

Regional Advisory Council (RAC) Minutes: Option Year 1

Date: November 16, 2012

Location: UIC Library of the Health Sciences, Chicago, IL

RAC Members Present: Mary Blackwelder, Jane Blumenthal, Pam Bradigan, Arlis Dittmer, Liz Weinfurter, Martha Hardy, Jennifer Helman, Heather Holmes (via Skype), Matt Hoy, Rhona Kelley, Mike McGraw, Barb Platts, Travis Schulz, Cory Smith, Janet Stith, Linda Walton, Molly Youngkin

RAC Members Absent: Cody McSellers-McCray, Elizabeth Rowan, Jim Shedlock

GMR Staff Present: Kate Carpenter, Ruth Holst, Holly Burt, Samantha Hewakapuge, Jacqueline Leskovec, Irene Williams

Call to Order: The meeting was called to order at 8:45 a.m.

Welcome and Introductions: Kate Carpenter opened the meeting at 8:45 a.m. with a welcome to the UIC Library of the Health Sciences and asked for each person to introduce themselves.

Ruth Holst thanked RAC members for their active participation in the GMR Symposium “Research for Better Patient Outcomes: What Librarians Need to Know” held at UIC on November 15, 2012, which was attended by more than 40 librarians and health professionals.

GMR Update: Ruth Holst began the GMR Update with an overview of the programs and priorities of the Greater Midwest Region (GMR) for the current contract followed by highlights from the Base Year of the contract. This was followed by reports from program coordinators Holly Burt, Samantha Hewakapuge, Jacqueline Leskovec, and Irene Williams who outlined their respective job responsibilities and updated the group about their respective activities in progress.

Janet Stith asked a question about the public health access project that is being led by the New England Region (NER) of the NN/LM. The state of Kentucky Public Health department and the University of Kentucky Medical Center Library were invited to join this project in 2011, but the Library has run into obstacles that prevent it from providing the document delivery component of the project. Mary Blackwelder pointed out that several agencies in Wisconsin have also been contacted. Ruth agreed to arrange a conference call to discuss the project with Janet (U. Kentucky), Mary (Medical College of Wisconsin), and Julie Schneider from the University of Wisconsin Ebling Library.

Facilitated Discussion: The remainder of the meeting was devoted to discussion of three topics that are of key importance for the GMR within the current five-year contract. For each of the

topics, the group was asked to consider the following questions as they pertain to the three topics:

1. What are the needs of our members in this area?
2. What are the best strategies to address these needs?
3. How should we measure the success of those strategies?
4. What should the GMR and/or NLM be doing to help?

Topic 1: E-Science: How can the GMR assist network member librarians to build their capacity and expand their roles in addressing issues related to E-science and Big Data?

- Discussion included the following points:
 - U. Michigan is defining E-science as anything that uses electronic technologies/ tools/ software packages within the research enterprise – includes clinical research but NOT education or patient care
 - U. Iowa is doing a data management survey and will share results with the region – many faculty have expressed need for help
 - Institutions need help managing licenses for research databases
 - Is e-science just for big academic institutions? How does it affect hospitals?
 - Community-based research is clinical and will affect health professionals in hospitals
 - GMR could focus on basics and introductions rather than more in-depth e-science
 - All librarians need to be informed – GMR could provide definitions, case studies, resources
 - More in-depth work falls in the realm of academic institutions
 - Many researchers need editorial services
 - OCLC study by Susan Kroll and Rick Forsman identified many needs of researchers
 - GMR could focus on researchers who are NOT in the academic environment, such as those who spoke at yesterday's symposium on Research for Better Patient Outcomes
 - By focusing on community-based research, we would combine our outreach mission with the NLM mission of helping researchers
- Specific strategies include:
 - Look for networks and/or umbrella organizations of community researchers
 - Include researchers who receive NARCH (Native American Research Centers for Health) funding, which is co-sponsored by the Indian Health Service (IHS) and NIH
 - Mine the list of NIH awardees to identify those not affiliated with large academic institutions
 - Reach out to practice-based research networks (PBRN) and researchers involved in community-based participatory research (CBPR)
 - Conduct a needs assessment of non-academic researchers and develop initiatives to address those needs

Topic 2: Electronic Health Records: Health professionals and hospitals are under record systems and achieving meaningful use objectives. What role should health sciences librarians be playing in assisting with these efforts and how can the GMR help with enabling these new roles?

- Discussion included the following points:
 - Most big medical centers have already selected their EHRs
 - Speaker at AMIA said approximately 50% of hospitals have EHRs in place
 - Regional Extension Centers (RECs) have received funding for EMR implementation and community colleges have received federal funding for HIT training
 - MedlinePlus Connect works well with Epic system, which is used by many large hospitals, but it's not clear how well it works with other EHR vendors
 - Less information available about what's happening in smaller hospitals
 - IT department makes the decisions – librarians' roles in the process not well defined
 - Many hospitals are paying for ADAM Medical Online or Krames StayWell for their point of care patient education EMR content rather than using free M+ Connect
 - Heather Holmes works in a community teaching hospital and has not been successful at getting her hospital to use M+ Connect
 - Many hospitals prefer to use a product that can be “branded” with their own logos and won't direct the user to a competitor's materials
 - Up-to-Date has been aggressive in contacting hospitals to push their point of care tools
 - Heather's hospital dropped Up-to-date and added MD Consult, but had difficulty linking MDC to the EHR
- Specific strategies:
 - Lobby accreditation organizations about library role??
 - Do librarians need to know more about “Meaningful Use?”
 - Find librarians who have been successful with “infobutton” implementation and invite them to share their stories or do presentations
 - Survey members to determine level of involvement with EHRs, library strategies and best practices, finding champions
 - Plan a symposium using librarians who have been successful
 - GMR could do a series of webinars on basics, such as Affordable Care Act, infobuttons, M+ Connect, ONC activities, Health Information Exchanges, AHRQ activities
 - GMR region has several “Beacon communities” (Cincinnati, Detroit, Rochester) but don't know if libraries/librarians involved – these could be a source of information
 - Promote health literacy as a strategy for librarians to get involved in EHR

Topic 3: Hospital Librarians: The trend toward downsizing and closing hospital libraries is continuing. (Irene is working on pulling together some data on the numbers for our region) How can the GMR address the needs of hospital librarians and assist them with expanding their roles to address the what's happening in today's health care environment?

- Discussion included the following points:
 - Number of hospital library closures higher in the GMR past two years
 - Some are from mergers are because the librarian retires
 - Some are reductions but not closures
 - Several RAC members are being faced with possible mergers and/or affiliations
 - Ruth has had requests from librarians for a video to show their value, but if the librarian has not established strong relationships with stakeholders, a video won't help
 - Linda Walton brought up Accountable Care Organizations (ACO) [Note: Medicare strategy to link reimbursements to quality care metrics to improve quality and spend dollars wisely]
 - University of Iowa is working with 60 hospitals in their ACO – Is there a role for the library?
 - Librarians see the value as their expertise but CEOs see the collections as valuable
 - How do we convince administrators about the value of the library?
 - Link the library to patient safety
 - MLA study showed that 95% of Magnet hospitals have libraries – use as a selling point
 - Institute of Medicine (IOM) requires librarian involvement in their standards for systematic reviews
 - Are there other incentives to include librarians?
 - Barb Platts has librarians that do rounding in her hospital – they send survey with each literature search to get feedback on results
 - Joanne Marshall just completed “Value of Libraries” study – based in Middle Atlantic Region but included hospital libraries from across the U.S.
 - Hospitals use readmission rates to measure quality – can library contribute to these efforts?
- Specific strategies:
 - GMR did one Lake Effects webinar on how hospital libraries can contribute to bottom line – do more of this type of presentation
 - Promote Vital Pathways resources on the MLA website, especially information about how to talk to your administrator
 - New England Region has a hospital library toolkit and MidContinental Region has calculators – promote the use of these tools
 - Offer a CE course for hospital librarians to promotes resources and develop competencies
 - Teach hospital librarians to use the same language as administrators
 - Share examples and case studies through a portal

Wrap-up and Adjournment: Meeting closed at noon.

Respectfully submitted,
 Ruth Holst
 Associate Director, NN/LM, GMR