

Integrative Diagnostics: What it is and Who Does it

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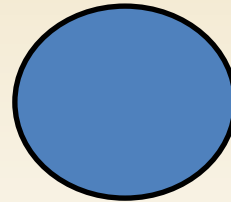
Expert Diagnostic Colleague

has been established as an LLC in Texas (2022) and has not yet provided clinical interpretations to anyone

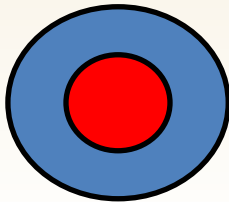
The mission of the company is to bring diagnostic experts on many topics to every healthcare provider in the US

How Much Information is There to Know?

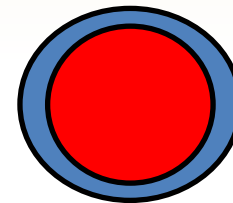
1950



**Amount of
knowledge available
about disease**



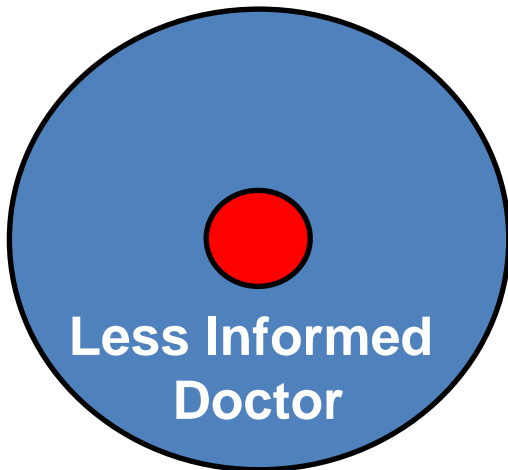
**Doctor does not
know much
about diagnosis**



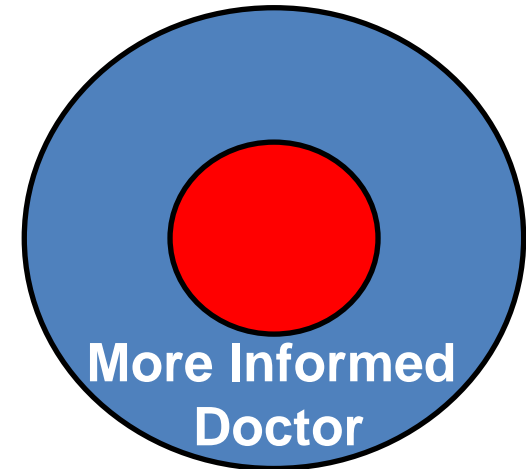
**Doctor knows much
about diagnosis**

Today

**Amount of
knowledge
available about
disease**



**Too much for
even one very
good doctor
to know**



Participation of Diagnostic Physicians

**Radiology
<50 Tests**

**Imaging
Study**



***Automatic
Interpretation
by
Radiologist***

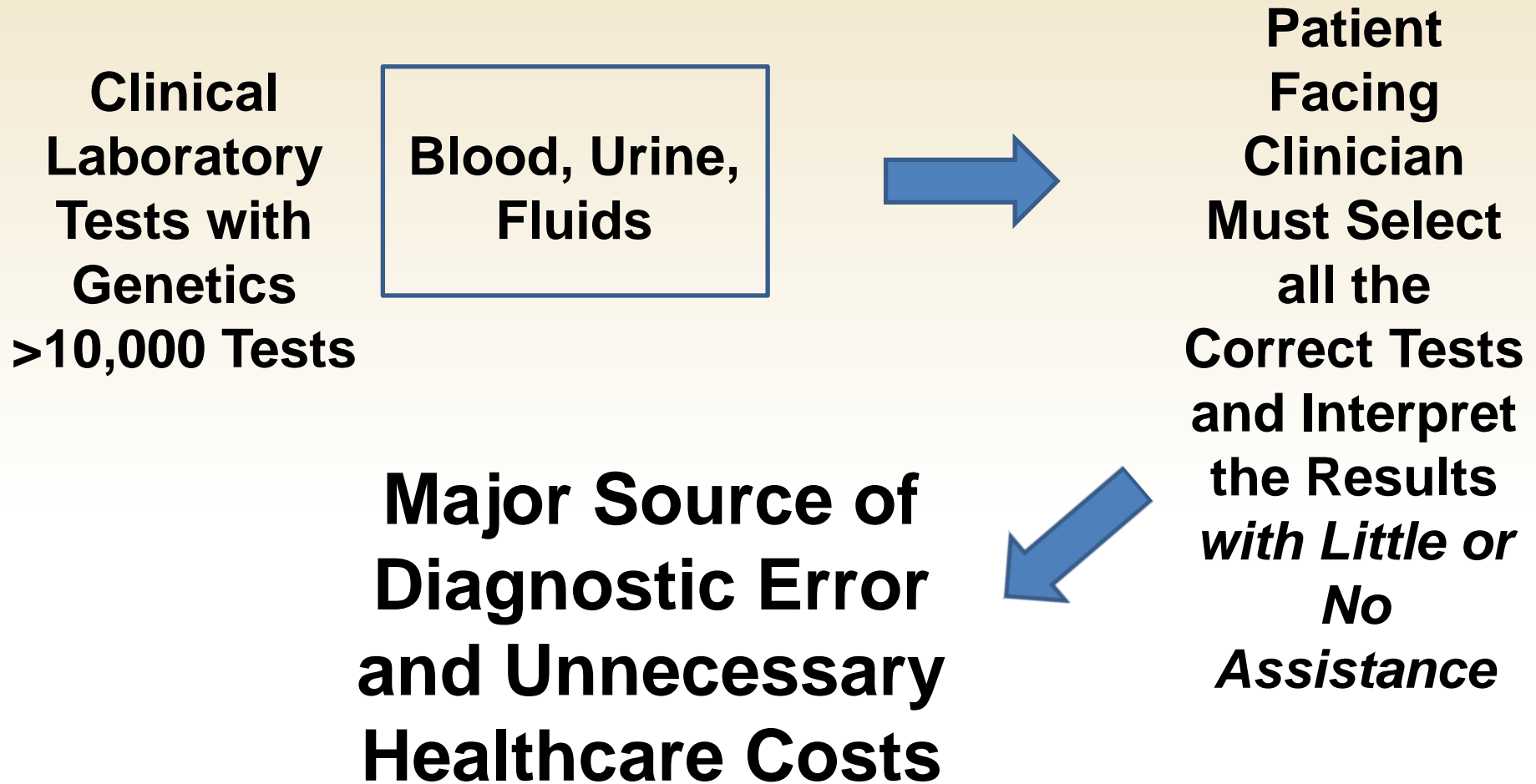
**Anatomic
Pathology
<50 Tests**

Biopsy



***Automatic
Interpretation
by Anatomic
Pathologists***

Participation of Diagnostic Physicians



2014-2015

**The largest contributor to
preventable death from medical
error is**

Diagnostic Error

**as reported by a committee sponsored
by the National Academy of Medicine**

Major Change in Progress: Artificial Intelligence

Developing Quickly in Radiology
and Anatomic Pathology

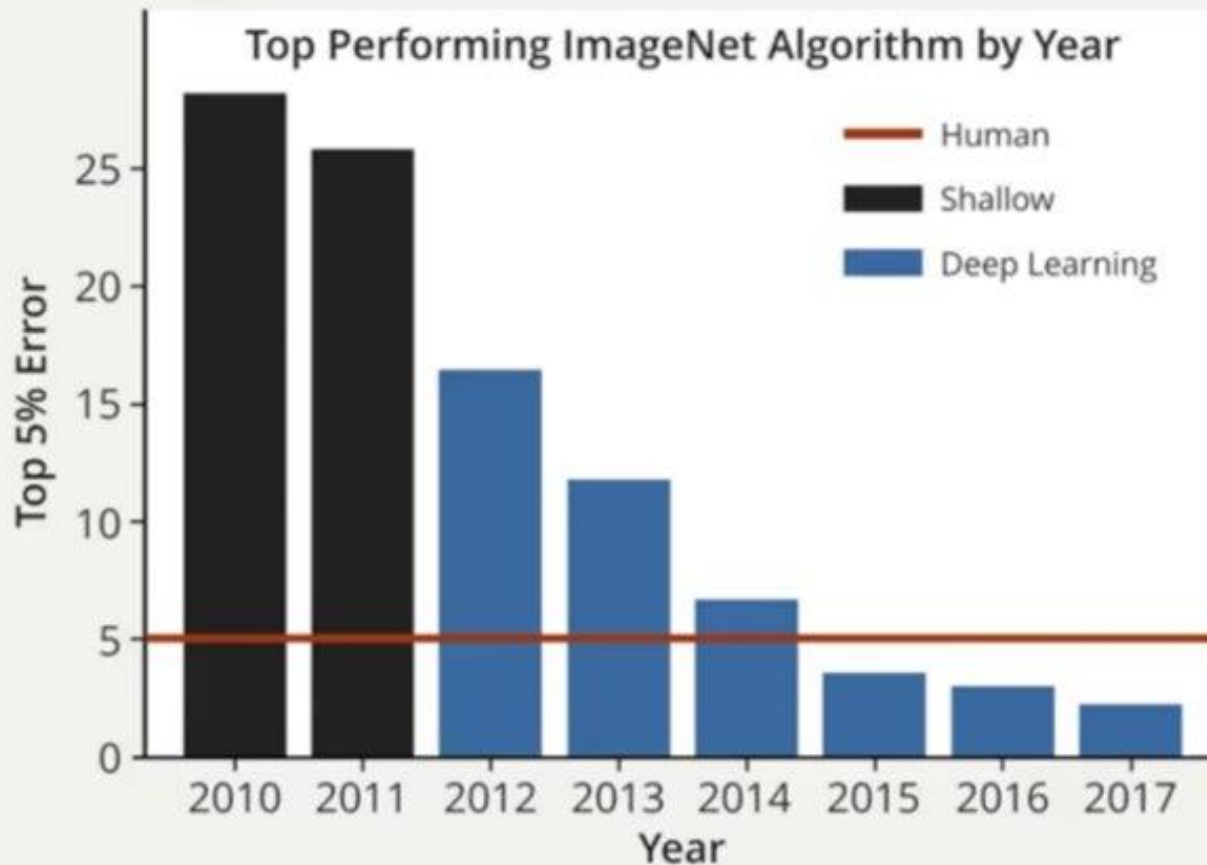


ARTICLES

<https://doi.org/10.1038/s41591-018-0177-5>

Classification and mutation prediction from
non-small cell lung cancer histopathology
images using deep learning

Diagnostic Algorithms Can Detect Lung Cancer and Classify the Lesions



Deep learning improved the performance of the reading instrument to match and then outperform the pathologist

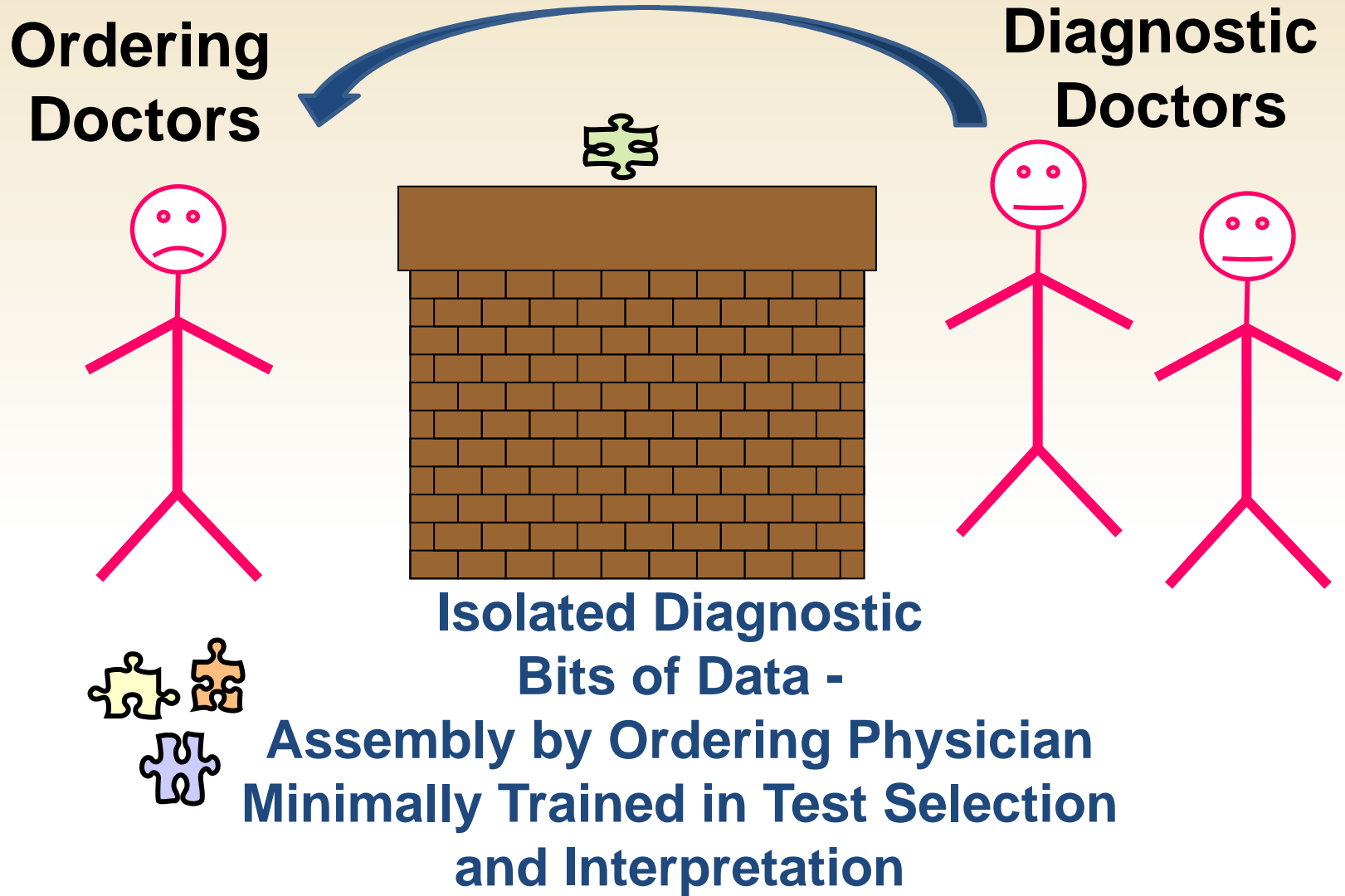
**So how do we optimize Diagnostic
Medicine the problem of
healthcare delivery in the US?**

**Involve experts who can
recommend when to use
diagnostic tests and interpret
diagnostic test results in highly
specific disease categories**

and pay the qualified experts for it

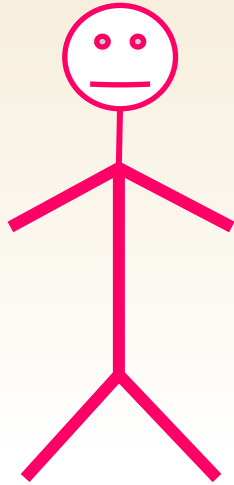
**Codes have been created
and are in use at UTMB to
pay for advice on test
selection and result
interpretation**

The Passive Diagnostic Laboratory Only Performs Tests

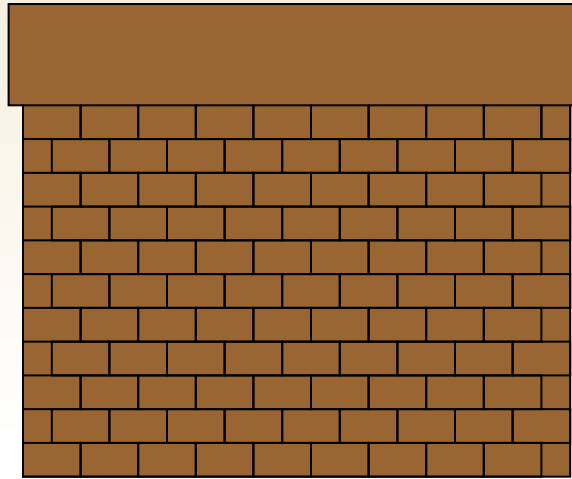


Diagnostic Management Team (DMT) Approach

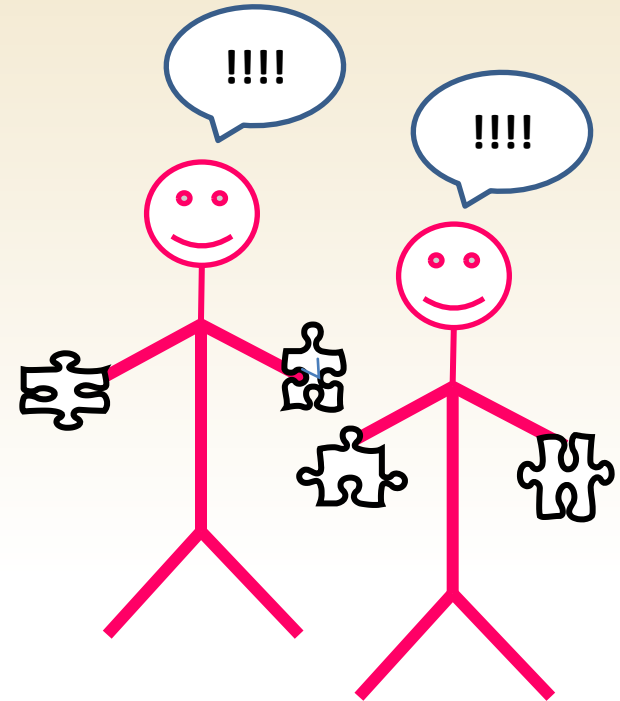
**Ordering
Doctors**



**Caring for More
Patients While
Diagnostic
Puzzle is Being
Assembled**



**Conferring
Diagnostic Doctors**



**Isolated Diagnostic Bits of Data
Being Merged with Clinical Data
about the Patient by the
Diagnostic Doctors**

Diagnostic Management Team Approach

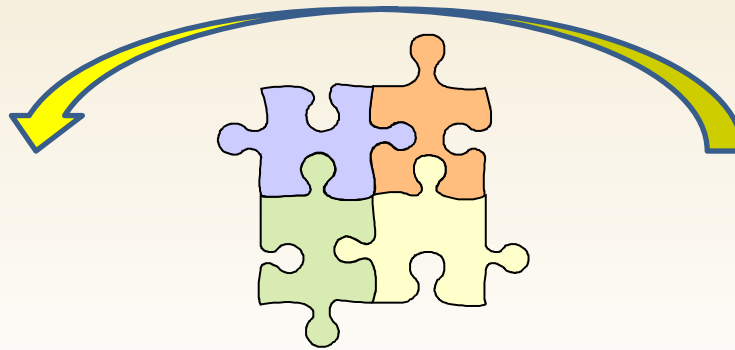
Ordering
Doctors



Conferring
Diagnostic Doctors



Solved Diagnostic Puzzle



*There Is No Wall
between the Ordering Doctors
and the Diagnostic Doctors*

**Receives Accurate
Diagnosis Quickly
as a Completed Puzzle**

Data Presentation in the Medical Record for Coagulation Studies One Day Prior to Initiation of the Coagulation DMT at Vanderbilt

JUNE 30, 2010

**Pat-PT: 13.9 PT-inr: 1.1 PTT-pt:
43.6* PoolNP: 28.1 P+N0Hr:
38.3 P+N1Hr: 36.2 P+N2Hr:
35.9 Pat-TT: 15 F8Act: 95 F9Act:
102 RVVT: 1.5* DRVVT: Lupus
Anticoagulant Confirmed DMX:
1.3 F11Act: 96 F12Act: 54**

**Report in the Medical
Record After Initiation of
the Daily Rounds to
Interpret All Complex
Evaluations from the
Special Coagulation
Laboratory**

DMT Report

This is a patient with a prolonged PTT based upon the presence of a lupus anticoagulant. There is no increased bleeding risk in this patient, despite the prolonged PTT.

DMTs Currently in Operation at UTMB

Coagulation

Toxicology

Autoimmunity

Complex Transfusions

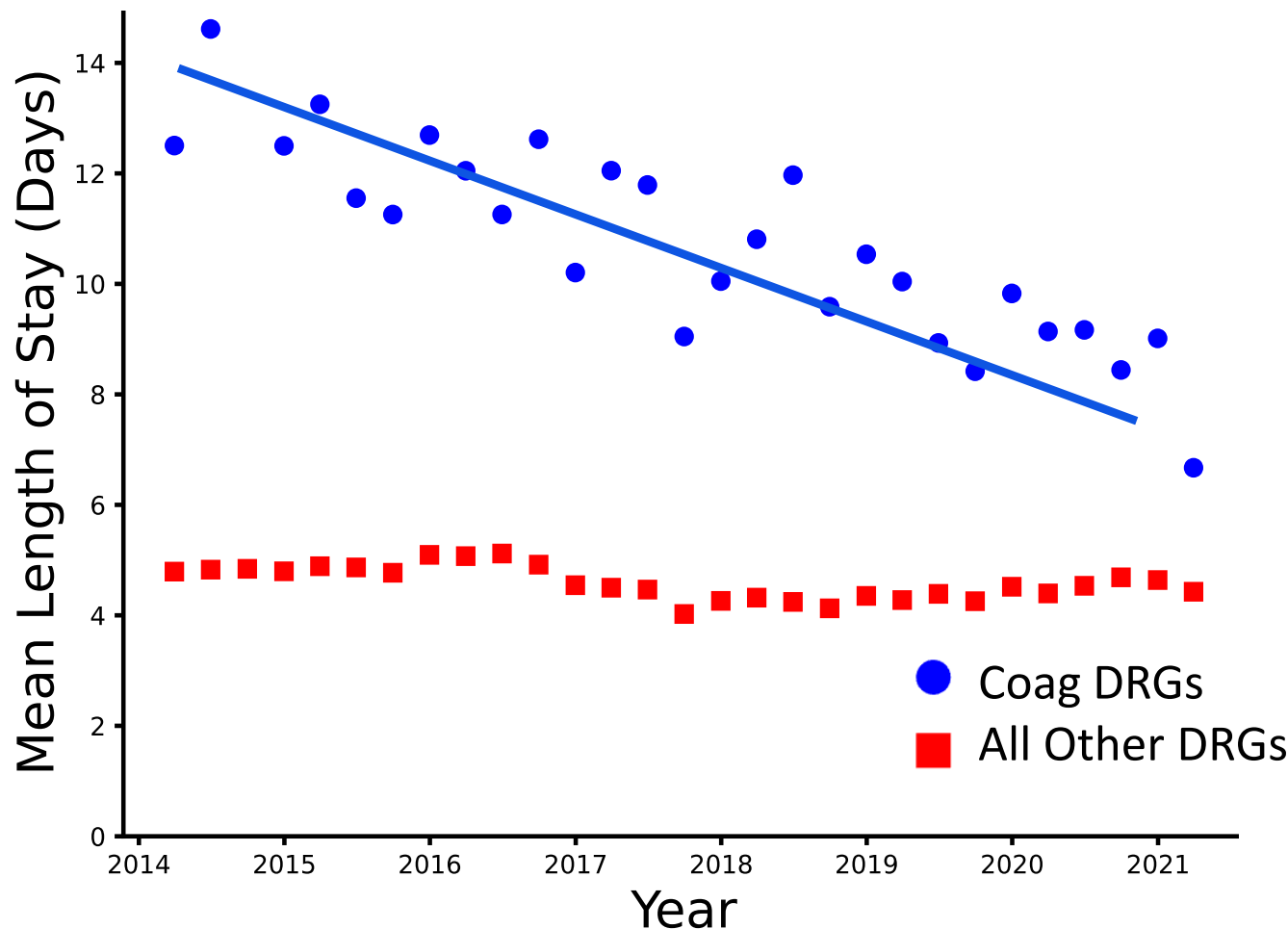
Pharmacogenomics

Anemia

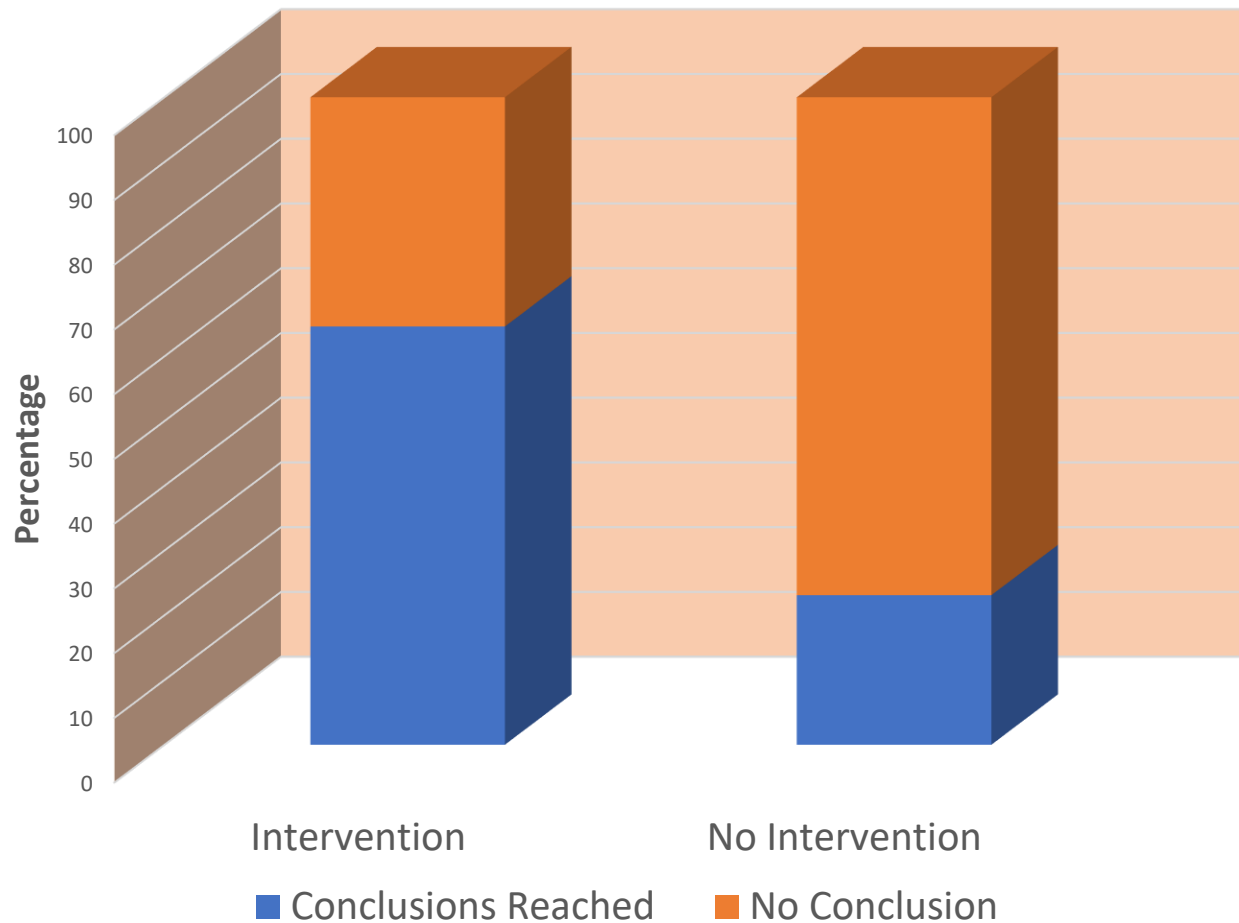
COVID Testing

Clinical Impact of Two Diagnostic Management Teams

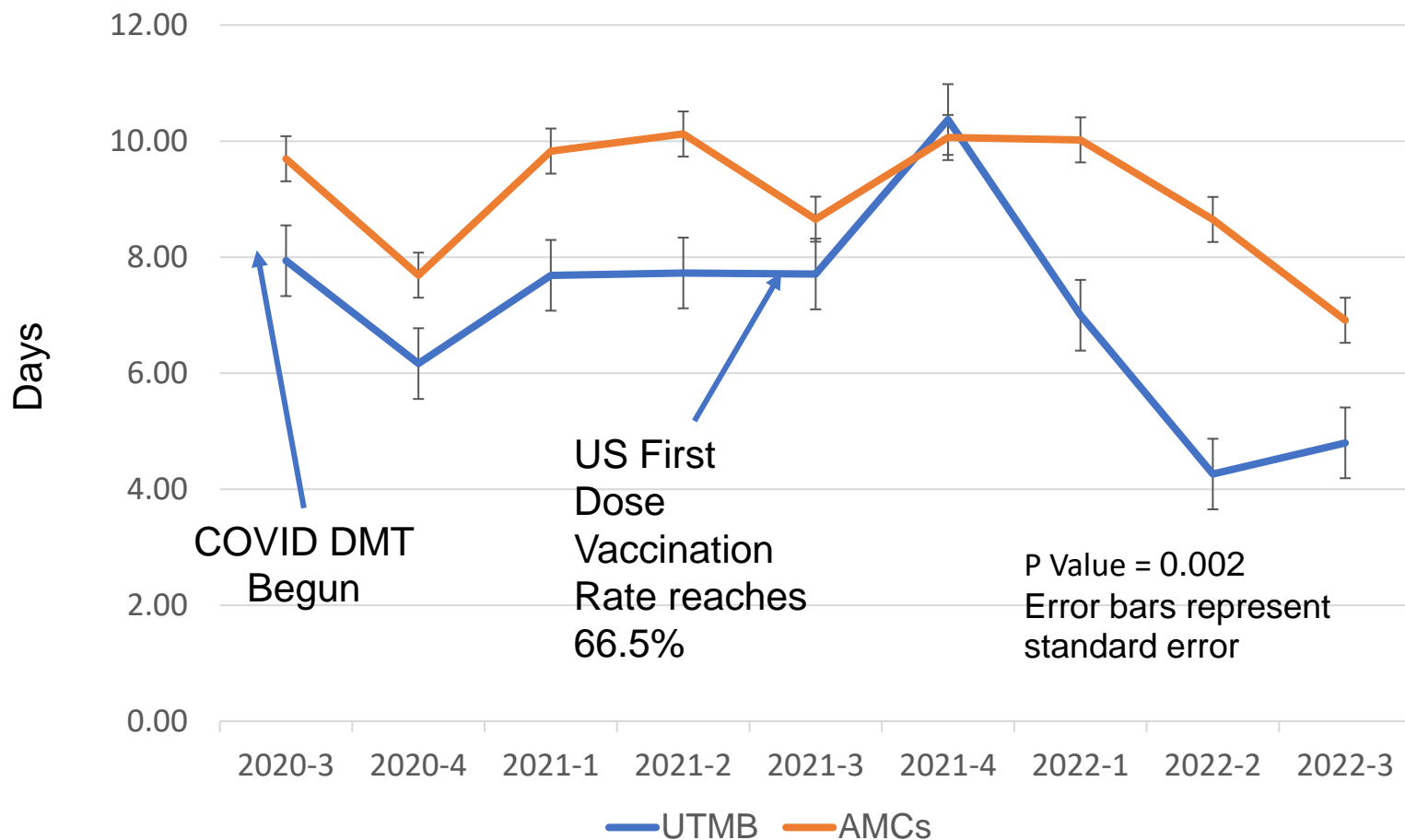
Length of Stay for Coagulation DRGs vs All Others



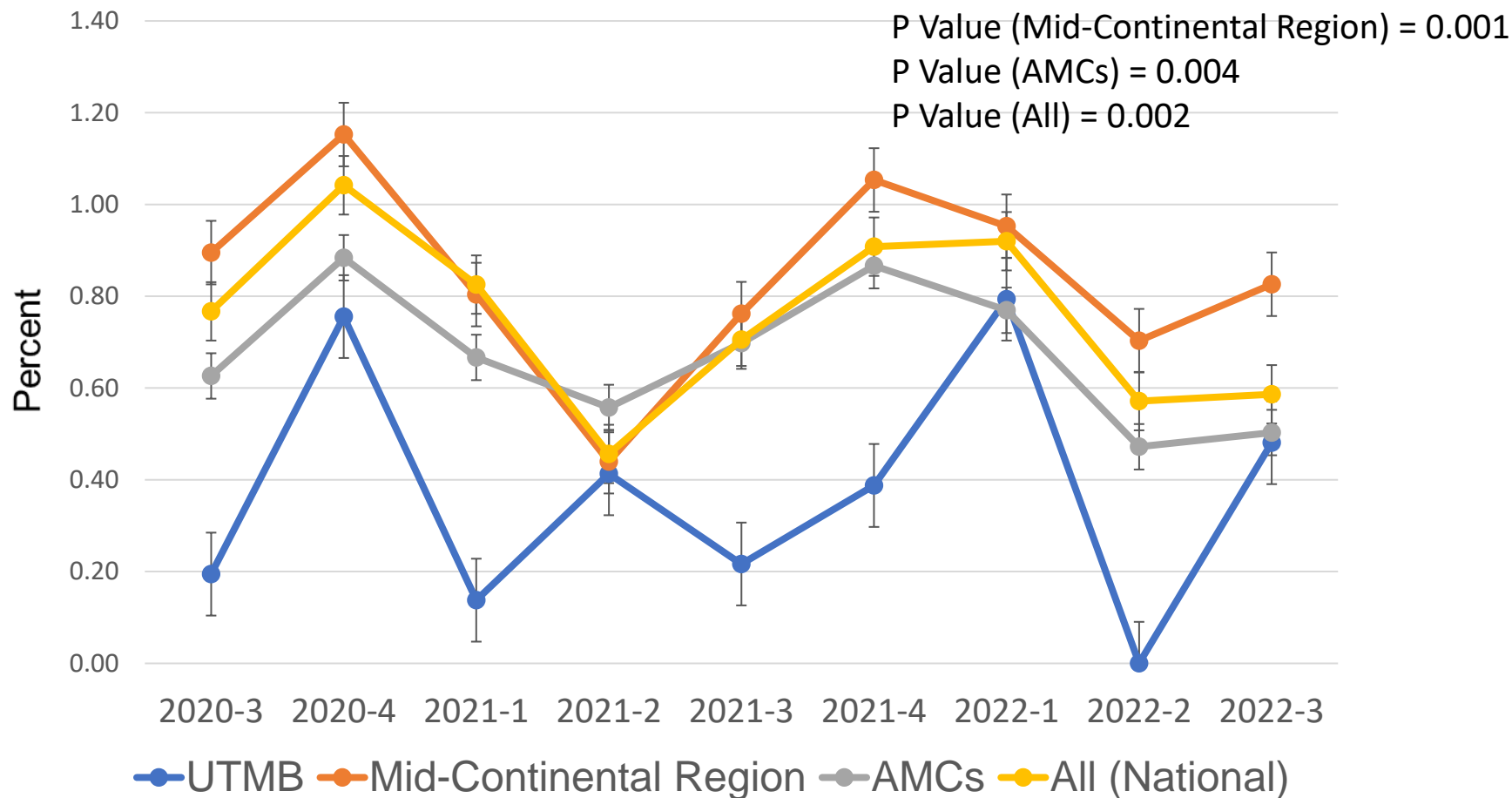
Conclusions Reached After Coagulation Testing



COVID Length of Stay by Quarter



% Early Deaths



Goals of a DMT

**Involve diagnostic experts
with high-level content knowledge to:**

- **Shorten the time to diagnosis**
- **Increase the accuracy of diagnosis**
- **Optimize the utilization of laboratory tests**

One Plan is to Create a National Diagnostic Management Team with Experts Across the US

The Flow of Diagnostic Information

**Patient's initial
evaluation
generates
diagnostic
questions from
patient facing
provider**



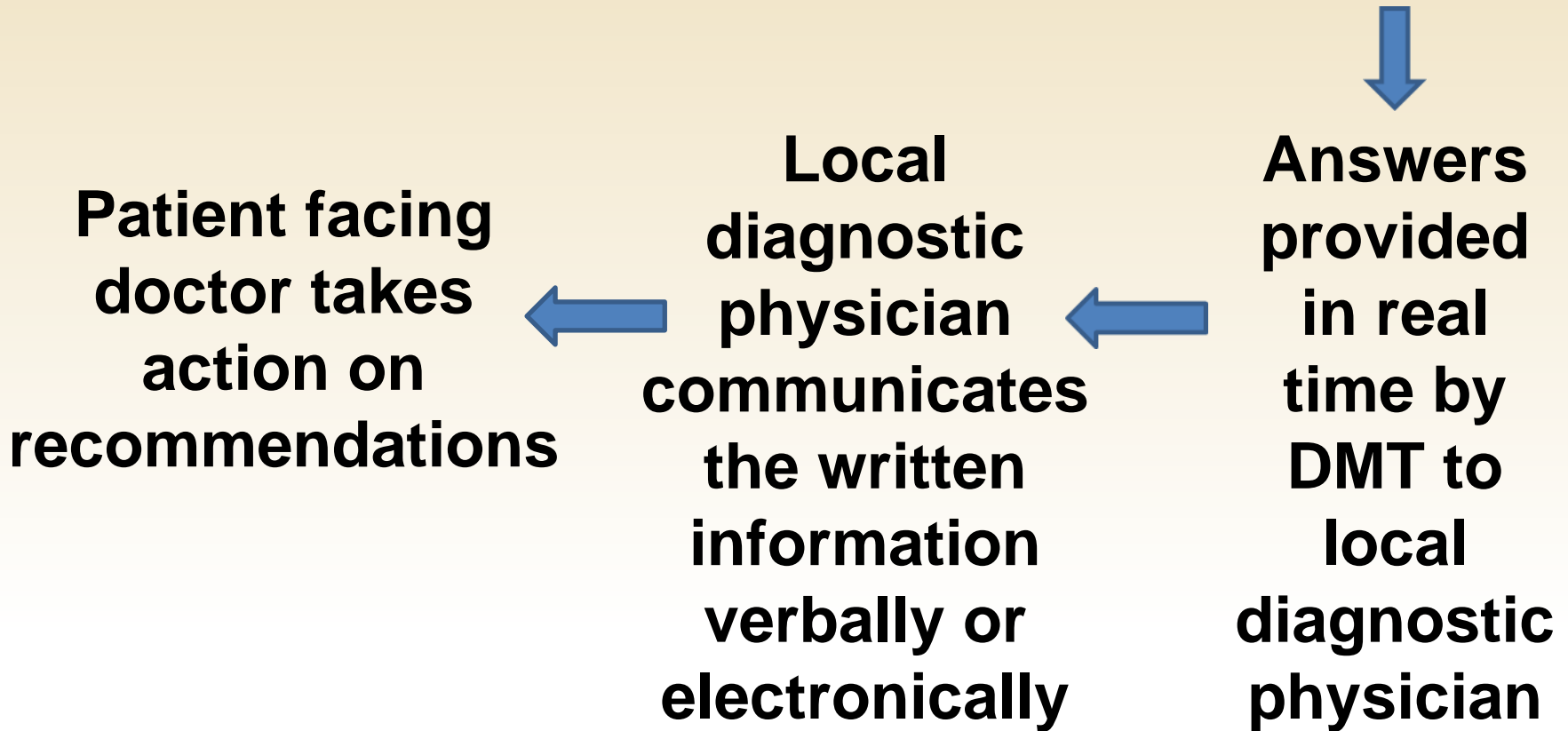
**Questions
directed to
local
diagnostic
physician
by patient
facing
doctor**



**Diagnostic
physician
answers
questions
from personal
knowledge
and consults
one or more
available
DMTs for
others**



The Flow of Diagnostic Information

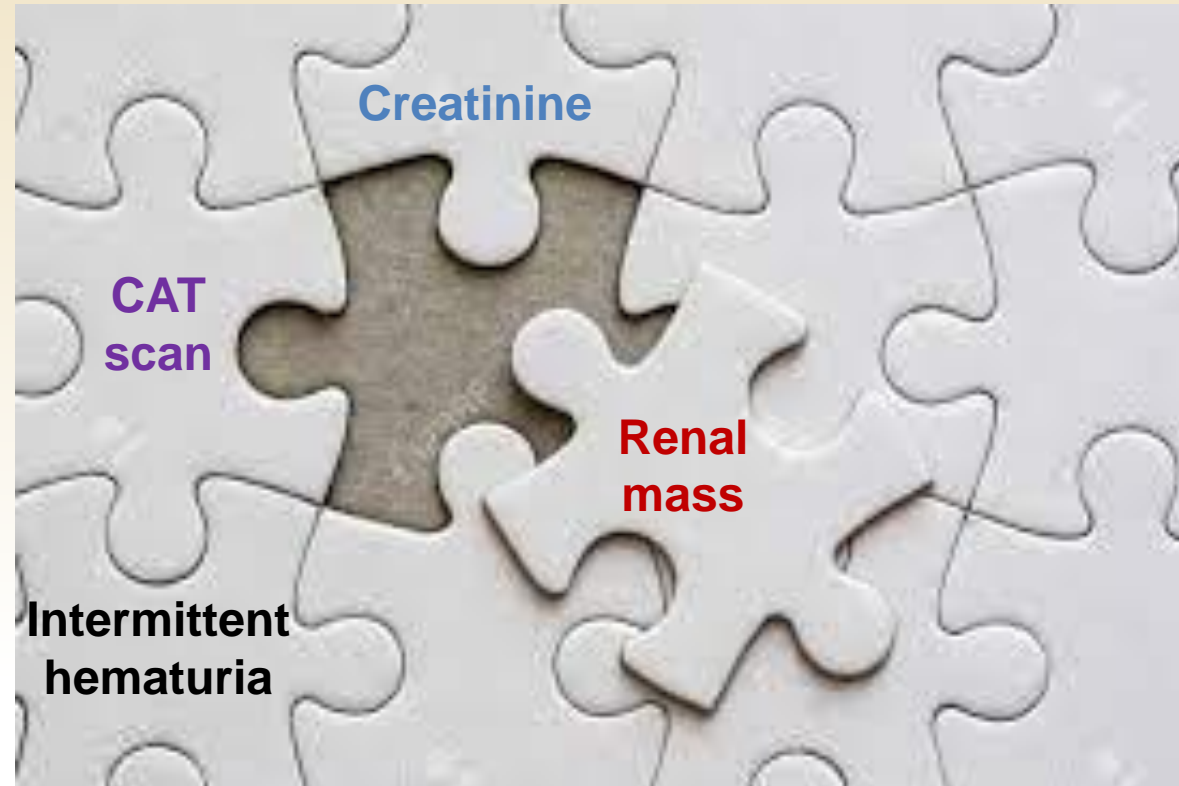






**The DMT integrates all
relevant diagnostic
information without
requiring patient facing
clinicians to do so**

No longer:

**Order this test → Result →
Order next test → Result...**

Color Codes for Diagnostic Inputs from Each Diagnostic Specialist



-  History and physical exam
-  Clinical pathology with genetics
-  Anatomic pathology
-  Radiology

Diagnostic Information from History of a Case of Deep Vein Thrombosis and Physical Examination

Clinical Experts

**Acute onset of
Shortness
of breath**

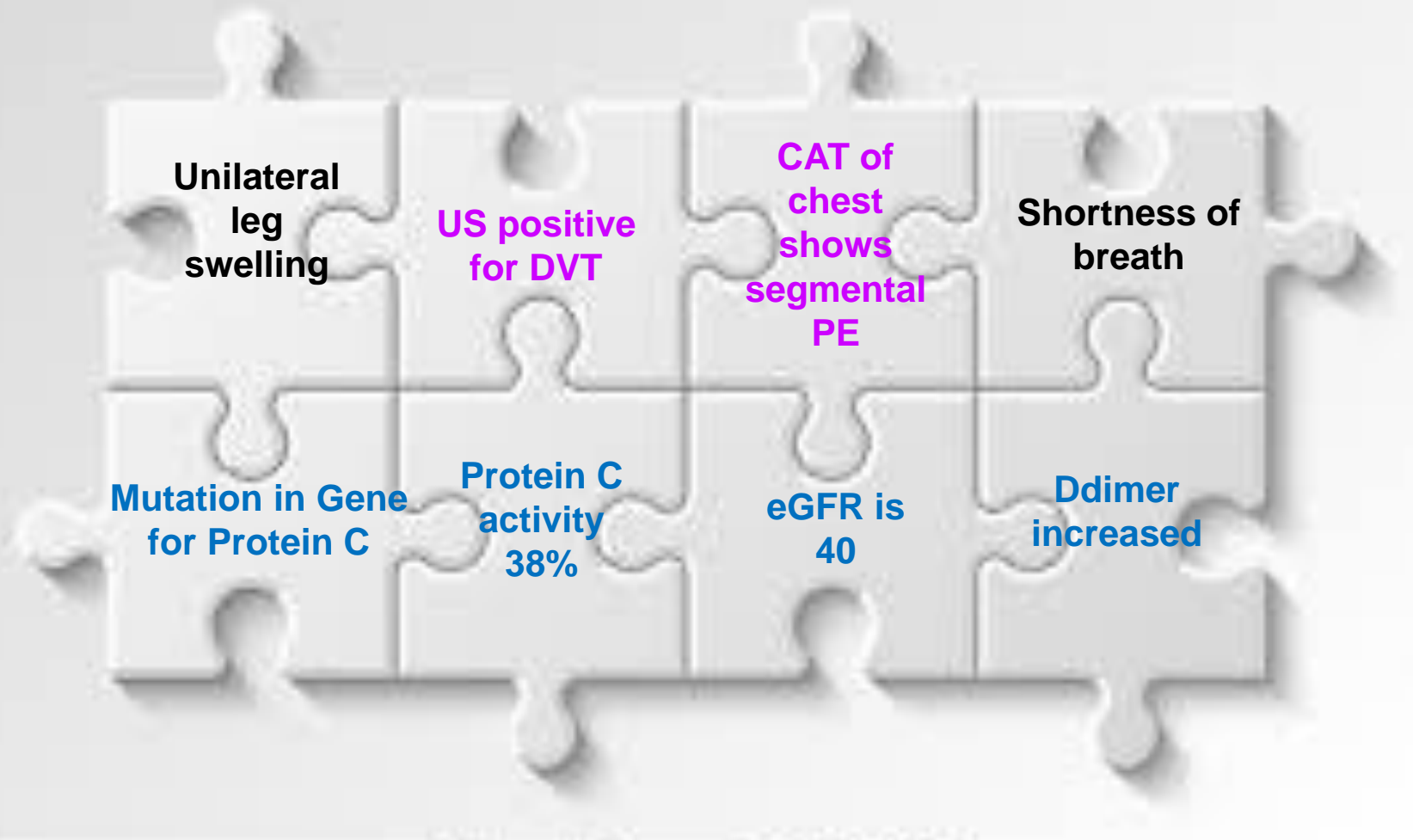
**No similar
previous
event**

**Family hx of
mother with
DVT in late
pregnancy**

**Left leg
swollen
without
pain**

Evaluation for Presence and Location of Thrombosis and Cause for Thrombosis

Coagulation Experts



Evaluating the Selection and Response to Anticoagulant Therapy

Pharmacogenetics Experts

Warfarin
selected as
anticoagulant
with low eGFR

First INR
value with 5
mg warfarin
is 7.3

3 Repeat
INR values
with 5 mg
warfarin all
>5.0

Latest INR
is 15 with
minor
bleeding

KCentra
given with
shortening
of INR to
normal

PGX shows
CYP2C9
mutation to
explain
hyperresponse

Further Evaluation for Thrombotic Risk to Identify New “Second Hit” for Thrombosis

Radiology and Anatomic Pathology Experts

Urine is
positive for
hemoglobin

Creatinine
elevated
and eGFR
is low

Imaging of
kidney
consistent with
mass

Biopsy of
mass indicates
renal cell
carcinoma

Second hit for
current
thrombosis is
malignancy

Nephrectomy
can remove
thrombotic risk
factor

Prophylactic
dosing of
anticoagulant
after
nephrectomy

Evaluation of the Renal Cell Carcinoma

Anatomic Pathology and Genetics Experts

Biopsy of mass indicates renal cell carcinoma

Microscopic staging and grading of the tumor

Molecular changes associated with the tumor

Imaging of body sites to assess the patient for metastasis

Consultation on merits of partial or full nephrectomy

A lifetime of clinical experiences – look at all the completed puzzles in 10 minutes before seeing the patient for a full patient history

DVT/PE

**Renal Cell
Carcinoma**

**Covid
Infection**

**DVT/PE
Recurrence?**

**Back
Pain**

MI

CHF

**Cause
Of
Death**

What Will Surely Happen if Done Well

**Dramatic Increases in the Number of
Accurate Diagnoses Will Occur Within a
Much Shorter Timeframe of the Patient's
Illness**

**Rapid and Accurate Diagnosis will
Significantly Reduce the Number of
Patients Who Would Otherwise Develop
Painful and Expensive Chronic Disease**