Letter of Intent - Process and Content  
Last Revised: May 14, 2015

Enhancing Performance in Primary Care Medical Practice  
Through Implementation of Comprehensive Medication Management

ACCP is interested in applications that focus on both effectiveness and implementation science. While it is important to test the effectiveness of CMM within the context of primary care delivery, it is equally important to critically examine how to implement CMM into busy medical practices in order to facilitate uptake and scalability in routine health care practice. Implementation science seeks to generate knowledge about "how" programs (i.e., CMM) can be delivered effectively and efficiently in real-world practices, how primary care practices finance such programs, and the processes of care by which health care professionals and office staff within busy practices work together to improve outcomes and facilitate the sustainable uptake, adoption, and implementation of a service like CMM.

Successful applications will be highly collaborative efforts focused on CMM design and implementation in primary care, rigorous evaluation, and a process of continuous quality improvement that generates real-time learning and informs continuous practice change.

You may click "Save and Return Later" to save a partially completed Letters of Intent and finish it at a later time. Please be certain to record the Verification Code provided, or choose to email the URL to yourself. Please DON'T click SUBMIT until you can see and have completed SECTIONS 1 - 4.

Section 1: Corresponding Applicant:

1. Name of corresponding applicant:
2. E-mail address of corresponding applicant:
3. Corresponding applicant phone number:

Section 2: Eligibility & Minimum Qualifications

The Eligibility & Minimum Qualifications questions preceding the LOI are designed to provide real-time determination of applicant eligibility. Questions to be answered are drawn from the RFA Eligibility and Minimum Qualifications section. Depending on applicant responses to the questions, an immediate determination of eligibility to submit a Letter of Intent will be provided.
1. Will the proposal include existing primary care medical practices in the application and conduct of the research? Yes / No

2. Will the proposal include a large number of diverse primary care sites? Yes / No

3. Primary care settings will include: (check all that apply)
   - [ ] Academic sites
   - [ ] Non-academic sites

4. Primary care settings will include: (check all that apply)
   - [ ] Community-based health centers
   - [ ] Federal/governmental sites
   - [ ] Independent primary care clinics
   - [ ] Safety net clinics
   - [ ] Other

5. Other primary care setting types not listed above: (fill in the blank)

6. Do most of the primary care practices to be studied have established team-based relationships with clinical pharmacists authorized by collaborative practice agreements and/or by a documented privileging process to engage in patient encounters? Yes / No

7. While most practices should have established relationships with an embedded clinical pharmacist, practices without a clinical pharmacist may be included as long as the practice embeds a pharmacist as part of this grant, adheres to the requirements of the application, and plans to continue to embed the clinical pharmacist after the grant funding ends.
   a. What percentage of primary care practices will have future plans to embed clinical pharmacists as part of the grant? (Enter a number between 0-100. If proposal will not add sites enter ‘0’)

8. Do the primary care practices participating in the study have existing clinical and economic performance/outcome and quality metrics that are reported on a regular basis for practice improvement? Yes / No
   a. Provide examples of existing clinical and economic performance/outcome and quality metrics and regularity of reporting:

9. Do the primary care practices provide or have the commitment to provide CMM (in accordance with the ACCP Standards of Practice for Clinical Pharmacists regarding care process and documentation) in the context of team-based care delivery? Yes / No
   a. What percentage of the primary care practices referenced above currently provide CMM (in accordance with the ACCP standards regarding care process and documentation) in the context of team-based care delivery? (Enter a number between 0-100.)

10. Do the primary care practices have an electronic patient registry that will be used to identify patients most in need of CMM? Yes / No
    a. Briefly describe how the primary care practices will identify patients most in need of comprehensive medication management without an electronic patient registry.

11. Do clinical pharmacists have read/write access in the electronic medical records at the primary care practice sites? Yes / No

12. What percentage of clinical pharmacists to be included in the proposal will be certified by the Board of Pharmacy Specialties (BPS) or are eligible for BPS certification? (Enter a number between 0-100.)
Section 3: Investigator Contact Information

1. Name of Principal Investigator/Project Lead:
   a. E-mail address:
   b. Phone number:
2. Name of Co-Principal Investigator, if applicable:
   a. Co-PI E-mail address:
   b. Co-PI phone number:

Section 4: Online Letter of Intent

Please upload a PDF copy of your Letter of Intent, which should succinctly address each of the following 8 sections. Please label each section accordingly.

1. Applicant Organization(s).
2. Submitting Organization Description.
3. Key Partner Organizations and Collaborators (provide names of major partners and collaborating entities only; specific personnel should be listed in the budget and budget justification. Note that the budget and budget justification are required at the time of full application only, not as a part of the LOI).
4. State your proposed partners and collaborators and briefly describe the value they bring to the proposed work.
5. State your anticipated specific aims/research questions.
6. Briefly describe your approach to study design, measures, and evaluation.
7. Briefly describe your approach to ensure continuous quality improvement and fidelity of the CMM intervention?
8. What makes your team uniquely positioned to do this work?