

Case Scenarios for Establishing a Virtual VCPR

Real case examples of when a virtual VCPR is appropriate can provide valuable, relatable learning opportunities for veterinarians and the rest of the veterinary healthcare team. They will be posted frequently by WVCA.

Case #1:

Your name is Dr. Amie Jones. You're an experienced practicing veterinarian and have just received a call from John Edwards, who's recently moved to town with his dog, Benji. Mr. Edwards is concerned that Benji might have a real medical problem.

After moving into a previously occupied condominium, Benji developed a sudden onset of incessant chewing, biting, and scratching of the area around the tail base to the point that he now has significant caudodorsal hair loss with some sores developing. Mr. Edwards is certain these sores are painful to Benji.

- As Mr. Edwards continues to seek help from you for this problem, and you say, *"I cannot help you today, because we do not have an existing VCPR, so we cannot use our telemedicine service. You will have to bring Benji to the clinic. I wish I could help you today, but I cannot."*
- Mr. Edwards says, *"I do understand. I am new in town and I need to find a veterinarian for Benji here, so I am happy to bring him in to see you. When can I bring Benji in?"*
- You say, *"Unfortunately, we have no appointment openings until January (eight weeks from now). I am very sorry."*

The Dilemma

What does Mr. Edwards do? What are the potential consequences for Benji, Mr. Edwards, Dr. Jones, and the veterinary profession, if veterinary care cannot be provided by Dr. Jones?

- Benji would continue to be very uncomfortable, and his condition could progress to the point of open sores and even bacterial and yeast infection without timely and proper care.
- Mr. Edwards could take Benji to an emergency or urgent care facility. These facilities are becoming overwhelmed by such cases needing help that cannot be found through routine paths. In addition, it's likely that Mr. Edwards doesn't have insurance, so the emergency care would be an additional and unnecessary cost for him.
- Mr. Edwards becomes disenchanted with Dr. Jones and with the veterinary profession and:
 - Is driven to find care for Benji in different ways. He goes online and tries to treat Benji himself.
 - Posts scathing comments on social media about Dr. Jones and the veterinary profession and the lack of compassion for animals in need.
- Dr. Jones is devastated by the negative reviews and her feelings of helplessness weigh heavily on her. She and her entire team become increasingly frustrated with stress factors resulting from seemingly unlimited cases like these. She may even make the difficult decision to leave the profession because of compassion fatigue, chronic feelings of helplessness, and criticisms for circumstances beyond their control.

Is there a better scenario?

- Dr. Jones creates a virtual VCPR with Mr. Edwards and Benji, using the WVCA model telemedicine VCPR guidelines, which allow her and/or her telemedicine team to examine Benji virtually. After obtaining Benji's complete medical records from the previous veterinarian, she and her veterinary technician perform a virtual examination using real-time video. Her 360-degree video views of Benji allow her to observe his active scratching; she is able to document the caudodorsal alopecia accompanied by developing sores. Her primary diagnostic rule out is acute onset of flea allergy dermatitis, explainable by the recent move into a new residence previously occupied by dogs. The virtual exam stimulates other questions for Mr. Edwards. Dr. Jones learns that when Benji had been bathed, Mr. Edwards saw a few fleas on Benji and in the bath water, the first fleas he had ever seen on Benji. Dr. Jones feels she has enough information to make a provisional diagnosis of flea allergy dermatitis and to start treatment.
- Because the WVCA model telemedicine VCPR guidelines allow prescription of non-controlled medications based on the veterinarian's judgement, Dr. Jones is able to tele-prescribe an FDA approved prescription flea product manufactured by a major, reliable veterinary pharmaceutical company. She can also prescribe other allergy medications, such as Apoquel if she deems them necessary.
- Dr. Jones recommends that Mr. Edwards use premise sprays to treat the indoor and outdoor environment for fleas, wash Benji's bedding, and bathe Benji again.
- Mr. Edwards is able to schedule weekly follow up telemedicine visits for Benji. Dr. Jones's telemedicine veterinary technician starts each of these follow up telemedicine visits with Dr. Jones participating, as necessary.
- During the initial tele-visit, Mr. Edwards makes an in-clinic appointment for the first available time, eight weeks after that first telemedicine exam. This ensures that Dr. Jones can examine Benji in-person before repeatedly prescribing FDA approved medications.
- Dr. Jones is able to charge a fee for her virtual examinations and for follow up in-person examinations and gains an appreciative, loyal client.
- Mr. Edwards is very grateful for the caring, compassionate, responsive way Dr. Jones and her team provide veterinary care. He is compliant and actively engaged.
- Social media postings are flattering.
- Dr. Jones expands her reach and ability to provide excellent care for her patients.
- Dr. Jones can justify higher salaries for her trusted technicians, as they work at the top of their training. Her retention rate for associates and technicians is excellent.
- The culture of the entire veterinary healthcare team in this practice is favorably influenced by awareness that better service is being provided to more patients and clients with less tension for all involved.

Response to this scenario from a veterinarian who had previously opposed the virtual VCPR:

"I would feel compelled by my veterinary oath to help this animal and this owner."

Disclaimer: These virtual care best practices and algorithms are offered by the WVCA with full recognition that telemedicine is medicine, and that quality medicine depends upon the judgement of the veterinarian. Veterinarians may have different strategies in approaching their cases with excellence. The WVCA is not setting rigid standards for practicing veterinary medicine; rather, the WVCA is providing examples of algorithms for common medical problems to facilitate telemedicine for veterinarians who find this information useful. The foundation of any veterinary examination of a patient, whether in-person or virtual, is observation, which is done prior to further diagnostic testing. Virtual care relies heavily on remote observation that is enhanced by as many tools as are available in a particular situation. The tele-veterinarian uses these observations and tools to shape decisions about important next steps in an animal's care.