

**MINUTES**  
**497<sup>th</sup> MEETING OF THE FACULTY SENATE**  
**3:00 pm, Wednesday, April 14, 2021**  
**Virtual Zoom Meeting**

**PRESENT:** Akst, Al-Grain, Antoine, Bennett, Bitzer, Blakeley, Bulte, Burke, Burkhart, Cabahug, Campbell, Carr, Cervenka, Cooke, Collaco, Cormack, DeZube, Donehower, Eberhart, Fowler, Fu, Iijima, Karjoo, Macura, Mahesh, , Manahan, Margolis, Merkel-Keller, O'Brien, Singla, Ponor, Razzak, Redmond, Reesman, Seymour, Stevens, Swenor, Tamashiro, Taylor, Tschudy, Vernon, Wagner-Johnston, Weiss, Williams, Wu, Zeiler

**Mmes: Messrs:**

**ABSENT:** Bigelow, Boss, DeZern, Doetzlhofer, Gallia, Garcia, Gottlieb, Gourin, Kim, Marino, Ingari, Stayman,

**Mmes: Messrs:**

**REGULAR GUESTS:** Drs. Faraday, Fivush

**Mmes: Bianchi, Bruder, Robbins Messrs:**

**GUESTS:** Drs. Hasselfeld, Hughes, Weeraratna

**Mmes: Brown, Colecchia, Gregory, Shea Messrs: Burns**

- I. Welcome.** Dr. Mahesh welcomed the Senate members and guests. Reminder: please share Faculty Senate updates with your department. Department Faculty Senate nominations and elections to occur now (April 2021, [https://www.hopkinsmedicine.org/faculty\\_senate/ reps.html](https://www.hopkinsmedicine.org/faculty_senate/ reps.html)). There are two more scheduled full Faculty Senate meetings for this term: May 5 and June 23. Dr. Mahesh asked that the full Faculty Senate meeting be changed to June 16<sup>th</sup>. At that meeting Faculty Senate will elect the officers (Chair, Vice Chair, Secretary, [https://www.hopkinsmedicine.org/faculty\\_senate/](https://www.hopkinsmedicine.org/faculty_senate/)). Then there will be a special meeting on June 23rd with exiting and incoming officers. Agendas will be sent.
- II. Approval of the minutes.** Dr. Mahesh presented the minutes of the 496<sup>th</sup> meeting of the Faculty Senate. A motion was made, seconded and minutes were approved as distributed.
- III. Brian Hasselfeld, MD, Medical Director, Digital Health & Telemedicine. Helen Hughes, MD, MPH, Assistant Medical Director, Office of Telemedicine, Assistant Professor of Pediatrics; Telemedicine: current landscape, future implementation & research projects.** Telemedicine visit volumes were shared (video and telephone) beginning July 2019 – March 2021. Started in July 2019 at 52 visits and peaked in May 2020 at 93,996 visits. Peaks also noticed during major snow events. When excluding “telemedicine insensitive” areas (i.e. lab, Radiology), telemedicine visits have been approximately 28% of “telemedicine sensitive” ambulatory care so far in CY 2021. Top five departments with ambulatory telemedicine visits are psychiatry, nutrition, neurology, genetic medicine, and neurosurgery (1/1/21 - 3/15/21). Out of state care volume has remained about the same; 85% of total out of state visits are regionally based: VA, PA, DE, and WV. Patient satisfaction surveys are sent after telemedicine appointments and report 95/100 in provider satisfaction, 9/10 likelihood to recommend to friends/family, and 88% find it important to have video visit options. In August 2020, Cisco technology went live for video visits, decision made with patients in mind, as access is easier. Over 1,000 responses received from voluntary provider survey gauging provider expectations around telemedicine. Results being assessed, but a common barrier reported is patient internet connectivity. Access to MyChart is another potential barrier. Texting options are being built to bypass MyChart (when needed). Regulatory updates were discussed including COVID licensure changes. There has been active State and Federal advocacy by JHMI and JHU leaders. The Preserve Telehealth Access Act of 2021 has passed in the Maryland legislature and will be signed in this week. Key sponsor of the TREAT Act in the US Senate. The Baltimore City Mayor’s Office has created a digital equity role and Dr. Hasselfeld and other JHU-SOM leaders have met with them. Licensure for the next year or two will be a state-based approach. Florida created a “telehealth license” at no cost, registration info available on [SharePoint](#). [Licensure FAQ](#). Dr. Helen Hughes discussed development of ambulatory telemedicine encounter standards (can be found in [HPO](#)). Telemedicine equity efforts include Telemedicine Equity Working Group, using framework/toolkit, dashboard break down video and phone encounters by demographic information (available in [tableau](#)), geographical area, payer information. Dr. Hughes recently awarded a research grant to assess

“The Impact of Telehealth Access on Health Equity for Patients, Families, and Community Members in Two Medicaid-Focused Pediatric Primary Care Models”. Telemedicine Research Consortium discussed. Office of Telemedicine can provide guidance on what is technically feasible, regulatory guidance, logistical considerations and help to link faculty with [BEAD core](#) and [CCDA](#) to make sure data are being pulled properly and visits are being defined in the same way across the institution. Office of Telemedicine working with JHUSOM IRB to develop standardized pathways to assist investigators with telemedicine related research. JHM Telemedicine Education Consortium, led by Judy Greengold, CRNP and Maura McGuire, MD, have created [videos](#) for patients and for clinicians. Other resources: [my.jh.edu](#), telemedicine tile (you can favorite for ready access). New Epic features to make telemedicine easier discussed including: Text features available using events tab (i.e. provider late). “Video Visit Technical Risk Score” available in EPIC to allow time for additional logistical support before visits. Future plans for enhanced access for all patients, research opportunities were discussed including: Tyto system, new EPIC builds (including expanding hospital to hospital consultation in addition to inpatient telemedicine), follow up orders (video, in-person, or either) covered. Additional areas to be addressed are barriers for people with disabilities. One resource is Language Access Services for CART (Communication Access Realtime Translation) services, interpreters, etc. ([JHMInterpretations@jhmi.edu](mailto:JHMInterpretations@jhmi.edu)). If interested in being involved in Telemedicine Equity Working Group or Telemedicine Research Consortium, contact [Helen Hughes, MD, MPH](#); Telemedicine Education Consortium, contact Judy Greengold, CRNP. Meeting dates on slide 32. Reference one-pager of Office of Telemedicine’s resources.

**IV. Thomas F. Burns, JD, MBA, Assistant Dean for Research Affairs, Sharel Brown, MPhil, Associate Director for Grants at Office of Research Administration & Representatives of the Office of General Counsel; Changes to NIH and Other Support Requirements effective January 2022.** Changes effective January 2022. The new National Defense Authorization Act (NDAA) applies to all federal agencies and impacts other support reporting... For NIH Other Support, the changes require that other support documents must include: all resources made available, or expected to be made available, to an individual in support of an individual’s research and development efforts regardless of whether support: 1) is foreign or domestic; 2) is made available through the entity applying for the grant (JHU) or; 3) has monetary value. This means that all resources and/or financial support from all foreign and domestic entities, consulting agreements, in-kind contributions need to be reported (i.e. visiting post-doc or researcher that is funded by a foreign institution must be disclosed, materials that are provided via a Material Transfer Agreement or Data Use Agreement, and similar “gifts-in-kind”). What does NOT need to be disclosed? Training awards, prizes or gifts (with no expectation of anything in return). In addition, supporting documentation now required (copies of contracts, grants, or other agreements, appointments from last 3 years). Immediate notification required to NIH when a recipient organization discovers PI or other senior/key personnel failed to disclose Other Support info. Other Support Form certification and signature by researchers now required, e-signature will be required as a part of the package and provided as flattened PDF. See slides for specifics related to requirements. ORA can provide a copy of everything that faculty have submitted to [COEUS](#). However, COEUS does not include all items that will be required for Other Support reporting meeting NDAA requirements. Enforcement for noncompliance (researchers and entities): rejection/withdrawal of application; termination/suspension of award; imposing specific award conditions; withholding future awards; referral for further criminal/civil investigations. ORA staff available to help with Webinars / Q&A Sessions for Other Support and Biosketch requirements are coming up and more information available in slides. Detailed submission instructions are on [JHURA](#). Faculty Senate Recommendation: JHU SOM prioritize evaluating existing reporting systems (that are largely fragmented) and consider replacing them with an integrated system for organizing required reporting documents that meet all NDAA and other federal, regional and sponsor requirements in the upcoming fiscal year. Federal government will want all faculty to keep documentation in [SciENcv](#) (NIH), however, SciENcv is only for federal work. All faculty are recommended to create research profiles in [ORCID and linking it to JHU](#). ORCID will then feed into SciENcv when that goes live. Faculty Senate to adopt a resolution recommending the SOM/University develop appropriate coordinated system that would centralize all of the necessary documents to help faculty meet their compliance obligations.

- V. **Bright Spot Series: Ashani T. Weeraratna, PhD, Bloomberg Distinguished Professor of Cancer Biology; Chair of Biochemistry and Molecular Biology at Johns Hopkins Bloomberg School of Public Health; Co-Program Leader, Cancer Invasion and Metastasis Johns Hopkins School of Medicine; “Studying melanoma at the intersection of aging and cancer.”** Targeting age-related changes in tumors can alleviate looming public health burden. Vast majority of cancers occur in people over the age of 50. Fibroblasts secrete multiple different factors, and as they age they secrete factors that drive transition of melanoma cells from an initiated state to an aggressive state. Aging affects therapy resistance, angiogenesis, metabolism, immune micro-environment, dormancy, and metastasis (matrix changes). During aging, VEGF decreases and sFRP2 increases. sFRP2 promotes angiogenesis during aging and inhibits the efficacy of anti-VEGF in vivo. Bevacizumab is used to target VEGF, trial showed that patients under the age of 45 lived longer and patients over 65 saw no benefit. Matrix changes during aging may also make blood vessels more permeable. Lipidomics analyses reveal that many lipids upregulated in aged fibroblast secretome are taken up by melanoma cells. Differences between male and female discussed. Trial results shared in slides. Advocacy efforts shared: Melanoma and sunscreen awareness is important to introduce early in life. Philadelphia melanoma awareness day at a Phillies baseball stadium, sunscreen dispensers were put out. Phillie’s baseball player Mike Schmidt partnered with RDK Melanoma to install dispensers around the Philadelphia area. Hoping to work with Orioles in 2022. Then discussed work promoting diversity in the scientific community. Published “The Race Toward Equity: Increasing Racial Diversity in Cancer Research and Cancer Care” with Donita Brady, PhD (University of Pennsylvania). Collaborating with Namandjé Bumpus, PhD on the NIH FIRST proposal. Will cultivate and provide executive coaching for URM faculty. Faculty recruitment focused on four scientific clusters: biotherapeutics; basic/translational neuroscience; systems biology/technology platforms; cellular and molecular oncology.
- VI. **Other Business.** Requests for Faculty Senate nominations have been sent out to all faculty in departments with open positions. Faculty elections are coming up, please talk to your faculty about your interest in re-election if that is the case and encourage other faculty to consider running for positions. Dr. Mahesh suggested using a template for future agendas - rotating basis of inviting leadership and reoccurring topics for new officers can use as a reference. Dr. Blakeley recommended creating a list of guests have presented in the past 3 years. Centralized repository and agenda template to be discussed at next meeting. Dr. Swenor posed that officers and representative think about how onboarding can be made easier for new representatives. Redonda Miller, MBA, MD, President, The Johns Hopkins Hospital, Associate Professor of Medicine and Ted DeWeese, MD, Vice Dean for Clinical Affairs and President of the Clinical Practice Association, Professor of Radiation Oncology and Molecular Radiation Sciences, will attend next month to cover the formula for calculating compensation. Dr. Blakeley made a motion that the Faculty Senate create language around an official request for exploration of a centralized system for managing all regulatory and reporting requirements. Executive committee will take a first stab and if anyone would like to step forward to sit on writing committee to assist, please reach out. Dr. Mahesh thanked everyone and adjourned the meeting at 4:50pm. The Faculty Senate will meet next on May 5, 2021 from 3pm-5pm on Zoom.

Respectfully submitted,  
Jaishri Blakeley, MD  
Faculty Senate Secretary  
Martha Bruder  
*Recording Secretary*