

**TeleTails**  
DIGITAL VETCARE

# Telemedicine: Extending Care Beyond Your Walls

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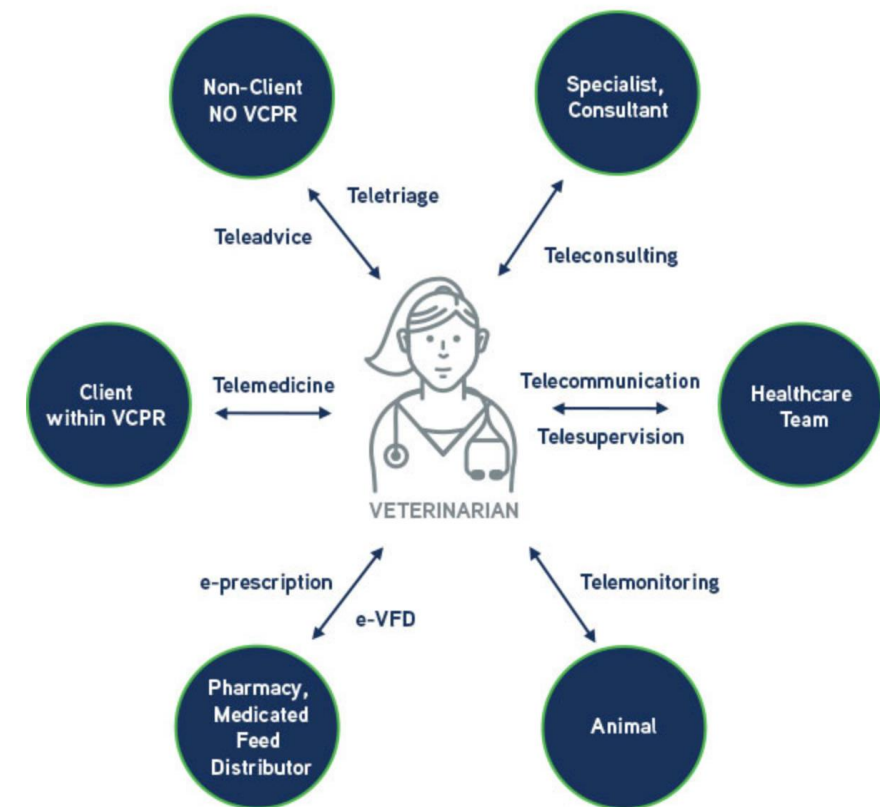
# Goals

- Develop an understanding for the differences between telehealth, telemedicine, and the role of the VCPR
- Discuss how a video based telemedicine platform can improve
  - Efficiency
  - Productivity
- Discover for how telehealth services can extend care to underserved populations
- Develop an appreciation for how the coronavirus outbreak may change client behavior and how your clinics can prepare
- Learn how incorporating a video driven telemedicine platform can mitigate economic effects secondary to the coronavirus

# Digital Care

“Telehealth is the overarching term that encompasses all uses of technology geared to remotely deliver health information or education. Telemedicine is the use of medical information exchanged from one site to another via electronic communications regarding a patient's clinical health status.”

AVMA Policy on Telemedicine<sup>1</sup>



<https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/using-telemedicine-help-care-veterinary-patients-covid-19>

# Telemedicine and the VCPR

- Most states require a VCPR for a veterinarian to diagnose, prescribe medication, or provide treatment<sup>2</sup>
- Federal law also requires a VCPR for prescribing extra-label drugs and issuing Veterinary Feed Directives.

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VCPR Stated	VCPR For Rx	Nothing Stated	Digital VCPR
AL	AZ	AR	CO
GA	FL	CT	VA*
IA	HI	DE	
ID	IN	DC	
IL	KS	MI	
KY	LA		
ME	MA		
MN	MD		
MS	MO		
NM	MT		
NC	NE		
ND	NH		
OK	NJ		
TN	NV		
TX	NY		
UT	OH		
WA	OR		
WI	PA		
	RI		
	SC		
	SD		
	VT		
	WY		

<https://www.avma.org/sites/default/files/resources/VCPR%20and%20Prescriptions.pdf>

# Regulatory Updates During COVID-19 Emergency

- FDA and the VCPR
  - “FDA does not intend to enforce the animal examination and premises visit portion of the VCPR requirements relevant to the FDA regulations governing Extralabel Drug Use in Animals and Veterinary Feed Directive (VFD) drugs. This will allow veterinarians to prescribe drugs in an extralabel manner or authorize the use of VFD drugs without direct examination of or making visits to their patients, which will limit human-to-human interaction and potential spread of COVID-19 in the community.”<sup>3</sup>
  - Only some states have made statements changing their state practice act otherwise the state rules still apply<sup>4</sup>
    - AZ, CO, FL, HI, MI, OR, SC, VT, WV

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# Regulatory Updates During COVID-19 Emergency

- DEA and Controlled Substances
  - DEA registered practitioners may issue controlled substance prescriptions via telemedicine for the duration of the emergency declaration (i.e., this is a temporary exception) if the following conditions are met:
    - Prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
    - The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
    - The practitioner is acting in accordance with applicable federal and state law.<sup>5</sup>

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# Regulatory Updates During COVID-19 Emergency

- Valuable Resources

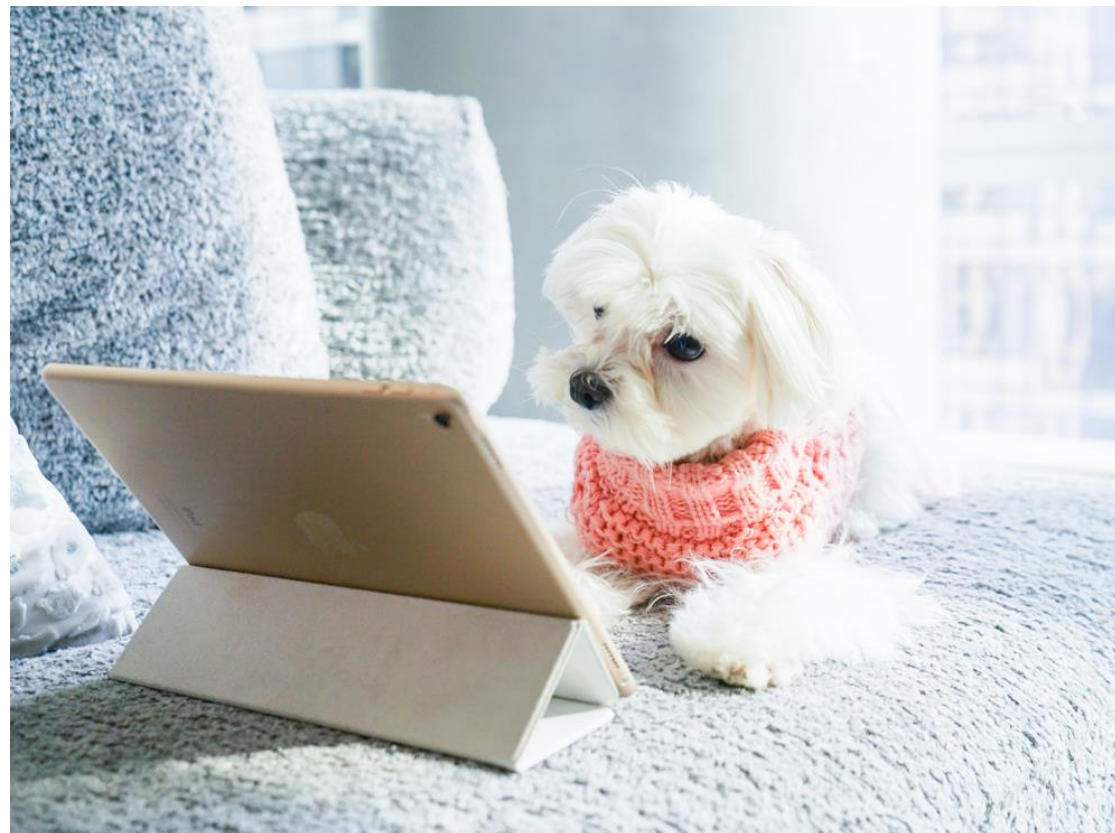
- DEA: <https://www.dea.gov/press-releases/2020/03/20/deas-response-covid-19>
- FDA: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-helps-facilitate-veterinary-telemedicine-during-pandemic>
- AAVSB: <https://www.aavsb.org/news/article/83>
- AVMA: <https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/using-telemedicine-help-care-veterinary-patients-covid-19>

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# Poll Time!

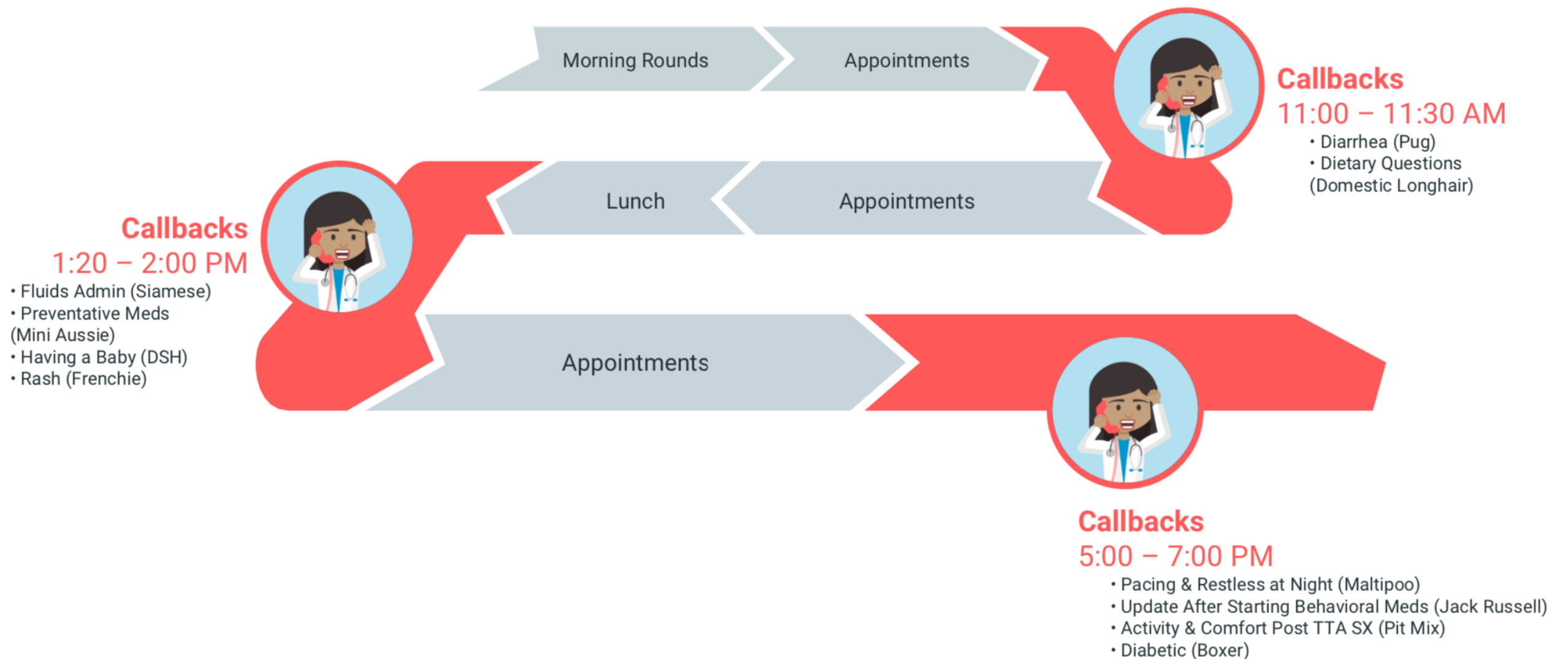
Are you currently doing any telemedicine?

Yes! No. Unsure?





# Where does our time go?



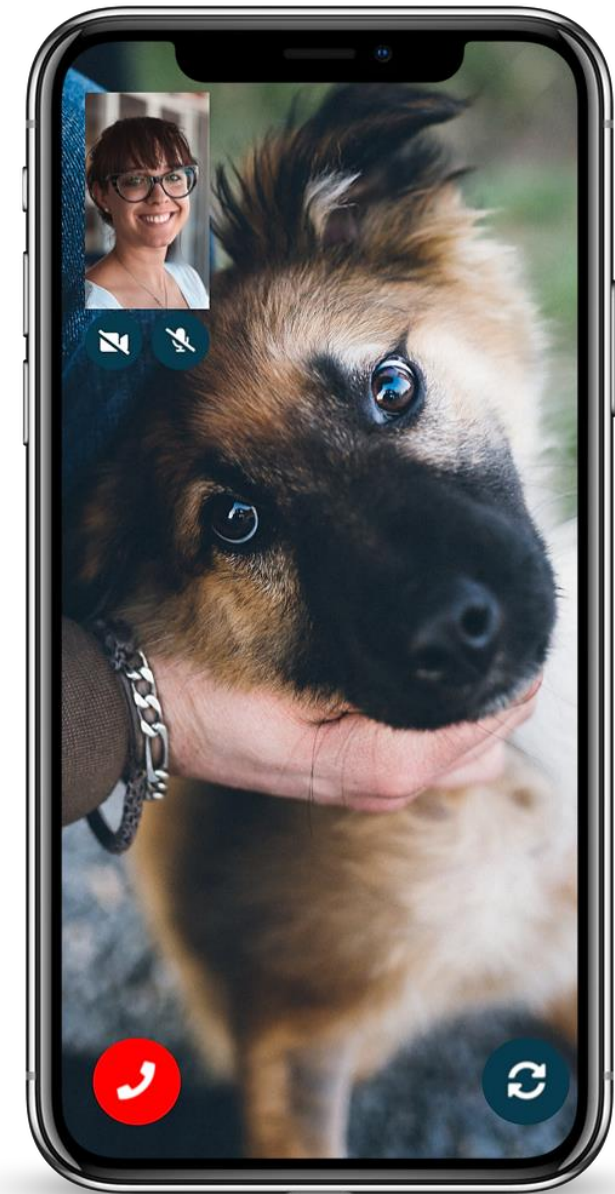
# Digital Consultations Save Time

- Eliminate the front desk bottleneck<sup>6</sup>
  - Check in - 19mins
  - Check out - 10mins
- Save time, labor loading and cleaning rooms

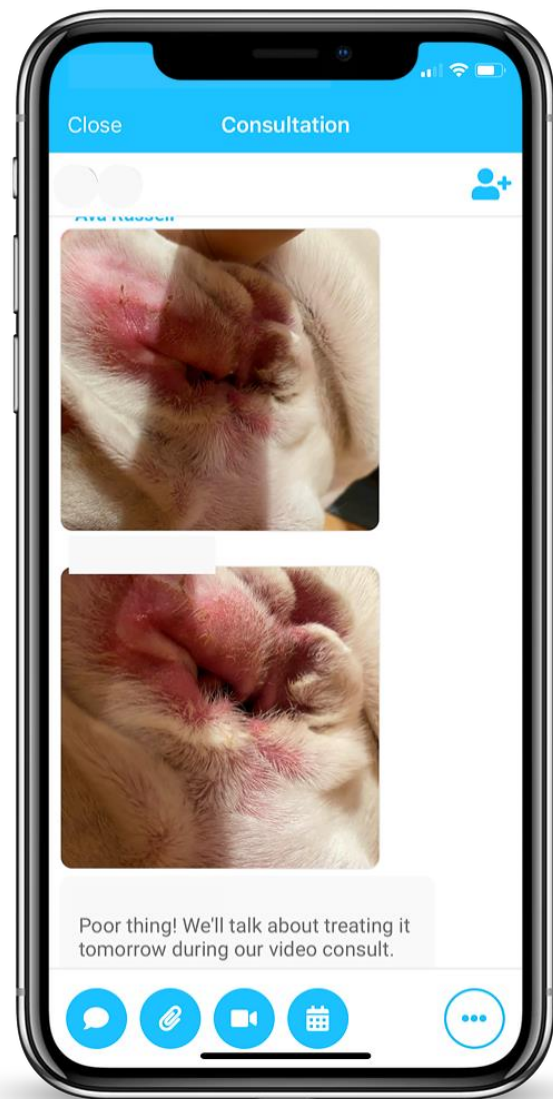


# Digital Exams & Rechecks

- Shorter duration
  - Allow for scheduling flexibility
  - Can see more patients in the same time
    - ▶ Avg. phone call is 25 mins
    - ▶ Messaging takes 4x longer
    - ▶ Avg. video consult is 7 mins



# Digital Exams & Rechecks



- High success and client satisfaction rate<sup>7</sup>
- Improve compliance saves visits in the future
  - Sierra
  - Milk

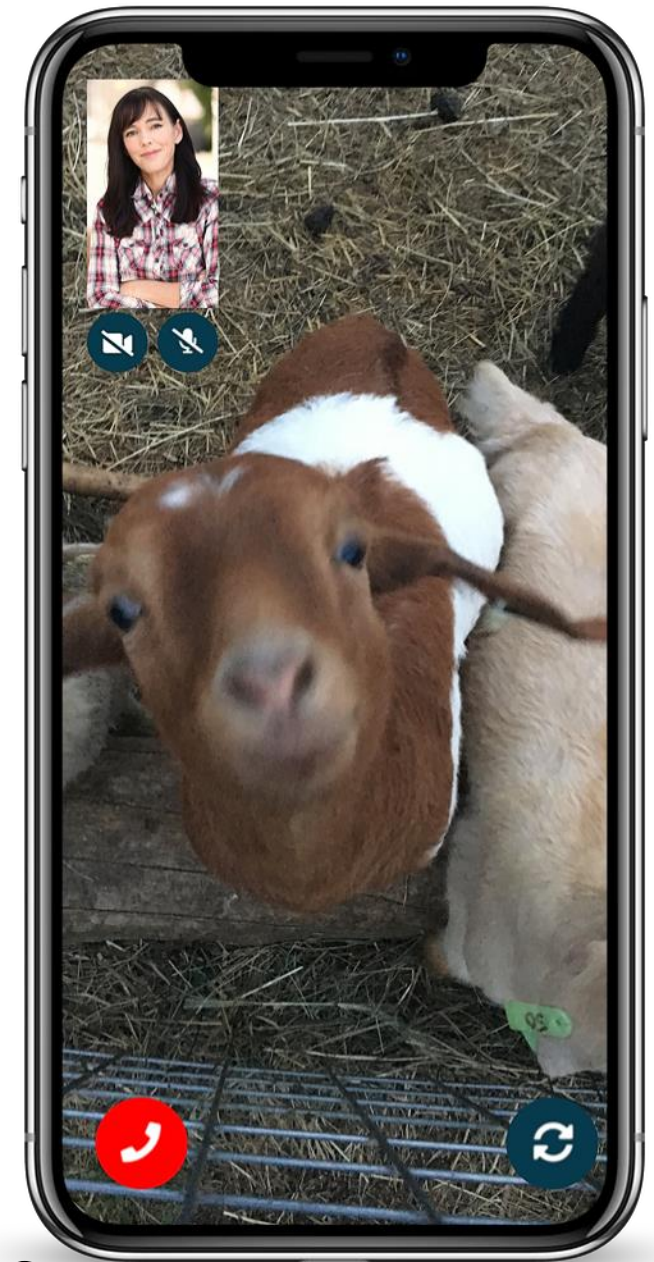
# Mobile/Ambulatory Practice

- Triage

- Assess if you need to visit the site
  - ▶ Avg. Travel time 35-75 mins<sup>8</sup>
- Guidance until you can get there

- Follow Up

- Save the travel time
- Improve compliance, save future trip



# Shelter/Foster Setting

- Foster Families
  - Convenient access for fosters
  - Maximize limited resources for shelter
- Behavior
  - Training check-ins



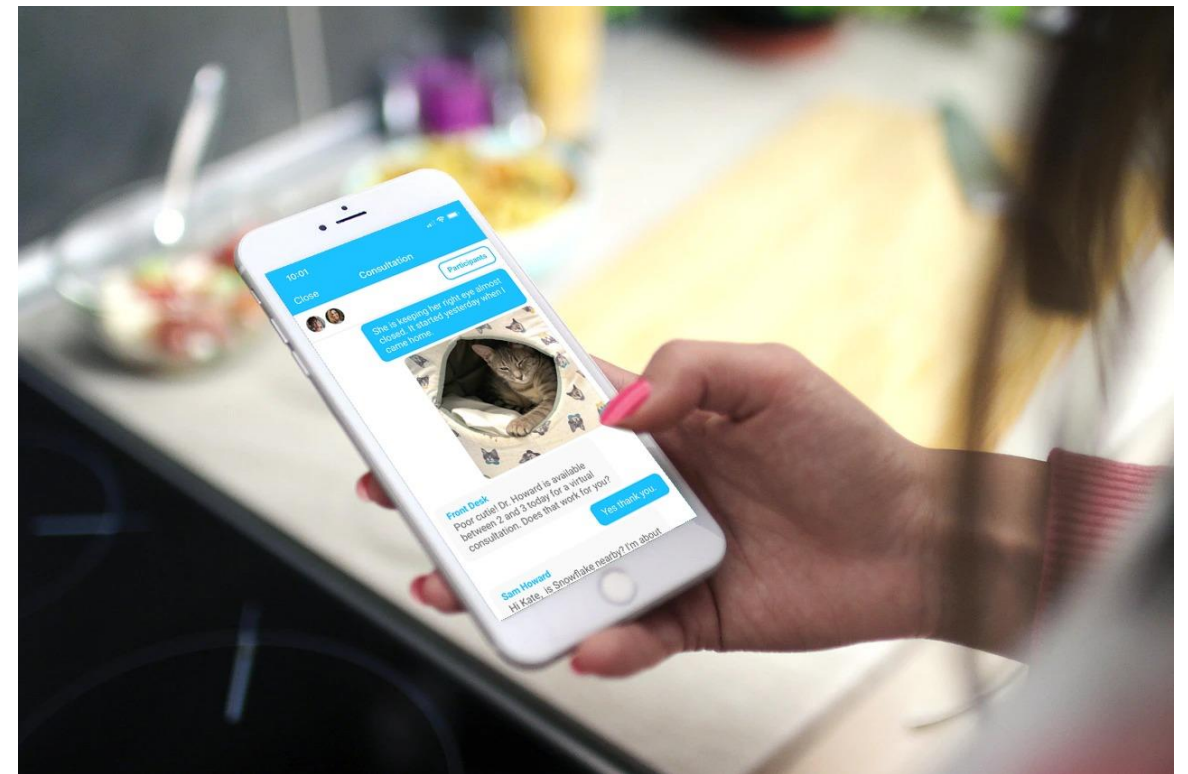
# In-office Follow Up

- Doctor Exams
  - Immediately know where to direct attention, next steps to take
- Tech Appointments
  - For specific diagnostics or therapies

# Virtual Consultations Allow Flexibility

## Remote Consultations

- Free up exam rooms
  - More space for other providers to offer in-office care.
- Capture after hours revenue
- Staff QOL
- COVID-19





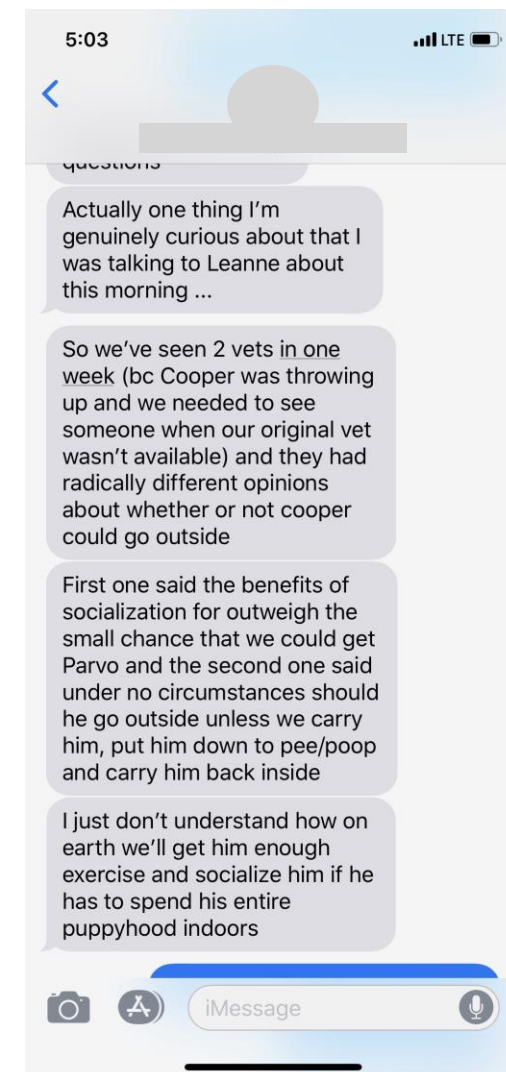
# Where are we losing money?

- Pharmacy<sup>9,10</sup>
  - Preventatives
  - OTC and Rx Medication
- Referral Care<sup>11</sup>
- COVID



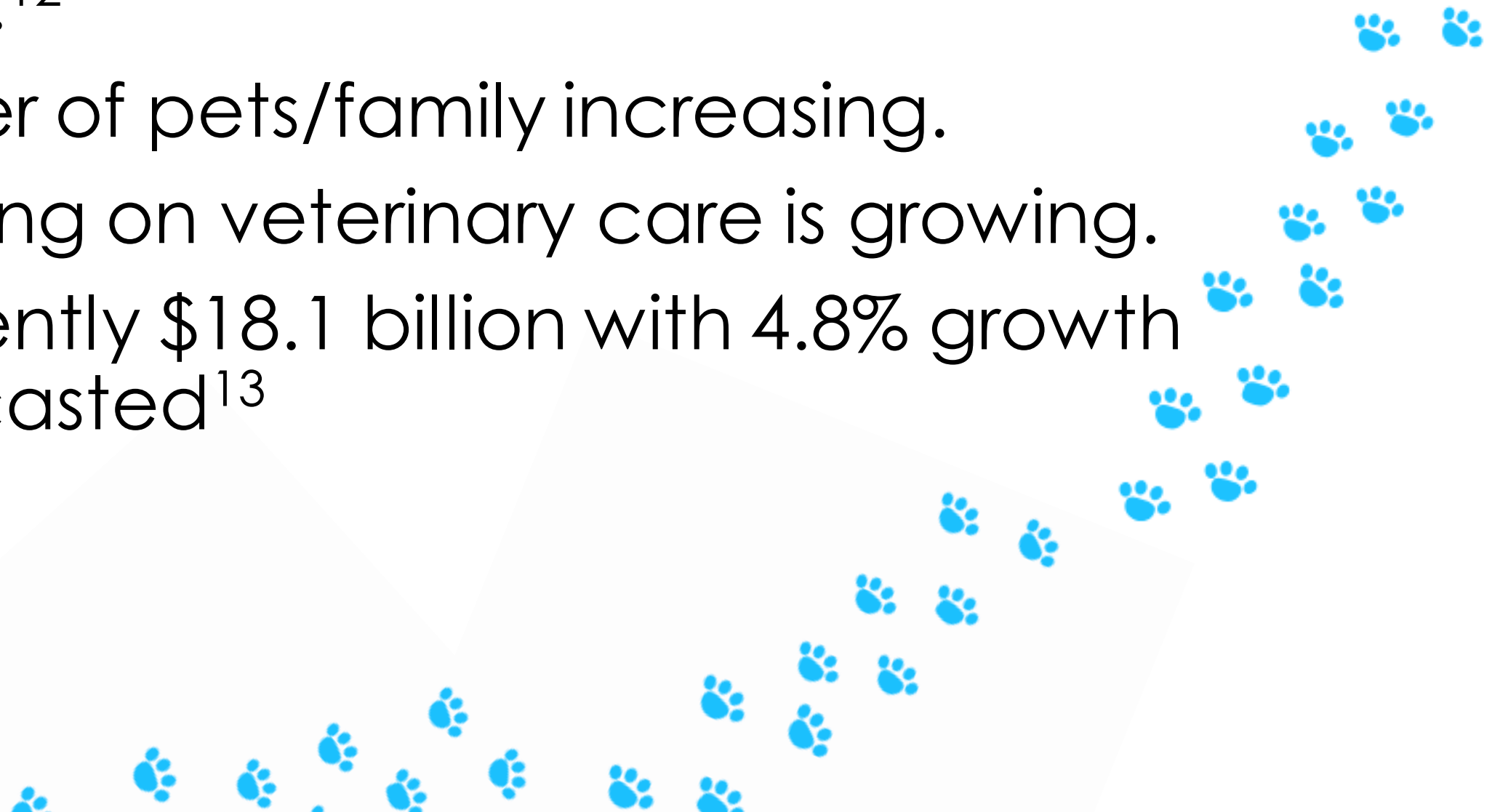
# Where are we losing money?

- “Quick question” phone calls, emails, texts
  - Time spent responding: 25mins
  - Money made: \$0



# Veterinary Market Size

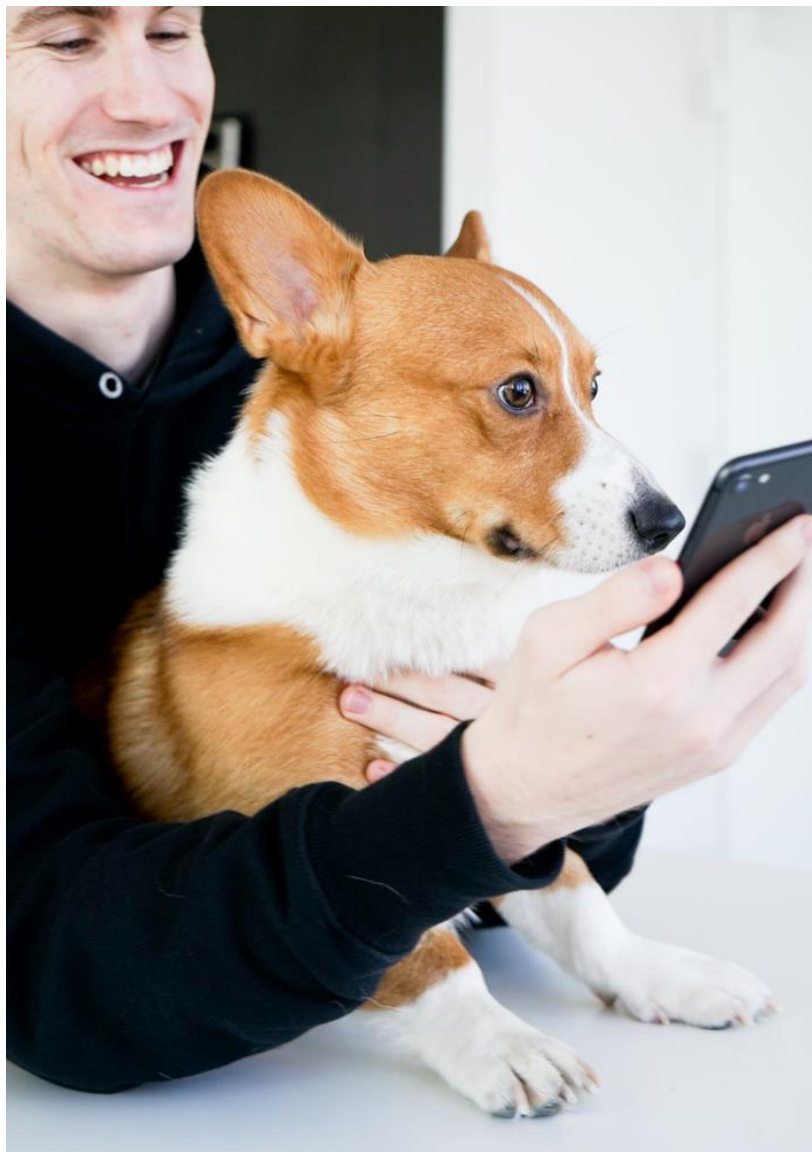
- 65% of US households have pets = 79.7 million homes.<sup>12</sup>
- Number of pets/family increasing.
- Spending on veterinary care is growing.
  - Currently \$18.1 billion with 4.8% growth forecasted<sup>13</sup>



# Telehealth Revenue Opportunities

- Improved Client Perception
  - Closer to a house call than a phone call
  - Willingness to spend
    - ▶ 10% discount to in-office exam for virtual consultation during business hours
    - ▶ 25% more ancillary products<sup>12</sup>
    - ▶ Drive them to your online pharmacy, clinic

# Clients Have Already Gone Digital



- Millennials
  - Largest pet owning population
    - ▶ \$1,285/yr on dogs and \$915/yr on cats<sup>15</sup>
  - 66% say they would switch providers in digital care not offered<sup>14</sup>
- 78% of all clients want access to virtual care<sup>14</sup>

# Case Examples

## Multi-location Small Animal

- New York
- First month launched
  - 149 paid consultations
  - \$28,000
  - ~6 consults/day

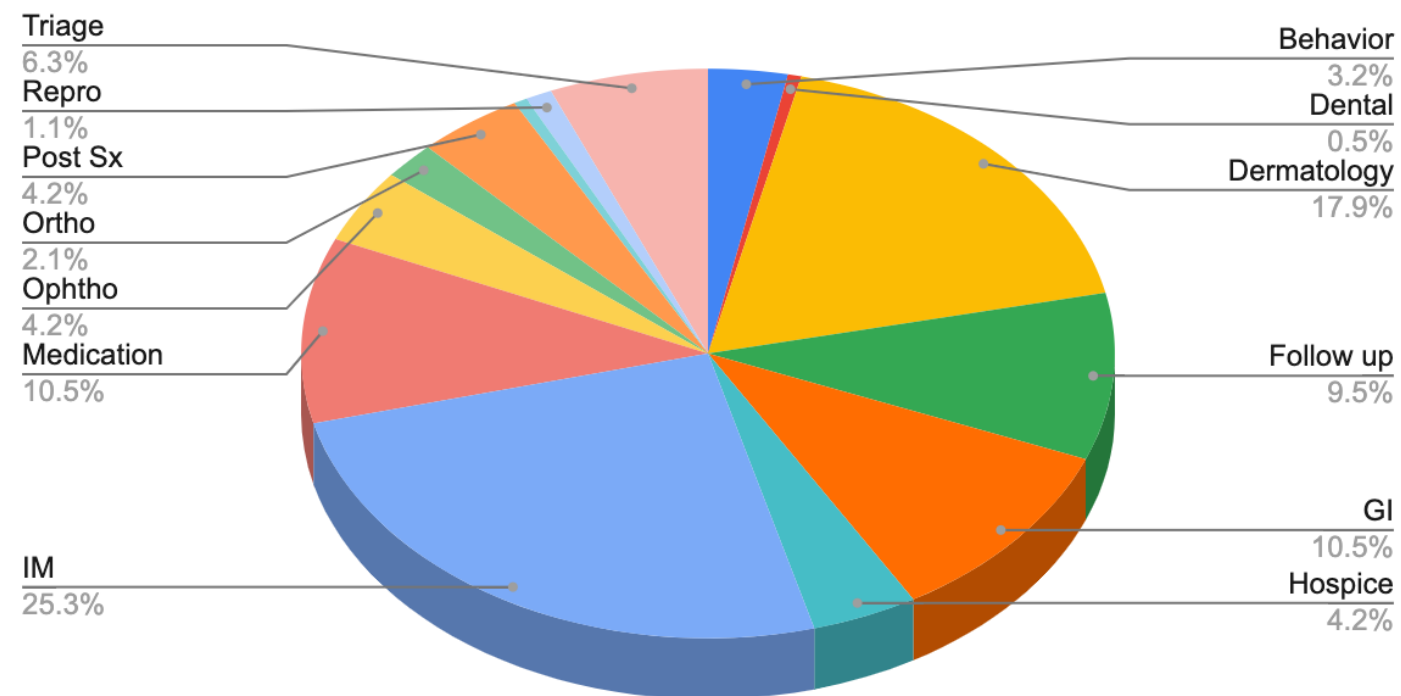
## AAHA Small Animal Practice

- Michigan
- First month launched
  - 216 paid consultations
  - \$10,500
  - ~9 consults/day
  - Leveraged LVTs as well

## Single, Mobile Practitioner

- South Carolina
- First 2 weeks
  - 17 paid consultations
  - \$1,100
  - 1-2 consults/day
  - Avg Duration 9 mins

# Case Examples



## Behavior

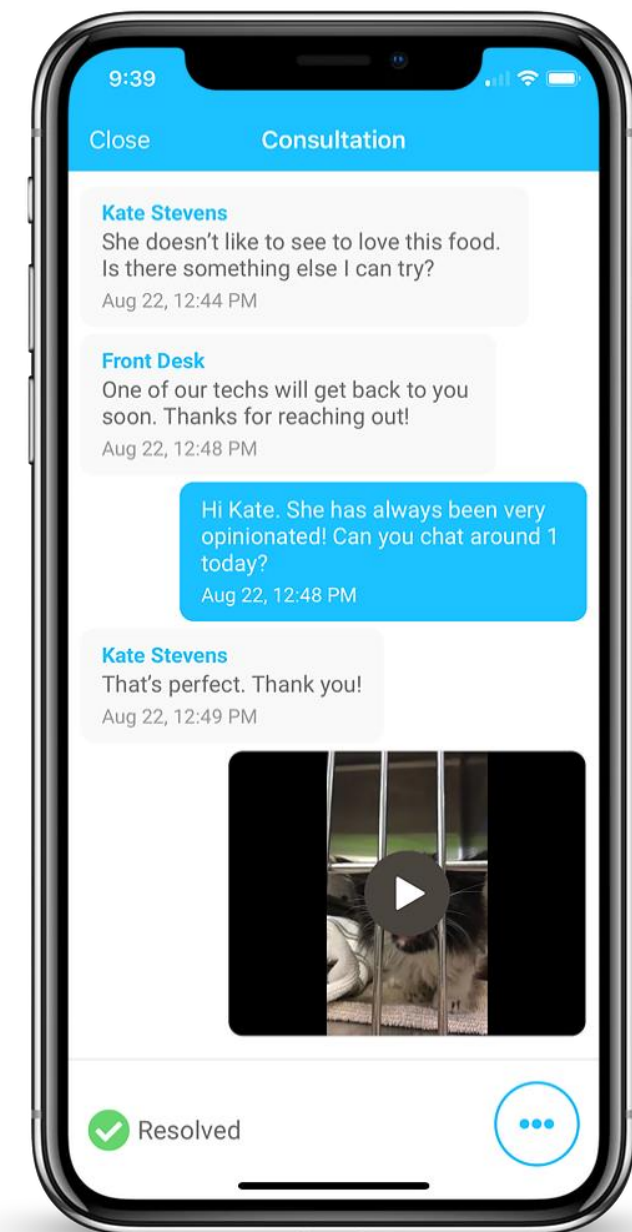
Chronic case management  
Coughing, sneezing  
Dermatology  
Diabetic care and monitoring  
External parasites (fleas, ticks, mites, etc.)  
Gastrointestinal issues, intestinal parasites  
Hospice care, QOL discussion

## Medication refills

Mobility assessments  
Nutritional counseling  
Progress exams  
Stressed/anxious pet  
Suture, post-surgery rechecks  
Triage  
Weight management

# Virtual Care Drives Clients In

- 38% of clients who completed a telehealth consultation schedule an appointment within the next 3 months<sup>14</sup>
- Post-digital exams





# Virtual Care Drives Clients In

- Happier clients are more likely to return, recommend to others, spend more/visit<sup>16</sup>
- Differentiate yourself from the crowd
  - Clients are looking online prior to picking a vet

# Barriers to Veterinary Care

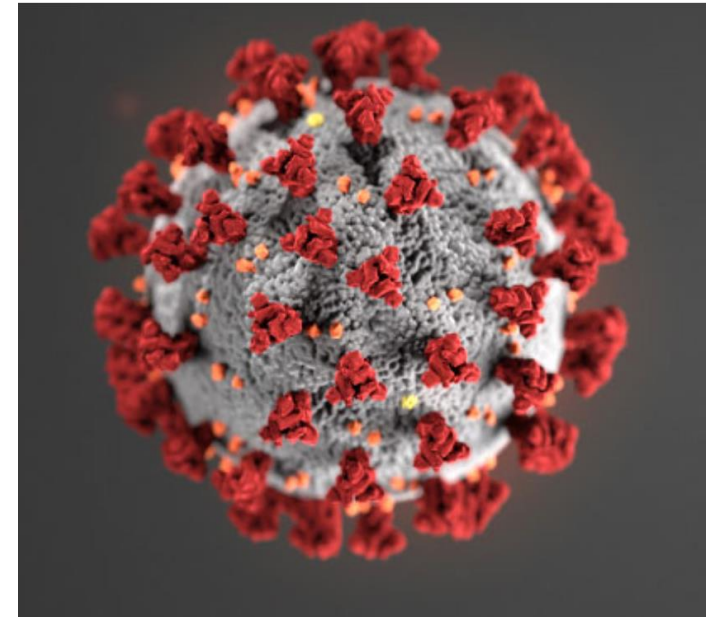
- 27.5% of families have experienced barriers to veterinary care recently.<sup>17</sup>
- Financial
  - Cost = #1 reason<sup>17</sup>
- Logistical
  - Lack of access to appropriate transportation<sup>17</sup>
  - Limited availability of veterinarians

# Barriers to Veterinary Care

- How Digital Care Can Help
  - Virtual Incremental Care Plans or Rechecks
    - ▶ Shorter, more frequent digital visit
  - Triage
  - Speciality Care
    - ▶ Between vet and direct to client

# Coronaviridae

- Routinely see 13 different coronaviruses in veterinary medicine<sup>18</sup>
  - dogs, cats, cattle, chickens, horses, pigs, and turkeys
- Humans only had 6 until recently



<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

# COVID-19 and Companion Animals

- Suggested animal source
  - COVID-19 virus is a close relative of other coronaviruses found in Rhinolophus bats (Horseshoe Bat)<sup>18</sup>
- “The current spread of COVID-19 is a result of human to human transmission. To date, there is no evidence that companion animals play a significant a role in spreading the disease. Therefore, there is no justification in taking measures against companion animals which may compromise their welfare.”<sup>19</sup>



<https://animaldiversity.org/accounts/Rhinolophus/>

# COVID-19 and Companion Animals



<https://www.nytimes.com/2020/03/04/science/animals-pets-coronavirus.html>

- Viral Transmission
  - Dogs
    - ▶ Susceptible but not affected
  - Cats
    - ▶ Most susceptible
    - ▶ Can spread cat to cat in the lab
- “Currently, there is no evidence to suggest that animals infected by humans are playing a role in the spread of COVID-19. Human outbreaks are driven by person to person contact.”<sup>19</sup>

# COVID-19 and Companion Animals

- Pet Owners with SARS-CoV-2
  - “You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask.”<sup>20</sup>
  - Ivermectin
    - ▶ “FDA is concerned about the health of consumers who may self-medicate by taking ivermectin products intended for animals, thinking they can be a substitute for ivermectin intended for humans.”<sup>21</sup>

# COVID-19 and Companion Animals

- IDEXX SARS-CoV-2 (COVID-19) RealPCR™ Test<sup>22</sup>
  - ▶ Consult with public health authority (State Vet)
  - ▶ Pet is living in a household with a human who has COVID-19 or has tested positive for the virus
  - ▶ Pet has already been tested for more common infections, that a veterinarian has ruled out
  - ▶ Pet (especially cats and ferrets) is showing clinical signs consistent with COVID-19



<https://www.idexx.com/en/veterinary/reference-laboratories/idexx-realpcr-tests/idexx-sars-cov-2-covid-19-realpcr-test/>



# Public Health Response

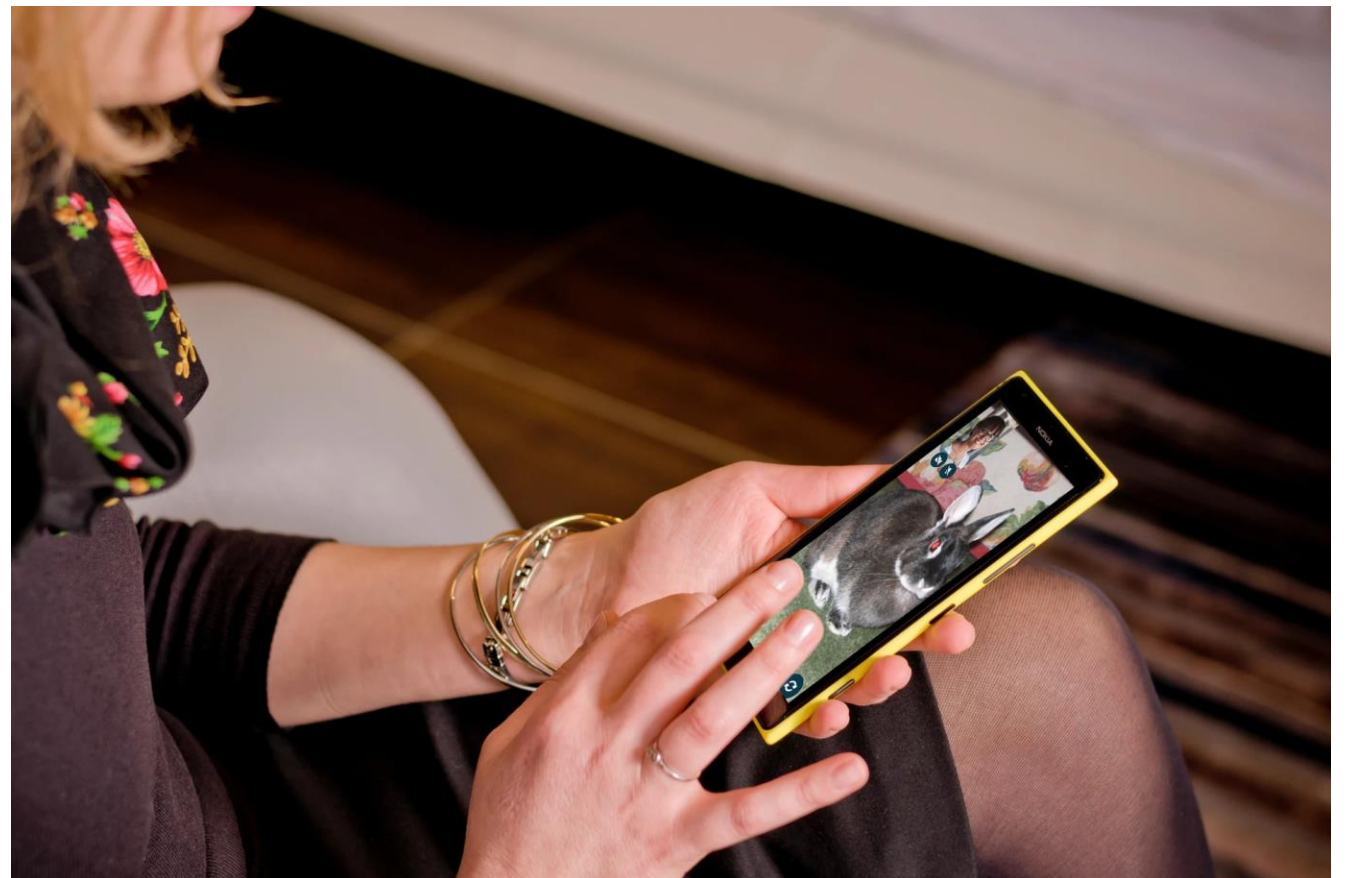
- Social Distancing
- Telehealth and Distributed Care
  - Keep “worried well” out of hospitals to help reduce burden and conserve supplies<sup>23,24</sup>
  - Growing rapidly
    - ▶ Eg. American Well, PlushCare, and Ping An Good Doctor<sup>25</sup>

# What does this all mean to our clients?

- Disinclined/unable to go out, congregate, or take public transportation
- Time to worry about their pets!
- Potential reduction/loss of income
- Increased exposure and demand for virtual care for themselves

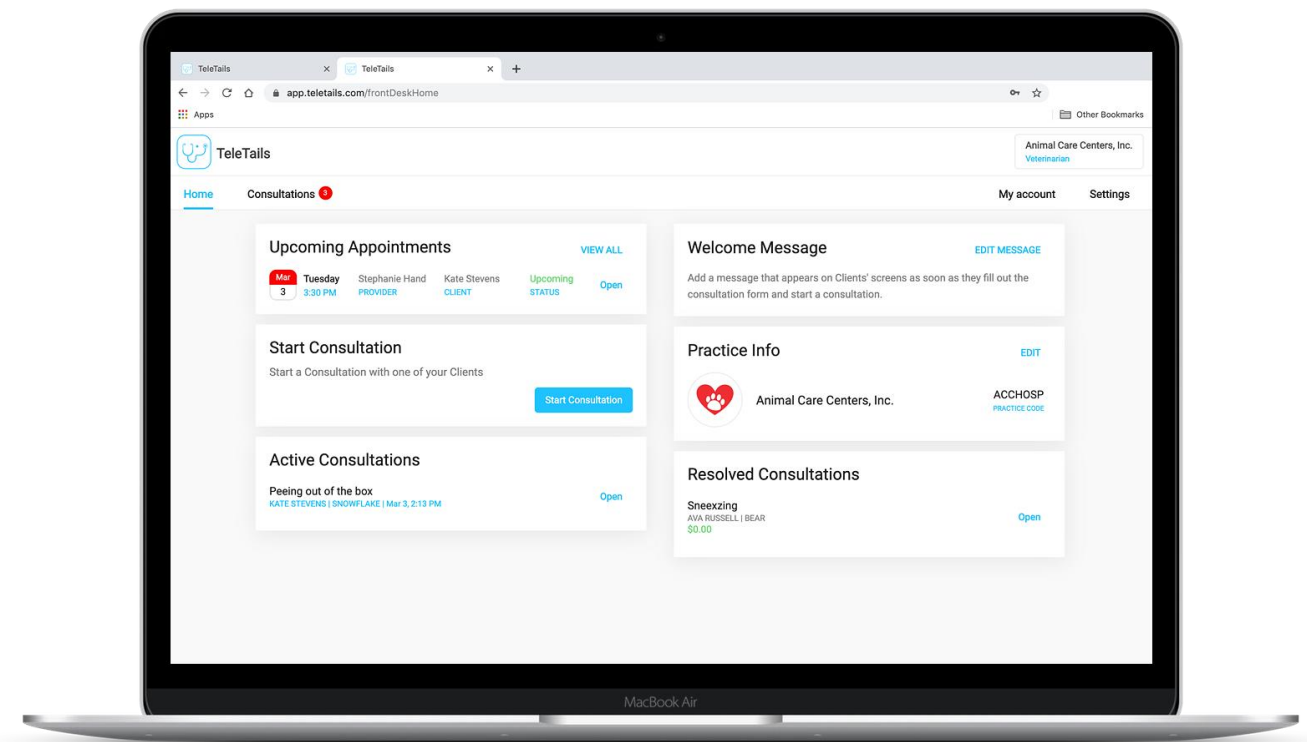
# Digital Care

- Client Benefits
  - Safe, convenient, high quality
  - Easy to use for all generations
  - Economical



# Digital Care

- Practice Benefits
  - Builds trust with clients who will then be more likely to return again and again<sup>26</sup>
  - Structure to managed increased client questions efficiently



# Digital Care

- Practice Benefits
  - Revenue opportunity
    - ▶ Charge per consultation can help offset potential loss in-office revenue
    - ▶ Set you up for continued revenue post-outbreak
  - Enables remote work

# Implementing a Telehealth System

- Be Proactive
- Pick a platform partner
  - Workflow, Support, Training
- Get all your staff onboard
  - Incentives
- Educate your clients
  - Digital care special

# COVID-19 Resources

- AAVSB - <https://www.aavsb.org/news/article/83>
- ASV - <https://www.sheltervet.org/covid-19-resources>
- AVMA - [www.avma.org/resources-tools/animal-health-and-welfare/covid-19](http://www.avma.org/resources-tools/animal-health-and-welfare/covid-19)
- CDC - <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>
- OIE - [www.oie.int/scientific-expertise/specific-information-and-recommendations/questions-and-answers-on-2019-novel-coronavirus](http://www.oie.int/scientific-expertise/specific-information-and-recommendations/questions-and-answers-on-2019-novel-coronavirus)
- For your clients:
  - Humane Society:  
<https://www.humanesociety.org/resources/coronavirus-covid-19-faq>

# Summary

- Telemedicine is done within the confines of a VCPR dictated by individual state practice acts.
  - COVID-19 regulatory changes have loosened VCPR rules\*\*\*
- A video based telehealth platform can help
  - Streamline workflows and increase efficiency
  - Generate additional revenue
  - Reduce some barriers to veterinary care
- COVID-19 is altering client behavior. Implementing a telehealth system can help you adapt to these challenging times.



# Poll Time!

After hearing the webinar, how likely are you to implement telemedicine in your practice now?

Definitely

More Likely

Still thinking

Not at this time



# Resources

1. Using telemedicine to help care for veterinary patients during COVID-19. AVMA; April 2020. Accessed at <https://www.avma.org/resources-tools/animal-health-and-welfare/covid-19/using-telemedicine-help-care-veterinary-patients-covid-19>
2. Resources: VCPR and Prescriptions. AVMA; June 2019 <https://www.avma.org/sites/default/files/resources/VCPR%20and%20Prescriptions.pdf>
3. Coronavirus (COVID-19) Update: FDA Helps Facilitate Veterinary Telemedicine During Pandemic. FDA; March 24, 2020: Accessed at <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-helps-facilitate-veterinary-telemedicine-during-pandemic>
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