ACCESS TO ELECTRONIC HEALTH INFORMATION PROJECTS 2002

SUMMARY SHEET

Proposal #:   4-M-04   Average Score: 70.17
                                                                Acceptable: X
                                                                Unacceptable:

Institution: J. Otto Lottes Health Sciences Library, U of MO-Columbia State: Missouri

Executive Summary:

The purpose of this project is to enhance the development of the librarian segment of the Family Practice Inquiries Network (FPIN). FPIN is a multi-institutional effort involving family physicians, medical librarians, and computer specialists, engaged in creating evidence-based summaries relevant to clinical problems commonly encountered in primary care.

The project's goals are focused on the librarian involvement in FPIN and are:
- To create an online training program for librarians new to the Clinical Inquiries co-authoring process.
- To define a credentialing program for medical librarians working as Clinical Inquiries co-authors, that would provide a common baseline of understanding for the FPIN librarian community. Emphasis would be on understanding of the principles of evidence based medicine (EBM) and literature retrieval specific to EBM.
- To develop a prototype for the patient information element of the Clinical Inquiry.
- To formulate a plan for the writing of the patient information element to be added to new Clinical Inquiries as they are written as well as a plan for the authoring of the patient information element to the clinical Inquiries already published, which can be added to the FPIN database.

Methodology for each goal will is described separately, and involves receiving input from appropriate sectors of the FPIN community. We will work with the FPIN software developers to create the online training, based on instructions we have already written. The credentialing program will be modeled after the credentialing program used by the Association of Health Information Professionals (AHIP), with a point system and brief committee review process. The prototype for patient information will be developed by two local teams of librarians and nurse educators. The individuals who make up this work group will be selected for their experience with writing for patient understanding. They will communicate with each other by conference call and e-mail. The plan for getting the patient information content worked into both new and existing Clinical Inquiries will require collaboration of the Librarian Team and Editorial Team, and approval of the FPIN Board.

Evaluation of each deliverable will be achieved by seeking input from the broader community as each aspect of the project evolves. Approval of the FPIN Board of Directors will be required to adopt the format of the patient information content, as well as the plan for its broad implementation.

Strengths and Weaknesses:

Criterion 1: Technical Approach:

Strengths:

Well written, innovative plan.
FPIN has great potential to improve the usability of healthcare information.
Fosters communication between librarians and physicians.
Objectives 1 and 2 will encourage librarians to participate.
Objectives, methodology and evaluation are closely connected and flow logically.
Evaluation appears to be ongoing, with the flexibility to make adjustments fairly quickly.
Timeline sets appropriate deadlines.
Objective 3 and 4 will provide patient information.
Development is approached thoughtfully, considering many difficult but relevant issues.

Global value and potential audience – good design
Detailed timeline of each objective
Online training provides for virtual perpetuity with minimal maintenance.
Address an important definable need.
Big potential benefit for minimal investment
Builds on an existing system with solid infrastructure.

Librarians who have been doing this research and digest work are well aware of the time and energy constraints. By training others and using a credentialing program based on an existing credential model, can get both more librarians involved and ensure quality control by those who go through the education process. More involved will mean a greater production and increased number of digest articles available in the Journal of Family Practice.
Excellent detailed, comprehensive realistic timeline.
Existing organizational structure will carry over into expanded project. The ability to pull needed volunteers from the member organizations mean that they all come from the same starting point.

The project proposes to enhance the librarian segment of the Family Practice Inquiries Network, a multi-institutional effort of physicians, medical librarians and computer specialists who create evidence-based summaries relevant to commonly encountered in primary care practice. Two of their four goals relate directly to patient/consumer information—developing a prototype for patient information element and formulating a plan for writing the patient information component of the Clinical Inquiries (goals 3 and 4). FPIN is an intriguing notion and these two goals are within the scope of this RFP.

Their technical approach is most well described in Attachment F, which presents the project timeline for each of the four project objectives. It is well developed and seems logical and feasible.

Outreach will be limited to health science librarians who may want to join the project as co-authors. Outreach to public librarians and physicians are mentioned under Publicity/Promotion.

They do have a paragraph describing how each objective will be evaluated.

FPIN is a partnership among 7 universities, including physicians and librarians, as well as AHECs and other organizations.

It is quite apparent that FPIN will continue its efforts after this project assuming sufficient funds are available to sustain the effort. It largely depends on volunteer time of the participants, a small amount of funding from the AAFP, and space and staff donated by the MU Health Sciences Library. It is a shoestring operation.

Weaknesses:

I didn't know if this was doable. If it fits in this program.

There is a lot of work expected from the librarian volunteers.

The idea of doing preliminary research and then condensing it down for family physicians to use is a great idea, but how many physicians are currently using these digests?

How effective is this approach to information for the physicians? What kind of feedback on the existing approach has been done to test effectiveness? There is no indication of current or future evaluation for the target group. There is no indication of use via existing web sites or any other indications of usage beyond a meager attendance of 21 individuals at a presentation.

There is no definite commitment to continue the project beyond a vague "strive to meet its goals."

How many physicians already have searching skills and are already doing their own searching? No research is included to support the case that this is a needed service.

What is the current cost of providing this service? How does that compare to grant funds requested? There is an implied statement that sustained membership or access may require membership. What are the potential costs for users of the service?

Theoretically this is a great service for physicians, but without statistical information or even anecdotal evidence, who knows?

Two of the four goals (goals 1 and 2) in the project are not directly related to health information for the public—creating an online training program for librarians in co-authoring Clinical Inquiries and developing a credentialing program for medical librarians working as Clinical Inquiries co-authors. It is not clear why these goals are essential to development of a patient information element (goals 3 and 4) or that they really meet the intent of this funding opportunity.

Outreach services are not really included in this project. Although the FPIN is a creative solution to getting evidence-based information into the hands of clinicians, there is no outreach to consumers or to those providing consumer health information. It is more a

collaboration between physicians and librarians. Although outreach to public librarians and physicians is mentioned under publicity/promotion, nothing further appears in the timeline, indicating that this is probably not a significant component of the project.

On page 5 of their proposal they state that they are working with consortium members to include content from other types of evidence based summaries which can be developed more quickly and lead to a more useful database. They will make it widely accessible, but do not say how this will occur or whether it will be free or for a fee.

Their evaluation plan is accomplished mostly by obtaining feedback from the stakeholders and participants in the project. Evaluation plans are quite modest and do not extend to attempting any evaluation of the usefulness of these evidence based summaries to clinicians, much less patients.

The FPIN partnership already exists.

It is not stated that the consumer health or patient component will be continued once the funded project ends. It is also not known what their commitment to outreach related to the patient component will be when they have reached the point that patient summaries are available. They do state that they will be submitting additional proposals for external funding from other sources. This project might better fit under other NLM initiatives, as the patient component seems not to be the focus of their efforts in this proposal.

Criterion 2: Community Targeted:

Strengths:

Librarians are targeted here, but it is the patient that will ultimately benefit.

The popularity of the Clinical Inquiries indicates the value of information synthesis.

Librarians in institutions with Family Practice residencies are targeted.

The opportunity to improve service delivery defines a need that many may not be aware of currently.

Global application for targeted population.

Acknowledge limitations within the context of this proposal.

Total potential audience of librarians to reach is 23 librarians in 8 institutions. This will have a 100% saturation factor in making the librarians aware of the education and training.

After the training, the librarians will make expansion of existing project significantly larger.

The perceived need for the project is well described on pages 4-6.

Weaknesses:

There is not even a rough estimate of family physicians that could use this service. What is the subscription of the Journal of Family Physicians where information digest appear?

There is no section addressing the target population.
The question again arises as to whether this project is in scope for this solicitation. It is an interesting and worthwhile idea that might better be pursued under other NLM programs.

Criterion 3: Project Support:

Strengths:

Personnel have quality experience suited to the objectives of the plan.
FPIN members, staff and volunteers are committed to this project.

Experienced personnel are present.
Broad network of support.

Due to existing nature of project, staff is extremely qualified to expand the project.
Using the organization of pairing experienced and less-experienced librarians as well as the accreditation plan will produce well-rounded, ready to go abstract librarians.
Most costs are reasonable.
Past support from institutions have provided the backbone of the program.

Ward, Meadows, and Nashelsky are well qualified to lead this project, having worked with evidence based medicine and the FPIN since 2000. The team has appropriate experience in providing the type of training they propose.
The University of Missouri Health Sciences Library donates space and facilities.
Letters of commitment are included from the Chair of the Department of Family and Community Medicine, MU, the Director of Libraries, MU, the Director of Clinical Services at UNC-Chapel Hill, and the Chair of the Department of Family Medicine at University of Chicago.

Weaknesses:

Continued funding is an issue of concern.
The librarian part of FPIN would likely receive institutional support, but the entire project needs funds.
That issue is beyond the scope of this proposal.

No public promotion planned.

25% of grant for in-direct costs are somewhat high.

Outreach to patients, the public and health professionals are not really a major part of this project. Therefore, the cvs of the three librarians proposed do not address experience in providing PubMed and Internet training.
The robustness of this effort on a continuing basis in a time of economic downturn is of some concern. It would have been nice to see letters of commitment from all 8 participating organizations.