

Useful of a Thematic Network, on the Primary Healthcare: A controlled interventional study in a rural area.

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Keywords: Primary Health Care, Virtual Systems, Virtual Community of Users, Computer Communication Networks, Internet, Distance Learning

Abstract:

Background: UniNet is a thematic network Internet-based for Virtual Community of Users (VCU). It supports a virtual multidisciplinary community for medical doctors, focused on the improvement of clinical practice. The effects of a thematic network as UniNet on primary care medicine in a rural area, specifically as a platform of communication between specialists at the Hospital and doctors in the rural area, are studied.

Methods: In order to study the effects of a thematic network as UniNet on primary care medicine in a rural area, we designed an interventional study with a control group. The measurements include the number of patient displacements due to disease, number of patient hospital stays, the number of low therapeutic utility drugs prescriptions and generic drug prescriptions by doctors. These data was analyzed and compared with the control center.

Results: Our study showed positive changes in the medical practice, reflected in the improvement of the evaluated parameters in the rural health area where interventional study was carried out, with respect to the control area. We discuss its strengths and weaknesses as a potential medium to improve the quality of medical care in rural areas.

Conclusion: The rural doctors had an effective, useful, friendly and cheap source of medical information, possibly related to the improvement observed in the medical quality indices.

Background

The Internet has a tremendous amount of potential for the delivery of instructional materials, allowing collaboration among a Virtual Community of Users (VCU). The future success of these technologies in medicine, among other areas, will be their ability to bring physicians the opportunity to participate in continuous medical education at a time and location convenient for them, along with useful communication. Services such as e-mail, chat, mailing list and computer conferencing enable physicians to establish and maintain communication and collaborations with colleagues who may be studying the same subjects. This encourages creation of virtual networks, such as UniNet, that allow physicians to share experiences and learning from one another (1, 2).

The UniNet project (University Network of Thematic Resources for Virtual User Communities <http://www.uninet.edu>) is the first real pilot experience which proposes an Integrated Virtual Thematic Services for a VCU (3). A VCU is a group of Internet users who share a set of common aspects of the "Knowledge Society". UniNet began operating by the end of year 1996. The UniNet Project aims to be universal, free of language or geographical boundaries, open to all the interests represented in the "Knowledge Society" but it covers mainly scientific, academic and cultural topics (4). Currently the major emphasis is on medical and health science VCUs. The project is based on the voluntary and altruistic co-operative work of scientists and professionals of many countries across five continents. UniNet also intends to supply information and communication channels in the Internet for every member of the Knowledge Society. Another important mission of UniNet is to provide the best resources for the inexperienced user, even with no previous knowledge of computers (5, 6). UniNet

supports a virtual network on Internet, for a community of doctors oriented to support the best practices in patient care.

Goal: Our objective was to evaluate the usefulness of a thematic network as UniNet, specifically in Medical Family Practice. The goal of the study is to analyze the effects of the thematic network UniNet in the following four outcomes of a primary care medicine practice in a rural area: patients referrals, number of hospital stays, use of low therapeutic utility drugs prescriptions, and generic drug prescriptions. We try to quantify the benefits of doctors having access to quality medical information, more continuing medical education and easy coordination with specialized doctors.

METHODS

At the end of 1998, we presented a research proposal based on the study -before and after- to connect the doctors from a Basic Zone of Health (BZH), located in a rural area, to UniNet through the public Internet. A grant helped us to provide computer resources and Internet connection to the rural medical center, allowing rural health care professionals to join a VCU at the UniNet Network for collaborative work with medical specialists from the General Yagüe Hospital, by web, text-conference and e-mail.

Design: We design a controlled interventional study on Family Doctors in a rural health area. A before-and-after study was performed with a control group in order to evaluate an education intervention.

We made this study in a BZH in the province of Burgos, with 5700 inhabitants affiliated

with our public health system, and eight doctors, seven of them of Primary Care physicians and one pediatric specialist, who care for patients in three different doctors' offices, located in the larger towns of this rural area: a central office and two peripheral doctors' offices. This BZH is located more than 100 km away from their reference center, the 'General Yagüe' Hospital, and the road has three mountain passes. A control group was used: an adjacent BZH, with 4,378 affiliated to the Public Health System, five doctors and similar environment, feeding habits, etc. The Centers of these areas are 7.5 km apart from each other, and they have the same kind of population.

The intervention consisted of the establishment of a local area network (LAN) with free access to the Internet, and access to the UniNet network. Computer equipment was installed at the offices of every rural doctor. These doctors continuously used different services available on the Internet to retrieve information, perform searches in bibliographical databases, etc. The different services used were:

- 1.- World Wide Web, which was used as a complex entity with information from a variety of source types, including databases accessible on the Web, and library's collection of Web-based e-journals and databases. Also, at the UniNet site, they could find an amount of relevant information including courses, a doctoral program, and congresses organized in the network, as the III Congress of Nephrology in Internet (CIN2003), organized by us during the study time. In addition, search engines are used to retrieve and store specific information related to required health field.
- 2.- The e-mail was used as a tool of private communication service among the rural and specialized doctors. We include the use of mailing list for widespread some information to the participant in this study, and try to encourage their participation in other meetings, as the congress.

3.- The chat or text-conferencing was the most relevant tools. Sessions of continuing medical education were planned as updates on diverse medical subjects as requested by the rural doctors. These sessions were made by means of the simultaneous connection of the specialized doctors implied and the rural doctors in a private channel of text-conferencing.

All this intervention, including the initial training in Internet tools, was made throughout a 12 month period. The global coordination of the project was made by the Research Unit of the 'General Yagüe' Hospital. The educational activities were distributed by specialists from diverse medical departments: Nephrology, Hematology, Rheumatology, Neurology, Gynecology, etc. The specialists from the Department of Nephrology led the communication with the BZH and took the lead role in coordinating the educational activities.

For that purpose, each doctor had a personal computer installed in their own office. In addition, these doctors had access to the databases at the Hospital's Library, as well as other existing ones freely available via the Internet (Pubmed, Embase, etc).

It took nine months to make the site operational. The first three months of the project were spent on administrative efforts including equipment orders and installation. During the next three months the software was installed and the network and computers were configured. Afterwards, another six months was used for scheduling and training.

The work plan began with the installation of the local area network (LAN) and the computing equipment. Next, an Introduction to Internet course was delivered, and in

the following months, the doctors were trained in computer operation, and how to use the diverse services available via the Internet: Web, electronic mail, online databases and text-conference.

Between January and June 2001, when it was agreed that the doctors had had enough training, we launched the first steps of the continuing medical education program, including clinical sessions, bibliographical revisions, conferences of up-to-date, debate, etc. using live communication by text-conferencing, hosted on the UniNet network.

Generally we planned and ran a weekly conference session with the hospital's doctors along with those in the BZH location. A program of subjects of interest presented by the rural doctors was developed. The procedure was as follows: a written document related to the item was sent to the participants before the conference, via e-mail, so that it could be read by the rural doctors in advance. Later, at a text-conference, all of the doctors together could discuss the subject with more effectiveness. Every session included bibliographical directions and practical questions. In addition, there was continuous interaction between the specialists and the primary care doctors during the week via e-mail, etc.

In order to measure the effectiveness of these procedures with regards to the effect on the patients, the variation of four parameters, corresponding to years 2000 (previous to the intervention) and 2001 was compared (the year of the intervention).

- 1.- Referral to a hospital specialist. It was defined as every consultation of the patients from the Basics Zone of Health (the BZH of Study and BZH Control) requested by their family doctor, to the Departments of the Hospital whose cause corresponds to some of the CIE-10 codes

- 2.- Number of hospital stays. That is to say, number of nights that the patient of the BZH stayed in the Hospital, occupying a bed.
- 3.- Proportion of drug prescription of low therapeutic utility (UTB) with regard to the total of prescribed drugs. One considers the crude rate and the standardized rate, adjusted for the active population /pensionist; the spanish population census and the direct method of standardization was used to adjust the rate. The UTB drugs are found in a list of UTB, described annually by the Direction of the Public Health (INSALUD)
- 4.- Generic drug prescription: Proportion of prescribed generic medicines with regard to the total.

All these data was gathered through a blind and independent method with respect to this study by the Directions of the Public Health in Burgos. The doctors of the BZH of Study did not know the evaluation parameters, and the BZH Control remained isolated from this investigation.

RESULTS

The number of consultation visits to specialists for patients of both BZH show a reduction of the number and rates of derivation in both, but this reduction is more pronounced in the BZH under study, where the intervention took place. The total effect in reduction, measured by difference between the relative risk reduction in the studied BZH and the BZH control was 4.6% in neprology, 19'36% in all medical specialities and 13.89% in global consultations, as we can see in Table I.

The hospital admissions (Table II), measured in absolute numbers, rate of derivation by 1,000 inhabitants and the average stay all decreased in both BZH respect to the Nephrology Department. This rate is lower in studied BZH than in BZH Control, and remains in the studied BZH while it decreases in the BZH Control. The total average stay in Hospital decreased in the patients from the studied ZBH whereas in the patients from ZBH control was increased.

With respect to the prescription of low therapeutic utility drugs (UTB), there was a reduction of 0'47% in the prescription at the study BZH, whereas in the control BZH the reduction was of 0'04%, as shown in the Table III. The percentage of UTB adjusted for the active / pensionist population, shows a reduction of 0'87% in the study BZH and an increase of the 0.32 in the control BZH. The difference between RRR was a reduction of 15.31% as shown in Table IV

With regards to the proportion of generic drug prescriptions, the results are shown in Table V. The period of study coincides with an institutional directive to preferentially prescribe generic drugs in order to cut costs. As we can see, both centers increased their generic medicine perscription rate, but the study BZH did so at a greater rate.

DISCUSSION

The results of our study showed positive changes in the Medical Practice reflected in the improvement of the evaluated parameters in the study BZH with respect to the control BZH during the study period. Now it is necessary to explain the real effect of the intervention on those positive changes; that is to say, the influence that is possible to

attribute to the UniNet network on the improvement of the Medical Practice indicators . The limitations of our study are related to its design in that it is quasi-experimental. However, the existence of a control group of similar characteristics allows to avoid many of these difficulties and lends weight to the results.

The analysis of Dorsch (7) indicates that rural doctors appear to have the same basic information needs as their urban counterparts, and that both groups rely on colleagues and personal libraries as their main sources of information. Rural practitioners, however, tend to make less use of journals and online databases and ask fewer clinical questions, a difference that correlates with geographic and demographic factors. Rural practitioners find many barriers to information access, including lack of time, isolation, inadequate library access, lack of equipment and skills, higher costs, and an inadequate Internet infrastructure.

The Internet remove some of the isolation barriers and it has the potential to facilitate communication among rural health professionals and the urban specialistic. This was the goal of UniNet, and it was specifically the objective of this study. The integration of professionals in a VCU such as Uninet will not totally compensate for the lack of local library services, but the electronic communications, such as synchronous text-conferencing, provide a way to incorporate learning activities through expert collaboration, with a useful and practical model of continuing medical education. The formation of these virtual learning networks can allow physicians to reflect upon, generalize, and discuss the applications of new information with their peers (8). A common pitfall of many information technology programs in rural health centers is giving priority to building the technical infrastructure rather than focusing on meeting

the local needs and developing local expertise and ownership (9). Text-conferencing is a long distance communication tool that is simple, powerful and cheap (10), all reasons why it is a useful and valid tool for the objectives.

Curran et al, (1) consider that the Internet is useful for continuing medical learning because it enables personal one-to-one communications: that is, the doctors, both students and instructors, may communicate with their peers through electronic mail. It enables access to library resources, interactive multimedia tutorials, and other related clinical and academic resources. Asynchronous or synchronous group communications allows for the participation in collaborative discussions with colleagues groups, instructors, and experts using asynchronous computer conferencing or online, real-time chat groups, and the like.

The limited Internet usage in our professional environment constituted the main hurdle for the study (11). When we initiated this study, only one of the doctors used Internet services. This required a relatively long training period to achieve a mandatory prerequisite that most professionals in the BZH develop basic Internet abilities. The motivational level among the clinical staff to use the workstations varied, depending on their age, work style and the presence of a leader who will lead by example, as we found in this rural health center. Despite the importance of the needed information, these busy clinicians will use the service only if the computer connections and interfaces are convenient and easy to use (12).

The project achieved its goals of ensuring that Family Doctors had access to quality, user-friendly, cost-effective medical information. In addition, the Family Doctors were

assisted by a group of specialists at the hospital who have served as mentors. The location of the computer was a key factor in ensuring that it was well used for clinical decision making. The doctors at the BZH under study learned how to search Medline, how to locate and access the best information resources on the Internet, and how to request materials through the 'General Yagüe' Hospital Library. Recently, the National Library of Medicine has developed a similar project, introducing aids that allow access to bibliographical databases (Medline), through the Internet in rural health centers with initial success (13).

More than a technical tool to facilitate access, information technology can also serve to build and strengthen communities of like-minded individuals and institutional networks. Therefore it is necessary to form a VCU that allows for information selection. A deluge of information, much of which concerns high technical treatments or expensive medications, is not always applicable to a rural health center. The information's relevance that emphasizes prevention and promotes evidence based, cost-effective treatment strategies, is a critical aspect of its utility (14, 15, 16).

The Internet differs from other media in one major way: the communication process is a bidirectional process, with an information source in the active role and the receiver in a more passive role (17). Westberg and Miller (18) propose a model in which the academic health center integrates and distributes a wide range of electronic and human resources. This model will require substantial funding for online, full-text journal collections and networked bibliographic databases that may be even more expensive than print collections. The advent of electronic full-text journals may improve the information access to rural health professionals.

According to Marshall (19), "the timely use of publicly accessible, electronic databases containing bibliographic and full-text information has the potential to assist in the maintenance of health professional competence, decrease the isolation and lack of up-to-date knowledge experienced by health professionals practicing outside of major population centers, and improve the quality of patient care by narrowing the gap between the publication of scientific findings and their application by researchers and clinicians". Searching for medical information via computers is certainly still not the norm (20). Although computers provide access to an overabundance of up-to-date information, many physicians still find it more convenient to read a textbook, a journal or to ask a colleague. The utility of a VCU such as UniNet lies in its access to biomedical knowledge, colleagues and to faculty (21, 22, 23, 24).

Conclusion: Our experience to provide computer resources and Internet connection in a rural medical center enabled rural doctors to join a VCU hosted by the UniNet Network for collaborative work with medical specialists allowed for access to quality medical information. Through this network, rural doctors had an effective, useful, friendly and cheap source of medical information, which may be related to the improvements observed in the medical quality indices.

Competing interests: The author(s) declare that they have no competing interests.

Authors' contributions: Authors have contributed equally to the design, data collection, data analysis, drafting and completion of this article.

Acknowledgments: This work was financed by grant FIS 99/0324 (Fondo de Investigación Sanitaria - Ministerio de Sanidad) and co-financed by European Union (FEDER Funds). Also we want to thank Dr. Jose Nazario, Ph.D., with assistance in revising the English translation of this paper.

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Table I: Number (N) and rate of consultations by 1,000 inhabitants (‰) to Nephrology specialists to the all Medical specialties, and total of consultations (medical and surgical specialties) of patients from both centers, relative to the reference Hospital

RRR: Relative risk reduction

Consultations	Center	Year 2000	Year 2001	Variation	RRR	Difference in RRR (Total effect)
		N (‰)	N (‰)	2001–2000 N (‰)		
Nephrology	Studied BZH	15 (2'63)	10 (1'75)	- 5 (- 0'88)	- 33.46%	- 4.6%
	Control	10 (2'28)	7 (1'6)	- 3 (- 0'68)	- 29.86%	
Medical (including Nephrology)	Studied BZH	701 (122'98)	422 (74'05)	- 279 (- 48'93)	- 39.78%	- 19.36%
	Control	475 (108'5)	378 (86'34)	- 95 (- 22'16)	- 20.42%	
Totales (Medical and Surgical Specialities)	Studied BZH	1685 (295'61)	1189 (208'59)	- 496 (- 87'01)	- 29.43%	- 13.89%
	Control	1164 (265'87)	983 (224'53)	- 181 (- 41'34)	- 15.54%	

**Table II: Hospitalization of patients in the Department of Nephrology and the total hospitalization of patients for any speciality at the study centers and control center: Number (N), rate by 1,000 inhabitants (‰) and average stay (AS).
RRR: Relative risk reduction in the rate**

Hospitalization	Center	Year 2000 N (‰) AS	Year 2001 N (‰) AS	Variation 2001–2000 N (‰) AS	RRR	Difference in RRR (Total effect)
Nephrology	Studied BZH	5 (0'87) 8'4 days	4 (0,7) 8'75 days	- 1 (-0'17) +0,35 days	-19.54%	0.19%
	Control	10 (2.28) 5'9 days	8 (1'83) 14'25 days	- 2 (-0'45) + 8'35 days	-19.73%	
Total	Studied BZH	447 (78'42) 8'44 days	449 (78'77) 7.12 days	-2 (+ 0'35) -1,32 days	0.44%	4.93%
	Control	410 (93'65) 7'38 days	388 (88,62) 8'65 days	-22 (-5'03) + 1'27 days	-5.37%	

Table III: Percentage of prescription of low therapeutic utility drug (UTB), in the rural study center and the control center. RRR= Relative Risk Reduction.

% UTB	Year 2000	Year 2001	Variation 2001-2000	RRR	Difference in RRR (Total effect)
Studied BZH	6,75%	6,28%	- 0,47%	- 6.96%	- 6,26%
Control	5,50%	5,46%	- 0,04%	-0.72%	

Table IV: Percentage of drug UTB perscribed relative to the adjusted active/pensionist population in the study center and the control center. RRR= Relative Risk Reduction

Adjusted UTB	Year 2000	Year 2001	Variation 2001 - 2000	RRR	Difference in RRR (Total effect)
Studied BZH	8,84%	7,97%	- 0'87%	-9.84%	- 15.31%
Control	5,85%	6,17%	0,32%	5.47%	

Tabla V: Percentage of generic drug prescriptions compared to the total number of prescribed drugs. RRR= Relative Risk Reduction

Generics	Year 2000	Year 2001	Variation 2001 - 2000	RRR	Difference in RRR (Total effect)
Studied BZH	5,3%	8,53%	3,23%	60.94%	36.74%
Control	5,0%	6,21%	1'21%	24.20%	