Lunch with the RML
May 30, 2013

The NIH Public Access Policy
Pathway to Compliance

HSLS Scholarly Communication LibGuide
http://hsls.libguides.com/scholarlycommunication

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NIH Public Access Policy

The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine’s PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication: Provided, that the NIH shall implement the public access policy in a manner consistent with copyright law.

Evidence of compliance: the PMCID

http://publicaccess.nih.gov/policy.htm

http://publicaccess.nih.gov/citation_methods.htm
Stepping Stones

1. Definitions, clarifications

2. Policy applies to...

3. Pathway to compliance

4. NIH compliance tools

Photo: Stepping Stones & Tree by Colin Meddings CC BY-NC-SA
(http://www.flickr.com/photos/cmeddings/3946044422/in/photostream) / http://creativecommons.org/licenses/by-nc-sa/2.0/
1. Definitions & Clarifications
1. Definitions & Clarifications

1. **final peer-reviewed manuscripts**
   - AFTER peer-review and resulting edits & corrections
   - Usually in a Microsoft Word format

2. **make publicly available no later than 12 months**

3. **official date of publication**
   - actual journal issue date
   - ePub before print = in process
     - does not count towards the 12 months

4. **consistent with copyright law**
   - Authors must retain the right to deposit copy in PubMed Central
PubMed Central defined

- PubMed Central is the designated archive for the full text papers collected under the NIH Public Access Policy.

**open access**

PubMed Central = REPOSITORY of free full-text articles
Public Access vs Open Access

- Public Access
  - Free to read only
    - may be an embargo up to 12 months
  
  removal of price barrier

- Open Access
  - Free to read immediately
  - Free to re-use
  - Free to re-distribute
  - Author attribution

  removal of price + permission barriers

Creative Commons License

http://legacy.earlham.edu/~peters/fos/newsletter/08-02-08.htm
http://creativecommons.org/licenses/
http://creativecommons.org/licenses/
PubMed Central vs PubMed

MEDLINE
19+ million records (citations & abstracts only)

PubMed
22+ million records (primarily citations & abstracts)

PMC book reviews, etc. not in PubMed

Online books

Other life science journals
The goal: PMCID

2. The Policy applies to which manuscripts?
The NIH Public Access Policy applies to manuscripts that are…

Peer-reviewed

Accepted for publication in a journal on or after April 7, 2008

NIH funded OR NIH employee

NIH: Determine Applicability
http://publicaccess.nih.gov/determine_applicability.htm
Examples: non-applicable works

1976 is TOO OLD – accepted for publication BEFORE April 7, 2008
POLICY DOES NOT APPLY!

Book - not a journal
POLICY DOES NOT APPLY!

Magazine - not peer-reviewed
POLICY DOES NOT APPLY!

Non-Latin text
POLICY DOES NOT APPLY!

Not NIH-funded.
POLICY DOES NOT APPLY!
Prevalence of asthma and other allergic conditions in Colombia 2009-2010: a cross-sectional study.


Research Department, Fundación Cardioinfantil - Instituto de Cardiología, Carrera 13 B N° 163-85, Torre A, tercer piso, Bogotá, Colombia. rjdennis@cardioinfantil.org

Abstract
BACKGROUND: While it is suggested that the prevalence of asthma in developed countries may have stabilized, this is not clear in currently developing countries. Current available information for both adults and children simultaneously on the burden and impact of allergic conditions in Colombia and in many Latin American countries is limited. The objectives of this study were to estimate the prevalence for asthma, allergic rhinitis (AR), atopic eczema (AE), and atopy in six colombian cities; to quantify costs to the patient and her/his family; and to determine levels of Immunoglobulin E (IgE) in asthmatic and healthy subjects.

METHODS: We conducted a cross-sectional, population-based study using a school-based design for subjects between 5-17 years old. We calculated the prevalence in adults between 18-59 years old. Serum samples for total and antigen-specific IgE were collected using a design.

RESULTS: We obtained information on 5978 subjects with physician-diagnosed asthma symptoms and 12% (95% CI, 10.5-13.7), we had a range by city and were able to visit or hospitalization in the past 12 months. Physician diagnosed asthma was 7% (95% CI, 6.1-8.6). The current prevalence of AR symptoms was 32% (95% CI, 29.5-33.9), and of AE symptoms was 14% (95% CI, 12.5-15.3). We collected blood samples from 855 subjects; 60.2% of asthmatics and 40.6% of controls could be classified as atopic.

CONCLUSIONS: In Colombia, symptom prevalence for asthma, AR and AE, as well as levels of atopy, are substantial. Specifically for asthma, symptom severity and absence from work or study due to symptoms are important. These primary care sensitive conditions remain an unmet public health burden in developing countries such as Colombia.


Publication Types, MeSH Terms, Substances, Grant Support

Publication Types
Research Support, N.I.H., Extramural
Research Support, N.I.H., U.S. Govt
Fatal and near-fatal asthma in children: the critical care perspective.


Abstract

OBJECTIVE: To characterize the clinical course, therapies, and outcomes of children with fatal and near-fatal asthma admitted to pediatric intensive care units (PICUs).

STUDY DESIGN: This was a retrospective chart abstraction across the Collaborative Pediatric Critical Care Research Network (CPCCRN). Inclusion criteria were children (aged 1-18 years) who had a hospitalization with asthma who were intubated (near-fatal) or died (fatal). Data collected included medications, ventilator settings, and complications across PICUs.

RESULTS: Of the 261 eligible children, 33 (13%) had no previous history of asthma and 6 (2%) died (fatal). Eleven (4%) had complications. Eleven (4%) died, 10 of whom had experienced cardiac arrest before admission. Patients intubated outside the PICU had a shorter duration of ventilation (median, 25 hours vs 84 hours; P < .001). African-Americans were disproportionately represented among the intubated children and had a shorter duration of intubation. Barotrauma occurred in 15 children (6%) before admission. Pharmacologic therapy was highly variable, with similar outcomes.

CONCLUSION: Of the children ventilated in the CPCCRN PICUs, 96% survived to hospital discharge. Most of the children who died experienced cardiac arrest before admission. Intubation outside the PICU was correlated with shorter duration of ventilation. Complications of barotrauma and neuromyopathy were uncommon. Practice patterns varied widely among the CPCCRN sites.

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Comment in

Near-fatal asthma: an ounce of prevention may be worth more than a pound of cure. [J Pediatr. 2012]

3. Pathway to compliance
Overview

Principle Investigator

• Primary responsibility

3 tasks

• Retain right to deposit final copy into PMC
• Deposit into PubMed Central
• Cite using PMCID
Copyright – read publisher agreement!

- Look for a publisher statement acknowledging NIH requirements.

- If no such statement found, NIH provides following wording to attach to publisher agreement:
  - “Journal acknowledges that Author retains the right to provide a copy of the final peer-reviewed manuscript to the NIH upon acceptance for Journal publication, for public archiving in PubMed Central as soon as possible but no later than 12 months after publication by Journal.” (http://publicaccess.nih.gov/FAQ.htm#c15)

- Institutions may have their own statements.

Section B.3. Frequently Asked Questions about the NIH Public Access Policy: Policy Background
http://publicaccess.nih.gov/FAQ.htm#c15
Copyright – continued

- The SPARC Author Addendum generates a statement to attach to a publisher agreement.

- Some publishers permit authors to retain all copyrights
  - Open Access
  - Examples: PLoS, BMC…
    - Directory of Open Access Journals
      - [http://www.doaj.org/](http://www.doaj.org/)
2 DEPOSIT manuscript

- 4 methods
- Responsible party is always the NIH Awardee (PI)
# Methods of manuscript submission

**Journal Lookup:** [http://publicaccess.nih.gov/submit_process_journals.htm](http://publicaccess.nih.gov/submit_process_journals.htm)

<table>
<thead>
<tr>
<th>Method A journals (1600+)</th>
<th>Method B journals</th>
<th>Method C journals</th>
<th>Method D journals</th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>Author - Journal</strong></td>
<td><strong>Author</strong></td>
<td><strong>Journal - Author</strong></td>
</tr>
<tr>
<td><strong>Journal does everything!</strong></td>
<td><strong>Author arranges with journal to complete deposit for a fee</strong></td>
<td><strong>Author deposits using NIHMS (Steps 1-2-3)</strong></td>
<td><strong>Journal starts NIHMS deposit process (step 1). Author completes steps 2-3.</strong></td>
</tr>
<tr>
<td><strong>3 mo. Temp citation: PMC-in process</strong></td>
<td><strong>3 mo. Temp citation: PMC-in process</strong></td>
<td><strong>3 mo. Temp citation: NIHMSID</strong></td>
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</table>

**PMC = PubMed Central**  
**NIHMS = NIH Manuscript Submission**  
**NIHMSID = NIH Manuscript Submission ID**

Temporary citation period: acceptance for publication to 3 months post-publication
Methods C and D: 3 Steps

1. Deposit final manuscript

2. Administrative tasks (must be done by author)
   - Authorize NIH to process files
   - Designate # months embargo
   - Confirm copyright agreement

3. Approve PMC-formatted manuscript (must be done by author)

NIH Manuscript Submission System (NIHMS)
http://publicaccess.nih.gov/submit_process.htm#c
Cite paper using PMCID

- Cite your papers using the PMCID!
  - Use temporary IDs from acceptance of publication up to 3 months post-publication
    - Method A and B
    - PMC Journal – in process
    - Method C and D
    - NIHMSID

COMPLIANCE TOOL
Got a PMID but need the PMCID or NIHMSID?
PMID / PMCID / NIHMSID Converter
### NIH Manuscript submission process

**http://publicaccess.nih.gov/submit_process.htm**

#### Overview of Submission Methods

<table>
<thead>
<tr>
<th>Version of Paper Submitted</th>
<th>Method A</th>
<th>Method B</th>
<th>Method C</th>
<th>Method D</th>
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<tbody>
<tr>
<td>Final Published Article</td>
<td>Journal deposits final published articles in PubMed Central without author involvement</td>
<td>Final Published Article</td>
<td>Final Peer-Reviewed Manuscript</td>
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</tbody>
</table>

#### Who is Responsible?
| NIH Awardee | NIH Awardee | NIH Awardee | NIH Awardee |

#### To cite papers, from acceptance for publication to 3 months post publication

| PMCID or “PMC Journal- In Process” | PMCID or “PMC Journal- In Process” | PMCID or NIHMSID | PMCID or NIHMSID |

#### To cite papers, 3 months post publication and beyond

| PMCID | PMCID | PMCID | PMCID |
Review: Pathway to compliance

1. **Retain copyright** to deposit to PubMed Central

2. **Deposit** the peer-reviewed final manuscript to NIH for PubMed Central (4 methods)
   - [http://publicaccess.nih.gov/submit_process.htm](http://publicaccess.nih.gov/submit_process.htm)

3. **Cite** using PMCID (or temporary)
Grant awards delayed if related publications are not in compliance with NIH Public Access Policy. (Compliance = PMCID)

Standardization of progress reports:

- Research Performance Progress Reports (RPPR)
  - Generate list of publications in PDF format from My Bibliography for all progress reports
4. NIH Tools for Compliance

- My NCBI
  - My Bibliography
- eRA Commons
- Progress Reports = RPPR
- Compliance Monitor

Photo: Stepping Stones & Tree by Colin Meddings CC BY-NC-SA
(http://www.flickr.com/photos/cmeddings/3946044422/in/photostream) / http://creativecommons.org/licenses/by-nc-sa/2.0/
Grant awards will be delayed if publications not in compliance

- Action
  - Login to MyNCBI using your eRA Commons credentials
  - Check Compliance in MyNCBI – My Bibliography
    - Retroactive to April 7, 2008

http://publicaccess.nih.gov/determine_applicability.htm
Login to MyNCBI

- Use your eRA Commons credentials

My NCBI allows you to create automatic email alerts, save your searches and records, filter results by subject, and much more.

Sign in directly to your My NCBI account:

Register or sign in through one of the partner organization login routes:

- Google
- NIH Login
- eRA Login
- UKPMC Funders Group grantees

Or choose from:

- Case Western Reserve University
- Colorado State University
- Columbia University
- Cornell University

See expanded list »
MyNCBI’s workspace

Your citations will be stored in My Bibliography
Add citations to My Bibliography
Asthma severity in obese children may be overestimated because of enhanced perception of nonspecific airway inflammation. Obese children may have a non-\(T_\text{H}2\) phenotype, whether a similar phenotype occurs in adults has not been studied. Severe \(T_\text{H}1/T_\text{H}2\) polarization was not observed.

Asthma control was defined according to the National Asthma Education and Prevention Program guidelines. Obese children did not have poorer asthma control but were more likely to experience symptoms such as dyspnea and nocturnal awakenings. Obese children had decreased asthma-related quality of life as measured by the Asthma Control Test, but this was not associated with airflow limitation. Instead, obese children had decreased functional residual capacity of \(T_\text{H}1\) or \(T_\text{H}2\) polarization was not observed.

Obese children with asthma may be overestimated because of enhanced perception of nonspecific airway inflammation that results from altered mechanical properties of the chest wall. Careful assessment of physiologic as well as functional respiratory symptoms is needed in the evaluation of obese children with respiratory symptoms.
Check NIH Compliance with My Bibliography

- Confirm linkage to eRA Commons – look for eRA icon
- Select **View** >> **Award**
- Select **Sort by** >> **Public Access Compliance**

SELECT AWARD VIEW
Example: My Bibliography Compliance

Key:
Red - non-compliant
Yellow - in-process
Green - compliant

Figure 1: My Bibliography new PDF format option and “Linked to my Awards” filter.
Standardization of Progress Reports

Research Performance Progress Report (RPPR)


1. WHY change?
   • Compliance
   • Accuracy

2. Benefits
   • Easier
   • Sharing, communications enhanced
   • Eliminate redundancy
     • Enter data once
Example: My Bibliography & RPPR

Now the ONLY way to enter publications into progress reports!

1. Login to MyNCBI using eRA Commons credentials
2. Enter publications into My Bibliography
3. Associate each publication with grant(s)
4. Automatically updates everywhere!
   1. PMCID automatically added!
5. Generate publications report for RPPR using My Bibliography.

Example of an RPPR
Research Performance Progress Report

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<tr>
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<th>Citation</th>
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<td>Aicher SA, Hermes SM, Whittaker KL, Hegarty DM. Descending projections from the rostral ventromedial medulla (RVM) to trigeminal and spinal dorsal horns are morphologically and neurochemically distinct. J Chem Neuroanat. 2011 Nov 20; PubMed PMID:22119519; PubMed Central PMCID: PMC3318838.</td>
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</table>
How to generate PDF publications report

A. Award view
B. Clear filters
C. Select all
D. Create PDF

Create header with names, page number

Figure 1: My Bibliography new PDF format option and "Linked to my Awards" filter.

Figure 2: PDF report pop-up window.

<table>
<thead>
<tr>
<th>NIH Public Access Compliance</th>
<th>Citation</th>
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</table>
NIH Compliance Monitor

- A powerful grant administration tool
- Users must first be assigned “PACR” role(s) by an authorized administrator at their institution
- Analysis of all NIH Public Access Policy-applicable articles from each institution
  - Compliant/Non-compliant/In-process
- Articles in Method A journals are always “compliant”

NIH Public Access Compliance Monitor User Guide(PDF)
http://1.usa.gov/12E3hon
## Compliance Monitor: Institution Summary

Compliance status as of 08/01/2012 for articles published between 07/2011 and 06/2012

**YOUR INSTITUTION: Compliant(666) | Non-compliant(172) | In process(8)**

### Table of PMCID, PMCID, NIHMSID, Grant Number, PI Name, Publication Date, NIHMS file deposited, NIHMS initial approval, NIHMS tagging complete, NIHMS final approval

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Compliance Monitor: Article Details

For more information:
NIH Public Access Compliance Monitor User Guide(PDF)
http://1.usa.gov/12E3hon
NIH Webinar Web Site
http://1.usa.gov/Z10AKH

- NIH Update Webinar videos, slides, transcripts
- Send questions to: PublicAccess@mail.nih.gov

NIH Extramural Staff Training:
“Changes to the NIH Public Access Policy and the Implications.”
January 15, 2013
NIH/NLM Resources

- My NCBI: Managing Compliance with the NIH Public Access Policy Using My Bibliography
  - [http://1.usa.gov/91Blbd](http://1.usa.gov/91Blbd)

- My Bibliography: Award Compliance Reports in PDF for eRA Commons Users
  - [http://1.usa.gov/X7mCJN](http://1.usa.gov/X7mCJN)

- NIH Public Access Compliance Monitor User Guide (PDF)
  - [http://1.usa.gov/12E3hon](http://1.usa.gov/12E3hon)

- My NCBI Bookshelf: MyNCBI Help
  - [http://1.usa.gov/12tnID2](http://1.usa.gov/12tnID2)

- My NCBI Bookshelf: My Bibliography
  - [http://1.usa.gov/Xwqgkt](http://1.usa.gov/Xwqgkt)
NIH/NLM Resources

VIDEOS

- My Bibliography: Public Access Compliance. NCBI YouTube Channel (3:27)
  - Published on Apr 25, 2013. This video helps NIH-funded scientists link funding to their citations and manage compliance with the NIH Public Access Policy.

- A Look at the NIH Public Access Policy Compliance Monitor. NIH Grants YouTube Channel (3:45)
  - Published on Feb 1, 2013. A quick overview of a new web-based tool institutions can use to track compliance with the NIH Public Access Policy.
  - http://youtu.be/ONjyQ7n4Lyw

- NIH Extramural Nexus blog (Bonus: link to Rock Talk blog at top)
  - http://nexus.od.nih.gov/all/

- Tool: PMCID/PMID/NIHMSID Converter
Questions?
Thank you for attending!

Andrea M. Ketchum MLIS AHIP
Health Sciences Library System
University of Pittsburgh
412-648-9757
ketchum@pitt.edu

HSLS Scholarly Communication LibGuide/NIH Public Access Policy tab
http://hsls.libguides.com/scholarlycommunication

Photo: Stepping Stones & Tree by Colin Meddings CC BY-NC-SA
(http://www.flickr.com/photos/cmeddings/3946044422/in/photostream) / http://creativecommons.org/licenses/by-nc-sa/2.0/