

Practical Implementation Tips for Meaningful Consent

When planning to implement the patient education and engagement part of meaningful consent, there are many aspects to consider. While each consent program is different, below are some practical implementation insights, informed by the eConsent Trial Project, that may be helpful.

Patient Education & Engagement

Educational Material Development

- **Make material as concise and readable as possible for the given patient audience.** Use an informal and personable style of writing, and keep sentences simple and short.
- Address areas patients generally want to learn about before they make their consent decision. Cover the what, who, how, and why of electronic health information exchange. Consider obtaining local patient input on what patients need to know before making a decision, and include those elements in the educational material.
- **Plan for adequate time for legal and subject matter experts' review of material.** These experts should include members from across the organization.

Educational Material Delivery

- **Carefully select the setting(s) for patient viewing of material.** A provider's waiting area could be used as the setting for patient viewing of material. However, it may not be the optimal place to educate patients, as patients may be ill, injured, or stressed and not at their best. Consider alternate locations. For example, patients may favor a discreet setting (such as an examination room or their home), where they can have increased privacy.
 - **Reach patients with materials before their office visit.** Materials could include Public Service Announcements (PSAs), mailed brochures, or resources at the point of online registration for a medical appointment.
 - **Increase patients' awareness while they are in the office.** Make the most of inoffice communications such as table-top signage, posters, and visual (non-audio) cycling screens on the waiting room television (TV).
 - **Consider giving patients the option to "learn now and decide later."** Patients could view educational material at the time of their medical appointment and then make a consent decision at a subsequent office visit or online.
- Determine which delivery method best fits the patients, setting, and resources. Consider methods and approaches appropriate to the patient population. Some implementers may choose an option such as a website, tablet computers, a waiting room TV, or a cycling screen on a waiting room desktop computer. Take into account the attributes of the local patients (e.g., their familiarity, dexterity, and cognitive function with the delivery method; their preferred language).





Workflow, Office Staff Training, & Technology

Workflow

• Ensure the office is sufficiently staffed and resourced to integrate eConsent into its workflow. Provide opportunity for workflow feedback and customization, as appropriate, to address any unique requirements.

Office Staff Training

- **Obtain buy-in from office staff members and ensure they understand the importance of their role.** Office staff members' commitment to success is vital to the implementation. However, they may not be particularly interested in making changes to their current workflow and overall day-to-day operations of the office. It is important to ensure staff members understand the purpose of the change and potential long-run benefits to them.
- Allow sufficient time for staff training on the technology prior to implementation. Conduct formal, hands-on training for all involved staff members prior to launch. This helps them become adept at using the technology and incorporating any new steps into their workflow.
- **Ensure staff members present information to patients in an unbiased fashion.** Staff should not influence or pressure patients when providing educational material to them about making a decision.

Technology

- Test technology prior to implementation and deploy a "beta" test period with staff before going "live." This test period may uncover areas where staff members need additional training or resources. Allow time for the "teething issues" common in change implementations to be worked out.
- **Assemble a responsive technology support team.** The team should be able to address technical concerns and challenges for staff members during implementation.

To learn more about ways to enable meaningful consent, visit

www.HealthIT.gov/meaningfulconsent

