





KoreaMed and Synapse: Better Global Visibility Easier Integrations Faster Journal Publishing

Choon Shil Lee, PhD
Sookmyung Women's University
KAMJE Committee for Information Management



Agenda



- KoreaMed and Synapse
 - Missions:
 - Better Global Visibility
 - Easier Integrations
 - Faster Journal Publishing
 - Evidences and Example Cases
 - Actions:
 - Journal Publishing Infrastructures /Information Technologies behind
 - Journal publishing workflow Integration
 - International Information Standards/Unique identifiers
 - New and Forthcoming Implementations:
- 



KoreaMed and Synapse



KoreaMed

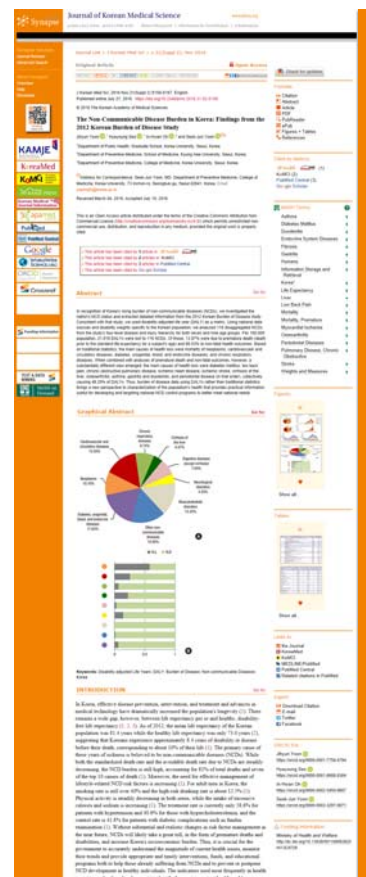
- Since 1999
 - The gateway to articles published in Korean medical journals.
 - PubMed Equivalent
 - as of December 1, 2017
 - 246 journals
 - 260,355 records
 - MeSH terms assigned automatically to all KoreaMed records
- 
- 

Synapse

- Since 2007
- A Digital Archive & Reference Linking Platform of Korean Medical Journals
 - DOI landing platform
 - PubMed Central equivalent
- as of December 1, 2017
 - 126 journals
 - 98,765 records

Missions

- Better Global Visibility
- Easier Integrations
- Faster Journal Publishing



Disability-adjusted life years

For each cause, DALYs were calculated as the sum of the YLLs and YLDs. Because our sensitivity analysis revealed no significant difference in the results between the dataset with standard age-weighting and 7% time discounting and the set without age-weighting and time discounting (10), this report focuses on the set with standard age-weighting and time discounting.

Ethics statement

The study protocol was approved by Korea University's institutional review board

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the last 10 years
• first read, then
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• short multiple
questions, now did
verifiably answered
97%+ questions
• no requirement
asked at multiple
• directly compared
in distance
and regular updates
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20. Smeets R, Ugeuxes R, Ruyt P, Zhao Z, Valla DC, Gossens R, Bot J, Tsangikis KR, Mollan S, Wessely R, et al. Country- versus site-level interventions in non-commercial sexual risk reduction. *Lancet* 2013;382:275-80. [PubMed](#) [CrossRef](#)

21. World Health Organization. Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Geneva: World Health Organization; 2013.

22. Ezzamel R, Rethel R. Can noncommunicable diseases be prevented? Lessons from studies of popular individualism. *Socius* 2012;17:140-147. [PubMed](#) [CrossRef](#)

[illegible]

Disease Categories (Pie Chart):

- Neurological disorders: 4.25%
- Musculoskeletal disorders: 15.33%
- Other non-communicable diseases: 15.92%
- Diabetes, urogenital, and endocrine diseases: 17.63%
- Respiratory diseases: 10.76%

Links to:

- KoreaMed Synapse
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Article Title: The Non-Communicable Disease Burden in Korea: Findings from the 2012 Korean Burden of Disease Study

Authors: Yoon J, Kim H, Kim EJ, Gong YH, Ock M, Lim D, Lee W, et al.

Abstract: In recognition of Korea's rising burden of non-communicable diseases (NCDs), we investigated the nation's NCD status and extracted detailed information from the 2012 Korean Burden of Disease Study. Consistent with that study, we used disability-adjusted life year (DALY) as a metric. Using national data sources and disability weights specific to the Korean population, we analyzed 116 disaggregated NCDs from the study by four-level disease and injury hierarchy for both sexes and nine age groups. For 100,000 population, 21,019 DALYs were lost to NCDs. Of these, 13.87% were due to premature death, about equal to the standard life expectancy for a subject's age and 86.00% to non-fatal health outcomes. Based on traditional statistics, the main causes of health loss were mortality of neoplasms, cardiovascular and circulatory diseases, diabetes, urogenital, and endocrine diseases, and chronic respiratory diseases. When combined with analyses of premature death and non-fatal outcomes, however, a substantially different view emerged: The main causes of health loss were diabetes mellitus, low back pain, chronic obstructive pulmonary disease, ischemic heart disease, ischemic stroke, cophosis of the liver, osteoarthritis, asthma, gastritis and duodenitis, and peritoneal disease. In that order, collectively causing 49.20% of DALYs. Thus, burden of disease using DALYs rather than traditional statistics

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Abstract
 Musculoskeletal (MSK) conditions cause an enormous global burden, and this is dramatically increasing in developing countries, particularly due to rapidly ageing populations and increasing obesity. Many of the global non-communicable disease (NCD) initiatives need to expand beyond the traditional 'top four' NCD groups by incorporating MSK diseases. It is critical that MSK initiatives in developing countries integrate well with health systems, rather than being stand-alone. A better inclusion of MSK conditions will avoid doubling of efforts and wasting of resources, and will help to promote a more streamlined, cost-effective approach. Other key opportunities for... and commitments... through better...
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KEYWORDS: Burden of disease
 PMID: 25481423
 (Indexed for MEDLINE)
[1](#) [2](#) [3](#)

Publication type:
[Review](#)

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e-ISSN 2093-9462

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Measuring the Burden of Disease in Korea

Yoon SJ, Bae SC, Lee SI, Chang H, Jo HS, Sung JH, Park JH, Lee JY, Shin Y.

J Korean Med Sci. 2007 Jun 22(3):518-523. English.

<https://doi.org/10.3346/jkms.2007.22.3.518>

Total References:19
Cited Reference:4
Times Cited:25

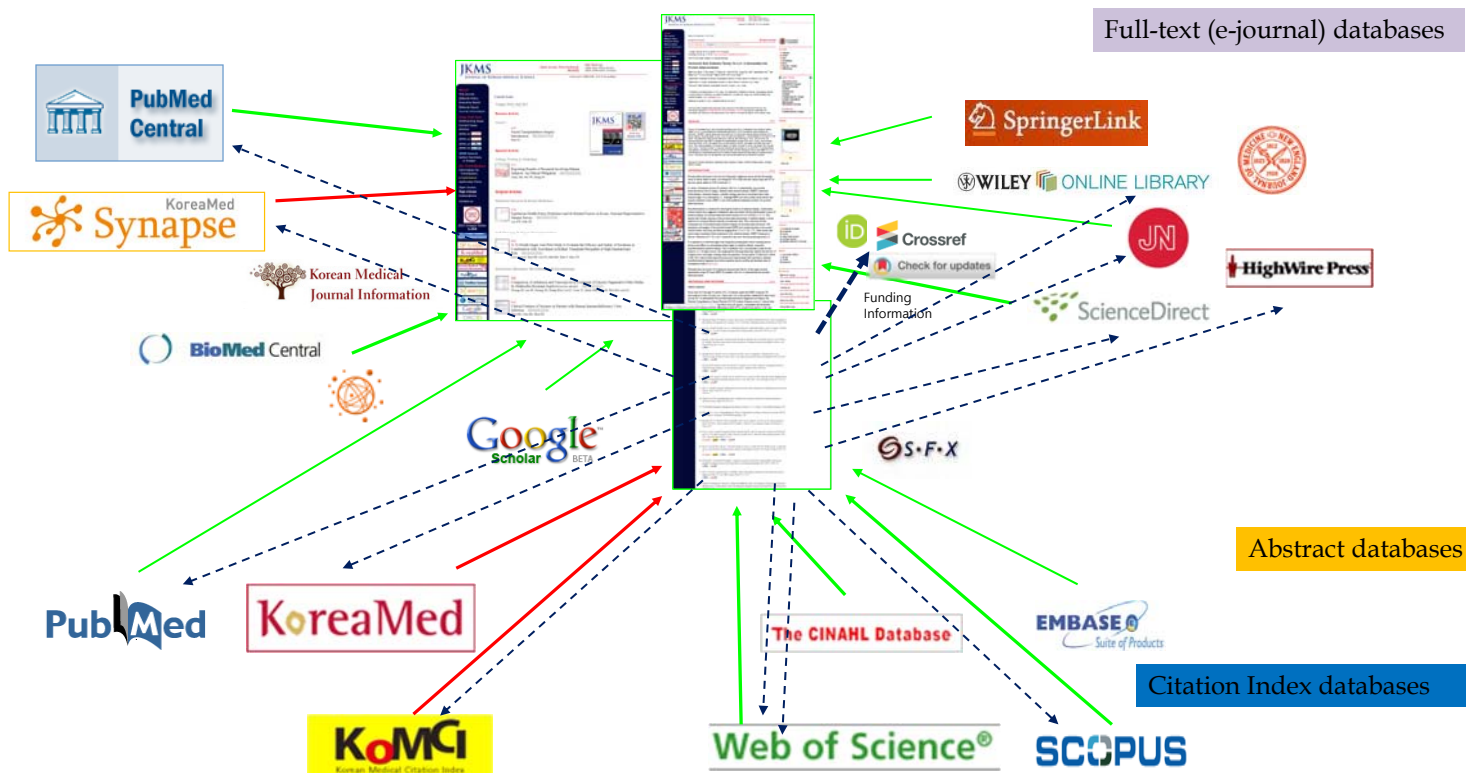








This paper provides an overview of the Korean Burden of Disease (KBOD) study, which was the first such study to assess the national burden of disease using disability-adjusted life years (DALYs) in an advanced Asian country. The KBOD study generally followed the approach utilized in the original Global Burden of Disease study (GBD), with the exception of the disease classification and epidemiological data estimation methods used, and the relative weightings of disabilities. The results of the present study reveal that the burden of disease per 100,000 in Korean population is dominated primarily



J Korean Med Sci. 2017 Aug;32(8):1235-1242. English.
Published online Jun 27, 2017. <https://doi.org/10.3346/jkms.2017.32.8.1235>
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Publication Delay of Korean Medical Journals

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Received January 31, 2017; Accepted May 07, 2017.

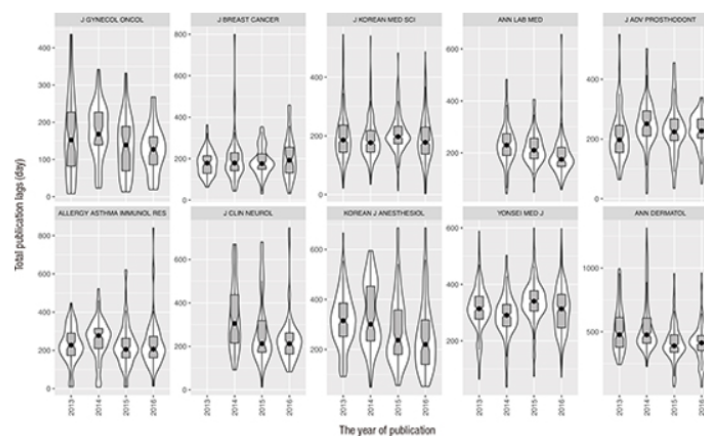
Abstract


Go to:

Publication lag is a determinant to journal efficiency that was not yet studied concerning Korean medical journals. To measure publication lag, we investigated the publication timestamps of 4,762 articles published by 10 Korean medical journals indexed in Scopus database, randomly selected from the KoreaMed Synapse since 2013. The total publication lag was 246.5 (Q1, Q3; 178.0, 347.0) days. The overall acceptance lag was 102.0 (65.0, 149.0) days. The overall lead lag was 123.0 (63.0, 236.0) days. The year of publication did not significantly affect the acceptance lag ($P = 0.640$), supposedly shortening it by about 1.4 (97.5% confidence interval [CI], -5.2 to 8.0) days/year, while the date affected the lead lag ($P = 0.028$), shortening it by about 12.9 (1.3 to 24.5) days/year. The Korean medical journals have reduced the total publication delay entirely by means of reducing the lead lag, not by reducing the acceptance lag.

Graphical Abstract

Go to:





Journal Publishing Infrastructures/Information Technologies behind
Journal publishing workflow Integration (Print & electronic production 일원화)
International Information Standards/Unique Identifiers

Actions:



One JATS XML Repurposed

- One JATS XML for Many Databases
 - Internal databases: Synapse, KoreaMed, KoMCI
 - External databases: PubMed Central, PubMed
- One JATS XML for Online and Print (Typesetting)

KAMJE database files are

- Submitted to External databases

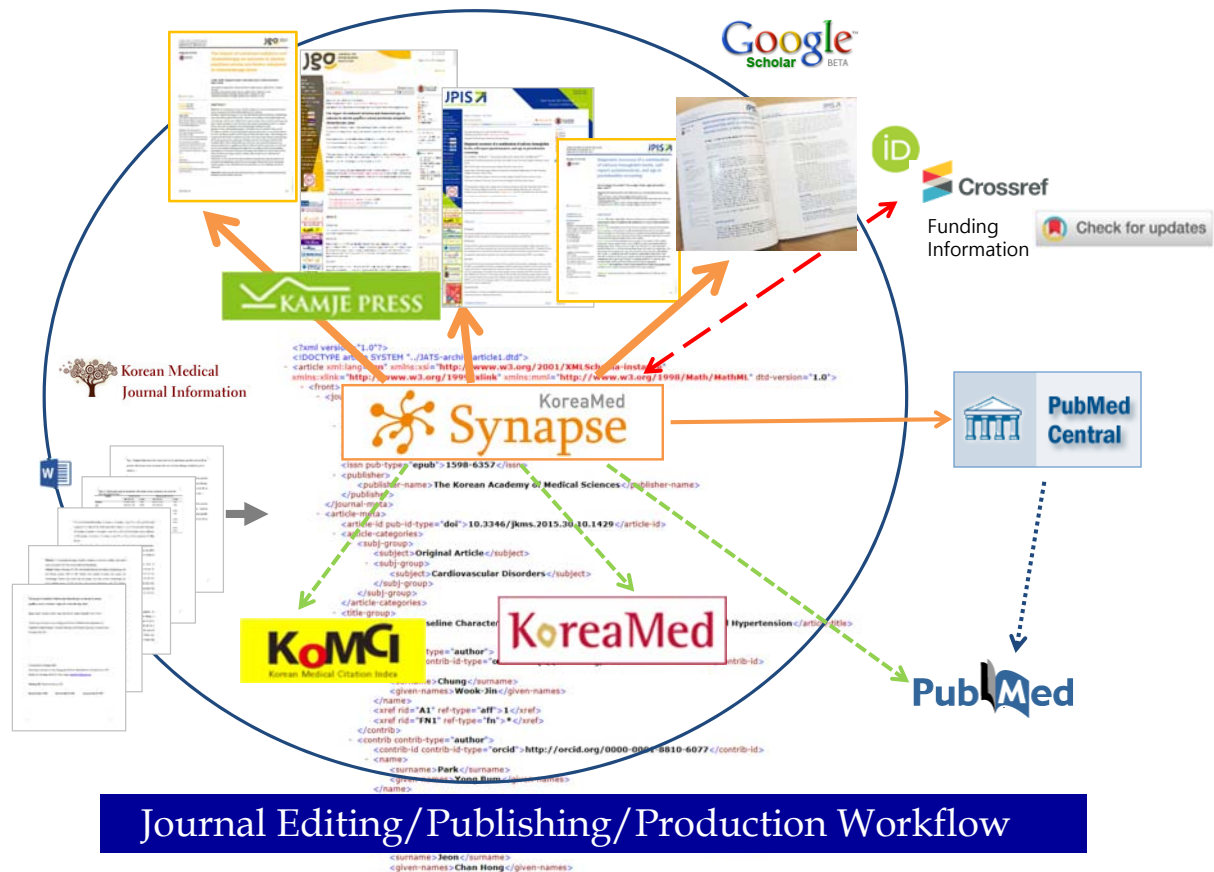
PubMed Central

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Crossref

One JATS XML for Online and Print

- Online Full text generation
- Typesetting/Layout (InDesign) generation
 - Online Interactive PDF
 - Print



Journal Publishing Workflow Integration and Faster Publishing

- 학술지 발행 일원화를 통한 발행 시간 단축
 - One-point (integrated) publishing
 - JATS XML Single-Source Publishing
- E-journal only, E-journal and Print
- No more cut & paste of texts
 - Automated conversion of manuscript texts to JATS XML
- Speedy/Faster
- Interactive PDF (vs. static PDF)

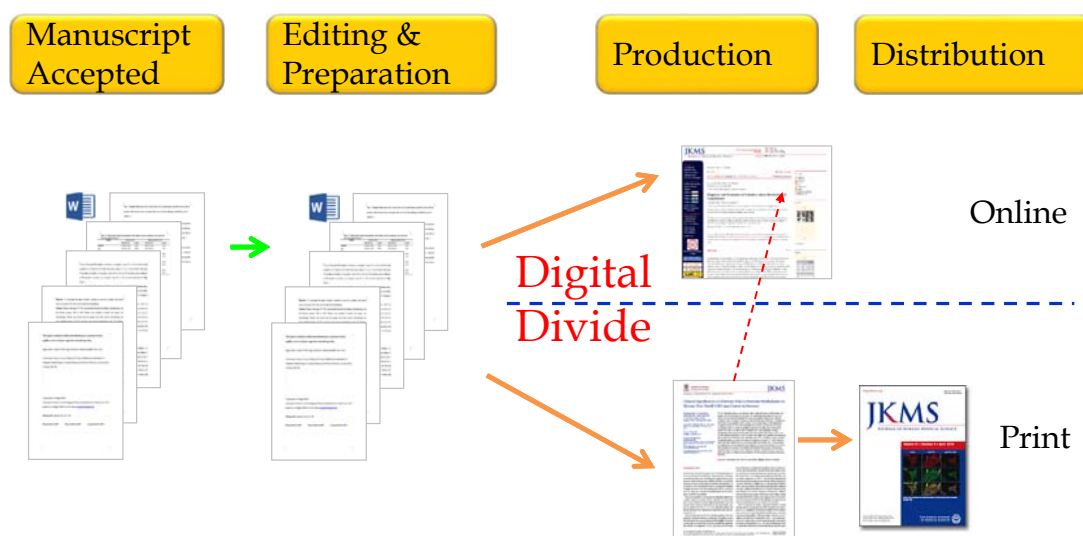
Synapse 학술지 중 현재 10종 이상

For efficient and faster publishing

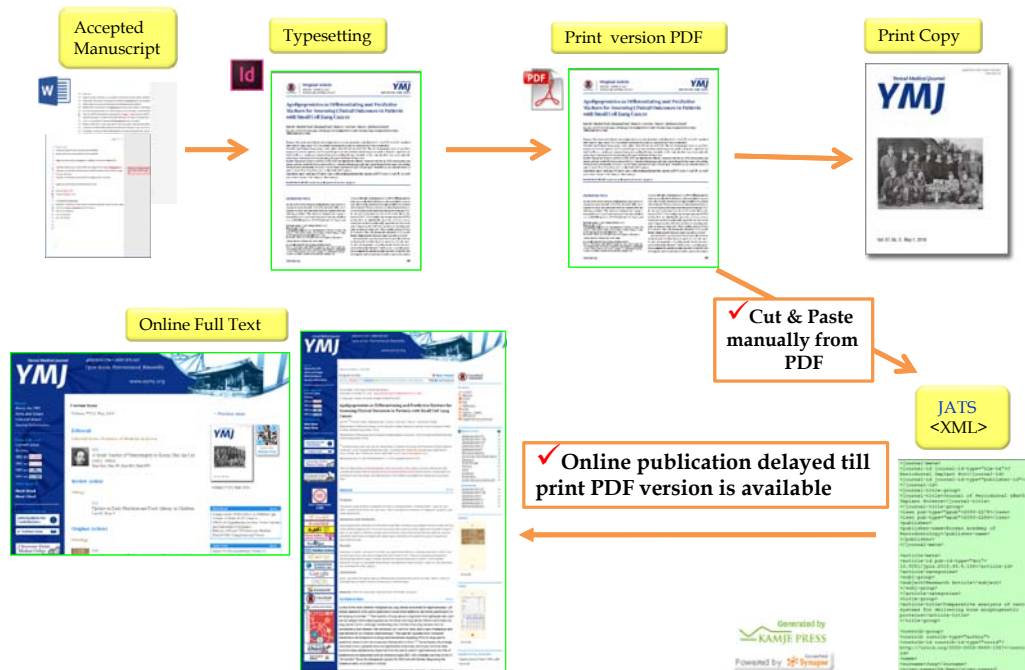
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- Problems → To be resolved
 - ✓ Print publication, then online (Separate processes)
→ E-journal/Print at the same time (One workflow)
 - ✓ Manual processing → Automatic generation
 - ✓ Human Errors → Machine/Systematic detection (error prone → error free)

Time, Human resource and Cost savings

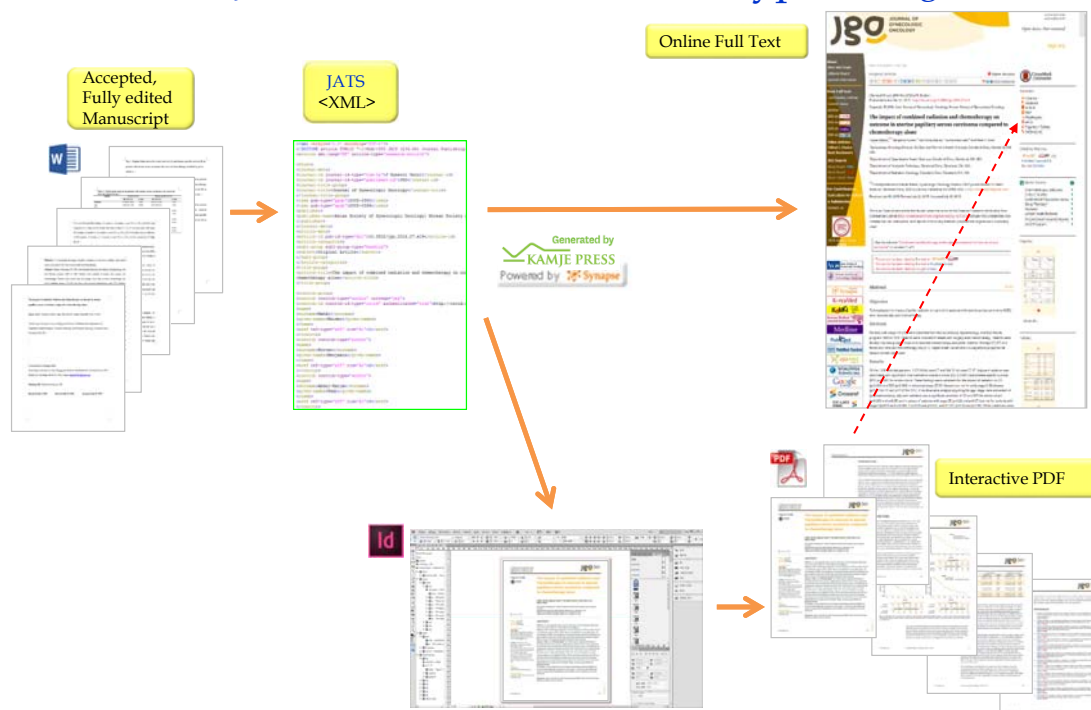
Journal Editing & Publishing Workflows of most journals currently published in Korea



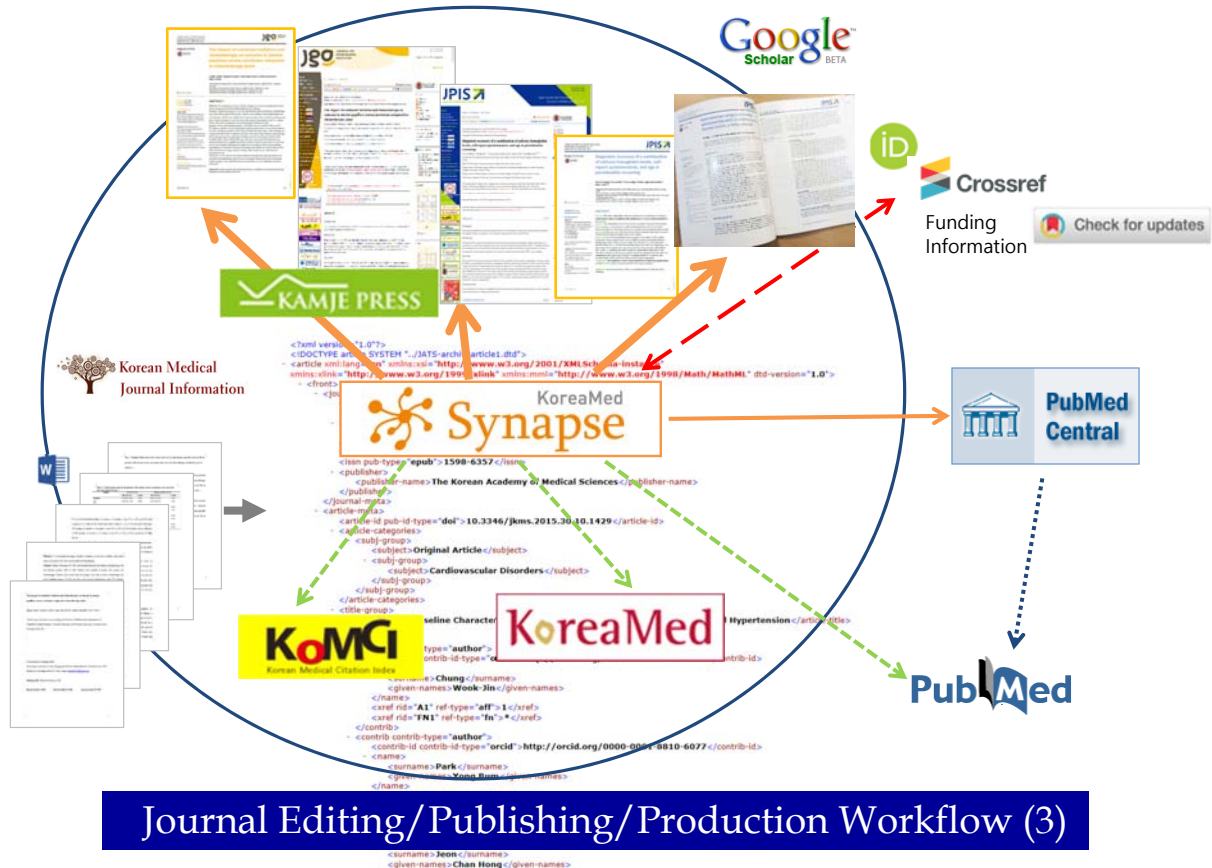
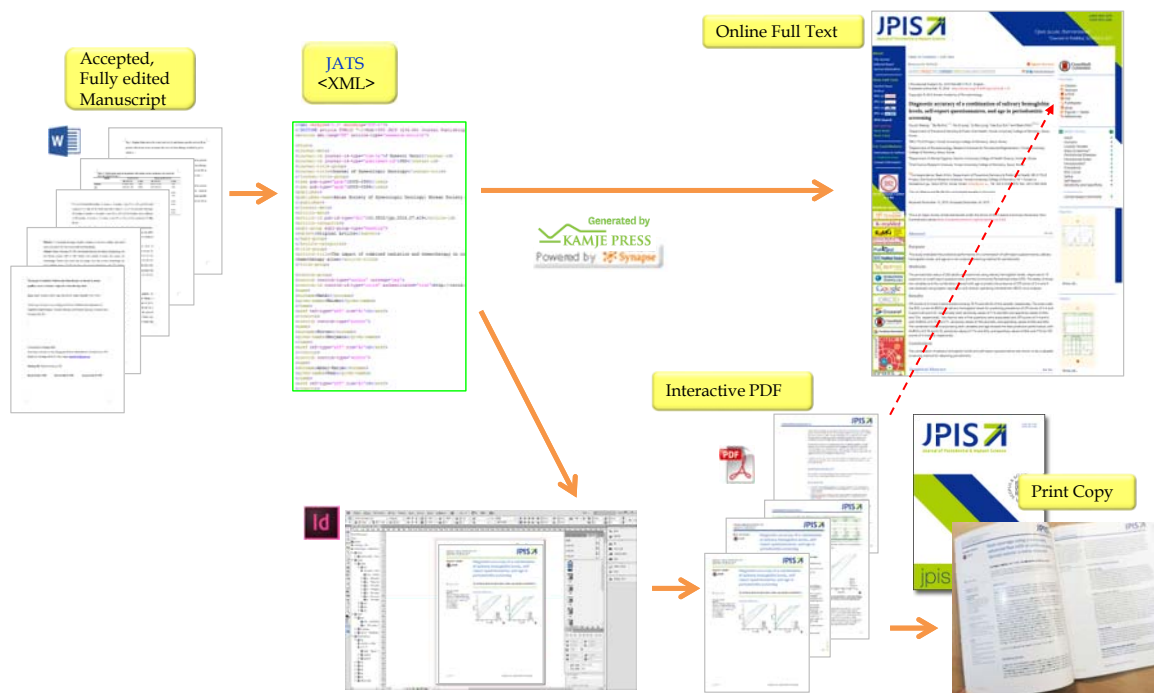
Journal Publishing/Production Workflow (1): From Final Print version PDF to JATS XML



Journal Publishing/Production Workflow (2): One JATS XML for Online and Typesetting



Journal Publishing/Production Workflow (3): One JATS XML for Online, Typesetting and Print



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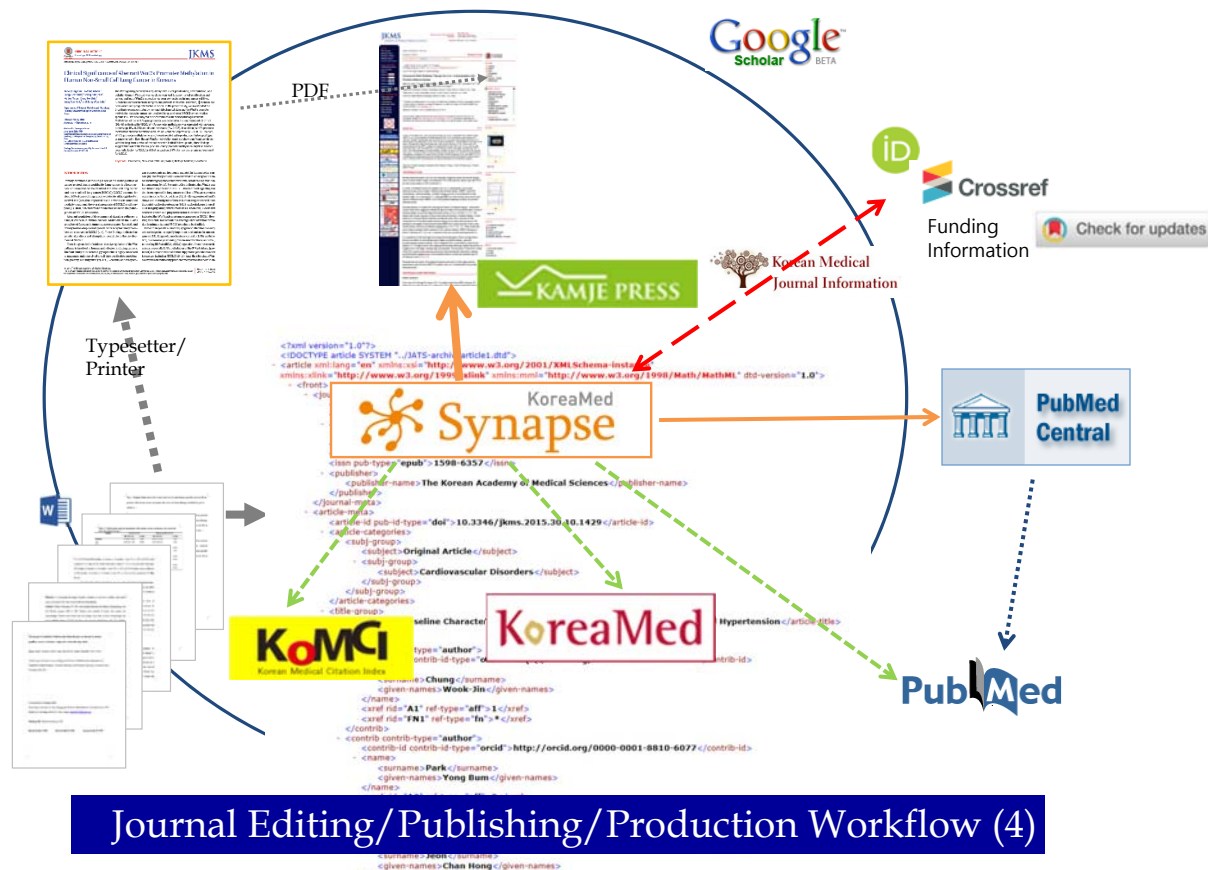
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Separate Processing of Online and Print Versions

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Any changes made on one side should be reflected on the other side

Unique Identifiers

- Journal: ISSN
- Article: DOI
- Author: ORCID
- Funding: Funder ID (Funding Data Registry ID)
- Institution: Ringgold (→ a new standard on the way?)

A standard and/or Widely used in journal publishing (industry).

Unique Identifiers: Interoperability

- It is important to use IDs that everyone is using.
 - Widely used IDs
 - Standard IDs
- It is also important to use the standard protocols in implementing IDs in a system.

A data citation should include a persistent method for identification that is

- Machine actionable
- Globally unique
- Widely used by a community.

Force11 Joint Declaration of Data Citation Principles

표준, 고유식별자 활용과 학술지 발행 (데이터베이스) 발전 전략

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Synopsis & KAMJE Press Redesign

New and Forthcoming Implementations

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Kim SY, Bae CW, Hahn CK, Cho HM.
J Korean Med Soc. 2014 Feb;29(2):172-175. English. <https://doi.org/10.3348/jkms.2014.29.2.172>
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J Korean Soc Radiol. 2010 Oct;63(4):307-310. Korean. <https://doi.org/10.3348/jksr.2010.63.4.307> DOI
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- ☒ An Understanding of New Concepts and Publication Ethics in the Use of Online Medical Journals and their Database Web Sites.
Bae CW, Hahn CK.
J Korean Med Assoc. 2010 Aug;53(8):685-694. Korean. <https://doi.org/10.5124/jkma.2010.53.8.685>
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- ☒ Author and Authorship in Reporting Medical Papers.
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Kim SK, Lee SR, Moon WJ, Park DW, Hahn CK.
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Park KH, Koh BH, Sung JY, Kim YS, Cho OK, Rhim HC, Joo KB, Hahn CK.
J Korean Soc Med Ultrason. 2000 Jun;19(2):85-92. Korean. <https://doi.org/10.3348/jksu.2000.19.2.85> No DOI
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Korean Association of Medical Journal Editors - KAMJE

Publisher | Korea, Republic of

Contact Information

This member has not provided contact details.

Integrations

KoreaMed Complete

Korean Association of Medical Journal Editors has created a Search & Link wizard that allows researchers to directly link to their ORCID iDs to KoreaMed from their ORCID records, and connect their works back to their ORCID records.

As of August 2017, KoreaMed has been awarded the following [Collect & Connect badges](#) : **Authenticate, Collect, Display, Connect, and Sync.**

[Learn more about this integration](#)

KoreaMed: ORCID Collect & Connect badges

KoreaMed가 ORCID의 "Collect & Connect badges"를 받았습니다. 이것은 KoreaMed (<https://koreamed.org>)와 ORCID (<https://orcid.org>)의 정보가 신뢰성있게 상호 교류하는 동기화된 체계를 갖추었다는 인증입니다.



I'm happy to share that we are able to award the KoreaMed integration collect & connect badges:

Authenticate: Authenticates ORCID iDs

Collect: Collects authenticated iDs, explains KoreaMed's connection with ORCID and how this benefits users

Display: Displays ORCID member logo, and displays ORCID iDs per ORCID display guidelines

Connect: Connects work (publication) data to authors' ORCID records

Sync: Created a Search & Link wizard so researchers can easily keep records up to date

We have recognised this in KAMJE's member profile page:

<https://orcid.org/members/001G000001V0HTIA0-korean-association-of-medical-journal-editors>

KAMJE is one of the first members to be awarded C&C badges in the APAC region, and one of the first Search & Link wizard integrations to be awarded badges as well. Congratulations!

Synapse & KAMJE Press Redesign

- Projected for Jan. 2018
- Synapse
- KAMJE Press

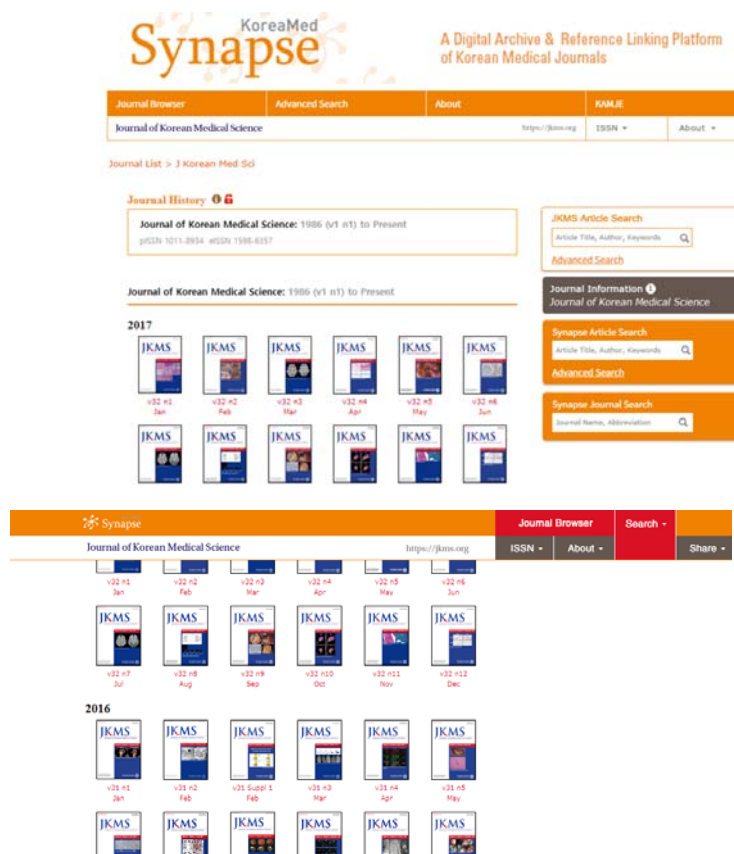


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J Korean Med Sci. 2016 Nov;31(Suppl 2):S150-S167. English.
Published online Jul 27, 2016. <https://doi.org/10.3346/jkms.2016.31.S2.S150>
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The Non-Communicable Disease Burden in Korea: Findings from the 2012 Korean Burden of Disease Study

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²Department of Preventive Medicine, School of Medicine, Kyung Hee University, Seoul, Korea.

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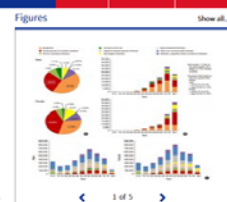
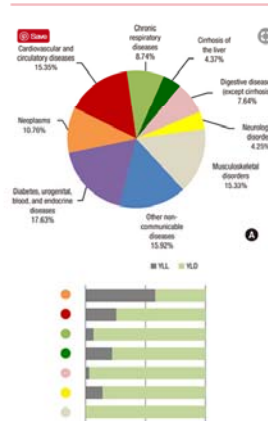
MeSH Terms

Asthma  Diabetes Mellitus 
 Duodenitis  Endocrine System Diseases  Fibrosis 
 Gastritis  Humans 
 Information Storage and Retrieval 
 Korea*  Life Expectancy  Liver 
 Low Back Pain  Mortality 
 Mortality, Premature 

JKMS The Non-Communicable Disease Burden in Korea: Findings from the 2012 Korean Burden of Disease Study

disease and injury hierarchy for both sexes and nine age groups. Per 100,000 population, 21,019 DALYs were lost to 116 NCDs. Of those, 13.97% were due to premature death (death prior to the standard life expectancy for a subject's age) and 86.03% to non-fatal health outcomes. Based on traditional statistics, the main causes of health loss were mortality of neoplasms; cardiovascular and circulatory diseases; diabetes, urogenital, blood, and endocrine diseases; and chronic respiratory diseases. When combined with analyses of premature death and non-fatal outcomes, however, a substantially different view emerged: the main causes of health loss were diabetes mellitus, low back pain, chronic obstructive pulmonary disease, ischemic heart disease, ischemic stroke, cirrhosis of the liver, osteoarthritis, asthma, gastritis and duodenitis, and periodontal disease (in that order), collectively causing 49.20% of DALYs. Thus, burden of disease data using DALYs rather than traditional statistics brings a new perspective to characterization of the population's health that provides practical information useful for developing and targeting national NCD control programs to better meet national needs.

Graphical Abstract



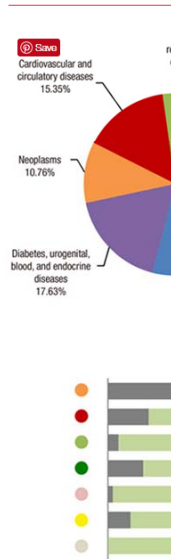
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JKMS The Non-Communicable Disease Burden in Korea: Findings from the 2012 Korean Burden of Disease Study

disease and injury hierarchy for both sexes and nine age groups. Per 100,000 population, 21,019 DALYs were lost to 116 NCDs. Of those, 13.97% were due to premature death (death prior to the standard life expectancy for a subject's age) and 86.03% to non-fatal health outcomes. Based on traditional statistics, the main causes of health loss were mortality of neoplasms; cardiovascular and circulatory diseases; diabetes, urogenital, blood, and endocrine diseases; and chronic respiratory diseases. When combined with analyses of premature death and non-fatal outcomes, however, a substantially different view emerged: the main causes of health loss were diabetes mellitus, low back pain, chronic obstructive pulmonary disease, ischemic heart disease, ischemic stroke, cirrhosis of the liver, osteoarthritis, asthma, gastritis and duodenitis, and periodontal disease (in that order), collectively causing 49.2% of DALYs. Thus, burden of disease data using DALYs rather than traditional statistics brings a new perspective to characterization of the population's health that provides practical information useful for developing and targeting national NCD control programs to better meet national needs.

Graphical Abstract



RESULTS

Deaths in 2012

In 2012, the 116 NCDs accounted for 77.39% of all deaths in Korea. Fig. 1A shows the proportion and number of deaths caused by NCDs in 2012, and the distribution of each in males and in females in all age groups. Neoplasms; cardiovascular and circulatory diseases; and diabetes, urogenital, blood, and endocrine diseases collectively contributed about 80% of NCD mortality in both sexes (Fig. 1A). Beginning in the 40–49 age group, men showed a higher number of NCD-related deaths than women, and this difference increased steeply in the subsequent decades (Fig. 1B). As is expected due to their higher life expectancy, women had a higher number of deaths than men in their 80s.

RESULTS

Deaths in 2012

In 2012, the 116 NCDs accounted for 77.39% of all deaths in Korea. Fig. 1A shows the proportion and number of deaths caused by NCDs in 2012, and the distribution of each in males and in females in all age groups. Neoplasms; cardiovascular and circulatory diseases; and diabetes, urogenital, blood, and endocrine diseases collectively contributed about 80% of NCD mortality in both sexes (Fig. 1A). Beginning in the 40–49 age group, men showed a higher number of NCD-related deaths than women, and this difference increased steeply in the subsequent decades (Fig. 1B). As is expected due to their higher life expectancy, women had a higher number of deaths than men in their 80s.

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Thank you