

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

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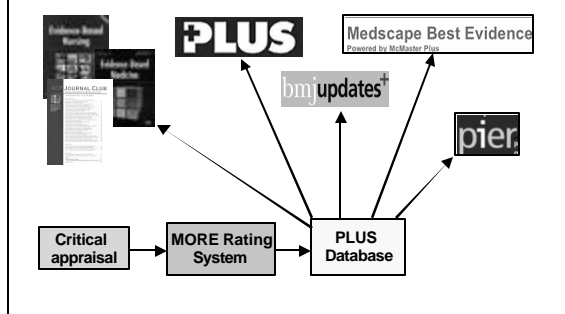
*for the McMaster PLUS Team

†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 Premium Literature Service (PLUS)

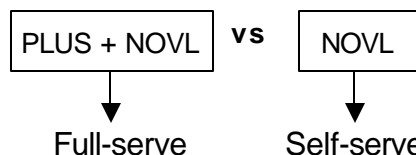
- Funded by Ontario Ministry of Health
- In collaboration with NOVL
- For physicians in the North (primary care, internal medicine)
- Keep up-to-date with new research
- Email alerts & searchable PLUS database

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: NOMECC and NOMP

PLUS Research Question

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



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

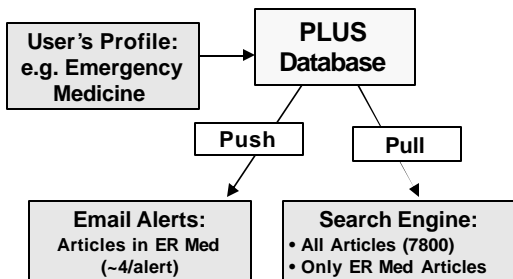
Self Serve Version

- Ovid
- Stat!Ref
- EBM Resource Guide

Full Serve Version

- Ovid
- Stat!Ref
- EBM Resource Guide
- **Email Alerts**
- **Search Engine**

Full Serve Intervention



PLUS Article Record

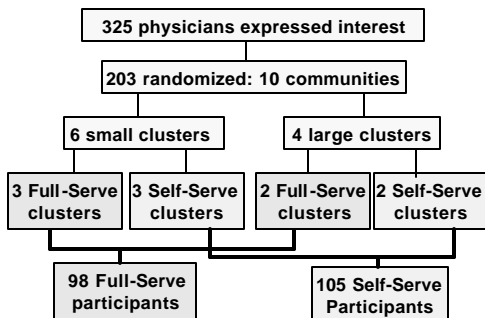
Spandorfer PR, et al. *Oral versus intravenous rehydration of moderately dehydrated children: a randomized, controlled trial.* Pediatrics. 2005 Feb;115(2):295-301.

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Emergency Medicine	■■■■■■□ 6 of 7	■■■■■■□ 5 of 7	View
Pediatrics (General)	■■■■■■■ 7 of 7	■■■■■■□ 5 of 7	View

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%)

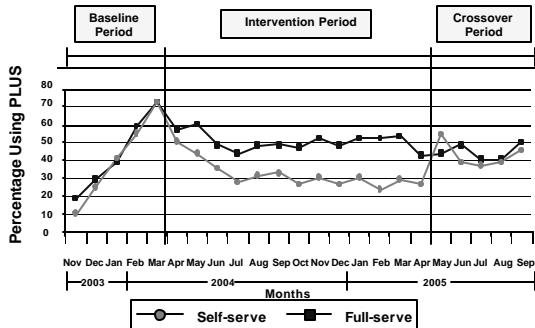
Trial Outcomes

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

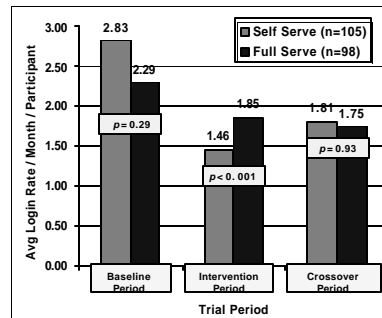
Data Collection

- 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

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- Questions directed to: hollj@mcmaster.ca

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