

Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Cooperative Re-Engagement Controlled Trial (CoRECT)

Attachment #13a

Baseline /Standard of Care Costs CLINIC

Public reporting burden of this collection of information is estimated to average 1 hour 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-New)

**Appendix 13a: Baseline /Standard of Care Costs
CLINIC**

Rev: 01/18/2015

Site name: _____	Completed Date: _____
Data collection period (MM/DD/2016 -- MM/DD/2018)	

Variable	Description	Responsible staff (ex. nurse, social worker, physician) ^a	Frequency Count/Week, Month ^b	Total Time Spent (hr) ^b
Generate missed visit list (per activity or event)	Time spent generating list for patients that have missed appointments		_____/____	
Records review (per patient)	Review of medical charts prior to contacting patients		_____/____	
Outreach to patient (per patient)	Time spent attempting to reach patients with missed appointments (ex: phone calls, mailing letters, sending emails or texts)		_____/____	
Engagement assistance (per patient)	Once contact patient, how much time is spent facilitating re-engagement (i.e.: coordinating transportation, case management, expedited appointment)		_____/____	
Documentation of engagement assistance (per patient)	Time spent documenting in medical chart attempts made to contact patient and outcome		_____/____	

^a List multiple staff if applicable; labor cost could be calculated based on median wage or directly from the activity log data.

^b Data in this column reflect the aggregate over the data collection period, e.g., week or month.

Please check each activity that is applicable and record the time spent in minutes.

Activity	Time Spent (min)
Generate missed visit list (per activity or event) ___ Time spent generating list for patients that have missed appointments	_____/min
Outreach to patient (attempting to reach patients with missed appointments, per patient) ___ phone calls ___ mailing letters ___ sending emails or texts ___ others:	_____/min
Time spent documenting in medical chart attempts made to contact patient and outcome (per patient)	_____/min

Activity	Time Spent (min)
Records review (per patient) ___ Review of medical charts prior to contacting patients	_____/min
Engagement assistance (once contact patient, how much time is spent facilitating re-engagement, per patient) ___ coordinating transportation ___ case management ___ expedited appointment ___ Others:	_____/min