Working in Collaboration to Improve Patient Outcomes & Benefits for the pcDVM

ACVS Surgery Summit 2018
Indianapolis

Julie D. Smith, DVM, DACVS, MBA – VetSOAP Director, Past President
Judith Gass, MBA – VetSOAP Executive Director

October 13, 2017
Collaborative Care

Pet Owner
- Strengthened Bond
- Extended quality of Life

Primary DVM
- Extended Patient Care & Lives
- More Visits
- Increased Revenue

Specialty DVM
- Early Referral
- Ongoing pcDVM partnerships

Optimal Health
President: Bonnie Lefbom, DVM, DACVIM (Cardiology)
Partner – CVCA - Cardiac Care for Pets

President-Elect: Bob Murtaugh, DVM, DACVIM, DACVECC
CMO – COO Pathway Partners
Chair, AVMA American Board of Veterinary Specialties

Secretary: David G. Stansfield, BVSc, MRCVS

Treasurer: Travis York
Managing Director - Calico Financial

Past President: Don Ostwald, DVM, DABVP
Director, Sr VP Hospital Operations – Ethos Veterinary Health
Robin Brogdon, MA
VetSOAP 2014/15 Past President; President – BluePrints Veterinary Marketing Group

Joan R. Coates, DVM, MS, DACVIM (Neurology)
Professor, Veterinary Neurology & Neurosurgery – University of Missouri, College of Veterinary Medicine

Chuck Dunn, DVM
Associate Director/Major Accounts-Companion Animal Division, Zoetis liaison

Lyndi L. Gilliam, DVM, DACVIM–LA, PhD
Associate Professor, Equine Internal Medicine – Oklahoma State University

Jennifer L. Holm, DVM, DACVECC
Group Medical Director/Central Region - BluePearl Veterinary Partners

Dawn Logas, DVM, DACVD
Owner – Veterinary Dermatology Center, ACVD liaison

Julie D. Smith, DVM, DACVS, MBA
Managing Partner, Medical Director – Sage Centers; ACVS Treasurer

Michelle Vitulli, DVM
Owner – Caring Hands Animal Hospital

Saundra E. Willis, DVM, DACVIM
Small Animal Internist - Phoenix Central Laboratory, AVMA Delegate – WA, AVMA House Advisory Committee

Peter A. Weinstein, DVM, MBA
Executive Director – Southern California Veterinary Medical Association; AVMA Veterinary Economic Strategy Committee
Founding Sponsors

Diamond
- ACVIM
- ACVD
- bluepearl
- CalPro Research
- IDEXX

Platinum
- ACVS
- Aratana Therapeutics
- blueprints
- VCA Animal Hospitals
- zoetis

Gold
- AAHA
- Care Credit
- Royal Canin
Advisory Council

Karen Felsted, CPA, MS, DVM, CVPM, CVA Owner PanteraT Veterinary Practice Management Consulting

Mary Gardner, DVM, Public Speaker, Entrepreneur & Co-Founder - Lap of Love Veterinary Hospice

Laurie Hess, DVM, DAVBP, Author, ABVP Diplomate, and Owner, Veterinary Center for Birds and Exotics

Julie Legred, CVT, Executive Director NAVTA

Carol McConnell, DVM, Chief Veterinary Officer, Nationwide

Ralph Johnson, Executive Director Colorado VMA

Lucas Pantaleon, DVM, MS, DACVIM (LAIM), MBA, Pantaleon PLLC and Virox Animal Health

Christine Schupe, Executive Director VHMA

Matt Russell, Co-Founder, Vice President at JSI Group LLC

Martin Traub-Werner, Owner Veterinary Success

Maryann Vande Linde, DVM, Founder Vande Linde and Associates
Our research goals are to provide quantitative and measurable results to answer questions related to the triad of collaborative care....
VetSOAP mission is to achieve optimal health care for animals, advance the veterinary profession, and evolve the relationship between primary care veterinarians and specialists.

**Previous Market Research**

To date, VetSOAP has completed two phases of market research:
1. An in-depth literature review
2. An exploratory online discussion among pcDVMs

**Current Plan**

VetSOAP has identified the need for a *systematic* data collection of financial KPI’s and patient outcomes across 5 different disease states as part of their phase-3 research.

This systematic data collection process will be modeled after research published by VetSOAP BOD and president Bonnie Lefbom, DVM, DACVIM, “Impact of collaborative care on survival time for dogs with congestive heart failure and revenue for attending primary care veterinarians.” JAVMA, July 1, 2016, Vol. 249, No. 1, Pages 72-76.

To compliment the above research, we will also conduct a 15-minute quantitative general survey that explores current attitudes and approaches in regards to referral behaviors among pcDVMs.
Gaps Identified in Literature Review

Gaps Identified in Literature Review

Financial impact of client referral on the pcDVM
Does a robust referral dynamic result in a healthier/more successful veterinary practice and by what measures?

pcDVM referral dynamics
• What are the characteristics of a successful relationship between primary care and specialty veterinarians?
• What is the current magnitude of the differential between a pcDVM’s perception of a client’s willingness to pay and a client’s actual willingness to pay?

Client satisfaction and patient outcomes
What is the pet owner’s awareness of, understanding of, and expectations related to comprehensive veterinary care
Qualitative Discussions

Initiating referral

• Respondents exhaust their own diagnostics to draw their own diagnosis/conclusions before making a referral. Reasons include:
  • Ability to work on complex cases increased job satisfaction for pcDVMs;
  • Want to ensure they refer to correct specialty;
  • Desire maintenance of expert status with client

Value

• pcDVM sees referral costing client $ and desire saving client money by running own diagnostics.

Referral Communications

• Respondents indicated improvement in recent years. However, pre, during, and post referral communication pcDVM preferences vary.
  • Early dialogue with pcDVM once sDVM has seen patient is critical.
  • Inclusion and opportunity to learn more appear as key elements in strengthening referral relationship.

pcDVM pet owner assumptions

• Respondents showed a strong emotional connection with their responsibility to the client and patient.
  • Responses reinforced pcDVM personal perspective and historical relationship with client can influence course of action.
  • pcDVM believe treatment recommendations are not altered based on perception of client’s ability to pay.
Focus on Collaboration

Daily case update
- Fax or phone call

Written Report
- Full Written Report at Conclusion of Case
  - Exam - treatment notes
  - Test result - follow-up requirements
  - Recommendations and discharge notes

Bonus
- Recognize pcDVM for diagnostic skill in referring patient
- Be sensitive to costs – a few expect costs to be discussed via the referring pcDVM

VetSOAP May 2016 Ph 2: a qualitative 3-day diagnostic conversation with 33 pcDVMs.
Effective Specialist-Client Communication

Initial
- Pre-referral phone call

Interim Updates
- Costs
- Upfront discussions of planned procedures

Post Procedure
- Verbal and written
- Care instructions
- Recommendations for future testing, rechecks
- Risks of further or non-treatment
- Expectations for home
Current Research Hypothesis

Through Collaborative Care:

- Referred patients have better retention and life span/outcomes for patients with same condition.
- Referred patients have greater financial and/or client satisfaction for pcDVM than non-referred.

Important:

- Bidirectional improvement in communication.
- Optimizing collaborative care requires efforts of both specialists and primary care veterinarians.
Retrospective study of 26 small breed dogs treated for congestive heart failure

**Patient Survival Time**

- **Singular Care**
- **Collaborative Care**

- Patients who received collaborative care on average, showed 74% increase in longevity and 22% more revenue for the primary care veterinarian.

Online Survey
Market Vision has designed a chart audit study with pcDVMs that will be organized by 5 specific disease states of study. All pcDVMs will participate in the 15 minute initial study in addition to the chart pull. MarketVision Research will aim for n=700 total records.

### Sample Plan

<table>
<thead>
<tr>
<th>Disease State</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred to Specialists Cared for by pcDVM alone</td>
<td></td>
</tr>
<tr>
<td><strong>Canine Lymphoma</strong></td>
<td>75</td>
</tr>
<tr>
<td><strong>Idiopathic Epilepsy</strong></td>
<td>75</td>
</tr>
<tr>
<td><strong>Gastric-dilatation Volvulus (GDV)</strong></td>
<td>75</td>
</tr>
<tr>
<td><strong>Septic Foal</strong></td>
<td>75</td>
</tr>
<tr>
<td><strong>Otitis</strong></td>
<td>75</td>
</tr>
</tbody>
</table>

**NOTES**
We will limit each pcDVM to 3 charts in order to prevent respondent fatigue.
SELECTING CHARTS
Chart selection varies by disease state. Respondents will be given specific date and randomization guidelines for pulling charts to mitigate respondent self-selecting charts.

INCLUSION CRITERIA
Each disease state has its own set of inclusion criteria, that must be met in order to “qualify” as an appropriate record. There will also be exclusion criteria so we aren’t wasting records on inappropriate cases.

POTENTIAL EXCLUSION CRITERIA
- Owner is unable to afford / unwilling to proceed with *any treatment*
- Euthanasia is unavoidable or the preference of the owner
- Owner is non-compliant with DVM instructions
- Any particular comorbid conditions that may influence treatment outcomes

Respondents will be given specific date and randomization guidelines for pulling charts to mitigate respondent self-selecting charts.
Disease Study Goals

| GDV | GOAL: To suggest to pcDVMs that canines with GDV operated on by diplomates of ACVS will result in improved surgical outcomes and improved overall survival that results in increased client satisfaction vs. canines operated on by a pcDVM or non-boarded surgeon.  
**Hypotheses:** Diplomates of the ACVS treated canines compared to pcDVM treated dogs who have undergone GDV surgery will:  
- Have shorter surgery times (if known)  
- Have shorter length of stay or hospital time post-surgery  
- Have fewer rates of complications, including recurrence of GDV  
- Overall, dogs will live longer |
| General Survey | GOAL: The overall objective of this general survey is to evaluate the key drivers and barriers to referring and quantify these drivers within the pcDVM population.  
- Capturing practice demographics that will allow us to assess any differences between practice types.  
- Understand the current referral environment within pcDVMs.  
- Evaluate the various dynamics that influence referrals.  
- What types of information (research papers, messages from various sources, requests from pet owners, etc.) is going to increase referrals? |

Additional Chart Audit Areas of Study: Epilepsy, Otitis, Septic Foal, and Lymphoma
The questionnaire will be drafted and distributed to the VetSOAP team to provide feedback. We can fine-tune this for specific Specialist DVMs who will be included for Otitis only. A potential flow is below:
**Multi-Dimensional Analysis**

All of the data collected will be entered into MarketVision Research’s data processing system for analysis and tabulated against classification variables.

**Potential Data Cuts**

- Length of Time Practicing
- Volume & Mix of Animals Seen
- Number of Staff Members
- Equipment Available / Capabilities
- Number of Patients with Pet Insurance
- Proximity to Specialists
- Key drivers/ motivators & barriers to Referral
- How Measure Referral Success
- [Assess Significant Differences]
Next Steps

• Finalize programming and field questionnaires
• Present at VMX 2018 (NAVC)
• Journal publications and PR throughout 2018
• Partner with ACVS, ACVIM, ACVD, AAHA etc to present findings.
Can You Help?

• Financial support at all levels
  – Industry $2.5K to $25K
  – Practice Partners $1K to $15K
  – Individual Partners $250 to $2.5K

• Speaking opportunities about VetSOAP
  – Address your pcDVM at local CE programs
  – Support VetSOAP efforts with your ACVS
  – Network and connect your Industry relationships with VetSOAP Board
  – Join VetSOAP Advisory Council

• Visit VetSOAP.org or contact our Executive Director Judith Gass jgass@vetsoap.org
“The fact that one person can no longer do it all is not a statement against the talents of the [veterinarian], but a testament to the advancement of veterinary science in the last 50 years.”

(Coile, 2007)