

MEDLARS and Health Information Policy

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MEDLARS AND HEALTH INFORMATION POLICY

A TECHNICAL MEMORANDUM

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ERRATA SHEET

Page

11. column 2, last para. , line 3 --- . . (36) instead of (142)
14. Table 2, column 2 Total records in data base instead of Total records at data base
15. column 2. line 6 more comprehensive instead of comprehensive
15. column 2, 3rd para., line 4 .**** fuller description instead of full description
19. Figure 2, 1st circle . - . . commercial users 12% instead of commercial users 11%: 2nd circle commercial users 11% instead of commercial users 12%
21. column 1 3rd para., line 5 trained instead of training
27. column 1, 1st para., line 5 (77) instead of (75)
27. column 2, footnote, line 1 (77) instead of (75)
28. column 1, 2nd para., line 11 American Public Health Association, "Report of the Ad Hoc Committee on Medical Care Terminology," unpublished, 1966-67 instead Of (105)
41. Table 9, column 1 Major relevance to health care instead of Major relevance health care
51. column 2, 2nd para.. line 14 (12,21 ,29,96,118) instead of (96, 12,29,21)
53. column 1, 3rd para., line 10 data that are of interest instead of data that is not of interest
54. column 2. 3rd para. line 5 (40) instead of (49)
55. column 2, 2nd para., line 8 (168) instead of (66)
56. column 2, line 2 add (137) after service
57. column 2, 3rd para., line 10 add (55) after practices
59. column 1. 1st para., line 15 (168) instead of (66)
61. column 2, 2nd para., line 2 use fee rate instead of use fee ratio
65. column 2. line 3 as will be discussed further instead of as will be discussed
66. column 1 3rd para., line 6 and 7- there are no simple answers instead of there is no simple answer
79. column 1 . 2nd para., line 10 the other private instead of the other
92. column 2, 2nd para., line 7 U.S. Congress House Report 1026 accompanying The Medical Library Assistance Act of 1965 instead of (78)
98. column 2, 4th para., line 14 (91) instead of (94)
102. column 2. 5th para., line 4 --0-- add (125) after technology
103. column 2, 2nd para. , line 2 .-O*. add (96) after NCLIS
104. column 1. 4th para., line 9 ----- for complete 1981 data instead of for complete data
105. column 2, line 4 (129) instead of (14)
106. column 1, 2nd para., line 4 (63) instead of (11)
107. column 1. 4th para. line 4 (25) instead of (125)
110. column 2, line 4 (167) instead of (166)
114. column 1. line 6 (96) instead of (97)
139. column 2, line 25 .e.a.. Jonathan Ruby instead of Johnathan Ruby
139. column 2, line 29 ----- Charles W. Sargent instead of Charles W. Sergeant
139. column 2, line 36 .*.*.- Thomas Jefferson University instead of University of Pennsylvania Medical School

Preface

Accessible information is fundamental to the success of activities to improve the health of the population. With the increasing growth of the health literature, however, it is more and more difficult to locate needed information.

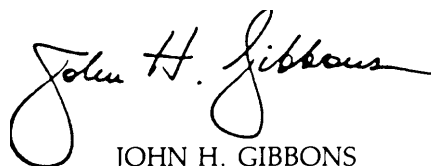
Both governmental and private sector organizations create computerized health-related data bases and provide access to them. Government-sponsored health-related bibliographic information is predominantly created and disseminated by the National Library of Medicine's (NLM) computerized system, MEDLARS. One of NLM's legislative mandates is to "aid the dissemination and exchange of scientific and other information important to the progress of medicine and the public health" (Public Law 84-941).

The House Interstate and Foreign Commerce Committee requested OTA to examine MEDLARS' performance as part of a larger OTA study, *Strategies for Medical Technology Assessment*. The Senate Labor and Human Resources Committee then requested OTA to explore the relationship between NLM and the private sector in creating and disseminating health-related information by means of computerized bibliographic retrieval systems.

This technical memorandum analyzes the arguments for and against NLM's creation and dissemination of health-related bibliographic information. It provides information designed to help Congress in decisions regarding the appropriate mix of NLM and private sector activities that might serve the public interest most efficiently.

A principal finding is that in most respects MEDLARS is an efficient system for disseminating health-related bibliographic information. In regard to the relationship of NLM and the private information sector, OTA's main findings are: 1) that there are insufficient empirical data to decide, on purely technical grounds, the most efficient and effective configuration of public and private bibliographic activities; and 2) that rapid developments in the computer and communications fields may, in the not too distant future, profoundly alter the effects of current decisions.

This study was guided by an advisory panel chaired by Dr. Robert Hayes. In addition, a large number of academics in the health and information fields, practicing health professionals and information specialists, and public and private information providers were consulted. We are grateful for their contributions.



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