

## IVSH S2 E4: The Pros and Cons of the Virtual VCPR

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Dr. Stacee:

Good morning, Dr. Wallis. How are you today?

Dr. Wallis:

Good morning. It is an early morning, but we're gonna talk about one of my favorite subjects with virtual care.

Dr. Stacee:

Yeah, the virtual VCPR is the topic today. And more specifically, we wanna dig into the legality of it. Is the virtual VCPR legal, what is it going to take to make it legal? Should it be legal? Why should you care? And then we're gonna break things down into five things you need to know about legalizing the virtual VCPR in your state. So let's kick off. First off, I think we need to just go high level here. What is the virtual VCPR Crista? Talk to us about this.

Dr. Wallis:

Yeah, I just had to take an online course in Florida to get certified to practice there, and they make all veterinarians take this course every year, but I'm from the state of Kansas. They do not make us do this every year, but I think it's a good idea every now and then to go back and read your Practice Act laws just to get an idea of what you're doing wrong, because I learned that I was doing a lot of things wrong and, and I don't want to be like that. So it's important to understand and know. So the veterinary client patient relationship is the professional relationship between a veterinarian, their client and their patient. And it's the basis of interaction among the veterinarian and the client and their patient. And it's critical in our Practice Act laws to ensure that proper veterinary medical care is delivered.

And it is established when the veterinarian has assumed responsibility for making clinical judgements regarding the health of the animal. And the client has agreed to follow the veterinarian's instructions. So that's very important. And the A A V S B states that the VCPR requires both the veterinarian and the client to agree that the veterinarian assumes responsibility for making medical judgements regarding the health of the animal. The veterinarian has sufficient knowledge of that animal to initiate general or preliminary diagnosis of the medical condition. And the practicing veterinarian is readily available for follow-up in case of adverse reactions or failure of the regimen of therapy. Very three important points of the VCPR.

Dr. Stacee:

Is that state to state or is that just Florida's ?

Dr. Wallis :

That is state to state. Every state has different nomenclature for the VCPR, but every State Practice Act law has that in it, and that is the basis for which they form all the other laws pertaining to how we practice medicine.

Dr. Stacee:

Okay. So we don't have a national definition of the VCPR. It's defined on a state by state basis. So the next question you guys ask is who is responsible for deciding if a virtual VCPR is legal? And let me give you just a little bit of education here in case you don't know. I didn't know this until I was president of the Colorado Veterinary Medical Association in 2020 where I learned a lot here. So I always thought that the state board was in charge of these things or the AVMA might be, but that is not the case at all. The way it's set up is every state has a department of regulatory agencies. Now, this is the licensing body, if you will, that issues all the licenses to people that need licenses. This would be people like architects, cons, contractors for construction, h medical doctors and nurses, physical therapists, veterinarians, everybody that has to have a licensed pharmacist.

They all go through the state's Department of Regulatory Agency and it's called DORA for short. You probably have seen that dora. Now there's another body in each state, and that is basically a board generally of their peers that's going to handle complaints. So this for us would be our state veterinary medical board. And this is where general clientele can lobby complaints against their provider. This board, which is made up of their peers, usually will review the information, bump up the complaint against whatever's written in the Legal Practice Act to see if the complaints are valid or not. So the state board uses the Practice Act dictated and developed by the Dora Agency to know what the legal lanes are. The state board does not change the Practice Act. They have nothing to do with it, they just enforce it. So if you want to make change, you have to go through your Department of Regulatory Agency and make changes on the actual legal words. That was a big long thing. but I think lots of people are confused. Like I didn't realize, I thought maybe the AVMA decides this stuff. Nope. They got nothing to do with it.

Dr. Wallis:

Yeah. In the state of Kansas, the way we are processing, making changes currently in our Practice Act laws, they have very nicely invited all veterinarians to come to an open forum setting online and voice their opinion. And they're gathering all the opinions of the vets in the state of Kansas as to whether or not we want to add virtual care in our

practice act laws. There are also other things that we are talking about as well. However, as we are having these discussions, the board of examiners in the state of Kansas will develop nomenclature to add to the Practice Act laws in which they will have to make that into a law. They don't make the law themselves, but they are the starting point in all of this legalization.

Dr. Stacey:

Oh yeah, that's a great point. Your state VMA is a major influencer in the State Practice Act nomenclature. Yes. So if you care about this, which you probably should, you definitely need to get involved with your state's Veterinary medical association and participate. You, you can serve on the board. You can at least if you don't wanna do that, at least attend the meetings and understand what's going on in your state. Okay. Let's hit on real quick, like why do we even care <laugh> about the virtual VCPR? Like what's the big deal about it? Okay, first off, I think it's super cool for the vet because this opens up the ability for you to work remotely and by working remotely. I'm envisioning you texting with your clients at your kids soccer game. I'm envisioning you getting to spend the weekend at the beach even though you aren't technically able to take off work all the way, but you're at least getting out of the clinic and you're able, maybe you can even work from home one day a week. Like it just opens up so many options. Why else do we care, Crista?

Dr. Wallis:

Well, I think that it also allows you, if you're in private practice, to optimize your appointments and not wasting time while being on the phone and answering, you know, things. You know, you're gonna weed out that riff raff and what you're gonna do is you're gonna add in more really concise and informational time with your clients to provide them the things that they need. And you can do this in between appointments, in between surgeries on your lunch hour without taking a lot of your time. People think, oh, this is gonna take a lot of time. It takes me approximately seven minutes to solve a problem online with a client. So it doesn't,

Dr. Stacey:

Yeah, that's great. And you can make more money. Like right now, if you're on the phone with a client talking about why their cat peeing outside the litter box, you are making a dime, I'm pretty sure. But if you can convert that to a more official texting conversation, or even if you wanted a more official phone consultation, you can charge for it. So this allows you to get paid for all that free advice you're giving out.

Dr. Wallis:

Absolutely. And I have noticed over the last five years, it's increasing my touch points with clients. I used to maybe see most clients for like once a year, maybe twice a year at

the most. And now I'm able to connect with them five to six times a year. And that can be turned into other things and it really has made me more connected with my clients.

Dr. Stacey :

Well, and it kind of makes you the good old fashioned trusted provider. I mean, I remember back in the day you were almost like a member of the family. People think I'm a member of the family. I guarantee it when I see 'em. They gimme a big hug. And I saw some clients a couple weeks ago out at dinner and, and I was their vet for their cat for a long time, but I haven't seen them in 10 years. And they were eating dinner with their friends and they wanted me to sit down and they were introducing me to all their friends and I literally felt like I was a relative <laugh>. We wanna get back to that. And the way you do that is you have an ongoing relationship with your client and this guys is gonna help you fight Chewy and everyone else on the planet that's out here wanting to grab your client and give them free advice through telemedicine. So doing it yourself, opening up that channel just really is important at client retention.

Dr. Wallis:

Yeah. And remember, AVMA did a study and they asked clients, would you rather get advice from just a veterinarian or your veterinarian? And people wanted advice from their veterinarian. They would pay two and a half times more per visit just to have advice from their veterinarian.

Dr. Stacey:

Ah, so important. Okay, so let's hit on a couple of big arguments against it. There are definitely some haters on this, so let's hit on those first. One being, not being able to touch the pet is going to result in bad outcomes. Okay, let's just double click into that and break it down.

Dr. Wallis:

So for me personally, I've always said we're not changing the way we practice medicine, we're just changing the way we communicate it. So if you wouldn't feel comfortable giving medicine to a 12 year old poodle that you haven't seen in two years that started coughing and the owner thinks it's kennel cough, even if you're seeing that online or or not, I'm, that dog has to come in and I'm gonna ask them to come in right away because clearly the likelihood of it being heart failure is very high. So you're not really changing the way you practice medicine for me personally. And I understand that not everything can be seen online. but there are situations that you can easily diagnose online without ever having seen this patient nail trims a blood feather being broken. What is cherry eye? There are certain growths you can look at and know that it's a skin tag, not cancer, or that that's not a tick, it's the nipple of the dog. you know, what is a, a dog with a swollen face and his eyes aren't open? Well that's an allergic reaction. And I think there

are those situations where a virtual V C P R can be established and used, but let's remember we use our professional knowledge to make those decisions as to whether we can treat that online or not.

Dr. Stacey:

Yeah, it's like, use your brain. It's not across, use your brain

Dr. Stacey:

Everybody. Yeah. Okay. And the other big argument here is that we're gonna just open the floodgates for all major competitors to enter into the veterinary field. Well, I hate to burst your bubble everybody, but that's already happening. Chewy's providing telemedicine consults, I think who is, is there, was someone else doing it recently too? Who was it?

Dr. Wallis:

Yeah, popped I think has partnered with Walmart and they will start offering services as well.

Dr. Stacey:

Yeah. So if clients want that, it's already going to be available for them. So here's the deal. We are going to need to be involved in the legal writing of the language of the legalization of the VCPR so that we can set it up in a way that everyone wins. And when I say everyone, I mostly mean you the veterinarian, because this is our profession and we want to, I don't wanna say protect it necessarily, but we definitely want to be at the table when this is being written about and changed because it is getting changed. It's like that ship has sailed. So we want you to get involved in our point today. We wanna educate you on what you need to know so you can be involved. So we're gonna go into now five things you need to know about legalizing the virtual VCPR. Number one. Who decides this? Who decides if a virtual VCPR is legal or not?

Dr. Wallis:

Yes. So we have to remember, we are governed by our states. We are not governed by the federal government. We do have federal government agencies that we have to follow regulations because we are providing medication and therapies, but it comes down to our state and each state will have to rule on their position for that virtual VCPR. And that still means that you can only practice virtually if the clients in your state. I cannot virtually establish that for a client that's in Florida when I live in Kansas unless I have a Florida license. So we need to remember that that part of our VCPR isn't changing. We still have to be licensed in the state that we're practicing in.

Dr. Stacey:

Okay, great. Next, let's talk about what is the process of getting your State Practice Act

changed? So let's say we've all decided it needs to change. How exactly do you do it? Well, this also varies from state to state. Now, in Colorado they have something called a sunset review, which I don't know who came up with that term. It's a very specific term. That means your State Practice Act is now open for change. And this happens every seven years in the state of Colorado. So the way it happens is the State Practice Act is written in all of its glorious legal language and then it's closed. The doors are closed and you can't touch it again until the next sunset review, which in Colorado is seven years later. Unless, and there are exceptions you want to make a urgent change in, you need to do something quickly, you will then have to lobby and petition your regulatory agency to open the state practice Act for you to make a change.

But when they open it for you to make a change, anybody else that wants to make a change can also make a change at the same time. So this gets a little tricky when you're thinking about acupuncturists, physical therapists, people that are encroaching on the scope of care for veterinarians. It's a whole nother episode here. But basically you've gotta know when your state practice act is open for change and you have to be there at the table, this is generally the big burden for your state VMA and they're going to be working very closely with Dora and they're going to be providing suggested language that can make those changes for your State Practice Act

Dr. Wallis:

Takes time, nothing is gonna happen overnight, people.

Dr. Stacey:

Yeah. Which leads us to our third thing you need to know is how long does it take for your state to get on board?

Dr. Wallis:

And I'm in the state of Kansas and I can tell you it has taken me over five years just to get the Kansas Veterinary Medical Association and the Board of Examiners to even start discussing it and saying that there is a place for it. And they are now finally open to adding in nomenclature to our Practice Act laws. So it took many, many years for me to gather my own personal data on how it works, how successful it is, and I could practice this without harming animals. And that's really what they wanted to know. Could this be done effectively and efficiently without harming animals? And the answer is yes. And I think once your state knows that and they understand that, then they will be open to change. But in, unless you provide that, unless you get involved and start voicing your opinions, nothing will change. So you can sit back and let the big corpse win or you can be a part of the change in your state.

Dr. Stacey:

This brings us to point number four. Will anybody with a license be able to provide

online care to anyone anywhere? Well, the way it works right now is there's a couple of sentences referencing this, most likely in your practice act. These two points I'm about to tell you, and we are advocating to keep those. Now the first one is, the provider has to state a physical location of the brick and mortar and or spell out how the client can get care in person if follow-up care is needed. And the second point we want to retain is any reference to the fact that the practitioner has to be licensed in the same state as the client's primary residence. This is going to be really important for veterinarians so that we have still our control over the veterinary client patient relationships.

Dr. Wallis:

Yeah, I think both of those points are super important because if you're a veterinarian and let's say you're employed by Chewy and you're going to give true telemedicine care, a diagnosis and therapy to that client, can you stand behind that? If something goes wrong, where are those clients supposed to go for care and who's gonna do that care and how are they gonna get the information that you've given to that client? So you really have to know that you stand behind the care that you're going to give to your clients. And I think keeping these two points are very important for us as practitioners because we do need to do follow up care on every case that we see for a medical condition. So the last point is, has anyone been sued to date or had complaints sent to the board in the arena of virtual care? And happily, I can tell you that for five years of me practicing virtual care and fumbling through using what Practice Act laws I have without nomenclature in it on virtual care, I am glad to report that there has been no complaints from my clients in regards to this arena. And there are many other countries who have been doing this far longer than the United States, and they do have data out there stating that they are not seeing complaints or arising complaints due to online care from veterinarians.

Dr. Stacey:

I think everybody thought, if I give advice virtually, I'm just gonna be opening Pandora's box to get myself sued. And that's just not the case. There's no data at all to support that would happen to you.

Dr. Wallis:

And let's just give ourselves a pat on the back. We know what we can and can't do. We're not going to intentionally harm a patient whether we're seeing it online or in person. So again, I'm reiterating you're not changing the way you practice medicine and if you don't feel comfortable doing something, then don't do it.

Dr. Stacey:

Yeah, that's just good advice all around being a human on the planet. Let's talk about real quick what guidelines are in place right now that people have access to? You know,

a guideline is not a law. A guideline is merely someone's idea of a suggestion of what you should be doing. And there are several resources for you, big resources that you need to know about.

Dr. Wallis:

Yeah, you can use the guidelines set by the AVMA. You can also use the guidelines by the AAVSB. You can also use guidelines set forth by the VVCA, which is the Veterinary Virtual Care Association, as well as aha. And again, those are just guidelines. Those are not laws, those are not rules, those are not, you know, set in stone things that you have to do to practice medicine. And honestly, where would I go if I was going to look into practicing virtual care? I would talk to a veterinarian that's already doing it because they have walked the walk and they're gonna tell you what works and what doesn't work and what you should do to set yourself up for success. So personally, I would try to find those people who already practice it.

Dr. Stacey:

And listeners, let me just tell you one really cool thing. Dr. Crista here. She loves telemedicine so much if you haven't been able to tell, and she's actually written an ebook. So jump over to our website, [ivetsohard.com](http://ivetsohard.com), and you can go to this episode and you can get access to her ebook which is so amazing. It's like CliffNotes. gosh, millennials might not know what CliffNotes means. <laugh>, you can Google it. It's CliffNotes on how to do virtual care. Thank you so much for joining us today. We hope you learned something and get out there, get involved with your state VMA and tell them that Ivett so hard sent you. Have a great day guys.