A photograph of a smiling woman with blonde hair petting a golden retriever dog in a field. The dog is looking to the left and has its tongue out. The background is a blurred outdoor setting with trees and a clear sky.

Collaborative Care Coalition

White Paper



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FORWARD



After managing several veterinary specialty hospitals, and then serving specialty and emergency practice clients as the owner of BluePrints Veterinary Marketing Group, it became increasingly clear that there was a great misunderstanding between primary care veterinarians and specialists about the value of working collaboratively.

So, in 2012, I sought to build a coalition of animal health professionals, representative of all stakeholders in companion animal medicine, to create programs and even incentives that would result in enhanced collaboration. It became apparent that if we were to be successful, we would need to conduct and publish quantitative research to capture the attention and inspire conversation necessary for others to join the cause. Our hypothesis was simply that collaborative care was not just good for the patient but good for the profession. And while we knew that the majority of pets may never visit a specialist directly, there were ample reasons to support some form of collaboration between primary care practitioners and specialists, be it virtual or otherwise.

Initially, we focused on the lack of awareness of specialists by pet owners, which by itself is a hindrance to collaboration. However, and upon further reflection, we realized the barriers to collaborative care were right in front of us – among us – and that many myths existed which actually *discouraged* collaboration. This insight led us to embark on a multi-phased research endeavor that we hoped would shed light on the specific obstacles preventing collaboration and enlighten primary care veterinarians and specialists about how and why they could, and should, work together in more productive ways – for the benefit of the patient.

Reason to Collaborate
“Collaborative care is not just good for the patient but good for the profession.”

We know it will take more than a few studies to upend the primary care veterinarian/specialist relationship and remove all barriers to building a trusted rapport between professionals. However, we hope that through data, and frankly, pet-focused discussions, the triad of care will become seen as the catalyst for better health for more pets and their families.

Robin Brogdon, MA

1. EXECUTIVE SUMMARY

- **Opportunity:** Today, the American Board of Veterinary Specialties committee of the AVMA recognizes 22 veterinary specialty organizations comprising more than 40 distinct specialties. Consideration of referral to a specialist included unresolved or worsening medical conditions, an inconclusive diagnosis, or client dissatisfaction with the progress of a case under treatment by their primary care DVMs (pcVets). A 2018 survey evaluating the referral patterns and behaviors of 242 pcVets revealed that the cases most commonly referred to specialists included lymphoma, fractures, surgery, and ophthalmic issues. This survey found that the most significant influences on the decision to refer to a specialist were the pet's lack of response to treatment or a more favorable prognosis with advanced treatment.

Primary care practitioners provide guidance, advice, support, and counsel for care.¹⁰ A pet owner's reliance on and trust in his or her primary veterinarian is the cornerstone of good animal health. Specialists play an essential role in ensuring optimal animal health and well-being. Specialists offer advanced knowledge and skills in disciplines as varied as internal medicine, surgery, dermatology, preventive medicine, toxicology, dentistry, behavior, and pathology.

To provide longer, healthier lives for our patients is a goal all in the veterinary community share. A true partnership between pcVets and specialists will help us achieve this goal. Effective collaboration between pcVets and specialists will benefit our patients as well as veterinarians and pet owners.

- **Mission:** The CCC feels that pcVets and specialists working together to care for animals is not just good medicine, it's also good for the profession. With the increase in the availability of veterinary specialists and increasing demand from pet



owners for specialized care for their pets, the need to improve the working relationship and increase collaboration between pcVets and specialists is essential for the veterinary profession.

We aim to achieve optimal health care for animals, advance the veterinary profession, and evolve the relationship between primary care veterinarians and specialists.

2. ABOUT THE COLLABORATIVE CARE COALITION

Collaborative Care Coalition

Collaborative care between the pet owner, primary care veterinarian (pcVets) and veterinary specialists provides the opportunity for the best possible outcomes for pets, pet owners, and veterinary professionals. The Collaborative Care Coalition (CCC), formerly known as VetSOAP, is a non-profit organization founded in 2012 on the premise that pcVets and specialists working together to care for animals isn't just good medicine but good for the profession. They are a group of specialists, pcVets, and industry partners whose mission is to achieve optimal healthcare for animals, advance the veterinary profession, and evolve the relationship between pet owners, pcVets and specialists.



The CCC believes there is a correlation between the health of companion animals and the frequency and timeliness of collaboration between pcVets and specialists. Additionally, the CCC asserts veterinary practices that routinely collaborate have a more loyal clientele which leads to a healthier bottom line.

With effective strategies for collaboration, specialists and referral centers can function as an extension of the care that pcVets provide to their clients and patients instead of an advisor. The following discussion will focus on the opportunities and challenges associated with developing a successful relationship between pcVets and specialists and propose best practices for ensuring effective communication between pcVets, specialists, and pet owners to optimize patient care.

A Guide to Effective Collaboration

With effective strategies for collaboration, specialists can function as an extension of the care that pcVets provide to their clients and patients

3. SECTION I- A LANDSCAPE OF CHALLENGE AND OPPORTUNITY FOR VETERINARIANS

Primary care practitioners' competition for patient dollars has expanded to include humane societies, low-cost spay/neuter clinics, vaccine clinics and big-box stores. They are also seeing more competition from big box stores and on-line pharmacies for pharmaceutical sales that historically marked up roughly 30% of the revenue in veterinary practices.¹ This leads some primary care veterinarians (pcVet) to be weary of referring patients to specialists because of the possible loss of patients and income.

Along with these challenges, however, there are also significant opportunities for pcVets. The 2017–2018 American Veterinary Medical Association (AVMA) Pet Ownership and Demographic Sourcebook revealed that at the end of 2016, 38% of households in the US owned a dog. This represents the highest estimated rate of dog ownership since the AVMA began measuring it in 1982.^{2,3} Twenty-five percent of US households owned cats in the 2016 AVMA survey, which is similar to the results seen in the 2011 survey.^{2,3} Increasing pet ownership represents more opportunity for veterinarians.



Another positive trend for veterinarians is that more people consider their pets to be family members or companions. A survey conducted among 500 nationally representative US millennial pet owners in January 2018 revealed that most (65%) millennial pet owners would be more stressed about being separated from their pet for a week than their cell phones (35%). Almost half (45%) admit that if they started dating someone new, their pet's approval would matter more than their family's, and 71% of millennial pet owners would take a pay cut if it meant they could bring their pet to work with them every day.⁴

Pet owners who exhibit strong bonds with their pets seek higher levels of veterinary care and are also more likely to follow veterinarian recommendations regardless of cost, compared with other pet owners.⁵ As a result, spending on veterinary care has increased.⁶

Increasing demand for specialized care

Decades ago, one veterinarian was typically able to provide all the veterinary care a community needed. There was no such thing as ultrasound or cataract removal, no laser, no drug therapies for oncology or behavioral problems, as well as many other things that are now commonplace in veterinary medicine. As a result of the evolving perception of pets as family members, demand is increasing for specialized care, as are expectations for state-of-the-art medicine for pets.⁷



The development of clinical specialties in veterinary medicine began with the recognition of the

American College of Veterinary Radiology by the AVMA in 1962. From the 1960s until the mid-1980s, specialty practice was primarily confined to veterinary teaching hospitals. Since the mid-1980s, however, there has

been an explosive increase in the number of private specialty practices, particularly practices that treat companion animals.⁸ Currently, the American Board of Veterinary Specialties committee of the AVMA recognizes 22 veterinary specialty organizations comprising more than 40 distinct specialties. More than 12,000 veterinarians are board-certified by one or more of these AVMA-recognized specialty organizations.⁹

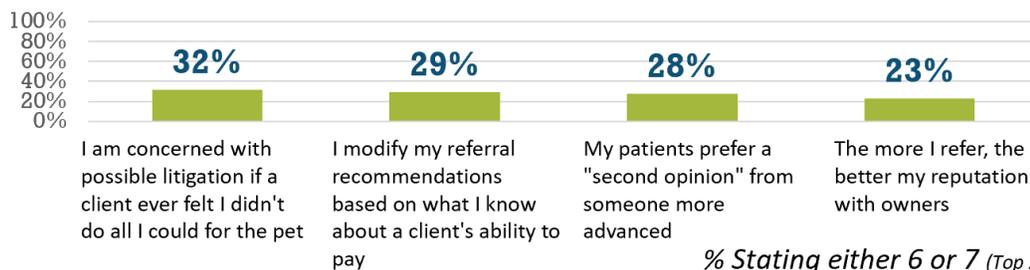
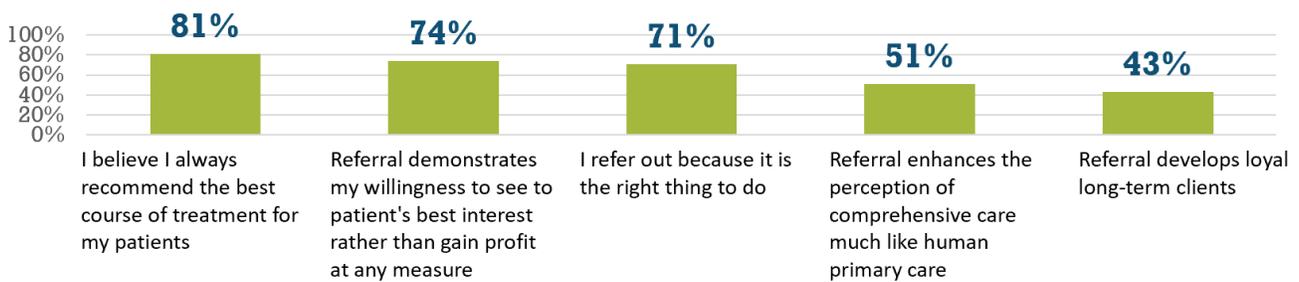
Reasons pcVets refer

In a 2013 ACVIM survey, 85% of pcVets reported referring patients because of limitations relating to the capabilities or equipment available at their clinic.¹¹ These limitations included, among others, the lack of advanced diagnostic equipment (e.g., CT, MRI, endoscopy, ultrasound) or specialized surgical expertise (e.g., phacoemulsification, joint replacement, balloon valvuloplasty, complex fracture repair).

Patients requiring 24-hour care or supervision, such as those with trauma, diabetic ketoacidosis, gastric dilatation-volvulus, severe congestive heart failure, acute renal failure, and many others, are often referred to specialty hospitals that can offer this service. Many pcVets do not have the capability for round-the-clock supervision, at least for some conditions.¹²

Other indications for consideration of referral to a specialist included in the AAHA Referral and Consultation Guidelines are unresolved or worsening medical conditions, an inconclusive diagnosis, or client dissatisfaction with the progress of a case under treatment by a pcVet.¹³

A 2018 survey evaluating the referral patterns and behaviors of 242 pcVets revealed that the cases most commonly referred to specialists included lymphoma, fractures, surgery, and ophthalmic issues. This survey found that the most significant influences on the decision to refer to a specialist were the pet's lack of response to treatment or a more favorable prognosis with advanced treatment. The pet owner's urgency to find a diagnosis or begin treatment also influenced the decision to refer.¹⁴



% Stating either 6 or 7 (Top 2 Box) on scale where: 1=Disagree Completely, 7=Agree Completely

Confidential Information, not for distribution

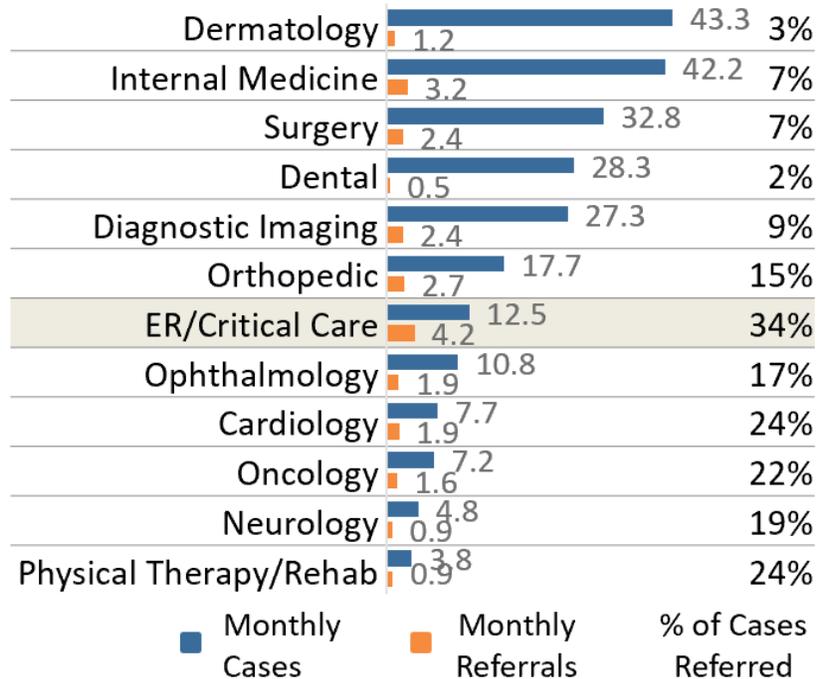
The need for primary care–specialist collaboration

Unfortunately, many pcVets are unhappy with their treatment by specialists. They do not feel respected for their clinical knowledge or valued for their close relationship with the patient and client. However, this veterinarian-client-patient relationship established with the pcVet is essential for animal health and well-being. The pcVet is familiar with the animal's entire medical history. Primary care practitioners provide guidance, advice, support, and counsel for care.¹⁰ A pet owner's reliance on and trust in his or her primary veterinarian is the cornerstone of good animal health.⁹

PcVets cannot always offer the best medical care for their patient with the rapid advancements occurring in veterinary medicine. Specialists play an essential role in ensuring optimal animal health and well-being. Specialists offer advanced knowledge and skills in disciplines as varied as internal medicine, surgery, dermatology, preventive medicine, toxicology, dentistry, behavior, and pathology.⁹

Average Number of Monthly Cases and Referrals

Among the Top 6 cases seen by pcDVMs monthly – referral rates are *lowest* (ranging from 2-13%). The top reasons cited by general veterinarians as to why some cases are referred and others are not include: **cost, owner willingness, prognosis, and available equipment / treatments.**



Better collaboration between the pet owner, pcVet, and specialist is essential to optimize outcomes for veterinary patients.



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4. SECTION 2- FACTORS INFLUENCING THE DECISION TO REFER TO A SPECIALIST

The advancement of veterinary patient care

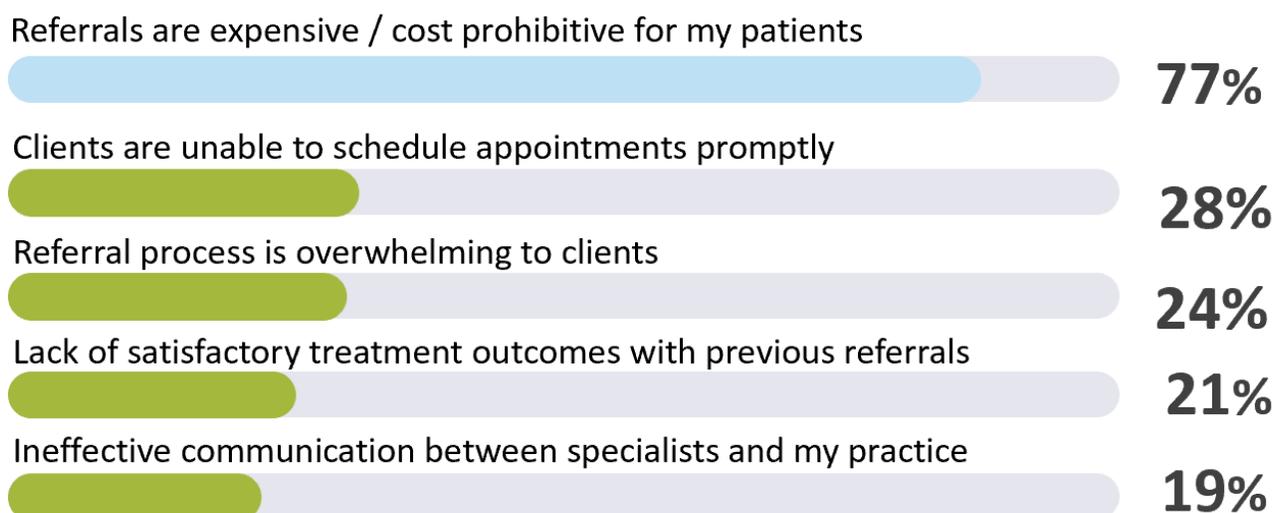
To provide longer, healthier lives for our patients is a goal all in the veterinary community share. A true partnership between primary care DVMs (pcVets) and specialists will help us achieve this goal. It will benefit veterinarians, pet owners, and, most importantly, the patients. Until recently, very little evidence existed to support or refute this perception.

Financial implications of referral on the client

In a 2013 American College of Veterinary Internal Medicine Member Engagement Survey, “owners not able to pay” was the most common reason cited by pcVets that prevented them from referring a case to a specialist.¹ Practitioners are reluctant even to recommend referral if they believe it is financially unfeasible for the pet owner. In a study that evaluated factors affecting the decision making of pcVets when considering referral, it was identified that perceived cost was the top barrier to referral.² This finding was confirmed in a survey conducted by the CCC to evaluate the referral patterns and behaviors of pcVets. There were 242 pcVets surveyed, and 77% identified the cost of referral as the primary barrier to referral to a specialist.¹³

Largest BARRIERS to Referring Cases

(% of pcDVMs rating each barrier as the TOP or 2nd largest barrier to referrals)



In another study designed to evaluate factors influencing pcVets' decisions to refer dogs with cancer to veterinary oncology specialists, pcVets considered their own perceptions of how strongly the client was bonded to the pet and the financial security of the client. These pcVets were most likely to recommend referral when the client was perceived as having both a strong bond and financial security. The study found pcVets believed that only financially secure clients would have a strong enough bond with their pet to prefer the choice offering the highest quality of care.³

Owner desire to save their pet is the #1 stated reason pcDVMs believe they accept referrals.

referral to a specialist. Since referral to a specialist may benefit the patient's welfare, it is the pcVet's responsibility to offer the client this option. If the pcVet feels referral is an appropriate option, the veterinarian has done the pet owner and patient a disservice if this option is not offered.⁴

This perception held by many pcVets that cost is the most important concern for most owners does not appear to be true. In a study designed to obtain detailed information about owner/pet relationships and how these relationships impacted the veterinary care the



pets received; price of care did not prevent most clients from undertaking recommended treatments. Only 2 in 10 clients said they were apt to decline care because they could not afford it. A primary reason cited by pet owners for not following recommendations given by their veterinarian was that they did not feel the recommended treatment was necessary. This underscores the need for proper explanation by the pcVet to the pet owner regarding recommended treatment benefits including referral to a specialist when referral is indicated.⁷

Why Are Some Cases Referred and Others Are Not?



But it is not the responsibility of the pcVet to determine for the pet owner if they can afford a

referral to a specialist. Since referral to a specialist may benefit the patient's welfare, it is the pcVet's responsibility to offer the client this option. If the pcVet feels referral is an appropriate

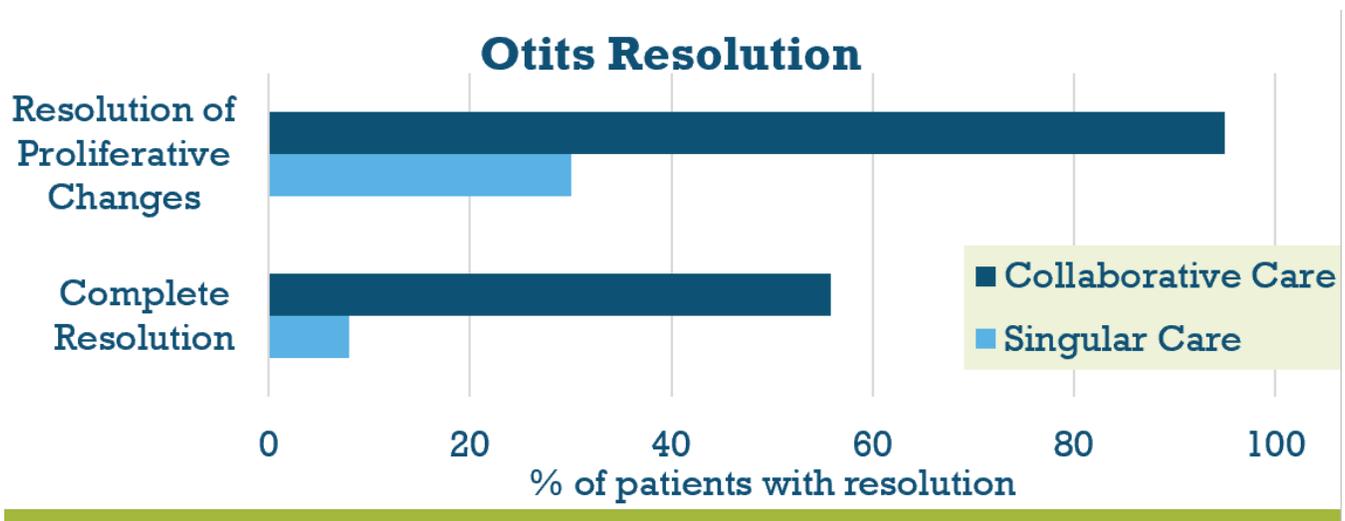
When asked for a free-form answer of specific reasons that some cases are referred and others are not:

- 27.2% cited the referral decision was based on their own abilities (as the pcDVM)
- 17.8% cited it was based on the specialty hospital's equipment and 24-hour care
- Less than 15% cited the specialists' capabilities or just referring based on what was best for the patient

There is also evidence that referral to a specialist may actually reduce the pet owner's overall cost and decrease the pet's long-term suffering. The CCC conducted a retrospective study to assess differences in recurrence rate, resolution of clinical signs, and resolution of proliferative otic changes in dogs with chronic otitis treated by pcVets versus when collaboration with a board-certified veterinary dermatologists (BCVD) was pursued.⁵ The study included 65 dogs that had been treated for recurring/persistent otitis externa by pcVets for at least three months before being referred to a board-certified veterinary dermatologist. For each dog, otitis externa treatment history, including referral timeframe, recurrence rate, clinical signs, and resolution of signs, were collected.



The proportion of dogs with complete resolution of clinical signs (pruritus, pain, and discharge) was greater [$P < 0.01$] for dogs under collaborative BCVD care (43%) than for dogs under pcVet care alone (0%). For the dogs who had recurrent otitis under collaborative care had a longer median time to otitis recurrence (171 days) compared to dogs managed by the pcVet prior to referral (21 days) [$P > 0.01$]. Proliferative changes in the ear canals improved in 41/45 (91%) of cases under collaborative care compared to 6/45 (13%) under care by the pcVet [$P < 0.01$]. In conclusion, dogs with chronic otitis had better outcomes and less veterinary visit for their ears when collaboration with a board-certified dermatologist was pursued. The best outcomes were in patient referred within 6 months of pcVet ear treatment starting.⁵



The American College of Veterinary Dermatology (ACVD) conducted a survey of 283 clients that had visited a pcVet for preliminary exam and diagnosis and were subsequently referred to a Board-Certified Veterinary Dermatologist® (DACVD) for a dermatology issue. The clients were asked to relate details about their experience regarding the exam, diagnosis, and treatment provided by their pcVet and the DACVD.¹⁴

The survey found that clients reached a tipping point of frustration if the pcVet could not resolve a problem after the third visit. Although 27% of the cases were successfully treated after one visit to the DACVD, 73% of the pcVet clients reached the tipping point before referral to either a DACVD (42%) or a different pcVet (31%) for a second opinion. The clients referred to a DACVD had averaged five pcVet visits before referral. In these cases, the DACVD was able to address the issue in an average of 3.8 visits.

IF A PROBLEM CANNOT BE RESOLVED, CLIENTS REACH THE TIPPING POINT OF FRUSTRATION AFTER:

3RD VISIT

\$925

The data revealed that if these cases had been referred before the tipping point of three visits, the clients would have saved more than 25% in overall costs. Of the clients that had been referred to a DACVD, 82% expressed that they would have felt better about their pcVet if they would have recommended a referral earlier in the process.

Results of this study revealed that if a dermatology problem cannot be resolved after the third visit, significant damage to the pcVet reputation and future revenue with that client is at risk. Referring to a specialist improved client satisfaction and created more confidence in the level of

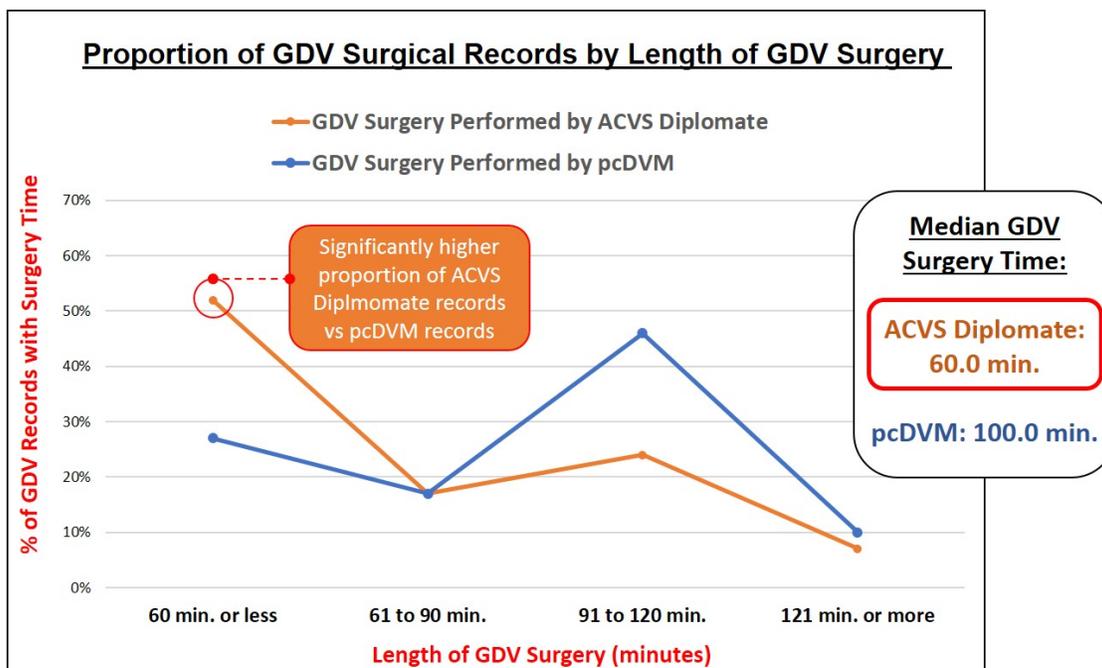
care provided by the pcVet. Early referral can also help clients save money in overall treatment costs.

REACHING THE TIPPING POINT HAS NEGATIVE IMPLICATIONS ON GENERAL PRACTICE VETERINARIANS

Clients of General Practice Veterinarians	Total Sample
Will NOT return to original pcDVM for basic services	15%
Will NOT return to original pcDVM for more significant issues	38%

Other considerations impacting referral decisions

The level of expertise offered by specialists can result in increased survival for patients presenting with life-threatening conditions such as gastric dilatation-volvulus (GDV). In a retrospective analysis of 736 cases of GDV, overall, 86.9% of surgically managed cases survived to discharge; however, the odds of mortality in patients operated on by pcVet was 2.03 times those of patients operated on by specialist surgeons.⁶ The median surgery time for specialist surgeons was 60 minutes versus 100 minutes for pcVet, and the odds of mortality increased with an increased duration from admission to completion of surgery. The benefits of the expertise that specialists provide are difficult to measure but can be critical for patients and their owners.



Another potential obstacle to referral is the fear that the pcVets will be left out of decision making relating to their patient's care. The degree of hands-on and decision-making involvement will vary between the pcVet and specialist at different stages of the referral process; however, in most situations, cases can be managed jointly with consideration given to the desired degree of

involvement in the case by the pcVet.⁸ An essential key to a smooth referral experience is communication between the pcVet and specialist before the referral takes place.⁹ Doing so will help ensure that everyone's needs and expectations can be met.⁸

The perception that referral to a specialist could potentially lead to a short-term loss of revenue for pcVets can also be a barrier. This concern can be mitigated by ensuring a logical division of responsibilities.

KEY POINT: logical division of responsibilities

Specialists should encourage referred clients to follow up with their pcVet to receive all aspects of care that can be logically handled by the pcVet.¹⁰ Routine procedures, vaccinations, physical examinations, as well as many diagnostic tests and medications, can easily be handled by the pcVet.¹⁰ American Animal Hospital Association (AAHA) Referral and Consultation Guidelines state that a specialist receiving a referral should limit services primarily to the problem for which the animal was referred. Additional services should be provided only when they are in the best interest of the patient. Effective communication between the specialist and pcVet is essential. Division of responsibilities for patient care should be discussed and agreed on before and during the referral.¹¹

A 2016 retrospective study assessed the effects of collaborative care by pcVets and board-certified veterinary cardiologists on the survival time of dogs after the onset of congestive heart failure (CHF) and associated revenue for the attending pcVets.



In the study, small-breed dogs with CHF caused by myxomatous mitral valve disease that received collaborative care had a 74% longer median survival time (254 days) than did dogs that received care from the pcVet alone (146 days). A significant positive correlation was identified between pcVet revenue and the increased survival time in those dogs that received collaborative care. Along

with a direct benefit to the dogs under collaborative care, longer survival time resulted in 22% greater revenue to the pcVet caring for that patient.¹²

In the 2006–2007 AAHA Forums on Referral Issues, pcVets and specialists both felt referrals could result in increased revenues for the general practice. Many pcVets reported that promoting best care results in financial success, and they often learn from referrals, which can lead to improved care for other pets. Several attendees also associated the potential increased life span of pets as a result of referral with increased revenue. Forum attendees reported enhanced client satisfaction, trust, and confidence in the general practitioner associated with referral to a specialist can lead to more client referrals to the pcVet from their existing clients.⁸



Effective collaboration between pcVets and specialists will benefit our patients as well as veterinarians and pet owners. The CCC feels that pcVets and specialists working together to care for animals is not just good medicine, it's also good for business.

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5. SECTION 3- OPTIMIZING THE REFERRAL EXPERIENCE.

In this final section, we will examine how to optimize the referral experience for the pet owner, primary care veterinarians (pcVet), specialist, and, most importantly, the pet. We will also explore opportunities to improve collaboration between pcVets and specialists.

To optimize the referral experience for the pet owner it is important they understand what a specialist is and why the pcVet wants them to consider referral. In a 2013 ACVIM survey approximately one-third of

small animal pet owners were not familiar with the existence of veterinary specialty medicine. Less than 50% of pet owners were able to name a single specialty area. On the other hand, knowledge of the credentials, education, and training associated with becoming a specialist was important to pet owners. The concept of board certification resonates with pet owners



and conveys quality.¹ When presenting the option of referral, it is crucial to make sure the pet owner is familiar with the additional training and education associated with board certification to convey the value associated with the expense and how their pet may benefit.

PcVets if possible, should refer to specialists they know. The best specialist–pcVet relationships are based on trust and mutual respect. Specialists should appreciate the value of the client’s and the patient’s long-term relationship with the referring veterinarian. Ongoing communication between the specialist and pcVet can ensure consistent messaging with the pet owner and clear communication between all three parties. In this way, the pet owner’s trust in both the pcVet and specialist is ensured.¹

PcVets should therefore familiarize themselves with the specialists and specialty services available within their geographic areas. Collaboration between pcVets and specialists can involve direct referral of the patient, but also other services that specialists may offer, such as evaluation of digital images or phone consultations. Establishing relationships with specialists can help facilitate optimal referral decision-making as well as successful collaboration on

medical care for patients.²⁻⁴ Referring pet owners directly to specific specialist or specialty group with which the pcVet has an established relationship will maximize the opportunity to increase the pet owner's trust and confidence in the specialist and the referral process.

Specialists should communicate their credentials and the veterinary services they provide to potential referring veterinarians in their geographic area. They may also consider providing brochures, website addresses, social media information, or business cards referring



veterinarians can provide to pet owners.^{2,5}

The timing of patient referral is a critical factor in the provision of optimal care. A study conducted by the CCC was designed to examine the referral patterns and behaviors of pcVets. The 242 pcVets surveyed reported that 17%

of referrals occurred upon the first presentation with limited diagnostic testing, 46% of referrals occurred upon the first presentation after running in-clinic diagnostics, and 37% of referrals occurred after unsuccessful treatment.⁹ Referring as soon as it seems appropriate can help ensure the specialized care a case requires is delivered when it is most beneficial to the patient. If a pcVet is unsure when to refer a case, he or she is encouraged to call the specialist and discuss whether referral is appropriate. In the CCC study, pcVets reported consulting with a specialist 41% of the time prior to making a referral.⁹

Prior to referral

Before the transfer of patient care takes place, the pcVet should explain the specialist's role to the client to help them understand and appreciate the value associated with referral to a specialist, including the value of the specialist's advanced credentials, qualifications, and expertise.^{3,4} The staff at the referral practice should provide more specific details for the client when the appointment is made. This information should include financial expectations.^{2,5}

In some situations, radiographs, ultrasounds, or laboratory tests may need to be repeated by the specialist even though they may have been performed previously by the pcVet. It is helpful for the pcVet to inform pet owner this may be necessary in some circumstances and the specialist



to explain why they feel it is necessary to the client.^{2,5} The specialist staff should also contact pcVet office prior to the initial visit so all the information the specialists requires from the pcVet is provided prior the visit . This will help to avoid potential delays that could compromise patient care or result in redundant diagnostic tests being performed.⁵

When specialists receive self-referral cases, they should explain to the pet owner the need for communication with their pcVet and, with the client's consent, communicate with the pcVet as if a referral had taken place.^{2,4} Open communication before referral also provides an opportunity for the pcVet to express their preferences regarding follow-up reports from the specialist.³ To set appropriate expectations, specialists should communicate a timeframe to the pcVet regarding when they should expect communication relating to their referred patient.²

During the referral process

The pcVet should ensure that clear and complete medical records are available at the time of the initial referral examination. Results of the AAHA referral-issue forums revealed that concerning medical records sent to specialists, preferred best practices included the following:

case summaries in the form of a typed letter, referral form or SOAP (subjective observations, objective observations, assessment, and plan) in the medical record, copies of original laboratory data (rather than merely interpretations of them), complete histopathology reports, and radiographs.⁶ There may be situations when a referral is made on an emergency basis, and it may not be possible to provide a complete medical record to the specialist at the time of referral.



In these cases, pertinent medical records should be provided by the pcVet as soon as practically possible.⁶ Not only is this the medically responsible procedure, but it also communicates to the pet owner that the pcVet and specialist are working in partnership for the pet's health.

Communication between the pcVet and specialist while the patient is under the care of the specialist is extremely important. The pet owner's confidence and comfort with the referral process can hinge on their belief that the specialist is an extension of the pcVet's practice. Frequent communication between pcVet and specialist during this period will ensure that the pet owner is receiving consistent messaging relating to the status of their pet's care. The goal for both pcVet and specialist is always optimal care for the patient.^{2,3}



In the AAHA forums focusing on referral issues, both pcVets and specialists expressed that despite time constraints, time spent on the phone discussing cases is valuable because it helps to avoid misunderstandings and helps to develop stronger relationships. Both specialists and pcVets are typically busy, so brief, and concise conversations are best.⁵ Another potential solution to maintaining communication while managing time constraints is the use of text messages or email.⁷

Specialists and pcVets should adopt a team approach to deliver the best care to the patient. Although the primary focus must be on ensuring an optimal outcome for the patient, the specialist should also focus on supporting the needs of the pcVet and client as much as possible.^{2,3,5} The pcVet should also convey to the client their trust in the specialist by making the referral directly when possible. This will also help to ensure the client follows the pcVets recommendation for the referral. Though the pcVet transfers primary case management and responsibility to the specialist at the time of referral, the pcVet should feel free to call for updates and ask questions about diagnostic testing and therapeutic decisions. Involving the pcVet in treatment decisions while the patient is under the specialist's care can foster stronger collegial relationships between the pcVet and specialist.⁷

Communication is one of the MOST important aspects of building a collaborative relationship

Once the specialist conducts the initial assessment, the goal should be to notify the pcVet on the same day regarding the patient's status. This notification could

be by a telephone call, email, text message, or fax.⁶ The specialist must keep the pcVet updated regarding the status of the patient before the pet owner has a need or opportunity to contact the pcVet.² When hospitalization is necessary, if possible, the specialist should provide daily updates to the pcVet on the patient's status.² The pet owner needs to receive the same

information from both the specialist and pcVet to maintain the pet owner's confidence in the referral process.³

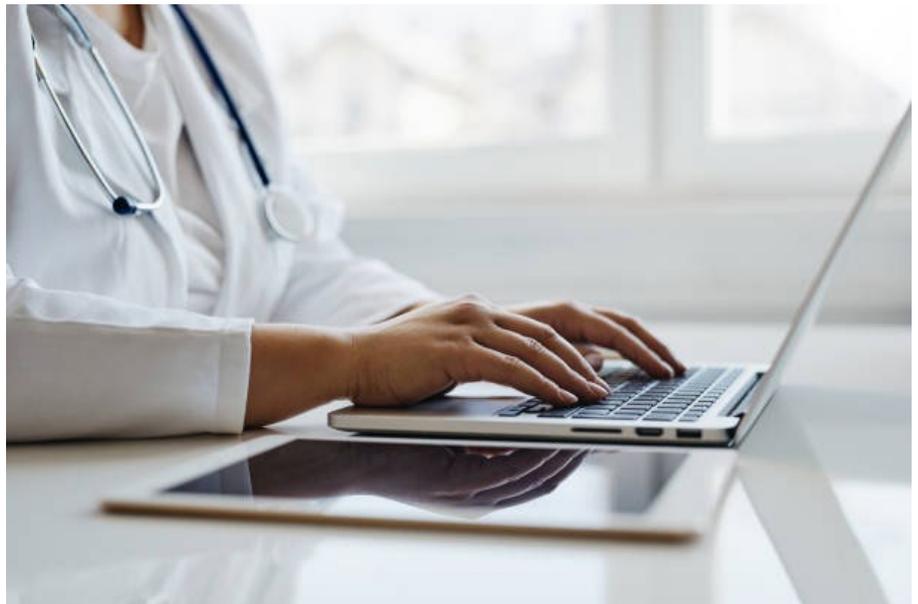
At the earliest opportunity, the specialist should update the pcVet regarding the tentative diagnosis, as well as diagnostic and therapeutic plans. The specialist should also notify the pcVet if there are revisions to the original plan.² The pcVet should be notified of all significant changes in the animal's medical condition. In particular, the pcVet should be notified the same day, preferably immediately, if an animal dies or is euthanized at the referral hospital.⁶

If the specialist is unable to obtain a definitive diagnosis or initiate successful treatment and referral to another specialist in-house or elsewhere is considered, the pcVet should be informed before the subsequent referral.^{2,6} The specialist and pcVet should communicate to determine when or if the pcVet should resume the care of the patient, and the specialist should encourage the client to return to the referring veterinarian for ongoing care as soon as this is appropriate.^{2,6}

Discharge and post-referral

Before discharge, the pcVet and specialist should discuss which services each will provide post-discharge, and this information should be provided to the pet owner.² At the time of discharge from the referral hospital, the specialist should convey to the client the benefits of communicating with their regular veterinarian. Specialists should encourage referred clients to contact the pcVet for follow-up diagnostic testing and care when appropriate. In some cases, the animal's best interests may be served by following up with the specialist. If so, the specialist should encourage the client to return to the referring veterinarian for their other health care needs.⁶

The specialist should ensure that effective written and verbal communication with both the pet owner and pcVet occurs before transferring the patient back to the pcVet for ongoing care. This communication should include diagnostic findings and interpretations, the current status of the patient and prognosis, treatment plans, and recommendations for ongoing care, follow-up care necessary with associated timelines, whether the pcVet or specialist should provide the ongoing care, and information relating to pending test results. The pcVet should be provided with a copy of the pet owner discharge instructions.²



The pcVet should inform the specialist whenever the patient returns for the previously referred problem, regardless of whether the visit was expected or unexpected. Should it become necessary for either the pcVet or specialist to euthanize a patient or if the patient dies during ongoing care, the other veterinarian should be informed as soon as possible, preferably on the same day.²

When the case is unresolved or ongoing, the specialist should request that the pcVet notify them if there is a significant change in the status of the patient. The preferred method of communication (e.g., office/mobile telephone, text, email, fax) should be discussed for future interactions between the pcVet and specialist, including preferred times. The pcVet and specialist should commit to sharing any concerns expressed by the pet owner relating to one of the veterinarians or the referral process and do what they can to alleviate any of these concerns.²



Improving collaboration

With the increase in the availability of veterinary specialists and increasing demand from pet owners for specialized care for their pets, the need to improve the working relationship and increase collaboration between pcVets and specialists is essential for the veterinary profession.⁵ Developing partnerships between pcVets and veterinary specialists who provide collaborative care and evaluating the outcomes of those partnerships will be necessary as the industry attempts to define the roles of primary and specialty care providers. The development of personal relationships between pcVets and specialists will be a vital factor in increasing levels of collaboration.

Knowing one another on a personal level has been demonstrated to improve the quality of collaboration.⁸ Specialists and referral centers can benefit from pursuing opportunities to enhance pcVet and specialist relationships by seeking opportunities for interactions outside of

case referrals. This could include newsletters for pcVets, hospital open houses, lunch and learns, or continuing education seminars.

In the AAHA forums on referral issues, continuing education seminars provided by specialists were cited by pcVets as the most helpful marketing initiative by specialty practices. In addition to providing continuing education, these events offer the opportunity to build personal relationships between specialists and pcVets. Inviting pcVets to join rounds held at some specialty hospitals for small groups of referring veterinarians was also cited as being very valuable.⁵

Once relationships are established between pcVets and specialists, an informal network with occasional professional contact is generally sufficient to maintain the relationship. The establishment of personal relationships is fundamental to the development of improved communication, trust, and collaboration.⁸



The Collaborative Care Coalition (CCC) believes there is a correlation between the health of companion animals and the frequency and timeliness of collaboration between pcVets and specialists, and practices that collaborate have a healthier bottom line, a more loyal clientele, and as a result, higher overall value.

Beginning in 2014, the CCC embarked on a journey to learn everything possible about referral dynamics in veterinary medicine and to identify gaps that hinder optimal collaboration. The CCC is currently conducting a multiphase research project to validate and quantify this premise and define the characteristics of successful client-pcVet-specialist relationships.

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The Collaborative Care Coalition is a volunteer-based non-profit organization comprised of primary care veterinarians, specialists, academicians, and industry partners — all dedicated to furthering collaborative care and our Mission.

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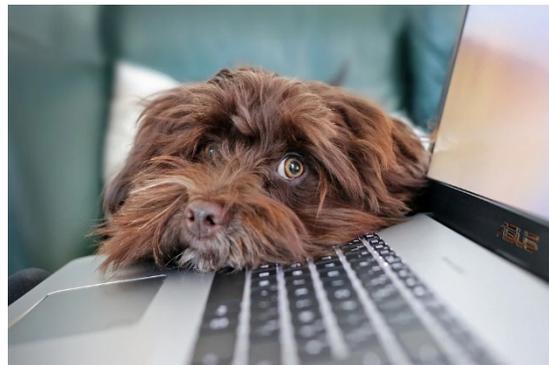
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Advisory Council

Because the Collaborative Care Coalition believes that collaborative care is good for the entire veterinary profession, we believe including many voices in the discussion is necessary. Beyond our Board of Directors, we have sought to include a wider ring of input and experience. The Advisory Council is just that, a less structured but no less thoughtful group of individuals that provide guidance and opinions to the board on everything from identifying potential sponsor partners to recommending channels for communicating the research results, and most importantly, promoting the mission of the organization. Through conference calls and meet ups at industry events, we gain valuable insight, perspective, and feedback on strategies and tactics to move the message forward.

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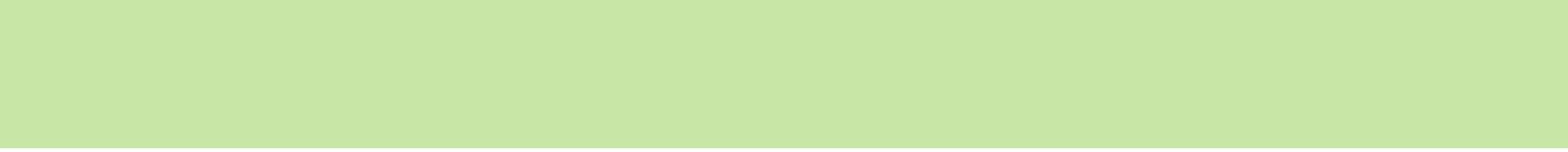
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