

“It would have a **devastating effect** in our community.”

OKLAHOMA

Dr. OK is a family physician practicing in an entirely rural community. During the interview, Dr. OK shared about the scarcity of access to laboratory services in this community.

Dr. OK shared that the closest laboratory is “300 miles away.” If the 3 physician practice no longer provided laboratory services “it would be devastating to our community,” Dr. OK added.

Transportation challenges are especially hard on the elderly. While the community has a public transportation system, it requires a three-day notice for a patient to receive the services.

This three-day notice then creates delays in my patients’ ability to go in for laboratory testing.

To address the transportation issues, “labs have to be scheduled in advance.” This may not be in the patient’s best interest.

“We don’t have taxis. A lot of people don’t drive, some do,” stated Dr. OK. Dr. OK explained that the importance of their office laboratory is that it allows testing to be done immediately when the patient is at the clinic, which is beneficial for elderly patients in light of these transportation obstacles.

To further emphasize the importance of access to laboratory services for this rural clinic, Dr. OK described that the turn-around-time to receive test results referred out to another laboratory is about a week.

“When we perform testing in our practice, we don’t have to wait a week.”

Chemistry panel and Complete Blood Count (CBC) results are lab results “to get back as soon as possible.” Dr. OK shared a story of an elderly woman who didn’t want to come to the office but complained of feeling tired.

Luckily, she came in and when the bloodwork was done, it showed she had a hemoglobin level of 6. What is more telling is the fact that she didn’t have any symptoms. After receiving the results, “I was shocked,” stated Dr. OK. The lab screening “saved her life” Dr. OK noted.

From Dr. OK’s standpoint, “everything has gone up in costs” such as laboratory machines, personnel, reagents, and book-keeping management resources. However, each year payers, public and private, pay less.

“There is very little left on the table with Medicare,” Dr. OK stated. **“I just don’t know if Medicare cares.”**

In our community the nearest laboratory is **“300 miles away.”**

In the end it was direct access to our CCL that really saved her life.

I hope they never change that.

Dr. OK hopes to hold on to all of the in-house laboratory services afforded by the practice. “We have to have it. If we can at all, we have to keep it. We are even willing to eat [the costs] if we have to.”

From Dr. OK’s viewpoint, rural America is often excluded and overlooked in healthcare research studies. For this reason Dr. OK was willing to participate.

This study also gave Dr. OK the chance to give voice to the status of rural community healthcare and how patients are directly influenced by access to clinical laboratory services.

Dr. OK understands that a lot of other practices don’t offer in-office lab services because they can “refer out easily.”

However, for Dr. OK’s practice it is different. “It is well worth it for us to keep our in-house services for the well-being of our patients.”

Clinical Community Labs (CCL) Matter