

Request for Proposal (RFP)/ Call for Grants



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

To: Educational Providers
From: Linda Battiato, Medical Education Grant Officer, Neuroscience
Date: 9/20/23

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 will be accepted.

**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 RFP 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 address gaps for imaging physicians in relation to the role of PET imaging in accurate neuropathological diagnosis and management of Alzheimer's Disease (AD). Evidence demonstrates the following healthcare gap:

- Due to the lack of understanding and utilization of AD diagnostic tools, such as PET imaging, patients do not receive a timely and accurate diagnosis in the early symptomatic stages of AD, resulting in suboptimal planning and management, treatment delays, and poorer patient outcomes.¹⁻¹³
- With the emergence of amyloid-targeting therapies for AD, there is a new demand for imaging physicians to understand the role of AD PET imaging to aid in the accurate diagnosis of those suspected of AD, including confirmation of AD pathology, to ensure timely and optimal care.¹⁴⁻²²

B. Budget and Due Date:

Lilly will consider funding of up to 2 proposals with a total available budget of \$700,000

Proposal due by: 10/16/23

C. HCP Performance/Practice Gap(s): Evidence suggests that the above Patient Healthcare Gap(s) is due to the fact(s) that some imaging physicians may ^{14,23-25}

- ☐ Delay and/or make errors in administration and interpretation of imaging tools utilized in diagnosis of AD
- ☐ Delay the integration of emerging data on new options for AD, and the role of imaging clinicians in achieving accurate and timely diagnosis, into practice

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

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 imaging physicians 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 ⁴⁻¹⁴

- Limited awareness of
 - The unique role PET imaging may play in aiding the diagnosis of AD
 - Advances in PET imaging that can assist in early AD diagnosis
 - Optimal utilization of PET imaging to aid in AD diagnosis and the role of different radiotracers in AD diagnosis
- Lack of confidence and skills in the selection and utilization of current and emerging PET tracers due to limited practical guidance on how to integrate them into diagnostic workflows
- Limited exposure to commercially available AD PET tracers as they have historically been limited to use in research settings

Preference will be given to proposals that:

- 1) Provide a high level of evidence for the Root Cause(s)
- 2) Have used well respected Root Cause Analysis methods
- 3) 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 HCPs on a global level involved in the care of patients with AD including:

- Radiologists, Neuroradiologists, Nuclear Medicine Physicians

EXCEPT, HCPs located in the United Kingdom may not be directly targeted (i.e., via email or a UK hosted website) in the targeted HCP reach.

Preference will be given to proposals that include substantial reach to diverse, community-based professionals, through venues such as regional, chapter, or society radiology meetings. Preference will be given to proposals that include enduring activities, and translation of educational deliverables for HCPs in key geographies outside of the US.

The applicant must provide an evidence-based rationale for the target audience(s) explaining:

- How the target audience(s) is important in closing the gap and addressing the Root Cause(s)
- How the education will be customized to any unique learning needs of different HCPs – if necessary
- How the HCPs/Teams with the greatest needs will be targeted, recruited, and engaged.

Preference will be given to proposals that have a well-reasoned strategy for targeting and engaging those HCPs/Teams with the greatest need (i.e., versus proposals that seek to recruit less appropriate practitioners to maximize the number of participants).

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F. 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 (Specific, Measurable, Achievable, Realistic and Timebound) and/or conform to the ABCD rubric (Audience, Behavior, Conditions, Degree (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)

G. 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.

H. 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

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- 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)

I. 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.

J. 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.

K. 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.

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

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

N. Mandatory Requirements:

- When submitting your proposal, you must include “RFP: [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 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 10/16/23

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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*. 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
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
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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9. Moore DE, Green JS, Gallis HA. Achieving desired results and improved outcomes: Integrating planning and assessment throughout learning activities. *J Contin Educ Health Prof*. 2009;29(1):1-15. doi:10.1002/chp.2000
10. Ericsson KA. Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. In: *Academic Medicine*. ; 2004. doi:10.1097/00001888-200410001-00022
11. Branch WT, Paranjape A. Feedback and Reflection: Teaching Methods for Clinical Settings. *Acad Med*. 2002;77(12):1185-1188. doi:10.1097/00001888-200212000-00005
12. Ende J. Feedback in clinical medical education - PubMed. *JAMA*. 1983;250(6):1185-1188
13. Schon DA. *Educating the Reflective Practitioner. Toward a New Design for Teaching and Learning in the Professions*. The Jossey-Bass Higher Education Series; 1987.
14. Ratelle JT, Wittich CM, Yu RC, Newman JS, Jenkins SM, Beckman TJ. Relationships between reflection and behavior change in CME. *J Contin Educ Health Prof*. Published online 2017. doi:10.1097/CEH.0000000000000162
15. Moore DE. How physicians learn and how to design learning experiences for them: an approach based on an interpretive review of the literature. In: *Continuing Education in the Health Professions: Improving Healthcare Through Lifelong Learning*. ; 2008.
16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8011054/>

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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
3. Heinich, R., Molenda, M., Russell, J., & Smaldino, S. (2001). *Instructional media and technologies for learning (7th ed)*. Englewood Cliffs, NJ: Prentice Hall.

RFP References

1. Rasmussen J, Langerman H. Alzheimer's disease--why we need early diagnosis. *Degen Neurol Neuromusc Dis*. 2019;9:123-130
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3. Porsteinsson et al., Diagnosis of early Alzheimer's Disease: Clinical Practice in 2021 *J Prev Alz Dis* 2021;3(8):371-386
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5. Kas A, Migliaccio R, Tavittian B. A future for PET imaging in Alzheimer's disease. *Eur J Nucl Med Mol Imaging*. 2020;47(2):231-234.
6. Thientunyakit, T., Shiratori, S., Ishii, K. *et al*. Molecular PET Imaging in Alzheimer's Disease. *J. Med. Biol. Eng.* **42**, 301–317 (2022).
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