

The Relationship Between General Practitioners and Board-Certified Specialists in Veterinary Medicine

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The Northeast Veterinary Liaison Committee was formed in 2003 to address issues relevant to the veterinary community and to improve communications between New England Veterinarians and the region's only Veterinary School, Tufts Cummings School of Veterinary Medicine. The committee's members were a diverse group of individuals including small and large animal veterinarians, general practitioners, board certified specialists, academicians, and administrators, all of whom volunteered their time. Representatives from the six New England states were included on the board.

One of many undertakings of the Committee is the document below. The genesis of this particular effort was the acknowledgment that there is a need for greater professional respect, communication and collegiality in veterinary medicine. The Committee believes that professionalism and collegiality should be an important component of veterinary education and that schools should emphasize these concepts to students and that these concepts should continually be reinforced throughout their careers. Ultimately, the goal of this document is to serve as an initial guideline for general practitioners and board-certified specialists so that communication is enhanced, public trust is maintained in our profession, and the best medical care possible is provided to our patients. We anticipate and hope that discussion and debate ensues from its publication and that this document serves as a foundation for further clarification and characterization of the relationship between general practitioners and specialists.

Communication

- Medical records, updates, referral letters and all information regarding a patient must be clear and legible.
 - Veterinarians have a responsibility to either write legibly or type their records. With increasing availability of "paperless" records this will likely become more common in the immediate future.
 - Thorough documentation of all treatments should be included in the patient's medical records.
 - Medical errors should be documented and included in the patient's medical record.
 - Clients have an ethical and in many cases legal right to their medical records. These should be voluntarily provided and the individual veterinarian may charge a reasonable fee for copying the record. This fee may be specified in state veterinary practice acts.
 - Communication via telephone, fax, or e-mail is an important way for veterinarians to improve collegiality and improve patient care and would significantly improve client compliance and continuity of care.
 - GPs have a responsibility to fax, mail or provide to the client all medical records, lab results, radiographs, etc. prior to the patient's referral so that this information is readily available at the time of referral. Copies of lab results rather than simply interpreting them in the medical record (i.e. "CBC normal") should be provided.
 - Emergency referrals may initially be made via a phone call but all pertinent medical records and any outstanding lab results should be forwarded as soon as possible.
 - A referral form may facilitate communication of important information but is not a substitute for a complete medical record.
 - Specialty practices should consider calling the day before to request records on any patient that is being referred and for which there is not yet referral information.
 - Specialists have a responsibility to communicate the status of patients referred to them in a timely fashion. Same day notification of the presence of the animal at the referral hospital should be the goal for all specialists. This may involve a simple fax which alerts the RDVM to the referral or admittance of the animal to the hospital. In some hospitals, faxing the initial history, physical and treatment plan maybe sufficient.
 - Periodic updates on the status of patients admitted to the hospital should be provided on a regular basis to the RDVM. The frequency and detail of these updates will vary on a case by case basis, but all major changes in the animal's medical condition warrant the RDVM being notified.
 - RDVM's transfer primary case management to the specialist upon referral but should feel free and even encouraged to ask questions about diagnostic and therapeutic decisions.
- Optimum patient care occurs when the RDVM and specialist have open, efficient methods of communication.
- The RDVM should be notified on the same day, and preferably immediately, if an animal dies or is euthanized at the referral hospital. This better prepares the RDVM to help the client with grief counseling, send a timely condolence card, etc.
 - RDVM's should be encouraged to call for updates on any of their patients that have been treated as outpatients or admitted to a referral hospital. Specialists should make an effort to take these calls at the time they are made rather than having messages left. Specialists (or their assistants) should attempt to call RDVM's back the same day a message is left.
 - Referral letters (if used) should be mailed within one week of discharge or demise of any referred patient. Some referral hospitals may use a combination of client discharge form and referral letter where some may use a separate RDVM referral letter. The information in such communication should include all relevant diagnostic findings, plans for follow-up care and some indication of whether follow-up should/could be performed by the referring veterinarian.
 - Discharge orders provided to the client should be faxed to the RDVM on the day of discharge.

Client Request for Second Opinion

- If the client asks for a second opinion or referral they should never be discouraged or prevented from obtaining one.
- In general, any animal that continues to deteriorate, has not received a definitive diagnosis, or fails to improve despite medical therapy, should be considered a candidate for a second opinion. The length of time prior to such recommendation will vary based on the specific circumstances of the pet's medical condition, the client's desire to pursue diagnostics and treatment, financial considerations and a number of other tangible and intangible factors.
- Whether the GP recommends a board certified specialist or another, non-board certified veterinarian in the area whom they feel is qualified to take the referral is up to the GP. However, caution should be exercised to make sure the client understands the nature of the expertise and qualifications of the person to whom they are being referred.
- In the interest of client satisfaction, GPs should explain the training and experience that board certified specialists have.
- Every effort should be made to inform the client of the financial implications of further diagnostics and treatments prior to the referral.
 - Phone consultations prior to referral or to identify whether or not a patient should be referred for a second opinion is one of the responsibilities of Specialists. GPs should respect the specialist's time and not use them to "phone manage" what should otherwise be a referral. It is recognized that a fee may be charged by the specialist in situations where considerable amounts of time are being spent advising or assisting the GP. Whether or not to charge for these consultations is up to the individual, but the GP should be notified in advance that they are incurring this charge.
- Distance to another veterinarian should not be a factor in the GP offering a second opinion option to an owner. Expected client compliance should be considered when choosing a particular specialist with the primary motivation being patient care and well-being.
- Specialists have a responsibility to consider referral either in-house or to another clinic if they are unable to obtain a definitive diagnosis or effect successful treatment.
- If a patient is referred to another specialist (third opinion) the original referring veterinarian should be notified and the responsibility for future communication falls with the new treating doctor. This doctor does, in effect have 2 referring veterinarians.
- The patient's GP should be notified of the decision to seek a further referral.

Obligation to refer a patient back to the GP following referral

- Referral hospitals should attempt to ascertain who the referring veterinarian/veterinary hospital is for all referrals and emergencies seen.
- If clients refuse to provide this information or request that their regular veterinarian not be informed as to their pet being seen at another hospital, this decision must be respected.
- Specialists should make every effort to convince the client as to the benefits of communicating with their regular veterinarian; both to obtain as much relevant historical information and to provide appropriate follow-up for the patient.
- If the client states they are dissatisfied with their regular veterinarian and this is the reason for their requesting they not be contacted, the specialist should actively encourage them to address their concerns to their regular veterinarian so that the GP-client relationship can be maintained/improved.
- Animals referred for a second opinion should have their primary presenting complaints/ problems addressed. That said, other problems identified during the course of the animal's evaluation should be brought to the clients attention and to the GP. Whether to treat/address these secondary problems depends on their relationship to the underlying disease process, animals comfort and client's request. In general, what is in the best interest of the animal and that point in time should be the primary motivator for addressing these other issues. In some cases, this may involve performing diagnostics or

treatments that are generally performed by the GP. In "grey zone" situations, specialists should inform the GP as to why they may have performed such a procedure or treatment that might normally fall within the purview of GP responsibility.

-Routine procedures such as vaccination, heartworm testing, annual blood screening and the selling of heartworm, flea/tick products etc. should never be offered by the specialists to a referred client. Rabies vaccinations and boosters may be considered an exception to this statement in some circumstances.

-Specialists should always encourage follow-up with the GP if the GP and the specialist believe that he/she is capable of performing follow-up diagnostics and care.

-In some cases, the animal's best interest may be served by following up with the specialist.

If this is to be the case, the specialist should, at the earliest possible time, have the patient go back to the GP for care.

-A referral may not "end" until the original visit and follow-up treatments and care are completed by the specialist.

-Specialists should never offer to become the GP veterinarian of a patient.

Educating the referring veterinarian/Addressing 'standards of care'

- Uniform standards of medical care have not been established for specialists or generalists.

Professionally and legally the 'standard of care' for the GP is different from that of the specialist.

-Specialists should be cognizant of this fact when they are evaluating/critiquing the case management of the GP.

-The specialist has a responsibility to educate the RDVM in cases where they believe the animal may/should have been managed differently. This should be done tactfully and respectfully. The goal should be improving the quality of care for this patient and future patients seen by the GP.

-Constructive criticism can be included in a separate letter or note or can be provided via a phone call to the GP but should not be part of the referral letter.

-GPs should not be defensive or confrontational when specialists attempt to communicate new ideas or suggest other ways they may have managed a patient, nor should the specialists discourage the GP from providing suggestions or advice regarding case management. Constructive criticism is an important part of enhancing the level of care veterinarians provide.

-Clients have a right to honest answers when they ask specialists for their opinion on how a case was managed previously. In answering these questions, the specialist should make every effort to avoid any comments that could in any way impugn the reputation or undermine the client's trust in their regular veterinarian without first reviewing the medical record and contacting the veterinarian to discuss the client's concerns.

-The specialist should remember that in the absence of uniform standards of medical care the GP case management may reasonably differ from that they may have undertaken.

-Veterinarians should encourage clients with concerns or complaints about the care and case management of their pet to contact either the GP or specialist. The specialist or GP should try to notify the other veterinarian about the client's concerns in advance of the client calling whenever possible.

-If the client is intent on pursuing a malpractice complaint against a veterinarian, the client can be provided with contact information regarding any mediation committees available in the state or the state board of examiners whose job it is to protect the public.

-Veterinarians have an ethical obligation to report what they believe to be patterns of negligence /malpractice to the appropriate authority.

KEY

GP= General Practitioner

RDVM= Referring Veterinarian