



## Frequently Asked Questions

**Updated: March 16, 2022**

*The following frequently asked questions and answers reflect the questions we received via a webinar that was broadcast on March 10, 2022. We are grateful to the many clinicians and researchers who took the time to ask thoughtful questions that helped clarify our thinking. We hope the following information proves helpful to those who are interested in learning more about our AI/ML Faculty Support RFP. Please note that these FAQs refer specifically to our [RFP for AI/ML Faculty Support](#) and is not intended to be guidance for future RFPs.*

**Q. When you say that this is open to post-doc researchers, does this refer to the actual post-doc, or does it refer to anyone with a doctorate degree (PhD/MD/etc.) who engages in research?**

A: The goal here is to bring someone into the Family Medicine Department/Division (or equivalent) who already has training and the research capacity to answer the research questions laid out in the proposal. These funds were originally intended to be used to support a post-doctoral researcher's salary. However, we understand that in some cases, a potential mentee candidate may have professional experience in the AI/ML field that extends beyond that of a traditional post-doc. In such cases, we ask that you clearly describe the mentee's education, background, and potential role in your Department/Division within the Letter of Intent (LOI) so that our review panel can consider the candidate appropriately.

**Q. Is there a specific expectation regarding the amount of time the principal investigator must spend on the grant (e.g., level of effort)?**

A: It is not the Foundation's intent to dictate how much effort should be put into this role. We expect that you will allocate sufficient time and effort to the candidate's work and research.

**Q. Do you plan to fund a training component?**

A: A training component is not currently configured for this RFP. It is hoped that by seeding this capacity, external funding for training can be procured by awardees in future grants.

**Q. Is the LOI authored by the recipient of the funding (the AI/ML researcher) or the Family Medicine Department/Division?**

A: The application needs to come from a leader within the Family Medicine Department/Division, or equivalent. Funding agreements will be between the ABFM Foundation and the Institution.

**Q. Those with AI/ML expertise - should they be part of Family Medicine as well, or can they be outsiders?**

A: The goal of the RFP is to build new capacity, not maintain existing. Therefore, the proposal would have to clearly demonstrate how this is enabling the building of new capacity if this person is from the Family

Medicine field. Successful proposals will clearly bring someone trained in AI/ML into the Department/Division. Mentors may be anywhere, even in another institution.

**Q: Can we propose multiple mentors? How much AI background does the candidate need?**

A: The use of multiple mentors is encouraged. Successful proposals will clearly demonstrate that the data scientist brought into the Department/Division has training in AI/ML so that they can become an immediate resource to the research team. Our intent is not for you to spend a lot of time and resources trying to develop the capacity for this role, as much as building out the capacity to perform it.

**Q: You mentioned creating "hubs" around the country to connect research groups - are you looking for groups that can connect with both our departments of Family Medicine as well as other groups that drive primary care research, such as the AAFP's National Research Network or our own departments of Biomedical Informatics and Biostatistics? departments? Can you say more about what you envision "hubs" to look like?**

A: We aim to support new capacity within four distinct Departments/Divisions of Family Medicine. Our aspiration is that this new capacity will encourage and support collaborations beyond the single Department/Division.

**Q: Is there a restriction on the type of data to be used?**

A: Real-World, primary care data are critical to successful proposals. There is not enough research happening on real-world primary care data. We anticipate that these data will be supplemented by other data sources, but there must be at least one identified source of primary care data which could include the department's own clinical data. We are concerned that clinical tools developed using non-primary care data but applied in primary care clinics could be detrimental to patients.

**Q: Given this is a heavy lift for one month, would there be flexibility in identifying the candidate or changing the candidate from the LOI?**

A: The funding does not start until September 2022, and while saying TBD on who that person will be is not sufficient, you can however declare how you are intending to look for this person, where you might look for this person, the skill sets you will be looking for, and a commitment to their ability to start by September 2022, would be acceptable.

**Q: Is there an expectation that the proposal will use PRIME data?**

A: PRIME data are an option but not a requirement or expectation. Further information regarding the ABFM's PRIME Registry can be found at <http://primeregistry.org>.

The PRIME Registry is an outpatient Qualified Clinical Data Registry certified by CMS in 2016 to report clinical quality measures for federal and other reporting requirements. The American Family Cohort

(AFC) is a research dataset derived from the [ABFM's PRIME Registry EHR data](#). The AFC reflects the ongoing partnership between the ABFM and the Stanford University Center for Population Health Science (PHS). In 2018, the ABFM partnered with PHS to convert the ABFM PRIME Registry data into a resource suitable for research, public health, and science in the public interest. The ABFM PRIME data are curated and prepared for research by PHS. This process involves harmonization, cleaning and removal, recoding, enhancement of some variables and removal, recoding or aggregation of certain sensitive variables. AFC includes EHR data from over 800 primary care practices and over 7 million unique patients across 47 states throughout the US and has representation from populations which are underserved and often missing from other data sources including rural, low income, and racial and ethnic minorities. AFC Data include visit notes (free text), lab values, medications, procedures (CPT), diagnoses (ICD) notes, insurance type, vital signs, and Census Tract-level Social Deprivation score. AFC data also include a wide payer mix including private insurance plans, Medicaid and Medicare, increasing the representation of vulnerable populations, and the generalizability of the sample to the overall US population.

**Q: Is the \$100,000 of salary support inclusive of fringe?**

A: The salary is inclusive of fringe benefits, and we also provide 10% towards indirect costs.

**Q: Does the institution need to commit funding to the salary line past the 5 year period?**

A: No. We believe that five years is desirable for successfully building ties, collaboration, and external funding. The ABFM is committing four years of funding and see the department's securing funding for a fifth as meaningful commitment to this same goal. We are not asking for commitment beyond the fifth year.

**Q: Does the LOI need to include the specific research question using real-world primary care data?**

A: Specific research questions do not have to be included in the LOI.