

Annual Meeting of the Hospital Library Services Program

Those librarians—hospital and other health services, as well as a stray (and most welcome) law librarian—who attended the Annual Meeting of the Hospital Library Services Program on Nov. 9, 2006 were treated to an entertaining and intriguing disquisition on consumer health and pharmaceutical advertising.

Nancy Tomes, Professor of History at Stony Brook University, displayed a thorough mastery of her subject along with an engaging style of presentation. She responded to listeners' questions by weaving them into her presentation and building upon them. It was interesting to see research in the making.



Pictured here, Professor Nancy Tomes addressing the group.



Interested audience at the HLSP Annual Meeting, Nov. 9, 2006.

Look for a special program at the Long Island Library Conference on May 3, 2007 at Crest Hollow Country Club:

The Committee on Services to Health Sciences Libraries and the Documentary Heritage Program are cosponsoring a program on “Health, history and archives.” Professor Nancy Tomes will talk about the use of archival and historical materials in researching the consumer health movement and pharmaceutical advertising.

The latest edition of grey literature has been issued by the New York Academy of Medicine, <http://www.nyam.org/library/glr8n6.shtml>, listing the health-related reports and publications received by the Academy from various agencies.

The LILRC *HealthLine* is published bimonthly by the staff of the Hospital Library Services Program. We appreciate contributions of news articles. Please notify us of significant events such as personnel changes, publications, construction, moves, addition of innovative services or any other news items that may of interest to your colleagues.

Editor: Judith B. Neufeld
Staff: Charlotte Sweda

Quality-of-care reporting for Medicare

The 109th Congress has approved a bill (HR 6408) that would maintain the current level of Medicare reimbursements to physicians for 2007 and provide a modest increase in reimbursements to physicians who agree to report data on certain quality-of-life measures.

As reported in the *New York Times* (<http://www.nytimes.com/2006/12/12/washington/12health.html>) and elsewhere, Congress “has decided to use a carrot instead of a stick to change doctors’ behavior.” Under the bill, beginning July 1, 2007, physicians would qualify for a 1.5% bonus if they report to the government certain data on the quality of their care, such as how often they prescribe certain medications to heart attack patients or how well they manage blood pressure in patients with diabetes.

Medicare officials say the data will allow the government “to reward doctors who follow clinical guidelines and perhaps penalize those who flout such standards without justification.”

Critics of the legislation are concerned about the idea of “federal agencies setting benchmarks for care” as well as the “feasibility of developing standards for hundreds of thousands of doctors within six months.” Some doctors and lawmakers who specialize in health issues worry that “it could be a step toward cookbook medicine and could erode the professional autonomy of doctors.”

Long hours for medical residents can result in medical errors

A study published in *PLoS Medicine* (Vol. 3, No. 12, e487 doi:10.1371/journal.pmed.0030487) and reported in *USA Today* (http://www.usatoday.com/news/health/2006-12-11-sleep-study_x.htm) shows that medical residents who worked shifts that last 24 hours or longer are at a higher risk of committing harmful or fatal medical errors.

Guidelines for graduate medical education still allow up to nine marathon shifts (30 hrs. at a stretch) per month, even though the total number of hours per month is capped. The study shows that “the long shifts worked by interns are bad for patient safety, as they are more likely to cause harm that would not otherwise happen.”

The researchers conducted a web-based study in which 2,737 residents in their first postgraduate year (interns) complete 17,003 monthly reports. Extended-duration work shifts were associated with an increased risk of significant medical errors, adverse events, and intentional failures in interns across the United States.

Health system not yet ready for disaster

Half of all U.S. states would run out of hospital beds within the first two weeks of a moderate flu pandemic, and 47 states would run out if a bad one hit, according to a report from the Trust for America’s Health. As reported in *USA Today* (http://www.usatoday.com/news/health/2006-12-12-us-system_x.htm) and *Scientific American* (http://www.sciam.com/print_version.cfm?articleID=0BD81786), the United States is still poorly prepared for a pandemic, biological attack, or similar disaster, despite the five years of government warnings and public clamor for action.

According to Jeff Levi, director of the Trust, “We continue to make progress each year, but it is limited. As a whole, Americans face unnecessary and unacceptable levels of risk.” The public health system has improved tremendously since 9/11, but more needs to be done, according to Von Roebuck, spokesman for the Centers for Disease Control and Prevention (CDC).
