

# Evaluating the myCare Start service to support patients starting a new medicine in Switzerland

You are currently participating in a new pharmaceutical service called myCare Start service, which aims to help patients better understand their medicines.

We would like to invite you to take part in the evaluation of the myCare Start service!

## Why take part in this evaluation?

- Contribute to research and help others:** Your participation helps us to evaluate the myCare Start service to ensure it remains available to others just like you in the future.
- Find out more:** Learn more about your own health and medication.
- Personalised support:** Benefit from personalised support from your pharmacist and doctor, with the opportunity to ask questions and express your needs or concerns.

## What health data do we want to collect?



### What health data do we want to collect?

- Basic socio-demographic data (age, gender, education).
- Information on taking medicines.
- Information on your quality of life.

### How?

You will receive an email link to a **quick online survey**. If you prefer, you can also complete it over the phone with a member of our research team.

### When?

5 times over 12 months.

### How long?

No longer than 10 minutes.

### What data do we want to collect?

Your health insurance data including information about your medications and their costs, healthcare services received, hospital admissions, and personal details such as age, gender, marital status, nationality, insurance contract, and postcode.

### How?

Coded data (to preserve your identity) will be shared by your health insurer, following your consent. Data will be collected for the duration of the study period

### Why?

This will help us to understand if the service can provide cost savings to the Swiss healthcare system.

### Where does your health data go?

After your consent, researchers will collect your health data **in coded form** to compare the service with everyday practice.

Health-related data is stored securely by researchers at the University of Geneva on **encrypted, password-protected servers** located in Geneva and is only used for research purposes.

The health data collected **does not allow you to be identified**.

Data Collection Period – 12 months

## Objectives of this evaluation

- We are conducting a study to check whether myCare Start is effective and economical for the healthcare system in comparison with usual care.
- This research enables this service to be accessible to all.

**Please note that your participation is voluntary. You may withdraw from the study at any time, without giving any reason by speaking to your pharmacist or contacting the research team.**

For more detailed information about the myCare Start-I study please follow this link or the QR code: [unige.ch/mycarestart/patients/resources](http://unige.ch/mycarestart/patients/resources).

Alternatively, please contact the myCare Start Investigative team at [mycarestart@unige.ch](mailto:mycarestart@unige.ch) or the Principal Investigator Prof. Dr. Marie Paule Schneider Voirol, University of Geneva at [marie.schneider@unige.ch](mailto:marie.schneider@unige.ch)



## Declaration of consent

BASEC Project ID	2025-00715
Name of research project	Evaluating the myCare Start service in Switzerland – a Hybrid Type II effectiveness-implementation study
Responsible research institute	University of Geneva

By signing below, I agree to the following:

- *I have been informed of the objectives, process, benefits and risks of the myCare Start study.*
- *I have had enough time to make my decision.*
- *I am voluntarily taking part in the study and accept the contents of the information sheet.*
- *Data relating to my health will be used in coded form and for research purposes only.*
- *For the purpose of this study, I hereby release my mandatory health insurer from its legal duty of confidentiality*
- *I can withdraw my consent at any time without affecting my treatment, but the health data already collected will be analysed in coded form.*
- *I respect the obligations of the study, and the pharmacy can exclude me for health reasons.*

Coded data collected in this study can also be helpful for future research. Do you authorise the re-use of your coded data from this study for future research purposes, in compliance with current data protection laws enforced in Switzerland?  Yes  No

### Please print clearly

Full last name

Full first name

Date of birth (dd.mm.yyyy)

Name of basic health insurer

AVS Number

Contact Phone Number

Email address (if applicable)

Date and place

Signature

**Declaration by the person responsible:** I confirm that I have explained the nature, importance and scope of the study to the participant and that I have fulfilled all my obligations under Swiss law. I will inform the participant immediately if any information comes to light that could influence his/her consent.

Patient ID :