

**SUPPLEMENTAL APPENDIX: Example Verbal Consent Script and Interview Guide (Clinic Staff)**

**INTRODUCTION AND CONSENT**

**Verbal Consent Script**

Hello, this is \_\_\_\_\_ from the University of Washington. Earlier this month, we set up this time to talk to you about the partners you are working with to improve blood pressure control in your community. Is this still a good time to talk?

(If “no” try to schedule another time, if “yes” keep reading.)

Great. Now I will read you the consent script.

The interview will last approximately 30-45 minutes and will be audio recorded.

The degree of risk is perceived as very minimal in this study, although you may be uncomfortable when asked certain questions. You are not required to answer the questions and may end the interview at any time.

The purpose of this study is to better understand how providers are partnering to manage patients’ blood pressure.

Results from this research will help us learn about ways that Department of Health can support how clinical and community partners can work together to improve blood pressure control in Washington State.

This interview will be audio recorded. Recordings will be destroyed when contents have been transcribed – no later than September 30, 2017.

Your name and the name of your organization will not be linked with your answers—all interview results will be combined so that your answers are not identifiable to you.

If you have questions about your rights as a research subject, you may call the Human Subjects Division at (provide phone number).

Participation is voluntary.

Do you have any questions about this research?

OK. I am now going to turn on the audio recorder.

Do you consent to participating in this interview and being recorded?

(If “yes,” continue with interview. If “no,” thank them for his/her time)

Great. Let’s get started!

Researcher states:

Let’s start with some information about you.

- What is your job title?
- Briefly, please describe what you do in this position.
- What is the name of the organization where you work?
- How large is your organization? (How many people does your organization employ?)
- What is the mission of your organization?
- What type of work does your organization do?
- Who do you primarily serve?

Now I would like to ask you some questions about how your organization is working to improve blood pressure control.

1. What are you currently doing to manage and control blood pressure with your patients who have hypertension?

2. Next, I want to ask you about which evidence-based strategies you are currently doing. Please state your answers as “yes,” “no,” “partially,” or “I don’t know.”

*a. Are you working to promote the creation of registries to manage panels of patients and track indicators?*

*(If yes), Tell me more about what you are doing...*

*(If no), Will you please share why, in your opinion, this isn’t happening?*

*b. Are you working to promote the use of standardized hypertension treatment protocols to improve the treatment and control of hypertension in clinical settings?*

*(If yes), Tell me more about what you are doing...*

*(If no), Will you please share why, in your opinion, this isn’t happening?*

*[c. Are you working to promote the use of Clinical Decision-Support Systems (CDSS)?]*

*(If yes), Tell me more about what you are doing...*

*(If no), Will you please share why, in your opinion, this isn’t happening?*

*d. Are you working to promote the use of Team-Based Care to Improve Blood Pressure Control?*

*(If yes), Tell me more about what you are doing...*

*(If no), Will you please share why, in your opinion, this isn’t happening?*

*e. Are you working to promote self-measured blood pressure (SMBP) monitoring with additional*

*(If yes), Tell me more about what you are doing...*

*(If no), Will you please share why, in your opinion, this isn’t happening?*

*f. Are you working to promote self-measured blood pressure (SMBP) monitoring used alone?*

*(If yes), Tell me more about what you are doing...*

*(If not), Will you please share why, in your opinion, this isn’t happening?*

Next, I would like to ask you about which partners you are working with to help improve blood pressure management.

3. Which clinical and community partners are you currently working with to support your blood pressure management activities? By “partners”, we mean both individual providers and organizations.

a. (If not already mentioned), are you currently working with **pharmacists**, for example at Walgreen’s or pharmacists working in hospitals, to help manage patients’ blood pressure?

(If yes), Tell me more about partnering with pharmacists to support blood pressure management.

(If no), Will you please share why, in your opinion, this isn’t happening?

b. (If not already mentioned), are you currently working with **community health workers**, for example FQHCs, to help manage patients’ blood pressure? By community health workers, we mean peer health educators, promotoras, and other frontline public health workers who are trusted members of a community and serve as a liaison between health services and the community.

(If yes), Tell me more about partnering with community health workers to support blood pressure management.

(If no), Will you please share why, in your opinion, this isn’t happening?

c. (If not already mentioned), are you currently working with **community organizations**, for example the YMCA or community centers, to help manage patients’ blood pressure?

(If yes), Tell me more about partnering with community organizations to support blood pressure management.

(If no), Will you please share why, in your opinion, this isn’t happening?

4. What helps, or facilitates, partnering with these providers and organizations to manage blood pressure?
5. What hinders or hurts partnering with these providers and organizations to manage blood pressure?
6. Are there any other lessons learned from partnering with community and clinical providers and organizations to help manage other health issues (e.g., tobacco cessation; diabetes)?
7. How can Department of Health help support these partnerships?
8. Who else should we be talking to better understand how clinical and community partners are working together to better manage blood pressure?

**Demographic Questions:**

Now I'd like to ask you a few demographic questions so we can get a better understanding of who we've interviewed:

9. How old are you?
10. What is your race?
11. What gender do you identify as?
12. What is your highest level of education?
13. Do you have anything else you would like to share?
14. Are there any other questions we should be asking?

**Closing:**

Thank you so much for your time and input. I really appreciate it! In the near future, you will be getting an e-mail for a \$50 incentive gift card as a token of our appreciation for your time. Please

share with me a good e-mail address for us to send this to you: \_\_\_\_\_

(or: is the email address I have on file a good email address to send your gift card to?)

When you receive your e-mail about the incentive, it will give you a choice among many different types of gift cards from the Tango website or you can choose to donate the \$50 to one of the charitable organizations they have listed.

**The university's policy requires that we collect and maintain a record of the recipient's name, home address and value of each gift card provided to study participants. This information will be stored in a secure file and will not be shared with anyone except in the case of an audit. May I please have your home address?**

Do you have any questions about the interview you just participated in or any of the questions I asked you? If not, **thank you and good-bye.**

**SUPPLEMENTAL TABLE A1:** Examples of Partnerships for Blood Pressure Control by Sector, Washington State, December 2016-July 2017

<b>Sector</b>	<b>Partnership Level</b>	<b>Partners</b>	<b>Example</b>
Clinic staff	Networking	Pharmacists, CBOs	Clinical staff exchanged information about a patient with a community pharmacist.
Clinic staff	Coordinating	Other clinics, Pharmacists	Pharmacists and clinic staff helped each other resolve an insurance issue for a patient.
Clinic staff	Cooperation	N/A	N/A
Clinic staff	Collaboration	N/A	N/A
Clinic staff	Merging	Pharmacists	Pharmacists worked on care teams.
Pharmacists	Networking	Clinics, Other pharmacists	Pharmacists shared information with CBOs.
Pharmacists	Coordination	CBOs, Other pharmacists	Pharmacists referred patients to CBOs' programs.
Pharmacists	Cooperation	CBOs	A pharmacy was funded by a community organization to mine data related to medication adherence.

Pharmacists	Collaboration	Other pharmacists	Community retail and clinical pharmacists trained each other on medication management.
Pharmacists	Merging	Clinics	Clinical pharmacists were embedded in team-based care.
CBO staff	Networking	Clinics, Pharmacists, Other CBOs	CBO staff shared flyers and brochures about their programming with clinics.
CBO staff	Coordination	Clinic staff, CHWs	CBO staff and community health workers (CHWs) attended or promoted each other's community events and health fairs.
CBO staff	Cooperation	Other CBOs	CBO staff shared resources with other CBOs such as their facilities and personnel for activities.
CBO staff	Collaboration	CHWs, Students, Other	A CBO trained CHWs on blood pressure management.
CBO staff	Merging	CHWs	CHWs were employed by CBOs.
CHWs	Networking	Clinics, Pharmacists, CBOs	CHWs shared information about health fairs and screening events with clinics, pharmacies, and CBOs.

CHWs	Coordination	Clinics, Pharmacists	CHWs referred people with high blood pressure to clinics for treatment.
CHWs	Cooperation	Other	Food banks shared programming and resources with CHWs and their clients. CHWs referred clients to food banks.
CHWs	Collaboration	CBOs, Student, Other	CHWs and public health organizations offered joint training to enhance each other's capacity.
CHWs	Merging	CBOs, Other	CHWs were employed by CBOs to serve as liaisons between them and the community.

Abbreviations: Community-based organization (CBO), community health workers (CHWs)