5b. DP18-1815 Heart Disease Prevention and Management: Resource Use and Cost Inventory Tool

Form Approved OMB No. 0920-xxxx Exp. Date XX/XX/20XX

Introduction

The CDC Division for Heart Disease and Stroke Prevention (DHDSP) has contracted Deloitte Consulting to support a national-level evaluation of the 1815 Cooperative Agreement the Division has with state health departments (SHDs). As part of that larger evaluation, the Deloitte National Evaluation Team is conducting a cost study to better understand the costs of implementing CDC-recommended strategies for strengthening prevention and management of cardiovascular disease within health organizations. Specifically, the Cost Study will seek to (1) estimate the overall costs of implementing each heart disease prevention or management strategy funded by the 1815 cooperative agreement, (2) determine the level of variability in the cost of implementation across different types of health organizations, and (3) identify the factors driving cost and variability. Your organization was selected for participation in this cost study based on your close collaboration with the state health department on implementing the CDC-funded strategies and interventions.

Please follow the instructions provided in this Resource Use and Cost Inventory Tool to provide cost data related to the implementation key CDC-funded and SHD-supported heart disease prevention and management strategies within your organization. Completion of this Resource Use and Cost Inventory Tool is voluntary. It is expected that it will take you approximately **2 hours** to complete the tool, including time to retrieve information you may need to fill the form. You may save a partially completed tool and return to complete it at a different time. All information will be kept secure and any identifiable information will be removed when results are aggregated for analysis.

The Deloitte National Evaluation Team is available to address any questions you may have and provide additional guidance to support completion of this this tool. You may email Gizelle Gopez, ggopez@deloitte.com, with questions.

5b. DP18-1815 Category B: Resource Use and Cost Inventory Tool

Introduction to Cost Study

Thank you for taking the time to participate in the DP18-1815 Resource Use and Cost Inventory Tool. The Deloitte evaluation team is working with the CDC Division for Heart Disease and Stroke prevention to evaluation the DP18-1815 Cooperate Agreement -- Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke, which we will refer to as 1815. As part of the larger national evaluation of 1815, we are conducting a cost study focused on the Heart Disease and Stroke, Category B strateges. The cost study is designed to calculate the overall costs of implementing each 1815 Category B strategy and will take approximately 2.5 hours to fill out.

Your participation in this cost study is completely voluntary and it will not in any way impact the funding or technical assistance you receive from CDC. All information will be kept secure and any personally-identifiable information will be removed when results are aggregated for analysis. If you have any questions about the study or the tool, please contact **Gizelle Gopez**, **ggopez**@**deloitte.com**.

Note: Public reporting burden of this collection of information is estimated to average 2.5 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: PRA (0920-20HP)

Instructions

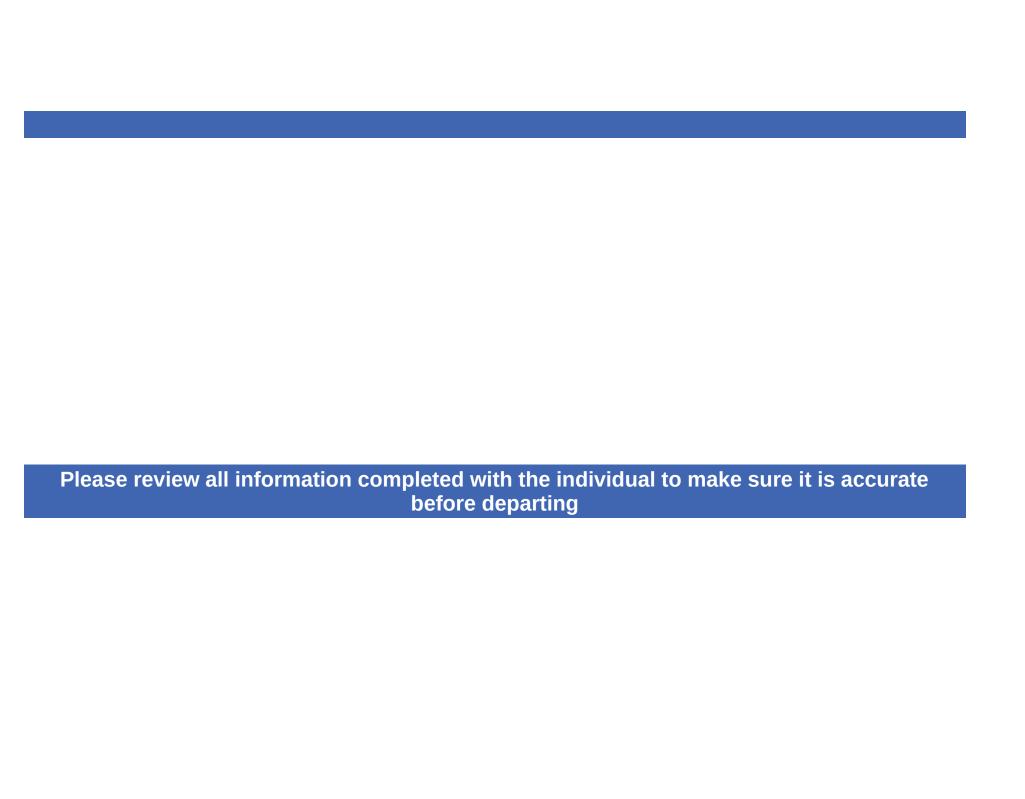
Each of the corresponding worksheets have their own specific instructions. Note that boxes shaded in **yellow** do not need to be filled out by the respondent as these cells will automatically populate as a result of the excel forumula within these cells. The information that will be asked of you to fill out the information will require some detail. Therefore, to fill out the corresponding spreadsheets, please have the following information readily available for the respective reporting period:

- 1) Heart Disease Budget
- 2) Workplans

DP18-1815 Category B Strategies

Below are the Category B strategies which are referenced throughout the tool by strategy number and by shorthand description. You may refer back to this page for a full description of each of the strategies.

- **B1:** Supporting adoption and use of electronic health records (EHR) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension
- B2: Supporting adoption of evidence-based quality measurement
- B3: Supporting engagement of non-physician team members in hypertension and cholesterol management
- **B4:** Promoting adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification
- B5: Facilitating the sustainability for CHWs to promote management of hypertension and high blood cholesterol
- B6: Facilitating use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension
- B7: Facilitating systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources



DP18-1815 Category B: Resource Use and Cost Inve

Resource Tot
nstructions: This page has been pre-populated. There is no need to fill out any be populated due to the Excel formula within each cell.
State
Reporting Period
-
Cardiovascular Disease Spending Amount
Tabs Cost Study Component
1 Parameters
I

Tabs	Cost Study Component
1	Parameters
2	Personnel
3	Equipment, Supplies, Materials
4	Travel
5	Other Resources

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als

of the information listed here. Items in yellow will automatically

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Total	
	N/A
\$	-
\$	-
\$	-
\$	-

DP18-1815 Category B: Resource Use and Cost Inv

Instructions: This section will be pre-populated by the Deloitte National Evalu	šk
State	
Health/Community Organization Name	
Total Cardiovascular Disease Funding Amount from SHD	

Table to be completed by the Deloitte National Evaluation Team

	Is the SHD implementing this strategy?
B.1	Promote the adoption and use of electronic health records (EHR) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension
B.2	Promote the adoption of evidence-based quality measurement at the provider level (e.g. use dashboard measures) to monitor healthcare disparities and implement activities to eliminate healthcare disparities
В.3	Support engagement of non-physician team members (e.g., nurses, nurse practitioners, pharmacists, nutritionists, physical therapists, social workers) in hypertension and cholesterol management in clinical settings
B.4	Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification

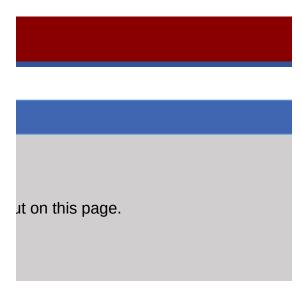
Develop a statewide infrastructure to promote sustainability for CHWs to promote management of hypertension and high blood cholesterol
Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension
Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources

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Parameters

ation Team. No information by the health organization will need to be filled or

(Yes/No) (Dropdown)	Level of Maturity of Strategy (Dropdown)	



DP18-1815 Category B: Resource Use and Cost Inve

Instructions: Please fill out the information below, listing the job titles for those v working on. If staff do not have benefits (i.e. are temporary) please write 0 for the

State:	
Health/Community	
Organization	
Reporting Period:	
Total Personnel Costs:	\$ -

List names of all staff positions (insert extra rows if there is not enough space, do

Job Title	Full-Time Employee (FTE) or Part-Time Employee (PTE) (Dropdown)	Actual monthly salary for job title (Write-in)

TOTAL	N/A	\$ -

ntory Tool

Personnel Costs

working on the 1815	program (insert extra rows if there is not enough space, del
eir benefits. Items in	yellow will automatically be populated due to the Excel form

elete extra rows if not needed)

Average monthly benefits for job title (Write-in)	Total Personnel Costs	Start date of job position (month and year) during reporting period (Write-in)
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\$ -	\$	N/A

eted extra rows if not needed). Please list the actual monthly salary of the specific indivinula within each cell.

Is this a new position for this reporting period? (Yes/No) (Dropdown)	# months worked on CVD stratgies during reporting period (Dropdown)	# months position has been vacant in last 12 months (Dropdown)	Total # of hours per week allocated to CVD strategies (Write- In)

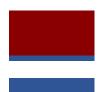
N/A	N/A	N/A	N/A

dual that holds that current position. Please select the Category B strategies that the ir

% time dedicated to CVD strategies (Write-In) Select which of the strategies each staff member and contractor is wo (Yes/No) (Dropdown)

B.1	B.2	B.3	B.4	B.5	B.6
EHRs/HIT	CQMs	ТВС	MTM	CHWs	SMBP
			1	1	

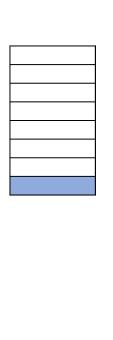
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ndividual is

rking on

B.7
Referrals



DP18-1815 Category B: Resource Use and Co

Office

Instructions: Please fill out both tables below, General E Equipment table, please fill out the equipment used for C office equipment to column B as needed. Office equipme table, Strategy-Specific Supplies/Materials are materials folders, website maintenance costs, etc. Sample supplies that Table 1 and 2 are different materials and therefore dieach cell.

State: Health/Community Organization	
Reporting Period:	
Total Costs for Equipment and Supplies:	

Table 1. General Equipment

Office equipment is defined as a long-term assest such as compute

Office Equipment	Unit Cost (Write-In)
desktop computer	
laptop computer	
computer monitor	
software	
printer	
ink cartridge	

TOTAL	N/A

Table 2. Strategy Specific Supplies/Materials

Please update the table below for strategy-specific supplies/materia

Please upuate the table b	elow for strategy-specific supplies/materia
Strategy	Materials/Supplies
Strategy B.1	Printing costs
Strategy B.1	Training cost - venue rental
Strategy B.1	Website maintenance costs
Strategy B.1	
Strategy B.2	Printing costs
Strategy B.2	Paper
Strategy B.2	
Strategy B.2	
Strategy B.3	Communication/informational materials about TBC
Strategy B.3	Printing costs
Strategy B.3	
Strategy B.3	
Strategy B.4	Communication/informational materials about MTM
Strategy B.4	Printing costs
Strategy B.4	
Strategy B.4	
Strategy B.5	Communication/informational materials about CHW
Strategy B.5	CHW training materials -printing cost
Strategy B.5	Training cost- venue rental
Strategy B.5	
Strategy B.6	Communication/informational materials about SMBP
Strategy B.6	Printing costs
Strategy B.6	Self-monitoring equipment
Strategy B.6	
Strategy B.7	
Strategy B.7	
Strategy B.7	

Strategy B.7	
TOTAL	N/A

ost Inventory Tool

Equipment, Supplies, and Materials

Equipment (Table 1) and Strategy-Specific Supplies/Materials (Table 2). For the G ategory B. Same equipment have been inputted below for guidance. Please add and is defined as a long-term assest such as computers, printers, copiers, etc. For the needed for activities related to the Category B strategies such as training rental costs have been inputted below for guidance. Please adjust the cells within table 2 as ifferent costs. Items in **yellow** will automatically be populated due to the Excel for

rs, printers, copiers, etc. The items below are examples of office equipment. Please update the c

Quantity (Write-In)	Total costs	# of strategies implemented (Dropdown)	Shared with Category A Strategies (Yes/No) (Dropdown)
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N/A	\$ -	N/A	N/A

uls that are needed for activities related to the Category B strategies such as training rental costs

Unit Cost (Write-In)	Quantity (Write-In)	Total Costs
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N/A	N/A	\$ -
		\$ -
		\$ -

eneral additional the second osts, paper, needed. Note mula within

hart below with the office equipment purchase for 1815.

, paper, folders, website maintenance costs, etc. Sample supplies have been inputte	ed belo

and a safe of	an avamulas. Blace		a vojskim takla 2 a	- nd-d	
ow only a	as examples. Pleas	se adjust the cens	s within table 2 a	s needed.	

DP18-1815 Category B: Resource Use and Cost Inven

<u>Instructions</u>: Please fill out the following table for 1815-related trave travel supported any of the Category B strategies. Items in **yellow** w

State:	
Health/Community	
Organization	
Reporting Period:	
Total Travel Costs:	\$0.00

Purpose of travel (Write-In)	In-state/ out of state travel? (Dropdown)	State traveled to (if applicable) (Write-In)

TOTAL	N/A	N/A

clarify

tory Tool

Travel Costs

el only. Travel for 1815 may include, but is not limited to: conferences where the ill automatically be populated due to the Excel formula within each cell.

	Conference		
# of 1815-funded staff traveling (Dropdown)	Conference Registration Fees (if applicable) (Write-In)	Total Conference Registration Fees	If Driving - Total number of miles (Write-In)
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N/A	\$ -	N/A

e attendee is attending/presenting for 1815; site visits; meetings with sites, part

CarTravel		Air Trave			
Cost per mile (Write-In)	Number of people per car (Dropdown)	Total ground travel	Cost of airfare (unit cost) (Write-In)	Total Air Travel	Hotel cost per night (Write-In)
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N/A	N/A	\$ -		N/A	\$ -	N/A
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ners, etc. For columns Y to AE please indicate whether the

Lodging		Per Diem				Other Ground Transportaion		
Number of nights (Write-In)	Total Lodging	Per Diem rate (Write-In)	Number of days (Write-In)	Total Pe Diem	er	Unit cost (Write- In)	Total cost	
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Other Travel Costs			Did travel support any of these str (Yes/No) (Dropdown)				
Other travel	Total other	TOTAL TRAVEL	B.1	B.2	B.3	B.4	
costs (Write-In)	costs	COSTS	EHRs/HIT	Disparities	ТВС	МТМ	
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N/A	\$ -	\$ -		

ategies?					
B.5	B.6	B.7			
CHWs	SMBP	Referrals			

DP18-1815 Category B: Resource Use and Co

<u>Instructions</u>: For the in-kind funding table, it is encourage overlap with 1815 activities. Items in **yellow** will automatic

State:	
Reporting Period:	
Total Additional Funding:	\$ -

List of Other Funding Source(s) (State budget, other CDC program, other Federal program, other funding) (Write-In)	Total Amount (\$) (Write-In)
TOTAL	\$ -

st Inventory Tool

Other Resources

ed that principal investigators fill out this information in conjunction ally be populated due to the Excel formula within each cell.

	B.1	B.2	
List Services/ Programs Supported (i.e. YMCA, Million Hearts, etc.) (Write-In)	EHRs/HIT	CQMs	
N/A			

n with other principal investigators in charge of other heart-dis

Does this funding source support the following strategies (Yes/No) (Dropdown)					
B.3	B.4	B.5			
TBC	МТМ	CHWs			

ease prevention programs as in-kind funding may

B.6	B.7
SMBP	Referrals