

## Scenario A

**William Gipson, 55 years old, notices that he has been having more frequent heart palpitations. His wife, Mary, gets concerned and schedules an appointment for him to get a physical—the first one he’s had since his colonoscopy at age 50.**



It takes a few days for William to get into see his primary care physician (PCP) because he is on vacation. His doctor works in a small practice, very close to William’s home, and William’s family has been seeing him for years. When William arrives, he is greeted by the receptionist. He chats with her as usual before the medical assistant brings him into the exam room. Like the receptionist, the assistant has been with the doctor for a long time, so William feels very comfortable with her. After she takes his vitals, the doctor comes in. He and William have a friendly chat and then he pulls up William’s medical record on his computer. He notices that he hadn’t seen William in five years. He chides William for not coming in sooner and about the fact that William has gained 15 pounds. Then the doctor asks William some general questions about his health.

William says he’s been fine except he’s been feeling heart palpitations more frequently. He says he thinks maybe he had just been working too hard or drinking too much coffee. The doctor reminds William that he should have a physical every year. He then has a nurse come in. She instructs William on how to give a urine sample, and when he returns, she hooks him up to an electrocardiogram (EKG). Once the EKG is done, she takes his blood samples for testing.

In a little while, the doctor comes in and goes over the EKG results with William. The doctor is mildly concerned about the results, but nothing suggests a serious heart problem. However, William has high blood pressure, for which he will need to take medications. To be safe, the doctor asks William to see a cardiologist to get his heart fully checked out. He gives William the name of a cardiologist to whom he frequently refers patients and tells him that an authorization to see the cardiologist will come in the mail. When it arrives, William will need to schedule an appointment.

The doctor also tells William that his lab results should be available in a few days. If the doctor sees anything to be concerned about, he will call and let him know. If William doesn’t hear from him, then he should assume the lab results were normal. William also needs to get another colonoscopy as a routine check, so he should also wait for that authorization letter to come and then schedule a visit with the endoscopy center.

William walks out with a prescription for high blood pressure medication. Later that day, the doctor dictates his notes about William’s visit. Those notes are input into William’s electronic medical record (EMR) and faxed to the cardiologist’s office the next morning.

## Scenario A

continued

After William goes to the drug store to get his prescription filled, he goes home and tells his wife what the doctor said. His wife, Mary, gets very worried. She starts asking him a lot of questions, but William only remembers that he is supposed to wait for the lab test results and the letter that says he can see the cardiologist. He emails his doctor a question about the blood pressure medication. His doctor emails him an answer later that night.

Mary remembers that her neighbor recently had a heart attack, so she asks the neighbor for the name of their cardiologist. The neighbor had seen, and very much liked, a different doctor than the one suggested by William's PCP. Mary calls her insurance plan to find out if William can see her neighbor's cardiologist. She is told that she can but she would need to pay for the visit herself because that doctor is not on the health plan's approved list of specialists. Mary and William decide to go to the cardiologist originally suggested by his primary care doctor.

When the authorization letter is not in the mail a few days later, Mary calls the PCP's office. The doctor's assistant tells her she needs to call the insurance company business office to find out the status. She does this and the representative says that the authorization is going out in the mail that day. Mary gets the authorization number from the office and then calls the cardiologist to get an appointment for her husband as soon as possible. They ask her if she has the authorization letter. Mary says that the business office is mailing it, but that she has the authorization number. She manages to schedule an appointment for her husband in a week.

That same day, William's doctor calls him. The lab results show that he has high cholesterol levels. The doctor tells William that it can be managed with the proper medications but that he needs to really lose weight and exercise. The doctor says that William can come by the office to pick up his prescription and information about a nutrition and weight management class given by a local hospital. He reminds William that he should visit the cardiologist as planned, but that he also needs to come back in to see him in a few weeks to see how he's doing on the blood pressure medications.

William and Mary are both worried that week as they wait for the cardiology appointment.

William is right on time for his appointment with the cardiologist, who seems to be a pleasant guy. The cardiologist can't find the notes that were faxed from the PCP's office, and he does not have access to William's electronic record created by William's PCP. So, he has his assistant take William's pulse and blood pressure again. They also repeat the EKG and give William a treadmill stress test. He then asks William to wear a Holter monitor for three days to monitor the heart. The cardiologist doesn't know William's lab test results, but tells William he will need to lose weight and go on an exercise program. His blood pressure is also high. William says he knows, and that he has high cholesterol as well. William tells the cardiologist that his PCP has prescribed medications for him, gives the cardiologist the names of the medications, and then mentions that he will be starting a weight management program. The cardiologist says that all sounds fine.

## Scenario A

continued

William leaves the office wearing the monitor. The cardiologist makes his notes in his own paper medical record for William, which is filed there in the office. He faxes his report to William's doctor.

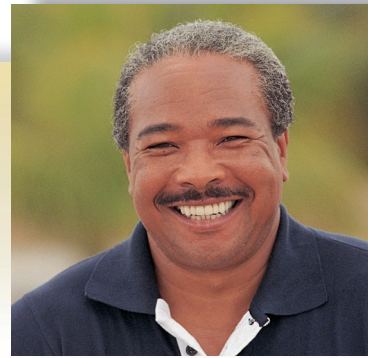
Three days later, William goes back to the cardiologist who sees from the monitor that William's heart seems to be fine. He tells William that that nothing suggests a serious heart problem and that if he works with his PCP to manage the blood pressure, cholesterol and weight loss, he should be fine.

As he is told, William goes back to his primary care doctor in three weeks. The

blood-pressure medications are working. The doctor reminds William to lose weight and to start exercising. William says he will, but he never makes it to the weight management program. Mary nags him about that and tries to help him by cooking healthier meals. The colonoscopy authorization had come in the mail weeks ago, but they were so distracted by the heart issues, that William and his wife completely forgot to schedule the procedure.

## Scenario B

**William Gipson, 55 years old, notices that he has been having more frequent heart palpitations. His wife, Mary, gets concerned and schedules an appointment for him to get a physical—the first one he’s had since his colonoscopy at age 50.**



When Mary calls the appointment center to make an appointment for her husband, she is told that his primary care physician (PCP) is not available right away because he is on vacation. The appointment clerk asks her if she would mind seeing another doctor. Mary, concerned about William's health, feels it would be better for him to be seen sooner rather than later, so she agrees and is given an appointment the next day.

The doctor's office is part of a large health system that is about 30 minutes from his home. When William arrives, he checks into the reception area and is asked to wait. He hadn't been in this office for five years, so he doesn't recognize anyone he sees. A medical assistant calls his name and then escorts him into an exam room. After she checks his weight and takes his vital signs, the new doctor comes in, introduces himself, and explains that since William's doctor is not available, he will do the physical and confer with William's doctor as soon as he returns from vacation. Because the doctor isn't his regular one, William feels a little uncomfortable.

The doctor then goes to the computer and pulls up William's electronic medical records (EMR). He notices that William hasn't been seen in five years. He also sees that William has gained 15 pounds since his last visit. Then the doctor asks William some general questions about his health.

William says he's been fine except he's been having heart palpitations. He says he thinks maybe he had just been working too hard or drinking too much coffee. The doctor reminds William that he should have a physical every year. He then asks a nurse to come in. The nurse instructs William on how to take a sample of his urine, and then sends him to the lab to get his blood drawn for testing. When he returns to the exam room, she hooks him up to an electrocardiogram (EKG).

In a little while, the doctor comes in and goes over all the results with William. William's blood pressure is high so he prescribes a blood-pressure medication, the prescription for which is electronically sent to the pharmacy. The doctor confirms his recommended course of treatment by double checking the computer guidelines. The doctor tells William that he should lose weight and exercise more. He is mildly concerned about his irregular heartbeat, but nothing suggests a serious heart problem. To be safe, the doctor recommends that William visit a cardiologist to get his heart fully checked out.

The doctor tells William that his lab results would be available online in 24 hours and that he can pick up the prescription at the pharmacy down the hall. If the lab results show anything abnormal, the doctor or his own primary care physician will call him and let him know. In addition, the doctor reminds William that he needs another

## Scenario B

continued

colonoscopy as a routine check. As the doctor is talking to William, he documents the findings and decisions in William's EMR. He tells William that since all of the clinicians who are part of the medical group have access to his medical record, his cardiologist will see all of his notes.

Before William leaves, the medical assistant helps him make an appointment with the cardiology department. William schedules it for a week later. The assistant offers to schedule his colonoscopy as well. William decides to wait on that procedure until he gets through the cardiology visit and tells her he will schedule it himself. The assistant prints out and hands William a written summary of everything that happened in his visit and what the next steps need to be. The visit summary also tells William that he has to have his colonoscopy, that he is due for a tetanus shot, and reminds him to get a flu shot because flu season is approaching.

When William gets home, he tells his wife what the doctor said, and Mary gets very worried. She starts asking him a lot of questions. William hands her the visit summary, which tells her everything that William needs to do.

Later the next day, William's own doctor calls him. He has just returned from vacation and has seen William's lab results on his home computer. He asks William to pull up the results on his computer as well so they can review them together. The results show that William has high cholesterol levels. William's doctor tells William that high cholesterol can be managed with the proper medications and that he needs to lose weight and exercise. The doctor instructs William on how to follow the link on the

website to go to the section that supplies information about hypertension.

The doctor electronically sends a prescription for cholesterol management to the pharmacy and tells William that he can pick it up in an hour or so. The doctor reminds William to go in to see the cardiologist as planned, and adds that he needs to come in for a follow-up visit in a few weeks to check on the effect of the blood-pressure and cholesterol medications. The doctor also tells William that he is sending him to a weight-management program and that he should schedule his first appointment right away.

William and Mary browse through their medical group's website to find out more about hypertension and about the weight-management program. Mary calls to make William's first appointment to this program, and is able to schedule it at a time when she can also attend. Since she does most of the cooking, she wants to learn how to help William eat more healthily. While they are online, they also look at the section on high cholesterol.

William is right on time for his appointment with the cardiologist, who seems to be a pleasant guy. He pulls up William's medical record on the computer, sees his recent lab results and the EKG that is taken in his doctor's office. He puts William through a stress test, and then asks him to wear a Holter monitor for three days to monitor the heart. The cardiologist asks William if he made his appointment yet for the weight-management class. William says yes.

William leaves the office wearing the monitor. The cardiologist makes his notes in William's EMR.

## Scenario B

continued

Three days later, William goes back to the cardiologist who sees from the monitor that William's heart rhythm seems to be fine. He tells William that if he works with his PCP to manage the blood pressure, cholesterol and weight loss, he should be fine, but he's a likely candidate for a heart attack if he doesn't.

As he is told, William goes back to his primary care doctor in three weeks. The PCP pulls up the cardiologist's notes in the EMR and sees the results of all the heart

tests. The blood-pressure medications are working fine, and he gets another blood test to see if his cholesterol has begun to come down. William has started his weight classes and is taking walks with Mary every evening to exercise. The PCP says William is doing great, but reminds him to also get his colonoscopy done. He can see in the computer that the procedure has not yet been scheduled. Before William leaves the office, the assistant schedules the colonoscopy for him.