NEGOTIATION TECHNIQUES IN A DIGITAL LIBRARY

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**Abstract**

The Andalusian eHealth Library (Biblioteca Virtual del Sistema Sanitario Público de Andalucía, BV-SSPA), created in June 2006 as a strategic action of the Andalusian Government with the aim of becoming the engine for the knowledge management of the health system in the region, has meant a radical change of mind in the way libraries can be managed:

- As a regional library, it coordinates the 42 document library centers of the hospital network.
- It is an organization in charge of its own budget and management.
- It is the only intermediary for contracting health science resources.

These factors have empowered the library in its dealings with other organizations such as stakeholders, suppliers, universities, etc. The centralization of the purchasing and the librarian network has made this library strong enough to deal with the economic recession and budgetary problems.

**Key words:** Negotiation, License, Digital, Clauses

**Introduction**

The BV-SSPA is an Andalusian Government strategic action line determined in the key process *Guarantee the Knowledge Exchange into the Health System* which was established by the Strategy IV, Knowledge Management, in the II Quality Plan (2005-2008)\(^1\).

Andalusia is a region with more than 8 million inhabitants, with a large Health System composed of 40 hospitals, 1,500 Primary Healthcare centers and 28 centers for research, training and management, staffed by 90,000 health professionals. The Andalusian Government aimed to create a Centre for Information and Scientific Documentation, that is, the BV-SSPA, in order to centralize all the scientific information policy and coordinate all of the health sciences’ documentation centres.

The main targets of the setting up of this Digital Library were as follows\(^2\):

- **Rationalization of the collection to avoid duplication.** Once the BV-SSPA subscribes to the electronic resources for the whole system, the centres don’t renew their individual subscriptions for the same titles. Additionally no centre is allowed to subscribe any resources.
- **Evaluation of the journal collection.** The Subscription Group evaluates the collection, comparing it to the subscription that hospitals really have and decides if the subscription is relevant for each resource.
• Instant access to journals. As we subscribe to a greater number of resources, we are strong enough to deal with suppliers. All the signed licenses are without embargo.
• Scale economies: With the same budget, more resources are subscribed to and for more users.
• Access to the same information all over the SSPA.
• Library services are available to primary healthcare and hospitals without libraries. With the previous model, professionals from primary healthcare centres and hospitals without library could not access the scientific information of the system.
• Partnerships with Institutions. Since the BV-SSPA is stronger it can associate with other institutions such as universities, investigation centres, etc...
• Elimination of connection problems. Every professional of the Health System can access this library from its workplace.
• Home access (remote access), requiring only an internet connection.

Objectives

Before the creation of the BV-SSPA every center had its own budget and management decisions concerning scientific resources. With the setting up of the BV-SSPA, both management and budget were centralized in order to rationalize the subscriptions into the Andalusian Health System and democratizing the health professional access to qualify scientific information, regardless of the professional workplace.

The main objective of this work is to demonstrate that the central purchasing for electronic scientific resources implies a change in negotiation techniques with suppliers, and that it is necessary to establish a new license model for digital resources in regional digital libraries.

Methods

As the BV-SSPA was named the only intermediary for contracting electronic resources, hospitals were not allowed to subscribe to any resources on an individual basis. The collection was rationalized according to user studies, and a broad analysis to avoid duplicated titles in the Health System. Consequently, not only big hospitals had access to the scientific information but also the professionals who worked for Primary Care and other Centers.

In 2006 there were 5,267 print journals of which 56.22% (2,961) were duplicates, as every hospital subscribed its own resources.

The first step was to centralize the subscription process of the electronic information resources for the whole system. At the beginning, the BV-SSPA concern was to cover assistance needs, which had been previously detected through user studies, this brought about the subscription to 975 new journals following quality criteria.

This collection has been increased during these eight years of operation, and now includes other areas such as pharmacy, stem cells and genetics.

At present the BV-SSPA has the biggest electronic health science resource collection offered to the higher number of users in Spain. Thanks to its commitment to quality and user service to detect and determine their needs, its electronic collection has reached 1,500 subscribed titles from the most prestigious national and international editors, covering not only assistance
needs but also researching and learning for healthcare, management, health economics, stem cells, pharmacy and nursing areas.

However the BV-SSPA offer is not limited to these resources as it integrates the International Initiatives of Open Access, providing its users with access to 1,546 journals and 18 freely accessible biomedical data bases.

Negotiation techniques changed as the BV-SSPA is stronger than individual hospitals and it moved to a digital scenario. License models have changed accordingly, obtaining lower prices and additional advantages for our users. In 2012, it achieved a saving of 25% on the original budget, which allowed the continuity of the BV-SSPA without decreasing the quality offered to users.²

Nowadays, the Andalusian eHealth Library deals directly with publishers and negotiates not only the cost of the access to electronic resources but also the conditions in which these resources are accessible to the users.

We analyze both, the prices of the subscriptions and the clauses of the licenses to be checked. In 2006 we started analyzing what we thought was essential for our business: number of titles, price and payment terms.

The centralization of the purchasing process, thanks to the support of the government, made the BV-SSPA a strong institution when dealing with suppliers. The result has been better prices but also, throughout this period, the need to obtain the best use conditions for our users has continuously increased, and the BV-SSPA has improved its knowledge of licensing. These are the items which are presently analyzed before signing a license:

- Embargo clauses. All our resources are contracted without embargo.
- Access model: Most of our licenses are site ones, and all of them must allow a safe remote access to our users.
- Authorized uses: It is very important that editors allow us to carry out electronic interlibrary loans and to include their resources or at least their links in electronic course packs. We also try to include a clause to allow our scientists to load their works at our institutional repository.
- Procedure for title changes. If an important amount of licensed titles are no longer provided by the supplier, they have to be changed or compensated.
- Payment interest. We avoid being charged interest in case of delays in our payments. With the present economic situation this has acquired a huge importance.
- Applicable laws. As far as we are concerned the applicable laws must be Spanish or at least international, not only those from the country the publisher belongs to.
- Perpetual access. The access to the titles in case the subscription is not continued must be recognized in writing.
- Backfiles. The license must specify the retrospective access to the titles.
- Confidential clause: The BV-SSPA is a public organization which is obliged to publish all its contracts, so any confidential clause cannot be included in licenses.
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As a result of the library empowerment which represents the BV-SSPA, most of our resources are directly subscribed to via publishers and aggregators, we contract through an agency only for two of our titles; and publishers are starting to accept the change of their license clauses according to the new digital centralized scenario.

Presently the BV-SSPA has twenty five licenses signed with publishers. All of them have been carefully examined, and the required changes have been negotiated. The main items are as follows:

- License Model: Which model of license the publisher thinks is appropriate for the BV-SSPA: Hospital network, academic, consortium, site license, and institutional license.
- Authorized Users and number of full time employees: All the professionals of the Andalusian Health System must access the materials.
- General use: for research, training and assistance activities.
- Remote Access: it must be allowed.
- Term: only one year, in case we are not allowed to renew.
- Renewal: it must be previously agreed between the two parties.
- Payment: specific agreement with every supplier according to the amount.
- Interests in case of payment delay: these are not allowed.
- Governing laws: Spanish or international. In some cases this cannot be changed.
- Electronic Interlibrary loan: it must be allowed.
- Course packs: they must be allowed.
- Repository: the policy of the publisher concerning the repository has to be collected.
- Confidential clauses: any such must be deleted, although in many cases the publishers insist upon it.
- Statistics: they must be available at least every trimester.
- Backfiles: precise dates.
- Perpetual access: the access to the subscribed titles in case the subscription is cancelled must be guaranteed.
- Policy in case of title changes of cancellations.

The study of these licenses and the achievement of the requested changes took four months in 2014, and this process must be repeated every year as the contracting is done for one year.
Conclusions

The BV-SSPA has become the central unit for purchasing, offering librarian services and a reference to users in terms of knowledge management. This has made it strong enough to deal with suppliers and achieve more advantageous price conditions and access for its users. From its current position it is easier to negotiate good prices and use conditions for the Andalusian Health System.

It must be highlighted that its empowerment allowed the BV-SSPA to contract directly with publishers, achieving some important advantages: the BV-SSPA is its customer not the agency which can be very useful in the daily work; the BV-SSPA gets better prices; the BV-SSPA has access to all the material published by the journals.

The conditions of use for the electronic scientific resources must be carefully studied, and a change of licensing models adapted to regional digital libraries is necessary offering safe and advantageous use of the products.

This was a project which came into being thanks to the perfect machinery composed of both institutional and professional commitment (from health professionals, librarians and managers). The Institutional Guidelines and the fact that there was a specific budget destined for the eHealth Library, makes it clear that it is a strategy of the Andalusian Government which has turned it into a National Reference Centre. But the most important factor was that its leadership and management were held by health science information professionals.

The BV-SSPA has demonstrated that it is cost-effective and that its negotiating strength results in economics of scale⁵; the efficiency of this library model is evident, as it has been awarded with the ⁵Cross-Administrative Honourable Mention by the European Institute of Public Administration (EIPA) last November. The sustainability, transferability and learning capacities were highlighted by the evaluators in the process.

This, together with the number of other regional health libraries in Spain and other countries⁶, make us think about the possibility of the drafting of a license model for this new library model: a digital health library which centralizes the purchasing and the offer of services for a wide health system.

We have changed the rules of the market; the BV-SSPA is so strong and has such an external visibility that our negotiations with suppliers have a strong basis to initiate discussions. Like many other libraries we have suffered from budget restrictions but our work over the last few years gives us enough experience to know that we can be powerful due to our number of users, the government support in terms of being the only electronic resource intermediary for the system, the services we offer and our visibility. The path we have trodden will make the future easier.

References:


⁵ http://www.epsa2013.eu/


