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

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

#### Introduction

Thank you for taking the time to participate in this Cost Study of the 1815 Category B strategies. Please follow the instructions provided in this Resource Use and Cost Inventory Tool to provide cost data related to the implementation of the 1815 Category B strategies. The data collected with this tool will be used to (1) estimate the overall costs of implementing each Category B strategy, (2) determine the level of variability in the cost of implementation from one state to another, and (3) identifying the factors driving cost and variability.

Completion of this Resource Use and Cost Inventory Tool is voluntary. It is expected that it will take you approximately **2.5 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.co**m with questions.

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

### **Introduction to Cost Study**

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 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 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

#### 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) CDC budget
- 2) Workplans
- 3) APRs

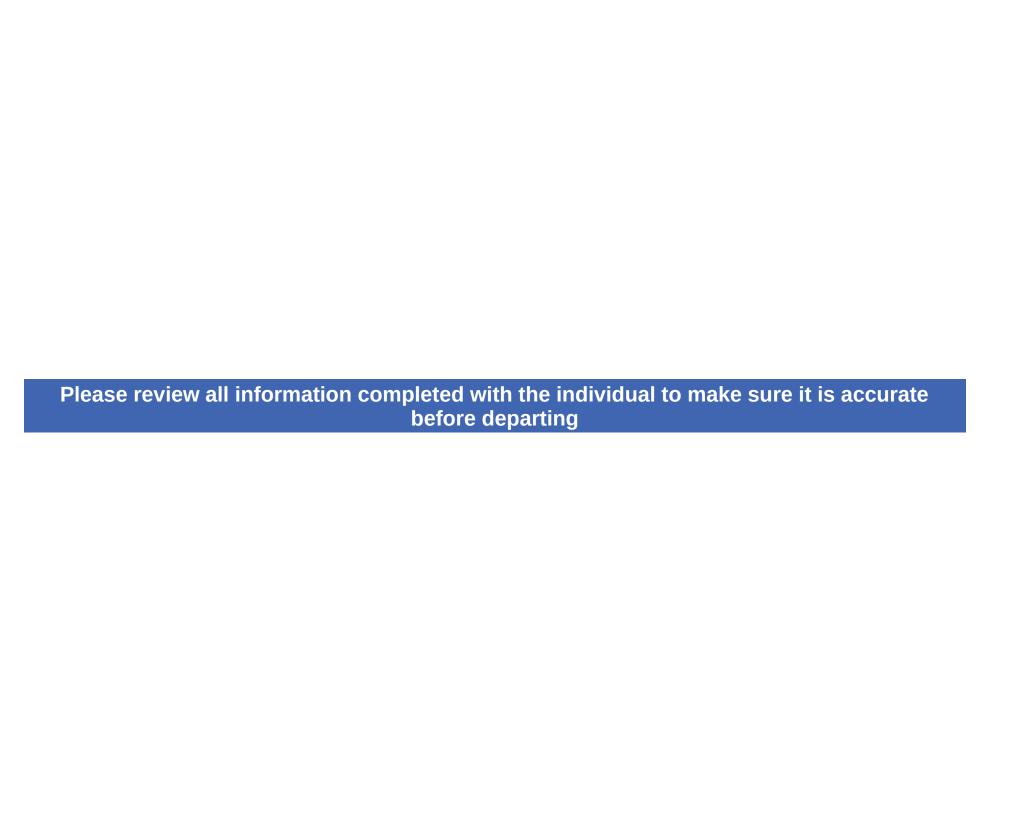
### **DP18-1815 Category B Strategies**

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:** 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.

**B2:** 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)

- **B3:** 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
- **B4:** Promote the adoption of MTM between pharmacists and physicians for the purpose of managing high blood pressure, high blood cholesterol, and lifestyle modification
- **B5:** Develop a statewide infrastructure to promote sustainability for CHWs to promote management of hypertension and high blood cholesterol
- **B6:** Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension
- B7: Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources



# DP18-1815 Category B: Resource Use and Cost Inve

**Total 1815 Category B Spending Amount** 

Tabs	Cost Study Component
1	Parameters
2	Personnel
3	Consultants and Subcontractors
4	Equipment, Supplies, Materials

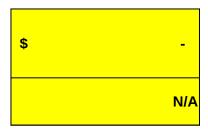
5	Travel
6	Other Resources

# entory Tool

## als

of the information listed here. Items in **yellow** will automatically

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



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

## DP18-1815 Category B: Resource Use and Cost Inv

<u>Instructions</u>: Please select which of the strategies your health department is ir follows: **Development:** strategy is under the design phase (0% mature); **Start**-increasing number of sites, participation from target audience (50% mature); **E Maintenance:** continuation of strategy under 1815 perhaps under another NOI Excel formula within each cell.

State		
Reporting Period		

**Total 1815 Category B Funding Amount** 

	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

B.5	Develop a statewide infrastructure to promote sustainability for CHWs to promote management of hypertension and high blood cholesterol
B.6	Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension
B.7	Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources

## entory Tool

#### **Parameters**

nplementing (column D). For level of maturity (column E), please select the left up: initiation of strategy for the first time under the 1815 NOFO (25% mature xpansion: strategy has not only gained traction but has now expanded to deform or initiative, activities are established (100% mature). Items in yellow will

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

evel of maturity which is defined as e); **Growth:** strategy is gaining traction, esired size and reach (75% mature); automatically be populated due to the

## DP18-1815 Category B: Resource Use and Cost Inve

Instructions: Plea	se fill out the informa	ation below, listing	the job titles for those
working on. If staff	do not have benefits	(i.e. are tempora	ry) please write 0 for the

State:	
<b>Reporting Period:</b>	
<b>Total Personnel Costs:</b>	\$ -

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

Job Title (Write-In)	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 1815 reporting period (Write-in)
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	

	\$ -	
	\$	
	\$	
	\$ -	
	\$ -	
\$ -	\$ -	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 1815? (Yes/No) (Dropdown)	# months worked on 1815 during reporting period (Dropdown)	# months position has been vacant in last 12 months (Dropdown)	Total # of hours per week allocated to working on 1815 (Write-In)

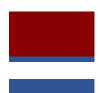
N/A	N/A	N/A	N/A

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

% time dedicated to 1815 (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	Disparities	ТВС	МТМ	CHWs	SMBP

N/A			



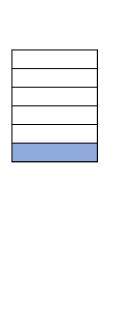
ndividual is

rking on

**B.7** 

Referrals

rtororraio	
	•
	•



# DP18-1815 Category B: Resource Use and Co

Instructions: Please fill out the the dropdown menu in each cel textboxes. For columns K-Q, ple each cell.	of column C to select whe
State:	
Reporting Period:	
Total Costs for Consultants, Contractors, Subcontractors, Grantees, and Other Partners:	
List names of all staff positions (inse	t extra rows if there is not enou
Name of Consultant/Contractor/Grantee/Subc ontractor/Other partner	Type of entity paid to implement activity (Dropdown)

TOTAL	N/A

# ost Inventory Tool

Consultants, C	ontractors, Subcontractors, Grantees, a
ther the entities being p	consultant/contractor/grantee/subcontractor/othe paid to implement the work is a consultant/contra paid to do. Insert extra rows if there is not enoug

gh space, delete extra rows if not needed)

Method of Selection for Contractor, Subcontractor, or Grantee (Sole Source/Competed) (Dropdown)	Period of Performance (# days)	Total Award Amount to sub (Write-In)	Total amount spent by sub (Write-In)

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

### nd Other Partners

r partner within column B. After indentifying the individuals or firms who are katerian ctor/grantee/subcontractor/other partner. For columns D through G and I through space, delete extra rows if not needed. Items in **yellow** will automatically

#### Select which of the strategies ea

Total amount unspent	% allocated to Category B strategies (Write-In)	# of strategies implemented (Dropdown)	B.1	B.2	В.3
			EHRs/HIT	Disparities	TBC
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00					
\$0.00			_		-

\$0.00			
\$0.00			
\$0.00			
\$0.00			
\$0.00			
\$0.00			

peing paid to implement 1815 program work, use bugh K, please fill out the corresponding be populated due to the Excel formula within

cn stan mem (Yes/No) (Dropdown)	ber and con	tractor is wo	rking on
B.4	B.5	В.6	B.7
MTM	CHWs	SMBP	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:	
Reporting Period:	
Total Costs for Equipment and Supplies:	\$ -

### **Table 1. Office 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

rease update the table below for strategy-specific supplies/mate		
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		

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)
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
_	\$ -		

	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
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)	<b>Total Costs</b>
		\$ -
		-
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -

		\$ -	
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 inputted	i bek

ow only as examples. P	lease adjust the cells	within table 2 as nee	eded.	

## DP18-1815 Category B: Resource Use and Cost Inven

Instructions: Please fill out the following table for 1815-related trave the Category B strategies. Items in **yellow** will automatically be popu

State:	
Reporting Period:	
<b>Total Travel Costs:</b>	\$0.00

Purpose of travel (Write-In)	Does travel coincide with 1817 travel? (Yes/No) (Dropdown)	In-state/ out of state travel? (Dropdown)

TOTAL N/A

# tory Tool

### Travel Cos

el only. Travel for 1815 may include, but is not limited to: confer	re
lated due to the Excel formula within each cell.	

#### Conference

State traveled to (if applicable) (Write-In)	# of 1815-funded staff traveling (Dropdown)	Conference Registration Fees (if applicable) (Write-In)

N/A N/A

### sts

nces where the attendee is attending/presenting for 1815; site visits; meetings wi

		CarTravel		
Total Conference Registration Fees	If Driving - Total number of miles (Write-In)	Cost per mile (Write-In)	Number of people per car (Dropdown)	Total ground travel
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -
\$ -				\$ -

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

th sites, partners, etc. For columns Y to AE please indicate whether the travel

Air Trave	el		Lodging			Per Diem
Cost of airfare (unit cost) (Write-In)	Total Air Travel	Hotel cost per night (Write-In)	Number of nights (Write-In)	Total Lodging	Per Diem rate (Write-In)	Number of days (Write-In)
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		

### supported any of

	Other Grou	und Transportaion	Oth	er Travel (	Costs
Total Per Diem	Unit cost (Write-In)		Other travel costs (Write-In)	Total other costs	TOTAL TRAVEL COSTS
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -
\$ -		\$ -		\$ -	\$ -

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

#### Did travel support any of these strategies? (Yes/No) (Dropdown)

B.1	B.2	B.3	B.4	B.5	В.6
EHRs/HIT	Disparities	твс	МТМ	CHWs	SMBP

**B.7** 

Referrals

## DP18-1815 Category B: Resource Use and Co

<u>Instructions</u>: For the other resources funding table, it is e may overlap with 1815 activities. Items in **yellow** will autor

State:	
Reporting Period:	
<b>Total Additional Funding:</b>	\$ -

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**

ncouraged that principal investigators fill out this information in comatically be populated due to the Excel formula within each cell.

	B.1	B.2
List Services/ Programs Supported (i.e. WISEWOMAN) (Write-In)	EHRs/HIT	Disparities
N/A		

onjunction with other principal investigators in charge of other

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

### heart-disease prevention programs as in-kind funding

B.6	B.7
SMBP	Referrals