

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

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With clinic staff _____ ___ min/pt encounter **or** _____ hr/week
 With pharmacy staff _____ ___ min/pt encounter **or** _____ hr/week

Time spent on documentation

Filling out *Initial or Interim Patient Information* 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
 Data quality assurance _____ ___ 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

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

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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

_____ _____ ___ 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

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 | _____ | \$ _____ | _____ % | _____ % |

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| | | | | |
|------------------------|-------|----------|---------|---------|
| 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 | Monthly total |
|-------------|----------|------|---------------|
|-------------|----------|------|---------------|

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| | 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 cost (\$) | Remaining useful life (year) | % used, for this project |
|------------------|----------|----------------|------------------------------|--------------------------|
| Desktop computer | _____ | _____ | _____ | _____ |
| Laptop computer | _____ | _____ | _____ | _____ |
| Furniture | _____ | _____ | _____ | _____ |

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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): _____ | _____ |

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