

Minutes from National iMedConsent™ VANTS Call

Wednesday, September 6, 2006

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1. **CCOW/Vergence Issue**

Mike Palmer joined the call to provide an update on this issue. The Vergence Locator failed to run properly when it was run as a service. Moving the startup of the Vergence Locator to a startup location that runs earlier didn't appear to make any difference. Mike is trying to find enough time to get the upgrade process rolling again. Hopefully, two OI 3.9.1 vault configuration upgrades will be completed soon and then some of the simpler test site upgrades will be made. I will ask Mike to join us again on next month's call.

2. **August/September Releases**

The August release has been sent to the field. Please refer to the release notes for details. The September release will include mostly content. No major changes to the user interface are currently anticipated. A category of Pediatric Consents was inadvertently released last month. Since VHA does not provide a significant amount of pediatric care, this content will be removed from the program in the next release. The "Against Medical Advice" (AMA) form and the Authorization for Autopsy forms will be included in the September release.

3. **508 Compliance**

Dialog Medical is currently working to make iMedConsent accessible to screen readers (e.g., JAWS) so that sight-impaired users will be able to utilize the program. This project may take some time—we'll try to give you periodic updates on how things are progressing.

4. **Revised Advance Directive**

The Ethics Center continues to wait for this form to wend its way through the OMB approval process. Once it is released, we will move forward to update iMedConsent to facilitate completion of the new form. More to come...

5. **If a form is in iMedConsent, does that mean that signature consent is required for that treatment/procedure?**

The list of treatments and procedures in iMedConsent is not meant to be a comprehensive catalog of those requiring signature consent. In other words, just because a treatment/procedure is listed does not mean that signature consent is *always* required (though this is *usually* the case). Just because something is not listed does not mean that signature consent is never required. Any treatment/procedure which is not mentioned specifically in Handbook 1004.1 as requiring signature consent (http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=404) must be evaluated using the criteria in the policy. It is important to note that the

patient's individual medical circumstances must be considered and signature consent may be required in a specific case even when the treatment/procedure in question may not routinely require signature consent. For example, the risk/benefit profile of procedure X may be significantly different for a severely diabetic patient than for a non-diabetic patient. Therefore, signature consent may be required for the diabetic patient, but not for routine cases where the patient has no complicating factors.

If you have questions about whether consent is required routinely for any particular treatment/procedure, please contact your local ethics resource. (If you need help identifying your local ethics committee, please contact the National Center for Ethics in Health Care by sending an email to: vhaethics@va.gov.)

6. Contingency Planning

We had a brief discussion about contingency planning for when VistA is unavailable. It is impractical to create a paper-backup of the content in iMedConsent and several POCs suggested alternative technical solutions. Dialog Medical and Ethics will continue to explore these and other ways to improve our contingency plans. At the present time, the best practice is to have generic paper consent forms available. You could use whatever paper forms you were utilizing before iMedConsent was implemented. As a fair warning, the Ethics Center currently plans to phase out the OF 522 when the next iteration of the Informed Consent Handbook is released (timeline TBD). It will be replaced by two new forms based on the iMedConsent format.

7. Wireless Signature Capture Device

Dialog Medical is currently testing a prototype wireless signature pad and, so far, has experienced mixed results. More to come on this development.

8. CCOW User Context for iMedConsent

Dialog Medical has received the preliminary documentation on this and they are in the process of developing a proposal to detail the resources that would be needed. Once we get a handle on the cost, we will need to do a cost-benefit analysis and, if the decision is made to proceed, we will try to figure out where we can find the resources to purchase the enhancement. The process will probably take quite some time.

9. Is it possible to do consents over VPN?

Apparently this has been tried in Long Beach with negative results. They were able to get the program working fine, but the signature pad would not work.

10. Status of using iMedConsent for signature receipt of drugs in the Pharmacy

On the call, we had a brief discussion of this. Since then, the Pharmacy Office

has indicated that they don't have a problem using iMedConsent for this purpose so long as it does not violate local pharmacy records management policies and it has been evaluated and approved by your medical records and pharmacy groups.

11. iMedConsent for Home Telehealth

In general, the patient is in the clinic/hospital at some point before home telehealth is initiated. It is best to obtain consent at this time (no barrier to using iMedConsent). If the consent needs to be obtained at the patient's house, the consent could be generated using iMedConsent, then printed-out and taken to the patient's home. There are currently no discussions about making a mobile version of iMedConsent.