

Regional Advisory Committee Meeting Thursday, 6/28, 2007 Wrap-Up

Electronic Medical Records: The group talked for a few minutes about the role of library information in electronic medical records. A link to information from the chart could eliminate the need to leave the record to get information. Kootenai Medical Center made a link to the medical library a requirement for their medical records—the clinician could send a question to the health sciences library or the consumer health library; the library provided training for the nursing staff about that. In other cases, the link doesn't take it that far but instead links to the library home page. Every organization is different in what it is looking for; UWMC wants answers to clinical questions right away, or forms pre-filled out with information. Vendors are developing products but there's a need for a generic information button on the medical record that goes beyond a specific vendor's products. NLM is working with the "big 3" electronic medical record companies to provide hooks, and is also part of a joint working group with MLA on electronic medical records.

MedlinePlus Bookmarks: Sandy Hight spoke briefly about her hospital's use of these. At St. Alphonsus in Boise, they did a pilot in which they ordered "thousands" of MedlinePlus bookmarks from NLM and put one in each handout packet for ER patients. This caught on and now the lab wants to use them also.

NN/LM Value: Sheldon Kotzin provided a bit of history, saying that when the network started in 1965 there was, at first, interest in creating "clones" of NLM but the decision instead was to put money into existing medical libraries. The NLM Long Range plan couldn't be carried out without the network, which is a wonderful program that doesn't exist elsewhere. Tom Page concurred, saying that NLM and the NN/LM are very important but undervalued resources for communities. We need to do a better job of identifying and communicating the network's value; libraries have an incredible resource in the trust the public has in them. Laurel Egan echoed that the job that the RML does, and that NLM and NIH does, is very much appreciated—"we think highly of you and need you."

The discussion moved to how the network might support the NN/LM. Sheldon Kotzin confirmed that the RML cannot lobby but can send out legislative alerts—that's just information. He suggested communicating with local offices of congressional staff. Tom Page suggested that, in fact, it might be worthwhile to do outreach to that staff and let them know that the RML is here. Laurel Egan commented that it's important to know that we have permission to blow our own horn.

Bob Flaherty sounded a counterpoint, saying that while MedlinePlus and PubMed are very successful, we feel confident that we can trust MedlinePlus but do not feel the same way about PubMed on the clinician side. He stated his opinion that 50% of PubMed contents are not relevant or valid and it's difficult to train clinicians to separate the wheat from the chaff. Information should be translated and made more relevant for clinical care. Sherri Fuller suggested that it would be nice if one could ask for only articles that provide original data.