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# Fees for Information Services to Hospitals: A California Experience

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# Fees for Information Services to Hospitals

## A California Experience \*

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### ABSTRACT

The project was directed toward planning, developing, and implementing a subregional biomedical information network among the forty-three health care facilities (hospitals) of the four-county area served by Loma Linda University's health sciences library. The project coordinator contacted administrators and health care professionals in the forty-three institutions to present a plan for the network. The health care facilities were encouraged to support the continuation of the network through contract fees. The availability of specific information services was assured through contractual agreements. It was anticipated that the subregional network would be self-supporting after the twelve-month project period (December 1, 1976–November 30, 1977). The working territory (40,429 square miles) encompassed Mono, Inyo, Riverside, and San Bernardino counties. The project resulted in nine of the forty-three hospitals signing annual contracts for library services. It is recommended that projects of this kind extend beyond a year's duration in order to educate health professionals concerning the value of access to biomedical literature in improving patient care.

SINCE the inception of the Regional Medical Library Program (RMLP), the health sciences library of Loma Linda University has served as the area resource library for forty-three acute health care facilities in the four adjacent counties. These facilities range in size from institutions with operating budgets in excess of twelve million dollars to those with budgets less than \$375,000. As part of RMLP, the health sciences library issued library cards for a fee upon request to area health professionals, supplied them with access to the on-line information services of MEDLINE, and provided interlibrary loan and consultation services. A \$24,615 grant from the National Library of Medicine (NLM) made possible the development and extension of these basic library services in the entire area from December 1, 1976, through November 30, 1977. This article reports

the year's activities and makes recommendations, based on the pilot project, for future decisions directed toward developing a subregional biomedical information network.

### BACKGROUND

NLM committed itself to the development of a Biomedical Communications Network (BCN) for health services delivery, education, and research. RMLP was one aspect of the development of that BCN. "The RMLP is a program designed to provide a logical basis for extended cooperation between existing institutions in support of their fundamental constituencies by making available to each the library resources of the nation"[1]. In the overall plan for the BCN, the local resource library was delegated the following responsibilities to:

- (a) Support the information needs of the basic units located within their geographic area.
- (b) Join with other resource libraries within the region in a coordinated effort to support network development, including coordinated regional acquisitions with recognition of the RML's back-up role. Such a coordinated acquisitions plan could be a basis for requesting additional NLM support.
- (c) Undertake such coordinated educational activities for the basic units in their geographic areas as it deems necessary for the implementation of the regional plan [2].

At the grass-roots level, the basic unit was to indicate its willingness to underwrite the continuing costs of its participation. "These include, but are not limited to, (a) adequate staff to supervise and manage the resources within the basic unit, and to assure effective communication with the resource library; (b) communication charges between basic unit and resource library"[3]. The basic unit, which in most cases is the local hospital, was the target group for this project—an attempt to contact all forty-three units and persuade them to subscribe, on an ongoing basis, to a fee-for-services information package from the resource li-

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brary (health sciences library of Loma Linda University).

As early as January of 1972 Gilman expressed the need for the RMLs to "... promote cooperation and to encourage subregional health sciences library networking"[4]. He suggested that these subregional networks might be developed with funds from sources other than NLM.

The Minnesota Library Group began a fee-for-services project with its INFORM program: "A group of five leading Minnesota libraries have linked up to offer a new research service to business and industry—sophisticated library research service tapping the five collections at a fee of \$18 per hour"[5].

Again, Gilman referred to the subregional level, where he suggested that "local cooperation may be informal or it may have the structure of a formal system with well defined patterns of requesting, establishing procedures, etc."[6].

In 1969 Cheshier instituted a fee-for-services arrangement with over fifty institutions, all of which were in close proximity to the resource library at Case Western Reserve University in Cleveland, Ohio. Cheshier recognized the major hurdles in instituting a fee-for-services subregional network when he wrote, "It takes a great deal of time to make contacts with institutions, negotiate some form of payment, and begin service"[7].

West appraised the dilemma of the small hospital in obtaining library and information services:

The major factor is that the effectiveness of hospital libraries in relation to cost is strongly related to scale. In order to provide a full array of library services by traditional methods, the fifty bed hospital would have to invest a portion of its budget several times that required of a 500 bed hospital. These small hospitals simply cannot afford to pay the full salary of a professional librarian, and finance the full cost of acquiring all the books and journals needed by their health professionals [8].

West also pointed out a second factor of prime importance—the fact that the level of demand for information services had been modest. The physicians who serve in these small facilities are busy people with heavy case loads and, consequently, little time for reading.

The pay-as-you-go plan for satellite industrial libraries was reported by Dodd in the literature. The Georgia Tech plan attempted to make "cross-country use as nearly like cross-campus use as possible"[9]. Literature searches, inter-library loan, photocopy services and reference and acquisitions assistance were offered for a fee, in spite of the fact that Georgia Tech is a tax-sup-

ported institution. De Gennaro [10], from the University of Pennsylvania, addressed the issues involved in pay libraries and user charges. The debate over the emotionally and politically charged matter of how library and information services are to be funded was and still is an unresolved problem.

In Smith's article [11] and Feuer's article [12], a circuit librarian program initiated by the Cleveland Health Sciences Library attempted to extend services to several basic units in northeastern Ohio. The hospitals paid an annual membership fee and shared the funding of the librarian's salary.

Gotsick and Collins, from the A. B. Chandler Medical Center Library, University of Kentucky, reported another subregional information network in the Midwest. With geographic problems similar to the Loma Linda University program, this project involved fourteen hospitals in an area characterized by hills and isolated because of poor roads. With a grant from NLM the services here were provided free of charge by the University of Kentucky Medical Center Library. "Eight of the institutions have tentatively agreed to support future activities with local funds"[13].

#### STATEMENT OF THE PROBLEM

The problem was to organize a subregional biomedical literature information network in the four California counties of Inyo, Mono, Riverside, and San Bernardino. The goal was to improve access to information, with the hope of contributing to improved medical care for patients in the area. An important factor to be considered in any attempt to improve access to the biomedical literature is the geography of the area, which here consists of 40,429 square miles, just slightly larger than the state of Kentucky. It is an inland area of predominantly desert topography, touching the borders of Arizona and Nevada. Most of the region is sparsely populated.

The major population center, in sharp contrast to the general characteristics of the region, is a relatively small territory in the southwest corner of San Bernardino County and the northwestern part of Riverside County. This area includes the cities of San Bernardino, Riverside, and Ontario; and 98% of the area's population of approximately 1,163,000 is concentrated in this so-called "Inland Empire," which borders on metropolitan Los Angeles. The large influx of population into the sparsely inhabited mountain and desert area on weekends has an important impact on health care.

TABLE 1  
LIBRARIANS IN CHARGE OF HOSPITAL LIBRARIES IN  
THE FOUR-COUNTY AREA SERVED BY LOMA LINDA  
UNIVERSITY

Status	No.
Full-time professional	3
Part-time professional	2
Full-time nonprofessional	5
Part-time nonprofessional	31
No library personnel	<u>2</u>
Total	43

For example, on a three-day weekend Blythe—located on the Colorado River, with a population of 7,000 and a thirty-six-bed hospital—can expect as many as 9,000 tourists. This situation is repeated at numerous locations in the desert region bordering the Colorado River.

The area contains a total of forty-three hospitals, half of which are situated in the heavily populated valley within a seventy-five-mile radius of Los Angeles. The Loma Linda University School of Medicine is also located here, midway between the cities of Riverside and San Bernardino. A total of 1,891 physicians are currently practicing in the four counties.

Many of the existing hospital libraries in this geographic area are inadequate. Most have a collection of less than five hundred books and subscribe to less than fifty journals. Table 1 gives a breakdown of how the hospital libraries in the area are staffed. Having a part-time non-professional might or might not be significant. Some were in charge of one shelf of old medical books, while others had a very small, up-to-date core collection.

RATIONALE

At the beginning of the project, a survey of the registered borrowers at the resource library showed that only fifty-eight area health care professionals other than those connected directly with the University Medical Center had purchased cards for use of library materials and services. Records indicated that the requests to borrow materials from the resource library on interlibrary loan came from only thirteen of the area's forty-three health care facilities during the 1975 fiscal year. These thirteen institutions accounted for some 526 interlibrary loan requests for periodical articles. The resource library was able to fill 88.3% of these and referred 11.7% to

other libraries or the Regional Medical Library in Los Angeles.

The library's reference staff, which included three MEDLINE search analysts, performed 749 searches on the MEDLINE data bases during the 1975 fiscal year. Of this number, only 99, or 13%, were conducted for area health professionals who were not associated with Loma Linda University. The reference staff of the health sciences library had been invited to present demonstrations of the on-line information retrieval capabilities of MEDLINE at a few area hospitals. These demonstrations had resulted in increased use of MEDLINE services by the staffs of these health care facilities. However, these demonstrations were only given at a small number of the forty-three area health care units. Furthermore, MEDLINE service is only one aspect of an effective, organized subregional network that could serve to achieve the goal of providing equal access to biomedical information for all hospital personnel involved in patient care. The statistics drew attention to the potential service of such a network.

As proposed in the RML Policy Statement of NLM, the BCN was based on an operational model in which basic units (hospital and related-training institutions) provided the immediate resources for meeting the information needs of the staff. It was then the role of the resource library to provide a first level of backstopping for the limited resources of the basic units. Together these two levels comprised the subregional information network. The pilot project described here was directed toward formalizing the structure of a subregional network and developing effective methods and relationships for providing biomedical information to the health care professionals of the area.

The resource library was unable to carry out such a plan without assistance in the form of a Medical Library Resource Project Grant from NLM. The program began December 1, 1976 with a principle investigator who held a Ph.D. degree from the University of Southern California. His dissertation investigation and previous research on the Pacific Southwest Regional Medical Library reflected a high degree of interest in and knowledge of this project. The grant provided the salary and travel expenses for a project coordinator. A half-time secretary was provided to take care of the paperwork and fill interlibrary loan requests. No funding was available for free interlibrary loan and MEDLINE services for the hospitals.

An effective national BCN is dependent upon the development of local resources and cooperation. The organization of the basic units around the nucleus of a strong resource library is central to the success of the national plan. The effectiveness of the RMLP depends upon the development of a large degree of self-sufficiency at the primary health care facility and resource library level.

This pilot project was directed toward testing the feasibility of developing a locally supported subregional information network in one geographic area. Prior to the beginning of the project, a few of the forty-three basic units in the area had expressed interest in underwriting a proportional share of the cost of sustaining a subregional network. However, the success of the network in providing equal access to biomedical information depended upon much greater participation. Therefore, this project was directed at gaining support for and developing a formal network. It was hoped that the results of the project would serve as indicators for future development of subregional networks in other areas and reinforce the value of NLM's concept of a national BCN.

SPECIFIC AIMS

1. To plan and develop materials and strategies for presenting the subregional biomedical information network concept to the health care professionals and administrators of four California counties (Inyo, Mono, Riverside, and San Bernardino).
2. To solicit support from health care professionals and administrators in the forty-three area health care facilities for a locally funded, subregional biomedical information network, including the services of a circuit librarian.
3. To assess the results of the meetings with the basic units and to set up internal operating procedures for the resource library that would meet the subregional network needs.
4. To commence network activities of information dissemination, resource sharing, resource development, and personnel training among the participating member libraries of the subregional network.

PROCEDURES

The first period of the grant was spent defining what actually would be offered in the contract for

library services and how the hospitals in the area would be approached. A slide-tape program, eight minutes in length, was prepared to explain the program. This could be shown by itself or in conjunction with the Medical Library Association film *Rx: Information*. A two-page brochure about the service was also prepared.

The contract services available to the hospitals were:

- Ready-reference service: During business hours the health sciences library would accept telephone requests for biomedical literature information.
- MEDLINE services: Thirty percent of the fee paid by the hospitals was returned in MEDLINE services at the current rate of charge per search.
- Interlibrary loans: Ten percent of the fee paid was returned in interlibrary loan services at the current rate of charge per photocopy.
- Training: The project coordinator conducted a one-day training session for the contact person designated by the hospital.
- Consultation: A health sciences librarian was committed to visit the hospital not less than once a year.
- The Loma Linda University health sciences library supplied, in writing, certification of basic medical information support services if required for the purpose of accreditation by the Joint Commission on Accreditation of Hospitals.

Table 2 describes the price structure.

Rates were based on the cost of a consultation visit and the expected need for services by the hospital, according to its size. A contract for a greater amount of service could be arranged, depending on the situation in an individual hospital. Each hospital signed a contract with the Loma Linda University health sciences library (see Appendix).

TABLE 2  
FEE SCHEDULE

Size of hospital	Fee (dollars)
1-49 beds	225
50-99 beds	500
100-199 beds	750
200-299 beds	1,000
300 beds and up	1,250

RESULTS IN TERMS OF OBJECTIVES

1. A packet of materials, which included a brochure explaining the program, a contract, and the Pacific Southwest Regional Medical Library Service fact sheet, "Suggested Minimum Guidelines for Health Science Libraries," was developed to give to the hospital administrators. An eight-minute slide-tape program was also developed for group presentations.
2. Support for the network was forthcoming from nine hospitals. This was not enough to support a circuit librarian for further development of the subregional network. A major problem was education of the physicians and other health professionals concerning use of the biomedical literature. The majority of the health professionals did not see lack of access to information as a problem in health care.
3. The services to the libraries on contract have been incorporated into the normal channels within the resource library.
4. After the contract was signed a meeting with the medical staff of each hospital was provided to promote the services. A training session for the hospital library manager was provided and consultation was given for organizing and improving the library. An informal group of librarians has been formed called the "Inland Empire Group of Health Sciences Librarians." This has brought together library managers who have not previously participated in professional library meetings.

Although requests for interlibrary loans and MEDLINE service remained low in the area, the hospital visits did make the area health professionals more aware of the services available to them. A few requests came in from hospitals that had never utilized the services previously. Requests will remain at a low level as long as there is not frequent contact with the health professionals by a trained health sciences librarian. The hospitals that contracted for library services did so because of accreditation pressures.

The problem was not only one of improving the health professional's access to the biomedical literature, but also one of education. Many of the physicians were not even aware of the information facilities and services that could be made available to them and did not perceive a need for MEDLINE, interlibrary loan, or other reference services. Such comments as "We aren't doing any

research here," "We're just making a living out here," "We don't need a library," or "If a doctor wants to read, he can drive to Loma Linda" exemplified the attitudes of many of the physicians in the area.

With the physicians expressing attitudes of this nature, most hospital administrators naturally did not feel a need for improving library services. Many administrators argued that since the physicians were not based at the hospitals, there was little need for library service. A typical response was "My doctors say they subscribe to all the journals they need at their offices."

Administrators did not perceive any information needs of other health professionals within the hospitals. "Our nurses never read anything" was an example of this attitude. The few books and journals available were usually considered property of the physicians. Many hospital libraries were located in the physicians' lounges and off-limits to other hospital personnel. One hospital kept its books in the surgeons' lounge, with access through the locker room or surgery suites.

RECOMMENDATIONS

NLM should consider funding attempts at subregional networking for at least a three-year term. The whole concept of stimulating use of library services is centered around a strong program of educating the basic units' health care professionals. These professionals must see the relationship between access to biomedical information and improved patient care.

The first year should be a general education program with brief visits to all the units and frequent mailings of materials that describe the services of the resource library. After the initial contacts a circuit librarian should offer the units—for a small annual fee (\$75)—free interlibrary loans, consultation, and MEDLINE services. (The grant should ease the costs to the resource library.)

The second year of operation should continue the contacts with all the units, with the major activity to be singling out small groups of basic units within reasonable proximity of one another. Time and effort should be concentrated on each basic unit group to educate administrators, library managers, and health professionals on the value of in-house and extended library services.

The third year should be a continuation of the "group" approach, with a concentrated effort toward the signing of contracts (see Appendix) between the resource library and the basic units to

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place the extended library services program on a self-supporting basis. Part of the contract should include funding for a circuit librarian from the resource library, to ensure personal contact and continued use of the services.

The Medical Library Association should assist continuing education commissions for nurses and physicians by promoting specific hospital library standards in order for hospitals to be certified to offer continuing education courses for health professionals. California, for example, at present simply states in its requirements for Category I certification that "the hospital must have a library." No specific standards are mentioned.

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APPENDIX

CONTRACT FOR BIOMEDICAL LITERATURE INFORMATION SERVICES FROM THE HEALTH SCIENCES LIBRARY AT LOMA LINDA UNIVERSITY

The \_\_\_\_\_, hereinafter referred to as the Hospital, and the Health Sciences Library of Loma Linda University, hereinafter referred to as the Library, enter into an agreement this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, for extended biomedical literature information services as are outlined below. In consideration of this service, the Hospital agrees to pay to the Library the sum of \$\_\_\_\_\_. This sum to be in consideration of services through the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

1. The Library shall provide answers to ready-reference type questions on a demand basis during the normal business hours of the Library.
2. The Hospital shall be permitted to submit up to \_\_\_\_\_ requests for biomedical literature searches during the contract year. Additional searches shall be at the current rate of charge.
3. The Library shall fill requests for photocopied materials up to the amount of \_\_\_\_\_ pages at no charge during the contract year. Additional pages shall be charged at a rate of 10¢ per page plus postage.
4. The Library shall conduct a one-day training session for the contact person designated by the Hospital.
5. The Library shall fill requests for materials submitted on a Standard Interlibrary Loan request form. In the case that materials requested are not held by the Library or that they are unavailable, the Library shall reserve the right to forward these to another institution for processing.
6. The Library shall supply a certified medical librarian for consultation and evaluation of the Hospital's information needs. This certified medical librarian shall visit the Hospital not less than once each year.
7. The Library shall supply certification of basic biomedical information support services as may be required by the Hospital.

All services must be used during the contract year. There shall be no carry-over of services into the next contract year. This agreement shall become binding upon both parties at the date of the signing.

Hospital Administrator	Date
George V. Summers, Ph.D. Director of Libraries	Date