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VIRTUAL TOWN HALL ON COVID-19 4/9/2020 Q&A

GVMA Town Hall Panelists:

- **Dr. Andrea Dunnings** - *Practice Owner, East Atlanta Animal Hospital, Atlanta*
- **Dr. Jacquelyn Horner** - *Associate, Pharr Road Animal Hospital, Atlanta*
- **Don Riddick, Esq.** - *GVMA Legal Expert & Practice Co-Owner, Benning Animal Hospital, Columbus*

Telemedicine Terms & Legalities

Answered by Don Riddick, Esq.

Q: Can you please go through the basic definitions of telemedicine terms and any legal implications of each?

A: **Telehealth** – This is broader than telemedicine and goes far beyond telemedicine. It is the overarching term that encompasses all uses of technology to deliver health information, education or care remotely. Telehealth can be divided into categories based on who is involved in the communication.

Telemedicine - This involves the use of a tool to exchange medical information electronically from one site to another to improve a patient's clinical health status. You use technology to perform telemedicine. In order to practice telemedicine, you need to have a VCPR—that you have sufficient knowledge of the animal to issue a preliminary diagnosis and you have seen the animal by physical exam within the last year or timely visits to the premises where the animal is kept (if it is a herd). Those are the basics of what you need.

Examples include anything you would use to communicate with a client and visually observe the patient for examination/discussion:

- Skype
- Mobile app such as Face Time or Messenger
- Text
- Phone Call

Teleadvice – This is where you provide general information that is not a diagnosis and is not specific to any animal. It is very general in nature. AVMA defines it as the provision of any health information, opinion, guidance or recommendation concerning prudent future actions that are not specific to a particular patient's health, illness or injury. This is general advice that is not intended to diagnose, prognose, treat, correct, change, alleviate, or prevent



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animal disease, illness, pain, deformity, defect, injury, or other physical, dental, or mental conditions. Examples include recommendations made by veterinarians or non-veterinarians via phone, text or online that all pets should receive annual wellness exams as part of a comprehensive preventive care plan, or that animals living in mosquito-infested areas should receive year-long heartworm preventatives.

Teleconsulting – This is where you remotely contact an expert or diagnostic lab or tool to provide information that you use in your practice of veterinary medicine. It is a subcategory of telehealth in which a general practice veterinarian uses telehealth tools to communicate with a veterinary specialist to gain insights and advice on the care of a patient.

Teletriage – This is one where there is some confusion as to whether this is really telemedicine. It is where you take information to assess the condition of the patient to determine whether the animal should be seen. You are not saying what the problem is or diagnosing it—you are helping the client make a good and safe decision about the urgency of them being seen or cared for by a professional. This can be done without a VCPR and can be done for anyone in the state of Georgia. The AVMA definition is that it is a safe, appropriate, and timely assessment and management of patients via electronic consultation with their owners. In assessing patient condition electronically, the assessor determines urgency and the need for immediate referral to a veterinarian, based on the owner's (or responsible party's) report of history and clinical signs, sometimes supplemented by visual (e.g., photographs, video) information. **A diagnosis is not rendered.** The essence of teletriage is to make good and safe decisions regarding a patient's disposition (immediate referral to a veterinarian or not), under conditions of uncertainty and urgency.

Q: Are there any other rules/regulations that we need to know to practice telemedicine?

A:

- Licensure—You must be a licensed veterinarian in the state of Georgia.
- State of Georgia Practice Act – You must have a valid VCPR—under the updated Practice Act, that means you must have informed consent as one of the components of establishing the VCPR. That does not mean that you must have a signed or electronic statement. It means that in the medical record, you will identify that you presented the options, the prognosis for the various treatments and they made a decision on how they wanted to move forward. That is informed consent. You do not necessarily have to have a consent form in the state of GA in order for a consent to be valid.



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- Pharmacy regulations—Regardless of what the State Board of Veterinary Medicine in GA determines, for the use of any scheduled substance and the prescription of it, that is still subject to the federal rules and their VCPR which does not allow telemedicine. Similar with the FDA for feed directives and for food animal—has not alleviated their normal standard for the VCPR. Even if you are trying to prescribe for example a treatment for bee hive—under the FDA guidelines, you must have a valid VCPR. NOTE: The FDA has relaxed their stance on the VCPR during this pandemic—however, you must still observe the VCPR stipulations that are in your state’s Practice Act.
- Record retention—You have to keep records just as you would if a client came in for a visit. Keeping your records that is part of the VCPR as of 2018 and so all of the elements that you would normally keep for a medical record are the same ones you would need for telemedicine. Because you don’t have signed forms, taking a picture or an image of a text message is permissible. Recording them without their consent is not. So if you need to confirm something or you need something in writing from them, ask them to text it or email it or transcribe it yourself. If you get the consent to video ahead of time as part of the telemedicine application that you are using, that is fine.
- Patient confidentiality—you have an ethical duty to keep your client’s records confidential. Remember that they can always ask for a copy of their records and that the practice owns the record—not the client or an individual doctor. The client is always entitled to a copy of the record.

Q: Can any telehealth options be offered outside of the VCPR during this time?

A: Yes. Triage can be offered outside of a VCPR because you aren’t giving a diagnosis or identifying treatment. You are only taking in the information and directing them to care that is appropriate. You aren’t actually making a diagnosis or practicing veterinary medicine that would require a VCPR. You can continue to do teleconsulting and teleadvice but what you can’t do is give a specific response on a specific condition of an animal without a VCPR. The VCPR doesn’t require that you physically see the client—it requires that you see the patient and that you gain the client’s consent. You have to have seen the animal in the last year—not the human.

Q: How is the best way for us to go about assessing our liability with doing telemedicine? Will insurance cover it?

A: Your liability for doing telemedicine if you have a valid VCPR and are staying within the minimum standard of care, you do not have liability for animal cruelty. You do not have the pain and suffering damages available to you



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because for the practice of veterinary medicine, the law establishes the value of the animal at the time presented. However, if you are not practicing as a validly licensed veterinarian with a valid VCPR and you are not performing the legal practice of veterinary medicine, then those waivers of liability may not apply. Your liability is expanded if you don't follow all of the requirements of the VCPR and of the Practice Act as interpreted by the State Board of Veterinary Medicine.

Making sure that you have sufficient information to initiate at least a preliminary diagnosis is critical with telemedicine and you should be willing and able to say that you don't have enough information from what I am seeing on the screen or from what you have told me so we're going to need to see the animal or you need to go to a veterinarian that can see the animal.

The second question about insurance—what I can tell you is that if you have an undisclosed risk, it may not be covered by the policy so if you are really concerned about telemedicine—particularly if you don't have AVMA PLIT insurance, I would call your insurer to make sure that it's covered. Some policies do and some policies are location specific. You must make sure you don't have a premise specific insurance policy in which case this would not apply.

Q: What are the consent requirements needed for a telemedicine appointment?

A: There are 2 types of consent--the first one is an informed consent for the treatment. This means you have to make reasonable efforts—verbal or in writing—of all of the diagnostic and treatment options/risk assessment and prognosis which are appropriate, probable in the case of your veterinary judgement following the standard of care. That is one form of consent.

There is another consent that you need to do related to telemedicine—explain to them the limitations of telemedicine when you start. So the AVMA has some guidance on this that I think is very good, which essentially says—we're going to try telemedicine but if I don't have enough information to practice the best quality care through telemedicine, we may have to choose another option. There are some things that I am not able to diagnose or to provide through telemedicine—if you're willing to work within those constraints, then I can provide a telemedicine session with you. If they say yes—great. If they say “I don't know, should I come in?”, you have to present them with the informed consent—the full option of here are the limitations of telemedicine and you have the option to come in if you prefer.



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Telemedicine Q&A

Answered by

- **Dr. Andrea Dunnings** - *Practice Owner, East Atlanta Animal Hospital, Atlanta*
- **Dr. Jacquelyn Horner** - *Associate, Pharr Road Animal Hospital, Atlanta*

Q: What technology are you using and what type of experimenting did you do?

A: **(Dr. Andrea Dunnings)** We use an app based platform. The client downloads the app for their phone. We use the Vet version of the app on our cell phones, and there is a dashboard that can be accessed through the internet.

When we first started using the platform, our Practice Manager submitted test cases through the client version, and I responded through the dashboard. Once the vet version of the app became available, we did the same process using the cell phone. I think this step is important. It allows you to see what the process looks like for the client. This also allows the staff to become familiar with how to use the platform.

(Dr. Jacqueline Horner) There are many telemedicine options available, mostly apps or desktop services (GVMA has been compiling a list of them on their website). We use either our cell phone with the app downloaded or the hospital computer, preferably a laptop with a camera. Once we downloaded/purchased our app, we set up the admin account and then set up a "client account" with our own animal(s). In this way, we were able to role play and experiment with the app to get familiar with the software prior to using it real time with our clients.

Q: What was your decision process on choosing a vendor and did you find that any telemedicine vendors require separate liability insurance coverage?

A: **(Andrea Dunnings)** There were only a few platforms available for veterinary practices when I first started to research telemedicine. I researched all of them and compared features. The one I chose had the following features:

- ease of use for the staff and the client,
- payment collection with automatic bank deposit,
- three client communication options, and
- text, phone and video.

Also, one really important factor for me was to have the ability to not charge the client. I thought it would be important to help maintain goodwill with clients. Because this was uncharted territory, I knew there would be cases that we would not want to address through telemedicine. So, if I had to tell a client they needed to bring a pet in being able to say we will not charge your card for the consult makes for a better client experience.



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Most of the applications at the time had their own disclaimers for liability that protects their company. This may have changed with some of the newest platforms. Our legal advisor created a consent form for us to use. Do your research and check with your liability carrier to see what coverage is available for your practice.

(Dr. Jacqueline Horner) In the case of Pharr Road, we attended a CE meeting about telemedicine and had the opportunity to meet with the creators of the app we currently use. They walked us through a demo of the product and allowed us a trial period, which was very helpful. The app was user friendly as well, which solidified the choice. This particular company did not require separate liability insurance coverage.

Q: How did you initially get started and how did you define your service offering?

A: **(Dr. Andrea Dunnings)** To define our service offering, we looked at it from an internal perspective and from the client (external) perspective. Before we officially launched the service, the doctors discussed basic types of cases we felt were appropriate to address through telemedicine. We looked at the types of phone call discussions we were having with clients as a potential source for telemedicine cases. Also, medical progress exams that were primarily follow ups with the clients to answer questions were pushed to telemedicine.

For client convenience, we initially offered the service 7 days per week. We did not know what types of consultations we would get after hours. After several months we started to get a feel for what we felt comfortable addressing, and the types of issues clients were requesting consultations for. With both of these considerations in mind, we were able to decide on a basic list of appropriate consultations. Please keep in mind that service offerings will probably vary for each practice. Demographics, clinic hours, clinic location may all play a part in which services you include on your list.

(Dr. Jacqueline Horner) We first started by having one doctor identify ideal cases with our best clients on the schedule, and then directly offered it to those clients for a reduced price until we got comfortable. From there, we had a doctor meeting to get all DVMs trained, walked them through the provided training videos, then familiarized them with the desktop and smartphone software. Once everyone's doctor accounts were set up, we rolled it out fully for the outbreak. I'm happy to share our email client invitation template and the email sent out to our clients. This was offered as an in-between option for those clients who



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weren't sure if their pet's problem warranted a hospital visit OR if they were unable to safely bring the patient in due to client health concerns/risks.

Q: How did you integrate telehealth consultations into your daily schedule?

A: **(Dr. Andrea Dunnings)** This was a natural evolution for us out of necessity. We originally had it set up where one of the doctors was always available on a day off from work to handle telemedicine consultations. When the caseload started to pick up, it became necessary for one of us to handle a consult while at work. We found that doing this between appointments usually worked out fine. It was really no different from making calls between appointments. If the day was hectic, we would text the client with a call time and schedule the consult in the dashboard so it would trigger a reminder for the doctor. For example, if a consult comes in first thing in the morning the Practice Manager will contact the doctor and coordinate scheduling a time with the client.

(Dr. Jacqueline Horner) If the client would like to do a video or phone call, we schedule them in as appointments on our schedule. The doctors do this, as they are the ones communicating with the client via the telemedicine app. Many of our clients like to resolve things via the chat or text message format, which doesn't require a booked time..

Q: Are there any issues with doing telehealth from home?

A: **(Dr. Andrea Dunnings)** We have not had many issues with the doctor working from home. Sometimes the timing of a consultation has not always been convenient for the doctor. For example, if the doctor is at the grocery store when a consult comes in, she will text the client and say can I contact you in 30 minutes. Clients are amazingly flexible with this. If your practice is not set up for off-site access this may be something to consider if you have someone working from home.

All of our doctors have access to our PMS system so it is easy for them to log into the system to look at records, put prescriptions in or communicate with the staff as it relates to a consultation. I personally think this is very important so your team can readily verify the existence of a valid VCPR. We have had a client try to use the platform for a feral cat. We have also had inactive clients submit consults that were declined as a result.

(Dr. Jacqueline Horner) As long as you have remote access to the patient record from home, there is no issue with telehealth at home.



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Q: Can you provide any advice on treating ears or skin without diagnostics?

A: **(Dr. Andrea Dunnings)** We do not really get into treating ears unless it is a drastic situation. We had one consult come in where the owner was out of state and he felt that the dog was having an ear infection. The dog did have a history of an ear infection a few months prior. We did not feel comfortable prescribing meds but did discuss with the owner how to clean the ears and what to look for in terms of progression. We were also able to give him the number to a local clinic where the classmate of a doctor worked. The client was very satisfied with our resolution.

Skin consultations can be done if you have a proper history and previous records. Having the client use the zoom feature on their camera can really help with visualization. You can see redness, flakes, and pustules pretty easily. More importantly it is more about the communication with the client and asking appropriate questions. This is also a teaching moment for clients as you instruct them how to brush the hair backward. Or, statements like this area must be itchy see how he started to kick with his leg, etc...

(Dr. Jacqueline Horner) History of recurrent skin or ear infections is a pre-requisite for our patients to use telemedicine. If it's a new issue, they must come in for a proper otic and dermatologic exam. Otherwise, I would choose medications that are safe for ruptured ear drums OR clearly warn the owner of the risks of administering otic medications without performing an exam of the tympanic membrane. Warn them of symptoms of ototoxicity. If they are concerned, they should bring the pet in for a traditional exam. For skin infections, if you are concerned about multi-drug resistance, seeing them for a visit may be a requirement in order to collect culture samples. Otherwise, I recommend treating with a broad spectrum cephalosporin for 1 week past normal skin (usually about 3 weeks), and rechecking the skin via telemedicine 2 weeks into therapy.

Q: How many of the staff at your clinic are using it and what type of training did you do?

A: **(Dr. Andrea Dunnings)** We have four doctors including myself that are on the service. The Practice Manager and two RVTs are listed as nurses which allows them to triage cases and assign them to a doctor. We initially did demo cases with the entire staff so that everyone could ask questions and become familiar with the platform. Now when we add a new staff member we will do a test case where they pretend to be the client.

Once we developed a general guideline for appropriate types of consultations, we discussed it in a staff meeting. We read through one of the resolved cases on the list so they could understand how it was resolved. We then walked through



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the next steps with the client in terms of medications dispensed and when to follow up. We also reviewed all of our promotional content and material with the staff.

(Dr. Jacqueline Horner) All DVMs are using the app and desktop software. A few of our level 3 vet techs are starting to learn how to triage and we instituted some training guidelines for our reception team to know which cases may be good ones for telemedicine. Oftentimes they are double checking with a doctor or RVT, and then emailing the client invitation template to get them set up with the app. Once the client submits a consultation request, a doctor evaluates the case and decides if ultimately the patient should come in or not. If the patient ends up needing to come in, we do NOT charge them twice.

Q: Can you please describe how you are using teletriaging during this time and if you are doing anything during COVID-19 that you hadn't been doing before?

A: **(Dr. Andrea Dunnings)** We have had quality of life consultations with some of our elderly clients for their senior pet. We also have eased our policy on addressing eye issues via telemedicine. We had one case where the owner had a newborn baby at home and justifiably did not want to bring the pet in. So we did a video call and were able to talk things through. Luckily it was not a severe problem. We were able to do a home delivery for her which we also normally do not do.

We are asking ill clients not to bring their pet in. We want them to request a telemedicine consult instead. We have actually had a few clients who are actively in quarantine utilize the service as a result. In these cases, we were able to provide home delivery and come up with the best possible plan once everyone in the house was clear.

(Dr. Jacqueline Horner) We are doing our best to email all discharges digitally and schedule post-op exams via telemedicine. We are trying to triage as many non-essential cases as we can. Many things like allergy symptoms or non-painful conjunctivitis can be managed this way without having the pet come in.

Q: How did you go about developing how you were going to charge for telemedicine and do you bundle it? What costs did you consider?

A: **(Dr. Andrea Dunnings)** We priced our initial consultation fee about \$15 less than our regular exam fee. The follow up fee is the same as our in clinic medical progress exam. We considered what we were paying the doctor who was the primary service provider at the time. We wanted to make sure that the fee was attractive enough to generate enough volume to make it lucrative for her and



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the practice. Obviously, the more staff you involve the more you have to account for their time.

When you are first getting started, there will be a learning curve so a consult may take you 20-25 minutes. On average, our consults take 10-15 minutes maximum. I would advise that you also consider how you are using the service and your overall goal with telemedicine. If you are providing after hours consults or triage, I think you can set your fees higher.

I know of some clinics that have bundled a consult into their surgery fee and then do video chats as part of the post-op follow up. I know of another practice that includes the consult fee in all of their surgeries and then send video of the pet being prepped for surgery and resting during recovery.

Since we no longer have clients entering the building we are currently in the process of bundling a consult into our New Client Exam. I am hopeful this will allow us to bond with the client more and increase the value to them.

(Dr. Jacqueline Horner) We have two flat rates: full consultation (new problem/concern, only \$3 less than in-hospital exam) and recheck consultation (free for post-ops, \$7 less for true rechecks like skin). We modeled them as closely to our in-hospital cost as we could. The software company takes \$5 per consultation. Later, once things are more streamlined and this is more of a luxury rather than a need, we will likely increase the price.

Q: Did you change anything in your clinic to practice telemedicine (area where noise is limited, has a certain backdrop, provides privacy, etc.)?

A: **(Dr. Andrea Dunnings)** Most of the consults done in-house are in the doctor's office or the Practice Manager's office. The noise is usually limited. Very rarely do we have an issue. If anything, I think the client acknowledges that we are busy and have other patients.

However, if you are going to use the platform for more of a concierge experience I do think all of those factors become more important. So having a nice picture or backdrop that you can place in a quiet nook should be easy enough to do. Don't let a small thing like wall coverings keep you from doing video calls. They provide more of a personal touch and a lot of clients really prefer them over a phone call.

(Dr. Jacqueline Horner) Since clients and patients are no longer coming into exam rooms, we typically find a quiet, unoccupied exam room or our doctor office to hold these calls.