Manitoba Health Libraries Association

INFOHEALTH Task Force

Report

May 29, 1987

The INFOHEALTH Task Force was established in the Fall of 1986 by the Manitoba Health Libraries Association (MHLA). This initiative was taken in response to the development and marketing by the Canadian Hospital Association (CHA) of INFOHEALTH, a nation wide on-line information and communications system for hospitals. The system was formally introduced to MHLA at the Manitoba Health Organization's Spring 1986 conference by Andrew Cameron, Vice-President, Information Systems, CHA. At a special session organized by MHLA, Mr. Cameron was given the opportunity to provide details about the new service and respond to the concerns of an expert panel as well as others attendees.

The Task Force set out to further clarify many of the unanswered questions about INFOHEALTH and to elucidate possible roles for MHLA. An initial meeting of MHLA members experienced in using on-line databases and other electronic information resources identified the primary need for a formal evaluation and report on INFOHEALTH. This document could then be used by the membership to assist their respective administrations in their own evaluation.

Members involved in the evaluation project were:

Michael Tennenhouse (chairman)	Assistant Medical Librarian Medical Library University of Manitoba
Dallas Bagby	Medical Librarian Caroline Sifton Library St. Boniface General Hospital
Ada M. Ducas	Director, Educational Resources and Library Services Health Sciences Centre
Kathy Eagleton	Director of Library Services Brandon General Hospital

BACKGROUND

INFOHEALTH is an on-line information communications system created by the Canadian Hospital Association (CHA) to "provide fast, accurate and versatile communication services...to improve the health of all Canadians."(1)   It is essentially a repackaging of an existing telecommunictions service, iNet 2000, developed by Telecom Canada, but containing specific applications of interest to the health care community. A summary of its various components is provided in Appendix I.   W.R.Maes has recently reviewed INFOHEALTH (3).   The Task Force agrees with his evaluation and includes it as an adjunct to this report. The Canadian Medical Association has also undertaken an evaluation of iNet 2000 for use by physicians (4)(5). Many of its conclusions are also relevant and should be consulted. Also worth noting are other studies of the use by untrained users of database services such as BRS Colleague which is a major component of INFOHEALTH (6).

Both the Manitoba Health Organization (MHO) and the Manitoba Telephone System have begun marketing the product for CHA. MHO has indicated that they will also help in the selection of equipment. It is being sold as a tool that health care institutions should have. Whether this is the case is the primary purpose of this report.

In addition to the points raised in the attached article by W.R. Maes the following considerations warrant attention.

EASE OF USE & TRAINING

From the beginning INFOHEALTH has been marketed almost exclusively to top executive officers of health care institutions. The advertising campaign and promotional literature have promised a breakthrough in communications. They make it all sound deceptively simple. Although the iNet system on which INFOHEALTH is based is menu driven and relatively easy to use, many of the database applications are merely accessed via INFOHEALTH and require familiarity with their own retrieval procedures. For administrators and others who have little or no experience with online communications, it will take considerable amount of time and training to become comfortable with the system and, more importantly, to use it efficiently. The iNet trial of the CMA (4,5) as well as other studies (6) have demonstrated many of the difficulties involved. The more likely scenario of what will happen is that secretarial staff will be asked to assume duties such as printing off news and accessing other information. Library staff (where available) might be asked to do subject searching. There is some training support via toll free telephone assistance and user manuals, however there is no local hands on training provided.

FINANCIAL CONTROL

Presently financial control only exists in the granting of "codes"
which give people access to the system and the monthly
consolidated billings sent to the master account. Once a "code"
has been granted, a user can access any of the bulletin boards,
databases or services that are available. The initial set up fee
is $200.00 plus a monthly subscription fee of $15.00 for the major
account (see Appendix II for a comparative summary of costs).
Additional accounts are charged $5.00 a month. These costs only
open the door to the system. Use of specific services costs
additional money. Basic services such as: Executive Bulletin
Board, Association and Professional Bulletin Boards, Electronic
Messaging (iNet 2000 or ENVOY 100) cost $15.00 per hour and $.005
a day for a kilocharacter storage charge. Access costs to other
databases (BRS Colleague) include various connect time and royalty
charges ($39 per hour and up) plus $6.00 telecommunication charge
to Canadian databases and $9.00 telecommunication charge to US
databases. These varying useage costs are invisible during access
time, with no indication of how much has been accrued while
connected. Neither is it apparent to the unfamiliar user which
files are CHA files and which are supplied by commercial vendors.

BULLETIN BOARD UPDATING

The bulletin boards offered have the potential of being a very
practical means of communication. However, a good bulletin board
requires regular updating to be useful. Old news is no news.
There appears little indication that the INFOHEALTH Bulletin Board
receives this. This is perhaps a reflection of how many users
there are on the system who are regularly accessing and
contributing information.

RECOMMENDATIONS

MHLA fully endorses the concept of a national health communictions
system that specifically supports the information needs of
Canadian health care institutions. However, MHLA cannot recommend
that institutions subscribe to INFOHEALTH at the present time.
The system is not suffiently developed in its provision of unique
or needed information services unavailable elswhere to justify the
extra startup and ongoing costs (see Appendix II).   Because the
costs of using the system are not completely displayed it will be
difficult to control the budget. Neither is there a sufficient
level of training support in place (MHLA representatives have
indicated willingness to explore with CHA methods to provide local
support) to assure the effective use of the service.

An original on-line Canadian information system would be welcomed
by librarians and health administrators across the country. Most
databases are developed in the U.S. and the information contained
in them is often not entirely applicable to Canada. Because of
their complexities e.g. hospital statistics, significant gaps
exist in Canadian health information. The CHA should be
encouraged to develop a Canadian health information system and

devote its energies towards creating original databases which more readily meet the needs of Canadian hospital administrators. The Manitoba Health Libraries Association would be most willing to cooperate with CHA in such efforts. Perhaps INFOHEALTH will lead to this development.

REFERENCES

1. Cameron, Andrew. INFOHEALTH helps find answers. editorial. Dimensions in Health Service. v.63 (3) April 1986 p. 4.

2. Cameron, Andrew. CHA wants to serve you better. editorial. Dimensions in Health Service. v.62 (1) January 1985 p. 4.

3. Maes, William R.   Infohealth -- to subscribe or not to subscribe. Bibliotheca Medica Canadiana v.8 (3) 1987 p. 120-122.

4. Marshall, Joanne G.   The Physician in the information age: interim results of the CMA iNet trial. Canadian Medical Association Journal, v. 133, Nov. 15, 1985, p 1046-1048.

5. Marshall, Joanne G., Banner, S. and Chouinard J.L. Physicians online: final report of the CMA iNet trial. Toronto, Canadian Medial Association, 1986.

6. Kirby, Martha. MEDLINE searching on Colleague: reasons for failure or success of untrained end users. Medical Reference Services Quarterly v. 5 (3) Fall 1986, p. 17-31.

APPENDIX I

In order to evaluate INFOHEALTH properly demonstration passwords
were obtained from the CHA and from the Manitoba Telephone System.
Both librarians and administrators accessed the system in October
1986, January 1987 and again in May 87. The following
observations were made as of May 87:

EXECUTIVE SERVICES:

    Bulletin Board - contains some CHA news (1 1/2 months old)
                    - has potential for the future.
    INFOHEALTH Newsletter - contains news and advice from CHA on
                    the use of INFOHEALTH.
    Health News Today - picked up from Globe and Mail's Infoglobe.
                    Appears to be "as is" from Infoglobe. Items
                    not prescreened for Canadian content and
                    value. Apparently much cheaper to use than
                    via direct subscription to Infoglobe..
    Medical Post - excerpts from the Medical Post.
                    No way to select or search for specific news
                    items.
    Official Airline Guide - this is a commercial file which is
                    also available from other vendors. Would
                    have very little use as long as travel agent
                    is available by phone.
    Marketfax   - stock market prices picked up from Infoglobe.
                    Requires index of stock codes for use.
                    Doubtful cost-effective use when institution
                    employs a broker.

    Messaging   - available elsewhere, e.g. Envoy 100 or iNet.

    INFOHEALTH enquiry service - toll free telephone numbers
                    available to subscribers. This includes CHA
                    numbers for help with INFOHEALTH as well as
                    other vendor numbers. Uncertain as to how
                    supportive this service is.

ASSOCIATION SERVICES: - contains bulletin board with association
                    news and messaging as in other services.

PROFESSIONAL SERVICES: - contains bulletin board news from CHA
                    (1 1/2 months old) and information from
                    Northeastern Ont. Telehealth Network.

KNOWLEDGE SERVICES: The term "knowledge" is used very loosely in
    this service which is made up of bibliographic and textual
    databases. Containing mostly references to documents there is
    no support for obtaining hardcopy. Some interface with
    existing library services is needed.

    BRS Colleague - A user friendly system giving access to many
                    health and medical databases. Menu-driven.
                    Also available from BRS directly. Possibility
                    of cheaper group rate through INFOHEALTH.
                    Despite being user friendly, still requires
                    considerable experience to utilize
                    efficiently and cost-effectively. Contains
                    full-text of some of the more prominant
                    medical journals, but printing out full text
                    would be expensive.

    National Libaray of Medicine (MEDLARS) - Only available to
                    those who have MEDLARS password. Requires
                    training and experience for efficient use.

    OTHER DATABASES - None available - great potential for
                    mounting Canadian databases, but would
                    require expensive committment on the part of
                    CHA and/or other organizations.

HEALTH CARE SERVICES: Not fully developed. As of May 87 contains:

    ECRI CONSULTANT - spring 87 ECRI newsletter. No select or
                    search capability.

    CHA EDUCATIONAL PROGRAMS - listing of CHA home study programs

    CHA PUBLICATIONS CATALOGUE - listing of CHA publications which
                    may be ordered online.

    EMERGENCY CARE RESEARCH INSTITUTE (ECRI):

    CHA advertises this as a special component of INFOHEALTH, but
    this is a service which has been available as a group
    purchase through MHO for many years. The actual cost to
    facilities in Manitoba for the current year are less than the
    advertised price through INFOHEALTH.

INET 2000 - Access to the regular iNet 2000 system and the
    hundreds of databases to which it connects.

Comparative costs of several electronic information systems as of May 87.

Inet (includes Envoy 100	Infohealth ^ (includes iNet,BRS Colleague)	Envoy 100	BRS Colleague
$50 startup	$200 startup	$25 startup	$95 U.S. startup
$3 / month	$15 / month	$3.30 / month	$15 U.S. monthly minimum *
$15 / hr	$15 / hr	$ .35 / 1000 characters	
varies with database vendor	$48 / hr (BRS Colleague)		$35 U.S. / hr

^ Costs were only recently reduced from $240 startup & $24 / month.

* applies toward connect hour useage costs

William R. Maes

Head of Public Services
Medical Library
University of Calgary
Calgary, Alberta

Infohealth is described by its creators, the Canadian Hospital Association (CHA), as "a comprehensive Canadian health care communications and information network". This represents an ideal -- what *Infohealth* would like, some day, to become. It is, unfortunately, not the actuality.

It is important to understand at the outset that *Infohealth* was created, and is being marketed, not as a library tool, but as a tool for health care executives and professionals (understand here physicians, perhaps some nurses, not librarians). As such, it seeks to provide services which, first of all, benefit and appeal to these groups directly. *Infohealth* appears at the moment to be only marginally interested in health libraries, insofar as this might help it to gain access to its primary market.

The Canadian Health Libraries Association (CHLA) has never really been opposed to what CHA is attempting to create through *Infohealth*. If it creates Canadian health databases, *Infohealth* will indeed be a valuable added service to the health care community. CHLA's objection was actually that *Infohealth* might be given exclusive responsibility for providing MEDLARS (Medical Literature Analysis and Retrieval System) services in Canada (now provided through CISTI), while its own viability remained unproven, and its commitment to the cause of health libraries was somewhat less than exemplary. Since CISTI has decided not to turn over to CHA and *Infohealth* the distribution of MEDLARS services in Canada, however, it should now be possible to consider the service, impartially, on its own merits.

SERVICES

At present, *Infohealth* offers electronic messaging, bulletin boards intended to fill the needs of health executives and professionals, and access to a large number of databases (approximately eighty) including Medline, through the facilities of the BRS Colleague system. Access to *Infoglobe*'s *Health News*, *Marketfax*, a stock market quotations service, and *Official Airline Guides*, a worldwide flight and hotel reservation database, is also available.

Since *Infohealth* is a subset of the TransCanada Telephone System iNet gateway service, many of the features and databases are not exclusive to *Infohealth*. It has the potential, however, to provide exclusive features if it can afford to create Canadian health databases, and if it can obtain enough subscribers to make such features as executive and professional bulletin boards viable and valuable.

As an example, if enough health libraries or their institutions subscribed, CHLA could, conceivably, use the service to establish a bulletin board on *Infohealth* to

serve the needs of the health libraries community. Through electronic messaging, CHLA and CHLA chapters could keep in touch with their members and announce meetings, election results, and the like. The CHLA Directory might be mounted online and kept up-to-date on a weekly, or even daily, basis. A job board could be created where health information positions could be sought and advertised. The possibilities are almost endless.

Nevertheless, the problem remains -- unless *Infohealth* can obtain more subscribers, it cannot afford to develop its own databases and services which would make it unique and valuable to the health care community; and, unless *Infohealth* develops such services, its creators cannot expect to obtain more subscribers.

COSTS

Except for the initial sign-up fee of $250.00, and the somewhat higher than standard monthly fee of $12.00 for the initial password (additional passwords are available for $5.00 per month), the services provided by and through *Infohealth* are no more expensive than if one were to obtain these services directly from the producers. Medline on BRS Colleague, for example, costs approximately the same, whether one obtains a subscription through *Infohealth*, or enters into a separate contract with BRS.

It is true that Medline can be searched more cheaply if a contract is obtained through CISTI. As offered through CISTI, however, Medline is a command driven system, which can be considerably more difficult to use, and almost impossible for the casual searcher to use well -- i.e., the executive and health professionals at whom the *Infohealth* service is currently aimed.

The costs of the messaging service on *Infohealth* (and iNet) are time based, while the cost of the same service provided through ENVOY 100 is based on the number of characters sent and stored. In the latter instance, whether it takes two seconds or two hours to type a message, the cost will not vary. In the former, the cost of the same message could relate directly to the typing speed and skill of the sender. Sending longer reports or letters could be much less expensive on *Infohealth* (or iNet), however, since it is possible to compose the message offline and upload it into the messaging service. It is possible to upload and send a 10,000 word report relatively inexpensively in a matter of minutes on a time based system, while on ENVOY 100, one would be charged for each character sent, regardless of the time spent online -- a much more expensive proposition.

Cost considerations, then, do not provide a simple and straightforward means of making a decision about whether or not to recommend subscription to *Infohealth*.

FURTHER CONSIDERATIONS

Possible Advantages:

1.   If a hospital or health care executive should choose to subscribe to *Infohealth*, for whatever reasons without regard to the librarian's concerns, an opportunity might, nonetheless, be provided for the library to

use some of the services and databases to which it would, otherwise, not have access.

2.   Hospitals and health care executives in rural areas which do not have direct access to a Datapac telecommunications node are, presently, faced with paying expensive voice communications charges to send electronic messages and to use electronic database services. Both iNet and *Infohealth* provide 1-800 number service which allows communications at the data rate-- approximately 1/3 the cost of the voice rate.

3.   *Infohealth* does offer some exclusive services. Unfortunately, at the moment, none of these is aimed at libraries.

4.   *Infohealth* offers unified billing, regardless of the different databases and services used. This could save accounting headaches.

5.   Because it is menu driven, the system is relatively easy to use.

Possible Disadvantages:

1.   *Infohealth* customer support still appears to be very weak.   In Alberta and British Columbia, and probably in other provinces, the system is marketed through the local telephone network.   Hence, service depends on the telephone system. CHA direct support still needs substantial improvement.

2.   It is not clear at this time whether *Infohealth* will be able to survive beyond a few years if it does not obtain more subscribers.

3.   *Infohealth*'s advertising oversimplifies the complexities of electronic messaging and database searching.

4.   The value of the system rests, to a great extent, in its potential: in its ability, eventually, to provide Canadian health databases, more health information services, and in linking a substantially increased number of subscribers.

    To subscribe to *Infohealth* (or to recommend that your institution subscribe) is a decision which must be made within the context of the institution itself, considering its own very special needs.   The fact that the health library staff in the academic health centre searches Medline directly (through its contract with CISTI) because it is cheaper, and possibly, more efficient, does not mean that this choice is also the best for the rural hospital library staff who are actually casual users.   In reaching a decision, you must consider your needs, those of your institution, and the alternatives to subscribing to any electronic services at all.

    Hopefully, *Infohealth* can succeed in its mission -- the creation of a comprehensive Canadian health care communications and information network -- for the success will be of great benefit to us all.

122   Bibliotheca Medica Canadiana   1987; 8(3)