

Form Approved
OMB No: 0920-1019
Exp. Date: XX/XX/XXXX

Integrating Community Pharmacists and Clinical Sites
for Patient-Centered HIV Care

Attachment 12 Clinic Cost Form

Public reporting burden of this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1019)

Clinic Cost Form

Clinic project activities for physicians, nurse practitioners and physician assistants	Staff ID	Time spent (minute/patient)	Time spent (hour/week)
Recruitment activities			
Discussing project with patients, other recruitment activities	_____	___ min/pt encounter or	_____ hr/week
Preparing for Patient Encounters			
Reviewing MTM documentation and pharmacists' recommendations	_____	___ min/pt encounter or	_____ hr/week
Other preparation (specify): _____	_____	___ min/pt encounter or	_____ hr/week
Time spent with patients			
Medication therapy follow-up with patients	_____	___ min/pt encounter or	_____ hr/week
Checking and verifying date/time of patients' follow-up MTM sessions	_____	___ min/pt encounter or	_____ hr/week
Other patient interactions (specify): _____	_____	___ min/pt encounter or	_____ hr/week
Time spent interacting with pharmacists			
Discussing medication therapy/action plans/adherence (via phone, email, fax, in-person etc.)	_____	___ min/pt encounter or	_____ hr/week
Project related meetings			
With clinic staff	_____	___ min/pt encounter or	_____ hr/week
With pharmacy staff	_____	___ min/pt encounter or	_____ hr/week
Time spent on documentation			
Filling out <i>Initial or Interim Patient Information</i> forms	_____	___ min/pt encounter or	_____ hr/week
Data entry and transmission	_____	___ min/pt encounter or	_____ hr/week
Data management	_____	___ min/pt encounter or	_____ hr/week

Attachment 12

Data quality assurance _____ ___ min/pt encounter **or** _____ hr/week

Other activities _____ ___ min/pt encounter **or** _____ hr/week

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

How many project patients did you serve this week?* _____

*include all aspects of model care – in-person encounters, encounters via phone, pharmacy site interactions, etc.

Clinic activities for project supervision and general administration	Staff ID	Time spent (minute/patient)	Time spent (hour/week)
--	----------	--------------------------------	---------------------------

Project supervision

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

General administration

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

Other activities

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

(Specify): _____ ___ min/pt encounter **or** _____ hr/week

Clinic program staff salary:

Service Unit	Staff ID	Annual salary (exclude fringe)	Fringe benefit (%)	% time spent in this project
Physician	_____	\$ _____	_____ %	_____ %
Nurse Practitioner	_____	\$ _____	_____ %	_____ %
Physician's Assistant	_____	\$ _____	_____ %	_____ %
Nurse	_____	\$ _____	_____ %	_____ %
Case Manager/Social Worker	_____	\$ _____	_____ %	_____ %
Others (specify _____)	_____	\$ _____	_____ %	_____ %
Others (specify _____)	_____	\$ _____	_____ %	_____ %
Others (specify _____)	_____	\$ _____	_____ %	_____ %
Others (specify _____)	_____	\$ _____	_____ %	_____ %

<list each clinic staff working on project> Add rows as necessary

Training

Please list each staff person who attended clinic training

Training	Staff ID	Training date Month/Year	Training period (days)	Per diem (\$)	Air fare (\$)
Person 1	_____		_____	_____	_____
Person 2	_____		_____	_____	_____
Person 3	_____		_____	_____	_____
Person 4	_____		_____	_____	_____
<list each staff person attending>					

Office supplies and materials

Description	Quantity	Unit cost (\$)	Monthly total Cost (\$)
Office supplies/stationeries	_____	_____	_____
Printed material provided to patients	_____	_____	_____
Appointment reminder cards	_____	_____	_____
Postage	_____	_____	_____
Calendar/day planner	_____	_____	_____
File folder/organizers	_____	_____	_____
Translation of materials	_____	_____	_____
Posters, brochures	_____	_____	_____
Other (specify)_____	_____	_____	_____
Other (specify)_____	_____	_____	_____
Other (specify)_____	_____	_____	_____
Other (specify)_____	_____	_____	_____

Durable material/Equipment cost

Data from this section will be used to estimate the annual cost of durable items. 'Unit cost' may be based on the estimated remaining value of the item purchases previously, or the purchase price if it is new.

Description	Quantity	Unit	Remaining	% used, for
-------------	----------	------	-----------	-------------

	cost (\$)	useful life (year)	this project
Desktop computer	_____	_____	_____
Laptop computer	_____	_____	_____
Furniture	_____	_____	_____
Other (e.g., cell phone, pager)			
specify: _____	_____	_____	_____
specify: _____	_____	_____	_____
specify: _____	_____	_____	_____
specify: _____	_____	_____	_____

Facility space and utilities

Because of the difficulty in obtaining these data, the sites may report the following data at the minimum, but they may report additional information as much as available.

Description	Monthly total Cost (\$)
<u>Office space:</u>	
Clinic office/facility space _____ sq feet	\$ _____
<u>Utilities:</u>	
Telephone (local, long distance)	_____
Internet	_____
Other (specify): _____	_____
Other (specify): _____	_____
Other (specify): _____	_____
Other (specify): _____	_____

