

OFFICE FOR PUBLIC HEALTH

2005 CMA Infobase User Survey Results

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Executive Summary

The CMA Infobase is the most comprehensive source of Canadian clinical practice guidelines (CPGs) on the web. It provides access to bibliographic references and the full text of CPGs developed in Canada by medical and health organizations, governments and expert groups. Its primary purpose is to promote and facilitate access to professionally endorsed statements to help physicians achieve higher standards of practice and quality medical care.

The need for a national database was identified at the Canadian Medical Association's 1992 CPG Workshop with the realization that there should be a central resource to access the growing number of Canadian developers and CPGs. The CMA, with the support and collaboration of CPG developers, now has a database of more than 1300 CPGs and continues to collect and update new CPGs as they are identified.

CMA.CA member baseline studies have identified the CMA Infobase as a valued resource, eliciting strong satisfaction and acceptance. To continue to be a relevant tool, an online survey to determine primary users and their needs and requesting feedback and suggestions for improvement was developed. The survey ran for 2 weeks starting on April 12, 2005 and was administered in two parts. Part I was mandatory and requested demographics information. Part II was optional and inquired about use. To gain access to the CMA Infobase, the user had to complete Part I of the survey. Completion of both parts of the survey was determined by embedded tracking cookies.

This report provides an in depth look at the results captured from the 2005 CMA Infobase User Survey as well as trends in use based on a comparison with a similar survey conducted in 2001.

Part I: Demographics of the CMA Infobase User

A total of 1468 users responded to Part I of the survey within the 2 week period. Results from this section showed:

Profession of User: 62% of respondents were medical practitioners, with General/Family Practitioners at 25%, Residents at 22% and Specialists at 15%.

Membership of User: Half of those responding were CMA members at 49%.

Country of Residence: Almost 75% resided in Canada.

Age of User: Almost half were under the age of 35 (46%), followed by those aged 35-44 (25.5%).

Gender of User: There is no significant gender difference in usage.

Part II: Usage of the CMA Infobase

Part II was completed by 445 users, constituting 30% of the total number of respondents. As most questions in Part II required previous experience on the CMA Infobase, only the responses from the 246 "repeat users" were quantified and described here.

Purpose of visit: Two main reasons selected were to gather information for managing a specific case (62%), and for continuing education (61%).

Frequency of visits: Most respondents visited the CMA Infobase “several times a month” (39%).

Top locations of access: 76% accessed the CMA Infobase on a computer from their home and 50% from their office/clinical practice.

Learning of the CMA Infobase: More than half learned of the CMA Infobase through a link from the cma.ca web site (51%).

Usefulness of Access Points: Of the 7 access points listed in the survey (Keyword Search, Basic Search, Advanced Search, Browse by Developer, Browse by Recent Additions, Browse by Health Topic, Search Assistance), repeat users indicated that the Keyword search was the most useful way to access the content in the CMA Infobase at 76%, followed by the basic search at 71% and the advanced search at 57%.

Usefulness of New Enhancements: All 3 new enhancements (quality rating (57%), searching for related documents (52%), sorting by related documents (48%)) were considered useful.

Top 3 Proposed Features: From a provided list of 7 proposed features, repeat users would most like to see “clinical pearls” (68%), “cross-referencing CPGs with other cma.ca resources” (43%) and “publishing selected CPGs on PDA” (41%) implemented over the coming year. Other features were also suggested by respondents and are described in the full report.

CPG topics searched: The top 10 topics searched for in the CMA Infobase in the 2 months prior to the survey were “Diabetes mellitus”, “Hypertension”, “Osteoporosis”, “Lipids”, “Neoplasms – Breast Neoplasms”, “Neoplasms – Colonic Neoplasms”, “Asthma”, “Depression”, “Otitis Media”, and “Heart Failure, Congestive”.

Other Resources used to find CPGs: Results from *all users surveyed in Part II* indicated that they referred to the specific medical/health organizations to find CPGs (31%). This was followed by other guidelines databases (20%).

Overall, repeat users surveyed were satisfied (very / fairly) (69%) with the CMA Infobase. The majority of repeat users rated the breadth and comprehensiveness of the CMA Infobase’s collection as very good / good (62%).

Future of the CMA Infobase

To remain a strong player in the electronic clinical tools field, the CMA Infobase has to evolve with both the introduction of new technology and the changing needs of the health care professionals that use them. To help determine the proper path of evolution, the user survey described above will be implemented on a biennial basis. Results from the surveys will be used to guide the ongoing CMA Infobase development process and establish trends in audience and use.

Sommaire

L'Infobanque AMC constitue la source la plus complète de guides de pratique canadiens sur la toile. Elle donne accès à des références bibliographiques et à la version intégrale des guides de pratique créés au Canada par des organisations des secteurs de la médecine et de la santé, des gouvernements et des groupes d'experts. Son rôle principal consiste à promouvoir et à faciliter l'accès à des énoncés qui ont l'aval de la profession afin d'aider les médecins à atteindre des normes plus élevées dans la pratique et les soins médicaux de qualité.

Le besoin d'une banque nationale a été défini au cours de l'atelier sur les guides de pratique que l'Association médicale canadienne a tenu en 1992 et où l'on a réalisé qu'il devrait exister une ressource centrale où consulter le nombre croissant d'auteurs canadiens et de guides de pratique. Avec l'appui et la collaboration de tous les auteurs de guides, l'AMC a maintenant une banque de plus de 1300 guides de pratique et elle continue de recueillir et de mettre à jour de nouveaux guides à mesure de leur création.

Des études de référence effectuées auprès des membres d'amc.ca ont révélé que l'Infobanque AMC constitue une ressource importante, qui donne beaucoup de satisfaction et qui est bien acceptée. Pour qu'elle demeure un outil pertinent, nous avons créé un sondage en ligne afin de déterminer les principaux utilisateurs et leurs besoins et de solliciter des commentaires et des améliorations. Le sondage, qui a duré deux semaines à compter du 12 avril 2005, a été administré en deux volets. La Partie I était obligatoire et l'on y demandait des renseignements démographiques. La Partie II était facultative et portait sur l'utilisation. Pour avoir accès à l'Infobanque AMC, l'utilisateur devait remplir la Partie I du sondage. On a suivi l'exécution des deux parties du sondage au moyen de témoins incrustés.

Ce rapport présente un aperçu détaillé des résultats du Sondage de 2005 auprès des utilisateurs de l'Infobanque AMC, ainsi que des tendances de l'utilisation fondées sur une comparaison avec les résultats d'un sondage semblable réalisé en 2001.

Partie I : Caractéristiques démographiques des utilisateurs de l'Infobanque AMC

Au total, 1468 utilisateurs ont répondu à la Partie I du sondage au cours des deux semaines. Cette section a produit les résultats suivants :

Profession : 62 % des répondants étaient des médecins actifs, soit 25 % d'omnipraticiens-médecins de famille, 22 % de résidents et 15 % de spécialistes.

Adhésion : La moitié des répondants étaient membres de l'AMC, soit 49 %.

Pays de résidence : Presque 75 % résidaient au Canada.

Âge : Presque la moitié avait moins de 35 ans (46 %); suivaient les 35 à 44 ans (25,5 %).

Sexe : Il n'y a pas de différence significative quant au sexe des utilisateurs.

Partie II : Utilisation de l'Infobanque AMC

La Partie II a été remplie par 445 utilisateurs, ce qui représente 30 % du nombre total des répondants. Comme il fallait une expérience antérieure de l'Infobanque AMC pour répondre à la plupart des questions de la Partie II, on a quantifié seulement les réponses des 246 «utilisateurs fidèles», que l'on décrit ici.

Raison-d'être de la visite : Les deux principales raisons consistaient à réunir de l'information pour gérer un cas (62 %) et à répondre à des besoins en éducation permanente (61 %).

Fréquence des visites : La plupart des répondants visitaient l'Infobanque AMC «plusieurs fois par mois» (39 %).

Principaux points d'accès : 76 % des répondants consultaient l'Infobanque AMC à partir d'un ordinateur à la maison et 50 %, de leur bureau ou pratique clinique.

Comment on a appris l'existence de l'Infobanque AMC : Plus de la moitié ont appris l'existence de l'Infobanque AMC par un lien provenant du site web amc.ca (51 %).

Utilité des points d'accès : Sur les sept points d'accès énumérés dans le questionnaire (Recherche par mots clés, Recherche de base, Recherche avancée, Parcourir par auteur, Parcourir par entrées récentes, Parcourir par le sujet du jour, Demander l'aide de recherche), les utilisateurs fidèles ont indiqué à 76 % que la recherche par mots clés était le moyen le plus utile d'avoir accès au contenu de l'Infobanque AMC, suivie par la recherche de base (71 %) et la recherche avancée (57 %).

Utilité des nouvelles améliorations : Les trois nouvelles améliorations (évaluation de la qualité (57 %), recherche de documents connexes (52 %), tri par documents connexes (48 %)) ont été jugés utiles.

Trois principales caractéristiques proposées : Dans une liste fournie de sept caractéristiques proposées, les utilisateurs fidèles souhaiteraient le plus voir des «perles cliniques» (68 %), des «renvois entre les guides de pratique et d'autres ressources de l'AMC» (43 %) et la «publication de certains guides sur assistant numérique personnel» (41 %) au cours de la prochaine année. Les répondants ont aussi suggéré d'autres caractéristiques qui sont décrites dans le texte intégral du rapport.

Sujets des guides recherchés : Les 10 principaux sujets qu'on a recherchés dans l'Infobanque AMC au cours des deux mois qui ont précédé le sondage étaient les suivants : «diabète», «hypertension», «ostéoporose», «lipides», «néoplasmes – néoplasmes du sein», «néoplasmes – néoplasmes du côlon», «asthme», «dépression», «otite moyenne» et «insuffisance cardiaque globale».

Autres ressources utilisées pour trouver des guides de pratique : Les résultats provenant de *tous les utilisateurs sondés dans la Partie II* ont indiqué qu'ils consultent les organisations indiquées des secteurs de la médecine ou de la santé pour trouver des guides de pratique (31 %), et ensuite d'autres bases de données sur les guides (20 %).

Dans l'ensemble, les utilisateurs fidèles sondés étaient satisfaits (très/moyennement) (69 %) de l'Infobanque AMC. La majorité des utilisateurs fidèles a jugé très bonnes/bonnes (62 %) l'étendue et l'intégralité de la collection de l'Infobanque AMC.

Avenir de l'Infobanque AMC

Pour demeurer un solide intervenant dans le domaine des outils cliniques électroniques, l'Infobanque AMC doit évoluer avec à la fois l'avènement des technologies nouvelles et les besoins des professionnels de la santé qui les utilisent. Afin d'aider à déterminer la voie de l'évolution appropriée à suivre, nous répéterons aux deux ans le sondage auprès des utilisateurs décrit ci-dessus. Les résultats des sondages serviront à guider l'évolution continue de l'Infobanque AMC et à dégager des tendances sur les plans de la clientèle et de l'utilisation.

Section 1: Results of the 2005 CMA Infobase User Survey

Part I: Demographics of the CMA Infobase User

Part I was completed by 1468 users of the CMA Infobase during the 2-week survey. Once they submitted Part I of the survey, a cookie was set, ensuring repeat users did not encounter it again upon their return¹.

Demographics information from all 1468 users has been reported here.

Results show that the professions of the primary user of the CMA Infobase are General / Family Practitioners, Residents and Specialists, making up 62% of the total audience. Medical students only account for 10% of the CMA Infobase audience, but as future members of the CMA, they are the CMA Infobase’s potential targets for marketing and promotion to improve their usage of the resource.

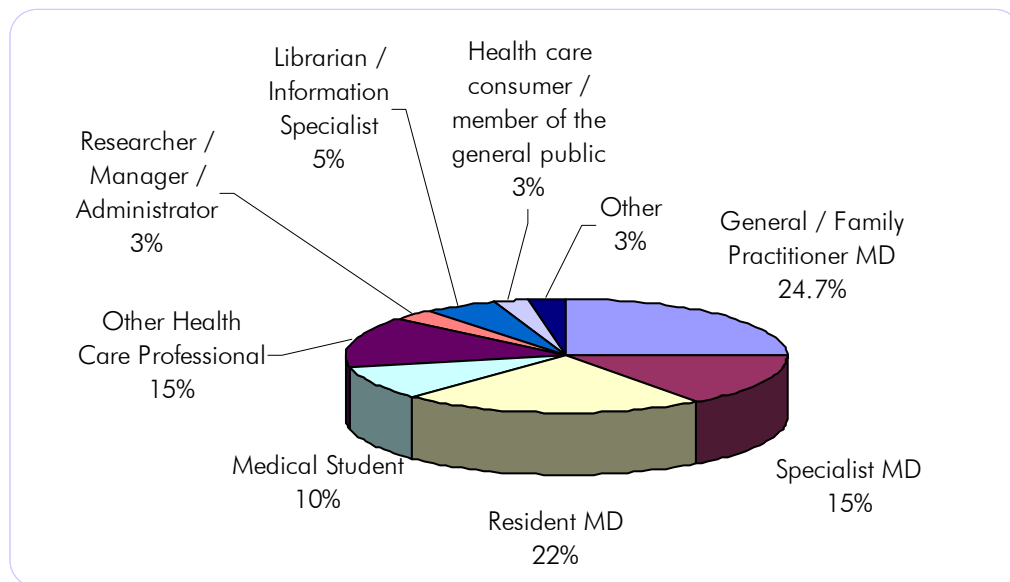


Figure 1. Profession of CMA Infobase User

Almost half of the users surveyed (49%) were CMA members and about 75% of the users surveyed were accessing the CMA Infobase from Canada.

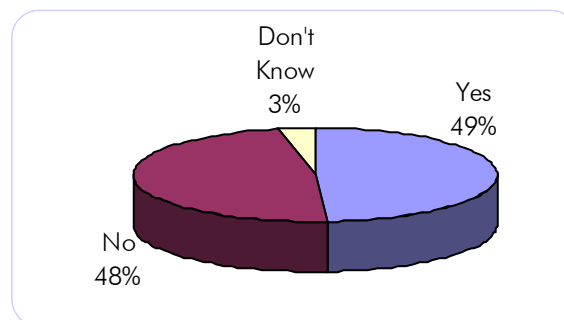


Figure 2. Membership status

¹ However, this did not prevent users that accessed the CMA Infobase on different computers from filling out the survey again.

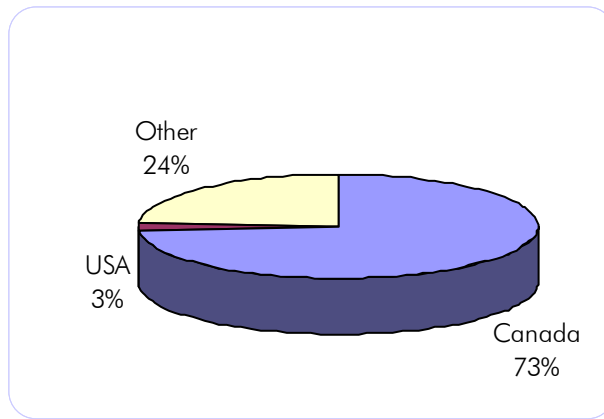


Figure 3. Country in which CMA Infobase User is residing

The majority of the users surveyed (46%) were under the age of 35. The percentage of users accessing the CMA Infobase decreased with age.

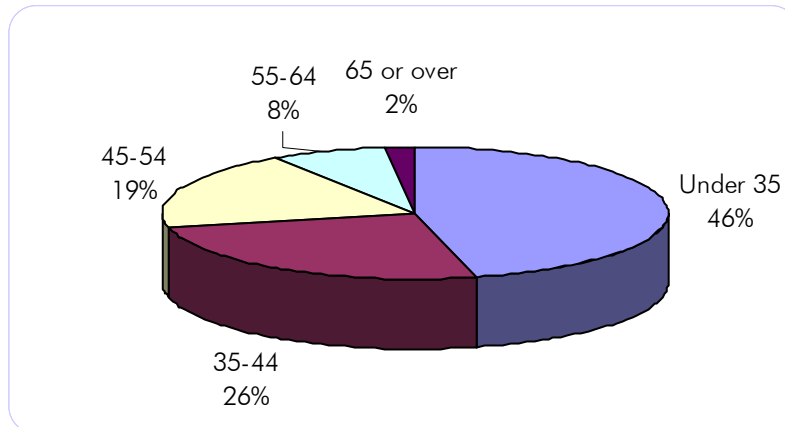


Figure 4. Age of CMA Infobase User

There was no significant difference in use of the CMA Infobase by gender.

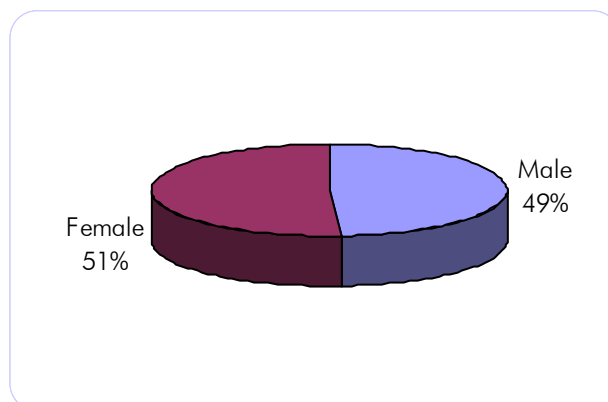


Figure 5. Gender of respondent

Part II: Usage of the CMA Infobase

Part II was completed by 445 users of the CMA Infobase, constituting 30% of the total number of respondents for the 2-week period. By using cookies and unique ID numbers to link responses from Part I to the corresponding responses from Part II, the demographics of individuals completing part II were known. Once the respondent submitted Part II of the survey, measures were taken to ensure that they did not re-encounter the survey on their subsequent visits.

Of the group that voluntarily completed Part II, only responses from the “repeat users” have been quantified and described below. The reason for this narrowing of data is due to the requirement of previous experience on the CMA Infobase to be able answer the questions in Part II. **Unless otherwise stated, only the responses from the 246 repeat users are reported here.**

Purpose of visiting the CMA Infobase

The two main reasons to visit the CMA Infobase are to gather information for managing a specific case (62%) and for continuing education (61%).

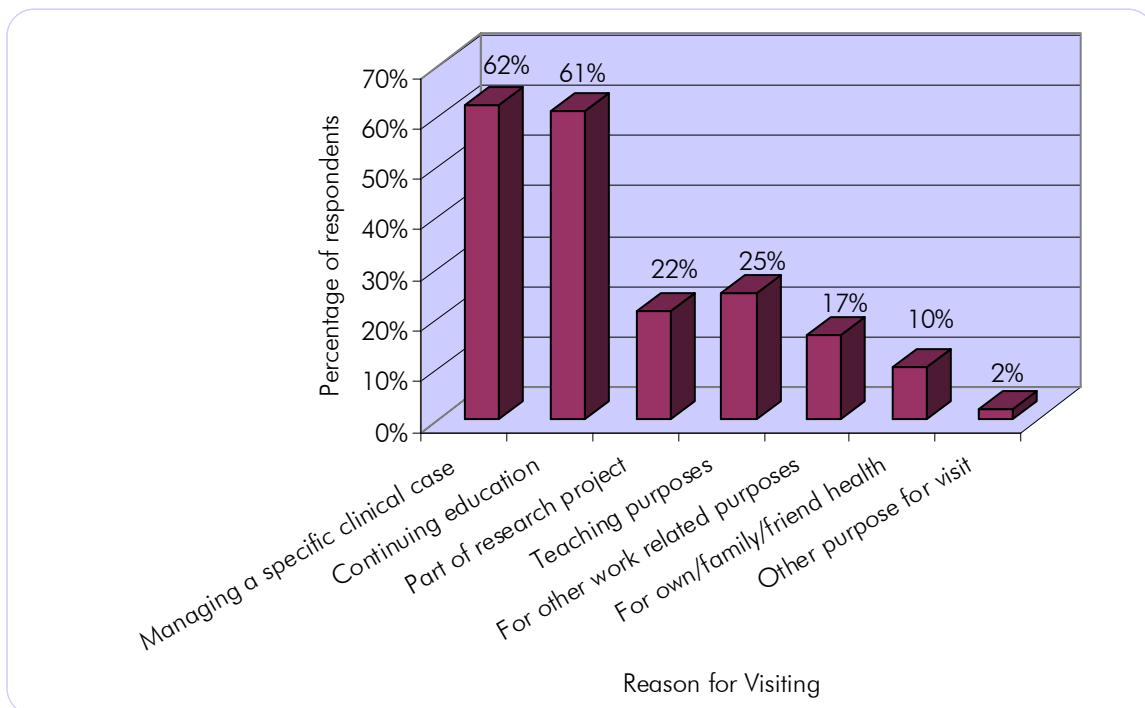


Figure 6. Repeat Users' reasons for visiting the CMA Infobase

Frequency of Visits

Most respondents typically visit the CMA Infobase several times a month (39%) or once a month (26%).

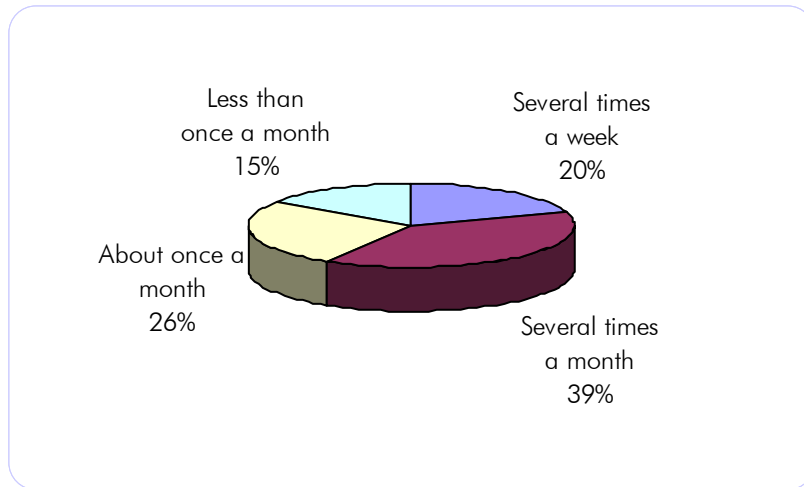


Figure 7. Repeat users frequency of visiting the CMA Infobase

Location of Access

The majority of respondents access the CMA Infobase on a computer from their home (76%) or their office/clinical practice (50%).

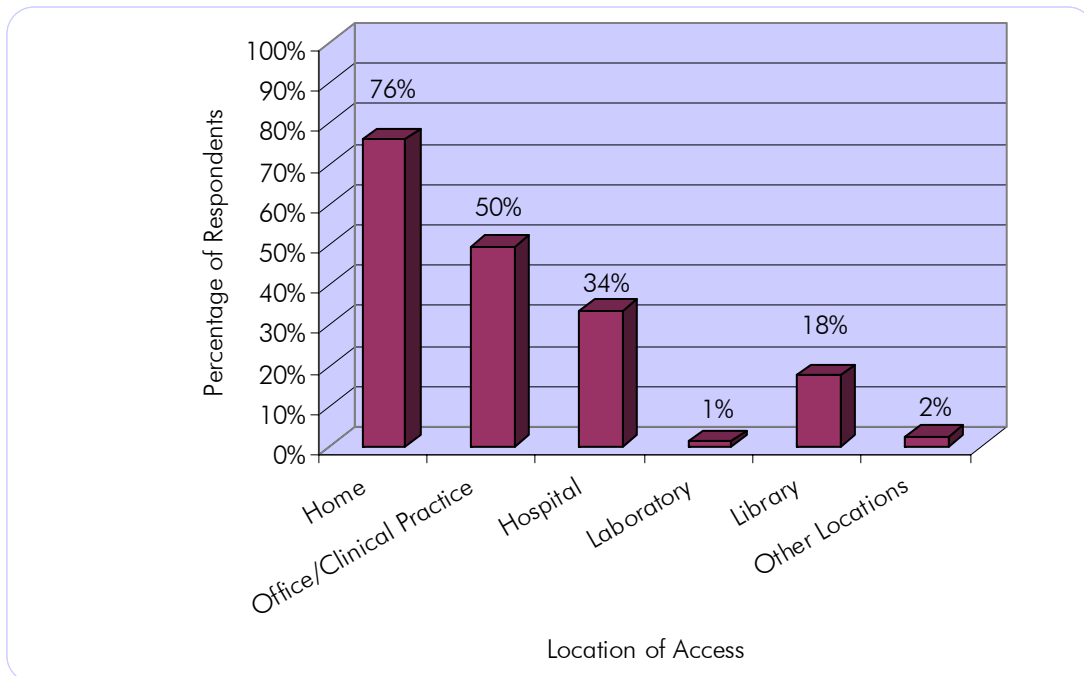


Figure 8. Locations in which repeat users access the CMA Infobase

The primary location of access by respondents is at the home (60%).

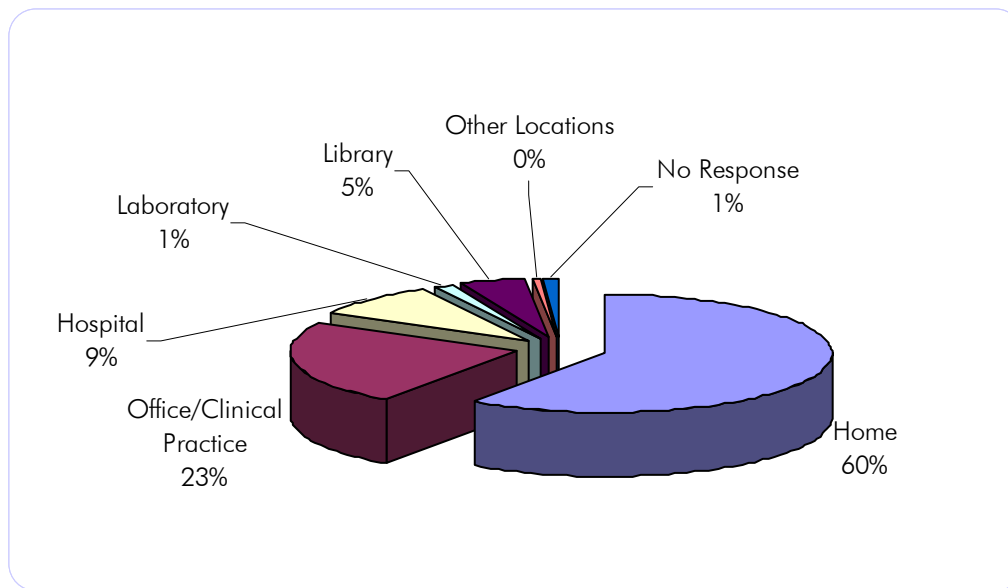


Figure 9. Primary location in which repeat users access the CMA Infobase

CPG Topics Searched for in the CMA Infobase in the past 2 months

Repeat users were asked to enter 5 CPG topics searched for in the CMA Infobase in the past 2 months (March-April 2005) into free-text fields. The topics were then translated into Medical Subject Headings to facilitate grouping and evaluation.

Four hundred different topics were searched for in the CMA Infobase in the past 2 months. Three hundred and thirteen of these topics were unique searches. The top ten topics searched for in the CMA Infobase in the past 2 months (based on the number of users searching for the same topic) were:

1. Diabetes Mellitus (searched by 49 users)
2. Hypertension (searched by 34 users)
3. Osteoporosis (searched by 19 users)
4. Lipids (searched by 17 users)
5. Neoplasms – Breast Neoplasms (searched by 10 users)
6. Neoplasms – Colonic Neoplasms (searched by 10 users)
7. Asthma (searched by 9 users)
8. Depression (searched by 8 users)
9. Otitis Media (searched by 8 users)
10. Heart Failure, Congestive (searched by 6 users)

Learning about the CMA Infobase

More than half of the repeat users surveyed learned of the CMA Infobase through a link from the cma.ca Web site. Others learned of the CMA Infobase through word of mouth, friend or colleague or by a link from another health-related Web site.

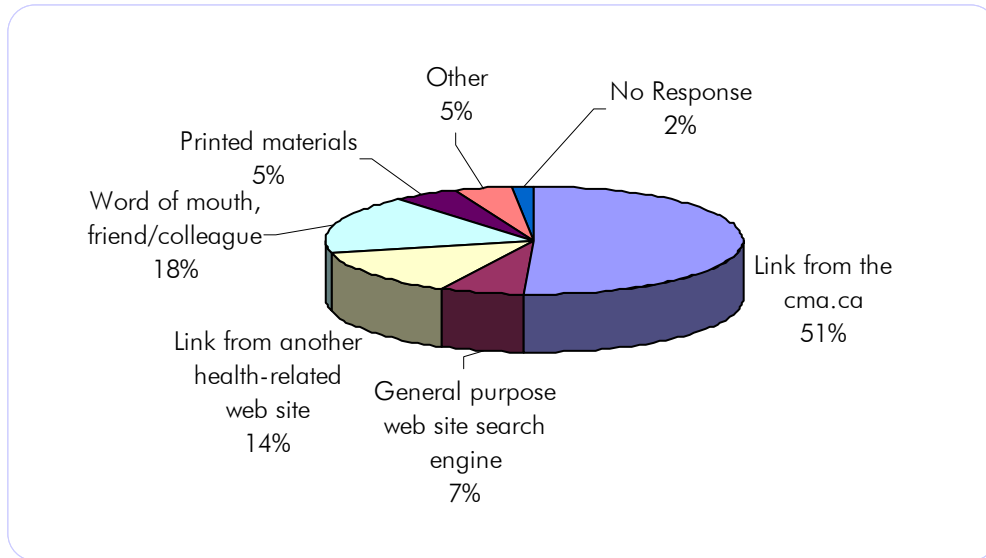


Figure 10. How repeat users learned of the CMA Infobase

In comparison, the survey of first time users (n=199) indicated that they learned of the CMA Infobase through a link from the cma.ca Web site or a link from another health-related Web site. The next most used resource was a general purpose Web site search engine, rather than from a colleague or friend.

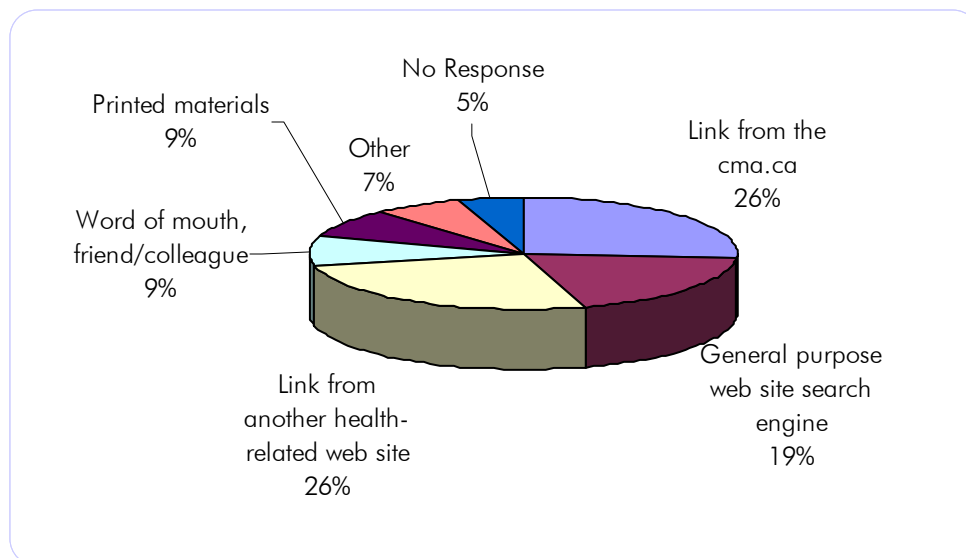


Figure 11. How first time users learned of the CMA Infobase

Other Resources used to find CPGs

All users surveyed in part II (repeat and first time users, n=445) were asked what other resources (electronic or print) they used in the past to search for clinical practice guidelines. The responses were grouped by main categories identified.

Most users indicated that they referred to the specific medical/health organizations (e.g., Society of Obstetricians and Gynaecologists of Canada, Alberta Towards Optimized Practice Program, etc.) to find clinical practice guidelines. This was followed by searches on other guidelines databases (e.g., National Guidelines Clearinghouse, Scottish Intercollegiate Guidelines Network, etc.) and thirdly, by accessing medical/health web sites (e.g., Web MD, Up to Date, etc.). Refer to Appendix B for the compiled list of resources used.

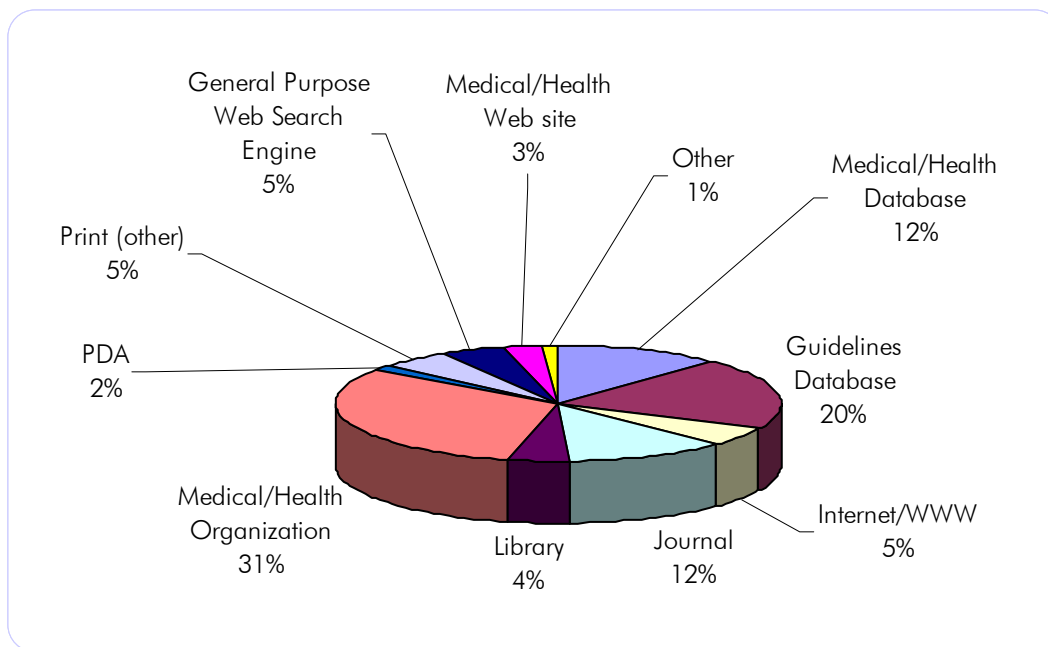


Figure 12. Resources (other than the CMA Infobase) used in the past to search for CPGs

Usefulness of Access Points

The respondents indicated that the 3 search functions were the most useful way to access the content in the CMA Infobase. The Keyword search was most useful, followed by the Basic Search, and the Advanced Search. Results also show that there are still a high percentage of repeat users that are unaware of or have never used some of the access points. Better promotion or training (online or in person) on the CMA Infobase may help improve awareness.

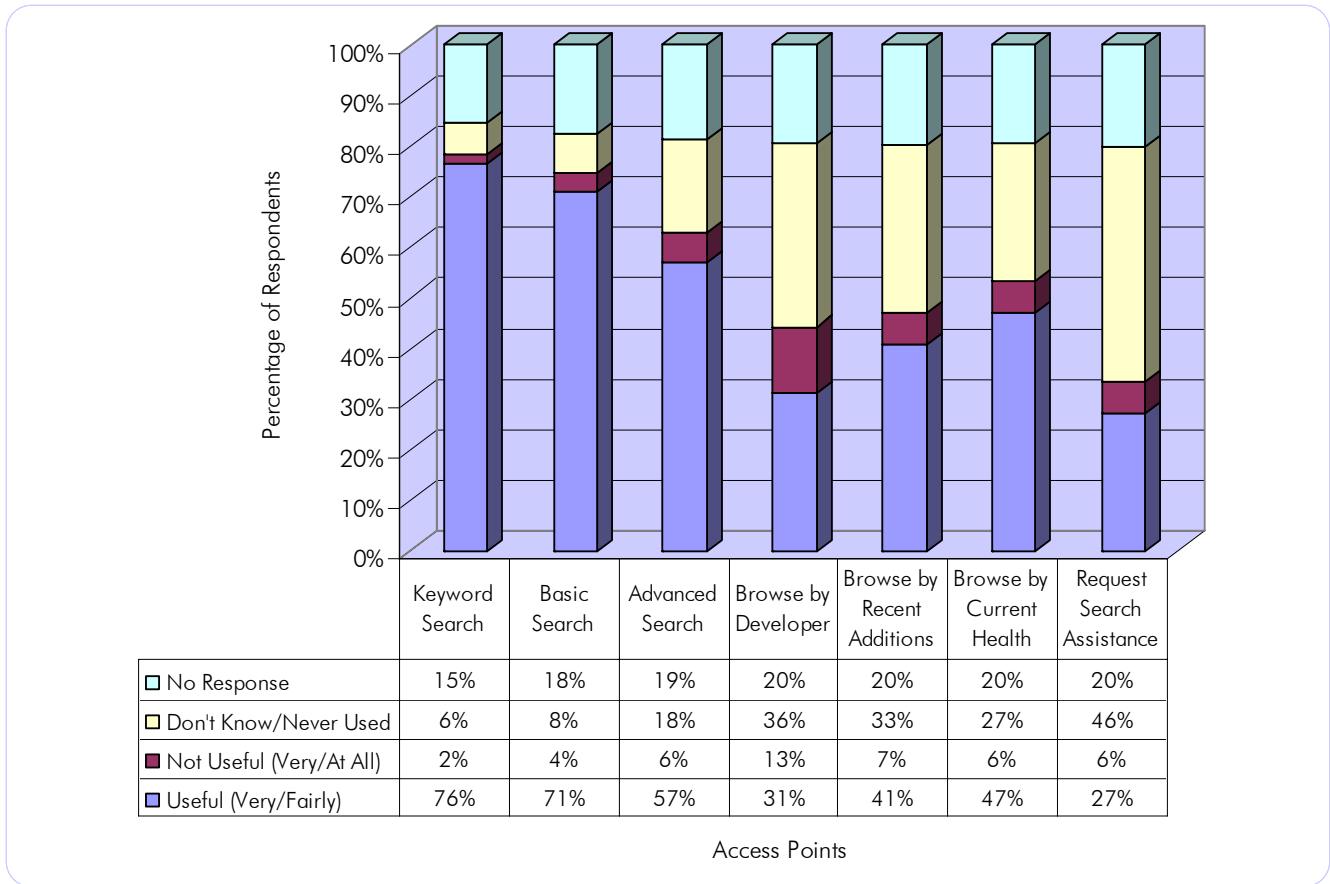


Figure 13. Usefulness of each access point to repeat users

Usefulness of New Enhancements

There were 3 new enhancements added to the CMA Infobase in September 2004. These enhancements were rated on usefulness by the repeat users. All 3 enhancements were considered useful to the users surveyed; however, based on the percentage of repeat users who did not know or never used the feature, there is still work to be done to improve awareness.

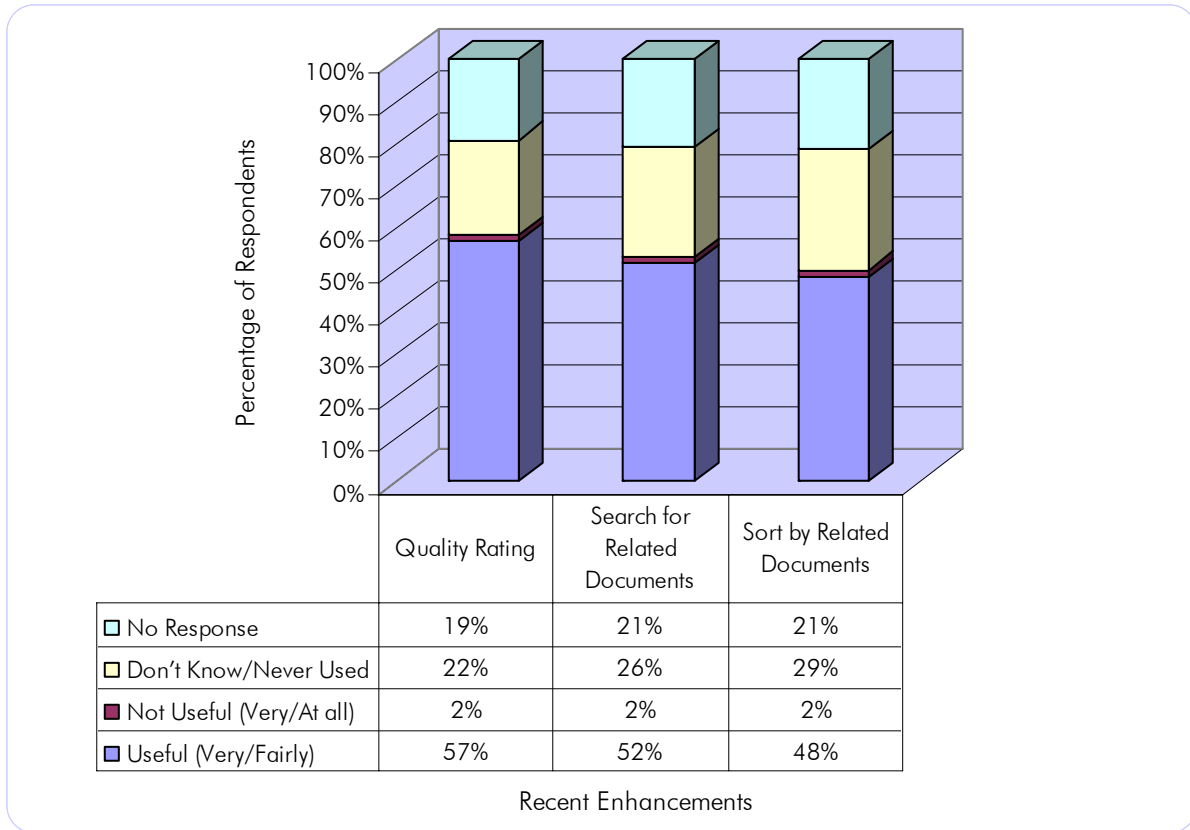


Figure 14. Usefulness of recent enhancements to repeat users

Usefulness of Proposed Features

Repeat users were asked to rate the extents to which 7 proposed features were likely to enhance their use of the CMA Infobase. These 7 proposed features were discussed as possible enhancements for future CMA Infobase development. All proposed features garnered a positive response from the users surveyed, with clinical pearls and cross-referencing CPGs with other cma.ca resources (e.g., online drug database, EMR) most likely to enhance their use of the CMA Infobase.

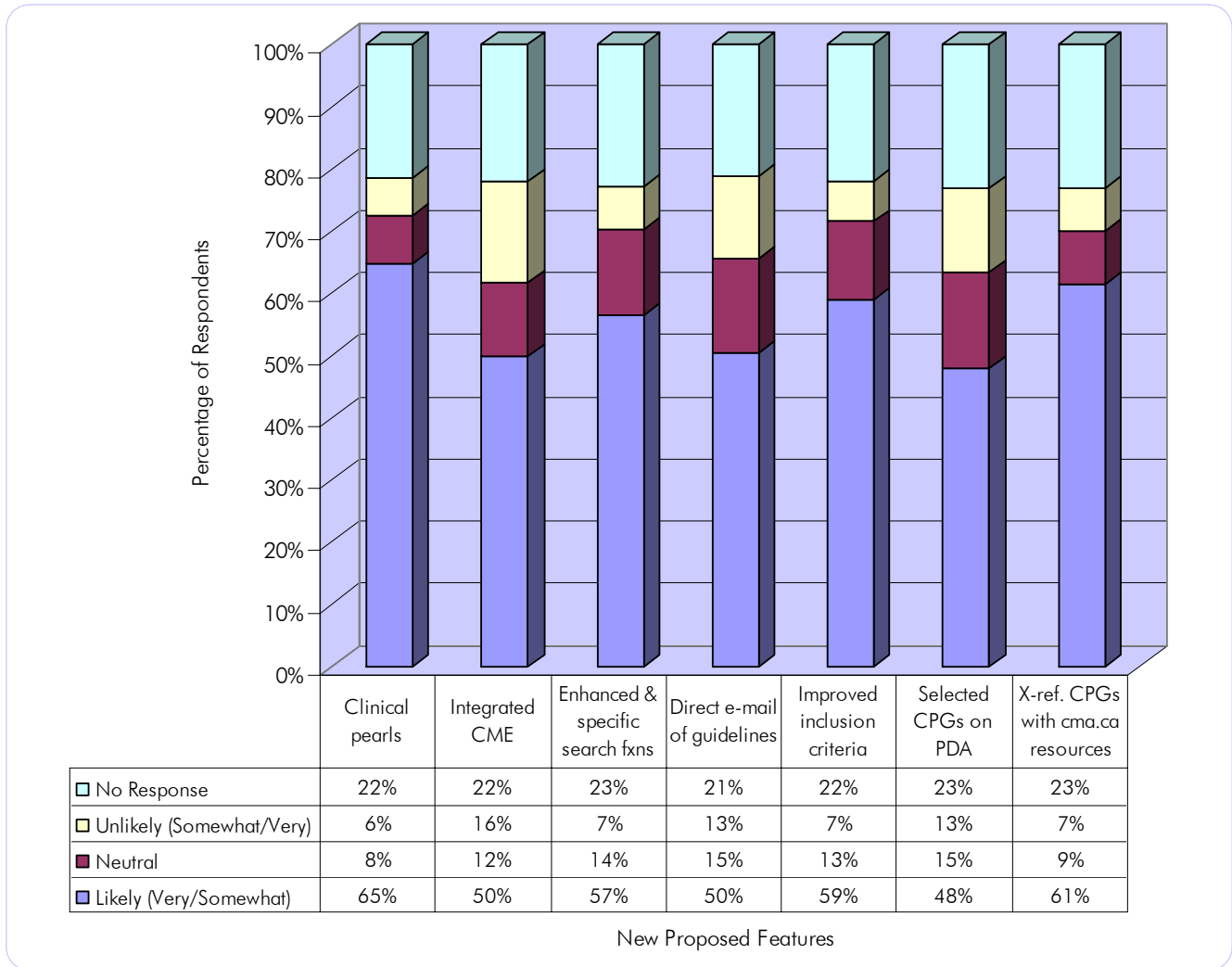


Figure 15. The extent to which proposed new features would be likely to enhance use of the CMA Infobase

Repeat users also indicated that the 3 features they would most like to see implemented over the coming year were clinical pearls, cross-referencing CPGs with other cma.ca resources and publishing selected CPGs on PDA.

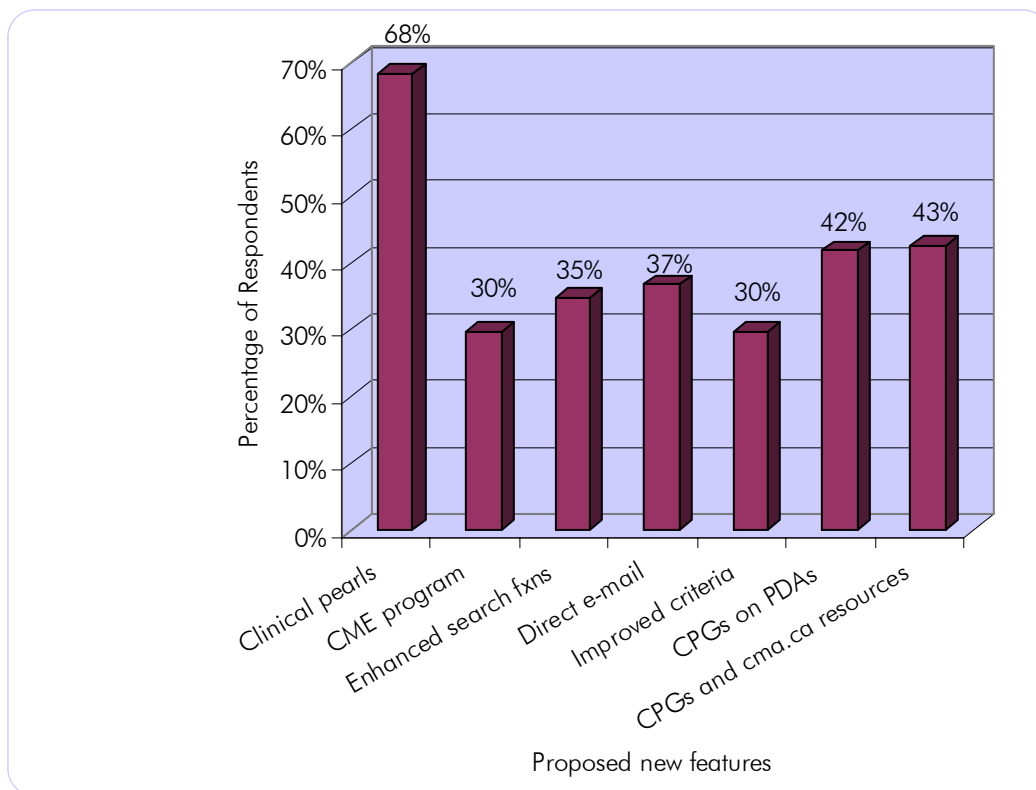


Figure 16. Features that repeat users would most like to see implemented over the next year

Other Features Suggested

Other features not proposed that users surveyed would like to see added to the CMA Infobase include:

Search functionality

- Simple narrowing to answer specific questions
- The CMA Infobase is excellent and I want to thank you for making it available and for continuing to improve it. The things that I would like to see are: Direct access to MD Consult so that when they send their weekly e-mail update I can click on a topic and go directly to it - currently I have to go to CMA and log in and try to find the topic I would like to see Increased availability of access to full text articles from more pathology journals and full text pathology text books. Thanks.
- Email search results to oneself
- Better basic searching – the results of a multi-word search are often very few or the search fails – the searching algorithm is not transparent and therefore is hard to adjust the search strategy to improve results
- A general list of all guidelines which are available, or by area (i.e. obstetrics, cardiology, etc)

Content (Development and Quality)

- Resource sheets like those found on the Alberta web site
- Enhanced areas of expertise with comprehensive clinical and practical information
- Provide consistency across organization, provincial health authority and federal health authority
- Impart a non-biased and objective approach with each guideline
- Abbreviated versions of CPG's.

- Good patient (1 pg only) handouts on fever management, concussion protocols, laceration care, sprain management .. etc. Leaving space for personalised physician modification of instructions.

Other

- Actually it is very user-friendly and practical and I do not have other suggestions except don't close it to outsiders

Overall Satisfaction and Breadth/Comprehensiveness of the CMA Infobase

Overall, the repeat users surveyed were satisfied (very/fairly) (69%) with the CMA Infobase and thought the breadth and comprehensiveness of the CMA Infobase's CPG collection was very good or good (62%).

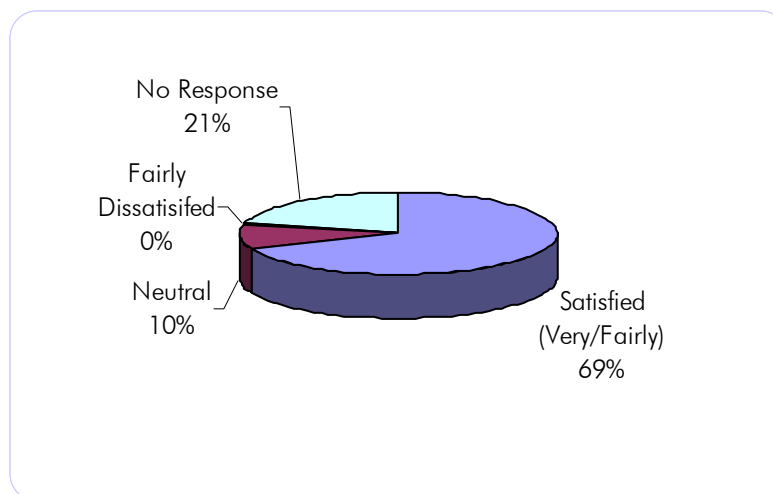


Figure 17. Level of satisfaction of the CMA Infobase by repeat users

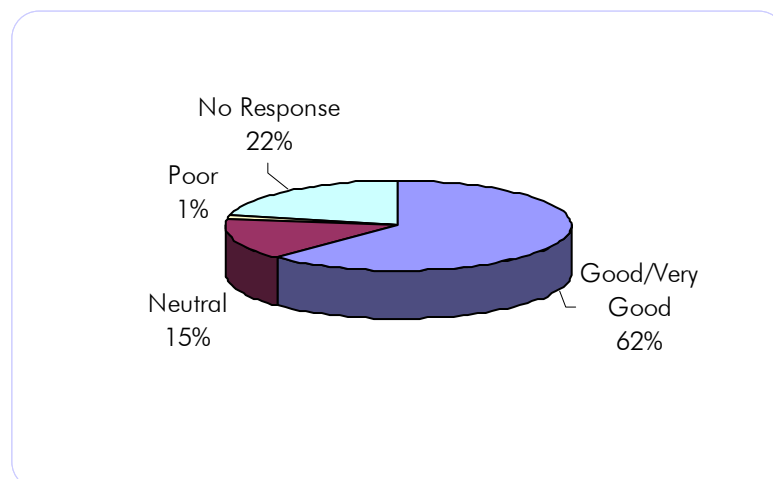


Figure 18. Rating of breadth and comprehensiveness of the CMA Infobase's CPG collection by repeat users

Additional Comments

- When searching for CPG, one is often just referred to the address where the guidelines are originating, not the guidelines themselves.
- this is an excellent tool for me. I use it constantly and it is going to be the one good reason for me to continue my membership when I graduate and go into practice
- The set up of the survey didn't allow me to answer completely accurately. I would rather type in a sentence or two for some, and that option should be available for all questions, because it's frustrating to not be able to answer accurately.
- Thanks!
- None.
- Just keep improving the search engines and download palm files would be great
- I haven't used it enough yet (only started using it in last 2 months) to decide my favourite points, what I like best. I do wish there were more guidelines with direct links that you don't have to request from other associations/pay for.
- I guess the breadth is the main limiting factor for guidelines searching. I still find for many topics I must look elsewhere. It would be nice to have a search from an alphabetical topic/disease index
- Excellent resource. I hope you continue to make it available to non-MD health professionals or those without a CMA membership.
- DONT CLOSE IT TO OUTSIDERS
- A more rigorous way of rooting out redundant guidelines. The proportion of these is high and it's very frustrating. This compares with www.guidelines.gov which keeps everything under one roof making it more manageable and stable.
- Things can be very frustrating when you search and get dead links!
- The InfoBase is not well advertised

Section 2: Trends in CMA Infobase Use - A comparison of the 2001 and 2005 surveys

User surveys were conducted in 2001 and 2003 to determine use and solicit suggestions for improving the CMA Infobase.

The 2001 CMA Infobase “Entrance Survey” was conducted on the Web for 2 weeks in October 2001. The survey was a pop-up mandatory survey, and entrance to the CMA Infobase was dependant upon each unique user completing the survey once during this time frame. The cookies ensured that the user would not encounter the survey again at subsequent visits. Just under 2600 CMA Infobase users (n=2594) responded to the survey during the 2-week period. Selected results from this baseline 2001 survey are compared to the recent 2005 survey results (n=1468).

The 2003 CMA Infobase User Survey was conducted on the Web for 6 weeks starting July 14th, 2003. The survey was voluntary with passive links to it from various access points on the cma.ca Web site and main CMA Infobase homepage. Completion of the survey was not required to gain access to the site. Sixty-four users responded to the survey during the 6-week period. Due to this overall low response turnout, results obtained are not able to provide a valid snapshot of use. Results from the 2003 User Survey will not be included in this evaluation.

Part I: Demographics of the CMA Infobase User

Responses from 2594 CMA Infobase users collected in 2001 are compared to the responses from 1468 CMA Infobase users collected in 2005.

The total percentage of CMA Infobase users belonging to our target audience (practicing physicians, residents and medical students) has increased since 2001 (72% of total users in 2005 vs. 55% of total users in 2001). Specifically, more general/family practitioners, residents and medical students are using the CMA Infobase than the previous reported year. There has been a drop in use by other health care professionals (15% of total users in 2005 vs. 19% of total users in 2001) and a more significant drop in use by “others” (e.g., librarians, general public) (14% of total users in 2005 vs. 27% of total users in 2001), probably as a result of the gated access to the CMA Infobase from various linking points on the cma.ca Web site. There has also been a decrease in use by the Specialist MD (15% of total users in 2005 vs. 21% of total users in 2001), a trend that warrants further investigation.

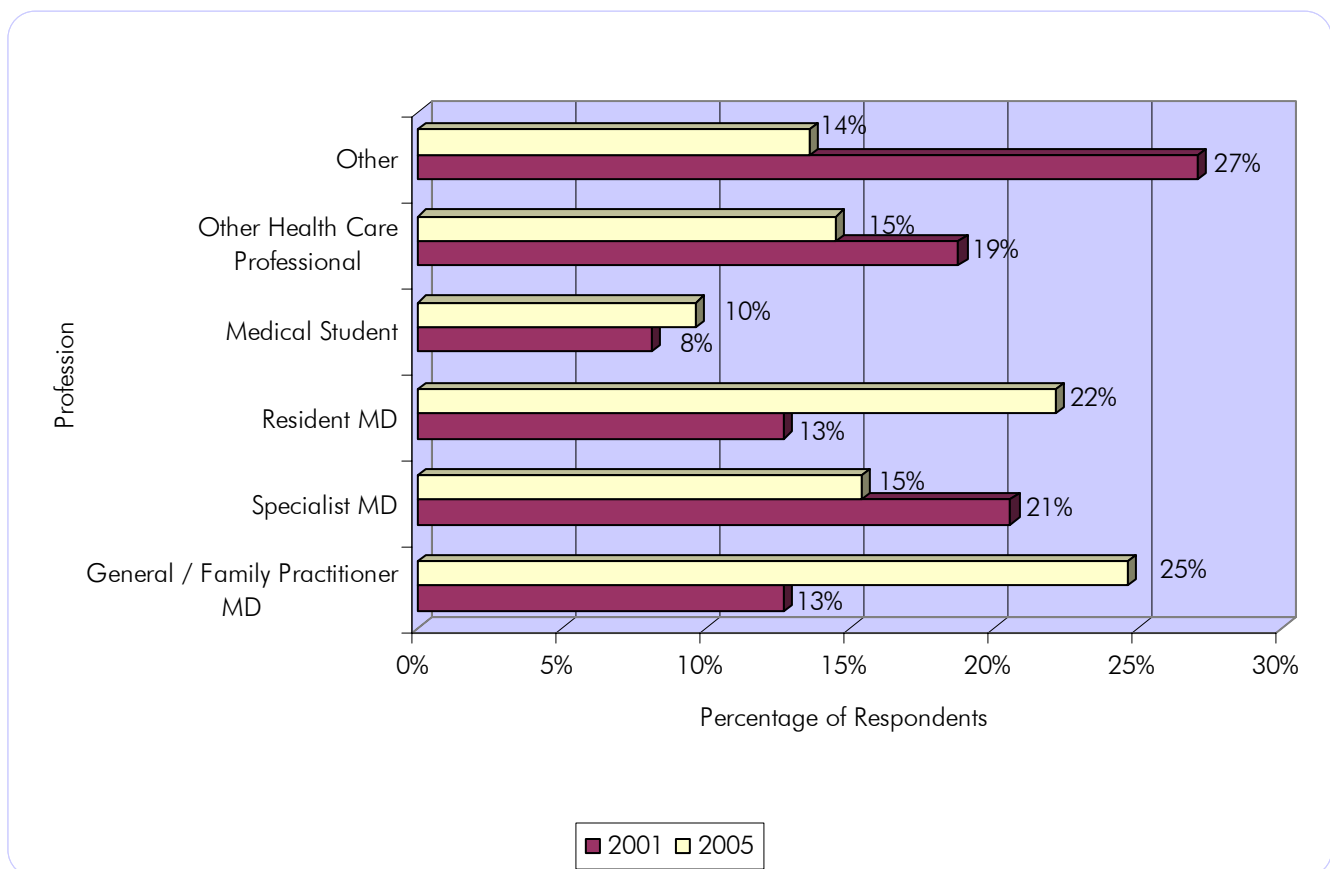


Figure 19. Profession of CMA Infobase Users: 2001 vs. 2005

In 2001, 23.7% of respondents to the survey (616 of the 2594 respondents) were members of the CMA. The results from the 2005 survey indicate a rise in use by CMA members, with 49.0% of respondents of the survey (719 of the 1468 respondents) claiming they were members. The creation of the new cma.ca Web site and its ongoing marketing to attract CMA members may be responsible for the increased use by this group. Material available to members of the CMA and registrants of the cma.ca Web site have promoted the CMA Infobase as part of a number of valuable and trustworthy resources available from this web portal.

More users surveyed were accessing the CMA Infobase from Canada in 2005 compared to 2001, again possibly as a result of the stricter relationship between the cma.ca Web site and the CMA Infobase (i.e., the CMA Infobase is being promoted as a link from the cma.ca Web site, rather than an entity on its own).

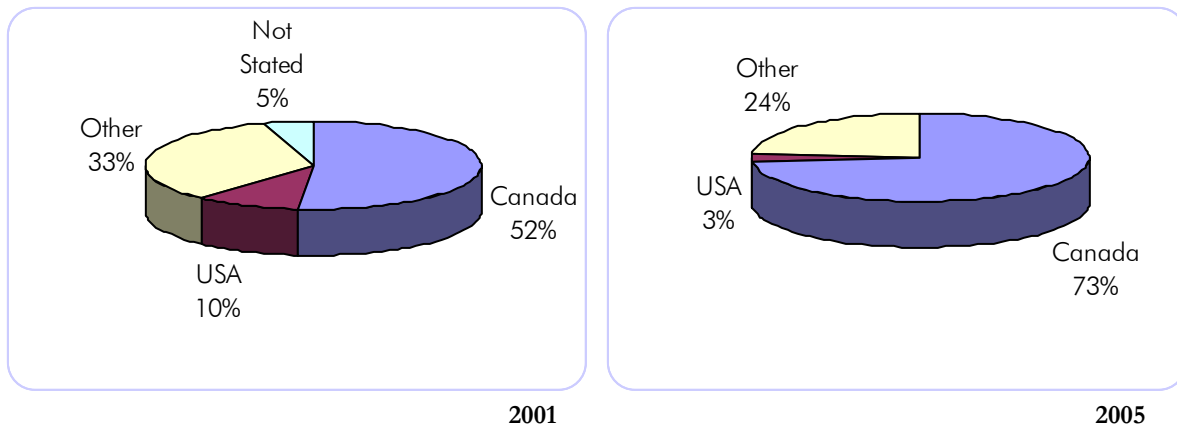


Figure 20. Country in which CMA Infobase User is residing: 2001 vs. 2005

There is no significant difference in the proportion of the age groups representing the CMA Infobase users from 2001 and 2005. The group aged 35 and under is still considered the main user of the CMA Infobase.

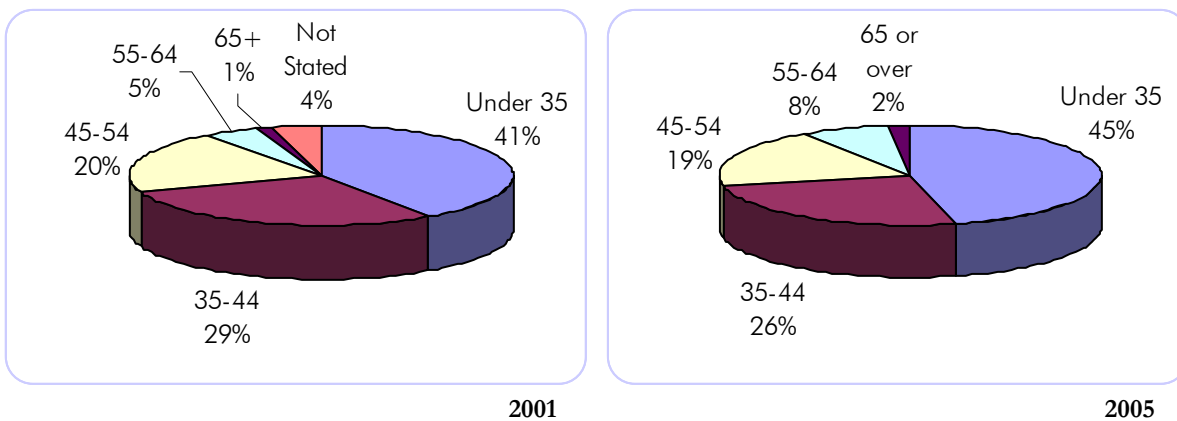


Figure 21. Age of CMA Infobase User: 2001 vs. 2005

There is also no considerable difference in gender proportions of the users accessing the CMA Infobase between 2001 and 2005. The genders are represented somewhat evenly, with females representing a slightly larger percentage of the total number of CMA Infobase users.

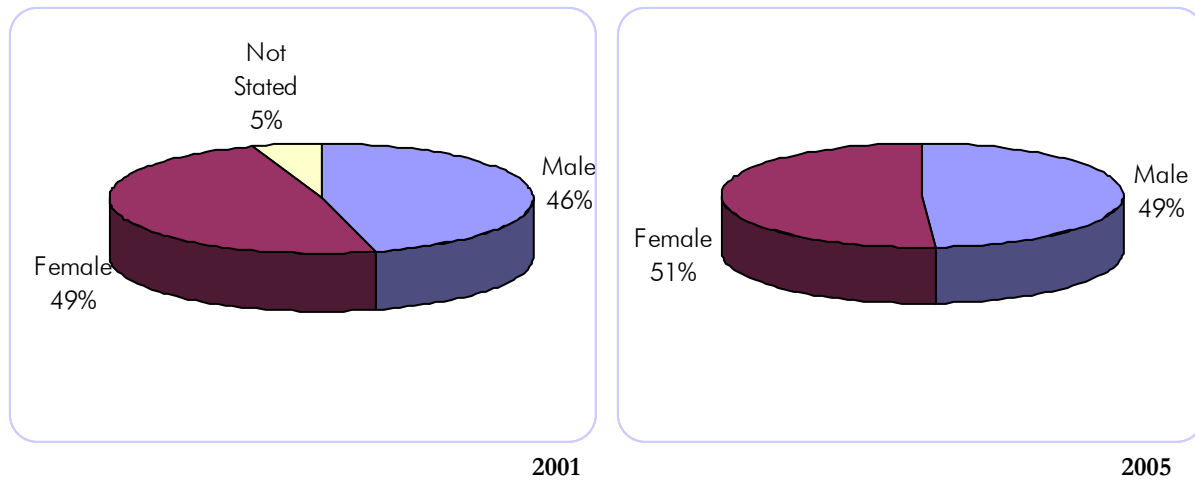


Figure 22. Gender of CMA Infobase User: 2001 vs. 2005

Part II: Usage of the CMA Infobase

Responses from 2594 CMA Infobase users collected in 2001 are compared to the responses from 445 CMA Infobase users who voluntarily chose to complete Part II of the 2005 survey. Because of the limited number of questions on use provided on the 2001 survey, only trends for frequency of use and for reasons for visiting are reported here.

For both 2001 (57.6%) and 2005 (44.7%), the majority of respondents were new to the CMA Infobase, describing their visit as their first visit to the Web site. The majority of the remaining “repeat users” reportedly access the CMA Infobase several times a month (14.2% of all respondents in 2001 and 21.3% of all respondents in 2005).

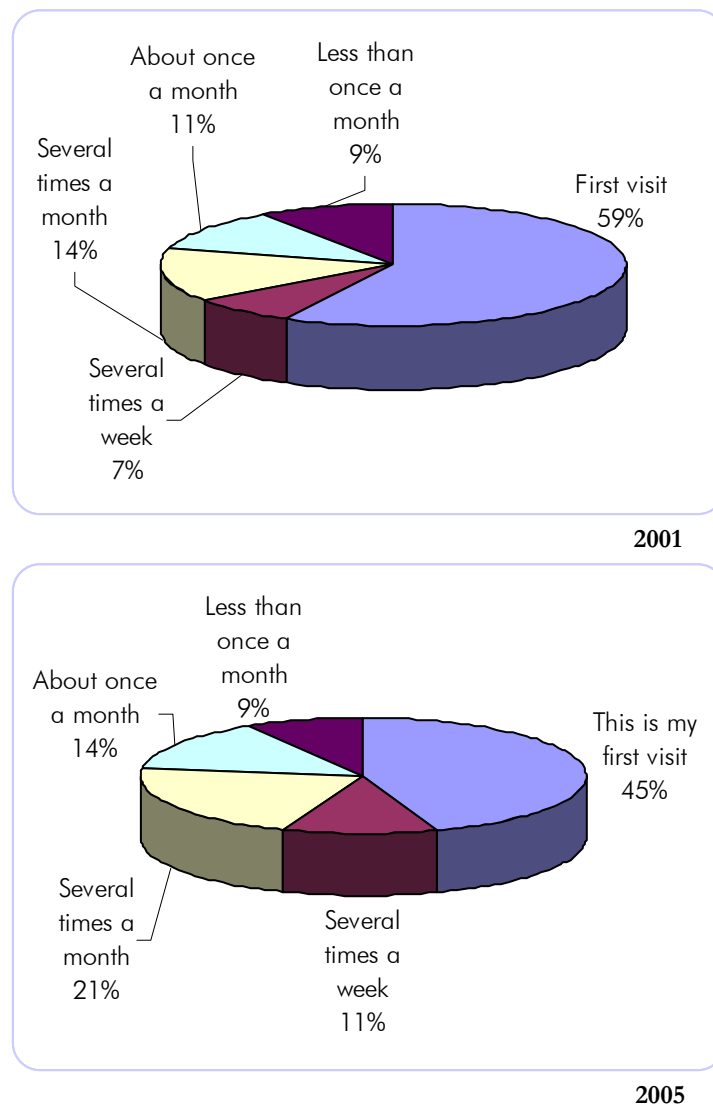


Figure 23. Frequency of visits to the CMA Infobase, all respondents: 2001 vs. 2005

The top reasons for using the CMA Infobase have remained the same, with the majority of respondents visiting the CMA Infobase to gather information for managing a specific case or for personal continuing medical education.

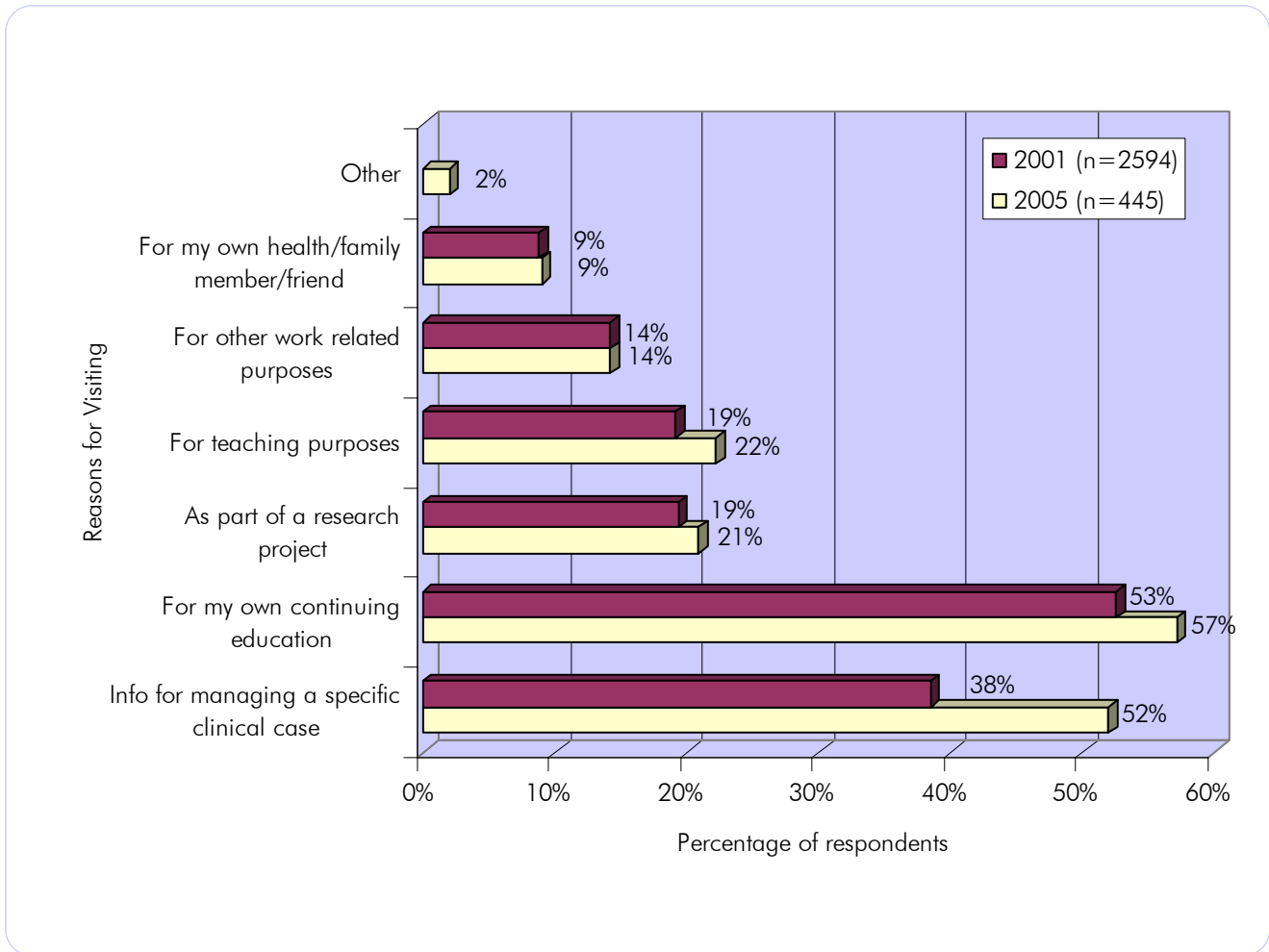


Figure 24. Reasons for visiting the CMA Infobase: 2001 vs. 2005

Section 3: Conclusions

Based on the results from the 2005 survey and trends seen in the past 4 years, the following conclusions can be made:

- The CMA Infobase is a tool used primarily by practicing physicians, residents and medical students, who are considered the target audience of the resource. However, more promotional work should be done with medical students to encourage their use of the CMA Infobase.
- The proportion of CMA Members using the resource has increased since 2001, potentially due to the increased promotion and use of the cma.ca Web site as a whole. To ensure uptake by members in the future, support and collaboration with CMAH, specifically GlobalMedic, should continue. This includes face-to-face promotion by participation in the e-Tools training/promotional booths.
- There are still a significant number of users unaware of some features (both old and new) available on the CMA Infobase. Marketing is needed to highlight currently underused features and new enhancements of the CMA Infobase, perhaps by an online training module or updated CMA Infobase brochures.
- Users expressed an interest in clinical information presented in a shorter (e.g., clinical pearls), more easily accessible format (e.g., CPGs in PDA). They are also interested in being able to supplement the CPG information with related information easily gathered from other linked resources (e.g., CPGs linked with other cma.ca e-tools).

The surveys conducted here have provided small snapshots of the CMA Infobase user and their needs. In addition, valuable feedback and suggestions have been obtained in this process. Realizing the benefits of collecting this type of information, plans to conduct the 2005 User Survey on a biennial basis is intended to help guide the ongoing CMA Infobase development process and establish trends in audience and use.

Appendix A. 2005 CMA Infobase User Survey: Screenshots and Description of Flow

Part I: All 5 questions in Part I were to be completed in order to continue to the next part of the survey

2005 CMA INFOBASE SURVEY

We are currently conducting a survey in an effort to better understand who is using the *CMA Infobase*, and to determine how to make this service more useful to you. **This survey will be running for 2 weeks, starting on April 11, 2005.**

The survey is being administered in two parts. Completion of the first part is required to proceed. However, completion of the second part is optional, but highly desirable, as the information we receive will be used to improve the service to you.

PART I. WHO YOU ARE **(Mandatory)**

Below are 5 general questions about you. It will take you approximately 2 minutes of your time to complete. This information will be used to help us understand who is using the *CMA Infobase* and will help us tailor the service to you. You will need to answer these 5 questions to move on to the next part of the survey.

You will have to fill this out only once from the computer you are now using, as long as you have [cookies enabled](#) in your Web browser.

1. Please select the category which best represents you:

- General/Family Practitioner MD
- Specialist MD
- Resident MD
- Medical student
- Other health care professional
- Researcher/Manager/Administrator
- Librarian/Information specialist
- Health care consumer/Member of the general public
- Other (please specify):

2. Are you a CMA member?

- Yes
- No
- Don't know

3. What is your age?

- under 35
- 35-44
- 45-54
- 55-64
- 65 or over

4. What is your gender?

- Male
- Female

5. In what country are you located?

- Canada
- USA
- Other

Submit and proceed to PART II

If you have difficulties with this survey, please e-mail CMA_Infobase@cma.ca for assistance.

Options page: Upon submission of a completed Part I, the user is given the option to complete the Part II of the survey now or later or bypass Part II of the survey completely. If they choose to bypass Part II completely, they will be sent to the CMA Infobase homepage. They will also not encounter the survey again upon accessing the CMA Infobase at subsequent visits.

2005 CMA INFOBASE SURVEY

We are conducting a survey in an effort to better understand who is using the *CMA Infobase*, and to determine how to make this service more useful to you. This survey will be running for 2 weeks, starting on April 11th, 2005.

The survey is being administered in two parts. ***You have already completed Part I of the survey. Thank you for your time and information.***

PART II. YOUR THOUGHTS ON THE CMA INFOBASE (Optional)

Completion of Part II of the survey is optional, but highly desirable, as the information we receive will be used to improve the service to you. **There are 14 questions on this survey. It will take approximately 10 minutes of your time to complete.**

If you would like to complete the survey now, please select the "ENTER PART II of SURVEY" button below. You will have to fill this out only once from the computer you are now using, as long as you have [cookies enabled](#) in your Web browser.

ENTER PART II of SURVEY

If you would like to complete the survey, but do not have time now, please [click here](#) for access to the *CMA Infobase*. You will be asked again at your next visit. Your cookies need to be enabled for this to work properly.

If you do not wish to participate in the survey, please [click here](#) for access to the *CMA Infobase*. You will not be asked at your next visit. Your cookies need to be enabled for this to work properly.

If you have difficulties with this survey, please e-mail CMA_Infobase@cma.ca for assistance.

Part II: If the user volunteers to complete Part II, they are asked to answer 14 questions on their experience using the Infobase. Upon submission of Part II, they gain access to the CMA Infobase.

2005 CMA INFOBASE SURVEY

PART II. YOUR THOUGHTS ON THE CMA INFOBASE

Thank you for choosing to complete Part II of the survey. **There are 14 questions on this survey. It will take approximately 10 minutes of your time to complete.** Your comments and feedback are greatly appreciated and will help to ensure the *CMA Infobase* continues to be relevant to you.

Please be assured that your response to this survey is anonymous, and that all individual information will be held in the strictest confidence. Analysis and publication of results will be at the aggregate level only.

1. For what purposes do you visit the *CMA Infobase*? (please check all that apply)
 - For information pertinent to managing a specific clinical case
 - For my own continuing education
 - As part of a research project
 - For teaching purposes
 - For work related purposes other than those stated above
 - For information pertinent to my own health or that of a family member or a friend
 - Other (please specify):

2. How often do you usually visit the *CMA Infobase*?
 - This is my first visit
 - Several times a week
 - Several times a month
 - About once a month
 - Less than once a month

3. From which location(s) do you currently access the *CMA Infobase*? Please select all that apply.
 - Home
 - Office or clinical practice
 - Hospital
 - Laboratory
 - Library
 - Other locations (please specify):

4. Which is the primary (or main) location from which you access the *CMA Infobase*?
 - Home
 - Office or clinical practice
 - Hospital
 - Laboratory
 - Library
 - Other locations (please specify):

5. What clinical practice guideline topics have you searched for in the *CMA Infobase* in the past 2 months? (please enter one topic per line)
 -
 -
 -
 -
 -

6. How did you learn about the *CMA Infobase*?
 - Link from the cma.ca
 - General purpose web search engine (e.g., Google, AltaVista, etc.)
 - Link from another health-related web site
 - Word of mouth, or from colleague or friend
 - Printed materials (e.g., articles, brochures)
 - Other (please specify):

7. What other resources (electronic or print) have you used in the past to find clinical practice guidelines? (please enter one resource per line)

8. There are currently a variety of ways to access the content in the CMA Infobase. Please indicate how useful you have found each access point.

	Very Useful	Fairly Useful	Somewhat Useful	Not Very Useful	Not At All Useful	Don't Know/ Never Used
a) Keyword Search option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Basic Search option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Advanced Search option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Browse by Developer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Browse by Recent Additions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Browse by Current Health Topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Request Search Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. The CMA Infobase has recently undergone several enhancements. Please indicate how useful you have found each enhancement.

	Very Useful	Fairly Useful	Somewhat Useful	Not Very Useful	Not At All Useful	Don't Know/ Never Used
a) Availability of the rating of the quality of the guideline development process for those guidelines that have been reviewed by the Ontario Guidelines Advisory Committee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Search specifically for patient education or physician quick reference materials, structured abstracts or guidelines that are available in electronic format (Available in Advanced Search only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Sort results specifically by the availability of patient education, physician quick reference materials, structured abstracts or guidelines that are available in electronic format (Available from the Additional Display Formats option)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Below is a list of new features proposed for the CMA Infobase.

10.1 Please indicate the extent to which each of the following proposed new features would be likely to enhance your use of the CMA Infobase.

	Very Likely	Somewhat Likely	Neither Likely nor Unlikely	Somewhat Unlikely	Very Unlikely
a) Clinical Pearls - short, practical medical tips used to solve everyday clinical problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Integrated Accredited CME Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Enhanced and more specific search functions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Direct e-mail of new or revised guidelines to CMA Infobase "registrants"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Improved inclusion criteria for CMA Infobase guidelines, resulting in fewer and more select guidelines being listed on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Selected CPG's available on PDA (i.e., Palm or PocketPC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Cross reference CPGs with other clinical resources on cma.ca (e.g. online drug database, EMR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.2 From the list above, please indicate the letters of the 3 offerings that you would most like to see implemented over the coming year.

11. Please describe other features that you would like to see added to the *CMA Infobase*.

12. Overall, how would you rate your satisfaction with the *CMA Infobase*?

Very Satisfied **Fairly Satisfied** **Neutral** **Fairly Dissatisfied** **Very Dissatisfied**

13. Overall, how would you rate the breadth or comprehensiveness of the *CMA Infobase*'s clinical practice guideline collection?

Very Good **Good** **Neutral** **Poor** **Very Poor**

14. We would welcome any additional comments you may have about this survey or about the *CMA Infobase* in general:

Thank you for your time and information. Please click on the button below to submit the survey and enter the *CMA Infobase* site.

Submit Survey and enter the CMA Infobase site

If you have any question or concerns, please do not hesitate to contact Ms. Nikki Bansil, Information Specialist at the *CMA Infobase*, by e-mail to nikki.bansil@cma.ca

Appendix B. Types of Resources Used to Find CPGs (by All Users)

Types of Resources Used	Publishing Country (if applicable)
CD-Rom	
CME	
Database: CINAHL [Cumulative Index for Nursing & Allied Health Literature]	
Database: Cochrane	
Database: Lexicomp Drug database	
Database: Medline	
Database: Osler	
Database: Pubmed [Medline]	
Database: TripDatabase [Turning Research Into Practice]	UK
Guidelines database: Guiasalud	Spain
Guidelines database: NGC [National Guidelines Clearinghouse]	USA
Guidelines database: NZGG [New Zealand Guidelines Group]	New Zealand
Guidelines database: SIGN [Scottish Intercollegiate Guidelines Network]	Scotland
Internet	
Journal: Nonspecific	
Journal: Am J Fam Physician [American Journal of Family Physicians]	USA
Journal: APA [Journal of the American Psychological Association]	USA
Journal: BMJ [British Medical Journal]	UK
Journal: Can J Diagnosis [Canadian Journal of Diagnosis]	Canada
Journal: CFP [Canadian Family Physician]	Canada
Journal: CMAJ [Canadian Medical Association Journal]	Canada
Journal: CPA [Journal of the Canadian Psychiatric Association]	Canada
Journal: Ann Intern Med [Annals of Internal Medicine]	USA
Journal: JAMA [Journal of the American Medical Association]	USA
Journal: Lancet	UK
Journal: NEJM [New England Journal of Medicine]	UK
Library: Public (Toronto)	
Library: University (Nonspecific)	
Library: University (McMaster U)	
Library: University (U of Toronto)	
Library: University (U of Alberta): online	
Library: University (U of British Columbia): online	
Library: University (U of Laval)	
Library: University (U of Manitoba)	
Library: University (U of Western Ontario)	
Library: University web site [Nonspecific]	
N/A	
Organization: Nonspecific	
Organization: AAFP [American Academy of Family Physicians]	USA
Organization: AARC [American Association of Respiratory Care]	USA
Organization: ABIM [American Board of Internal Medicine]	USA
Organization: ACCP [American College of Chest Physicians]	USA
Organization: ACM [American College of Medicine]	USA
Organization: ACOG [American College of Obstetricians and Gynecologists]	USA
Organization: AGS [American Geriatrics Society]	USA
Organization: AHA [American Heart Association]	USA
Organization: AHRQ [Agency for Health Care Research and Quality]	USA

Types of Resources Used	Publishing Country (if applicable)
Organization: AMA [American Medical Association]	USA
Organization: ANAES [Agence nationale d'accréditation et d'évaluation en santé]	France
Organization: APA [American Psychological Association]	USA
Organization: CAEP [Canadian Association of Emergency Physicians]	Canada
Organization: CCOPGI [Cancer Care Ontario Practice Guidelines Initiative]	Canada
Organization: CDC [Centers for Disease Control and Prevention]	USA
Organization: CFPC [College of Family Physicians of Canada]	Canada
Organization: CMA [Canadian Medical Association]	Canada
Organization: Conseil du médicament (QC)	Canada
Organization: CPA [Canadian Psychiatric Association]	Canada
Organization: CPS [Canadian Paediatric Society]	Canada
Organization: CPSA [College of Physicians and Surgeons of Alberta]	Canada
Organization: CPSM [College of Physicians and Surgeons of Manitoba]	Canada
Organization: CTFPHC [Canadian Task Force on Preventive Health Care]	Canada
Organization: Doctors NS [Doctors Nova Scotia]	Canada
Organization: FMOQ [Federation des médecins omnipraticiens du Québec]	Canada
Organization: GAC Guidelines [Guidelines Advisory Committee]	Canada
Organization: GIN [Guidelines International Network]	
Organization: GPAC (BC) [Guidelines and Protocols Advisory Committee]	Canada
Organization: HC [Health Canada]	Canada
Organization: ICES [Institute for Clinical Evaluative Sciences]	Canada
Organization: ICSI [Institute for Clinical Systems Improvement]	USA
Organization: INAHTA [International Network of Agencies for Health Technology Assessment]	Sweden
Organization: Joanna Briggs Institute	Australia
Organization: MD Management	Canada
Organization: NCCN [National Comprehensive Cancer Network]	USA
Organization: NHMRC [National Health and Medical Research Council]	Australia
Organization: NICE [National Institute for Health and Clinical Excellence]	UK
Organization: NIH [National Institutes for Health]	UK
Organization: NPAO [Nurse Practitioners' Association of Ontario]	Canada
Organization: OMA [Ontario Medical Association]	Canada
Organization: Provincial medical associations	Canada
Organization: RNO [Registered Nurses Association of Ontario]	Canada
Organization: SCCM [Society for Critical Care Medicine]	USA
Organization: SNFGE [Société nationale française de gastroentérologie]	France
Organization: SOGC [Society of Obstetricians and Gynaecologists of Canada]	Canada
Organization: SSC [Scottish Radiological Society]	Scotland
Organization: TOP program (Ab) [Towards Optimized Program]	Canada
Organization: USPSTF [United States Preventive Services Task Force]	USA
Organization: WVVH [Flemish College of General Practitioners]	Belgium
PDA: Nonspecific	
PDA: PEPID	
Print: Nonspecific	
Print: Articles	
Print: Brochures	
Print: CMA mailings [Canadian Medical Association]	Canada
Print: Lecture materials	
Print: Mail	
Print: Pharmaceutical materials	

Types of Resources Used	Publishing Country (if applicable)
Print: Scientific American medicine	USA
Print: Text books: Nonspecific	
Print: Textbooks: Davis' Drugs	USA
Search Engine: Google	
Search engine: Google scholar	
Self	
Web site: Atoute	France
Web site: Bandolier	UK
Web site: CISMEF [Catalogue et index des sites medicaux francophones]	France
Web site: Doctissimo	France
Web site: Doctor's guide	USA
Web site: Doyma	Spain
Web site: Medscape [WebMD]	USA