

Librarian-led Health Information Needs Assessments in the Primary Care Setting


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What can I say?
Librarians rule.

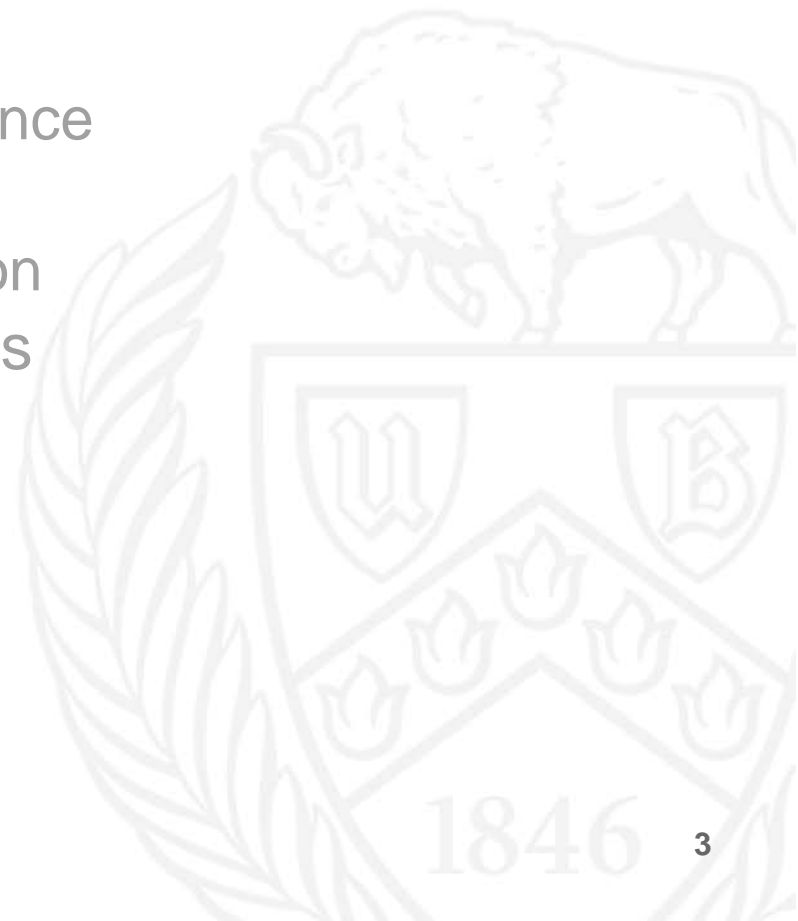
Regis Philbin

 quote fancy

<https://quotefancy.com/quote/1365651/Regis-Philbin-What-can-I-say-Librarians-rule>

Information Dissemination and Beyond

- Traditional and Digital Reference
- Collection Development
- Information Literacy Instruction
- Mediated Literature Reviews
- Research
- Outreach



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Medical librarians

- Colleges and Universities
- Academic Health Centers
- Hospitals/Patient Libraries
- Public Libraries





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Project: Patient Education Assessment in Osteopathic Healthcare Centers

- Primary Health Care Clinics in Rural and Urban Pennsylvania
- Improved health literacy = improved chronic disease management and self-care
- Infrastructure, Resource, and Needs assessments of BOTH patients and healthcare providers
 - What patient education resources exist at clinics?
 - What are patient health information needs at clinics?
 - What do information do providers think their patients need?

Multiple stakeholders, multiple sources of data

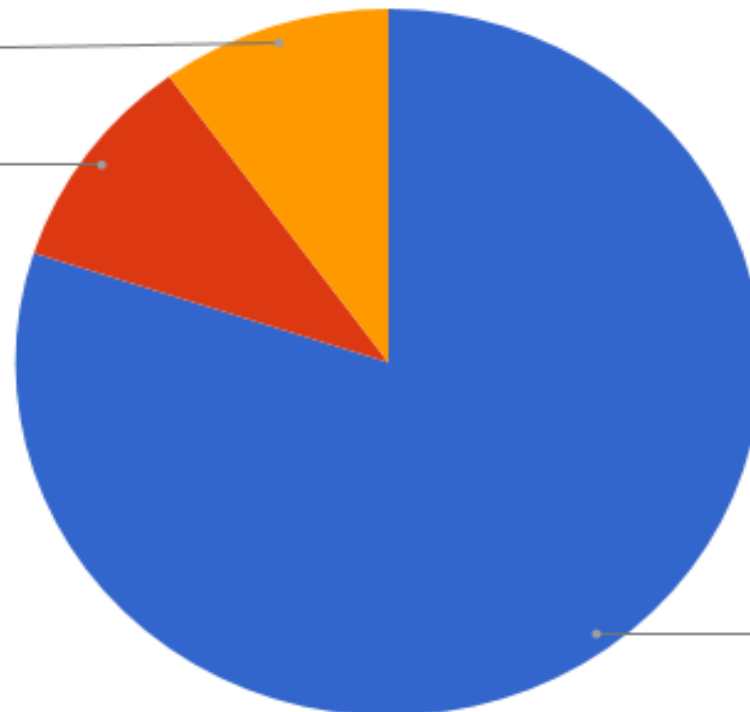
- Observed patients during their doctors' appointments in real time to learn what kinds of questions they were asking their doctors (Patient-provider interactions observed: 20)
- Patient surveys (n=42)
- Focus groups and interviews with doctors, nurses, and clinic office staff (4 FG, 31 participants)

Survey results

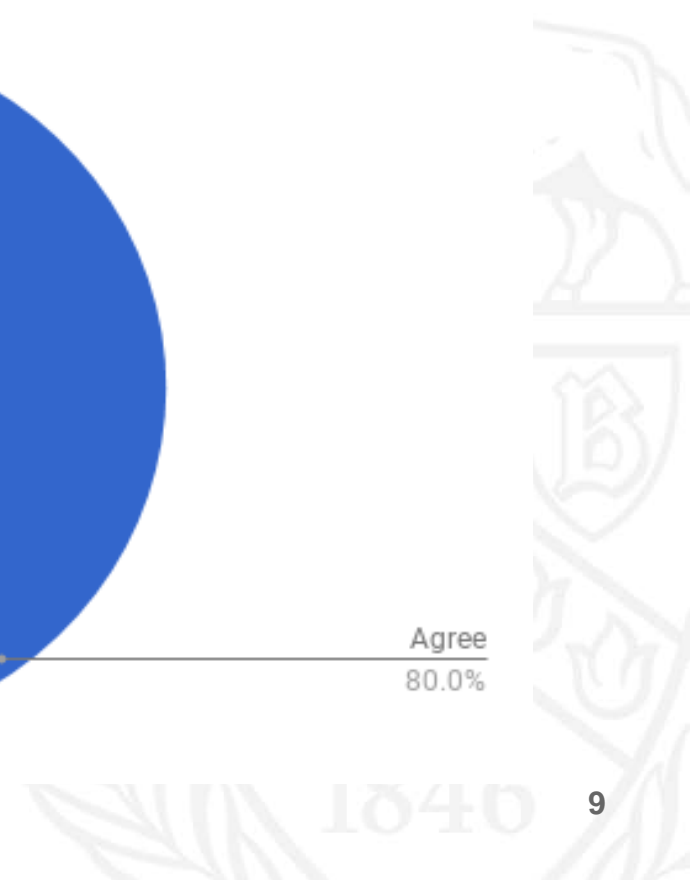
I have seen materials related to my health in this clinic

Don't know
10.0%

Disagree
10.0%

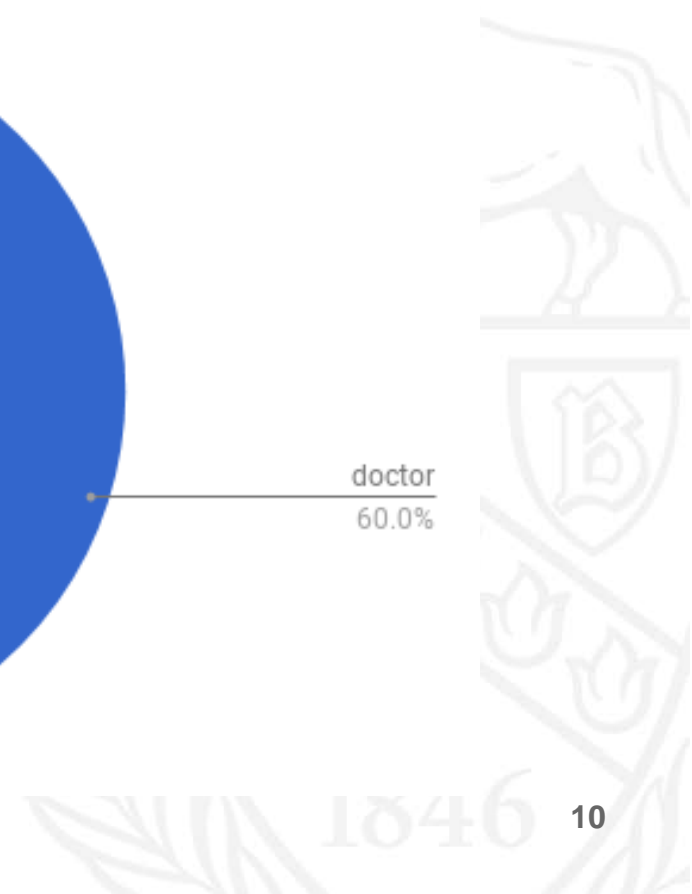
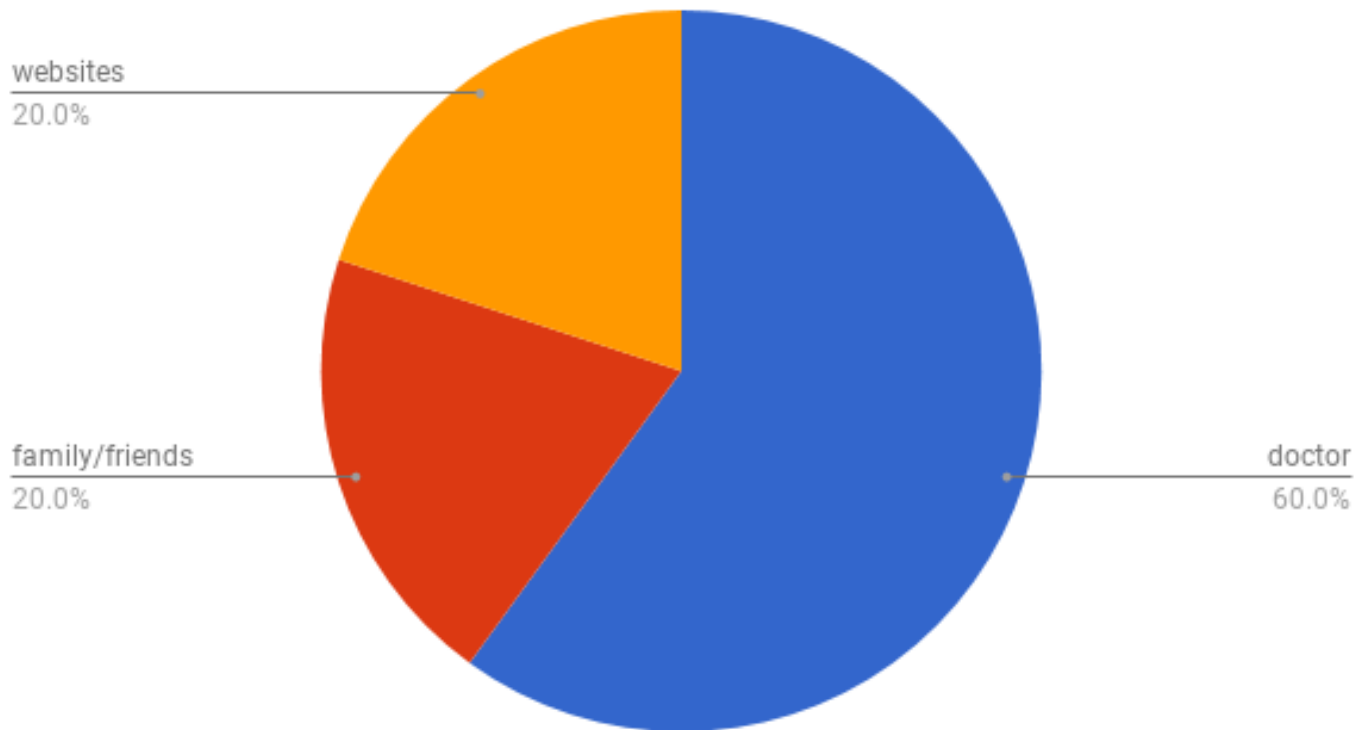


Agree
80.0%



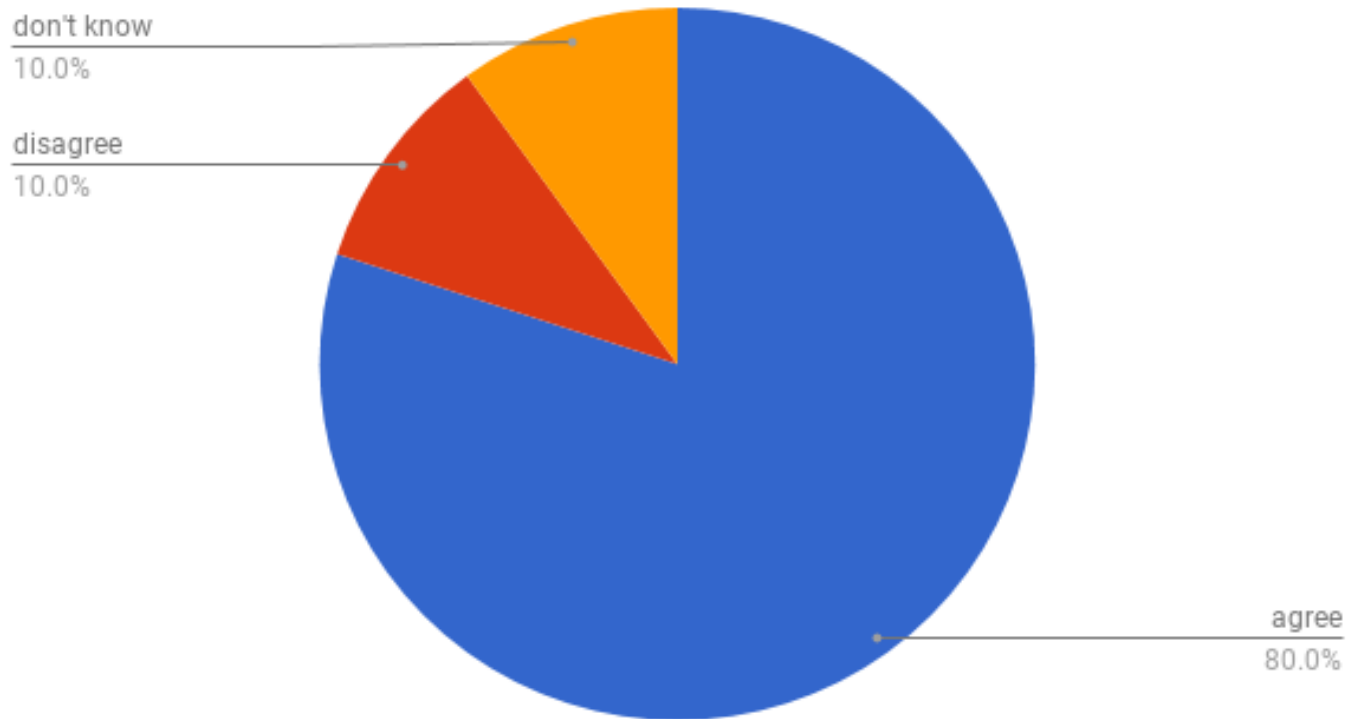
Survey results

First place I go for health info



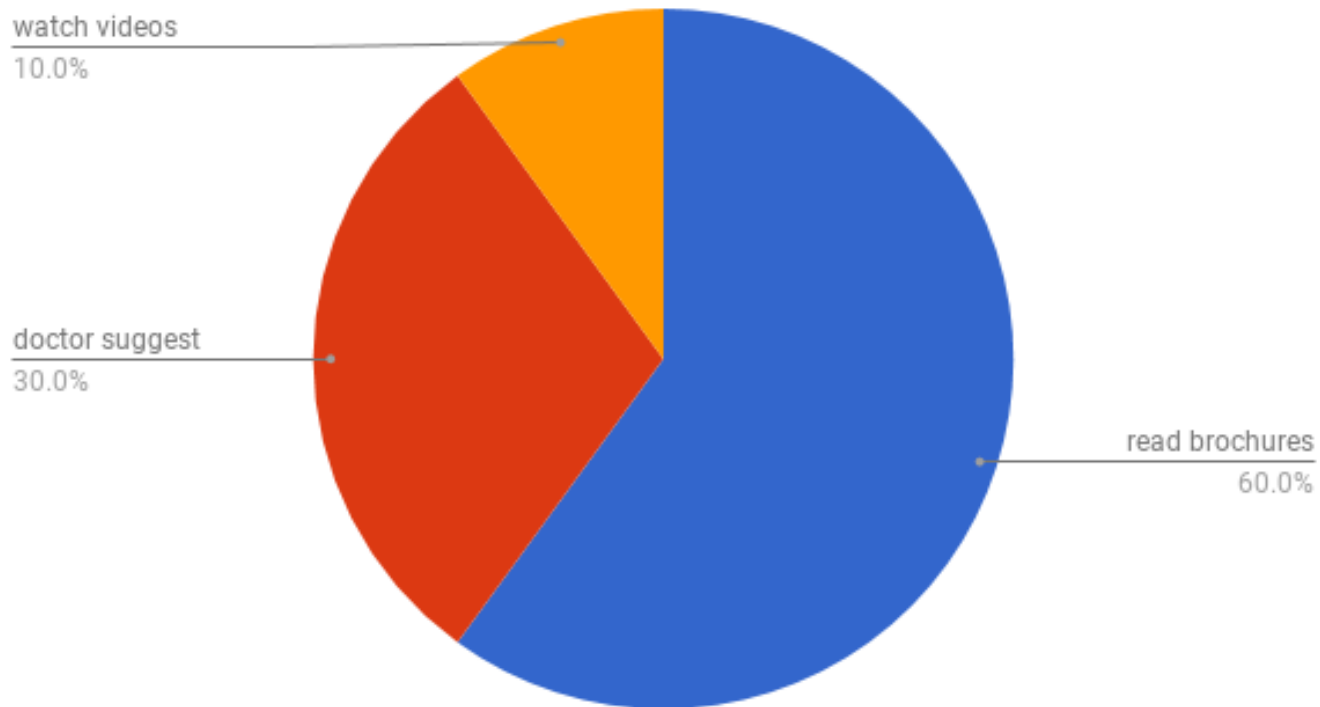
Survey results

I receive enough health info during my appointments here



Survey results

How would you prefer to receive health information?



Focus group results

1. Patient engagement/disease self-management in their own care is an ongoing challenge/opportunity.

“Patients don’t listen, they don’t seem to care, compliance is not good. They have recurrent visits for the same things and their hyperglycemia and hyperlipidemia are not well controlled.”

“I don’t know why patient self-management is so poor. We have a pharmacy right across the street. This is an insured population. We provide motivational interviewing and shared appointments where patients can get education about these things. They don’t change their diets or lifestyle until there’s a consequence, and we have to go into crisis-management. They just don’t get it.”

“Cancelling and no-shows are pretty high here in general because transportation is a big issue.”

Focus group results

2. Low health literacy

“People who don’t have high levels of health literacy only go to the doctor when something hurts don’t understand disease management. With some of these chronic conditions, things don’t hurt until things get really bad. They can’t comprehend that having high levels of sugar in their blood, even if they’re feeling okay, can still lead to a stroke or go blind or lose a toe.”

“A lot of patients have limited education, which makes it hard for them to understand their disease. For example, diabetics don’t understand carb counting/what constitutes a carbohydrate/how that affects their blood sugar.”

“Sometimes patients don’t hear what we say. The information we provide can be misinterpreted, which is why we want to follow up with handouts, but then those things never make it out of the car.”

Focus group results

3. Digital literacy and computer access

“I would guess that the number of patients in this clinic who are tech savvy is small.”

“Our geriatric population especially has no interest in learning the computer or dabbling in it. They’ve gone this long without it, why would they start now?”

“For calling patients, a lot of people’s phone numbers change frequently due to electricity and phone lines getting shut down due to lack of payments. I would say internet would be intermittent for them.”

Focus group results

3. Patient online health information seeking

“We have some patients who sheepishly say ‘I found this online,’ but I would say most patients don’t say they’re getting things online.”

“I know a lot of patients go to WebMD and self-diagnose. Then they show up here thinking they already know what they have.”

“I think everybody gets information from the internet, whether or not they tell us. I prefer that we talk about it first before they go online to get information. If they do it without talking to me first, they get all worked up about what they found on the internet.”

“Some people go online too. I just had a patient who tried to diagnose themselves with a respiratory infection using WebMD.”

Focus group results

4. Sources of providers' patient ed information

“I use the patient ed part of our EMR. Sometimes the print outs are long and can be cumbersome for patients to read so after I print the sheets out, I'll go through and highlight or underline certain important things for the patients.”

“We get a lot of info related to symptoms and diagnosis online from WebMD and places like that.”

“Sometimes I'll print things out for them from Google.”

Focus group results

5. Patient information needs include healthcare navigation resources

“It’s every phase of this process, patients have a problem with. So our part is to get the authorization codes, get the diagnosis codes to the patient because without those numbers it puts them in a black hole so to speak, they don’t know where to go. You’ve got to give them at least that part of that so they can move on and get what they need.”

“A lot of questions about navigating this system itself, how they could get through to an agency to contact the right agency that deals with your insurance, just getting info those types of things, who does home delivery for meals, for nutritional purposes like Meals on Wheels.”

“Insurance is a big one, particularly when patients are questioning what their insurance is gonna be. Those who have had affordable care insurances and concerns about the future, getting services outside of this office like pain management, orthopedic appointments, home health care, or respite care if you’re a CG for family member. They’re inundated with forms that need to be filled out.”

Focus group results

5. Patients may benefit from non-traditional types of patient education materials (beyond brochures)

“Patients would probably like actual menus, examples, of healthy meals that give them ideas about what to eat. Instead of just telling them to eat healthier, things that actually show them what eating healthy looks like.”

“I think that patient ed materials that had pictures would help us explain things to patients. Like when I try to talk to someone about not smoking, they think that smoking just affects their lungs. Or if you had a picture of someone with diabetes, you could point to their toes and say, ‘you can get ulcers.’”

“We had a program here where diabetics got an actual sample plate that had segmented sections that told you how much of what foods to eat, and it came with a lid. So people could learn and then take the plate with them and use it for meals at home so they would know how much to eat.”

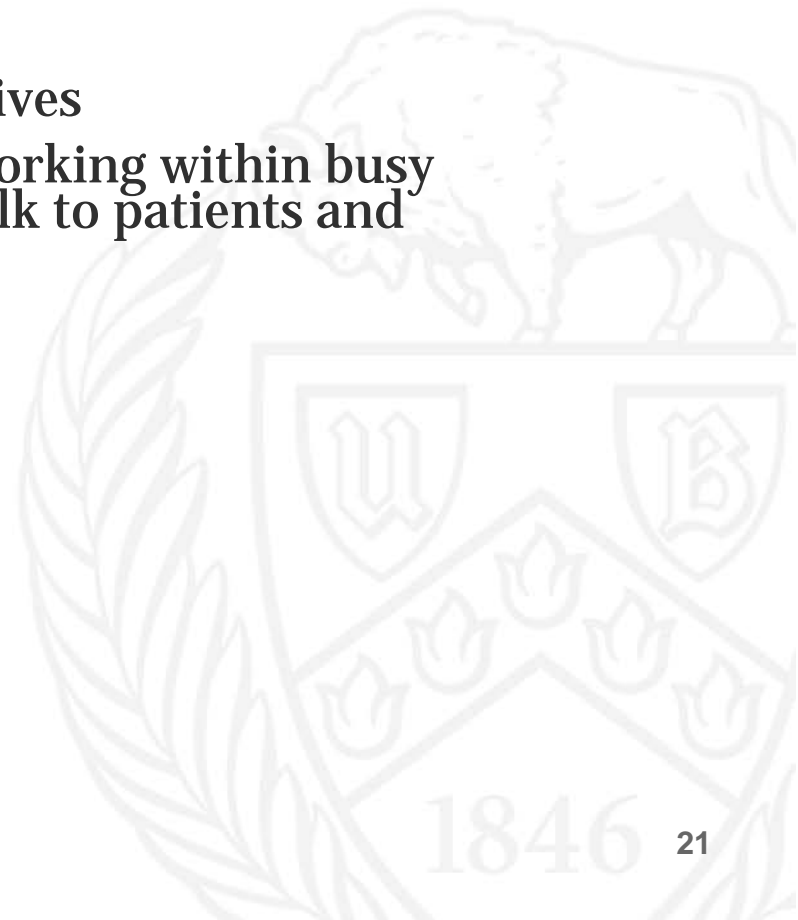
Implications for future services

- Embedded/visiting librarian
- Increased integration of remote the academic institution's library services and resources to the clinics
- Creation of specialized health information resources for EACH clinic based on unique and prevalent health concerns
- Dissemination of high quality, librarian-vetted health information resources (e.g. "best" websites)
- Librarian-led training in specialized health and medical databases for clinicians and staff

Project Strengths and Limitations

- High participant response rates
- Gathered multiple stakeholder perspectives
- Demonstrated feasibility of librarians working within busy primary care practices to collect data/talk to patients and providers

- Social desirability bias (patient surveys)
- Cross-sectional data



Questions?

