



The experience of Dr. MI, who practices in a rural community, vividly illustrates near patient testing as integral to crafting a patient's treatment plan. If a cancer patient's kidney function is abnormal, Dr. MI explained the treatment may need to be adjusted. As revealed by Dr. MI dynamic, real-time laboratory information is crucial to treating cancer.

According to the oncologist, **a patient's condition "can change over days or hours.** To have testing on the day of treatment, before we start, is very important." Laboratory testing at the time of the cancer patient's treatment visit is necessary to determine prescription dosages and to assess side effects resulting from chemotherapy medications and any combination of other medications the patient may be taking.

Also, patients get better results when chemotherapy treatments are provided on a routine, systematic schedule. Interruptions in a patient's treatment schedule could occur if referring lab work to another site, resulting in negative consequences such as increased patient risk.

The oncologist noted that when patients come in for their chemotherapy treatment, lab work is first performed and **"I get the information I need right away."** Dr. MI shared it would be difficult to treat cancer patients without near patient laboratory information.

Dr. MI continued by mentioning an example of a patient that was "complaining of low-grade fever and weakness."

Lab work showed Dr. MI that the patient was suffering from neutropenia and low hemoglobin levels, which are quite common in patients undergoing chemotherapy. As a result of having laboratory testing information immediately available, Dr. MI planned "blood transfusion and growth factor treatments." This helped the patient significantly and prevented increased costs by avoiding a visit to the hospital.

Dr. MI's office often refers complex tests such as protein electrophoresis, thyroid function and lipid profile tests to another laboratory. Unfortunately, the experience has not always been positive when coordinating with reference labs.

**In fact, Dr. MI shared that they have "had a lot of negative experiences" with specimen transport. "Specimens are sometimes lost, especially in commercial labs, or they arrive too late and have lost their viability." This requires the patient to return to the office so a new specimen can be collected.**

Dr. MI explained that this is a major inconvenience, especially when a patient is scheduled for an upcoming chemotherapy treatment and must then urgently drive to a remote reference laboratory to repeat his or her blood test. On the other hand, when patients come to the physician office, this oncologist stated that:

"Tests can be done efficiently in 10 to 20 minutes, sparing the patient the inconvenience, cost, and other adverse impacts of driving 20 to 30 miles.



Another challenge when testing is referred out is that the patient may not get their lab work done at all. **"This happens many times,"** reported Dr. MI. When asked about not going to get their needed labs done, Dr. MI added that "most of the time they say they forgot to get it done."

Considering all that was learned from this conversation with Dr. MI, referring out testing will delay treatment for patients of this rural practice. This will increase delays in information, interfere with treatment and put cancer patients in this rural community at greater risk.