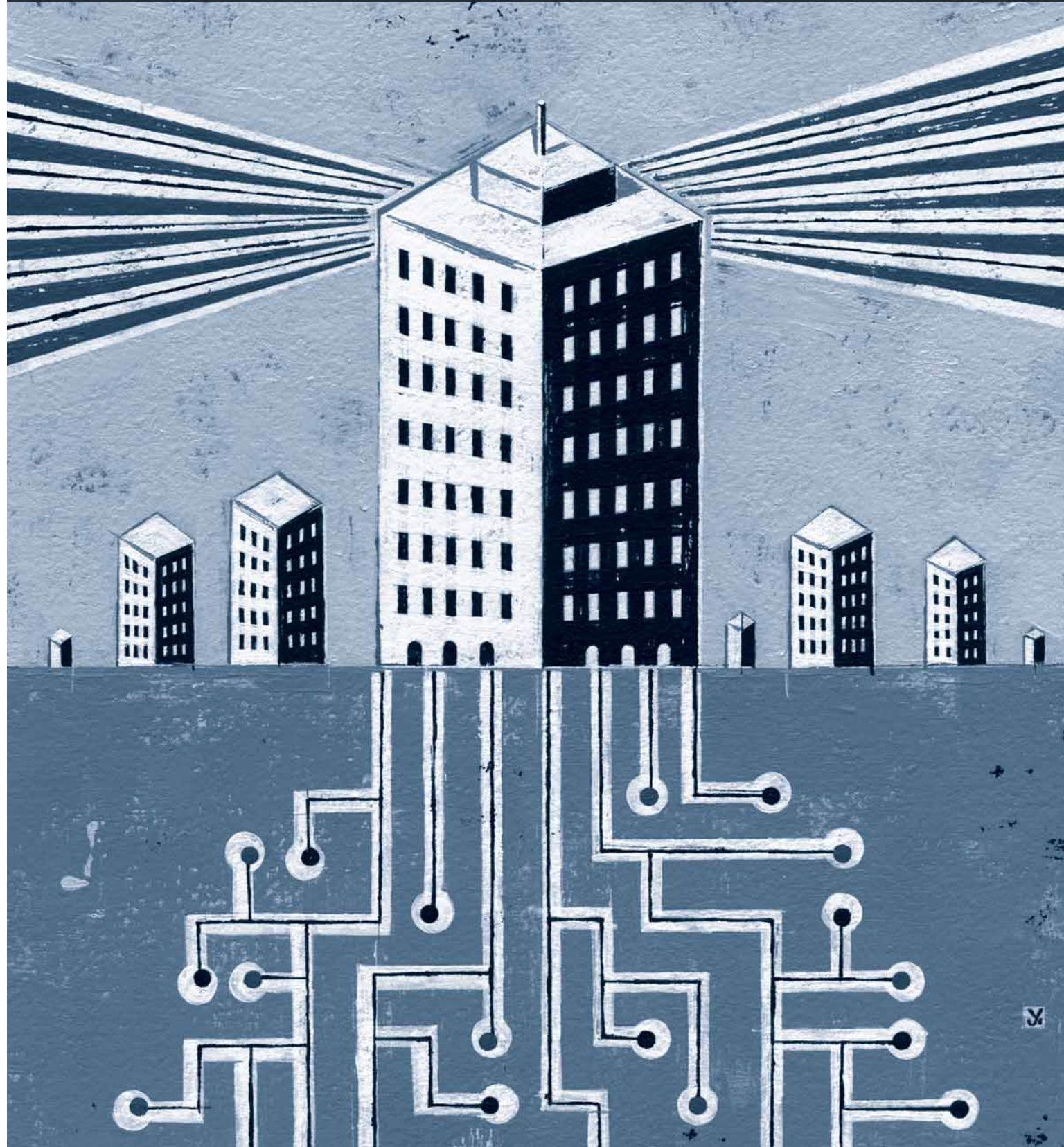


THE CURRENT GENERATION OF COMPUTER-SAVVY HEALTH-CARE PROVIDERS AND STUDENTS CAN NAVIGATE THEIR WAY THROUGH ELECTRONIC DATABASES WITH EASE. THAT'S WHY IT'S EASY TO FORGET HOW PROGRESSIVE HUBNET WAS WHEN IT WAS INTRODUCED AS A PILOT PROGRAM IN 1991.



BY NICOLE PERADOTTO

# Read It and Reap

Pioneering biomedical library consortium is still a treasure

Twenty-five years ago, the medical librarians at the University at Buffalo and its eight teaching hospitals joined forces to create the first biomedical library consortium of its kind. In formalizing an affiliation that had existed for decades between UB and the participating institutions, consortium members had two primary goals: to improve access to the libraries' collective resources and to expand the range of services provided to health-sciences faculty and students.

**B**Y ANYONE'S STANDARDS, the Library Consortium of Health Institutions in Buffalo (LCHIB) achieved these objectives—and then some. Its most significant initiative to date has been the Hospitals and University at Buffalo Library Resource Network. To its thousands of users, this ever-expanding electronic database of top-notch journals, books and indexes is more commonly known by its acronym: HUBNET.

"HUBNET includes a lot of resources that are funded by the consortium, and that means that you can get really premium information, and you can get it anyplace that has Internet access," says Jack Freer, MD '75, professor of clinical medicine. "It's really valuable."

Today, of course, online clinical resources like HUBNET are ubiquitous. The current generation of computer-savvy health-care providers and students can navigate their way through electronic databases with ease. That's why it's easy to forget how progressive HUBNET was when it was introduced as a pilot program in 1991.

"Some of the LAN technologies and the e-mail technologies were just coming around," recalls John Loonsk, MD '86, HUBNET's principal architect. "The idea of extending those to multiple hospital environments was a real challenge."

Even finding a location for the server was problematic. In its infancy, the "hub" of HUBNET was located in a former medical school lab appointed only with bread racks to support the hardware.

As HUBNET was being launched, Loonsk—then the medical school's director of computing—designed a required medical school course in informatics, the first of its kind in the country. In teaching the course, Loonsk also taught the first generation of HUBNET users.

"We had no permanent computer classrooms, so we'd roll these computers to a classroom," he says. "Then the computer would heat up and die on us. Here we are trying to teach everyone how valuable this will be and it's crashing on us."

Nonetheless, students and clinicians alike embraced the technology, recognizing how it could help them in their studies, teaching and practice.

"Just to get to Medline rather than having to go to a shelf and open up *Index Medicus* was a big deal," says Martin Mutka, director of LCHIB. "Having something like weekly updates to *Current Contents* was quite a revolution and, in and of itself, quite helpful."

Among its earliest users was Freer, who was first introduced to it when he attended a HUBNET workshop with internal medicine residents. "Prior to that time, if you wanted to search a journal, you had to go to a librarian, who had some inscrutable computer system for searching—this strange language that only they knew. But this was neat because you could do it on your own."

Indeed, HUBNET couldn't have been launched as early as it did were it not for the consortium.

"The health-sciences library and many of the people associated with it were really outstanding in recognizing

that electronic resources were going to be critical for health care," says Loonsk, now the director for Interoperability and Standards in the U.S. Department of Health and Human Services' Office of the National Coordinator for Health Information Technology.

"These were people who weren't necessarily comfortable with using information technology themselves in the beginning, but they saw what it could do for health care."

Because the consortium was one of the first groups to invest in electronic biomedical databases, it received favorable contracts from vendors eager to drum up business. These circumstances, in turn, enabled the consortium to increase HUBNET's offerings over the years.

Mutka, who tracks HUBNET use on a quarterly basis, says that's one of the reasons he has seen a steady increase in usage over the years. "The trend is definitely on the upswing. There's a 15 percent or more increase in usage every year, and that's probably because there's more to look at."

The consortium has also expanded its membership over the years. Today, it includes nearly 50 members, affiliate members, associate members and partners. These include hospitals and medical centers throughout the state as well as area colleges and businesses.

"There are probably only a handful of biomedical consortia that are characteristically similar to ours because electronic publishers can make more money negotiating individually with specific institutions," says Mutka. "So it was a good thing that everyone working on this project 25 years ago had the foresight to grasp the consortial idea. And the consortial idea was a function of the fact that there wasn't a single teaching hospital at UB."

C. K. Huang, the director of UB's health sciences library at the time, says that the consortium made the libraries more efficient because they were able to avoid

duplications of internal subscriptions. What's more, it bolstered the libraries' purchasing capabilities. As a consortium they received annual dues from the participating hospitals and became eligible for financial support from regional and state library associations.

**F**OR EXAMPLE, in 1984 they used a \$20,000 grant from the Western New York Library Resource Council to convert their card catalog into a database, the first step toward automation. They also received a grant reimbursing them for mailing articles to physicians, a common practice in the era before faxes and e-mail.

"The idea was to get the institutions organized so every health professional in the area has free and equal access to the information for their clinical and educational needs," Huang says. "We wanted to spread health science information to help patient care. That's what health sciences libraries ought to do."

And HUBNET has been a tremendous asset in that regard, according to some of its biggest users—medical residents.

"HUBNET is the best way to easily access most up-to-date medical information and perform literature reviews relevant to clinical practice," says Reem Mustafa, MD, chief resident for the preventive medicine residency program.

"It serves essentially as a mobile library where you can read full-text books, journals and at the same time search the Medline library from any location. The fact that the information available is multidisciplinary provides a handy tool to review related aspects of different specialties."

Adds Roseanne Berger, MD, the medical school's senior associate dean for graduate medical education: "In an academic environment, residents and faculty need ready access to current information at home and at work. It's essential for learning, teaching, research and patient care decisions based on the best available evidence. HUBNET makes this possible." **BP**

# 2007 Medical Student Research Forum



Left to right, Jee Bang, Alexander Weber, Jennifer Lang.

**T**he Medical Student Research Forum poster presentation took place on January 18, 2007, in the atrium of the Biomedical Education Building in the School of Medicine and Biomedical Sciences.

Twenty-three students representing all four classes participated, displaying the results of research projects they conducted at UB and other institutions. Each participant worked closely with a research mentor to complete his or her project, and a variety of funding agencies supported the students with stipends.

"The forum provides students the opportunity to showcase their research and communicate and interpret their results to other students, as well as to faculty," says Debra L. Stamm, assistant dean for student services in the Office of Medical Education. "We recognize the importance of research training in providing the best medical care to patients and in providing future physicians with a well-integrated educational experience."

## Student Top Honors

The following students won top honors at the Forum and have been invited to present their posters at the school's annual Spring Clinical Day and Reunion Weekend celebration on May 4-5, 2007.

### First Place

JEE BANG, CLASS OF 2009

"Endovascular Management of Giant Saccular Aneurysms: Clinical and Radiographic Outcome in 15 Cases"

Mentors:

Babak S. Jahromi, MD, PhD  
Elad I. Levy, MD  
L. Nelson Hopkins, MD

### Second Place

ALEXANDER WEBER, CLASS OF 2009

"Is Aggressive Rehabilitation Possible Following Distal Biceps Tendon Repair?"

Mentors:

Leslie J. Bisson, MD  
Jennifer Gurske de Perio, MD '05

### Third Place

JENNIFER LANG, CLASS OF 2009

"Statin Treatment of Adult Human Oligodendrocyte Progenitors Induces Precocious PPAR-Mediated Differentiation"

Mentors (from the University of Rochester Medical Center):

Fraser J. Sim, PhD, Tracy A. Crompton, BS, Webster H. Pilcher, MD, Steven A. Goldman, MD, PhD. Support by NIH R01NS39559, and the National MS Society

## Bookmarks

1982

The Library Consortium of Health Institutions in Buffalo (LCHIB) is founded.

1983

The existing CD-Plus system is expanded to create HUBNET, allowing hospital-based students, residents and faculty to access multiple databases and electronic mail.

1994

LCHIB is organized as a not-for-profit corporation with the support of UB and hospital administrators.

2000

All of HUBNET's resources are shifted to the World Wide Web.

2003

The start of Biotechnology Information Resources Network (BIRNET), a subscription-based service allowing private-sector biomedical businesses to access resources similar to those available on HUBNET.



# Health Fair for All

Medical students reach out to underserved

BY KEVIN FRYLING

**U**B MEDICAL STUDENTS hosted a health fair for the general public on March 18 in an effort to foster contact with local residents, as well as to increase awareness about a wide range of health issues of concern to the Buffalo community.

The health fair was sponsored by the UB chapter of the Student National Medical Association (SNMA), and was held in the Buffalo Museum of Science.

The fair is an annual tradition of the SNMA at UB—the local chapter of the nation’s oldest and largest independent, student-run organization focused on medical students in under-represented minorities; however, organizers point out that this was the first year the fair also was designated as the regional health fair for SNMA Region IX, which includes chapters at medical schools throughout New York State and New Jersey.

“Every year every region has a health fair,” says Tamara Thomas, copresident of the SNMA chapter at UB. “This year, UB was honored to be the place where the regional health fair was held.

“I think it’s critical for students who are developing professionally as doctors or dentists or nurses to understand the importance of serving the community in which they live,” adds Thomas. “This is a perfect opportunity for them to be involved and really give back to the community.”

Surbhi Bansal, a second-year student in charge of organizing this year’s event, says regional sponsorship helps the health fair achieve its mission because additional assistance means a larger event can be held than in previous years.

“Our goal,” she says, “is to let the students be more out there in the community, get to know the community, and also let the community know about the involvement of students.”

Students staffed information booths on a wide range of topics, including those that

dominate the health-care landscape in Buffalo, such as cardiovascular disease, diabetes, hypertension, weight control and obesity. Free blood pressure screenings were available and attendees had an opportunity to meet representatives from Buffalo Free Clinic Services and local medical insurance companies.

Regular contributors to this, as well as past SNMA-sponsored health fairs, include the School of Dental Medicine, the Department of Exercise and Nutrition Sciences in the School of Public Health and Health Professions, Kaleida Health and the Lighthouse Free Medical Clinic, a program run by UB medical

students in one of the poorest neighborhoods in Buffalo.

Lynn Yen, a second-year medical student who performed blood pressure screenings and operated a booth at the 2006 health fair, says the event provides a casual environment in which people feel comfortable enough to open up and ask questions about their personal health situations.

“It is a good setting to talk about all sorts of things,” she says. “It’s a little bit of a friendlier environment—not an office where I’m wearing a white coat. I’m just another person. They can ask me questions that they might not want to ask their doctor, for whatever reason.”

She points out that last year’s health fair was held at a neighborhood church on the East Side of Buffalo in an effort to target populations that had limited access to health-care information.

This year’s location at a prominent site, notes Bansal, aimed to attract greater numbers of people from throughout the entire Buffalo community.

“We wanted to make it accessible to the general public,” she says. “The first thing that came to mind was the Buffalo Museum of Science.” **BP**

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—TAMARA THOMAS,  
CLASS OF 2009

