



1-Star

FOUNDATIONAL AI READINESS

Essential structures and safeguards are in place to support safe, credible, and responsible AI use in family medicine.



Threshold: Demonstrate 10 of 16 criteria



2-Star

INTEGRATED AI CAPABILITY

AI work is coordinated, resourced, and embedded across family medicine functions.



Threshold: 10 of 16 One-Star +
12 of 19 Two-Star criteria



3-Star

FIELD-SHAPING AI LEADERSHIP

AI capability is mature, influential, and contributes to advancing responsible AI practice across the field.



Threshold: 10 of 16 One-Star + 12 of 19
Two-Star + 6 of 9 Three-Star criteria

Legend: ● criterion exists ○ no criterion | 1-Star 2-Star 3-Star



Research, Innovation & External Collaboration

	1-Star	2-Star	3-Star
Resourced AI roles	●	●	○
AI front door & support	○	●	○
Research-operations translation	●	●	●
External partnership practices	○	●	●
Dissemination & knowledge sharing	○	●	●



Responsible AI Use

	1-Star	2-Star	3-Star
Oversight & Shared learning	●	●	●
Framework-guided implementation	●	●	○
AI inventory	●	●	○
Privacy-safe AI use	●	○	○
Training & adoption support	●	●	●



Education & Workforce Development

	1-Star	2-Star	3-Star
AI education strategy	●	●	↻
Faculty development	●	●	↻
Fair access to approved tools	●	●	↻
Guardrails against overreliance	↻	●	●



Community & Patient Engagement

	1-Star	2-Star	3-Star
Equity & community-informed design	●	●	○
External partnership practices	○	●	↻
Dissemination & knowledge sharing	○	↻	●



AI Governance & Ethics

	1-Star	2-Star	3-Star
FM representation in AI governance	↻	●	●
Research / QI / deployment pathway	●	↻	○
AI intake, triage & routing	●	↻	○
Risk stratification & escalation	↻	○	○
Transparency & disclosure	●	↻	↻



Data, Infrastructure & Security

	1-Star	2-Star	3-Star
IT / informatics partnership	●	○	○
FM voice in data / privacy / access	○	●	●
Infrastructure, datasets & support	●	●	○



1-Star Center of Excellence Criteria

FOUNDATIONAL AI READINESS

Essential structures and safeguards are in place to support safe, credible, and responsible AI use in family medicine.

Threshold for Recognition: Demonstrate 10 of 16 1-Star criteria outlined below



Research, Innovation & External Collaboration

- **Formally identified AI roles:** Identify one or more individuals with responsibility to help build and coordinate family medicine AI capability.
- **Research-operations translation:** Define a pathway for practice needs to inform AI research and evaluation efforts.



Responsible AI Use

- **Oversight & shared learning:** Define a process to gather and review basic user feedback on AI tools and make adjustments.
- **Framework-guided implementation:** Use a repeatable approach to design, test, and improve AI-enabled workflows.
- **Transparent AI inventory:** Maintain a basic inventory of AI tools and pilots for internal visibility.
- **Privacy-safe AI use:** Maintain HIPAA-aligned guidance on approved tools, permissible data, and AI output handling.
- **Training & adoption support:** Offer basic guidance and help to end users for approved AI tools.



Education & Workforce Development

- **AI education strategy:** Identify an approach to AI education for at least one learner or workforce group.
- **Faculty development:** Offer introductory AI literacy and career development for practicing faculty.
- **Fair access to approved tools:** A clear approach for determining who may access approved AI tools and under what conditions.



Community & Patient Engagement

- **Health equity & community-informed design:** Define an approach for measuring health equity and gathering patient/community perspectives in AI selection and implementation decisions.



AI Governance & Ethics

- **Research / QI / employment pathway:** A clear pathway to classify AI work and route it to the right review and safeguards.
- **AI intake, triage & routing:** Define a transparent intake and triage process aligned to family medicine needs.
- **Transparency & disclosure:** Set clear expectations for disclosure of AI use to patients, learners, and staff.



Data, Infrastructure & Security

- **IT / Informatics partnership:** Maintain a structured partnership to support secure, compliant, clinically appropriate implementation.
- **Infrastructure, datasets & support:** Establish access to the technical infrastructure and support needed to implement and sustain AI tools.



2-Star Center of Excellence Criteria

INTEGRATED AI CAPABILITY

AI work is coordinated, resourced, and embedded across family medicine functions.

Threshold for Recognition: 10 of 16 1-Star + 12 of 19 2-Star criteria outlined below



Research, Innovation & External Collaboration

- **Identified AI roles:** Designate named, resourced roles with protected time to lead and support primary care AI.
- **AI front door & coordinated support:** Maintain a coordinated AI 'front door' that creates visibility, routes requests, and reduces duplication.
- **Research-operations translation:** Maintain a bidirectional process linking AI research and clinical operations.
- **Responsible external partnerships:** Use a defined approach for engaging external collaborators with expectations for roles, communication, safeguards, and shared goals.
- **Dissemination & knowledge sharing:** Maintain an intentional dissemination pathway for AI-enabled work locally and regionally.



Responsible AI Use

- **Oversight & shared learning:** Consistently use a structured oversight and learning loop with clear ownership and cadence.
- **Framework-guided implementation:** Consistently use implementation frameworks to guide design, testing, evaluation, and improvement.
- **Transparent AI inventory:** Maintain externally and internally facing inventories of AI tools in use, updated and used to coordinate support.
- **Training & adoption support:** Provide structured and effective training and adoption support for approved AI tools.



Education & Workforce Development

- **AI education strategy:** Implement an AI education strategy spanning at least two learner groups with mechanisms for keeping content current.
- **Faculty development:** Provide structured faculty development through mentorship, fellowships, professional development, and/or supported opportunities to build AI capability.
- **Fair access to approved tools:** Establish transparent policies to support fair access across roles and settings.
- **Guardrails against AI overreliance:** Define when AI may or may not be used in training and assessment, with safeguards for skill development.



Community & Patient Engagement

- **Health equity & community-informed design:** Prioritize health equity and community-informed design in selection, development, and rollout of AI tools.
- **Equity impact assessment & response:** Maintain a mechanism to assess and respond to equity impacts over time.



AI Governance & Ethics

- **FM representation in AI governance:** Maintain meaningful, consistent representation in institution-level AI governance.
- **AI risk stratification & evaluation:** Apply standardized AI risk stratification with proportional review, bias assessment, and clear escalation mechanisms.



Data, Infrastructure & Security

- **FM voice in data & privacy:** Define a mechanism to contribute input to data, privacy, security, and access decisions affecting primary care AI.
- **Infrastructure, datasets & support:** Maintain a defined pathway to access appropriately governed family medicine data, technical infrastructure, and support for AI development and evaluation.



3-Star Center of Excellence Criteria

FIELD-SHAPING AI LEADERSHIP

AI capability is mature, influential, and contributes to advancing responsible AI practice across the field

Threshold for Recognition: 10 of 16 1-Star + 12 of 19 2-Star + 6 of 9 3-Star criteria outlined below



Research, Innovation & External Collaboration

- **Research-operations translation:** Maintain a mature translational model that moves AI from evaluation into implementation, scaling, and standard work across multiple use cases.
- **Responsible external partnership practices:** Apply a responsible partnership model with clear value exchange, project cadence, safeguards, and expectations for shared learning or dissemination.
- **Dissemination & knowledge sharing:** Demonstrate thought leadership by sharing AI-enabled work, lessons learned, and practical guidance nationally and internationally.



Responsible AI Use

- **Oversight & shared learning:** Maintain a leadership-supported learning system that synthesizes feedback across AI tools and settings to guide implementation and scale effective practices.
- **Training & adoption support:** Maintain a mature training and adoption support model that is actively used, regularly refined, and integrated into responsible use.



Education & Workforce Development

- **Guardrails against AI overreliance:** Maintain explicit guardrails in training to prevent overreliance on AI, with defined points for AI-supported learning, AI-free assessment, and verification of core competencies.



Community & Patient Engagement

- **Environmental & planetary impact:** Consider environmental and planetary impact alongside clinical, operational, and equity considerations.



AI Governance & Ethics

- **FM representation in AI governance:** Demonstrate sustained leadership in institution-level AI governance, shaping enterprise AI strategy and decisions affecting primary care.



Data, Infrastructure & Security

- **FM voice in data & privacy:** Maintain meaningful involvement in data, privacy, security, and access decisions affecting primary care AI.