Physicians increasingly regard their patients as partners in care and recognize that collaboration not only improves patient satisfaction, but also enhances outcomes and reduces malpractice risk.

Some forward-thinking medical groups automate the informed-consent process to improve communication between physician and patient. They purchase software applications that allow providers to prepare procedure-specific consent forms and supporting materials such as educational handouts, anatomical images and pre- and post-procedure instructions. Some automated informed-consent applications supply libraries of treatment and procedure forms; others prompt the provider for input on various aspects of the proposed treatment (e.g., diagnosis, surgical site), tailoring a document for each patient. Providers may have the option to print the consent document or collect patient and witness signatures digitally for electronic record-keeping.

Traditional paper consents are often inadequate in this regard. For instance, a study of 3,552 patient decisions revealed that only 9 percent were fully informed.¹ Another study of 540 consent forms found only 26 percent to contain the basic elements of effective consent.²

**Standardizing informed consent**

Most practices have relied on either one-size-fits-all or fill-in-the-blank paper forms. The former, while documenting consent, contains no detail about the procedure or issues reviewed with the patient. The latter allows providers to document the contemplated procedure and note other aspects of the informed-consent discussion. While specific to the patient, these consents often fail to document the breadth of pertinent issues.

Automated informed-consent applications resolve these shortfalls by covering key elements mandated by the Joint Commission on Accreditation of Healthcare Organizations, the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association:

- Patient’s diagnosis;
- Description of contemplated treatment;
- Benefits of the proposed procedure;
- Associated risks;
- Treatment alternatives; and
- Patient’s prognosis if the contemplated treatment is declined.

These software tools also generate a supplemental chart note documenting the complete discussion to further reduce malpractice risk.³

**Remote access, help with continuum of care**

Automated consents helped me during Hurricane Katrina in 2005, when I had to...
temporarily run my practice from remote cities. I could access the software and supply my patients with vital materials even though I no longer had access to paper documents left in my office when we evacuated New Orleans.

The ability to customize informed consent documents may soon become even more imperative. In April 2007, CMS issued new guidelines emphasizing the importance of consistent informed-consent processes throughout the continuum of care. Expect increased demands that your practice’s processes align with hospital policies — a requirement facilitated by informed-consent software.

A potential drawback is physician concern that the applications provide too much information, requiring additional time to communicate with patients. Another potential drawback is physician concern that the applications provide too much information, requiring additional time to communicate with patients. I have found, however, that patients appreciate the easily digested synopses they receive. A recent study found that 96 percent of patients preferred an electronic informed-consent process. I have found, too, that I can make better use of my time because I can obtain comprehensive material with the click of the mouse.

Automated informed-consent applications range in price from $295 to $3,000 a year per physician — a considerable investment for smaller groups. Discounts may be available through professional societies. Practices must also provide appropriate hardware, such as easily accessible workstations and printers, to maximize productivity gains.

Despite these obstacles, practices adopting automated informed-consent applications benefit from the ability to share comprehensive information, allowing patients to make knowledgeable decisions and retain reasonable expectations about their care. Physicians are assured that they have counseled patients about all issues germane to their situations. Patients believe they have gained the understanding to make a wise decision.

Barriers include cost, changes in workflow

However, as with any new technology, automated informed-consent applications have drawbacks.

First, they require a significant change in workflow. Your practice must adopt and maintain the system, and you must motivate clinical staff to discard paper forms and rely on technology when obtaining informed consent. In my urology practice, we typically see 25 to 30 patients on a day when I am not in surgery. On these days, we may print 60 documents from our automated informed-consent application. Every

Notes