

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 <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>	

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)

Time spent on documentation			
Filling out <i>Initial or Interim Patient Information</i> forms	ID = _____	___ min/pt encounter or	_____ hr/week
Data entry and transmission	ID = _____	___ min/pt encounter or	_____ hr/week
Other activities			
(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) _____						
<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		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):_____					_____	