

# COVID-19 Test to Treat Equity Grant

## Impact Template

Please read each of the questions below carefully and provide your answers in the fields. Once you complete all the required fields within the Impact Template, **you will save and upload it into the application.**

Organization Name

BHCMIS HRSA number (If applicable)

In addition to the contact information provided within the application, please provide the contact information for the following individuals:

### **Grant Manager**

Name

Last Name

Title

Telephone Number

Email

### **Team Lead**

Name

Last Name

Title

Telephone Number

Email

**Executive Summary** – (100 words)

## Summary of Proposed Activities – (200 words)

**Population Served** - What patient population will be served by this grant? 2) Why is this population at high risk for COVID-19 hospitalization and death? 3) Comment on this population's current access to COVID-19 therapeutics (150 words)

**Top Five SMARTIE Objectives** (Specific, Measurable, Attainable, Realistic, Time-Bound, Inclusive, and Equitable.)

- By October 31, 100% of patient entry points (e.g., phone triage line, website, waiting room fliers) will be updated to direct patients to same-day clinical assessment if they test positive for COVID-19 and translations will be available in Spanish and Chinese.
- By December 31, 2022, 90% of in-bound callers who express a COVID-19 symptom will receive testing and access to a prescriber if they test positive within 48 hours of their initial call.
- By March 1, the percentage of COVID-19 therapeutics prescribed across race/ethnicity will mirror the demographics of our clinic's patient panel (within a 5% deviation).

**Post Grant** - Please describe how your organization will sustain its test to treat activities after the grant concludes- (100 words)

**Population Served (continued)** - What is the approximate racial/ethnic breakdown of your population served? (percentages)

Hispanic or Latino/a

Black/African American, not Hispanic or Latino/a

Asian, not Hispanic or Latino/a

Native Hawaiian/Pacific Islander, not Hispanic or Latino/a

White, not Hispanic or Latino/a

American Indian/Alaskan Native, not Hispanic or Latino/a

Other, not Hispanic or Latino/a

**Telehealth (only required for those that selected to participate)** - If you marked that your organization would like to participate in the telehealth opportunity, please select how the service will be deployed (this information will be used to forecast visit volume and you may select more than one option):

Bridge support while other interventions and improvements are pursued to make COVID-19 therapeutics more accessible to patients

Increased support when existing telehealth services are not available due to limited supply/surging demand

After-hour support during hours when clinics are closed and Sesame Care is operational

Please fill out the additional information requested below. Please note that these are estimates only.

Number of patients served	
What percent of your patients are 18-64?	%
What percent of your patients are 65+?	%
Approximately what percent of your patients are Medi-Cal?	% Medi-Cal
Approximately what percent of your patients are Uninsured?	% Uninsured
Approximately what percent of your patients have limited English proficiency?	%
Currently, how easy is it for a symptomatic COVID-19 patient in your clinic(s) to access testing, a prescriber, and dispensed therapeutics within one day of requesting care?	
Is your organization (1 or more sites) registered in HPOP (Health Partner Order Portal)?	Yes No
Is your organization (1 or more sites) registered on the federal test to treat locator?	Yes No

**Population Served** – Will the grant be utilized organization wide or will it benefit a specific site/sites? If the grant is benefiting a specific site/sites, please provide the name street address, and corresponding zip code(s) of the site/sites benefiting from this grant. If you need additional rows, see page five.

**Population Served** (continued) - if you have additional sites that will benefit from this grant which did not fit into the rows on page four, please use the extra rows below.