



NIH Policy Workshop

August 25, 2021

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Session Overview

- Intro to NIH Access Policy – John Reynolds
 - What is the Public Access Policy, why it is required
- MyNCBI – Kelsa Bartley
 - How it relates to the Public Access policy & links to PubMed
 - How to sign up for an account
 - Other Features
- PubMed Central – Barbara Sorondo
 - How to submit manuscripts
- Putting It All Together – John Reynolds



U.S. Department of Health & Human Services



Public Access Policy

Intro to NIH Access Policy

What is the NIH public access policy?

...the National Institutes of Health ("NIH") shall require ... that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication.

<https://publicaccess.nih.gov/policy.htm>

What is the NIH public access policy?

This applies to any manuscript that is:

- Peer-reviewed
- Accepted for publication in a journal
 - *(generally a journal listed in the National Library of Medicine Catalog)*
- Arises from:
 - any direct funding from an NIH grant or cooperative agreement, or
 - any direct funding from an NIH contract, or
 - any direct funding from the NIH Intramural Program, or
 - an NIH employee

What is the NIH public access policy?

In other words...

Results from publicly funded research
must be made available to the public.

Other funders besides NIH

- U.S. Department of Health and Human Services

NIH, ACL, AHRQ, CDC, FDA, ASPR

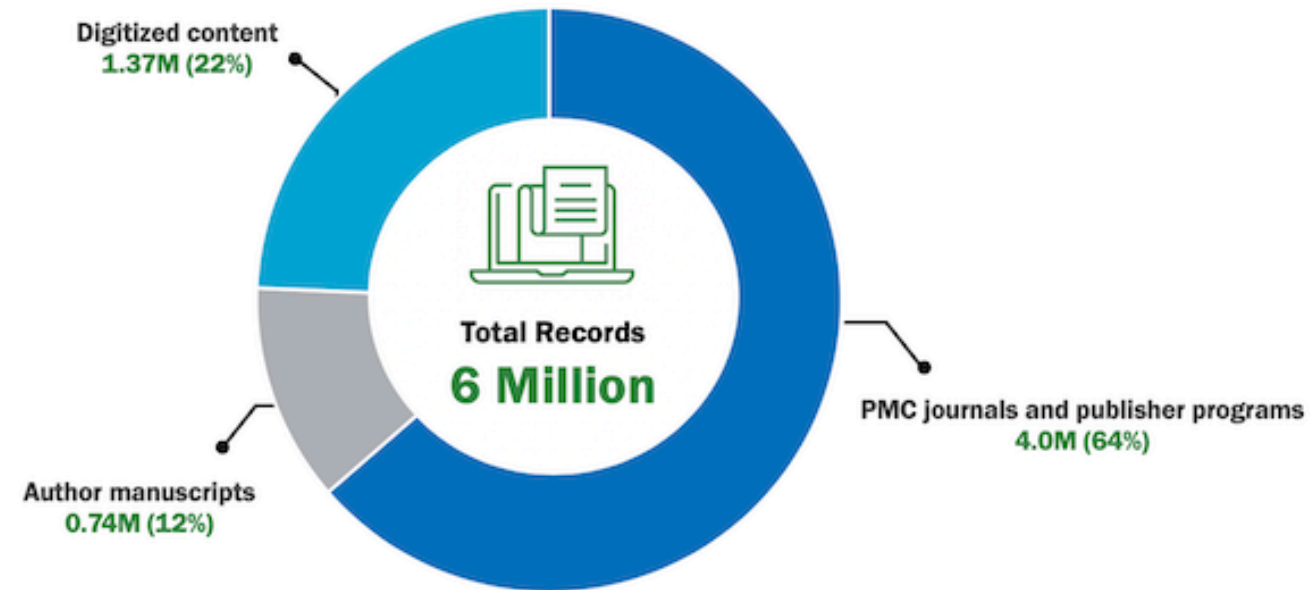
- Others (U.S. and foreign)

Gates Foundation, Health Research Alliance, Alzheimer's Association, American Heart Association-American Stroke Association, Autism Science Foundation, Autism Speaks, Cancer Research Institute, Damon Runyon Cancer Research Foundation, Donahue Foundation, Doris Duke Charitable Foundation, Foundation Fighting Blindness, JDRF, LUNGevity Foundation, Lymphoma Research Foundation, Parkinson's Disease Foundation, Patient-Centered Outcomes Research Institute (PCORI), Susan G. Komen, The V Foundation for Cancer Research, Tuberous Sclerosis Alliance, Howard Hughes Medical Institute (HHMI), California Department of Public Health, Canadian Cancer Society, Canadian Institutes of Health Research (CIHR), HAL-Inserm, Natural Sciences and Engineering Research Council of Canada (NSERC), Social Sciences and Humanities Research Council of Canada (SSHRC), UK Research and Innovation (UKRI)

- Consult your funding source for confirmation or details

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- A full text archive of journal articles on biomedical and life sciences
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Source: PMC, March 2020

PubMed Central vs PubMed



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PubMed

- Database of bibliographic records
 - Titles, abstracts, publishing info & metadata
- Free to search & use
- NIH National Library of Medicine
- Medline database plus PMC
- Has links to PMC
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PMCID or PMID?

PMCID

- A unique identifier used for articles added to *PubMed Central*
- Usually in this format: **PMC7832765**
- Must be included in many grant reporting processes
- All articles with a PMCID have a PMID

PMID

- A unique identifier used for citations added to *PubMed*
- Usually an eight-digit number: **33521254** (older articles may have fewer)
- Automatically assigned
- Many citations only have a PMID

What to know before submitting your funded manuscript to a journal

- Does the publication agreement allow the paper to be posted in PMC?
 - Read carefully
- What version of the paper will be made available?
 - Final published version or author's final peer reviewed manuscript?
- Is there a fee for publication?
 - Do you have funds from the grant or otherwise to pay the fee?
- When will it be available to the public?
 - Will there be an embargo?

What kind of manuscript?

Final published article

- The journal's authoritative copy
 - With publishing edits, copyediting, style changes, issue page numbers, formatting, etc.
 - Also available on publisher's website and/or printed journal

Final peer-reviewed manuscript

- The authors' final copy
 - All changes from peer review and editing review processes



[J Int Neuropsychol Soc. Author manuscript, available in PMC 2021 Jul 19.](#)

PMCID: PMC8289119

Published in final edited form as:

NIHMSID: NIHMS1621983

[J Int Neuropsychol Soc. 2021 Jul; 27\(6\): 637–647.](#)

PMID: [34261556](#)

doi: [10.1017/S135561772000096X](#)

Evidence Lacking for Cannabis Users Slacking: A Longitudinal Analysis of Escalating Cannabis Use and Motivation among Adolescents

[Ileana Pacheco-Colón](#), [Samuel W. Hawes](#), [Jacqueline C. Duperrouzel](#), and [Raul Gonzalez](#)

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The publisher's final edited version of this article is available at [J Int Neuropsychol Soc](#)

What's an embargo?

- An embargo is a delay in making an article freely available.
- They can be part of individual journal or publisher agreements.
- Availability dates are listed in PMC and PubMed records.
- To get an article before an embargo date requires a subscription or payment:
 - A library subscription
 - An individual subscription
 - Purchase of an individual article or issue

Any questions about:
NIH Policy?



MyNCBI: What is it and why use it?



What is MyNCBI

A tool that retains user information and database preferences to provide customized services for a number of NCBI databases, including PubMed.

Allows you to:

- save searches
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My NCBI includes other features that **help you save your citations and manage peer reviewed article compliance with the NIH Public Access Policy** ([My Bibliography](#)), **create online professional profiles** ([SciENcv](#)), highlight search terms, and set up [Outside Tool](#) preferences for PubMed.

MyNCBI Help Manual

- <https://www.ncbi.nlm.nih.gov/books/NBK3843/>
- https://www.ncbi.nlm.nih.gov/books/NBK3842/#MyNCBI.What_Is_My_NCBI

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Bates Visual Guide with
OSCEs

BrowZine

CINAHL

ClinicalKey

Cochrane Library

Covidence

DynaMed

EMBASE

EndNote

HSTalks

Isabel

Joanna Briggs Institute (JBI)

Journal Citation Reports

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Mendeley Institution Edition

Micromedex

Natural Medicines

NEJM Resident 360

Procedures Consult

PsychiatryOnline

PsycINFO

PubMed

Pure Experts

Breast Cancer Survivorship: Where Are We Today?

Page 1

Patricia A Ganz¹, Pamela J Goodwin

Affiliations + expand

PMID: 26059925 DOI: 10.1007/978-3-319-16366-6_1

Abstract

Breast cancer is the most common cancer in women, and survivors with this diagnosis account for almost one fourth of the over 14 million cancer survivors in the US. After several decades of basic and clinical trials research, we have learned much about the heterogeneity of breast cancer and have evolved a complex and multidisciplinary treatment approach to the disease. Increasingly, we are paying attention to the long term and late effects of breast cancer treatment, and this is largely the subject of this volume. In this chapter, the authors introduce the topic of breast cancer survivorship and highlight the organization and content of this volume, briefly describing the contents of the subsequent chapters.

Cited by 11 articles

SUPPLEMENTARY INFO

Publication types, MeSH terms + expand

FULL-TEXT LINKS



Log into
PubMed from
the dropdown
menu to get
Full Text links

Find It at UM Link to articles in
uSearch UML catalog

<http://calder.med.miami.edu/>

Observational Study > Medicine (Baltimore). 2021 Jul 16;100(28):e26631.

doi: 10.1097/MD.00000000000026631.

Cardiovascular disease and prevention among people living with HIV in South Florida

Fahim Pyarali¹, Roumen Iordanov², Bertrand Ebner¹, Jelani Grant¹, Louis Vincent¹, Alexander Toirac¹, Tahir Haque¹, Gerardo Zablah¹, Kunal Kapoor¹, Alexis Powell³, Catherine Boulanger³, Barry Hurwitz⁴, Maria Alcaide³, Claudia Martinez⁵

Affiliations — collapse

Affiliations

- 1 Department of Medicine, University of Miami Miller School of Medicine, Miami, FL.
- 2 Department of Infectious Diseases, Baylor College of Medicine, Houston, TX.
- 3 Department of Infectious Diseases.
- 4 Department of Psychology.
- 5 Department of Cardiology, University of Miami Miller School of Medicine, Miami, FL.

PMID: 34260554 PMCID: [PMC8284739](#) DOI: [10.1097/MD.00000000000026631](#)

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FULL TEXT LINKS



Grant support

P30 AI073961/AI/NIAID NIH HHS/United States
P30AI073961/Miami Center for AIDS Research

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The ability to create usernames and passwords has been disabled, but don't worry! You can still create an account using one of our 3rd party sign-in options. For more information about our transition to 3rd party sign-in, read the [NCBI Insights blog post](#) or visit the [FAQ page](#).

Log in



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NIH Account



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University of Music and Performing Arts Vienna, Austria

University of Music Freiburg, Germany

University of Namur, Belgium

University of Nantes (FRANCE), France

University of Naples Federico II, Italy

University of Natural Resources and Life Sciences, Vienna, Austria



COVID-19 Information

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- Create a bibliography
- Link bibliography with researcher profile

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09:51 AM	PubMed	record	Pancreatic Pseudocysts and Parenchy...
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09:40 AM	PubMed	record	Genomic Deletion Involving the IMMP...
09:38 AM	PubMed	search	(Medical Genetics[filter]) AND (hum...
09:37 AM	PubMed	search	(Medical Genetics[filter]) AND (hum...
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Search

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Most recent citations:

Donet JA, Barkin JA, Keihanian T, Nemeth Z, Barkin JS. [Pancreatic Pseudocysts and Parenchymal Necrosis in Patients With Autoimmune Pancreatitis: A Systematic Review](#). *Pancreas*. 2018 Jul 19. doi: 10.1097/MPA.0000000000001121. [Epub ahead of print] PubMed PMID: 30028447.

Carbo A, Gupta M, Tamariz L, Palacio A, Levis S, Nemeth Z, Dang S. [Mobile Technologies for Managing Heart Failure: A Systematic Review and Meta-analysis](#). *Telemed J E Health*. 2018 Apr 2. doi: 10.1089/tmj.2017.0269. [Epub ahead of print] PubMed PMID: 29608430.

Barkin JA, Nemeth Z, Saluja AK, Barkin JS. [Cannabis-Induced Acute Pancreatitis: A Systematic Review](#). *Pancreas*. 2017 Sep;46(8):1035-1038. doi: 10.1097/MPA.0000000000000873. Review. PubMed PMID: 28796137.

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PubMed Searches		
Dr Fishbain	130	3 days ago
("Epilepsy"[Mesh] OR epilepsy[All Fields]) AN...	2	last year
Fishbain Pain and brain stimulation	492	2 years ago
DTOS	30	2 years ago
TLS	29	2 years ago
TQRS	38	2 years ago

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Filters for:

Active	Name	Type
<input checked="" type="checkbox"/>	English language review articles	Custom
<input checked="" type="checkbox"/>	pubstatusaheadofprint	Custom
<input checked="" type="checkbox"/>	alsoviewed	Custom
<input checked="" type="checkbox"/>	Adult	Standard filter
<input checked="" type="checkbox"/>	Clinical Trial	Standard filter
<input checked="" type="checkbox"/>	Complementary Medicine	Standard filter
<input checked="" type="checkbox"/>	English	Standard filter
<input checked="" type="checkbox"/>	English & Humans	Standard filter
<input checked="" type="checkbox"/>	Humans	Standard filter
<input checked="" type="checkbox"/>	Items with Abstracts	Standard filter

[Manage Filters »](#)

Collections

Collection Name	Items	Settings/Sharing	Type
Favorites	edit 0	Private	Standard
My Bibliography	edit 5	Public	Standard
Other Citations	edit 0	Public	Standard
Moodle	edit 2	Private	PubMed
E-learning	edit 1	Private	PubMed
Nurses' attitude	edit 255	Public	PubMed
Nurses' response	edit 156	Private	PubMed
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Conceptual model, theory, framework AND neoplasm	edit 2	Private	PubMed
Genetics	edit 164	Private	PubMed

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Creating Search Alerts

PubMed.gov

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Sorted by: Best match

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121 results

RESULTS BY YEAR



1975 2020

TEXT AVAILABILITY

- ☐ Abstract
- ☐ Free full text
- ☐ Full text

ARTICLE ATTRIBUTE

- ☐ Associated data

ARTICLE TYPE

- ☐ Books and Documents
- ☐ Clinical Trial
- ☐ Meta-Analysis

- ☐ 1 [Clinical biopsychosocial **physiotherapy** assessment of patients with chronic pain: The first step in pain neuroscience education.](#)

Cite Wijma AJ, van Wilgen CP, Meeus M, Nijs J.

Physiother Theory Pract. 2016 Jul;32(5):368-84. doi: 10.1080/09593985.2016.1194651. Epub 2016 Jun 28.

Share PMID: 27351769 [Review](#).

Pain neuroscience education (PNE) is increasingly used as part of a **physical therapy** treatment in patients with chronic pain. ...The purpose of this article is to describe the use of the Pain - Somatic **factors** - Cognitive **factors** - Emotional **factors** ...

- ☐ 2 [Diagnosis and classification of chronic low back pain disorders: maladaptive movement and motor control impairments as underlying mechanism.](#)

Cite O'Sullivan P.

Man Ther. 2005 Nov;10(4):242-55. doi: 10.1016/j.math.2005.07.001. Epub 2005 Sep 9.

Share PMID: 16154380 [Review](#).

However the presence and dominance of the patho-anatomical, **physical**, neuro-physiological, psychological and **social factors** that can influence the disorder is different for each individual. ...For this group, **physiotherapy** interventions that are specif ...

- ☐ 3 [Factors associated with access to **physical** rehabilitation for victims of traffic accidents.](#)

Cite Sousa KM, Oliveira WIF, Alves EA, Gama ZADS.

Rev Saude Publica. 2017 Jun 22;51:54. doi: 10.1590/S1518-8787.2017051006429.

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<input checked="" type="checkbox"/> Collections	Use Collections to save search results indefinitely. You can: <ul style="list-style-type: none">◦ Save records from different searches in one collection◦ Create multiple collections based on your interests◦ Share your collections with others
<input checked="" type="checkbox"/> Saved Searches	A record of your search strategy and results within the NCBI databases while you are signed into My NCBI. You can: <ul style="list-style-type: none">◦ Set up automatic updates and receive results via e-mail◦ Manually update results in My NCBI◦ Save searches from your Recent Activity
<input checked="" type="checkbox"/> Filters	Use filters to group your NCBI database search results into subsets. You can: <ul style="list-style-type: none">◦ Add additional filters specific to your areas of interest◦ Browse the library of filters or create custom filters◦ Use filters to easily identify citations with full text available through your institution
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<input type="checkbox"/> BLAST History	Use BLAST History tool to access your most recent BLAST searches.

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Article View	Remember last selection
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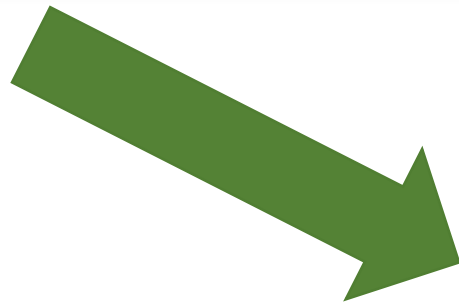
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MyNCBI

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Bartley K, Simuel J, Williams J. [New to health sciences librarianship: strategies, tips, and tricks](#). J Med Libr Assoc. 2021 Apr 1;109(2):330-335. doi: 10.5195/jmla.2021.1184. PubMed PMID: 34285677; PubMed Central PMCID: PMC8270369.



Morgan-Daniel J, Goodman XY, Franklin SG, Bartley K, Noe MN, Pionke JJ. [Medical Library Association Diversity and Inclusion Task Force Report](#). J Med Libr Assoc. 2021 Jan 1;109(1):141-153. doi: 10.5195/jmla.2021.1112. PubMed PMID: 33424477; PubMed Central PMCID: PMC7772976.



He Z, Tang X, Yang X, Guo Y, George TJ, Charness N, Quan Hem KB, Hogan W, Bian J. [Clinical Trial Generalizability Assessment in the Big Data Era: A Review](#). Clin Transl Sci. 2020 Jul;13(4):675-684. doi: 10.1111/cts.12764. Epub 2020 Apr 10. Review. PubMed PMID: 32058639; PubMed Central PMCID: PMC7359942.

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- Link bibliography with researcher profile
 - NIH Biosketch
 - ORCID
- Link to grants

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- **O**pen **R**esearcher and **C**ontributor **I**dentifier
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Sofia Maria Garcia Hernandez

ORCID ID

 <https://orcid.org/0000-0002-2771-9344>

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Also known as 

Sofía María, S. M. Garcia, S. M.

Hernandez, S. M. Garcia Hernandez

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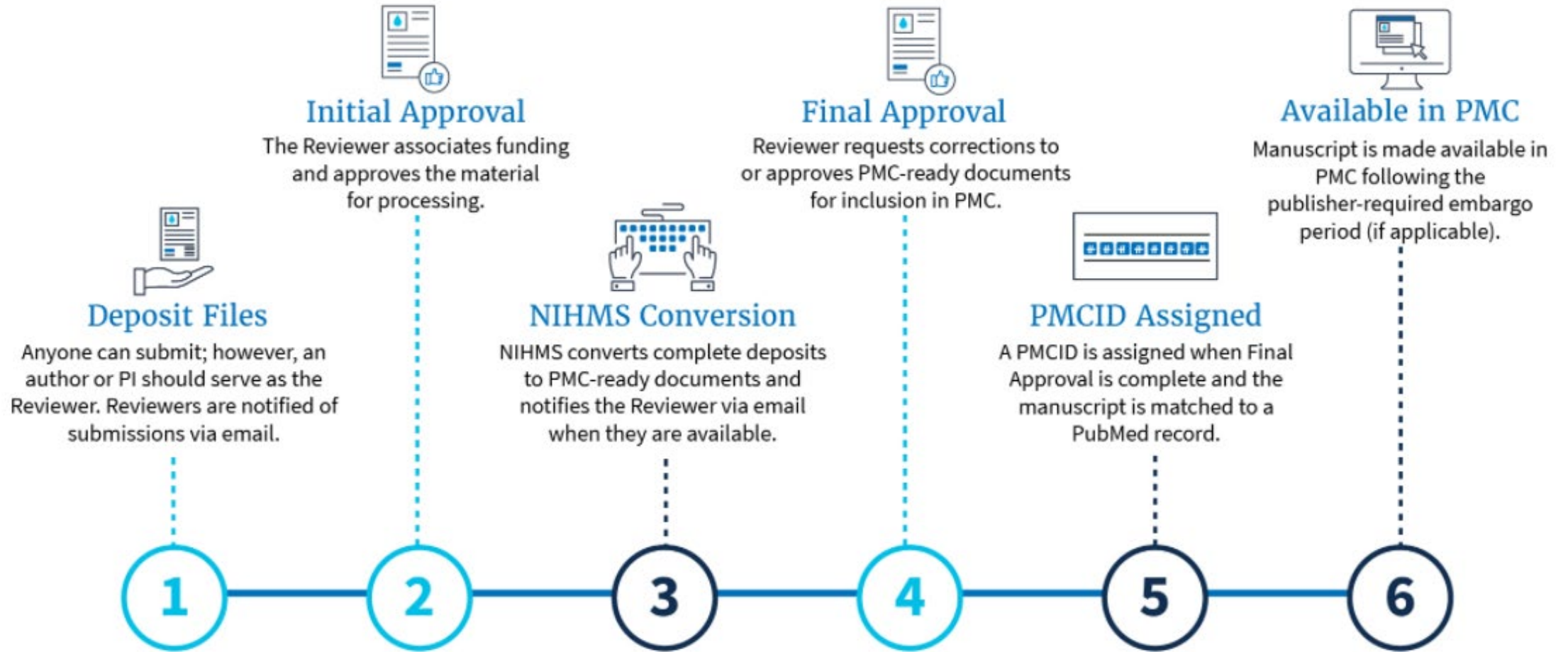
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3 Reporting to NIH

Include PMCID in citations

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The NIHMS Process



Overview of Submission Methods

Version of Paper Submitted	Final Published Article	Final Peer-Reviewed Manuscript
Submission Process	Publisher posts the paper directly to PMC	Papers are <i>required</i> to be submitted via the NIHMS <i>upon acceptance for publication</i> . Publishers, authors or their designee deposit files and the NIHMS converts them to the PMC native format.
Submission Method to Deposit Files	<ul style="list-style-type: none"> • Method A: Some Journals automatically post NIH supported papers directly to PMC • Method B: Authors must make special arrangements for some journals and publishers to post the paper directly to PMC 	<ul style="list-style-type: none"> • Method C: Authors or their designee must submit manuscripts to the NIHMS • Method D: Some publishers will submit manuscripts to the NIHMS • Awardees are responsible for ensuring manuscripts are submitted to the NIHMS upon acceptance for publication
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Responsible Party	NIH awardee	NIH awardee
To cite papers, from acceptance for publication to 3 months post publication	PMCID or "PMC Journal- In Process"	PMCID or NIHMSID
To cite papers, 3 months post publication and beyond	PMCID	PMCID

Method A: Automatic Journal Submission

- Version included in PMC:
final published article
- Who adds it: **journal**
- What you need to do:
 - Ensure
 - a) Journal is included in this category for
 - b) The year of your article

Determine Submission Method

Submission Method A journals make the [final published version](#) of all NIH-funded articles available in PubMed Central (PMC) no later than 12 months after publication without author involvement. The start date shown for each journal is the earliest publication date that meets this requirement.

Enter a journal name below to see if it uses Submission Method A.

Search for Journal:

If your paper is published in a journal listed below within the start and end dates, click **Yes**
If the journal is not listed below please click [here](#) for next steps.

Journal title	NLM TA	pISSN	eISSN	Start date	End date
Frontiers in Aging Neuroscience	Front Aging Neurosci		1663-4365	Jan 2009	
Frontiers in Artificial Intelligence	Front Artif Intell		2624-8212	Jan 2018	
Frontiers in Behavioral Neuroscience	Front Behav Neurosci		1662-5153	Jan 2007	
Frontiers in Big Data	Front Big Data		2624-909X	Jan 2018	
Frontiers in Bioengineering and Biotechnology	Front Bioeng Biotechnol		2296-4185	Jan 2013	
Frontiers in Cardiovascular Medicine	Front Cardiovasc Med		2297-055X	Jan 2014	
Frontiers in Cell and Developmental Biology	Front Cell Dev Biol		2296-634X	Jan 2013	
Frontiers in Cellular and Infection Microbiology	Front Cell Infect Microbiol		2235-2988	Jan 2011	
Frontiers in Cellular Neuroscience	Front Cell Neurosci		1662-5102	Jan 2007	
Frontiers in Chemistry	Front Chem		2296-2646	Jan 2013	
Frontiers in Computational Neuroscience	Front Comput Neurosci		1662-5188	Jan 2007	

https://publicaccess.nih.gov/submit_process_journals.htm

Method B: Manual Journal Submission

Select Deposit Publishers (Method B)

The publishers listed below do not automatically deposit every NIH-funded paper in PMC. Rather, the author can choose to arrange with the journal for the deposit of a specific article; this usually involves choosing the journal's fee-based open access option for publishing that article. Please contact the respective journals directly for details on their programs.

- Version included in PMC: **final published article**
- Who adds it: **journal or publisher**
- What you need to do: ensure
 - a) Journal or publisher is included in this category
 - b) Pay an open access fee, if required

Did you make arrangements with one of the journals or publishers listed below to have the final published version of your paper posted directly to PubMed Central (i.e. pay an open access fee)?

If **yes**, you are using [Submission Method B](#).

If **no**, submit your paper through the NIHMS. See [Methods C and D Best Practices](#)

The journals and publisher programs that have this arrangement with NIH are:







- ACS AuthorChoice
- AIP Publishing Selective Deposit
- APA Open Access
- American Academy of Pediatrics Selective Deposit
- BMJ Open Access
- Bentham Open Access
- Cambridge Open Access
- ERJ Open
- Edinburgh Open
- Emerald Publishing Open Access
- European Society of Endocrinology Open Access

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
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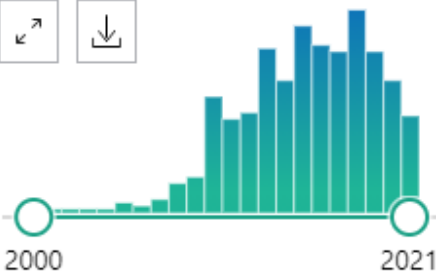
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
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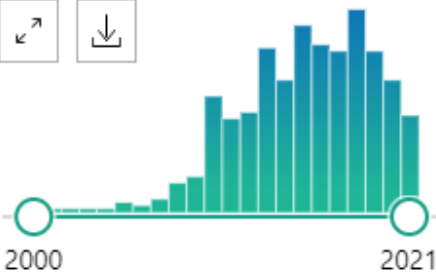
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Cardiovascular disease and prevention among people living with HIV in South Florida

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Abstract

Antiretroviral therapy (ART) has improved survival of patients living with HIV (PLWH); however, this has been accompanied by an increase in cardiovascular disease (CVD). Although preventative measures for CVD among the general population are well described, information is limited about CVD prevention among PLWH. The goal of this study was to characterize the prevalence of CVD in our population and to assess the use of primary and secondary prevention.

We performed a retrospective review of PLWH receiving primary care at a large academic center in Miami, Florida. We characterized the prevalence of CVD, CVD risk, and the use of aspirin and statins for primary and secondary CVD prevention.

A total of 985 charts were reviewed (45% women, 55% men). Average age was 52.2 years. Average CD4 count was 568 cells/microL. 92.9% were receiving ART, and 71% were virologically suppressed. The median 10-year ASCVD risk was 7.3%. The prevalence of CVD was 10.4% (N=102). The odds of having CVD was lower in patients on ART (OR 0.47, 95% CI: 0.25–0.90, $P=.02$). The use of medications for primary and secondary prevention of CVD based on current guidelines was low: 15% and 37% for aspirin respectively, and 25% and 44% for statins.

CVD risk and rates of CVD are high among PLWH and receiving ART could protect against CVD. However, the use of medications for primary and secondary prevention is low. Increased awareness of CVD risk-reduction strategies is needed among providers of PLWH to decrease the burden of CVD.

Abbreviations: ART = antiretroviral therapy, ASCVD = atherosclerotic cardiovascular disease, CD4 = CD4+ T helper cells, CI = confidence interval, CVD = cardiovascular disease, HbA1c = hemoglobin A1C, HIV = human immunodeficiency virus, IQR = interquartile range, IRB = Institutional Review Board, LDL-C = low-density lipoprotein cholesterol, OR = odds ratio, PLWH = patients living with HIV, SD = standard deviation.

Keywords: cardiovascular disease, epidemiology, HIV, primary prevention, secondary prevention

Editor: Abrar Hussain Khan.

This study was supported by the Miami CFAR (P30AI073961).

All authors had access to the data and a role in writing the manuscript.

The authors have no conflicts of interest to disclose.

Supplemental Digital Content is available for this article.

The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.

1. Introduction

The advent and improved accessibility to anti-retroviral therapy (ART) for the treatment of HIV has afforded patients living with HIV (PLWH) an increased life expectancy.^[1] Subsequently, these patients are now manifesting the burden of chronic, non-communicable diseases, such as cardiovascular disease (CVD).^{[2–}

^{4]} CVD is the leading cause of death in PLWH, with a nearly 2-

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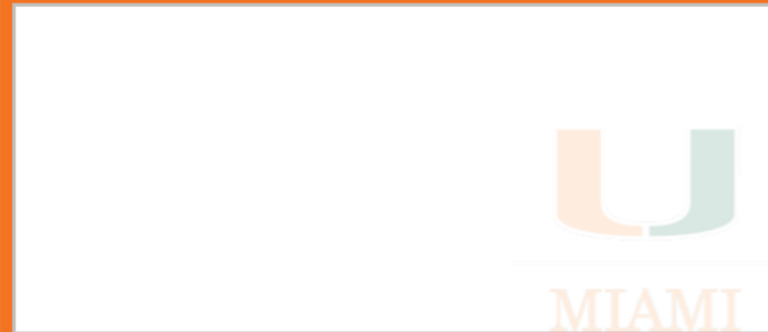
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