Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

**Cooperative Re-Engagement Controlled Trial (CoRECT)**

**Attachment #13c**

**Start-up Cost Analysis**

**CLINICS**

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)

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|  |  | **Appendix 13c: Start-up Costs for CoRECT**  **CLINIC COSTS** | | |  | **Rev: 01/18/2015** |
|  |  |  |  |  |  |  |
| **Site name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  |  |  |  |  |  |  |
| **Data collection period (MM/DD/2016 -- MM/DD/2018)** | | | |  | | |
|  |  |  |  |  |  |  |

The attached cost analysis worksheets are designed to determine how much it costs to implement the intervention that reengages those who are determined out of care respectively - the worksheets will:

- Systematically list the resources needed to implement the CoRECT Study

- Itemize the amount (quantity) of each of the resources used

- Assign dollar values to the resources

The worksheets contain fields for several cost categories listed below. The data will be used to determine the total start-up program costs.

1. Pre-implementation training
2. Out-of-care list generation
3. Administration time
4. Re-engagement/handoff to clinic
5. Staff salaries

Clinical sites may update (insert rows) and clarify cost categories and the items listed under each of the cost categories, based on the retention in care project activities performed at that specific site. The data should reflect actual cost or resources allocated under this project, however, some of the data elements may require estimation of costs or resources used based on available information. In such cases, sites may use appropriate data sources or separate calculation to complete the forms.

**Evaluation costs that are strictly research-related (e.g., ACASI software, incentives for completing ACASI) should NOT be included in this exercise. However, all resources that are used for project implementation purposes should be included, even if those go beyond specific project funds.**

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| **(1)Pre-implementation/**  **Training** | **Description** | **Training period (days)**  **mmdd/mmdd** | **Time spent** | **Per diem ($)** |
| CoRECT study clinic manager/nurses | Train clinic staff to generate initial lists of OOC patients |  | \_\_\_\_\_ hr/day |  |
| Data manager | Time spent training data management transmit data to health department |  | \_\_\_\_\_ hr/day |  |
| Other: |  |  | \_\_\_\_\_ hr/day |  |
| Other: |  |  | \_\_\_\_\_ hr/day |  |

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| **(2)** **Out-of-care lists** | **Description** | **Responsible staff**  (ex. clinic nurse, data manager)**ac** | **Frequency Count/Week, Month bc** | **Total Time Spent (hr)b** |
| Generate surveillance line list | Create initial OOC list using surveillance data | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_ |  |
| Match with HD list | Time spent reconciling health department and clinic OOC list | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_ |  |
| Communicate with HD-data transmission (initial) | Transmit reconciled OOC list back to clinic prior to case conference | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_ |  |
| Case Conference | Time HD staff spent participating in case-conference to complete OOC list | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_ |  |

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  **c** Fill out a separate line (staff and hours) for any staff involved in this item

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| **(3) Administration Time** | **Responsible staff**  (ex. clinic nurse, physicians, data manager) **ac** | **Frequency Count/Week, Month bc** | **Total Time Spent (hr)b** |
| Project-related meetings | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Data management | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Quality assurance checks | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| General administrative duties | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Project supervision | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_ |  |
| Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_ |  |

**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.;

**c** Fill out a separate line (staff and hours) for any staff involved in this item

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| **(4) Re-engagement/ handoff to clinic** | **Description** | **Responsible staff**  (ex. clinic nurse,data manager)**ac** | **Frequency Count/Week, Month bc** | **Total Time Spent (hr)b** |
| Staff time spent contacting OOC patients | Appointment reminders, missed visit contacts, support service contacts | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_ |  |
| Follow-up with health department | Time spent communicating with DIS/field epi to schedule re-engaged patients for medical or phlebotomy visits | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_/\_\_\_\_ |  |

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

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| **(5) Clinic program staff salary** |  |  |  |
| Clinics Staff | Annual salary (exclude fringe) | Fringe benefit (%) | % time spent in this project |
| Clinic Physician | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Clinic data manager | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Clinical nurse coordinator | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
|  | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Others (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Others (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |
| Others (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | $\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ % | \_\_\_\_\_\_\_\_\_\_ % |