

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

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(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)_____	_____	_____	_____		_____	
<u>Durable material/Equipment cost</u>						
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	Quantity	Unit	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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