Over the phone: using telemedicine to relieve the pressure

By Darren Osborne

When the pandemic forced veterinarians to shut their clinic doors to pet owners last spring, telemedicine quickly emerged as an option for veterinarians to deliver services while upholding public health measures. Reflecting its commitment to serve the public interest and support the public’s access to veterinary medicine, the College of Veterinarians of Ontario (CVO) relaxed its rules related to prescribing via telemedicine.

CVO established its telemedicine standard in 2016, and it has continued to review and update the document regularly as the broader world of telehealth expands. While many veterinarians have been engaging in telemedicine in recent years, the College’s decision to temporarily relax certain regulations to permit prescribing non-controlled drugs using telemedicine alone has enabled veterinarians to conduct much of their practice virtually.

For a busy veterinary hospital or a veterinarian self-isolating at home, telemedicine can be a lifeline to keep the practice going. Within the existing regulations, veterinarians were already able to establish a veterinarian-client-patient relationship (VCPR) over the phone. Currently:

- A licensed veterinarian within an existing VCPR may prescribe drugs for a patient with a known condition via telemedicine alone where they have recent and sufficient knowledge.
- Within an existing VCPR, where the patient is being presented for a new condition via telemedicine, a veterinarian may prescribe a non-controlled drug using telemedicine alone.
- When a new VCPR is established via telemedicine, a veterinarian may prescribe a noncontrolled drug using telemedicine alone.

The decision to temporarily relax the regulations has worked. In a survey of Ontario pet owners conducted three months after the pandemic (in June 2020) and again in April 2021, 75 per cent of pet owners indicated that their issue was resolved with a telemedicine consult with their veterinarian. In the most recent survey, 51 per cent of pet owners said they preferred a veterinarian that offered video or telemedicine appointments.

For veterinarians, offering telemedicine or video appointments as an adjunct to in-person appointments can relieve the pressure of an overflowing appointment book and the surge in clients that comes with parasite season.

Telemedicine during parasite season

Using telemedicine technologies such as video chat, veterinarians and veterinary staff (working within a VCPR and under a veterinarian’s direction and supervision) can gather information from clients, such as their pet’s weight and exposure to risk required for dispensing parasite medicine. This means that staff
required to work from home due to COVID-19 exposure or childcare issues can call clients to coordinate parasite testing and prepare treatment dosage for pick up or delivery.

To keep the process simple for staff working in the hospital and those working from home, simply block off specific days or blocks of time on the schedule and restrict these for telemedicine bookings. This block can be used exclusively by the staff working from home, and it saves them the trouble of connecting with the schedule. It also eliminates the possibility of double booking with staff in the hospital and those working from home.

Telemedicine and self isolating

When COVID-19 hits a practice, self isolation might be required. For those veterinarians forced to work from home, telemedicine can be used for prevention appointments, triaging sick animal emergencies and follow ups to take pressure off the doctors who able to work in the hospital. The telemedicine appointment can even be used to dispense medications that can be picked up curbside later that day or delivered to the client.

What not to do

While CVO has been very forthcoming with what it will allow under telemedicine, it offers the following advice on what not to do:

- Practicing veterinary medicine via telemedicine outside the context of a valid VCPR.
- Using telemedicine when an in-person physical examination or premise visit is required to make an appropriate diagnosis or create a treatment plan.
- Treating telemedicine as a different model of practice, instead of a method or mode of delivering veterinary medicine.

It might also be important to emphasize that when prescribing via telemedicine, the prescribing veterinarian is aware of their options for dispensing:

- The prescribing veterinarian should consider what options are available for dispensing the drug before asking a veterinarian at another facility to dispense on their behalf. For example, they may dispense the drug themselves, either from their facility or by mail/courier. Regulation 1093 s. 33. (2) (c) outlines the requirements to follow if a veterinarian chooses to mail or deliver the drug. Alternatively, the prescribing veterinarian may provide the client a written prescription to have the drug dispensed at the pharmacy of the client’s choice. An oral or faxed prescription can only be provided by a veterinarian to a pharmacist licensed in Ontario, another member of the College of Veterinarians of Ontario, or a licensed veterinarian practicing outside of Ontario. It’s up to the dispenser to determine if they can accept the prescription.

There are telemedicine platforms and veterinary-specific applications available, but most veterinarians and staff use their existing smartphones to conduct telemedicine and video appointments. Most smartphones allow for video calling when required and transferring photos back and forth is commonplace. This makes telemedicine available to veterinarians and clients with little to no investment.
Will telemedicine have a life after COVID-19? Given that three-quarters of the time veterinarians are resolving the problem with telemedicine already, there’s a good chance that clients will continue to want, and even expect, veterinary telemedicine as their new normal.

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