

Request for Proposal (RFP)



Lilly USA, LLC
Lilly Corporate Center
Indianapolis, Indiana 46285
U.S.A.

To: Educational Providers
From: Linda Battiato, Medical Education Grant Officer
Date: 9/12/22

Lilly is committed to supporting high-quality education that provides healthcare professionals with evidence-based, clinically relevant content that advances learners' knowledge, competence, and performance to ultimately impact patient care. Lilly does not support Independent Medical Education, or any medical activities, for the purpose of encouraging off-label use of our products.

A. Healthcare/ Clinical Practice Gaps and Root Causes

Lilly is requesting proposals for evidence-based educational intervention(s) to address challenges in providing an accurate and timely neuropathological diagnosis of Alzheimer's Disease (AD). Submitted proposals should target US HCPs and their multidisciplinary teams who diagnose and treat AD and should address the following identified evidence-based educational gaps.

Healthcare/Clinical Practice Gap	Root Cause/Barrier
<ul style="list-style-type: none">Patients with AD are not receiving a timely diagnosis. Utilization of PET imaging and CSF analysis to detect AD biomarkers may assist in early diagnosis. However, there is limited clinical application potentially due to associated costs (procedure time, lack of reimbursement, etc.) and perceived invasiveness of lumbar puncture. Therefore, individuals who may be at risk of AD are not receiving adequate diagnostic testing. ¹⁻⁸HCPs are not aware of emerging evidence regarding use of validated fluid biomarker assays to help detect AD pathology and facilitate diagnosis in patients presenting with cognitive impairment. Greater education on	<ul style="list-style-type: none">Because of the rapid influx of complex new data and information, HCPs are challenged to keep up with advances in the use of fluid biomarkers to aid in the diagnosis of AD and translate the available data into clinical practice. ¹⁶⁻¹⁸HCPs may be underprepared and inadequately trained to integrate fluid assays into AD diagnostic algorithm to support diagnosis in early symptomatic AD. ^{3-7, 16-18}

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these assays is needed to ensure use in the correct population, integration into diagnostic process, and to avoid errors in interpretation that may delay diagnosis and thus, contribute to poor outcomes.^{9-18.}

Note: Proposals may focus on one or more of the gaps listed above and may propose different types of interventions as appropriate to address the root cause(s). Different evidence-based root causes underlying these gaps are welcomed. Please clearly indicate in your proposal which gap(s) and root causes your proposal is designed to address.

Interventions, directed to US Health Care Physicians, should focus on application of knowledge and improvement in clinical performance to improve the ability of HCPs to:

- A. Provide a timely and accurate neuropathological diagnosis in symptomatic patients
- B. Recognize the advantages and limitations of the currently available AD fluid diagnostics, and integrate knowledge and awareness into clinical practice
- C. Appropriately utilize AD fluid diagnostics to support diagnosis and facilitate disease management

Preference will be given to:

- Evidence-based educational formats/modalities/techniques that have been demonstrated to lead to competence and that result in real-world practice improvements. (e.g., high-levels of learner involvement, interactivity, practice & feedback, reflection, high relevance to practice, case-based, simulations, inclusion of practical resources/methods to help reinforce and apply learnings in practice, etc.).
- Instruction based on the science of learning and research on physician learning are preferred. (See examples of references below). Provide references to support that these types of interventions have been proven to enhance learning.
- Please clearly articulate/define the specific components to be used to actively engage learners as well as provide details regarding experience executing proposed instructional design that leads to measurable outcomes.

B. Approach

The proposal should align with the terms and definitions outlined in the [Outcomes Standardization Project \(OSP\) Glossary](#).

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The plan to capture metrics on the following terms (at minimum) should be clearly stated in the proposal: **Intended Reach, expected # of Learners, expected # of Completers.**

The proposal should include the following information:

- **Executive Summary:** Introductory snapshot to be placed at the beginning of the grant proposal. Consider bulleted format and include:
 - Practice gaps/educational needs
 - Target audience(s)
 - Number of anticipated learners for each modality (e.g., live and on-demand enduring). (See above regarding use of OSP Glossary).
 - Learning objectives
 - Educational design
 - Outcome measurement components, including Moore's level expected
 - Launch date(s) of each modality (e.g., live and on-demand enduring)
 - Requested funds from Lilly (include total support needed to implement the activity if multi-supported)
- **Gaps, Barriers, Needs Assessment:** Include a comprehensive, well referenced description of the gaps and underlying root causes/barriers. Provide an evidence-based description of the educational needs of the target audience(s) in relation to the gap(s) and barriers. This needs assessment must be independently developed and validated by the accredited provider.
- **Agenda:** List of topics/times or timeline of events associated with a meeting/program
- **Target Audience and Audience Generation:** Proposal should describe the primary target audience(s) and provide a rationale for how and why this target audience is important to closing the identified healthcare gap. If additional target audiences are included, please describe any planned customization of content or methods to ensure the education is relevant to these secondary audiences. In addition, please describe methods for reaching the target audience(s).

The intended target audience is US HCPs and their multidisciplinary teams who diagnose and treat AD.

- **Learning Objectives:** Provide clearly defined and measurable learning objectives framed as expected practice improvements in relation to the identified gaps and barriers. Include an overview of program content and explanation of criteria that will guide content selection, considering level of evidence and other variables.
- **Content Accuracy:** Lilly is committed to the highest standards in ensuring patient safety. Describe methods to ensure complete, accurate, evidence-based review of current key AD safety data, accepted standards of practice and statistics. Explain how content will be updated, if necessary, throughout the program period in this rapidly evolving and changing landscape and how accuracy will be ensured.

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- **Educational Methods:** Lilly gives preference to educational methods that are clearly designed to address the competence/skills and/or performance gaps that underlie an identified healthcare gap. Your proposal should demonstrate an understanding of instructional design concepts as they relate to the gaps in the knowledge, competence, and/or performance of the targeted audience. Education methods and design should be based on current literature in CME best practice. Preference will be given to applications that utilize established instructional design planning models, methods that have been shown to result in practice improvements, and/or with data on the effectiveness of other programs of the same type. Please describe the instructional design credentials and experience of the staff. Activities which are reproducible and scalable would be beneficial.
- **Faculty Recruitment and Development:** Provide information on the expected qualifications of contributors and description of methods to ensure recruitment of course directors and faculty who meet the qualifications. Explain any methods that will be used to ensure that faculty are fully trained in the program expectations and any skills that may be needed to ensure effective delivery of intended education.
- **Program Evaluation and Outcomes Plan:** Provide a description of the approach to evaluate the reach and quality of program delivery, and methods for monitoring individual activities and for ensuring ongoing quality improvements. Describe the specific methods that will be used to determine the extent to which the activity has served to close the identified healthcare gap(s) and addressed each of the learning objectives. A generic description of an outcomes model is not sufficient (e.g., provide examples of the number and types of measures/questions/survey items etc. that will be used to assess learning). Provide the qualifications of those involved in the design and analysis of the outcomes.
- **Budget:** Please complete the attached budget template
- **Accreditation:** If your proposal includes CME/CE, programs must be accredited by the appropriate accrediting bodies and fully compliant with all ACCME criteria and Standards for Integrity and Independence in Accredited Continuing Education.
- **Resolution of Conflict:** The proposal should briefly describe methods for ensuring fair and balanced content and identification and resolution of conflict of interest.
- **Communication and Publication Plan:** Include a description of how the results of this educational intervention will be presented, published, or disseminated.
- **References:** Citations of sources of information used to develop the needs assessment

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C. Timing	Ideally, activities will begin in late Q4 2022/Early Q1 2023. Please explain the rationale for suggested start/end dates and duration of the program.
D. Potential Venue(s)	<p>Potential venues include live activities (if possible), web-based enduring activities and/or live virtual webinars and e-learning activities</p> <p>Venues should maximize reach to the appropriate target audience(s). Please explain the rationale for selection of venue.</p>
E. Budget Guidance	<p>The total available budget related to this RFP is approximately \$300,000. The grant amount Lilly will be prepared to fund will depend upon the evaluation of the proposal and costs involved, and this amount will be stated clearly in the Letter of Agreement.</p> <p>The attached Grant Request Budget and Reconciliation template will categorize the financial components of the educational programs in a consistent way. This template is not yet required by the Lilly Grant Office, but we request that you use this template to represent the budget for your RFP submission. It should be submitted in our portal following the normal upload process.</p> <p>Should a grant be awarded as a result of this RFP, certain payments may be subject to reporting by Lilly pursuant to the U.S. Physician Payment Sunshine Act (“Open Payments”) - a subpart of the Patient Protection and Affordable Care Act of 2010.</p>
F. Due Date	<p>MANDATORY REQUIREMENT: When submitting your proposal, you must include “RFP: [title of program]” in your grant submission.</p> <p>All responses to this RFP are to be submitted online through the Lilly Grant Office grant application system at https://portal.lillygrantoffice.com no later than close of business (5:00pm ET) on 10/5/2022</p>

Recipients of this RFP are required to treat the RFP and its contents, and any information derived there from, as CONFIDENTIAL and PROPRIETARY information.

We look forward to your response.

Linda Battiato
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Examples of References on CE Effectiveness and Physician Learning

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2. Marinopoulos, S.S.; Dorman T., Ratanawongsa, N., Wilson, L. M., Ashar, B., Magaziner, J.L., Miller, R. G., Thomas, P. A., Propowicz, G.P., Qayum, R., Bass EB. Effectiveness of continuing medical education. *Evid Report/technology Assess Agency Healthc Res Qual Rockville, MD*. 2007;149.
3. Nissen SE. Reforming the continuing medical education system. *JAMA - J Am Med Assoc*.

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 5. Mansouri M, Lockyer J. A meta-analysis of continuing medical education effectiveness. *J Contin Educ Health Prof.* Published online 2007. doi:10.1002/chp.88
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 8. Mayer RE. Applying the science of learning to medical education. *Med Educ.* 2010;44(6):543-549. doi:10.1111/j.1365-2923.2010.03624.
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 16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8011054/>

References to support gap/root causes:

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2. Boada M, Dumas A, Campo L, et al. Patient Engagement Strategies To Move Towards Earlier Diagnosis of Alzheimer's Disease. *Eurohealth International.* 2019;25:19-21.
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