

## Scenario A

**Susan Healey, an active 43 year old with high blood pressure, enjoys cycling and running half marathons. During a recent exercise session, she hurts her left knee and winds up in the emergency room.**



After reviewing X-rays and examining the knee, the ER doctor puts her leg in a splint, gives her crutches, and a prescription for pain medication. He thinks she might have torn her ACL and tells her to see her primary care physician (PCP) for a follow-up visit as soon as she can.

It takes a couple of days before she is able to see her primary care doctor (PCP), who had been her doctor for years, because he is on vacation. Because she is on crutches, Susan's husband, John, has to drive her to her appointment with her PCP. Her doctor has his own small practice very close to her home, so it doesn't take them long to get there. When they arrive, the receptionist greets her by name, and asks about her accident. As the medical assistant escorts her into the exam room, they pass her doctor who also greets Susan and John warmly and jokes about her last marathon. When the doctor finally comes in to see her, he checks her knee again, orders a different set of X-rays, and then refers her to an orthopedic specialist. Susan reminds her doctor that she is taking medications for her high blood pressure and wonders if she should be taking the pain medications the ER doctor prescribed. Her doctor thanks her for reminding him, checks her paper medical records again for the name of the blood pressure medication and dosage, and then tells her he thought the pain medications would be fine and reminds her that she shouldn't drive while taking the pain medication.

That evening, Susan's swollen knee starts to throb. She calls her doctor's office, but it is closed. The message on his answering machine says if the issue is an emergency, she should call 911 or go to the emergency room; otherwise, she should leave a message and her doctor would call her in the morning. Susan doesn't want to go to the emergency room because she doesn't want to go through a long wait again, so she decides to see how the leg does that night. She has a very anxious night because she isn't sure what is wrong with her leg.

The next morning, Susan has not heard from her doctor by 10 a.m., so she calls his office. The medical assistant takes the call right away because she knows Susan had just visited the doctor. She talks with Susan and then puts her on hold while she goes to find the doctor. The assistant comes back on the phone and tells her that the doctor says she should elevate her foot and apply ice packs to reduce the swelling until she sees the specialist. Susan asks the medical assistant how long she should keep the ice pack on and when she should start seeing some improvement in the swelling. She is worried because she does not yet have an appointment with the orthopedic surgeon. The assistant puts her on hold again to confer with the doctor. The assistant comes back on the line and advises Susan on how to use the ice pack, and tells her that if it doesn't get better in 4 to 6 hours, she should call this office again.

## Scenario A

continued

and they would have her come in right away. Susan's foot does get better that day, so she waits to see the specialist.

The health plan authorization to see the orthopedic surgeon arrives by mail about a week later. When she looks at the form, she notices that this is not the same orthopedist who she had seen for pain in her knee cap a few years before. She calls the business office phone number listed on the form and asks if she could see her previous orthopedist because she really likes and trusts him. The representative on the phone says he is no longer on the approved list of physicians used by her health plan.

Before Susan makes a decision about whether she would see the new orthopedist, she searches for more information on-line. She doesn't find a lot of information about him, but does see that he is board certified. She also asks her friends if they know anything about him. One of her friends tells her that she knows him and likes him, so Susan feels more comfortable and calls his office to make an appointment. The orthopedist's receptionist tells Susan she should bring her X-rays with her. Because Susan does not have her husband's schedule with her, she makes her best guess of a good time for her appointment, hoping that John would be available to take her. The appointment is a week away.

John rearranges his schedule so that he can drive Susan to the specialist the following week. Because she has never seen this doctor before, they have to answer questions and fill out paperwork about her medical history. They forgot to pick up the X-rays from her PCP, so the specialist orders X-rays one more time.

After reviewing the film, the orthopedist tells Susan that he needs her to undergo a CT scan so that he can tell how badly she had torn her ligament. He calls the CT center across town and is able to get an appointment for Susan's CT scan the next day. Susan asks John to take tomorrow afternoon off from work again to drive her to the CT scan appointment.

Later that week, the radiologist at the CT scan center calls the orthopedist to report that Susan's ACL is only mildly torn. After scheduling a return visit with the orthopedist, Susan is examined again and is happy to be told that surgery is not necessary. She does, however, need physical therapy. He refers her to a physical therapy center near her home, and documents everything in a new paper medical record that is kept on file in his office.

Susan waits for the physical therapy service to be authorized so that she will not be billed. When she receives the authorization by mail a few days later, she calls the physical therapy center and makes her first appointment.

Three weeks after her injury, Susan starts her physical therapy and eventually regains full use of her leg. Her course of treatment is documented by the physical therapist in a paper chart, which is kept in his office.

Two months later, Susan visits her PCP for a different matter. He asks her what had happened to her leg and she tells him the full story, including her recollection of what the CT scan showed. She says that she is still undergoing physical therapy and seems to be getting better.

## Scenario B

**Susan Healey, an active 43 year old with high blood pressure, enjoys cycling and running half marathons. During a recent exercise session, she hurts her left knee and winds up in the emergency room.**



After reviewing X-rays and examining the knee, the ER physician is concerned that Susan might have a partial tear of her ACL. The X-rays taken in the emergency room are digital and available for viewing throughout the medical group's IT system. The X-rays immediately become a permanent part of her electronic medical record (EMR). The ER doctor checks Susan's medical history in the EMR as well, and he sees that she is taking medication for high blood pressure, which he takes into consideration as he treats her. He prescribes appropriate pain medication, puts her leg in a splint, gives her crutches, and tells her that his nurse will arrange an appointment for her with an orthopedic surgeon in the medical group who specializes in sports injuries.

Before Susan leaves the ER, the nurse uses the medical group's automated appointment system to book an appointment for her with the orthopedist at a time that is convenient for her schedule and that of her husband. After she leaves, the ER doctor documents Susan's treatment plan in the EMR, so that it is immediately available to the orthopedist's office and any other physician in the medical group that she might need to see. The nurse has the medical group business office obtain the necessary health plan approval for the orthopedist's consultation.

The appointment with the orthopedist is in a few days. When that day arrives,

because she is on crutches and still taking some pain medication, her husband, John drives her to the orthopedist's office, which is in the medical group's main building a half an hour away from her home. When she arrives, she checks into a centralized reception area and waits to be called in to the doctor's examination room. She notices that the waiting room is somewhat crowded with people with a variety of leg problems, some on crutches like her.

When Susan checks in with the receptionist, she realizes for the first time that this orthopedist is not the one she had seen for the pain in her knee cap a few years before. She really liked and trusted that orthopedist and is somewhat annoyed that she is seeing a new doctor. The orthopedist proves to be nice, if a bit brusque. He tells Susan that she might have a tear of her ACL and would need to have an MRI scan to be sure. He also checks the EMR again to make sure that the pain medications she was prescribed are appropriate for her. He sees that she is taking medication for her blood pressure, but there are no contraindications with the pain medications, so he tells her she is fine to continue the medications. He tells his nurse to schedule the MRI scan on the medical group's computer system and then to arrange a time for a phone call with Susan so that he can discuss the results with her and they can decide together what needs to be done.

## Scenario B

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That evening, Susan's knee began to throb and she becomes more worried. She calls the orthopedist's office. His office is closed, but her phone call is routed to a centralized telephone advice nurse. The nurse looks up her medical record and sees that she had just been seen that day and what the likely diagnosis is. Susan tells the nurse what is wrong. The nurse tells Susan to keep her leg elevated and to use an ice pack on it. Susan asks her questions about how long the pack should be on and when she should start seeing improvement. The nurse advises her on how to use the ice pack and says she should see some improvement in the next day or so. Since her MRI appointment is still several days away, the nurse tells her that if it doesn't get better in 4 to 6 hours, she should call this office again and they would have her come in right away.

Susan's foot does get better, so she has the MRI scan as scheduled.

The day after the scan, Susan and the orthopedist speak by phone at the scheduled time. He tells her that the MRI had showed that she only had a minor tear of the ACL, which would heal with

rest and some physical therapy. Using the automated scheduling system, he authorizes and schedules a series of physical therapy sessions, which would take place in the very same building. He gives Susan his office email address and tells her to update him every week about how her leg is doing and let him know right away if it gets worse instead of getting better. After their call is over, he makes his notes in her medical record, which her primary care physician and all clinicians could now see.

Ten days after her injury, Susan starts therapy. The physical therapist can see Susan's scans, her medical history and also record her progress in the in the EMR. Susan makes steady progress, which is also added to her medical record. She emails the orthopedist twice to tell him how she is doing. He responds that he is pleased.

Two months later, when Susan goes back to see her PCP on a different matter, he knows how long it took for her to regain use of her leg and her entire course of physical therapy treatment.