Grant Submission Requirements

(Updated April 2025)

Contents

Grant Submission Requirements (non-Healthcare Improvement)

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 in order 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.

Proposals must include the information as outlined below and should be limited to **20 pages or less (not including references and budget)**. For further descriptions, please see content below the table. NOTE: Proposals which do not include the information outlined below may be cancelled.

General Conference Support Requirements: Agenda, Project/Program Detail, Budget, Learning Objectives and Target Audience regardless of the grant type submitted. Please note *General Conference* can be selected as the Educational Modality for an Event in Application Step 4.

Full Grant Proposal Components	Accredited Continuing Education (CE)	Independent Scientific Exchange (ISE) / Non-accredited medical education	Scientific Fellowship	Patient Education	Charitable Contribution	Advocacy
	X = Required					
Executive Summary	X					
Agenda	X	X	X	X		X
Project/Program Detail	X	X	X	X	X	X
Event Details	X	X	X	X	X	X
Budget	X	X	X	X	X	X
Learning Objectives	X	X	X	X		
Target Audience and Audience Generation	X	X	X			
Gaps, Barriers, Needs Assessment	X	X				
References	X	X				
Program Evaluation and Outcomes Plan	X					

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Definitions	Lilly has adopted the terms and definitions outlined in the [Outcomes Standardization Project (OSP) Glossary](). Thus for CME/CE/ISE, the proposal should align with the terms and definitions outlined in that glossary and should separately reflect, *at a minimum*, (a) intended reach; (b) expected # of learners; (c) expected # of completers.

Executive Summary: Introductory snapshot to be placed at the beginning of the grant proposal. Consider using the [Executive Summary template]() and adding it to your full grant proposal submission; if creating your own consider a bulleted format and include:
1. Practice gaps/educational needs
2. Target audience(s)
3. Number of anticipated learners for each educational modality (e.g., live and on-demand enduring). (see above regarding use of OSP Glossary).
4. Learning objectives
5. Educational methods and design
6. Outcome measurement components, including Moore's level expected
7. Overall start date of the program
8. Requested amount from Lilly and if multi-supported, total program cost

NOTE: A complete and accurate executive summary may reduce number of interactions needed for clarifications or additional information thus allowing a timely review process.

Agenda: List of topics/times or timeline of events associated with a meeting/program.

Project/Program Detail: Description of program content (may include educational topics, educational formats, method of delivery, and accreditation information).

Educational Methods: For CME/CE, describe 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. Please include 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.

Event Details: Educational modality, start and end dates, number/type of intended learners for **each** event. All these details must **match** the ones entered in the application. Please refer to the terms and definitions outlined in the [Outcomes Standardization Project(OSP) Glossary]().

Budget: Detailed breakout of management and direct program expenses. Management costs are related to planning, development and implementation of the activity. Direct program expenses are pass through expenses the provider must pay to others for the implementation and production of the activity. Must be for the total program expenses, not only the requested amount.

Learning Objectives: Provide clearly defined and measurable learning objectives aligned to the overall goal(s) of the program and 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.

Target Audience and Audience Generation: Proposal must **include** the Total Intended Overall Reach and Completers for the program (please refer to [Outcomes Standardization Project(OSP) Glossary]().), 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).

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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.

References: Citations of sources of information used to develop the needs assessment.

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).

Grant proposals should be limited to 20 pages or less (not including references and budget).

Healthcare Improvement Grant Submission Requirements

(Updated April 2025)

Grant Submission Requirements for Healthcare Improvement (HCI) Grants

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 to support clinical research projects evaluating novel therapeutic or diagnostic agents.

The information outlined in the table below serves as a "checklist" to determine if a HCI grant proposal submission is complete.

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 document (including improvement/implementation science, applicable Health Services Research, as well as QI) will be accepted under this option
- Proposals may not exceed 20 pages in total (not including references and budget breakdown).
- Proposals that do not include all the information outlined in the "Checklist" below will receive notifications from the Lilly Grant Office Operations Team. If missing information is not provided in a timely manner, the grant proposal may be cancelled.
- All "Checklist" elements are required and must be included for a grant to be forwarded to the grant review committees for consideration.

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HCI GRANT COMPONENT CHECKLIST

EXECUTIVE SUMMARY
1. **Executive Summary (1 page max)** Introductory "snapshot" to be placed at the beginning of the grant proposal which includes brief descriptions of the following information: a) Purpose of proposed initiative   b) Budget and requested amount from Lilly   c) Healthcare system gaps in patient outcomes, system processes, and/or HCP performance   d) Root causes and barriers underlying the targeted gaps   e) Data and measures for quantifying gaps and anticipated outcomes   f) Target systems/Healthcare Team Members/etc   g) Proposed strategy/intervention(s) and HCI methodology

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   h) Estimated timeframes for prep/set-up, implementing strategy/intervention, and delivery of interim and final outcomes
   i) Communication/publication plan
   j) Plans to ensure the sustainability and possible further deployment (i.e. scalability) of a successful initiative
   k) Qualifications and eligibility
   l) IRB Status (required or not)

DETAILED HCI GRANT PROPOSAL REQUIREMENTS

2. **Purpose –** Provide a statement of the HCI initiative's primary objective

3. **Budget –** Provide a detailed breakout of management and direct initiative expenses . Management costs are related to planning, development, and implementation of the intervention. Direct expenses are pass through expenses the funded organization/institution must pay to others for the planning and implementation of the initiative. These direct expenses are for the total initiative expenses, not only the requested amount. Include Lilly's total amount requested for the initiative. If this is a multi-supported initiative, include total initiative cost as well.

4. **Health System Practice Gaps -** Include a comprehensive, well referenced description of the gaps based on meaningful measures. Describe the objective data sources that were used, or will be used, to measure gaps in processes, performance and/or patient outcomes.

5. **Root Causes and Barriers -** Describe the accepted processes and methods (e.g., methods recommended by IHI, AHRQ, CMS, NIH etc.) that were used, or will be used, to identify the root cause(s) underlying the targeted gaps.

6. **Strategy/Intervention(s) and Methods-** Describe the approach to developing the strategy/intervention(s) based on accepted methods (e.g. improvement/implementation science), and any strategies/intervention(s) that are already planned. Explain any methods/frameworks that will be used to monitor and assess the effectiveness of the intervention (e.g., PDSA cycles for improvement science approaches).

   Explain any methods that will be used to ensure those expected to participate are fully trained in the program expectations and the skills needed to ensure effective execution of the project.

7. **Measures -** Provide a clear description of the framework used for the measurement plan and describe the measures* to be used to evaluate the success of the initiative, as well as the estimated magnitude of expected improvements (i.e. % expected improvement).

   Please also explain the method for tracking and reporting outcomes (e.g. data sources).

   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

8. **Initiative Timing -** Provide estimated start and end dates for each phase of your initiative, for example:
   A) Set-up & preparation, such as: 1) convening a team responsible for all components of the initiative, 2) obtaining leadership approval, if not already sought, 3) measuring baseline data to define the magnitude of the gap(s), if not already complete, 4) a root cause analysis to determine why the gap exists, and 5) design of a strategy/intervention(s) to address the root causes and close the gaps.
   B) Strategy/intervention implementation
   C) Outcomes measurement and delivery of interim and final outcomes data.

9. **Geographic Scope:** Provide the countries/regions/states of relevance

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10. **Eligible Applicants -** Describe the type and demographics of the systems/organization that will lead the project and the systems/departments/organizations (e.g., integrated health system/ACO/ hospital system/insurer/clinics, group practices etc.). that will be affected, Including the numbers and types of patients and HCPs who will be affected by this initiative.

11. **Qualification and Eligibility –** Describe the relevant experience of the project leaders and the roles and responsibilities of any collaborators. Include written documentation of the commitment of institution leadership and key collaborators to fully participate. This includes letters of commitment from those who will supply the data to support the project, if you are not in direct control of the data used for measurement

    Provide a robust example of a previous relevant HCI initiative.

12. **Communication/Publication Plan -** List plans to present/publish/disseminate the project.

13. **Sustainability -** Describe how you will ensure that successful changes and improvements will be sustained over time at the participating institutions.

14. **Scalability -** Describe any plans to extend the impact of a successful initiative by broadening implementation to other relevant groups/organizations/geographies.

15. **Conflict Resolution –** If applicable to any component of the initiative project, briefly describe methods for fair and balanced content and conflict of interest resolution.

16. **Internal Review Board (IRB) Status -** Provide detail as to whether an IRB is required and/or will be obtained retrospectively for an IRB exemption for this project/initiative.
    - Background - IRB is required for any project that intends to publish findings but may not be required otherwise. IRB can substantially delay the start of a project, and it can also be obtained retrospectively for an IRB exemption if there are no human subject concerns. A retrospective IRB can reduce time for project initiation. In addition, an independent IRB board, such as the Western IRB, can be used to increase efficiency.

17. **References –** List references that:
    1) identify and validate the importance of targeted health system gaps,
    2) provide insight into potential root causes underlying these gaps, and
    3) any published descriptions of successful HCI initiatives or insights that may have informed the design of this initiative.