthal (University at Buffalo - Family Medicine)	46 min
	4/21/11	MyChart	Christian Sanchez (Institute for Family Health, NYC)	35 min
	4/20/11	Steroids: Their Use and Abuse	Rodney Riedel, MD	39 min
	4/9/11	Patient Portal: Uptake & Challenges	Dr. Ruth Lesnewski (Institute for Family Health, NYC)	44 min
+	4/6/11	Overview of Public Health Information Resources	Konstantina Matsoukas, MLIS (Columbia University Medical Center)	54 min
	4/6/11	HIT & Disease Based Registry in Diabetes Management	Dr. Elizabeth Molina-Ortiz (Institute for Family Health, NYC)	30 min
	3/29/11	Keeping Up With the Medical Literature	Konstantina Matsoukas, MLIS (Columbia University Medical Center)	58 min
	3/10/11	Smart Googling for Healthcare Professionals	Konstantina Matsoukas, MLIS (Columbia University Medical Center)	57 min
+	3/3/11	Comprehensive Searching of the Medical Literature	Konstantina Matsoukas, MLIS (<u>Columbia University</u> Medical Center)	50 min
	2/17/11	Bacterial Infection in COPD: From Clinic to Bench and Back	Dr. Tim Murphy (University at Buffalo, School of Medicine and Biomedical Sciences)	54 min
	12/13/10	Collecting Race, Ethnicity, and Language Information from Patients <i>(PowerPoint video)</i>	Christian Sanchez (Institute for Family Health, NYC)	29 min
	9/30/10	Meaningful Use of Electronic Health Records	Dr. Neil Calman (Institute for Family Health, NYC)	61 min

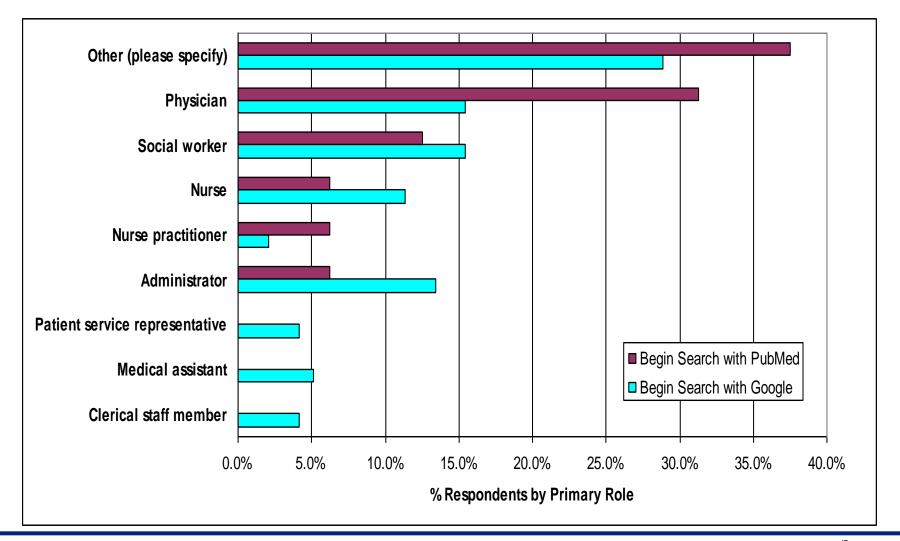


Re-analyzing the Results of the Survey





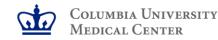
Re-analyzing the Results of the Survey





Lessons Learned

- Severe **lack of equity** between what is available to affiliated vs. non-affiliated health professionals.
- Extremely difficult to satisfy diverse needs of FQHC personnel with the most cost-effective yet **restrictive packages/bundles**.
- There is an **abundance of free**, openly-available, high-quality health information **resources**...that are severely underused.
- Even the best training classes covering the best resources won't help FQHC personnel if they do not attend.
- We need more research that investigates successful strategies for getting FQHC personnel to take advantage of training.





Thank You!

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