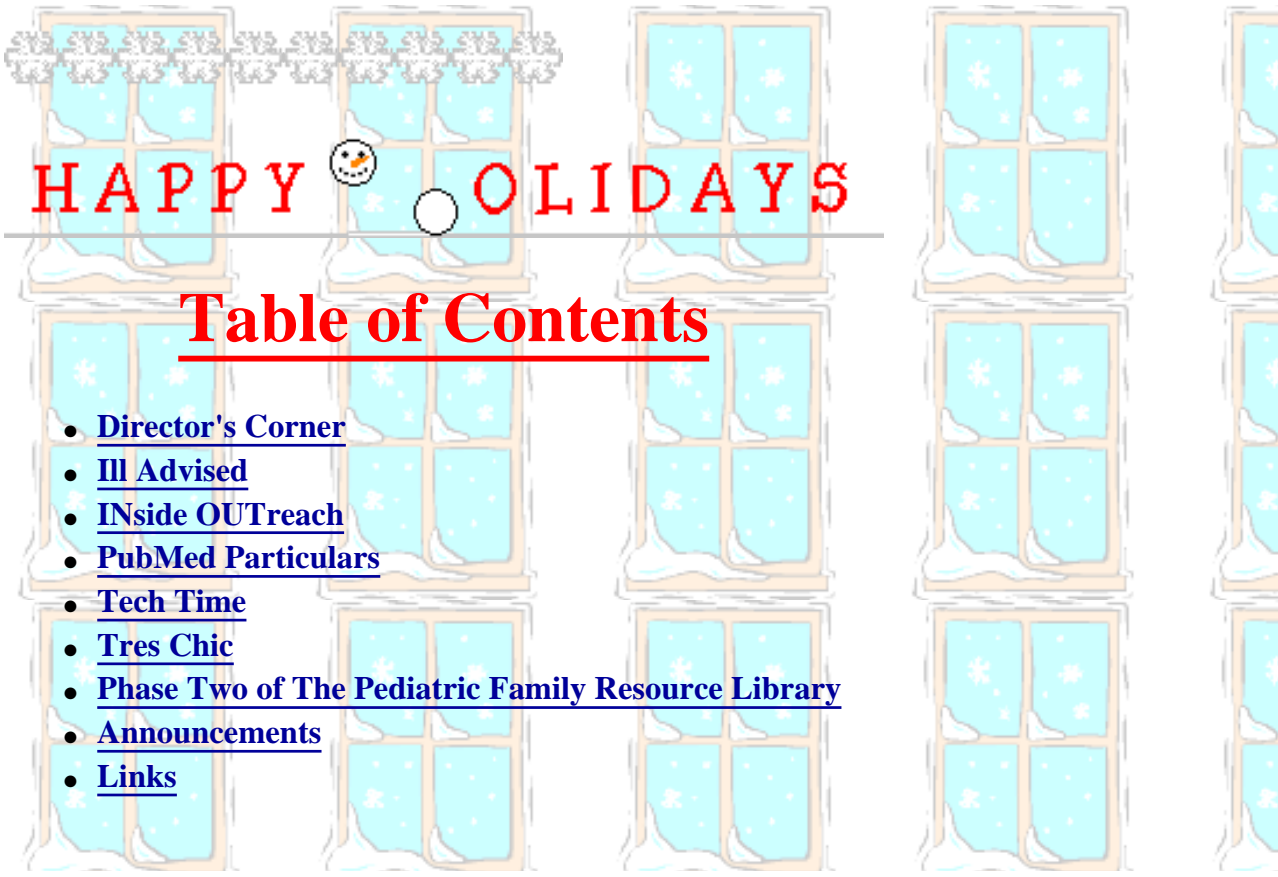


November-December 2002
Volume 2 - Issue 3

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HAPPY OLIDAYS

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Director's Corner

It is no secret that medical librarians are part of a trend of the aging U.S. workforce and that librarianship is one of the occupations with greater than average proportion of workers over the age of 45. Responses to the 2001 Association of Academic Health Sciences Libraries (AAHSL) survey indicated 44% of all librarians in academic medical libraries were at least 50 years old. Seventy-six per cent of AAHSL directors were 50 and older as were 61 % of deputy and associate directors.

Against this backdrop, on May22, 2002, a symposium titled "Leadership Reconsidered: Developing a Strategic Agenda for Leadership in Health Sciences" was conducted at the 102nd Annual Meeting of the [Medical Library Association](#) (MLA) to explore the concepts of leadership and management. The symposium was co-sponsored by the MLA Leadership and Management Section and the Association of Academic Health Sciences Libraries(AAHSL). The overall symposium goal was to develop a strategic agenda for leadership in health sciences libraries by defining the issues and recommending actions. Registrants included 100 health sciences librarians, representing both academic and hospital library environments, including eighteen of us who acted as group facilitators and recorders. Following presentations on library leadership issues and attributes of library leaders from Maureen Sullivan and Peter Hernon, Ph.D., a panel of speakers, including Betsy Humphreys (who described [NLM's](#) Associates program and the WoodsHole Informatics Fellowship), summarized leadership development programs and initiatives within the profession. Breakout groups to react to presentations, discuss the themes, define the issues for the health sciences, identify the challenges and suggest strategies and recommendations for action were interspersed throughout the day. Individual topics for the breakout groups were: 1) qualities, skills and competencies for leadership; 2) unique aspects of health sciences libraries leaders; 3) challenges and obstacles to leadership; and 4) leadership roles and career paths.

The Symposium Planning Program Committee has continued to work throughout this past year to analyze the results, findings and conclusions presented by the breakout groups and use the data to present a strategic or action agenda. The agenda calls for partnerships between the various library organizations and groups, including NLM, to identify and implement strategies to recruit, develop and retain future leaders for the health sciences library. The call for an NLM/AAHSL leadership fellows program (put in place since the symposium) was also made.

A full report of the symposium, including the strategic agenda or call for action, will be published in the April 2003 issue of the Journal of the Medical Library Association. Additional information about the symposium may be found at

<http://library.umassmed.edu/~rvanderh/mlanet/>.

Submitted by Elaine Martin, Director

Note: Elaine served as Program Chair of the Symposium entitled "Leadership Reconsidered: Developing A Strategic Agenda for Leadership in Health Sciences" reported on above.

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December 2002

ILL Advised's Seasonal Sing-a-long



"If I had a hammer, I'd hammer out a warning" ...
when your ILL request is an -- **EMERGENCY!!**



"It is the season -- 'Turn, turn, turn'" ...
time to turn over and tweak routing tables.



"They've got the 'HOLD' world in their hands" ...
DOCLINE routing on HOLD.

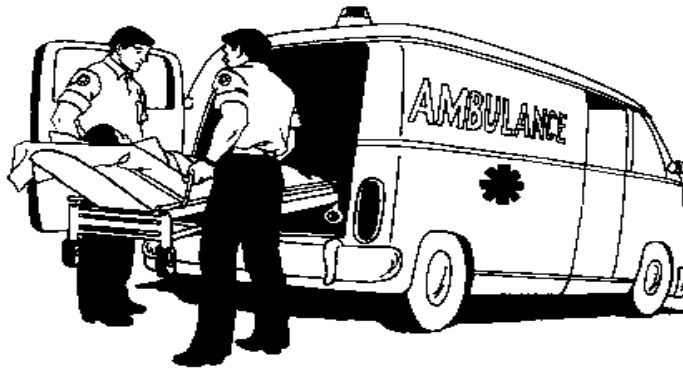


"I can see for miles and miles and miles" ...
DOCLINE and the "ISO/ILL Protocol"



"Keep the customer satisfied" ...
a new round of LinkOut Presentations

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WHEN YOUR ILL IS A CLINICAL EMERGENCY! REQUEST --

Interlibrary loans initiated on behalf of Clinical Emergency requests will be filled by the National Library of Medicine (NLM) within two hours for the time in which NLM is open. Please click on the following link for a listing of NLM hours: <http://www.nlm.nih.gov/psd/ref/guide/rrhours.html>

If NLM is unable to fill the request, notification will be sent within two hours. Clinical emergency requests are available via Fax or Ariel delivery. Please note that only requests needed for emergency patient care qualify for this service. DOCLINE participants should prefix these requests to NLM (**Prefix LIBID= MDULMF**). Select "Fax" or "Ariel" as the **NLM Delivery** method, and leave the **Need By Date** box blank. Charges for U.S. libraries are \$9.00 for Ariel or Email delivery, and \$12.00 for fax delivery.

For additional information, please visit the NLM web site:

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“It is the season -- ‘Turn, turn, turn’” ...

to rethink about a more reliable routing table.

Winter is swiftly approaching (strictly speaking from the calendar, mind you!) and with the sudden shift in seasons, subzero temperatures, snizzle, sleet and snow, we seem submissive to a sublimation of our sunnier side. Some of us select to spend more time indoors: simmering a soup or stew on the stovetop; stoking a flame or stirring a sterno-log in the fireplace; or simply submersing ourselves on the sofa with a good book. Whatever activity you select, the backdrop set of winter in New England is usually staged

with a scent of self-reflection and suffused in contemplation.

What better way to take advantage of the spirit of the season than to reflect on and react to improving the effectiveness of your DOCLINE routing table? Whether it be selecting new potential lenders from the Search/View function; tightening up routing cells with more reliable resources; or relinquishing relics that have remained permanently inactive by removing them from the routing table.

If you need a quick refresher in maintaining routing tables – simply ring up Mark -- 508-856-5964 -- and he'll be ready to relay in return a rapid response.

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“They’ve got the ‘HOLD’ world in their hands” ...

DOCLINE routing on HOLD.

Many of you will be out of the office and on the road visiting friends and relatives for the holidays. In many member libraries: when you're not there, the ILL function comes to a standstill! Sure -- you could let lending requests just re-route randomly over to the next potential lender in the borrower's routing table, but would that really be fair to the borrower?

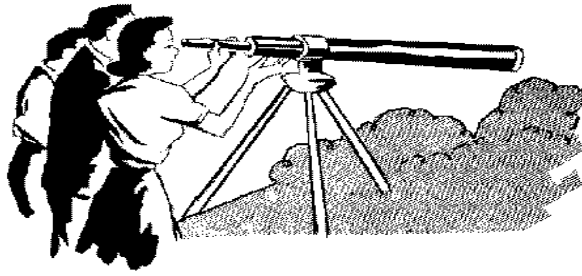
Hint: a rhetorical question.

So, if you know that no one will be present in your library to perform the ILL function for 5 or more consecutive business days, then please consider placing a DOCLINE HOLD request with your DOCLINE Coordinator. It's easy! -- Simply submit a temporary “HOLD request” by filling in the following online form (it will take only a minute!)

<http://nlnm.gov/libinfo/docline/dochold.html>

Your DOCLINE Coordinator will then send you back an e-mail acknowledgement. At the present time, HOLD requests are performed manually through controls on the administrative DOCLINE record. That is: de-activation and re-activation of your DOCLINE account is similar to a “light switch,” in that the DOCLINE Coordinator turns “off” and “on” your DOCLINE record. Make sure that the days you request to “flick the switch” are business days (Monday through Friday) and -- if at all possible – please submit your request at least one week in advance.

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“I can see for miles and miles and miles”

DOCLINE and the “ISO/ILL Protocol”

Several of our NER members have inquired into the status of DOCLINE’s compliance with the “ISO/ILL protocol”. Some of you may be asking yourselves: “so what is the ISO/ILL protocol?” -- AND -- “why is it of any importance?”

Just so we’re all on the same page, let’s start with a general definition: the protocol provides support for the control and management of ILL transactions for both lending and borrowing activities.

It is a goal of the National Library of Medicine to have ISO/ILL protocol testing completed with the current version 1.x of DOCLINE. Having said that, we should note that the team empowered with protocol testing is abiding by a separate project timeline from the team working on the next major release of DOCLINE. Just the same, completed protocol testing in one version automatically is incorporated in future releases of the system.

Please keep in mind that testing takes time; functionality testing must thoroughly be performed for each vendor product. RLG's "ILL Manager" will be the first ISO/ILL-compliant product to make it into DOCLINE production (expected timeframe: Dec '02-Jan '03). Protocol testing will then proceed on with such products as: VDX", "CISTI" and "CLIO". Discussions with such prominent vendors as Epixtech (Ameritech) and OCLC have also begun.

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“Keep the customer satisfied” ...

a new round of LinkOut Presentations

The NER office has scheduled a new round of LinkOut presentations in '03:

January 10	Boston University Medical Center	Boston, MA
January 17	Baystate Medical Center	Springfield, MA
January 21	CAHSL Meeting	Wallingford, CT
February 7	Rhode Island Hospital	Providence, RI
February 13	New Hampshire Technical Institute	Concord, NH

if you're interested in attending one of the presentations, please contact your LinkOut Rep, Mark Goldstein.

e-mail: mark.goldstein@umassmed.edu

phone: 508-856-5964

We're maintaining attendance lists for the presentations primarily to ensure that we have sufficient handouts for all attendees. Also, please refer to our NER Web site for all additional details. [NN/LM NER Events--Meetings, Conferences, and Training Opportunities](#)

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INside OUTreach

OUTREACH 2003 - WHAT'S AHEAD?

The New Year brings thoughts of renewal and revitalization, the opportunity to be or start something new. So, what's ahead for Outreach in this New Year? Will it be out with the old, in with the new?

- An overview class on the "other" NCBI Databases - Nucleotide, Protein, Genome, Structure, etc. Last November, I was fortunate to be able to attend "Introduction to Molecular Biology Information Resources," the three day training session at NLM. The class, taught by Renata Geer, MLS, and Donna Messersmith, PhD, was excellent. I learned a lot and will be putting together an overview class on these databases. Look for this in 2003.
- Advanced PubMed. Several of the Outreach & Education Coordinators from the National Network of Libraries of Medicine are working at putting together an Advanced PubMed class designed for people who have been using PubMed successfully and want to learn more about it. If all goes as planned, the class will be available by spring of 2003 and will be approved for MLA Continuing Education credits.
- The Education and Training Committee of the RAC (the Regional Advisory Committee), a planning arm of the NER, has started work on collecting information about how we can best serve the region in the area of Education/Training. If anyone has thoughts they would like to share about this, please feel free to contact me by email or phone, since I am the NER liaison to that committee. We'd love to hear from you.
- PubMed classes, Docline training, LinkOut presentations, and Consumer Health classes continue to be available in 2003. If your institution would be willing to host a class in 2003, please contact the NER and we'll set a date. We provide the instructor and the training materials - you provide the location. If that's not a good deal, I don't know what is! As always, our training classes are offered free of charge.
- Look for new content in the Outreach section of the NER website coming in 2003!
- And, as always, the NER staff will be available to do presentations and exhibits at local and regional meetings. If you're planning a consortia meeting or you're involved in a regional group and you're looking for speakers or exhibitors, please contact the NER.

So, there are some new things coming during 2003 and some not so new things. Looking forward to a great year working with you all!

NOTEWORTHY

From the NLM Technical Bulletin:

Many of you have noticed the changes made recently to the PubMed database. One of those changes was the disappearance of the old Journal Browser and the debut of the new Entrez Journals Database. See the article in PubMed Particulars this month for detailed information about the Journals Database.

One of the other changes involved the addition of the "Send to" button as a means for putting citations on the Clipboard, displaying citations in a text-only format, and saving citations to a computer file. http://www.nlm.nih.gov/pubs/techbull/nd02/nd02_pm_changes.html

The Limits in PubMed have changed, too. The age groupings have changed slightly. The subsets have also changed - "In process" and "Publisher" have been removed. http://www.nlm.nih.gov/pubs/techbull/nd02/nd02_limits.html

MEDLINE data changes are summarized, also. These changes may or may not have an effect on the way you search but you may wish to familiarize yourself with the changes. This includes changes to the "Child" section of the MeSH tree. From now on, "Child" will search "Child" and "Child, Preschool" but NOT "Adolescent" or any of the Infant groups. Read more about this at: http://www.nlm.nih.gov/pubs/techbull/nd02/nd02_2003_medline_data_changes.html

Changes to MeSH for 2003 are summarized, too. See: http://www.nlm.nih.gov/pubs/techbull/nd02/nd02_2003_mesh.html

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NER'eastah

Newsletter of the New England Regional Medical Library



The Journals Database: NEW and IMPROVED!!

At the end of September, the Journal Browser in PubMed disappeared and was replaced with the Journals Database. Like the old Journal Browser, the Journals Database is available via a link from the blue frame on the left hand side of the PubMed home page. Here's what the Journals Database page looks like:

NCBI Journals

Med Nucleotide Protein Genome Structure PopSet Taxonomy OMIM Books

h Journals for Go Clear

Limits Preview/Index History Clipboard Details

- Use the Entrez Journals database to search for a journal and then link to records for that journal in the database.
- The Journals database can be searched using the journal title, MEDLINE abbreviation, NLM ID, ISO abbreviation, or ISSN. The database includes the journals in all Entrez databases, e.g., PubMed, Nucleotide, Protein.
- A list of [journals with links to full-text web sites](#) is available.

The Journals Database will do everything the Journal Browser used to do - and more. It allows users to do an automatic search for all the citations in PubMed from a certain journal. It will link to publishers' websites. It will do more, too. It links out to LocatorPlus so that the full catalog record for a serial may be easily viewed.

The Journals Database is searchable by:

- Full title
- Medline abbreviated title
- ISSN - print or electronic
- NLM ID - NLM's unique journal identifier number
- ISO (International Organization for Standardization) abbreviation

Searches, either alphabetic or numeric, may be entered into the search box. Click "Go" or press Enter on the keyboard and the search will be executed. Search terms will be searched in all available fields.

The results page looks a little different, too. Here are the results for a search for "brain" in the Journals Database:

The screenshot shows a search interface with a navigation bar at the top containing tabs for 'Nucleotide', 'Protein', 'Genome', 'Structure', 'PopSet', 'Taxonomy', 'OMIM', and 'Books'. The search box contains the text 'brain' and has 'Go' and 'Clear' buttons. Below the search box are links for 'Limits', 'Preview/Index', 'History', 'Clipboard', and 'Details'. A control bar includes a 'Display' dropdown set to 'Summary', a 'Show:' dropdown set to '20', and a 'Send to' dropdown set to 'File'. Below this, it indicates 'Items 1-20 of 34' and a pagination control showing 'Page 1 of 2' with a 'Next' link. The search results are listed as follows:

- Select a database (e.g., PubMed) under the Links menu to retrieve records for that journal.
- Click on the NLM ID to display journal information from [Locatorplus](#).

1: [The Behavioral and brain sciences.](#) Links
 pISSN: 0140-525X
 MEDLINE Abbr: Behav Brain Sci
 NLM ID: [7808666](#)

2: [Behavioural brain research.](#) Links

Clicking on the NLM ID hyperlink will display the journal's record from LocatorPlus, the catalog of the National Library of

Medicine. This may be helpful for tracking title changes or for finding out when indexing for Medline began and/or ended, among other things.

Clicking on the title hyperlink will display a more detailed record for that journal:

▼ for Go Clear

Limits Preview/Index History Clipboard Details

Display Full Show: 20 Send to File

- Select a database (e.g., PubMed) under the Links menu to retrieve records for that journal.
- Click on the NLM ID to display journal information from [Locatorplus](#).

1: The Behavioral and brain sciences. [Links](#)

pISSN: 0140-525X
MEDLINE Abbr: Behav Brain Sci
Publication Start Year: 1978
Publisher: Cambridge University Press
Language: eng
Country: England
NLM ID: [7808666](#)

OK - so how can we do a search for all the citations in PubMed from this particular journal? Click on Links and a little menu will pop up. Highlight PubMed and the search will be run automatically.

Limits Preview/Index History Clipboard Details

Display: Full Show: 20 Send to: File

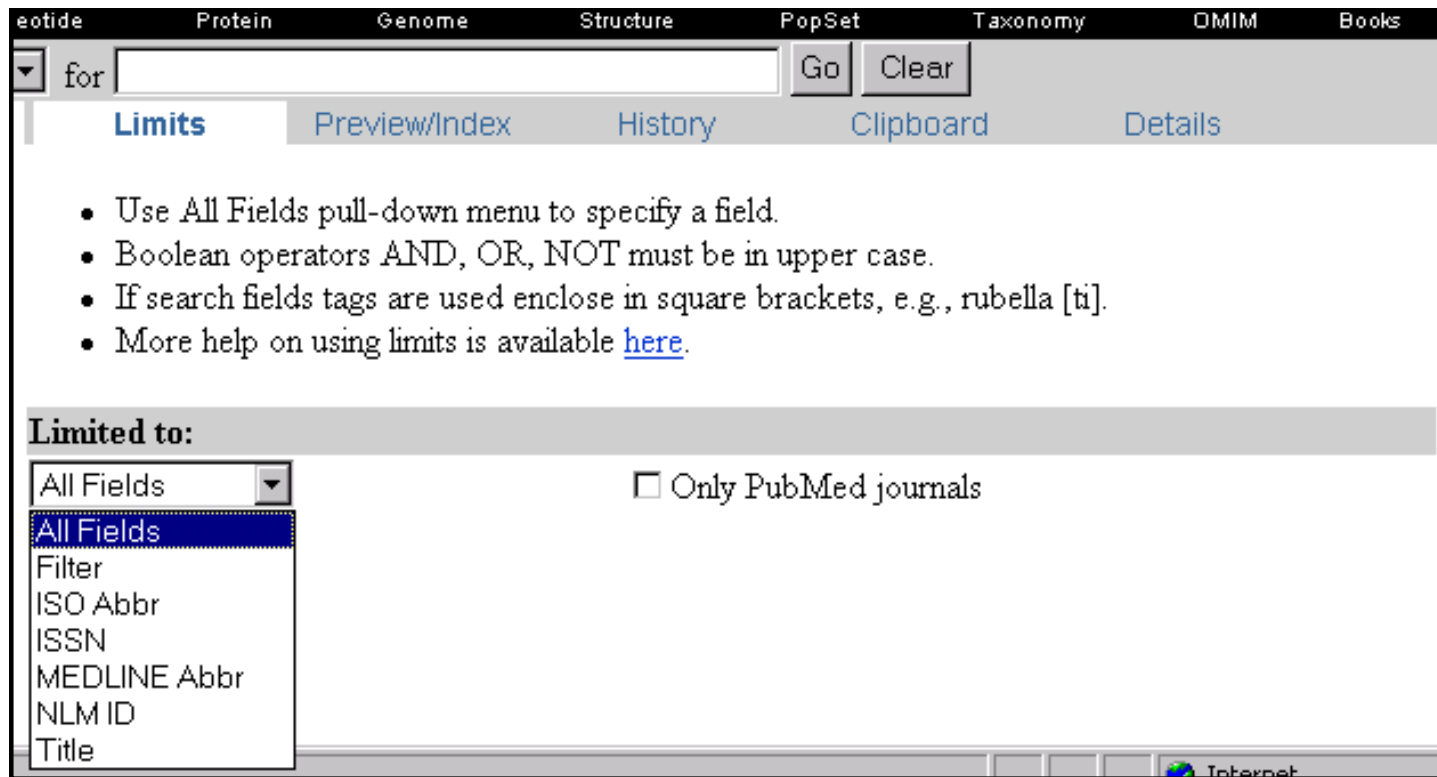
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Publication Start Year: 1978
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Language: eng
Country: England
NLM ID: [7808666](#)

PubMed
Help

There is also a Limits function in the Journals Database:



It allows you to limit your search only PubMed journals by clicking on that box. Why would this be useful? The Journals Database is one of the Entrez databases - just like PubMed is a database and Nucleotide is a database and Protein is a database, etc. Within the Entrez suite, it is possible to link back and forth between these databases. This will become more and more important as we come to rely on the "other" NCBI databases as heavily as we do PubMed.

Highlighting a field from the "All Fields" drop down menu will limit the search to a specific field. However, that sort of limiting can also be done using search tags. The following search tags are available:

- [Title]
- [MEDLINE Abbr]
- [ISSN]
- [NLM ID]
- [ISO Abbr]

Try the new Journals Database. It's different, that's true. But it's new and it is definitely improved!

For complete information about the new Journals Database, please see the NLM Technical Bulletin article located online at

http://www.nlm.nih.gov/pubs/techbull/so02/so02_journals_database.html

Donna Berryman, Outreach Coordinator

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TechTime



- [Enhancements to the New England Region \(NER\) Website](#)
- [Sharing Technology Tips](#)
- [Link to the NN/LM NER Website](#)

Enhancements to the to the [NN/LM NER Website](#)

The NER website is an important communication tool for the Regional Medical Library (RML). It is a valuable source of information about training opportunities, funding announcements, recommended consumer health resources, and other NLM and NN/LM services and activities.

As part of our on-going commitment to enhance this resource, the NER is pleased to announce the completion of several major improvements to the site. Based on feedback from you our users.

Some of the changes are:

- Updates to the user interface to improve readability and navigation.
- There are now links from the Home Page (nmlm.gov/ner) to [MedlinePlus®](#), [PubMed](#), [ClinicalTrials.gov](#), and a [list of all NLM database](#). People who access the website through a search engine, but are really looking for information about specific diseases or conditions, can quickly link to one of these databases to find the answers to their questions.
- A new calendar function is introduced that includes the New England Region's [Training and Conference Schedule](#). The default display includes a list of all upcoming events. It is possible to limit the display to specific event categories, for example Training Opportunities or Conferences and Meetings. There is also a printer-friendly version which supports printing of the event list without distracting text or links. In addition, since the default display only lists events for that date going forward, you can find an upcoming class or event without scrolling through past events.
- The [About Us](#) section now includes information about the Regional Advisory Committees. The [Committee Info](#) page includes committee charges, committee members (including contact information), and minutes of recent meetings. This provides you with additional information about RML activities.
- The [Funding Opportunities](#) page is updated to include Awards, Subcontracts, and RFPs available from the New England Region. Also included are funding opportunities from NLM and selected proposal writing resources. The improved organization of the page makes it easier to identify

funding opportunities, provides a better understanding of what is available through the NER office and what is available from NLM, and links to resources to assist in writing a winning proposal.

- When you think you saw something on the site, but don't know exactly where, the [Topics A-Z](#) page can help you quickly locate the information. It is an alphabetical list of topics mentioned throughout the site. There are direct links to the information, whether it appears on the NER site or elsewhere on the web. For example, if you remember hearing about a LinkOut presentation but not sure where to find it, the Topics A-Z page simplifies the process. ([Topics A-Z](#), [Letter L](#))
- As a result of an analysis of searches entered on the site, it became apparent that some visitors were looking for health information. As a result, in addition to searching the NN/LM NER and NN/LM sites, the [Search](#) capability is expanded to include searching MedlinePlus.

Suggestions for changes to the website came from a number of sources including the RML staff, the NN/LM NER Regional Advisory Council (RAC) Steering Committee, the RAC Technology Awareness Committee, the NER Resource Library Directors during a meeting at NAHSL, and other members. The input from a wide variety of sources helped improve content on the site and usability of the interface.

Please take a few moments to review the re-designed site and provide any feedback to [Penny Glassman](#). Can you navigate easily through the pages? Did you find the information you were looking for? Do you have any recommendations for additional information?

This is just the beginning of ongoing improvements to the site!

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Sharing Technology Tips

Do you have any technology tips you would like to share with your colleagues? Or, are there technology issues you would like more information on? For example:

- What are the Pros and Cons of different methodologies for scanning articles?
- What is the best way to address Firewall issues with your IT department?
- What are the advantages and disadvantages of different scanners?

We are starting to gather information for a technology tips section of the website, (and possible future topics for this article.) Please contact Penny Glassman at 508-856-5974 or penny.glassman@umassmed.edu with any success or "I wish I knew *this* at the start of my technology project" stories.

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Link to the NN/LM NER Website

Keep your patrons informed of the activities and services available from the RML. Feel free to add a link from your library website to the nmlm.gov/ner site.

Contact Penny Glassman at penny.glassman@umassmed.edu or 508-856-5974 if you need assistance.

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Pharmaceuticals, Marketing and Hype

"This is a locomotive that's barreling down the tracks, and you either get out of the way, get on board, or get squished,"

So says gastroenterologist Dr. James Richter about the pharmaceutical drug system. A recent article in the Boston Globe Magazine outlined how drug marketing and patent rights exert control over the price of pharmaceutical drugs.

The article uses the development and marketing of Prilosec (the 'Purple Pill') to illustrate how health care providers and the health maintenance organizations are enchained into prescribing a 'Cadillac drug' when other 'Hyundai drugs' are available and can be as effective.

The Boston Globe

["The Costly Case of the Purple Pill"](#). The Boston Globe Magazine November 17, 2002.

Here is a very rough sketch of the points covered.

Prilosec is the second highest grossing drug with over \$4.6 Billion in worldwide sales. Launched in 1989, Prilosec's list of indications (conditions for which providers can prescribe) grows from two to eight. Prilosec is known as a PPI (Proton Pump Inhibitor) an acid-stopper used for stomach related distresses.

In 1993 the FDA allows for direct to consumer advertising to be unimpeded by a listing of side effects (provided a web address or 1-800 number was given that would provide this information). The 'Purple Pill' became ubiquitous.

A drug company can spend as much as \$800 million in the research and development of new drugs. Astra-Zeneca, makes \$4.2 billion; spends \$2.7 billion on research and development.

Drug companies prolong the life of their patents through a series of lawsuits allowable by FDA regulations. New generations high-end drugs are introduced as 'the next big thing': Astra-Zeneca has developed Nexium to replace Prilosec as the HPP of choice.



Transitioning from a high-end drug like prilosec to a generic counterpart or other class of drug can bring upon an episode of pain or discomfort the drugs were made to abate. During this transition patients often request to remain on the high-end drug.

Health maintenance organizations and pharmaceutical benefits managers are often under cost incentives to keep a high-end drug as their primary drug for that class. HMOs and benefits managers often keep the high-end drug off their 'prior authorization' list for a fee by the drug-maker.

Neil Swidey's article comes close to delivering its promise on telling the reader "everything you need to know about the high cost of prescription medicine"

Recently the Bush Administration announced that the [FDA](#) would seek to speed up the process by which generics can be made available.



Hype in Health Reporting: Checkbook Science buys distortion of medical news. Extra
September/October 2002

Diana Zuckerman. Center for Policy Research on Women and Families

Diana Zuckerman has described how medical news is shaped by pharmaceutical companies and health care industry interests. We've all seen news reports and printed articles of developments in drugs and treatments that are offered up as revolutionary breakthroughs. Such news reports are developed by a system of highly paid and well-placed public relations firms, medical ghostwriters, and speakers' bureaus.

Medical reporters covering these break-throughs sometimes never know that the 'experts', enlisted for their news pieces, are often paid by a PR firm that is paid by a sponsoring company.

Zuckerman points out that few reporters ever ask about possible conflicts of interest.

Zuckerman offers three different cases wherein hype prevailed over balanced reporting. In some cases more credible research was overlooked.

--When the diet pill fen-phen was initially found to be dangerous, Wyeth-Ayerst hired [Excerpta Medica Medical Communication](#) (yes, the Excerpta Medica we know as the medical database producer, medical education company, subsidiary of Reed Elsevier) to develop counter-findings based on loose analysis. USA Today, L.A. Times, and the Boston Herald wrote about the findings presented at a medical meeting.

--Major public relations efforts succeeded in attracting attention to a 1999 study that reported on the safety of breast implants. The study was hailed by implant manufacturers and plastic surgeons and received coverage by major newspapers and networks. Recent studies by the National Cancer Institute pointing to risks in breast implants have not received as much attention.

--The recent (July 2002) clinical alert regarding hormone replacement therapy (HRT) and the risks of cancer and heart diseases was preceded by growing evidence of that risk. Librarians following the HRT issue know of the controversy swirling around it much before the clinical alert was released. ([NHLBI stops trial of Estrogen Plus Progestin...](#)) According to Zuckerman "most media covered the story as if this was enormous news that came out of nowhere". Dr. Robert Wilson was a promoter of HRT through his speaking his book "Forever Feminine". In a New York Times article earlier this year, Wilson's son admitted that his father was paid by Wyeth to promote HRT.

Javier Crespo, Consumer Health Coordinator

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Phase 2 for the Pediatric Family Resource Library

[The Lamar Soutter Library](#) was awarded a grant from the [Massachusetts Board of Library Commissioners](#) to create the Pediatric Family Resource Library at [UMass Memorial Children's Medical Center](#) in the summer of 2001. The grant officially ended on September 30. Our primary challenge was to deliver information to the families who use the Children's Medical Center; and to a great extent, we met that challenge. From January 2002 to September 30, 2002 the "door count" was 800, 165 library cards were issued and 80 extensive searches were done. 140 book and video titles circulated 222 times.

The Lamar Soutter Library will be able to continue to fund the two parent workers, Ivelisse Ruiz and Nancy Linnehan, until other sources of funding can be obtained. The library will also be staffed by Paul Julian, and Nancy Harger. We now have over 500 books on the shelves and many new books have just been purchased, including a large number on adolescent topics in response to patron feedback.

We are now very pleased to announce that the Pediatric Family Resource Library has received a subcontract from the [Regional Medical Library](#) to teach parents how to find and use quality health information on the Internet. The project will provide classes to parents over a one-year period of time. The project will also provide customized classes for parent groups and community agencies that serve children. We will be getting another computer in the library specifically for parents' use, and we will be using the computer lab in the Lamar Soutter Library for the classes.

Many of the children who are cared for at the Children's Medical Center have life-long and complicated health problems. We would like to tap into this population because we believe that this particular group needs better health information services. Parents need to be able to distinguish between accurate and inaccurate health information to support their health-care decision making. Many of these parents have become knowledgeable about how to access the Internet, but they may lack the critical skills necessary to evaluate the quality of health information and thus obtain incorrect information about their child's illness.

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ARCH

Access to Resources for Community Health

Access to Resources for Community Health (ARCH), a health information outreach project funded by the [National Library of Medicine's](#) regional outreach award, was established in December 2000 to improve access, especially electronic access to high quality health information and resources in four underserved communities northeast of Boston. [Massachusetts General Hospital](#) operates a community healthcare center in each of these four communities. The four communities (Charlestown, Chelsea, Everett, and Revere) are home to approximately 140,000 people. Many residents are new immigrants living below the federal poverty lines. Lack of access to high quality health information and resources was identified as a barrier to making sound healthcare decisions in these communities. Increasing community access to information on wellness, disease prevention and management was one of the key factors affecting overall improvement in health status of these communities.

ARCH is a collaboration among four original partners, MGH Community Health Associates, MGH Treadwell Library, Greater Boston Center for Healthy Communities, and the City of Chelsea Health Department. The four partners created a user-friendly web site (www.arch-mgh.org) linked to pre-selected health information on the Internet so people from the target communities could be protected to some extent against low-quality information. Both [MedlinePlus](#) and [PubMed](#) were selected for linkage in the ARCH web site. Subsequently, ARCH provided training to help people develop necessary skills in using the site effectively.

We have done numerous presentations and training sessions reaching hundreds of people in the communities over the course of two years. In 2002 alone we taught up to 30 one-on-one and small group classes with an average of training length being at least 1.5 hours long. Our web site now receives nearly 2000 hits per month. In addition to outreaching to the communities, ARCH also leads Patient Education Initiative for MGH HealthCare Centers. The Initiative serves as a centralized system to identify, acquire, and disseminate resources needed by each healthcare center. It publishes a quarterly inventory listing new resources available at ARCH including resources in foreign languages and assists health care centers upon requests in organizing and displaying patient education information. Community response to ARCH has been extremely positive and encouraging. Many clinicians feel better supported after using ARCH services, especially the service that helps them find materials in foreign languages and those written in easy-to-read English. Patients who received ARCH web site training finds

many web pages, such as Interactive Health Tutorials from MedlinePlus, very useful in helping them better understand their conditions or in reinforcing what they already know about a disease. Our two-year experience with ARCH seems to suggest that provision of free access (space, computer, and online connectivity) and training (skills) is an effective strategy to address the issue of lack of access to high quality health information in the target communities.

Article submitted by Ming Sun, Mass General Hospital

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