Form Approved

OMB No: 0920-1019

Exp. Date: XX/XX/XXXX

Integrating Community Pharmacists and Clinical Sites

for Patient-Centered HIV Care

**Attachment 13 Pharmacy 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)

**Pharmacy Cost Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pharmacy project activities for pharmacists, technicians and support staff** | **Staff ID** | **Time spent**  | **Time spent**  |
|  |  | **(minute/patient)** | **(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 |   |   |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training** |  |  |  |  |  |  |
| **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.  |
|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Description** |  | **Quantity** | **Unit** | **Remaining**  |  | **% used, for** |
|  |  |  | **cost ($)**  | **useful life (year)** |  | **this project** |
| Desktop computer  |  | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |
| Laptop computer  |  | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |
| Furniture  |  | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| Other (e.g., cell phone, pager) |  |  |  |  |  |
| specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_ |
| specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_ |
| specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_ |
| specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_ |
|   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
| **Facility space and utilities** |  |  |  |  |  |
| Because of the difficulty in obtaining these data, the sites may report the following data at the minimum, but they may report additional information as much as available. |
| **Description** |  |  |  |  | **Monthly total** |  |
|  |  |  |  |  | **Cost ($)** |  |
| **Office space:** |  |  |  |  |  |  |
| Pharmacy office/facility space  |  | \_\_\_\_\_\_\_\_  | sq feet | $\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |  |  |
| **Utilities:** |  |  |  |  |  |  |
| Telephone (local, long distance) |  |  |  | \_\_\_\_\_\_\_ |  |
| Internet  |  |  |  |  | \_\_\_\_\_\_\_ |  |
|  |  |  |  |  |  |  |
| Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_\_\_\_\_ |  |
| Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_\_\_\_\_ |  |
| Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_\_\_\_\_ |  |
| Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_\_\_\_\_ |  |
|   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |