

## STUDY INFORMATION AND CONSENT: HEALTHCARE PROVIDER

**STUDY TITLE:** Outcomes, Equity, Acceptability, Feasibility: A qualitative approach to identify and understand stakeholder perceptions and experiences of models of care for hemophilia management in the US

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**STUDY FUNDER:** National Hemophilia Foundation

**INSTITUTION:** McMaster Transfusion Research Program (MTRP), McMaster University

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You are being invited to participate in this research study because you are a **healthcare provider** with experience providing treatment and care for individuals with hemophilia.

### Who can participate in this study?

To participate in this study you must be a healthcare provider (i.e.: physician, nurse, social worker, physical therapist) who provides care for people with hemophilia A or B (of any severity) in the United States.

### Study Purpose

The purpose of this study is to explore and understand the perspectives of stakeholders (i.e. people with hemophilia, parents of people with hemophilia 18 years of age or under, healthcare providers including physicians, nurses, social workers, physical therapists, people involved in hemophilia policy and people involved in insurance provision), with experience that relates to *providing* or *receiving* hemophilia related care and services in the US in one or more of the following ways: through a Hemophilia Treatment Center, through a specialty pharmacy or through a physician (who may or may not have expertise in hemophilia) in a non-specialized setting. We are specifically interested in understanding:

- the health outcomes that are important to stakeholders,
- the acceptability of different ways of receiving and providing care
- how different ways of receiving care might impact health inequities
- the feasibility of different ways of receiving and providing care

### What does giving consent mean?

This information and consent form describes the purpose, procedures, potential risks (side effects) and benefits, which go along with your participation in this research study. In order to decide

whether or not you want to be part of this research study, you should understand what is involved and the potential risks and benefits of participation. This form provides detailed information about the research study. To give consent means you understand what participation in this study involves and are willing to participate.

### **What do you have to do on this study?**

You will be asked to participate in a one-on-one telephone interview, anticipated to last 20-30 minutes, with a researcher from McMaster University in Hamilton, ON, Canada. The interviewer will ask you questions about your experiences and perspective providing care for people with hemophilia. Before the interview takes place, you will be asked to read this information sheet and ask any questions that you might have regarding the study. If you decide to participate you will need to sign this consent form and return it to the study coordinator. A copy will be kept by the McMaster Transfusion Research Program (MTRP) and one will be sent to you for your records. The interview will be digitally recorded for accuracy and transcribed word for word.

### **How many other participants are there in the study?**

The total number of participants in this study will depend on the number of individuals who qualify and agree to participate. It is anticipated that approximately 90 individuals will participate in the research study.

### **Potential Benefits**

You will not directly benefit from participating in this study.

### **What are the possible risks of the study?**

It is unlikely that there will be any harm or discomfort associated with participation in this study. However, if you feel uncomfortable with certain questions you do not need to answer them. You also have the right to withdraw from the study.

### **Withdrawal from Study**

During the interview you may choose not to answer certain questions. You may also choose to end the interview at any time. Should you change your mind about participating in the interview you are free to withdraw from the study up until one week from the date the interview is conducted. At your request, any data you contributed in the interview will be removed from the study transcript and will not be used in the study results.

### **Who will have access to my interview recording, electronic and printed transcript?**

Your confidentiality will be respected. When the audio recording of the interview is transcribed your name will be removed from the transcript and will be replaced with a code (i.e.: P-01). The only person who will have access to both your name and the code is the research coordinator who will keep this information secure in a locked office in the institution where this research is being conducted. No records that identify you by name or initials will be allowed to leave the research coordinator's office. The name of the company or organization you work for and any identifying information will not be included in any of our reports or publications. Information that discloses your identity will not be released without your consent unless required by law or regulation. However, research records and medical records identifying you may be inspected in the presence of the investigator or his or her designate, by representatives of Health Canada, and the Research Ethics Board for the purposes of monitoring the research. Audio recordings of the interview will be deleted after verification of the accuracy of transcribed interviews. Printed and electronic interview transcripts will be retained for 10 years and will then be destroyed and deleted.

**What payments will be made for the study?**

You will not be paid for your participation in the study. Your participation within the study is voluntary.

**Who should you contact to answer any questions on the study?**

If you have questions or require more information about the study itself, please contact the Study Coordinator, Shannon Lane by phone: (905) 525-9140 extension, 21788 or email: [lanesj@mcmaster.ca](mailto:lanesj@mcmaster.ca)

**What are my rights as a Research Subject?**

If you have any questions regarding your rights as a research participant you can contact the Office of the Chair of the Hamilton Integrated Research Ethics Board at (905) 521-2100 Ext. 42013.

**Contact Information**

The name and contact information of the Principal Investigator of this study are listed at the top of the first page of this document. You may contact the investigator for information on the study procedures, or for any other study related questions.

**SUBJECT'S STATEMENT OF CONSENT**

I have read and understood the letter of information and consent form, and have had sufficient time to consider the information provided and to ask questions. I have had satisfactory responses to my questions.

My participation in this study is voluntary. I can refuse to participate in this study without any consequences. I can withdraw from this study without any consequences up until one week from the date of the interview. I understand that if I withdraw thereafter the data I contribute will be used in the research study.

I have been told that I will receive a copy of this signed and dated consent form.

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Person  
obtaining consent

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Printed Name

I hereby certify that the study staff/myself explained the study information to the participant on the date stated on the consent form.

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

\_\_\_\_\_  
Date / Time

\_\_\_\_\_  
Printed Name of Investigator

