# Challenges to Diagnostic Excellence in Rural America

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# People in rural areas are dying!

- Tom, a 73 y.o. male married farmer presented to primary care with a CC of falls.  Ron is a big guy with COPD, CAD, DM2, CKD Stage 3b.  He is oxygen dependent. Mild depression
- He farms, cuts hay, has horses and cattle, feeds cattle and horses, turkeys, chicken and peacocks, uses 4x4 to move around farm
- Has started sleeping excessively and falls.  Will be standing and just drops.

# Thank God for First Responders

- Tom can't get up on his own when falls. Doesn't recall flutters, maybe palpitations, doesn't feel dizzy, just drops. Wife calls 911, first responders come and get him up, check his BP and Pulse, leaves.
- PCP orders EKG: old anterior and inferior MI with occasional PVCs. PCP orders Chemistry profile with electrolytes, TSH, lipids, Holter Monitor and referral to cardiology.
- Insurance company refuses Holter Monitor. Peer to Peer discussion successful in getting Holter approved. In the meantime, Tom falls 3 times.
- Wife calls PCP, instructed next time he falls, and every time thereafter go to the critical access hospital ED. No cardiology but may have monitoring.
- Holter applied 1 month later. Holter ordered as 2-week, Tom falls, taken to ED, sent home, no monitoring in ED.

## Waiting…Waiting…Waiting

- Wife calls for Holter report, not available. Tom falls. This time, severe pain in back. In ED monitored, having runs of Vtach and sustained fx. of L4 and L5. Decision made to admit him. Still no Holter Report. Had ICD on Monday, Kyphoplasty on Weds.
- Discharge planner and surgeon and PCP want him to go to inpatient rehab for 2 weeks. Insurance denied, sent him home with 44 pasta-based meals.
- Discharged home, had trouble with urinating, incontinent, UTI diagnosed by ED, became septic. Admitted to tertiary hospital, 2 week stay. Became severely depressed over multitude of health issues. Denied suicidal ideation
- Shot himself in the chest and died.

# Barriers to diagnostic excellence

- Distance from the hospital
- Lack of local cardiology
- Lack of systematic management process of diagnostics
- Possible solutions:
  - Mobile cardiology units
  - Mobile Intensive care units
  - Inpatient rehabilitation
  - Develop systems to track diagnostics
  - Mobile psych units
  - Continuing education for clinicians to decrease weight bias.