

WELCOME AND MEETING OVERVIEW

Hello, I am Carol Jenkins. I am the current President of the MLA and I am a member of the Informationist Task Force that has planned this conference. It is my pleasure to welcome you here today.

Why we are here:

Access to the right information at the right time and right place – we all know that this is a critical aspect of providing the best health care and conducting the best biomedical research. But while it sounds simple to accomplish this, we know it is not. There is substantial research describing the nature and number of questions that typically arise in medical practices, and the degree to which these questions go unanswered is still very high. The chief reason for this is said to be the lack of time on the part of the care provider, although there are other reasons too.

In the research lab, the key deterrents to getting the right information at the right time and place may be its sheer volume and rapid rate of growth, along with the complexity of the tools needed to access it effectively.

Enter the informationist. Almost two years ago (April 2000) our colleagues Frank Davidoff and Valerie Florance had the courage to suggest that a new kind of information professional is needed to help identify, select, evaluate and provide the right information to the right person at the right time and place. They named this person an informationist because that description would be consistent with other clinical specialties; and they provided a kind of job description for an informationist to give us a better idea of what kind of training would be needed, and where and how this person would work. They described the informationist as being an integral part of a health care team.

This idea is controversial on several points. Is an informationist just a new name for an existing role as a librarian, an informatician, a drug information specialist or another type of health professional? Some people say yes. Would anyone really want to be an informationist, especially with the level of training they claim would be needed? How and where would this training be obtainable? How would an informationist be paid? Would the services of an informationist be supported by research grants or by Medicare and other third party payers?

Is this really a viable solution to improving information access for health care and research?

Scott Plutchak, Editor of JMLA, urged us in an editorial published shortly afterwards (October 2000) to consider these questions about informationists and to develop a plan of action to explore them further. Scott is here today to do just that. And some of you in the audience also participated in a panel discussion of these questions in Philadelphia last fall – and your good thoughts led to a print Symposium in the JMLA in January of this year.

Now MLA, with support from NLM, is taking this conversation to the next level – we are holding this conference so we can bring together experts in a national discussion of these and other related questions about informationists. What we hope to achieve over the next two days is this:

- Develop an agreed upon definition of informationists; understand the settings in which they would operate and how; and identify the key questions that need to be addressed to apply the idea in practice;
- Create an action agenda that will tell us how to move forward -- if that is indeed desirable -- to implement and test the concept, create necessary training programs, develop sustainable funding models, and begin to build a base of evidence that will tell us whether informationists can make a difference in meeting information needs for health care and biomedical research.

To help us meet these goals we have assembled some of the leading experts and best thinkers on these topics. We will hear presentations today from speakers who will explore the concept of the informationist in different domains, and give us their perspective as clinicians, researchers, educators and administrators. These are leaders from academic and healthcare systems, health and medical associations, medical informatics programs, ILS programs, and more. We invite and encourage discussion throughout today's presentations.

Tomorrow we will put everyone to work in breakout sessions that will look at key issues that need to be addressed by an action agenda; and end the day by bringing together your ideas for what should be our next steps.

To help us meet this ambitious goal, we are fortunate to have the assistance of Marshall Keys as our conference facilitator. Marshall will be helping us by summarizing and synthesizing the key points after each session today. He will introduce our discussion sessions tomorrow; and he will help us synthesize our ideas at the close of the day tomorrow.

Marshall Keys established his consulting firm MDA Consulting after retiring from ten years as Executive Director of NELINET, inc., the largest library organization in New England. (His biographical information is available on the conference web site). In his current role Marshall Keys assists libraries and other information organizations in developing strategic thinking. We appreciate his being here to help us today.

Finally, I must thank Jean Shipman for her brilliant guidance of the Informationist Task Force that planned this conference, and all the members of the task force; Dr. Lindberg, Betsy Humphreys, and the staff of NLM who provided funding, the facility, AV support, and helped with the planning; Melanie Modlin at NLM and Mary Langman and Evelyn Shaevel at MLA for making sure everything works seamlessly; Frank Davidoff, Valerie Florance and Scott Plutchak for initiating the dialog and keeping it going; and all of you for giving us your valuable time, your assistance and your insight to help us plot the future course

