

Obesity and Diabetes Care in Women

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 · Prospective grant dossier · October 15, 2026

Clinical decisions from pregnancy to midlife

Executive summary

Obesity and diabetes care in women must connect metabolic treatment with cardiovascular risk reduction and continuity across reproductive transitions. In a 2026 analysis of 21,559 postpartum-care attendees with gestational diabetes, 55.8% reported diabetes screening. This documents an implementation gap while leaving test type and our future audience's performance unmeasured. A guideline summary alone cannot close the next missed test, misapplied trial result or incomplete handoff.

HEART RESERVE proposes one 60-minute enduring activity for primary care and endocrine teams. Maya's postpartum assessment, Elena's established cardiovascular disease and Nora's pregnancy planning become progressive decisions with feedback and a worked follow-up plan. The distinctive contribution is a PA-led, women-centered connection between reproductive history, evidence-based metabolic care, cardiovascular prevention and daily function. Original cases and equivalent text/audio teaching already exist as contributed development; independent faculty validate the clinical conclusions.

The \$75,650 request supports eligible future review, delivery and measurement, including \$13,200 of defined educator work. Outcomes separate matched first-response learning, proposed transfer-case competence and self-reported application. The educational target is a 15-percentage-point matched gain, not a promised result. Lilly Endocrine is a candidate route pending its current portal priorities. A separate host quote, named faculty and provider agreement are required.

This is a developed grant-planning dossier. Funding, named faculty appointments, the legal grantee, provider participation, credit designation and native myCME acceptance require confirmation. Estimated time and any credit request must be supported by timed learner testing.

A leading proposal for endocrine education

This activity is the strongest first candidate in the current catalog for an endocrine-focused independent education request. It combines obesity and diabetes management with reproductive and cardiovascular context while keeping treatment selection tied to evidence and individual need. This is an editorial recommendation; the selected funder's current priorities and applicant criteria still determine fit.

The HEART RESERVE teaching approach

History to evidence to next action to follow-up. Each case connects the patient's story to a clinical choice, explains the reasoning and identifies the next step. Worked examples, immediate decision feedback and equivalent text and audio options connect the evidence to a practical next step.

The format draws on the one-hour, grant-supported published obesity education example (<https://dece raclinical.com/education/activities/obstetrics-and-gynecology/obesity-care-in-obstetrics-and-gynecology/122011/info>): a defined audience, case-based teaching, assessment and evaluation. Its supporter relationship and credit approval belong to that program.

Needs assessment and gap analysis

The Unmet Need

A completed visit does not establish that screening occurred. Boege and colleagues' 2026 analysis included 21,559 PRAMS respondents with gestational diabetes who attended postpartum care. Weighted self-reported screening was 55.8% (95% CI 54.8-56.9), using 2016-2022 data. This was not verified OGTT completion or a measurement of the future learners' practice. Boege et al., *Diabetic Medicine*, 2026 (<https://doi.org/10.1111/dme.70327>).

The cardiovascular connection must be explicit. Pregnancy history informs ongoing metabolic and cardiovascular assessment. In the activity, Maya's screening decision leads to a named follow-up owner; Elena's established disease changes how treatment outcomes are interpreted; Nora's reproductive goals change the transition plan. This makes cardiovascular risk reduction part of the clinical reasoning while retaining obesity and diabetes as the primary focus.

What the education can change: test selection, interpretation of trial evidence, recognition of nutrition and reproductive issues, and selection of a follow-up plan. Access, cost, appointment availability and patient burden also affect care. Knowledge gains cannot establish that those barriers were resolved. The proposal uses existing published evidence for its rationale; it does not require a funded preliminary survey to discover whether an educational need exists.

The proposed educational gap is failure to connect postpartum testing, disease-specific treatment benefit, nutritional adequacy and reproductive planning within one continuing-care plan. The ADA guidance and the primary clinical references in the activity supply the clinical standard. The baseline assessment will measure this audience's actual starting point; no local error rate or causal educational effect is presumed.

Practice gap	Educational response	Assessment evidence
A reassuring A1C substitutes for the indicated postpartum assessment	Choose the appropriate test, timeframe and responsible clinician	Q1; Maya decisions
Weight or glucose response substitutes for outcomes appraisal	Match therapy to the disease, evidence and patient goals	Q3, Q4; Elena decisions
Nutrition, function or reproductive plans are missed during treatment	Assess daily function and coordinate product-specific reproductive care	Q7, Q9, Q12; Elena and Nora decisions

These sources establish a clinical rationale for education. They do not establish the baseline knowledge of enrolled learners or prove that education alone removes access, insurance or staffing barriers. Collect the actual baseline and report missing data.

Audience and educational design

Intended audience: Primary care physicians, nurse practitioners and physician associates; relevant to endocrinology, obesity medicine, cardiology, OB/GYN and nutrition teams.

Cardiovascular risk-reduction alignment: objective 2 is taught in Elena's case and assessed through Q3 and Q4. Postpartum testing, nutrition, reproductive counseling and follow-up support the same prevention goal. The activity measures decisions and learning, not cardiovascular event reduction.

Learning objectives

- Choose postpartum testing and ongoing diabetes surveillance after gestational diabetes.
- Match cardiometabolic treatment to established disease, the trial population and the outcome demonstrated, independently of A1C when appropriate.
- Select individualized nutrition and functional support during obesity and diabetes treatment.
- Apply product-specific reproductive counseling and coordinate a glycemic treatment transition before planned pregnancy.
- Select a follow-up plan with a clinical action, responsible clinician, due date and response to a missed step.

Agenda

Component	Minutes
Orientation and three baseline questions	7
Maya: postpartum testing	10
Elena: treatment and nutrition	17
Nora: reproductive planning	14
Posttest, answer review and evaluation	12
Total	60

Short videos, audio and equivalent transcripts are alternatives within the planned time; watching all formats is not required. Baseline questions have no passing score or answer feedback. Embedded decisions give feedback. The proposed posttest threshold is 65% (at least four correct answers out of six), with review and retries. Preserve first submissions separately from retries. The provider determines the final approved completion rules.

Faculty, independence and provider responsibilities

Content lead: Lisa Zahakos, RPA-C, HEART RESERVE. Proposed specialist functions cover preventive cardiology, endocrinology/obesity medicine, maternal-fetal medicine, clinical pharmacy, registered dietitian nutrition and independent clinical review. These roles are budgeted functions, not confirmed appointments.

Global Education Group is the accreditation partner. Its historical example illustrates an application naming the provider and legal grant payee. Confirm the authorized applicant, payee and final one-activity agreement for this proposal. The provider controls faculty eligibility, financial-relationship disclosures and mitigation, independent content review, final credit designation, release and expiration dates, educational-support wording, completion rules and certificate requirements. HEART RESERVE develops the educational content and media. myCME supplies services defined in the final hosting agreement. Identify the legal grant applicant, payee and contracting parties before portal submission.

Teaching is organized around patient decisions, evidence quality, benefits, harms, access and preferences. Product names identify product-specific evidence or labeling. No prescribing-volume or product-uptake goal is included. Fictional cases and AI narration must remain identified; no real patient recordings or patient identifiers are needed.

Distribution and quoted services

The \$20,000 delivery line is a planning allowance informed by the October 14 myCME proposal for a cardiovascular/ASCVD/hyperlipidemia activity. This topic and primary audience require a revised, activity-specific quote. The existing quote is not approval or a guaranteed price for this course.

The source myCME proposal specifies one 60-minute enduring activity, 12 months of availability, 675 OSP Learners, 500 Post-test Finishers, one follow-up survey for each completer, and reporting of page visits, assessments, polling, evaluation, certificates and participation. These historical source terms are not commitments for this topic; this activity requires its own agreed scope and audience targets. A survey invitation is not a guaranteed survey response.

Confirm OSP definitions, unique-person counts, measurement windows, recruitment segments, exact programming and media scope, first-attempt/retry exports, accessibility, survey timing and consent, reporting access, and remedies for unmet contracted commitments. Do not add platform-wide mailing-list counts to the activity commitments.

Outcomes and evaluation plan

Measure	Analysis and reporting
Participation · Moore level 1	Report unique starts, OSP learners, posttest finishers, activity completions and certificates as separately defined metrics. Do not combine overlapping groups.
Experience · Moore level 2	Report objective ratings, relevance, perceived bias and selected practice next step, with response denominators. Comments remain optional.
Knowledge · Moore level 3	Compare only matched first responses on Q1, Q3, Q9 (3 items before and after). Report paired n, item-level change, score change in percentage points, missingness and uncertainty. Report the full six-item posttest separately.
Application in fictional cases	Six required selected-response decisions support practice and feedback. Five additional worked examples provide teaching without an answer requirement. Analyze first choices separately from revised answers. This is not independently observed clinical competence.
Reported practice · exploratory Moore level 5	One brief voluntary survey at approximately 60 days, within a 60-90-day window. Report invitations, respondents, clinical opportunities, actions and barriers separately. This is self-report, not verified performance or patient outcomes.

Proposed educational target: a 15-percentage-point improvement on the matched three-item first-response score. This planning target is not a guaranteed result or a validated mastery threshold. Repeat items can reflect recall, the short measure has limited coverage, and the uncontrolled design cannot establish causality. Review safety-item errors separately without adding an unapproved pass gate.

Keep activity IDs and edition versions in every export. Do not pool learners across different courses or assessment versions without a prespecified analysis plan. Provide aggregate supporter reports with the provider's small-cell suppression and privacy rules. No identifiable data transfer for marketing is proposed.

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
Maya: the postpartum visit is not the completed test	At eight weeks postpartum, the test order remains open and transport is difficult.	Connect the correct test to scheduling help, result ownership and the next surveillance decision; do not count an order as completed screening.

Original case	Changed circumstance	Clinical reasoning
Elena: cardiovascular benefit beyond an A1C target	The patient is pleased with glucose control but asks why another treatment discussion is needed after MI.	Separate glucose and weight outcomes from cardiovascular evidence, then incorporate nutrition, function, safety, cost and preference.
Nora: a reproductive plan changes the care plan	The desired conception date moves forward and the patient has borrowed a stopping rule from another medicine.	Verify the exact product and indication, agree a product-specific timeline and preserve necessary care; do not treat discontinuation as the full handoff.

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.

The provider-supplied historical template is an example of application format and budget structure. Its six-activity wording is not a commitment to deliver that series. This proposal covers one 60-minute obesity/diabetes activity with a \$75,650 planning estimate. The myCME quote covers Pregnancy Is Heart History only; the obesity activity needs its own agreed delivery scope and quote.

The provider template describes participant-reported performance at 60-90 days. The current course measures case-based competence and self-reported application; neither establishes observed practice change or patient outcomes. Keep the primary competence endpoint and the follow-up method explicit in the final provider-approved proposal.

Lilly publicly lists Endocrine, but its current detailed priorities and CE/CME budget template must be reviewed in the applicant portal. That authenticated review has not been completed. Confirm the selected scope, eligible applicant/payee, current priorities, required template and all cost categories before treating this as a submission-ready Lilly application. Public topic alignment is not confirmation of available funding. Allow at least 60 days before program start; the proposal limit is 20 pages excluding references and budget.

Lilly current priorities process (<https://grantoffice.lilly.com/areas-of-focus>) · Lilly application and cost rules (<https://grantoffice.lilly.com/faq>)

Funding fit and submission plan

Lilly Endocrine IME, subject to the current portal priority document

This activity primarily addresses obesity and diabetes care, with cardiovascular risk reduction integrated into treatment and follow-up decisions. Lilly publicly lists Endocrine; its detailed priorities are supplied within the portal and must be checked for this application. Use the single-activity scope and \$75,650 estimate, not the historical example or a presumed series award.

Distinct educational contribution

A broad continuing-care activity spanning diabetes surveillance, cardiometabolic treatment and practical follow-up. Reproductive counseling is one component, distinct from the deeper medication-transition course.

Recruitment and deliverable evidence

Prioritize US primary care, internal medicine, obesity and endocrine clinicians, including PAs and NPs. Use targeted host invitations and relevant professional placements, with unique starts and completion defined before quoting reach.

All costs are planning estimates. Mike's pregnancy-activity quote does not cover this course.

Application requirements and timing

Review the current educational-priority document inside the Lilly portal and use its IME budget template. Submit at least 60 days before the overall program starts, including funded development. Plan monthly participation entries and quarterly educational-outcomes reporting as required by the agreement. Confirm final faculty, legal applicant, provider scope and a new activity-specific hosting quote.

Remaining submission evidence: Portal topic eligibility, audience evidence, faculty commitments and a separate activity-specific host quote.

Public requirements checked October 15, 2026. Funding source and current criteria (<https://grantoffice.lilly.com/areas-of-focus>) · Submission evidence tracker · Educator fee schedule

Itemized prospective budget

\$75,650 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
OB01 · 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

Deliverable and scope	Quantity	Rate	Amount
OB02 · 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.	60 hours	\$150	\$9,000
OB03 · 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.	20 hours	\$120	\$2,400
OB04 · 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
OB05 · Preventive cardiology faculty. 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
OB06 · Endocrinology / obesity faculty. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	14 hours	\$350	\$4,900
OB07 · Maternal-fetal medicine faculty. 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
OB08 · Registered dietitian. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	12 hours	\$200	\$2,400
OB09 · Clinical pharmacist. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	12 hours	\$200	\$2,400

Deliverable and scope	Quantity	Rate	Amount
OB10 · Independent clinical reviewer. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	14 hours	\$300	\$4,200
OB11 · 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
OB12 · 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.	60 hours	\$175	\$10,500
OB13 · Unpaid learner timing-pilot facilitation. Staff administration and synthesis of time-on-task/usability observations. No learner payment, travel or personal expense is requested.	10 hours	\$125	\$1,250
OB14 · 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.	8 hours	\$100	\$800
OB15 · 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.	16 hours	\$200	\$3,200

Prospective total: \$75,650. Final funding and contractual amounts require approval.

Educator scope and compensation

Proposed compensation for Lisa Zahakos, RPA-C is \$13,200, included in the \$75,650 total (17.45%). 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	60	\$150	\$9,000
HEART RESERVE educator: instructional design and assessment mapping	20	\$120	\$2,400
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.

Funding route and application requirements

Working route: independent medical education within Lilly's Endocrine area. The current portal priorities must match the final scope. The proposal is an educational activity; it does not include a health-system implementation intervention. The HCI overhead allowance therefore is not the basis for this budget. Areas of focus (<https://grantoffice.lilly.com/areas-of-focus>) · Application and budget guidance (<https://grantoffice.lilly.com/faq>).

Plan for a 2027 program start. Submit the complete application at least 60 days before the overall program begins, including funded development. Follow the current portal limits for the narrative and attachments. The application must use one applicant/payee and consistent dates, scope and totals. Lilly's current guidance describes monthly participation reporting and quarterly educational-outcomes reporting after award; build these into the work plan. Requirements (<https://grantoffice.lilly.com/requirements>).

The remaining submission inputs are the portal's current priority document, final overall start/end dates, the activity-specific myCME scope, faculty commitments, provider fees and authorized organizational documents. These are application fields and agreements, not learner tasks.

Grant reporting responsibilities

For a Lilly IME award, confirm monthly participation entries, quarterly educational-outcomes entries and the final reporting, reconciliation and transparency obligations in the executed agreement. Assign one owner for each deliverable before launch. Follow contractual deadlines even when later follow-up analysis remains open.

Activity-specific reporting checklist

Schedule and release plan

Timing	Work
Months 1-2	Finalize applicant/payee, funding, agreements, faculty, disclosures and clinical review.
Month 3	Complete media review, accessibility checks, ten-clinician timing/usability pilot, provider approval and native host acceptance; launch.
Months 3-14	Twelve months of availability, recruitment and evidence maintenance.
Months 15-16	Complete final follow-up window and reconcile data.
Months 17-18	Complete later outcomes analysis. Financial closeout follows contractual deadlines, including earlier dates.

About HEART RESERVE

Founded by Lisa Zahakos, RPA-C, a physician assistant since 2003, HEART RESERVE helps women connect their histories, questions and next steps in care. Her clinical background and experience as a mother whose twins received fetal and neonatal care inform the case-development perspective. That perspective complements specialist review and does not substitute for it.

HEART RESERVE is Lisa Zahakos's single-member LLC and women's health education initiative. This proposal connects pregnancy history, metabolic care and cardiovascular prevention with practical clinician decisions. It does not claim an established accreditation, a grant award or prior independently verified program outcomes.

Materials supplied

Online activity; complete downloadable media and activity package; transcript alternatives; pre/post import; case decisions with rationales; evaluation and follow-up specifications; this grant dossier; and an itemized budget CSV. The package includes a provider and host acceptance checklist.

Edition and scope

This dossier covers one standalone activity. The three-question baseline and six-question posttest are the current assessment specifications. The activity, grant narrative, budget and host imports must use the same final scope and version. Earlier editions are superseded.

Clinical references

Clinical source review October 14 2026. Recheck current labeling and guidelines before publication and clinical use. Bracketed numbers refer to this list. Brand names identify product-specific guidance and do not imply endorsement.

1. ADA 2026 Diabetes in pregnancy. Postpartum testing, ongoing surveillance, and interprofessional preconception care.

https://diabetesjournals.org/care/article/49/Supplement_1/S321/163918/15-Management-of-Diabetes-in-Pregnancy-Standards

2. AHA 2024 Postpartum cardiovascular prevention. Cardiovascular prevention following adverse pregnancy outcomes.

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000001212>

3. ADA 2026 Health behaviors and well-being. Individualized medical nutrition therapy and referral to an RDN.

https://diabetesjournals.org/care/article/49/Supplement_1/S89/163932/5-Facilitating-Positive-Health-Behaviors-and-Well

4. ADA Nutrition and wellness. Nutrition patterns tailored to needs, preferences, culture, and access.

<https://professional.diabetes.org/clinical-support/nutrition-wellness>

5. ADA 2026 Cardiovascular disease and risk management. Outcome-guided therapy for type 2 diabetes and cardiovascular disease.

https://diabetesjournals.org/care/article/49/Supplement_1/S216/163933/10-Cardiovascular-Disease-and-Risk-Management

6. Joint advisory 2025 Nutrition during GLP-1 therapy. Nutrition assessment, symptoms, adequate intake, muscle, and function. Read with the 2026 correction listed as reference 12.

<https://doi.org/10.1016/j.ajcnut.2025.04.023>

7. Wegovy US prescribing information. Product-specific reproductive guidance and adverse-effect review. Retrieved October 14 2026; revision June 2026.

<https://www.novo-pi.com/wegovy.pdf>

8. Endocrine Society and ESE 2025 Preexisting diabetes and pregnancy. Preconception GLP-1 discontinuation, individualized timing, and glycemic transition.

<https://www.endocrine.org/clinical-practice-guidelines/preexisting-diabetes-in-pregnancy>

9. Zepbound US prescribing information. Oral contraceptive precautions and pregnancy guidance. Retrieved October 14 2026; revision August 2026.

<https://pi.lilly.com/us/zepbound-uspi.pdf>

10. ADA 2026 Obesity and weight management. Standards of Care in Diabetes 2026 section 8. doi:10.2337/dc26-S008. Individualized obesity care and monitoring nutritional intake.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12690172/>

11. ADA 2026 Pharmacologic approaches. Standards of Care in Diabetes 2026 section 9. doi:10.2337/dc26-S009. Person-specific treatment selection.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12690185/>

12. Nutrition advisory correction 2026. Mozaffarian et al. Am J Clin Nutr. 2026;123:101303. doi:10.1016/j.ajcnut.2026.101303. Corrects one study description; reviewed October 14 2026. No outcome estimate from that study is used in this activity.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC13639435/>

13. Lincoff AM et al. SELECT. Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes. *N Engl J Med*. 2023. doi:10.1056/NEJMoa2307563.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2307563>

14. Nicholls SJ et al. SURPASS-CVOT. Cardiovascular Outcomes with Tirzepatide versus Dulaglutide in Type 2 Diabetes. *N Engl J Med*. 2025;393:2409-2420.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2505928>

15. Packer M et al. SUMMIT. Tirzepatide for Heart Failure with Preserved Ejection Fraction and Obesity. *N Engl J Med*. 2025. doi:10.1056/NEJMoa2410027.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2410027>

16. FDA. Foundayo orforglipron US prescribing information. Revised July 2026. Indication, interactions, reproductive counseling and lactation.

https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/220934s003lbl.pdf

Manufacturer prescribing information: <https://pi.lilly.com/us/foundayo-uspi.pdf>

17. Klein KR, et al. Cardiovascular safety of orforglipron versus insulin glargine in adults with type 2 diabetes at increased cardiovascular risk (ACHIEVE-4). *Lancet*. Published September 30, 2026. doi:10.1016/S0140-6736(26)01865-9. Primary publication; accompanying sponsor report also informed the teaching summary.

[https://doi.org/10.1016/S0140-6736\(26\)01865-9](https://doi.org/10.1016/S0140-6736(26)01865-9) ; Sponsor report: <https://investor.lilly.com/news-releases/news-release-details/lillys-oral-glp-1-foundayo-orforglipron-demonstrated>

18. Lilly. TRIUMPH-2 detailed results. September 29, 2026. Sponsor report; retatrutide is described as investigational.

<https://investor.lilly.com/node/54981>

Report title: Lilly's triple agonist retatrutide delivered substantial weight loss; <https://investor.lilly.com/news-releases/news-release-details/lillys-triple-agonist-retatrutide-delivered-substantial-weight>

19. Kosiborod MN et al. STEP-HFpEF. Semaglutide in Patients with Heart Failure with Preserved Ejection Fraction and Obesity. *N Engl J Med*. 2023. doi:10.1056/NEJMoa2306963.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2306963>

20. Solomon SD et al. FINEARTS-HF. Finerenone in Heart Failure with Mildly Reduced or Preserved Ejection Fraction. *N Engl J Med*. 2024. doi:10.1056/NEJMoa2407107.

<https://www.nejm.org/doi/full/10.1056/NEJMoa2407107>

21. American College of Cardiology. Management of Heart Failure With Preserved Ejection Fraction. 2026 Expert Consensus Decision Pathway. doi:10.1016/j.jacc.2026.06.018.

<https://www.jacc.org/doi/full/10.1016/j.jacc.2026.06.018>

22. REDEFINE 4: Novo Nordisk announcement, February 23 2026. Manufacturer report: primary noninferiority endpoint not met. CagriSema remains investigational.

<https://www.globenewswire.com/news-release/2026/02/23/3242381/0/en/novo-nordisk-a-s-cagrisema-demonstrated-23-weight-loss-in-an-open-label-head-to-head-redefine-4-trial-in-people-with-obesity-the-primary-endpoint-was-not-achieved.html>

23. REIMAGINE 5: Novo Nordisk topline announcement, September 21 2026. Manufacturer-reported topline results; CagriSema 1.0/1.0 mg versus tirzepatide 5 mg in type 2 diabetes.

<https://www.novonordisk.com/news-and-media/news-and-ir-materials/news-details.html?id=916774>

From the practice gap to a measurable decision

Maya: the postpartum visit is not the completed test: Connect the correct test to scheduling help, result ownership and the next surveillance decision; do not count an order as completed screening. The current baseline concept is Q1; proposed transfer item TR1 remains a separate review exhibit until clinical/assessment approval and pilot.

Elena: cardiovascular benefit beyond an A1C target: Separate glucose and weight outcomes from cardiovascular evidence, then incorporate nutrition, function, safety, cost and preference. The current baseline concept is Q3; proposed transfer item TR2 remains a separate review exhibit until clinical/assessment approval and pilot.

Nora: a reproductive plan changes the care plan: Verify the exact product and indication, agree a product-specific timeline and preserve necessary care; do not treat discontinuation as the full handoff. The current baseline concept is Q9; 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

This activity primarily addresses obesity and diabetes care, with cardiovascular risk reduction integrated into treatment and follow-up decisions. Lilly publicly lists Endocrine; its detailed priorities are supplied within the portal and must be checked for this application. Use the single-activity scope and \$75,650 estimate, not the historical example or a presumed series 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://grantoffice.lilly.com/areas-of-focus>)