

Lessons Learned: Considerations for Making the Most of Patient Referrals for Nutrition Consultations

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Imagine this: You're tapped to speak in the virtual session of PennVet's annual conference and are honored to have been invited.

Bonus: You're excited to have an excuse catch up with Dr. Kathy Michel to brainstorm a topic you want to present (unfortunately, that part didn't actually happen (yet)...but read on!).

But: Before the speaking agreements are formalized, your contact with the group organizing the conference stops returning emails, so you (a little sadly) move on with the rest of what's on your desk, assuming one of your colleagues got their agreement signed more expediently.

However, arriving at a conference as an attendee and finding out that you're supposed to be speaking is an actual nightmare with which you have familiarity, so: Three weeks before the conference, you check in one last time to confirm whether or not you're speaking, and learn that your original contact had left her position with the organization.

Uh oh: "Maybe they don't have another speaker?" you wonder. You hurriedly reach out to the person mentioned in the "away" email autoreply, and thankfully, she's fast. Yes, she confirms you're on the roster to speak, but strangely (actually not), there's no information on what you're presenting, and the paperwork isn't done.

Thinking there was three weeks to prepare: You say "No problem, just send me the agreement to sign and I'll get you a copy of the presentation in two weeks", to which the reply is: "Actually, the virtual presentations were due yesterday, but I can extend it to Friday in this case." Well, there goes the plan to brainstorm with my AAVN colleagues!

The original plan: When the invitation first came up, I'd discussed with the AAVN newsletter team how I'd like to make this topic a bit of an AAVN collaboration. My idea was to present on "how to make patient referrals to veterinary specialists a positive experience for everyone", and I hoped to poll AAVN members on information they most wished clients and referring veterinarians had in order to set everyone up for success before, during, and after a consultation. Sure, I had my own input based on how I ran my practice, but n=1 is not usually the best approach when there is more input available.

Then, reality hit: With no time to collect data from the group, my presentation was built to meet a deadline based on my n=1 (boo). My summary is below for your consideration.

But shouldn't we still discuss? I'd still love to hear from AAVN members on how the process of patient referral for nutrition specialty consultation could/should be improved; whether your perspective is as a specialist, referring veterinarian, technician, or pet owner. You can reply to the newsletter editorial team or to me directly at amyfarcas@gmail.com.

N=1 summary:

- Title: Considerations for making the most of patient referral for nutrition consultation
- Subtitle: Lessons Learned: 1- some things don't work well, 2- I don't have all the answers

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- My bio/background (boring, but for context)
- Overall nutritional philosophy: SOAP approach for nutritional assessment/AAHA Nutritional Assessment Guidelines
- My clinical nutrition consultation practice was an experiment in business model
 - One-woman show
 - Did not have PIMS = Practice Information Management Software
 - Obviously, this software exists but I didn't find one that suited my specific needs well enough to justify paying for the system and then having to build all of the workaround tools.
 - Billing by time
- Caveat: There are many over-generalizations and, to some extent, exaggerations to make a point or to make you laugh. They're shared to illustrate "what goes wrong often enough that we should fix it" and to show cause and effect. It's not an accurate picture of my (or hopefully anyone else's) practice.
- Veterinary specialists are diverse
 - Most generally work in certain directions or with specific stakeholders:
 - Consultants to clients (ex. IM, cardio, dentistry, surgery)
 - Consultants to industry/government/university (ex. welfare, preventive medicine, poultry/swine/beef production)
 - Consultants to clinicians (ex. pathology, radiology)
 - Obviously, these categories are loose and each specialty has a number of stakeholders.
 - Nutrition is also diverse: many of us work in industry/government/university, while some are consulting as private practitioners.
 - Nutrition practice straddles the line between consulting for referring DVMs while also consulting for pet owners (clients really, really, want to discuss nutrition concerns with their nutrition consultant, even they don't want to discuss the radiology/pathology report with the radiologist/pathologist).
 - This sometimes puts those involved in the consultation in a position of being dissatisfied with the process when appropriate expectations are not in place
 - The pet owner doesn't get access to the specialist they wanted
 - The DVM becomes the "middleman" regarding communication
 - The specialist may not be able to adequately answer all of the pet owner's questions without a VCPR in place
 - The result:
 - The client gives up and does whatever they want or finds another resource

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- The veterinarian didn't get what they wanted from the consultation and had to do a lot of communication wrangling in the process (and may not have been paid for their services)
- The specialist had to do some additional "side-communication" with the primary care veterinarian to answer all of the client's questions, but neither of them has a process in place to bill the client for this additional time/energy/effort
- So, what are the expectations?
 - Fees:
 - Without many billable invoice items usually seen on veterinary/specialty invoices (vaccines, procedures, diagnostics), nutrition specialists are largely relying on consultation fees, but since we spend so much time outside of the consultation on nutritional assessment, communication, planning, and documentation of all of the data collected and relayed, those fees will need to be higher than for surgeons, who also generate revenue via anesthesia/surgery/hospitalization (albeit usually with much higher overhead).
 - Different practices will likely choose to structure this in different ways.
 - I did this by tracking time and charging an hourly rate. I found this labor-intensive, and clients seemed to find it off-putting (they don't have warm and fuzzy feelings about lawyers and mechanics, who are the most well-known professionals employing this strategy).
 - If I were to re-start my practice, I'd employ a "package" strategy where client paid a set fee for consultation (and preparation) time, and a second fee for requested further work (planning, diet formulation, detailed review of available commercial options and communication) based on review of diet and medical history (and anticipated client communication needs). Obviously that one has some issues to work out too...
 - What else?
- Nobody likes to read anymore
 - My consult reports generated a long document that contained the entire nutritional assessment and detailed recommendations (including potential commercial options, +/- home-prepared diet formulation with instructions, and follow-up recommendations).
 - It's surprising (but maybe not) how many people didn't actually read the report I sent
 - But they don't hesitate to email with follow-up questions that were addressed in the document...cue another round of everybody being frustrated!

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- So, the client isn't getting the value they wanted from this document, and therefore, neither is the veterinarian nor the specialist
 - This should eventually be changed
- Lessons learned (for me)
 - No staff = no gatekeeper and nobody else to be the "bad guy" in not letting clients have every single thing they want (night/weekend appointments, immediate email replies, unlimited free follow up discussions, etc.)
 - No PIMS = limited tools for keeping everything organized and easy to access, no "product" in a format that client is excited to receive
 - Need to identify a different billing strategy, or at least a different way of implementing 'charge by time'
 - Use marketing to set client and veterinarian expectations
- Lessons (for veterinarians)
 - Back to nutritional assessment
 - Consider expectations – Patient nutritional care complexity
 - Consider expectations – Client care complexity
 - Consider expectations – Diet (and diet history) complexity
 - Use these factors to set client up for whether consultation/dietary management will be "potentially straightforward" or "definitely a long road" (and work with your nutritionist (I promise they'll be helpful if you explain that you're trying to set appropriate expectations) to have an idea as to what those fees and timelines can look like.
 - Expectations are everything:
 - Before I discuss anything with a client, I walk through what nutritional assessment means and everything it entails so they understand why all of the details I'm asking (and why providing all of the details accurately the first time) matters.
 - This also helps it to make sense why the fees are what they are
- There's certainly work to be done that will benefit all parties involved.