

cooper

AIM

Form & Behavior Specification

November 14, 2011

CONFIDENTIAL

Table of contents

Table of Contents		
Introduction	6	Criteria not met 24
About the project	6	Dynamic notifications 25
Design Principles	8	Clinical phase 26
Interaction Specification	10	Image appropriateness phase 27
Interface Anatomy	12	Dialogs 28
Imasis framework by user role.....	12	MD references and support 29
Anatomy for the RS role	13	Global Patterns 30
Anatomy for the RN role.....	14	Search and select 31
Anatomy for the MD role	15	Hover to reveal actions 32
Queue	16	List items 32
Global navigation	17	Hover within type-ahead search suggestions 33
Case overview	18	Direct manipulation of text fields 34
Case timeline	19	Confirmation of text direct manipulation 35
Patient history	20	Contextual information 36
Case overview: Unverified and collapsed	21	More information in search 36
Case-specific messaging	22	More information pop-up 37
Alternate tests.....	23	Smart suggestions for RN Imasis 38
		Computer telephony integration 39
		RS CTI 39
		RN CTI 40
		MD CTI 41
Case Denial	42	
MD case denial	42	Deny Case dialog 43
		Case denial confirmation 44
ProviderPortal Registration	46	
ProviderPortal login/registration	47	Enter name 48
		Enter email 49
		Password doesn't meet criteria 50
		Password confirmation 51
		Locate facility by state 52
		Select insurance 53
		Identification number 54
		Searching for facility 55
		Select facility 56
		Terms of service 57
		Validate email 58

Personas	60	
Goal-Directed design.....	60	
AIM call center personas	62	
Ordering provider personas.....	69	
Service Blueprint	75	
Scenarios	77	
Bonnie nails a new type of case with support and system direction	78	
Anita manages a case outside her medical specialty with clinical aid when and where it's needed	91	
A peer-to-peer conversation takes an unexpected twist for Anita	99	
Donald works a case in his queue and requests more information from the ordering provider	104	
Jeremy jumps to the right place to quickly act on his case	108	
Visual Style Guide	112	
Layout Imasis Clinical	114	
Overview.....	114	
Horizontal grid.....	115	
Underlying vertical grid.....	116	
Grid archetypes.....	117	
Imasis composite grid	118	
ProviderPortal composite grid.....	119	
OptiNet composite grid	120	
Login composite grid.....	121	
Composite grid expanded.....	122	
Elements	123	
Initial impression and personality.....	124	
Experience attributes.....	124	
Clear.....	124	
Brand	124	
Brand identity	125	
Logos	125	
Identity usage	126	
Color	127	
Color and the user interface.....	127	
Brand color palette.....	128	
User interface color palette	129	
Color coding	130	
Color coding principles	131	
Typography	132	
Typography and the user interface.....	132	
Fonts	133	
Capitalization.....	134	
Alignment.....	135	
Typographic hierarchy.....	136	
Font examples.....	137	
Font examples	138	
Iconography	139	
About icons	139	
Icon catalog	140	
Iconography principles	141	
Controls	142	
Controls.....	142	
Small buttons.....	143	

Large buttons.....	144
Buttons with icons	145
Form elements.....	146
ProviderPortal and OptiNet headers	148
Imasis header.....	149
Imasis global navigation	150
Global navigation buttons	151
Case overview.....	152
Case overview menus	153
Case overview collapsed.....	154
Case overview expanded	155
Case messaging panel.....	156
Case messaging panel with alternate tests expanded	157
Suggested symptoms list and menus	158
Patient's symptoms and indications list	159
RN symptoms and indications.....	160
MD physical exam	161
Diagnosis and Imaging Appropriateness panels.....	162
Recent and Alternative Tests, articles, change order	163

Education panel.....	164
Diagnosis and Imaging Appropriateness panels.....	165
Pop-up panels	166
Pop-up panels	167
Pop-up panels	168
Pop-up panels	169
More information pop-up.....	170
Dynamic notification	171
Loading animation	172
Other design considerations	173
Accessibility	173
Localization.....	173
Color and iconography	173
Animation and transitions.....	173
Best practices.....	173
Specifications	174
Design principles and patterns	174
How to read these specifications	174
Imasis Clinical 1.....	175

Imasis Clinical 2.....	176
Imasis Clinical 3.....	177
Imasis Clinical 4	178
Imasis RS.....	179
ProviderPortal 1.....	180
ProviderPortal 2	181
OptiNet.....	182
About Cooper	183
Our process	184
Contacts	185
Design team.....	185

Introduction

About the project

Cooper worked with AIM to design its next-generation internal and external software applications.

The first goal of this project was to broadly research and explore across AIM's services. The second goal was to envision a detailed redesign of the Imasis enterprise application.

AIM's strong industry position, technology resources, and well-trained call center staff put the company in a perfect position to vastly improve its internal products.

With its externally facing products, AIM has the opportunity to increase web adoption for ordering providers by leveraging the existing preference for and convenience of online authorization through a focus on superior user experience.

This document contains both explorations across AIM's service as well as the detailed interaction specification for Imasis.

Project timeline

Date	Milestone	Purpose
July 27	Kickoff	Meet team members, lay out project objectives
August 11	User & domain analysis presentation	Present research outcomes: personas, scenarios, experience attributes, and design principles
August 25	Service experience exploration and initial concept development	Review design explorations and possible visual directions
September 2	Visual language studies presentation	Deliver the visual design direction
September 14	Interaction design framework presentation	Deliver the interaction design direction
November 1	Detailed design review	Deliver and review the detailed design for Imasis
November 10	Detailed specification presentation	Deliver final design specification
November 14	Deliver Form & Behavior Specification document	Documentation of the design is complete

Design Principles

The goal of this engagement was to develop a common look and feel design framework for AIM's current and future products. This document outlines the common interaction design behaviors as well as the visual language to be shared across products.

Out of the user research and over the course of the project, key principles were developed to help guide all aspects of the design process.

The five words—sleek, caring, responsive, smart, and clear—define attributes that are critical to building successful products for AIM's various users. From those words emerged design principles that articulate the ideal user experience.

These principles should be used as guidance for creating new design. They should also be a great evaluation tool for teams to use as they assess whether they're progressing in the right direction.

Sleek

Have an elegant, seamless experience.
Organize information to optimize efficiency.
Help users achieve their goals faster.
Reinforce a high standard of quality.

Caring

Feel like a helpful assistant.
Make complex tasks as effortless as possible.
Help people be more informed.
Adhere to guidelines with empathy.

Responsive

Accommodate the needs of diverse users.
Guide users through unfamiliar interactions.
Adapt to help users make quick and accurate decisions.
Provide feedback when and where it's most relevant.

Smart

Remove the manual processes.
Help clinicians focus on clinical decisions.
Communicate relevant information at the right time.
Provide intelligent choices that are appropriate to the context.
Provide the best, most current clinical content available.

Clear

Communicate accurately and quickly.
Help people understand what information they need to do their work.
Instill confidence that the information is reliable.
Be straightforward.

Interaction specification

This section specifies the interaction design for AIM's Imasis product. It is intended to provide detailed design direction for many of the archetypal screens of the device. In addition, explanations of patterns and behaviors throughout this specification provide insight into the rational behind the design.

The solid foundation of key interactions and design rational will enable the AIM designers, product owners and developers to carry the spirit of Cooper's work forward as they flesh out the design and implementation for Imasis, thus ensuring a satisfying experience for AIM users.

Interface anatomy — page **12**

Global patterns — page **30**

Case denial — page **42**

ProviderPortal registration — page **46**

Interface anatomy

High level description of the common elements and the anatomy of the Imasis framework

Imasis by role — page 12

Queue — page 16

Global navigation — page 17

Case overview — page 18

Case specific messaging — page 22

Dynamic notifications — page 25

Clinical phase — page 26

Image appropriateness phase — page 27

Dialogs — page 28

MD references & support — page 29

Imasis framework by user role

The future state of Imasis will be optimized to meet the goals and needs of each specific user role. While the design principles of Imasis will remain the same, there will be framework variations that will enable, guide and support the ideal workflows for each role.

RS Imasis

The screenshot shows the RS Imasis interface with a search results table for a new case. The table includes columns for NAME, TIN, ADDRESS, CITY, STATE, and ZIP. One row is highlighted for "St. Jude's Hospital" with TIN 2345 678 001, ADDRESS Imaging Drive Suite 100, CITY Boston, MA, and ZIP 12345. Other rows show St. Jude's Hospital at three different addresses in Deerfield, IL, 60015.

RN Imasis

The screenshot shows the RN Imasis interface. At the top, it displays patient information for Jessica Wolfson (MEMBER # XEAJ-3456-8201, DOB 10/16/47) and a diagnosis of "None Given". Below this, the "REASON FOR REVIEW" section lists "Medical History", "Clinical Appropriateness", and "Benefit Determination". The "IMAGING APPROPRIATENESS" section indicates "Diagnosis needed". The "NEXT STEPS" section suggests "Loreum ipsum dolor sit". A sidebar shows "SUGGESTED SYMPTOMS" like "Pulmonary Thromboembolism" and "Clinical Appropriateness" with a progress bar.

MD Imasis

The screenshot shows the MD Imasis interface. At the top, it displays patient information for Maureen Henderson (MEMBER # XEAJ-3456-8201, DOB 10/04/77) and a diagnosis of "Rheonous Urticis". Below this, the "REASON FOR REVIEW" section lists "Medical History", "Clinical Appropriateness", and "Benefit Determination". The "GUIDELINES BASED ON" section lists "Pain", "Bowel-Related", and "Ataxia" with corresponding diagnostic codes and descriptions. A sidebar shows "RECENT TESTS" and "ALTERNATIVE TESTS" sections.

Anatomy for the RS role, pre-clinical

New Case

NAME	TIN	ADDRESS	CITY	STATE	ZIP
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	2345 678 901	Imaging Drive Suite 100	Boston	MA	12345
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015

New case navigation

Content driven by the new case navigation on the left of the screen

The **Start Clinical** button becomes active when the new case information has been completed. Selecting the **Start Clinical** button will take the user to the case screen used for RS and RN users.

Anatomy for the RN role

Global navigation

Member information

Clinical phase actions

Patient-centric navigation

Call verification

Case-specific messaging

Smart suggestions

Known clinical details and search

Probable diagnosis and Imaging appropriateness

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** **Diagnosis Needed**

DIAGNOSIS **None Given**

ORDER(S) CT - Abdomen

Caller Verified ✓

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS
Diagnosis needed.

NEXT STEPS
Lorem ipsum dolor sit

SUGGESTED SYMPTOMS

- Pulmonary Throm... ▾
- + Adipiscing
- + Consectetur ⓘ
- + Sodales Integer
- + Tempus potenti

PATIENT'S SYMPTOMS AND INDICATIONS

Type to add symptom 🔍

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Acute, lack of muscle coordination for 2 weeks

DIAGNOSIS

Condition	Probability (%)
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS

Anatomy for the MD role

Global navigation

Case overview

Clinical phase actions

PATIENT HISTORY ▾
CASE TIMELINE ▾
CASE STATUS Need MD Review

DIAGNOSIS Rhoncus Ultrices
ORDER(S) CTA Chest
Caller Verified ✓

REASON FOR REVIEW

Medical Necessity ✓

Clinical Appropriateness

Benefit Determination ✓

IMAGING APPROPRIATENESS

Lore ipsum dolor sit amet, consectetuer adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

NEXT STEPS

Lore ipsum dolor sit

5 criteria not met

PATIENT'S SYMPTOMS AND INDICATIONS

Pain
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

Ataxia
Quisque nec erat turpis, faucibus vulputate a massa

Click to add

RECENT TESTS

12/12/11 Vestibulum ante ipsum
12/12/11 Primis in faucibus orci
12/12/11 Luctus et ultrices posuere cubilia Curae
12/12/11 Nulla eget vulputate sem

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

Click to add

ALTERNATIVE TESTS

CT Chest
Ventilation-perfusion scan (V/Q scan)

RELATED ARTICLES

SYMPTOMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

MORPHOLOGY
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Known clinical information
Recent and alternative tests
Related guidelines and articles

AIM · Web Services Re-Design · Form & Behavior Specification · CONFIDENTIAL

15

Queue

The queue is the place where the user will find all of the cases for their role (RS, RN, MD) that they can work on. All of these cases have been started on the web through ProviderPortal or by an AIM employee.

Control	Behavior
Queue: MD dropdown	Selecting the user role dropdown lets the user view the cases assigned to each role.
Queue for each role	The anatomy of the queue is the same for each role. Content will change to show cases appropriate for the various user roles at AIM.
Selecting a case	When a user selects a case in the queue, it follows that they then own that case. If they do not finish their work or transfer the case, it will then move into their unfinished cases.
Search queue	Type-ahead search suggestions by member name(s), member number.
Search results	The comprehensive search results page displays results based on frequency, recently selected, and time sensitive cases. To get back to the full queue, the user only needs to clear the search box.
Unfinished cases	The unfinished cases lists the cases that this particular user has started and has yet to finish or transfer.
Close by	Filter by cases that are time-sensitive and need to close by a certain date.
Patient	Filter alphabetically by patient name
Order	Filter by order request name
Order type	Filter by order request type

CLOSE BY	PATIENT	ORDER	ORDER TYPE
Today	Cras id Nullalucus	Cras id Nullalucus	Cardio
10/31/11	Vivamus Porttitor	Vivamus Porttitor	Cardio
Today	Molestie Elementum	Molestie Elementum	Cardio
10/31/11	Vestibulum Porttitor	Vestibulum Porttitor	Cardio
10/31/11	Arcu elementum vehicula	Arcu elementum vehicula	Cardio
10/31/11	Venenatis Idlacus	Venenatis Idlacus	Cardio
10/31/11	Suspendisse ligula	Suspendisse ligula	GI
10/31/11	Egestas Pretium	Egestas Pretium	GI
Today	Hendrerit ac nibh	Hendrerit ac nibh	GI
10/31/11	Donec et neque lorem	Donec et neque lorem	GI
10/31/11	Ut pharetra ligula	Ut pharetra ligula	GI
10/31/11	Vivamus eget tristique	Vivamus eget tristique	GI
10/31/11	Nulla adipiscing ultrices	Nulla adipiscing ultrices	GI
10/31/11	Ortor et semper	Ortor et semper	Thorasic
Today	Donec et neque lorem	Donec et neque lorem	Thorasic
10/31/11	Ut pharetra ligula	Ut pharetra ligula	Thorasic
10/31/11	Vivamus eget tristique	Vivamus eget tristique	Thorasic
10/31/11	Nulla adipiscing ultrices	Nulla adipiscing ultrices	Thorasic
Today	Ortor et semper	Ortor et semper	Thorasic

UNFINISHED CASES

- 10/31/11 Cras id Nullalucus Molestie Elementum
- 10/31/11 Vivamus Porttitor Suspendisse ligula
- 10/31/11 Molestie Elementum Vestibulum Porttitor

1) MD Global Navigation



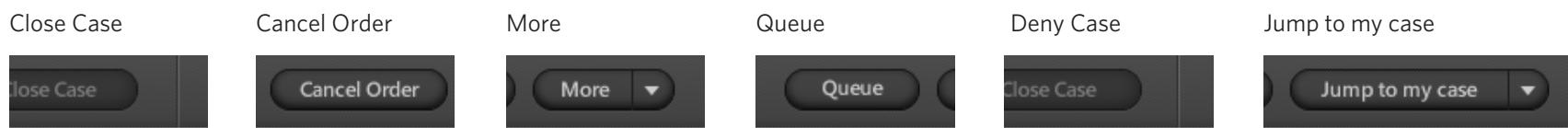
2) RN Global Navigation



3) RS Global Navigation



4) Queue Navigation



Global Navigation

Imasis global navigation remains similar across user types. The only difference being that the MD role has a deny case button.

Control	Behavior
MD Global Navigation	Navigation specific to the AIM MD role.
RN Global Navigation	Navigation of Imaisis that is specific to the AIM RN role
RN Global Navigation	Navigation of Imaisis that is specific to the AIM RS role.
Queue Global Navigation	Navigation within the Imaisis Queue anatomy.
Close Case	The Close Case is active when the user has made the appropriate changes to the case. It initiates the documentation dialog box and then will send the case to the next step in the process.
Deny Case	Selecting Deny Case is an MD, exam-level action that initiates the case denial dialog for users to select which tests to deny.
Cancel Order	Selecting Cancel Order gives the user the ability to cancel one or more orders in a dialog.
More	The More dropdown button contains tertiary actions such as start a new case, create a shell site, and anything that future-state Imaisis clinical deems a tertiary action for Global Navigation.
Queue	Selecting the Queue takes the user to the entire queue for their role at AIM.
Jump to my case	Selecting the Jump to my case button shows the user all of the cases they own in a dropdown.

Case Overview

The case overview in Imaisis gives the user a patient-centric view of high level information for the case. The intention is that the user will always have a place to glance to view key patient information.

Control Behavior

Member name	Prominent display of the member (patient) name.
Member #	The member # is displayed directly under the member name
Date of birth	The member date of birth is displayed directly under the member #.
Patient history	The Patient History dropdown shows the recently ordered and, or currently processing AIM orders. It also gives access to the Patient Profile.
Case timeline	The Case Timeline dropdown shows a date-organized timeline of the case for this specific patient.
Case status	The status of the case is displayed in the case overview. This gives the user a consistent place to confirm the status of the case.

The screenshot displays the Imaisis Case Overview page for a patient named Jessica Wolfson. The top navigation bar includes links for AIM, Imaisis, Close Case, Cancel Order, More, Queue, and Jump to my case. The main header shows the patient's name, member number (XEAJ-3456-8201), and date of birth (10/16/47). A yellow box highlights the top navigation and the patient header area.

PATIENT HISTORY dropdown is open, showing "None Given". **CASE TIMELINE** dropdown is open, showing "CT - Abdomen". **CASE STATUS** is "Diagnosis Needed". **DIAGNOSIS** section shows "None Given". **ORDER(S)** section shows "CT - Abdomen". **Caller Verified** status is checked.

REASON FOR REVIEW dropdown shows "Medical Necessity" selected. **IMAGING APPROPRIATENESS** dropdown shows "Diagnosis needed". **NEXT STEPS** dropdown shows "Lorem ipsum dolor sit".

SUGGESTED SYMPTOMS dropdown shows a list of symptoms: Abnormal chest examination, Cough, Dysphagia, Fatigue, Fever, Hemoptysis, Hoarseness, Night sweats, and Weight loss of more than 10% of body weight. **PATIENT'S SYMPTOMS AND INDICATIONS** section shows "Pain" (Acute abdominal pain for 2 weeks) and "Bowel-Related" (Bloating and distension for 1 week). **DIAGNOSIS** section lists potential diagnoses with their probabilities: Lung Neoplasms (99%), Pulmonary Thromboembolism (75%), Atypical Pneumonia (65%), Tuberculosis (53%), Pulmonary TB (52%), and Wegener's Granulomatosis (51%).

IMAGING APPROPRIATENESS dropdown shows "5 criteria not met" and "3 alternative tests".

The screenshot shows the AIM interface for a case involving Jessica Wolfson. The top navigation bar includes buttons for Close Case, Cancel Order, More, Queue, and Jump to my case. A yellow box highlights the 'CASE TIMELINE' dropdown menu, which lists actions taken on 07/16/2011: RS Intake (Status: Transferred for review), Role or Reviewer (Status: Action Taken), and CT - Abdomen (Status: Verified). Below the timeline, sections for REASON FOR REVIEW, IMAGING APPROPRIATENESS, SUGGESTED SYMPTOMS, and PATIENT'S SYMPTOMS AND INDICATIONS are visible. A 'DIAGNOSIS' section displays a list of conditions with their respective percentages: Lung Neoplasms (99%), Pulmonary Thromboembolism (75%), Atypical Pneumonia (65%), Tuberculosis (53%), Pulmonary TB (52%), and Wegener's Granulomatosis (51%).

Case Timeline

A time-based look at the actions, people and milestones that have transpired during the life-cycle of this particular case.

Control

Case timeline

Behavior

Selecting the **case timeline** dropdown exposes the case timeline details. The case timeline describes high-level case actions — this is not a detailed action log. Each high-level action is a text hyperlink that will allow the user to drill down into the detailed case actions if needed.

Table organized by date

The information contained in the case timeline table is organized by date, with the most recent action listed at the top of the timeline.

Patient History

The patient history contains information that will help the AIM employee gain context for the case as well as provide patient and case specific information that can remain hidden for many scenarios. It provides a list or current orders in process as well as ones recently closed and access to more information in the patient profile.

Control Behavior

Patient history dropdown Selecting this dropdown control exposes the information contained in the patient history. The **patient history** describes high-level patient information — this is not a detailed account of the patient's medical history. High-level patient information is a text hyperlink that will allow the user to drill down into the detailed patient profile if needed.

Table of information The table is broken down by requests in progress and recently ordered tests for that patient. In a future-state lmasis, there can be further delineation based on the various, existing AIM product and service offerings.

View patient profile Selecting the view patient profile button will take the user directly to a page that is dedicated to that patient, their medical history and everything lmasis knows about them.

The screenshot shows the AIM Case Overview interface for a patient named Jessica Wolfson. The 'PATIENT HISTORY' tab is selected, highlighted with a yellow box. This tab displays a table of recent requests and diagnoses:

REQUESTS IN PROGRESS	Order Type	Diagnosis	Date
Medical Necessity ✓			
Clinical Appropriateness			
Benefit Determination			

Below this is a table of 'RECENTLY ORDERED' items:

Enbrel	Rheumatoid Arthritis	09/16/2011
Drug	Diagnosis	03/21/2011
Order Type	Diagnosis	01/10/2011
Order Type	Diagnosis	11/02/2010
Order Type	Diagnosis	10/30/2009

On the right side of the interface, there are sections for 'NEXT STEPS' (with placeholder text 'Lorem ipsum dolor sit'), 'DIAGNOSIS' (listing conditions like Lung Neoplasms at 99%), and 'IMAGING APPROPRIATENESS' (listing conditions like Pulmonary Thromboembolism at 75%).

Case overview: unverified

MEMBER # XEAJ-3456-8201	DIAGNOSIS None Given	CALLER Elana Dias (415) 231-8724
DOB 10/4/77	ORDER(S) CT - Abdomen	
	ORDERING PROVIDER Dr. Fredrick Skippa Johnson Cancer Center 1235 West Hwy Cleveland OH 44115	
	FACILITY Hawthorn Imaging Center 2509 Overview Dr Cleveland OH 49113	Verify Caller

Case overview: verified and collapsed

MEMBER # XEAJ-3456-8201	DIAGNOSIS None Given	Caller Verified ✓
DOB 10/16/47	ORDER(S) CT - Abdomen	

Case overview: unverified and collapsed

The case verification process in future-state Imasis will give its users an opportunity to quickly verify the caller and then hide that information for the remainder of the case workflow.

Control

Verification information

To **Verify Caller**, the user will confirm the existing information and select the Verify Caller button.

Verify caller

The **Verify Caller** button moves the user past the call verification stage and into the case workflow.

Caller verified arrow

Once the call has been verified, the caller verification arrow serves as a way for the user to expand the call verification information if needed, at any time during their case workflow.

Case specific messaging

The principles of case specific messaging remains the same across user roles. This messaging needs to be always relevant, not repetitive. Messaging and the highlighting of that messaging should be timely and in concert with the user's critical workflow.

Control	Behavior
Reasons for review	Shows the user the rational for why the case needs clinical review. This helps to set the context for the case the user is working on.
Medical Necessity	Shows the user whether or not the case needs review for medical necessity reasons.
Clinical Appropriateness	Shows the users whether or not the case needs review for clinical appropriateness reasons.
Benefit Determination	The benefit detriment makes the critical business rules transparent to the AIM user.
Imaging Appropriateness	Imaging appropriateness messaging and or the disclaimers are displayed in this area of the case specific messaging.
Next steps	This lets the user know what the next steps of this case (e.g. case close, case deny, RN review, MD review, requesting more info).
Criteria not met tab	The criteria not met tab shows a dropdown of the criteria not yet met for this specific case. This helps guide and direct the user towards the right questions to ask the caller.
Alternative tests	The alternate tests tab shows the user alternative test that Imasis is suggesting for that case.

Case specific messaging Notification

MEMBER # XEAJ-3456-8201 DOB 10/4/77	DIAGNOSIS Lung Neoplasms Undo change	Caller Verified ✓
REASON FOR REVIEW <i>Medical Necessity</i> ✓ <i>Clinical Appropriateness</i> ✓ Benefit Determination	IMAGING APPROPRIATENESS Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.	NEXT STEPS Lorem ipsum dolor sit
		1 criteria not met ▾ 3 alternative tests ▾

Case specific messaging Default

MEMBER # XEAJ-3456-8201 DOB 10/4/77	DIAGNOSIS Lung Neoplasms	Caller Verified ✓
REASON FOR REVIEW <i>Medical Necessity</i> ✓ <i>Clinical Appropriateness</i> ✓ Benefit Determination	IMAGING APPROPRIATENESS Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.	NEXT STEPS Lorem ipsum dolor sit
		1 criteria not met ▾ 3 alternative tests ▾

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Diagnosis Needed

DIAGNOSIS None Given

ORDER(S) CT - Abdomen *Caller Verified*

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness

IMAGING APPROPRIATENESS
Diagnosis needed.

NEXT STEPS
Lorem ipsum dolor sit

Benefit Determination

5 criteria not met ▾ 3 alternative tests ▾

- Sed fermentum gravida metus nec sagittis.
- What the test will show: Metus nec sagittis liquet ante vitae dapibus
- Donec ultricies aliquet ante vitae dapibus.
- What the test will show: Ante vitae dapibu aliquet ante vitae dapibus
- Pellentesque habitant morbi tristique senectus et netus et
- What the test will show Tristique senectus et netus ealiquet ante vitae dapibus

SUGGESTED SYMPTOMS

Select related ▾

- + Abnormal chest examination
- + Cough
- + Dysphagia
- + Fatigue
- + Fever
- + Hemoptysis
- + Hoarseness
- + Night sweats
- + Weight loss of more than 10% of body

Type to add symptom

PAIN
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

DIAGNOSIS

Condition	Percentage
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS

Alternate tests

The alternate tests tab shows the user alternative test that Ibatis is suggesting for that case.

Control

Alternative tests

Behavior

The alternative tests tab opens and closes the alternative tests that Ibatis suggests based on the known case information.

Change icon

When selected, the change icon for replaces the existing order with the new test. The user will see a brief confirmation of this change.

Criteria not met

The criteria not met tab shows a dropdown of the criteria not yet met for this specific case. This helps guide and direct the user towards the right questions to ask the caller.

Control	Behavior
Criteria not met dropdown	Selecting this control expands and collapses the criteria not met for that specific case.
Add icon	Selecting the add icon for any of the criteria not met is the same behavior as selecting an add icon when searching for a patient symptom and indication. The selected criteria will be added to the known clinical information for that given test.
Request more details	Selecting the request more details button will generate an email to the ordering provider and automatically include the documentation needed to request more clinical information for that specific criteria not met. (See Donald's scenario for this entire workflow).

The screenshot shows the AIM web application interface for a patient named Trevor Carroll. The top navigation bar includes links for Close Case, Deny Case, Cancel Order, More, Queue, and Jump to my case. The main header displays the patient's name, member number (XEAJ-5678-4418), and date of birth (4/27/56). The case status is set to "Needs Review by MD".

The central area shows the patient's diagnosis as "Consectetur elit" and an order for "Urna nibhnon". A "Caller Verified" status is indicated with a checkmark. The "REASON FOR REVIEW" section lists "Medical Necessity" and "Clinical Appropriateness". The "IMAGING APPROPRIATENESS" section contains placeholder text about image appropriateness.

The "NEXT STEPS" section also contains placeholder text. A yellow box highlights the "Benefit Determination" section, which lists five items with plus signs and corresponding descriptions. A callout bubble above this section says "5 criteria not met". To the right of each item is a "Request more details" button, with the fourth button being clicked (indicated by a mouse cursor).

Below this section are sections for "PATIENT'S SYMPTOMS AND INDICATIONS" (listing Pain, Bowel-Related, Ataxia, and Tumor symptoms), "RECENT TESTS" (listing dates and test names like Vestibulum ante ipsum), "GUIDELINES BASED ON" (listing guidelines), "RELATED ARTICLES" (listing articles), and "DIAGNOSIS AND TEST" (listing diagnosis and test details). A "Click to add" link is located at the bottom left of the main content area.

Notification example: Denial confirmation

The screenshot shows a user profile for Maureen Henders. Below it, a yellow notification box displays the message: "The order has successfully been denied." The order details are listed as follows: DIAGNOSIS: Lung Neoplasms; ORDER(S): CT Chest; Status: denied; Caller Verified: ✓.

Notification example: Closed confirmation

The screenshot shows a user profile for Jessica Wolfson. Below it, a yellow notification box displays the message: "The order has successfully been closed." The order details are listed as follows: DIAGNOSIS: Lung Neoplasms; ORDER(S): CT - Abdomen; Status: closed; Caller Verified: ✓.

Notification example: Addition to the list

The screenshot shows a list of symptoms on the left: Dysphagia, Fatigue, Fever, Hemoptysis, and Hoarseness. In the center, a yellow notification box displays the message: "Bowel-Related" followed by "Bloating and distension for 1 week". Below this, another yellow box displays the message: "Ataxia" followed by "Acute, lack of muscle coordination for 2 weeks". On the right, a list of differential diagnoses with progress bars is shown:

Diagnosis	Percentage
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

Notification example: Undo

The screenshot shows a user profile for Jessica Wolfson. Below it, a yellow notification box displays the message: "Undo change" next to the "DIAGNOSIS" field. The order details are listed as follows: DIAGNOSIS: Lung Neoplasms; ORDER(S): CT - Abdomen; Status: Caller Verified: ✓.

Dynamic notifications

Imasis responds to the users input with passive notifications that give them confidence in their actions as they move through their work. This feedback provides needed transparency without asking the user to do any work or manually process any particular aspect of the case.

Control	Behavior
Denial confirmation	Confirms the case denial action to the user.
Closed confirmation	Successfully confirms with the user that the case has been closed.
Addition to the list	Confirms that content has successfully been added to a list.
Undo	Provides the user with an affordance to recover and undo the action they just completed. Selecting undo will take the user to their previous action.

Clinical Phase

Future-state Imasis has two distinct phases. The first phase is purely clinical and relies on the intelligence of the future clinical engine to help and guide users through their work. The clinical phase is designed to drive towards a diagnosis and or provide the clinical rational to support an existing diagnosis. It is important that the imaging appropriateness phase be a distinctly different phase from the clinical phase.

Control	Behavior
Suggested symptoms	Helps guide and direct the user in asking the right questions to the caller and determining the diagnosis and or providing rational for the existing diagnosis. The default suggested symptoms are based on frequency of diagnosis and tests as well as what's common with the ordering MD.
Patient symptoms and indications	Known patient's symptoms and indications. Type-ahead search helps the user quickly and directly find additional patient symptoms and indications to add to the case.
Diagnosis	The possible diagnosis function in Imasis guides and directs the user towards what the Imasis clinical engine thinks the right diagnosis for this case could be - based on known clinical information, patient history and the latest medical thinking.
Imaging appropriateness	This function remains minimized until a diagnosis has been found or the known diagnosis has been rationalized by the ordering provider. At the very minimum, Imasis will always need to do a "sniff test" to make sure the existing diagnosis holds true for known and existing symptoms and indications for the patient.

The screenshot shows the AIM Clinical Phase interface for a patient named Jessica Wolfson. The top navigation bar includes links for Close Case, Cancel Order, More, Queue, and Jump to my case. The main patient details are displayed: MEMBER # XEAJ-3456-8201, DOB 10/16/47. The Diagnosis section shows 'None Given'. The Imaging Appropriateness section indicates 'CT - Abdomen' and notes 'Caller Verified'. The Reason for Review section lists Medical Necessity and Clinical Appropriateness. The Next Steps section contains placeholder text: 'Lorem ipsum dolor sit'.

SUGGESTED SYMPTOMS: Pulmonary Throm... ▾

- + Adipiscing
- + Consectetur
- + Sodales Integer
- + Tempus potenti

PATIENT'S SYMPTOMS AND INDICATIONS:

- Type to add symptom
- Pain**: Acute abdominal pain for 2 weeks
- Bowel-Related**: Bloating and distension for 1 week
- Ataxia**: Acute lack of muscle coordination for 2 weeks
- Consectetur**

DIAGNOSIS:

Condition	Probability (%)
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS:

PATIENT HISTORY PATIENT HISTORY ▾ **CASE TIMELINE** CASE TIMELINE ▾ **CASE STATUS** CASE STATUS **Verify Appropriateness**

DIAGNOSIS Lung Neoplasms
ORDER(S) CT - Abdomen **Caller Verified** ✓

REASON FOR REVIEW Medical Necessity ✓ Clinical Appropriateness ✓ Benefit Determination

IMAGING APPROPRIATENESS Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

NEXT STEPS Lorem ipsum dolor sit

SUGGESTED SYMPTOMS Pulmonary Throm... ▾ Type to add symptom

- + Adipiscing
- + Consectetur
- + Sodales Integer
- + Tempus potenti

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain** Acute abdominal pain for 2 weeks
- Bowel-Related** Bloating and distension for 1 week
- Ataxia** Acute lack of muscle coordination for 2 weeks
- Consectetur**

DIAGNOSIS Lung Neoplasms

IMAGING APPROPRIATENESS

Maecenas nec purus mi. Nunc pulvinar mollis
Lorem ipsum
Fusce vel luctus neque

Duis laoreet velit sed nulla egestas vitae
rhoncus augue tincidunt. Suspendisse in ipsum
non purus dapibus condimentum ac sit amet?

Yes No Not Sure

Image appropriateness phase

The image appropriateness phase is when Imasis helps the AIM employee determine what the appropriate imaging test (treatment) is for this patient based on the known clinical factors. Imasis will run the known clinical factors against the appropriateness rules and guidelines to help determine what the appropriate test is. How this process specifically works in Imasis has yet to be determined. What is known is that the imaging appropriateness phase and the clinical phase are two connected and distinct phases in the Imasis pre authorization workflow.

Control

Diagnosis

Behavior

The **Diagnosis** has been clinically rationalized and it is clearly visible.

Image appropriateness

The functionality guides the user through requesting the appropriate information from the caller. This information will determine if the test or treatment is appropriate based on the business rules and guidelines.

Clinical patient symptoms and indications

During this phase, the **Patient Symptoms and Indications** remain visible and inactive — serving as a record and reference point of the clinical information of the case. Clicking into any of the patient symptoms and indication functionality will return the user to the clinical phase of the Imasis anatomy by collapsing the imaging appropriateness functionality and re-engaging the potential diagnosis functionality. This fluid transformation adheres to our design principle of Imasis being adaptive and dynamic to the users non-linear workflow.

Dialogs

Dialog function in Imasis is to bring user focus to important decisions. Imasis users make conscious decisions to move forward with an action or to cancel out of the dialog and return to their previous location in Imasis.

Control

Behavior

Close case dialog

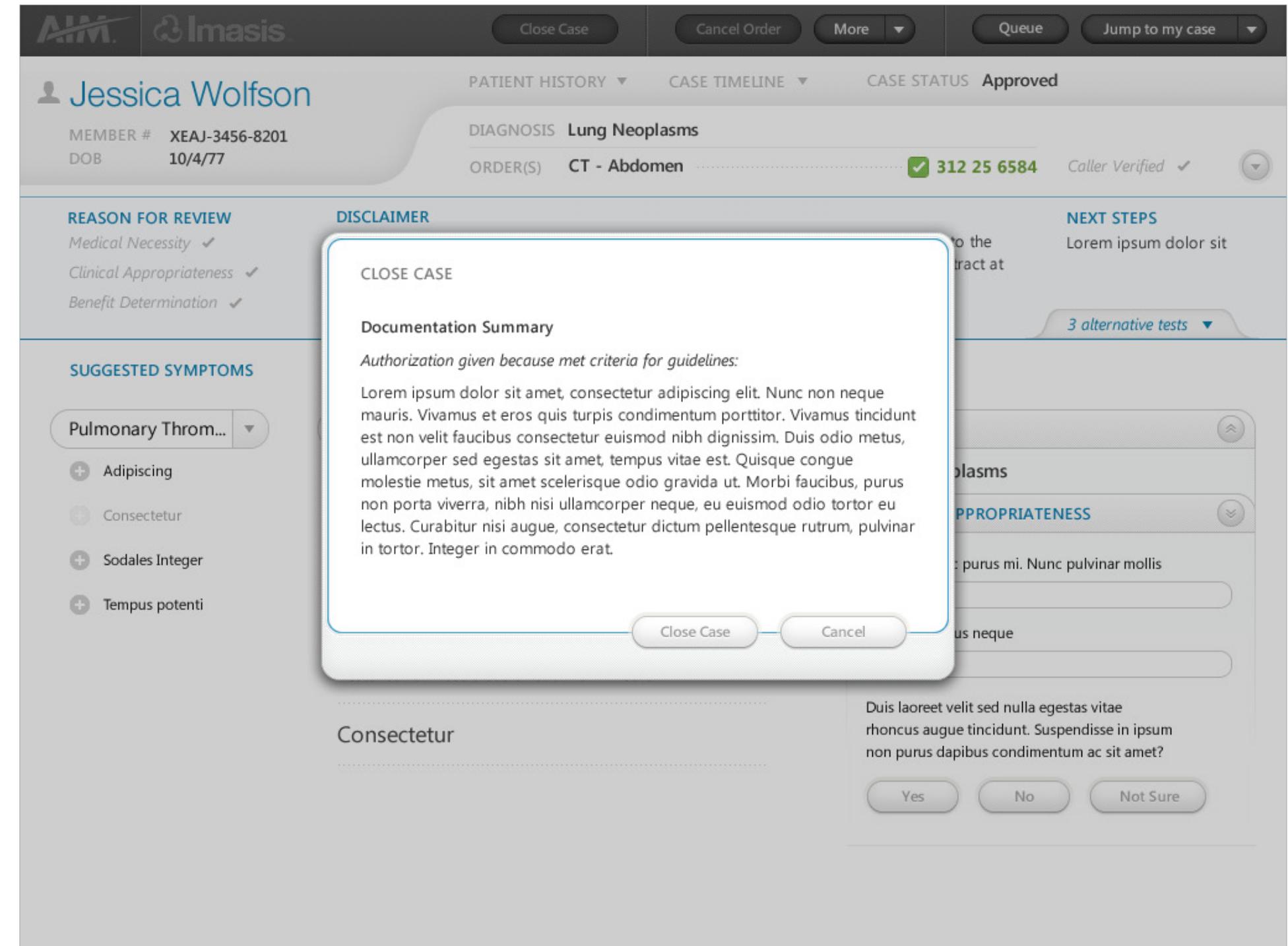
In this example, selecting the **Close Case** button opens the **Close Case Dialog** and allows the user to confirm that they have reviewed the documentation and would indeed like to close the case.

The close case dialog is a good example of dialogs that are used in Imasis as a major decision point in the workflow and it's important that the user has a chance to confirm and review this action as they move forward.

Our principles stipulate that the users initiate actions by clicking the close case button in the dialog after reviewing the documentation summary.

Cancel

Selecting the **Cancel** button returns the user to the location they were at previously. In this example, the user would return to the imaging appropriateness phase of Imasis.



The screenshot shows the AIM software interface for a patient named Maureen Henderson. The top navigation bar includes buttons for Close Case, Deny Case, Cancel Order, More, Queue, and Jump to my case. The patient's name and member number (XEAJ-3456-8201) are displayed. The case status is "Need MD Review".

PATIENT HISTORY: Diagnosis: Rhoncus Ultrices; Order(s): CTA Chest; Caller Verified.

REASON FOR REVIEW: Medical Necessity, Clinical Appropriateness, Benefit Determination.

IMAGING APPROPRIATENESS: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

NEXT STEPS: Lorem ipsum dolor sit

PATIENT'S SYMPTOMS AND INDICATIONS:

- Pain:** Acute abdominal pain for 2 weeks
- Bowel-Related:** Bloating and distension for 1 week
- Ataxia:** Quisque nec erat turpis, faucibus vulputate a massa

Click to add

PHYSICAL EXAM: Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

Click to add

RECENT TESTS:

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae
- 12/12/11 Nulla eget vulputate sem

ALTERNATIVE TESTS:

- CT Chest x-ray (CXR)
- CT Chest
- Ventilation-perfusion scan (V/Q scan)

A yellow box highlights the "GUIDELINES BASED ON" section of the MD reference panel, which is currently collapsed. The panel also contains sections for RELATED ARTICLES, SYMPTOMS, and DIAGNOSIS AND TEST.

MD references and support

Imasis responds to the users input to give them confidence in their actions as they move through their work.

Control

Guidelines based on

This area of the MD interface shows the user what the guidelines (appropriateness rules) are based on for this case.

Related articles

This area shows the latest medical articles that are related to this case. These articles give the MD up-to-date medical research at their fingertips and make it easy to share this information with the ordering provider.

Collapse arrow tab

The collapse arrow tab provides an affordance for the user to collapse and hide the MD reference and support tools until they are needed.

When the MD references and support panel is closed, the rest of the content in the MD Imasis anatomy remains in the same location on the screen.

Global patterns

This section serves as an introduction to the global pattern concepts of this design. Establishing these key framework concepts provide us with the proper context for the goal-driven scenarios. Some of the global concepts are covered in greater detail later in this document.

Search and select — page **31**

Hover to reveal actions — page **32**

Direct manipulation of text — page **34**

Contextual information — page **36**

Smart suggestions — page **38**

Computer Telephony Integration — page **39**

The screenshot shows a software interface for medical case management. At the top, there are navigation buttons: Close Case, Cancel Order, More, Queue, and Jump to my case. Below this, the patient's name is Jessica Wolfson, member number XEAJ-3456-8201, and date of birth 10/16/47. The case status is 'Diagnosis Needed'. The diagnosis is listed as 'None Given' and the order is 'CT - Abdomen'. A note says 'Caller Verified ✓'. In the 'REASON FOR REVIEW' section, 'Medical Necessity' is checked. Under 'IMAGING APPROPRIATENESS', it says 'Diagnosis needed.' In the 'NEXT STEPS' section, there is placeholder text 'Lorem ipsum dolor sit'. Below these sections are buttons for '5 criteria not met' and '3 alternative tests'. The 'SUGGESTED SYMPTOMS' section has a dropdown 'Select related' and a list of symptoms: Abnormal chest examination, Cough, Dysphagia, Fatigue, Fever, Hemoptysis, Hoarseness, Night sweats, and Weight loss of more than 10% of body weight. The 'PATIENT'S SYMPTOMS AND INDICATIONS' section contains a search bar with 'Ano' typed in, a magnifying glass icon, and a list of symptoms: Anosmia, Ataxia (which is highlighted with a blue selection box), Facial Droop, Facial Numbness, and Gait Disorder. To the right is a 'DIAGNOSIS' section with a list of conditions and their percentages: Lung Neoplasms (99%), Pulmonary Thromboembolism (75%), Atypical Pneumonia (65%), Tuberculosis (53%), Pulmonary TB (52%), and Wegener's Granulomatosis (51%). Below the diagnosis list is an 'IMAGING APPROPRIATENESS' section.

It is critical that users are able to seamlessly search and select data in the system in a manner that is conducive to their workflow. Imaisis can do a lot of the heavy lifting on the back end and let users do their work in the most efficient and competent way possible. Selecting data from type-ahead search streamlines the search process and reduces the need to type long words and definitions.

Search and select

A dynamic future vision of Imaisis will be responsive to the contextual needs of the user and their workflow.

Control

Type-ahead search

Type-ahead search suggestions get users quickly and adaptively to the data they need to find.

To support the work of AIM call center employees, it will remain important to enable a non-linear workflow that allows users to respond and guide the caller quickly towards the right case information.

Type-ahead search offers the best opportunity to get users the data they are looking for in the most efficient and accurate way possible.

Add control

The add control is the primary action. Clicking on the text also functions as an add selection.

More info control

On hover, a more info icon appears and is active for that specific item in the list. More info is a secondary action, while the add control and text are the primary action.

Pop-up

The more info pop-up appears when the more info icon has been clicked. The more info pop-up contains information related to the list item. The pop-up goes away when the user clicks anywhere else on the screen or re-clicks the more info pop-up.

Behavior

Hover to reveal actions

The Imais re-designing provides contextual information to support the users work in different ways. The differences are dependent on user role and the actions need for that case.

List items

Control

Add control

More info control

Remove filter

Behavior

The **add control** adds the item to the list of patient's symptoms and indication.

On hover, a **more info** control appears and is active for that specific item in the list.

On hover, the filter shows a remove control that lets the user remove that filter selection.

Hover actions: list items

The screenshot shows a medical application interface. On the left, under 'SUGGESTED SYMPTOMS', there is a dropdown menu showing 'Pulmonary Throm...'. Below it is a list of five items: 'Adipiscing', 'Consectetur' (which has a yellow box around it and a hand cursor icon), 'Sodales Integer', 'Tempus potenti'. In the center, under 'PATIENT'S SYMPTOMS AND INDICATIONS', there is a search bar with 'Type to add symptom' and a magnifying glass icon. Below the search bar, there are two sections: 'Pain' (with 'Acute abdominal pain for 2 weeks') and 'Bowel-Related' (with 'Bloating and distension for 1 week'). On the right, under 'DIAGNOSIS', there is a list of five conditions with their respective percentages: 'Lung Neoplasms' (99%), 'Pulmonary Thromboembolism' (75%), 'Atypical Pneumonia' (65%), 'Tuberculosis' (53%), and 'Pulmonary TB' (52%). Each diagnosis entry includes a plus sign icon and a small circular progress bar.

Hover actions: remove filter

This screenshot is identical to the one above, but with a pink border around the 'more info' control for the 'Consectetur' item in the 'SUGGESTED SYMPTOMS' list, indicating it is currently being targeted by a hover action.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Diagnosis Needed

DIAGNOSIS None Given

ORDER(S) CT - Abdomen *Caller Verified ✓*

REASON FOR REVIEW Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS Diagnosis needed.

NEXT STEPS Lorem ipsum dolor sit

5 criteria not met ▾ 3 alternative tests ▾

SUGGESTED SYMPTOMS

Select related ▾

- + Abnormal chest examination
- + Cough
- + Dysphagia
- + Fatigue
- + Fever
- + Hemoptysis
- + Hoarseness
- + Night sweats
- + Weight loss of more than 10% of body weight

PATIENT'S SYMPTOMS AND INDICATIONS

Ano

- + Anosmia
- + Ataxia
- + Facial Droop
- + Facial Numbness
- + Gait Disorder

DIAGNOSIS

Condition	Confidence (%)
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS

Hover within type-ahead search suggestions

Search result suggestions within the context of that category (e.g. Patient's Symptoms and Indications), the user role and know information about that case

Control	Behavior
Hover state	Activates the add control and exposes the more information control.
Add control	Upon hover, selecting either the text or the add control icon will add that suggestion to the existing list. This is the primary action during hover.
More info control	Provides more information, in-line, for that particular search result suggestion. More info is the secondary action during hover.

Clicking on the more information icon while hovering over an item in the type-ahead search result suggests provides in-line contextual information.

Direct manipulate of text fields

Instead of showing every text field to the user, Imaisis has **click to add** text and a hover affordance that shows the user what area of the interface they can click into to add text.

Control

Behavior

Text field in the list

Hovering over **click to add** text, Imaisis provides an affordance to click into a text field and begin typing.

Text (existing) in a list

Within Imaisis, existing text in the physical exam and patient's symptoms and indications can be directly manipulated. This is indicated by a blue hover state. When the user clicks into the blue hover, the text becomes active.

When the user clicks out of the text field, Imaisis notifies the user, with a yellow confirmation field, that the text has been updated.

Text in a documentation dialog

Direct manipulation within the documentation dialog follows the same interaction pattern of hovering and clicking into the text field to add to or edit the existing text. AIM will decide whether or not editing existing text is an allowable action for all user roles, no user roles or limited user roles.

Text field hover example in MD Imaisis: Patient's Symptoms and Indications

The screenshot shows a list of symptoms and indications. A blue button labeled "Click to add" is highlighted with a yellow box. A cursor arrow is pointing at the button. To the right, there is a section titled "ALTERNATIVE TESTS" with a link to "Vestibulum ante". On the far right, there is a sidebar titled "RELATED ARTICLES" with sections for "SYMPTOMS" and "DIAGNOSIS AND TEST".

Direct manipulation of existing text: Patient symptoms and indications.

The screenshot shows a list of symptoms on the left and a central input field for "Ataxia". The input field has "Severity: Acute" and "Duration: Daily for 2 weeks". The entire input field is highlighted with a yellow box. On the right, there is a section titled "IMAGING APPROPRIATENESS" with three items: "Tuberculosis" (53%), "Pulmonary TB" (52%), and "Wegener's Granulomatosis" (51%).

Text in a documentation dialog: Adding to or editing existing documentation

The screenshot shows a documentation dialog. On the left, there are sections for "REASON FOR REVIEW" (Medical Necessity checked), "CLOSE CASE" (Documentation Summary), and "NEXT STEPS". In the "CLOSE CASE" section, there is a text input field containing placeholder text: "Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc non neque mauris. Vivamus et eros quis turpis condimentum porttitor. Vivamus tincidunt est non velit faucibus consectetur euismod nibh dignissim. Duis odio metus, ullamcorper sed egestas sit amet, tempus vitae est. Quisque congue molestie metus, sit amet scelerisque odio gravida ut. Morbi faucibus, purus non porta viverra, nibh nisi ullamcorper neque, eu euismod odio tortor eu lectus. Curabitur nisi augue, consectetur dictum pellentesque rutrum, pulvinar in tortor." This text input field is highlighted with a yellow box. At the bottom, there are buttons for "Close Case" and "Cancel".

Confirmation notification of text added: Patient's Symptoms and Indications

The screenshot shows a list of symptoms on the left and a main content area on the right. The main content area displays 'Bowel-Related' symptoms: 'Ataxia' (Acute, lack of muscle coordination for 2 weeks) and 'IMAGING APPROPRIATENESS'. A yellow box highlights the text 'Ataxia'.

- + Dysphagia
- + Fatigue
- + Fever
- + Hemoptysis
- + Hoarseness
- + Night sweats

Bowel-Related

Bloating and distension for 1 week

Ataxia

Acute, lack of muscle coordination for 2 weeks

IMAGING APPROPRIATENESS

+ Atypical Pneumonia 65%

+ Tuberculosis 53%

+ Pulmonary TB 52%

+ Wegener's Granulomatosis 51%

Confirmation of text direct manipulation

Control	Behavior
Notification of text added	When the user clicks out of the text field, Imasis notifies the user, with a yellow confirmation field, that the text has been updated. This pattern holds true throughout Imasis and the direct manipulation of text.

Confirmation notification of details added in MD Imasis

The screenshot shows a 'PHYSICAL EXAM' section with a text input field containing 'Tumor Maecenas mollis urna id mauris'. A yellow box highlights this text. Below it is a 'Click to add' button. To the right is a 'DIAGNOSIS AND TEST' section with a dropdown menu showing 'ALTERNATIVE TESTS' and a list of items.

Quisque nec erat turpis, faucibus vulputate a massa

Tumor Maecenas mollis urna id mauris

Faucibus vulputate a massa

Click to add

PHYSICAL EXAM

12/12/11 Nulla eget vulputate sem ▾

ALTERNATIVE TESTS

- ↑ Vestibulum ante
- ↑ Ipsum primis in
- ↑ Faucibus orci luctus vulputate

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac
commodo viverra, mauris neque sodales
dolor, at convallis

DIAGNOSIS AND TEST

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac
commodo viverra, mauris neque sodales

Text in a documentation dialog: Adding to or editing existing documentation

The screenshot shows a 'CLOSE CASE' dialog. It includes sections for 'REASON FOR REVIEW' (Medical Necessity checked), 'PATIENT'S SYMPTOMS AND INDICATIONS' (Pain), and 'GUIDELINES BASED ON' (Morbi in bibendum mauris). The 'Documentation Summary' section contains a text input field with placeholder text 'Requesting the following information:' and a yellow box highlighting the text 'Morbi faucibus, purus non porta viverra, nibh nisi ullamcorper neque, eu euismod odio tortor eu lectus.' Below this is a 'NEXT STEPS' section with five 'Request more details' buttons.

REASON FOR REVIEW

Medical Necessity ✓

Clinical Appropriateness

Benefit Determination

PAIN

PATIENT'S SYMPTOMS AND INDICATIONS

Pain

CLOSE CASE

Documentation Summary

Requesting the following information:

Morbi faucibus, purus non porta viverra, nibh nisi ullamcorper neque, eu euismod odio tortor eu lectus.

NEXT STEPS

Request more details

Request more details

Request more details

Information Requested

Request more details

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra,

Close Case Cancel

Contextual information

The Imaisis re-designing provides contextual information to support the users work in different ways. The differences are dependent on user role and the actions need for that case.

More information in search

Control	Behavior
Type-ahead	Search result suggestions within the context of that category (e.g. Patient's Symptoms and Indications), and know information about that case
Hover state	Activates the add control and exposes the more information control.
More info control	Provides more information, in-line, for that particular search result suggestion

The screenshot shows a medical software interface for a patient named Jessica Wolfson. At the top, there are navigation buttons like 'Close Case', 'Cancel Order', 'More', 'Queue', and 'Jump to my case'. Below the header, the patient's details are shown: MEMBER # XEAJ-3456-8201, DOB 10/16/47. The 'CASE STATUS' is 'Diagnosis Needed'. In the 'REASON FOR REVIEW' section, 'Medical Necessity' is checked. Under 'IMAGING APPROPRIATENESS', it says 'Diagnosis needed.' There are three tabs: 'NEXT STEPS' (Lorem ipsum dolor sit), '5 criteria not met', and '3 alternative tests'. The main area shows 'SUGGESTED SYMPTOMS' (Select related) and 'PATIENT'S SYMPTOMS AND INDICATIONS'. A search bar for 'Ano' shows a list of symptoms: Anosmia, Ataxia (highlighted with a yellow box and has an info icon), Abnormal chest examination, Cough, Dysphagia, Fatigue, Fever, Hemoptysis, Hoarseness, Night sweats, and Weight loss of more than 10% of body weight. To the right, a 'DIAGNOSIS' section lists conditions with their likelihood percentages: Lung Neoplasms (99%), Pulmonary Thromboembolism (75%), Atypical Pneumonia (65%), Tuberculosis (53%), Pulmonary TB (52%), and Wegener's Granulomatosis (51%).

Clicking on the more information icon while hovering over an item in the type-ahead search result suggests provides in-line contextual information.

The screenshot shows a medical software interface for a patient named Jessica Wolfson. At the top, there are navigation buttons: Close Case, Cancel Order, More, Queue, and Jump to my case. Below this, the patient's member number (XEAJ-3456-8201) and date of birth (10/16/47) are displayed. The case status is 'Diagnosis Needed'. Under 'DIAGNOSIS', it says 'None Given'. Under 'ORDER(S)', it says 'CT - Abdomen' with a note 'Caller Verified'.

In the 'REASON FOR REVIEW' section, there are three items: Medical Necessity (checked), Clinical Appropriateness, and Benefit Determination. In the 'IMAGING APPROPRIATENESS' section, it says 'Diagnosis needed.' In the 'NEXT STEPS' section, there is placeholder text 'Lorem ipsum dolor sit'.

Below these sections are two tabs: 'SUGGESTED SYMPTOMS' and 'PATIENT'S SYMPTOMS AND INDICATIONS'. The 'PATIENT'S SYMPTOMS AND INDICATIONS' tab is active. On the left, under 'SUGGESTED SYMPTOMS', there is a list: Pulmonary Thromboembolism, Adipiscing, Consectetur, Sodales Integer, and Tempus potenti. The 'Pulmonary Thromboembolism' item has a blue 'More' information icon (an 'i' inside a circle) next to it, which is highlighted with a yellow box. A tooltip-like pop-up window appears over this icon, titled 'FREQUENTLY REFERRED TO AS:'.

The pop-up contains two sections: 'Condition A' and 'Condition B'. Condition A contains placeholder text: 'Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat.' Condition B contains placeholder text: 'Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.'

To the right of the pop-up, there is a 'DIAGNOSIS' section with a list of conditions and their percentages: Lung Neoplasms (99%), Pulmonary Thromboembolism (75%), Atypical Pneumonia (65%), Tuberculosis (53%), Pulmonary TB (52%), and Wegener's Granulomatosis (51%). Below this is an 'IMAGING APPROPRIATENESS' section.

More information pop-up

Control	Behavior
Hover state	Activates the add control and exposes the more information control.
More info icon in a standard list	<p>The more info pop-up appears when the more info icon has been clicked.</p> <p>The more info pop-up contains information related to the list item.</p> <p>The pop-up goes away when the user clicks anywhere else on the screen or re-clicks the more info pop-up.</p>

Clicking on the more information icon while hovering over an item in a list provides a pop-up with information that is contextually relevant for that item, the list, the case and the AIM user role.

Smart suggestions for RN Imasis

A key global concept to the Imasis re-design is that the intelligence of the system will be able to provide the user with smart suggestions for what they are looking for. These smart suggestions will also be key for guiding, directing and supporting the user through their most common workflows.

Control Behavior

	Control	Behavior
1	Suggested Symptoms	The default suggested symptoms are based on what is frequently given by the ordering physician for the exam as well as possible diagnosis. The users can select the dropdown menu to show suggested symptoms that are related to a particular potential diagnosis.
2	Patient's symptoms and indications type-ahead suggestions	The type-ahead suggestions for the patient's symptoms and indications are based on the initial typed characters, the known symptoms and indications for that case, the order request, the diagnosis and the patient history.
3	Potentially diagnosis suggestions	The potential diagnosis suggestions are dynamically updated based on the known clinical details for the case, the order request and the patient history. As the user adds information, the list and percentage match change accordingly. Clinical information and the clinical engine of Imasis drive the potential diagnosis, which in turn, helps guide the user towards building a clinical case and assigning the right diagnosis for the patient. Future state Imasis will run the diagnosis against the imaging appropriateness rules to determine if the case will be pre-authorized.

The screenshot shows the AIM-Imasis software interface. At the top, there are navigation buttons: Close Case, Cancel Order, More, Queue, and Jump to my case. Below the header, the patient's name is Jessica Wolfson, member number XEAJ-3456-8201, and date of birth 10/16/47. The case status is Diagnosis Needed. The diagnosis is listed as None Given, and the order is CT - Abdomen. A note says Caller Verified ✓.

The main area is divided into sections:

- REASON FOR REVIEW:** Medical Necessity ✓, Clinical Appropriateness, Benefit Determination.
- IMAGING APPROPRIATENESS:** Diagnosis needed.
- NEXT STEPS:** Lorem ipsum dolor sit.

Three numbered callouts point to specific features:

- 1** Points to the "SUGGESTED SYMPTOMS" section, which contains a dropdown menu labeled "Select related" and a list of symptoms: Abnormal chest examination, Cough, Dysphagia, Fatigue, Fever, Hemoptysis, Hoarseness, Night sweats, and Weight loss of more than 10% of body weight.
- 2** Points to the "PATIENT'S SYMPTOMS AND INDICATIONS" section, which is a type-ahead search bar showing "Ano" and a list of symptoms: Anosmia, Ataxia, Facial Droop, Facial Numbness, and Gait Disorder.
- 3** Points to the "DIAGNOSIS" section, which lists potential diagnoses with their respective percentages: Lung Neoplasms (99%), Pulmonary Thromboembolism (75%), Atypical Pneumonia (65%), Tuberculosis (53%), Pulmonary TB (52%), and Wegener's Granulomatosis (51%).

This screen shows three ways in which Imasis provides smart suggestions to its users. 1) Suggested symptoms. 2) Patient's symptoms and indications with type-ahead search suggestions. 3) Diagnosis suggestions for this case.

INCOMING CALL

Jackson Cancer Center
(415) 263-0091

6 REQUESTS IN PROGRESS [View All](#)

Date	Description	Action	Status
10/31/11	Cras id Nullalacus porttitor	actions	Cras id Nullalacus porttitor
10/31/11	Molestie lementum vehicula	actions	Molestie lementum vehicula
10/31/11	Vivamus eget tristique ulla adip	actions	Vivamus eget tristique ulla adip
10/31/11	Hend	actions	Ortor et semper
10/31/11	Done	actions	Donec et neque lorem
10/31/11	Ut ph	actions	Ut pharetra ligula
10/31/11	Vivan	actions	
10/31/11	Nulla	actions	
10/31/11	Ortor	actions	
10/31/11	Donec et neque lorem	actions	Donec et neque lorem
10/31/11	Ut pharetra ligula	actions	Ut pharetra ligula
10/31/11	Vivamus eget tristique	actions	Vivamus eget tristique
10/31/11	Nulla adipiscing ultrices	actions	Nulla adipiscing ultrices
10/31/11	Ortor et semper	actions	Ortor et semper

5 RECENTLY CLOSED [View All](#)

SHED CASES

- 1 Cras id Nullalacus Molestie Elementum
- 1 Vivamus Porttitor Suspendisse ligula
- 1 Molestie Elementum Vestibulum Porttitor

Start New Case

Ignore

Computer telephony integration

Adhering to our design principles, CTI will take a great leap forward by helping Imasis be responsive to the users needs, guiding with the right actions and smart with intelligent choices for each user role.

RS CTI

Control	Behavior
Caller ID	Imasis lets the RS know where the call is coming from and what the main number for that ordering provider is.
RS specific cases from that ordering provider	Imasis knows that the RS is often either starting a new case or making an adaptation to an existing case. Imasis provides the RS with high level information for all of the existing requests in progress from that ordering provider as well as the recently closed cases and the related actions. This will help the RS jump directly to where they need to go for existing and recently closed cases from that ordering provider.
Start New Case button	If a case from this ordering provider is entirely new, the RS selects the Start New Case button to begin that workflow.
Ignore button	The ignore button takes the RS directly to the default RS framework and doesn't answer the incoming call.

RN CTI

Control

Behavior

Caller ID

Imasis lets the RN know where the call is coming from, what the patient name is, the main number for that ordering provider.

RN specific case information

Imasis provides the RN with high level case information and the next steps for this specific case.

Ignore button

Selecting the **Ignore** button will let the RN ignore (not answer) the call and jump past the Caller ID dialogue and into the default Imasis RN framework.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** **Diagnosis Needed**

DIAGNOSIS **None Given** **CALLER** **Elana Dias**
ORDER(S) **CT - Abdomen** **(415) 231-8724**

ORDERING PROVIDER **Dr. Fredrick Skippa**

INCOMING CALL

Judy Williams
Jackson Cancer Center (415) 263-0091

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination

CASE
Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod

NEXT STEPS
Lorem ipsum dolor sit amet, consectetuer adipiscing elit

SUGGESTED SYMPTOMS

Select related ▾

- + Abnormal chest examination
- + Cough
- + Dysphagia
- + Fatigue
- + Fever
- + Hemoptysis
- + Hoarseness
- + Night sweats
- + Weight loss of more than 10%

Pain
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

IMAGING APPROPRIATENESS

+ Lung Neoplasms	99%
+ Pulmonary Thromboembolism	75%
+ Atypical Pneumonia	65%
+ Tuberculosis	53%
+ Pulmonary TB	52%
+ Wegener's Granulomatosis	51%

PATIENT HISTORY

CASE TIMELINE

CASE STATUS Need MD Review

DIAGNOSIS Rhoncus Ultrices

ORDER(S) CTA Chest

Caller Verified ✓

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination ✓

PATIENT'S SYMPTOMS AND INDICATIONS

Pain
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

Ataxia
Quisque nec erat turpis, faucibus vulputate

Click to add

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

Click to add

INCOMING CALL

Jackson Cancer Center (415) 263-0091

4 CASES THAT REQUIRE MD REVIEW

PATIENT **REQUEST** **REASON FOR REVIEW**

Henry Stewart	MPI	Medical Necessity
Maureen Henderson	CTA Chest	Clinical Appropriateness
Oscar Boyd	MRI I-spine	Clinical Appropriateness
Taylor Williamson	PET	Medical Necessity Benefit Determination

NEXT STEPS

Lorem ipsum dolor sit amet

Cases that require MD review

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

View all cases

Ignore

MD CTI

Control	Behavior
Caller ID	Ibatis lets the MD know where the call is coming from and what the main number for that ordering provider is.
Cases that require MD review	Ibatis knows that by the time a caller is transferred directly to an AIM MD, much of the non-clinical and basic administrative work has already been done. Therefore, Ibatis provides the AIM MD with a high-level view of the top cases from the Jackson Cancer center that are up for MD review. What "Top Cases" translates to in a literal way is something that AIM needs to determine as the clinical engine and business engine begin to take shape and work together.
View all cases	Selecting this text link takes the user to a page where all cases for the Jackson Cancer Center are displayed in a similar table format.
Ignore button	Selecting the Ignore button will let the MD ignore (not answer) the call and jump past the Caller ID dialogue and into the default Ibatis MD framework.

Case Denial

MDs in Imasis are the only users authorized to deny a case. Thus, it is important that we detail how this could function in the future state Imasis.

MD case denial

When the MD is ready to deny a case, they simply select the **Case Denial** button in the MD global navigation.



PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Need MD Review

DIAGNOSIS Rhoncus Ultrices
ORDER(S) CT Chest Caller Verified ✓

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

PATIENT'S SYMPTOMS AND INDICATIONS
Pain
Acute abdominal pain for 2 weeks
Bowel-Related
Bloating and distension for 1 week
Ataxia
Quisque nec erat turpis, faucibus vulputate
Click to add

PHYSICAL EXAM
Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.
Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur
Click to add

IMAGING APPROPRIATENESS

DENY CASE

Documentation Summary
Case is being denied for the following reasons:
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc non neque mauris. Vivamus et eros quis turpis condimentum porttitor. Vivamus tincidunt est non velit faucibus consectetur euismod nibh dignissim. Duis odio metus, ullamcorper sed egestas sit amet, tempus vitae est. Quisque congue molestie metus, sit amet scelerisque odio gravida ut. Morbi faucibus, purus non porta viverra, nibh nisi ullamcorper neque, eu euismod odio tortor eu lectus. Curabitur nisi augue, consectetur dictum pellentesque rutrum, pulvinar in tortor. Integer in commodo erat.

NEXT STEPS
Determine image appropriateness

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

IMAGING APPROPRIATENESS

Chest x-ray (CXR)
Ventilation-perfusion scan (V/Q scan)

Deny Case **Cancel**

Case denial dialog

The case denial dialog helps the MD document and wrap-up the denial of a case while on the phone with the ordering provider.

Control

Denial documentation

Behavior

A future-state Imasis will have all necessary clinical denial documentation and rationale automatically prepared for the MD. However, Imasis will leave the option for the MD to add documentation to existing text needed in any particular circumstance.

Deny case

Selecting the deny case button will submit the case as denied and close the case as denied.

Cancel

Selecting button will close the deny case dialog and return the MD to the case in its previous state.

Case denial confirmation

Imasis confirms the case denial with messaging to the user in the **case-specific messaging** panel. There is also an easy path for recovery if that is needed.

Control	Behavior
---------	----------

Denial messaging

Imasis confirms the case denial within the **case-specific messaging** panel. This is the same pattern as case approval, but for denial, not confirmation

Global navigation changes

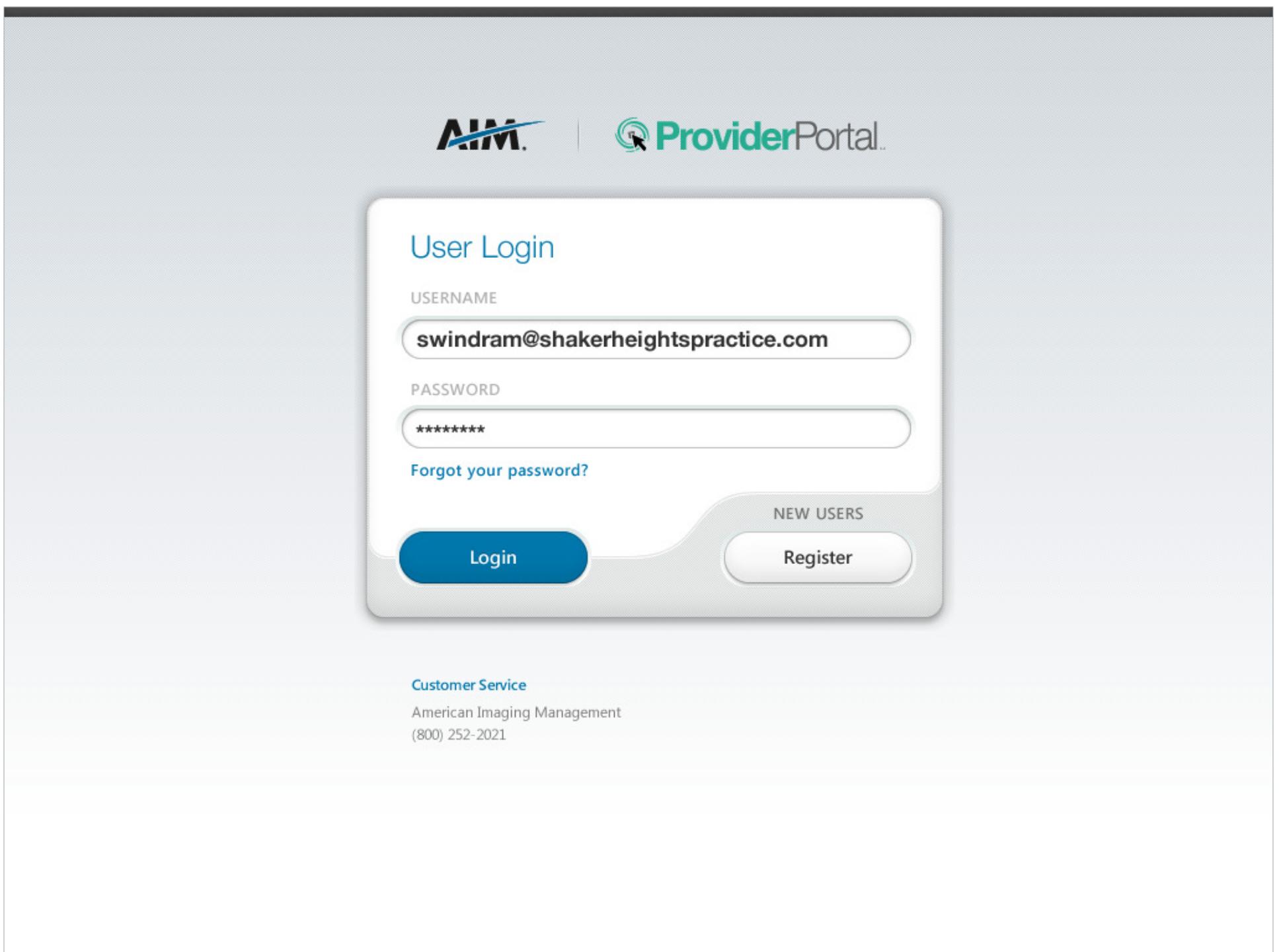
The case denial confirmation has an impact on the states of the global navigation.

Control	Behavior
Close case button	Now active.
Deny case button	Now disabled.
Close case button	Now disabled.

The screenshot shows the AIM web interface for a patient named Maureen Henders. At the top, there is a navigation bar with links like 'Close Case', 'Deny Case', 'Cancel Order', 'More', 'Queue', and 'Jump to my case'. A yellow box highlights a message box in the center of the screen that says 'The order has successfully been denied.' Below this, the patient's information is shown: MEMBER # XEAJ-3456-8201, DOB 10/4/77. The diagnosis is listed as 'Kronos Orches'. An order for 'CT Chest' is shown with a status of 'denied'. To the right, there are sections for 'GUIDELINES BASED ON' (with placeholder text), 'RELATED ARTICLES' (with placeholder text), 'SYMPTOMS' (with placeholder text), 'RECENT TESTS' (listing four recent tests with dropdown arrows), 'DIAGNOSIS AND TEST' (with placeholder text), 'ALTERNATIVE TESTS' (listing two alternative tests with blue circular icons), 'PHYSICAL EXAM' (with placeholder text), and 'Click to add' (links for adding symptoms, physical exam findings, and alternative tests). A 'Caller Verified' checkbox is checked at the bottom right.

Provider Portal registration

Using established design principles, Cooper redesigned the ProviderPortal registration process through close collaboration with the AIM team. Illustrated is a design based on the recommendations from earlier usability studies and continued collaboration with key project owners. Note: the team conducted no user research that informed this improved flow but is confident in its successful outcome.



ProviderPortal login/registration

Step one in the process of either signing in or signing up for ProviderPortal.

Control	Behavior
AIM and ProviderPortal branding	Launch screen with prominent co-branding of AIM and ProviderPortal.
Username	Email address username for user login.
Password	Password using best practices for user login (i.e. not making passwords too complicated or forcing the user to change their password once they have committed to a given password).
Forgot your password?	Selecting this link will generate an email containing a temporary password with which the user will then be able to login and create a new password.
Login button	Selecting the login button will grant the user access to ProviderPortal — assuming they are a registered user and their username and password were entered correctly.
Register (New Users)	Selecting the Register button will take the user through the ProviderPortal new user registration flow (as outlined in the following pages of this document).
AIM customer service	Provides the user with an alternate way of contacting AIM and ProviderPortal registration. This reduces barriers to ProviderPortal web adoption.

Register: Enter name

Control

First name

Enter the first name of the user registering for ProviderPortal

Last name

Enter the last name of the user registering for ProviderPortal

Behavior

The image shows the AIM Provider Portal registration interface. At the top right, there are links for Help and Log Out. The main title "Register" is centered above three numbered sections: 1. Create An Account, 2. Locate Facility, and 3. Terms of Service.

1. Create An Account: This section contains fields for FIRST NAME (Sheila), LAST NAME (Windram), and EMAIL ADDRESS (yourname@example.com). The entire row of these fields is highlighted with a yellow border. Below these fields are fields for PASSWORD and CONFIRM PASSWORD, with validation messages: "Your password should contain 8-15 letters and numbers." and "You cannot use spaces, quotes or your email address." respectively.

2. Locate Facility: This section includes a LOCATION dropdown menu set to "Select State". Below it are fields for IDENTIFICATION NUMBER and PLEASE SELECT YOUR FACILITY, each with a descriptive message.

3. Terms of Service: This section contains three statements with checkboxes and a "I agree to the terms of service" checkbox. A large green "Register" button is located at the bottom right of this section.

Bottom Left: A zoomed-in view of the FIRST NAME and LAST NAME input fields from the registration form, showing the values "Sheila" and "Windram" respectively.

The screenshot shows the AIM Provider Portal registration interface. At the top left is the AIM logo and 'ProviderPortal'. At the top right are links for 'Help' and 'Log Out'. Below the header, the word 'Register' is displayed.

1. Create An Account

FIRST NAME: Sheila
LAST NAME: Windram

EMAIL ADDRESS: swindram@shakerheightspractice.com

PASSWORD: (Field with placeholder text: Your password should contain 8-15 letters and numbers.)

CONFIRM PASSWORD: (Field with placeholder text: You cannot use spaces, quotes or your email address.)

2. Locate Facility

LOCATION: Select State

SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH
Please select the state of your facility so we can show you which insurers we work with

IDENTIFICATION NUMBER
Please first select what insurer you are associated with

PLEASE SELECT YOUR FACILITY
Please enter your insurance and TIN

3. Terms of Service

I am authorized by my organization and by the ordering providers I will link to my account to register with AIM. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Profile Manager in the event any of this information becomes inaccurate.

I am authorized to access information, including protected health information, on behalf of my organization and the ordering providers linked to my account through AIM's Provider Portal.

In using AIM's Provider Portal, I will only access the minimum amount of information necessary to perform a permitted treatment, payment or other health care operations activity.
In the event I obtain access to information that I am not authorized to view, I will immediately notify AIM at 1-800-252-2021.

I agree not to share my username and password with any unauthorized person.

I agree to the terms of service

Register

Register: Enter email

Control

Enter email

Entering a valid email address gives AIM the primary way to contact the ordering provider. The user's email also serves as the login username.

Behavior

EMAIL ADDRESS

yourname@example.com

Register: Password—doesn't meet criteria

Control	Behavior
Password	ProviderPortal lets the user know if the password meets security needs with helpful, clear feedback.
Confirm password	This field should match the first password field before the user is allowed to confirm the password.
Dynamic error messaging	The user's password is dynamically checked once they click out of the text field. The messaging gives helpful, clear feedback.

PASSWORD

CONFIRM PASSWORD

Your password cannot contain spaces.

The screenshot shows the AIM Provider Portal registration process at step 1. The 'Create An Account' section includes fields for First Name (Sheila), Last Name (Windram), and Email Address (swindram@shakerheightspractice.com). The 'PASSWORD' field contains '*****' and is highlighted with a yellow border, accompanied by the error message 'Your password cannot contain spaces.' Below this is the 'CONFIRM PASSWORD' field. The 'Locate Facility' and 'Terms of Service' sections are also visible.

AIM  ProviderPortal

Register

1. Create An Account

FIRST NAME: Sheila LAST NAME: Windram
EMAIL ADDRESS: swindram@shakerheightspractice.com

PASSWORD: 
CONFIRM PASSWORD: 

2. Locate Facility

LOCATION:

SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH
Please select the state of your facility so we can show you which insurers we work with

IDENTIFICATION NUMBER
Please first select what insurer you are associated with

PLEASE SELECT YOUR FACILITY
Please enter your insurance and TIN

3. Terms of Service

I am authorized by my organization and by the ordering providers I will link to my account to register with AIM. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Profile Manager in the event any of this information becomes inaccurate.

I am authorized to access information, including protected health information, on behalf of my organization and the ordering providers linked to my account through AIM's Provider Portal.

In using AIM's Provider Portal, I will only access the minimum amount of information necessary to perform a permitted treatment, payment or other health care operations activity.

In the event I obtain access to information that I am not authorized to view, I will immediately notify AIM at 1-800-252-2021.

I agree not to share my username and password with any unauthorized person.

I agree to the terms of service

Register

Register: Password confirm

Control

Password

Confirm password

Behavior

A green check lets the user know that their password meets security criteria.

Another green check lets the user know they have successfully set their password and are ready to move on.

PASSWORD



CONFIRM PASSWORD



Register: Locate facility by state

Control

Behavior

Location dropdown

Select a state to determine the user location.

Searching feedback

After location has been selected, Imasis gives the user feedback that it is searching for insurer(s) in that state and thus contracted with the user's facility. This filtering process greatly reduces the number of choices to a more manageable list.

2. Locate Facility

LOCATION

California

SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH

 We are searching for insurers in your state

AIM ProviderPortal

Register

1. Create An Account

FIRST NAME: Sheila LAST NAME: Windram

EMAIL ADDRESS: swindram@shakerheightspractice.com

PASSWORD: ***** CONFIRM PASSWORD: *****

2. Locate Facility

LOCATION: California

SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH
 We are searching for insurers in your state

IDENTIFICATION NUMBER
Please first select what insurer you are associated with

PLEASE SELECT YOUR FACILITY
Please enter your insurance and TIN

3. Terms of Service

I am authorized by my organization and by the ordering providers I will link to my account to register with AIM. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Profile Manager in the event any of this information becomes inaccurate.

I am authorized to access information, including protected health information, on behalf of my organization and the ordering providers linked to my account through AIM's Provider Portal.

In using AIM's Provider Portal, I will only access the minimum amount of information necessary to perform a permitted treatment, payment or other health care operations activity. In the event I obtain access to information that I am not authorized to view, I will immediately notify AIM at 1-800-252-2021.

I agree not to share my username and password with any unauthorized person.
 I agree to the terms of service

Register

AIM  ProviderPortal

Register

1. Create An Account

FIRST NAME: Sheila LAST NAME: Windram
EMAIL ADDRESS: swindram@shakerheightspractice.com
PASSWORD: ***** CONFIRM PASSWORD: *****

2. Locate Facility

LOCATION: California

SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH

BCBS of CA
 UniCare
 Wellmark

Wellmark requires its customers to submit preauthorizations on their [website](#).

IDENTIFICATION NUMBER
Please first select what insurer you are associated with

PLEASE SELECT YOUR FACILITY
Please enter your insurance and TIN

3. Terms of Service

I am authorized by my organization and by the ordering providers I will link to my account to register with AIM. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Profile Manager in the event any of this information becomes inaccurate.

I am authorized to access information, including protected health information, on behalf of my organization and the ordering providers linked to my account through AIM's Provider Portal.

In using AIM's Provider Portal, I will only access the minimum amount of information necessary to perform a permitted treatment, payment or other health care operations activity.

In the event I obtain access to information that I am not authorized to view, I will immediately notify AIM at 1-800-252-2021.

I agree not to share my username and password with any unauthorized person.

I agree to the terms of service

Register

Register: Select insurance

Control

List of insurers

Behavior

ProviderPortal gives the user a list of insurers to select from based on the location/state of their facility.

Check box

Checkboxes let the user easily select one or multiple insurers that their facility is contracted with.

SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH

BCBS of CA
 UniCare
 Wellmark

Wellmark requires its customers to submit preauthorizations on their [website](#).

Register: Identification number

After selecting insurance, entering the TIN and or NPI number is the next step.

Control	Behavior
TIN	Entering a TIN number is one way to verify a user for ProviderPortal registration.

Control	Behavior
NPI	Entering an NPI number is an alternate and or additional way to verify a user for ProviderPortal registration.

IDENTIFICATION NUMBER

TIN

Something about what a tin is and maybe where to find it

NPI

Something about what a NPI is and maybe where to find it

AIM  **ProviderPortal**

[Help](#) · [Log Out](#)

Register

1. Create An Account

FIRST NAME	LAST NAME
Sheila	Windram
EMAIL ADDRESS	
swindram@shakerheightspractice.com	
PASSWORD	

CONFIRM PASSWORD	

2. Locate Facility

LOCATION

California

SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH

BCBS of CA
 UniCare
 Wellmark

Wellmark requires its customers to submit preauthorizations on their [website](#).

IDENTIFICATION NUMBER

TIN

Something about what a tin is and maybe where to find it

NPI

Something about what a NPI is and maybe where to find it

PLEASE SELECT YOUR FACILITY

Please enter your insurance and TIN

3. Terms of Service

I am authorized by my organization and by the ordering providers I will link to my account to register with AIM. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Profile Manager in the event any of this information becomes inaccurate.

I am authorized to access information, including protected health information, on behalf of my organization and the ordering providers linked to my account through AIM's Provider Portal.

In using AIM's Provider Portal, I will only access the minimum amount of information necessary to perform a permitted treatment, payment or other health care operations activity. In the event I obtain access to information that I am not authorized to view, I will immediately notify AIM at 1-800-252-2021.

I agree not to share my username and password with any unauthorized person.

I agree to the terms of service

Register

AIM  ProviderPortal

Register

1. Create An Account

FIRST NAME LAST NAME

EMAIL ADDRESS

PASSWORD

CONFIRM PASSWORD

2. Locate Facility

LOCATION

SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH

BCBS of CA
 UniCare
 Wellmark
Wellmark requires its customers to submit preauthorizations on their [website](#).

IDENTIFICATION NUMBER
TIN
*Something about what a tin is
and maybe where to find it*

NPI
*Something about what a NPI is
and maybe where to find it*

PLEASE SELECT YOUR FACILITY
 **We are searching for your facility...**

3. Terms of Service

I am authorized by my organization and by the ordering providers I will link to my account to register with AIM. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Profile Manager in the event any of this information becomes inaccurate.

I am authorized to access information, including protected health information, on behalf of my organization and the ordering providers linked to my account through AIM's Provider Portal.

In using AIM's Provider Portal, I will only access the minimum amount of information necessary to perform a permitted treatment, payment or other health care operations activity.
In the event I obtain access to information that I am not authorized to view, I will immediately notify AIM at 1-800-252-2021.

I agree not to share my username and password with any unauthorized person.

I agree to the terms of service

Register

Register: Searching for facility

Control

Searching progress feedback

ProviderPortal communicates that it is looking for a facility that matches the known information entered in the registration flow.

Behavior

PLEASE SELECT YOUR FACILITY

 **We are searching for your facility...**

Register: Select facility

After ProviderPortal searches for the facilities, the user is prompted to select facilities are registering with.

Control

Facility list

Behavior

ProviderPortal gives the user a list of facilities to select from.

Check boxes

Check boxes let the user easily select their facility from which they are registering.

PLEASE SELECT YOUR FACILITY



PremiereScan
798 South Winchester Boulevard
San Jose, CA 95128
(408) 984-7226



PremiereScan
798 South Van Ness St
San Jose, CA 96128
(408) 775-0021

The screenshot shows the AIM ProviderPortal registration process. The top navigation bar includes the AIM logo, 'ProviderPortal', and links for 'Help' and 'Log Out'. The main title 'Register' is displayed above three steps: '1. Create An Account', '2. Locate Facility', and '3. Terms of Service'. Step 1 contains fields for First Name ('Sheila'), Last Name ('Windram'), Email Address ('swindram@shakerheightspractice.com'), Password ('*****'), and Confirm Password ('*****'). Step 2 includes a 'LOCATION' dropdown set to 'California' and a section for selecting contracted insurers: BCBS of CA, Unicare (selected), and Wellmark (disabled). Step 3 contains fields for TIN ('100-772-1213') and NPI ('2588-7111'), each with a descriptive note about what the number represents. A yellow box highlights the 'PLEASE SELECT YOUR FACILITY' section in Step 2, which lists two PremiereScan locations with checkboxes. Step 3 also contains a checkbox for agreeing to terms of service and a 'Register' button.

AIM ProviderPortal

Register

1. Create An Account

FIRST NAME: Sheila LAST NAME: Windram
EMAIL ADDRESS: swindram@shakerheightspractice.com
PASSWORD: ***** CONFIRM PASSWORD: *****

2. Locate Facility

LOCATION: California
SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH:
 BCBS of CA
 UniCare
 Wellmark
Wellmark requires its customers to submit preauthorizations on their [website](#).

IDENTIFICATION NUMBER
TIN: 100-772-1213
NPI: 2588-7111

Something about what a tin is and maybe where to find it
Something about what a NPI is and maybe where to find it

PLEASE SELECT YOUR FACILITY
 PremiereScan
 798 South Winchester Boulevard
 San Jose, CA 95128
 (408) 984-7226
 PremiereScan
 798 South Van Ness St
 San Jose, CA 95128
 (408) 775-0021

3. Terms of Service

I am authorized by my organization and by the ordering providers I will link to my account to register with AIM. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Profile Manager in the event any of this information becomes inaccurate.

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 In the event I obtain access to information that I am not authorized to view, I will immediately notify AIM at 1-800-252-2021.

I agree not to share my username and password with any unauthorized person.

I agree to the terms of service

Register

Register: Terms of service

Control

TOS checkbox

Behavior

Before the user can register, they need to agree to the terms of service by selecting the checkbox.

3. Terms of Service

I am authorized by my organization and by the ordering providers I will link to my account to register with AIM. The information I will be providing as part of this registration is accurate and I will immediately update this information through the Profile Manager in the event any of this information becomes inaccurate.

I am authorized to access information, including protected health information, on behalf of my organization and the ordering providers linked to my account through AIM's Provider Portal.

In using AIM's Provider Portal, I will only access the minimum amount of information necessary to perform a permitted treatment, payment or other health care operations activity.
 In the event I obtain access to information that I am not authorized to view, I will immediately notify AIM at 1-800-252-2021.

I agree not to share my username and password with any unauthorized person.

I agree to the terms of service

Register: Validate email

Control

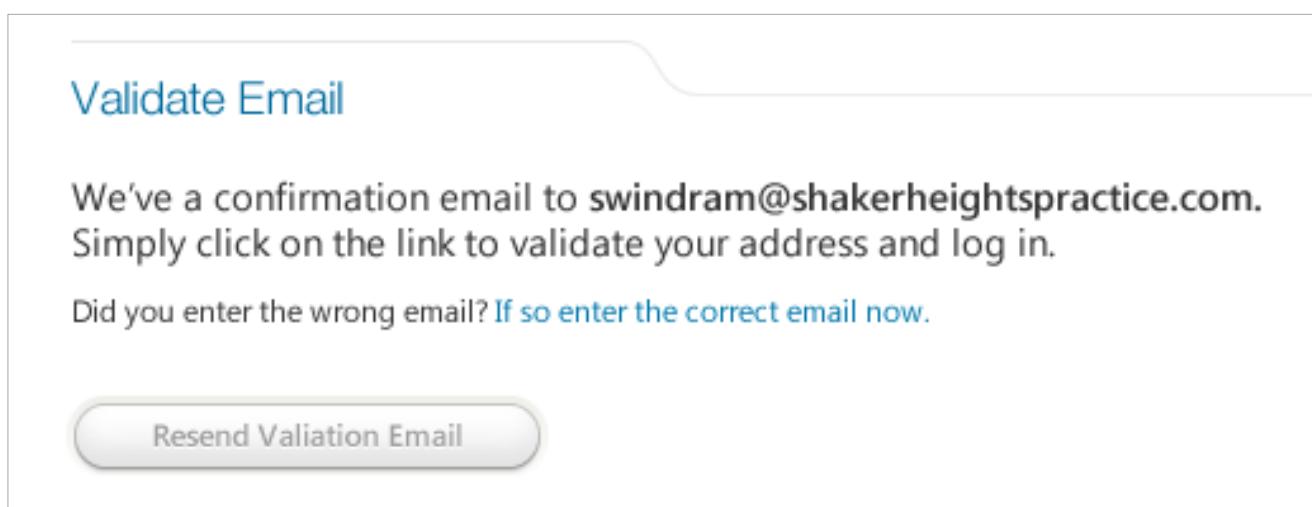
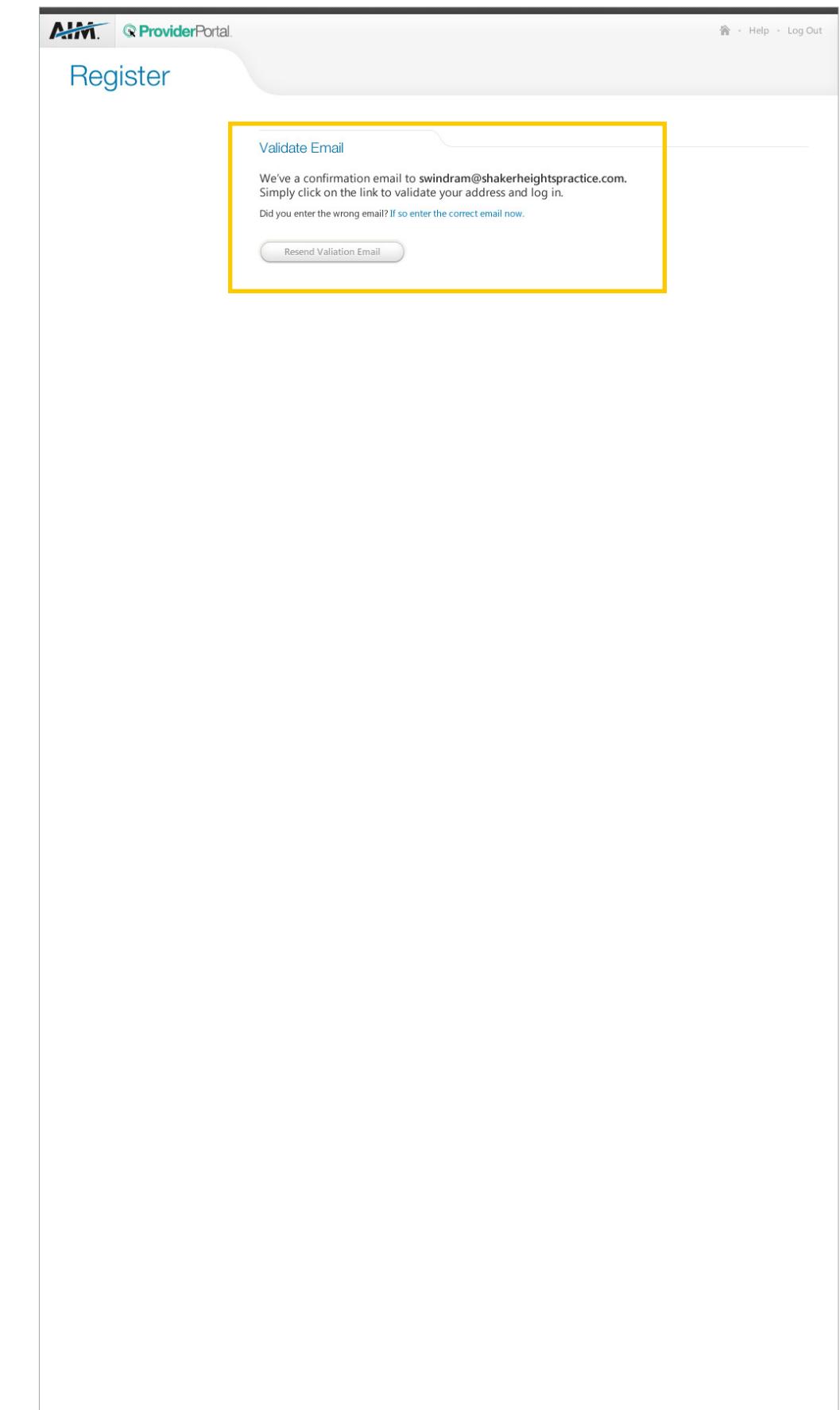
Behavior

[If so, enter the correct email now](#)

Selecting this text will let the user re-enter their email if they realized that they entered their email incorrectly the first time.

[Resend validation email](#)

If for any reason, the user has not received an email from ProviderPortal, they can select the **Resend** validation email button to re-validate.



Personas

Personas are conceptual tools created to develop and validate design ideas. Each persona is an archetype representing the needs and goals of a particular subset of users. Throughout design and development, the personas anchor and embody motives or actions that inform product creation.

Each persona reflects aggregated and synthesized traits of persons interviewed during research. The goals that are articulated reveal needs that must be met to adequately satisfy the persona.

The full set of AIM personas cover the range of user needs and goals discovered during the research phase.

Goal-Directed design

Cooper's design process is goal-directed, not task-oriented. Different users represented by a single persona might have different tasks. As long as the goals of these users are the same, though, one persona can accurately represent them. Cooper's design doesn't ignore tasks—it uses goals to prioritize them.

Edge cases, or events that happen rarely for a small number of users, must be accounted for in the final implementation, but the tasks necessary for handling them should be available only through commensurate effort. This keeps them out of the way for other users.

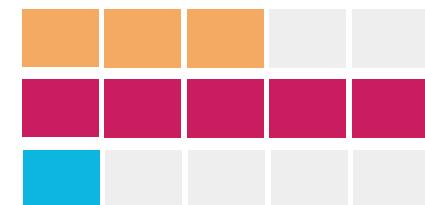
AIM call center personas



Jeremy Adler, RS



Rhonda Johnson, RS



RN: Bonnie Morrison



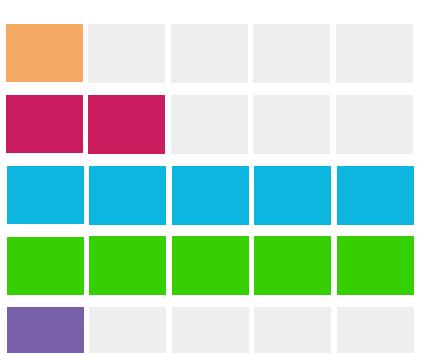
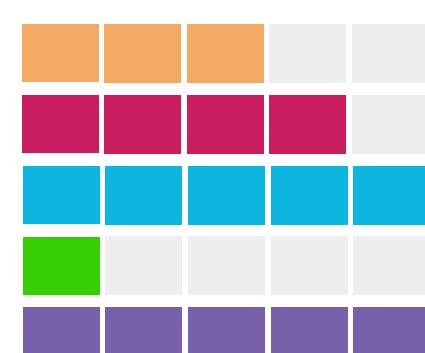
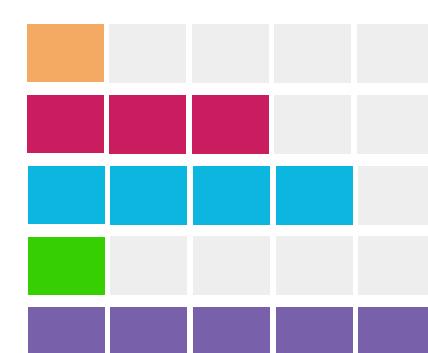
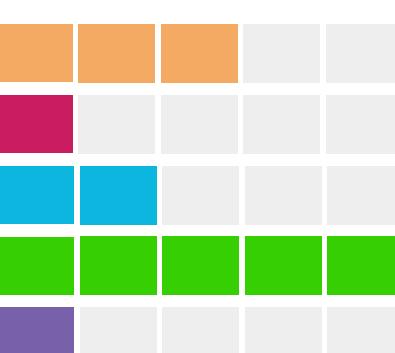
RN: Lynn Thorton



MD: Anita Murphy



MD: Donald Neubauer





Jeremy Adler

AIM call center RS

Jeremy's working hard to make sure he gets his work done right

Jeremy has been at AIM for five months and is still trying to get comfortable using Imasis. He still has all the Imasis binders and paperwork on his desk and refers to them frequently, despite not knowing exactly where everything in the binders is located.

Jeremy really needs his job, and it's important that he keeps it.

A good day for Jeremy is when he doesn't have to ask for too much help or get stuck by confusing questions or cases that he doesn't know how to handle.

A bad day is when he isn't sure if he did the right thing and most of his cases are transferred or unresolved. If Jeremy can't get through to his help line, the frustrating cases become worse, and his call times skyrocket.

“If I get in trouble, I put the caller on hold and get bailed out by the help assist line.”

Goals

Keep his job; he needs it.

Learn clinical terminology.

Get call times down to a respectable level.

Reduce errors and have his AIM audits be better than they are now.



Rhonda Johnson

AIM call center RS

Rhonda has mastered the manual processes of her job

Rhonda's been working in the AIM call center for two years. She's good at her job because she's finally learned and memorized all of the manual business and clinical rules needed to be quick and efficient as a call center RS.

She's not extremely tech-savvy, but she's a fast typist and has figured out ways to be efficient within Imaisis

Rhonda knows how to make her cubicle feel like home, and she decorates it with photos of her children and their drawings from school. Her cubicle walls are also covered with paper documents of Imaisis work-arounds, shortcuts, and AIM and health care insurance rules and definitions.

Rhonda really likes the team mentality of her job but would like to see some room for career growth and change.

"Once you do this for a while, you know what will get the auth before you go through the whole process."

Goals

Continue to keep her call times low.

Get the right information from the caller to get the authorization.

Be a team lead.

Maintain camraderie and group feeling with her team.



Bonnie Morrison

AIM call center RN

Bonnie's focused on getting up to speed with AIM's many clinical and business rules

Bonnie has been at AIM for only three months, and is still getting her bearings.

After nursing school, Bonnie worked as a PEDs nurse. She decided to change her career direction because she was emotionally overwhelmed from treating children with terminal illnesses.

Bonnie's not super tech-savvy, but she has grown up using computers as tools and thus is comfortable with computer basics.

"As a new nurse, I need to expand my clinical knowledge as well as learn all the AIM rules."

Goals

Keep patient care moving forward.

Know quickly where the case is at.

Remember to do everything required in the process and avoid repetition.

Gain a better understanding of what gets approved and what doesn't.

Capture the right clinical information for the authorization.



Lynn Thorton

AIM call center RN

The fact that Lynn is experienced with AIM work-arounds lets her focus on patient care

Lynn's been at AIM for just over a year, and she's finally become comfortable with all of the mental work-arounds for AIM's clinical and business rules.

As an ER nurse for 13 years, Lynn gained a wide range of clinical experience, which has served her well as she tackles the varied cases of the AIM call center.

She's not the fastest typist in her group, and she's fond of saying, "Computers and I don't really get along that well."

With case patterns, she's not always sure why some cases get transferred up for MD review. However, after a year of being at AIM, she knows from memory which cases will need MD review and which ones won't.

Most of all, Lynn enjoys being around her coworkers and feeling like she is part of a tight-knit work community.

"I like being able to get things authorized at my level so it doesn't have to transfer and make the patient wait."

Goals

Try to get the authorization number at her level.

Use directed questions with the caller.

Capture as much clinical information as possible in case of an MD review.

Make sure documentation is perfect.

Educate the callers on being better prepared before they call into AIM.



Anita Murphy
AIM call center MD

Anita's good at her job, but loathes the amount of nonclinical work she is required to do

Anita took the job at AIM after her second child was born; she enjoys her schedule for its work-life balance.

Prior to AIM, she was part of a private family practice where she worked for eight years.

At AIM, has learned more from her colleagues and cases than she did from family practice because of the variety of cases she works on and the diverse clinical specialties of her colleagues. At times, Anita feels like she's back in medical school, and those are her favorite moments during her day.

Through repetition, Anita has learned what kind of nonclinical questions to ask the caller.

During the clinical decision process of peer-to-peer review, Anita thinks of herself as a "doctor whisperer." She knows that she can convince doctors to get the right test approved, and for Anita, this is a very satisfying process for both clinical and intellectual reasons.

“ Talking to doctors is easy. The hard part is doing the administrative tasks and remembering everything. ”

Goals

Continue to learn and grow her clinical knowledge.

Persuade the ordering physician to change the test to be clinically appropriate.

Do what is right for the patient.

Maintain a good work-life balance.



Donald Neubauer
AIM call center MD

Donald only feels competent when he is talking to doctors and helping them make clinical decisions

Donald is winding down his career, and his wife hasn't retired yet. He's took the job at AIM because he needs a part-time job to keep himself busy while he increases his retirement nest egg. Currently, Donald averages three to five hours a day in the AIM call center.

Prior to AIM, Donald worked as an oncologist for his entire career in medicine.

At AIM, Donald enjoys talking to other doctors on the phone and learning from colleagues in the office.

Regarding technology, he would rather not have to deal with it or any administrative tasks. Donald always had assistants when he was a practicing oncologist, and he acknowledges that he's slow working in Imasis despite being an OK typist.

“Imasis takes a while to get used to. It probably took me half a year to feel OK in the system. I still dislike dealing with all the business rules.”

Goals

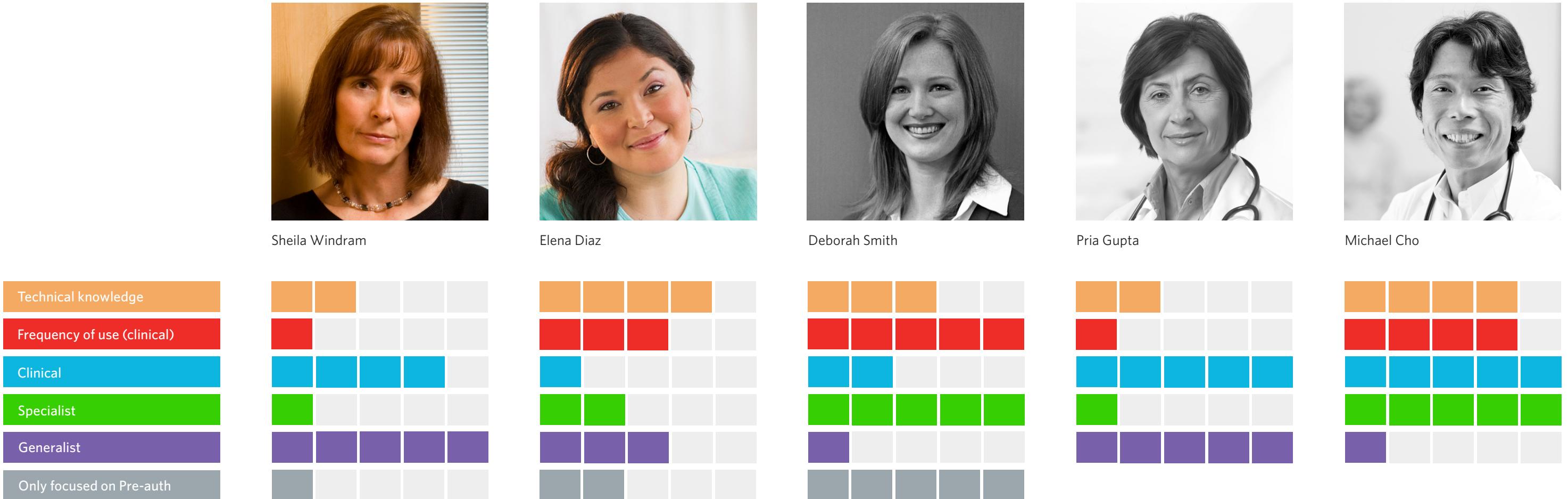
Keep up; don't get overwhelmed by the new information and technology.

Share clinical experience and help other AIM MDs with oncology cases.

Learn clinical information outside his specialty in order to judge a case's clinical appropriateness.

Relate to the caller on the MD level.

Ordering provider personas





Sheila Windram

Office administrator: Family practice

Shaker Heights Family Practice

Sheila wants ProviderPortal to be easy the few times she has to use it

Sheila has been an office administrator at a medical facility for the past 15 years.

More recently, she has taken on more of the pre-authorization responsibilities.

Sheila attends to a variety of administrative tasks outside of pre-authorizations.

She frequently needs to verify the patient's benefit coverage.

The cases she tries to get pre-authorizations for vary greatly depending on the test needed at the general practice clinic.

Her family practice only has an x-ray machine and a stress test machine.

When patients need a very specific and complicated test, they are referred to a specialist physician, and she doesn't need to deal with that pre-authorization.

FREQUENCY OF USE

Twice a month

RESPONSIBLE FOR

Pre-authorizations at Shaker Heights Family Practice on occasions where the regular pre-authorization specialists is out of the office

" I put as much information as possible into Portal and cross my fingers that I'll get the authorization. "

Goals

Juggle her administrative, pre-authorizations, and scheduling tasks.

Don't bother doctors with extra work (peer-to-peer, questions).

Avoid unnecessary payments for the patients.

Expedite pre-authorization and scheduling to avoid sending the patient to the ER.

Prepare the patient for imaging.



Elena Diaz

Pre-authorization specialist:
Oncology

Johnson Cancer Center

Elena's job involves the repetition of getting the same types of tests pre-authorized every day

Elena got her undergraduate degree in health care administration, and she's been working at the Hillman Cancer Center for the past five years.

By now, she's quite efficient at the pre-authorization process.

She knows all the different types of tests that she usually runs.

Her hospital is fully integrated with electronic medical records.

She knows where in the chart to find the right information

She can be selective about what she types into the additional information text field because she knows all the targeted keywords to get the authorization.

FREQUENCY OF USE

20 times a day

RESPONSIBLE FOR

Pre-authorizations at the Johnson Cancer Center

“ I won't even start the process until the doctors fill out the form that I give them. ”

Goals

Get through the high volume of authorizations.

Get her doctors up to speed on the information she needs.

Legally cover her bases in case of audits.

Avoid time-consuming and frustrating phone calls.

Obtain the authorization code for the patient.



Deborah Smith

Pre-authorization specialist:
Imaging facility

Prescott imaging

Deborah struggles with making sure patients have been pre-authorized for the appropriate test

Deborah has worked at the imaging facility for eight years

She is responsible for managing the imaging test requests from a variety of ordering physicians.

Frequently, she needs to talk with ordering physicians on the phone, especially when they are unsure of what kind test they need for their specific diagnosis.

She wants to be able to use CPT and ICD9 codes as shortcuts in the system.

She gets frustrated when small problems in the system become big problems in her workflow.

FREQUENCY OF USE

Never; however, if AIM let her use Provider Portal, she would be a frequent, daily user.

RESPONSIBLE FOR

Pre-authorizations at the Prescott imaging facility

“ A lot of my time is spent on three-way calls with AIM and doctors because they ordered the wrong test. ”

Goals

Make sure doctors are ordering the right test for their differential diagnosis.

Avoid having to change the test once the patient has arrived.

Get all her pre-authorizations done at once so she can focus on other things.

Wants to be up to date on ICD10.



Pria Gupta, MD

Ordering physician:
Family practice

Johnson Cancer Center

Dr. Gupta is committed to getting the appropriate treatment for her patients

Dr. Gupta has been working at the family practice for just over 10 years.

Shaker Heights Family Practice is paper based, and while Dr. Gupta has heard that EMRs aren't terrible, she's not excited about the inevitable, government-mandated move into EMRs.

Sometimes, she has to call radiology to find out what test is best.

Shaker Heights is struggling a bit financially because of upcoming regulation changes.

The cases she tries to get pre-authorized vary greatly depending on the test needed at the general practice clinic.

When patients need a very specific and complicated test, they are referred to a specialist physician and she doesn't need to deal with that pre-authorization.

FREQUENCY OF USE

Never

RESPONSIBLE FOR

Prescribing the correct treatment for her patients and providing the right clinical justification information that will enable her staff to get the pre-authorization for the prescribed treatment

“ I write down what I'm specifically looking for based on her exam and medical history. ”

Goals

Keep both existing and new patients healthy and happy.

Identify the problem, have a plan, and set a time to follow up.

Be rigorous when ordering imaging tests.

Keep the practice financially stable.



Michael Cho, MD

Ordering physician:
Specialty clinic, orthopedic
surgeon

Boston Orthopedic Clinic

Dr. Cho knows what information he needs and doesn't want an insurance company getting in the way of patient care

Dr. Cho is a spinal surgeon, and he does a mix of injection and spinal surgeries.

He treats a lot of degenerative disk disease, ordering a lot of the same tests over and over.

He is in a practice of other specialty orthopedics and has been practicing for over two decades.

Dr. Cho's orthopedic practice has a robust EMR system, and he wishes that all the different systems would work better with each other.

Medicine has changed a lot, but the diseases haven't. He tries to stay up to date on the latest trials by reading journals, but he doesn't always have time.

FREQUENCY OF USE

Never

RESPONSIBLE FOR

Prescribing the correct treatment for his patients and providing the right clinical justification information that will enable his staff to get the pre-authorization for the prescribed treatment

“ Between surgery, seeing patients in the hospital, and wrapping up paperwork, I barely have time to check email. ”

Goals

Avoid busywork and insurance companies as much as possible.

Get through as many patients as possible during the day.

Get his patients the care they need.

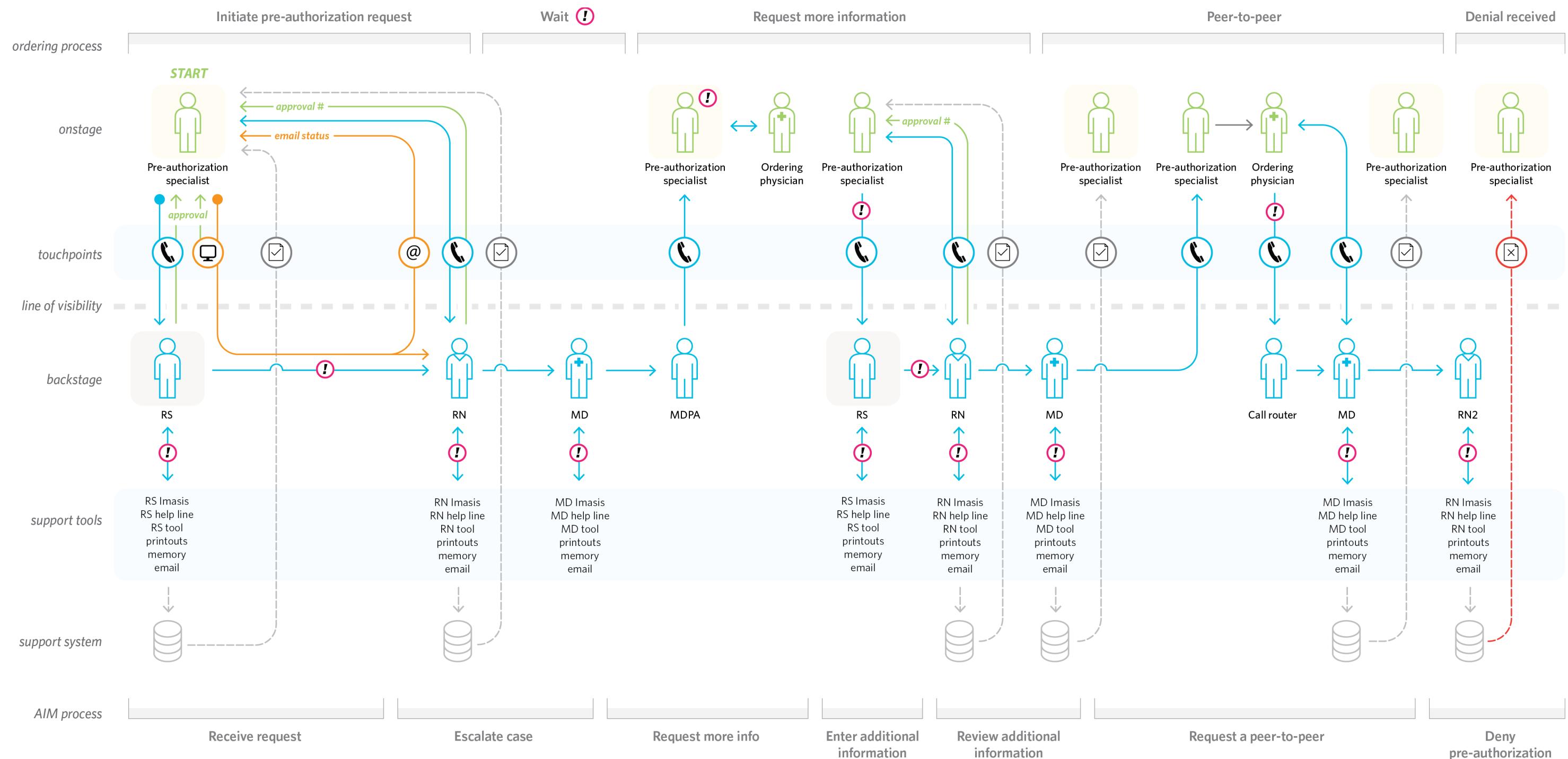
Stay up to date with latest procedures.

cooper

Service Blueprint

A service blueprint is a visualization that describes the nature of the service interaction through customers, people, support systems, touchpoints, and channels. It highlights both the customer journey and back-end systems used to support the experience.

Through the visualization, one can view breakdowns, bottlenecks, and areas of opportunity for improvement and future service growth.



PRE-AUTHORIZATION BLUEPRINT

Scenarios

The scenarios in this section provide a look at three of our personas—two doctors in Anita and Donald, and one registered nurse, Bonnie.

These personas use Imasis in distinctly different ways to achieve their goals, thus illustrating key interactions and different framework needs across the system.

A deep dive into each scenario provides an opportunity to detail the critical interactions that drive the entire system.

Bonnie nails a new type of case with support and system direction—page 78

Anita manages a case outside her medical specialty with clinical aid when and where it's needed—page 91

A peer-to-peer conversation takes an unexpected twist for Anita—page 99

Donald works a case in his queue and requests more information from the ordering provider—page 104

Jeremy jumps to the right place to quickly act on his case—page 108

Bonnie nails a new type of case with support and system direction

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Diagnosis Needed

DIAGNOSIS None Given **CALLER** Elana Dias (415) 231-8724

ORDER(S) CT - Abdomen

ORDERING PROVIDER Dr. Fredrick Skippa Johnson Cancer Center

INCOMING CALL

Judy Williams (415) 263-0091

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

SUGGESTED SYMPTOMS

Select related

- + Abnormal chest examination
- + Cough
- + Dysphagia
- + Fatigue
- + Fever
- + Hemoptysis
- + Hoarseness
- + Night sweats
- + Weight loss of more

PAIN
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

NEXT STEPS
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tationem nonnullam.

IMAGING APPROPRIATENESS

Save Current Case and Answer Ignore

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Diagnosis Needed

DIAGNOSIS None Given **CALLER** Elana Dias (415) 231-8724

ORDER(S) CT - Abdomen

ORDERING PROVIDER Dr. Fredrick Skippa Johnson Cancer Center 1235 West Hwy Cleveland OH 44115

FACILITY Hawthorn Imaging Center 2509 Overview Dr Cleveland OH 49113

Verify Caller

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS
Diagnosis needed.

NEXT STEPS
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exerci tationem nonnullam.

SUGGESTED SYMPTOMS

Select related

- + Abnormal chest examination
- + Cough
- + Dysphagia
- + Fatigue
- + Fever
- + Hemoptysis
- + Hoarseness
- + Night sweats
- + Weight loss of more

PAIN
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

PATIENT'S SYMPTOMS AND INDICATIONS

Type to add symptom

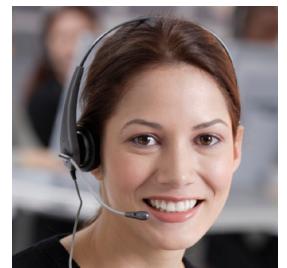
DIAGNOSIS

- + Lung Neoplasms 99%
- + Pulmonary Thromboembolism 75%
- + Atypical Pneumonia 65%
- + Tuberculosis 53%
- + Pulmonary TB 52%
- + Wegener's Granulomatosis 51%

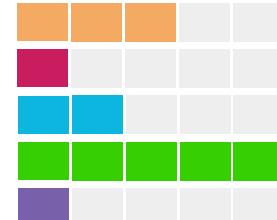
IMAGING APPROPRIATENESS

1 CTI integration gives Bonnie a jump start on key case information before she answers the phone.

2 Bonnie quickly verifies the caller, based on the information that is already in the system, and gets a high-level overview of the case.



RN: Bonnie Morrison



- 3 Once the case has been verified, the case messaging area lets Bonnie the reasons why the case needs review and shows her what the next steps are. Currently, no diagnosis is given, and Bonnie adds symptoms and indications that will build toward a potential diagnosis.

- 4 While talking on the phone, the caller gives Bonnie an additional symptom for the case, and Bonnie easily searches for the symptom in Ibatis. Type-ahead search gives Bonnie the opportunity to quickly select the symptom that she was looking for without having to worry about spelling.

The screenshot shows the AIM web service interface for a case involving Jessica Wolfson. The top navigation bar includes 'Close Case', 'Cancel Order', 'More', 'Queue', and 'Jump to my case'. The patient information section shows MEMBER # XEAJ-3456-8201 and DOB 10/16/47. The case status is 'Diagnosis Needed'. The diagnosis is listed as 'None Given' with an order for 'CT - Abdomen'. The 'REASON FOR REVIEW' section includes 'Medical Necessity' and 'Clinical Appropriateness'. The 'IMAGING APPROPRIATENESS' section states 'Diagnosis needed.' The 'NEXT STEPS' section contains placeholder text 'Lorem ipsum dolor sit'. Below these sections are buttons for '5 criteria not met' and '3 alternative tests'. The 'SUGGESTED SYMPTOMS' section lists symptoms like 'Abnormal chest examination', 'Cough', 'Dysphagia', etc., with 'Ano' selected. The 'PATIENT'S SYMPTOMS AND INDICATIONS' section shows a search result for 'Ano' with options to 'Select related' or 'View details'. The 'DIAGNOSIS' section lists various conditions with their respective percentages: Lung Neoplasms (99%), Pulmonary Thromboembolism (75%), Atypical Pneumonia (65%), Tuberculosis (53%), Pulmonary TB (52%), and Wegener's Granulomatosis (51%). A button for 'IMAGING APPROPRIATENESS' is at the bottom.

5 As Bonnie hovers over the search results, controls for viewing more information become available.

This screenshot shows the same AIM interface as the previous one, but with a focus on the 'PATIENT'S SYMPTOMS AND INDICATIONS' section. In the search results for 'Ano', the 'Ataxia' entry has a small blue circular icon with an 'i' inside it, representing a 'more info' or 'info' button. This button is highlighted with a cursor, indicating that Bonnie is hovering over it to learn more about the symptom.

6 Since she is unfamiliar with this type of case, as well as how the caller is describing the symptom, Bonnie selects the more info icon to learn more about this symptom.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Diagnosis Needed

Jessica Wolfson

MEMBER # XEAJ-3456-8201
DOB 10/16/47

DIAGNOSIS None Given
ORDER(S) CT - Abdomen **Caller Verified ✓**

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS
Diagnosis needed.

NEXT STEPS
Lorem ipsum dolor sit

SUGGESTED SYMPTOMS
Select related ▾

- + Abnormal chest examination
- + Cough
- + Dysphagia
- + Fatigue
- + Fever
- + Hemoptysis
- + Hoarseness
- + Night sweats
- + Weight loss of more than 10% of body weight

PATIENT'S SYMPTOMS AND INDICATIONS

Ano

- + Anosmia
- + Ataxia *Common names: Proin egestas nibh nec tortor*
- + Facial Drop
- + Facial Numbness
- + Gait Disorder

IMAGING APPROPRIATENESS

DIAGNOSIS

Condition	Percentage
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

7 More information about the symptom appears in-line; she is able to learn common terms and other pertinent information.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Diagnosis Needed

Jessica Wolfson

MEMBER # XEAJ-3456-8201
DOB 10/16/47

DIAGNOSIS None Given
ORDER(S) CT - Abdomen **Caller Verified ✓**

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS
Diagnosis needed.

NEXT STEPS
Lorem ipsum dolor sit

SUGGESTED SYMPTOMS
Select related ▾

- + Abnormal chest examination
- + Cough
- + Dysphagia
- + Fatigue
- + Fever
- + Hemoptysis
- + Hoarseness
- + Night sweats
- + Weight loss of more than 10% of body weight

PATIENT'S SYMPTOMS AND INDICATIONS

Ano

- + Anosmia
- + Ataxia *(Selected)*
- + Facial Drop
- + Facial Numbness
- + Gait Disorder

IMAGING APPROPRIATENESS

DIAGNOSIS

Condition	Percentage
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

8 Satisfied with the additional details, Bonnie chooses to add the symptom to the case.

The screenshot shows the AIM web service interface for a patient named Jessica Wolfson. The top navigation bar includes links for Close Case, Cancel Order, More, Queue, and Jump to my case. The patient details show MEMBER # XEAJ-3456-8201 and DOB 10/16/47. The case status is "Diagnosis Needed". The diagnosis is listed as "None Given" and the order is "CT - Abdomen". A note indicates "Caller Verified".

REASON FOR REVIEW: Medical Necessity ✓, Clinical Appropriateness, Benefit Determination.

IMAGING APPROPRIATENESS: Diagnosis needed.

NEXT STEPS: Lorem ipsum dolor sit.

SUGGESTED SYMPTOMS: Select related, Type to add symptom. Options include: Abnormal chest examination, Cough, Dysphagia, Fatigue, Fever, Hemoptysis, Hoarseness, Night sweats, Weight loss of more than 10% of body weight.

PATIENT'S SYMPTOMS AND INDICATIONS:

- Pain:** Acute abdominal pain for 2 weeks.
- Bowel-Related:** Bloating and distension for 1 week.
- Ataxia:** Severity: Acute, Duration: Daily for 2 weeks.

DIAGNOSIS:

Condition	Probability (%)
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS:

- 9 Once the symptom has been added to the patient's list of known symptoms and indications, Bonnie can add additional clinical details.

The screenshot shows the AIM web service interface for the same patient, Jessica Wolfson. The top navigation bar and patient details are identical to the first screenshot.

REASON FOR REVIEW: Medical Necessity ✓, Clinical Appropriateness, Benefit Determination.

IMAGING APPROPRIATENESS: Diagnosis needed.

NEXT STEPS: Lorem ipsum dolor sit.

SUGGESTED SYMPTOMS: Select related, Type to add symptom. Options include: Abnormal chest examination, Cough, Dysphagia, Fatigue, Fever, Hemoptysis, Hoarseness, Night sweats, Weight loss of more than 10% of body weight.

PATIENT'S SYMPTOMS AND INDICATIONS:

- Pain:** Acute abdominal pain for 2 weeks.
- Bowel-Related:** Bloating and distension for 1 week.
- Ataxia:** Severity: Acute, Duration: Daily for 2 weeks.

DIAGNOSIS:

Condition	Probability (%)
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS:

- 10 The options exposed in the additional clinical details give Bonnie a hint about what other information to ask the caller.

The screenshot shows the AIM web interface for a patient named Jessica Wolfson. The top navigation bar includes links for Close Case, Cancel Order, More, Queue, and Jump to my case. The patient details are displayed: MEMBER # XEAJ-3456-8201, DOB 10/16/47. The case status is "Diagnosis Needed". The diagnosis is listed as "None Given" and the order is "CT - Abdomen". A note indicates "Caller Verified ✓". Below this, the "REASON FOR REVIEW" section lists Medical Necessity, Clinical Appropriateness, and Benefit Determination. The "IMAGING APPROPRIATENESS" section notes "Diagnosis needed". The "NEXT STEPS" section contains placeholder text: "Lorem ipsum dolor sit". At the bottom, there are buttons for "5 criteria not met" and "3 alternative tests".

- 11 When Bonnie clicks out of the text field, a subtle color fade in and out indicates that Imasis saved her changes.

This screenshot shows the same AIM interface after a user interaction. The "Select related" dropdown menu is open, indicating that changes have been made. The "IMAGING APPROPRIATENESS" section now displays a list of suggested symptoms: Pain, Bowel-Related, and Ataxia, each with a brief description. The "DIAGNOSIS" section on the right shows a list of conditions with their respective percentages: Lung Neoplasms (99%), Pulmonary Thromboembolism (75%), Atypical Pneumonia (65%), Tuberculosis (53%), Pulmonary TB (52%), and Wegener's Granulomatosis (51%).

- 12 A list of suggested symptoms located to the left of the search bar offer Bonnie smart suggestions that are frequently related to the patient's indications and possible diagnosis, and that are frequently ordered by the physician.

The screenshot shows the AIM web service interface. At the top, there are navigation buttons: Close Case, Cancel Order, More, Queue, and Jump to my case. Below the header, the patient's information is displayed: Jessica Wolfson, MEMBER # XEAJ-3456-8201, DOB 10/16/47. The case status is "Diagnosis Needed". Under "DIAGNOSIS", it says "None Given". Under "ORDER(S)", it says "CT - Abdomen". A "Caller Verified" button with a checkmark is present. In the "REASON FOR REVIEW" section, "Medical Necessity" is checked. The "IMAGING APPROPRIATENESS" section shows "Diagnosis needed." In the "NEXT STEPS" section, there is placeholder text: "Lorem ipsum dolor sit". Below these sections, there are dropdown menus for "5 criteria not met" and "3 alternative tests". The "SUGGESTED SYMPTOMS" section on the left has a dropdown menu "Select related" containing "Lung Neoplasms", "Pulmonary Thromboembolism", "Atypical Pneumonia", "Tuberculosis", "Pulmonary TB", and "Wegener's Granulomatosis". To the right, under "PATIENT'S SYMPTOMS AND INDICATIONS", there is a search bar "Type to add symptom" and a list of symptoms: Pain (Acute abdominal pain for 2 weeks), Bowel-Related (Bloating and distension for 1 week), and Ataxia (Acute, lack of muscle coordination for 2 weeks). The "DIAGNOSIS" section on the right lists various conditions with their respective percentages: Lung Neoplasms (99%), Pulmonary Thromboembolism (75%), Atypical Pneumonia (65%), Tuberculosis (53%), Pulmonary TB (52%), and Wegener's Granulomatosis (51%).

13 Bonnie uses the drop-down control to filter the list of suggested symptoms based on potential diagnosis.

This screenshot shows the same AIM interface as the previous one, but with a focus on the "PATIENT'S SYMPTOMS AND INDICATIONS" section. The "Type to add symptom" search bar is visible. Below it, the list of symptoms includes "Pain" (Acute abdominal pain for 2 weeks), "Bowel-Related" (Bloating and distension for 1 week), and "Ataxia" (Acute, lack of muscle coordination for 2 weeks). The "DIAGNOSIS" section on the right remains the same. A mouse cursor is hovering over the "Consectetur" entry in the "Bowel-Related" list, which is highlighted with a blue border and a small info icon (i) appears next to it. This highlights the interaction described in the scenario.

14 These suggested symptoms let Bonnie know which questions to ask the caller. Bonnie is also able to guide the caller toward clinical details from the patient's exam that may have been overlooked. Bonnie hovers over one of the smart suggestions to expose the more info control.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Diagnosis Needed

DIAGNOSIS None Given
ORDER(S) CT - Abdomen **Caller Verified** ✓

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS
Diagnosis needed.

NEXT STEPS
Lorem ipsum dolor sit

SUGGESTED SYMPTOMS
Pulmonary Throm... **PATIENT'S SYMPTOMS AND INDICATIONS**

FREQUENTLY REFERRED TO AS:

- Condition A
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonumy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat.
- Condition B
Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.

DIAGNOSIS

Condition	Percentage
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS

15 Bonnie selects the more info control to find synonyms for the symptom. She knows that many ordering physicians use clinical terms that aren't exactly the same as the terminology used in Imasis. A quick glance over the additional ways this symptom is frequently referred to helps Bonnie guide the caller toward the right clinical information in the patient's exam.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Diagnosis Needed

DIAGNOSIS None Given
ORDER(S) CT - Abdomen **Caller Verified** ✓

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS
Diagnosis needed.

NEXT STEPS
Lorem ipsum dolor sit

SUGGESTED SYMPTOMS
Pulmonary Throm... **PATIENT'S SYMPTOMS AND INDICATIONS**

Type to add symptom

Pain
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

Ataxia
Acute, lack of muscle coordination for 2 weeks

DIAGNOSIS

Condition	Percentage
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS

16 Content that the suggested symptom matches the clinical information in the patient exam, Bonnie clicks the add icon to add the symptom to the known list for this case.

The screenshot shows the AIM web service interface for a case involving Jessica Wolfson. The top navigation bar includes links for Close Case, Cancel Order, More, Queue, and Jump to my case. The patient information section shows MEMBER # XEAJ-3456-8201 and DOB 10/16/47. The case status is "Diagnosis Needed". The diagnosis is listed as "None Given" and the order is "CT - Abdomen". A note indicates "Caller Verified".

REASON FOR REVIEW: Medical Necessity ✓, Clinical Appropriateness, Benefit Determination.

IMAGING APPROPRIATENESS: Diagnosis needed.

NEXT STEPS: Lorem ipsum dolor sit.

SUGGESTED SYMPTOMS: Pulmonary Throm... (dropdown), Adipiscing, Consectetur, Sodales Integer, Tempus potenti.

PATIENT'S SYMPTOMS AND INDICATIONS:

- Pain: Acute abdominal pain for 2 weeks
- Bowel-Related: Bloating and distension for 1 week
- Ataxia: Acute lack of muscle coordination for 2 weeks
- Consectetur: Severity (input field), Duration (input field)

DIAGNOSIS:

Condition	Probability (%)
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS:

- 17 Once the symptom has been added to the list of known patient symptoms and indications, Bonnie is able to add further clinical details as needed.

The screenshot shows the AIM web service interface for the same case. The top navigation bar and patient information are identical. The case status remains "Diagnosis Needed". The diagnosis is still "None Given" and the order is "CT - Abdomen". A note indicates "Caller Verified".

REASON FOR REVIEW: Medical Necessity ✓, Clinical Appropriateness, Benefit Determination.

IMAGING APPROPRIATENESS: Diagnosis needed.

NEXT STEPS: Lorem ipsum dolor sit.

SUGGESTED SYMPTOMS: Pulmonary Throm... (dropdown), Adipiscing, Consectetur, Sodales Integer, Tempus potenti.

PATIENT'S SYMPTOMS AND INDICATIONS:

- Pain: Acute abdominal pain for 2 weeks
- Bowel-Related: Bloating and distension for 1 week
- Ataxia: Acute lack of muscle coordination for 2 weeks
- Consectetur: Severity (input field), Duration (input field)

DIAGNOSIS:

Condition	Probability (%)
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS:

- 18 Imasis confirms the recently added symptom with a subtle yellow messaging indicator.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Diagnosis Needed

MEMBER # XEAJ-3456-8201
DOB 10/16/47

DIAGNOSIS None Given
ORDER(S) CT - Abdomen

REASON FOR REVIEW Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS Diagnosis needed.

NEXT STEPS Lorem ipsum dolor sit

SUGGESTED SYMPTOMS

- Pulmonary Throm... ▾
- + Adipiscing
- Consectetur
- + Sodales Integer
- + Tempus potenti

Ataxia
Acute lack of muscle coordination for 2 weeks

Consectetur

Proceed with Diagnosis
Lung Neoplasms?

Based on the symptoms and indication, there is a **99%** chance of having Lung Neoplasms.

Do you wish to proceed with this diagnosis?

Yes **No**

IMAGING APPROPRIATENESS

Diagnosis	Probability (%)
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Pneumonia	65%
Stroke	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

- 19 As Bonnie adds more information, the number of potential diagnoses decreases. After adding another symptom, Imasis notifies her that there is one likely diagnosis and asks if she wishes to proceed with this diagnosis. Bonnie is certain that the clinical information has built towards the right diagnosis, and she decides that, yes, she would like to proceed with this diagnosis.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Verify Appropriateness

MEMBER # XEAJ-3456-8201
DOB 10/4/77

DIAGNOSIS Lung Neoplasms
ORDER(S) CT - Abdomen

REASON FOR REVIEW Medical Necessity ✓
Clinical Appropriateness ✓
Benefit Determination

IMAGING APPROPRIATENESS

NEXT STEPS Lorem ipsum dolor sit

SUGGESTED SYMPTOMS

- Pulmonary Throm... ▾
- + Adipiscing
- Consectetur
- + Sodales Integer
- + Tempus potenti

PATIENT'S SYMPTOMS AND INDICATIONS

Type to add symptom

Pain
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

Ataxia
Acute lack of muscle coordination for 2 weeks

Consectetur

DIAGNOSIS

Lung Neoplasms

IMAGING APPROPRIATENESS

Maecenas nec purus mi. Nunc pulvinar mollis

Fusce vel luctus neque

Duis laoreet velit sed nulla egestas vitae rhoncus augue tincidunt. Suspendisse in ipsum non purus dapibus condimentum ac sit amet?

Yes **No** **Not Sure**

- 20 In the case-specific messaging bar, Imasis confirms that the diagnosis has been selected and indicates that the next step is to determine the image appropriateness of the order request.

The screenshot shows the AIM web service interface. At the top, there are navigation buttons: Close Case, Cancel Order, More, Queue, and Jump to my case. Below this, the user profile is shown: Jessica Wolfson, MEMBER # XEAJ-3456-8201, DOB 10/4/77. The case status is "Verify Appropriateness". The diagnosis is listed as "Lung Neoplasms" and the order is "CT - Abdomen". A note says "Caller Verified ✓".

REASON FOR REVIEW includes Medical Necessity (✓), Clinical Appropriateness (✓), and Benefit Determination.

IMAGING APPROPRIATENESS: A text area containing placeholder text about abdominal pain and imaging.

NEXT STEPS: Placeholder text about next steps.

SUGGESTED SYMPTOMS and **PATIENT'S SYMPTOMS AND INDICATIONS** sections list symptoms like Pain, Bowel-Related, Ataxia, and Consectetur, each with a brief description.

DIAGNOSIS section shows "Lung Neoplasms".

IMAGING APPROPRIATENESS section contains two text fields: "Maecenas nec purus mi. Nunc pulvinar mollis" and "Fusce vel luctus neque".

At the bottom are three buttons: Yes, No, and Not Sure.

21 Bonnie enters information into the Imaging Appropriateness text fields, and Imaisis determines if the entry meets the criteria.

The screenshot shows the AIM web service interface. The case status is now "Approved". The diagnosis is "Lung Neoplasms" and the order is "CT - Abdomen" with the number "312 25 6584" highlighted in green. A note says "Undo change".

REASON FOR REVIEW includes Medical Necessity (✓), Clinical Appropriateness (✓), and Benefit Determination.

DISCLAIMER: Placeholder text about payment terms and disclaimer.

NEXT STEPS: Placeholder text about giving an authentication number and reading the disclaimer.

SUGGESTED SYMPTOMS and **PATIENT'S SYMPTOMS AND INDICATIONS** sections list symptoms like Pain, Bowel-Related, Ataxia, and Consectetur.

DIAGNOSIS section shows "Lung Neoplasms".

IMAGING APPROPRIATENESS section contains two text fields: "Maecenas nec purus mi. Nunc pulvinar mollis" and "Fusce vel luctus neque".

At the bottom are three buttons: Yes, No, and Not Sure.

22 When Imaging Appropriateness has been met, Imaisis highlights the disclaimer that Bonnie needs to read to the caller as the next step for this case. Imaisis highlights the order number and shows that the authorization has been approved.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Approved

MEMBER # XEAJ-3456-8201 DOB 10/4/77

DIAGNOSIS Lung Neoplasms

ORDER(S) CT - Abdomen 312 25 6584 **Caller Verified ✓**

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness ✓
Benefit Determination ✓

DISCLAIMER
Please note that this authorization is not a guarantee of payment. Payment is subject to the member's active enrollment, benefit limitations, and other terms of the member's contract at the time the services are provided.
 Read Disclaimer

NEXT STEPS
Give Authentication number
Read disclaimer to caller

SUGGESTED SYMPTOMS

Pulmonary Throm...

- + Adipiscing
- + Consectetur
- + Sodales Integer
- + Tempus potenti

PAIN
Acute abdominal pain for 2 weeks

BOWEL-RELATED
Bloating and distension for 1 week

ATAxia
Acute lack of muscle coordination for 2 weeks

Consectetur

PATIENT'S SYMPTOMS AND INDICATIONS

Type to add symptom

DIAGNOSIS
Lung Neoplasms

IMAGING APPROPRIATENESS

Maecenas nec purus mi. Nunc pulvinar mollis
Lorem ipsum

Fusce vel luctus neque
Lorem ipsum

Duis laoreet velit sed nulla egestas vitae
rhoncus augue tincidunt. Suspendisse in ipsum
non purus dapibus condimentum ac sit amet?

23 Bonnie reads the disclaimer to the caller.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Approved

MEMBER # XEAJ-3456-8201 DOB 10/4/77

DIAGNOSIS Lung Neoplasms

ORDER(S) CT - Abdomen 312 25 6584 **Caller Verified ✓**

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness ✓
Benefit Determination ✓

DISCLAIMER
Please note that this authorization is not a guarantee of payment. Payment is subject to the member's active enrollment, benefit limitations, and other terms of the member's contract at the time the services are provided.
 Read Disclaimer

NEXT STEPS
Give Authentication number
Read disclaimer to caller

SUGGESTED SYMPTOMS

Pulmonary Throm...

- + Adipiscing
- + Consectetur
- + Sodales Integer
- + Tempus potenti

PAIN
Acute abdominal pain for 2 weeks

BOWEL-RELATED
Bloating and distension for 1 week

ATAxia
Acute lack of muscle coordination for 2 weeks

Consectetur

PATIENT'S SYMPTOMS AND INDICATIONS

Type to add symptom

DIAGNOSIS
Lung Neoplasms

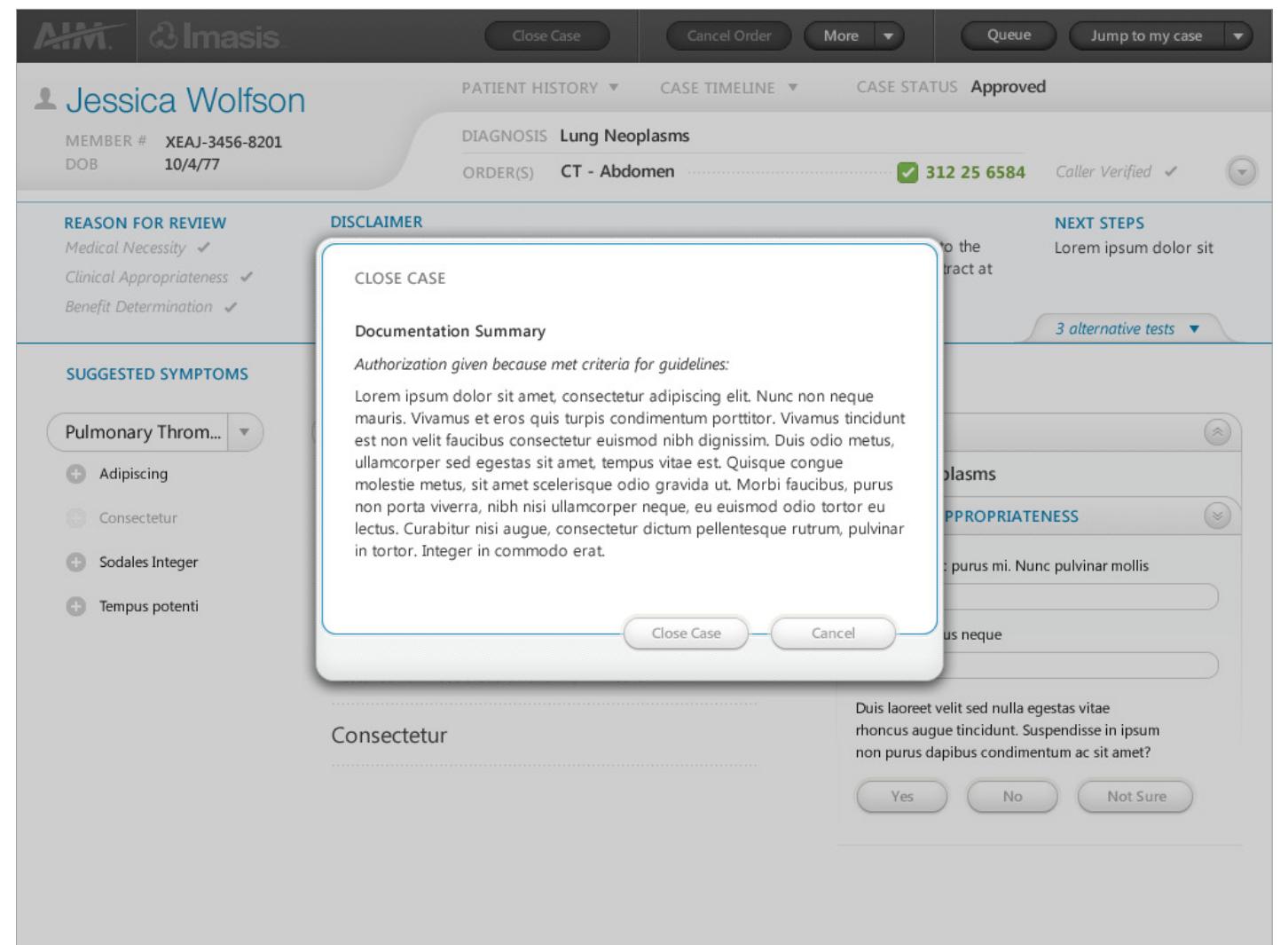
IMAGING APPROPRIATENESS

Maecenas nec purus mi. Nunc pulvinar mollis
Lorem ipsum

Fusce vel luctus neque
Lorem ipsum

Duis laoreet velit sed nulla egestas vitae
rhoncus augue tincidunt. Suspendisse in ipsum
non purus dapibus condimentum ac sit amet?

24 After the disclaimer has been read, Bonnie easily clicks the "read disclaimer" check box so that Imaisis has a record of this event.



- 25 Imasis shows the automatically generated documentation, which includes AIM guidelines and medical policy (e.g., exam type, appropriate medical guidelines, health plan policy, benefit determination). Bonnie reviews the documentation summary for the case and closes the case.

Anita manages a case outside her medical specialty with clinical aid when and where it's needed

PATIENT HISTORY

CASE TIMELINE

CASE STATUS Need MD Review

DIAGNOSIS Rhoncus Ultrices

ORDER(S) CTA Chest

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination ✓

PATIENT'S SYMPTOMS AND INDIC

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

INCOMING CALL
Jackson Cancer Center (415) 263-0091

4 CASES THAT REQUIRE MD REVIEW
[View all cases from facility](#)

PATIENT	REQUEST	REASON FOR REVIEW
Henry Stewart	MPI	Medical Necessity
Maureen Henderson	CTA Chest	Clinical Appropriateness
Oscar Boyd	MRI I-spine	Clinical Appropriateness
Taylor Williamson	PET	Medical Necessity Benefit Determination

NEXT STEPS
Lorem ipsum dolor sit

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPOTMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Ignore

PATIENT HISTORY

CASE TIMELINE

CASE STATUS Need MD Review

DIAGNOSIS Rhoncus Ultrices

ORDER(S) CTA Chest

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination ✓

PATIENT'S SYMPTOMS AND INDIC

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

INCOMING CALL
Jackson Cancer Center (415) 263-0091

4 CASES THAT REQUIRE MD REVIEW
[View all cases from facility](#)

PATIENT	REQUEST	REASON FOR REVIEW
Henry Stewart	MPI	Medical Necessity
Maureen Henderson	CTA Chest	Clinical Appropriateness
Oscar Boyd	MRI I-spine	Clinical Appropriateness
Taylor Williamson	PET	Medical Necessity Benefit Determination

NEXT STEPS
Lorem ipsum dolor sit

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPOTMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

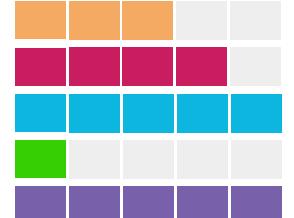
Ignore

1 When Anita gets an incoming call, Imasis shows her who the call is coming from and what cases from that facility require MD review. For the cases that require review, Imasis shows the patient, the type of request, as well as the reason for an MD review.

2 Anita hovers over the case for the patient Maureen Henderson—a request for a CTA chest that is up for MD review to determine clinical appropriateness.



MD: Anita Murphy



3 Starting the case, Anita quickly verifies the caller and gets an overview of the case.

4 With the call verified, Anita gets to work determining the clinical appropriateness of this order request.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Need MD Review

DIAGNOSIS Rhonus Ultrices

ORDER(S) CTA Chest

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination ✓

IMAGING APPROPRIATENESS

5 criteria not met

NEXT STEPS

Caller Verified ✓

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**: Acute abdominal pain for 2 weeks
- Bowel-Related**: Bloating and distension for 1 week
- Ataxia**: Quisque nec erat turpis, faucibus vulputate a massa

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae
- 12/12/11 Nulla eget vulputate sem

ALTERNATIVE TESTS

- Chest x-ray (CXR)
- CT Chest
- Ventilation-perfusion scan (V/Q scan)

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPOTMS

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

Click to add

- 5 While discussing the clinical information with the ordering provider, Anita sees that three alternative tests may be more appropriate.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Need MD Review

DIAGNOSIS Rhonus Ultrices

ORDER(S) CTA Chest

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination ✓

IMAGING APPROPRIATENESS

5 criteria not met

NEXT STEPS

Caller Verified ✓

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**: Acute abdominal pain for 2 weeks
- Bowel-Related**: Bloating and distension for 1 week
- Ataxia**: Quisque nec erat turpis, faucibus vulputate a massa

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae
- 12/12/11 Nulla eget vulputate sem

ALTERNATIVE TESTS

- Chest x-ray (CXR)
- CT Chest
- Ventilation-perfusion scan (V/Q scan)

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPOTMS

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

What the clinician will get from this test

Shows size, location and extent of primary tumor, evaluates for hilar and/or mediastinal lymphadenopathy and distant metastases

Why it meets criteria

Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper suscipit lobortis nisl ut aliquip ex ea commodo consequat.

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

Click to add

- 6 Anita hovers over an alternative test to reveal the more info control. She clicks the info icon to get more information on the suggested test, such as specifics for what the clinician will get from this test and why it meets criteria.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Need MD Review

Maureen Henderson

MEMBER # XEAJ-3456-8201 DOB 10/4/77

DIAGNOSIS Rhonus Ultrices ORDER(S) CTA Chest Caller Verified ✓

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination ✓

IMAGING APPROPRIATENESS
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate a massa

PHYSICAL EXAM
Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.
Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae
- 12/12/11 Nulla eget vulputate sem

ALTERNATIVE TESTS

- Chest x-ray (CXR)
- CT Chest
- Ventilation-perfusion scan (V/Q scan)

NEXT STEPS
Lorem ipsum dolor sit

5 criteria not met ▾

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

Morbi in bibendum mauris.

Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

7 Imasis provides relevant educational information to support Anita's clinical discussion. This information, such as guidelines based on and related articles, is helpful during peer-to-peer review. Anita thinks one of the alternative tests would be more appropriate. She finds a related article in the educational panel and hovers over it to reveal a share-by-email icon.

8 She clicks on the article in order to reference it to the calling

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Need MD Review

Maureen Henderson

MEMBER # XEAJ-3456-8201 DOB 10/4/77

DIAGNOSIS Rhonus Ultrices ORDER(S) CTA Chest Caller Verified ✓

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination ✓

MORBI IN BIBENDUM MAURIS 10/17/2011
Journal Name

Fusce laoreet justo vitae diam ornare sit amet pharetra leo ultrices. Aliquam id dolor nisl. Sed posuere ante eget ipsum tincidunt id fermentum felis commodo. Sed rutrum, arcu at iaculis hendrerit, eros magna pellentesque mi, vel sollicitudin massa erat vel lorem. Etiam sed nisl erat. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Nulla eget vulputate sem. Fusce nec odio non massa accumsan accumsan at pharetra dolor. Nam et luctus tortor. Sed scelerisque auctor elit at tempus. Nulla volutpat urna vel nibh feugiat porttitor.

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate a massa

PHYSICAL EXAM
Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.
Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

ALTERNATIVE TESTS

- Chest x-ray (CXR)
- CT Chest
- Ventilation-perfusion scan (V/Q scan)

NEXT STEPS
Lorem ipsum dolor sit

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

Morbi in bibendum mauris.

Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

doctor. She reviews the information and explains why the alternative test might be more appropriate. The calling doctor is interested in the information, and Anita easily shares it with him by clicking on the email icon.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Need MD Review

DIAGNOSIS Rhoncus Ultrices
ORDER(S) CTA Chest

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination ✓

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate
- Click to add**

PHYSICAL EXAM
Sed fermentum gravida metus nec sagittis aliquet ante vitae dapibus.

MORBI IN BIBENDUM MAURIS 10/17/2011
Journal Name
TO Dr. Jeremy Avent
EMAIL javent@elcaminohospital.com
NEXT STEPS
Lorem ipsum dolor sit amet

SHARE ARTICLE
TO Dr. Jeremy Avent
EMAIL javent@elcaminohospital.com
NEXT STEPS
Lorem ipsum dolor sit amet

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES
SYMPTOMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

9 Imasis prepopulates the ordering physician's name and email address. Anita confirms the address before she clicks **Send**.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Need MD Review

DIAGNOSIS Rhoncus Ultrices
ORDER(S) CTA Chest

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination ✓

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate
- Click to add**

PHYSICAL EXAM
Sed fermentum gravida metus nec sagittis aliquet ante vitae dapibus.

MORBI IN BIBENDUM MAURIS 10/17/2011
Journal Name
TO Dr. Jeremy Avent
EMAIL javent@elcaminohospital.com
NEXT STEPS
Lorem ipsum dolor sit amet

SHARE ARTICLE
TO Dr. Jeremy Avent
EMAIL javent@elcaminohospital.com
NEXT STEPS
Lorem ipsum dolor sit amet

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES
SYMPTOMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

10 After Anita clicks the **Send** button, Imasis confirms that the article has been sent.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Need MD Review

MEMBER # XEAJ-3456-8201 **DOB** 10/4/77

DIAGNOSIS Rhoncus Ultrices **ORDER(S)** CTA Chest

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination ✓

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**: Acute abdominal pain for 2 weeks
- Bowel-Related**: Bloating and distension for 1 week
- Ataxia**: Quisque nec erat turpis, faucibus vulputate
- Click to add**

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

NEXT STEPS

Caller Verified ✓

MORBI IN BIBENDUM MAURIS 10/17/2011

Journal Name

Fusce laoreet justo vitae diam ornare sit amet pharetra leo ultrices. Aliquam id dolor nisl. Sed posuere ante eget ipsum tincidunt id fermentum felis commodo. Sed rutrum, arcu at iaculis hendrerit, eros magna pellentesque mi, vel sollicitudin massa erat vel lorem. Etiam sed nisl erat. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Nulla eget vulputate sem. Fusce nec odio non massa accumsan accumsan at pharetra dolor. Nam et luctus tortor. Sed scelerisque auctor elit at tempus. Nulla volutpat urna vel nibh feugiat porttitor.

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

CLOSE

11 Having successfully shared the article, Anita closes the article dialog.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Need MD Review

MEMBER # XEAJ-3456-8201 **DOB** 10/4/77

DIAGNOSIS Rhoncus Ultrices **ORDER(S)** CTA Chest

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination ✓

IMAGING APPROPRIATENESS

5 criteria not met

Fusce laoreet justo vitae diam ornare sit amet pharetra leo ultrices. Aliquam id dolor nisl. Sed posuere ante eget ipsum tincidunt id fermentum felis commodo. Sed rutrum, arcu at iaculis hendrerit, eros magna pellentesque mi, vel sollicitudin massa erat vel lorem. Etiam sed nisl erat. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Nulla eget vulputate sem. Fusce nec odio non massa accumsan accumsan at pharetra dolor. Nam et luctus tortor. Sed scelerisque auctor elit at tempus. Nulla volutpat urna vel nibh feugiat porttitor.

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**: Acute abdominal pain for 2 weeks
- Bowel-Related**: Bloating and distension for 1 week
- Ataxia**: Quisque nec erat turpis, faucibus vulputate a massa
- Click to add**

RECENT TESTS

12/12/11 Vestibulum ante ipsum
12/12/11 Primis in faucibus orci
12/12/11 Luctus et ultrices posuere
12/12/11 Nulla eget vulputate sem

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

ALTERNATIVE TESTS

Physical Exam

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

CT Chest

Ventilation-perfusion scan (V/Q scan)

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

12 Anita and the ordering physician have agreed that it is appropriate to choose the CT Chest test as an alternative to the previously requested CTA Chest test. Anita selects the change tests control and Imaisis changes the tests for this case.

13 Imaisis gives Anita feedback that the alternate test is now in place and that the order request has been authorized. She sees her next step is to give the authorization number to the caller and read the disclaimer.

14 She easily confirms that she read the disclaimer and is ready to close the case.

The screenshot shows the AIM web application interface. At the top, there is a navigation bar with icons for AIM and Iimas, followed by buttons for 'Close Case', 'Deny Case', 'Cancel Order', 'More', 'Queue', and 'Jump to my case'. Below the navigation bar, the patient's name, Maureen Henderson, is displayed, along with her member number (XEAJ-3456-8201) and date of birth (10/4/77). The case status is shown as 'Approved'. The main content area displays the following information:

- DIAGNOSIS:** Rhoncus Ultrices
- ORDER(S):** CT Chest
- Caller Verified:** ✓
- REASON FOR REVIEW:** Medical Necessity ✓, Clinical Appropriateness ✓, Benefit Determination ✓.
- DISCLAIMER:** Please note that this authorization is not a guarantee of payment. Payment is subject to the member's active enrollment, benefit limitations, and other terms of the member's contract at the time the services are provided. A checkbox for 'Read Disclaimer' is checked.
- NEXT STEPS:** Give Authentication number, Read disclaimer to caller.
- PATIENT'S SYMPTOMS AND INDICATIONS:**
 - Pain:** Acute abdominal pain for 2 weeks.
 - Bowel-Related:** Bloating and distension for 1 week.
 - Ataxia:** Quisque nec erat turpis, faucibus vulputate a massa.

Click to add
- RECENT TESTS:**
 - 12/12/11 Vestibulum ante ipsum
 - 12/12/11 Primis in faucibus orci
 - 12/12/11 Luctus et ultrices posuere cubilia Curae
 - 12/12/11 Nulla eget vulputate sem
- ALTERNATIVE TESTS:**
 - Chest x-ray (CXR)
 - Ventilation-perfusion scan (V/Q scan)
- GUIDELINES BASED ON:** Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.
- RELATED ARTICLES:**
 - SYMPTOMS:** Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis
 - DIAGNOSIS AND TEST:** Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis
 - Morbi in bibendum mauris.** Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

- 15 After Anita has clicked the **Close Case** button in the global navigation, she reviews the documentation summary and fully closes the case by clicking the **Close Case** button in the dialog.

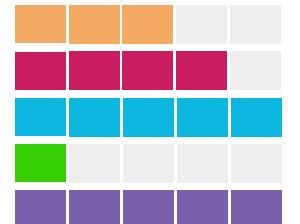
A peer-to-peer conversation takes an unexpected twist for Anita

- 1 During a peer-to-peer conversation, Anita needs to include additional symptoms and indications to the existing case. As she rolls over the *click to add* text area, a hover state suggests where Anita should click to enter additional symptoms and indications.

- 2 Anita clicks into the text field to begin typing.



MD: Anita Murphy



The screenshot shows the AIM web application interface. At the top, there are navigation buttons: Close Case, Deny Case, Cancel Order, More, Queue, and Jump to my case. Below this, the patient information is displayed: Maureen Henderson, MEMBER # XEAJ-3456-8201, DOB 10/4/77. The diagnosis is listed as Rhoncus Ultrices, and the order is CT - Abdomen. A status message says 'Needs Review by MD'. The 'IMAGING APPROPRIATENESS' section includes a 'Medical Necessity' checkbox (checked) and a note about clinical appropriateness. The 'NEXT STEPS' section contains a note: 'Lorem ipsum dolor sit'. The 'REASON FOR REVIEW' section lists Medical Necessity, Clinical Appropriateness, and Benefit Determination. The 'PATIENT'S SYMPTOMS AND INDICATIONS' section shows Pain (Acute abdominal pain for 2 weeks), Bowel-Related (Bloating and distension for 1 week), and Ataxia (Quisque nec erat turpis, faucibus vulputate a massa). A search bar contains the text 'Tum|'. The 'RECENT TESTS' section lists three entries: 12/12/11 Vestibulum ante ipsum, 12/12/11 Primis in faucibus orci, and 12/12/11 Luctus et ultrices posuere cubilia Curae. The 'ALTERNATIVE TESTS' section lists four entries: Vestibulum ante, Ipsum primis in, Faucibus orci luctus vulputate sem posuere, and Cltrices posuere. The 'GUIDELINES BASED ON' section contains a note: 'Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.' The 'RELATED ARTICLES' section lists two articles: 'Morbi in bibendum mauris.' and 'Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis'. The 'DIAGNOSIS AND TEST' section lists 'Morbi in bibendum mauris.' and 'Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis'. A note at the bottom indicates '5 criteria not met'.

3 As Anita types the additional patient symptom, Imasis gives her type-ahead suggestions on based on what she is typing and what is frequently associated with this type of case.

This screenshot shows the same AIM application interface as the previous one, but with a cursor hovering over the 'Tumor' suggestion in the type-ahead list. The 'ALTERNATIVE TESTS' section is highlighted with a blue border. The rest of the interface is identical to the first screenshot, including the patient information, diagnosis, and test history.

4 Anita hovers and selects a symptom from the list of type-ahead search result suggestions.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Needs Review by MD

DIAGNOSIS Rhoncus Ultrices **ORDER(S)** CT - Abdomen **Caller Verified** ✓

REASON FOR REVIEW **IMAGING APPROPRIATENESS**

Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

NEXT STEPS

Placeholder text.

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate a massa
- Tumor Maecenas mollis urna id mauris**
Quisque nec erat turpis, faucibus vulputate a massa

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae

ALTERNATIVE TESTS

- Vestibulum ante
- Ipsum primis in
- Faucibus orci luctus vulputate sem posuere
- Ctrices posuere

5 Imasis loads the necessary information for that symptom and gives Anita the opportunity to enter additional text if needed.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Needs Review by MD

DIAGNOSIS Rhoncus Ultrices **ORDER(S)** CT - Abdomen **Caller Verified** ✓

REASON FOR REVIEW **IMAGING APPROPRIATENESS**

Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

NEXT STEPS

Placeholder text.

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate a massa
- Tumor Maecenas mollis urna id mauris**
Faucibus vulputate a massa

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae

ALTERNATIVE TESTS

- Vestibulum ante
- Ipsum primis in
- Faucibus orci luctus vulputate sem posuere
- Ctrices posuere

6 Anita clicks out of the text field to move on.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Needs Review by MD

DIAGNOSIS Rhoncus Ultrices

ORDER(S) CT - Abdomen

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination

IMAGING APPROPRIATENESS

Placeholder text: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

NEXT STEPS

Placeholder text: Lorem ipsum dolor sit

5 criteria not met ▾

PATIENT'S SYMPTOMS AND INDICATIONS

Pain Acute abdominal pain for 2 weeks	RECENT TESTS
Bowel-Related Bloating and distension for 1 week	12/12/11 Vestibulum ante ipsum 12/12/11 Prismis in faucibus orci 12/12/11 Luctus et ultrices posuere cubilia Curae 12/12/11 Nulla eget vulputate sem
Ataxia Quisque nec erat turpis, faucibus vulputate a massa	ALTERNATIVE TESTS
Tumor Maecenas mollis urna id mauris Faucibus vulputate a massa	<ul style="list-style-type: none"> Vestibulum ante Ipsum primis in Faucibus orci luctus vulputate sem posuere Cltices posuere

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Click to add

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Click to add

7 The ordering physician also has additional information from the physical exam that should be included in the clinical details for this case. Anita hovers over the text field for physical exam information.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Needs Review by MD

DIAGNOSIS Rhoncus Ultrices

ORDER(S) CT - Abdomen

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination

IMAGING APPROPRIATENESS

Placeholder text: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

NEXT STEPS

Placeholder text: Lorem ipsum dolor sit

5 criteria not met ▾

PATIENT'S SYMPTOMS AND INDICATIONS

Pain Acute abdominal pain for 2 weeks	RECENT TESTS
Bowel-Related Bloating and distension for 1 week	12/12/11 Vestibulum ante ipsum 12/12/11 Prismis in faucibus orci 12/12/11 Luctus et ultrices posuere cubilia Curae 12/12/11 Nulla eget vulputate sem
Ataxia Quisque nec erat turpis, faucibus vulputate a massa	ALTERNATIVE TESTS
Tumor Maecenas mollis urna id mauris Faucibus vulputate a massa	<ul style="list-style-type: none"> Vestibulum ante Ipsum primis in Faucibus orci luctus vulputate sem posuere Cltices posuere

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Click to add

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Click to add

8 Anita clicks into the text field to begin typing.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Needs Review by MD

DIAGNOSIS Rhonus Ultrices
ORDER(S) CT - Abdomen

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination

IMAGING APPROPRIATENESS

Caller Verified ✓

PATIENT'S SYMPTOMS AND INDICATIONS

Pain	Acute abdominal pain for 2 weeks
Bowel-Related	Bloating and distension for 1 week
Ataxia	Quisque nec erat turpis, faucibus vulputate a massa
Tumor Maecenas mollis urna id mauris	Faucibus vulputate a massa

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae
- 12/12/11 Nulla eget vulputate sem

ALTERNATIVE TESTS

- Vestibulum ante
- Ipsum primis in
- Faucibus orci luctus vulputate sem posuere
- Cltices posuere

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS

Morbi in bibendum mauris.

DIAGNOSIS AND TEST

Morbi in bibendum mauris.

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

9 Anita finishes entering the free-form text into the text field for the clinical exam information. In this instance, she didn't select any of the suggestions from the type-ahead suggestions for the physical exam details that could be related to this case.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Approved

DIAGNOSIS Rhonus Ultrices
ORDER(S) CT - Abdomen

312 25 6584 Undo change

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness ✓
- Benefit Determination ✓

DISCLAIMER

Please note that this authorization is not a guarantee of payment. Payment is subject to the member's active enrollment, benefit limitations, and other terms of the member's contract at the time the services are provided.

Read Disclaimer

PATIENT'S SYMPTOMS AND INDICATIONS

Pain	Acute abdominal pain for 2 weeks
Bowel-Related	Bloating and distension for 1 week
Ataxia	Quisque nec erat turpis, faucibus vulputate a massa
Tumor Maecenas mollis urna id mauris	Faucibus vulputate a massa

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae
- 12/12/11 Nulla eget vulputate sem

ALTERNATIVE TESTS

- Vestibulum ante
- Ipsum primis in
- Faucibus orci luctus vulputate sem posuere
- Cltices posuere

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS

Morbi in bibendum mauris.

DIAGNOSIS AND TEST

Morbi in bibendum mauris.

PHYSICAL EXAM

Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.

Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

10 The physical exam information that Anita entered allows the request to meet criteria. Imasis provides the appropriate disclaimer and authorization number. Anita reads the disclaimer, the authorization number, and then closes the case.

Donald works a case in his queue and requests more information from the ordering provider

Queue: MD

Search all queue by number or names(s)

CLOSE BY	PATIENT	ORDER	ORDER TYPE
Today	Cras id Nullalacus	Cras id Nullalacus	GI
Today	Vivamus Porttitor	Vivamus Porttitor	Cardio
Today	Molestie Elementum	Molestie Elementum	Thorasic
Today	Vestibulum Porttitor	Vestibulum Porttitor	Cardio
Today	Arcu elementum vehicula	Arcu elementum vehicula	GI
Today	Venenatis Idlacus	Venenatis Idlacus	Cardio
10/31/11	Suspendisse ligula	Suspendisse ligula	Thorasic
10/31/11	Egestas Pretium	Egestas Pretium	Cardio
10/31/11	Henderit ac nibh	Henderit ac nibh	GI
10/31/11	Donec et neque lorem	Donec et neque lorem	Cardio
10/31/11	Ut pharetra ligula	Ut pharetra ligula	Thorasic
10/31/11	Vivamus eget tristique	Vivamus eget tristique	Cardio
10/31/11	Nulla adipiscing ultrices	Nulla adipiscing ultrices	GI
10/31/11	Ortor et semper	Ortor et semper	Cardio
10/31/11	Donec et neque lorem	Donec et neque lorem	GI
10/31/11	Ut pharetra ligula	Ut pharetra ligula	Cardio
10/31/11	Vivamus eget tristique	Vivamus eget tristique	Thorasic
10/31/11	Nulla adipiscing ultrices	Nulla adipiscing ultrices	Cardio
10/31/11	Ortor et semper	Ortor et semper	GI

UNFINISHED CASES

10/31/11	Cras id Nullalacus	Molestie Elementum
10/31/11	Vivamus Porttitor	Suspendisse ligula
10/31/11	Molestie Elementum	Vestibulum Porttitor

Queue: MD

Search all queue by number or names(s)

CLOSE BY	PATIENT	ORDER	ORDER TYPE
Today	Cras id Nullalacus	Cras id Nullalacus	Cardio
10/31/11	Vivamus Porttitor	Vivamus Porttitor	Cardio
Today	Molestie Elementum	Molestie Elementum	Cardio
10/31/11	Vestibulum Porttitor	Vestibulum Porttitor	Cardio
10/31/11	Arcu elementum vehicula	Arcu elementum vehicula	Cardio
10/31/11	Venenatis Idlacus	Venenatis Idlacus	Cardio
10/31/11	Suspendisse ligula	Suspendisse ligula	GI
10/31/11	Egestas Pretium	Egestas Pretium	GI
Today	Henderit ac nibh	Henderit ac nibh	GI
10/31/11	Donec et neque lorem	Donec et neque lorem	GI
10/31/11	Ut pharetra ligula	Ut pharetra ligula	GI
10/31/11	Vivamus eget tristique	Vivamus eget tristique	GI
10/31/11	Nulla adipiscing ultrices	Nulla adipiscing ultrices	GI
10/31/11	Ortor et semper	Ortor et semper	Thorasic
Today	Donec et neque lorem	Donec et neque lorem	Thorasic
10/31/11	Ut pharetra ligula	Ut pharetra ligula	Thorasic
10/31/11	Vivamus eget tristique	Vivamus eget tristique	Thorasic
10/31/11	Nulla adipiscing ultrices	Nulla adipiscing ultrices	Thorasic
Today	Ortor et semper	Ortor et semper	Thorasic

UNFINISHED CASES

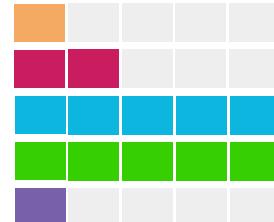
10/31/11	Cras id Nullalacus	Molestie Elementum
10/31/11	Vivamus Porttitor	Suspendisse ligula
10/31/11	Molestie Elementum	Vestibulum Porttitor

- 1 In the MD queue, Donald sees the cases listed, by default, by the date they need to be closed. To the right, he also sees his unfinished cases.

- 2 He reorders the MD queue based on order type and then opens a cardio case.



MD: Donald Neubauer



PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Needs Review by MD

DIAGNOSIS Consectoruer elit
ORDER(S) Urna nibhnon

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

NEXT STEPS
Lorem ipsum dolor sit

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate a massa
- Tumor Maecenas mollis urna id mauris**
Faucibus vulputate a massa

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae
- 12/12/11 Nulla eget vulputate sem

ALTERNATIVE TESTS

- Vestibulum ante
- Ipsum primis in
- Faucibus orci luctus vulputate sem posuere
- Ctrices posuere

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPOTMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

Physical Exam
Sed fermentum gravida metus nec sagittis. Donec ultricies aliquet ante vitae dapibus.
Pellentesque habitant morbi tristique senectus et netus et malesuada fames ac turpis egestas. Cras consectetur

Click to add

3 To begin working on this case, he decides to review the five symptoms that have not been met.

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Needs Review by MD

DIAGNOSIS Consectoruer elit
ORDER(S) Urna nibhnon

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

NEXT STEPS
Lorem ipsum dolor sit

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate a massa
- Tumor Maecenas mollis urna id mauris**
Faucibus vulputate a massa

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae
- 12/12/11 Nulla eget vulputate sem

ALTERNATIVE TESTS

- Vestibulum ante

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPOTMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

4 Imasis lists the criteria that have not been met and allows Donald to either add the criteria to the case or request more information. Donald reviews the criteria and chooses to request more details from the ordering provider for a particular symptom.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Requesting more information

Trevor Carroll

MEMBER # XEAJ-5678-4418
DOB 4/27/56

DIAGNOSIS Consectoruer elit
ORDER(S) Urna nibhnon

Caller Verified ✓

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

NEXT STEPS
Lorem ipsum dolor sit

PATIENT'S SYMPTOMS AND INDICATIONS

Pain	Acute abdominal pain for 2 weeks
Bowel-Related	Bloating and distension for 1 week
Ataxia	Quisque nec erat turpis, faucibus vulputate a massa
Tumor Maecenas mollis urna id mauris	Faucibus vulputate a massa

RECENT TESTS

12/12/11	Vestibulum ante ipsum
12/12/11	Primis in faucibus orci
12/12/11	Luctus et ultrices posuere cubilia Curae
12/12/11	Nulla eget vulputate sem

ALTERNATIVE TESTS

▀ Vestibulum ante

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

5 Imasis gives Donald confirmation that the information has been successfully requested, and Donald closes the criteria not met drop-down window.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Requesting more information

Trevor Carroll

MEMBER # XEAJ-5678-4418
DOB 4/27/56

DIAGNOSIS Consectoruer elit
ORDER(S) Urna nibhnon

Caller Verified ✓

REASON FOR REVIEW
Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

CLOSE CASE

Documentation Summary

Requesting the following information:

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc non neque mauris. Vivamus et eros quis turpis condimentum porttitor. Vivamus tincidunt est non velit faucibus consectetur euismod nibh dignissim. Duis odio metus, ullamcorper sed egestas sit amet, tempus vitae est. Quisque congue molestie metus, sit amet scelerisque odio gravida ut. Morbi faucibus, purus non porta viverra, nibh nisi ullamcorper neque, eu euismod odio tortor eu lectus. Curabitur nisi augue, consectetur dictum pellentesque rutrum, pulvinar in tortor.

PATIENT'S SYMPTOMS AND INDICATIONS

Pain	Acute abdominal pain for 2 weeks
Bowel-Related	Bloating and distension for 1 week
Ataxia	Quisque nec erat turpis, faucibus vulputate a massa
Tumor Maecenas mollis urna id mauris	Faucibus vulputate a massa

RECENT TESTS

12/12/11	Primis in faucibus orci
12/12/11	Luctus et ultrices posuere cubilia Curae
12/12/11	Nulla eget vulputate sem

ALTERNATIVE TESTS

▀ Vestibulum ante

GUIDELINES BASED ON
Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPTOMS
Morbi in bibendum mauris.
Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

6 After Donald has clicked the **Close Case** button in the global navigation, he reviews the documentation summary for the additional information he has requested from the ordering provider. As Donald hovers over the documentation text, a hover state lets him know that he can click into the text if he needs to add or edit anything before closing the case.

This screenshot shows the AIM web application interface. At the top, there are navigation buttons: Close Case, Deny Case, Cancel Order, More, Queue, and Jump to my case. Below this, the patient information is displayed: Trevor Carroll, MEMBER # XEAJ-5678-4418, DOB 4/27/56. The case status is "Requesting more information". The diagnosis is listed as "Consectoruer elit" and the order is "Urna nibhnon". A "Caller Verified" checkmark is present.

The main content area contains several sections:

- REASON FOR REVIEW:** Medical Necessity ✓, Clinical Appropriateness, Benefit Determination.
- CLOSE CASE:** Documentation Summary. A text input field contains placeholder text: "Requesting the following information: Lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc non neque mauris. Vivamus et eros quis turpis condimentum porttitor. Vivamus tincidunt est non velit faucibus consectetur euismod nibh dignissim. Duis odio metus, ullamcorper sed egestas sit amet, tempus vitae est. Quisque congue molestie metus, sit amet scelerisque odio gravida ut. Morbi faucibus, purus non porta viverra, nibh nisi ullamcorper neque, eu euismod odio tortor eu lectus. Curabitur nisi augue, consectetur dictum pellentesque rutrum, pulvinar in tortor." Below this is a "Request more details" button.
- NEXT STEPS:** A list of five items, each with a plus icon and a "Request more details" button.
- PATIENT'S SYMPTOMS AND INDICATIONS:** Pain (Acute abdominal pain for 2 weeks), Bowel-Related (Bloating and distension for 1 week), Ataxia (Quisque nec erat turpis, faucibus vulputate a massa), and Tumor Maecenas mollis urna id mauris (Faucibus vulputate a massa). Each item has a date (12/12/11) and a dropdown menu.
- GUIDELINES BASED ON:** A text block: "Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem."
- RELATED ARTICLES:** A section with "SYMPTOMS" and two entries: "Morbi in bibendum mauris." and "Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis".
- ALTERNATIVE TESTS:** A section with a "Click to add" button and a "Vestibulum ante" link.

7 Donald would like to include additional information to the documentation for this request so he clicks into the text field to begin typing.

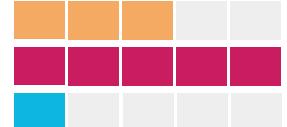
This screenshot shows the same AIM interface as the previous one, but with a notable difference: the "Documentation Summary" text field now contains the text "Requesting the following information: Morbi faucibus, purus non porta viverra, nibh nisi ullamcorper neque, eu euismod odio tortor eu lectus." A mouse cursor is visible over the "Request more details" button next to this text.

The rest of the interface remains identical to the first screenshot, including the "NEXT STEPS" section and the "GUIDELINES BASED ON" text block.

8 After adding to the documentation, Donald clicks out of the text field and closes the case.

Jeremy jumps to the right place to quickly act on his case

Jeremy Adler, RS



Queue: RS ▾

CLOSE BY ▾ **PATIENT** ▾ **ORDER** ▾ **ORDER TYPE** ▾

INCOMING CALL
Jackson Cancer Center
(415) 263-0091

SHED CASES

1. Cras id Nullalacus Molestie Elementum
1. Vivamus Porttitor Suspendisse ligula
1. Molestie Elementum Vestibulum Porttitor

6 REQUESTS IN PROGRESS **5 RECENTLY CLOSED**

Today Cras id Nullalucus porttitor actions	Today Cras id Nullalucus porttitor actions
Today Molestie lementum vehicula actions	Today Molestie lementum vehicula actions
10/31/11 Suspe actions	10/31/11 Suspe actions
10/31/11 Egest actions	10/31/11 Egest actions
10/31/11 Hend actions	10/31/11 Hend actions
10/31/11 Done actions	10/31/11 Done actions
10/31/11 Ut ph actions	10/31/11 Ut ph actions
10/31/11 Vivan actions	10/31/11 Vivan actions
10/31/11 Nulla actions	10/31/11 Nulla actions
10/31/11 Ortor et semper actions	10/31/11 Ortor et semper actions
10/31/11 Donec et neque lorem actions	10/31/11 Donec et neque lorem actions
10/31/11 Ut pharetra ligula actions	10/31/11 Ut pharetra ligula actions
10/31/11 Vivamus eget tristique actions	10/31/11 Vivamus eget tristique actions
10/31/11 Nulla adipiscing ultrices actions	10/31/11 Nulla adipiscing ultrices actions
10/31/11 Ortor et semper actions	10/31/11 Ortor et semper actions

- 1 Jeremy gets a call from the Jackson Cancer Center, and Imasis provides him with a starting place that contains smart suggestions and actions that allow him to go directly where he needs to.

Queue: RS ▾

CLOSE BY ▾ **PATIENT** ▾ **ORDER** ▾ **ORDER TYPE** ▾

INCOMING CALL
Jackson Cancer Center
(415) 263-0091

SHED CASES

1. Cras id Nullalucus Molestie Elementum
1. Vivamus Porttitor Suspendisse ligula
1. Molestie Elementum Vestibulum Porttitor

6 REQUESTS IN PROGRESS **5 RECENTLY CLOSED**

Today Cras id Nullalucus porttitor actions	Today Cras id Nullalucus porttitor actions
Today Molestie lementum vehicula actions	Today Molestie lementum vehicula actions
10/31/11 Suspe actions	10/31/11 Suspe actions
10/31/11 Egest actions	10/31/11 Egest actions
10/31/11 Hend actions	10/31/11 Hend actions
10/31/11 Done actions	10/31/11 Done actions
10/31/11 Ut ph actions	10/31/11 Ut ph actions
10/31/11 Vivan actions	10/31/11 Vivan actions
10/31/11 Nulla actions	10/31/11 Nulla actions
10/31/11 Ortor et semper actions	10/31/11 Ortor et semper actions
10/31/11 Donec et neque lorem actions	10/31/11 Donec et neque lorem actions
10/31/11 Ut pharetra ligula actions	10/31/11 Ut pharetra ligula actions
10/31/11 Vivamus eget tristique actions	10/31/11 Vivamus eget tristique actions
10/31/11 Nulla adipiscing ultrices actions	10/31/11 Nulla adipiscing ultrices actions
10/31/11 Ortor et semper actions	10/31/11 Ortor et semper actions

- 2 The caller wants to change the facility for an existing case that has already been pre-authorized. Jeremy selects the actions drop-down menu, then hovers and selects "Change Facility" to jump directly to the page that will allow him to change the facility for that existing order request.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Case Closed

DIAGNOSIS Rhoncus Ultrices CALLER Elana Dias
ORDER(S) CT - Abdomen (415) 231-8724
312 25 6584

ORDERING PROVIDER Dr. Fredrick Skippa
Johnson Cancer Center
1235 West Hwy Cleveland OH 44115

FACILITY Hawthorn Imaging Center
2509 Overview Dr Cleveland OH 49113

Verify Caller

FILTER RESULTS

LOCATION
Close to Patient (3)
Close to Doctor (2)
Close to 94105

NETWORK
In Network (2)
Out of Network (3)

CHANGE FACILITY

Search for facility

FACILITY	DISTANCE	RATING	COST
Advocate Ravenswood Medical Center 2312 W Irving Park Rd, Chicago, IL 60641	.5mi	A	\$120
University of Chicago Medical Center 5841 S Maryland Ave, Chicago, IL 60641	.5mi	A	\$120
Physicians Immediate Care 4211 N Cicero Ave Chicago, IL 60641	.6mi	A	\$120
Another Imaging Center Address, Chicago, IL 60641	.6mi	A	\$120
Another Imaging Center Address, Chicago, IL 60641	.7mi	A	\$120

3 On the change facility page, Jeremy quickly verifies the caller.

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Case Closed

DIAGNOSIS None Given
ORDER(S) CT - Abdomen (415) 231-8724
312 25 6584 Caller Verified ✓

FILTER RESULTS

LOCATION
Close to Patient (3)
Close to Doctor (2)
Close to 94105 (4)

NETWORK
In Network (2)
Out of Network (3)

CHANGE FACILITY

Search for facility

FACILITY	DISTANCE	RATING	COST
Advocate Ravenswood Medical Center 2312 W Irving Park Rd, Chicago, IL 60641	.5mi	A	\$120
University of Chicago Medical Center 5841 S Maryland Ave, Chicago, IL 60641	.5mi	A	\$120
Physicians Immediate Care 4211 N Cicero Ave Chicago, IL 60641	.6mi	A	\$120
Another Imaging Center Address, Chicago, IL 60641	.6mi	A	\$120
Another Imaging Center Address, Chicago, IL 60641	.7mi	A	\$120
Another Imaging Center Address, Chicago, IL 60641	1.5mi	B	\$120
Another Imaging Center Address, Chicago, IL 60641	2.5mi	B	\$120

4 Imasis has smart suggestions for changing the facility that are organized in a manner that allows Jeremy to easily scan and parse the information quickly while on the call. The caller would like to change the facility to one that the Jackson Cancer Center frequently uses, and Jeremy is able to easily locate and select that facility.

The screenshot shows the AIM web interface. At the top, there are navigation buttons: Close Case, Cancel Order, More, Queue, and Jump to my case. Below the header, a user profile for Jonathan Avnet is displayed, along with member information (XEAJ-3456-8201, DOB 9/4/45) and an order for CT - Abdomen (order number 312 25 6584, Caller Verified). A yellow notification bar at the top right says "The facility has successfully been changed." with a "Undo Change" link. On the left, a sidebar titled "FILTER RESULTS" lists location filters like "Close to Patient (3)" and "Close to Doctor (2)". The main content area is titled "CHANGE FACILITY" and contains a search bar. It lists facilities based on distance, rating, and cost. The first entry is "Advocate Ravenswood Medical Center" located at 2312 W Irving Park Rd, Chicago, IL 60641, .5mi away, rated A, costing \$120. Below this are sections for "SUGGESTED" (University of Chicago Medical Center, .5mi, A, \$120) and "FREQUENTLY USED" (Physicians Immediate Care, .6mi, A, \$120; Another Imaging Center, .6mi, A, \$120; Another Imaging Center, .7mi, A, \$120; Another Imaging Center, 1.5mi, B, \$120; Another Imaging Center, 2.5mi, B, \$120).

- 5 Imasis gives Jeremy confirmation feedback that the facility has been successfully changed, while allowing him the chance to recover and undo that change if necessary.

Visual Style Guide

This section specifies the visual design system that is applied to the multiple AIM user interfaces. It is intended to provide implementation guidance and design standards that ensure a unified, clear and caring experience.

Layout — page **106**

Elements — page **115**

Controls — page **134**

Specifications — page **166**

How to use this style guide

This visual style guide defines the AIM user interface and describes relevant, detailed elements and interactions. The visual design and the resulting style guide should add to and clarify the interactions described by the Form & Behavior Specification.

A library of source files and production-ready graphics has also been provided to assist with implementation efforts.

The final and authoritative visual specification

The images and written guidance found within this visual style guide represent the final and authoritative specification as it relates to the visual design of ProviderPortal, OptiNet, and Imasis interfaces and its correct implementation (including images, fonts, color, etc.). It is possible that inconsistencies exist between the specifications documented here and renderings found elsewhere in the document and the source files provided. In the case of conflict, the specifications documented in this chapter are the final and authoritative guide.

Layout

Overview — page 106

Horizontal grid — page 107

Underlying vertical grid — page 108

Grid archetypes — page 109

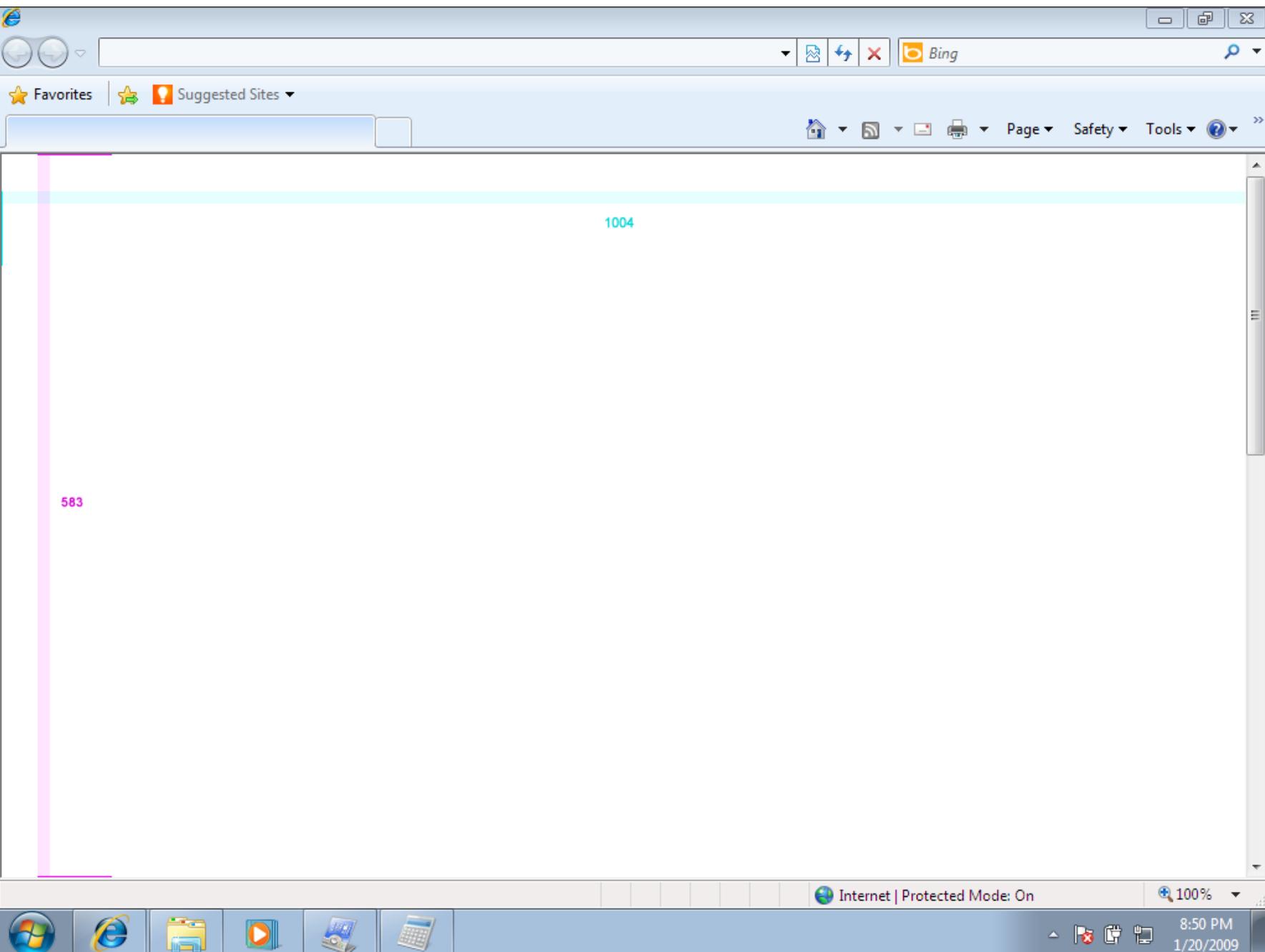
Imasis composite grid — page 110

ProviderPortal composite grid — page 111

OptiNet composite grid — page 112

Login composite grid — page 113

Composite grid expanded — page 114



Overview

The visual design system for the multiple AIM applications is based on a display with a minimum resolution of 1024 x 768 pixels (XGA). The usable screen space inside of the browser window is 1004x583 pixels.

Horizontal grid

The Imasis interface is divided into four horizontal rows.

Row One

Case Action Navigation: This row contains the AIM and Imasis logos, global case buttons, and navigation between cases.

Row Two

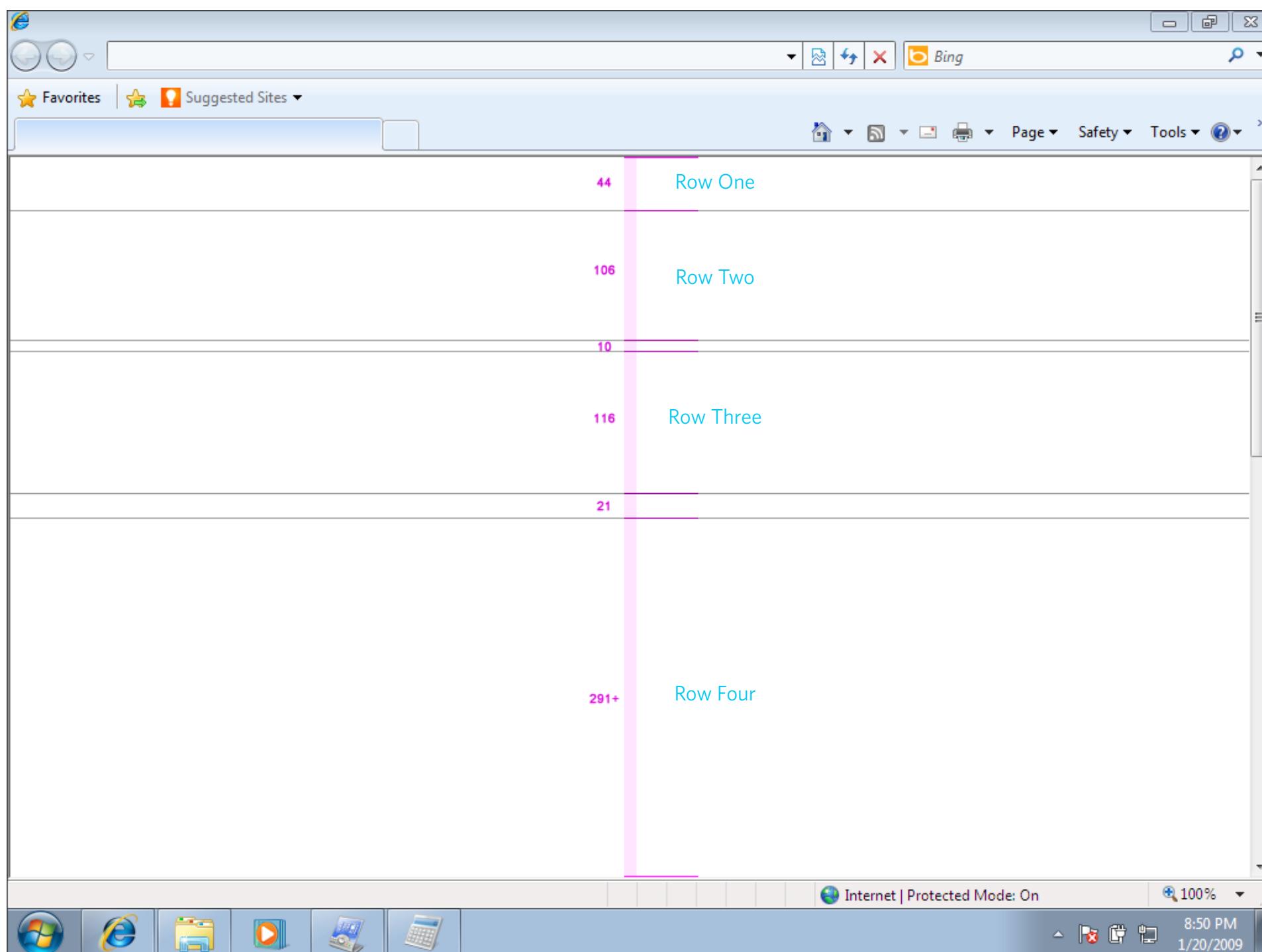
Patient Information: This row contains information about the patient, caller, tests ordered, facility information, and provider information. It serves as the source of caller verification and order approval status.

Row Three

Messaging: This row contains important messaging related to Reason for Review, Imaging Appropriateness, and Next Steps as well as alerts regarding missing criteria or alternative tests.

Row Four

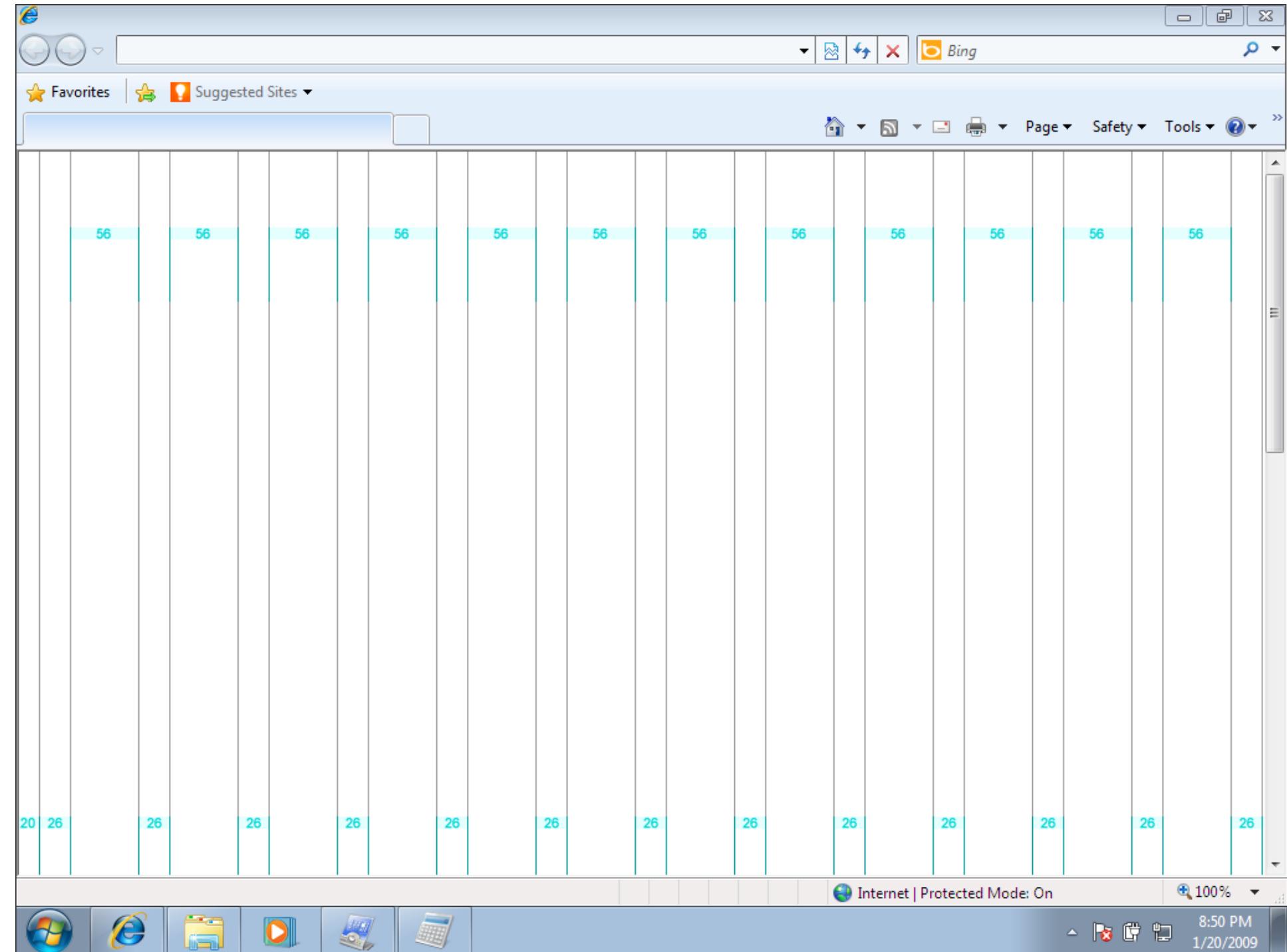
Page Content: This row is the main content of the page which can include Suggested Symptoms, Patients Symptoms and Indications, Diagnosis, and Imaging Appropriateness.



Underlying vertical grid

The AIM user interface is divided into 12 columns. These columns allow for flexibility across diverse screens in the AIM web experience. All products map to this grid and this regular, rhythmic approach creates greater consistency across workflows and the larger experience.

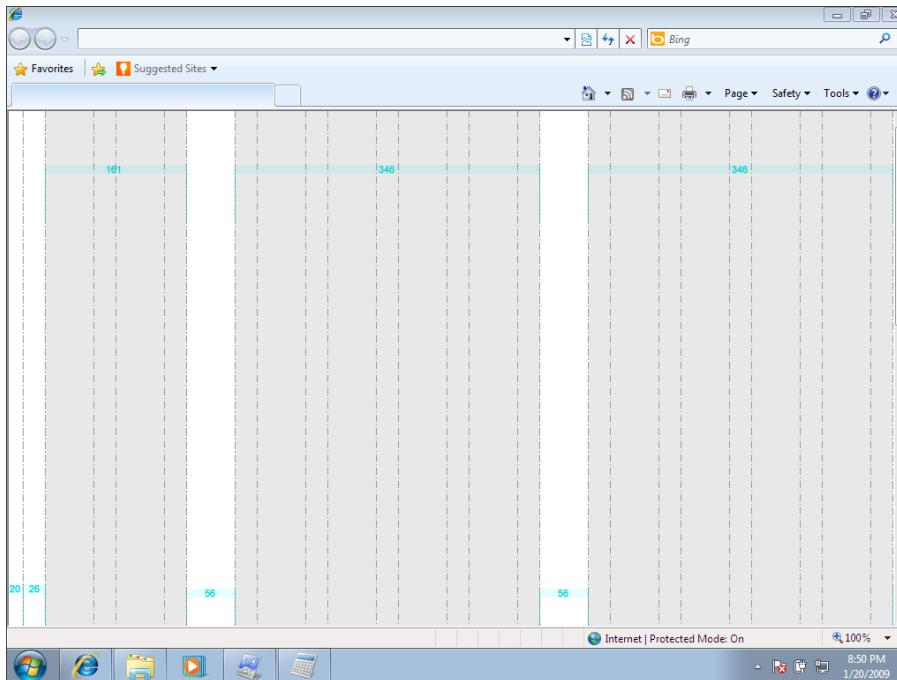
The following pages illustrate how the 12-column grid adapts to fit different content across lmasis, ProviderPortal, OptiNet and Sign-on screens.



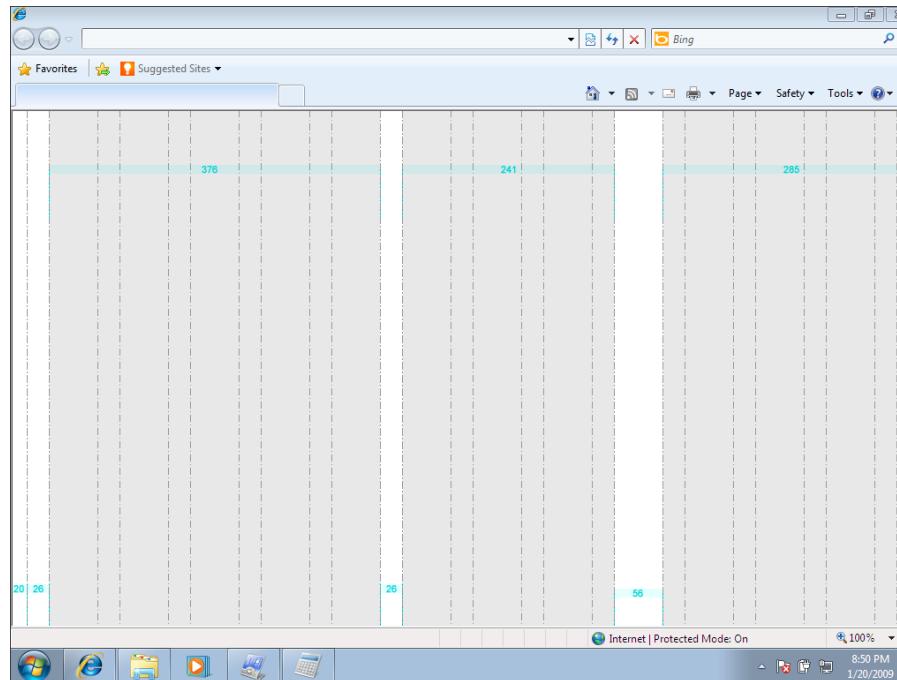
Grid archetypes

These archetypal grids represent the current applications of the 12-column grid. Adopt this structure whenever possible to create a uniform flow. If necessary, additional archetypal grids can be created and added to this list but should be done so judiciously to maintain a clear AIM experience.

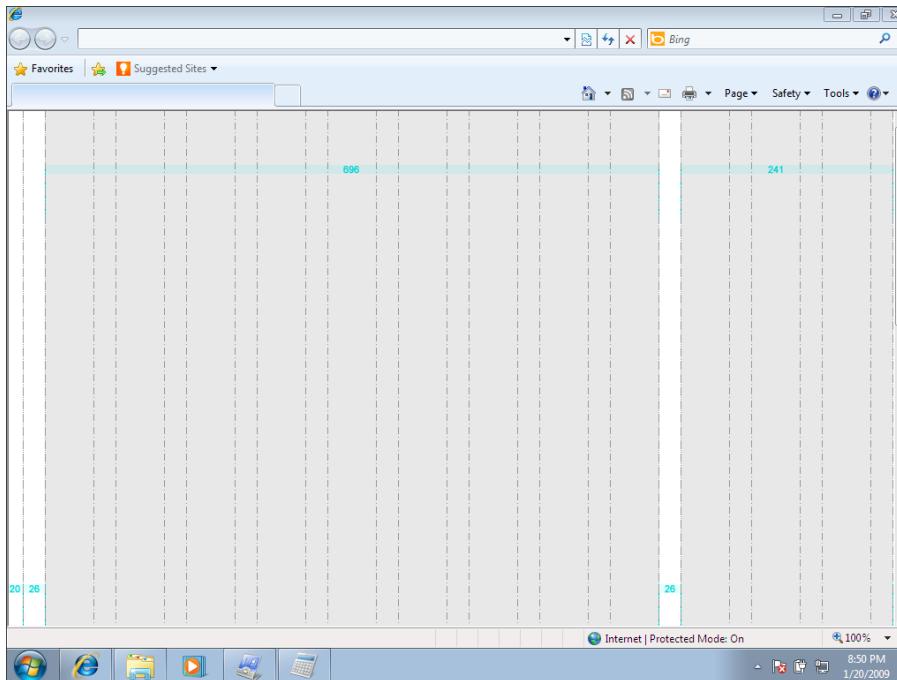
Bonnie



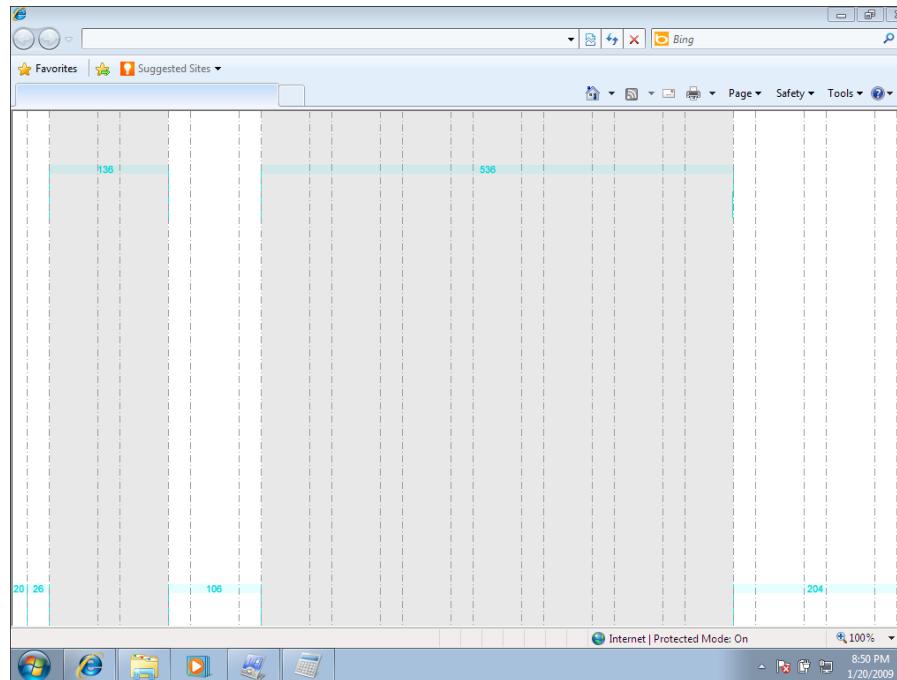
Anita



Donald



Jeremy

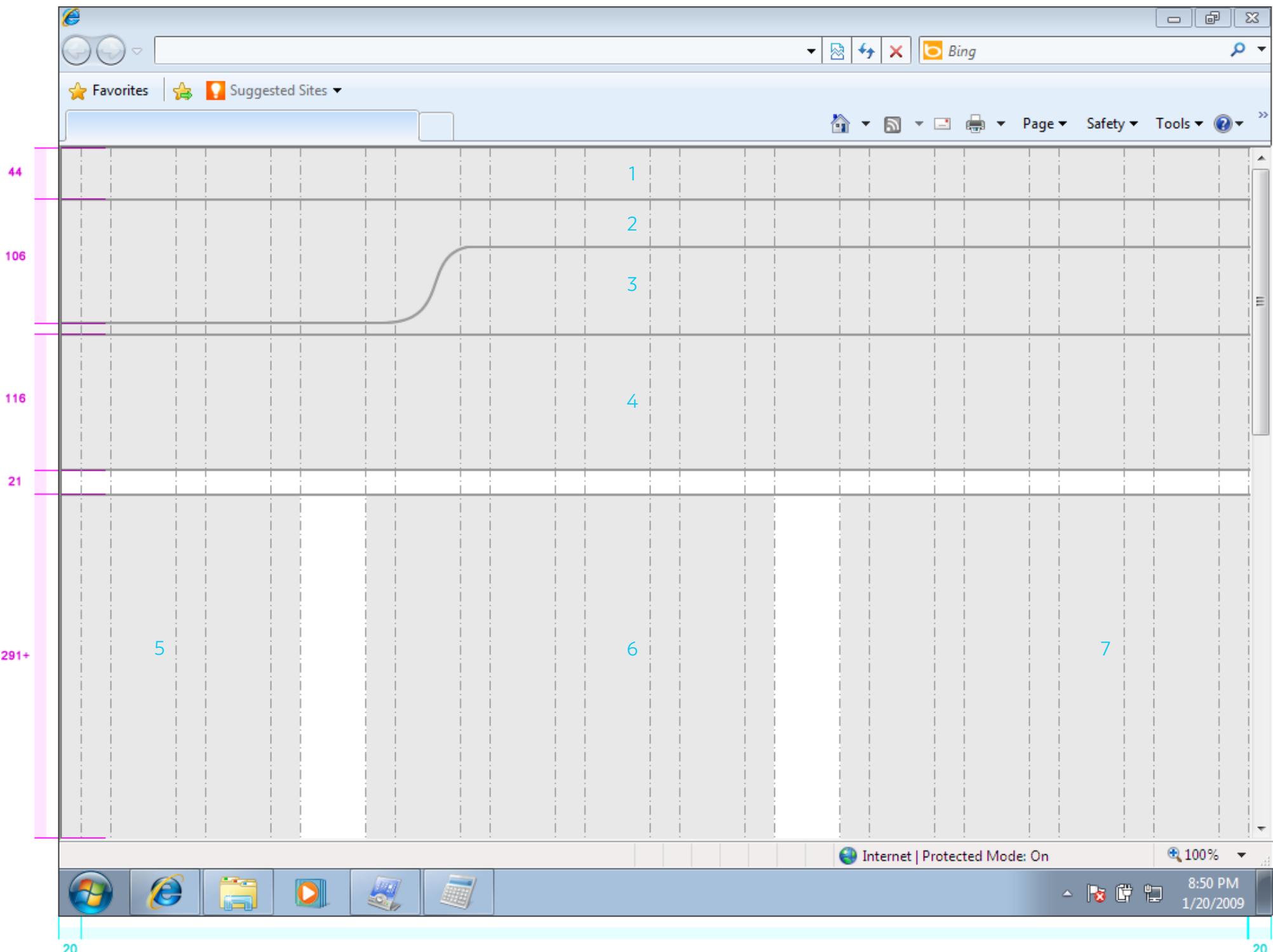


Imasis composite grid

Vertical and horizontal concepts are combined to form a grid. This standard grid defines and maintains consistent positioning of the major elements in Imasis.

1. Case action navigation
2. Patient information
3. Caller verification
4. Messaging area
5. Patient name, reason for review, suggested symptoms, new case entry information
6. Patient symptoms
7. Diagnosis, image appropriateness, clinical guidelines

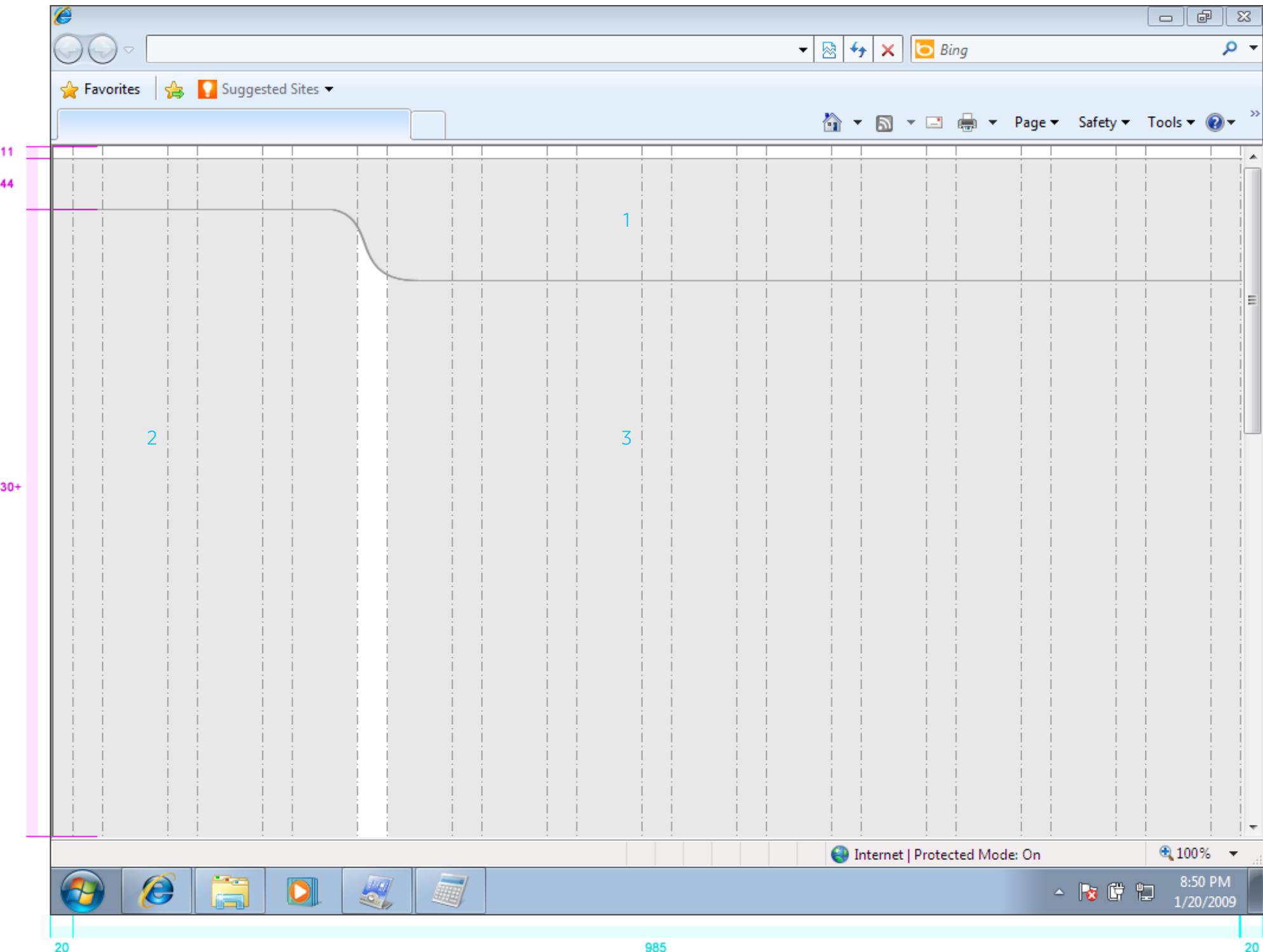
Note that when the collapsible Caller Verification panel (3) is closed, the page content below moves up to fill the empty space.



ProviderPortal composite grid

The ProviderPortal composite grid is similar to the Imasis grid and presents information in a similar, organized division. The current ProviderPortal design has been established for provider registration and is divided into two main columns.

1. Branding, screen heading
2. Registration information
3. Page content



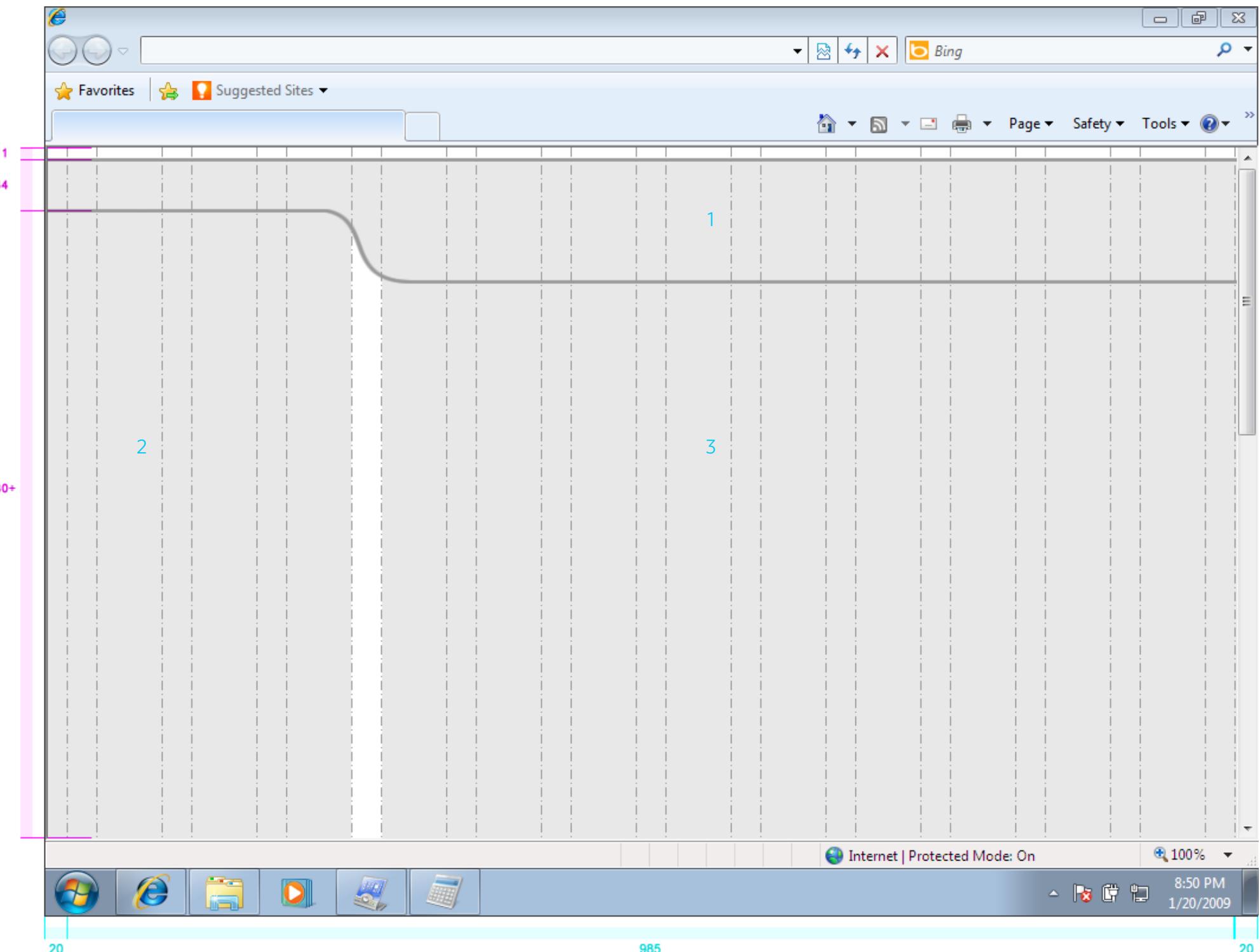
OptiNet composite grid

The OptiNet composite grid is similar to the Imasis grid and presents information in a similar, organized division. The current OptiNet design has been established for one screen and is divided into two main columns.

1. Facility summary information and status

2. Facility property details

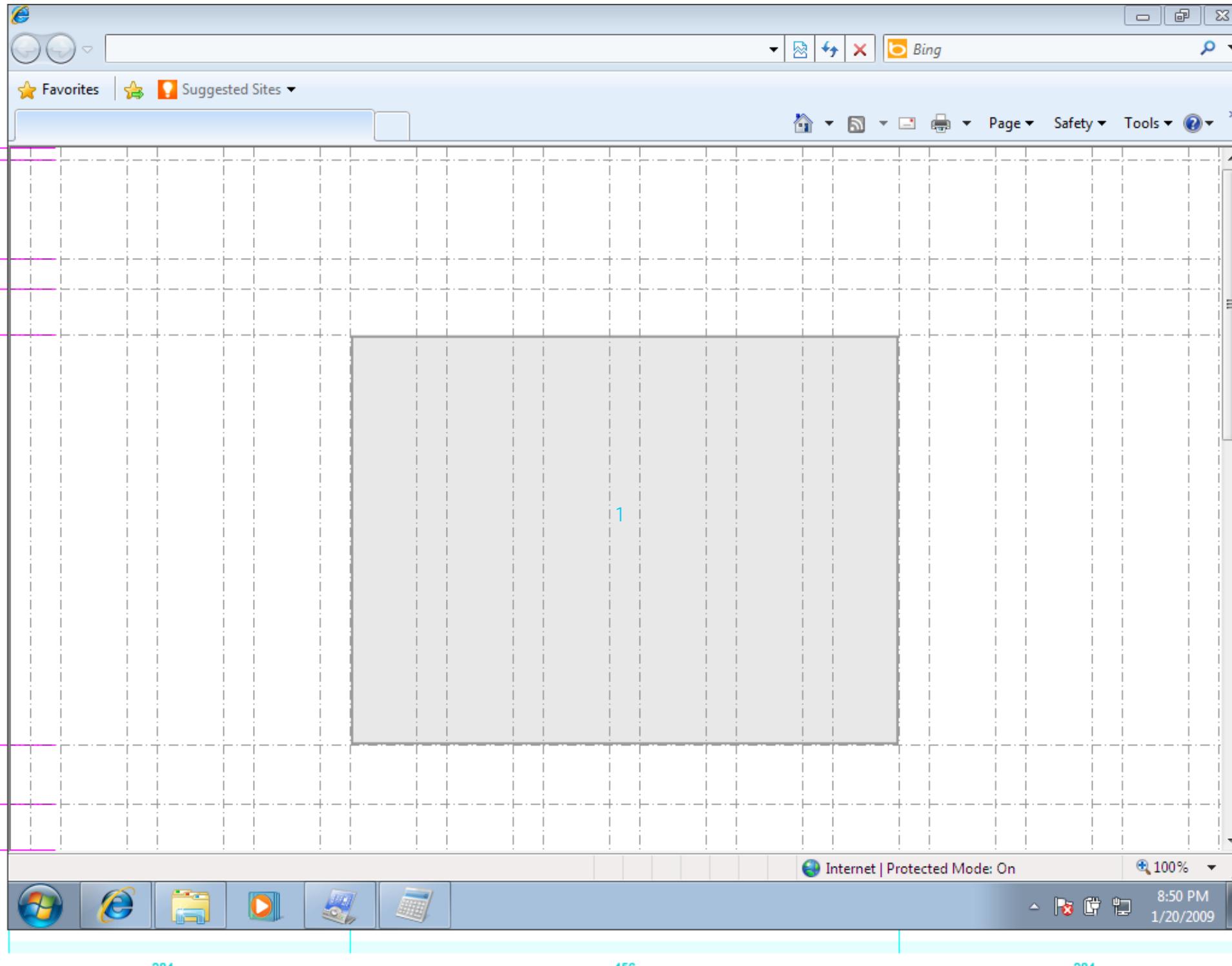
3. Page Content



Login composite grid

The sign-on screen is a simple, one-column grid and is simply centered on screen and aligns to the 12-column grid. The simple design represents the intended AIM clear experience.

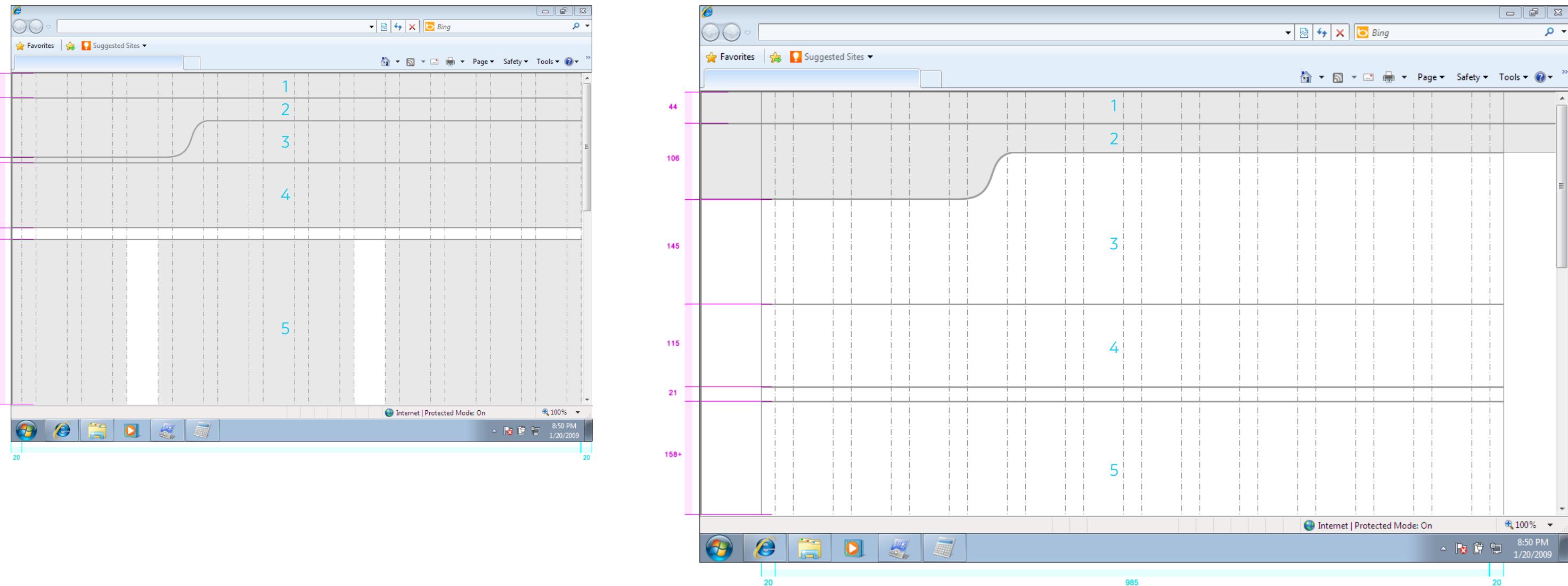
1. Sign-on box



Composite grid expanded

As the browser window expands, interface elements remain the same width and centered. This structured approach ensures that all content is proportional, well-placed, and doesn't lose its clear flow. This is particularly important because many forms and controls exist across these screens and do not scale well.

When the collapsible Caller Verification panel (3) is expanded, the page content below it moves down to allow for more space.



Elements

Initial impression and personality — page 116

Brand identity — page 117

Color — page 120

Typography — page 124

Iconography — page 131

Initial impression and personality

The visual design of ProviderPortal, OptiNet, and Imasis focuses on the specific experience expectations of Bonnie, Anita, Jeremy, and the other personas.

Experience attributes

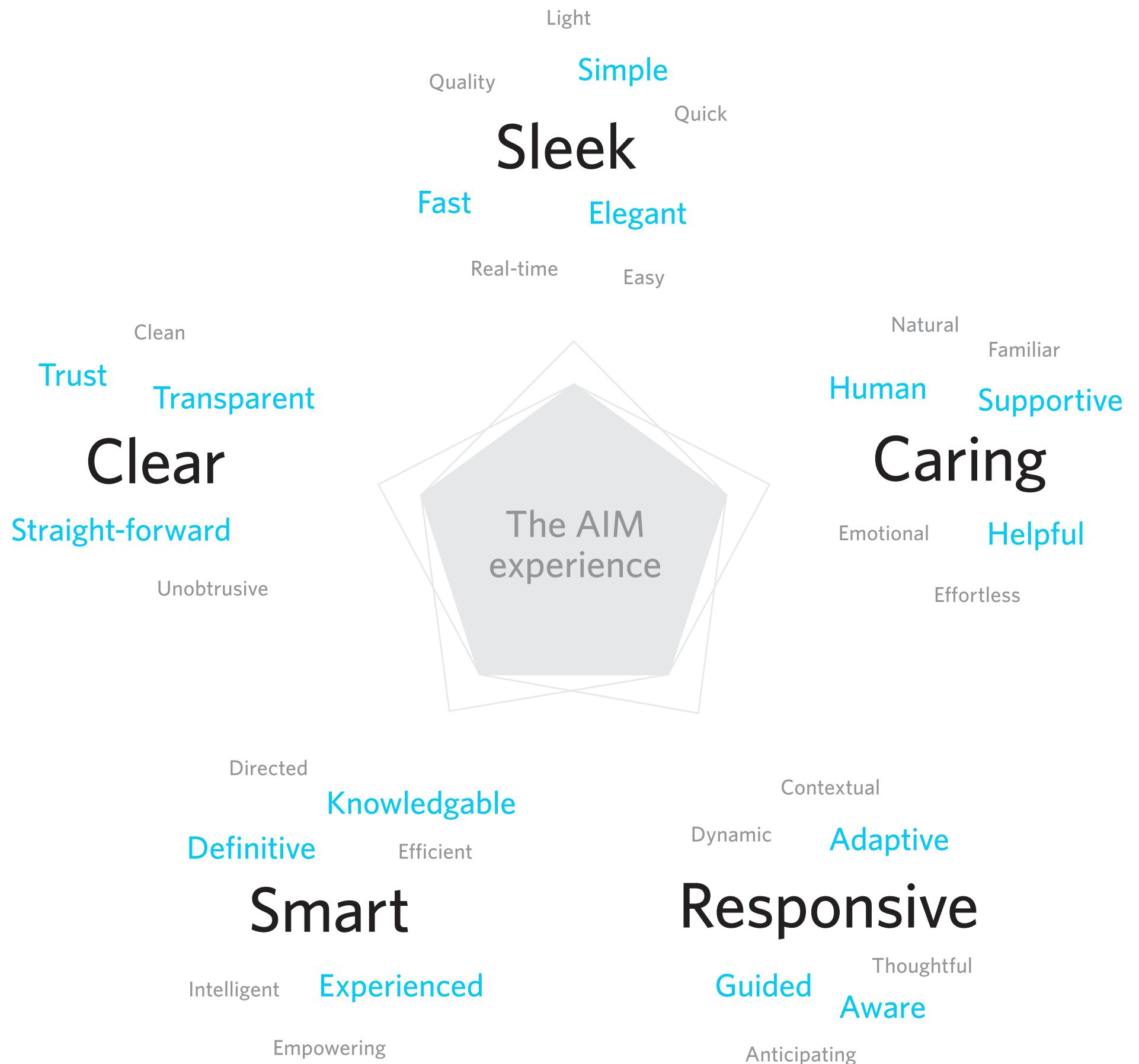
Attribute	Supporting concepts
Clear	Trust, transparent, straight-forward
Caring	Human, supportive, helpful
Responsive	Adaptive, guided, aware
Smart	Knowledgeable, definitive, experienced
Sleek	Simple, elegant, fast

Clear

Above all, the most important characteristic for AIM services to represent is *Clear*. The visual interface, layout and workflows have always held this ideal above others because this will provide the single, greatest value for users and customers.

Brand

While this document primarily addresses the graphical user interface, the underlying principles and attributes are meant to apply across the AIM experience. For example, the act of speaking with an AIM call-center representative should reflect all of the experience key attributes listed above. This will strengthen the brand by ensuring all the parts of the system complement each other to deliver the optimal user experience.



Brand identity

Logos

The AIM corporate and product logos are primary elements of the company's corporate design, and their integrity is extremely important. Inaccurate reproductions of the logos can undermine the corporate identity and create confusion in the marketplace. There are simple rules for the usage of the logos.



For more information about appropriate AIM logo usage please refer to the AIM brand guidelines and contact David Prahl.

Color and size

The proportions or shape of the logo may not be altered, nor may any elements be added (such as a region, facility, product area or department name).

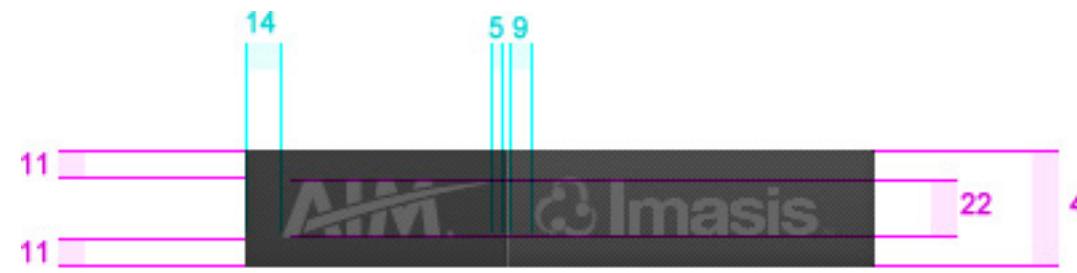
Identity usage

The AIM logo and product logo are presented together on the left side of AIM user interfaces. The AIM logo always appears to the left of each product logo and the sizing and spacing are the same.

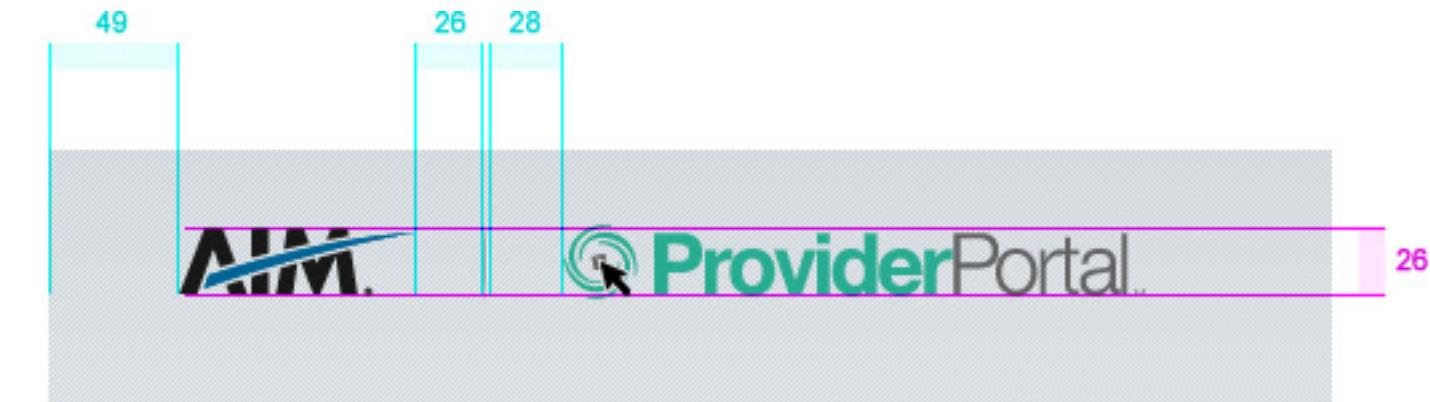
The AIM logo and Imasis logo are presented in a different color on a dark gray background to integrate into global navigation bar. This less prominent appearance is appropriate for an internal product as the identity need not be quite so prominent. All externally facing products should show the AIM logo in full color next to the product logo in full color.

For entry screens, like login pages, the AIM logo and product logo should be placed in similar alignment for consistency as shown in the ProviderPortal example with gray background.

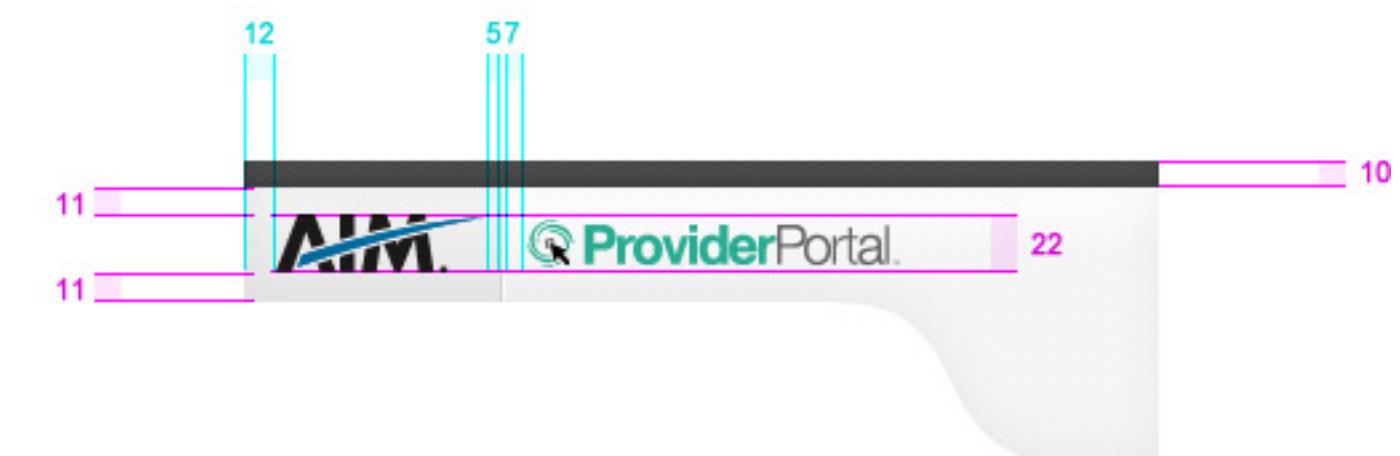
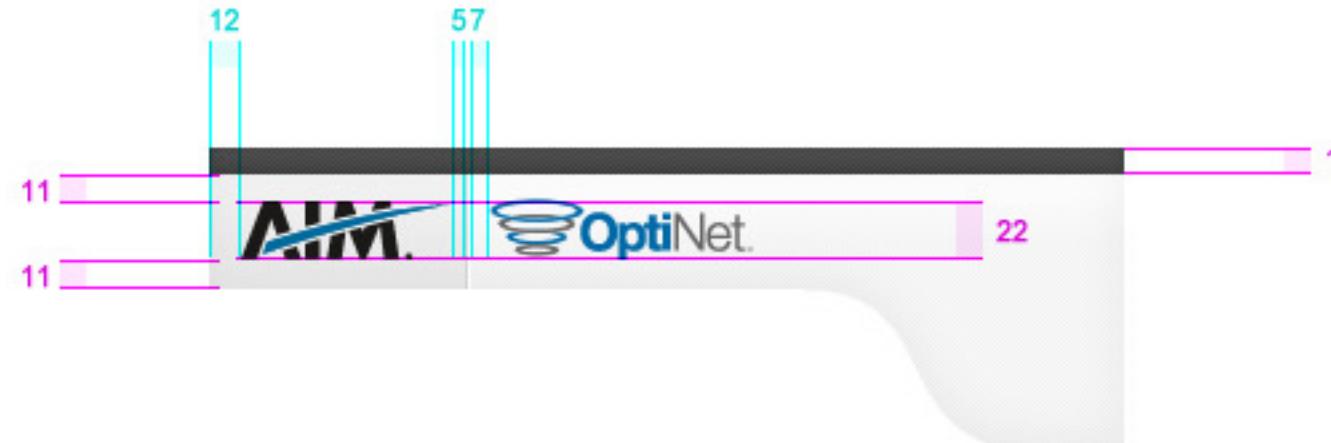
Internal app logos



Entry screen logos

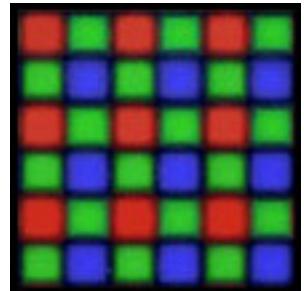


Ordering provider logos

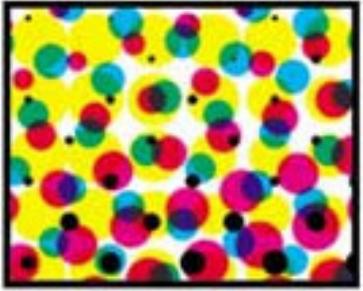


Color

When it comes to building a brand or communication platform, color is one of the most important components. Colors not only evoke emotions, but they can also help define the identity and personality of a company.



RGB pixels



CMYK dots

Colors in an interface require a degree of translation

For example, pixels are rendered through an additive system based on red, green, and blue light, while dots are rendered by a subtractive system based on cyan, magenta, yellow, and black pigments. The fact that colors are more intense on a CRT display than on a printed substrate is one result of this difference. This effect can cause certain colors to require an adjustment in order to work properly on-screen.

Color and the user interface

When applying color to the user interface, it is important to recognize certain constraints and opportunities. In most cases, visual guidelines developed for non-digital applications must undergo some degree of translation in order to be effective for digital applications.

A noteworthy difference is that most user interfaces have a much greater responsibility to utility than the typical marketing communications application. In some ways, it can be helpful to think of the interface in the same way you might a physical product.

Striking a balance between form and function

Building brand equity within the user interface requires a careful balance between form and function. This factor will often require a change in the way a primary brand color or an accent color is applied.

For example, when red is a primary brand color, it is typically advisable to restrict its application in order to reserve the color's function as a familiar indicator of critical information. Large quantities of red can overpower other elements on-screen and contribute to user fatigue due to its intensity and overall visual weight. The recommended application of color to the AIM user interface user interface strongly reflects this rationale.

Brand color palette

AIM has selected a specific color palette because color plays an important role in establishing a consistent corporate identity. The corporate colors apply to all AIM web services.

Primary colors

There are two primary colors for AIM: blue and gray. AIM blue is the predominant color. Gray can be used in combination with the blue.

Secondary colors

Secondary colors are opacity percentages of the primary colors. They are used to support the design of AIM marketing materials. They are never used as logo or symbol colors.



AIM Blue

RGB: 4, 120, 173
Hex: #0478AD



AIM Black

RGB: 0, 0, 0
Hex: #000000



AIM Gray

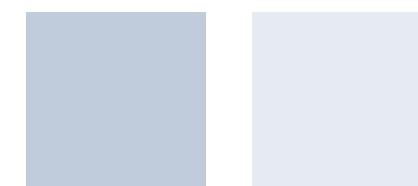
RGB: 128, 127, 131
Hex: #807F83

Color	Use
AIM Blue	Predominant color of the brand
AIM Black	Complementary color to be used in combination with AIM blue
AIM Gray	Predominant color of the brand

Secondary colors based on AIM Blue



50% opacity 35% opacity
RGB: 144, 155, 183 RGB: 178, 185, 205
Hex: #909BB7 Hex: #B2B9CD



25% opacity 10% opacity
RGB: 200, 205, 219 RGB: 232, 234, 239
Hex: #C8CDDB Hex: #E8EAFF

Secondary colors based on AIM Black



50% opacity 35% opacity
RGB: 127, 127, 127 RGB: 166, 166, 166
Hex: #7F7F7F Hex: #A6A6A6



25% opacity 10% opacity
RGB: 191, 191, 191 RGB: 229, 229, 229
Hex: #BFBFBF Hex: #E5E5E5

Secondary colors based on AIM Gray



50% opacity 35% opacity
RGB: 191, 191, 191 RGB: 212, 212, 212
Hex: #BFBFBF Hex: #D4D4D4



25% opacity 10% opacity
RGB: 224, 224, 224 RGB: 243, 243, 243
Hex: #E0E0E0 Hex: #F3F3F3



Charcoal gray

RGB: 50, 50, 50
Hex: #323232



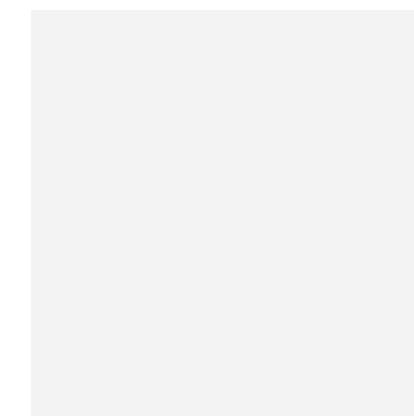
Medium gray

RGB: 123, 123, 123
Hex: #7B7B7B



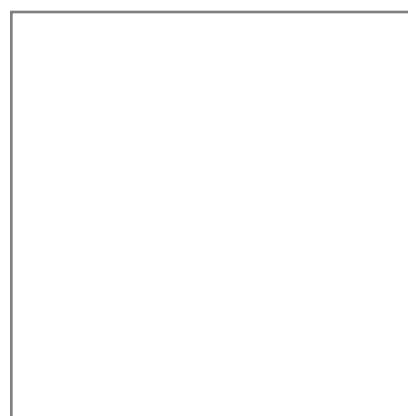
Light gray

RGB: 204, 204, 204
Hex: #CCCCCC



Lightest gray

RGB: 243, 243, 243
Hex: #F3F3F3



White

RGB: 255, 255, 255
Hex: #FFFFFF



Blue

RGB: 0, 120, 172
Hex: #0078AD



Light blue

RGB: 241, 250, 255
Hex: #FOFAFF

Color printouts of this guide may not accurately reflect the actual color

When pages from this guide are printed for reference, they should not be used for color accuracy as prints will vary from printer to printer. The colors shown here in this guide will never remain true to their real color due to monitor calibration differences. Please follow the hex formulas provided to achieve accurate color.

Note

Several of these colors act as the base hue and value but sometimes are designed as part of a more complex gradient. Where necessary, please refer to the original source files to extract exact color treatments.

User interface color palette

Cool, desaturated colors are used predominantly in the AIM user interface to bring prominence to the content. While the color palette defined in the official AIM brand guidelines serves as the foundation, the colors have been adapted for optimal contrast and legibility on screen.

The resulting user interface color palette can be seen as an extension of the core AIM brand color palette.

Color	Use
Charcoal gray	Main background color of case action toolbar Body and headline text
Medium gray	Text on various button types Scrollbar slider
Light gray	Stroke of various buttons and input fields Active icons
Lightest gray	Background color of various button types Background color of various areas Text on various button types
White	Background color of page Text on various buttons
Blue	Text color of headlines Background color of various buttons and other UI elements Stroke color of various areas
Light Blue	Background color of selected elements and messaging area

Color coding

These colors represent explicit meaning across the AIM user interfaces. The use and extension of these colors should not contradict their primary meaning as indicated. For more information on color coding principles see the following page.

Color	Use
Blue	Header text, important information, important buttons, Default
Light blue	Background color of important areas, Background color of selected items, Default
Yellow	Alerts, Stroke color of updated areas
Light yellow	Alerts, Background color of updated areas
Green	Verified Icons, Completeness, Submit, Action
Red	Error Messaging and Icons



Light blue	Light yellow	Red
RGB: 241, 250, 255 Hex: #FOFAFF	RGB: 255, 255, 225 Hex: #FFFFE1	RGB: 154, 2, 1 Hex: #9A0404

Color printouts of this guide may not accurately reflect the actual color

When pages from this guide are printed for reference, they should not be used for color accuracy as prints will vary from printer to printer. The colors shown here in this guide will never remain true to their real color due to monitor calibration differences. Please follow the hex formulas provided to achieve accurate color

Note

Several of these colors act as the base hue and value but sometimes are designed as part of a more complex gradient. Where necessary, please refer to the original source files to extract exact color treatments

Color Coding Principles

The importance of color coding

Color coding is a system for using colors to represent different information. Color is a major element in interface design and plays a large part in providing rich visual modeless feedback. It is important to use color selectively and consistently so that information is not confused.

Neutral colors are best reserved for interfaces so that brighter more dominant colors can be used to clearly communicate important information such as system status. Colors in the AIM user interface palette have been carefully chosen to not only represent the experience strategy of the application but to provide maximum affordance and feedback.

One of the interface's purposes is to clearly communicate alerts and warnings; an undisciplined use of these color codes will dilute their meaning and reduce the usability of the software.

Interface colors

These colors are largely cool in hue and less saturated than other parts of the interface. This is intentional and helps them recede toward the background. New interface controls should be designed with the same grays and blacks in order to maintain this goal.

Navigation colors

Blue is the primary color used to indicate navigation and actions in the interface. Green is used for primary actions core to the workflow.

Positive and completed information

Green is used to communicate positive status such as a completed task or positive result.

Alert information

Information that requires attention and has recently changed is indicated in yellow and light yellow. This bright color helps this type of information be easily noticed in the interface.

Error information

Red is reserved for error information such as incorrectly entered forms. Red is a common color used for error-like information.

Typography

Typography and the user interface

Typography as an essential part of the experience

In conversation, tone is everything. It gives words subtlety and intonation and reinforces the intended meaning. When dealing with the written word presented on the printed page or on the digital display, the choice of typeface is equally important. It gives the message a distinct personality and character.

Special on-screen considerations

To ensure that a user interface communicates quickly and clearly, it is important to keep typography simple.

As a general rule, sans-serif typefaces are more readable on screen than serif fonts. Sans-serif means the letters do not have any superfluous lines ("sans" means "without" in French). Sans-serif typefaces are primarily preferred due to the limitations of the digital display, including reduced resolution and the shape of the atomic unit (square pixels versus round dots). These constraints prevent serifs from being rendered accurately on-screen and therefore degrade legibility and readability, especially at small sizes.

A large, bold, gray letter 'H' is displayed, representing the font Helvetica Neue.

Helvetica Neue

A large, bold, gray letter 'S' is displayed, representing the font Segoe UI Regular.

Segoe UI Regular

Fonts

Helvetica Neue and Segoe UI are the primary typefaces of the user interface.

Helvetica Neue Regular

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z
0 1 2 3 4 5 6 7 8 9

Segoe UI Regular

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z
0 1 2 3 4 5 6 7 8 9

Helvetica Neue

Helvetica Neue is a font with a modern, timeless appearance. Helvetica is a sans serif typeface, which means the letters do not have any superfluous lines (“sans” means “without” in French). This is one key factor that makes it especially suitable for onscreen display. Use Helvetica Neue for user-input text and major header text, such as the patient name.

Segoe UI

Segoe UI is an approachable, open, and friendly typeface, and as a result has better readability than Tahoma, Microsoft Sans Serif, and Arial. It has the characteristics of a humanist sans serif: the varying widths of its capitals (narrow E and S, for instance, compared with Helvetica, where the widths are more alike and fairly wide), the stress and letter forms of its lowercase, and its true italic (rather than an “oblique” or slanted roman, like many industrial-looking sans serifs). It was designed to be a humanist sans serif with no strong character or distracting quirkiness. Use Segoe UI for all interface text except for user-input text or major header text, such as patient name.

Typeface CSS code

For Mac OS X based browsers, the best typeface alternative to Segoe UI is Myriad Pro. Segoe UI is a Windows system face and Myriad Pro is Mac OS X system face available on all systems. For CSS use, please use the following strings:

Helvetica—font-family: helvetica, arial, sans-serif;

Segoe UI—font-family: “Segoe UI”, “myriad pro”, myriad, helvetica, arial, sans-serif;

Capitalization

The following are a few general guidelines and principles that influence the typographic system applied to the AIM user interface.

All caps

Abbreviations or acronyms, which appear frequently on screen, use all caps. All caps are used in small amounts in several areas of the AIM interface including: case overview labels, section heading labels, and table header labels. This style helps each section clearly stand apart from other content and improves scannability. All caps usage should be used judiciously as longer strings of text can be hard to read.

THIS IS ALL CAPS.

Title caps

This style has a stronger emphasis than sentence caps and should generally be reserved for one- to three-word units that do not reflect a sentence structure. Title caps are used for clinical content such as suggested symptoms, diagnosis, medical terminology, etc.

This Is Title Caps.

Sentence caps

This method is used for rendering more verbose text within the software interface. This style has a more conversational tone and is used for longer strings of text. It is most commonly used in the AIM user interface for imaging appropriateness content, guidelines, scripted content, textfield instruction, etc.

This is sentence caps.

No caps

This capitalization method is rare but is intended for information affected by significant space constraints or needing de-emphasis. This style is used for the criteria not met and alternative test tabs.

this is no caps.

Alignment

The following are general guidelines and principles regarding type alignment as it applies to the AIM user interface.

Left-aligned

The majority of text is specified as left aligned because it promotes effective scanning of information. Since we read from left to right, the vertical line formed by the consistently aligned starting point of each line promotes easy scanning and improved readability. Numeric codes and dates are left aligned.

Right-aligned

Right-aligned text is typically limited to numeric figures with a decimal and similar types of information that are more effectively scanned when right aligned such as in a table view.

Center-aligned

Center-aligned text is typically only applied to one-line headings because multi-line, centered text is difficult to scan. The unaligned (called ragged) left margins produced by centering or right-aligned text makes scanning considerably more difficult because the user is required to search for the beginning of each new line. Most buttons have center-aligned text, as does the green Auto-pilot label. Controls that have text between two related buttons, such as the month navigator in the Clock menu, are also centered.

Justified

Justified text is set flush with the left and right margins. When implemented by an experienced typographer, justified blocks of text offer an elegant, symmetrical look. However, without careful attention to word spacing, hyphenation, and line breaks, justified text suffers greatly in legibility and readability. Because the necessary level of control and attention to detail is not practical within most user interfaces, justified text should be avoided.

This is an example of left-aligned text.

This is an example of right-aligned text.

This is an example of center-aligned text.

This is an example of justified text.
Avoid using this style in most cases.

Typographic hierarchy

The typographic system designed for AIM is organized into five basic levels, ranging from 25 pixels to 13 pixels in size. As a general rule, type sizes are generally set at 13 px and above.

Headers—Helvetica Neue, light, 25px

This header style is used for screen titles, member names, and major headers such as 'Member Login' on the ProviderPortal login screen.

Text input—Helvetica Neue, bold, 18px

This text input style is used for user input into large-sized text fields, search boxes, and other forms.

Subheaders—Segoe UI, semibold, 13px

This header style is used for all general section headlines or captions for form fields, dropdowns, and search boxes.

Large search field default caption—Segoe UI, italic, 16px

This text style is the default style used as a caption inside of a large-sized text field, search box, and other forms.

Large button label—Segoe UI, semibold, 15px

This text style is used as a label for the large-sized buttons.

General body text—Segoe UI, regular, 13px

This text style is used as the general body style of every page.

Member Name

Headers

YvonneAbbott

Text input

USERNAME

Subheaders

Type to add symptom

Large search field default caption

Login

Large button label

 Lorem ipsum dolor sit amet.

General body text

Font examples

PATIENT HISTORY

- Close Case: segoe ui semibold 13px, all caps, tracking 10px, hex: #7B7B7B
- Cancel Order: segoe ui regular 12px, title caps, hex: #CCCCCC
- More: segoe ui italic 13px, no caps, hex: #0078AC
- Queue: segoe ui italic 13px, title caps, hex: #CCCCCC
- Jump to my case: segoe ui semibold 13px, title caps, tracking 10px, hex: #333333

CASE STATUS

- Diagnosis Needed: segoe ui italic 13px, title caps, hex: #0078AC
- Caller Verified: segoe ui regular 12px, right-aligned, hex: #333333

REASON FOR REVIEW

- Medical Necessity: segoe ui semibold 13px, all caps, tracking 10px, hex: #0078AC
- Clinical Appropriateness: segoe ui regular 13px, title caps, hex: #333333

IMAGING APPROPRIATENESS

- Diagnosis needed: segoe ui regular 12px, line height: 18px, hex: #7B7B7B

NEXT STEPS

- Lorem ipsum dolor sit: segoe ui regular 12px, line height: 28px, hex: #333333

SUGGESTED SYMPTOMS

- Select related: segoe ui italic 16px, sentence caps, hex: #7B7B7B
- Abnormal chest examination: segoe ui regular 18px, title caps, hex: #333333
- Cough: segoe ui regular 18px, title caps, hex: #333333
- Dysphagia: segoe ui light 13px, sentence caps, line height: 18px, hex: #7B7B7B
- Fatigue: segoe ui regular 12px, sentence caps, line height: 28px, hex: #333333
- Fever: segoe ui regular 12px, sentence caps, line height: 28px, hex: #333333
- Hemoptysis: segoe ui regular 12px, sentence caps, line height: 28px, hex: #333333
- Hoarseness: segoe ui regular 12px, sentence caps, line height: 28px, hex: #333333
- Night sweats: segoe ui regular 12px, sentence caps, line height: 28px, hex: #333333
- Weight loss of more than 10% of body weight: segoe ui regular 12px, sentence caps, line height: 28px, hex: #333333

PATIENT'S SYMPTOMS AND INDICATIONS

- Type to add symptom: segoe ui regular 12px, title caps, hex: #333333
- Pain: segoe ui regular 12px, title caps, hex: #333333
- Acute abdominal pain for 2 weeks: segoe ui regular 12px, line height: 18px, hex: #7B7B7B
- Bowel-Related: segoe ui regular 12px, title caps, hex: #333333
- Bloating and distension for 1 week: segoe ui regular 12px, line height: 18px, hex: #7B7B7B

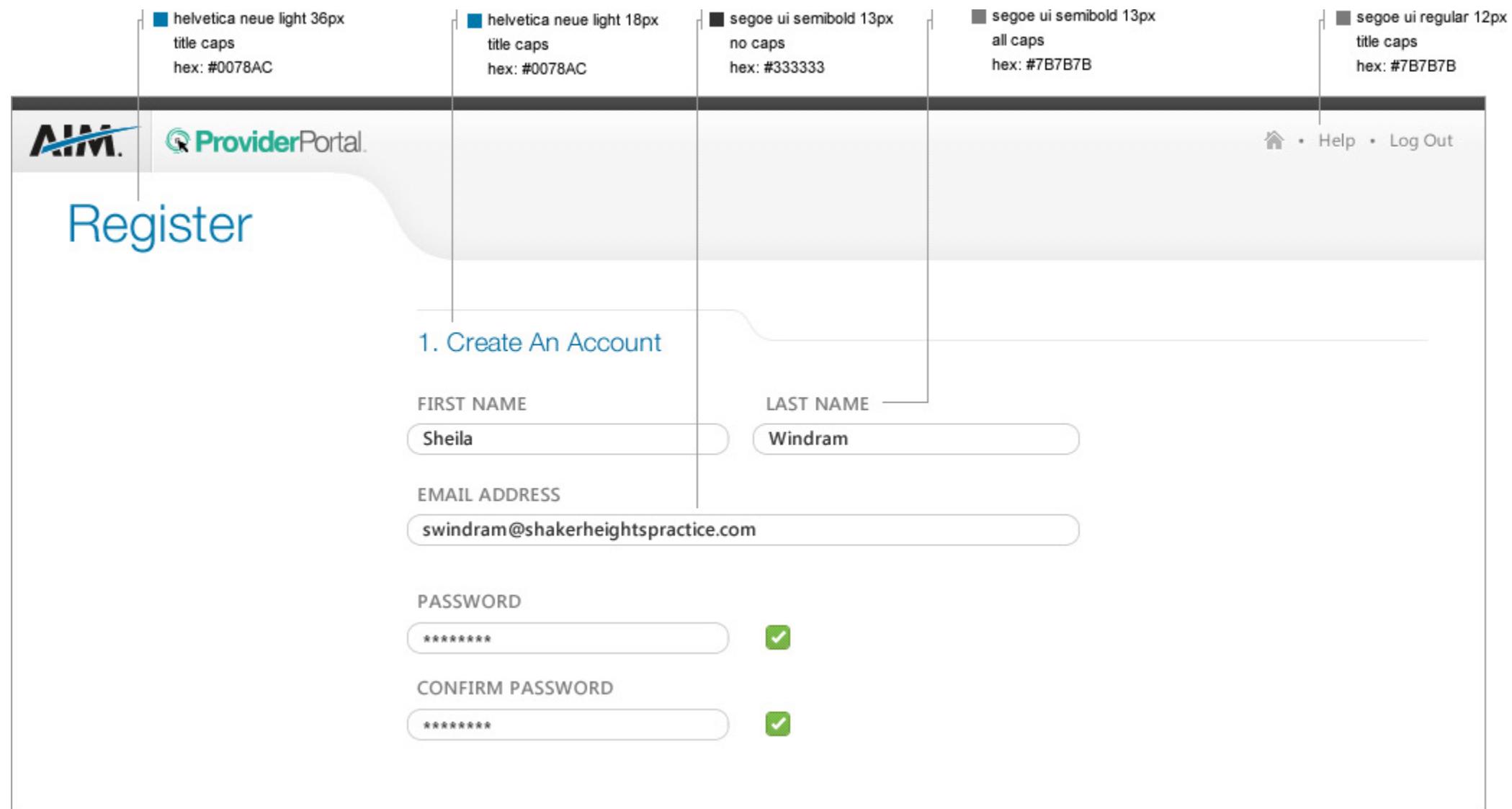
DIAGNOSIS

Condition	Probability (%)
Lung Neoplasms	99%
Pulmonary Thromboembolism	75%
Atypical Pneumonia	65%
Tuberculosis	53%
Pulmonary TB	52%
Wegener's Granulomatosis	51%

IMAGING APPROPRIATENESS

- segoe ui regular 12px, title caps, line height: 28px, hex: #333333
- segoe ui italic 12px, right-aligned, hex: #333333

Font examples



Iconography

About icons

A system of icons has been developed for the AIM user interface to represent a few key concepts when they are presented frequently and where it is desirable to quickly differentiate items within a collection.

There are three primary classifications of icons:

Resemblance icons

This icon type portrays a physical object the icon is intended to represent. Using a picture of a printer to represent the print function would be an example of a resemblance icon.



Resemblance icon



Reference icon

Reference icons

Also called symbolic icons, these depict an object, which by reference or analogy, represents a certain concept. For example, using an image of a clamp to represent a file-compression utility (because it squeezes) would be a reference icon.



Arbitrary icon

Arbitrary icons

Some icons only have meaning by convention. Traffic signs are often arbitrary icons. Using a triangle to represent a warning is one example. A triangle is not inherently related to warning or danger; it is simply a symbol we have learned.

Icon catalog

Identification

Patient, 16x16px



Status

Verified, 10x9px



Alerts



Facility, 23x30px



Flagged, 13x12px



Flagged Inactive, 13x12px



Approved, 17x17px



Not Approved, 17x17px



Approved, 30x30px



Not Approved, 30x30px



Searching, 18x18px



Iconography principles

The concept for an icon must have a strong, direct association with the desired meaning, not just in the designer's mind but in the mind of the user. It is often difficult to design icons that define operations or processes—activities that rely on verbs. Consider nouns or noun-verb combinations instead. As an example, scissors with an indication of the cutting action could effectively represent the action to cut.

Strive to create visual information over visual ornamentation. While this is true with almost all visual interface design, this is especially important in the case of icons.

The importance of consistency

Consistency is important in the design of icons. Make the scale and orientation consistent with other related objects, and integrate the graphics into the overall environment in which they appear.

It is important to design icons as a set and consider their relationships to each other and to the tasks that users perform. Establishing a general appearance minimizes unnecessary distraction and allows users to focus on the task at hand.

To ensure consistency of meaning, it is helpful to reuse elements whenever possible. Don't make the user learn a new concept if an existing one will work.

Icon localization

Icons are used by people all over the world, providing relevant, culture-specific information. Be sure to create icons that can be understood by audiences around the globe in countries with diverse cultures and experiences.

Here are some tips for creating internationally engaging icons:

- Use international images whenever possible.
- When localizing icons, it is best to have teams that are resident to the specific geographies do the translation when possible. They have the best understanding of what concepts are used in their local cultures.
- Avoid using text in icons because of the time it takes to translate text and rework the icon. Furthermore, text embedded in icons can be confusing and is not easily localized to other regions, languages, or countries.
- Avoid the use of animals or body parts because these have varying meanings and may be offensive in some cultures.

Color and iconography

Color and symbol have very different meaning in other cultures and can often be misinterpreted if not carefully chosen. Color evokes very powerful emotional reactions in users and should be selected carefully for other cultures. For example, death is associated with the color white in China and by shades of purple in predominantly Christian Europe.

Imagery can also represent different meaning across cultures; this is especially true with the human form. Use of hands, legs, and other body parts may be acceptable in the U.S. but may not be acceptable in other cultures.

Controls

Small buttons — page 135

Large buttons — page 136

Buttons with icons — page 137

Form elements — page 138

Headers — page 140

Imasis global navigation — page 142

Global navigation buttons — page 143

Case overview — page 144

Case overview menus — page 145

Case overview collapsed — page 146

Case overview expanded — page 147

Case messaging panel — page 148

Suggested symptoms — page 150

Symptoms and indications — page 151

Physical exam — page 153

Diagnosis, Imaging Appropriateness — page 154

Recent & Alternative Tests — page 155

Education panel — page 156

Queue — page 157

Pop up panels — page 158

Dynamic notification — page 163

Loading animation — page 164

Controls

About controls

This section describes the visual system of interactive elements employed within the AIM user interface. The design of these controls is based on the opportunities and constraints of the underlying platform.

Many of these controls require multiple states to effectively communicate their behavior; these have been specified in the following pages, where appropriate.

To be used in association with Specifications chapter

The controls chapter illustrates the size and state change of interface controls in the AIM user interface. Additional information about placement of controls can be found in the Specifications chapter.

See: "Specifications" on page 134.

Small buttons

The AIM user interface uses a variety of button types, all of which have been designed to form a cohesive family and familiar appearance.

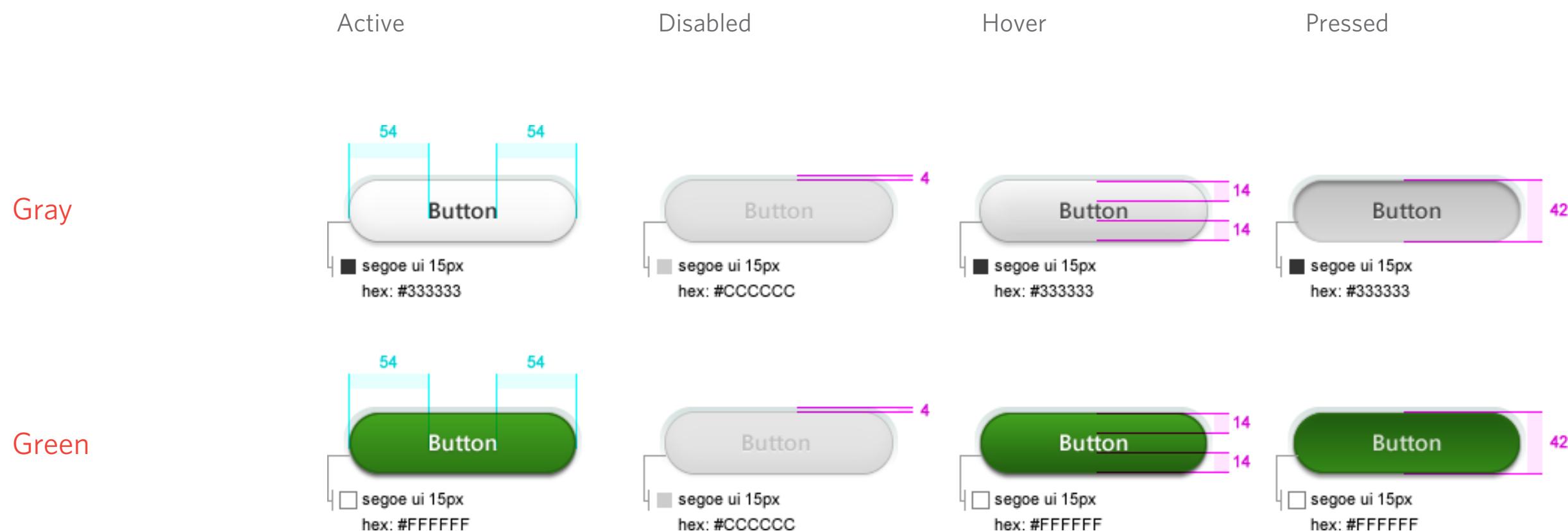
Small buttons are used for most standard actions in the AIM interface and are seen in dialog screens.

Green buttons are used for primary actions because this style is bright and is most visible. Use light buttons for all other actions.



Large buttons

Large buttons are used for primary workflow actions in the AIM interface and are reserved for key, critical actions. Green buttons are used for primary actions because this style is bright and most visible. Use light buttons for all other actions.



Buttons with icons

These buttons are graphic in nature and have specific behavioral meaning. When using these buttons be sure not to mix each control's intended meaning.

	Active	Disabled	Hover	Pressed
Expand, 28x28px				
Open, 28x28px				
Add, 16x16px				
Information, 16x16px				
Delete, 16x16px				
Switch, 16x16px				
Home, 17x14px				
Edit, 11x10px				
Open, 8x6px	 hex: #CCCCCC	 hex: #F3F3F3	 hex: #0078AD	 hex: #7B7B7B

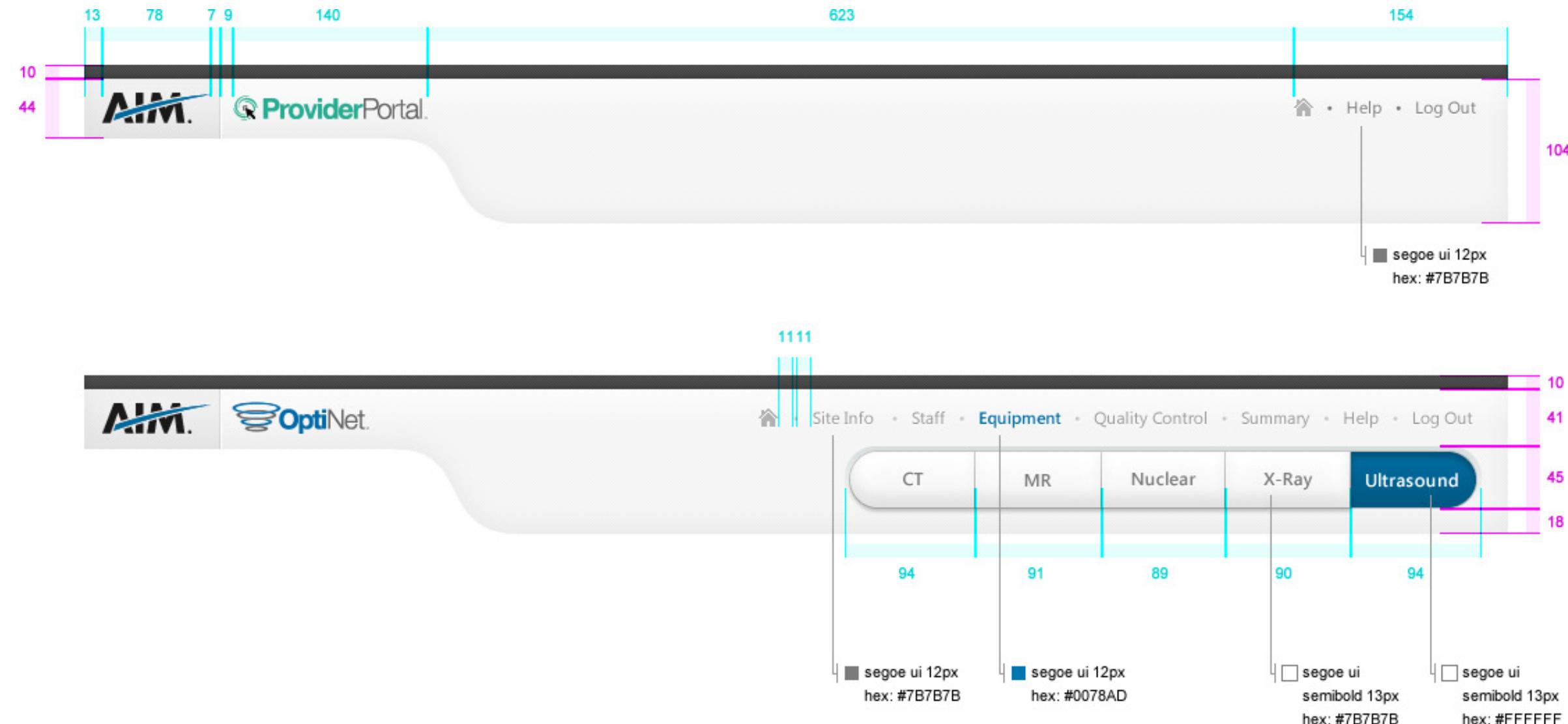
Form elements

	Default	Disabled	Hover	Selected
Large textfield	<p>hex: #CCCCCC</p> <p>12 Symptom segoe ui semibold 16px hex: #333333</p>	<p>hex: #F3F3F3</p> <p>12 Symptom segoe ui semibold 16px hex: #CCCCCC</p>	<p>hex: #333333</p> <p>12 Symptom segoe ui semibold 16px hex: #333333</p>	<p>hex: #0078AC</p> <p>12 Symptom segoe ui semibold 16px hex: #333333</p>
Small textfield	<p>10 Symptom segoe ui semibold 12px hex: #333333</p>	<p>10 Symptom segoe ui semibold 12px hex: #CCCCCC</p>	<p>10 Symptom segoe ui semibold 12px hex: #333333</p>	<p>10 Symptom segoe ui semibold 12px hex: #333333</p>
Search field	<p>18 Type to add symptom </p> <p>segoe ui italic 16px hex: #7B7B7B</p>	<p>18 Type to add symptom </p> <p>segoe ui italic 16px hex: #CCCCCC</p>	<p>18 Type to add symptom </p> <p>segoe ui italic 16px hex: #7B7B7B</p>	<p>32 </p>
	<p>18 Symptom </p> <p>segoe ui semibold 16px hex: #333333</p>	<p>18 Symptom </p> <p>segoe ui semibold 16px hex: #CCCCCC</p>	<p>12 Symptom </p>	<p>12 Symptom </p>
				<p>32 </p>

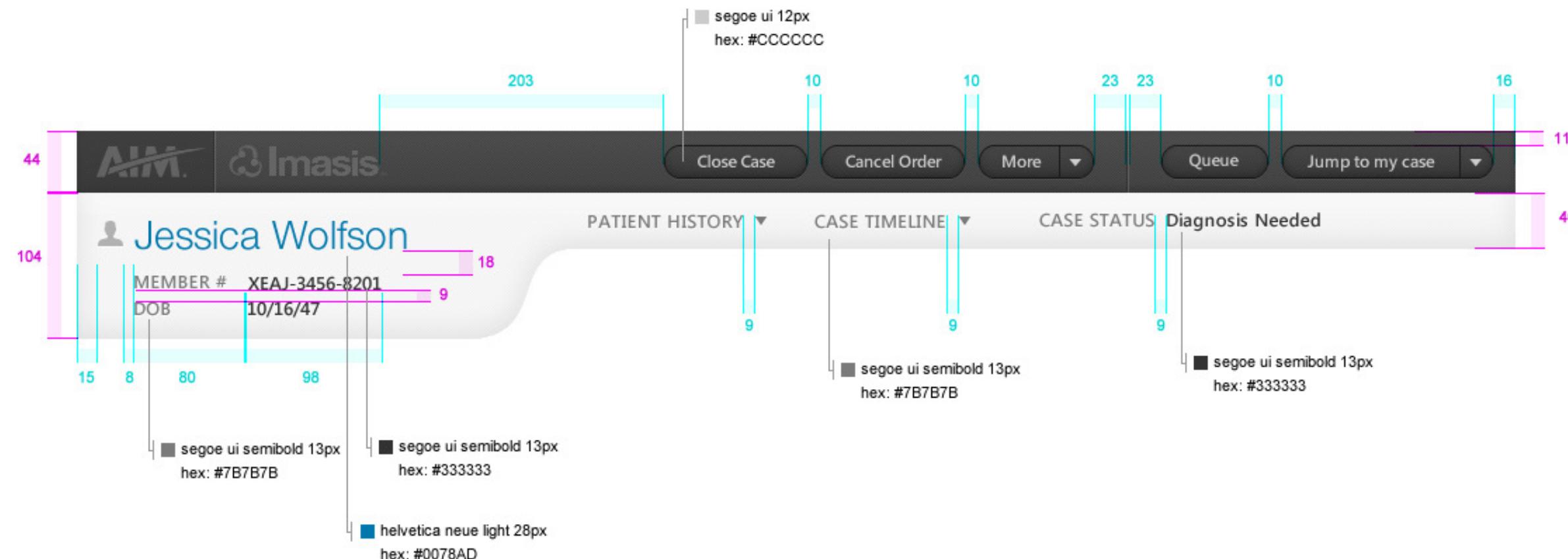
Form elements

	Default	Disabled	Hover	Selected
Pulldown menu	<p>Default: hex: #CCCCCC, segoe ui italic 16px, hex: #7B7B7B</p> <p>Disabled: hex: #F3F3F3, segoe ui italic 16px, hex: #CCCCCC</p> <p>Hover: hex: #333333, segoe ui italic 16px, hex: #7B7B7B</p> <p>Selected: hex: #0078AC, segoe ui italic 16px, hex: #7B7B7B. Dimensions: width 30px, height 32px.</p>			
Checkbox	<p>Default: 19px height, gray square, pink bar 18px</p> <p>Disabled: white square</p> <p>Hover: white square</p> <p>Selected: checked square, 20px height, blue checkmark, pink bar 18px</p>			
Radio button	<p>Default: 16px height, gray circle, pink bar 16px</p> <p>Disabled: white circle</p> <p>Hover: white circle</p> <p>Selected: blue circle</p>			
Editable text	<p>Default: Click to add, segoe ui italic 12px, hex: #7B7B7B</p> <p>Updated: Lorem ipsum dolor sit amet, segoe ui regular 12px, hex: #333333</p> <p>Hover: Click to add, segoe ui italic 12px, hex: #7B7B7B</p> <p>Selected: Lorem ipsum dolor sit amet, segoe ui regular 12px, hex: #333333</p>			
Dynamic verification	<p>Error: bad username, segoe ui semibold 16px, hex: #333333. Dimensions: width 12px, height 10px, red exclamation mark icon, pink bar 7px.</p> <p>Verified: good username, segoe ui semibold 16px, hex: #333333. Dimensions: width 12px, height 10px, green checkmark icon, pink bar 7px.</p>			

ProviderPortal and OptiNet headers



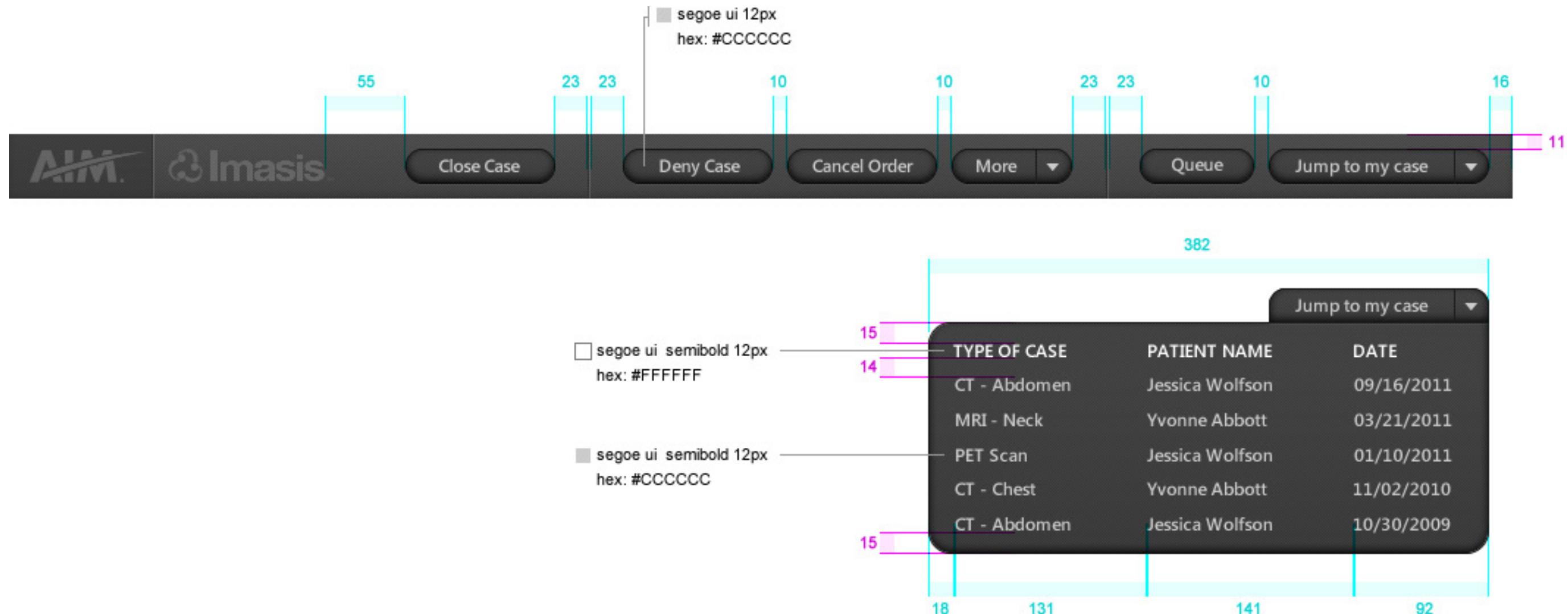
Imasis header



Imasis global navigation

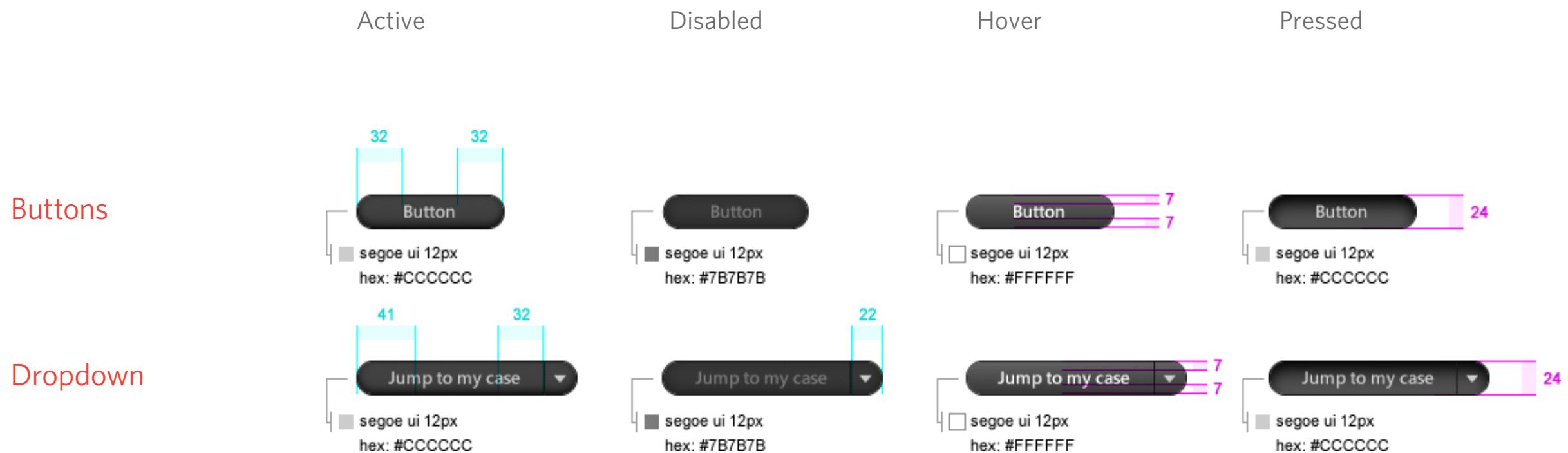
The Imaisis Global Navigation bar contains several global actions for RNs, MDs and RSs. The bar is dark to separate visually from the case-specific workflows. This dark style is reserved for use only in the Imaisis global navigation bar.

For global navigation button state information see following page.



Global navigation buttons

Dark global navigation buttons are used in Imasis screens, and are designed to integrate into the global navigation area. These buttons are currently reserved for Imasis given its more complex nature. These buttons are not used on the ordering provider tools.

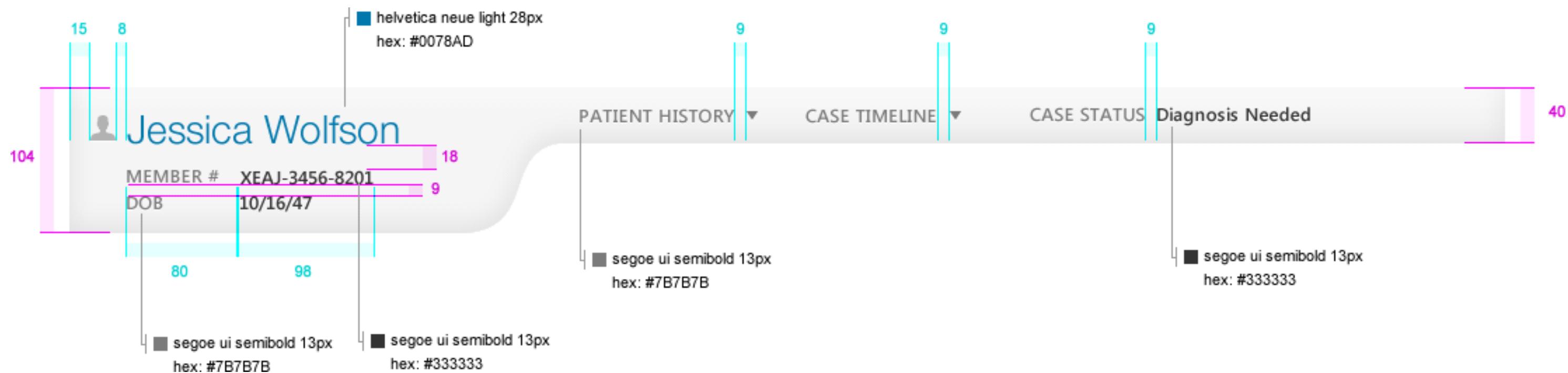


Case overview

The case overview panel appears when a case has been started. This curved design is a signature element of the AIM user interface and appears in different orientations on ordering provider screens.

This element should be treated with care and consistent at all times to reinforce the modern, clear design that's critical to the AIM experience.

The patient name, member number and date of birth are primary information that need clear visibility and are presented accordingly.



Case overview menus

Case overview panels are colored light blue with a blue outline. This menu style has rounded corners to show an approachable, caring feel. This style is utilized throughout the AIM experience.

362

332

CASE TIMELINE ▾

07/16/2011	RS Intake	Transferred for review
07/16/2011	Role or Reviewer	Action Taken

■ segoe ui semibold 13px
hex: #7B7B7B

■ segoe ui semibold 12px
hex: #333333

PATIENT HISTORY ▾

Order Type	Diagnosis	09/16/2011
Drug	Diagnosis	03/21/2011
Order Type	Diagnosis	01/10/2011
Order Type	Diagnosis	11/02/2010
Order Type	Diagnosis	10/30/2009

■ segoe ui semibold 13px
hex: #0078AD

REQUESTS IN PROGRESS

RECENTLY ORDERED

View Patient Profile

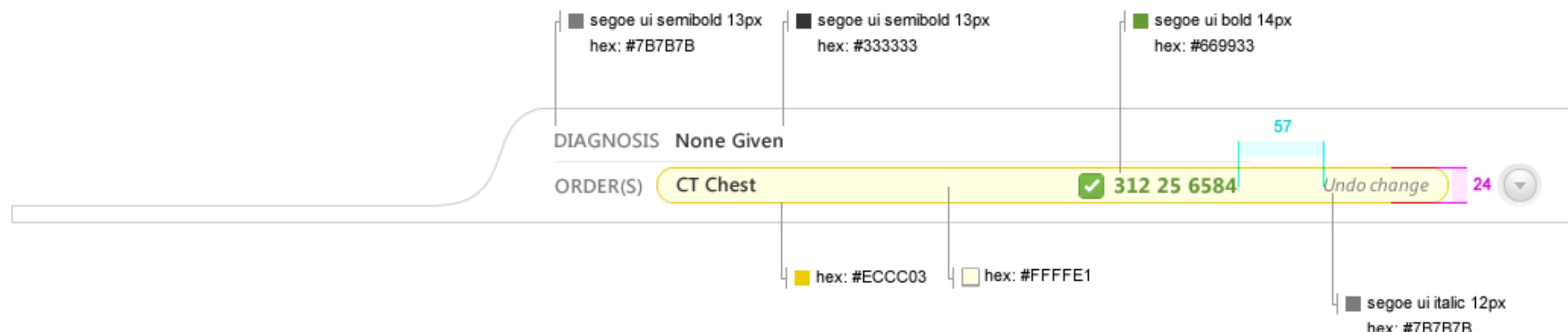
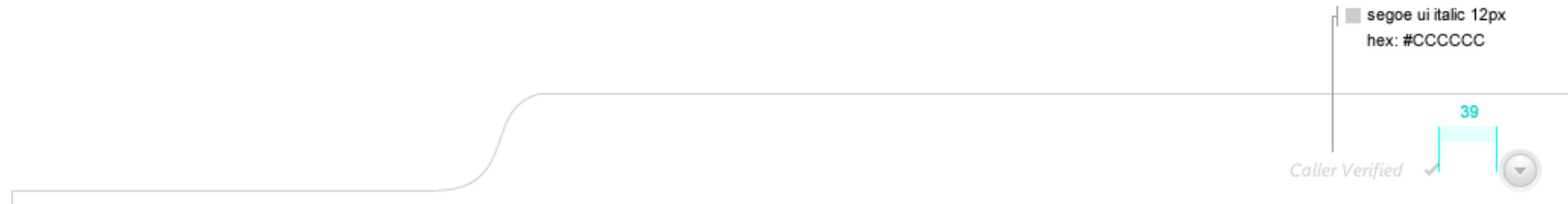
■ segoe ui semibold 12px
hex: #7B7B7B

Case overview collapsed

These two overview sections show order information before and after a change has been made and the caller has been verified.

When order information has been updated, the information field changes color to light yellow with a yellow outline. This color remains for a few seconds and fades away.

When a caller has been verified a green checkmark appears with a number. This icon is reserved solely for verification and shouldn't be used elsewhere in the interface.



Case overview expanded

This expanded view shows additional overview information and pushes content lower down the screen.

Animation

The transition of this area and the connected content below should expand and collapse with smooth acceleration and deceleration. The animation should work as follows: Fast acceleration, constant speed, fast deceleration to a smooth stop.

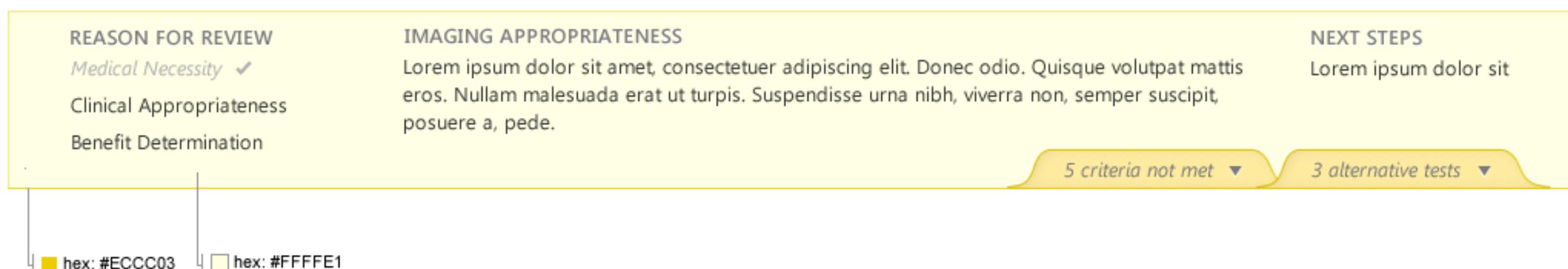
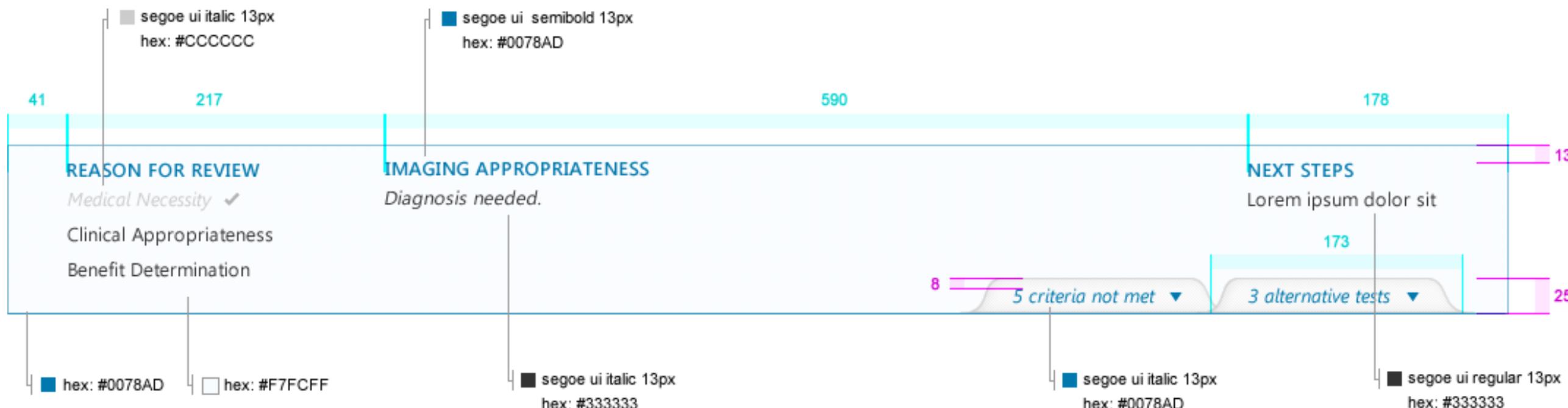
■ segoe ui semibold 13px hex: #7B7B7B	■ segoe ui semibold 13px hex: #333333			
DIAGNOSIS	None Given		34	CALLER
ORDER(S)	CT - Abdomen		34	Elana Dias (415) 231-8724
ORDERING PROVIDER	Dr. Fredrick Skippa Johnson Cancer Center 1235 West Hwy Cleveland OH 44115		78	
FACILITY	Hawthorn Imaging Center 2509 Overview Dr Cleveland OH 49113		78	Verify Caller
		11		

Case messaging panel

The messaging panel is brighter and more colorful in feel than other parts of the AIM interface. This bright design is intended to bring greater visibility to this important content. When updated, the messaging panel changes to yellow to bring a slightly greater level of importance to the containing information.

Animation

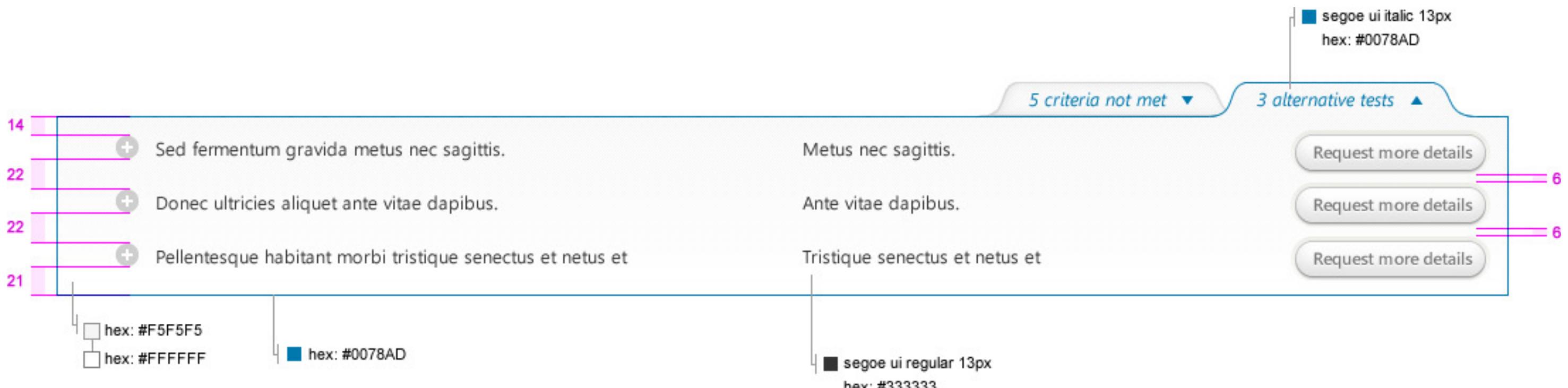
The transition in color from blue to yellow to blue should be as follows: Content changes, panel changes from blue to white to yellow fast, The yellow color remains for some pre-determined amount of time and then slowly shifts straight back to blue.



Case messaging panel with alternate tests expanded

Animation

The transition of this panel should expand and collapse with smooth acceleration and deceleration. The animation should work as follows: Fast acceleration, constant speed, fast deceleration to a smooth stop.



Suggested symptoms list and menus

177

SUGGESTED SYMPTOMS

27

10

12

11

19

44

19

45

30

Default

Hover/Pressed

Default

Hover/Pressed

The design specification illustrates a 'SUGGESTED SYMPTOMS' section and its associated dropdown menu.

SUGGESTED SYMPTOMS Section:

- Section Title:** 'SUGGESTED SYMPTOMS' (177) in bold Segoe UI Semibold 13px, hex: #0078AD.
- Select related:** A button labeled 'Select related' with a dropdown arrow.
- Symptom List:**
 - Abnormal chest examination
 - Cough
 - Dysphagia
 - Fatigue
 - Fever
 - Hemoptysis
 - Hoarseness
 - Night sweats
 - Weight loss of more than 10% of body weight

Dropdown Menu (Default state):

- Lung Neoplasms
- Pulmonary Thromboembolism
- Atypical Pneumonia
- Tuberculosis
- Pulmonary TB
- Wegener's Granulomatosis

Dropdown Menu (Hover/Pressed state):

- Lung Neoplasms
- Pulmonary Thromboembolism
- Atypical Pneumonia
- Tuberculosis
- Pulmonary TB
- Wegener's Granulomatosis

Item Detail (Default state):

- Icon:** A blue circle with a white plus sign.
- Text:** Abnormal chest examination
- Font:** Segoe UI regular 12px, line height 28px, hex: #333333.

Item Detail (Hover/Pressed state):

- Icon:** A blue circle with a white plus sign.
- Text:** Abnormal chest examination
- Font:** Segoe UI regular 12px, line height 28px, hex: #333333.
- Info icon:** A blue circle with a white lowercase 'i'.

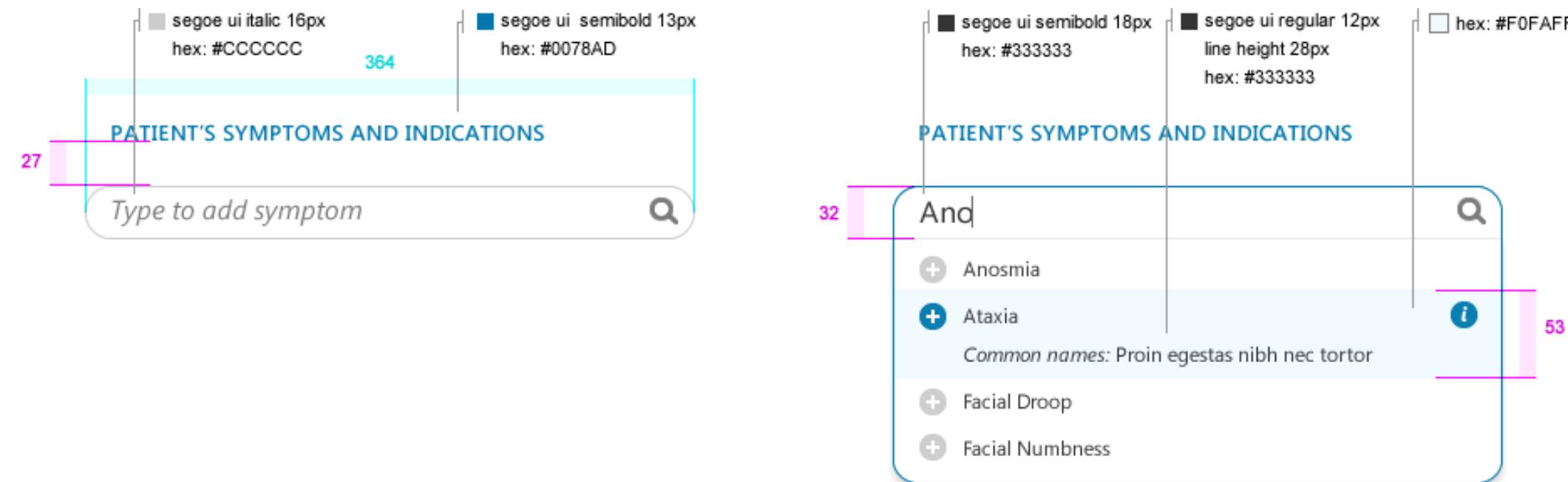
Item Detail (Default state):

- Icon:** A blue circle with a white plus sign.
- Text:** Fatigue
- Font:** Segoe UI regular 12px, line height 28px, hex: #333333.

Item Detail (Hover/Pressed state):

- Icon:** A blue circle with a white plus sign.
- Text:** Fatigue
- Font:** Segoe UI regular 12px, line height 28px, hex: #333333.
- Info icon:** A blue circle with a white lowercase 'i'.

Patient's symptoms and indications list



Default

Pain
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

hex: #CCCCCC

Hover

Pain
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

hex: #F0FAFF

InFocus

Ataxia

Severity	Acute
Duration	Daily for 2 weeks

hex: #CCCCCC

segoe ui regular 13px (hex: #7B7B7B)
segoe ui regular 12px (hex: #333333)

Updated

Ataxia
Acute, lack of muscle coordination for 2 weeks

segoe ui regular 13px (hex: #7B7B7B)
#ECCC03 (hex: #ECCC03)
#FFFFFF (hex: #FFFFFF)

RN symptoms and indications

PATIENT'S SYMPTOMS AND INDICATIONS — ■ segoe ui semibold 13px
hex: #0078AD

Pain
Acute abdominal pain for 2 weeks

Bowel-Related
Bloating and distension for 1 week

Ataxia
Quisque nec erat turpis, faucibus vulputate a massa

■ segoe ui semibold 18px
hex: #333333 Tum|

■ segoe ui regular 12px
line height 28px
hex: #333333 62
15 Tumor of ullamcorper cursus
Tumor blandi

■ segoe ui regular 12px
line height 28px
hex: #333333 45
10 Tumor Maecenas mollis urna id mauris
Tumor erat ut lectus egestas eget gravida lacus hendrerit

InFocus
■ segoe ui semibold 18px
hex: #333333 Tumor Maecenas mollis urna id mauris
Quisque nec erat turpis, faucibus vulputate a massa

■ segoe ui regular 13px
hex: #7B7B7B hex: #CCCCCC

Hover
Click to add
■ segoe ui italic 12px
hex: #7B7B7B hex: #F0FAFF

MD physical exam

Default

segoe ui semibold 13px ————— **PHYSICAL EXAM**
hex: #0078AD 17

segoe ui regular 12px ————— Sed fermentum gravida metus nec sagittis. Donec ultricies
line height 18px aliquet ante vitae dapibus.
hex: #333333

segoe ui italic 12px ————— Pellentesque habitant morbi tristique senectus et netus et
hex: #7B7B7B malesuada fames ac turpis egestas. Cras consectetur

Click to add

hex: #CCCCCC

Hover

45

Click to add

10

hex: #F7FCFF

InFocus

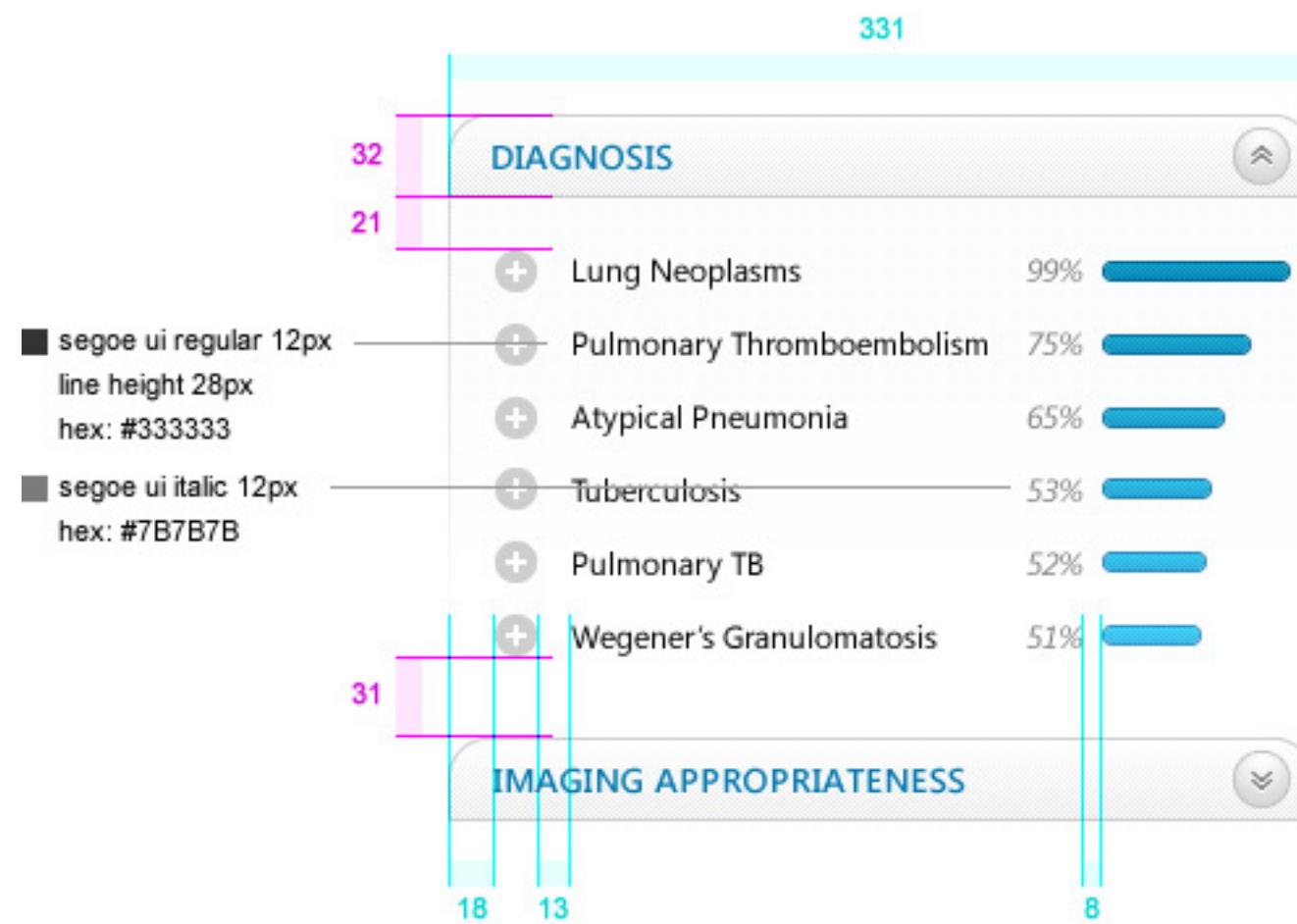
segoe ui regular 12px ————— Sed fermentum gravida metus nec sagittis. Donec ultricies
line height 18px aliquet ante vitae dapibus.
hex: #333333

82

10

hex: #0078AD

Diagnosis and imaging appropriateness panels



36

DIAGNOSIS

Lung Neoplasms

IMAGING APPROPRIATENESS

Maecenas nec purus mi. Nunc pulvinar mollis

 Lorem ipsum

 Fusce vel luctus neque

 Lorem ipsum

Duis laoreet velit sed nulla egestas vitae
rhoncus augue tincidunt. Suspendisse in ipsum
non purus dapibus condimentum ac sit amet?

Yes No Not Sure

hex: #F3F3F3

Recent & Alternative tests, articles, change order

RECENT TESTS

segoe ui semibold 13px
hex: #0078AD

10	RECENT TESTS	hex: #CCCCCC
18	Vestibulum ante ipsum	▼
22	Primis in faucibus orci	▼

segoe ui italic 12px
hex: #7B7B7B

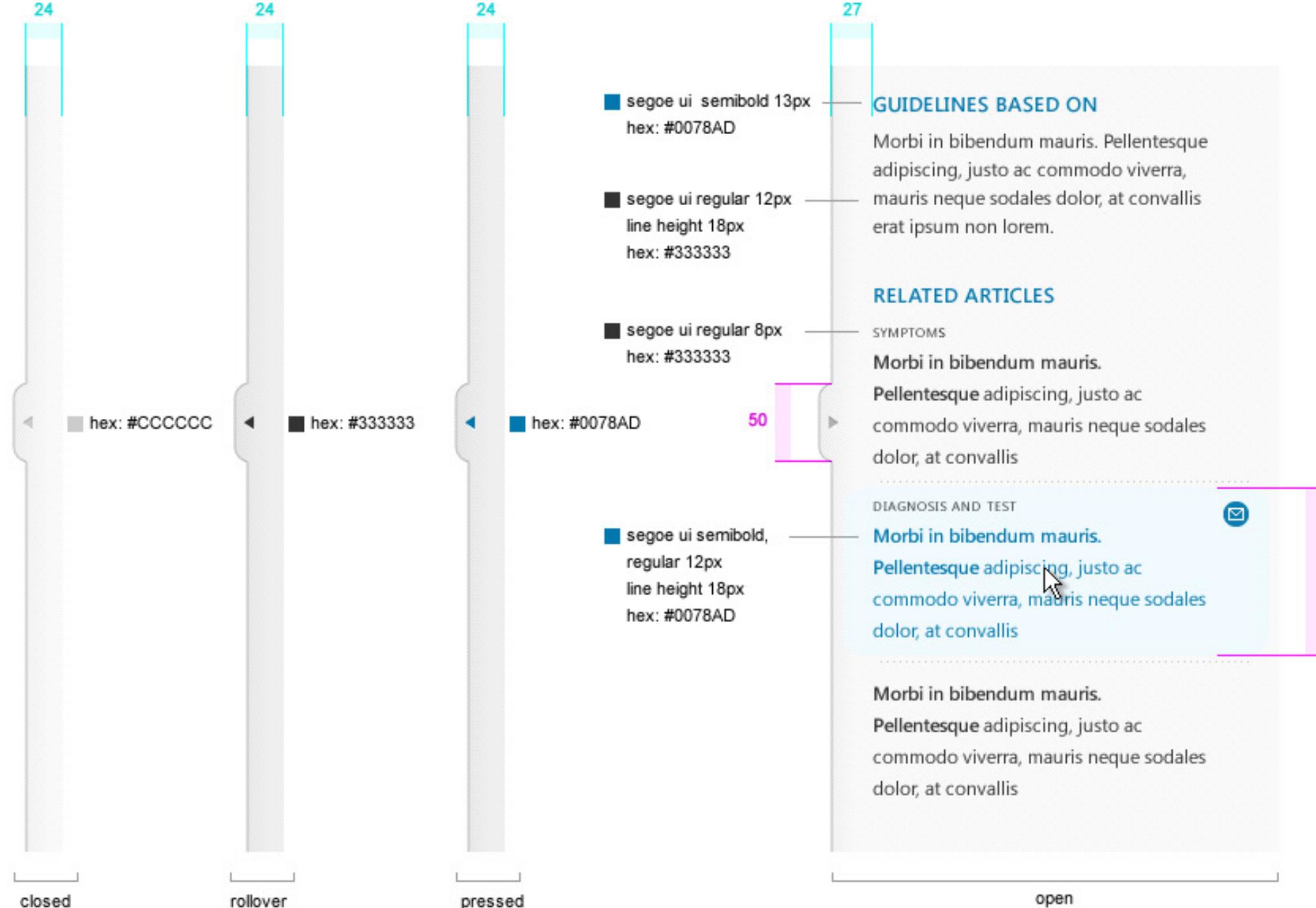
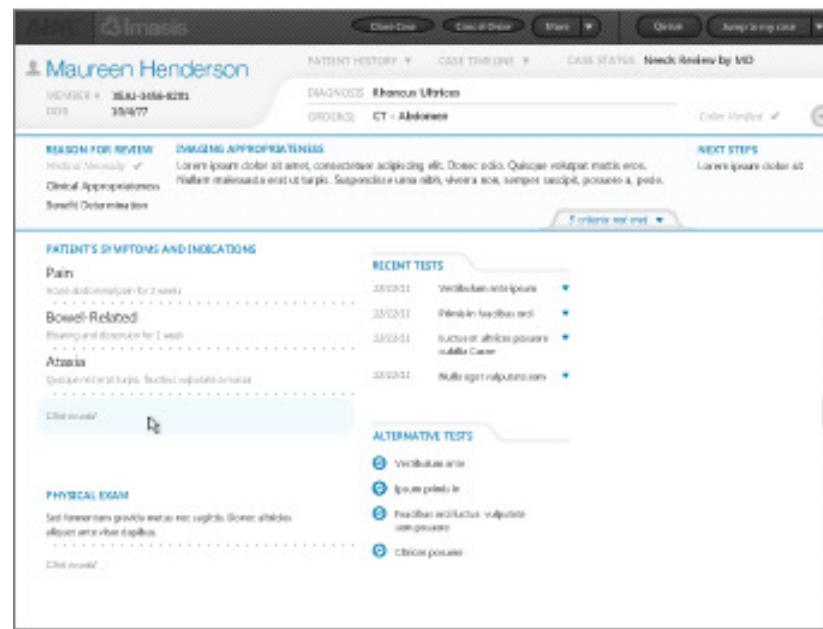
12/12/11	Luctus et ultrices posuere	▼
12/12/11	cubilia Curae	▼
12/12/11	Nulla eget vulputate sem	▼

ALTERNATIVE TESTS

segoe ui regular 12px
line height 28px
hex: #333333

- 30 Chest x-ray (CXR)
- 30 CT Chest
- 30 Ventilation-perfusion scan (V/Q scan)

Education panel



Queue table and sort controls

CLOSE BY	PATIENT	ORDER	ORDER TYPE	
Today	Cras id Nullalacus	Cras id Nullalucus	GI	
Today	Vivamus Porttitor	Vivamus Porttitor	Cardio	32
Today	Molestie Elementum	Molestie Elementum	Thorasic	
Today	Vestibulum Porttitor	Vestibulum Porttitor	Cardio	
Today	Arcu elementum vehicula	Arcu elementum vehicula	GI	
Today	Venenatis Idlacus	Venenatis Idlacus	Cardio	
10/31/11	Suspendisse ligula	Suspendisse ligula	Thorasic	
10/31/11	Egestas Premium	Egestas Premium	Cardio	

Default

10/31/11	Cras id Nullalacus	Cras id Nullalucus	GI
hex: #CCCCCC			

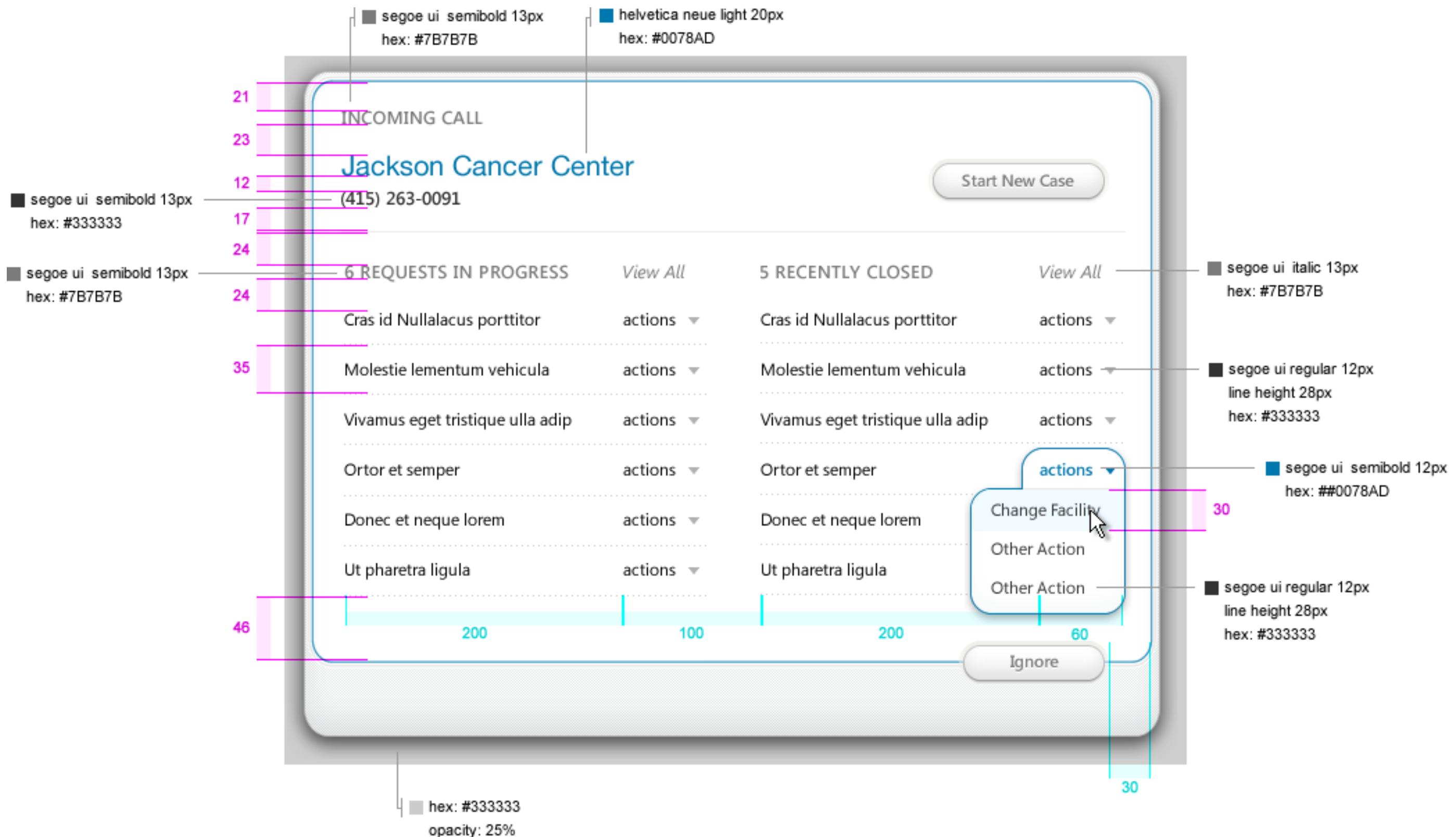
Hover

10/31/11	Cras id Nullalacus	Cras id Nullalucus	GI
hex: #F7FCFF			

Pressed

10/31/11	Cras id Nullalacus	Cras id Nullalucus	GI
30			

Pop-up panels



Pop-up panels

The diagram illustrates two pop-up panels:

- Main Article View (Left):**
 - Header:** MORBI IN BIBENDUM MAURIS (Journal Name), 76, 10/17/2011, with a mail icon.
 - Text Content:**
 - Fusce laoreet justo vitae diam ornare sit amet pharetra leo ultrices. Aliquam id dolor nisl. Sed posuere ante eget ipsum tincidunt id fermentum felis commodo. Sed rutrum, arcu at iaculis hendrerit, eros magna pellentesque mi, vel sollicitudin massa erat vel lorem. Etiam sed nisl erat. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Nulla eget vulputate sem. Fusce nec odio non massa accumsan accumsan at pharetra dolor. Nam et luctus tortor. Sed scelerisque auctor elit at tempus. Nulla volutpat urna vel nibh feugiat porttitor.
 - Donec placerat pharetra posuere. Donec et mollis justo.
 - Fusce laoreet justo vitae diam ornare sit amet pharetra leo ultrices. Aliquam id dolor nisl. Sed posuere ante eget ipsum tincidunt id fermentum felis commodo. Sed rutrum, arcu at iaculis hendrerit, eros magna pellentesque mi, vel sollicitudin massa erat vel lorem. Etiam sed nisl erat. Vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia Curae; Nulla eget vulputate sem. Fusce nec odio non massa accumsan accumsan at pharetra dolor. Nam et luctus tortor. Sed scelerisque auctor elit at tempus. Nulla volutpat urna vel nibh feugiat porttitor.
 - Bottom Buttons:** Close, with a height of 30px.
- Sharing Dialog (Right):**
 - Title:** SHARE ARTICLE
 - Form Fields:**
 - TO: Dr. Jeremy Avent
 - EMAIL: javent@elcaminohospital.com
 - Buttons:** Send, Cancel
 - Text Labels:** 510, 143, 356, 168, 30
 - Font Information:**
 - segoe ui regular 12px hex: #333333
 - segoe ui semibold 13px hex: #333333
 - segoe ui italic 12px hex: #333333
 - segoe ui semibold 13px hex: ##0078AD
 - segoe ui regular 12px hex: #333333
 - segoe ui semibold 13px hex: #7B7B7B
 - segoe ui regular 12px line height 20px hex: #333333

Pop-up panels

The image shows two wireframe mockups of pop-up panels for an incoming call. Both panels have a light gray background with a blue border. The left panel has a vertical pink bar on the right side with a value of 30. The right panel has a vertical pink bar on the right side with a value of 98.

Left Panel (Incoming Call from Judy Williams):

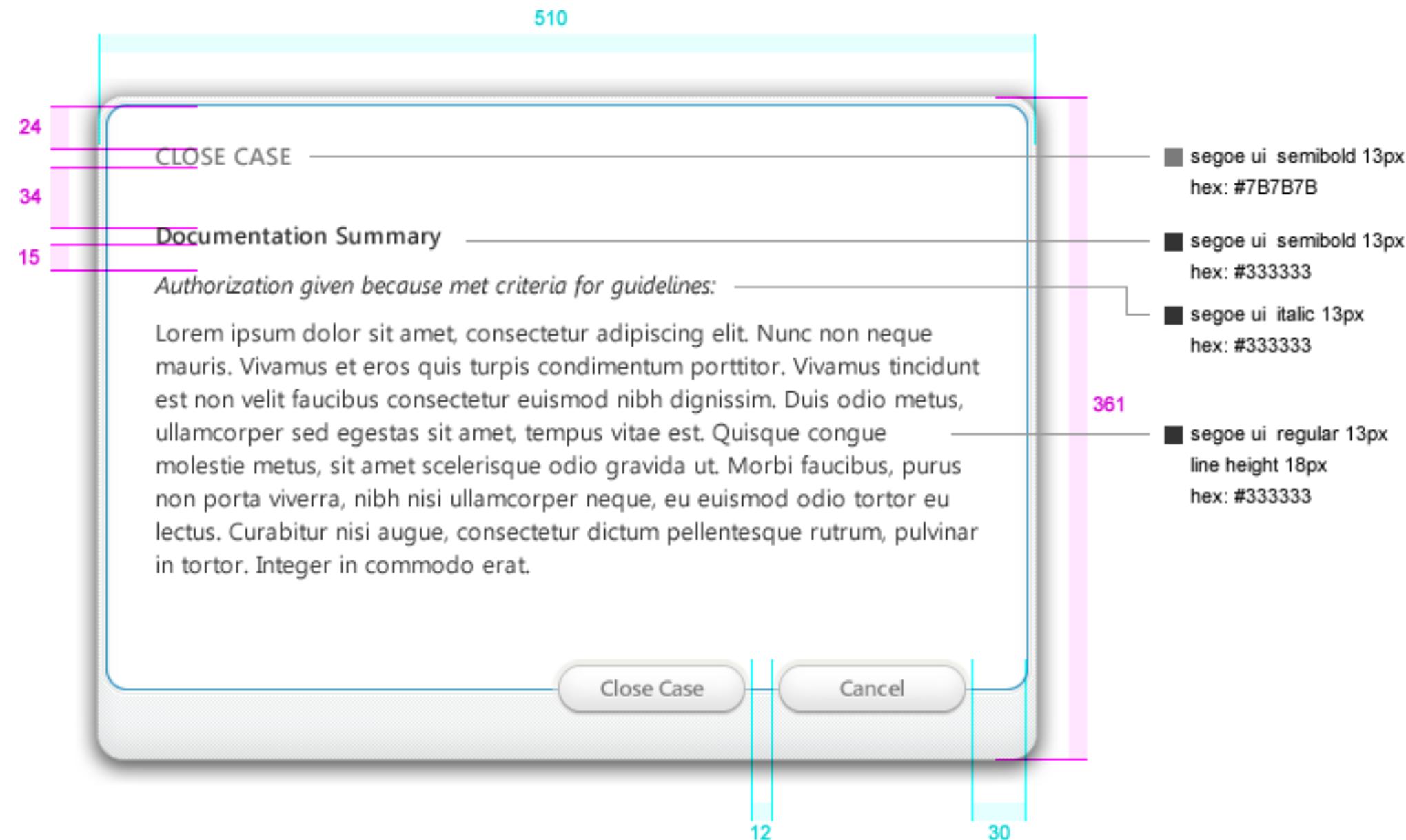
- Header:** INCOMING CALL (bold, dark gray)
- Name:** Judy Williams (large, blue)
- Facility:** Jackson Cancer Center (medium, black)
- Phone Number:** (415) 263-0091 (medium, black)
- Section:** NEXT STEPS (medium, black)
- Description:** Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod (medium, black)
- Text:** Ignore (button, rounded rectangle)
- Font Details:** segoe ui regular 13px, line height 18px, hex: #333333; helvetica neue light 28px, hex: #0078AD

Right Panel (Incoming Call from Jackson Cancer Center):

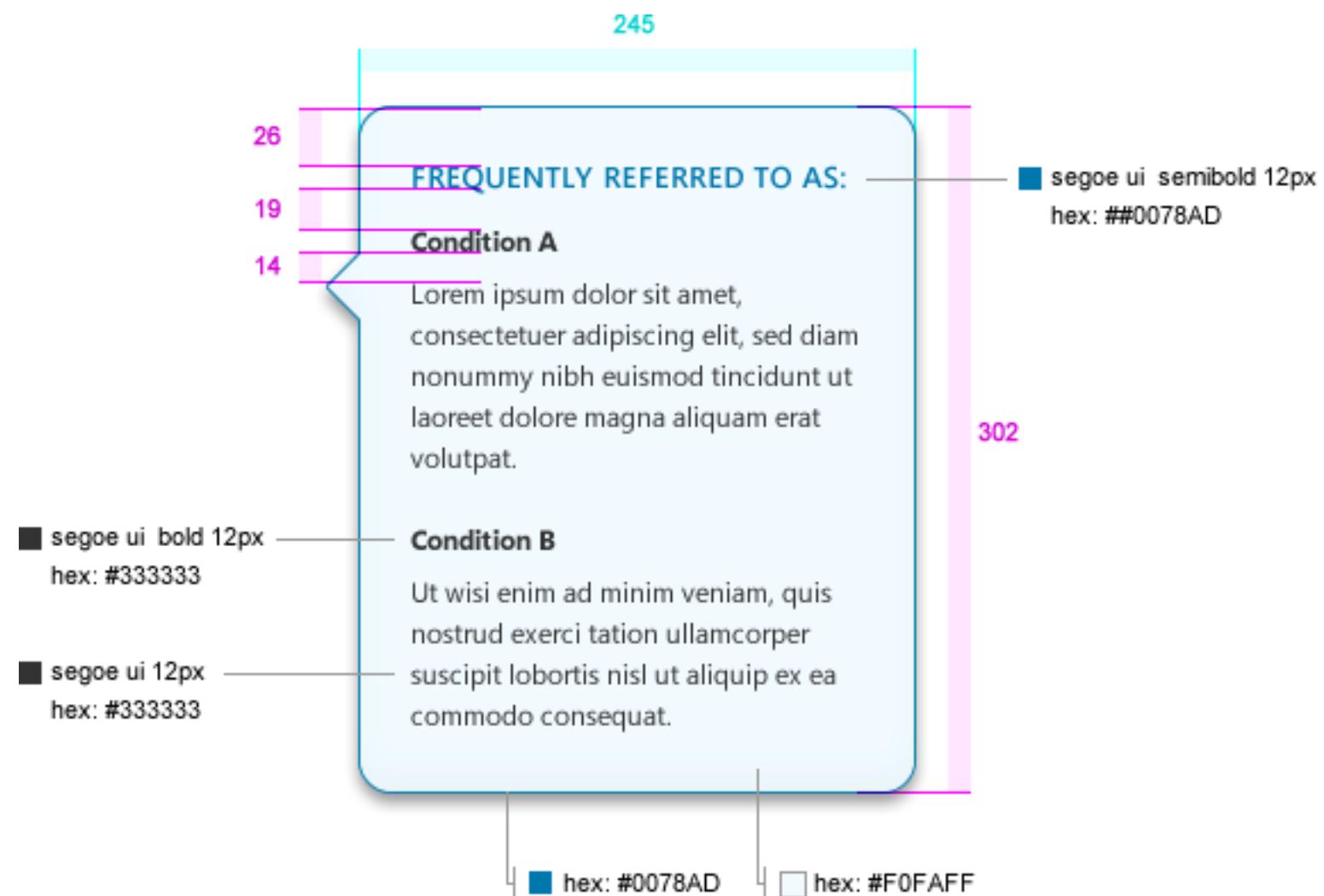
- Header:** INCOMING CALL (bold, dark gray)
- Name:** Jackson Cancer Center (large, blue)
- Phone Number:** (415) 263-0091 (medium, black)
- Section:** 4 CASES THAT REQUIRE MD REVIEW (medium, black)
- Text:** View all cases from facility (medium, italicized black)
- Table Headers:** PATIENT, REQUEST, REASON FOR REVIEW (bold, blue)
- Table Data:**

PATIENT	REQUEST	REASON FOR REVIEW
Henry Stewart	MPI	Medical Necessity
Maureen Henderson	CTA Chest	Clinical Appropriateness
Oscar Boyd	MRI I-spine	Clinical Appropriateness
Taylor Williamson	PET	Medical Necessity Benefit Determination
- Text:** Ignore (button, rounded rectangle)
- Font Details:** segoe ui regular 12px, line height 28px, hex: #333333; segoe ui semibold 13px, hex: #0078AD; helvetica neue light 20px, hex: #0078AD; segoe ui italic 13px, hex: #7B7B7B; segoe ui semibold 13px, hex: #333333

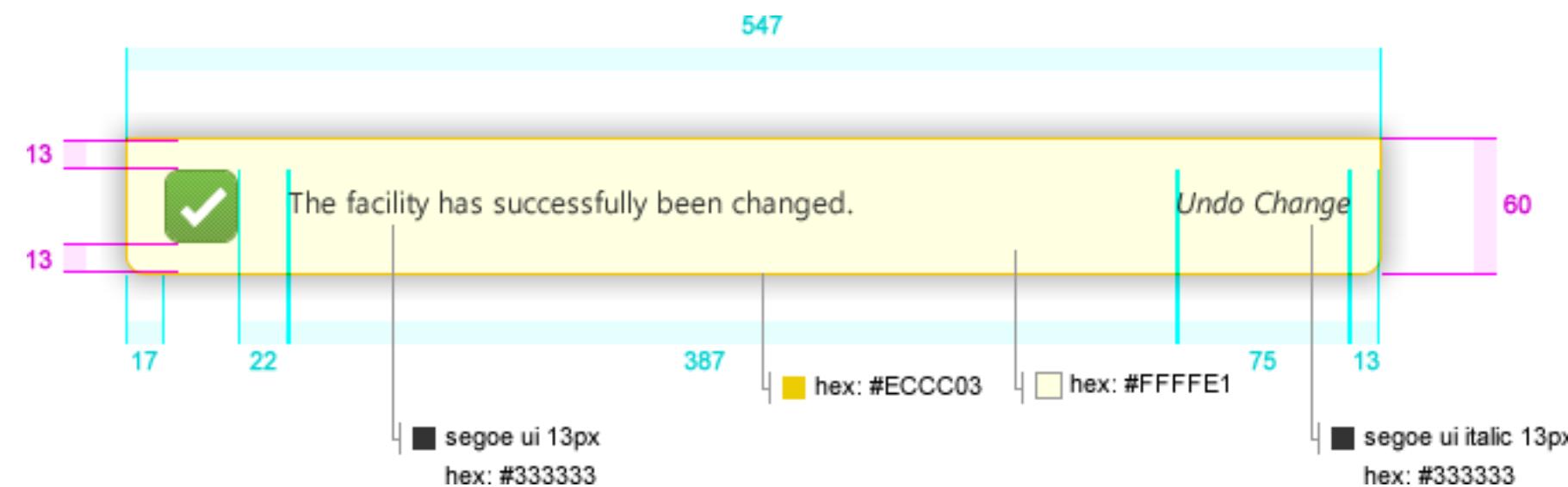
Pop-up panels



More information pop-up



Dynamic notification



Loading animation

Animation

The transition from 0% to 100% loaded is as follows: Gray striped circle is overlapped with a blue gradient circle, 1/8 at a time. These increments are to be evenly spaced throughout the total loading time of the object or search results. Each increment should appear frame by frame, with no fade transition. The final result will be a complete blue gradient circle.



Other design considerations

Accessibility

Accessibility is the principle of making your product available to users with disabilities. Where possible, users with disabilities should be provided with a similar experience to other users.

Please review this checklist to ensure new designs meet basic accessibility guidelines. For more information about Accessibility Guidelines visit W3C (www.w3.org/WAI).

- Do all of your images and multimedia have ALT tags?
- Can your Style Sheets be over-ridden by the user?
- Can a user change the size of text using their browser?
- Do your data-tables have “summary” attributes? Does your first <TD> use the “headers” attribute?
- Do frames (if used) in your frameset have good, clear titles?
- Do you link directly to images or non-HTML content? Are users made aware of this difference?
- If you have audio or video content, is there a text description and transcript?
- Are the colors you use discernible for color blind users?
- Do you have any multimedia with a high “flicker” rate?
- Are time-outs long enough to accommodate disabled users?
- Have your forms been tested with a text reader?
- Can users tab through forms with a keyboard?

Localization

Typography

When porting a product to cultures that use non-Western typefaces, try to choose typefaces that closely match the style and spirit of Helvetica Neue and Segoe UI.

Many non-Western cultures read from right to left or top to bottom, which may have an impact on the layout of AIM interfaces if designed for those markets.

Several languages contain words that are typically longer than their English translation and may require customization of language or interface design.

Languages that are typically longer include Finnish, Danish, and German.

Numeric formats

Different cultures use different numbering systems. While we are accustomed to weighing in units of pounds, it is common for other cultures to use kilograms or stone. Some countries also have different arrangement of month and date.

Color and iconography

Color and symbol have very different meaning in other cultures and can often be misinterpreted if not carefully chosen. Color evokes very powerful emotional reactions in users and should be selected carefully for other cultures. For example, death is associated with the color white in China and by shades of purple in predominantly Christian Europe.

Imagery can also represent different meaning across cultures; this is especially true with the human form. Use of hands, legs and body parts may be acceptable in the U.S. but may not be acceptable in other cultures.

Animation and transitions

Animation and transition of panels should be smooth and should ease into the target position. No transparency should be used during the transitions.

Animation of updated, or changed, items should display a yellow background color for frame one, then the yellow background will smoothly fade away to white or the original background color after a few seconds.

Animation of the loading icon is discussed on the previous page.

Any additional animation or transitions should always be smooth and contain an ease into the target position.

Best practices

When designing for unique audiences or other cultures, it's important to allow time for appropriate research and user testing before product launch. Consult

design teams that have specialized skills or reside in the specific geographies to do the translation when possible. They have the best understanding of what concepts are used for these specific audiences.

Specifications

Imasis Clinical — page **167**

Imasis RS — page **171**

ProviderPortal — page **172**

OptiNet — page **174**

Design principles and patterns

In addition to the Controls section, the specifications documented in this section are designed as an implementation guide to the digital assets provided.

How to read these specifications

Vertical measurements that describe the height of elements are always indicated with magenta-colored text and measurement rules.

Horizontal measurements that indicate the width of screen elements are always described with cyan-colored text and lines.

Layout and spacing is specified in pixels.

Imasis Clinical 1

269 548 209

AIM | **Imasis** **Close Case** **Deny Case** **Cancel Order** **More ▾** **Queue** **Jump to my case ▾**

PATIENT HISTORY ▾ **CASE TIMELINE ▾** **CASE STATUS** **Case Closed**

Jonathan Avnet

MEMBER # XEAJ-3456-8201
DOB 9/4/45

DIAGNOSIS **None Given**

ORDER(S) CT - Abdomen **312 25 6584** **Caller Verified ✓**

FILTER RESULTS

LOCATION

Close to Patient (3)

Close to Doctor (2)

Close to 94105

NETWORK

In Network (2)

Out of Network (3)

CHANGE FACILITY

Search for facility

FACILITY	DISTANCE	RATING	COST
Advocate Ravenswood Medical Center 2312 W Irving Park Rd, Chicago, IL 60641	.5mi	A	\$120
University of Chicago Medical Center 5841 S Maryland Ave, Chicago, IL 60641	.5mi	A	\$120
Physicians Immediate Care 4211 N Cicero Ave Chicago, IL 60641	.6mi	A	\$120
Another Imaging Center Address, Chicago, IL 60641	.6mi	A	\$120
Another Imaging Center Address, Chicago, IL 606411	.7mi	A	\$120
Another Imaging Center Address, Chicago, IL 60641	1.5mi	B	\$120
Another Imaging Center Address, Chicago, IL 60641	2.5mi	B	\$120

IN NETWORK

Physicians Immediate Care .6mi A \$120

Another Imaging Center .6mi A \$120

Another Imaging Center .7mi A \$120

Another Imaging Center 1.5mi B \$120

Another Imaging Center 2.5mi B \$120

286 97 75 56 27

Imasis Clinical 2

The screenshot shows the AIM Clinical 2 user interface. At the top, there is a navigation bar with the AIM logo, the Imasis logo, and several buttons: Close Case, Deny Case, Cancel Order, More, Queue, and Jump to my case. Below the navigation bar is a search bar labeled "Queue: MD" and a search icon. To the right of the search bar is a "Search all queue by number or names(s)" input field.

The main area displays a table titled "QUEUE: MD" with columns: CLOSE BY, PATIENT, ORDER, and ORDER TYPE. The data in the table is as follows:

CLOSE BY	PATIENT	ORDER	ORDER TYPE
Today	Cras id Nullalacus	Cras id Nullalucus	Cardio
10/31/11	Vivamus Porttitor	Vivamus Porttitor	Cardio
Today	Molestie Elementum	Molestie Elementum	Cardio
10/31/11	Vestibulum Porttitor	Vestibulum Porttitor	Cardio
10/31/11	Arcu elementum vehicula	Arcu elementum vehicula	Cardio
10/31/11	Venenatis Idlacus	Venenatis Idlacus	Cardio
10/31/11	Suspendisse ligula	Suspendisse ligula	GI
10/31/11	Egestas Pretium	Egestas Pretium	GI
Today	Hendrerit ac nibh	Hendrerit ac nibh	GI
10/31/11	Donec et neque lorem	Donec et neque lorem	GI
10/31/11	Ut pharetra ligula	Ut pharetra ligula	GI
10/31/11	Vivamus eget tristique	Vivamus eget tristique	GI
10/31/11	Nulla adipiscing ultrices	Nulla adipiscing ultrices	GI
10/31/11	Ortor et semper	Ortor et semper	Thorasic
Today	Donec et neque lorem	Donec et neque lorem	Thorasic
10/31/11	Ut pharetra ligula	Ut pharetra ligula	Thorasic
10/31/11	Vivamus eget tristique	Vivamus eget tristique	Thorasic
10/31/11	Nulla adipiscing ultrices	Nulla adipiscing ultrices	Thorasic
Today	Ortor et semper	Ortor et semper	Thorasic

To the right of the main table is a sidebar titled "UNFINISHED CASES" with the following data:

Date	Patient	Description
10/31/11	Cras id Nullalucus	Molestie Elementum
10/31/11	Vivamus Porttitor	Suspendisse ligula
10/31/11	Molestie Elementum	Vestibulum Porttitor

On the far right, there are two vertical pink bars with numerical values: "200" above the sidebar and "32" below the sidebar.

Imasis Clinical 3

41 16 12 458 344 153

PATIENT HISTORY ▾ **CASE TIMELINE** ▾ **CASE STATUS** Needs Review by MD

DIAGNOSIS (Need dx for scenario)

ORDER(S) (Need a Test for scenario) Caller Verified ✓

REASON FOR REVIEW

- Medical Necessity ✓
- Clinical Appropriateness
- Benefit Determination

IMAGING APPROPRIATENESS

Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Donec odio. Quisque volutpat mattis eros. Nullam malesuada erat ut turpis. Suspendisse urna nibh, viverra non, semper suscipit, posuere a, pede.

NEXT STEPS

Lorem ipsum dolor sit

5 criteria not met

ITEM	DETAILS	ACTION
29	+ Sed fermentum gravida metus nec sagittis.	Metus nec sagittis. Request more details
202	+ Donec ultricies aliquet ante vitae dapibus.	Ante vitae dapibus. Request more details
	+ Pellentesque habitant morbi tristique senectus et netus et	Tristique senectus et netus et. Request more details
	+ Malesuada fames ac turpis egestas. Cras consectetur	Turpis egestas. Cras consectetur. Request more details
	+ Quisque sagittis tortor sed purus bibendum non tristique eros posuere.	Bibendum non tristique eros posuere. Request more details

PATIENT'S SYMPTOMS AND INDICATIONS

- Pain**
Acute abdominal pain for 2 weeks
- Bowel-Related**
Bloating and distension for 1 week
- Ataxia**
Quisque nec erat turpis, faucibus vulputate a massa
- Tumor Maecenas mollis urna id mauris**
Faucibus vulputate a massa

RECENT TESTS

- 12/12/11 Vestibulum ante ipsum
- 12/12/11 Primis in faucibus orci
- 12/12/11 Luctus et ultrices posuere cubilia Curae
- 12/12/11 Nulla eget vulputate sem

ALTERNATIVE TESTS

- Vestibulum ante

GUIDELINES BASED ON

Morbi in bibendum mauris. Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis erat ipsum non lorem.

RELATED ARTICLES

SYMPOMS

- Morbi in bibendum mauris.
- Pellentesque adipiscing, justo ac commodo viverra, mauris neque sodales dolor, at convallis

DIAGNOSIS AND TEST

Imasis Clinical 4

AIM Imasis
Close Case Deny Case Cancel Order More ▾
Queue Jump to my case ▾

Jessica Wolfson

MEMBER # XEAJ-3456-8201
DOB 10/4/77

PATIENT HISTORY ▾ CASE TIMELINE ▾ CASE STATUS Diagnosis Needed

DIAGNOSIS None Given

ORDER(S) CT - Abdomen

ORDERING PROVIDER Dr. Fredrick Skippa
Johnson Cancer Center
1235 West Hwy Cleveland OH 44115

FACILITY Hawthorn Imaging Center
2509 Overview Dr Cleveland OH 49113

CALLER Elana Dias
(415) 231-8724

Verify Caller

REASON FOR REVIEW

Medical Necessity ✓
Clinical Appropriateness
Benefit Determination

IMAGING APPROPRIATENESS

Diagnosis needed.

NEXT STEPS

Lorem ipsum dolor sit

26

SUGGESTED SYMPTOMS

Select related

- 14 Abnormal chest examination
- 11 Cough
- 19 Dysphagia
- 12 Fatigue
- Fever
- Hemoptysis
- Hoarseness
- Night sweats
- Weight loss

26

PATIENT'S SYMPTOMS AND INDICATIONS

Type to add symptom

14 Pain

11 Acute abdominal pain for 2 weeks

19 Bowel-Related

12 Bloating and distension for 1 week

5 criteria not met ▾ 3 alternative tests ▾

DIAGNOSIS	
+ Lung Neoplasms + Pulmonary Thromboembolism + Atypical Pneumonia + Tuberculosis + Pulmonary TB + Wegener's Granulomatosis	99% <div style="width: 99%; height: 10px; background-color: blue;"></div> 75% <div style="width: 75%; height: 10px; background-color: blue;"></div> 65% <div style="width: 65%; height: 10px; background-color: blue;"></div> 53% <div style="width: 53%; height: 10px; background-color: blue;"></div> 52% <div style="width: 52%; height: 10px; background-color: blue;"></div> 51% <div style="width: 51%; height: 10px; background-color: blue;"></div>
IMAGING APPROPRIATENESS	
331	

Imasis RS

804

New Case

MEMBER
EXAM

DATE OF SERVICE
05/02/2011

CALLER NAME
Elana Dias

CALLER NUMBER
415-239-4826

ORDERING PROVIDER
Dr. Johnson

SERVICING PROVIDER
St Judes

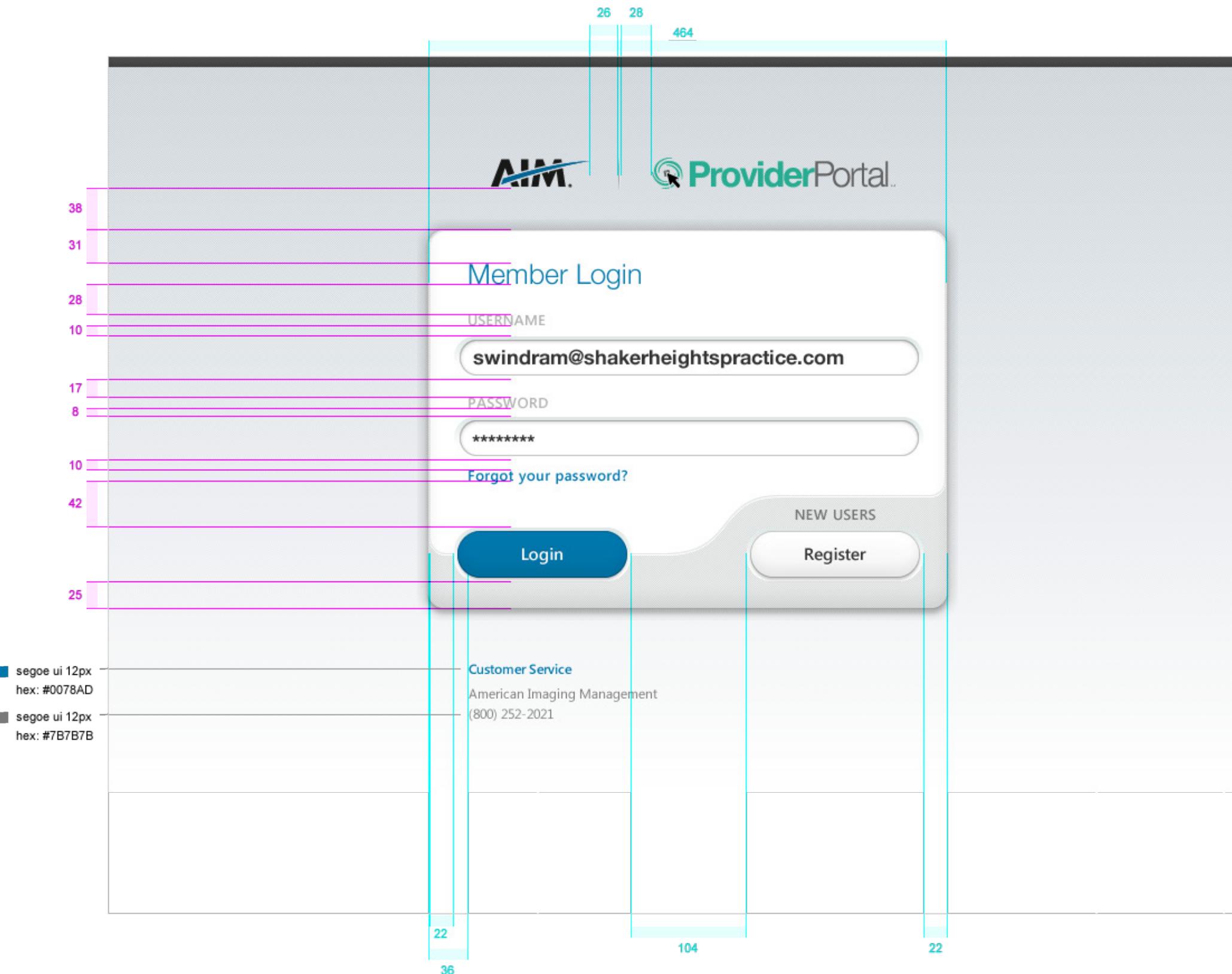
SERVICING PROVIDER SEARCH

NAME	IN	ADDRESS	CITY	STATE	ZIP
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	2345 678 901	Imaging Drive Suite 100	Boston	MA	12345
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015
St. Judes Hospital	0123 456 789	123 Main St. Suite A	Deerfield	IL	60015

Advanced Search Out of Cap Flag this record

37 162 106 217 10 161 61 21

ProviderPortal 1



ProviderPortal 2

Register

1. Create An Account

FIRST NAME
Sheila

LAST NAME
Windram

EMAIL ADDRESS
swindram@shakerheightspractice.com

PASSWORD

CONFIRM PASSWORD

2. Locate Facility

LOCATION
California

SELECT WHAT INSURER(S) YOUR FACILITY IS CONTRACTED WITH

BCBS of CA

UniCare

Wellmark

Wellmark requires its customers to submit preauthorizations on their [website](#).

OptiNet

 OptiNet.  Advocate 4440 W 95th Street Oak Lawn, IL 60453 HEALTH PLAN BCBS REGISTRATION STATUS Complete  REGISTRATION # 160- PROVIDER TIN *** PROVIDER STATUS True	<div style="text-align: right;"> Home · Site Info · Staff · Equipment · Quality Control · Summary · Help · Log Out </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> CT MR Nuclear X-Ray Ultrasound </div> <hr/> <p>1. Equipment Specs</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MANUFACTURER</td> <td style="width: 33%;">MODEL</td> <td style="width: 33%;">YEAR</td> </tr> <tr> <td>Siemens</td> <td>S2000</td> <td>2010</td> </tr> </table> <p>IMAGING VOLUME PER MONTH</p> <p>400</p> <hr/> <p>2. Equipment Capabilities</p> <p> <input checked="" type="checkbox"/> Spectral Doppler <input checked="" type="checkbox"/> Power Doppler <input checked="" type="checkbox"/> Color Flow Doppler <input checked="" type="checkbox"/> Color Energy <input type="checkbox"/> 3-D/4-D </p> <hr/> <p>3. Procedures Performed</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> GENERAL <input checked="" type="checkbox"/> Abdomen/Retroperitoneum <input checked="" type="checkbox"/> Musculoskeletal <input checked="" type="checkbox"/> Urology <input checked="" type="checkbox"/> Thyroid/Parathyroid </td> <td style="width: 25%; vertical-align: top;"> ACR ACCREDITATION <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending AIUM ACCREDITATION <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Pending </td> <td style="width: 25%; vertical-align: top;"> EXP DATE 08/31/2013 EXP DATE MM/DD/YYYY </td> </tr> <tr> <td style="vertical-align: top;"> GYNECOLOGY <input checked="" type="checkbox"/> Gynecology </td> <td style="vertical-align: top;"> ACR ACCREDITATION <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Pending AIUM ACCREDITATION <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Pending </td> <td style="vertical-align: top;"> EXP DATE MM/DD/YYYY EXP DATE </td> </tr> </table>	MANUFACTURER	MODEL	YEAR	Siemens	S2000	2010	GENERAL <input checked="" type="checkbox"/> Abdomen/Retroperitoneum <input checked="" type="checkbox"/> Musculoskeletal <input checked="" type="checkbox"/> Urology <input checked="" type="checkbox"/> Thyroid/Parathyroid	ACR ACCREDITATION <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending AIUM ACCREDITATION <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Pending	EXP DATE 08/31/2013 EXP DATE MM/DD/YYYY	GYNECOLOGY <input checked="" type="checkbox"/> Gynecology	ACR ACCREDITATION <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Pending AIUM ACCREDITATION <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Pending	EXP DATE MM/DD/YYYY EXP DATE
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About Cooper

Cooper designs interactive products that delight the people who use them. Our design methodology is founded on the observation that people will gladly use and recommend products that are designed to advance their goals, while they dislike products that merely satisfy feature checklists or are informed solely by abstract notions of simplicity.

Cooper's Goal-Directed design methodology places the goals of the user at the center of the design process. Rather than focusing exclusively on underlying technologies or the tasks that users must perform to use their current products, our process identifies what it is that users want to accomplish in the first place and results in designs that satisfy those goals.

Thoroughly understanding the environments in

which people use products, and determining the goals they expect to accomplish, yields designs that deliver a satisfying customer experience. Goal-Directed design delivers power to users without intimidating them and guards against the development of products that lack features and affordances essential to the satisfaction of users. Conversely, Goal-Directed design also prevents the addition of features that, however clever, are rarely used or irrelevant to core goals of the product users.



Our process

Research

During the Research phase, Cooper designers thoroughly investigate the domain. We talk to representatives from all groups involved: client stakeholders, subject matter experts, customers, end users, and system participants. We review relevant documentation, look at trends in the domain, and look at what the competition is up to.

Modeling

Synthesizing our research, we create personas—archetypal users based on patterns demonstrated by the people we interviewed. At the same time, we look at the service design ecosystem across the products and touchpoints, and develop maps to demonstrate the relationships. The final step is generating rough scenarios featuring the personas pursuing their goals.

Requirements definition

We use the scenarios to generate interface needs and to highlight where our personas will interact. We also use these scenarios throughout the design to illustrate and communicate needs and to outline functional groupings.

Exploration

We look across many systems to create a cohesive customer experience. We choose some of the big design problems and spend time generating a diverse set of solutions that could solve them. Going wide at this early stage allows us to explore a range of possible design directions before the necessary honing down to a particular approach. Frequently novel and innovative solutions precipitate out of this phase.

Framework

We begin by designing for personas who are more leveraged, with a general framework for how a persona will interact with the product. This framework consists of a visualization of the persona's tasks and a mechanism for grouping them so that she can switch her focus between them. In many cases, this visualization takes the form of a series of screen archetypes that address the majority of the persona's tasks.

Detailed design

During the Design phase, we refine the overall structure of the interaction design and describe all major screens, objects, relationships, layouts, and behaviors of the interface for the persona we selected in the Framework phase.

Contacts

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