



Telemedicine and the Veterinarian-Client- Patient Relationship

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Veterinary telehealth is a GOOD thing

All telemedicine is telehealth, but not all telehealth is telemedicine

- Improves continuity in patient care
- Strengthens relationships among practices, clients, and patients
- Enhances efficiency in veterinary practices
- **Teleadvice** provides animal owners with basic answers to questions and preventive care education (no VCPR required)
- **Teletriage** is used to determine whether an animal needs to be seen by a veterinarian and with what urgency (no VCPR required)
- **Telemedicine** is used to provide patient-specific recommendations and follow-up, including owner compliance with a recommended treatment plan (VCPR required)



AVMA guidelines for the use of
telehealth in veterinary practice
IMPLEMENTING CONNECTED CARE



An in-person visit prior to using *telemedicine* protects patients and clients

- Face-to-face consultation for individual patients or premise visit for groups of patients
- Gather detailed information about the patient(s) by using sight, sound, touch, smell, and specialized instruments
- Collect diagnostic samples
- Gather information about the owner/caretaker—relationship with the patient, ability to handle the animal and what type of care they can deliver; for premise visits also information about the holding facility
- Result is a fully informed diagnosis and a targeted care and/or treatment plan for that patient(s) that the owner can effectively implement



Federal law requires in-person visit to create VCPR

Most states mirror federal definition

- FDA
 - Extralabel drug use (includes compounded products and FDA-approved OTC products)
 - Veterinary Feed Directives
- USDA
 - Use of certain types of biologics
 - Issuing Certificates of Veterinary Inspection (CVIs)
 - Evaluating and testing for certain diseases
- FTC
 - Horses covered under the Horseracing Integrity and Safety Act (HISA)
- States
 - 43 states mirror FDA's definition
 - 22 states have language prohibiting VCPR from being established virtually

Given that the Federal veterinarian-client-patient relationship (VCPR) definition (21 CFR 530.3(i)) requires animal examination and/or medically appropriate and timely visits to the premises where the animal(s) are kept, the Federal VCPR definition cannot be met solely through telemedicine.

— FDA, 2017, 2022

Misleading to compare human and veterinary medicine

- Human and veterinary patients are different
 - Animals hide signs of illness and injury
 - Even well-intentioned animal owners incorrectly recognize or fail to report health issues
 - Over-reliance on owner reports can lead to diagnostic missteps and inappropriate treatment
- American Academy of Pediatrics (AAP) does not support the use of telemedicine for children younger than two years old without a previous in-person visit
- Drugs are regulated differently
 - For human use, the label is regulated
 - For veterinary use, the label and how the veterinarian uses the drug are regulated

*“Telehealth services **should not** be provided to children under two years of age in their home or other non-clinical setting except when the provider or their surrogate has a previously established in-person relationship with the patient or when the Patient-Centered Medical Home has referred them for subspecialty consultation”*

“Support for the use of telehealth within the medical home recognizes that the medical home offers continuity and the prudent use of healthcare resources, avoiding fragmented and episodic care delivered without such coordination”

— AAP, Section on Telehealth Care, Committee on Practice and Ambulatory Medicine, Committee on Pediatric Workforce; 2017, 2021

Eliminating initial in-person visit = unacceptable risks

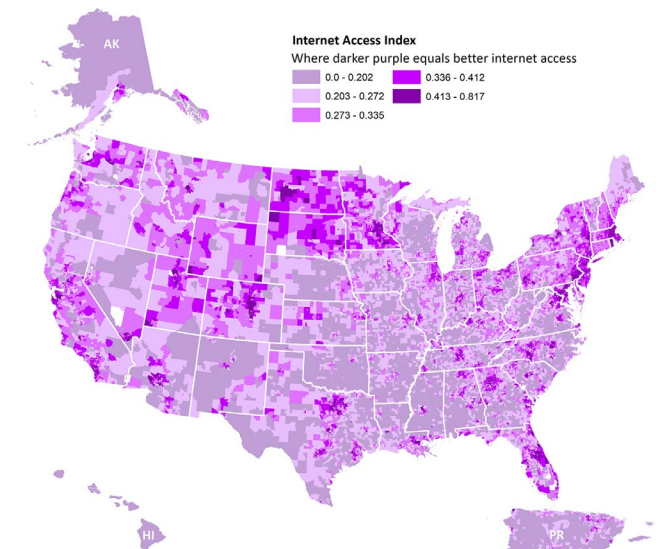
Health and welfare of animal patients, the public

- Misdiagnoses, delayed diagnoses, missed diagnoses
 - Zoonotic diseases (e.g., rabies, leptospirosis)
 - High-consequence diseases (e.g., HPAI, FMD)
- Failure to identify co-existing conditions
- Provision of unnecessary or inappropriate drugs and other medical products
 - Antimicrobials, opioids
 - Can drive restrictions on access to drugs, shortages
 - Emergence of “pill mills”
- Conflicts in treatment due to disconnected providers
- More complaints and liability — PLIT receiving veterinary licensing board complaints and malpractice claims
- Significant enforcement challenges for state veterinary medical boards (enforceable regulations, investigations, remedies)



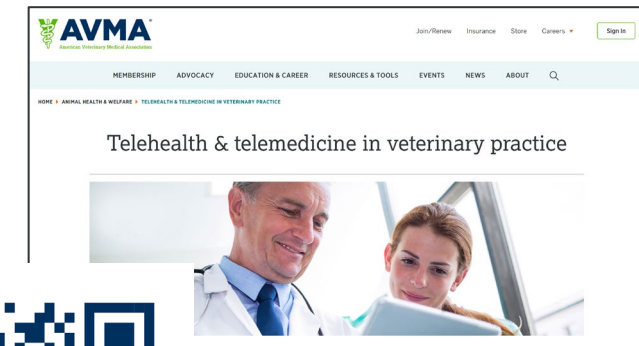
Virtual VCPR is NOT the answer to access to care concerns

- Most animals for which access to care is truly an issue do not receive regular care
 - Issues are acute, rather than preventive
 - Client now incurs a cost for two visits—telemedicine and in-person
- Remote areas also often lack reliable internet access
- Mobile veterinary services are a better option for access and quality of care
- Telemedicine can be used after a VCPR has been established in person to help address access to care barriers (e.g., transportation, time, cost)
- Special clauses in state statute/regulations can allow use of telemedicine in true emergency and geographically unique situations, while retaining the integrity of the VCPR



AVMA supporting responsible implementation

- Coalition for Connected Veterinary Care (www.avma.org/connectedcare)
 - Alliance of more than 50 major veterinary and animal health organizations across the US
 - Passionate about supporting the innovative and responsible adoption of technology, but supports establishing the VCPR in person
 - Working to empower veterinarians to integrate tools of telehealth effectively into their practices
 - Improve continuity of care, efficiency and success of practices, meet needs of patients and clients
- AVMA Telehealth Resource Center (www.avma.org/telehealth)
 - Information and tools to support the use of telehealth, including but not limited to telemedicine, in veterinary practice
 - Most comprehensive collection of resources available



THANK YOU

