

The Kaiser Permanente and Johns Hopkins Medicine Research Collaboration Committee (RCC) is actively requesting proposals for collaborative research opportunities. As part of the Institute for Clinical and Translation Research pilot program, the KP/JHM research initiative seeks to support collaborative epidemiologic, health services and related clinical research to be conducted jointly by Kaiser Permanente and Johns Hopkins researchers. Research proposals should highlight the effective synergy of the Kaiser Permanente/Johns Hopkins collaboration in tackling the complex and intriguing questions vexing our health systems.

The RCC will review proposals and select those **which best represent initial research that leverages the unique capabilities of Kaiser Permanente and Johns Hopkins as learning health systems**. Research proposals should align with both organizations' strategic priorities:

- Innovations in using Epic® (KP HealthConnect) to improve health care
- Demonstrating and improving the value of health care services
- Enhancing the utilization of and analyzing evidence-based medicine in optimizing care integration and coordination
- Improving access to care and reducing health disparities

The RCC will consider a wide array of research proposals such as analyzing EMR data; developing clinical research registries; implementing safety and quality improvement research projects; conducting comparative effectiveness trials; and examining care gaps by race/ethnicity, language, education and income. Investigations should indicate how the results of the pilots could be translated into improved health care and outcomes.

Accepted proposals are granted limited funding (up to \$75,000 for 12 months; non-renewable) generally launched as **pilot projects** to be reviewed for expansion to more complex proposals in the future.

Proposals might fall into more than one category but must be feasible with available funds within the 12-month timeframe. Potential categories include:

1. Outcomes and effectiveness: EMR or claims data analysis; patient outcomes and potential disparities; addressing unmet patient needs
2. 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, and reducing unneeded care
3. Learning health systems research: studies an evolving model where continuous information on process, outcomes and preferences of care is derived from electronic health records (EHRs) and other mainly digital sources and is meaningfully used by the system to improve health care and outcomes

Funded studies will be managed **by two co-Principal Investigators (PIs); one from Johns Hopkins, and one from Kaiser Permanente**.

As contributors to a learning health care system, research teams will develop an evaluation and implementation plan for their project to translate their findings into new interventions that can optimize health care delivery. This may include funding for additional analyses, research on additional evidence, or moving directly to implementation and dissemination. For your reference, a list of past awarded projects is included as an addendum.

Please note that priority will be given to proposals that are not COVID-specific studies, as the goal is to promote studies that will have longer term relevance to both institutions. Considerations for review will include feasibility given limited resources of the pilot funding, methodology, relevance of the proposed research, likelihood of further work based on the proposed research. Reviewers recognize that these are pilot projects and should have appropriate scope. **ONLY** the work proposed will be authorized.

Brief Application Guidelines

The RCC is offering pilot money for up to 4 projects, up to \$75,000 each (no indirect costs). Successful pilot projects will be able to demonstrate the ability to produce initial results within 12 months and demonstrate an effective collaboration between investigators from both KP and JHM.

Examples of desired results would include but are not limited to: 1) larger grant application to an external funding source; 2) submission for publication or presentation at a national conference; or 3) addressing known healthcare issues common to both institutions. There is also an expectation of presentation of these results to relevant senior leadership of both institutions, as well as working collaboratively with operational teams at the two institutions to address any care gaps identified from the research.

Pilots should have a long-term goal of leading to larger external (to KP and JHM) joint grant applications. Failure to show evidence of that in the Brief Application will greatly hinder the likelihood of initial pilot funding.

These projects should be new research and not continuation of prior research or continuation of previous funding. Of course, research can be based on prior efforts, but should be unique and able to “stand alone”.

Who	The application should be jointly written by one researcher from JHM and one researcher from KP.
What	The application will be responsive to one of the three areas listed above. Brief applications that addressing the learning health system topic will be given extra consideration. <i>Please see "What your Brief Application needs to include" below.</i>
Where	Please send completed Brief Applications to both Michael.Horberg@kp.org and dford@jhmi.edu
When	The application is due by 5pm Eastern Time, January 5, 2021
If you have questions?	Please contact Michael Horberg (Michael.Horberg@kp.org) or Daniel Ford (dford@jhmi.edu) Also, please see our website at https://jhkpresearch.johnshopkins.edu/ for a copy of this request and other useful information. We recognize that you may have a great idea but not know a potential research collaborator/colleague at the other institution. Drs. Horberg and Ford will endeavor to make such introductions after consultation with our various research colleagues.

What your Brief Application needs to include:

1. Provide names of JHM and KP researchers jointly submitting applications (application must be submitted by at least 2 researchers with representation from both KP and JHM)
2. In **3 pages or less**, (11 font size) describe what you are trying to do (research question and briefly the methods), and how this assists the aims of a larger funded project over the long term. Also, briefly describe the evidence gap you are trying to fill and why your question is relevant, and for which population of stakeholders. The 3 page limit does not include budget or budget justification.
3. Included in the above, discuss the population, data source and research design approach / methods you envision using for the overall project and for this pilot (as they may differ). What types of data do you need to support your research (e.g., inpatient, ambulatory, etc.)? Is there a specific KP region or JHM entity that you would like to work with?
4. In one paragraph, explain what prior work may have already been completed at one or the other collaborating organization that might help make this project more feasible
5. In no more than 1 paragraph, describe the key deliverables or “products” that you believe are achievable during this pilot and how long would it take to achieve them. Please include a table of 2-3 milestones and short project timeline/schedule that you will use to monitor progress of your project throughout the 12-month period.
6. Describe the researchers at each institution who could collaborate on both the pilot and then a potential subsequent larger effort? (If you do not know a relevant collaborator at Kaiser Permanente or Johns Hopkins, please contact Drs. Ford or Horberg. Please state also why KP and JHM will be the right institutions to do this research.
7. A brief budget and budget justification. Provide a brief budget to support work to be undertaken at each individual site with accompanying justification—more detailed budgets may be requested if needed. Usual categories include faculty, staff and data resources. Funding must stay within the two individual organizations (i.e. \$37500 awarded by JH ICTR to support work being done at Johns Hopkins, \$37,500 awarded by KP to support work being done at Kaiser.). Please note that we do not pay indirect costs. [Your brief budget proposal and justification will be an appendix to the aforementioned 3-page proposal description].

The applications are due by 5pm Eastern Time on **January 5, 2021**. We expect to announce funding decisions by **January 28, 2021**. All projects are expected to be completed within the calendar year. Note that the RCC also will assist with coordination with organizational and operational leaders.

If necessary, once we receive the applications, we will schedule a conference call with the PIs to discuss each application.

If you have any questions, please contact either Dr. Michael Horberg (Michael.Horberg@kp.org) or Dr. Daniel Ford (dford@jhmi.edu).

Recent Past Awarded Projects:

2019	Barriers and Facilitators to Provider Adoption of Medication Price Transparency Tools in Electronic Medical Records: A Qualitative Study	KP: Douglas Roblin, PhD; JHM: Ashwini Davison, MD,
2019	Benign Breast Disease: Cohort Identification for Breast Cancer Screening and Pathology Analysis	KP: Monica Ter-Minassian, ScD JHM: Kala Visvanathan, M.B.B.S., F.R.A.C.P., M.H.S
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	KP: Claudia Nau, PhD JHM: Elham Hatef, MD, MPH
2019	The Role Of Patient Portals In Ameliorating Or Exacerbating Disparities In Maternal Health	KP: Nancy Weinfield, PhD JHM: Shari Lawson, MD, MBA, FACOG
2018	Preexposure prophylaxis (PrEP) uptake and adherence to PrEP care continuum	KP: Rulin Hechter, PhD, MD; William Towner, MD; Katia Bruxvoort, PhD, MPH JHM: Joyce Jones, MD;
2018	Realizing the Health Benefits of Rehabilitation Programs for Cardiopulmonary Disease: What Can Healthcare Systems Do to Improve Patient Engagement and Participation?	KP: Douglas Roblin, PhD; JHM: Hanan Aboumatar, MD, MPH; Lee Bone, MPH
2018	Socioeconomic Circumstances and Asthma Medication Management in the Baltimore Area: Learning How to Identify Care Gaps and Target Interventions	KP: Douglas Roblin, PhD JHM: Hong Kan, PhD
2018	Transgender Care Quality Improvement Program (TransCQUIP)	JHM: Brandyn Lau, MPH, CPH
2017	Assessing the Relationship between Parental Activation and Obesity-related Health Behaviors among Overweight and Obese Low-income Racial/Ethnic Minority Young Patients.	JHM: Nakiya Showell, MD KP: Corinna Koebnick
2017	Estimating changes in liver fibrosis over time and in specific subgroups with transient elastography (TE).	KP: Carla Rodriguez, PhD JHM: Tinsay Woreta, MD
2017	Evaluating the Uptake of Screening and Preventative Strategies for Patients at High Risk for Breast Cancer.	KP: Monica Ter-Minassian, ScD JHM: Kala Visvanathan, M.B.B.S., F.R.A.C.P., M.H.S
2017	Racial Disparities in Hypertension (RADISH): Decomposing the effects of risk factor distribution and risk factor impact on racial disparities.	KP: Suma Vupputuri, PhD Addl Contributor: Kevin Rubenstein JHM: Romsai Tony Boonyasai, MD