Federal Health Matters

Computerized Informed Consent

Recognizing the inherent challenges and pitfalls in the informed consent process, the VA joined with Dialog Medical, a software development company based in Atlanta, GA, to create an electronic informed consent package customized for the VA's computerized patient record system (CPRS). The result of this collaboration, iMedConsent, will be launched at all VA medical centers within a year.

The program guides physicians through the informed consent process, providing information on the benefits and risks of various treatments, generating and storing consent forms, and importing patient information from CPRS. It also offers educational tools (such as anatomic and procedural illustrations) to facilitate discussions between physicians and patients, documents all communication using an electronic form, and even stores handwritten signatures within a patient's record.

"By supporting patient decisions on a systems level, we are preventing problems before they arise," explains Ellen Fox, MD, director of the VA's National Center for Ethics in Health Care, which supervised the software development process. Furthermore, the VA believes standardizing the consent forms in this way will help its facilities keep more complete, accurate, and consistent records. The new software is fully compatible with the VA's computer system, and requires no modifications to the existing software.

VA Outperforms Commercial Managed Care

The VA health care system provides better care for patients with type 2 diabetes mellitus than some private managed care organizations, say researchers from the multicenter Translating Research into Action for Diabetes (TRIAD) study. The study, published in the August 17 issue of *Annals of Internal Medicine*, was funded jointly by the CDC, the National Institute of Diabetes and Digestive and Kidney Diseases, and the VA Health Services Research and Development Service.

The researchers reviewed medical records of 1,285 diabetic patients from five VA medical centers and 6,920 from eight commercial managed care organizations in the same five geographic regions. They compared scores on seven diabetes care processes, three diabetes intermediate outcomes, and four dimensions of satisfaction.

VA patients were significantly more likely than those in the commercial managed care organizations to receive each of the seven recommended processes of care. These disparities ranged from a 10% difference in the likelihood of receiving an annual glycosylated hemoglobin (HbA_{1C}) test to a 26% difference in the likelihood of being counseled about prophylactic aspirin therapy. For two of the three outcome measures (HbA_{1C} and low-density lipoprotein control), the VA's advantage persisted. Both groups, however, scored low on blood pressure control. Patient satisfaction generally was similar for both types of care. These findings were not altered by eliminating any one TRIAD site or by considering only those managed care organizations with electronic patient records.

This study was the first to compare quality of outpatient care for chronic disease using equivalent data collection methods and to compare the VA health care system with commercial managed care. Findings suggest that VA efforts initiated in 1995 to improve this type of care through reengineering many organizational policies have paid off. "Other organizations can learn from the VA and how they achieved their quality improvements," said lead researcher Eve Kerr, MD, assistant professor of internal medicine at the University of Michigan Medical School, Ann Arbor.

The researchers point out their findings can't be generalized to all regions or health plans. Yet they say the results show that a federally sponsored national health care organization can provide care that is equivalent to or better than that provided by high performing commercial managed care plans. ●