Summary Table of Consent Processes by Aim

Aim	Activity	Target population	Requested consent process
Aim 1: In a cluster randomized pragmatic trial, test the effectiveness of a primary care based, clinic-level deprescribing intervention on two primary outcomes: number of chronic medications and number of potentially inappropriate medications (PIMs) among …	Send educational materials to patients (brochure and brief questionnaire).	Patients and care partners.	Waiver of informed consent. Mailing contains informational letter about the study. Letter specifies that discussing medications with PCP is optional.
	Educational presentation at department meeting. Tip sheets to clinicians at monthly department meetings.	Primary care clinicians who care for adults.	Waiver of informed consent. Information on the study presented to clinicians at initial department meeting as part of 15-minute deprescribing presentation. PI contact information on all clinician materials.
Aim 2: Evaluate the effect of the intervention on secondary outcomes …	Analysis of secondary outcomes.	N/ A	N/A

Consent process: Aim 3 interviews with patients/ care partners

The following consent process is specifically relevant to working with study participants with ADRD and their care partners.

Following recruitment, trained study staff will obtain informed consent for Aim 3 interviews. Patient/ care partner Informed Consent will be obtained by research staff trained in human subject research at the time of the scheduled interviews. For patient/care partner interviews conducted in person, we will seek written informed consent. Upon review of the informed consent form, we will evaluate patient and companion capacity to give consent by asking potential participants about the study protocol. We will ask: "What is the main purpose of the study?", "What are the benefits of the study?", "What are the risks of the study?", "Are you able to withdraw from the study at any time?" Based on answers to these questions, research staff will document whether the person may provide informed consent. Among patients who are determined to lack capacity to provide informed consent, we will seek to obtain written or oral assent from the patient, and proxy consent from their Legally Authorized Representative. If the patient is unable to participate due to cognitive limitations and care partners wish to participate independently, these care partners will be consented as separate study participants.

Those who consent to study participation will be given a detailed description of their potential involvement in the study, and a copy of the consent form. The interviewer will explain the purpose of the study, protections provided to the participants, and study procedures. The

interviewer will have the participant read the consent form, or read it to him/her if necessary, and answer questions before the participant consents. All participants will be informed that they have the right to decline to answer any question for any reason without providing an explanation. The participant's understanding of the study will be assessed by asking them to explain the research procedure, research purpose, possible risks, possible benefits, and that participation is voluntary in their own words. Participants will be given as much time as they would like to ask questions regarding the study. No interviews will be conducted until informed consent is obtained.

Care partners will be offered the option of telephone interviews. Telephone interviews will not be offered to patients as visual cues and in person communication are necessary for cognitively impaired individuals. For care partner participants preferring telephone interviews, we request a waiver of written informed consent. We will read the verbal informed consent to them over the phone, follow the same review process to ensure understanding, and record participants' verbal consent. We will offer to mail them a copy at an address they provide after giving verbal consent.

Once consent is obtained, in-person subjects will receive a copy of the signed consent form. Participants will be informed that they can withdraw from the study at any time. Participants will be directed to the phone number of the PIs (listed in the consent form) if further questions arise. The contact information for the IRB will also be in the consent document for further questions concerning their rights as study subjects. We will offer a $xx gift card to patients and family/care partners for participation in interviews (up to 2 gift cards per interview). Clinicians will also receive $xx gift cards for participating in interviews.