

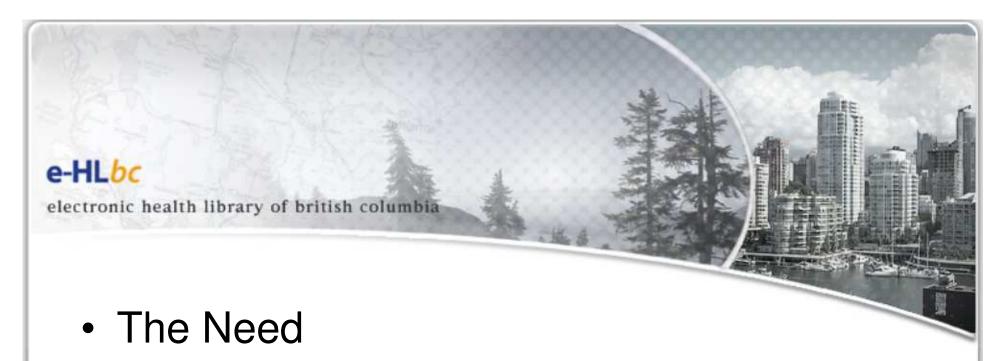


Expanding access to health information across BC

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- The Concept
- The Project Launch
- Uptake
- Lessons Learned
- Upcoming Plans

The Need

Why a health information consortia

 Sharing the burden: A model for consortium purchasing for health libraries

Harris and Peterson, 2003

- Control costs
- Provide easy access to quality information
- Satisfy a wide range of needs
- Unified negotiation

The Need - BC's Context

- Elizabeth Woodward
- HLABC PDARG
- Other Consortia
 - Local: PHSA-UBC
 - Provincial: <u>ELN</u>, <u>HKN</u>, <u>SHIRP</u>, <u>NLHKIN</u>,
 - Interprovincial: <u>COPPUL</u>
 - National: <u>CRKN</u>
 - Other countries: <u>SALUS</u>, <u>CIAP</u>

The Need - BC's Context

- Need to provide access to same basic set of resources
- Cost control
- Reduce duplicate licensing
- Enable evidence based practice, research, education with convenient timely access
- 25,000 seat expansion post secondary ed.
- Distributed Medical Program
- Expansion of Health Research
- Access to info improve health outcomes

The Concept

- License high quality, cost effective, easily accessible health information to support teaching, research and practice across BC
- Summer 2003
 BC Academic Health Council (BCAHC)
- The letter
- The meeting
- The establishment of the LWG
 - Technical, Marketing, Evaluation, Training,
 Governance subcommittees

2003 Survey

- What is the preferred set of e-resources?
 - Blackwell Online Journals
 - EMBR
 - MD Consult
 - OVID journals
 - PsycINFO, PsycArticles
 - CINAHL
 - Elsevier/Academic Press
 - Medline
- Gap Analysis
 - Products already in use
 - How much is currently being paid out

Content selection

- 3 categories of products defined
 - A: Essential databases and full text products
 - B: Clinical Decision Support, more full text
 - C: more CDS tools and full text
- Overall strategy for content acquisition
 - Start up
 - Procurement
 - Content package

RFP

- Set your criteria and ask the vendors to respond
 - Vendor expertise
 - Products offered
 - Costs
 - Technical support
 - Interoperability with other software/systems
 - Provision for statistics
 - Access terms
 - Ability to comply with eHLbc License agreement
 - References

Negotiations

- Vendors and products selected
 - OVID
 - EBSCO
- Negotiation for term, price and increments
 - 3 year deal
 - controlled annual increases
- Reference checking
 - Calls to HKN, SHIRP

The Products

- EBSCO
 - Biomedical ReferenceCollection
 - CINAHL with Fulltext
 - Medline
 - PsycINFO
 - PsycArticles

- OVID
 - EBMR (50 su)
 - LWW Total Access
 Collection (75 su)
 - Medline
 - Linksolver

The Business Plan

- Background
- Project Description
 - Mission, Vision, Goals, Members
 - Linkages to MOH and M Ad Ed objectives
 - Suite of Resources
- Cost and Benefit Analysis
- Risk Assessment
- Evaluation

Ministry Objective

e-HLbc Linkage

Protection of the public from preventable disease, illness and injury.



Access to current health information supports evidence-based care.

Province-wide programs can be developed using current medical evidence.

Timely access to appropriate health services by the appropriate provider in the appropriate setting.



Timely access to health information contributes to care provider efficiency, which supports access to the appropriate care.

Patient-centred care tailored to meet the specific health needs of patients and patient subpopulations.



Timely access to current health information supports patient-centred care throughout the province, including rural and remote locations and patient sub-populations.

Improved integration of health care providers, processes and systems to allow patients to move seamlessly through the system.



A single set of comprehensive health e-library resources supports integration and will allow care providers to move seamlessly through the system.

Strategic investments in information management and technology to improve patient care and system integration.



E-library resources leverage existing investments in information management and technology.

Optimum human resource development to ensure there are enough, and the right mix of, health professionals.



Access to current e-library information supports development, recruitment and retention of care provider staff and professionals.

Exhibit 2 e-HLbc linkages with Ministry of Advanced Education Objectives

Ministry Objective

e-HLbc Linkage

Capacity – work to increase the size of the postsecondary system.



A province-wide program and sharing of e-resources contributes to increased capacity.

Access - ensure equitable opportunity for all students to have access to post-secondary education.



A single set of comprehensive health e-library resources supports equality in access throughout the post-secondary system.

Efficiency – facilitate cooperation across the system and to ensure students are able to complete their education and training in a timely manner.



A single set of centralized licensing agreements supports efficiency and generates economies of scale for negotiations.

Quality — ensure that high standards of excellence are maintained and enhances, and that post-secondary education in the province is meeting students' needs.



A single set of timely, comprehensive health e-library resources supports high quality education.

Relevance – pursue strategies to increase graduates in strategic skill areas such as health care and engineering.



e-HLbc is focused on health care, one of the key strategic skill areas identified by the Government.

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Health	MEMBERS	URL				
Authorities	Fraser Health	www.fraserhealth.ca				
Naviorines.	Interior Health	www.interiorhealth.ca				
	Northern Health	www.northernhealth.ca				
	Provincial Health Services	www.phsa.ca				
	Vancouver Coastal Health	www.vch.ca				
# # - 5 1 *	Vancouver Island Health	www.viha.ca				
University	Kwantlen University College	www.kwantlen.bc.ca				
Colleges	Malaspina University College	www.mala.ca				
# # \ \ # *	University College of the Fraser Valley	www.ucfv.bc.ca				
Universities	Royal Roads University*	www.royalroads.ca				
	Simon Fraser University	www.sfu.ca				
	Thompson Rivers University	www.tru.ca				
	UBC Okanagan	www.ubc.ca/okanagan				
	University of British Columbia	www.ubc.ca Northwes				
	University of Northem British Columbia	www.unbc.ca				
~ 11	University of Victoria	www.uvic.ca Prince Ri				
Colleges	Camosun College	www.camosun.bc.ca				
	Capilano College	www.capcollege.bc.ca				
	College of New Caledonia	www.cnc.bc.ca				
	College of the Rockies	www.cotr.bc.ca				
	Douglas College	www.douglas.bc.ca				
	Langara College	www.langara.bc.ca				
	North Island College	www.nic.bc.ca				
	Northem Lights College	www.nlc.bc.ca				
	Northwest Community College	www.nwcc.bc.ca				
Okanagan College		www.okanagan.bc.ca				
	Selkirk College	www.selkirk.bc.ca				
4 - 2	Vancouver Community College	www.vcc.bc.ca				
Institutes	British Columbia Institute of Technology	www.bcit.ca				
	Justice Institute of BC	www.jibc.bc.ca				
Government	Ministry of Health	www.gov.bc.ca/healthservices				
	Ministry of Advanced Education	www.gov.bc.ca/aved				
- 22	Ministry of Children & Family Development	www.gov.bc.ca/mcf				
Other	College of Physicians and Surgeons of	www.cpsbc.ca/cps/college_library				
	British Columbia*					

^{*} Non BCAHC Members

Final estimate of B.C. Users Based on Official Sources* Description of User	No. of Users Ide	ntified
Health Professionals	No. of Users Ide Health Sciences	Total
BC Association for Marriage and Family Therapy	FTE	FTE
BC Association for Marriage and Farmiy Therapy	+	-
BC Association of Kinesiologists	4.42	-
BC Association of Medical Radiation Technologists	1,753	
BC Association of Medical Radiation Technologists	390	
BC Association Speech-Language Pathologists and Audiologists	820	
Board of Registration for Social Workers	1,500	
British Columbia Association of Podiatrists	83	
British Columbia College of Chiropractors	860	
British Columbia Society of Laboratory Science - {MLT's & MLA's}	4,800	_
College of Dental Hygienists of British Columbia	2,093	
College of Dental Surgeons of British Columbia	2,700	-
College of Dental Surgeons of British Columbia - DT	510	-
College of Dental Technicians of British Columbia - DTA	534	+
College of Denturists of BC	204	
College of Dietitians of BC	800	_
College of Licensed Practical Nurses of British Columbia (1 yr training post-secondary)	5,612	_
College of Massage Therapists of BC	1,600	_
College of Midwives of British Columbia	78	
College of Naturopathic Physicians of British Columbia	191	
College of Occupational Therapists of BC	1,368	_
College of Opticians of BC	1,210	
College of Pharmacists of BC	3,637	
College of Physical Therapists of British Columbia	2,316	
College of Physicians and Surgeons of BC	8,780	
College of Psychologists of British Columbia	900	
College of Registered Psychiatric Nurses of BC	2,114	
College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC	2,114	
Other 1	7,640	
Registered Nurses Association of BC (2-5 yr post-secondary training)	28,914	
Acupuncturists	809	
Herbalists	50	
Registered TCM practitioners	129	
Doctors of TCM	237	
Faculty		
Universities 5 2	1,118	3.645
Post-Sec 22 3	548	6,395
Students		
Universities 5 4	4,092	71.818
Post-Sec 22 5	6,360	82.44
Public Servants		
Ministry of Children & Family Development	1,000	1.000
Ministry of Health Services	1,000	1.000
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Cost and Benefit Analysis

Exhibit 1
Incremental Cost and Benefit Summary

	2006/07		2007/08		2008/09
Total Start-up Costs	\$ -	S	-	5	-
Total Ongoing Operational Costs	\$ 1,339,000	5	1,380,900	5	1,423,700
Total Benefits	\$ (860,000)	S	(860,000)	S	(860,000)
Total Cost of (Benefit)	\$ 479,000	s	520,900	ş	563,700

Based on the proposed allocation of operating costs within the consortium:

- The health sector would carry 52% of operating costs. This represents about \$2.13 million over three years, or about \$710,000 per year, excluding GST.
- The advanced education sector would fund the remaining 48% of operating costs. This
 represents about \$1.95 million over three years, or about \$650,000 per year, excluding GST.

The Project Launch

- Participation finalized
- Implementation subcommittees
- Trial access granted to databases Mar 15th, 2006
- Official go live April 1st, 2006
- Public launch CHLA May 16th, 2006
- Steering Committee selection
- Management Committee selection

Year 1

- Terms of Reference
- Administrative contract created/negotiated
 - <u>Launch of e-HLbc website</u> (www.ehlbc.ca)
 - e-HLbc Coordinator position created
- Re-establish Subcommittees
 - Training
 - Marketing/Communications
 - Sustainability
 - * New Products
 - * New Members

Year 1 cont'd

- Update Report
 - Feb 15th 2007
- Steering Committee meetings
 - Oct 30, 2006, April 16th 2007

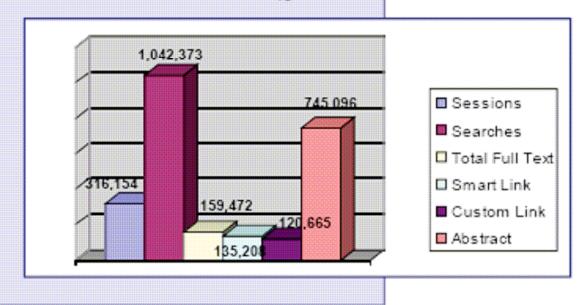
Uptake

- Evaluation committee is working on formalizing a process for measuring uptake
- Year 1 data from the Health Authorities clearly shows increased use of databases and substantial use of full text collections

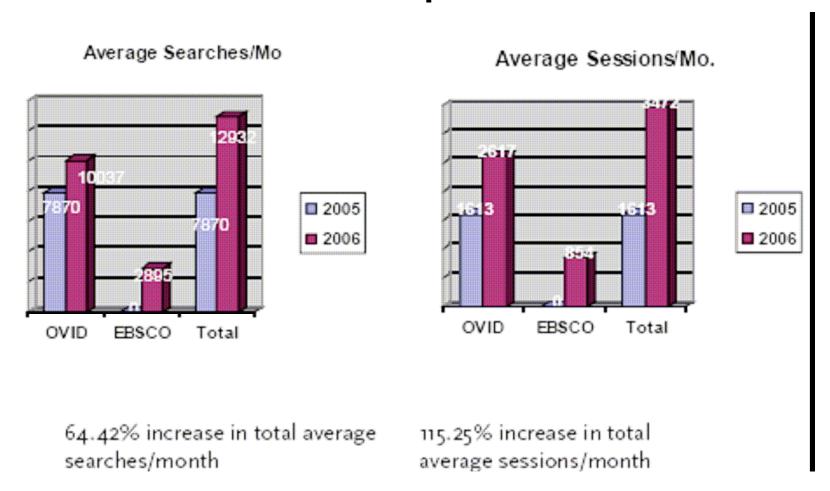
All members uptake

We have been able to obtain our first full data usage report on sessions, searches, and other data for all databases provided for the full e-HLbc consortium membership. Graphed below is the third quarter of o6/o7 (Oct 1-Dec 31 'o7). No comparative information is currently available.

EBSCO REPORT FOR E-HLBC Q3



FHA Uptake



FHA Uptake

Total Searches

Year 2005: 94,437

Year 2006: 155,191

Total Sessions

Year 2005: 19,351

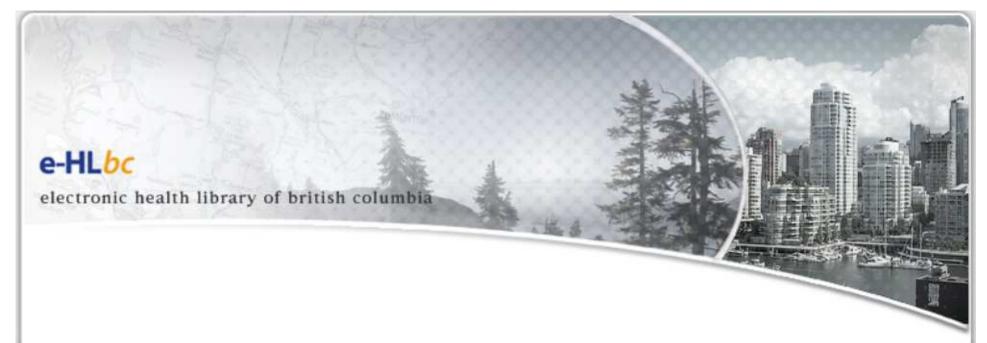
Year 2006: 41,659

Lessons Learned

- The road is long and can be bumpy
- Find the right champion(s): Kudos to
 - George Eisler and BCAHC Administrative Staff!
 - Management Committee and Steering
 Committee members and BC ELN, e-HLbc
 Working Group champions
- Collaboration works

Upcoming Plans

- Begin the process of evaluation
- More training, more marketing
- Begin the process of assessing sustainability
 - cherry picking model
- Project recognition
 - HEABC Excellence in BC Healthcare Award



Questions

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