Application for MTM Pilot Project Funding

The Healthcare Clinic should complete questions #1-6 and the Pharmacy should complete questions #7-9. Question #10 should be answered by both organizations.

Clinic:

1. Please estimate the number of adult clients (18 years and older) in your clinic’s patient population in the past 6 months (September 2020-January 2020).
   __________

2. Of those patients in #1, estimate the number of adult clients with a current hypertension diagnosis.
   __________

3. Of those patients in #1, estimate the number of adult clients with a current diagnosis of high cholesterol or dyslipidemia.
   __________

4. Do you have on-site clinic staff who can implement the project?
   ☐ Yes
   ☐ No (Thank you for your response. You are not eligible for this funding opportunity.)

6. If your facility receives a sub-award and the lead staff person on the project is unable to continue working on the project, do you have a transition plan to assign another person as the lead?
   ☐ Yes
   ☐ No (if no, please consider transition options)

Pharmacy:

7. Do you have on-site staff who can implement the project?
   ☐ Yes
   ☐ No (Thank you for your response. You are not eligible for this funding opportunity.)

8. If your facility receives a sub-award and the lead staff person on the project is unable to continue working on the project, do you have a transition plan to assign another person as the lead?
   ☐ Yes
   ☐ No (if no, please consider transition options)

9. How will you be receiving referrals from healthcare clinic partner? (mark all that apply)
   ☐ Phone
   ☐ Fax
   ☐ Email
   ☐ Other ____________________________
Attachment B: Pilot Project Application and Narrative

Both:

10. Who will measure baseline and post-project blood pressures of project participants?
   a. Pharmacist □ Yes □ No
   b. Clinic staff □ Yes □ No
   c. Other, please specify: ________________________________

On a separate sheet of paper, please provide a narrative that answers the following questions below. The narrative should be completed by both the Healthcare Clinic and Pharmacy as a joint effort and should be typed. 2 pages maximum.

1. Tell us about your experience in providing MTM services and/or providing referrals to MTM services?

2. What are your qualifications and capacity for implementing an MTM referral system?

3. Tell us why you want to apply for this funding and how this funding will help your patients and/or organization?

4. Tell us how you will accomplish the goals of this project?

5. What additional information would you like to share?