

Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Cooperative Re-Engagement Controlled Trial (CoRECT)

Attachment #13e

Annual Implementation Costs for CoRECT-CLINIC COSTS

Public reporting burden of this collection of information is estimated to average 1.5 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-New)

Appendix 13 e: Annual Implementation
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. Out-of-care list generation
2. Re-engagement/handoff to clinic
3. Administration time
4. Clinic 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.

	Description	Responsible staff (ex. nurse, data manager, physician)	Frequency Count/Week, Month^b	Total Time Spent (hr)^b
<u>(1) Out-of-care lists</u>				
Generate surveillance line list	Create initial OOC list using missed appointment 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 HD prior to case conference		_____/____	
Case Conference	Time clinic staff spent participating in case-conference to complete OOC list		_____/____	

<u>(2) Re-engagement/handoff to clinic</u>	Description	Responsible staff (ex. nurse, data manager, physician)	Frequency Count/Week, Month^b	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		_____/____	

<u>(3) Administration Time</u>	Responsible staff (ex. clinic nurse, physicians, data manager) ^{ac}	Frequency Count/Week, Month	Total Time Spent (hr)^b

		bc	
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

(4) Clinic program staff salary			
	Annual salary (exclude fringe)	Fringe benefit (%)	% time spent in this project
Clinics Staff			
Clinic Physician	\$_____	_____ %	_____ %

Clinic data manager	\$ _____	_____ %	_____ %
Clinical nurse coordinator	\$ _____	_____ %	_____ %
	\$ _____	_____ %	_____ %
Others (specify _____)	\$ _____	_____ %	_____ %
Others (specify _____)	\$ _____	_____ %	_____ %
Others (specify _____)	\$ _____	_____ %	_____ %
Others (specify _____)	\$ _____	_____ %	_____ %