Salvinija Kocienė, Danutė Kazlauskienė

Lithuanian Library of Medicine

MEDICAL LIBRARIES IN THE ENVIRONMENT OF HEALTH CARE REFORMS

В системе здравоохранения Литвы реформы были начаты в 1991 г. Их ближайшие задачи: создание базы законов, перераспределение инфраструктуры и рессурсов, опираясь на обязательное страхование здоровья.

Дальнейшие задачи: улучшение качества здравоохранения, осуществление государственных программ, улучшая показатели здоровья, качество жизни, профилактику и образование медицинских работников.

За этот период медицинские библиотеки столкнулись с недостачей информации, особенно в сфере политики здравоохранения, управления ресурсами, по вопросам подготовки законодательной базы. Реформа побудила работников медицинских библиотек примкнуть к новой ситуации и активно включиться в процесс претворения реформ в жизнь.

Традиционные источники медицинской информации неудовлетворяли потребителей. Началась автоматизация библиотечных процессов, подключение их к Интернету, поиск новых информационных источников.

Программы развития медицинских библиотек опираются на идентификацию групп потребителей, анализ информационных запросов, на внедрение новых рабочих форм и повышение квалификации библиотечных работников.

A necessity to initiate health care reforms rises up when the existing system, incapable to satisfy the population's needs, is not cost-effective due to improper pricing and management policy.

The health care system in Lithuania entered a period of reforms in 1991, and in the years to follow they have been gathering the speed.

The formation of health care policy began with the adoption of the new Lithuanian Health Concept /1991/, a backbone document, setting out objectives and targets in health care sector. The second important step, The Lithuanian Health Law, passed in 1994, started lawmaking activities: about twenty laws and regulations, defining health care policy were adopted. Only in 1997, the health care was declared a priority sector in the State.

The Second National Conference on Health Policy Formulation /1997/ evaluated the gains and challenges of reforms and approved the project of Health Programme, aiming to maintain a stable and gradual long-time policy, independent from the will of a political party in power. Next year the Programme was reviewed by the Parliament. Centralized budget financing for health care has been replaced by a new financing system, based on mandatory health insurance. It was aimed to quality improvements in the primary health care and access to appropriate services for the population. A patient has become a central figure of reforms.

The Health Programme implementation was laid on Health Care Reform Bureau, established in 1993. Its workers became regular users of medical information and services in the Library.

As an essential part of knowledge infrastructure, libraries are catalysts and participants of the progress in the society. Their performance has direct impact on the success of reforms. The activities of libraries are defined and regulated by the Law on Libraries of the Republic of Lithuania, approved in 1995.

In the period of significant changes in health care, medical libraries faced with the increasing needs for information, primarily on health care policy- and resource management, lawmaking, quality indicators as well as specific fields of medical science. The importance of information was clearly understood by medical librarians, stimulating them to promote transformation of a traditional library into a modern information centre, capable to provide policy- and decision makers with speedily accessible and relevant data.

The network of medical libraries is comprised from 68 libraries scattered all over the country including two major medical libraries: the Lithuanian Library of Medicine with its nine branches in research institutions and hospitals, and Kaunas Medical University Library.

The Lithuanian Library of Medicine /LMB/, which I represent, operating under the supervision of the Ministry of Health, is functioning as a special library and centre of bibliography and health information with

coordinating activities in the network of medical libraries. It is a constituent part of health care infrastructure involved in health information support of reforms.

Some facts from the main statistics of 1999 could give some view on the scope of the libraries' activities:

LMB	Network	
• stocks	716 730	473 519
 library visitors 	7 068	29 305
• visits	41 570	118 423
 book loans 	141 980	205 763
 information searches 	36 904	17 460

The library responded quickly to the on-going significant changes in health care sector by raising the standards of information delivery. New approaches and tools for information services were needed to handle changes and needs. The last decade has greatly changed the Library's environment too. The automation project implementation provided internet connectivity, access to medical databases, and the first online links in the network. The Public Internet Reading Hall was opened with local Window WT net, a server and remote workstations in major hospitals in Vilnius. Our home page on Internet has become a place of all sorts of important information for users.

In a constant search for information resources, the Library is an active participant in developing partnership and networking with other institutions in the country and on international scene.

The Library is a participant of the Lithuanian Integrated Library Information System /LIBIS/, the principle goal of which is close cooperation, sharing functions and information resources among fifteen major research, academic and public libraries of the country. Acquisition, cataloging and interlibrary loan subsystems have been already put into operation. Last year /1999/ our latest acquisitions have become available via online Union Catalogue of the country. The following step is a circulation subsystem.

The Library has benefited much from being WHO Documentation Centre and depository. WHO-originated documents and publications, and the database WHODOC is a source of important health information bearing in mind that Health for All policy served as a basis for Lithuanian Health Concept, the backbone document of reforms.

The State is leading an active policy in solving problems related to the use of alcohol and drugs. After the appropriate national program was approved, we have got the status of a Centre for Information on Alcohol and Drug Abuse. The program with special funding covers a four-year period starting from this year.

The Creation of a primary health care system, declared as a priority in health care reforms, has been included in the State Investment Programme. Lacking financial resources for the investment programmes, the State had to seek support from The World Bank. In 1999, the Health Care Project has got final evaluation, approval and financial support. The main focus of the Project is on improving efficiency, cost-effectiveness and quality of health services for the population. Information support using the best international evidence of clinical effectiveness and cost-effectiveness, as a constituent part of the Project, is implemented through:

- education and re-qualification of health care workers;
- increase of relevant and reliable information support, equipment and methodology supply;
- creation of the feedback system, linking health services users and suppliers.

The responsibilities are to be laid on a special unit in the Library to provide basic package of information services for health services suppliers and users. Its activities will focus on Evidence-based Practice as the most reliable health science information which includes critical appraisal of data. The present Information Division, experienced to make searches in MEDLINE and other medical databases, will be reorganized and equipped to take functions of a new information unit. The staff has already acquired some knowledge and skills to work with Evidence-based Medicine. Special training is foreseen in the framework of this Project too. The Information Unit will be provided with appropriate health information resources and tools for information search:

- core journal and books,
- Evidence-based Practice databases on CD and internet: Cochrane Library, medical technology assessment agencies.
 - new computer technologies.

The implementation, together with financing, will cover a four-year period, starting from 2001. We hope that it is one ov more important and successful steps in the support of changes in health care system in Lithuania.

Medical education and training system was not left apart from health care reforms. Higher medical schools have been reshaping the framework of educational process by introduction of primary and secondary internship, and integrating science, education and clinical practice, by revising curriculum and increasing textbook publishing in national language. By function, the Library is not an academic one, nevertheless, we have to respond and handle the needs of medical educational community bearing in mind that it makes up a significant part - about 30% of our users.

The progress in the society could be forwarded by the promotion of information society, involved in a continuous learning process. Information literacy of users and medical librarians is a prominent concern in management of library's performance. It includes developing computer skills, knowledge of information

technologies and search in internet.

Any institution has to support professional growth of its staff, not saving money and time to improve competence and skills. For our personnel we have tried many forms of professional development such as courses, workshops and participation in different programs. In a three-year period about 60% of the staff was involved in a continuous learning. Unified continuous learning system and curriculum has become available when the Integrated Training Centre for Librarians and Information Specialists was established. 12 medical librarians, the most dynamic and creative, were candidates for the spring session in this centre.

There is no doubt that only a competent and skilled librarian or information specialist can keep pace with

the changing environment, and be a missioner and communicator of the new age.

The pressure of the environment, health care reform in our case, has influenced changes and developments in the Library's performance. The processes could be more speedy and extensional, if patron and financing institutions are more mindful of the Library's needs. Library is a fragile structure: it must be cared for and fostered to flourish.

REFERENCES

1. Jankauskienė D. Sveikatos apsaugos politikos raida // Medicina. - 1998, t. 34, Nr. 10, p. 908-911.

Pindlowa W. Changes in continuing education // Informacijos mokslai. - 1999, Nr. 11-12, p. 159-166.

State and human development, 1998. - Vilnius, 1998. - 134 p.