

Current research

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Stieda V, Bacić M. Sharing the cost: health information licensing programmes in Canada. *Health Info Libr J*. 2009 Dec;26(4):322–30. PMID 19930480.

Background: Increasing pressure on health libraries to provide access to electronic resources to their clientele has witnessed the establishment of a number of initiatives in Canada's provinces. **Objectives:** To provide a structured and descriptive account of Canadian initiatives that focus primarily on licensing health-related information to post-secondary education institutions, hospitals, libraries, and related organisations in the health sector. **Methods:** Programmes were identified via communication with peers, an unpublished paper, and the authors' existing knowledge. This resulted in a survey of the programmes using an online questionnaire. **Results:** A total of seven programmes were identified. A descriptive account of their establishment, aim and function, governance, funding, resource selection, and licensing is provided. **Conclusions:** Sharing out the cost of subscribing to electronic resources in the health sciences is a continued concern, as witnessed by continuing developments in this area.

Lingle VA, Robinson CK. Conversion of an academic health sciences library to a near-total electronic library: part 1. *J Electronic Resour Med Libr*. 2009 Jul;6(3):193–210.

Lingle VA, Robinson CK. Conversion of an academic health sciences library to a near-total electronic library: part 2. *J Electronic Resour Med Libr*. 2009 Oct;6(4):279–93.

In the last 10 years, many health sciences libraries have gradually converted their collections from predominantly print journal subscriptions to electronic-only subscriptions. This is being driven by budget, space issues, and user preference. The desire to retain both the print and electronic versions of journal titles has proven to be unsustainable for many health sciences libraries in the face of flat or shrinking budgets and increased demand at the institutional level for space. Due to demand for space for a clinical simulation facility at the Pennsylvania State University College of Medicine, the George T. Harrell Health Sciences Library was faced with the need to accelerate the shift to primarily an electronic collection when more than 80% of the print journals and 20% of the print book collection were removed from the library. A case had to be made to the college administration that the older literature was still utilized and had value—and that it would be worthwhile to selectively purchase the electronic

“backfiles” or archival files to replace high-use print journals. Harrell HSL users were expected to make a fairly seamless transition to such a dramatic culture shift in the collection, but at the onset it was unclear whether this assumption would prove to be true. This article is the first part of a two-part article that will review some of the methodology and processes used to prove the value of the library collection, to make the decisions about which materials to keep, and to select electronic journal backfiles for purchase. The second part of this article will discuss the decisions that resulted from the data analysis, the subsequent actions that were taken to remove the collection, why certain backfiles were selected for purchase, and the impact on both library users and library staff workflow.

Hollander MJ, Kadlec H, Hamdi R, Tessaro A. Increasing value for money in the Canadian healthcare system: new findings on the contribution of primary care services. *Healthc Q*. 2009;12(4):32–44. PMID 20057228.

This article presents a major new finding in regard to the value for money of primary care services. It was found that the more higher-care-needs patients were attached to a primary care practice, the lower the costs were for the overall healthcare system (for the total of medical services, hospital services, and drugs). The majority of the cost reductions stemmed from decreases in the costs of hospital services. Thus, for higher-care-needs patients, it appears that the nature of the physician-patient relationship is related to reductions in hospital costs. For example, for very-high-care-needs diabetic patients, the average annual hospital cost in fiscal 2007–2008 for those in the lowest attachment group was \$16,988, whereas the hospital costs for those in the highest attachment group was \$5,909. The results obtained were even more striking for patients with congestive heart failure. A series of multiple regression analyses were conducted, and the results were very consistent: attachment to practice was the best predictor in regard to cost and was a more significant predictor than other variables that were related to healthcare costs, such as age. These findings support the general literature on the benefits of primary care and the continuity of care.

Family practice in British Columbia was in decline in the 1990s. In order to reverse this trend, the British Columbia Ministry of Health Services and the British Columbia Medical Association agreed to collaborate to support family physicians in the province. One of the main initiatives in this regard was the establishment of the

General Practice Services Committee (GPSC) in 2002. GPSC was given the mandate “of finding solutions to support and sustain full service family practice in British Columbia” (GPSC 2008: 1). GPSC is a joint committee of the BC Ministry of Health Services, the BC Medical Association and the Society of General Practitioners of BC. Members of the BC Primary Health Care Council (i.e., representatives of BC’s health authorities) also attend as guests. GPSC engages in a number of activities to support general practitioners. (For an overview of GPSC activities, see the 2007–2008 annual report [GPSC 2008].) GPSC’s operational funding and mandate are based on a formal working agreement between the BC government and the British Columbia Medical Association. One of the stipulations in the working agreement is that GPSC’s activities be evaluated.

Given that GPSC was established to support family practice, a basic evaluation question was whether or not full-service family practice constitutes a wise investment of funds in British Columbia. While there is a general literature on the benefits of primary care, an analysis of this specific question was undertaken as part of the broader evaluation of GPSC activities. The overall finding of this evaluation was that there is a clear inverse relationship between the level of attachment to a primary care practice and costs, for higher-care-needs patients. Thus, the more patients go to the same practice, the lower the overall annual costs are to the healthcare system. This is a significant finding and is discussed in more detail in this article.

Hill B. Comparison of journal title coverage between CINAHL and Scopus. *J Med Libr Assoc.* 2009 Oct;97(4):313–14. PMID 19851497. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759162/pdf/mlab-97-04-313.pdf>.

This study compares the journal source coverage of CINAHL, the Cumulative Index to Nursing and Allied Health Literature, and Scopus to determine whether Scopus alone provides a thorough search of the nursing and allied health literature. Scopus is a relative newcomer to the world of online indexes covering the medical and scientific literature. Its total coverage of more than 23 700 sources is multidisciplinary and includes non-journal types—such as conference papers, book series, and trade publications—that are not covered by MEDLINE/PubMed or CINAHL. However, according to the publisher, Scopus indexes all of the MEDLINE and EMBASE/Excerpta Medica journals and therefore can be a useful alternative to searching those databases independently. The question then arises: how complete is its coverage of nursing and allied health literature? If it also indexes a large percentage of that literature, Scopus could be a viable integrated search engine for all medical, nursing, and allied health searching needs. This information could help health sciences libraries make wise acquisition decisions.

A number of articles have analyzed the coverage of journals in Scopus with specific emphasis on its citation tracking ability, compared to Web of Science. The study by de Moya-Anagón et al. provided a comprehensive analysis of Scopus compared to the *Ulrich’s International*

Periodicals Directory list of available journals in all fields and calculated a percentage of Scopus’s coverage by subject category. Gavel and Iselid’s study not only looked at the citation database Web of Science, but also studied the coverage overlap of various science, technology, and medicine (STM) databases. However, Gavel and Iselid did not include CINAHL among the comparison databases, and *Ulrich’s* does not have separate subject categories for nursing or many of the allied health subjects such as occupational or physical therapy. No studies have focused specifically on the coverage of nursing and allied health literature in Scopus. Therefore, this brief analysis attempts to fill that gap and provide some data to determine whether Scopus could be an alternative to CINAHL.

Dunn K, Brewer K, Gard Marshall J, Sollenberger J. Measuring the value and impact of health sciences libraries: planning an update and replication of the Rochester Study. *J Med Libr Assoc.* 2009 Oct;97(4):308–12. PMID 19851496. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759150/pdf/mlab-97-04-308.pdf>.

In 2007, the National Network of Libraries of Medicine (NN/LM), Middle Atlantic Region (MAR), formed a planning group to explore the possibility of replicating a landmark study on the value of hospital libraries and their impact on clinical care, popularly known as “the Rochester Study”. The Rochester Study was among the first studies to relate information services provided by librarians to patient care outcomes, and it continues to be cited as evidence of the value of library services. The purpose of this paper is to update the library community on the progress of the proposed value of libraries study.

Rethlefsen ML, Piorun M, Prince JD. Teaching Web 2.0 technologies using Web 2.0 technologies. *J Med Libr Assoc.* 2009 Oct;97(4):253–59. PMID 19851488. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759158/pdf/mlab-97-04-253.pdf>.

Objectives: The research evaluated participant satisfaction with the content and format of the “Web 2.0 101: Introduction to Second Generation Web Tools” course and measured the impact of the course on participants’ self-evaluated knowledge of Web 2.0 tools. **Methods:** The “Web 2.0 101” online course was based loosely on the Learning 2.0 model. Content was provided through a course blog and covered a wide range of Web 2.0 tools. All Medical Library Association members were invited to participate. Participants were asked to complete a post-course survey. Respondents who completed the entire course or who completed part of the course self-evaluated their knowledge of nine social software tools and concepts prior to and after the course using a Likert scale. Additional qualitative information about course strengths and weaknesses was also gathered. **Results:** Respondents’ self-ratings showed a significant change in perceived knowledge for each tool, using a matched pair Wilcoxon signed rank analysis ($P < 0.0001$ for each tool/concept). Overall satisfaction with the course appeared high. Hands-on exercises were the most frequently identified strength of

the course; the length and time-consuming nature of the course were considered weaknesses by some. **Conclusion:** Learning 2.0-style courses, though demanding time and self-motivation from participants, can increase knowledge of Web 2.0 tools.

Thibodeau PL, Funk CJ. Trends in hospital librarianship and hospital library services: 1989 to 2006. *J Med Libr Assoc.* 2009 Oct;97(4):273–79. PMID 19851491. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2759173/pdf/mlab-97-04-273.pdf>.

Objective: The research studied the status of hospital librarians and library services to better inform the Medical Library Association's advocacy activities. **Methods:** The Vital Pathways Survey Subcommittee of the Task Force on Vital Pathways for Hospital Librarians distributed a Web-based survey to hospital librarians and academic health sciences library directors. The survey results were compared to data collected in a 1989 survey of hospital

libraries by the American Hospital Association in order to identify any trends in hospital libraries, roles of librarians, and library services. A Web-based hospital library report form based on the survey questions was also developed to more quickly identify changes in the status of hospital libraries on an ongoing basis. **Results:** The greatest change in library services between 1989 and 2005–2006 was in the area of access to information, with 40% more of the respondents providing access to commercial online services, 100% more providing access to Internet resources, and 28% more providing training in database searching and use of information resources. Twenty-nine percent ($n = 587$) of the 2005–2006 respondents reported a decrease in staff over the last 5 years. **Conclusions:** Survey data support reported trends of consolidation of hospitals and hospital libraries and additions of new services. These services have likely required librarians to acquire new skills. It is hoped that future surveys will be undertaken to continue to study these trends.