Healthcare Improvement (HCI) Initiative

Call for Grant Applications (CGA)

Lilly USA, LLC
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To: Healthcare Systems, Professional Organizations, and/or Improvement/Implementation Science Expert Providers
From: Linda Battiato Healthcare Improvement Lead, Neuroscience
Date: 6/13/25

Lilly is committed to supporting Healthcare Improvement (HCI) initiatives that foster the translation of scientific evidence into evidence-based routine clinical practice using improvement/implementation science theory, processes, and models to ultimately improve the safe, effective, efficient, equitable, and timely delivery of optimal patient care.* Healthcare improvement is used as an umbrella term to include Quality Improvement (QI), Improvement/Implementation Science, and applicable Health Services Research with aims aligned to those outlined above.

Lilly is requesting proposals that seek to objectively measure and systematically improve the quality of healthcare by identifying gaps and root causes, and designing, testing and measuring strategies/interventions that yield improved outcomes for patients and healthcare systems.** The proposal should outline how the initiative can effectively address systemic barriers (i.e., ones associated with multi-disciplinary teams, health system, data, and care delivery processes) and objectively measure impact on processes and/or patient outcomes.

Lilly seeks to support initiatives 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, and/or or using IS methods).

Lilly shall not be involved in any aspect of project development nor the conduct or execution of the 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 evaluating novel therapeutic or diagnostic agents.

**CMS AHRQ / **IHI Don Berwick*

Proposals that include collaboration and/or partnerships with relevant professional organizations and societies are encouraged. Multi-supported proposals will be accepted. Lilly does not provide funding to individuals or solo medical practices.

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 REVIEW COMMITTEE FOR CONSIDERATION.

1. Purpose: Lilly is currently seeking HCI Initiative proposals to improve the care of people with early symptomatic Alzheimer's disease (AD) (Mild Cognitive Impairment (MCI) due to AD or mild dementia due to AD).

An early and accurate neuropathological diagnosis of AD is critical for the timely initiation of treatments, access to social and economic support, and proper future planning. Blood biomarker (BBM) testing for the detection of AD, specifically the emergence of commercially available BBM tests including a recent FDA cleared In Vitro Diagnostic (IVD) test along with several Laboratory Developed Tests (LDTs), are a recent development that could transform the patient clinical care pathway by aiding in diagnosis. BBM testing can

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aid in the detection of AD pathophysiological hallmarks such as amyloid-beta deposition and tau pathology, As an adjunct to a full clinical evaluation, BBM tests have potential to accelerate a timely and accurate diagnosis of AD and appropriate referrals to specialists for further management. BBM testing is more accessible, less invasive, and more scalable than testing for CSF biomarkers; and have the potential to be more cost-effective than amyloid PET and CSF. , thus making BBM tests a promising option for simplifying the diagnostic process for both patients and HCPs. As most patients with cognitive symptoms first seek help in primary care, integrating validated BBM testing earlier into the clinical pathway may contribute to greater equity in healthcare access, a more accurate and timely diagnosis, and timely intervention. [1-11]

Evidence demonstrates the following healthcare gap:

Patients with early symptomatic AD often experience a delayed or inaccurate diagnosis. Despite the benefits of BBM testing, this tool is not being routinely used in primary care and general neurology practices; therefore, patients may not receive the potential benefits of BBM testing, including a more accessible pathway for early diagnosis and prompt referral and treatment. [4,5 11-12]

Lilly is requesting proposals for an HCI initiative that seeks to increase the number of people with known or suspected early symptomatic AD who receive BBM testing to support the work-up of cognitive decline in the primary care and general neurology settings and make appropriate referrals to AD specialists.

2. Budget / Due Date: The total available budget related to this CGA is approximately $700,000. Multiple Individual initiatives of varying budget will be considered and evaluated and may be distributed among more than one provider. The 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 funding request. However, any included overhead should be kept to a minimum, may not exceed 30% of the total request, and may not cause the amount requested to exceed the budget limit set forth in the CGA. For institutions with actual overhead rates under 30%, do not increase the funding request to the maximum allowed. NOTE: Lilly Grant Office funding may not be used for entertainment, capital, gifts (monetary or otherwise), or personal travel. For associated HCI proposal budget submission, please see attached list of recommended financial components and include this documentation when you submit your proposal.

Proposal due by: 8/22/25

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 initiative. The patient outcomes measures may include, but are not limited to:

- % of appropriate patients that receive blood biomarker testing
- % of patients who get referred to a specialist based on the type of test result (i.e., positive, indeterminate, negative)
- % of patients who receive a diagnosis for cognitive symptoms (AD or non-AD) within a certain timeframe (i.e., compared to baseline if available)

Preference will be given to proposals that:

1) have already undertaken baseline measures of patient outcomes that will be targeted for improvement in the initiative (i.e., documented the gap in the system).
2) use objective measures of system changes, process changes and patient care (e.g., data from EHR, direct observation, standardized patients, etc.).
3) include a realistic estimate of the expected magnitude of improvements.

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4) provide information on the number of systems/clinics/practices that will be expected to participate.
5) provide estimates of the number and types of clinicians that will be involved.
6) provide the number of potential patients impacted.

Outcomes measures should not be directly aligned with measures for which you (or participating system/clinics/practices) are already being incentivized or rewarded by a federal government program (e.g., CMS quality programs)

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.

Literature suggests that some potential root causes underlying these gaps include

- Lack of standard workflows and pathways for the integration of BBM testing into primary care and general neurology clinical practice [4,14]
- Lack of practical processes and tools for patient and care partner education and conversations on the role of BBM testing in aiding diagnosis, the results of testing, implication of positive/indeterminate/negative results, and appropriate next steps [5,7]
- Lack of decision-making tools to select from among the available BBM tests (i.e.P-tau217, Aβ42/40 etc.), based on intended use population and performance characteristics [7,14,15]
- Lack of tools and resources to interpret BBM test results [5,14,15]
- Lack of guidelines, criteria, and publications on the use of BBM testing in clinical practice [7,14]
- Lack of processes for billing, coding, and documentation for BBM testing [7]
- Variable access and utilization of BBM tests due to historical lack of regulatory approved and commercially available tests [4,14]

This/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 this/these will be addressed in the HCI 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 the Institute for Healthcare Improvement (IHI) and Agency for Healthcare Research and Quality (AHRQ) etc.
2) may already have evidence-based insights into the root causes of relevance to the system.

5. Strategy/Intervention(s): It is Lilly's intent to support an initiative that will lead to timely and measurable improvements in the use of blood biomarker testing in primary care and general neurology practices for the evaluation of patients with cognitive decline.

The applicant should describe in detail the planned strategy/intervention(s), the rationale, and the implementation plan.

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 strategy/intervention(s) to address the identified root causes, including the roles and responsibilities of all individuals who will be responsible for designing and implementing the strategy/intervention(s).

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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 strategy/interventions. The improvement/implementation science framework(s) used for the measurement plan should be clearly outlined, along with the measures selected.

As stated above, outcomes measures used to measure the impact of this initiative should not be directly aligned with measures for which you (or participating system/clinics/practices) *are already being incentivized or rewarded by a federal government program (e.g., CMS quality programs)*

7. Initiative Timing: Ideally, program will launch Q4 2025 if possible with a project length of approximately 12-18 months. Interim report/read out is expected approximately Q2 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: United States

9. Eligible Applicants: Preference will be given to applicants who are committed to improving the care of their patients who are being evaluated for Alzheimer's Disease and other causes of cognitive decline, including those who are:

- large integrated health delivery systems – or who partner with such entities.
- Accountable Care Organizations (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 qualifications and experience of the project leader and collaborators and include any certifications (i.e., Black Belt, Science of Improvement training, implementation science certification), recognitions (ex: Baldridge award) and the number and type of HCI projects you or your organization have successfully executed in the past.
- Provide a robust example of a past completed HCI 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 initiative will be presented, published, or disseminated.

12. Sustainability Plan: Include a description of how, if this initiative is successful, it will be ensured that the positive outcomes will be sustained once the funding received from this proposal has ended, e.g., by integrating within routine clinical practice.

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13. Scalability: Include a description of, if this 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 strategies/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 evaluate and treat patients with Alzheimer's Disease 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:

- Please note – the only option for submitting HCI proposals in the portal is to **select 'QI.' All types** of HCI initiative proposals described in the intro to this CGA will be accepted under this option
- To ensure appropriate routing of your proposal – please ensure you select yes for the question "Is this grant in response to a CGA"
- Please limit the length of your proposal to **20 pages or less** (not including references and budget).
- Please be prepared to provide progress and impact updates to Lilly at least quarterly, and to meet with Lilly and any other involved parties at initiative kick-off and closing (additional guidance to be shared with funded organizations/institutions)
- All responses to this HCI CGA are to be submitted online to the Lilly Grant Office portal application system at https://portal.lillygrantoffice.com by 8/22/25. ***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.

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SPECIFIC REFERENCES FOR THIS CGA: Gaps and Root Causes

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2. FDA Clears First Blood Test Used in Diagnosing Alzheimer's Disease | FDA

3. Safransky M, Groh JR, Blennow K, Zetterberg H, Tripodis Y, Martin B, Weller J, Asken BM, Rabinovici GD, Qiu WWQ, McKee AC, Stein TD, Mez J, Henson RL, Long J, Morris JC, Perrin RJ, Schindler SE, Alosco ML. Lumipulse-Measured Cerebrospinal Fluid Biomarkers for the Early Detection of Alzheimer Disease. Neurology. 2024 Dec 10;103(11)

4. Hampel H, Hu Y, Cummings J, Mattke S, Iwatsubo T, Nakamura A, Vellas B, O'Bryant S, Shaw LM, Cho M, Batrla R, Vergallo A, Blennow K, Dage J, Schindler SE. Blood-based biomarkers for Alzheimer's disease: Current state and future use in a transformed global healthcare landscape. Neuron. 2023 Sep 20;111(18):2781-2799.

5. Mielke MM, Anderson M, Ashford JW, et al. Considerations for widespread implementation of blood-based biomarkers of Alzheimer's disease. Alzheimers Dement. 2024;20(11):8209-8215. doi:10.1002/alz.14150

6. Angioni, D., Delrieu, J., Hansson, O. et al. Blood Biomarkers from Research Use to Clinical Practice: What Must Be Done? A Report from the EU/US CTAD Task Force. J Prev Alzheimers Dis 9, 569–579 (2022).

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8. Martino-Adami, Pamela V Chatterjee M, Kleineidam L. et al. Prognostic value of Alzheimer's disease plasma biomarkers in the oldest-old: a prospective primary care-based study The Lancet Regional Health – Europe, Volume 45, 101030

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11. Liss JL, Seleri Assunção S, Cummings J et al. Practical recommendations for timely, accurate diagnosis of symptomatic Alzheimer's disease (MCI and dementia) in primary care: a review and synthesis. J Intern Med. 2021 Aug;290(2):310-334

12. Liu Y, Jun H, Becker A, Wallick C, Mattke S. Detection Rates of Mild Cognitive Impairment in Primary Care for the United States Medicare Population. J Prev Alzheimers Dis. 2024;11(1):7-12

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Healthcare Improvement Resources and Bibliography:

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5. SQUIRE | HOME PAGE (squire-statement.org)
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