

Telemedicine: Removing Barriers to Community-Supported Veterinary Services

Introduction

One of the positive developments of the COVID-19 era is the increased awareness, acceptance and widespread use of telemedicine services. For physicians, the practice is permitted in all 50 states, though some states regulate the practice differently than others; for example, six states require physicians to register with their respective medical board if they wish to practice across state lines.¹

For veterinarians, the practice is less widespread, though increasingly in-demand (and utilized) by practitioners, human clients (pet owners), and municipalities, who are eager to utilize the effective and cost-efficient practice at their local animal shelter. The main barriers to fully enacting robust telemedicine services provided at your municipal shelter are statutory and regulatory hurdles. This chapter will delve into the benefits of these types of services and offer practical solutions for removing the barriers to implementation.

Removing barriers to benefit the community

There are considerable benefits to be gained by embracing and utilizing telehealth and telemedicine services through your local municipal shelter and in partnership with veterinarians in your community. The first benefit is that people who foster a cat or dog from the local shelter will have direct access to a licensed veterinarian who can provide effective and safe care (within the boundaries of the law) for the pet in a streamlined manner. These efficiencies lead to cost savings, and those savings free up resources that can be repurposed towards other lifesaving efforts, like implementing robust trap-neuter-vaccinate-return (TNVR) programming (*see the Community Cats chapter of this manual for further details*).

Another benefit is simply connecting veterinarians with pets in need of care. There is a shortage of licensed veterinarians in many parts of the country, which leads many pet cats and

Continued on page 28

dogs to go without needed veterinary care or vaccinations. Research conducted by Best Friends Animal Society found that 15.8% of counties in the United States, home to 1.5 million households, do not have any veterinarian practice.² These “vet deserts” lead to owners delaying or forgoing necessary care for their pets. In fact, according to a study conducted by Bayer and the American Association of Feline Practitioners (AAFP), 52% of owned pet cats in the United States had not been taken to the veterinarian in the past year for necessary checkups.³ The numbers for pet dogs were slightly better but the gap between necessary services was still unacceptably high.

These service and care problems can usually be mitigated by the use of telemedicine. Remote care can be provided to patients and clients in these “service deserts” for evaluating, diagnosing and treating their pets. For animal shelters, the shelter veterinarian can provide these services to pets adopted or fostered from their program, saving time and money for all parties.

As a general matter, telemedicine has been embraced by the American Veterinary Medical Association (AVMA), the preeminent national organization representing veterinarians:

The AVMA is committed to ensuring access to the convenience and benefits afforded by telemedicine, while promoting the responsible provision of high quality veterinary medical care. Veterinary care, whether delivered through electronic or other means, should be provided with professionalism.⁴

Especially during the COVID-19 crisis, when social distancing restrictions limit veterinarians’ ability to offer traditional in-person services, a number of states have issued executive orders and other guidance documents that increased access to these services.

For example, in Michigan, the governor ordered all veterinary facilities to develop plans so that “all veterinary services, essential and non-essential, must be performed by telemedicine to the fullest extent possible.”⁵ In Alaska, veterinarians were permitted to prescribe controlled substances to a client without an initial in-person visit⁶ and in September 2020, the Board of Veterinary Examiners promulgated a regulation that allows for the veterinarian-client-patient-relationship (VCPR) to be established by means of telemedicine.⁷ In Washington, A policy statement from the licensing board allows veterinarians to practice telemedicine without first establishing an in-person VCPR if, in the professional judgment of the practitioner, establishing a VCPR remotely is “appropriate.”⁸

If telemedicine is already permissible in your state, municipalities should implement these services into the care provided by their shelter veterinarians (or to private practice veterinarians contracted to provide services). The cost savings and improved care for the animals will be seen almost immediately. There is market demand for telemedicine and a variety of available technologies that veterinarians and clients can utilize.

The Washington order is appropriate and functional whether there is a declared emergency or not. The flexibility allows veterinarians to use their professional judgment in determining if telemedicine is appropriate, and if so, whether to establish an in-person VCPR first. These are professionals that are licensed and regulated by the state and they are already granted the leeway to act in accordance with their training and best practices. Allowing the flexibility to choose the most appropriate delivery model for services to your community should be permitted and municipalities should work with their elected officials to advocate for necessary changes to the laws and regulations when these services are hindered or prohibited.

If telemedicine is already permissible in your state, municipalities should implement these services into the care provided by their shelter veterinarians (or to private practice veterinarians contracted to provide services). The cost savings and improved care for the animals will be

seen almost immediately. There is market demand for telemedicine and a variety of available technologies that veterinarians and clients can utilize. We suggest that municipalities address any statutory or regulatory barriers in order to fully implement the services in your community, including advocating for any necessary changes with your elected representatives in the state legislature and the governor.

Notes

1. See *Telemedicine Policies Board by Board Overview*, Federation of State Medical Boards. https://www.fsmb.org/siteassets/advocacy/key-issues/telemedicine_policies_by_state.pdf (July 2020).
2. Research conducted by Best Friends Animal Society, using 2018 data from the American Veterinary Medical Association (AVMA). 2020.
3. Bayer Veterinary Care Usage Study (2013).
4. See *AVMA Policy on Telemedicine*. <https://www.avma.org/resources-tools/avma-policies/telemedicine>.
5. Temporary restrictions on non-essential veterinary services Executive Order No. 2020-32 (March 30, 2020). https://content.govdelivery.com/attachments/MIEOG/2020/03/30/file_attachments/1414608/EO%202020-32%20Emerg%20order%20-%20vet%20services.pdf.
6. *Telehealth and Licensing during COVID-19* (issued March 18, 2020) <https://www.commerce.alaska.gov/web/Portals/5/pub/TelehealthLicensingGuidelinesCOVID193.18.20.pdf>.
7. See https://regs.cqstatetrack.com/info/get_text?action_id=1236617&text_id=367422&type=full_text.
8. *Veterinary-Client-Patient Relationship Requirements During the COVID-19 Response* Policy Number: VBOG 20- 02 (May 15, 2020) <https://www.doh.wa.gov/Portals/1/Documents/2600/2020/VCPR-COVID-19PolicyStmt.pdf>.