



PHASER Consent Training Checklist
Version 1.0
July 20, 2020

VA



U.S. Department
of Veterans Affairs



Introduction

This training checklist is for the PHASER Site Coordinator, and any other staff members designated by a PHASER Site Champion, to contact patients and obtain their consent decision for PHASER testing. In addition to documenting the consent decision using the PHASER PHARMACOGENOMICS NOTE title, if the patient consents to testing a PGx lab order will be submitted for review and signature by a participating provider.

Approval for this form of training and patient consent is included in the PHASER letter of commitment signed by VA Medical leadership at your facility. Annual recertification by the PHASER Site Champion or their delegate is required. The completed form should be signed electronically and kept on file for audit purposes.

Assumptions

1. Two separate notes will be created for a phone contact that results in a consent decision:
 - a. The consent decision is recorded using the PHARMACOGENOMICS NOTE title as described in the **PHASER User Guide**.
 - b. The phone interaction with the patient is documented in a separate note using a local note title of your choice, such as TELEPHONE NOTE.
2. The PHASER Site Champion or Pharmacy Site Champion is responsible for designating and approving staff to contact VA patients by phone.
3. The PHASER Site Champion or Pharmacy Site Champion is responsible for determining which patients are selected for phone contact and ensuring their providers are informed of their part in this process and approve its implementation for their patients.
4. The PHASER Site Champion or Pharmacy Site Champion is responsible for communicating with clinic nursing leadership and other staff such as nurses, receptionists, and phlebotomists, to ensure they are aware of PHASER PGx testing and are prepared to respond to patient questions.

Identifying Patients

Each PHASER site determines which patients are eligible for phone contact once a Site Coordinator completes this training. For example, a provider may request that Veterans with upcoming appointments in their clinic be contacted prior to the visit. If the Veteran assents to testing, the Site Coordinator can document the Veteran's decision and submit a PGx lab order for review and signature by the provider in advance of the appointment. This streamlines things for both the Veteran and the provider.

The PHASER project office is also working to identify lists of High Impact Pharmacogenomic (HIP) patients whose clinical picture indicates pharmacogenomic testing may be particularly useful. Please contact the PHASER project office if you are interested in learning more about HIP patients.

PHASER Project Office Contacts

- Deepak Voora, MD, Director PHASER Program
 - deepak.voora@va.gov
 - deepak.voora@duke.edu
- Jennifer Chapman, PHASER National Program Manager
 - Jennifer.chapman2@va.gov
- Jill S. Bates, Pharm.D., M.S., BCOP, FASHP, PHASER National Pharmacist
 - Jill.bates@va.gov
- Mike Naglich, National Deployment Coordinator
 - michael.naglich@va.gov

PHASER Consent Training Checklist

Training Checklist

See **Resources** on page 6 for related information.

<u>Method of Instruction Key</u> Demonstration Practice Self-Study TMS / YouTube	<u>Method of Evaluation Key</u> Demonstration Observation Verbal Review Written Test		Validation of Competency			
			Method of Instruction (Use Instruction Key on Left)	Date	Initials	Evaluation Method (Use Evaluation Key on Left)
A. GENERAL KNOWLEDGE – THIS SECTION ASSUMES YOU ARE FAMILIAR WITH THE VISTA/CPRS ELECTRONIC HEALTH RECORD APPLICATION. IF NOT, COMPLETE TMS COURSE VA 35795 ‘CPRS TAB BY TAB: A BASIC OVERVIEW’ AND PRESENT A COPY OF YOUR COMPLETION CERTIFICATE BEFORE PROCEEDING.						
1) IDENTIFY 4 MAJOR PHASER APPLICATION FEATURES.						
2) EXPLAIN WHY PT. CONSENT IS REQUIRED FOR THE PGX LAB TEST.						
3) EXPLAIN THE PURPOSE OF PGX TEST.						
4) EXPLAIN THE SPECIMEN COLLECTION PROCESS (LAB DRAW).						
5) EXPLAIN PGX TEST BENEFITS.						
6) EXPLAIN PGX TEST LIMITATIONS.						
7) EXPLAIN PGX TEST RISKS.						
8) PROVIDE AN EXAMPLE OF PROVIDER/PHARMACIST USE OF TEST RESULTS.						
9) EXPLAIN WHAT PATIENTS RECEIVE IN THE MAIL WHEN RESULTS ARE SENT, AND HOW LONG IT TAKES TO RECEIVE RESULTS.						
10) EXPLAIN THE PHASER PGX CONSENT AND ORDERING PROCESS.						
11) EXPLAIN THE PGX TEST RESULT PROCESS STARTING WITH RECEIPT OF THE PDF RETURNED BY SANFORD HEALTH.						
12) EXPLAIN HOW TO CONTACT IT SUPPORT.						
13) NAME THE ADMINISTRATIVE CLINIC YOU WILL USE TO CREATE VISITS IN CPRS.						
14) EXPLAIN HOW PGX HEALTH FACTORS ARE SET IN CPRS AND HOW THEY ARE USED.						
15) EXPLAIN HOW A PROVIDER IS INFORMED OF THE OUTCOME OF YOUR PATIENT PHONE CALL.						
16) DESCRIBE HOW YOU WILL DOCUMENT A PATIENT PHONE CALL IN CPRS.						
17) GIVE THE MAIN TELEPHONE NUMBER FOR YOUR VA FACILITY AND EXPLAIN HOW TO TRANSFER CALLS.						
18) GIVE THE CLINIC TELEPHONE NUMBER(S) WHERE PATIENTS YOU CALL ARE BEING SEEN.						
19) LIST THE STEPS TO FOLLOW WHEN A PATIENT DOES NOT ANSWER, AND WHAT TO DO AFTER 3 UNSUCCESSFUL ATTEMPTS AT CONTACT.						

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		20) EXPLAIN YOUR RESPONSE IF SOMEBODY OTHER THAN THE PATIENT ANSWERS THE PHONE AND THE PATIENT IS NOT AVAILABLE.				
		21) EXPLAIN HOW TO IDENTIFY TEST PATIENTS IN VISTA/CPRS.				
		22) DESCRIBE HOW TO VERIFY A PATIENT'S IDENTITY OVER THE PHONE.				
		23) EXPLAIN THE STEPS FOR SUBMITTING A PHASER INTERFACILITY CONSULT (IFC, ALSO KNOWN AS AN E-CONSULT).				
		24) DESCRIBE HOW TO DETERMINE THE PROVIDER TO SELECT WHEN CREATING A VISIT IN CPRS.				
		25) LIST CONTRAINDICATIONS FOR ORDERING THE PGx TEST.				
		26) LIST YOUR LAB CONTACT NAMES AND PHONE NUMBERS.				
		27) EXPLAIN THE INSTRUCTIONS YOU GIVE PATIENTS TO HAVE THEIR BLOOD DRAWN.				
		28) EXPLAIN HOW YOU DETERMINE WHICH PATIENTS TO CONTACT BY PHONE.				
		29) DESCRIBE ACTIONS A PROVIDER MUST TAKE AFTER YOU DOCUMENT CONSENT AND SUBMIT A PGx LAB ORDER.				
		30) EXPLAIN HOW TO DETERMINE IF A LAB ORDER HAS BEEN SIGNED.				
		31) EXPLAIN THE DIFFERENCE BETWEEN AN INPATIENT PGx ORDER AND AN OUTPATIENT PGx ORDER.				

B. VISTA/CPRS SKILLS						
1)	IDENTIFY ALL PGx LABS ORDERS THAT HAVE EVER BEEN PLACED FOR A PATIENT, REGARDLESS OF THEIR STATUS.					
2)	DETERMINE IF PATIENT CONSENT WAS DOCUMENTED IN A CPRS PROGRESS NOTE WITHOUT USING THE PHARMACOGENETICS NOTE TITLE.					
3)	IDENTIFY DATES AND LOCATIONS OF UPCOMING PATIENT APPOINTMENTS.					
4)	ABANDON A PHARMACOGENETICS NOTE CORRECTLY WITHOUT SETTING HEALTH FACTORS.					
5)	DISCONTINUE/CANCEL A PGx LAB ORDER ON THE CPRS ORDERS TAB.					
6)	CHANGE A CONSENT DECISION FROM YES TO NO .					
7)	CHANGE A CONSENT DECISION NO TO YES .					
8)	LOCATE A PGx PDF REPORT IN VISTA IMAGING.					

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9) DOCUMENT YOUR PHONE INTERACTION WITH A VETERAN USING THE PROGRESS NOTE TITLE DESIGNATED FOR THIS PURPOSE BY YOUR SITE CHAMPION. (SEE SECTION Documentation for Phone Interactions ON PAGE 7.)								
C. SAFETY/PRIVACY								
1) COMPLETE TMS HIPAA/PRIVACY TRAINING								
2) EXPLAIN VA REGULATIONS AND FEDERAL LAW PROTECTING PHARMACOGENOMIC TESTING (E.G. GINA)								
(OPTIONAL) ANY ADDITIONAL TRAINING ASSIGNED BY THE SITE CHAMPION								

Approval Signatures

The Site Coordinator is responsible to saving a copy of the completed electronically signed form for audit purposes. Repeat in one year.

NAME	DATE	ROLE	SIGNATURE
		SITE CHAMPION	
		SITE COORDINATOR	

Resources

Links to resources to help you complete this checklist.

- Phone consent training videos on YouTube:
 - Video #1 – Preparation: <https://youtu.be/AVY06jCsKEw>
 - Video #2 – CPRS Steps: <https://youtu.be/XZESuIVsuXk>
- [PHASER SharePoint Site](#)
- [Patient pre-test brochure](#)
- [Patient FAQ](#)
- [A PowerPoint overview presentation of the national PHASER program](#)
- [Template of the introductory cover letter sent to patients](#)
- [Sample 2-page patient report](#)
- [Sample complete PHASER test report from Sanford Health](#)
- [Patient post-test brochure](#)
- [PHASER CPRS User Guide](#)
- General PHASER [YouTube videos](#) (available on the Internet and accessible from the VA intranet):
 - [An Introduction to the PHASER Program.](#)
 - [How to Order PHASER PGx Testing.](#)
 - [Interpreting Your Patient's PGx Test Results.](#)
 - [PHASER PGx Test Information.](#)
 - [Talking with Your Patients About PGx Testing.](#)
 - [The Science of Pharmacogenomics PGx.](#)
 - [VA PHASER Patient Education.](#)
- [TMS course](#) VA 35795 'CPRS TAB BY TAB: A BASIC OVERVIEW' is available if you want to learn more about the VistA/CPRS application. It is a six-hour course about CPRS and does not mention PHASER.

Documentation for Phone Interactions

Any phone contact with a patient must be documented in their electronic health record using the note title designated by your Site Champion, such as 'TELEPHONE CONSENT.' If the phone contact results in a consent decision (*Yes, No, contact me later*), that is documented in a separate note using the PHARMACOGENOMIC NOTE title.

An example for a test patient is shown below. The original note documents the first contact attempt, which was unsuccessful. The addendum is for the second attempt, when the pt. answered and gave his consent for testing. The second call is documented using the SOAP (Subjective, Objective, Assessment, Plan) format. Consult your Site Champion if you have questions about documenting patient phone contacts.

Visit: 07/06/20 Addendum to TELEPHONE CONSENT, DUR-PHASER, MICHAEL D NAGLICH (Jul 06,20@05:34)

LOCAL TITLE: Addendum
 STANDARD TITLE: ADDENDUM
 DATE OF NOTE: JUL 06, 2020@05:34:27
 AUTHOR: NAGLICH,MICHAEL D EX
 URGENCY:

Addendum for second contact attempt, which was successful.

2nd contact attempt. Called Mr. Zztest at the primary cell number listed in his chart: 890-3456-7890. Mr Zztest answered the phone and confirmed his full name and DOB.

Subjective: Pt. was willing to learn more about PHASER, listened to my explanation of why Dr. Voora asked me to contact him.

Objective: He verbally gave his consent for testing, which is documented in a separate PHARMACOGENOMIC NOTE signed by me on this date.

Assessment: Pt. had questions about the purpose of the test and who has access to the test results. He was satisfied with my answers. I informed him we will include a post-test brochure with more information, and also referred him to our website at www.cancer.va.gov/phaser.asp. I informed him he can change his consent decision at any time prior to being tested, and that Dr. Voora would be aware the test has been ordered.

Plan: I instructed him to visit the lab to have a blood sample drawn at his next clinic appointment on July 10, and that he will receive a copy of his test results in the mail 2-4 weeks after his blood sample is sent to the lab.

/es/ MICHAEL D NAGLICH
 RN
 Signed: 07/06/2020 05:49

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--- Original Document ---

Documentation for first unsuccessful contact attempt.

07/06/20 TELEPHONE CONSENT:
 Attempted to contact Mr. Zztest at the cell number listed in his chart: 890-3456-7890. No answer, did not leave a message.

/es/ MICHAEL D NAGLICH
 RN
 Signed: 07/06/2020 05:34