

Hyperkalemia in Heart and Kidney Care

Independent education grant proposal

One enduring activity with a 60-minute design target. Provider, faculty, funding and final delivery agreements remain to be confirmed.

Independent medical education proposal · October 15, 2026

Confirm, Respond, and Preserve Treatment

Executive summary

A high potassium result creates two linked risks: delayed urgent care and an unexamined long-term interruption of indicated treatment. In an observational CKD cohort after new hyperkalemia, 13.5% discontinued RAAS-inhibitor therapy within three months. The association with later adverse outcomes is not proof of causality; it supports teaching a deliberate assessment and reassessment process.

HEART RESERVE proposes one 60-minute enduring activity for primary care and cardiorenal teams. Evelyn's changing symptoms, Sofia's reversible contributors and Margaret's evidence and medication-schedule decisions connect triage, prevention and follow-through. Original cases, feedback, a complete audio alternative and a worked result-review loop make clinical reasoning visible. The curriculum compares appropriate options and evidence limitations without a product-uptake objective. Independent clinical faculty and the accredited provider govern review and release.

The \$60,850 prospective request includes \$6,000 of defined educator work. Matched first responses measure learning; proposed transfer vignettes and a 60-day follow-up distinguish case application from reported practice. The public AstraZeneca hyperkalemia listing supplies a current topic-fit signal, not an award commitment. A complete application, activity-specific quote and accepted faculty roles are required. Planning allows a December 1 submission, no funded start before February 1 and a tentative April 1, 2027 learner release.

Why this opportunity now

On October 15, 2026, AstraZeneca's US educational-area table displayed hyperkalemia in its available-funding column. Its MEGO page requires a complete request at least 60 days before the program start and retains content and faculty control with the independent organizer. Availability is a current public signal, not an invitation, award probability or budget commitment; recheck the portal before submission.

A NACE hyperkalemia podcast publicly linked to myCME disclosed AstraZeneca independent educational support. This demonstrates a historical format/topic precedent, not acceptance of HEART RESERVE or a transferable contract. The new activity uses original content and adds current evidence appraisal and accountable follow-up.

Tentative planning: submit a complete request by December 1, 2026. Begin funded development no earlier than February 1, 2027 after an executed agreement, allowing at least 60 days from submission. Proposed learner release is April 1, 2027 after clinical review, a timed pilot and host acceptance,

followed by 12 months of access. The applicant must confirm the final dates and postpone funded work or release if approvals are incomplete.

Practice gap and why education is appropriate

The needs case has a measured component: An et al. studied 5,728 people with CKD and new hyperkalemia; 13.5% discontinued RAAS inhibitors within three months. Discontinuation was associated with higher mortality (adjusted HR 1.34, 95% CI 1.14-1.56). This retrospective finding is not causal and does not establish a deficiency among the future learners. It supports examining avoidable interruption and lack of deliberate reassessment.

A separate knowledge and competence need arises when clinicians conflate potassium control, MRA optimization and clinical outcomes. DIAMOND and REALIZE-K provide timely teaching opportunities, including the limitations of selected run-in populations and REALIZE-K's exploratory HF-event imbalance. The program teaches interpretation, not preference for a manufacturer's product.

The inferred process gaps are urgency misclassification, incomplete review of reversible contributors, and laboratory or restart decisions without a named owner. Before launch, the provider should obtain a short formative audience survey and deidentified practice-process observations if feasible. Record their actual denominators and findings; do not describe planned surveys or this activity's future baseline scores as existing evidence.

Objectives, teaching and assessment alignment

Objective 1: Differentiate an uncertain potassium result from a presentation requiring urgent emergency assessment.

Objective 2: Select a cause-directed hyperkalemia strategy and interpret binder evidence without overstating clinical outcomes.

Objective 3: Construct a medication, laboratory and communication plan with patient-specific safety checks and accountable follow-up.

Objective 1: Evelyn; KC1A/KC1B; final K1/K2; matched baseline K1. Objective 2: Sofia and trial appraisal in Margaret; KC2A/KC2B/KC3A; final K3/K4; matched baseline K3. Objective 3: Margaret and the cross-case result loop; KC3B; final K5/K6; matched baseline K5.

Distractors represent plausible clinical errors: delayed outpatient repeat, permanent medication withdrawal, cross-trial ranking, conflating biochemical and mortality outcomes, and incomplete handoffs. The independent reviewer should assess ambiguity, clinical realism and answer-key defensibility. Pilot item performance may guide revision without adding questions.

Audience, recruitment and equity

Proposed primary audience: US primary care/internal medicine clinicians, PAs and NPs. Secondary audience: cardiology, nephrology, clinical pharmacy and nursing teams. Recruitment should target clinicians who manage CKD/HF medication changes and abnormal laboratory follow-up.

Planning targets, not guarantees: 750 unique authenticated starts, 500 completions and 100 optional 60-day respondents. The host quote must define channels, reachable audience, starts, completions,

follow-up invitations, reporting and any contracted commitments. The targets are assumptions for costing and should be replaced after an activity-specific feasibility review.

Offer mobile-readable text, optional captioned media and a complete audio alternative. Cases address cost, transportation, food access and medication scheduling. Women are represented in the fictional cases; no unsupported female-specific efficacy claim is made. Report recruitment and completion distributions using voluntarily collected, privacy-appropriate categories where available.

Faculty and independence

Lisa Zahakos, RPA-C: educational developer and narrator. Prospective scope includes coordinating educational decisions and revising content after independent faculty review. No other named faculty appointment is claimed.

Recruit a nephrologist as clinical chair, a heart-failure cardiologist, a clinical pharmacist and a renal dietitian for defined contributions. A separate qualified reviewer approves clinical claims and assessments. Obtain names, credentials, written commitments, current disclosures, conflict mitigation and signed review records through the accredited provider.

Global Education Group is the user-confirmed accreditation partner for the series; the new activity's agreement, designation and approval remain unconfirmed. myCME is the proposed distribution host, subject to activity-specific scope and acceptance. No supporter selects faculty, controls teaching, endorses the activity or receives learner-identifiable data through this prototype.

Include non-drug strategies, appropriate medication interruption, patiomer and SZC with their limitations and safety considerations. No prescription targets, brand conversion measures, sales goals or guaranteed treatment benefit are outcomes of the education.

Delivery and time validation

Keep the series route: Start; three opening questions; three cases; six final questions; evaluation; completion. Introduction, Activity and Finish are the visible phases. The section list is collapsed, Back/Next is consistent, and media have no additional completion gate.

The 60-minute agenda is a design target, not a measured duration or credit award. Conduct a representative timed pilot in both reading and listening modes. Capture active learning time, interruptions, decision/reflection time and assessment time separately. Do not count duplicate media twice. Report median and range, then revise content or credit estimate with the provider.

The current reference-player rule is integer correct ≥ 4 of 6; provider approval is required. It is not a myCME requirement. The host must supply authenticated identity, secure completion records, approved credit wording, release/expiration and certificate retrieval.

Outcomes and analysis plan

Report the funnel as invited/reached where defined, unique starts, baseline completers, all-case completers, first final attempts, qualifying completions and follow-up invitees/respondents. State each denominator and deduplicate repeat visits and format switches by host learner identifier.

Primary learning analysis: within-person change on the three matched items K1, K3 and K5 using baseline and first submitted final responses. Report item-level percent correct, paired sample size and

absolute percentage-point change; analyze paired responses appropriately with uncertainty intervals. Repeated items can cue learning, so do not treat this as a controlled causal effect.

Report all six final items separately as first-attempt performance and preserve retries and qualifying passes. Do not replace first-attempt scores with best attempts. Proposed success criteria for planning: a 15-percentage-point matched-item gain if baseline permits, at least 70% first-attempt correct on each objective pair, and at least 20% follow-up response. These are aspirational targets, not predicted results. A high baseline requires a documented ceiling-aware interpretation.

At 60 days, offer three concept-transfer vignettes and brief implementation questions. Report transfer separately from repeated-item learning; equivalence has not been established. Report response rate and missingness, self-report limitations and potential nonresponse bias. Do not infer reduced mortality, hospitalizations or medication use from this design.

If multiple HEART RESERVE activities are funded together, report course-specific outcomes, shared audience overlap and shared-cost allocation. Do not count a person or shared service twice as independent reach or cost.

Budget eligibility and cost controls

Total prospective planning request: \$60,850. Every line is unquoted. The \$20,000 hosting/recruitment figure is an allowance, not the existing pregnancy-topic offer or a commitment from myCME. Obtain a new written itemized quote covering this topic, format, audience, duration and reports.

No ordinary business overhead, general administration, application-writing fee, learner honoraria, travel, promotional expense or reimbursement of already completed development is requested. Faculty and patient-facing deliverables remain subject to funder policy, provider review and fair-market-value documentation; a percentage does not establish eligibility.

Allocate shared platform adaptation, recruitment, accreditation, standard exports and enhanced analysis once. Remove overlapping services if the publisher or provider bundles them. Confirm whether all proposed activities and costs are eligible in the live portal and agreement before submitting.

Shared-cost allocation worksheet for all six activities

Required submission evidence

Before submission: identify the eligible legal applicant and authorized signatory; confirm tax and organizational documentation through the secure grant portal; attach the provider agreement/accreditation documentation required for this request; obtain named faculty commitments/disclosures and the topic-specific publisher/recruitment quote. No sensitive tax identifiers are embedded in the public course or certificate.

Attach the needs assessment, objectives, agenda, original content outline, itemized budget, audience/recruitment plan, outcomes methods and sample teaching. Complete every current portal field and required attachment from the actual application. This package provides those educational narratives and supporting materials; it is not proof that portal-specific requirements are complete.

Before accredited release: independent clinical and assessment approval; final labels/guidelines checked; full human listening; actual phone/browser and assistive-technology review; timed pilot;

approved passing rule and credit; secure host acceptance; final faculty/disclosures and release/expiration. Funding and delivery are not guaranteed.

Progressive cases and transfer assessment

Each case now has a reviewable follow-up reveal, a faculty reasoning prompt and a proposed parallel application item. The exhibits use original HEART RESERVE material and make the gap-to-decision link explicit. They are prepared for validation and are not yet activated in the learner assessment.

Original case	Changed circumstance	Clinical reasoning
Evelyn: changed symptoms change the destination	A repeat result confirms severe hyperkalemia and new weakness despite an ECG without typical changes.	Make the urgent disposition decision before discussing longer-term prevention; an ECG cannot justify a delay in this scenario.
Sofia: review contributors before a permanent stop	Medication reconciliation reveals a new salt substitute and frequent NSAID use.	Assess safety, correct reversible contributors and schedule reassessment while explicitly reconsidering the ongoing organ-protection indication.
Margaret: the best biochemical plan must work at home	Edema, low magnesium and multiple morning tablets complicate the long-term binder discussion.	Compare product-specific cautions, spacing, access and monitoring; do not rank therapies by unrelated trial results or promise emergency rescue.

The current baseline and first posttest share three items. Report paired n, absolute percentage-point change, item-level results and uncertainty, with retries separate. The 15-percentage-point gain is a planning target; high baseline scores may create a ceiling. Repeated items measure immediate learning with recall limitations. The proposed transfer form changes the clinical surface while preserving the mapped concept. Before using it for a Moore level 4 claim, independent clinical and assessment reviewers must approve the key, equivalence, difficulty and analysis, then pilot it with representative learners. Use it to replace matched posttest slots only after approval, preserving six final questions and the time target. It is not an additional required test in the present activity. Report unpaired data and nonresponse; do not infer causality, observed clinical performance or patient benefit.

Open the case exhibits and answer rationales · Open application narrative sections · Proposed transfer form

Funding fit and submission plan

AstraZeneca US MEGO hyperkalemia educational area

AstraZeneca's public educational-interest table lists hyperkalemia. The activity connects urgent triage, reversible contributors and product-specific maintenance/monitoring decisions. Confirm the funding indicator and all current eligibility, attachments and dates within the application process; the topic listing is not an award commitment.

Distinct educational contribution

A focused cardiorenal safety activity linking potassium decisions to a named follow-up plan. Teaching compares appropriate strategies and the limits of their evidence without a product-uptake objective.

Recruitment and deliverable evidence

Target US primary care/internal medicine clinicians, PAs and NPs who manage CKD/HF medicines and abnormal laboratory results, with cardiology, nephrology and pharmacy as secondary segments. Obtain a topic-specific recruitment plan and quote before accepting reach assumptions.

All costs are unquoted; the \$20,000 host allowance is not the pregnancy activity's quote.

Application requirements and timing

Submit a complete MEGO request at least 60 days before the program start. For planning, submit by December 1, 2026; begin grant-funded work no earlier than February 1, 2027 after an executed agreement, with a tentative April 1 release after review and pilot. Confirm these dates and every portal attachment with the applicant. Faculty and content remain under independent organizer control.

Remaining submission evidence: Legal applicant, topic-specific provider/host quotes, clinical appointments, final dates and complete portal attachments.

Public requirements checked October 15, 2026. Funding source and current criteria (<https://www.astrazeneca-us.com/sustainability/Request-Support/medical-education-office/educational-areas-call-for-grants.html>) · Submission evidence tracker · Educator fee schedule

Educator scope and compensation

Proposed compensation for Lisa Zahakos, RPA-C is \$6,000, included in the \$60,850 total (9.86%). This includes all educator payments proposed in this budget. The project limit is below 20% of the final funded total and must be recalculated if the award or scope changes.

Educational deliverable	Hours	Rate	Amount
Faculty-directed content revision	32	\$125	\$4,000
Approved narration and graphic revisions	20	\$100	\$2,000

The fee is based on defined work and estimated hours. A provider-approved agreement must establish the legal payee, eligible scope, reasonable rates, payment schedule and deliverable acceptance. Completed development is contributed. No additional personal fee is budgeted in independent review, hosting, technical production, maintenance or outcomes services. Work transferred to another contributor must be removed from the educator scope to avoid duplicate charges.

Generic management and grant-administration fees are \$0. If the final award is smaller, revise the scope and all educator compensation together before contracting; do not relabel costs to meet the percentage limit. The accredited provider controls commercial-support funds and the approved payment arrangements.

Design agenda

Overview and opening questions	5 minutes
Evelyn: urgency and result ownership	16 minutes
Sofia: contributors and treatment decisions	16 minutes
Margaret: evidence, safety and handoff	14 minutes
Six final questions and feedback	7 minutes
Evaluation	2 minutes

Funding and format sources

- AstraZeneca available educational areas: Source (<https://www.astrazeneca-us.com/sustainability/Request-Support/medical-education-office/educational-areas-call-for-grants.html>)
- AstraZeneca MEGO requirements and application route: Source (<https://www.astrazeneca-us.com/sustainability/Request-Support/medical-education-office.html>)
- NACE/myCME-linked hyperkalemia podcast precedent, 2023: Source (<https://naceonline.buzzsprout.com/457981/episodes/12946014-cme-ce-podcast-hyperkalemia-and-the-limits-of-traditional-management>)

Clinical evidence

- UK Kidney Association. Clinical Practice Guideline: Management of Hyperkalaemia in Adults. October 2023. UK thresholds are identified as such; US local emergency protocols govern care. Source (https://www.ukkidney.org/sites/renal.org/files/FINAL%20VERSION%20-%20UKKA%20CLINICAL%20PRACTICE%20GUIDELINE%20-%20MANAGEMENT%20OF%20HYPERKALAEMIA%20IN%20ADULTS%20-%2020191223_0.pdf)
- KDIGO. 2024 Clinical Practice Guideline for the Evaluation and Management of CKD. Chapter 3; practice points 3.6.2-3.6.5. Focused update underway; verify at release. Source (<https://kdigo.org/guidelines/ckd-evaluation-and-management/>)
- Heidenreich PA et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. Sections 7.3.3 and 7.3.6. doi:10.1161/CIR.0000000000001063. Source (<https://professional.heart.org/en/guidelines-statements/2022-ahaacchfsa-guideline-for-the-management-of-heart-failure-a-report-of-the-cir0000000000001063>)
- An J et al. Discontinuation of RAAS Inhibitors Secondary to Hyperkalemia and Cardiorenal Outcomes. Am J Nephrol. 2023;54:250-261. doi:10.1159/000531102. Retrospective association, not causal evidence. Source (<https://pubmed.ncbi.nlm.nih.gov/37231821/>)
- Butler J et al. Patiromer for the management of hyperkalemia in HFrEF: DIAMOND. Eur Heart J. 2022;43:4362-4373. doi:10.1093/eurheartj/ehac401. Source (<https://pubmed.ncbi.nlm.nih.gov/35900838/>)

- Kosiborod MN et al. Sodium Zirconium Cyclosilicate and MRA Optimization in HFrEF: REALIZE-K. J Am Coll Cardiol. 2025. doi:10.1016/j.jacc.2024.11.014. Includes the exploratory worsening-HF safety imbalance. Source (<https://pubmed.ncbi.nlm.nih.gov/39566872/>)
- VELTASSA (patiomer). US prescribing information, revised October 2023; current manufacturer PDF checked October 15, 2026. Sections 1, 2, 5 and 7. Source (<https://www.veltassa.com/pi.pdf>)
- LOKELMA (sodium zirconium cyclosilicate). US prescribing information, revised February 2024; DailyMed checked October 15, 2026. Sections 1, 2, 5 and 7. Source (<https://dailymed.nlm.nih.gov/daily/fda/fdaDrugXsl.cfm?setid=90bf8e28-748d-4e4b-a19f-9cf483370eff>)
- REALIZE-K investigators. AHA 2024 primary results presentation: population, endpoints and exploratory events. Interpret alongside the final publication. Source (https://clinicaltrialresults.org/wp-content/uploads/2024/11/24-11-14_Kosiborod_AHA_REALIZE-K-Results-oral_D17.pdf)

From the practice gap to a measurable decision

Evelyn: changed symptoms change the destination: Make the urgent disposition decision before discussing longer-term prevention; an ECG cannot justify a delay in this scenario. The current baseline concept is K1; proposed transfer item TR1 remains a separate review exhibit until clinical/assessment approval and pilot.

Sofia: review contributors before a permanent stop: Assess safety, correct reversible contributors and schedule reassessment while explicitly reconsidering the ongoing organ-protection indication. The current baseline concept is K3; proposed transfer item TR2 remains a separate review exhibit until clinical/assessment approval and pilot.

Margaret: the best biochemical plan must work at home: Compare product-specific cautions, spacing, access and monitoring; do not rank therapies by unrelated trial results or promise emergency rescue. The current baseline concept is K5; proposed transfer item TR3 remains a separate review exhibit until clinical/assessment approval and pilot.

The active activity contains three baseline items, six formative decisions and six final items. The three repeated baseline/post items measure immediate learning with recall limitations. Link each result to its objective, retain first attempts and report retries separately. Proposed transfer cases must replace mapped final slots only after approval; they are not additional current completion requirements. Report later self-reported actions and access barriers separately from case scores.

Funding fit and accountable delivery

AstraZeneca's public educational-interest table lists hyperkalemia. The activity connects urgent triage, reversible contributors and product-specific maintenance/monitoring decisions. Confirm the funding indicator and all current eligibility, attachments and dates within the application process; the topic listing is not an award commitment.

Independent clinical faculty and the accredited provider determine content, evidence balance, assessment keys and release. Commercial supporters do not select recommendations or products. Each funded line requires an eligible future deliverable, documented hours/rate or units, and accepted work. Existing development and grant preparation are contributed. Andrea's October 9 guidance concerns management fees above 20%; the separate user-directed ceiling aggregates all

compensation to Lisa below 20% of the final funded amount. Mike's written quote applies only to Pregnancy Is Heart History. Other courses require their own agreed scopes and quotes.

Official funding information · checked October 16, 2026 (<https://www.astrazeneca-us.com/sustainability/Request-Support/medical-education-office/educational-areas-call-for-grants.html>)