

August 17, 2026

Submitted Electronically

National Library of Medicine
Extramural Programs
National Institutes of Health
6705 Rockledge Drive, Suite 301
Bethesda, MD 20892-7968

Re: NOT-LM-26-002 [NLM G13 Grants for Scholarly Works in Biomedicine and Health](#)

The American Medical Informatics Association (AMIA) appreciates the opportunity to respond to the National Library of Medicine's Request for Information on the future direction of the G13 Grants for Scholarly Works in Biomedicine and Health Program.

AMIA is the multidisciplinary, interprofessional home for more than 6,000 informatics professionals who use data, information, and knowledge to improve health and healthcare. AMIA strongly supports NLM's continued investment in scholarly works that synthesize, contextualize, and disseminate biomedical knowledge, particularly as healthcare and biomedical research become increasingly data-driven, digital, and shaped by artificial intelligence.

1. Program Vision and Priority Areas

AMIA recommends that NLM use the next phase of the G13 program to explicitly support evidence synthesis in biomedical and health informatics. Systematic reviews, scoping reviews, evidence maps, rapid reviews, and state-of-the-art syntheses are often difficult to fund, yet they are essential for identifying what is known, where evidence is incomplete, and where NIH-supported research should go next. AMIA also recommends that NLM preserve the program's broader historical role in supporting larger scholarly works, including book-length scholarship, and expand to include projects within the broader knowledge ecosystem compatible with digital health, such as consensus-oriented projects, conceptual syntheses, and other durable organizations of knowledge that expand beyond article-level reviews.

Priority areas should include artificial intelligence and machine learning in health and biomedical research; interoperability, FHIR, USCDI, terminology standards, and health data exchange; data governance and stewardship, data quality, provenance, privacy, and responsible reuse; learning health systems and computable biomedical knowledge; clinical decision support; digital health and public health infrastructure; patient safety; patient usability; patient experience; and health equity.

AMIA also recommends that NLM prioritize works that synthesize evidence across technical, clinical, implementation, ethical, and policy dimensions. Informatics scholarship is most useful when it explains not only how the technology works, but how it affects patients, clinicians, workflow, safety, equity, trust, and organizational readiness. G13-supported work can help clarify emerging concepts, consolidate evidence, identify implementation gaps, support consensus development where appropriate, and shape future research agendas in rapidly evolving areas of biomedical and health informatics.

2. Scope and Audience of Scholarly Works

AMIA recommends that NLM define the audience for G13-supported works broadly and require applicants to identify the audiences their work is intended to serve. Key audiences should include researchers, clinicians, educators, public health practitioners, policymakers, health system leaders, patients, caregivers, standards developers, journalists, the lay press, and the interprofessional healthcare workforce.

For biomedical and health informatics topics, relevance should be assessed on whether the work helps its intended audience make better decisions. For researchers, this may include identifying evidence gaps and future research needs. For clinicians and health systems, this may include implementation guidance, workflow considerations, safety concerns, and workforce implications. For patients and caregivers, this may include usability, accessibility, trust, and user experience. For policymakers, public health leaders, journalists, and public-facing communicators, this may include synthesis of evidence on governance, standards, infrastructure, and adoption.

AMIA encourages NLM to value work that is useful beyond traditional academic audiences. High-impact biomedical and health informatics research often shapes implementation, governance, policy decisions, and public understanding. Review should therefore consider whether proposed work is understandable, actionable, accessible, and disseminated in formats that reach the audiences most likely to use it. This should include recognition that some G13-supported works may be most appropriately disseminated through trade publishing, or other quality-controlled non-academic channels, not only academic presses or peer-reviewed journals.

3. Evolving Scholarly Practices and Dissemination Models

AMIA recommends that NLM modernize the G13 program to support nontraditional scholarly products when they are rigorous, transparent, and designed for long-term public value. Traditional books and monographs remain important, but many high-impact informatics resources are now digital, modular, and frequently updated.

Eligible products should include digital handbooks, living reviews, implementation guides, curated evidence maps, open educational resources, public- or policymaker-facing reports, plain-

language summaries, blogs, code repositories or web explainers tied to a larger scholarly product, and interactive resources that connect evidence, standards, workflows, and implementation lessons. Projects should be supported to develop and maintain open, dynamically maintained resources that can be hosted, indexed, or connected through NLM-supported digital publishing and knowledge discovery infrastructure.

NLM should also encourage applicants to address how AI and other emerging technologies may assist with literature discovery, synthesis, translation, dissemination, and updating, while maintaining human accountability, transparency, and quality control. For evidence syntheses, applicants should be encouraged to use established reporting standards for systematic reviews, scoping reviews, and literature search strategies.

AMIA further recommends that NLM recognize the value of gray literature in informatics. Government reports, public health guidance, standards documents, implementation guides, and multi-stakeholder policy documents often shape national practice even when they are not peer-reviewed journal articles. Applicants should be able to include such sources using transparent search, appraisal, and reporting methods.

AMIA also recommends that NLM use the principles of findable, accessible, interoperable, and reusable open access and public access as a template for G13 dissemination. G13-supported scholarships should be distributed in ways that avoid unnecessary paywalls and do not rely solely on publication models that shift costs to authors through article processing charges. This would improve the value of the G13 mechanism for awardees while helping NLM increase access to and engagement with scholarly resources.

4. Program Structure and Review Considerations

AMIA recommends that NLM retain the G13 program's core purpose: supporting rigorous synthesis, contextualization, and dissemination of biomedical knowledge, while updating program structure and review criteria to better fit evolving models of informatics and digital scholarship.

Applications should be asked to describe: the evidence gap being addressed; the type of scholarly product proposed; the intended audience or audiences; the search and synthesis methods, where applicable; how peer-reviewed and gray literature will be handled; the dissemination plan; the update or maintenance plan, if applicable; and how impact will be assessed. For projects such as book-length scholarship, historical analyses, consensus processes, digital resources, or conceptual syntheses, applications should also be able to describe the scholarly framework, expert engagement process, archival or documentary sources, and intended contribution to the field.

For informatics-related applications, peer review should include broad expertise in biomedical informatics, encompassing health sciences librarianship, evidence synthesis methods, AI evaluation, interoperability standards, human factors, patient engagement, implementation science, digital publishing, public health communication, and workforce development. These areas of expertise should not be the sole methods for review, as informatics expertise is valuable across the full G13 portfolio, including books, historical scholarship, librarianship, digital humanities, public health synthesis, standards analysis, and studies of how data, technologies, workflows, and concepts change over time.

Review criteria should value methodological rigor, transparency, accessibility, usability, and dissemination value rather than relying primarily on traditional publication prestige. High-quality G13 products should be discoverable, understandable to their intended users, and capable of informing research, policy, education, standards adoption, safety practices, or implementation decisions.

5. Additional Comments

AMIA encourages NLM to treat the G13 program as a strategic mechanism for strengthening the evidence base that guides biomedical and health informatics research, policy, education, and implementation. This is especially important because many foundational informatics questions require synthesis across disciplines and across peer-reviewed and non-peer-reviewed sources.

NLM should consider piloting a dedicated biomedical and health informatics or digital health emphasis within the G13 program, including support for systematic reviews, scoping reviews, evidence maps, living resources, book-length syntheses, consensus-oriented projects, and open digital knowledge products on urgent topics such as trustworthy AI, interoperability, data quality, clinical decision support, digital health infrastructure, patient usability, safety, and workforce impact.

AMIA also recommends that NLM develop more transparent approaches to assessing impact beyond traditional publication models. Measures could include audience reach, use in education or training, citation in policy or implementation guidance, adoption by health systems or standards communities, reuse by researchers, accessibility to public audiences, and contribution to future research priorities.

To give this recommendation more practical value, NLM should strengthen indexing and integration between NLM-maintained resources, institutional libraries, repositories, and public discovery tools. This would help institutional librarians and other stakeholders track alternative metrics, gray literature use, citations in government documents, uptake by professional societies,

references in standards or implementation guidance, and reuse by health systems or public health agencies.

This approach would extend the G13 program beyond a single publication or single-library model and into a broader digital knowledge ecosystem. By supporting structured metadata, persistent identifiers, discoverability through library systems, and links across NLM resources, NLM could make G13-supported works easier to find, evaluate, preserve, and reuse while better measuring their academic, policy, public health, and public-facing impact.

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AMIA recommends clearer approaches to assessing impact beyond traditional publication models. Measures could include audience reach, educational use, citation in policy or guidance, adoption by health systems or standards communities, researcher reuse, public accessibility, and contribution to future research priorities.

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By supporting structured metadata, persistent identifiers, discoverability, and links across NLM resources, NLM can make G13-supported works easier to find, preserve, evaluate, and reuse while better measuring their academic, policy, public health, and public-facing impact.

Sincerely,



Eileen Koski

Chair, AMIA Public Policy Committee