Quality Improvement (QI) Initiative

Call for Grant Applications (CGA)

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

To: Healthcare Systems, Professional Organizations and/or Quality Improvement Providers
From: Linda Battiato, Healthcare Improvement Lead, Neuroscience
Date: 2/5/2025

A Quality Improvement (QI) grant is a proposal that seeks to objectively measure and systematically improve quality of healthcare by identifying gaps and root causes, standardizing processes and structure to reduce variation, and achieve predictable results, yielding improved outcomes for patients, healthcare systems, and organizations.* A quality improvement grant addresses systemic barriers (i.e., ones associated with multi-disciplinary teams, health system, data, and care delivery processes) and objectively measures impact on processes and/or patient outcomes.

Lilly is committed to supporting QI efforts that foster the translation of scientific evidence into evidence-based clinical practice using QI theory, processes, and models to ultimately improve the safe, effective, efficient, equitable, and timely delivery of optimal patient care.** Lilly seeks to support QI programs that demonstrate sustainability and scalability with the potential for widespread transferability and dissemination to other healthcare organizations (e.g., based on insights from Implementation Science (IS), and/or or using IS methods).***

For all independent QI grants, the grant requestor (and ultimately the grantee) is responsible for the design, implementation, and supervision of the independent initiative. Lilly shall not be involved in any aspect of project development nor the conduct or execution of the QI initiative. Lilly does not support initiatives or medical activities, for the purpose of encouraging off-label use of our products. It is not the intent of this CGA to support clinical research projects. Research projects, such as those evaluating novel therapeutic or diagnostic agents, will not be considered.

**CMS AHRQ / **IHI Don Berwicke*

****** Please note – Lilly will accept proposals that use quality improvement, implementation science, or combined improvement / implementation science methodologies.***

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 CGA BEYOND INDIVIDUALS IN YOUR ORGANIZATION UNLESS YOU INTEND TO PARTNER WITH THEM FOR PROPOSAL SUBMISSION

1. **Purpose:** Lilly is currently seeking QI/IS Initiative proposals to improve the care of patients living with early symptomatic Alzheimer's disease (AD) (MCI due to AD or mild dementia due to AD) by addressing system barriers to equitable care throughout the diagnostic and treatment pathway.

Evidence demonstrates the following healthcare gap:

Patients from underrepresented and underserved groups (including, but not limited to patients from different racial, ethnic, gender and socioeconomic groups and geographic locations) are not receiving a timely and accurate AD diagnosis and are less likely to receive timely and evidence-based AD treatment [1-4]

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Lilly is requesting proposals for a QI/IS project that seeks to increase the number of people from underserved and underrepresented groups who receive an accurate and timely diagnosis of AD and appropriate guideline based care and treatment.

2. Budget / Due Date: The total available budget related to this CGA is approximately $500,000 – 1,000,000

Multiple Individual grants of varying budgets will be considered and evaluated and may be distributed among more than one provider. The grant amount Lilly will fund will depend upon the evaluation of the proposal and costs involved, and this amount will be stated clearly in a formal Letter of Agreement.

Institutional overhead and indirect costs ("overhead") may be included within the QI grant request. However, any included overhead should be kept to a minimum, may not exceed 30% of the total grant request, and may not cause the amount requested to exceed the budget limit set forth in the CGA. NOTE: Lilly Grant Office funding may not be used for entertainment, capital, gifts (monetary or otherwise), or personal travel. For associated QI proposal budget submission, please see attached list of recommended financial components and include this documentation when you submit your QI proposal.

Proposal due by: 4/11/25

3.Health System Practice Gap(s): The applicant must describe the health system practice gaps and objective data sources that were used, or will be used, to measure gaps in processes, patient care, and outcomes at baseline and at the conclusion of the QI initiative. The patient outcomes measures may include, but are not limited to:

- % of patients from underrepresented groups who appropriately receive a timely (i.e. 6 mo after symptom onset and/or 6 mo after presentation for evaluation) and accurate clinical and neuropathologic diagnosis of AD with associated cognitive assessment and biomarker testing
- % of patients from underrepresented groups who receive evidence-based care and treatment according to guidelines
- % of patients from underrepresented populations who receive appropriate and timely referrals
- Time from cognitive complaints to confirmed and communicated diagnosis
- Use of culturally appropriate cognitive assessment tools and educational materials

Preference will be given to proposals that:

- have already undertaken baseline measures of patient outcomes that will be targeted for improvement in the QI initiative (i.e., documented the gap in the system).
- use objective measures of system changes, process changes and patient care (e.g., data from EHR, direct observation, standardized patients, etc.).
- estimate the expected magnitude of improvements.
- provide information on the number of systems/clinics/practices that will be expected to participate.
- provide estimates of the number and types of clinicians that will be involved.
- provide the number of potential patients impacted.

4.Root Causes and Barriers: The applicant must describe the processes and methods that were used, or will be used, to identify the root causes underlying the targeted Health System Practice Gaps that are preventing optimal patient outcomes.

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Literature suggests that some potential root causes underlying these gaps include

- Healthcare systems that lack the infrastructure for intercultural treatment, care and support [5]
  - Limited workforce training and capacity to serve patients of varying socioeconomic and cultural needs [5]
  - Access barriers including financial constraints, lack of health insurance/underinsured, lack of access to specialized facilities, lack of transportation and lack of digital access [2-6]
  - Geographic location - individuals living in rural areas or other areas with provider shortages may lack access to specialized diagnostic tests, treatment centers and AD specialists [3]
  - Lack of HCP cultural competence and practical tools, processes, and strategies for HCPs to initiate conversations about cognitive concerns with patients from diverse populations [6,7]
  - Language and literacy barriers including lack of appropriate cognitive testing tools and educational resources to accommodate diverse languages, literacy levels and communication preferences. [1,5,8,9]
  - Cultural beliefs and stigmas in certain cultures or regions which can prevent individuals from seeking care and discussing cognitive decline with healthcare providers [7]
  - Lack of effective communication and coordination among the multidisciplinary team [10]

These literature-based root cause(s) may or may not be relevant to the specific system(s) targeted in your proposal. It/they is/are provided as an example(s) for consideration. It is not expected that these will be addressed in the QI initiative. Each system must identify and address root causes of the greatest relevance and potential impact.

Preference will be given to proposals that:
1) use respected and standard root cause methods as recommended by IHI and AHRQ etc.
2) may already have evidence-based insights into the root causes of relevance to the system.

5. Intervention(s): It is Lilly's intent to support a QI initiative that will lead to timely and measurable improvements in the timely and accurate diagnosis and appropriate evidence-based AD treatment . **All proposals should clearly describe and estimate the magnitude of expected improvements as a result of the QI intervention and include the number of patients who will be potentially affected.**

If the root causes have not yet been identified, it is not possible to design an effective intervention. Therefore, if root causes have not been identified, the applicant should clearly describe the approach and methods that will be used to design and implement an effective intervention(s) to address the identified root causes; including the roles, responsibilities, and experience of all individuals who will be responsible for designing and implementing the QI intervention(s).

If a root cause(s) has already been identified, then the applicant should describe in detail the planned intervention(s), the rationale, and the implementation plan.

Continuing Education activities or credits may be incorporated as part of the intervention if appropriate. (See QI reference #8) If your proposal includes CME/CE, programs must be accredited by the appropriate accrediting bodies and be fully compliant with all ACCME criteria and Standards for Integrity and Independence in Accredited Continuing Education.

6. Outcomes Measures: All proposals should include detailed description of all the objective outcomes measures that will be used to measure the impact of the QI interventions; including any measures of changes in processes, clinician performance, and patient outcomes targeted by the initiative.

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7. Initiative Timing: Ideally, program will launch in Q3 2025 with a project length of 12-18 months. Interim report/read out is expected Q1 2026 and long-term sustained results should be reported as appropriate to the setting and the initiative.

Please explain the rationale for suggested start/end dates, duration of the program and timeline for reporting any long-term results.

8. Geographic Scope: **US**

9. Eligible Applicants: Preference will be given applicants who are committed to improving the equitable care of their patients with early symptomatic Alzheimer's disease (AD) (MCI due to AD or mild dementia due to AD) including those who are:

- large integrated health delivery systems – or who partner with such entities.
- ACOs
- hospital systems
- insurers who can use healthcare data to measure current gaps and outcomes.
- Others who can directly measure and implement interventions to address gaps.

10. Qualification and Eligibility:

- Provide information on the QI qualifications and experience of the project leader and collaborators and include any certifications (i.e., Black Belt, Science of Improvement training), recognitions (ex: Baldridge award) and the number and type of QI projects you or your organization have successfully executed in the past.
- Provide a robust example of a past completed QI project.
- Explain any methods that will be used to ensure those expected to participate are fully trained in the program expectations and any skills that may be needed to ensure effective execution of the project.
- If you are not in direct control of the data used for measurement, please provide letters of commitment from those with direct control of data indicating full support to participate and to supply data to measure baseline and outcomes measures in a timely manner.
- If you are not in direct control of the personnel and clinicians who will likely be involved in implementing changes, please provide letters of commitment to ensure their full and timely participation from appropriate leaders in your organization.

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

12. Sustainability Plan: Include a description of how, if this QI initiative is successful, it will be ensured that the positive outcomes will be sustained once the funding received from this proposal has ended.

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13. Scalability: Include a description of, if this QI initiative is successful, potential plans to take effective healthcare practices from one setting and apply them across the health care system, region, state, or nation.

Preference will be given to applicants who have the ability and interest in implementing successful QI interventions at other institutions. If you have the intent to scale a successful approach at other institutions, please describe your interest, ability, and overview of potential plans for subsequent dissemination should your proposal be supported and successful.

Lilly encourages applicants to collaborate with similar healthcare organizations that treat patients with AD to demonstrate the potential for widespread scalability of a successful approach. Other considerations will be clinical feasibility, applicability to a variety of healthcare settings, strength of process(es) and outcomes assessments, and methodologic rigor.

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

15. Mandatory Submission Instructions & Requirements:

- When submitting your proposal, you must include "QI RFP: [title of program]" in your proposal submission.
- Please limit the length of your proposal to **30 pages or less** (not including references and budget).
- All responses to this QI 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 4/11/2025
- ***For proposal application and portal questions, please contact: lillygrantoffice@lilly.com***

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

We look forward to your response.

Linda Battiato
Sr. Director, Healthcare Improvement, Neuroscience and Immunology
Healthcare Improvement Hub
Global Medical Affairs Office (GMAO)
Eli Lilly and Company

SPECIFIC REFERENCES FOR THIS CGA

1. 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 & Dementia. 2024;20(4):3000- 3020. doi:10.1002/alz.13612

2. Galvin JE. Understanding disparities associated with Alzheimer disease and related dementias. Practical Neurology (US). 2024;23(5):29-33

3. Bynum JPW, Benloucif S, Martindale J, O'Malley AJ, Davis MA. Regional variation in diagnostic intensity of dementia among older U.S. adults: An observational study. Alzheimers Dement. Published online August 16, 2024

4. Lusk JB, Ford C, Clark AG, Greiner MA, Johnson K, Goetz M, Kaufman BG, Mantri S, Xian Y, O'Brien R, O'Brien EC. Racial/ethnic disparities in dementia incidence, outcomes, and health-care utilization. Alzheimers Dement. 2023 Jun;19(6):2376-2388

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5. Alzheimer's Association. 2021 Alzheimer's Disease Facts and Figures. Alzheimers Dement 2021;17(3). alzheimers-facts-and-figures-special-report-2021.pdf

6. Achieving Health Equity in Alzheimer's and Dementia | Alzheimer's Disease and Dementia | CDC

7. Olivari, B. S., Jeffers, E. M., Tang, K. W., & McGuire, L. C. (2022). Improving Brain Health for Populations Disproportionately Affected by Alzheimer's Disease and Related Dementias. *Clinical Gerontologist*, *46*(2), 128–132.

8. Díaz-Santos M, Yáñez J, Suarez PA. Alzheimer's Disease in Bilingual Latinos: Clinical Decisions for Diagnosis and Treatment Planning. J Health Serv Psychol. 2021;47(4):171-179

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

10. 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

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Quality Improvement Resources and Bibliography:

1. *Quality Measurement and Quality Improvement | CMS
2. **https://www.ihi.org/education/IHIOpenSchool/resources/Pages/Activities/DefiningQualityAimingforaBetterHealthCareSystem.aspx#:~:text=Discussion%20Questions%3A,timeliness%2C%20efficiency%2C%20and%20equity.
3. Ihi.org; Science of Improvement | IHI - Institute for Healthcare Improvement Quality Improvement Essentials Toolkit | IHI - Institute for Healthcare Improvement
4. Ahrq.govHome | Agency for Healthcare Research and Quality (ahrq.gov)
5. SQUIRE | HOME PAGE (squire-statement.org)
6. Ogrinc G, Davies L, Goodman D, Batalden P, Davidoff F, Stevens D. SQUIRE 2.0 (Standards for QUality Improvement Reporting Excellence): Revised Publication Guidelines from a Detailed Consensus Process. Perm J. 2015 Fall;19(4):65-70. doi: 10.7812/TPP/15-141. PMID: 26517437; PMCID: PMC4625997.
7. Goodman D, Ogrinc G, Davies L, et al. Explanation and elaboration of the SQUIRE (Standards for Quality Improvement Reporting Excellence) Guidelines, V.2.0: examples of SQUIRE elements in the healthcare improvement literature. BMJ Qual Saf. 2016;25(12):e7.
8. Davies L, Batalden P, Davidoff F, Stevens D, Ogrinc G. The SQUIRE Guidelines: an evaluation from the field, 5 years post release. BMJ Qual Saf. 2015;24(12):769-775.
9. Davidoff F, Batalden P, Stevens D, Ogrinc G, Mooney S; SQUIRE Development Group. Publication guidelines for quality improvement in health care: evolution of the SQUIRE project. Qual Saf Health Care. 2008 Oct;17 Suppl 1(Suppl_1): i3-9. doi: 10.1136/qshc.2008.029066. PMID: 18836063; PMCID: PMC2773518.
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