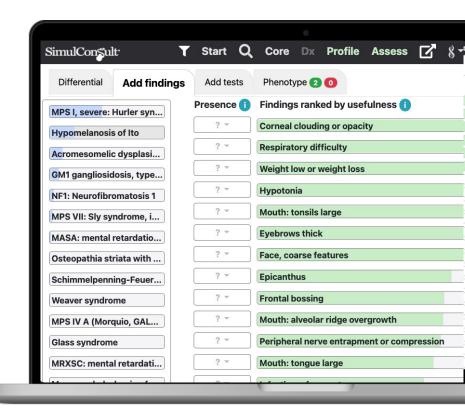


Using SimulConsult in clinical care



Learning Objectives

- See how specialist use SimulConsult to diagnose cases and save time
- See how referring clinicians could use it to obtain curbside consultations & refer for formal consultations

Process Used by Specialists

1. Reads referral and chart to summarize what is known

Memo

X year old boy with findings of ...



3. Does a history & exam
& records findings as
suggested by
Usefulness algorithm

Add findings from core lists for specialties ©

**Genetic so* Internation of Metabolic of Milechandrial of Neurology ** Option/recipy ** Option/r

4. Prioritizes testing prompted by Usefulness



5. Uses automated
Reports to improve
collaboration and help
with documentation

Collaboration and help with documentation

This is an 8 month old boy with:

Pertinent positive findings

Recent Kyphosis without scoliosis HP:0002808

Corneal clouding or opacity HP:0007759

Recent Macrocephaly HP:000256

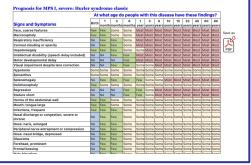
Pertinent negative findings

Stature short HP:0004322

COMPUTABLE PATIENT SUMMARY (can be used in SimulConsult to re-load the findings)

d=243 &u=f0&a=499999 &u=f158&a=399999 &u=c0239117&a=399999 &u=c022821&a=269 &u=c0221355&a=269 &u=f13&a=499999 &i=1 &t=c

6. Shares Prognosis Table with referring clinician and patient when a diagnosis is confirmed



Get suggestions on findings using the Core List

Green shading dynamic indicates usefulness, multiple specialty lists

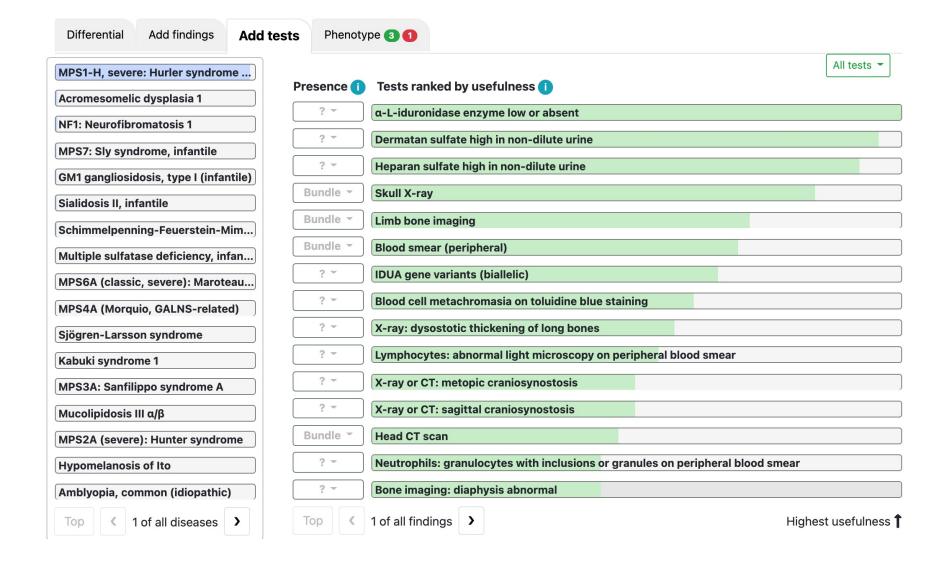
	gs from core lists for specialties								
		ondrial O N	leurology Ophthalmology Orthope	edics O Rhe	um clinical O Rheum tests				
Presence (1)									
? ~	Autistic behavior	? ~	Hearing impairment	? ~	Nuchal skin, redundant				
? ~	Bleeding tendency or bleeding time inc	? ~	Hepatomegaly	? ~	Optic atrophy or hypoplasia				
? ~	Bone fractures propensity	? ~	Hypertelorism	? ~	Pectus excavatum or carinatum				
? ~	Cataracts	? ~	Hypertonia / stiffness	? ~	Polyhydramnios during patient's gesta				
~	Corneal clouding or opacity	? ~	Hypogonadism or cryptorchidism	? ~	Premature birth				
? ~	Digits: polydactyly	? ~	Hypotonia	? ~	Respiratory insufficiency				
? ~	Dysarthria or abnormal sound character	? ~	Infections, frequent	? -	Scoliosis with or without kyphosis				
? ~	Dysphagia or feeding difficulty	? ~	Intellectual disability (speech delay inc	? *	Skin: areas or lines of pigment or redne				
? ~	Eyes: proptosis	? ~	Joint dislocations, unusual	? -	Skin: cutis laxa				
? ~	Fontanels large	? ~	Joint laxity, hyperextensibility	? ~	Skin: hyperpigmented lesions				
? ~	Gait disturbance	Recent *	Kyphosis without scoliosis	? *	Skin: thin, atrophic or fragile				
? ~	Gastroesophageal (GE) reflux	Recent *	Macrocephaly	χ -	Stature short				
? -	Genitalia ambiguous	? ~	Microcephaly	? ~	Stature tall				
? ~	Hair: abnormal texture	? ~	Motor developmental delay	? ~	Visual impairment despite lens correcti				
? ~	Hair: sparse	? ~	Mouth: palate cleft	? ~	Weight high or weight gain				
? ~	Headache (frequent or severe)	? ~	Myopia, severe	? -	Weight low or weight loss				

Get suggestions on findings using the Dx/Add Findings

Blue = probability of disease Green = Usefulness of finding

Differential	Add findings	Add tests	Phenotype 2	
MPS1-H, severe	: Hurler syndrome	classic	Presence 1	Findings ranked by usefulness 1
Sjögren-Larsson syndrome		? ~	Hypotonia	
Kabuki syndrome 1		? ~	Face, coarse features	
Acromesomelic	dysplasia 1		? ~	Mouth: tonsils large
Cockayne syndr	rome I, moderate or	classic	? ~	Eyebrows thick
GM1 gangliosido	osis, type I (infantil	e)	? ~	Respiratory insufficiency
Schimmelpennin	ng-Feuerstein-Mim	s syndr	? ~	Macrocephaly
MPS7: Sly syndr	rome, infantile		? ~	Epicanthus
Sialidosis II, infa	antile		? ~	Stature short
Amblyopia, com	nmon (idiopathic)		? ~	Mouth: alveolar ridge overgrowth
MPS6B (interme	ediate): Maroteaux-	Lamy s	? ~	Peripheral nerve entrapment or compression
MPS6C (mild): N	Maroteaux-Lamy sy	ndrome	? ~	Lip: vermilion, upper lip, thick
Multicentric ost	eolysis nodulosis a	nd arth	? ~	Frontal bossing
Mucolipidosis II			? ~	Lip: vermilion, lower lip, thick
Multiple sulfatas	se deficiency, infan	tile	? ~	Mouth: tongue large
MPS6A (classic,	, severe): Maroteau	x-Lam	? ~	Weight low or weight loss
NF1: Neurofibro	matosis 1		? ~	Atlantoaxial instability or dislocation
MPS7: Sly syndr	rome, neonatal		? ~	Infections, frequent
Glaucoma, idiop	athic		? ~	Sleep apnea
Ichthyosis X-linl	ked		? ~	Hernia of the abdominal wall
GLC3A: CYP1B1	-related primary co	ongenit	? ~	Dolichocephaly
Mucolipidosis III	lγ		? ~	Nose: nasal bridge, depressed
Cockayne syndr	rome II, severe or ea	arly-on	? ~	Motor developmental delay
Achondroplasia			? ~	Hair: hirsutism
Primary ciliary d	dyskinesia, AR		? ~	Hand, clenched
Top < 10	of all diseases		Top <	1 of all findings Highest usefulness †

Get suggestions on useful tests Dx/Add Tests



Document Findings and share with colleagues in computable form

Includes HPO codes

This is an 8 month old boy with:

Pertinent positive findings

Recent Kyphosis without scoliosis HP:0002808

✓ Corneal clouding or opacity HP:0007759

Recent Macrocephaly HP:0000256

Pertinent negative findings

Stature short HP:0004322

COMPUTABLE PATIENT SUMMARY (can be used in SimulConsult to re-load the findings)

d=243 &u=f0&o=499999 &u=f158&o=399999 &u=c0239117&o=399999 &u=c0022821&o=269 &u=c0221355&o=269 &u=f13&o=499999 &i=1 &t=c

Document Findings in SOAP note format (editable)

HISTORY OF PRESENT ILLNESS

This is an 8-month-old boy with findings:

Kyphosis without scoliosis, onset at about 6 months old Macrocephaly, onset at about 6 months old Corneal clouding or opacity, present now

Growth / development

Macrocephaly, onset at about 6 months old Stature short, absent

PHYSICAL EXAM

Present

Kyphosis without scoliosis Corneal clouding or opacity Macrocephaly

iviacioccpitaly

Absent

Stature short

ASSESSMENT

This is an 8-month-old boy with:

Pertinent positives

Kyphosis without scoliosis Corneal clouding or opacity Macrocephaly

Impressions / Differential Diagnosis

MPS1-H, severe: Hurler syndrome classic

Acromesomelic dysplasia 1

NF1: Neurofibromatosis 1

MPS7: Sly syndrome, infantile

GM1 gangliosidosis, type I (infantile)

You can choose to focus on only the most likely by deleting lines you don't want. Similarly, delete the tests you don't plan to order

PLAN FOR TESTING / DISPOSITION

alpha-L-iduronidase enzyme low or absent

Dermatan sulfate high in non-dilute urine

Heparan sulfate high in non-dilute urine

IDUA gene variants (biallelic)

Blood cell metachromasia on toluidine blue staining

X-ray: dysostotic thickening of long bones

Lymphocytes: abnormal light microscopy on peripheral blood smear

X-ray or CT: metopic craniosynostosis

X-ray or CT: sagittal craniosynostosis

Neutrophils: granulocytes with inclusions or granules on peripheral blood smear

Bone imaging: diaphysis abnormal

Share Prognosis Table™ with colleagues and patients

Prognosis for MPS I, severe: Hurler syndrome classic

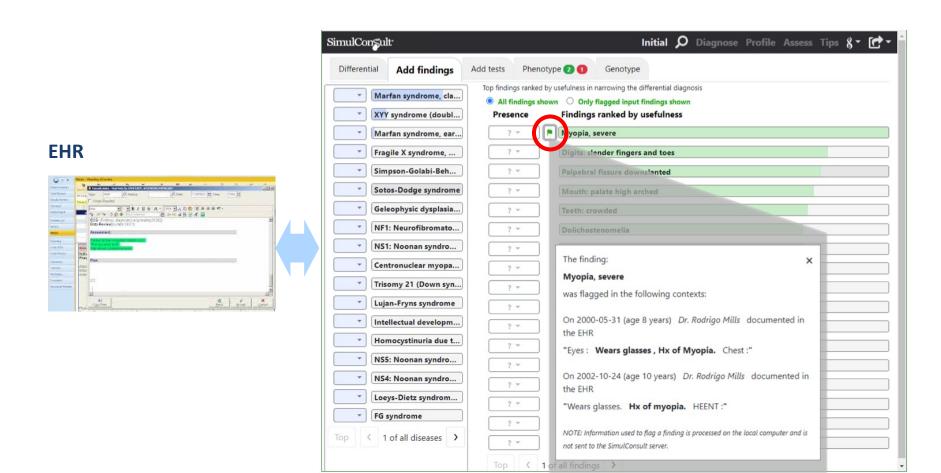
	At	what	age do	peop	le wi	th th	is dis	ease	hav	e the	se fi	nding	js?
	Birth	1	3	6	1	3	6	10	15	25	40	60	80
Signs and Symptoms		month	months	months	year	years	years	years	years	years	years	years	years
Face, coarse features	Few	Few	Some	Some	Most	Most	Most	Most	Most	Most	Most	Most	Most
Macrocephaly	Few	Few	Some	Some	Most	Most	Most	Most	Most	Most	Most	Most	Most
Respiratory insufficiency	NA	Few	Few	Some	Most	Most	Most	Most	Most	Most	Most	Most	Most
Corneal clouding or opacity	NA	Few	Few	Some	Most	Most	Most	Most	Most	Most	Most	Most	Most
Hepatomegaly	Few	Few	Few	Some	Some	Most	Most	Most	Most	Most	Most	Most	Most
Intellectual disability (speech delay included)	NA	NA	Few	Few	Most	Most	Most	Most	Most	Most	Most	Most	Most
Motor developmental delay	NA	NA	NA	Few	Most	Most	Most	Most	Most	Most	Most	Most	Most
Visual impairment despite lens correction	NA	NA	Few	Few	Some	Some	Most	Most	Most	Most	Most	Most	Most
Hypotonia	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Epicanthus	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Splenomegaly	NA	Few	Few	Few	Few	Some	Some	Most	Most	Most	Most	Most	Most
Dolichocephaly	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Regression	NA	NA	NA	Few	Few	Some	Most	Most	Most	Most	Most	Most	Most
Stature short	NA	NA	NA	Few	Few	Some	Most	Most	Most	Most	Most	Most	Most
Hernia of the abdominal wall	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Mouth: tongue large	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Infections, frequent	Few	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Nasal discharge or congestion, severe or chronic	NA	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Nose: naris, enlarged	NA	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Peripheral nerve entrapment or compression	NA	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Nose: nasal bridge, depressed	NA	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Glaucoma	NA	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Forehead, prominent	NA	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Frontal bossing	NA	Few	Few	Some	Some	Some	Some	Some	Some	Some	Some	Some	Some
Hair: hireutiem	NIA	Fow	FOW	Somo	Sama	Sama	Sama	Somo	Sama	Somo	Sama	Sama	Samo

Save as





Coming soon: See which findings are in the EHR



- Commercial version of EHR integration to be released 1Q22.
- Pilot: Clinicians ensure accuracy by selecting the relevant and believable extracted findings. Extraction of findings from the EHR was 100% sensitivity & specificity
 after clinician selection. Clinicians saved an average of 45 minute per patient by using the system.

External Links about diseases and findings

Links about the active disease and finding 1

MPS1-H, severe: Hurler syndrome classic

GeneReviews: Mucopolysaccharidosis Type I

Orphanet: Mucopolysaccharidosis I

National MPS Society: Hurler, Hurler-Scheie and Scheie Syndromes

OJRD: MPS I

OMIM article 607014

Stature short

SimulConsult resource: Calculate stature percentile

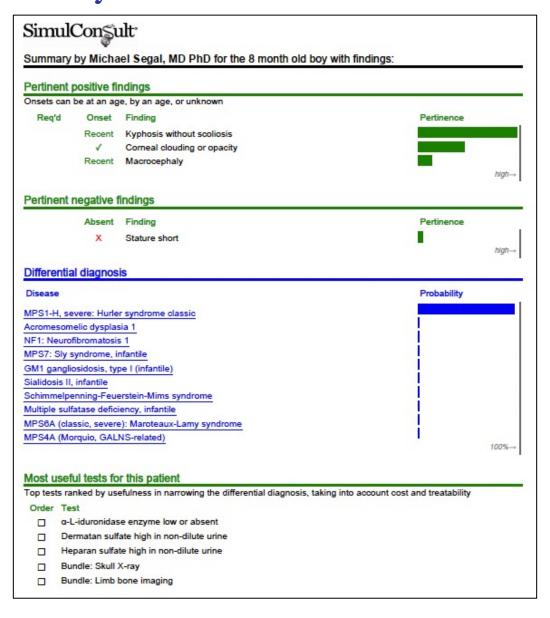
ACMG: short stature evaluation

Human Phenotype Ontology entry

Unified Medical Language System entry

Are there other links you'd like to include? Submit them, specifying the relevant disease or finding.

Insurers are accepting this Report as evidence of medical necessity



Learning Objectives

- See how specialist use SimulConsult to diagnose cases and save time
- See how referring clinicians could use it to obtain curbside consultations & refer for formal consultations

Process used by referring clinicians



Enables a fast Curbside eConsult

Customizing an automated SOAP Report

HISTORY OF PRESENT ILLNESS

This is an 8-month-old boy with findings:

Kyphosis without scoliosis, onset at about 6 months old Macrocephaly, onset at about 6 months old Corneal clouding or opacity, present now

Growth / development

Macrocephaly, onset at about 6 months old Stature short, absent

PHYSICAL EXAM Present

Kyphosis without scoliosis Corneal clouding or opacity Macrocephaly

Absent

Stature short

ASSESSMENT

This is an 8-month-old boy with:

Pertinent positives

Kyphosis without scoliosis Corneal clouding or opacity Macrocephaly

Impressions / Differential Diagnosis

MPS1-H, severe: Hurler syndrome classic

This seems like a good match for the findings noted.

PLAN FOR TESTING / DISPOSITION

X-ray: dysostotic thickening of long bones

I suggest a formal referral to genetics for further evaluation, with an appointment in the next few days. I will alert scheduling to expect the request. In the interim, please consider ordering the x-ray. Having the results at the first appointment will be very helpful.