The Value of VisualDx

**QUALITY CARE BEGINS WITH AN ACCURATE DIAGNOSIS**

- **Efficacy**: 14 min Time saved by MDs each day
  - 19 min Time saved by PAs each day
  - 26 min Time saved by NPs each day

- **Accuracy**: Increase of 19% in accurate diagnosis for dermatology residents and students
  - Increase of 120% in accurate diagnosis for non-dermatologists with just 4 minutes of training on VisualDx
  - Increase of 34% in accurate diagnosis for general practitioners

**In Practice**

- **Medical student diagnosed a herpes infection in a toddler’s eye**. The story was highlighted in *The New York Times Magazine*, “Thanks to VisualDx, my niece was treated and avoided a fate of corneal scarring or lifelong blindness.” — Amber Bard, Medical Student

- **Doctor diagnosed a toddler with acute meningococcal sepsis using images in VisualDx**. “The direct comparison of meningococcal and streptococcal images with VisualDx underscored the urgency of the situation and assisted in a timely and accurate diagnosis.” — Submitted to VisualDx by Dr. William Finning, Emergency Medicine Physician

- **Doctor diagnosed early disseminated Lyme disease in an adult**. “Thanks to VisualDx providing me real-time clinical information, I was able to make the proper diagnosis in a timely manner and get the patient on his way to a healthy recovery.” — Submitted to VisualDx by Dr. Lincoln Heath, Family Medicine Resident

**Reduce Costs**

- **Without VisualDx**, ED physicians included the correct diagnosis in their differential for cellulitis 14% of the time
  - **With VisualDx**, ED physicians included the correct diagnosis in their differential for cellulitis 64% of the time
  - Cellulitis dx has an error rate of 30% resulting in $1.3 billion in unnecessary costs in U.S.

Cellulitis: Diagnostic Error in Depth

ONE DIAGNOSIS. ONE BILLION DOLLARS IN WASTED MEDICAL COSTS.

The Problem
Frequent over-diagnosis of patients with presumed cellulitis or soft-tissue infection leads to un-necessary and expensive hospitalizations and IV antibiotic therapy.\textsuperscript{1,2,3} Cognitive mistakes such as premature closure, lead to the “red leg” being consistently over-diagnosed as cellulitis. Unnecessary admissions put patients at increased risk for hospital acquired infections such as \textit{Clostridium difficile}, medication reactions, and other adverse events. On the other hand, patients presenting with red skin that truly have cellulitis, may be “missed”, leading to bacterial sepsis. VisualDx aims to drive accuracy in the clinical diagnosis of “true” cellulitis.

\begin{itemize}
  \item A 48-year-old patient presenting with bilateral leg redness and swelling. The patient had been admitted to the hospital 3 times over 6 months for the diagnosis of “cellulitis.” In this case, the correct diagnosis was erythema nodosum.
\end{itemize}

Costs for Cellulitis Diagnostic Error Nationally are Staggering

\begin{itemize}
  \item 557,000 inpatient admissions in the U.S. for cellulitis each year
  \item 20\% error rate
  \item 114,000 unnecessary admissions
  \item 114,000 unnecessary admissions \times $12,000 average diagnosis-related group
\end{itemize}

\textbf{RESULTS IN $1,368,000,000,000 per year cost in U.S.}

\textit{does not include outpatient error or iatrogenic harm}