

# 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.

## **NOTE:**

- Full 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 for a full grant submission and must be included for a grant to be forwarded to the grant review committees for consideration.

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## HCI FULL 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 (primary) measures for quantifying gaps and anticipated outcomes
  - f) Target systems/Healthcare Team Members, etc
  - g) Overview of proposed strategy/intervention(s) and HCI methodology
  - h) Estimated timeframes for prep/set-up, implementing strategy/intervention, and delivery of interim and final outcomes  
*Note: regular updates on progress and (once available) interim and final outcomes will be required, including quarterly status updates and live meetings at kick-off, close, and 12-months post-initiative closing. For more information, see the 'HCI Guidance for Funded Organizations' document in the portal resource library.*
  - i) Communication/publication plan
  - j) Plans to ensure the sustainability and possible further deployment (i.e. scalability) of a successful initiative
  - k) IRB Status (required or not)

### DETAILED HCI GRANT PROPOSAL REQUIREMENTS

2. **Purpose** – Provide a statement of the HCI initiative’s objective(s)
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.

The following components and guidance are recommended for consideration. Lilly recognizes that your initiative may not include all of these categories, and that you may have additional budget categories not captured in this list. Please use these labels if they are relevant, omit any that are not, and add any that are required for your initiative.

**Personnel Salaries** – including salary amount, % of role devoted to the initiative, and specific tasks that each role will perform.

Important notes

  - Funding can only be provided for tasks related specifically to this initiative
  - Please provide a detailed breakdown of salary requests by listing each role involved in this initiative that requires salary support. Additionally, describe the specific tasks that each of these roles will perform
  - Fringe benefits are considered part of personnel salaries but must be in line with organization’s standard compensation policies
  - Should your proposal be funded, at the conclusion of the initiative, there is a budget reconciliation requirement that will need to include salary information

**Program Development Costs** - Costs associated with strategic development and/or content production as well as scientific writing, review and validation of new tools, resources, etc.

**Site Recruitment** - Identifying, recruiting sites outside of the organization.

**Clinic Implementation Support** - Support for sites for initiative(s) implementation

**Travel specific for HCI initiative intervention sharing / scaling** - Travel/Registration for prof. conferences or to other health system sites (data and best practice sharing); speaker travel & lodging.

Important note:

- Funding to be used only for purposes specific to the HCI initiative
- Must be reasonable in scope and clearly justified in the proposal - maximum 2 attendees may be funded (unless more are clearly justified) and the number and type of events should be limited to those critical for the initiative (incl. dissemination / scaling plan)
- Funding excludes costs for meals and incidentals associated with travel
- Flights must be booked in coach class and the least cost logical airfare must be chosen. Travelers must not select carriers based on personal carrier preference or frequent flyer programs.
- Hotel accommodation must not include luxury properties (e.g. locally perceived as a 5-star property), and must not be renowned for its entertainment, sports, leisure or vacation facilities (e.g. resort, golf, spa, beach, casino, etc.)
- Receipts will be required for budget reconciliation

**Dissemination of learnings and / or scaling** - Manuscripts/ abstracts/posters; open access journal pubs. For "live" opportunities: Venue rental fee and equipment (AV, tables, etc) and meals for learning sessions; materials printing for educational deliverables; webcast/simulcast costs.

Important notes:

- Must be reasonable in scope and clearly justified in the proposal - only essential attendees may be funded and the number and type of event should be limited to those critical for the effective dissemination of learnings to key groups

**Honoraria** - for community HCPs at sites involved in intervention (e.g., that participate in a focus group); speaker honoraria (if applicable), patient and/or community surveys. (Honoraria must not be provided to individuals already included as part of funded salaries)

**Clinic or site stipends** - for multi-disciplinary HCP team personnel dedicating time and resources to initiative (must not be provided to individuals already included as part of funded salaries).

**Information Technology (IT)** - Data capture, analysis, interface implementation, EMR integration, web hosting for self-study modules.

Important notes:

- Only non-capital, direct costs which are specifically related to the proposed initiative and do not cause institutional overhead to exceed the maximum rate may be included

**Outcomes** - Baseline assessment, effectiveness measures, analyses, and reports.

**Institutional Overhead** - Institutional overhead are intended to cover indirect costs and may include administrative expenses, utilities, maintenance, facilities.

Varies by health system, considerations as follows:

- Institutional overhead should be minimized
- For institutions with actual overhead rates under 30%, do not increase the funding request to the maximum allowed
- The total overhead should not exceed 30% of the grant request
- May not cause may not cause the amount requested to exceed the budget limit set forth

**Other** - Expenses not represented in available categories.

**Note ineligible use of Lilly funding** - funding may not be used for: entertainment, capital, gifts (monetary or otherwise), personal travel, and any outcomes incentivized by governmental quality improvement initiatives.

Important note:

- Examples of Capital may include physical infrastructure expenses including equipment, purchases of software, technology hardware, and buildings

<p><b>4. Health System Practice Gaps</b> - 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.</p>
<p><b>5. Root Causes and Barriers</b> - 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.</p>
<p><b>6. Strategy/Intervention(s) and Methods</b> - 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.</p>
<p><b>7. Measures</b> - 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).</p> <p>Please also explain the method for tracking and reporting outcomes (e.g. data sources).</p> <p><i>Note: regular updates on progress and (once available) interim and final outcomes will be required, including quarterly status updates and live meetings at kick-off, close, and 12-months post-initiative closing. For more information, see the 'HCI Guidance for Funded Organizations' document in the portal resource library.</i></p> <p><i>*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)</i></p>
<p><b>8. Initiative Timing</b> - Provide estimated start and end dates for each phase of your initiative, for example:</p> <ul style="list-style-type: none"> <li>A) Set-up &amp; 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.</li> <li>B) Strategy/intervention implementation</li> <li>C) Outcomes measurement and delivery of interim and final outcomes data.</li> </ul>
<p><b>9. Geographic Scope:</b> Provide the countries/regions/states of relevance</p>
<p><b>10. Eligible Applicants</b> - 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.</p>
<p><b>11. Qualification and Eligibility</b> – 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</p> <p>Provide a robust example of a previous relevant HCI initiative.</p>
<p><b>12. Communication/Publication Plan</b> - List plans to present/publish/disseminate the project.</p>
<p><b>13. Sustainability</b> - Describe how you will ensure that successful changes and improvements will be sustained over time at the participating institutions.</p> <p><i>Please note that continued measurement of key outcomes outlined in section 7 is expected, including a meeting ~12-month post-initiative closing to discuss the sustained impact on target outcomes.</i></p>
<p><b>14. Scalability</b> - Describe plans to extend the impact of a successful initiative by broadening implementation to other relevant groups/organizations/geographies, both within the pilot healthcare system and in other systems.</p>

**15. Internal Review Board (IRB) Status** - Provide detail as to whether an IRB is required and/or an IRB exemption will be obtained retrospectively for this project/initiative.

- Background - IRB can substantially delay the start of a project. An IRB exemption can also be obtained retrospectively 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.

**16. 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.