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## **Best Practices Survey**

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## Executive Summary

The University of Minnesota Health Sciences Libraries are exploring the feasibility of providing online access to a core set of clinical knowledge resources. As part of the study, an online questionnaire was developed to determine best practices in the following categories: population served, information resources, technology/access, funding models, and sustainability.

Respondents were recruited based on their membership in the Association of Academic Health Sciences Libraries, which represents libraries throughout the United States and Canada. Forty-seven valid responses were received (33% response rate). Five respondents (11%) indicated that their library provides an existing statewide service, which suggests that there are very few statewide clinical licensing projects across the nation. Of these, 3 respondents completed the full questionnaire.

*Population Served:* All three programs offered services to individual healthcare providers, though affiliation with a member organization was typically required.

*Information Resources:* Drug resources, evidence-based resources, and clinical practices guidelines are offered by all three programs. The resources most frequently used by program participants included evidence-based resources, journals, and databases. The types of information most frequently requested by program participants included diagnosis/treatment information, medication/drug information, and best evidence about a specific topic. Patient education information saw different levels of requests, ranging from most frequent to rarely.

*Technology/Access:* A variety of technology solutions were used to control access to licensed resources including IP address, individual login and password, and proxy server technology.

*Funding Models:* Two projects employed a mixed model of funding and have proven to be sustainable. The third project relied solely on membership fees, which do not cover the annual operating budget. All three funding models have proven to be scaleable.

*Sustainability:* Programs would ideally employ between 2 and 5 FTE. All three programs provided services at an additional cost to members. A variety of management models were employed by the existing programs, including integration into corporate structures and into existing library operations. All three programs were guided by a board of directors or steering committee, with additional oversight coming from library staff and committees/subcommittees, depending on the program. All three of these oversight models would be recommended by the existing project providers. One project provider adds:

“The backing of the [Project] Program and the Health Sciences Library's infrastructure is vital to the sustainability of the program. A streamlined development team is important to getting something up and running but the steering committees and boards with key stakeholder members are critical to keeping it going.”

The best practices identified in this report were combined with the findings from an environmental scan. These external findings were compared with the vision and mission of Minnesota's Statewide Clinical Resource Licensing Project to drive the project's strategic directions.



# Introduction

The University of Minnesota Health Sciences Libraries are initiating a Statewide Clinical Resource Licensing Project that will explore the feasibility of providing online access to a core set of clinical knowledge resources (evidence-based practice guidelines, journal articles and other decision support tools) to all Minnesota health professionals, and potentially, to all residents of Minnesota.

As part of the feasibility study, an online questionnaire was developed to determine best practices for providing statewide access to clinical information services. This questionnaire was distributed to health sciences libraries throughout the United States and Canada. Questions related to 1) population served, 2) information resources, 3) technology/access, 4) funding models, and 5) sustainability.

# Methodology

In February and March, 2008 a questionnaire was developed by the Statewide Clinical Resource Licensing Project's Project Manager to solicit information regarding existing statewide initiatives to license clinical information. The 36-question instrument focused on best practices in the following categories: population served, information resources, technology/access, funding models, and sustainability (Appendix A). An additional final section was included to gather information not touched upon in the structured questions. This questionnaire was reviewed and approved by the Director of the University of Minnesota's Health Sciences Library.

In April, 2008 IRB approval for the survey protocol was granted through the University of Minnesota's Office of the Vice President for Research. With IRB approval, preparations were made to implement the survey via a web-based survey tool.

Respondents were recruited based on their membership in the Association of Academic Health Sciences Libraries (AAHSL), which represents libraries serving the accredited U.S. and Canadian medical schools belonging to or affiliated with the Association of American Medical Colleges. The association listserv was used to send out an announcement of the upcoming survey, the questionnaire, and two reminder notices.

The Dillman model for surveys was followed, modified to accommodate a quick turn-around time. An outline of this process is provided below:

1. Pre-notice email: sent to respondents 2 days prior to the questionnaire (March 17, 2008)
2. Questionnaire email: sent 2 days after the pre-notice mailing
3. Thank you/reminder email: sent 1 week after the questionnaire mailing
4. Final contact email: sent 2 weeks after questionnaire mailing
5. Survey closed (April 9, 2008)

Following the survey close, aggregate and individual data was generated using the web-based survey tool. The survey data was analyzed by the Project Manager. Key findings were summarized in this report as part of the Statewide Clinical Resource Licensing Project. The findings were also distributed to the project team, as well as the AAHSL listserv.

The information gathered through the survey was combined with the findings from an environmental scan. The external findings from the survey and the environmental scan were then compared to the vision and mission of Minnesota's Statewide Clinical Resource Licensing Project to identify best practices and drive the project's strategic directions.



# Findings

The AAHSL listserv reaches 143 member institutions. A total of 48 responses were recorded during the survey period. Of these, one was omitted due to invalid data, making the response rate for the survey 33%.

Of the 47 valid responses, 33 (70%) indicated that there were no existing statewide services and 14 (30%) indicated that there was a statewide service available, which represented a total of 7 projects (Table 1).

**Table 1. Existing Statewide Projects as Identified by Survey Respondents**

State	Project Developers	Project Name
Arizona	AZHIN - a non-profit Corp in AZ	Arizona Health Information Network (AZHIN)
Arkansas	UAMS Library and several other HS libraries	DynaMed project
Florida	Florida Electronic Library	Florida Electronic Library
Nebraska	University of Nebraska Medical Center	Go Local Nebraska
North Carolina	NC AHEC Program	AHEC Digital Library
Oklahoma	OU Health Sciences Library	DynaMed Oklahoma
Oklahoma	Oklahoma Health Sciences Library Consortium	Oklahoma Health Connection
Tennessee	TennShare	<a href="http://www.tenn-share.org/">http://www.tenn-share.org/</a>

Five respondents (11%) indicated that there was some investigation into providing statewide services, which represented projects in Arkansas, New Mexico, Washington, and New York (Table 2).

**Table 2. Statewide Projects in Development as Identified by Survey Respondents**

State	Project Developers
Arkansas*	UAMS led project to provide DynaMed to professionals statewide
Florida	Florida Consumer Health Information Network in conjunction with the Florida AHCA office
New Mexico	Health Sciences Library at UNM
New York	MAR NN/LM is giving it some thought for the state/region
Washington State	HEAL-WA developed by the H.S. Libraries, University of Washington

\*Overlap with existing projects as identified by respondents (Table 1).

Six respondents (13%) indicated that they participate in an existing service. These responses reflected the services in the following states: Arizona, Nebraska, North Carolina, Oklahoma (2), and Tennessee.

Three respondents (6%) indicated that there was an existing service, but that their library did not participate in that service. Reasons for non-participation included the following:<sup>1</sup>

- "We have broader and deeper access to resources than the [project name] provides. This was designed for hospital and individual health care providers. It is also on a fee-based system, which would duplicate many of the products to which we already subscribe."
- "This is provided by the [project name] -- resource is Gale Health and Wellness Resource."

<sup>1</sup> Information in brackets has been removed to protect the anonymity of the respondents.



Five respondents (11%) indicated that their library provides an existing statewide service, which suggests that there are very few statewide clinical licensing projects across the nation. These respondents were directed to the full best practices survey. Of those, 3 respondents completed the questionnaire, and 2 left the questionnaire incomplete.

The following report details the responses of the three completed questionnaires. The findings are grouped into five sections, representing the five main sections of the survey instrument. These include 1) population served, 2) information resources, 3) technology/access, 4) funding models, and 5) sustainability. An additional final section is also summarized, which includes information not touched upon in the structured questions.

## Population Served

Eligibility to participate in the programs followed two models. One program was available to individual health practitioners. The remaining two programs worked with both individual health professionals and affiliates of member organizations (Figure 1). Three different models were used to determine eligibility. These included affiliation with member institution, through state licensing boards, and by location, address, type of organization, and current position (Figure 2).

**Figure 1. Who is eligible to participate in your program? (Mark all that apply)**

	Response Percent	Response Count
Affiliates of member organizations	33.3%	1
Individual health professionals	100.0%	3
Health consumers	0.0%	0
Other	33.3%	1

Responses to Other:

- All health related organizations or individual health providers.

**Figure 2. Indicate how eligibility is determined (Mark all that apply)**

	Response Percent	Response Count
Through affiliation with a member institution	33.3%	1
Through state medical licensing bodies	33.3%	1
Other	33.3%	1

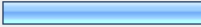


Responses to Other:

- Location, address, type of organization, current position.



One of the three projects served a relatively small population of fewer than 500 people. The remaining two served large populations: one between 5,000 - 9,999 people, and one over 10,000 people (Figure 3).

**Figure 3. Approximately how many people are served by your project?**

	Response Percent	Response Count
1 – 499 	33.3%	1
500 – 999	0.0%	0
1,000 – 4,999	0.0%	0
5,000 – 9,999 	33.3%	1
Over 10,000 	33.3%	1

The following responses were gathered when asked to provide any additional information related to population served/eligibility that would support best practices.

- “Use of the [project name] interface as a guest is free and open to all. A limited number (1500) of individual health professionals are allowed to purchase an annual membership in the [project name] that gives them access to a set of licensed resources. Any [state] hospital can participate in consortium purchasing. Affiliates of academic medical centers use the [project name] for authentication to campus proxy servers.”
- “License agreements will determine how strictly you adhere to your target population. If you do not, you face breaching your licenses.”
- “At this point, the service is up through the [state] State Medical Association and the [state] Osteopathic Association. The consortium is currently working with the medical and nursing licensure board.”

## Information Resources

A wide variety of resources were provided by the existing programs (Figure 4). Of these, drug resources, evidence-based resources, and clinical practices guidelines were offered by all three programs. The types of resources most frequently used by program participants included evidence-based resources, journals, and databases (Figure 5).



**Figure 4. Which of the following types of information resources are available to program participants? (Mark all that apply)**

	Response Percent	Response Count
Electronic books	66.7%	2
<b>Drug resources</b>	<b>100.0%</b>	<b>3</b>
<b>Evidence-based resources (e.g. Cochrane, Clinical Evidence)</b>	<b>100.0%</b>	<b>3</b>
Journals	66.7%	2
<b>Clinical practice guidelines</b>	<b>100.0%</b>	<b>3</b>
Patient education resources	66.7%	2
Databases (e.g. CINAHL)	66.7%	2

**Figure 5. Which of the following types of information resources are most frequently used by program participants? (Mark all that apply)**

	Response Percent	Response Count
Electronic books	33.3%	1
Drug resources	33.3%	1
<b>Evidence-based resources (e.g. Cochrane, Clinical Evidence)</b>	<b>66.7%</b>	<b>2</b>
<b>Journals</b>	<b>66.7%</b>	<b>2</b>
Clinical practice guidelines	33.3%	1
Patient education resources	33.3%	1
<b>Databases (e.g. CINAHL)</b>	<b>66.7%</b>	<b>2</b>

The types of information most frequently requested by program participants included diagnosis/treatment information, medication/drug information, and best evidence about a specific topic. The least frequently requested information was algorithms, decision trees, and calculators. Patient education information saw different levels of requests, ranging from most frequent to rarely (Figure 6).



**Figure 6. Which types of information are most often requested by program participants?**

	Most Frequently	Frequently	Occasionally	Rarely	Never	Response Count
Diagnosis/Treatment	66.7% (2)	33.3% (1)	0.0% (0)	0.0% (0)	0.0% (0)	3
Patient Education	33.3% (1)	0.0% (0)	33.3% (1)	33.3% (1)	0.0% (0)	3
Medication/Drug Interactions	0.0% (0)	66.7% (2)	33.3% (1)	0.0% (0)	0.0% (0)	3
Best Evidence About a Specific Topic	50.0% (1)	50.0% (1)	0.0% (0)	0.0% (0)	0.0% (0)	2
Algorithms, Decision Trees, Calculators	0.0% (0)	0.0% (0)	0.0% (0)	66.7% (2)	33.3% (1)	3
Other 1	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0
Other 2	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0
Please Describe any "Other" choices						1

*Responses to Other:*



- EBM tutorials

In terms of specific resources, the following responses were gathered when asked to list the top 3 resources/packages used by members based on usage statistics, if possible.

- "Ovid Medline+Core ejournals; Ebsco CINAHL Plus (full-text journals); Ovid EBMR"
- "DynaMed – EBSCO; [State] PubMed – NLM; State wide databases through [State] Department of Libraries – EBSCO"

Participants were also asked about ongoing selection and review of resources. Two of the programs indicated that they did not have a system for ongoing collection assessment. The third described an annual review process for the resources offered by their program (Figure 7).

**Figure 7. Does your program have a system for selecting/reviewing resources on an ongoing basis?**

	Response Percent	Response Count
No 	66.7%	2
Yes (Explain) 	33.3%	1

*Responses to Yes (Explain):*

- We renegotiate licenses with Ovid, EBSCO, StatRef annually. We consider new products annually. Each Topic or Discipline Page is assigned to a librarian for review on a periodic basis.





The Information Resources section of the questionnaire concluded by asking respondents to provide any additional information related to information resources that would support best practices. This question resulted in the following response:

- “The variety of types of memberships, e.g. institutional and individual and the leveraging of off-campus access to all university affiliates including preceptors and adjuncts means that we are able to offer of good core set of resources to many of the most underserved health professionals.”

## Technology/Access

A variety of technology solutions were used to control access to licensed resources. Two projects used a combination of methods. One of these projects controlled access through IP, individual login and password, and proxy server technology. The second project controlled access through individual login and password, and proxy server technology. The remaining project controlled access through the use of a userid and password at the association or licensure board (Figure 8).

**Figure 8. How is access to resources controlled? (Mark all that apply)**

	Response Percent	Response Count
IP for onsite access through institutional affiliation	33.3%	1
Individual login/password	66.7%	2
Proxy server	66.7%	2
Other	33.3%	1

*Responses to Other:*

- *userid/password at the association or licensure board*

When asked to provide any additional information related to technology/access that would support best practices, the following responses were given:

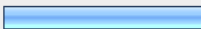
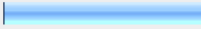
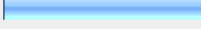

- “The [project name] authentication system is the heart of the program and has enabled us to serve different user groups with the specific set of resources they are authorized to use.”
- “User authentication is necessary to comply with site licenses. Be prepared for infrequent users not to remember their logon and passwords.”

## Funding Models

Each of the statewide clinical licensing projects used a different funding model. Two projects employed a mixed model of funding and have proven to be sustainable. The third project relied solely on membership fees, which do not cover the annual operating budget (Figures 9 and 10). Each of the funding models has proven to be scaleable (Figure 11).



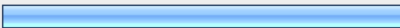

**Figure 9. How is your statewide project funded? (Mark all that apply)**

	Response Percent	Response Count
Recurring state funds 	33.3%	1
Institutional membership 	33.3%	1
Grants 	33.3%	1
<b>Other</b> 	<b>100.0%</b>	<b>3</b>

*Responses to Other:*

- Individual health professionals' memberships
- Membership fees
- Health libraries are paying for it except for statewide databases which are paid by [State] D[epartment of] L[ibraries]

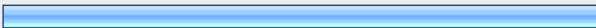
**Figure 10. Has this funding model proven to be sustainable?**

	Response Percent	Response Count
Yes 	66.7%	2
No (Explain) 	33.3%	1

*Responses to No (Explain):*

- Yes, if the membership total were higher. Current fees do not equal the annual operating budget. Many costs of licensed resources are shared with health sciences library or on a prorated licensed basis.

**Figure 11. Has this funding model proven to be scalable?**

	Response Percent	Response Count
Yes 	100.0%	3
No (Explain)	0.0%	0

For the projects that received recurring state funds, the following sources of funding were identified:

- "Recurring state funds are those that come to the [Name] Program from the legislature through the university system. Approximately 50% of the funding for resource purchases and all of the website development and management is from state recurring funds"
- "[State] Department of Libraries ([omitted]DL)"

One strategy/piece of information that proved useful when approaching potential funding sources as identified by survey respondents is provided below:



- “The first grants were sold on the idea of serving underserved health professionals with seed money and [organization] cost sharing. The goal was for the resource purchasing to be self sustaining through membership fees at the end of the multi-year grant. We approached state foundations rather than federal granting agencies.”

When asked to provide any additional information related to funding models that would support best practices, following response was offered:

- “Whenever a new program is proposed to deal with a health problem we try to have library representation at the table to include support for library resources in the planning. We have a flexible enough structure that we can usually adapt a “view” of the [project name] to fit any proposal.”

## Sustainability

Existing programs employed 1.5, 2, and 4.5 FTE to support their program. This compares to the ideal number of FTE the existing programs would like to support their program, which was 2, 2, and 5, respectively.

Two of the existing programs provided services at no additional cost to members, as detailed below:

- “The library services are provided free”
- “We are utilizing NLM products and government resources”

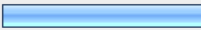
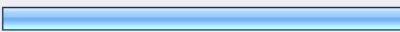
All three of the existing programs provided services at an additional cost to members. These services included the following:

- “We have some contracts for special resource development or management”
- “ILL copies of books and journals, reference assistance, staff-mediated searches”
- “Searches and ILLs are being provided at cost and free depending on the consortium member”

A variety of management models were employed by the existing programs, including integration into corporate structures and into library operations (Figure 12). Each of these models was viewed as both sustainable and scalable by respondents. All three programs were guided by a board of directors or steering committee (Figure 13). One program used a combination of board of directors, and internal staff to guide their project over the long-term. The final program used a combination of board of directors, internal staff, and committees/subcommittees for project guidance. All three of these oversight models would be recommended by the existing project providers.



**Figure 12. How is your program managed?\***

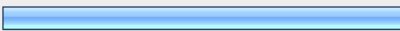
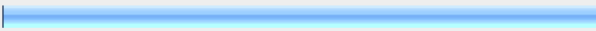

	Response Percent	Response Count
Guided by legislative mandate.	0.0%	0
Developed through a corporate structure. 	33.3%	1
<b>Other</b> 	<b>66.7%</b>	<b>2</b>

*Responses to Other:*

- The [Project] Program Office & the Academic Partners
- As an outreach program of the library

\* Each of these management models were viewed as both sustainable and scalable by respondents.

**Figure 13. How is your program guided over time?\***

	Response Percent	Response Count
Internally, by program staff 	66.7%	2
<b>By a board of directors/steering committee</b> 	<b>100.0%</b>	<b>3</b>
By committees/subcommittees 	33.3%	1
Other	0.0%	0

*Responses to Other:*

- N/A

\* Each of these oversight structures would be recommended to start-up programs, according to respondents.

The following response was gathered when respondents were asked to provide any additional information related to sustainability that would support best practices:

- “The backing of the [Project] Program and the Health Sciences Library's infrastructure is vital to the sustainability of the program. A streamlined development team is important to getting something up and running but the steering committees and boards with key stakeholder members are critical to keeping it going.”



## **Additional Information**

The following response was gathered when respondents were asked to provide any additional information that would support best practices in the development of a statewide service that provides access to clinical information for health professionals not covered in the previous sections.

- "It is difficult to stay a step ahead of the vendors who are selling point of care products directly to individuals and hospitals. It is important to develop something of value for clinicians that goes beyond paying vendors exorbitant prices for journals that are more valuable to researchers than clinicians."



# Appendix A: Best Practices Questionnaire

STATEWIDE CLINICAL RESOURCE LICENSING PROJECT  
Best Practices Questionnaire

March 12, 2008

## Consent Statement

The University of Minnesota Health Sciences Libraries is conducting research to identify and analyze best practices to support the development of a statewide clinical information service and a core set of information resources to meet the needs of all Minnesota health professionals.

Erinn Aspinall is coordinating the project and has developed the following questionnaire which will take approximately 20 minutes to complete. Your participation in the study is voluntary. You will receive no compensation for participating in this research. There are no perceived risks to participating in the study. Participating will not affect individuals' current or future relations with the University of Minnesota Health Sciences Libraries.

The following measures have been taken to protect participants' privacy and confidentiality:

1. An online survey tool is being used to protect anonymity of respondents.
2. No personal identifiers are requested in the formal questionnaire.
3. Respondents have the opportunity to provide contact information if they are willing to be contacted to provide additional information. Any personal identifiers collected through this process will be kept private by the researchers and will not be shared publicly.
4. No identifying information will be included in reports or publications.

For more information about the study, please contact me, the Principal Investigator (lwatson@umn.edu), or Erinn Aspinall (aspin005@umn.edu). We will summarize the results for AAHSL members.

Thank you,  
Linda Watson

Director, Health Sciences Libraries  
University of Minnesota Twin Cities

*Retain a copy of this information to keep for your records.*

## Statement of Consent:

By participating in this survey and returning a response, I agree that I have read the above information. I have asked questions and have received answers. I consent to participate in the study.

## Section I: Background Information

1. Are there any existing services that provide access to licensed clinical resources for all health professionals in your state?
  - a. Yes
  - b. No
  - 1.a If yes, list the please list your state, the organization providing the service, and program name below.
    - a. State \_\_\_\_\_
    - b. Service Providers \_\_\_\_\_
    - c. Program Name \_\_\_\_\_
  - 1.b If no, list your state below and indicate if you are aware of any program that is being developed to provide statewide access [end survey].
    - a. State \_\_\_\_\_
    - b. Program in Development (include the name of the organization developing the program if known/available) \_\_\_\_\_
2. Indicate your library's level of participation in the statewide program.
  - a. Our library *provides* the service [continue to Section II].
  - b. Our library *participates* in the service.
  - c. Our library does NOT *participate* in this service.
  - 2.a If your library *participates* in an existing program, list your state, the organization providing the service, and program name [end survey].
    - a. State \_\_\_\_\_
    - b. Program Providers \_\_\_\_\_
    - c. Program Name \_\_\_\_\_
  - 2.b If your library does not participate in an existing program, briefly explain your reason for non-participation [end survey].
    - a. Reason for Non-Participation \_\_\_\_\_

## Section II: Best Practices

The following questions relate to existing programs and are aimed at identifying best practices in four areas: 1) population served/eligibility, 2) information resources, 3) technology/access, 4) funding models, and 5) sustainability.

### Population Served/Eligibility

1. Who is eligible to participate in your project? (Mark all that apply)



- a. Affiliates of member organizations
  - b. Individual health professionals
  - c. Health consumers
  - d. Other: \_\_\_\_\_
2. Indicate how eligibility is determined. (Mark all that apply)
- a. Through affiliation with a member institution
  - b. Through state medical licensing bodies
  - c. Other: \_\_\_\_\_
3. Approximately how many people are served by your project?
- a. 1 – 499
  - b. 500 – 999
  - c. 1,000 – 4,999
  - d. 5,000 – 9,999
  - e. Over 10,000
4. Provide any additional information related to population served/eligibility that would support best practices.

**Information Resources**

1. Which of the following types of information resources are *available* to project participants? (Mark all that apply)
- a. Electronic books
  - b. Drug resources
  - c. Evidence-based resources (e.g. Cochrane, Clinical Evidence)
  - d. Journals
  - e. Clinical practice guidelines
  - f. Patient education resources
  - g. Databases (e.g. CINAHL)
2. Which of the following types of information resources are most frequently *used* by project participants? (Mark all that apply)
- a. Electronic books
  - b. Drug resources
  - c. Evidence-based resources (e.g. Cochrane, Clinical Evidence)
  - d. Journals
  - e. Clinical practice guidelines
  - f. Patient education resources
  - g. Databases (e.g. CINAHL)
3. List the top 3 resources/packages used by members based on usage statistics, if possible.
- a. Resource \_\_\_\_\_, Vendor \_\_\_\_\_
  - b. Resource \_\_\_\_\_, Vendor \_\_\_\_\_

c. Resource \_\_\_\_\_, Vendor \_\_\_\_\_

4. What types of information are most often requested by project participants?

	Most Frequently	Frequently	Occasionally	Rarely	Never
Diagnosis/Treatment					
Patient Education					
Medication/Drug Interactions					
Best Evidence About a Specific Topic					
Algorithms, Decision Trees, Calculators					
Other 1:					
Other 2:					

5. Does your project have a system for selecting/reviewing resources on an ongoing basis?
- a. Yes (explain): \_\_\_\_\_
  - b. No
6. Provide any additional information related to information resources that would support best practices.

**Technology/Access**

1. How is access to resources controlled? (Mark all that apply)
- a. IP for onsite access through institutional affiliation
  - b. Individual login/password
  - c. Proxy server
  - d. Other \_\_\_\_\_
2. Provide any additional information related to technology/access that would support best practices.

**Funding Models**

1. How is your statewide project funded? (Mark all that apply)
- a. Recurring state funds
  - b. Institutional membership
  - c. Grants
  - d. Other \_\_\_\_\_
1. Has this funding model proven to be *sustainable*?
- a. Yes





- b. No (explain): \_\_\_\_\_
- 2. Has this funding model proven to be *scalable*?
  - a. Yes
  - b. No (explain): \_\_\_\_\_
- 2. If you receive recurring state funds, describe the source of funding (e.g. Department of Health, State Licensing Boards).
- 3. Provide a brief summary of strategies/information that proved useful when approaching potential funding sources (legislature, granting bodies).
- 4. Provide any additional information related to funding models that would support best practices.

**Sustainability**

- 1. How many FTE currently support your project?
- 2. How many FTE would you *ideally* have to support your program?
- 3. How is your program organized/managed?
  - a. Guided by legislative mandate
  - b. Developed through a corporate structure
  - c. Other: \_\_\_\_\_
- 4. Has this organizational structure proven to be *sustainable*?
  - a. Yes
  - b. No (explain): \_\_\_\_\_
- 5. Has this organizational structure proven to be *scalable*?
  - a. Yes
  - b. No (explain): \_\_\_\_\_
- 6. Does your program provide other services at no additional cost?
  - a. Yes (explain): \_\_\_\_\_
  - b. No
- 7. Does your program provide other services at an additional cost to member(s)?
  - a. Yes (explain): \_\_\_\_\_
  - b. No
- 8. How is your program guided over time? (Mark all that apply)
  - a. Internally, by program staff
  - b. By a board of directors/steering committee

- c. By committees/subcommittees
- d. Other: \_\_\_\_\_
- 9. Would you recommend this oversight structure to start-up programs?
  - a. Yes
  - b. No (explain): \_\_\_\_\_
- 10. Provide any additional information related to sustainability that would support best practices.

**Section III: Additional Information**

- 1. Provide any additional information that would support best practices in the development of state-wide service that provides access to clinical information for health professionals not covered in the sections above.
- 2. If you are willing to be contacted for follow-up questions, please provide your name, phone number, and email below. Any personal identifiers collected through this process will be kept private by the researchers and will not be shared publicly. No identifying information will be included in the data reports or final reports.
  - a. Name (First Last): \_\_\_\_\_
  - b. Phone: \_\_\_\_\_
  - c. Email: \_\_\_\_\_

**Section IV: Questionnaire Completion**

This completes your part of the questionnaire. Thank you for your time.

For more information about the study, please contact Linda Watson, project PI (lwatson@umn.edu), or Erinn Aspinall (aspin005@umn.edu), project manager.