

Kidney Health Is Heart Health

Independent education grant proposal

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

HEART RESERVE · Independent education proposal · October 15, 2026

Closing gaps in women with type 2 diabetes

One enduring activity · 60-minute design target · proposed myCME distribution. Prospective planning budget: \$57,530. Prepared for provider and host review; funding, credit and clinical release are not yet approved.

Executive summary

Kidney protection can be missed when a satisfactory A1C or preserved filtration ends the assessment. Across 24 US organizations in a historical EHR study, the median one-year rate of testing both eGFR and UACR was 51.6%. This documents a measurable process gap, not a current women-only rate. Kidney Health Is Heart Health turns incomplete testing, evidence interpretation and monitoring ownership into decisions clinicians can practice.

The proposed 60-minute enduring activity follows Denise, Rosa and Carol through assessment, treatment review and the next result or referral. It serves primary care physicians, PAs and NPs caring for type 2 diabetes, with relevant specialty and pharmacy teams. HEART RESERVE contributes an original women-centered curriculum that links kidney findings to cardiovascular risk and an accountable next action, with equivalent text/audio options. It does not assume different treatment efficacy by sex.

The \$57,530 prospective request includes \$10,680 of educator revisions and a separate, unquoted delivery allowance. First-response learning, original transfer-case exhibits and follow-up reporting connect the stated gap to measurement. Bayer's published CKD-in-type-2-diabetes pathway is a close topic and audience fit. Named faculty, the current budget template, accredited-provider documentation and an accepted host scope remain necessary before submission.

The unmet need

A 2021 analysis by Stempniewicz and colleagues examined 513,165 adults with type 2 diabetes across 24 US healthcare organizations. The median one-year organization-level UACR testing rate was 52.9%; the corresponding rate for both UACR and eGFR was 51.6%. These historical EHR findings document incomplete testing and variation, not the current rate in women or in this activity's future audience. [3] They justify focusing on an observable care step rather than relying only on a guideline citation.

Current clinical guidance supplies the intended standard, while outcome trials and product information supply the evidence for treatment and monitoring. The actual baseline knowledge and case decisions of enrolled clinicians will be measured prospectively. No survey of future learners, assumed error rate or guaranteed patient benefit is used to manufacture the need.

The women-focused contribution is continuity: relevant reproductive history remains visible, but clinical action is determined by current renal findings, cardiovascular risk, treatment context and the woman's goals. It does not assert different treatment efficacy by sex or a women-specific screening disparity unsupported by the cited study.

Gap-to-outcome map

Practice problem	Desired clinical action	Assessment
Incomplete two-marker testing	Obtain eGFR and UACR, establish persistence and arrange result review.	Objective 1 · K1/K2 · KD1/KD2
A1C or a biomarker result substitutes for clinical-outcome appraisal	Select eligible organ protection; distinguish UACR change from hard outcomes.	Objective 2 · K3/K4/K5 · KD3/KD4/KD5
Monitoring and referral do not identify who acts next	Choose a medication-specific monitoring and accepted handoff plan.	Objective 3 · K6 · KD6

Audience and objectives

US primary care and internal medicine physicians, PAs and NPs; endocrinology, nephrology, cardiology, clinical pharmacy and diabetes-care teams.

- Identify incomplete kidney assessment and select a confirmation plan using eGFR and UACR.
- Match kidney and cardiovascular protection to the patient, demonstrated clinical outcomes and treatment safety.
- Choose a monitoring and referral plan with a named clinician responsible for follow-through.

Educational design and agenda

Component	Planned minutes
Orientation and three baseline questions	5
Denise: assessment and persistence	12
Rosa: evidence and individualized treatment	18
Carol: safety and handoff	12
Takeaway, six final questions and evaluation	13

The 60-minute duration is a design target until a timed pilot is complete. The provider determines credit. Media is optional because equivalent text is available. The required pathway is consistent across the series and supports back navigation, saved progress, feedback and retries.

Faculty and independence

Lisa Zahakos, RPA-C, is the HEART RESERVE founder, educator and narrator. Proposed contributing roles are a nephrologist, an endocrinologist and a clinical pharmacist, with independent clinical/assessment review and cardiovascular expertise as needed. No individual is represented as appointed. The accredited provider approves qualifications, disclosures, mitigation, content balance, off-label identification, credit statements and final release. Narration is not a substitute for qualified clinical review.

Supporters have no editorial control over cases, objectives, faculty, conclusions or assessments. Generic names are used; brand names appear only where a product-specific label is necessary. The series does not use prescribing volume, brand preference or sales as outcomes.

myCME distribution and recruitment

Proposed release is a 12-month enduring activity after approval. The \$20,000 delivery line is a planning allowance informed by a quote for a different cardiovascular activity; it is not a quote or commitment for this kidney topic. Request a revised scope for this audience and course. Separate programming, hosting, recruitment, accessible media, participant reporting, assessment exports and one follow-up invitation in the agreement.

For planning only, use 675 learners and 500 posttest finishers as provisional benchmarks derived from the other activity's offer, not guaranteed results. Confirm definitions of unique learner, starter and finisher. Do not add platform-wide mailing lists or followers into activity reach. Recruitment should prioritize US primary care/internal medicine and endocrine teams, with nephrology, cardiology and pharmacy segments. Proposed channels are host invitations and relevant specialty placements; HEART RESERVE's channels may support awareness without invented audience numbers.

Outcomes and reporting

Report unique participation and completion, evaluation ratings, knowledge and case-based competence. Compare paired first baseline and first posttest answers on K1, K3 and K6 out of three; report the full first posttest out of six separately. Preserve retries for completion without replacing the original measurements. Case decisions KD1-KD6 show application in fictional situations, not observed clinical performance.

Prospective targets for discussion are a 15-percentage-point matched-item improvement, completion by 65% of starters, and a 25% response rate among completers invited to the optional 60-90-day survey. These are planning targets, not achieved outcomes. Report denominators, missing data, selection and nonresponse limitations, and item-level findings. Follow-up describes self-reported actions and barriers; no patient outcomes or verified practice change are claimed.

For the Bayer pathway, plan activity/outcomes sharing within 30 days of availability and financial reconciliation within 60 days of program completion, subject to the final agreement. Keep each activity's report separate even when the collection is supported together.

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
Denise: preserved filtration does not complete screening	The annual checklist is marked complete because creatinine was measured; there is no quantitative urine albumin result.	Identify the missing UACR, consider transient influences if abnormal and assign result review.
Rosa: choose an organ-risk objective	A1C is at the agreed target, but confirmed CKD persists.	Compare patient eligibility, clinical-event evidence, safety and preferences instead of treating glucose control as the final organ-protection decision.
Carol: the referral is pending, responsibility is not	The receiving practice cannot yet offer an appointment and repeat results need review.	Specify interim responsibility, clinically appropriate timing and the patient communication route rather than handing off to an unconfirmed appointment.

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

Application scope and source check

Checked October 15, 2026.

Bayer lists enduring education, podcasts and live virtual education among its preferred formats. Complete applications are reviewed monthly; allow at least 45 days for response and provide the complete submission at least 45 days before the event. Attachments must be PDFs. The final submission needs the Bayer budget template, proposed faculty, recruitment and outcomes plans, objectives and agenda, needs assessment, current accreditation letter/status, signed W-9 and applicable tax documentation. The current Bayer budget template has not been obtained or completed; these planning exports do not replace it.

Financial reconciliation is due within 60 days of program completion, and activity data/outcomes within 30 days of availability, subject to the executed agreement. No funding or topic-specific host commitment is confirmed.

Bayer application requirements

(<https://www.grants-contributions.bayer.com/home/medical-educational-grants>) · Bayer kidney criteria (<https://www.grants-contributions.bayer.com/medical-educational-grants/guidelines/kidney-disease>)

Funding fit and submission plan

Bayer US CKD in type 2 diabetes medical education pathway

Bayer's published CKD priorities align with eGFR/UACR screening, residual cardiorenal risk and appropriate patient selection, including primary care and advanced practice audiences. The three cases make those decisions assessable. Obtain the current Bayer budget template and complete the provider, faculty, recruitment and outcomes documentation; public topic fit does not confirm an award.

Distinct educational contribution

Focuses on incomplete kidney assessment, clinical-outcome evidence and an accountable monitoring plan. It is not a proposal for the separate ASN 2026 call on CKD without diabetes.

Recruitment and deliverable evidence

Prioritize US primary care and internal medicine physicians, PAs and NPs, with endocrine teams next. Include nephrology, cardiology and pharmacy where their roles support referral and follow-up. Obtain topic-specific audience targets rather than importing another activity's commitments.

All costs are planning estimates; the \$20,000 hosting allowance is not a kidney-course quote.

Application requirements and timing

Use the current Bayer budget template and PDF attachments, including needs assessment, learning objectives, agenda, proposed faculty, recruitment and outcomes plans, and the provider's current accreditation letter/status. Complete applications are reviewed monthly; allow at least 45 days for response. Plan financial reconciliation within 60 days of completion and sharing of data/outcomes within 30 days of availability, subject to the agreement.

Remaining submission evidence: Current Bayer template, accreditation documentation, named faculty, accepted quote and confirmed recruitment plan.

Public requirements checked October 15, 2026. Funding source and current criteria

(<https://www.grants-contributions.bayer.com/medical-educational-grants/guidelines/kidney-disease>) ·

Submission evidence tracker · Educator fee schedule

Itemized prospective budget

\$57,530 proposed total. All amounts are unquoted planning estimates. A separate activity-specific host quote is required. Existing curriculum, media, prototype development and proposal preparation are contributed. Only eligible future work after executed agreements is requested.

Deliverable and scope	Quantity	Rate	Amount
KI01 · Activity-specific hosting, enrollment and standard reporting allowance. Platform setup, identity/completion/certificate operations, permission-based enrollment, routine exports and standard participation report. Obtain an activity-specific itemized quote. No separate routine reporting or survey-dispatch charge is included elsewhere.	1 package	\$20,000	\$20,000
KI02 · HEART RESERVE educator: curriculum and evidence revision. Lisa Zahakos, RPA-C: curriculum and evidence revision for the existing three-case activity after independent faculty review. Deliver dated revisions and a resolved review log. Scope is limited to the existing manuscript, assessment set and changed narration, with up to two consolidated review rounds. Excludes new course development, native LMS programming and independent clinical approval. Only eligible future work is requested; completed prototype work is contributed. Payment requires documented hours and accepted deliverables.	40 hours	\$150	\$6,000
KI03 · HEART RESERVE educator: instructional design and assessment mapping. Lisa Zahakos, RPA-C: instructional design and assessment mapping for the existing three-case activity after independent faculty review. Deliver dated revisions and a resolved review log. Scope is limited to the existing manuscript, assessment set and changed narration, with up to two consolidated review rounds. Excludes new course development, native LMS programming and independent clinical approval. Only eligible future work is requested; completed prototype work is contributed. Payment requires documented hours and accepted deliverables.	24 hours	\$120	\$2,880
KI04 · HEART RESERVE educator: narration and accessibility-text revision. Lisa Zahakos, RPA-C: narration and accessibility-text revision for the existing three-case activity after independent faculty review. Deliver dated revisions and a resolved review log. Scope is limited to the existing manuscript, assessment set and changed narration, with up to two consolidated review rounds. Excludes new course development, native LMS programming and independent clinical approval. Only eligible future work is requested; completed prototype work is contributed. Payment requires documented hours and accepted deliverables.	18 hours	\$100	\$1,800
KI05 · Nephrology faculty review and contribution. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	10 hours	\$350	\$3,500
KI06 · Endocrinology faculty review and contribution. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	8 hours	\$350	\$2,800
KI07 · Clinical pharmacist review. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	6 hours	\$200	\$1,200

Deliverable and scope	Quantity	Rate	Amount
KI08 · Independent clinical and assessment review. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	10 hours	\$300	\$3,000
KI09 · Activity-specific accredited-provider allowance. Accreditation review, disclosure collection/mitigation, credit designation and required accreditation reporting only. Excludes hosting, recruitment and enhanced outcomes. Remove this allowance if those services are in the publisher quote.	1 package	\$6,500	\$6,500
KI10 · Enhanced educational outcomes analysis beyond standard host reports. First-attempt matched-item analysis, missing-data reconciliation, objective-level interpretation and one limitations-aware educational narrative. Excludes platform exports, routine participation reports, survey dispatch and accreditation reporting. Remove any deliverable supplied by the host/provider.	36 hours	\$175	\$6,300
KI11 · Unpaid learner timing-pilot facilitation. Staff administration and synthesis of time-on-task/usability observations. No learner payment, travel or personal expense is requested.	6 hours	\$125	\$750
KI12 · Patient-adviser educational planning consultation. Proposed content-planning role: documented review of fictional case language, patient instructions and practical barriers. Not learner participation or a replacement for removed learner honoraria. Confirm this distinct role and eligibility before contracting; otherwise remove.	4 hours	\$100	\$400
KI13 · Post-launch evidence and label maintenance. Scheduled release-period surveillance and clinically necessary dated updates; excludes source work already completed. Release-period maintenance is assigned to an independent reviewer and is not an additional educator fee.	12 hours	\$200	\$2,400

Prospective total: \$57,530. Final funding and contractual amounts require approval.

Educator scope and compensation

Proposed compensation for Lisa Zahakos, RPA-C is \$10,680, included in the \$57,530 total (18.56%). 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
HEART RESERVE educator: curriculum and evidence revision	40	\$150	\$6,000
HEART RESERVE educator: instructional design and assessment mapping	24	\$120	\$2,880
HEART RESERVE educator: narration and accessibility-text revision	18	\$100	\$1,800

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.

Cost allocation and value

Reconcile hosting, recruitment, provider records and enhanced outcomes against the final itemized quotes. Each service must have one responsible payee and one charge. Separate routine host reports from additional analysis. Allocate reused content, templates and audience overlap across funded activities once. Confirm the scope and eligible costs before accepting partial funding.

Grant reporting responsibilities

For the Bayer CKD-in-type-2-diabetes route, assign the grant recipient a financial-reconciliation deadline within 60 days after program completion and the outcomes lead a reporting deadline within 30 days after data become available. Record actual completion and data-availability dates; later follow-up analysis does not postpone a due reconciliation. Allow at least 45 days for a response to a complete submission and use the current Bayer budget template.

Activity-specific reporting checklist

Application and launch sequence

- Confirm the legal applicant/payee and accredited-provider arrangement; an EIN or LLC alone does not establish eligibility.
- Confirm current topic funding, eligibility and application requirements. Bayer lists monthly review and at least 45 days for a complete submission; plan additional production time.
- Obtain the activity-specific myCME scope and faculty/provider quotes.
- Submit a funder-formatted proposal, detailed budget, needs assessment, agenda, proposed faculty, recruitment and outcomes plan, accreditation evidence and authorized tax documents.
- Complete independent clinical review, full media review and timed learner testing before release.
- Implement and validate the native myCME player, authenticated reporting, disclosures, credit claiming and accessibility.

Comparable published education

The myCME nephrology catalog lists Reaching New Heights in Cardio-Renal-Metabolic Care: Optimizing Treatment to Elevate Patient Outcomes. Public metadata identifies a 90-minute webcast from Clinical Care Options/Decera with Boehringer Ingelheim and Lilly support. This is the closest topic benchmark inspected, not a claim that its gated player was completed or its grant amount is known. myCME catalog (<https://www.mycme.com/pages/nephrology-cme>) · Public course metadata (<https://www.guidelinecentral.com/quizzes/5272072/>).

The one-hour text-module format is modeled separately on the myCME-listed Obesity Management During Women's Reproductive Years: Expert Insights to Your Clinical Queries, which publicly identifies Lilly support. The new kidney course is original and does not copy either course's cases, wording or clinical artwork.

Nonduplication within the collection

This activity owns kidney testing, persistence, renal/CV endpoint appraisal and monitoring. Pregnancy Is Heart History owns pregnancy-risk recognition and prevention; Obesity and Diabetes Care in Women owns postpartum testing and broader metabolic treatment; GLP-1 Medicines and Pregnancy Planning owns reproductive medication counseling. Brief shared context is not billed as new teaching twice.

Clinical references

- American Diabetes Association. Chronic Kidney Disease and Risk Management: Standards of Care in Diabetes-2026. Diabetes Care. 49:S246-S260. Source (<https://doi.org/10.2337/dc26-S011>)
- KDIGO. 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Source (<https://kdigo.org/wp-content/uploads/2024/03/KDIGO-2024-CKD-Guideline.pdf>)
- Stempniewicz N, et al. Chronic kidney disease testing among primary care patients with type 2 diabetes across 24 US health care organizations. Diabetes Care. 2021;44:2000-2009. Source (<https://doi.org/10.2337/dc20-2715>)
- EMPA-KIDNEY Collaborative Group. Empagliflozin in patients with chronic kidney disease. N Engl J Med. 2023;388:117-127. Source (<https://doi.org/10.1056/NEJMoa2204233>)
- Heerspink HJL, et al. Dapagliflozin in patients with chronic kidney disease. N Engl J Med. 2020;383:1436-1446. Source (<https://doi.org/10.1056/NEJMoa2024816>)
- Perkovic V, et al. Effects of semaglutide on chronic kidney disease in patients with type 2 diabetes. N Engl J Med. 2024;391:109-121. Source (<https://doi.org/10.1056/NEJMoa2403347>)
- Agarwal R, et al. Cardiovascular and kidney outcomes with finerenone in patients with type 2 diabetes and chronic kidney disease: FIDELITY pooled analysis. Eur Heart J. 2022;43:474-484. Source (<https://doi.org/10.1093/eurheartj/ehab777>)
- Agarwal R, et al. Finerenone with empagliflozin in chronic kidney disease and type 2 diabetes. N Engl J Med. 2025;393:533-543. CONFIDENCE. Source (<https://pubmed.ncbi.nlm.nih.gov/40470996/>)
- Bayer. Kerendia US Prescribing Information. Current label checked October 15, 2026. Source (https://labeling.bayerhealthcare.com/html/products/pi/Kerendia_PI.pdf)
- Novo Nordisk. Ozempic injection US Prescribing Information. Current label checked October 15, 2026. Source (<https://www.novo-pi.com/ozempic.pdf>)
- Boehringer Ingelheim. Jardiance US Prescribing Information. DailyMed, current record accessed October 15, 2026. Source (<https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=5777b8a8-ada6-4950-8548-43a1de11f075>)

- KDIGO. Diabetes and CKD guideline status: 2022 remains the current published diabetes guideline; 2026 update is in development. Accessed October 15, 2026. Source (<https://kdigo.org/guidelines/diabetes-ckd/>)

From the practice gap to a measurable decision

Denise: preserved filtration does not complete screening: Identify the missing UACR, consider transient influences if abnormal and assign result review. The current baseline concept is K1; proposed transfer item TR1 remains a separate review exhibit until clinical/assessment approval and pilot.

Rosa: choose an organ-risk objective: Compare patient eligibility, clinical-event evidence, safety and preferences instead of treating glucose control as the final organ-protection decision. The current baseline concept is K3; proposed transfer item TR2 remains a separate review exhibit until clinical/assessment approval and pilot.

Carol: the referral is pending, responsibility is not: Specify interim responsibility, clinically appropriate timing and the patient communication route rather than handing off to an unconfirmed appointment. The current baseline concept is K6; 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

Bayer's published CKD priorities align with eGFR/UACR screening, residual cardiorenal risk and appropriate patient selection, including primary care and advanced practice audiences. The three cases make those decisions assessable. Obtain the current Bayer budget template and complete the provider, faculty, recruitment and outcomes documentation; public topic fit does not confirm an award.

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.grants-contributions.bayer.com/medical-educational-grants/guidelines/kidney-disease>)