



REQUEST FOR PROPOSAL

Evaluating POCUS in Primary Care

Advancing Patient-Centered Outcomes in Continuity-Focused Practice



ISSUE DATE	May 9, 2025
AREA OF INTEREST	Point-of-Care Ultrasound (POCUS)
PURPOSE	The American Board of Family Medicine (ABFM) Foundation invites proposals for research studies evaluating the clinical, operational, and patient-centered impact of Point-of-Care Ultrasound (POCUS) in continuity-focused primary care settings. This RFP seeks to generate real-world evidence on how POCUS can enhance diagnostic decision-making, improve patient outcomes, and support equitable access to care.
BUDGET	Individuals or teams at single or partnering institutions may request up to \$50,000 for direct costs for a project with a term of up to 18 months . An additional 10% (\$5,000) may be requested for indirect costs. The Foundation will fund up to ten (10) proposals under this RFP.
GEOGRAPHIC COVERAGE	United States and Canada
ELIGIBILITY	<ul style="list-style-type: none">• Individuals or teams affiliated with academic institutions, residency programs, community-based primary care practices, healthcare systems, or nonprofit organizations involved in family medicine or primary care are eligible to apply. Interdisciplinary teams and collaborations across institutions are encouraged.• Early-career researchers and those from underrepresented or underserved settings are also encouraged to apply.
KEY DATES AND DEADLINES	<ul style="list-style-type: none">• Letter of Intent (LOI) Deadline: June 13, 2025• Proposal Submission Deadline: July 1, 2025• Anticipated Award Notification: Early August 2025• Project Period: October 1, 2025 – March 31, 2027
HOW TO APPLY	See pages 2-5 for a detailed overview of the RFP, including background, purpose, and submission requirements.
QUESTIONS	For questions regarding this RFP, please contact Dana Price – Manager of Grants and Collaborations at danaprice@theabfm.org .

Background

Point-of-Care Ultrasound (POCUS) is gaining significant momentum in family medicine, driven by its utility as a diagnostic tool that provides real-time insights, enhances patient care, and offers the potential to save both time and healthcare costs.¹⁻⁵ A large majority of family medicine residents express a strong interest in ultrasound training, and the demand for faculty development in POCUS continues to rise.^{1,6,7}

This momentum mirrors the broader rise of POCUS across specialties such as emergency medicine, critical care, and internal medicine—where it is now a standard bedside tool.³ Advances in affordable handheld devices, improved image quality, and artificial intelligence have further expanded its accessibility, including in resource-limited practice settings.^{8,9}

In contrast, research on its effectiveness in continuity of care settings remains limited. Most existing studies are hospital-based, and few have explored the real-world value of POCUS in continuity-focused outpatient environments, where the majority of family medicine is practiced.

Despite strong enthusiasm, primary care clinicians continue to face significant barriers to adoption. These include lack of training opportunities, limited access to equipment, and insufficient institutional investment in clinician education and sustainable program infrastructure.^{4,10} Addressing these challenges requires evidence that POCUS improves patient and healthcare outcomes in continuity of care settings, as well as research that evaluates scalable and practical strategies for successful integration into primary care.

Through this RFP, the ABFM Foundation seeks to address this critical evidence gap by supporting research that evaluates the clinical, operational, and patient-centered impact of POCUS in continuity-focused primary care. We welcome a range of research approaches, including but not limited to:

- **Pilot or feasibility studies** – Exploring early-stage implementation of POCUS.
- **Retrospective analyses** – Using electronic health record (EHR) or claims data to assess real-world POCUS utilization and outcomes.
- **Prospective observational studies** – Tracking patient and practice outcomes following POCUS integration.
- **Randomized controlled trials** – Assessing the impact of incorporating POCUS into routine care.
- **Implementation science studies** – Evaluating strategies for adoption, integration, and sustainability of POCUS.
- **Mixed-methods studies** – Combining quantitative outcomes with qualitative insights from patients, clinicians, and/or staff.

We prioritize proposals that demonstrate a clear focus on improving patient outcomes, while also taking innovative approaches to integration, training, and ensuring equitable access. Projects should not only address current barriers but also lay the groundwork for lasting change in primary care.

References

1. Capizzano JN, O'Dwyer MC, Furst W, et al. Current State of Point-of-Care Ultrasound Use Within Family Medicine. *J Am Board Fam Med*. 2022;35(4):809-813.
2. Hoffman MR, Mueller Luckey GS, Geske J. Point-of-Care Ultrasound and Procedural Instruction in the Family Medicine Clerkship: A CERA Study. *Fam Med*. 2023;55(7):460-466.
3. Meyer HL, Einloft J, Bedenbender S, et al. Impact and reception of point-of-care ultrasound training across medical education levels. *BMC Med Educ*. 2025;25(1):255.
4. Carrera KG, Hassen G, Camacho-Leon GP, Rossitto F, Martinez F, Debele TK. The Benefits and Barriers of Using Point-of-Care Ultrasound in Primary Healthcare in the United States. *Cureus*. Published online August 25, 2022.
5. Van Schaik GWW, Van Schaik KD, Murphy MC. Point-of-Care Ultrasonography (POCUS) in a Community Emergency Department: An Analysis of Decision Making and Cost Savings Associated With POCUS. *J Ultrasound Med*. 2019;38(8):2133-2140.
6. Ludden-Schlatter A, Kruse RL, Mahan R, Stephens L. Point-of-Care Ultrasound Attitudes, Barriers, and Current Use Among Family Medicine Residents and Practicing Physicians. *PRIMER*. 2023;7.
7. Taylor MJ, Gittens A, Beaubian D, Grady J, Herbst MK. Resident Instruction: Improving End-of-Year Medical Student Ultrasound Performance. *Fam Med*. 2024;56(10):668-671.
8. Beam M, Abdull Wahab SF, Ramos M. Point-of-Care Ultrasound in Resource-Limited Settings. *Med Clin North Am*. 2025;109(1):313-324.
9. Shen-Wagner J, Deutchman M. Point-of-Care Ultrasound: A Practical Guide for Primary Care. *Fam Pract Manag*. 2020;27(6):33-40.
10. Overgaard J, Thilagar BP, Bhuiyan MN. A Clinician's Guide to the Implementation of Point-of-Care Ultrasound (POCUS) in the Outpatient Practice. *J Prim Care Community Health*. 2024;15:21501319241255576.

Funding Details

- The ABFM Foundation will fund up to **ten (10)** projects under this RFP.
- Individual applicants or project teams may request up to **\$50,000** in direct costs. An additional 10% (\$5,000) may be requested for indirect costs. Although this funding represents a modest investment, applicants are encouraged to design projects with clinical and research sustainability in mind, outlining how the impact and resources of the work will continue beyond the grant period.
- Each project will have a term of up to **18 months**, beginning October 1, 2025, and concluding March 31, 2027.

Eligibility

- Individuals or teams affiliated with academic institutions, residency programs, community-based primary care practices, healthcare systems, or nonprofit organizations involved in family medicine or primary care are eligible to apply. Interdisciplinary teams and collaborations across institutions are encouraged.
- Early-career researchers and those from underrepresented or underserved settings are also encouraged to apply.
- Eligible applicants can be based in the United States or Canada.

Key Dates and Deadlines

- RFP Issue Date: May 9, 2025
- Letter of Intent (LOI) Deadline: June 13, 2025 (*see page 4 for instructions*)
- Proposal Submission Deadline: July 1, 2025 (*please use the submission link provided on page 4*)
- Anticipated Award Notification: Early August 2025
- Project Period: October 1, 2025 – March 31, 2027

Proposal Review Criteria

Applicants must demonstrate the capacity to carry out the proposed project within the 18-month funding period and to collect and analyze relevant clinical, operational, or patient-centered data.

Proposals will be reviewed and scored based on the following criteria:

- **Research Focus:** Clear emphasis on the outcomes and effectiveness of POCUS in primary care, particularly in continuity of care settings.
- **Methodology:** Strength, clarity, and rigor of the proposed research design, including a well-defined research question, appropriate data sources, and sound methods for data collection and analysis. Proposals should demonstrate methodological feasibility and relevance to primary care and continuity of care settings.
- **Individual or Group Experience:** Demonstrated expertise and track record in health services research, population health research, and program evaluation. The inclusion of individuals with experience in POCUS, particularly in outpatient or continuity of care settings, is strongly encouraged.

- **Dissemination Plan:** A summary of how findings will be shared with relevant stakeholders, including potential submissions to peer-reviewed journals, professional conferences, or educational venues.
- **Timeline:** A realistic and well-structured timeline that aligns with the proposed scope of work and demonstrates the feasibility of completing the project within the 18-month term. Proposals should also include well-considered contingency plans to address potential delays or challenges in project execution.

Expected Deliverables

- **Annual Progress Update:** One virtual check-in with ABFM Foundation staff, occurring approximately 6 to 9 months from the start of the award date to discuss project progress, challenges, and any necessary adjustments.
- **Manuscript for Peer-Reviewed Publication:** A manuscript prepared in accordance with the submission guidelines of the target academic journal. It should clearly present the study's rationale, methodology, results, discussion, and relevance to primary care or family medicine.
- **Data and Resource Sharing (as applicable):** Any tools, training resources, or materials developed through the project should be made available for future dissemination and use within the family medicine community.

***Note:** Based on the collective findings from funded projects, the ABFM Foundation may sponsor a symposium at NAPCRG or another primary care-focused conference to showcase shared results. If such a convening takes place, travel and accommodation expenses for up to two members of each project study team will be reimbursed separately and should not be included in individual grant budgets.*

Instructions for Submission

1. **Letter of Intent (LOI):** Prospective applicants are requested to submit a LOI (maximum 1 page) via email to danaprice@theabfm.org by **June 13, 2025**. The LOI should include the following information:
 - Descriptive title of the proposed project
 - Submitting institution
 - Participating institution(s) (if applicable)
 - Name(s) of the Principal Investigator (PI) and Co-Investigators (Co-Is)
 - Names of other key personnel
 - Brief summary outlining the research question and proposed methods

2. **Grant Submission Instructions and Guidelines:** Upload your proposal, budget, and letter of support through the following link by **July 1, 2025**. Accepted File Formats: Word, PDF, Excel.

Submission Site: <https://app.smartsheet.com/b/form/13d8ef14eb704082b753a913d2bd7a39>

All grant submissions will be treated as confidential by the ABFM Foundation and its review team.

Proposals and budgets should adhere to the following guidelines:

- **Detailed Budget:** Submit a detailed budget as a separate upload, aligned with the proposed work plan. It should include personnel time, project-related costs, and a 10% (\$5,000) allocation for indirect costs. For multi-institutional collaborations, only the lead (submitting) institution's 10% indirect cost rate will be accepted, and a single, consolidated budget must be submitted per proposal.

- **Letter of Support:** The submitting institution is required to provide **one** letter of support. The letter should come from a leader within the institution who has sufficient authority to confirm organizational commitment to executing the proposed project if selected for funding.
- **Proposal Narrative Length:** The narrative must not exceed **10 pages**, using 11-point font, 1-inch margins. This page limit applies only to the main proposal; the budget and letter of support should be submitted as separate attachments.

Each proposal should include the following components:

- A. Name, degree, and title of Primary Investigator or Co-Investigators.
 - B. Project Title.
 - C. Project Abstract (no more than 30 lines).
 - D. Research Question: Clearly state the research question(s) you intend to investigate.
 - E. Advancement: Explain how this work advances the field of POCUS in family medicine/primary care and why it is distinct from existing work.
 - F. Research Strategy: A clear outline of the proposed approach, including aims.
 - G. Methods: Describe the project's sources of data, data access, and analysis plan/methods.
 - H. Outcomes and Deliverables: Define expected outcomes and key deliverables.
 - I. Project Timeline: Describe key phases of the work roughly mapped over the 18-month grant period.
 - J. Study Team & Organizational Capacity:
 - Describe the qualifications and relevant experience of the project lead.
 - Identify all team members or collaborators and their roles.
 - Highlight the organizational assets and multidisciplinary strengths that support project execution.
 - K. Risks/Challenges: Identify anticipated challenges and explain how they will be mitigated.
- **Questions:** For questions regarding this RFP, please contact Dana Price - Manager of Grants and Collaborations at danaprice@theabfm.org.