

Pregnancy Is Heart History

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

Cardiovascular prevention and lipid decisions after pregnancy

Executive summary

Pregnancy history is an underused entry point to cardiovascular prevention. A published single-system chart review found low documentation of relevant pregnancy complications at well-woman visits; this is evidence of a care-process gap, not a national rate or a measured deficit in our future learners. Pregnancy Is Heart History translates that gap into three decisions: bring the history forward, interpret current lipid and risk evidence, and complete an accountable prevention handoff.

HEART RESERVE proposes one 60-minute enduring activity for primary care, cardiovascular and related clinical teams. Nina, Maria and Elena connect postpartum transition, midlife prevention and secondary prevention. Learners commit to a decision, examine the evidence and work through the next visit. Lisa Zahakos, RPA-C brings a PA-led clinical teaching perspective; the contributed original curriculum, accessible text/audio options and case-to-handoff structure make the approach concrete. Independent specialist and provider review remain required.

The \$73,550 prospective request includes the one-activity myCME quote and \$13,200 in proposed educator work. The primary learning measure is paired first-response change; a proposed transfer-case form adds an explicit competence-development plan, subject to review and pilot. Follow-up reports actions and barriers, not cardiovascular-event reduction. Cardiovascular/dyslipidemia IME is the appropriate funding direction; current eligibility, faculty and contracts must be confirmed.

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.

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A separate cardiovascular education proposal

Position this activity with a current cardiovascular prevention or lipid-education opportunity. Its central problem is the translation of pregnancy history into prevention, not obesity treatment. Retain that focus and match it to a suitable call. The AHA mission email alone does not establish an eligible research grant or a continuing-education funding route.

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 an accountable next step. Worked examples, immediate decision feedback and equivalent text and audio options are designed to support application in time-limited clinical practice.

The format draws on the one-hour, grant-supported published obesity education example (<https://decentralclinical.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

Published evidence of the practice gap

A 2023 retrospective study reviewed 137 eligible well-woman encounters from 2019-2020. Documentation of clinically relevant pregnancy complications appeared in 8.8% of primary care visits and 19.0% of obstetrics and gynecology visits. This single military health-system study measured documentation, not everything discussed during a visit; its rates are not national estimates. The finding supports explicitly asking about pregnancy complications, recording them in the longitudinal record and linking them to the current prevention plan.

Medvescek ED et al. J Prev Med Public Health. 2023;56:190-195.
(<https://doi.org/10.3961/jpmph.22.492>)

Pregnancy complications may be absent from current risk assessment, and a referral or test order may lack an accountable follow-up process. The AHA's postpartum scientific statement supports coordinated cardiovascular prevention. The updated dyslipidemia guidance adds a timely need to interpret lipid testing and treatment evidence in clinical context. These are evidence-informed educational needs, not a measured deficiency in this activity's future learners.

Practice gap	Educational response	Assessment evidence
Pregnancy history is not translated into current prevention	Record the complication and timing; assess current risks and assign follow-up	Q1; C1-C3
Lipid results are interpreted without the full risk context	Apply Lp(a), selected apoB and treatment-response information appropriately	Q4, Q5, Q7; C4-C5
Biomarker changes are confused with clinical outcomes	Appraise population, comparator, endpoint and uncertainty	Q8; C6

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: Cardiology and endocrinology clinicians, pharmacists, NPs, PAs and nurses; relevant to obstetric and primary care teams.

Learning objectives

- Record pregnancy complications and connect them to a current cardiovascular assessment and accountable follow-up.
- Interpret lipid results and reproductive risk markers using current dyslipidemia guidance, including appropriate Lp(a) and selective apoB testing.
- Compare lipid-lowering options using the patient's risk, treatment response, reproductive plans, safety considerations and access.
- Distinguish cardiovascular outcomes evidence from biomarker changes and investigational findings, then communicate a practical plan.

Agenda

Component	Minutes
Overview and objectives	2
Three baseline questions	2
Nina: postpartum transition	15
Maria: midlife prevention	15
Elena: secondary prevention	17
Six final questions and feedback	7
Evaluation	2
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 proposed accredited-provider partner. 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 myCME quote dated October 14 covers one 60-minute Pregnancy Is Heart History activity in cardiovascular disease, ASCVD and hyperlipidemia. The curriculum is aligned to that therapeutic scope; the final statement of work and deliverable acceptance still require agreement.

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 are the source quote's terms; additional courses need separate agreements. 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, Q4, Q8 (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	6 embedded selected-response decisions support practice and feedback. 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
Nina: postpartum transition	The obstetric summary arrives after the initial visit; a prevention appointment is still unconfirmed.	Ask the learner to reconcile the pregnancy complication with current risk and retain responsibility until the receiving team accepts the plan.

Original case	Changed circumstance	Clinical reasoning
Maria: midlife prevention	A family-history discussion reveals that no Lp(a) result is available.	Require an explanation of what the test adds and why it does not replace the complete risk assessment.
Elena: secondary prevention	A patient brings a headline equating a large biomarker reduction with fewer heart attacks.	Have the learner identify the actual endpoint, evidence maturity and limits before communicating a treatment implication.

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

Cardiovascular prevention and dyslipidemia IME; Amgen is a public topic-fit candidate

Amgen's public cardiovascular/obesity priorities include ASCVD, dyslipidemia and cardiometabolic risk. Pregnancy history provides the entry point to the activity's current-risk and prevention decisions; it is not itself confirmation of a dedicated funding call. Confirm the current submission window, eligible accredited applicant and prospective work scope.

Distinct educational contribution

Connects pregnancy history to prevention decisions across postpartum, midlife and secondary-prevention visits. The central educational purpose is cardiovascular prevention.

Recruitment and deliverable evidence

Prioritize primary care, cardiology, endocrinology, PAs, NPs and clinical pharmacists who make cardiovascular prevention decisions. Ask the host to document those audience segments and separate each contracted participation metric.

\$20,000 myCME quote received October 14 for this activity only; final statement of work pending.

Application requirements and timing

For an Amgen route, use an eligible US accredited-provider organization, the current budget template, a signed request letter, needs assessment, objectives, agenda and current signed W-9. Submit at least 60 days before the program begins and execute the agreement before funded content development. Review eligibility of the proposed educator and patient-adviser costs with the provider before submission.

Remaining submission evidence: Current funding fit, legal applicant, accredited-provider agreement, named faculty and accepted myCME statement of work.

Public requirements checked October 15, 2026. Funding source and current criteria (<https://www.amgen.com/responsibility/healthy-people/community-investment/independent-medical-education-funding>)

· Submission evidence tracker · Educator fee schedule

Itemized prospective budget

\$73,550 proposed total. The total includes the \$20,000 one-activity myCME quote; the other amounts are planning estimates. 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
P01 · myCME one-activity hosting, distribution and included reporting. Quoted \$20,000 for one 60-minute Pregnancy Is Heart History enduring activity and 12 months of access. Source terms include 675 OSP learners, 500 post-test finishers and one follow-up survey per completer. Confirm definitions, included programming/reporting, survey timing and data exports in the final agreement. A survey invitation does not guarantee a response. This quote does not cover another activity.	1 package	\$20,000	\$20,000
P02 · 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
P03 · 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

Deliverable and scope	Quantity	Rate	Amount
P04 · 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
P05 · Preventive cardiology faculty. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	12 hours	\$350	\$4,200
P06 · Endocrinology / obesity 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
P07 · 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
P08 · Registered dietitian. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	8 hours	\$200	\$1,600
P09 · 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
P10 · Independent clinical reviewer. Defined specialty teaching/content review with documented revisions and deliverable acceptance; named faculty, contribution and fair-market value not yet confirmed.	12 hours	\$300	\$3,600
P11 · 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
P12 · 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
P13 · 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

Deliverable and scope	Quantity	Rate	Amount
P14 · 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
P15 · Post-launch evidence and label maintenance. Independent clinical reviewer: scheduled release-period evidence and label surveillance, with dated clinically necessary updates. This \$3,200 scope is not additional payment to Lisa Zahakos. Existing source work is contributed; scope, rate and eligibility require provider approval. Release-period maintenance is assigned to an independent reviewer and is not an additional educator fee.	16 hours	\$200	\$3,200

Prospective total: \$73,550. Final funding and contractual amounts require approval.

Educator scope and compensation

Proposed compensation for Lisa Zahakos, RPA-C is \$13,200, included in the \$73,550 total (17.95%). 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.

Evidence to complete the application

Draft curriculum, assessment materials and an outcomes plan are available for provider review. Before submission, complete the activity-specific audience rationale, faculty commitments, accepted delivery scopes and payment agreement. The worksheets below record each requirement, responsible party, evidence and current status.

Audience-specific needs and preferences

Use existing myCME audience evidence or a brief provider-approved needs check before finalizing recruitment. Record respondent number, profession, practice setting and collection dates. Ask which decisions are difficult and which care barriers persist. A small convenience sample informs this proposal; it does not establish national prevalence or prove a learning deficit in all prospective learners.

Faculty contribution and independence

Lisa Zahakos, RPA-C is the content lead and proposed educator/narrator. Obtain named specialty contributors, CVs, disclosures, availability and scoped contributions. A specialty role listed in the budget is not an accepted appointment. Independent clinical review remains separate from the author's own work.

Assessment and follow-up delivery

Preserve the existing short learner route. The three repeated matched items measure immediate change with a recall limitation. Before release, the clinical and assessment reviewers should validate equivalent new case variants if the application will claim transfer of competence. They must map each variant to an objective, approve the key and rationale, pilot clarity and difficulty, and version the export. Until then, report the existing measures at their stated level; no new validated competence instrument is claimed.

In the final hosting scope, confirm stable learner identifiers, first attempts separate from retries, paired response counts, missing data, consent, the 60-day follow-up window and one survey invitation per completer. Distinguish invitations, respondents, eligible clinical encounters and self-reported actions. Retained case performance and self-reported practice change are different outcomes; neither establishes patient benefit.

Audience needs check · Faculty commitments · Assessment and reporting checklist · Submission evidence tracker

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 the final follow-up window, reconcile data and issue the aggregate outcomes report.
Within 60 days after activity completion	For the Amgen route, confirm completion and submit financial-use documentation within 60 days after completion of the activity. Record the actual activity-completion date and contractual due date; later follow-up analysis must not delay reconciliation.

About HEART RESERVE

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

1. American Heart Association. Adverse Pregnancy Outcomes and Cardiovascular Disease Risk. Scientific statement. 2021.

<https://doi.org/10.1161/CIR.0000000000000961>

2. Lewey J, et al. Opportunities in the Postpartum Period to Reduce Cardiovascular Disease Risk After Adverse Pregnancy Outcomes. Circulation. 2024;149:e330-e346.

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<https://doi.org/10.1016/j.jacc.2025.11.001>
4. ACOG. Optimizing Postpartum Care. Committee Opinion 736.
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care>
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https://diabetesjournals.org/care/article/49/Supplement_1/S321/163918/15-Management-of-Diabetes-in-Pregnancy-Standards
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<https://doi.org/10.1161/CIR.0000000000001423>
7. American Heart Association. 2026 Guideline on the Management of Dyslipidemia. Official guideline summary.
<https://professional.heart.org/en/science-news/2026-guideline-on-the-management-of-dyslipidemia>
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<https://www.fda.gov/safety/medical-product-safety-information/statins-drug-safety-communication-fda-requests-removal-strongest-warning-against-using-cholesterol>
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<https://doi.org/10.1056/NEJMoa2215024>
10. Bohula EA, et al. Evolocumab in Patients without a Previous Myocardial Infarction or Stroke. N Engl J Med. 2026.
<https://doi.org/10.1056/NEJMoa2514428>
11. Novartis. Lp(a)HORIZON phase III topline results for pelacarsen. September 4, 2026. Sponsor announcement; detailed trial report requires review when available.
<https://www.novartis.com/news/media-releases/novartis-announces-lpahorizon-phase-iii-topline-results-pelacarsen-patients-elevated-lpa-and-established-cardiovascular-disease-cvd>
12. CDC. HEAR HER urgent maternal warning signs.
<https://www.cdc.gov/hearher/maternal-warning-signs/index.html>
13. ACCME. Standards for Integrity and Independence in Accredited Continuing Education.
<https://accme.org/rules/standards/>
14. FDA. NEXLETOL (bempedoic acid) prescribing information. Revised January 2026. Review the current label before prescribing.
https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/211616s026lbl.pdf

From the practice gap to a measurable decision

Nina: postpartum transition: Ask the learner to reconcile the pregnancy complication with current risk and retain responsibility until the receiving team accepts the plan. The current baseline concept is Q1; proposed transfer item TR1 remains a separate review exhibit until clinical/assessment approval and pilot.

Maria: midlife prevention: Require an explanation of what the test adds and why it does not replace the complete risk assessment. The current baseline concept is Q4; proposed transfer item TR2 remains a separate review exhibit until clinical/assessment approval and pilot.

Elena: secondary prevention: Have the learner identify the actual endpoint, evidence maturity and limits before communicating a treatment implication. The current baseline concept is Q8; 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

Amgen's public cardiovascular/obesity priorities include ASCVD, dyslipidemia and cardiometabolic risk. Pregnancy history provides the entry point to the activity's current-risk and prevention decisions; it is not itself confirmation of a dedicated funding call. Confirm the current submission window, eligible accredited applicant and prospective work scope.

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.amgen.com/responsibility/health-y-people/community-investment/independent-medical-education-funding>)