

Your Name: \_\_\_\_\_ Staff ID \_\_\_\_\_

## Information and Consent Form for Staff Survey

This is to inform you about a quality improvement (QI) project to be conducted in selected pharmacies located in Wisconsin. The first section describes the background of this project and the activities required by the company as part of this QI initiative. The next section describes a voluntary staff survey and what is involved in this research activity.

### I. Background

**A. Purpose of the overall project.** The purpose of this project is to evaluate a *team model of hypertension care* that includes blood pressure monitoring, adherence counseling, and collaboration among pharmacists, pharmacy technicians, patients, and their physicians. The project is designed to improve pharmacy care, patient adherence, and hypertension control among African Americans. The study targets African Americans, because hypertension is more common and more severe in this group. Data will be collected and used by researchers from the University of Wisconsin School of Pharmacy, Medical College of Wisconsin, and University of Illinois College of Pharmacy. Researchers from the University of Kansas also will be involved in data analysis.

**B. Project design.** Your pharmacy was selected for this project by your company. Twenty-eight pharmacies will participate over the next year. One-half of the pharmacies will be assigned randomly to the intervention group and one-half to the control group. Two pharmacists and two technicians from each pharmacy will be selected for participation.

**C. Patient enrollment.** Each pharmacy will enroll 25 subjects who are taking medication for hypertension and who might benefit from a new monitoring service. Eligible patient-subjects will be invited to the pharmacy for BP screening. Researchers will obtain patient consents and conduct a brief interview and blood pressure check to determine eligibility.

**D. Required educational activities.** . Staff in intervention pharmacies will attend a 1-day staff training program that enables them to implement a team model of care that includes BP monitoring and feedback to patients and physicians. The training program will focus on BP measurement, current treatment guidelines, techniques for assessing and managing adherence problems, and tools for communicating with patients and physicians. The company will compensate employees for time spent in this training. Staff in control pharmacies will not attend any special training programs during the study.

**E. Required monitoring activities.** Staff in control pharmacies will provide “usual care” only. Staff in intervention pharmacies will implement a team model of care that includes enhanced monitoring of subjects for six months. This monitoring includes: 1) an initial assessment and tailored intervention to identify and resolve patient concerns and adherence problems (~30 minutes/subject), 2) a monthly blood

pressure check by a trained technician (~5 minutes/subject); and 3) brief pharmacist feedback and counseling (~5 minutes/subject). In addition, the technician will identify and contact late refillers by phone and pharmacists will fax brief reports to subjects' physicians as needed.

**F. Evaluation of patient outcomes.** Researchers will evaluate the cost-effectiveness of the QI project by reviewing pharmacy records, distributing research questionnaires to subjects, and asking subjects to return for a blood pressure check at 6 and 12 months after enrollment. Researchers also may contact subjects' health plans to obtain claims data about any hospitalizations, emergency room and physician visits, and medications used.

## **II. Voluntary Participation in Staff Survey**

Two pharmacists and two technicians from each pharmacy are invited to participate in a staff research survey about hypertension care. Your participation in this staff survey is voluntary. Below is a description of this survey and what is involved.

### **A. What is purpose of the staff survey?**

The purpose of this survey is to collect background information about the pharmacies and participating staff and to evaluate different approaches and barriers to hypertension care from a pharmacist's and a technician's perspective.

### **B. What is involved in this staff survey?**

Researchers will distribute a staff research questionnaire at baseline and at 6 and 12 months after patient enrollment. Each staff questionnaire takes about 30 minutes. Questions will ask about pharmacy staffing and workload, staff background and experience, and staff views about different approaches and barriers to care. You are free to withdraw and stop participating in this staff survey at any time.

### **C. Are there any risks?**

The risks of participating in this survey are limited to a potential breach of confidentiality. However, steps will be taken to keep all data confidential. You and your pharmacy will be assigned identification numbers (ID). Names will be removed from study materials. All names and IDs will be kept in a locked file accessible only to researchers. Reports will not contain information which could identify you, your pharmacy, your patients, or other providers.

### **D. Are there any benefits?**

We cannot guarantee any direct benefits to you for participating in this survey. However, the information we obtain may help identify and reduce barriers to hypertension care in the future.

### **E. Will I be paid for participating in the staff survey?**

There will be no direct compensation to you or your pharmacy for participation in the staff survey.

### **III. What if I have questions about the voluntary research activities?**

If you have a question about the voluntary staff survey, you can contact the principal investigators listed below.

### **IV. Authorization related to voluntary staff survey:**

I, \_\_\_\_\_, have read the above and decide to participate in the voluntary staff survey described in Section II. My signature indicates that I received a copy of this form.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

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