Call for Grant Application (CGA)

To: Educational Providers
From: Linda Battiato, Medical Education Grant Officer, Neuroscience
Date: 10/1/24

Lilly is committed to supporting high-quality education that can lead to improvements in healthcare professionals' knowledge, competence, and/or performance in order to ultimately have a positive impact on patient care and outcomes. Lilly does not support Independent Medical Education, or any medical activities, for the purpose of encouraging off-label use of our products.

Grant proposals that include collaboration and/or partnerships with relevant professional organizations and societies are encouraged. Multi-supported proposals are encouraged.

PLEASE READ THIS DOCUMENT IN ITS ENTIRETY AND ENSURE THAT YOUR PROPOSAL INCLUDES ALL OF THE REQUESTED INFORMATION. INCOMPLETE PROPOSALS MAY NOT BE FORWARDED TO THE GRANT COMMITTEE FOR CONSIDERATION.

PLEASE DO NOT FORWARD CGA BEYOND INDIVIDUALS IN YOUR ORGANIZATION UNLESS YOU INTEND TO PARTNER WITH THEM FOR PROPOSAL SUBMISSION

A. Purpose: Lilly is currently seeking evidence-based Continuing Education proposals to improve the care of patients with early symptomatic Alzheimer's disease (MCI due to Alzheimer's disease (AD) or mild dementia due to AD by addressing gaps in health equity.

Evidence demonstrates the following healthcare gaps:

- Patients most affected by health disparities do not consistently receive appropriate and timely communications and/or referrals for AD detection, assessment, diagnosis, and treatment options[3]
- Lack of equity in AD diagnosis [1,3, 5]
- Delayed or underdiagnosed AD due to psychosocial factors such as social and cultural dynamics, geographic location, literacy levels, and financial circumstances[1, 5,]

B. Budget and Due Date: Lilly will consider funding 1 or more proposals with a total available budget of **$300,000 for each accepted proposal.**

Proposal due by: 10/24/24

C. HCP Performance/Practice Gap(s)*: Evidence suggests that the above Patient Healthcare Gaps are due to some HCPs [1, 2, 3, 5, 6, 7, 9]

- ❑ Delay or fail to identify all patients, using inclusive and culturally competent practices and strategies, to detect, diagnose, and make the decision to treat for early symptomatic AD.
- ❑ Fail to determine patients' and care partner communication needs such as their health literacy level, preferred language, ethnicity/race, and cultural practices to facilitate a timely and accurate diagnosis and treatment decision.
- ❑ Do not engage in Shared Decision-Making to select treatment that meet patients' specific needs
- ❑ Do not communicate and coordinate effectively with the multidisciplinary team

The applicant must independently validate the healthcare practice gaps and provide references.

**References available upon request for standard HCP Performance/Practice Gaps*

D. Root Causes: The applicant must provide clear, well researched insights into the root cause(s) (i.e., reasons underlying each Performance/Practice Gaps) that are preventing some HCPs from

performing optimally and that will be addressed in the educational initiative. Methods used to identify root causes must be described and references provided.

Root causes may include:

- Limited workforce training and capacity to serve patients of varying socioeconomic and cultural needs [5, 6]
- Lack of practical tools, processes, and strategies for HCPs to initiate conversations about brain health and cognitive concerns [7, 8]
- Lack of awareness of the needs of diverse older adults with suspected AD and implications on patient and health system outcomes [5]
    a. Lack of training on appropriate cognitive assessment tools to accommodate health literacy levels, education levels, language preferences, and communication preference such as audio tools for those with low vision [1, 2, 3, 5, 9]
- Lack of understanding of the complex coordination and communication needs among the multidisciplinary team [4, 8]

Preference will be given to proposals that:

a. Provide a high level of evidence for the Root Cause(s)
b. Have used well respected Root Cause Analysis methods
c. Focus on Root Causes related to deficiencies in competence/skills, strategies, attitudes, beliefs, available point of care tools and resources, and/or other abilities that prevent HCPs from performing optimally in practice (i.e., as opposed to proposals that focus primarily on deficiencies in underlying declarative and/or procedural knowledge.)

E. **Target Audience:** The intended audience includes the following US HCPs involved in the care of patients with early symptomatic Alzheimer's disease (MCI due to Alzheimer's disease (AD) or mild dementia due to AD including:

- ❑ Specialists including neurologists, geriatrician, radiologists, psychiatrists, geripsychiatrists including nurse practitioners and physician associates working in these specialties
- ❑ Primary care providers including family medicine providers, internal medicine providers, geriatric providers including nurse practitioners and physician associates working in this specialty
- ❑ Pharmacists
- ❑ Nurses
- ❑ Patient navigators and social workers
- ❑ The multidisciplinary team of health care providers

E. **Learning Objectives:** Provide Learning Objectives that are the intended outcomes of the activity (i.e., what learners should be able to do better or differently upon completion of the activity)

- Learning Objectives should be SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imebound) and/or conform to the ABCD rubric (**A**udience, **B**ehavior, **C**onditions, **D**egree **(See references on Learning Objectives below)**
- Indicate the proportion of the total activity/curriculum time that will be allocated to each Learning Objective

Preference will be given to proposals that emphasize LOs that describe and are aligned with the intended skills, strategies, and behaviors that address the Root Cause(s) **(i.e., the competencies that are needed to improve patient care)**

F. Content Topics, Instructional Methods/Tactics/Resources: Provide an outline of the content that you will include and describe and explain the activity type(s), format(s), learning experiences, instructional tactics, resources and/or materials that you are proposing for effective learner achievement of each Learning Objective.

Preference will be given to approaches that:

- Are based in the science of learning and research on physician learning (See examples of references below). Provide references to support that these types of interventions have been proven to enhance learning.
- Use evidence-based educational formats/modalities/techniques that have been demonstrated to lead to high completion rates, build skills that result in real-world practice improvements (e.g., high-levels of learner involvement, interactivity, demonstrations, practice & feedback, reflection, high relevance to practice, case-based, simulations, inclusion of practical resources/methods to help reinforce and apply learnings in practice, etc). *See references below*
- Include examples of outcomes achieved for activities with similar instructional approach and LOs.

G. Outcomes Plan: The proposal must use definitions outlined in the [Outcomes Standardization Project (OSP) Glossary](). The Outcomes Plan for capturing metrics on the following items should be clearly stated in the proposal: At a minimum**, Expected # of Learners and Expected # of Completers.**
Describe the specific outcomes design, methods and measures that will be used to determine the extent to which learners have achieved each of the Learning Objectives – i.e., the intended outcomes.
***A generic description of an outcomes model* (e.g., Moore's Model, Kirkpatrick, etc.) *is not sufficient*.**

- Provide the number and types of measures/questions/survey items/chart reviews, etc. that will be used to assess achievement of each Learning Objective
- Estimate the number of completers who will provide data/participate in each component of the Outcomes Plan
- Estimate the degree of improvement you expect for each Learning Objective.
- Provide the qualifications of those involved in the design and analysis of the outcomes.

Preference will be given to proposals that:

- Incorporate objective measures of competence, performance, and/or patient outcomes
- Measure long-term retention and application of new skills, etc. in practice
- Use validated measures that have been demonstrated to be reliable
- Provide statistical analyses (p values, effect sizes, and item statistics (e.g., discrimination index, difficulty for any Multiple Choice Questions) – (MCQs are not required, but if used should be psychometrically sound)

H. Content Accuracy: Lilly is committed to the highest standards for ensuring patient safety. Describe methods to ensure complete, accurate, evidence-based review of key safety data for any therapeutic entities discussed in the activity. Explain how content will be updated, if necessary, throughout the program period to ensure accuracy will be ensured.

I. Faculty Recruitment and Development: Provide information on the expected qualifications of contributors and describe the methods used 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.

J. Accreditation: Grant applicants must be, or partner with, an accredited provider. It is preferred that activities be certified (e.g., CME/CE) by the appropriate accrediting bodies and fully compliant

with all ACCME Criteria and Standards for Integrity and Independence in Accredited Continuing Education.

K. Resolution of Conflict: The proposal should briefly describe methods for ensuring fair and balanced content and identification and resolution of any conflict of interest.

L. Communication and Publication Plan: Include a description of how the results of this educational intervention will be presented, published, and/or disseminated.

M. Mandatory Requirements:

- When submitting your proposal, you must include “CGA: [title of program]” in your grant submission.
- Please limit the length of your grant proposal to **20 pages or less** (not including references and budget).
- All responses to this CGA 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 10/24/24

Patient Healthcare Gap References

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2. Hinton L, Tran D, Peak K, Meyer OL, Quiñones AR. Mapping racial and ethnic healthcare disparities for persons living with dementia: A scoping review. *Alzheimer's Dement*. 2024; 20: 3000–3020. https://doi.org/10.1002/alz.13612 Accessed 9/15/2024 https://health.ucdavis.edu/news/headlines/study-finds-disparities-in-diagnosis-and-treatment-of-dementia/2024/01
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5. CDC. https://www.cdc.gov/aging/publications/features/barriers-to-equity-in-alzheimers-dementia-care/index.html Accessed 9/15/2025
6. Alzheimer's Association. 2024 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2024;20(5).
7. Borson S, Small GW, O'Brien Q, Morrello A, Boustani M. Understanding barriers to and facilitators of clinician-patient conversations about brain health and cognitive concerns in primary care: a systematic review and practical considerations for the clinician. *BMC Prim Care*. 2023;24(1):233. Published 2023 Nov 6. doi:10.1186/s12875-023-02185-4
8. Galvin JE, Aisen P, Langbaum JB, et al. Early Stages of Alzheimer's Disease: Evolving the Care Team for Optimal Patient Management. *Front Neurol*. 2021;11:592302. Published 2021 Jan 22. doi:10.3389/fneur.2020.592302
9. Rostamzadeh A, Stapels J, Genske A, et al. Health Literacy in Individuals at Risk for Alzheimer's Dementia: A Systematic Review. *J Prev Alzheimers Dis*. 2020;7(1):47-55. doi:10.14283/jpad.2019.34 Health Literacy in Individuals at Risk for Alzheimer's Dementia: A Systematic Review | The Journal of Prevention of Alzheimer's Disease (springer.com) Accessed 9/17/2024

Examples of References on CE Effectiveness and Physician Learning

1. Cervero RM, Gaines JK. Effectiveness of Continuing Medical Education: Updated Synthesis of Systematic Reviews. *Accredit Counc Contin Med Educ*. 2014;(July).
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*. 2015;313(18):1813-1814. doi:10.1001/jama.2015.4138
4. Davis D, O'Brien MAT, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. Impact of formal continuing medical education: Do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? *J Am Med Assoc*. 1999;282(9):867-874. doi:10.1001/jama.282.9.867
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6. Bransford, J. D., Brown, A. CRR (eds). How People Learn Brain, Mind, Experience, and School. *Comm Dev Sci Learn Comm Dev Sci Learn Com Behav Soc Sci Educ*. Published online 1999.
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References on Learning Objectives

1. Chatterjee D, Corral J. How to Write Well-Defined Learning Objectives. J Educ Perioper Med. 2017 Oct 1;19(4):E610. PMID: 29766034; PMCID: PMC5944406.
2. Liu, P.L. & Lohr, L. (2004). Do You Know How to Write Learning Objectives? -- An Action Research. In R. Ferdig, C. Crawford, R. Carlsen, N. Davis, J. Price, R. Weber & D. Willis (Eds.), *Proceedings of SITE 2004--Society for Information Technology & Teacher Education International Conference* (pp. 979-981). Atlanta, GA, USA: Association for the Advancement of Computing in Education (AACE). Retrieved March 8, 2023
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