

## **MLA AD HOC COMMITTEES AND TASK FORCES**

- **Ethics Task Force**
- **Joint MLA/AAHSL Legislative Task Force**
- **MLA/NLM Joint Electronic Personal Health Record Task Force**
- **Scholarly Communications, Committee for Advocating (ad hoc)**
- **Task Force on Social Networking Software**
- **Task Force on Vital Pathways for Hospital Librarians**

### **Ethics Task Force**

The Task Force was established in September of 2008 in support of one of President Mary Ryans's priorities concerning the conflict of interest and disclosure/gifts policies of the association. These same topics are of concern to all in the health care field and are being widely discussed today in hospitals and medical schools across the country..

The charge to the Task Force is to:

- Review MLA's Code of Ethics and Disclosure Policy in light of the current health care environment, especially in regard to conflict of interest issues, and recommend changes as needed;
- Examine MLA's business model in relation to these two documents and suggest any revisions as needed;
- Bring any revisions of the code, disclosure statement, and business model to the MLA Board for action;
- Bring substantial revisions to the code of ethics to the membership for its vote at the next annual meeting following MLA Board action.

The Task Force members have reviewed codes and statements from other associations such as ALA, SLA, AALL, etc. medical organizations, and universities, comparing them with MLA's code and statement.

The Task Force will be seeking ideas and concerns from MLA members at an open forum on May 19, 7:30 – 8:30 a.m. in Room HCC319B in Hawaii. Following the Forum, notes taken by a recorder will be placed on the Ethics Blog for input from all MLA members.

After all comments have been reviewed and considered the Task Force will prepare its report and submit recommendations to the Board of Directors.

### **Motion**

This report is informational and requires no action by the Board of Directors.

#### **Task Force Members**

Karen Butter

Kathryn Carpenter

Lynn Fortney

Pricilla Stephenson

Stefanie Warlick

Lucretia W. McClure and Millie Moore, Co-Chairs

Scott Plutchak, Board Liaison

Carla Funk, Staff Liaison

## Joint MLA/AAHSL Legislative Task Force

The Joint MLA/AAHSL Legislative Task Force supports **Goal 3.d. of MLA's Strategic Plan:** To serve as a leading advocate for unrestricted, affordable, and permanent access for all to quality health information and scientific communication that improves health.

**2008/09 Objective:** To extend sphere of influence with other organizations and agencies to better address changing health care environment and its impact on health sciences librarianship. Towards this objective, the task force has undertaken the following activities:

### Meetings

The task force meets biannually in Washington, DC to conduct business and also meet with members of Congress. However, meetings are not held in the fall of election years because Congress traditionally recesses early to return home to campaign. For this reason, a fall 2008 meeting was not held.

At its March 23-24 meeting, the task force heard reports from Betsy Humphreys, Deputy Director, National Library of Medicine (NLM); Jerry Sheehan, Assistant Director for Policy Development, NLM; Elaine Rubin, Vice President, Policy and Program, Association of Academic Health Centers; and Dale Dirks, President, Health and Medicine Counsel of Washington. Issues addressed included health care reform, the NIH Public Access Policy, and funding for the National Institutes of Health and NLM. Reports from the Joint MLA/AAHSL Legislative Task Force Governmental Relations Committee, MLA Ad Hoc Committee for Advocating Scholarly Communications, AAHSL Scholarly Communications Committee, and MLA Headquarters were also presented.

The task force approved a recommendation that an MLA and AAHSL working group be appointed to develop a health care reform statement, building upon the 1993 joint MLA/AAHSL statement: *Health Care Reform and the Health Sciences Librarian*.

On March 24, four teams of task force members visited Congressional offices to address issues of Fiscal Year 2010 NLM funding, continued support for the NIH Public Access Policy, and health care reform. During the visits, task force members provided an overview of NLM's programs and services that serve the nation's health professionals and the public, with special emphasis on state and regional programs. Congressional offices were provided with briefing packets that included fact sheets on the National Library of Medicine, a copy of GRC Chair Hope Barton's March 18 testimony before the House Labor-Health and Human Services, Education & Related Agencies Appropriations Subcommittee in support of NLM's FY 2010 funding, and Obama Transition Statements on the NIH Public Access Policy and Health Care Reform.

### Actions Taken

Throughout the year, MLA headquarters staff worked with Health and Medicine Counsel of Washington, the Governmental Relations Committee (GRC) and Legislative Task Force Chair to distribute action alerts to the GRC and Legislative Task Force listservs and through MLA-FOCUS regarding support for NIH and NLM funding, the NIH public access policy, and orphan works legislation.

Since the 2008 Annual Meeting, the Association signed onto the following joint MLA/AAHSL letters and statements:

- To the House Judiciary Subcommittee on Courts, the Internet and Intellectual Property in support of the NIH Public Access Policy (September 8, 2008)
- To the Obama Transition Team “Three Meaningful Principles of Healthcare Reform” (December 31, 2008)
- To the Obama Transition Team “The NIH Public Access Policy Advances Science and Promotes Healthy People) (January 16, 2009)
- To the House Judiciary Committee in support of the NIH Public Access Policy in response to H.R. 801 (February 24, 2009)
- To the House Labor-HHS-Education & Related Agencies Appropriations Subcommittee in support of NLM’s FY 2010 funding (March 16, 2009)

The associations also signed onto several Ad Hoc Group for Medical Research Statements to:

- Congress to take into consideration funding levels that were approved by the House and Senate Labor, HHS, Education, and Related Agencies Appropriations Subcommittees as the continuing resolutions for FY 2009 funding were being drafted (September 8, 2008)
- Obama Transition Team in Support of the NIH (December 16, 2008)
- Congress urging them to consider the benefits to the economy of providing funding increases for health agencies and programs within the FY 2009 Labor, HHS, Education Appropriations bill (December 19, 2008)
- Senate Majority Leader Harry Reid (D-NV) urging him to secure the highest funding levels for all discretionary health programs contained in the American Recovery and Reinvestment Act (February 11, 2009)

During 2008-09, MLA and AAHSL addressed the following legislative priorities:

**I. National Health Information Policy**

- NLM Funding
  - Fiscal Year 2009 and 2010 Labor, HHS Appropriation
- IMLS Funding
  - Fiscal Year 2009 and 2010 Labor, HHS Appropriation
- Healthcare Reform
- Intellectual Property and Copyright Law
  - Library of Congress Section 108 Study Group
  - Orphan Works Legislation
  - FAIR USE Act of 2007 (H.R. 1201)

**II. Health Care and Public Health Information Resources**

- Healthcare Reform
- Telemedicine and Telehealth
  - Fiscal Year 2009 and 2010 Labor, HHS Appropriation
- Patient Privacy
- Public Access to Government Information
  - NIH Public Access Policy
  - H.R. 801—*Fair Copyright in Research Works Act of 2009*
  - Federal Research Public Access Act (FRPPA)
  - Fiscal Year 2009 Interior, Environment, & Related Agencies Appropriations
    - Environmental Protection Agency Libraries
- Consumer and Patient Health Information
  - Fiscal Year 2009 and 2010 Labor, HHS Appropriation
  - P.L. 110-85, FDA Amendments Act of 2007 related to expansion of clinicaltrials.gov

**III. Health Research Information Resources**

- Healthcare Reform

**IV. Health Education Information Resources**

- Healthcare Reform

**V. Health Information Technologies and Bioinformatics**

Healthcare Reform  
NIH Roadmap Initiative, including: NIH Roadmap for Medical Research/Common  
Fund; Multidisciplinary Collaborative Research  
Clinical Research Translation; and Training New Clinical Researchers and  
Bioinformatics Professionals  
Fiscal Year 2009 and 2010 Labor, HHS Appropriation  
Interoperable Health information Technology Infrastructure  
Fiscal Year 2009 and 2010 Labor, HHS Appropriation

### **MOTION**

This report is informational and requires no action by the Board of Directors.

#### **Committee Personnel**

##### **MLA Members**

Hope Barton (6/06-5/10)  
Chair (11/08-5/10)  
Barbara Epstein (11/08-5/12)  
Carla J. Funk, MLA Executive Director  
Mary Ryan, President (6/08-5/09)  
Julie A. Schneider (6/07-5/11)  
Patricia L. Thibodeau, AHIP (6/07-5/10)  
11/10)  
Mary M. Langman, Staff Liaison

##### **AAHSL Members**

J. Michael Homan (11/06-11/10)  
Vice Chair (11/08-11/10)  
Jane Blumenthal (11/07-11/11)  
Sandra Franklin, AHIP (11/05-11/09)  
Regina Kenney Marone (11/08-11-12)  
Julia Sollenberger, President (11/08-11/09)  
Karen Butter, ex officio (11/06-

##### **Washington Representatives**

Dale Dirks, President  
Dane Christensen, Legislative Assistant  
Health and Medicine Counsel of Washington, Washington, DC

**MLA/NLM Joint Electronic Personal Health Record Task Force**  
**Final report & recommendations**  
**Executive summary**

The MLA/NLM Joint Electronic Personal Health Record Task Force was appointed in the spring of 2007 prior to the annual meeting in May by MLA President Jean Shipman to review the current state-of-the-art of electronic personal health records (PHRs) with a main focus on examining how linkages to high quality health information and medical librarians can be provided from within these records. The original term was for one year which was extended by the Board of Directors for an additional six months through December 2008. The first full year of the Task Force, association year 2007/08, was under MLA President Mark Funk, whose presidential priority of "Connecting to Others," particularly by collaborating "with societies, organizations, and for-profit companies that are involved with creating and defining standards for electronic health records" and emphasizing "the vital role of librarians and the resources we select and maintain" directly related to the work of the Task Force. The charge was as follows:

1. Determine the key players and providers of the various types of electronic personal health records (PHRs) including ones that are independent and/or associated with electronic clinical health systems and make a list of these providers including their contact information.
2. Create an inventory of health information resources and provide descriptions and links for PHR developers to include within their record templates. This material should encourage the public to view medical librarians as a source of personal assistance and to use the pre-defined quality Web-based health information resources, especially those offered by the NLM.
3. Define what assistance medical librarians can offer PHR users and provide an assistance qualification statement so users know what services to expect when they contact a medical librarian.
4. Identify training needs of medical librarians to enable them to support the health information resources contained within PHRs.
5. Work with the MLA Health Information Literacy Research Project to implement a modest current awareness/training program for medical librarians. This program should include training on the skills needed to understand the needs of PHR users and provide them with customized support.
6. Prepare a final report to be presented to the MLA Board of Directors and the administration of the National Library of Medicine.

**Recommendations**

1. Encourage sections to provide continuity to the work of the Task Force. Leadership of both the Medical Informatics Section and CAPHIS have expressed interest in personal health record developments. Other sections which may be interested in various aspects of personal health records include Hospital Libraries and Research. (MLA Board)
2. Direct MLA and NN/LM CE instructors to include information about PHRs in appropriate courses, including the Health Literacy Curriculum. Teaching slides have been sent to Kathleen Combs, Angela Ruffin and Sabrina Kurtz-Rossi. Ask the instructors to report any relevant class discussions about PHRs or librarians' roles in PHRs to MLA Headquarters Education staff. Staff can disseminate the information to the appropriate groups. (MLA Headquarters Staff)
3. Endorse a symposium on personal health records at a future MLA annual meeting. (MLA Continuing Education Committee)
4. Publish an article in *JMLA* on the findings of the Task Force. (former members of the Task Force)

5. Continue to collect and disseminate information on librarians' roles in PHRs. Hospital Libraries Section (HLS) might be a candidate for this task regarding librarians' roles in hospital settings. (HLS)
6. Update a list of available PHRs in 2 years and identify new PHR vendors to approach about using the assistance statement. (CAPHIS) Send letters to them. (MLA HQ)
7. Monitor legislation that applies to regulation of PHRs or PHR standards. Inform MLA members about such legislation. (Governmental Relations Committee)
8. Monitor and disseminate information about the Joint Commission's developing interest in PHRs. (Joint Commission representative from MLA)
9. Post the list of PHRs or the database itself online with a disclaimer regarding its timeliness. (MLA and/or NLM)
10. Post the assistance statement with a list of PHR vendors who have adopted it. (MLA HQ or CAPHIS)

### **Final Report**

The work of the Task Force was completed through e-mail, two face-to-face meetings at the 2007 and 2008 MLA Annual Meetings, and monthly telephone conference calls. Updates were provided to MLA members and NLM staff through various mechanisms as reported below. A brief, introductory article about the Task Force was published in the June-July 2007 issue of *MLA News*.

1. **Determine the key players and providers of the various types of electronic personal health records (PHRs) including ones that are independent and/or associated with electronic clinical health systems and make a list of these providers including their contact information.**

The Task Force began by defining "electronic personal health record" for the purposes delineated in its charge. See Appendix A. Task Force members then began identifying PHR providers and PHR products and compiled a list. Entries on the list were identified through networking, professional contacts, other groups' lists such as AHIMA and AARP, articles in the literature, informal surveys on email discussion lists, and alerts from health information technology sites. A template of data elements was drafted for an online PHR database created at the National Library of Medicine in ColdFusion. See Appendix B. Task Force members were each assigned PHR vendors from the list and created entries for these vendors in the database, including their contact information.

Since the MLA annual meeting in May 2008, the Task Force has concentrated on analyzing the information in the vendor database. The group also re-examined the database to note which PHR entries involved actual contact with a human being as opposed to information gathered from a web site. To assist in this process, NLM programmers converted the information in the database into an Excel spreadsheet. Small reports on specialized topics were extracted from the database by the programmers at NLM and by Task Force members. These are included in the attached findings from the database.

2. **Create an inventory of health information resources and provide descriptions and links for PHR developers to include within their record templates. This material should encourage the public to view medical librarians as a source of personal assistance and to use the pre-defined quality Web-based health information resources, especially those offered by the NLM.**
3. **Define what assistance medical librarians can offer PHR users and provide an assistance qualification statement so users know what services to expect when they contact a medical librarian.**

The Task Force identified the health information resources, if any, used by each PHR. In selecting those to be linked from the assistance statement, the group chose to focus on NLM

and MLA products, as suggested in the charge. The group decided that PHR vendors would not likely include a lengthy list of links. The group drafted a brief assistance statement that directs PHR users to MedlinePlus, MLA's consumer health pages, and to medical librarians through the NN/LM toll-free number. See Appendix C. A plain language expert tweaked the wording. A letter was drafted to send to selected PHR vendors asking if they would incorporate the statement into their products. The letter to vendors was finalized and sent to seven vendors with the signatures of the MLA president and the NLM director. So far, three vendors representing four PHR products have agreed to use the assistance statement: Medem (iHealthRecord), Tolven (ePHR), and Access Strategies (FollowMe and MiVIA). NLM has also agreed to include the NN/LM and MLA portions of the assistance statement in its PHR which already links to MedlinePlus. Based on the success of this initial trial, letters are being sent to the remaining vendors for whom addresses are available in the database. This work ties in with the 2008/09 presidential priority of Mary Ryan of "Advocacy for the Profession and Issues of Importance to It." In particular, it applies to MLA's Strategic Plan objective 3b: "aggressively promote and communicate the value of health sciences librarians and information professionals to society" as this assistance statement will lead health information consumers to librarian-selected sites and to medical librarians and it adds value to the PHR vendors' products. As such, it also ties in with MLA's core values to "improve the public's awareness and use of quality health information" and to "promote a sense of community and collaboration with similar organizations to ensure that the best health information is available to all."

#### **4. Identify training needs of medical librarians to enable them to support the health information resources contained within PHRs.**

The Task Force explored ways to train librarians regarding PHRs and promote awareness that they may be contacted for health information as a result of the assistance statement's inclusion in PHRs. Informative slides about PHRs and the assistance statement were sent to MLA and NN/LM contacts for inclusion in appropriate continuing education courses. To further enhance awareness, presentations were made on an NN/LM teleconference to NLM staff and to the NLM Board of Regents. Items were published in the June-July 2007 *MLA News* and the February 14, 2008 *MLA Focus*. A poster was presented at the 2008 annual meeting in Chicago which identified preliminary findings from the database and listed roles that librarians can have with PHRs. MLA reproduced the poster and it was presented at the Midcontinental and South Central chapter meetings. It was also displayed in the MLA booth at the other fall chapter meetings and in the NLM booth at the November 2008 AMIA meeting. At the conclusion of the Task Force's term, a paper will be written and submitted to JMLA. A short piece for the February 2009 issue of *MLA News* and upcoming NN/LM regional newsletters will focus on the vendors who have agreed to incorporate the assistance statement. These activities tie in with MLA's core value to "improve the knowledge and skills of health information professionals," as well as Strategic Plan objective 2e: "seek partnerships with other organizations and institutions... to encourage the provision of education opportunities for health information professionals."

The Task Force conducted surveys through discussion lists and the *MLA Focus* piece to determine roles librarians are already playing with PHRs. These roles include assisting patients in registering for PHRs; training employees in the use of PHRs; providing staff with information and documents about how use of PHRs might reduce costs, inform consumers, and benefit the institution; incorporating information about PHRs into academic courses; helping implement patient portals that include PHRs; and evaluating/selecting consumer health content to be included in PHRs. Additionally, the Task Force had its own suggestions for possible roles, such as coordinating with health information management professionals; assisting health care providers in adopting the use of PHRs; providing training regarding the UMLS and how it can be integrated into PHRs; and endorsing the use of PHRs through consumer outreach efforts to build trust and acceptance. This new role of providing consumer health information through contact links placed in PHRs meshes with MLA's core value to "advocate new directions and roles for the profession that respond to needs in society" and to objective 1b: "promote

exploration of new health information professional roles, knowledge and skills to better serve society.”

5. **Work with the MLA Health Information Literacy Research Project to implement a modest current awareness/training program for medical librarians. This program should include training on the skills needed to understand the needs of PHR users and provide them with customized support.**

The Task Force Chair attended the Health Information Literacy Conference in April 2008. An instructional slide was provided for insertion in the Health Information Literacy curriculum. The NN/LM teleconference presentation on librarians’ roles in PHRs was shared with Sabrina Kurtz-Rossi, Project Coordinator for the Health Information Literacy Research Project.

6. **Prepare a final report to be presented to the MLA Board of Directors and the administration of the National Library of Medicine.**

This report serves as the final report to the MLA Board of Directors and NLM’s administration.

In looking toward future work in keeping up with developments in PHRs and librarians’ roles with PHRs, contacts were made with CAPHIS and the Medical Informatics Section regarding their interest in continuing the Task Force’s work with the PHR phenomenon; a presentation was also made at a CAPHIS Executive Committee conference call. Both sections expressed interest.

The collaborative work of the task force with the National Library of Medicine, the National Network of Libraries of Medicine, the American Health Information Management Association and commercial PHR providers has aided in fulfilling MLA Strategic Plan objectives 5a: “seek local, regional, national and international partnerships with others who share its values and goals on information access including outreach to underserved communities” and 5b: “support the information needs of individuals engaged in providing health information services to the public.”

The PHR field is very dynamic. There were 91 viable PHRs in the database at the time the Task Force cut off adding any new entries. They represent several different types of PHRs: self-entered versus transferred from provider or insurer records versus combinations that include both kinds of patient record information; general versus specialized, such as for chronic illnesses, children, or pain; and free versus fee. See Appendix D for additional findings taken from the database.

#### **MOTION**

**MOVED**, that the MLA Board of Directors approve the recommendations listed in the Executive Summary of this report.

**MOVED**, that the MLA/NLM Joint Electronic Personal Health Record Task Force be disbanded with thanks.

Michael Ackerman, Ph.D.  
Joan S. Ash, Ph.D.  
Patti Corbett-Bregman  
Taneya Koonce  
Daphne Plaut, AHIP  
Catherine R. Selden  
Jean Shipman, AHIP, Board of Directors Liaison, 2007-08  
David Sweet  
Carla Funk, CAE, Headquarters Staff Liaison  
T. Scott Plutchak, AHIP, Board of Directors Liaison, 2008  
Dixie A. Jones, AHIP, Chair

**Appendix A**  
**Working Definition of Electronic Personal Health Record**

Electronic personal health record (PHR) – a private, secure application through which an individual may access, manage and share his health information. The PHR can include information that is entered by the consumer and/or data from other sources such as pharmacies, labs, and health care providers. The PHR may or may not include information from the electronic health record (EHR) that is maintained by the health care provider and is not synonymous with the EHR. PHR sponsors include vendors who may or may not charge a fee, health care organizations such as hospitals, health insurance companies, or employers.

**Appendix B**  
**Data Elements for PHR entries**

Name of PHR product

PHR provider

Contact info of PHR provider

    Name of a contact person

    Telephone

    Address

    Email address

Category of provider (independent, health insurer, employer, health care provider)

Enrollment (open to all, open only to provider's participants)

Free or fee (to set up/use the PHR)

Web location

Standalone or integrated

Sample available for viewing?

Software - open source, freeware, or not available

    If open source, the license: Apache, BSD, Eclipse, GPL, lesser GPL, MIT, Mozilla, other

Provides consumer health information or links to consumer health information – yes or no

    If so, which consumer health information resources are provided

Information from EHR included – yes or no

    If so, which data—lab results, prescriptions, doctors' notes

    If so, transferred electronically from the EHR?

Information downloadable to mobile device – yes or no

Marketplace penetration: # installations/#sales/#downloads

## **Appendix C**

### **Assistance Statement**

For quality health information, connect to National Library of Medicine's **MedlinePlus** for patients, families, and the public <http://medlineplus.gov/>, **Resources for Health Consumers** [http://www.mlanet.org/resources/consumr\\_index.html](http://www.mlanet.org/resources/consumr_index.html) or a **Top 100 List** ranked by medical librarians <http://caphis.mlanet.org/consumer/>.

Medical librarians can help you find other health information. To find a medical librarian near you, call **1-800-338-7657** or view <http://www.nlm.nih.gov/medlineplus/libraries.html>. Librarians will not provide personal medical advice, but they will find trusted information about drugs, conditions, procedures, lab tests and other health topics.

**Appendix D**  
**Findings from Personal Health Record Database**  
**as of Summer 2008**

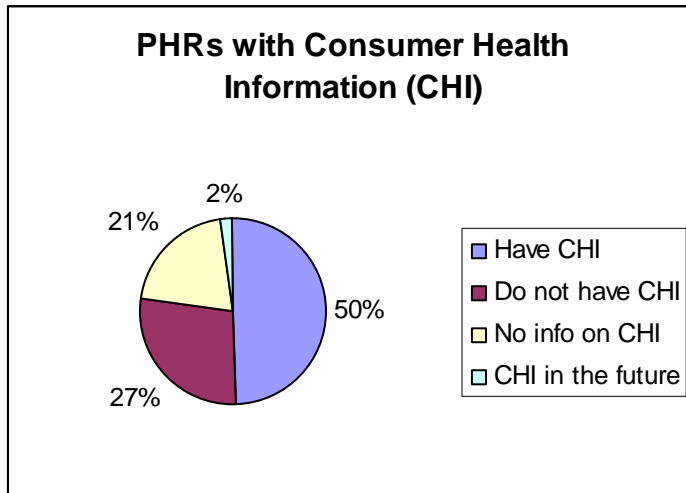
The Task Force examined 117 PHR products. There were:

**91 viable PHRs**

26 non-viable PHRs (did not fit Task Force definition; not yet implemented; defunct; etc.)

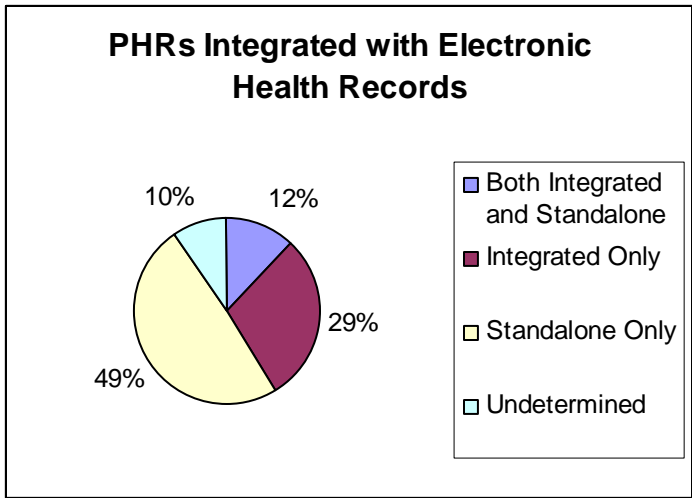
These 91 PHRs were entered into the Task Force database. Fields in the database were determined early on according to the data elements that the group decided would be important or interesting to know and to compare. Investigating the various PHR products soon brought to light that there are a number of different kinds of PHRs varying in sophistication and comprehensiveness. The group members were not always able to get to a representative who could answer all questions, and information for each field could not necessarily be determined at a web site, so notes were made as to whether entries involved actual human contact (by email or phone). When charts below indicate that there is no information or “undetermined” it means that a person was not reached or that the person who was reached could not answer that specific question or refer to someone who could. In most cases, it was more difficult to get to the people who could answer questions about the technical workings of the PHRs.

This chart illustrates the percentage of PHRs which include consumer health information.

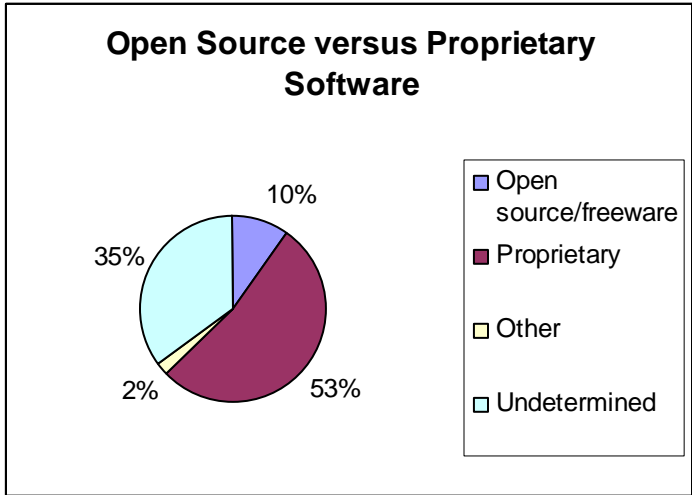


Some PHRs use more than one source of CHI. The most commonly linked CHI resource is MedlinePlus followed by Healthwise, medical societies/organizations and a PHR’s own developed content.

Many of the PHR products are standalone products with all the information self entered by the patient. Others are integrated with official electronic health records held by a health care provider or insurer. There are also some PHR vendors who provide both integrated and standalone versions of their products, depending on whether the vendor is working directly with a patient or with a health care provider who, in turn, makes the product available to patients.



One of the features that the National Library of Medicine was particularly interested in was whether or not any of the viable PHRs run on open source software, and if so, what software they are using.



Of the few products using open source software, only one open source license is known; Tolven’s ePHR uses Lesser GPL. Angel Key’s license type is not yet determined, but likely will be GPL3.

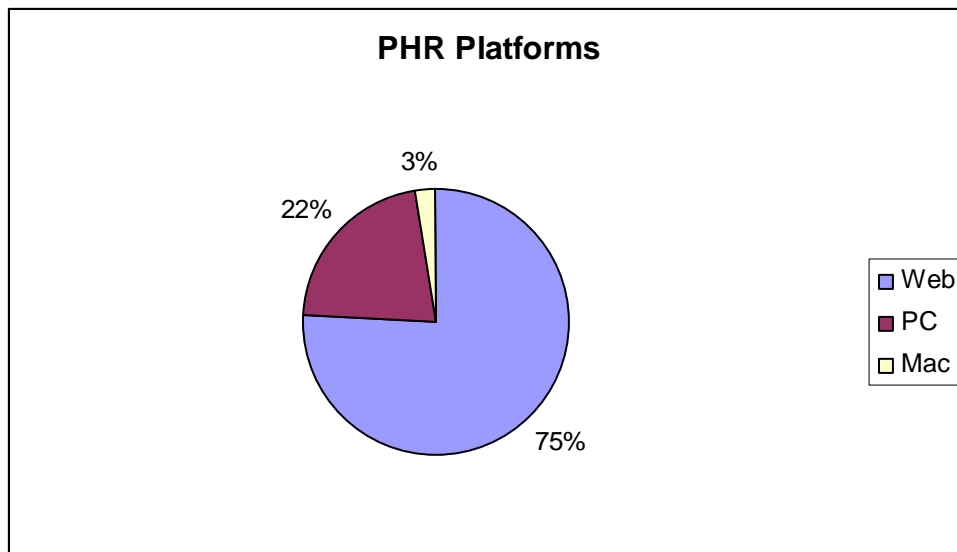
The Task Force found that some personal health record products are available for anyone who wishes to use them. Others require enrollment in a particular health plan and/or under a particular employer, or with a particular provider. In these cases, vendors may have reported “open to all” when they meant “open to all in their systems” rather than open to the public so determining percentages on this aspect of PHRs was a bit questionable and is not graphically represented.

The Task Force has received alerts from time to time regarding proposed legislation and regulations for personal health records and/or electronic health records. A number of the existing PHRs already use particular standards and may employ more than one standard. Others have stated that they are watching the development of standards and will adopt them in the future. Some of the standards are related to structure of the records; others are related to nomenclature. For interoperability, transportability and security of electronic health records and personal health records, adoption of national standards will be a necessity for these systems.

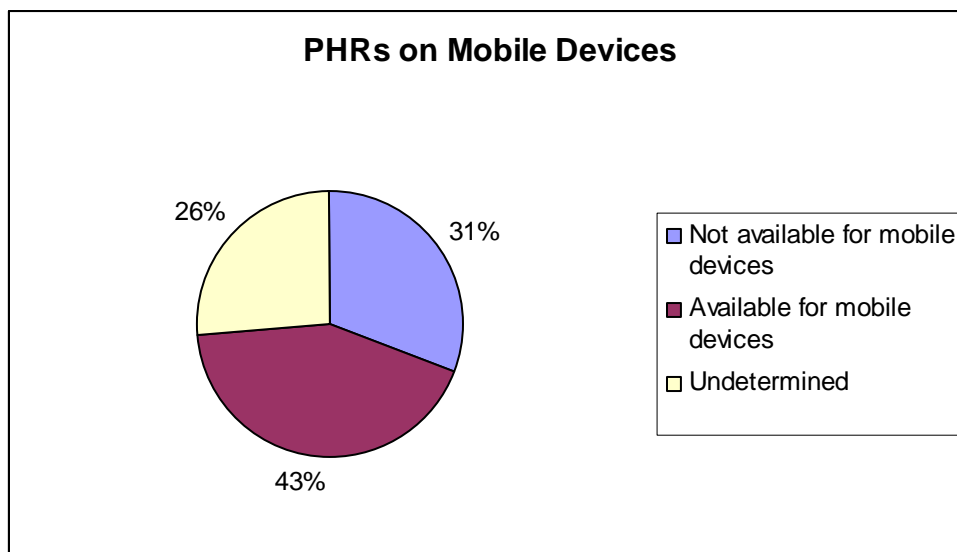
Standard	Number of PHRs
CCD (Continuity of Care Document)	5
CCR (ASTM Continuity of Care Record)	16

CDA (Clinical Document Architecture) [part of HL-7]	1
DICOM (Digital Imaging & Communications in Medicine)	1
GEHR (Good Electronic Health Record)	1
HL-7 (Health Level Seven)	11
ICD-9-CM/ICD-10	1
SNOMED (Systemized Nomenclature of Medicine)	2
UMLS (Unified Medical Language System)	2

Most of the PHRs that were examined by the Task Force operate on web-based platforms. This chart illustrates web versus PC versus MAC distribution.



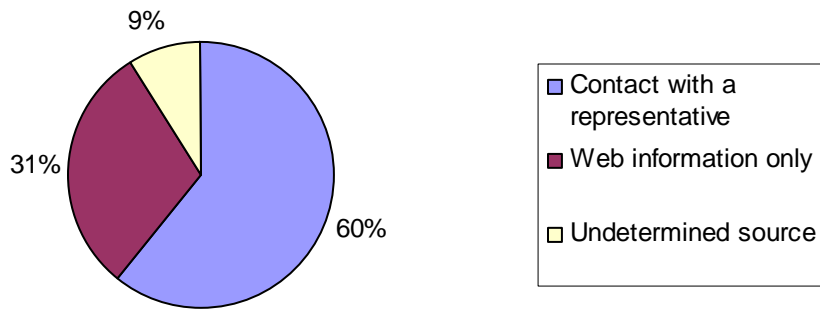
Another feature that the Task Force investigated is whether or not the information in a PHR is downloadable and/or is available on a mobile device.



39 PHRs are available for mobile devices. Of those 39, only 6 are downloadable from the Web. Some PHRs are initially sold as mobile devices, such as flash drives that are incorporated into bracelets or wallet cards.

The information obtained on these 91 PHRs was obtained through personal contact with a representative whenever possible, either by email or by telephone. However, in some cases, the Task Force could not reach a human being with knowledge of the PHR structure or a human being at all; in these instances, information entered in the database was derived from Web sites.

### Sources of Information on the PHRs Examined



Security is an important issue for the private information in PHRs. Many of the web-based products use Secure Socket Layer (SSL) to enable encryption. A number of these specify the VeriSign certificate authority. While the vendor representatives sometimes could not name any security mechanisms beyond requiring password access, others mentioned protected servers, firewalls, and HIPAA compliance.

These findings were for a particular point in time. The PHR field is very dynamic, with new products being created and some early ones already going out of business. As standards and regulations develop, those that survive will most likely be the ones that are compatible with other systems and interoperable with electronic patient records, allowing patients to have portability when changing jobs or insurers. They definitely offer the potential for their users to connect with librarians or library resources through their consumer health information components. MLA and NLM can take an active role in making this connection.

## Scholarly Communications, Committee for Advocating (ad hoc)

This committee is charged with educating and supporting MLA members and addressing and providing leadership on the issues, policies, and trends emerging in the STM (scientific, technical and medical) publishing market which impact the quick dissemination, ease of access, and reasonable costs of quality biomedical information and research results. The committee is also charged with assessing how trends and policies in scholarly publication impact biomedical libraries and with recommending and implementing new programs, special initiatives and other activities that MLA should pursue to support the various needs of MLA members.

### **2008/09 Goals and associated activities are as follows:**

- Complete a survey of the membership that 1) identifies current members' perceived educational needs related to scholarly communication, and 2) gathers baseline data of member views on Open Access (OA) and NIH mandate-related issues such as: versioning; subscription cancellations; institutional repositories, impact on interlibrary loan, etc.
  - *A subgroup of committee members (Barbara Epstein, Michelle Brewer, Karen Albert and Mary Langman) developed the survey, which was disseminated in MLA Focus and elsewhere and received close to 500 responses by the December submission deadline. Results were analyzed and discussed, with the following conclusions drawn:*
    - *The majority of responders desired information/education on the NIH Public Access Policy as well as updates on the OA movement and its impact on libraries. Webcast/Webinar was most popular format option, followed by chapter meeting updates and resources provided on MLANET's scholarly communications web pages. .*
    - *The Committee requested a Spring 2010 placeholder for an MLA webcast devoted to the NIH Public Access Policy and associated issues including the impact of the policy on libraries and scholarly publishing .*
    - *Due to significant responders' interest in a Chapter meeting toolkit of slides , the Committee made plans to develop a set of PowerPoint slides on the NIH Policy – with a Fall, 2009 target date for completion.*
- Investigate conducting a research project, possibly in collaboration with AAHSL or the MLA Research Section, that identifies and assesses the impact of the NIH Public Access mandate on library subscriptions. It may be possible to identify journals with significant NIH-mandate related free content and review library cancellation rates over time for those titles.
  - *A Research subgroup including members of the Ad Hoc Committee on Scholarly Communication, as well as members of the Collection Development Section of MLA, pursued the research project described above. The subgroup includes: Robert Pisciotta, David Gillikin, Karen Albert, Rachel Resnick, Liz Lorbeer, and Suzanne Kendal, Holly Phillips, and Mary Langman.*
  - *The group decided to survey members to investigate the potential impact of the NIH mandate on library subscription cancellations. Once completed, the survey will be distributed to the membership possibly prior to the Annual Meeting. Results will be analyzed and reported. Findings could serve as a basis for future educational programming or related research pursuits.*
- Fulfill the charge of educating the membership in scholarly communication issues by investigating feasibility of sponsoring a webinar (in the Fall or Spring) on major aspects of the NIH Public Access policy.
  - *Webinar placeholder described above.*
  - *The Committee agreed to co-sponsor with AAHSL a symposium, which, if approved, would be held at MLA 2010. It is entitled: "Adding Value: The Changing Nature of Publishing in the Digital World," and would cover the current economics of publishing and implications for librarians, with a day of interchange between publishers and*

*librarians planned. Committee members will work with AAHSL on planning the symposium if it is approved.*

- *Committee members contributed two articles to MLA News; one by Michelle Brewer emphasizing the significance of the NIH Public Access policy to all medical librarians; the other by Barbara Epstein updating members on the impact of the NIH Policy to date.*
- *Hold an Open Forum at the 2009 Annual Meeting, developing an appropriate program based on member need and expectations.*
  - *An MLA 2009 Open Forum is scheduled to present the major Committee activities, a relevant legislative update, and information on the NIH Public Access Policy.*
  - *Neil Thakur, Special Assistant to the NIH Deputy Director for Extramural Research, NIH is making a video for the Open Forum to answer commonly asked questions regarding the NIH Policy.*

*A panel of librarians: Karen Albert, Karen Butter, and Pat Thibodeau, and NLM's David Gillikin will field questions from the Open Forum audience.*
- *Monitor through the GRC legislative issues and trends and communicate significant information to the membership via email, MLA-FOCUS, and the MLA News.*
  - *Committee Chair was updated on significant issues, such as the NIH Policy hearings and the legislation proposed by Rep. Conyers to overturn the NIH Policy – and this information was shared with the committee and the membership as needed*
    - *A Committee subgroup drafted a joint AASHL/ MLA response to the ICOLC Statement on the Global Economic Crisis and Its Impact on Health Sciences Library Collections. It is being reviewed by the organizations' boards.*
- *To review and update relevant MLANET web pages.*
  - *A subgroup of the Committee, consisting of: Linda Katz, Julie Schneider, Leigh Mihlrاد (MLA Editorial Board representative), Mary Langman, and Karen Albert successfully reorganized, consolidated, and updated the relevant MLANET pages.*
  - *In March, 2009, the [new pages](#) were posted under a “Scholarly Publishing” link from the “Professional Resources” topic on the MLANET home page.*

**Committee Personnel:**

Chair: Karen Albert

Karen Butter

Michelle Volesko Brewer

Barbara Epstein

David Gillikin

Linda Katz

Robert Pisciotta

Julie Schneider

Donna Timm

MLA Headquarters Liaison: Mary Langman

MLA Board Liaison: Mark Funk

## Task Force on Social Networking Software

Task Force Members	Task Force Liaisons
<ul style="list-style-type: none"><li>• Maureen “Molly” Knapp</li><li>• Michelle Kraft</li><li>• Dale Prince</li><li>• Rikke Ogawa</li><li>• Bart Ragon – Chair</li><li>• Melissa Rethlefsen</li><li>• Gabe Rios</li></ul>	<ul style="list-style-type: none"><li>• Sue Ben-Dor - Chapter Council</li><li>• Kate Corcoran - Headquarters</li><li>• Melissa DeSantis - MLANET</li><li>• Mark Funk - Board</li><li>• Mary Piorun - Section Council</li><li>• Connie Schardt - Board</li><li>• Jim Shedlock - MLA Fellows</li></ul>

The Medical Library Association’s Social Networking Software Task Force (SNSTF) was created at the 2007 national meeting by President Mark Funk. To help MLA become a leader in next generation Web technologies the SNSTF has worked to increase the association’s knowledge of Web 2.0 trends in libraries by creating and supporting new avenues of communication.

### Goal 2 - Life Long Learning

*MLA will be the leading education provider and facilitator for life long learning opportunities in health information and knowledge management.*

- **MLA 2.0 CE Course**
  - Creation of Dig Deeper with Social Media: Short Courses on Emerging Online Tools. The CE is an online course designed to assist MLA membership in the discovery and exploration of established and emerging Web 2.0 technologies. Course content included background readings, discovery exercises, and an online discussion blog. The program began January 2009. Technologies covered include Creating Audio/Video for Media Sharing, Web Collaboration Tools, Wikis, and Blogs/RSS. The target audience was MLA members already familiar Web 2.0 technology who desire a more advanced familiarity with Web 2.0 tools and who wish to discover the applicability of Web 2.0 technology to health sciences information environments.
  - To date MLA has awarded the following CE certificates to MLA members.  
Media sharing – 33  
Web Collaboration Tools – 117  
Wiki – 83
- **Electronic Discussion Group**
  - We have proposed the creation of an electronic discussion group for MLA members. The TF explored the possibility of CE credit as well as discussing the format and process. There is considerable interest within the TF and progress is being made towards a tangible solution. A pilot project plan has been developed and approved by MLA. The MIS has expressed some interest in a collaboration with the SNSTF which will be discussed further at the 2009 annual meeting.

### Presidential Priority

*Upgrade the association’s use of technology so that we are regarded as a technology leader. Make MLA more of a virtual association. Create new avenues for communication.*

MLA members were surveyed over the summer of 2008 to gather their views on social networking software, Web 2.0, and where they would like to see the task force spend their time over the next year. The survey was modeled on the previous year’s survey in hope that comparisons could be made to the previous year’s data. 132 members completed the survey not providing enough data to do cross comparison analysis or providing a large enough sample of the membership. However, there is anecdotal information that is useful. The following information was extrapolated by TF member Melissa Rethlefsen.

This is what the 132 respondents suggested for short course CE topics:

- Creating audio/video for media sharing: 20
- Web Office Tools: 19
- Wikis: 14
- RSS (generic): 6
- RSS (creating/mashing up/mixing/filtering): 3
- RSS (setting up feeds for patrons): 2
- Social networking: 6
- Mashups: 5
- Blogs: 5
- Presenting distance education/CME: 2
- Virtual worlds: 2
- Widgets: 1
- Social networking tools for patrons: 1
- Convincing other librarians to use tools: 1
- Promoting tools: 1

Here's what the respondents thought about what MLA/MLANET/the Task Force should do:

- List of MLA/Section/SIG blogs: 82%
- List of MLA/Section/SIG wikis: 74%
- List of MLA/Section/SIG social network presences: 69%
- Tips for working with IT departments: 67%
- Wiki guidelines: 65%
- List of MLA/Section/SIG web 2.0 uses: 60%

Suggestions from the comments:

- Creative/novel ways tools are being used by libraries - 5
- Best practices for library blogs - 2
- Tips on useful applications - 1
- Research on effectiveness - 1
- Web 3.0 - 1
- Tips for writing a blog entry - 1
- Highlight good member blogs/wikis - 1

- Web 2.0 forum - 1
- Proving a social networking tool within MLANET - 1

### **MOTION**

The Social Networking Software Task Force makes a motion to extend the Task Force for two additional years.

During this time the Task force will revisit the social networking software needs of MLA. Current needs that could be addressed include but are not limited to:

- Wiki platform recommendation (such as MediaWiki)
- CE platform recommendation (such as Moodle or Sakai)
- Streaming Media recommendation (such as a YouTube channel or BlipTV)
- Wiki Guidelines
- Google Maps-Membership Directory mash-up
- Electronic Journal Discussion Group Collaboration (with MIS)

These issues would be prioritized according to what might have the most potential positive impact on the membership and organization. Additional feedback will be solicited during the SNSTF Open Forum to be held at the 2009 annual conference.

## Task Force on Vital Pathways for Hospital Librarians

Initially the Vital Pathways Project consisted of three task forces – The Status of Hospital Librarians Task Force, the Health Sciences Librarian in Medical Education Task Group, and the Vital Pathways for Hospital Librarians Task Group. The work of all three of these task forces was overseen by a Steering Committee. The work of the Status group was completed in 2007. The work of the Education Group was completed in May 2008. The work of the Vital Pathways task force was completed in December 2008. The MLA Board of Directors had granted an extension to the Vital Pathways Project until December of 2008. Even though the three smaller task forces completed their work, the Steering Committee will continue working as it oversees the Vital Pathways Symposium to be published in the October 2009 issue of the *Journal of the Medical Library Association*.

The following has been accomplished since early May:

- The Steering Committee and the two remaining task forces met during the MLA Annual Meeting in Chicago.
- The Vital Pathways Project Steering Committee hosted a standing room only Open Forum at the MLA Annual Meeting. During that Open Forum, an overview of the project was given and input was gathered for a brochure being developed promoting the hospital librarian as a hospital's "competitive edge."
- In addition to the input gathered at the Annual Meeting, drafts of the brochure were also circulated on the Medlib-L and Hospital Librarians Section listservs for comment.
- The brochure was finalized by the Steering Committee and reproduced in time for the fall chapter meetings where hundreds of copies were distributed. The brochure was also made available on the Vital Pathways web page ([www.mlanet.org/resources/vital](http://www.mlanet.org/resources/vital)). An editable copy is available so that not only hospital librarians but single or academic librarians can use the tool as well.
- The Vital Pathways project web site has been redesigned and the changes submitted to MLA HQ for implementation.
- The Vital Pathways Project has submitted a request to the MLA Board of Directors for a "summit" of interested sections to be held to discuss the continuation of the work of the project among MLA units. This "summit" will be held in Spring 2009 and/or at the Annual Meeting in Hawaii.
- For the fall chapter meetings, templates were developed for sample abstracts, posters, and presentations promoting the Vital Pathways Project. Programming was shared at five chapter meetings.
- The Steering Committee of the Vital Pathways Project submitted a proposal for a *JMLA* Symposium which was accepted. Authors were identified. The contents will be as follows:
  1. Introduction to symposium and history of project
  2. Vital Pathways for Hospital Librarians: Present and Future Roles. This is the position paper and keystone document of the symposium.
  3. Status of Hospital Librarians 2005-2006 Survey
  4. Health Libraries Role in Education
  5. Health literacy
  6. Magnet status
  7. Rochester Study update
- The Vital Pathways for Hospital Librarians completed the rough draft of the position paper and keystone document for the symposium. An editorial team worked with the

document to refine it and prepare it for the symposium. An Executive Summary will be developed for distribution.

- An article was written and submitted for an upcoming issue of the Hospital Librarians column in MLA News
- The Final Report and Recommendations for the Vital Pathways Project was written and submitted to MLA and the MLA Board of Directors.

### **MOTION**

This report is informational and requires no action by the MLA Board of Directors

#### VPP Steering Committee

Margaret Bandy

Dixie Jones

Rosalind Lett

Joanne Marshall

Mary Fran Prottzman

Diane Schwartz

Kathy Stemmer-Frumento

Carla Funk, MLA HQ Liaison

Jean Shipman, MLA Board Liaison

M.J. Tooley, Chair

#### Task Force on the Status of Hospital Librarians - The Survey

Rosalind Lett

Faith Meakin

Carla Funk, MLA HQ Liaison

Margaret Bandy, MLA Board Liaison

Pat Thibodeau, Chair

#### Task Force on Health Sciences Librarians in Medical Education

Paul Blobaum

Linda Garr Markwell

Laurie Thompson

Carla Funk, MLA HQ Liaison

Jean Shipman, MLA Board Liaison

Diane Schwartz, Chair

#### Task Force on Vital Pathways for Hospital Librarians – The Report

Heidi Sue Adams – 2007-2008

Marianne Blake – 2005-2007

Cathy Boss

Margo Coletti – 2007-2008

Ginny DuPont – 2005-2007

Carole Gilbert

Gretchen Hallerberg – 2005-2007

Beth Hill

Ruth Holst

Claire Joseph

Richard Maxwell

Jan Orick

Cleo Pappas

Pat Regenberg – 2007-2008

Eileen Stanley – 2005-2007

Priscilla Stephenson

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