From task force to statute: establishing health sciences libraries in state law as a component of the health care system

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This paper describes how Montana librarians successfully incorporated health sciences libraries into the statewide health care resource management plan being developed under 1993 state law. First, a broad-based Montana Task Force for Biomedical Information was formed with funds from the National Network of Libraries of Medicine/Pacific Northwest Region and the Montana Area Health Education Center. The resulting report reviewed findings from national studies and trends to current state developments and deficiencies. The report was presented to the governor and state legislators in the context of cost-containment measures being considered in the state's health care reform bill. Now Montana law provides that "it is further the policy of the state of Montana that the health care system should . . . facilitate universal access to current health sciences information," and "The management plan must include . . . identification of the current supply and distribution of . . . health sciences library resources and services." This experience highlights the need for health sciences librarians to develop skills in advocacy, lobbying, and networking with other components of the health care industry.

INTRODUCTION

Few Montana hospitals have libraries that meet the standards established by the Medical Library Association (MLA). Without a medical school or a state coordinator for health sciences libraries to provide a natural focus for leadership, Montana health sciences librarians have been unable to coordinate and develop statewide library and information services for health care.

Knowing that geographic isolation no longer prevents quick access to current medical knowledge, librarians became concerned that ongoing statewide discussions about health care reform did not address the role of health sciences libraries. The governor and Montana's U.S. senators had commissioned studies. The Health Care for Montana Commission and Health Montana Committee talked extensively about information needs in health care, but the knowledge-based resources of libraries and the expertise of librarians were not mentioned. Librarians therefore joined forces to raise awareness of these issues.

This paper describes the formation of a task force to study deficiencies in the delivery of health sciences information in Montana and the process that resulted in the inclusion of health sciences libraries in the 1993 health care reform bill.

THE MONTANA TASK FORCE FOR BIOMEDICAL INFORMATION

In 1991, members of the Montana Area Health Education Center (AHEC) Library Advisory Committee (LAC) and the Health Sciences Libraries Interest Group (HSLIG) of the Montana Library Association prepared a one-page proposal to form the Montana Task Force for Biomedical Information. A request for funding was presented to the director of the Pacific Northwest Regional Medical Library at the University of Washington. Subsequently, $8,500 was provided†. The director of the Montana AHEC contrib-

† NLM Contract NO1-LM-3506.
uted an additional $1,500 and the Montana State Library Commission agreed to coordinate a year of activity.

To lend prestige to and foster participation in the task force, the state librarian requested that the governor's office make the formal appointments. The governor's staff person for health policy met with the state librarian and the chair of the LAC to discuss the purpose of the task force and identify appropriate candidates. This important strategic element was made possible in part by the fact that no state funds were required and the task force was time-limited.

The mission of the task force was to "assess the need for a designated coordinating agency, organization, or institution with the responsibility for fostering the development of health information services statewide and to serve as the link between Montana's health care community and the National Library of Medicine's biomedical communications network." The objectives were to review the development of health information service patterns since the end of federal funding for the Montana Health Sciences Information Network in 1983; identify current deficiencies in service, access, and delivery patterns; make recommendations for the further development of health sciences information services statewide; and foster implementation of the task force recommendations.

Members represented perspectives from clinical practice, public health, health professions education, hospital administration, health care associations, and libraries. Nominations were based on an individual's position in Montana's health care environment as well as on geographic or constituency representation. For instance, final appointments included the first vice president of the Montana Hospital Association (MHA), a board member of the Montana Nurses Association (MNA), and a past president of the Montana Medical Association (MMA). The full task force met in a central location twice. A consultant was hired to develop background material and perform studies. The findings and recommendations were approved during a final conference call in February 1993.

THE REPORT TO THE GOVERNOR

The first half of the report to the governor [1] documented the importance of current medical knowledge to health care and drew heavily from the contents of an MLA slide presentation on the library's contribution to quality [2]. Anecdotes from Montana hospitals and quotes from health professionals illustrated the critical importance of timely health library information resources and services. The Rochester study [3] findings were included as scientifically based documentation of how libraries improve quality and reduce costs in health care. The report also emphasized additional benefits of improved health information access, such as its role in helping users avoid malpractice litigation, meet accreditation standards, maintain professional expertise, meet licensing and certification requirements, and become informed health care consumers.

National developments, such as the High Performance Computing and Communications Act and the evolving National Research and Education Network, were noted as opportunities for expanding the role of technology in delivering health care information in rural areas. The strengths of Montana hospital library information resources and systems were outlined in terms of professional staffing, capabilities for using MEDLINE and DOCLINE, and GRATEFUL MED outreach projects. Deficiencies in service, access, and delivery for various regions and health professions also were described.

The final recommendation was for the state to develop an information infrastructure linking every health care provider with an information resource and service. The report concluded with a list of steps for implementation of this goal. The American Hospital Association's 1990 Management Advisory on Library Services was included as an appendix of the twenty-two page report.

The final conference call, conducted so that members could approve the draft of the report, changed the course of task force activities. The first comment made over the telephone was heated, and referred to the report as offensive and its conclusions "overblown." This physician questioned the need for MEDLINE. The second physician, a past president of MMA, disagreed, saying he found it impossible to keep up with new developments in medicine without MEDLINE. He fully supported the report findings and suggested that it be delivered to the state senator who had just introduced a health care reform bill, which had bipartisan and gubernatorial support.

The report then was edited and formatted, with careful attention to organization so that the information flow was logical and key points could be noted quickly. A distinctive professional cover elicited noticeable interest as it was handed to legislators; the anecdotes from local communities and health professionals presented information and viewpoints to which they could relate.

ADVOCACY WITH STATE LAWMAKERS

The next step was to obtain a copy of the health care reform bill and assess how the task force findings addressed the goals of the bill. Cost-containment issues presented the most obvious common ground, so a cost-related rationale was developed on which library contributions could be communicated.
The state librarian and the LAC chair then met with the primary sponsor of the bill. The state librarian had worked with this legislator on library-related issues in the past and was comfortable asking for a brief meeting during the legislative session. Five minutes outside the Senate chambers were available to review the report and convince the senator that it represented part of the solution sought in the health care reform bill. That tactic secured the legislator's interest and, intrigued by the idea of a hospital librarian standing in support of the bill, she invited testimony before the committee considering the bill. Two minutes of verbal testimony and one page of written testimony were presented, with the report, for the record.

Because the report was moving so quickly into legislative hands, it became urgent to present it to the governor and solicit his support. The task force steering committee secured a half-hour appointment with the governor and his chief of staff for policy. The committee emphasized the documentation which showed that use of current medical knowledge helped avoid unnecessary costs, improve quality of care, and provide for inexpensive defensive medicine. The governor immediately picked up the full implication of every point made. He responded that information was “every bit as important to cost containment” as anything else in the bill and should be part of the charter given the Health Care Authority. He then asked his staff to meet with the steering committee to draft amendments to the bill that would identify health information services as a vital component in the health care system.

Meanwhile, the report was distributed widely under the umbrella of task force member institutions. For example, the MHA distributed it to the administrator of every member hospital and the commissioner of higher education sent it to the deans of health profession schools. It also was distributed to county health officers, health profession association executive officers and boards, and libraries.

There was a second opportunity to testify and, after consulting with an experienced lobbyist, the message was simplified to its core: Hospital libraries save lives and save money and are important to good health care. A copy of the report was given to each member of the legislative committees that conducted hearings on the bill, and to other legislators with special interest in health care or libraries.

OUTCOME AND ANALYSIS

As a result of these efforts, the Montana law that provides for a Montana Health Care Authority states that the health care system should facilitate universal access to health sciences information. The law further states that the health care resource management plan must include identification of the current supply and distribution of health sciences library resources and services. That plan is being developed, and hospital and other health sciences libraries are being examined in the context of health care delivery.

One key to the success of the librarians' effort was the varied and authoritative backgrounds of the task force members. The state librarian was familiar with the workings of state government and the legislative process and easily could contact department heads and legislators. The administrator in the Department of Health examines health care in the state as a whole; he was the first to articulate that medical libraries are an integral part of a health care delivery system and should be included in any statewide planning effort. The politically active physician was not at all active in the meetings of the task force but was instrumental in placing the issue in the legislative arena. The librarians' ability to use his name as the member who suggested that task force recommendations be part of the bill lent credibility and secured attentive interest by others.

All participants contributed to and learned from the experience. The practitioner who had found the report offensive and overblown generated sensitivity among task force members that was important in the final editing process. The leadership of the various state health associations involved with the task force gained a new sense of the role and importance of hospital libraries in health care. Librarians both learned from and educated others, a valuable outcome in itself.

RECOMMENDATIONS

In this time of health care reform and cost containment, health sciences librarians everywhere must be proactive and must develop coalitions with the rest of the health care community. Underserved practitioners, public health officials, Area Health Education Centers, health profession educators, state health associations, and managed care providers are natural allies in the effort to develop a broad, well-funded health care information infrastructure for effectively informing their constituencies.

As libraries become accepted as an integral component of the health care delivery system, librarians need to work with policy makers to create financial incentives for the provision and use of knowledge-based resources and services. Currently there are no financial incentives, and the information infrastructure is crumbling as hospitals downsize and librarians are sacrificed because they generate no revenue.

Through the task force, Montana health sciences librarians have found that state officials and legislators are willing to listen. Health care reform efforts are moving more quickly in the states than at the
federal level; librarians could help themselves by advocating their role at each level and in every state. A reformed health care delivery system should assure that current medical knowledge is applied to the care of every patient. As health information professionals, librarians can make that happen. However, action must be taken now, in public and in the legislative halls, or the message will not be heard.

REFERENCES


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APPENDIX A

Montana Task Force for Biomedical Information

MISSION: Assess the need for a designated coordinating agency, organization or institution with the responsibility for fostering the development of health information services statewide and to serve as the link between Montana’s health care community and the National Library of Medicine’s Biomedical Communications Network.

GOAL: To enhance the flow of health care information to Montana’s professional health care community.

OBJECTIVES:

a. Review the development of health information service patterns since the end of federal funding for the Montana Health Sciences Information Network in 1983;
b. Identify current deficiencies in service, access, and delivery patterns;
c. Make recommendations for the further development of health sciences information services statewide;
d. Foster implementation of the Task Force recommendations.

REPRESENTATION: Members will be appointed by the Governor and will be knowledgeable of biomedical information needs, and representative of clinical practice, public health, education, library, and administrative perspectives.

Representation will be drawn from:
Montana Hospital Association
Montana Medical Association
Montana Nurses Association/Board of Nursing
Department of Health and Environmental Sciences
Montana Area Health Education Center
Physician Practicing in a Rural Community
Rural Hospital Administrator
Office of the Commissioner of Higher Education

University Deans of Library Services
Montana State Library Commission
Montana Health Sciences Library Interest Group
Montana AHEC Library Advisory Committee
University of Washington Regional Medical Library (ex officio)

Funds Available:
$ 8,500—National Library of Medicine
$ 1,500—Montana AHEC
$10,000 TOTAL

METHODOLOGY: Funds awarded from the National Library of Medicine will be subcontracted by the RML to the Montana State Library Commission for the coordination of Task Force Activities. An appropriate agency or individual will be contracted with to develop background material and/or perform studies. The full Task Force will be convened for no more than four meetings and is expected to complete its work by April 30, 1993.

APPENDIX B

Suzy Holt, M.L.S.
Montana Task Force for Biomedical Information

February 9, 1993
Testimony
Support H.B. 285
Senate Public Health Welfare and Safety Committee

Good morning, Chairman Eck and committee members.

My name is Suzy Holt and I am the medical librarian at Shodair Hospital. I am here on behalf of the Montana Task Force for Biomedical Information. The task force was made up of health care professionals and health sciences librarians to assess the need for a coordinating agency to develop health information services statewide.

Our position is that in order to insure adequate health care for all Montanans, we must insure adequate access to current medical knowledge for all health care providers and consumers.

Our report documents that easy access to current medical knowledge for patient care can avoid unnecessary tests or procedures, avoid unnecessary hospital admissions, and help hospitals bring their practices into line with national guidelines. It is also essential for continuing professional education.

We found that information resources are unevenly distributed, concentrated in the state’s population centers. Thirty-five percent of physicians are not affiliated with a health sciences library. Most nurses, pharmacists, physical therapists, and mental health professionals have no affiliation at all. We are concerned that without statewide coordination there is no leadership or ability to plan direction and growth of efficient information services.

Our recommendation is that the State coordinate the activities and development of a health sciences information infrastructure which can support each of these needs. I submit this report for your consideration. Thank you for your attention.
Suzy Holt, Montana Task Force for Biomedical Information
March 24, 1993
Testimony
Human Resources and Aging Committee
House of Representatives
Support H.B. 285 with amendments proposed by the Montana Task Force on Biomedical Information

Good afternoon, Chairman Boharski and members of the Committee.

My name is Suzy Holt and I am the medical librarian at Shodair Hospital. I am here on behalf of the Montana Task Force for Biomedical Information. The task force was made up of a broad range of health care professionals including physicians, nurses, administrators, and others appointed by Governor Stephens a year ago. Our mission was to assess the need for a coordinating agency to develop health information services statewide.

As a result of our findings, amendments have been prepared to include medical libraries in this legislation. The sponsor is aware of these amendments.

Having access to current medical knowledge saves lives, saves money, and improves patient care. It has been called the cheapest defensive medicine one can practice! It is a cost-containment measure that has been overlooked.

Montana’s information infrastructure for health care is unevenly distributed and some health professionals have no access to professional library and information services at all.

It enhances the goals of this bill to address this deficiency and lack of coordination. Access to current information is part of what it takes to deliver quality care. It should be a part of any statewide planning effort.

We have copies of the report for each of you. I know you won’t have time to read it, so I will just draw your attention to page 4 and its implications for cost containment, to page 14 which lists the deficiencies, and to page 18 which begins our recommendations.

Thank you for your consideration.