

Kaiser Permanente Mid-Atlantic States/Johns Hopkins Medicine Research Collaboration Program Program Overview

PROGRAM PURPOSE

As part of the Institute for Clinical and Translation Research pilot program, the Kaiser Permanente Mid-Atlantic States/Johns Hopkins Medicine (KPMAS/JHM) Research Collaboration Program supports collaborative epidemiologic, health services, and related clinical research to be conducted jointly by Kaiser Permanente (KP) and Johns Hopkins Medicine (JHM) researchers in alignment with both organizations' strategic priorities (**Appendix A**). The KPMAS/JHM Research Collaboration Program is guided by the Research Collaboration Committee (RCC), comprised of key leaders from Johns Hopkins Medicine, the ICTR, and the Mid-Atlantic Permanente Research Institute (MAPRI).

PROGRAM DESCRIPTION

The KPMAS/JHM Research Collaboration Program seeks to fund 12-month research projects that highlight the effective synergy of the KPMAS/JHM collaboration in tackling the complex and intriguing questions vexing both health systems. Projects should be for **initial research** that leverages the unique capabilities of KP and JHM as learning health systems. **Research may be based on prior efforts but should be unique and able to “stand alone” in its proposal. Funded projects are generally pilot projects that must be feasible for completion within the 12-month timeframe and will provide the necessary data for larger, joint grant applications working toward an external funding source.**

Funded projects will be managed by two co-Principal Investigators: one from KP and one from JHM. If an investigator has an idea for a project but does not know a potential research collaborator from either JHM or KP, the leaders at MAPRI and JHM will endeavor to make introductions on their behalf. For more information, contact ResearchCollaboration@kp.org (KPMAS) or ICTR_Navigators@jhmi.edu (JHM).

The application should indicate how the results of the pilot research project could be translated into improved healthcare and outcomes.

PROGRAM FUNDING PRIORITIES

Recommended categories, but not exclusive to funding, include:

- **Outcomes and Effectiveness:** Electronic Health Record (EHR) or claims data analysis; patient outcomes and potential disparities; comparative effectiveness trials addressing unmet patient needs or care gaps by race/ethnicity, language, education, and income; and development and use of clinical research registries.
- **Quality Improvement and Implementation Research:** data analysis targeted at improving value to our patients or to understand the complexity of care delivery, including appropriateness of the care, patient safety, and reducing unneeded care. Other areas of interest include examining care gaps by race/ethnicity, language, education and income.
- **Learning Health Systems Research:** studies an evolving model where continuous information on process, outcomes, and preferences of care is derived from EHRs and other mainly digital sources and is meaningfully used by the system to improve health care and outcomes. **Applications that address Learning Health Systems Research will be given extra consideration.**

Examples of previously awarded projects are found in **Appendix B**.

PROGRAM FUNDING AND PERIOD OF SUPPORT

The KPMAS/JHM Research Collaboration Program is for 12-month projects that are non-renewable. Funding is available for up to four projects with a total of \$75,000 per project. **Funding will start no earlier than April 1 of the award year.** Other items of note include:

- Physician applicants will need to allocate appropriate release time for research activities and receive permission/coordination from applicable Physician-in-Chief.
 - Physicians should include budgeted time for a project manager, analyst and other critical project team members (such as a biostatistician), and work with their organizational or regional research institute to estimate and secure the staff time required for the proposed work.
- Budgets should allocate funds for services such as analyst and project management support within the applicant's KP region and JHM as appropriate. **No indirect costs are allowed.**
- Only the work proposed within a project application will be authorized. Program administrators and leaders will assist with the required coordination with organizational and operational leaders.
- To avoid lengthy regulatory processes that may delay considerably the start of the project, JHM investigators should avoid proposing any activities that meet the NIH's definition of a foreign component. The ICTR Navigators can be contacted at ICTR_Navigators@jhmi.edu to assist with this.

Funding announcements and the call for applications are generally released in the Fall of each year. Applications will be due 6-8 weeks after the call for applications is released. Awards will be announced 6-8 weeks later.

PROGRAM ELIGIBILITY

- Must be a physician in good standing or a research scientist at KP or equivalent at JHM.
- Must have an identified collaborator from JHM or KP. If not, MAPRI or JHM ICTR faculty can work to identify a potential collaborator from JHM. For assistant, contact ResearchCollaboration@kp.org (KPMAS) or ICTR_Navigators@jhmi.edu (JHM).
- Must have research experience.
- Physicians at KP must have permission from their Physician-in-Chief.

PROGRAM TERMS OF PARTICIPATION

- Researchers will develop and submit one abstract for a peer-reviewed conference focusing on the proposed pilot research project.
- Researchers will develop one manuscript for publication in a high impact (impact factor >4.0) peer-reviewed journal focusing on the proposed pilot research project.
- Researchers will participate in and submit updates as required by the RCC.
- Researchers will comply with all IRB requirements and for JHM investigators, the applicable NIH NCATS as well as institutional data access prerequisites as well.

KPMAS/JHM RESEARCH COLLABORATION PROGRAM APPLICATION

The KPMAS/JHM Research Collaboration Program Application should be jointly written by one researcher from KP and one researcher from JHM. Applicants are only allowed to submit one project per application period. Please ensure that the Application is responsive or complementary to the categories described in Program Funding Priorities. The Application can be obtained by visiting [Kaiser Permanente Mid-Atlantic States/Johns Hopkins Medicine Research Collaboration Program – Mid-Atlantic Permanente Research Institute](#).

POINTS OF CONTACT

Contact ResearchCollaboration@kp.org (KPMAS) or ICTR_Navigators@jhmi.edu (JHM) for questions about the KPMAS/JHM Research Collaboration Program.

Appendix A: Kaiser Permanente Mid-Atlantic States / Johns Hopkins Medicine Research Collaboration Program Strategic Priorities

- To enhance the utilization and analyses of evidence-based medicine in the optimization of core integration and coordination.
- To demonstrate and improve the value of health care services.
- To improve access to care and reduce health disparities.
- To create innovations in using Epic® and KP HealthConnect® to improve health care.

Appendix B: Previously Funded Awards

Funding Year	Research Project	Principal Investigators
2022	Identifying Predictors for Scleroderma Health Care Utilization and Costs in Specialty Care Referral and Integrated Care Models	Michael J. Miller, RPh, DrPH, FAPhA (KP); Julie Paik, MD, MHS (JHM)
2022	Gastric Cancer Surgical Outcomes	Monica Ter-Minassian, ScD (KP); Fabian Johnston, MD (JHM)
2022	Electronic Health Record-Based Detection of Frailty Risk to Improve Care Management Among Older Adults	Douglas Roblin, PhD (KP); Hsien-Yen Chang, PhD (JHM)
2022	Vision Impairment, Social Factors, and Race/Ethnicity (VISOR Study) – The Impact of Disparities on Patients with Cataracts	Suma Vupputuri, PhD, MPH, FAHA (KP); Fasika A. Woreta, MD, MPH (JHM)
2021	Examining and Optimizing Adoption of Digital Mental Health Applications Across Health Systems	Michael J. Miller, RPh, DrPH, FAPhA (KP); Joseph F. McGuire, MA, PhD (JHM)
2021	Addressing Medication Safety from the Pediatric Primary Care Perspective	Nancy S. Weinfield, PhD (KP); Leticia M. Ryan, MD, MPH (JHM)
2021	Development, Validation, and Testing of an Interoperable Predictive Model to Estimate Inadequate Health Literacy	Michael J. Miller, RPh, DrPH, FAPhA (KP); Joseph J. Gallo, MD, MPH (JHM)
2021	Comprehensive Diabetes Assessment	Maile Taulii, PhD, MPH (KP); Jodi Segal, MD, MPH (JHM)
2019	Barriers and Facilitators to Provider Adoption of Medication Price Transparency Tools in Electronic Medical Records: A Qualitative Study	Douglas Roblin, PhD (KP); Ashwini Davison, MD, MS, FAMIA (JHM)
2019	Benign Breast Disease: Cohort Identification for Breast Cancer Screening and Pathology Analysis	Monica Ter-Minassian, ScD (KP); Kala Visvanathan, M.B.B.S., F.R.A.C.P., M.H.S (JHM)
2019	A Pilot Study to Improve the Use of Electronic Health Records for Identification of Patients with Social Risks and Needs: A Collaboration of Johns Hopkins Medicine and Kaiser Permanente	Claudia Nau, PhD (KP); Elham Hatef, MD, MPH (JHM)
2019	The Role of Patient Portals in Ameliorating or Exacerbating Disparities in Maternal Health	Nancy Weinfield, PhD (KP); Shari Lawson, MD, MBA, FACOG (JHM)
2018	Preexposure Prophylaxis (PrEP) Uptake and Adherence to PrEP Care Continuum	Rulin Hechter, PhD, MD (KP); William Towner, MD (KP); Katia Bruxvoort, PhD, MPH (KP); Joyce Jones, MD (JHM)
2018	Realizing the Health Benefits of Rehabilitation Programs for Cardiopulmonary Disease: What Can Healthcare Systems Do to Improve Patient Engagement and Participation?	Douglas Roblin, PhD (KP); Hanan Aboumatar, MD, MPH (JHM); Lee Bone, MPH (JHM)
2018	Socioeconomic Circumstances and Asthma Medication Management in the Baltimore Area: Learning How to Identify Care Gaps and Target Interventions	Douglas Roblin, PhD (KP); Hong Kan, PhD (JHM)

2018	Transgender Care Quality Improvement Program (TransCQuIP)	Brandyn Lau, MPH, CPH (JHM)
2017	Assessing the Relationship between Parental Activation and Obesity-related Health Behaviors among Overweight and Obese Low-income Racial/Ethnic Minority Young Patients.	Corinna Koebnick (KP); Nakiya Showell, MD (JHM)
2017	Estimating Changes in Liver Fibrosis Over Time and In Specific Subgroups with Transient Elastography (TE).	Carla Rodriguez, PhD (KP); Tinsay Woreta, MD (JHM)
2017	Evaluating the Uptake of Screening and Preventative Strategies for Patients at High Risk for Breast Cancer.	Monica Ter-Minassian, ScD (KP); Kala Visvanathan, M.B.B.S., F.R.A.C.P., M.H.S (JHM)
2017	Racial Disparities in Hypertension (RADISH): Decomposing the effects of risk factor distribution and risk factor impact on racial disparities.	Suma Vupputuri, PhD (KP); Addl Contributor: Kevin Rubenstein (KP); Romsai Tony Boonyasai, MD (JHM)
2016	Comparative/Cost-Effectiveness of Early vs. Delayed Treatment of Chronic Hepatitis C Virus (HCV)	Carla Rodriguez, PhD (KP); Bill Padula, PhD (JHM)
2016	Diagnostic Performance Dashboard to Reduce Diagnostic Error & Enhance Value Using Big Data Measuring Missed Strokes Using Administrative and Claims Data: Towards a Diagnostic Performance Dashboard to Monitor Diagnostic Errors	Carla Rodriguez, PhD (KP); Addl Contributors: Ejaz Shamim, MD (KP); David Newman-Toker, MD, PhD (JHM)
2016	Sickle Cell Disease Quality Metrics and Health Outcomes	Michael Horberg, MD (KP); Monica Ter-Minassian, ScD (KP); Sophie Lanzkron, MD (JHM)