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

Attachment 13 Pharmacy Cost Form

Pharmacy Cost Form

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

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

Pharmacy program staff salary:

Service Unit	Staff ID	Annual salary (exclude fringe)	Fringe benefit (%)	% time spent in this project *
Pharmacist	ID =_____	$_____	_____ %	_____ %
Technician	ID = _____	$_____	_____ %	_____ %
Support Staff	ID = _____	$_____	_____ %	_____ %
Pharmacy Management	ID = _____	$_____	_____ %	_____ %
District or above Management	ID = _____	$_____	_____ %	_____ %
Others (specify _____)	ID = _____	$_____	_____ %	_____ %
Others (specify _____)	ID = _____	$_____	_____ %	_____ %
Others (specify _____)	ID = _____	$_____	_____ %	_____ %
Others (specify _____)	ID = _____	$_____	_____ %	_____ %

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

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Training						

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Please list each staff person who attended the clinic training						
Training		**Staff ID**	**Training date**	**Training period**	**Per diem**	**Air fare**
			Month/Year	**(days)**	**($)**	**($)**
Person 1		_____	_____	_____	_____	_____
Person 2		_____	_____	_____	_____	_____
Person 3		_____	_____	_____	_____	_____
Person 4		_____	_____	_____	_____	_____
<list each staff person attending>						
Office supplies and materials						
Description			**Quantity**	**Unit**		**Monthly total**
				cost ($)		**Cost ($)**
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.						

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Description		Quantity	Unit cost ($)	Remaining useful life (year)		% used, for 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 ($)	
Office space:						
Pharmacy office/facility space			_____	sq feet	$_____	
Utilities:						
Telephone (local, long distance)					_____	
Internet					_____	
Other (specify):_____					_____	
Other (specify):_____					_____	
Other (specify):_____					_____	
Other (specify):_____					_____	

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