McMaster Premium Literature Service (PLUS): An Evidence-based Medicine Information Service Delivered in Collaboration with the Northern Ontario Virtual Library

Jennifer Holland*, Alexander Lyubechansky†, and R. Brian Haynes*

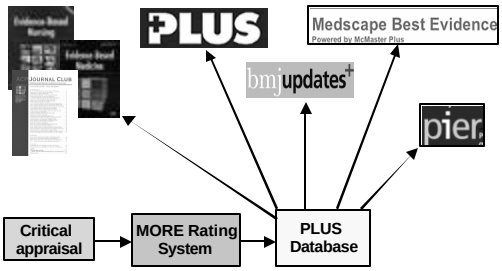
*for the McMaster PLUS Team

†Director, Northern Ontario Virtual Library (NOVL)

Accessing the Evidence

- Rapid growth of clinical literature
- Physicians lack skills and time for searching and appraisal
- Few tools proven to help in Evidence-based Medicine (EBM) information access

HIRU's Solution to Information Overload



McMaster **P**remium **L**iterat**u**re **S**ervice (PLUS)

- Funded by Ontario Ministry of Health
- In collaboration with NOVL
- For physicians in the North (primary care, internal medicine)
- Keep up-to-date with new research
- Email alerts & searchable PLUS database

Northern Ontario Virtual Library (NOVL)

- Users: Northern clinical practitioners
- Virtual, 24/7 access
- Biomedical databases, full text journals, textbooks (Ovid, Stat!Ref, eCPS)
- Training and on-going user support
- Operated: NOMEC and NOMP

PLUS Research Question

- Canadian Institutes for Health Research
- Cluster randomized trial model:

PLUS + NOVL → Full-serve **vs** NOVL → Self-serve

Trial Recruitment

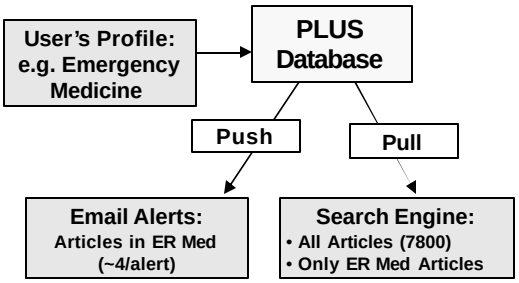
- Email, surface mail, fax, presentations, NOVL registration form
- Inclusion criteria:
  - Active email account
  - Stable, active clinical practice in Gen/IM
  - Northern Ontario (NOVL eligibility)

Trial Interface Offerings

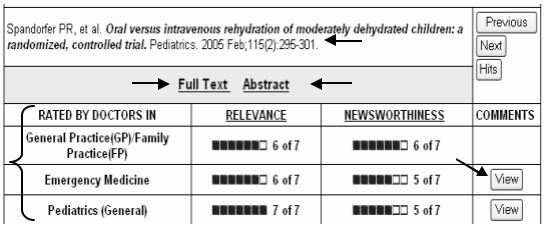
Baseline period: 5 months - NOVL access

Self Serve Version	Full Serve Version
• Ovid • Stat!Ref • EBM Resource Guide	• Ovid • Stat!Ref • EBM Resource Guide • **Email Alerts** • **Search Engine**

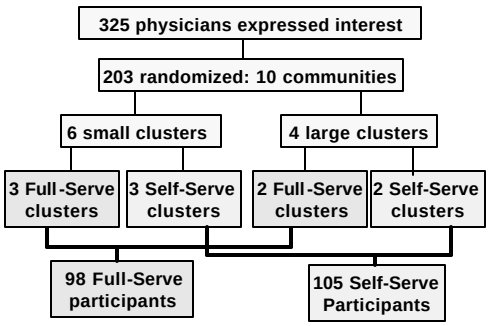
Full Serve Intervention



PLUS Article Record



Participant Flow



Participant Demographics

- 150 male, 53 female
- Mean age: 43.9 y
- Mean year of graduation:1989
- General Practice/ Family Practice (48%); Emergency Medicine (41%)
- High speed internet: home (55%); office (44%); clinic (33%); hospital (62%)

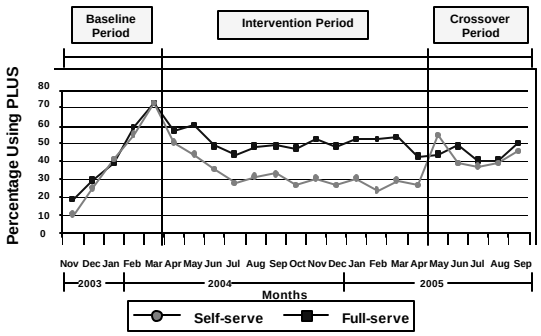
Trial Outcomes

- Frequency of logins
- Satisfaction with PLUS features
- Specific resource and feature use
- Determinants of use
- Number of new participants

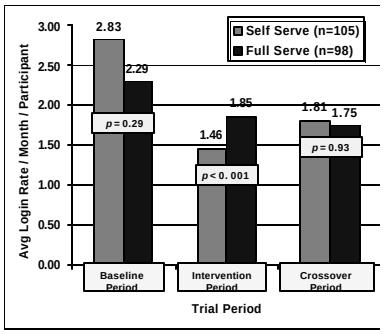
Data Collection

- Automatic tracking of login and link selection
- Online in-system questionnaires
- Post session emailed surveys
- Ovid Stats tool

Comparison of "Users"per Group



Comparison of Login Rate per Group



Study Limitations

- Generalizability of findings to other settings?
- Data collection precluded other information seeking
- Low response rate to satisfaction-related questionnaires
- No direct measure the information applied to clinical care

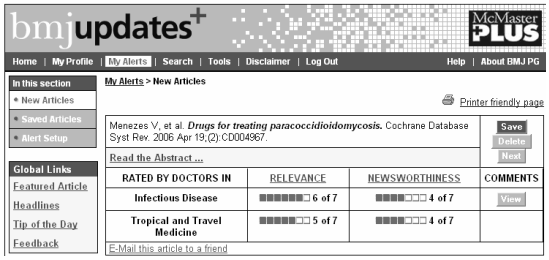
Conclusion

- PLUS: robust, customizable information delivery service
- Ongoing data analysis: satisfaction, specific resource use, effect on clinical practice
- Trial results → best design features for information delivery to physicians in remote and rural environments

Acknowledgements

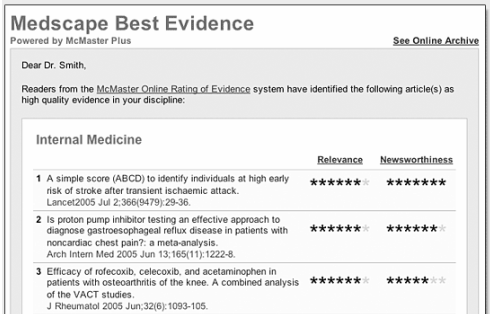
- Funding thanks: MOHLTC, CIHR
- Collaboration thanks: NOVL
- PLUS team: Brian Haynes, Chris Cotoi,Dawn Jedras, Ann McKibbon, James McKinlay , Leslie Walters, Nancy Wilczynski

- Questions directed to: hollj@mcmaster.ca



www.bmjupdates.com

Click on Register Now button



www.medscape.com

Click on register link then select Newsletter