

Information Seeking Behavior of Providers on the Risks and Benefits of Treatments at Lehigh Valley Health Network (LVHN).

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Information Seeking Behavior of Providers on the Risks and Benefits of Treatments at Lehigh Valley Health Network (LVHN)

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Introduction

There is relatively little information on how doctors search for information in their clinical practice given the rise of the Internet. Patients are increasingly knowledgeable about different treatments, which lead to additional complexities in patient's questions specifically in benefits versus harms.

The purpose of this study is to examine which resources clinicians use to answer clinical questions and why they choose certain resources over others in judging the reliability of their available resources

Additionally, it would be important to identify barriers to choosing their ideal source of information. Other factors to consider include the strength of clinical studies as well as methodology and the modalities through which people access their resources, whether it be through the computer or mobile devices This may be used to guide future faculty teaching sessions to further guide abilities to find evidence based clinical resources.

Methodology

This was an interview style project which was not hypothesis testing, but understanding of baseline habits of providers at LVHN when searching for clinical information to guide their patient care. This was initially piloted with 5-10 physicians in Spring 2016.

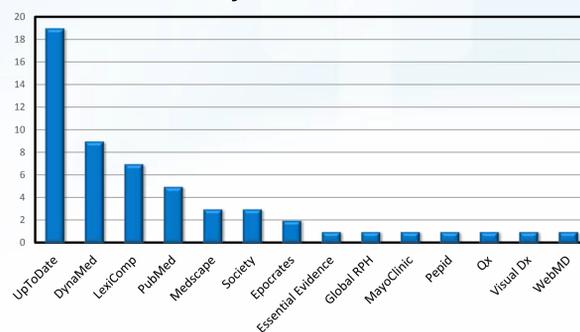
Within this portion of the project, said interviewee would be a board certified physician or APC with LVHN with completion of all medical training and working as a full time staff member. They would be available for an approximate 20-40 minute interview. However, providers who were mostly involved with administrative work or have minimal clinical work would be excluded. They were tape recorded by an interviewer who was trained to have an open yet standardized interview session.

This particular project administered 19 in depth one-on-one qualitative interviews to providers within Internal Medicine, with a guide of thirty open-ended questions relating to information seeking behaviors. These interviews, and the language to indicate the common resources and reason for using such resources were coded, and analyzed.

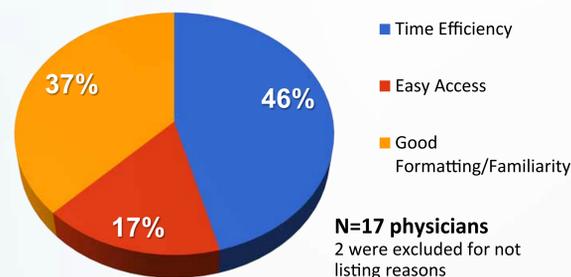
Results

Thus far, 19 Internal Medicine physicians and APC's from LVHN, usually Hospitalists, who were locally trained were interviewed and transcribed, coded and analyzed. Most providers used summary information sites such as UpToDate, DynaMed and PubMed and listed their reasons for the preference of these resources. The majority usually accessed this information equally either through their mobile devices or stationary computers. Hospitalists preferred UpToDate for a host of reasons over DynaMed including higher yield information, ease of access, and organization of information presented. On average, they requested training 3-4 times a year in order to improve their searching techniques and were generally willing to participate future surveys regarding evidence based resource.

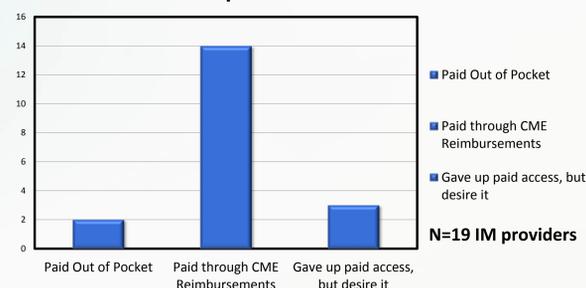
Comprehensive List of Online Resources Used by IM Providers Count



Reasons to Use UpToDate



UpToDate Access



Discussion

Most providers used summary information sites such as UpToDate, DynaMed and PubMed and listed their reasons for the preference of these resources. The majority usually accessed this information equally either through their mobile devices or stationary computers. People listed the resources they used to access information, which showed a large preference for UpToDate, but mentioned other sources as well. All providers mentioned they preferred UpToDate and a small fraction did not have access, but of the remaining, they attained access through Continuing Medical Education funding or paid out of pocket. Hospitalists preferred UpToDate for a host of reasons over DynaMed including higher yield information, ease of access, and organization of information presented. On average, they requested training 3-4 times a year in order to improve their searching techniques and were generally willing to participate future surveys regarding evidence based resource.

Conclusions

Internal Medicine Providers must meet complex treatment's questions with a medical application that can compress high yield clinical information together, the best of which is thought to be UpToDate. Subsequently, providers have expressed their strong opinion to have institutional access to UpToDate provided despite free access to DynaMed. They would be open to additional clinical information seeking training to learn more about additional online resources.

Future Directions

It still remains unseen how these particular results might be applied to the whole LVHN population, and will require additional sampling and interviews to be completed. Additionally, the other fields of medicine in primary care remain to be addressed. Finally, it is unknown how much of the data can be replicated at other institutions. However, people are interested in having lectures on how to navigate the internet to find high-yield clinical information which might impact their clinical decision making, especially at a convenient and location, preferably 3-4 times a year.

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