



IN PARTNERSHIP WITH



# COVID-19 | TEST-TO-TREAT EQUITY GRANT

Thank you for participating in the CDPH Test to Treat Equity Grant program. Please work with your team to complete the following:

Due date	Deliverable
<b>Two weeks after contract signing</b>	T2T Workplan - complete with your organization's objectives and related activities, including the milestones referenced in the instructions. See Example Workplan for sample activity detail.
<b>Two weeks after contract signing</b>	Data and Capabilities Assessment - complete scoring section according to project phases: Baseline (Nov 22), Midpoint (Feb 23) and End (June 23)
<b>Two weeks after contract signing</b>	T2T Data Collection Baseline - complete top section of tab for data up to 10/1/2022. This will auto populate percentages in locked cells in lower section.
<b>1/31/2022</b>	T2T Data Collection Interim (Jan) - complete top section of tab. This will auto populate percentages in locked cells in lower section.
<b>6/30/2022</b>	T2T Data Collection Final (June) - complete top section of tab. This will auto populate percentages in locked cells in lower section.

If you have any questions, please email [T2T@phcdocs.org](mailto:T2T@phcdocs.org).

## COVID-19 | TEST-TO-TREAT EQUITY GRANT

**Required Program Milestones Must Include (you may include other milestones in addition to the following):**

- M1 Develop T2T Workplan
- M2 Develop Team, Identify Roles and Responsibilities
- M3 Communicate Program to Staff
- M4 Develop Provider and Staff Facing Tools & Resources
- M5 Develop Protocols & Procedures
- M6 Develop Patient Communication Plan
- M7 Patient Access Portals are Updated with Pathways to Therapeutics
- M8 Develop Data Collection and Reporting Infrastructure
- M9 Collect and Submit Data (e.g., current state, improvement data, qualitative, and quantitative)
- M10 Assess Impact and Sustainability (e.g., interviews, data evaluation)

**Instructions:** Sample activities/tasks are included below with milestones highlighted in gray. Please include additional tasks that are critical to your reaching your stated goals for this program. Indicate in which months each task will be active. NOTE: activities/tasks are included as examples only

	Activity/Task (See Above for Categories)	Owner	Status	Start Date	End Date	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023
<b>M1</b>	<b>Develop Workplan</b>															
1.1	Submit T2T Workplan (xls)	Carol Chapman	In progress	10/30/2022	11/14/2022				X							
<b>M2</b>	<b>Develop Team, Identify Roles and Responsibilities</b>															
2.1	Describe Roles and Responsibilities	Dara and Carol	In progress	11/2/2022	11/30/2022				X							
2.2	Hold Project Kick off meeting	Carol Chapman	In progress	11/2/2022	11/30/2022				X							
<b>M3</b>	<b>Communicate Program to Staff</b>															
3.1	Review deliverables with Medical Director and Nurse Managers	Carol Chapman	In progress	11/2/2022	11/30/2022											
3.2	Review deliverables with finance and data teams	Dara Papo	In progress	11/8/2022	12/15/2022				X	X						
3.3	Review deliverables with front line staff	Les Mctire and Gina Bryant	Not yet started	11/15/2022	12/15/2022				X	X						
<b>M4</b>	<b>Develop Provider and Staff facing Tools and Resources</b>															
4.1	Analyze current workflows and staff trainings	Les Mctire and Gina Bryant	Not yet started	11/15/2022	12/15/2022				X	X						
4.2	Identify workflow and training needs	Les Mctire and Gina Bryant	Not yet started	11/15/2022	1/1/2023				X	X	X					
4.3	Conduct ongoing provider and staff training	Les Mctire and Gina Bryant	Not yet started	1/1/2023	6/30/2023						X	X	X	X	X	X
<b>M5</b>	<b>Document Protocols &amp; Procedures</b>															
5.1	Revise and update protocols and procedures as needed	Carol Chapman	Not yet started	12/1/2022	6/30/2023					X	X	X	X	X	X	X
5.2	Ensure security and HIPAA complinace	Carol Chapman	Not yet started	12/1/2022	6/30/2023					X	X	X	X	X	X	X
<b>M6</b>	<b>Patient Communication Plan</b>															
6.1	Develop outreach strategy and communication plan	Gina Bryant	Not yet started	12/1/2022	1/31/2023					X	X					
6.2	Engage congregate shelter community based providers	Gina Bryant	Not yet started	2/1/2023	3/1/2023							X	X			
6.3	Conduct outreach to congregate shelter guests and urgent care clinic patients	Direct service staff	Not yet started	2/1/2023	6/30/2023							X	X	X	X	X
<b>M7</b>	<b>Patient Access Portals are Updated with Pathways to Therapeutics</b>															
7.1	Review clinical documentation processes in Epic (electronic health record)	Les Mctire and Gina Bryant	Not yet started	12/1/2022	1/31/2023											
7.2	Provide any necessary staff training	Les Mctire and Gina Bryant	Not yet started	2/1/2023	6/30/2023							X	X	X	X	X

<b>M8</b>	<b>Develop Data Collection and Reporting Infrastructure</b>																
8.1	Review data and reporting requirements	Carol Chapman and Spencer Williams	In progress	11/1/2022	12/15/2022				X	X							
8.2	Submit requests for any Epic reporting needs	Carol Chapman and Spencer Williams	Not yet started	12/15/2022	1/15/2023					X	X						
8.3	Test reports	Carol Chapman and Spencer Williams	Not yet started	2/1/2023	4/1/2023							X	X	X			
<b>M9</b>	<b>Collect and Submit Data (Baseline, Interim and Final Reports)</b>																
9.1	Collect and submit baseline data	Carol Chapman	In progress	11/1/2022													
9.2	Collect and Submit Interim Report	Carol Chapman	Not yet started														
9.3	Collect and submit final report	Carol Chapman	Not yet started														
<b>M10</b>	<b>Assess Impact</b>																
10.1	Analyze Program Reporting and Feedback	Carol Chapman, Les Mctire and Gina Bryant	Not yet started	3/1/2023	6/30/2023								X	X	X	X	
10.2	Develop Leseons Learned	Carol Chapman, Les Mctire and Gina Bryant	Not yet started	5/30/2023	6/30/2023											X	X
10.3	Identify and Incorporate program improvements	Carol Chapman, Les Mctire and Gina Bryant	Not yet started		6/30/2023											X	X
<b>M11</b>	<b>Supply Procurement</b>																
11.1	Work with finance/procurement about vehicle purchase process	Dara Papo and John Grimes	Not yet started	12/1/2022	3/1/2023					X	X	X					
11.2	Work with finance about phone/tables purchase process	Kim Westrick	Not yet started	12/1/2022	3/1/2023					X	X	X					
11.3	Work with finance about clinic modification process	Dara Papo and John Grimes	Not yet started	12/1/2022	3/1/2023					X	X	X					

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**Required Program Milestones Must include (you may include other milestones in addition to the following):**

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- M8 Develop Data Collection and Reporting Infrastructure
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- M10 Assess Impact and Sustainability (e.g., interviews, data evaluation)

**Instructions:** Sample activities/tasks are included below with milestones highlighted in gray. Please include additional tasks that are critical to your reaching your stated goals for this program. Indicate in which months each task will be active. NOTE: activities/tasks are included as examples only

COVID-19   TEST-TO-TREAT EQUITY GRANT																
Activity/Task (See Above for Categories)	Owner	Status	Start Date	End Date	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	
<b>M1 Develop Workplan</b>								X								
1.1 Submit T2T Workplan (xls)		Completed	23-Oct-22	15-Nov-22			X	X								
<b>M2 Responsibilities</b>								X								
2.1 Describe Roles and Responsibilities		In Progress	23-Oct-22	15-Nov-22			X	X								
2.2 Develop Project Charter		In Progress	23-Oct-22	15-Nov-22			X	X								
2.3 Hold Project Kick-Off Meeting		Not Started	15-Nov-22	15-Nov-22				X								
<b>M3 Communicate Program to Staff</b>								X								
3.1 Secure buyin from senior leaders		Complete	1-Oct-22	15-Oct-22			X									
3.2 Inform frontline Staff		In Progress	15-Oct-22	15-Nov-22			X	X								
<b>M4 Develop Provider and Staff facing Tools and Resources</b>									X						X	
4.1 Develop and update tool-kit		Not Started	1-Nov-22	30-Jun-23				X	X	X	X	X	X	X	X	
4.2 Conduct ongoing provider and staff training		Not Started	1-Nov-22	30-Jun-23				X	X	X	X	X	X	X	X	
4.3 Develop website to access materials		Not Started	1-Nov-22	15-Dec-22				X	X							
<b>M5 Document Protocols &amp; Procedures</b>										X						
5.1 Create model workflow prototype		Not Started	1-Nov-22	15-Nov-22				X								
5.2 Consider workflows with community based organizations		Not Started	1-Nov-22	31-Jan-22				X	X	X						
5.3 Ensure security and HIPAA compliance		Not Started	1-Nov-22	31-Dec-22				X	X							
<b>M6 Patient Communication Plan</b>								X								
6.1 Develop outreach strategy and communication plan		Not Started	1-Nov-22	30-Nov-22				X								
6.2 Create awareness materials		Not Started	1-Nov-22	30-Nov-22				X								
6.3 Consider and engage community based Partnerships		Not Started	1-Nov-22	31-Mar-23				X	X	X	X	X				
6.4 Conduct outreach to patients		Not Started	1-Dec-22	30-Jun-22					X	X	X	X	X	X	X	
<b>M7 Patient Access Portals are Updated with Pathways to Therapeutics</b>								X								
M7.1 Review and update website		Not Started	1-Nov-22	30-Nov-22				X								
M7.2 Review and update phone tree		Not Started	1-Nov-22	30-Nov-22				X								
<b>M8 Develop Data Collection and Reporting Infrastructure</b>									X							
M8.1 Review data and reporting requirements		Not Started	15-Nov-22	30-Nov-22				X								
M8.2 Design and implement data and reporting updates		Not Started	Nov-30-22	15-Dec-22				X	X							
M8.3 Test updated data collection and reporting		Not Started	15-Dec-22	31-Dec-22					X							
<b>M9 Collect and Submit Data (Baseline, Interim and Final Reports)</b>								X			X				X	
9.1 Collect and Submit Baseline Data and Capability Assessment		Not Started	1-Aug-22	15-Nov-22	X	X	X	X								
9.2 Interview Patients, Providers and Partners		Not Started	1-Nov-22	31-Dec-22				X	X							
9.3 Collect and Submit Interim Report		Not Started	1-Nov-22	31-Jan-23				X	X	X						
9.4 Collect and Submit Final Report		Not Started	1-Feb-23	1-Jun-23							X	X	X	X	X	
<b>M10 Assess Impact</b>															X	
10.1 Analyze Program Reporting and Feedback		Not Started	1-Dec-22	1-Jun-23			X	X	X	X	X	X	X	X	X	
10.2 Develop Lessons Learned		Not Started	1-Jan-23	15-Mar-23						X	X	X				
10.3 Identify and Incorporate program improvements		Not Started	15-Mar-23	1-Jun-23								X	X	X	X	
10.4 Review sustainability plan		Not Started	1-May-23	1-Jun-23										X	X	

# COVID-19 | TEST-TO-TREAT EQUITY GRANT

## Test to Treat Equity Grant - CAPABILITY ASSESSMENT TOOL

Organization Name: \_\_\_\_\_  
 Team members/roles that helped complete this: \_\_\_\_\_

		Test to Treat COVID-19 in Primary Care Continuum			ALL SITES SCORE		
Domains /		Preliminary	Intermediate	Advanced	BASELINE (Oct)	MID-POINT (Jan)	END-POINT (Jun)
Score:		1	2	3	ALL SITES	ALL SITES	ALL SITES
<b>Provider &amp; Staff Education</b>					<b>1.819444444</b>	<b>To be scored</b>	<b>To be scored</b>
P/S E-1	<b>Providers and staff are trained to prescribe COVID-19 therapeutics in the least-restrictive, most clinically appropriate manner (i.e., when assessing patient eligibility)</b>	There are NO or SOME education and training opportunities regarding COVID-19 therapeutics, however the opportunities were one-off sessions with little to no follow up.	There are some education and training opportunities available for providers or staff regarding COVID-19 therapeutics, however there is little to no assessment of training needs, and training is not widespread across the organization.	There is systematic education and training of all providers and staff regarding COVID-19 therapeutics. There are materials available for all departments and roles and responsibilities amongst staff and providers are clear. Periodic assessments are conducted to ensure providers and staff are adequately trained to prescribe COVID-19 therapeutics to all eligible patients.	2		
P/S E-2	<b>There is a systematic approach to: 1) identify disparities in COVID-19 diagnosis and treatment and 2) implement targeted, equity-centering strategies to decrease, and eventually eliminate, these disparities. Providers and staff have adequate training to understand the root causes of the COVID-19 treatment disparities and have clarity in how they can increase equitable access to diagnosis and treatment with COVID-19 therapeutics.</b>	We are not tracking COVID-19 diagnosis and treatment disparities amongst our patient population.	We have identified disparities in COVID-19 diagnosis and treatment amongst our patient population. There is some targeted outreach to impacted patients, however there is no organization-wide effort to address these disparities.	There are organization-wide equity-centering approaches to identify and implement strategies to decrease disparities in COVID-19 diagnosis and treatment amongst our patient population. This includes collecting disaggregated data, understanding root causes of the underlying health inequities, incorporating the voices and input of impacted patients, and implementing targeted strategies with impacted populations.	2		
<b>Patient Engagement &amp; Education</b>					<b>1.583333333</b>	<b>To be scored</b>	<b>To be scored</b>
PaE-1	<b>There are multiple up-to-date and accurate patient access platforms/points of access for patients seeking COVID-19 evaluation and treatment. The points of access enable patients to access subsequent care, including evaluation for COVID-19 therapeutic if appropriate. (Platforms/points of access include Website, Phone, In-person, Telehealth provider, mobile, etc.)</b>	Our platforms or points of access tend to have outdated information or do not connect patients to care if they are seeking evaluation for COVID-19 therapeutics	We have a few platforms or points of access where patients can obtain information about COVID-19 testing and treatment, however these are not coordinated or systematically reviewed and information may not always be accurate or point patients to how to get evaluated for therapeutics.	There are multiple patient access platforms/points of access for patients seeking COVID-19 evaluation and treatment; all access platforms/points of access have up-to-date information about COVID-19 testing and treatment. All portals have clear pathways for patients to access subsequent care, including evaluation for COVID-19 therapeutic if appropriate. All information and resources are regularly assessed and updated.	2		

PaE-2	<b>Outreach, communications, and resources for patients about COVID-19 testing and treatment are in multiple languages sufficient for the patient population and distributed to the entire patient population through multiple channels.</b>	There is some information available for patients about COVID-19 testing and treatment, however it is in English only, there is no assessment of additional needs for patient education.	Information for patients about COVID-19 testing and treatment is available in more than one language, however there is no systematic offering of information through multiple channels to reach as much of patient population as possible, e.g., targeted outreach (via texts, etc.) or in-reach (e.g., scrubbing the schedule to identify high risk patients, etc.).	Comprehensive information is available in multiple languages sufficient for patient population; The materials are distributed throughout entire organization through multiple channels; There are targeted outreach and in reach strategies to reach patients.			
<b>Workflows</b>					1.333333333	To be scored	To be scored
W-1	<b>There are standard, widely distributed workflows and decision trees that are implemented to DIAGNOSE COVID-19. In other words, all those who are: a) close contacts or b) have COVID-19 symptoms that are new or different from the patient's baseline is tested, with consistently applied pathways to treatment if positive for COVID-19.</b>	Testing does occur, however there are no standard workflows to help staff route close contact or symptomatic patients to COVID-19 testing. For example it is not clear what process steps to implement when a patient calls the clinic with symptoms or concern that they are a close contact.	There is a standard workflow for COVID-19 testing, however not all providers and staff are trained and/or routinely implement the workflows. For example, patients who are close contacts or have COVID-19 symptoms that are new or different than their baseline are not always routed to testing consistently	There is a standard workflow with decision trees and standing orders that guide staff and providers to screen and monitor patients who are close contact or who have COVID-19 symptoms, diagnose them through a variety of ways (telehealth visit, home test, drive through, etc.), and implement pathways to treatment evaluation if positive for COVID-19. There is routine training on workflows for all providers and staff and periodic monitoring of compliance with workflows, e.g., pulling charts of any patient with coughs to check if they were tested.	2		
W-2	<b>Once patients are diagnosed with COVID-19 there are standard, widely distributed workflows and decision trees that are implemented to evaluate patients for therapeutics eligibility in the least-restrictive, most clinically appropriate manner (i.e., there are efficient and consistently applied pathways to treatment when appropriate.)</b>	Some of our patients are offered COVID-19 therapeutics, however treatment is not consistently offered and prescribed as there are no standard workflows.	There is a standard workflow for treating COVID-19, however not all providers and staff are trained and/or routinely implement workflows.	There is a standard workflow with decision trees and standing orders that guide staff and providers to treat patients who are positive for COVID-19 in the least-restrictive, most clinically appropriate manner via a variety of ways (telehealth, urgent/same day appointment, mobile clinics, etc.). There is routine training and employee outreach/education on workflows for all providers and staff and periodic monitoring of compliance with workflows.	1 or 2?		
W-3	<b>There is a workflow to ensure seamless DISPENSING of COVID-19 medications (oral therapeutics and connection to monoclonal antibodies (mAbs) or pre-exposure prophylaxis). This may include a handoff between the prescriber and the pharmacy (internal or external) and that medication supply is monitored and sufficient.</b>	There is no standard workflow for ensuring patients will receive the prescribed COVID-19 therapeutic. There is moderate to high risk that patients will not actually obtain the drug after it is prescribed.	There is a standard workflow for help support patients received the prescribed medication, however not all providers and staff are trained and/or routinely implement workflows.	There is a standard workflow that ensures patients receive the prescribed medication, which may include a smooth handoff between prescriber and pharmacy, whether dispensed at clinic pharmacy, retail pharmacy, or mail delivery.	1		
<b>Data Systems / Metric Monitoring</b>					To be scored	To be scored	To be scored
M-1	<b>There is a system for collecting data about therapeutics access and utilization, including designated staff to build automated reports.</b>	Data for therapeutics access and utilization is either NOT collected or is done so sporadically and in pockets of the organization; reports are created manually.	There is a data collection process with an agreed upon set of measures for therapeutics access and utilization that is implemented in some departments.	There is a systematic organization-wide process for collecting data on therapeutics access and utilization with sufficient staffing to build automated reports.			

M-2	<p><b>Clinics have a process for routinely collecting and reviewing data to help them achieve therapeutics QI and equity goals, e.g., percent of patients who test positive are connected with a provider within 48 hours, percent patients who are eligible for therapeutics is offered a therapeutic; and how these rates vary across race/ethnicity, language proficiency, zip code, etc.</b></p>	<p>There are no clinic-wide COVID-19 therapeutics QI goals.</p>	<p>Clinic-wide goals for COVID-19 therapeutics exist, however they are not widely communicated nor data collected to monitor progress towards those goals.</p>	<p>There are clinic-wide therapeutics QI goals that are well communicated and monitored. A systematic data collection process exists for the clinic to routinely assess progress towards the therapeutics performance and equity goals.</p>	1		
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Please select yes or no for the questions below.	Yes	No
The organization is registered in Health Partner Ordering Portal (HPOP).		x
The organization is registered as a Test to Treat site on federal locator.		x
The organization is willing to accept new INSURED patients, regardless of the insurance (please note SB 1473 obligates health plans in CA to pay for COVID-19 therapeutics out-of-network care)	x	

# COVID-19 | TEST TO TREAT EQUITY GRANT

Data Collection (Baseline Report)

Please fill out the data requested in the blank cells below. If you have any questions, please email T2T@phcdocs.org.

Requested Data:	Total Patients	Payer		Race-ethnicity							Limited English Proficiency	Age
		Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a		50+
Unique patients with POSITIVE COVID-19 test (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	#	#	#	#	#	#	#	#	#	#	#	#
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are <b>eligible for treatment evaluation</b> (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)												
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 24 hours of seeking care												
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 48 hours of seeking care												
Number of patients who were prescribed COVID-19 therapeutics												
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment												

**DO NOT FILL OUT. These cells are locked. Based on the data input above, the percentages will automatically calculate below.**

Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a	Limited English Proficiency	50+
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# COVID-19 | TEST TO TREAT EQUITY GRANT

Data Collection (Interim Report)

Please fill out the data requested in the blank cells below. If you have any questions, please email T2T@phcdocs.org.

Requested Data:	Total Patients	Payer		Race-ethnicity							Limited English Proficiency	Age
		Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a		50+
Unique patients with POSITIVE COVID-19 test (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	#	#	#	#	#	#	#	#	#	#	#	#
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are <b>eligible for treatment evaluation</b> (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)												
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 24 hours of seeking care												
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 48 hours of seeking care												
Number of patients who were prescribed COVID-19 therapeutics												
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment												

**DO NOT FILL OUT. These cells are locked. Based on the data input above, the percentages will automatically calculate below.**



# COVID-19 | TEST TO TREAT EQUITY GRANT

Data Collection (Final Report)

Please fill out the data requested in the blank cells below. If you have any questions, please email [T2T@phcdocs.org](mailto:T2T@phcdocs.org).

Requested Data:	Total Patients	Payer		Race-ethnicity							Limited English Proficiency	Age
		Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a		50+
Unique patients with POSITIVE COVID-19 test (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	#	#	#	#	#	#	#	#	#	#	#	#
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are <b>eligible for treatment evaluation</b> (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)												
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 24 hours of seeking care												
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 48 hours of seeking care												
Number of patients who were prescribed COVID-19 therapeutics												
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment												

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Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a	Limited English Proficiency	50+
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# COVID-19 | TEST TO TREAT EQUITY GRANT

Data Collection (EXAMPLE)

Please fill out the data requested in the blank cells below. If you have any questions, please email T2T@phcdocs.org.

Requested Data:	Total Patients	Payer		Race-ethnicity							Limited English Proficiency	Age
		Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a		50+
Unique patients with POSITIVE COVID-19 test (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	#	#	#	#	#	#	#	#	#	#	#	#
	350	15	67	13	65	75	7	8	10	12	40	55
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are <b>eligible for treatment evaluation</b> (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)												
	150	15	67	13	65	75	7	8	10	12	40	55
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 24 hours of seeking care												
	150	15	67	13	65	75	7	8	10	12	40	55
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 48 hours of seeking care												
	150	15	67	13	65	75	7	8	10	12	40	55
Number of patients who were prescribed COVID-19 therapeutics												
	268	15	67	13	75	7	8	10	12	14	69	32
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment												
	250	15	67	13	65	75	7	8	10	12	52	55

**DO NOT FILL OUT. These cells are locked. Based on the data input above, the percentages will automatically calculate below.**

Uninsured	Medi-Cal	Hispanic or Latino/a	Black/African American, not Hispanic or Latino/a	Asian, not Hispanic or Latino/a	Native Hawaiian, not Hispanic or Latino/a	White, not Hispanic or Latino/a	American Indian, not Hispanic or Latino/a	Other, not Hispanic or Latino/a	Limited English Proficiency	50+
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Unique patients that WERE TESTED for COVID-19 (tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested at home) and sought services	%	%	%	%	%	%	%	%	%	%	%
	4%	19%	4%	19%	21%	2%	2%	3%	3%	11%	16%
Unique patients with POSITIVE COVID-19 test (positive tests could be done in the medical office as a PCR or antigen test or relayed by patient who tested positive at home) AND are <b>eligible for treatment evaluation</b> (defined as age 12 or older and symptomatic with symptoms starting <8 days ago)	10%	45%	9%	43%	50%	5%	5%	7%	8%	27%	37%
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 24 hours of seeking care	10%	45%	9%	43%	50%	5%	5%	7%	8%	27%	37%
Number of patients <b>eligible for treatment evaluation</b> who received an appointment with a provider within 48 hours of seeking care	10%	45%	9%	43%	50%	5%	5%	7%	8%	27%	37%
Number of patients who were prescribed COVID-19 therapeutics	6%	25%	5%	28%	3%	3%	4%	4%	5%	26%	12%
Number of patients who were prescribed COVID-19 therapeutics and received and completed treatment	6%	27%	5%	26%	30%	3%	3%	4%	5%	21%	22%