PETS Referral Center to You

2026: March Issue

START THE CALL WITH A SMILE

Leah Isaacson, DVM; Urgent Care Department

We all know the feeling...the ***dreaded phone call***. Your day is going well, you're on top of your-records, appointments, procedures, and the last thing you want to do is sit down and make those phone calls. Or, you just left a long message on someone's voicemail, and they call back 30 seconds later so you can repeat yourself...AGAIN. I know, eye roll.

How many times have I received a message? "Someone is upset—concerned—spinning out." I psyche myself out; "this is going to be horrible, combative, day-ruining." I get it, I really do.

Whether we're calling about lab work results, progress check-ins, or to return a concerned client's message, **I think it's worth our time**. Email and text might be okay for routine/normal fecal results, but a two-way conversation addressing a client's concerns and questions is invaluable. It is our opportunity to establish a **Partnership in Care with pets and their people**. *THAT* is a relationship that will keep clients coming back.

Honestly, I'm often surprised at how enjoyable some of these conversations are. Owners appreciate the time and, **hey, some owners are just fun to talk to!**

We are entering the AI era and, despite technophobic tendencies, I think this technology has the potential to save us time, make us more efficient, improve our work-life balance. It can generate texts and emails and ***Poof*** task complete. I suppose this is **My Soapbox**: embrace new technology, but not at the expense of personal relationships. Take the time; allocate that AI-saved time to nurturing those patient-client-veterinarian partnerships.

So here I am, urgent care doc, previously general practitioner, **championing the phone call**. Part of my job with PETS Referral Center is to call re: lab results, reach out about after-visit concerns, and address questions even before an animal is seen. It's time consuming; sometimes I'm simply not in the headspace. But I often find that reaching out makes such a difference.

The effort is worth it.

Doubt increases with inaction. Clarity reveals itself with momentum. Growth comes from progress. For all these reasons, BEGIN.
—Brendon Burchard

Sign up for emailed newsletter!

Special points of interest:

- *Low key chemo?*
- *Speak/write for impact*

Inside this issue:

A phone call can be a game changer, a relationship builder, a trust exercise. Don't underestimate the power of the phone call.

Referral Logistics Like a Pro— AAHA Guidelines excerpts, part 2

Responsibilities B4 Referral

1. The PRIMARY care team and SPECIALTY care team **share responsibility for successful referral** process, including decisions on preferred communication methods & record sharing.
2. The SPECIALTY care team/PRIMARY care team should make a **Referral Roadmap** available to all parties, including clients.
3. The PRIMARY care team should always discuss the reasons for referral, cost estimates (if known), and the referral process with the client.

Open communication between teams and clients remains vital throughout the referral process.

Information to Be Shared Between Teams

- Reason for referral
- Timing and urgency of referral
- Scope of referral (e.g., "referral to a board-certified veterinary dentist to treat a fractured tooth; patient may need additional diseased teeth addressed")
- Preferred communication frequency/methods
- Instructions for referral (provided by SPECIALTY care team)
- Medical records, diagnostic imaging, other pertinent details (provided by PRIMARY care team)
- Diagnostic and/or preoperative testing to be done before the referral (e.g. listed on the SPECIALTY care team's website)
- Consider cost-effective strategies (e.g., avoid repeat testing when possible)

Primary care team B4 Referral

- PRIMARY care teams responsible for providing comprehensive medical records to the SPECIALTY care team. **To streamline this process**, referral hospital adopts structured, web-based submission format…outlining the necessary information required for referrals and enabling timely transmission.
- PRIMARY care teams shall discuss the referral process with the client, including referral cost estimates to set appropriate client expectations. In many instances...the PRIMARY care team may not be able to provide accurate estimates prior to the SPECIALTY care team's assessment. However, standardizing conversations about estimate ranges and at least initial fees will help clients manage the potential stress of learning about medical costs. SPECIALTY care teams can help facilitate these conversations by posting fees when possible or otherwise making their prices available to the PRIMARY care team.

Specialty care team B4 Referral

- Standardizing the referral process is crucial SPECIALTY care teams and PRIMARY CARE teams and often see first-time clients.
- Effective and timely communication on the part of the SPECIALTY care team before referral enhances the experience for all involved.
- SPECIALTY care team to-PRIMARY care team communication strategies including hospital **webpage that clearly identifies for both** clients **and** PRIMARY care teams the following information:

Con't page 4

Join the Zoom fun with the PETS team Journal Club

You are cordially invited to actively or passively (!) participate in our monthly **Journal Club/Topical Rounds**. This is hosted on *Zoom* one evening per month. We rotate between journal article discussions, specialty topic rounds, and Morbidity & Mortality rounds. The format is quite informal, and we always welcome new participants. If you are interested, please zap the QR code, and we will add you to the monthly email invite. We look forward to seeing some new faces!

MicroCE from Team Oncology: NSAIDS for “mini-chemo” palliation

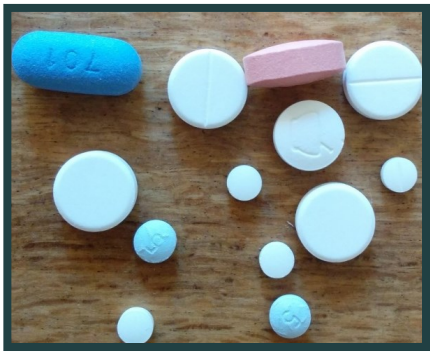
KIM SHAFFER, DVM DIPLOMATE, AMERICAN COLLEGE OF VETERINARY INTERNAL MEDICINE—ONCOLOGY

*What are your thoughts about best NSAID to use for patients with **resected tumors or gross disease (of various types),** and no plan for traditional chemotherapy or radiation therapy?*

It depends on the tumor type and animal!

DOGS

Piroxicam has been best studied with cancer and does seem superior to other NSAIDs for urinary bladder transitional cell carcinoma. Piroxicam has higher risk for GI ulceration though (which I have seen happen a few times….) If piroxicam seems risky (i.e.. chronically picky eater/hx of frequent GI upset), **deracoxib** is the #2 best NSAID for TCC.



For other cancers (melanoma, oral squamous cell carcinoma, cutaneous squamous cell carcinoma, mammary carcinoma), there isn't as much data comparing NSAIDs, so I typically try to start with **piroxicam, if it seems safe**.

Since the actual anti-cancer benefit for most animals/tumors is low and the goal is palliation, I give more weight to possible side effects and ease of administration.

FOR EXAMPLE…
For dogs that need liquid medications, I **choose meloxicam**.
For dogs already on carprofen for arthritis, I **continue carprofen**.
For dogs with historic frequent GI upset, I **avoid piroxicam.**

When I do choose piroxicam:

- I use 0.3mg/kg/day and ROUND DOWN if needed.
- I recommend compounding into pill/capsule to get the right dosage.
- I <u>really</u> emphasize to owners that they need to FEED FIRST and then give the piroxicam after the meal.
- I tell clients to SKIP DOSES if dogs don't eat well or if they are experiencing vomiting or diarrhea.
- I monitor renal values every 3-4 months.

CATS

I rarely give NSAIDs, but in the cases I do choose an NSAID (like oral squamous cell carcinoma in a cat <u>without</u> renal disease), I typically use meloxicam as it’s easier to administer for most cats. I use a lot of prednisolone instead of NSAIDs if there is any issue with a picky appetite or history of azotemia.

PETS Referral Center

1048 University Ave
Berkeley, CA 94710

Phone: 510 548-6684
Email: reception1@petsreferralcenter.com

DVM Comms on the Web!

www.petsreferralcenter.com

To serve pets and people.

- Contact info/directions & Operating hours
- Access to an online referral forms and record transfer
- List of specialty services provided
- Photos/biographies of SPECIALTY care team
- List of commonly performed services
- Cost estimates for common services, including consultation fees, imaging, laboratory testing, for client discussions
- Referral Roadmap

Referral Logistics, con't

- The SPECIALTY care team conducts a thorough review of the PRIMARY care team medical records to avoid delay on day of appointment or unnecessary test duplication.
- SPECIALTY care team bears responsibility for **informing clients about the necessary preparations** for their pet. This includes:
  - Fasting requirements
  - Appointment day medication recommendations
  - Anticipated duration of visit
  - What items to bring to the appointment (current medications; 1-2 day special diet)

The 7Cs of Veterinary Communications[1]:

To Speak/write, To Be heard, To Create action

Command attention: We do this by focusing on the point fast and using compelling arguments, facts and emotive images.

Clarify the message: *What does the number mean? Who is at risk? What is the cost of not doing something? How can something be done?*

Communicate a benefit: We must be **explicit** about the benefits for our target audience(s). *Your pet will be able to jog with you again. This treatment will prevent future emergent illness. This protocol will reduce the risk of future medical error.*

Consistency counts: Consistency over time and across all parts of your practice are both key. Being inconsistent damages reputation and credibility quickly and undermines our ability to suggest ongoing service.

Cater to the Heart and the Head: Scrutinize the content of our communications. Do we have our facts right, backed up by evidence? Pay equal attention to the emotional needs of our audience. Messages that appeal to people's hearts have a greater chance of being heard, understood and acted upon, thus leading to action.

Create trust: Sound technical content, respect for the values of the audience, credibility of the messenger are all important. Announcing a situation early, being transparent and available for clarification strengthen trust. Genuine expressions of caring and empathy help maintain trust.

Call to action: To induce the change of behaviour desired—to create action— communications MUST have a call to action. This could be: *wash your hands, vaccinate your dogs, call your veterinarian, visit a website, etc.*

[1] *Excerpts from: Communication Handbook Veterinary Services by World Organisation for Animal Health 2015*