







Accelerating Discovery & Data-Powered Health



Accelerate discovery and advance health through datadriven research



Reach more people in more ways through enhanced dissemination and engagement



for data-driven



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5

NLM Response to COVID-19: Resources

- PubMed Central
 - Expanding access to ~60k Al-ready articles, 2M accesses
 - Al-fueled insights from lit via Kaggle challenge
- · ClinicalTrials.gov
 - > 2200 clinical studies related to COVID-19
 - Display of studies listed in WHO portal with >1500 studies
- GenBank
 - · Fully automated 24-hour submission and release of data
 - · All publicly available data and tools featured
- LitCovid
 - Al-curated literature hub organizing and exploring scientific information
- · Standards and Terminologies
 - COVID-19 updates to UMLS, MeSH, RxNorm, LOINC, Common Data Elements Repository, VSAC, and more
- · NLM support of libraries virtually engaging their communities



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Improving Quality of Clinical Data for Research and Care

- Implementation guidelines, training for standardization, and addition of codes to support COVID-19-related laboratory tests within LOINC
- Value Set Authority Center (VSAC) FHIR API development to enable standardized sharing of COVID-19 terminology updates



7

Accelerating Research: Deep Phenotyping, Text-mining, and Real-Time Surveillance

- Mining clinical data for 'deep phenotyping' models that can be used to identify or predict presence of COVID-19 (EP)
- AI/Machine Learning, analytics and visualization of image and clinical data to support clinical decisions in real time (LHC)
- Public health surveillance using virus genomics, health data and social media data to identify spread (EP, NCBI)



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9

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Update Specific to the Extramural Program

- COVID-19 Research Funding
 - 2 NOSI
 - Partnership with NIDA
- AIBLE Artificial Intelligence for Biomedical Excellence
 - 7 year, \$125M Common Fund program
 - 5 key initiatives
 - · Data Design Centers
 - Data Readiness (hardware and software)
 - Data Readiness supplements
 - · Gold Data
 - · Assess Data Quality
- Equity in the NIH Portfolio
 - B/AA funding rate 13 percentage points lower than Asian, White why? What to do







