

As a primary care veterinarian, you know your patients' healthcare needs better than anyone. And sometimes those needs require that you utilize an extension of your practice—the specialist. By collaborating together, the primary care veterinarian and the specialist can provide excellent overall care. Inside this special report you'll learn how to shape the referral process into a success for everyone—your patients, your clients, and your practice.

# PARTNERSHIP IN PATIENT CARE

MAKING THE MOST OF THE PRIMARY CARE VETERINARIAN/SPECIALIST RELATIONSHIP



# FROM ISLANDS TO NETWORKS THE FUTURE OF VETERINARY PRACTICE

No veterinarian is an island. At least not today or, especially, tomorrow...

By John Lofflin



Present day veterinarians have evolved from human islands to networks of people—treating pets in concert, making the most of the rapidly expanding body of knowledge that is veterinary medicine, and rewiring the schematic of private practice to harness a healthy array of specialties in service to clients and pets.

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A change once viewed with suspicion, the rise of referral practices and the creation of veterinary communities is rapidly gaining acceptance. Craig Woloshyn, DVM, owner of Sun Dog Veterinary Consulting, thinks the referral practice “is probably the best thing to happen to our profession in the past 15 years.” Link Welborn, DVM, DABVP, who worked on the American Animal Hospital Association (AAHA) accredited referral practice task force and served as AAHA president from 2003 to 2004, thinks both primary care veterinarians and specialists genuinely appreciate the medical benefits of joining forces.

### **The road to transition has not always been smooth**

Neil Shaw, DVM, DACVIM, is Dr. Welborn’s referral partner in Tampa, Fla. Dr. Shaw is the founder of Florida Veterinary Specialists, a referral practice with 50 veterinarians. They work together often, and both extol

the benefits of their collaboration. But that doesn't mean everyone sees the rise of referral practices the same as these two colleagues.

"The role of the traditional practice is changing dramatically," Dr. Shaw says. "There has been, in recent years, growth in specialty and referral practices. Some veterinarians, especially in high-quality primary care practices, aren't sure if this is good or bad for the profession."

Dr. Shaw says those who might be reluctant to refer are "denying the obvious." The body of veterinary knowledge is ever expanding, and referral practices have become an extension of the primary care hospital. As Dr. Woloshyn puts it, "Everybody wins." By practicing in partnership, primary care veterinarians and specialists provide the best care possible for a pet—enabling the pet to live a longer and healthier life. And a longer life span translates into several things: it increases the owner-primary care practitioner bond, nurtures the owner-pet bond, and creates a longer patient-practitioner relationship (which results in more income for the primary care practice).

Referral practices were unheard of 25 years ago. In those days, most specialists practiced in academia within university veterinary hospitals. Later, some specialists emerged in large primary care practices in mostly urban communities. While many veterinarians sent difficult cases to the university, sending clients to another for-profit practice across the street ran against the grain.

Specialty and referral practices emerged for many reasons. Some say specialists tired of practicing in the academic atmosphere. In recent years, veterinary care has followed in the footsteps of human health care—changing from a one-doctor-fits-all mode to that of a primary care physician providing overall care and referring patients to specialists when appropriate. "To a large degree," Dr. Welborn says, "public awareness that different specialties are available made demand for this change in veterinary practice necessary." Increased awareness (via the Internet age), is only accelerating that change.

The professional relationship between primary care practitioners and specialists is still in transition, Dr. Welborn says. That's where the 10-person AAHA task force came in.

"Both primary care veterinarians and specialists in local communities have concerns, and sometimes the two parties are not open to dialogue. The task force filled the void when it developed the guidelines. In the end, it's all about communication among the parties involved—primary care veterinarians, specialists, their respective practices, and their mutual clients."

The guidelines adopted by AAHA in March 2007 address key points:

- Guidelines on when to refer
- A call for mutual respect between primary care veterinarians and specialists
- Discussion on duplication of diagnostic tests and maintaining good communication.

However, the thorny issue of returning clients to the original practitioner still concerns primary care veterinarians.

Increasingly, Dr. Shaw says, the issue is rendered moot by the organization of specialty practices as freestanding entities. In his experience, referral practices work best this way because it's difficult for a doctor to effectively be in a room with a client as a specialist, then walk down the hall into another room to treat long-term clients as the primary care veterinarian. Playing a dual role doesn't always mesh easily and efficiently. But both the primary care practitioner and the specialist can develop practices that are stronger, more viable, and consequently, offer the best health care for pets—if they concentrate on what they do best.

### **Where one plus one may equal more than two**

Dr. Welborn operates four hospitals in Tampa with his partner Timothy P. Lassett, DVM, DABVP: Pebble Creek Animal and Bird Hospital, Temple Terrace Animal and Bird Hospital, North Bay Animal and Bird Hospital, and The Cat Doctors. Both doctors interact closely with Dr. Shaw's referral practice, even sharing interns in three-week rotations to give them exposure to both high-quality primary care and specialty practices.

Dr. Welborn's strategy for making the most of the relationship with Dr. Shaw's practice has been to invite specialists from the Florida Veterinary Specialists facility to eat

lunch with his staff members once a month. An internal medicine specialist came to lunch in March 2007 to talk about what the specialists could do to drive his practice. A cardiologist visited in April. Welborn said the meetings were beneficial for both practices.

### **Extending your practice adds to your repertoire**

"The decision of when to refer is easy," Welborn says. "If you don't provide the service, you refer. If you don't have the equipment or expertise, you refer. A nasty fracture comes in and needs a plate. You automatically refer to a specialty practice.

"In an internal medicine case, you've moved fairly far into the process of working up a patient. You refer as opposed to telling the client, 'Sorry, there's nothing we can do.' In some areas, the more you know, the more likely you recognize the need for another line of diagnostic testing or treatment."

Dr. Woloshyn agrees. "You can," he says, "fix things you could never fix before." Smart practitioners, he says, recognize how referring clients to specialists expands the scope of their own practices. The partnership provides an extension of care—a definite benefit for the pet, the owner, and both veterinary clinics involved.

"It allows the primary care veterinarian to give university-level care without going back to school and without an investment in tremendous amounts of equipment," he says. "We can offer treatments we could never offer

clients before.” OK, but will it benefit you financially?

### **Is referring profitable?**

All that great medicine is well and good, but does referring clients positively impact the primary care veterinarian’s bottom line? Yes it does, Dr. Woloshyn argues, and for the best of reasons.

“What happens is that today we can do something about cases we could not impact before,” he says. “That helps increase the human-animal bond. And, when we increase the human-animal bond, we benefit directly.”

In addition, the primary care veterinarian provides more care for the pet after it is treated at the specialty practice. Not only are the clients more deeply bonded to a pet that has been saved, they are more clearly bonded to the primary care veterinarian who obtained the most sophisticated care for their companion.

### **Don’t underestimate a client’s willingness to pay**

One issue some referred clients will face is sticker shock. The best way to approach this issue may be to make the client aware that specialty care might cost more than the what they might be used to. It’s the same principle as it often is in human medicine. However, the specialist can often zero in on the specific tests needed for a faster diagnosis and treatment—which could actually save the client money in the long run.


A common mistake is the

## TALKING POINTS

- Specialists are recognized more and more as an extension of the primary care veterinarian’s practice, rather than competitors. Establishing strong, positive relationships and good communication, to and from the specialist, can ensure that your clients and patients experience the best care possible.
- A working alliance between primary care practitioners and specialists can benefit primary care veterinarians medically and financially.
- By partnering with specialists, primary care practitioners enable pets to live longer, healthier lives, which increases the owner-practitioner bond, nurtures the owner-pet bond, and creates a longer patient-practitioner relationship.
- Both primary care practitioners and specialists can develop practices that are stronger—and consequently offer the best health care for pets—if they concentrate on what they do best.

assumption that a client might not be willing to pay for specialty care. Pets are often considered a member of the client’s family, and most owners are willing to pay in order to save their pets or extend their quality of life.

In the end, everyone can benefit from the collaborative circle that has developed within the world of veterinary medicine. Those who benefit the most are the pets, which have the best of both worlds: regular and preventive care from their primary care veterinarian, and specialized care—when there is a need. ■



# HOW TO BUILD A REFERRAL NETWORK: NUTS, BOLTS, AND GOOD MANNERS

By John Lofflin

You've decided to expand the horizons of your practice, accept the mantle of the primary care veterinarian, and become part of a network of colleagues—responding to the health care needs of pets with the best care possible.

You're an independent soul, you trust your skills, and your clients are ... well ... *your* clients. But the bond you've built with them and their pets prevails. You've chosen the high road.

What's next? The decision has been made, but the network remains just an idea. What are the nuts, bolts, and good manners of building a referral network?

The American Animal Hospital Association (AAHA) recently completed a final draft of referral guidelines (See *AAHA guide to smooth referrals*, page 16). The 10-person task force focused almost entirely on communication issues meant to "bridge the referral communications gap" in establishing healthy referral networks (visit [www.aahanet.org](http://www.aahanet.org) for complete guidelines).

Cheryl Waterhouse, DVM, a primary care veterinarian based in Fresno, Calif., and Kelly Diehl, DVM, MS, DACVIM, an internal medicine specialist at the Veterinary Referral Center of Colorado (VRCC) in Englewood, Colo., see communication at the center of the modern referral network practice. Both have been big believers in the referral network for years, and they're happy to see the idea has reached the mainstream of veterinary thought. Providing the best healthcare for pets is at the core of veterinary medicine, after all. And a strong referral network is an important piece of that

care. But how does one go about stretching the boundaries of the individual practice to include a network of pet healthcare providers?

### **A habit of connecting**

From the sidewalk outside the Waterhouse Animal Hospital, the horizon is already pretty broad. In the center of California's expansive Central Valley, Fresno's Dodger blue skies stretch all the way from here to there. In 1995 when Dr. Waterhouse moved to Fresno, she was already adept at stretching the edges of her practice as wide as possible.

"I was referring clients back when I practiced in Des Moines and Kansas City," she recalls. "My personal philosophy was then as it is today—offer clients and pets the highest level of medical care available. Sometimes that means referring to a specialist."

After setting up shop on Champlain Drive, it didn't take long for Dr. Waterhouse to reach out and extend her practice. Through networking with other veterinarians and colleagues in the Fresno area, Dr. Waterhouse introduced herself to area specialists. Over the years, Dr. Waterhouse and her newfound colleagues developed strong professional bonds and shared many positive client experiences. What made it work was getting rid of the thought that she was just in business for herself—and it opened up a door to better healthcare for her patients and clients.

"Specialists are an extension of your primary care practice," she says. "You shouldn't think of them

as your competitors. You should think of them as an arm you use to reach out and grab the ultimate prize—a stronger relationship with the pet and the pet owner."

Dr. Diehl, a VRCC specialist since 1997, says clients know how much you care about their pet by the actions you take.

"I have had very few clients over the years that were upset at their primary care veterinarian because they were referred," she says. "Most clients see it as a demonstration of the primary care veterinarian's concern for their pet. Since the goal is to give the pet the best care possible, referral is just one more step to accomplishing that goal."

Dr. Waterhouse and Dr. Diehl say the nuts and bolts of building a successful referral network include knowing where and why you refer. However, any structure will crumble and fall if not maintained. They say close communication is the cohesive element that keeps a referral network strong. If you communicate effectively, there will never be a lapse in the higher level of care the pet and client deserve.

### **Step #1: Investigate**

Choosing the right specialist isn't as easy as opening up the yellow pages and looking under the "right specialist" section. Not every specialist shares the same philosophy on teamwork and communication, so researching who will benefit your patients and clients most will take some digging.

Dr. Waterhouse says the first step



## BUILD IT AND THEY WILL COME

Use these building blocks to get your referral network up and running:

- Prepare for network building with a positive attitude: This is an extension of your own practice that offers pets and clients the best that the veterinary profession has to offer.
- Research specialists in your area (attend continuing education seminars, get advice from your colleagues, visit potential referral hospitals).
- Make a list and check the credentials of referral clinic doctors.
- Meet with specialists you might refer to before the need arises.
- Discuss referral protocol with the specialists and the office manager in both your hospital and the referral hospital. Make sure all procedures are compatible.
- Establish strong lines of communication with the referral hospital, discussing how records will be sent and what they will include, expected feedback, etc.
- When recommending referral, determine how and when the estimate of specialty care will be discussed with clients.
- Make sure your staff is familiar with the specialists you refer to and why. If possible, invite the specialist or a representative of the hospital to visit your hospital and meet your staff.
- Communicate with the specialist early, often, and after the patient has returned to your care.
- Send updates to the referral hospital on pets they have cared for.
- Establish a relationship with the office manager in the referral hospital.

to fostering a healthy referral program is to find out what specialists are available in your neighborhood.

"Refer to specialists in your area," she says. "They'll have more of a need to communicate directly. If you don't know where the specialists are around you, consult your colleagues and have faith in their judgment."

Dr. Waterhouse suggests smart shopping on behalf of your patients and clients. Find out which specialists other practitioners in the area are using. Look into the specialties offered and listen to what others say about client experiences there. Create a list. Making personal visits to referral practices that climb to the top of the list will offer first-hand information.

Dr. Diehl says attending

continuing education courses is a good way to get to know a prospective referral specialist. She says talking with a specialist in person gives you something more than the often formal and cold conversations you might have on the phone.

"Continuing education seminars help you put a face to the name and a voice to the one you hear on the phone," she says. "Talking face-to-face and receiving those nonverbal messages can help the primary care veterinarian get a better sense of who we are."

### Step #2:

#### **Keep the channels open**

Referring a client is not the end of the process by any means. The primary care veterinarian is still the

patient's keeper, and they along with the specialist both serve essential functions in a three-way conversation between the specialist and the client.

Dr. Diehl says she sends primary care veterinarians detailed letters outlining the course of treatment the pet received, a diagnostic plan, any test results she has, and interpretation of those results. She also makes phone calls to the referring veterinarian whenever possible, particularly if a patient is not doing well.

Dr. Waterhouse says she also makes an effort to keep the specialist in the loop after the patient comes back to her. If the dog is having problems on a medication or treatment plan a specialist prescribed, she calls and asks for their opinion about the situation.

### Step #3: Maintain respect

When a client's visit to a specialist goes well and when it goes wrong, the primary care veterinarian is, by necessity, right in the middle. Dr. Diehl says sometimes the primary care veterinarian might take the heat for something the specialist did. But if the specialist is informed, she says they can help make things right again and keep the client confident that their primary care veterinarian and the specialist have theirs and their pet's best interests at heart.

"We (specialists) try to see if we can repair the relationship or get some constructive criticism," she says. "Although it can be uncomfortable, these sessions almost

invariably turn out well. No one is perfect. We have off days and poor communication sometimes, but we can learn from those experiences if we know about them."

Positive client experiences may be thought of as commonplace and routine, Dr. Waterhouse says. However, she says specialists still appreciate hearing that your relationship is producing positive results. "I call and tell the specialist, 'The client was really appreciative and just loved you,' or, 'The dog's doing great.' And they love it. Hey, they're human too."

### When to refer

You've evaluated the situation and it's clear that specialized care is needed to pull your patient through. Your expertise is vast and can carry them through almost anything, but you feel a different skill set or specialized equipment is needed to take care of the problem. But how do you know when to make the hand off? Dr. Diehl says referring early could mean catching something before it gets out of hand. The precaution can strengthen the client-primary care veterinarian bond because clients know you don't want to gamble with their pet's health.

"We can relieve some of the burden on the primary care veterinarian if we can see the patient early," she says. "That makes us a more effective team to manage the case."

Dr. Waterhouse also thinks communication with a specialist is instrumental even before the choice to refer has been made.



She routinely calls specialists for advice in early stages of diagnosis and treatment.

“Specialists understand that the relationship we have with them is a partnership,” she says. “If you’ve built a good foundation, there’s an understanding that you’re going to be there for each other. I’ve never had a specialist say, ‘You need to pay me for this consult,’ or ‘No, I can’t talk to you.’”

Dr. Diehl reminds primary care veterinarians and specialists not to

lose focus on what’s really important. “We all need to overcome challenges to communication and to try to remember the pet’s health is the center of all of our concern.”

When all is said and done, the tools for building a strong network are simple: some research to determine area specialties, good communication, willingness to ask questions, and attention—*always*—to your patient’s healthcare needs and the best way to meet them. ■

## STANDARD OF CARE IS THE LEGAL WATCHWORD

Talk to Charlotte Lacroix, DVM, JD, about the legal aspects of referral for primary care practitioners and her argument consistently returns to three imperatives that could just as easily be ethical, as legal:

- “It’s about the standard of care, and money is never in the mix.”
- “If the treatment is, in your opinion, beyond your expertise, refer.”
- “You have a legal obligation to ensure that the patient receives treatment within the standard of care.”

Dr. Lacroix, who is a veterinary attorney and owner of Veterinary Business Advisors, Inc., sums up the legal reality of referral in these stark terms: “You will be negligent if you take care of an animal beyond your expertise. If you have a bad outcome, malpractice could be the result.”

But putting these principles into practice may not be so clear-cut. For example, knowing your limits, she says, is your responsibility, and your limits must be determined on a case-by-case basis. The law provides only a general map of the terrain.

“The law is not in the habit of saying

these things must be done by specialists,” she explains. “It doesn’t micromanage. The test is whether this is reasonable.

“The standard of care changes every single day—it can’t be written down, and it’s what is being taught in veterinary school and in continuing education. The profession is continually improving, and the standard of care is continually getting tougher.”

Along with limits, knowing the standard of care is also your responsibility. “A professional has a responsibility, legally and ethically, to keep pace,” she says, although adding that the courts generally recognize different standards between specialists and primary care veterinarians.

Dr. Lacroix helps practitioners look at these legal questions from the perspective of laymen. If specialists are in proximity to the primary care practice and the client, making a referral for a case beyond your expertise is a reasonable expectation.

“We don’t always appreciate what society expects of professionals,” she says. “They expect the same ethical standards of any profession. That means the interests of the clients and patients come first.”

# TALK THE GOOD TALK

Communication is an essential element of the relationship among primary care veterinarians, specialists, and clients.

By John Lofflin



Every discussion in an emerging partnership between specialists and primary care veterinarians eventually comes around to the necessity of effective communication. How you talk about referral with clients, what you say, how you communicate with specialists, and how specialists communicate with you is, by all accounts, critical to success for both practices.

Cindy L. Adams, PhD, MSW, is associate professor of Veterinary Medicine-Clinical Communication at the University of Calgary in Alberta, Canada. She sees communication issues from an evidentiary perspective, including evidence from studies in human medicine. The word *collaboration* forms the core of her advice.

## **The client conversation**

"Shared decision making requires a collaborative discussion," she says. "The veterinarian shares his or her thinking and offers all the options respective of the client's thoughts, concerns, and experience. The strongest predictors of adherence are empathy and shared decision making."

Shared decision making is a process, Dr. Adams says. It starts early in the relationship between the primary care veterinarian and pet owner. The ability to shift perspectives and to see the problem from the pet owner's eyes takes time and effort.

Start by working to understand the client's beliefs. What are the client's expectations? The conversation might go like this:

*"Based on what you've told me so far, it sounds to me like you'd like to go further with some exploratory work. That's why we're talking about referring your pet to a specialist."*



## KEEP TALKING

Use these tips for effective communication with clients and specialists.

- Adhere and empathize. Repeat back to clients what you perceive as their feelings—this will put them at ease about the referral process and get you on the same page.
- Reciprocate communication—the primary care veterinarian and the

specialist should keep each other in the loop.

- Tell specialists what's important to you—and ascertain if it's important to them before you go any further.
- Build on the common ground you have with the client and specialist—the desire to help the patient get well. After all, that's why you became a veterinarian.
- Make suggestions, not directives.

Having engaged the client, you can continue working through the issues. The veterinarian can involve the client more deeply with a simple, *"I'm more than happy to help you think through this."* Then the conversation should contain constant rechecking for engagement with a simple phrase like, *"What are your concerns?"* or *"Do I have that right?"* The goal is dialogue, not monologue.

"To a great extent," Dr. Adams says, "this is about sharing your thinking, as appropriate, once you know people are interested. What you want to do is involve them by making suggestions rather than directives. That is extremely critical." Many practitioners forget to invite clients to add their ideas throughout the process.

Dr. Adams emphasizes the necessity for creating this pattern of interaction and collaboration early on, so when the time comes to make a referral recommendation, the primary care vet-

erinarian and the client are prepared for the conversation.

### Conversing with specialists

Being left out of the loop when the patient goes to the referral clinic is one fear many primary care veterinarians harbor. But those who have honed their skills emphasize that primary care veterinarians and specialists won't let this happen.

Dr. Adams agrees. Again, she thinks the same skill set applies, but with a twist. She says practitioners subtly train clients how to be clients, but they must also train themselves to be clients of the specialists they utilize—and train specialists how to deal with them. That interface requires a straightforward conversation. She suggests something like this between the primary care veterinarian and specialist: *"I have a case I'd like to discuss. Before we go any further, I need for you to know this is really important to me. I need to know how you*

*conduct your business when you work with somebody like myself."*

Here, Dr. Adams says, you are gathering information, the same way clients gather information from you. Particularly, you want to know how the specialist plans to stay in touch with you. Then you need to let the specialist know what you want out of the relationship. She suggests a statement like: *"Do you mind if I share with you some of the things that matter to me?"* or *"I have three things that matter to me a lot. Can we talk about it?"* Then, she says, "download" those three things and let them know you are sincere.

### **Same skills, different situations**

Dr. Adams suggests all communication skills ought to come from authentic motives to be both successful and ethical. Have a genuine curiosity about the needs of those you encounter. Your interest should be authentic, and have sincere respect for the other persons.

"I invite people to see these conversations as something with a beginning, middle, and end," she says. "Think of this as a funnel. It starts with a big open inquiry early on working to arrive at common ground. That common ground might be a place where both the veterinarian and the client are satisfied. Grab onto that." ■



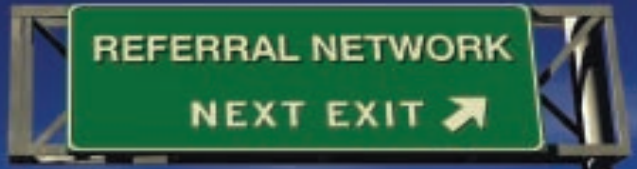
## MAKING IT WORK THE ESSENTIALS OF SUCCESS

Jules J. DePorre, DVM, and Pierre A. DePorre, DVM, of the DePorre Veterinary Hospital, have been referring patients to Ned Kuehn, DVM, MS, DACVIM, of the Michigan Veterinary Specialists hospital, for 17 years. Dr. Jules DePorre thinks the key to making the referral collaboration work is excellent communication between practitioners at his hospital and the specialist's.

Dr. Kuehn encourages primary care veterinarians to visit a specialty practice in order to strengthen the relationship. He thinks veterinarians who bring clients on a tour of referral hospitals score points with clients and specialists. "It's a matter of building trust," he says. "Then the (primary care veterinarians) can know that their clients will be treated well and that they'll be apprised of problems and treatment." ■

# TAKE IT HOME

These take-home points will help you put your referral network plan into action.



You've decided to start a referral network so you can offer the best care possible for your patients. You've already taken the first step to establishing a referral network by reading this special report. But what's next? The following steps will guide you on your way toward establishing a referral network for your own practice.

## **Step 1: Do your research.**

- Review the new American Animal Hospital Association referral guidelines (see *AAHA guide to smooth referrals*, page 16). Key points include timing appropriate referrals; building mutual respect; avoiding duplicated diagnostic testing; and communicating before, during, and after specialty care ([www.aahanet.org/PublicDocuments/AAHAReferralGuidelines.pdf](http://www.aahanet.org/PublicDocuments/AAHAReferralGuidelines.pdf)).
- Attend and network at veterinary conferences and continuing education seminars to find the most qualified specialists in your area.
- Ask other primary care veterinarians in your area where they refer and solicit feedback about those specialty clinics.

## **Step 2: Reach out.**

- Tour potential specialty clinics to get to know the specialists and hospitals.
- Ask potential specialists about their philosophy on teamwork and communication.
- Make sure your specialists are open and willing to answer any of your questions before you decide to refer.
- To iron out expectations, always meet with specialists in person before establishing a formal relationship.

## **Step 3: Set your protocols.**

- Decide when to refer by meeting with all the veterinarians in your practice. Set down on paper your protocols for referral, including what conditions or courses of treatment will prompt a referral. Primary care veterinarians should refer a case to a specialist if the needed course of treatment goes beyond their expertise, available equipment, or patient care staff training.
- Don't ride the fence—the timing of a referral can make a huge difference, sometimes between life and death. Your written protocol should state that, if the need arises, you would refer as early as possible. This will also keep you free and clear of any legal liability should the client pursue a lawsuit.

- Consider adding specialist referrals into your hospital's list of values—specialists are an extension of the primary care veterinarian. Together, you'll provide the pet with the best care possible.
- Set guidelines on how your practice will communicate with clients about referrals. How will you explain the medical need, and how will you approach the issue of cost?
  - Never underestimate a client's willingness to pay.
  - When recommending referral, set a standard regarding how and when the estimate of specialty care fees is to be discussed with your client.
  - Set protocols for how you'll communicate with specialists. What information, at minimum, will you pass back and forth?
  - Provide complete and legible medical records to the specialist—plus any test results, interpretation of those results, and diagnostic plan.

**Step 4: Maintain the relationship.**

- Communicate, communicate, and communicate. Both the specialist and primary care veterinarian should keep the other updated on the pet's condition before, during, and after specialty care.
- After the client returns to the primary care veterinarian, keep the specialist in the loop about the patient's condition.
- Invite specialists to lunch meetings at your primary care practice to keep your veterinarians updated on the specialty services available.
- Attend lectures and continuing education courses when available at the specialty clinics.

## GUIDELINES TO FOSTERING STRONG RELATIONSHIPS

- Send thorough and legible medical records to the specialist. Documentation should include all diagnostic testing, laboratory results, radiographs, procedures performed, drug dosing information, client communications, and any communication between the primary care veterinarian and the specialist prior to referral.
- When a referral takes place, the primary case management is transferred to the specialist for a period of time; however, the primary care veterinarian should receive regular updates by phone, fax, or email.

- Regularly evaluate your relationship with specialists and address any concerns promptly—and in person.

Throughout this process, remember that the road to establishing a successful referral network can twist and turn. But when the primary care veterinarian and the specialist meet half way, it enables the pet to live a longer and healthier life, which increases the owner-primary care practitioner bond, nurtures the owner-pet bond, and creates a longer patient-practitioner relationship. But most of all, it's about the pet and what you want for them—the best care possible. ■

## **AAHA GUIDE TO SMOOTH REFERRALS**

To help bridge the communication gap between primary care veterinarians and specialists, the American Animal Hospital Association (AAHA) developed practical referral guidelines for companion animal practices. Created by a diverse task force, including primary care veterinarians, private practice specialists, and practice management experts, the guidelines are intended to enhance teamwork among veterinary professionals so they can provide the highest quality of care for pets.

Separated into referring and receiving responsibilities, the AAHA Referral Guidelines take veterinarians through the referral process step-by-step. Beginning with pre-referral responsibilities, the guidelines outline exactly what both primary care veterinarians and specialists need to consider and communicate to each other and the client, such as:

- The severity and needs of a patient: Is a referral needed, and who is best suited to receive the referral?
- Patient history: Does the receiving veterinarian want a detailed or summarized history?
- Clients' requests: Both parties should honor any request by the client for a second opinion.

- Financial considerations: What is the estimated cost of a referral?
- Time considerations: Is the receiving veterinarian able to take on the referral in a timely manner?
- Transfer of the patient back to the primary care veterinarian: How should specialists return an animal to the primary care veterinarian after referral services are complete?

The guidelines continue to cover both the primary care veterinarian and the specialist's responsibilities during and following the referral, specifically focusing on communication. During the referral process, both partnering veterinarians must keep each other and the client updated on their actions. Who will provide which services and why should be established and explained to the client. The veterinarians are also responsible for informing each other of any change in the patient's health or the client's wishes. If a client expresses concern or requests a second referral to the specialist, the primary care veterinarian should be alerted immediately. To check out the full version of the AAHA Referral Guidelines, go to <http://www.aahanet.org/graphics/pdf/AAHAReferralGuidelines.pdf>

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