UMASS CHAN MEDICAL SCHOOL

COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title: Evaluation of the Paramedic Evaluation for Acute COPD Exacerbation (PEACE) Intervention.

Protocol No.: STUDY00002240

Sponsor: National Institute of Heart, Lung, and Blood Institute, National Institute of Health

Investigator: Laurel O'Connor

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Daytime Phone Number: 508-523-2017

Consent Version: 08.18.2026

You are being invited to take part in a research study. Someone will explain this research to you. This form helps to sum up their explanation.

KEY INFORMATION

You are being invited to participate in a research study because you have chronic obstructive pulmonary disease (COPD).

If you have questions or don't understand something, please ask.

Taking part in this research is voluntary and completely up to you. You are free to say no or to leave the research at any time. There will be no penalties or changes in the quality of the health care you receive, and you will not lose any benefits to which you are otherwise entitled.

The main question this study is trying to answer is whether a program called mobile integrated health improves how patients with COPD feel and decreases the number of times they need to seek emergency care. Mobile integrated health programs send specially trained paramedics, called community paramedics, to perform home visits to check on patients at home when they need extra help or aren't feeling well. Working as a team with doctors, the paramedics will examine you and provide treatment for your COPD symptoms.

If you join this research, you will be part of a randomized trial, which means people are assigned by chance, like flipping a coin, to different groups so researchers can fairly compare different types of care. In this study, that assignment happens before you are asked to join. This process, called pre-randomization, uses a computer program to fairly assign people to groups based in part on their risk of a severe COPD exacerbation that requires going to the hospital. We use this approach so you can decide about participating knowing exactly what care you would

receive, rather than being assigned after you consent. Some people in this study may receive a different type of care or program than you. You are being asked to take part only in the group you have already been assigned to. You can choose whether or not to participate based on this information, and your decision will not affect your usual care.

The study will assign participants to receive:

- Typical COPD care OR
- Typical COPD care plus several home visits from community paramedics who will help you monitor your COPD symptoms and provide care when you aren't feeling well

You were pre-assigned to be in the "control" arm, which means that you will receive your usual care. We will be comparing your characteristics over the next year to those of other patients in the study who were assigned to receive an intervention.

As part of the study, you will need to complete several surveys over the next year. You may also be asked to participate in a focus group with other patients and clinicians. You can complete the surveys and interviews from home. We will continue to collect information from your medical record for as long as a year after you stop participating in the study.

You may not want to be in this study if you are uncomfortable with:

- Sharing your private information with researchers
- Sharing information related to your COPD diagnosis and how it affects your life with other patients who are subjects in this study and clinicians
- Downloading an app called MyDataHelps to answer study surveys

We will take steps to protect your personal information. However, there is a risk of breach of confidentiality.

There may also be risks that we do not know yet.

Benefits:

- Your participation will help us to gain knowledge that may help design and implement mobile integrated health programs in the future that will help patients receive care at home and stay out of the emergency room.
- We cannot promise any benefits to you if you take part in this research.

Alternatives: If you choose not to participate in the study, you will still have access to pulmonary rehabilitation if your doctor orders it, and the usual care from your primary care and specialist doctors. You do not have to be in this study to receive care for your COPD.

If you think you might like to participate in this research, please continue reading to learn more about the details of this study.

STUDY DETAILS

How many people will take part in this research?

About 50 people will take part here at UMass Chan Medical School.

How long will I be in this research?

You will actively participate in this research for about one year. We may review your health records for up to a year after you complete the study.

What happens if I say yes, I want to be in this research?

- First, we will make sure you understand the project and answer all of your questions.
- We will ask you to download the study app called MyDataHelps, where you will read a little more about the study, and then answer a few screening questions.
- Once you have decided to participate and sign the consent form, we will ask you some baseline questions about yourself and your health history. This will take about 5 minutes.
- We will also ask you to complete a set of surveys about how your COPD affects your life. This should take you about 10 minutes.
- You may also be asked to participate in a focus group with other patients and clinicians. If you participate in the focus group, you will be asked questions about your COPD and how it affects you in a group setting with other patients and clinical staff.
- Six months and 1 year after you join the study, you will be asked to complete some additional surveys about your health. These will take about 20 minutes each.
- After you stop participating in the study, the study team will continue to review your records for an additional year to get information about your health. You will not be contacted during this time.

Could being in this research hurt me?

- Risks of participating in this study include psychological distress that might be triggered by filling out surveys related to COPD and the negative effects it can have on your life.
- There is a risk that someone could get access to the data we have stored about you. If those data suggest something serious about your health, it could be misused. For example, it could make it harder for you to get or to keep a job or insurance. We believe the chance these things will happen is very small, but we cannot make guarantees.

In addition to these risks, taking part in this research may harm you in unknown ways.

Will it cost me any money to take part in this research?

- You or your insurance will be billed for all routine medical and diagnostic costs that are part of the standard of care for treating your COPD. This may include the cost of tests, procedures, or prescribed medicines to manage any side effects. You will be responsible for any deductibles, co-payments, or co-insurance payments that your coverage normally requires.
- The mobile app (MyDataHelps) used in this study can be used free of charge when your smartphone, or other device, is connected to Wi-Fi. You are responsible for any costs from your service provider related to talk/text/data usage if you choose to use the study app while disconnected from Wi-Fi.

Will I be given any money or other compensation for being in this study?

You may be paid up to a total of $150. Your compensation will be broken down as follows:

- You will be paid $50.00 after you enroll and fill out your first set of surveys
- You will be paid $50.00 after you participate in the second set of surveys
- You will be paid $50.00 after you complete some exit surveys, about one year after you enroll in the study.
- If you drop out of the study, you will not receive any further payments

In order to receive a stipend for study participation, you will need to give us private information like your name, address and phone number. We will then share this information with the business offices and companies that need it to process the payment. You will need to provide your social security number and complete a W-9 (tax form) if you receive:

- $1,000 or more from a single study within a single calendar year at UMass Chan, or
- $2,000 or more in a calendar year across multiple research studies at UMass Chan.

The Medical School may report the payment to the IRS and send you a 1099 form for tax purposes. The business offices and companies will keep the information as part of their financial records. The research team will destroy this information once the business office has confirmed receipt of the information, but no later than 6 years after the study closes.

What happens if I am injured because I took part in this research?

If you are injured while in the study, seek treatment and contact the study doctor as soon as you are able.

The UMass Chan Medical School does not provide funds for the treatment of research-related injury. If you are injured as a result of your participation in this study, treatment will be provided. You or your insurance carrier will be expected to pay the costs of this treatment. No additional financial compensation for injury or lost wages is available.

You do not give up any of your legal rights by signing this form.

What are my responsibilities if I take part in this research?

If you take part in this research, you will be responsible to:

- Tell your usual doctor if you are feeling at all unwell or think that you are having a COPD exacerbation
- Follow the directions of the study doctor and research staff.
- Tell your study doctor and staff about all prescriptions, over the counter medications, and vitamins or herbal supplements you are taking, and about all of your health issues.
- Tell your other health care providers that you are in a research study.

What happens if I say yes, but I change my mind later?

If you decide to leave this research, contact the research team so that the investigator can tell your medical team. If you decide to stop, we may ask if we can contact you for safety reasons or to follow your health. We may also ask you if we can collect data from your medical records and your routine medical care.

Can I be removed from the research without my approval?

The person in charge of this research study can remove you even if you want to continue. This may happen if:

- You move away from Worcester County or move into a long-term care facility like a nursing home

We will tell you about any new information that may affect your health, welfare, or choice to stay in this research.

How will my information be stored and when will it be destroyed?

We will remove your name and any other information that could directly identify you from your data. We will replace this information with a code number. We will create a master list linking your code number to your name. We will keep this list separate from your data.

We will keep paper documents under lock and key. We will keep electronic health information and research data on secure computer networks. These computer networks have many levels of protection.

There is no limit on the length of time we will store your data. We will destroy the master list of identifiers when the research project is complete.

It is possible that we might use the research data in other future research. We may also share data with researchers and companies that are not part of UMass Chan. In these cases, we will not share your name or other information that identifies you directly, and we will not come back to you to ask you for your consent.

Who has access to my information?

Signing this document means you allow us, the researchers in this study, and others working with us to use some protected health information for this research study.

As part of the research, UMass Memorial Medical Center or any other healthcare facility where you are treated may disclose the following information:

- Demographic and identifying information like your name, date of birth, address, telephone number, and your email address
- Related medical information like family medical history, and current and past medications or therapies
- Information from physical examinations, such as blood pressure reading, heart rate, temperature, height/weight, and lab results
- All tests and procedures that will be done in the study

Your health information and research records will be shared with the study team and with individuals and organizations that conduct or watch over this research, in order to conduct the study and to make sure it is conducted as described in this form. Information and records may be shared with:

- Federal and state government agencies, such as state auditors
- The UMass Chan Medical School and UMass Memorial Health, including their Institutional Review Board (IRB) and research, billing, and compliance offices
- Health care providers who provide services in connection with this study
- People and companies who work with UMass Chan and UMMH on activities related to the research
- We will protect your identifiable information from disclosure to others to the extent required by law, but we cannot promise complete secrecy.
- We are legally required to disclose information about child abuse, abuse of the elderly or disabled, you potentially harming yourself or others, and certain reportable diseases.
- Any disclosure carries the potential for re-disclosure. Once your protected health information is disclosed, it may no longer be protected by federal privacy laws.

Your authorization does not have an expiration date. If you change your mind, you have the right to revoke your authorization in writing or using the contact information at the beginning of this form. If you revoke your authorization, you will not be allowed to continue to participate in the study. We will not collect any new information about you. However, information that we have already collected will stay in the study database and cannot be removed in order to maintain the integrity of the research. Your information may still be used and disclosed if you have an adverse event.

You do not have sign this authorization. If you choose not to sign, it will not affect your treatment, payment, or enrollment in any health plans, or affect your eligibility for benefits. You will not be allowed to participate in the research study.

We may publish the results of this research. However, we will keep your name and other identifying information confidential.

Because the National Institutes of Health (NIH) funds this research, this study has a Certificate of Confidentiality. The Certificate keeps us from sharing your identifiable sensitive information collected for the research unless you allow us to do so. It also keeps us from being forced to

release information that may identify you, as part of a court, legislative, administrative, or other proceeding.

There are times when the Certificate cannot be used. For example, we cannot refuse to give information to government agencies that oversee or fund research, such as the NIH or Food and Drug Administration (FDA). The Certificate also does not stop us from giving information to local government agencies, law enforcement personnel, or others if we suspect you or someone else is in danger or if we are required to do so by law.

The Certificate does not stop you from giving out information about yourself or your participation in the research. If you give an insurer, employer, or someone else your permission for us to release information, we will do so.

Will you share any results with me?

It may be several years before the results of the research are available. If you would like us to try to reach you at that time, please let us know. We will ask for your contact information.

We can share your individual results with you if you ask.

Who can I talk to?

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed on the first page.

This research is being overseen by an Institutional Review Board. An IRB is a group of people who perform independent review of research studies. You may talk to them at (508) 856-4261 or irb@umassmed.edu for any of the following:

Your questions, concerns, or complaints are not being answered by the research team.

You cannot reach the research team.

You want to talk to someone besides the research team.

You have questions about your rights as a research participant.

You want to get information or provide input about this research.

Signature Block for Capable Adults

Your signature documents your consent to take part in this research.

Signature of adult research participant	Date
Printed name of adult research participant	
Signature of person obtaining consent	Date
Printed name of person obtaining consent	