

2025 AAHA Referral Guidelines

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ABSTRACT

Across the many types of specialty practitioners and hospitals, the requirements for veterinary patient referrals vary from one-time consultations to long-term case oversight and management. These guidelines propose a structured and technology-based approach to optimize the referral process for patients, clients, and veterinary teams. They emphasize a family-centered health care approach that keeps the focus on patients and clients through consistent collaboration between primary and specialty care teams. Collaboration between primary care teams and specialty care teams requires detailed and timely communication and medical records sharing. Veterinary clients also need content-rich and supportive conversations as they navigate often stressful clinical situations with their pets, including the realities of referral care costs, prognoses, and possible ongoing treatments and/or management of chronic conditions. These guidelines establish the concepts, roles, client communication strategies, and timelines that will promote successful referral relationships. Later sections offer detailed insights into the key responsibilities for the primary and specialty care team, from the initial contact before referral, through the referral itself, and then back to primary care team oversight. The final sections consider strategies to increase access to care using team optimization and telehealth, as well as possible obstacles in the referral process and how to address or avoid them. (*J Am Anim Hosp Assoc* 2025; 61:28–45. DOI 10.5326/JAAHA-MS-7489)

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These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association. This document is intended as a guideline, not an AAHA Standard of Care. These guidelines and recommendations should not be construed as dictating an exclusive

protocol, course of treatment, or procedure. Variations in practice may be warranted based on the individual patient's needs, resources, and limitations unique to each practice setting. Evidence-guided support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Further research is needed to document some of these recommendations. As each case is different, veterinarians must base their decisions on the best available scientific evidence in conjunction with their knowledge and experience.

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ABBREVIATIONS AND ACRONYMS

CrVT (credentialed veterinary technician [e.g., CVT, LVT, RVT, LVMT]); DV (directing veterinarian); NAVTA (National Association of Veterinary Technicians in America); PCT (primary care team); SCT (specialty care team); VCPR (veterinary-client-patient relationship); VTS (veterinary technician specialist)

Definitions

Primary Care Team (PCT)—The group of professionals within a primary care veterinary practice responsible for establishing and maintaining the veterinary-client-patient relationship (VCPR) with pet caregivers and their animals for ongoing care. This team typically includes veterinarians, credentialed veterinary technicians (CVT, LVT, RVT, LVMT), veterinary assistants, client service representatives, and support staff who work together to provide primary services that help maintain the health and well-being of companion animals.

Specialty Care Team (SCT)—The professionals who provide specialized veterinary care to patients with complex medical conditions or who require advanced diagnostics and treatments. This team typically includes board-certified veterinary specialists in various disciplines, credentialed veterinary technicians, veterinary technician specialists (VTS), and other support staff.

Directing veterinarian (DV)—The practitioner with a current or new VCPR responsible for direct management of a patient's health concerns. During an active referral to a veterinary specialist, the specialist takes over the role of directing veterinarian for the referred health condition, and in some cases, the whole health of the pet. The primary care veterinarian resumes the role of directing veterinarian for the specific medical care for which the patient was referred once it is agreed the referral is complete.

In cases where the specialist is unavailable, the primary care veterinarian may need to temporarily manage the specific medical condition for which the patient was referred until the specialist can take over the case.

Referral coordinator—Veterinary professionals who provide case-specific communication with clients and between the veterinary teams for a smoother process. The SCT and the PCT may have someone designated as a referral coordinator for the practice.

Credentialed veterinary technician (CrVT)—The general term for those who hold a degree or diploma from an accredited veterinary technology or veterinary nursing program after completing formal education and training in veterinary technology/nursing, have passed a national or state exam, and obtained certification or licensure from a recognized veterinary regulatory body. The veterinary technician credentials may include the following:

- Licensed Veterinary Technician (LVT)
- Registered Veterinary Technician (RVT)
- Certified Veterinary Technician (CVT)
- Licensed Veterinary Medical Technician (LVMT)

For more information, see the *AAHA Technician Utilization Guidelines* at aaha.org.

Veterinary technician specialist (VTS)—These specialists undergo additional training, education, testing, and experience beyond the requirements for veterinary technician certification. To earn the VTS credential, CrVTs demonstrate proficiency in their specialized field through examinations, case logs, and other criteria established and recognized by accrediting bodies.

Introduction

With the growing availability and complexity of veterinary specialization, referral to and/or consultation with veterinary specialists is a key aspect of small animal primary care practice. The American Veterinary Medical Association currently recognizes 22 specialty organizations and 46 types of board-certified veterinary specialists.¹ The Committee of Veterinary Technician Specialties through the National Association of Veterinary Technicians in America (NAVTA) recognizes 16 specialties within the field of veterinary technology.² Across the many types of specialty practitioners and hospitals, the requirements for veterinary patient referrals vary from one-time consultations to long-term case oversight and management.

A well-ordered and smooth referral process can increase client satisfaction, improve patient outcomes, and maintain mutually beneficial professional relationships. Although there are many excellent referral relationships already, as with most relationships, interactions between primary care teams (PCTs) and specialty care teams (SCTs) can be improved by enhanced communication, open, honest discussions, and efficient referral systems. Given the often overwhelmingly busy and fast-paced environment of today's veterinary profession, it is understandable that communication breakdowns may occur. Streamlining referral processes to make them as easy as possible for both PCTs and SCTs, while centering the patient's and client's experience, can improve overall satisfaction for all parties involved.

AVMA-Recognized Veterinary Specialties & Specialty Organizations

The AVMA recognizes 22 veterinary specialty organizations, with a total of 46 veterinary specialties. More than 16,500 veterinarians currently hold diplomate status in one or more of these specialty organizations following postgraduate training, education, and examination requirements.

American Board of Veterinary Practitioners

- Shelter medicine
- Reptile and amphibian
- Exotic companion mammal
- Canine and feline
- Feline
- Equine
- Fish (provisionally recognized in March 2023)
- Food animal
- Dairy
- Swine health management
- Avian
- Beef cattle

American Board of Veterinary Toxicology

American College of Animal Welfare

American College of Laboratory Animal Medicine

American College of Poultry Veterinarians

American College of Theriogenologists

American College of Veterinary Anesthesia and Analgesia

American College of Veterinary Behaviorists

American College of Veterinary Clinical Pharmacology

American College of Veterinary Dermatology

American College of Veterinary Internal Medicine

- Cardiology
- Small animal internal medicine
- Large animal internal medicine
- Neurology
- Oncology
- Nutrition

American College of Veterinary Microbiologists

- Virology
- Immunology
- Bacteriology/Mycology
- Parasitology

American College of Veterinary Nephrology and Urology

(provisionally recognized in March 2022)

American College of Veterinary Ophthalmologists

American College of Veterinary Pathologists

- Anatomic pathology
- Clinical pathology

American College of Veterinary Preventive Medicine

- Epidemiology

American College of Veterinary Radiology

- Radiation oncology
- Equine diagnostic imaging

American College of Veterinary Sports Medicine and Rehabilitation

- Canine
- Equine

American College of Veterinary Surgeons

- Small animal surgery
- Large animal surgery

American College of Zoological Medicine

American College of Veterinary Emergency and Critical Care

American Veterinary Dental College

- Equine dental

NAVTA-Recognized Veterinary Technician Specialties

The Committee of Veterinary Technician Specialties (CVTS) through the National Association of Veterinary Technicians in America (NAVTA) recognizes these areas of specialty within veterinary technology:

- Anesthesia and analgesia
- Clinical practice
 - ♦ Exotic companion animal
 - ♦ Production medicine
 - ♦ Small animal (canine and feline)
 - ♦ Small animal (feline)
- Dental
- Dermatology
- Diagnostic imaging
- Emergency and critical care
- Equine
- Internal medicine
 - ♦ Cardiology
 - ♦ Large animal
 - ♦ Neurology
 - ♦ Oncology
 - ♦ Small animal
- Laboratory animal
 - ♦ Anesthetist
 - ♦ Research
 - ♦ Research clinical nursing (traditional or non-traditional)
 - ♦ Surgery
- Ophthalmology
- Physical rehabilitation
- Surgical
- Veterinary behavior
- Veterinary clinical pathology
- Veterinary nutrition
- Zoological medicine



While acknowledging that there is not a one-size-fits-all solution among today's diverse veterinary practices, the AAHA Referral Guidelines establish the concepts, roles, client communication strategies, and timelines that will promote successful referral relationships. Later sections offer detailed insights into the key responsibilities for the PCT and SCT, from the initial contact before referral, through the referral itself, and then back to PCT oversight. The final sections consider strategies to increase access to care using team optimization and telehealth, as well as possible obstacles in the referral process and how to address or avoid them.

Section 1: Referral Roles and Key Concepts

Section 2: Client Conversations Before a Referral

Section 3: Timeline and Steps for a Hands-On Referral

Section 4: Responsibilities Before Referral

Section 5: Responsibilities During Referral

Section 6: Responsibilities After Referral

Section 7: Team Optimization Strategies

Section 8: Teleconsultation to Enhance Access to Care

Section 9: Avoiding Common Referral Pitfalls

Section 1: Referral Roles and Key Concepts

Top 3 Takeaways

1. There are three types of referral collaborations: general collaborative conversations, professional-to-professional consultations, and hands-on referrals.
2. By adhering to collaborative care and family-centered practice, veterinary teams can keep the patient and client at the center of the referral process.
3. Family-centered veterinary practitioners recognize that client and pet well-being are interconnected and aim to provide comprehensive, coordinated care.

When referring a patient for specialized care, the PCT and SCT can work together to make the process as smooth as possible for the pet and client. By adhering to **collaborative care** and **family-centered practice concepts**, veterinary teams can keep the patient and client at the center of the referral process to ensure the care received supports the physical and emotional well-being of pets and their caregivers.

Collaborative care (Figure 1.1) means sharing care for a patient and client between veterinary professionals across different institutions and organizations. The combined efforts of primary care and specialty practitioners and their teams bring comprehensive diagnostic and treatment options to some instances. Depending on the type of case or the client's location, primary care practitioners can choose from several types of veterinary referral collaborations, including telehealth consultations (Table 1.1).

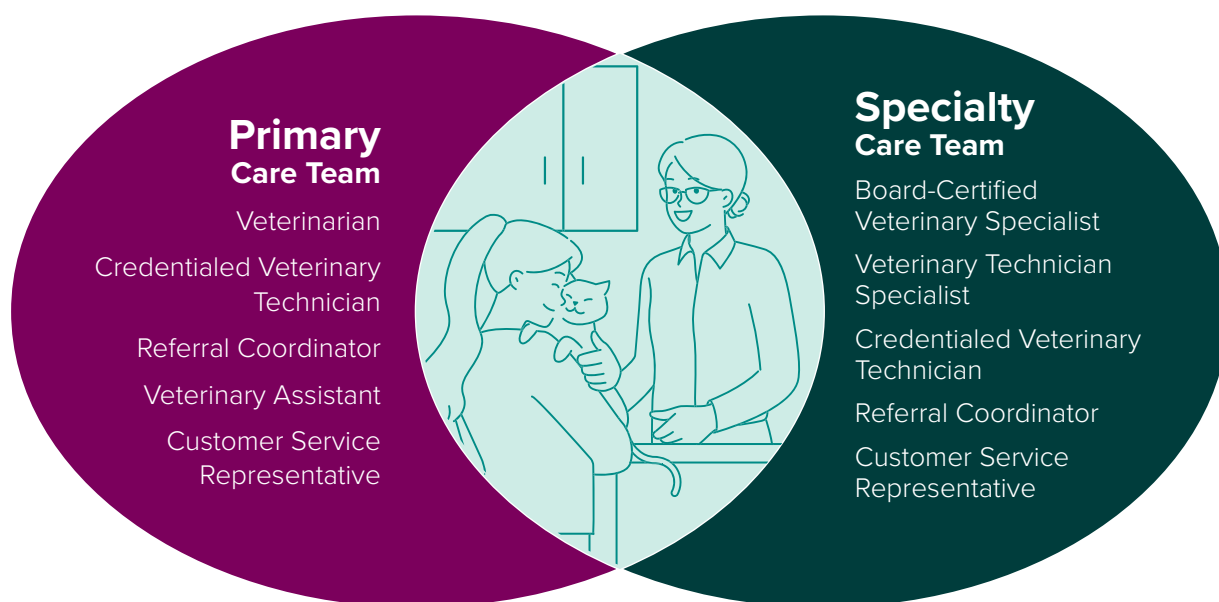


FIGURE 1.1

Veterinary teams and collaborative care

TABLE 1.1

Types of Veterinary Referral Collaborations

Type of referral	Description of referral	Fee charged?
General collaborative conversation	Phone, video meeting, or written (e.g., email, text) conversations between two veterinary professionals intended to facilitate collaboration and exchange of general, non-specific information between veterinary professionals at different practices. General collaborative conversations do not address specific patients or cases unless the conversation serves as preamble to initiating a hands-on patient referral with the specialist.	✗
Professional-to-professional consultation	Phone, video meeting, or written (e.g., email, text) conversations between two veterinary professionals, whereby the general practitioner seeks advice from the veterinary specialist about a patient or case. Consultations enable virtual collaborative care for a patient under the VCPR of the consultee. The veterinary professionals may decide during the consultation that a hands-on referral is the best option for the patient and client.	✓ Note: Some professional-to-professional consultations may not be fee-based (e.g., consultations with clinical specialists at pharmaceutical companies regarding diagnostic tests or products).
Hands-on referral	A hands-on referral is a joint decision between the PCT and the SCT for a patient requiring help with a specific condition. Upon accepting the referral, the SCT establishes a VCPR and assumes the role of directing veterinarian for the patient for a particular health concern. At the end of the referral timeline and process, the PCT resumes the role of directing veterinarian.	✓

PCT, primary care team; SCT, specialty care team; VCPR, veterinary-client-patient relationship

Benefits of Collaborative Care

Many clients embrace referral to a SCT because they take comfort in receiving specialist-directed veterinary care for their pet. The Collaborative Care Coalition published three retrospective studies documenting the importance of collaboration for pet health and client satisfaction with referrals. Findings included increased survival times, improved quality of life for pets, and improved client perceptions when offered early referral for their pets' conditions.

In a 2023 study, dogs receiving a diagnosis of congestive heart failure due to myxomatous mitral valve disease experienced increased survival times when treated collaboratively by a cardiologist versus by the PCT alone. Median survival time increased from 146 days to 254 days. The PCT also experienced a revenue boost owing to the increased life span of the pets.³

A 2021 study showed dogs experienced longer intervals between bouts of otitis when treated collaboratively with a dermatologist versus when managed by the PCT alone (171 days versus 21 days). Proliferative changes in the ear canals improved in 91% of patients, resulting in improved quality of life.⁴ This same study also measured client frustration, showing clients would not return to their PCT

after three visits or \$925 if they did not see significant improvement in their pet's condition.⁴

A third study suggested clients perceived an early referral as good value for the cost regardless of a pet caregiver's financial situation. In the study, 70% of clients across all income brackets agreed that referral resulted in a good outcome, and client perceptions of the PCT were six times more likely to improve after referral. The study also indicated that clients valued the PCT's involvement and willingness to work with other veterinary professionals.⁵

Collaborative Care and Family-Centered Practice

Family-centered practice (Figure 1.2) refers to an approach to health care that focuses on pet caregivers, their pets, and the entire family. Family-centered veterinary practitioners recognize that clients and pets exist in an interconnected system that includes other family members, environmental influences, and other circumstances (e.g., socioeconomic). Practitioners who embrace this approach aim to provide comprehensive, coordinated care that meets the diverse health needs of all family members. By treating the family,



FIGURE 1.2

Key principles of family-centered practice in veterinary medicine

practitioners seek to promote overall well-being and improve health outcomes. This approach encompasses decisions that may include more people and nonmedical considerations. Family-centered health care means recognizing and respecting the bond between pets and clients, involving them in decision-making, and addressing emotional and practical needs concerning treatment.^{6,7}

Access to care refers to the availability and affordability of veterinary services. It encompasses geographic location, financial constraints, and cultural beliefs that may affect a client's ability to obtain veterinary care.⁸ Enhancing access to care involves incorporating family-centered care principles and addressing the client's concerns about referral to a veterinary specialist, the complexity of the disease and its treatment, the emotional strain of a pet's illness, and the cost of care. These factors may contribute to hesitation or reluctance to pursue specialized care.⁹

The SCT is encouraged to embrace family-centered care during referral consultations because the client likely has no previously established relationship with the specialty practice. By engaging with the client compassionately and collaboratively, the SCT can alleviate anxiety, clarify treatment options, and empower clients to make informed decisions.

See the *AAHA Community Care Guidelines for Small Animal Practice* at aaha.org/community-care for more information about family-centered veterinary practice.

Section 2: Client Conversations Before a Referral

Top 3 Takeaways

1. The PCT communicates what to expect during the referral process, including, if known, the estimated costs, timelines, additional testing, and procedures.
2. The PCT discusses the client's goals for caring for their pet, including quality-of-life measures and other points for reassessment and decision-making.
3. The PCT's ongoing involvement with the client and pet during the referral is a top predictor of a client's positive feelings toward the referral process and maintains the connection with the PCT.

A disorganized referral can add to a client's uncertainty and worry about their pet's illness, particularly when they lack understanding of their pet's condition, the role of the specialist, or what will happen next.^{9,10} However, many clients appreciate being offered a referral as an option for their pet and welcome an opportunity to make an informed decision on their pet's medical care. A well-defined referral process that clearly outlines each team's roles and responsibilities can ease client concerns and facilitate smooth and productive collaborations (Figure 2.1).

Before making a referral, have a detailed conversation with the client to ensure success. Discuss the pet's needs, how the referral addresses those needs, and outline potential treatment goals. It is

Key points for client communication

Discuss the client's goals of care for their pet.

- Quality of life measures
- Points for reassessment
- Decision-making processes
- At-home factors, e.g., medical conditions or transportation and mobility limitations that may pose challenges with patient care

Mitigate client concerns and trust issues.

- Acknowledge illness uncertainty (see Sidebar)

Explore client information needs and questions.

Ask clients to share any previous experience at a specialty hospital.

- Address any concerns the client might have about veterinary specialists.
- Ensure they feel comfortable with the referral.

Personalize education on specialty care to the client and their family situation.

Manage client expectations.

- Warn clients there may be wait times.
- Work with them to mitigate the effects of the wait time.
- If indicated, consult with the specialist before the appointment to ensure client and patient needs are being met.

Designate a team member to serve as a referral coordinator. This team member will:

- Provide clear communication on what to expect when going through the referral process, including estimated costs, additional testing, and procedures.
- Describe alternative options including the potential benefits and risks.
- Explain the process for making a referral appointment, including whether client is to contact the SCT, or if the SCT will contact the client.

Reassure the client.

- Stay up to date with the diagnostics and treatment plan performed by the SCT.
- Keep connected and engaged in the process to show clients the PCT cares about them and their pet.
- This can be a top predictor of a client's positive feelings during a referral.

What is illness uncertainty, and how can it be addressed?

Illness uncertainty can occur when a client receives a diagnosis or suspected diagnosis of serious illness in their pet. It is an emotional and mental state in which the client may feel unable to make sense of the illness or be able to anticipate what the outcome of the illness will be.^a This uncertainty can come with a sense of loss of control, cognitive stress, and an ongoing state of doubt.^b

How does the veterinary team know if someone is experiencing illness uncertainty?

In human medicine, illness uncertainty has been recognized as a central feature in the experience of illness for decades. It is, therefore, not surprising individuals would experience this state when receiving an illness diagnosis for a pet. Four factors feed into uncertainty: 1) ambiguity about the state of the illness; 2) unpredictability about prognosis and progression; 3) lack of information; 4) lack of clarity about what information exists. Clients experiencing illness uncertainty may exhibit coping strategies such as information seeking (e.g., internet searches, online discussion groups, etc.), increased monitoring of the pet, social support, focusing on the positive, and living in the moment. Clients may also express “denial, avoidance, selective ignoring, minimizing, selective misinterpretation, and wishful thinking.”^c Understanding how and why these behaviors occur because of illness uncertainty can help veterinary teams better communicate with and support clients during the referral process.

How can the veterinary team support clients experiencing illness uncertainty?

Supporting clients through illness uncertainty can improve client and pet well-being and facilitate their ability to manage uncertainty. While investigations into illness uncertainty in veterinary clients are lacking, a 2019 study of veterinary oncology referrals proposed strategies to support clients experiencing illness uncertainty.^c

1. Provide quality and structure to the information given.

- Too much and overly complex information can increase uncertainty and cause information overload.
- Give logically ordered information in digestible increments according to the client’s preferred communication methods.
- Adopt a staged approach (“chunking and checking”) by giving small amounts of information and then asking questions/ assessing client understanding.

2. Support informed decision-making.

- Provide information so clients can weigh the risks/benefits of choices for care.
- Clients may need time to think about the initial session, so provide opportunities for follow-up conversations.

3. Prepare clients for what to expect at the referral service.

4. Support clients who are seeking information.

- Some pet caregivers may use the internet to find more information. Acknowledge their desire to be proactive in their pet’s care and direct them to websites and resources that offer accurate and high-quality information.
- Provide resources such as social and peer support groups.
- Validate and encourage information seeking and sharing.

5. Provide ongoing support.

- If possible, provide a consistent care team.
- Reassure the client that the PCT will continue to assist them with any questions or concerns that arise.
- Understand that uncertainty may change over time and encourage positive coping strategies, such as focusing on what can be controlled, remaining in the moment, and connecting with support systems.

a. Zhang Y. Uncertainty in illness: theory review, application, and extension. *Oncol Nurs Forum*. 2017;44(6):645-649.

b. Wright LJ, Afari N, Zautra A. The illness uncertainty concept: a review. *Curr Pain Headache Rep*. 2009;13(2):133-138.

c. Stoewen DL, Coe JB, MacMartin C, et al. Identification of illness uncertainty in veterinary oncology: implications for service. *Front Vet Sci*. 2019;6:147.

Timeline and Steps for a Hands-On Referral

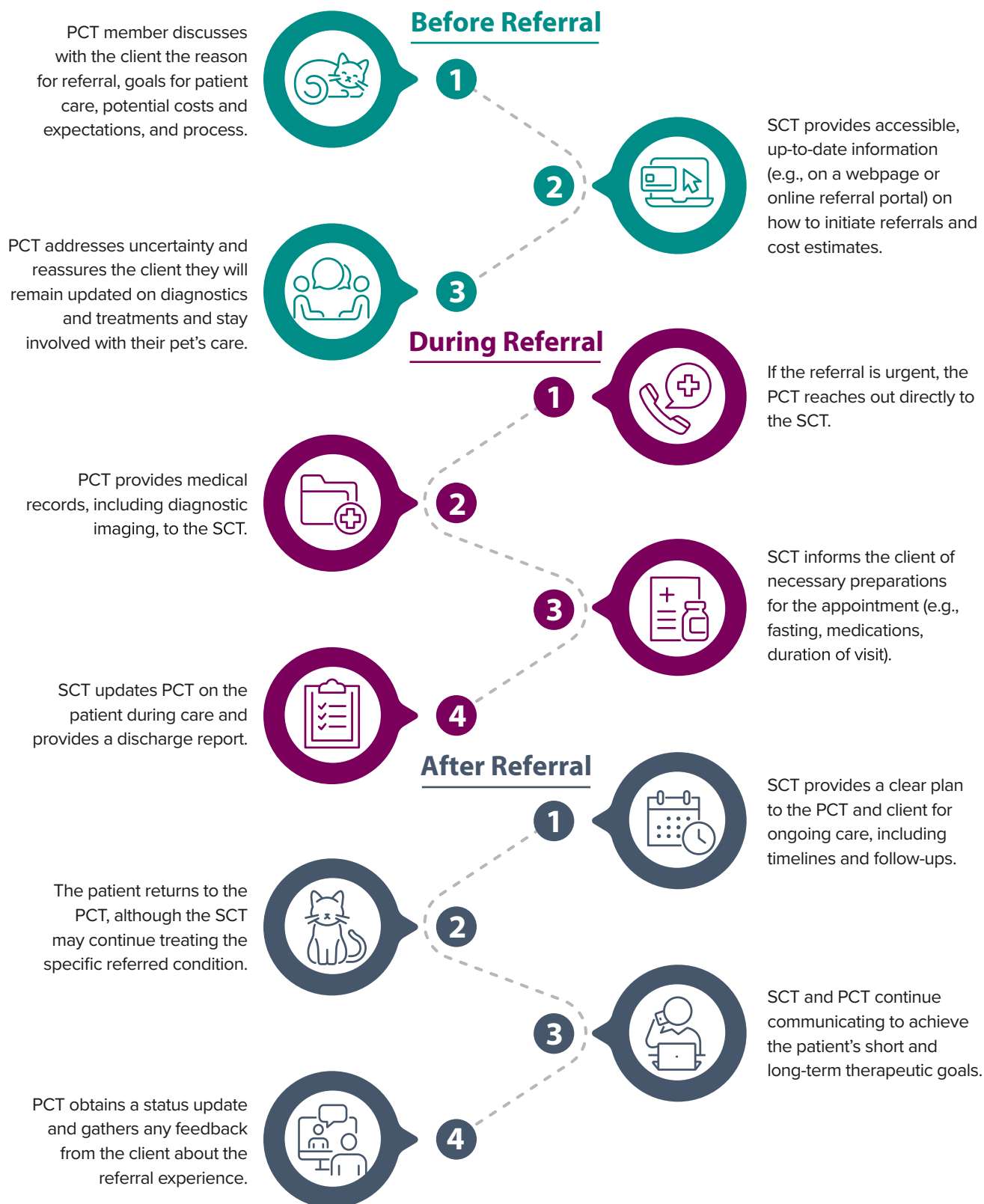


FIGURE 2.1

Timeline and steps for a hands-on referral

crucial to explain the likely care costs to avoid financial surprises and ensure clients are prepared for the commitment. This conversation can prevent clients from discontinuing care because of financial constraints, a common referral issue. To avoid guesswork, SCTs should provide PCTs with estimated costs for common conditions and treatments. A qualified team member, such as a veterinary technician, can effectively handle these discussions.

Section 3: Responsibilities Before Referral

Top 3 Takeaways

1. The PCT and SCT share responsibility for a successful referral process, including decisions on preferred communication methods and streamlining processes for record sharing.
2. The SCT/PCT should make a specific referral roadmap available and accessible to all parties, including clients.
3. The PCT should always discuss the reasons for referral, cost estimates (if known), and the referral process with the client.

Information to Be Shared Between the PCT and SCT

1. Reason for referral
2. Timing and urgency of referral
3. Scope of referral (e.g., referral to a board-certified veterinary dentist to treat a fractured tooth that may need to address other diseased teeth)
4. Preferred communication frequency and methods
5. Instructions for referral (provided by SCT)
6. Medical records, diagnostic imaging, and other pertinent details (provided by PCT)
7. Diagnostic and/or preoperative testing to be done before the referral (e.g., expected/preferred diagnostics before the client's referral appointment can be listed on the SCT's website and/or referral portal)
8. Consider cost-effective strategies (i.e., avoid repeat testing whenever possible)

PCT Responsibilities Before Referral

Open communication between teams and clients remains vital throughout the referral process. Suggested communication strategies from the PCT to the SCT include:

- Deliver the referral form, medical records, diagnostic test results, and diagnostic imaging by a previously agreed-upon method. Remain open to different communication strategies between teams, including email, text, fax, phone, web, or online portal.
- SCTs can help facilitate these conversations by posting fees when possible or otherwise making their prices available to PCTs.
- Use technology such as an online portal, if available, to complete the referral process efficiently as well as a place to upload relevant medical history.
- If appropriate for the case, consider teleconsulting between the PCT and SCT with appropriate fees applied.

PCTs take responsibility for providing comprehensive medical records to the SCT, such as all reports and diagnostic images, including but not limited to radiographs, ultrasonography, computed

Discuss the referral process with the client, including referral care cost estimates, as much as possible. In many instances (e.g., internal medicine, dentistry, surgery cases), the PCT may not be able to provide accurate estimates prior to the SCT's assessment. However, standardizing conversations about cost and providing at least the referral fee and any other expected tests/procedures will help clients deal with the potential stress of learning about referral costs.

tomography, and MRI images. To streamline this process, referral hospitals can adopt web-based submission forms. These forms provide a structured framework, facilitating clear communication between PCTs and SCTs by outlining the necessary information required for referrals and enabling seamless transmission of patient records.

SCT Responsibilities Before Referral

Referral processes differ widely across specialty practices. Standardizing the referral process is crucial because SCTs receive referrals from multiple PCTs and often see first-time clients. For instance, it may be beneficial to require that the PCT, rather than the prospective client, initiate the referral and submit the necessary documentation before the SCT reaches out to the client to schedule a consultation.

Effective and timely communication on the part of the SCT before referral enhances the experience for all involved. SCT-to-PCT communication strategies include:

- A hospital webpage that clearly identifies the following information:
 - Contact information for clients and PCTs
 - Operating hours
 - Directions
 - Access to an online referral portal or other means of acquiring referral forms and providing medical records
 - List of specialty services provided
 - Photos and biographies of the SCT, if desired
- Online referral portal with pertinent information such as:
 - Regularly updated list of commonly performed services and procedures
 - Detailed cost estimates on the most performed procedures and services, including consultation fees, imaging, laboratory testing, etc., for use in discussions with clients
 - Referral roadmap

The SCT conducts a thorough review of the PCT's provided medical records to avoid unnecessary duplication of diagnostic testing.

Before arrival at the appointment, the SCT bears responsibility for fully informing clients about the necessary preparations for their pet. This includes understanding requirements such as fasting, administration of medications on the day of admission to the specialty practice, and the anticipated duration of their visit. Moreover, the SCT

Referral roadmap

An easily accessible and routinely updated document, the referral roadmap provides information on how the specialty practice expects the referral process to unfold. The referral roadmap shares crucial information on the steps of the process, outlines expectations for both teams and clients, reduces uncertainty, and enhances communication. Specialty practices can distribute the roadmap to their referring practice population by mail or digitally and make it available on the specialty hospital website and/or through the referral portal. Giving clients access to the roadmap via various client-facing channels (e.g., social media, website) can improve overall communication and expectation setting. The roadmap should be periodically updated and redistributed as needed.

The referral roadmap contains the following information:

- How to initiate a referral
- Standardized referral form
- Information needed to submit a referral (e.g., medical records, diagnostic test results, time requirements)
- Instructions on submission of documents such as images and lab results
- Approximate timeline for the referral process
- Frequency and method of communication updates
- Options for the PCT to communicate with the SCT during the referral process



must educate clients on what items to bring to the appointment, particularly medications and supplements, to verify dosages and medication instructions as evidenced by the prescription label. Additionally, the SCT may advise clients to bring a 2- to 3-day supply of any special diet prescribed for their pet in anticipation of potential diagnostic procedures, medical or surgical interventions, or hospitalization.

Section 4: Responsibilities During Referral

Top 3 Takeaways

1. The PCT manages the patient until seen by the SCT.
2. An online referral portal facilitates communication by uploading diagnostic test results as they come in.
3. In urgent situations, expedited communication is imperative. Prioritize direct phone communication between the SCT and PCT over email in such cases.

PCT Responsibilities During Referral

“During Referral” denotes the period when the SCT assumes the role of DV regarding the specific condition for which the PCT referred the patient. The referral period continues for as long as the SCT remains the DV and may last for one or multiple visits.

Manage care until the patient can be seen

- When the SCT’s schedule precludes seeing the patient within the time-frame deemed optimal by the PCT, the PCT should initiate communication with the SCT promptly, either electronically or via telephone.
- This facilitates discussion regarding the patient’s condition and aids in determining the most appropriate interim management strategies until the SCT can see the patient.

Keep lines of communication open

- Once referral care gets underway, clients often feel concerned about what may or may not be happening with the SCT and contact the PCT for clarification.
- The PCT should communicate these questions or concerns to the SCT. This gives the SCT the opportunity to address client issues in a timely manner that is aligned with patient care goals.

SCT Responsibilities During Referral

Upon initiating each referral relationship, the SCT should ascertain the preferred mode of communication, i.e., whether to use the referring doctor’s direct email, the hospital’s general email, or both. When in doubt or unclear, it is always appropriate to use the hospital’s general email address.

Benefits of a Web-Based Portal

These guidelines strongly encourage SCTs to use or develop a dedicated web-based portal to improve referral case communication and medical records sharing. (See Figure 4.1 for an example.)¹¹ Through the portal, the SCT updates the PCT on the patient’s status with

Notifications					
Date	Description	Type	Sent To	Details	Action
9/18/2024	Patient Update	Email	team@animalhospital.com	 View	 Resend
9/18/2024	Patient Discharge	Email	team@animalhospital.com	 View	 Resend
9/18/2024	Patient Update	Email	team@animalhospital.com	 View	 Resend
9/19/2024	Patient Check-In	Email	team@animalhospital.com	 View	 Resend

Medical Notes			
Date	Time	Description	Details
9/18/2024	10:22 AM	Diagnostic Imaging Report	 Opened
9/18/2024	10:22 AM	Diagnostic Imaging Report	 Open
9/19/2024	2:06 PM	Emergency, Food Bloat	 Opened
9/19/2024	2:28 PM	Diagnostic Imaging Report	 Open
9/19/2024	2:37 PM	Diagnostic Imaging Report	 Open
9/19/2024	2:48 PM	Emergency, Initial Rounds	 Opened

Laboratory			
Date	Time	Description	Results
9/18/2024	9:57 AM	PCV/TP results from in-clinic laboratory (posted)	 Show
9/19/2024	10:43 AM	Chemistry results from in-clinic laboratory (posted)	 Show
9/19/2024	2:04 PM	Hematology results from in-clinic laboratory (posted)	 Show

FIGURE 4.1

Example of an online referral portal

anticipated or completed diagnostics and treatment, including hospitalization. The SCT can also notify the PCT of patient discharge and plans for follow-up care.

Sometimes, situations arise that require immediate notification beyond the capability of a web-based portal, such as the death or euthanasia of a patient. In these cases, the PCT or SCT should be informed immediately via telephone or electronic means (email, messaging, etc.). Failure to inform either the PCT or SCT of such events promptly could result in a team member contacting a client, only to discover the patient has died or been euthanized at the SCT or PCT facility without the other hospital's knowledge. This type of miscommunication can harm a client's trust in the PCT and/or SCT.

Section 5: Responsibilities After Referral

Top 3 Takeaways

1. Re-establish the PCT relationship with the client by reviewing the referral records and discharge notes and initiating a follow-up discussion.
2. Establish a clear plan for continued patient and client care, including delegation of responsibilities, expectations for continued collaboration between PCT and SCT, and client contact.
3. Practices may assign a designated team member or referral coordinator to the case to ensure timely ongoing follow-up.

Joint Responsibilities After Referral

During this time, direct care for the specific health concern for which the patient was referred is transferred from the SCT back to the PCT. Communication often falters after a referral, but continued interaction between PCTs and SCTs is key to long-term patient care and client satisfaction. Both parties must maintain effective communication as the patient transitions back to the PCT for follow-up care.

Communication is best continued via the mechanism used during the referral for consistency, whether through a recommended web-based portal or by phone, email, text, fax, or social platform. To ensure ongoing follow-up occurs promptly, practices may assign a designated team member or referral coordinator to the case. At all times, maintain a clear understanding and consensus between the SCT and PCT of the short-term and long-term goals of the patient's continued care plan. Sharing information and records that include a running history, findings, assessment, diagnostics, plan, and updates with the client proves both useful and necessary to achieve this goal.

In some cases, long-term follow-up care may fall to the SCT, either based on client preference or owing to the complexity of the case. This can be decided on a case-by-case basis with discussion between the client, SCT, and PCT to determine what is best for the patient and family.

SCT Responsibilities After Referral

The SCT communicates to the PCT that care has been completed for the specific health concern for which the patient was referred.

Upon the decision to transfer direct care back to the PCT, the SCT provides:

1. A clear account of what occurred during the referral (Figure 5.1)
2. A discharge report with the following minimum information:
 - Diagnosis (tentative or finalized)
 - Prognosis
 - Current patient status
 - Medications prescribed
 - Special diet prescribed
 - Treatments to be performed at home or at the PCT facility
 - Follow-up care needs, including the recommended timeframe for rechecks and which team is responsible for follow-up diagnostics and treatments
 - Any pending tests, the expected timeline for completion, and who will communicate those results with the client
 - The best method(s) for continued collaboration between the PCT and the SCT (e.g., when general collaborative communication is appropriate versus the request for an additional consultation).

Generic follow-up recommendations, such as suggesting laboratory work, should be avoided with the PCT. Instead, follow-up suggestions should be as specific as possible, such as recommending a follow-up appointment with the PCT in 2 wk for a complete blood count to monitor the correction of anemia, or for the removal of sutures or surgical staples. For pending tests, the SCT notifies both the client and PCT of the results and any changes indicated to the follow-up plan.

PCT Responsibilities After Referral

At the end of the referral period, the PCT re-establishes itself as the directing care team. This means supporting the treatment plan recommended by the SCT. To resume care, the PCT reviews the patient's history from the SCT and confirms the required documentation is included. If necessary, the PCT contacts the SCT to request clarification.

The two teams should reach an agreement regarding compensation for future consultations, as the SCT should not be expected to provide indefinite help managing the case without compensation for their time and expertise. If the PCT would prefer that the SCT manage the ongoing problem or condition, it is appropriate to let the SCT know.

The PCT also re-establishes itself as the directing team for communication with the client. The PCT can connect with the client by asking open-ended questions regarding the patient's mentation and behavior since their most recent visit, medication administration, and any concerns they have related to the treatment plan. Such essential discussions facilitate patient care and ensure clients follow through with treatment and follow-up plans. Listening to the client's feedback regarding the care experience under the SCT is an essential aspect of the referral process. The PCT can share these client assessments with the SCT as relevant, including considerations regarding family-centric decisions, positive feedback, constructive feedback, and any concerns with the plan moving forward.

REFERRAL REPORT

[Date]

Dear Colleague,

I saw [pet's name] here at [hospital's name] on [date] for [condition for which referral is required.] The following is a complete summary of [pet's name]'s visit with us.

[Specialty Hospital Name]

[Department]

[Street Address]

[City, State, Zip Code]

[Hospital Phone]

[Hospital Fax]

[Hospital Email]

Client name	
Address	
Patient name	
Species	
Breed	
Age	
Sex	
DIAGNOSIS	[Provide the diagnosis or differentials if a diagnosis is still pending]
CASE SUMMARY	[Provide a clear account of what occurred during the referral concern appointment(s), including physical examination findings, completed diagnostic testing and interpretations, current status of the patient, prognosis, and treatment plan.]
PATIENT CARE INSTRUCTIONS	[Include a summary of the at-home care instructions supplied to the owner, such as exercise restrictions and activity recommendations, feeding, wound care, answers to common concerns, and instructions on if/when to contact the veterinary team for additional help, etc.]
MEDICATIONS	[List all current medications and supplements, including dose, form, and administration instructions. Also indicate any recently discontinued medications. Ideally, it is good practice to also list common adverse effects, including if the patient has experienced them.]
Continue the following	[Medication 1: Dosage, indication, side effects] [Medication 2: Dosage, indication, side effects]
Discontinue the following	[Medication 3: Dosage and instructions for discontinuing]
FOLLOW-UP CARE	[Include all pending diagnostics and timeframe for results. Include details on recommended recheck appointments and additional diagnostics, timeframes for each, and whether the SCT or PCT will be responsible for them.]

If you wish to further discuss this case, please feel free to reach out via:

Direct dial our department voicemail at: [phone number]

Email us at: [email address]

Through our dedicated referral portal located at: [URL]

Thank you for entrusting us with the care of your patients and clients.

Sincerely,

[Your name and credentials]

FIGURE 5.1

Post-referral form example

The PCT's communication with the client includes details about future examinations, diagnostic results, and modifications to the treatment plan. The PCT also takes responsibility for scheduling follow-up examinations, laboratory work, or other diagnostics as necessary to successfully continue the patient's care as recommended by the SCT's treatment plan. Some patients require multiple visits or direct follow-up with the SCT, so clearly delineate these details in the treatment plan. A designated PCT member can communicate relevant or time-sensitive updates to the client. Schedule team members accordingly to allow enough time for these discussions with the client via phone, email, or virtual platform.

Section 6: Team Optimization Strategies

Top 3 Takeaways

1. Team optimization relies on frequent, timely, and accurate intrateam and interteam contact that focuses on problem-solving to support an efficient and effective referral process from beginning to end.
2. The well-being of team members directly impacts the overall functioning and effectiveness of a veterinary team, making it critically important that the referral process embraces a healthy working partnership between the PCT and SCT.
3. Empowering key roles within the referral process on both the PCT and SCT maximizes the outcomes for clients, patients, and the veterinary team.

Team Optimization

Team optimization reflects the most effective use of time, resources, and personnel throughout the referral process within the PCT, within the SCT, and at both teams' interface. Optimization also means understanding the different roles that members of the veterinary care team (e.g., CrVT, VTS) can play to free up the veterinarian for other tasks. Providing team members with autonomy, resources, support, and encouragement to optimize their role within the referral process fosters team engagement and efficiency and improves outcomes for patients, clients, and both teams.

Primary Care Team Optimization

- **Map the referral process** to identify key roles (e.g., CrVT, VTS, client service representative, referring veterinarian, referral coordinator) and role interdependencies requiring coordination to support the referral process within the PCT.
- **Provide the necessary training** for staff within identified roles, including education on the referral process, appointment scheduling, referral form completion, and submission of supplementary medical information (e.g., medical records, diagnostics).
- **Continually evaluate and refine** the internal referral process by soliciting client and team feedback and making changes as required.
- **Research and stay current** on referral processes from various specialty practices used by the hospital to ensure the PCT's referral process is modified as needed.

- **Stay informed** about which specialty hospitals have the means for specific diagnostic tests or offer certain specialties. PCTs can keep a "preferred" list of specialty practices and their capabilities for quick reference.

Specialty Care Team Optimization

- **Identify a dedicated referral coordinator** (often a CrVT or VTS) and map the referral process to identify additional roles and role interdependencies requiring coordination to support an efficient and successful referral within the SCT.
- **Provide targeted training** to ensure team members gain the skills and resources needed to facilitate the referral process within the SCT, including communication and project management skills.
- **Establish appointment intake** processes to facilitate prompt and accurate scheduling of the correct specialist's appointments and ensure all necessary referral information is accessible to the appropriate SCT.
- **Streamline procedures and processes** specific to each specialty by regularly evaluating and refining each specialist's workflow to ensure seamless referral handling from initiation to completion by their respective SCT.

Collaborative Opportunities for Optimization

- **Conduct a collaborative review** and refinement of the referral process. Members from both the PCT and SCT can comprehensively assess the effectiveness of the referral process.¹² This may require the expertise of the referral coordinator or another designated team member to conduct ad hoc surveys and gather feedback from all parties.
- **Gather and share** client feedback. It is important that the PCT share any feedback received with the SCT, especially if it identifies needed improvements in the process.
- **Share best practices** during joint meetings and/or continuing education opportunities. Address challenges, brainstorm innovative solutions, and foster relationships between the PCT and SCT to optimize the referral experience for patients and clients.

Team Wellness

Creating a supportive and healthy referral environment based on mutual respect and understanding requires equipping teams to navigate challenging situations effectively while promoting appropriate self-care.

- **Provide communication training** to support collaborative relationships, reduce miscommunication, proactively resolve conflict, and promote psychological safety.
- **Promote a positive referral culture** based on mutual respect and understanding by focusing on problem-solving versus assigning blame when issues arise.¹²
- **Provide accessible resources** for self-help and self-care to support the well-being of individual team members as needed. Options include designating PCT and SCT point persons to resolve intrateam or interteam conflicts, provide access to mental health support services, and offer team members opportunities for well-being-related continuing education and professional development.

Team Empowerment

Recognizing and empowering members of the PCT and SCT is vital for optimizing the referral process and supporting job satisfaction and well-being.^{13,14}

- **Provide autonomy and ongoing support** for team members to operate within their roles and scope of practice. This encourages initiative and problem-solving and assists by freeing up other team personnel and resources.
- **Offer continuing education and professional development opportunities** at the individual and team levels to enhance professional efficacy and strengthen the referral process.¹³ These opportunities can also be used to exchange updated information regarding referral to specialty care.

For more information on team optimization, see the *AAHA Technician Utilization Guidelines* and the *AAHA Mentoring Guidelines* at aaha.org.

Section 7: Teleconsultation to Enhance Access to Care

Top 3 Takeaways

1. Consider integrating teleconsulting routinely into practice for cases that may benefit from specialty care.
2. Teleconsultation can help reduce client frustration over long wait times for referral appointments by helping PCTs with case management in the interim.
3. Teleconsultation can offer many benefits, including timely advice, continuity of care, and expanded service offerings within the practice.

Teleconsultation (Table 7.1) involves direct communication between the PCT and SCT to discuss the specifics of a case. It allows primary care veterinarians to seek expert advice, collaborate on cases, and obtain guidance on diagnosis, treatment, and management of patients from veterinary specialists. Typically, clients pay the initial cost of teleconsulting, and follow-up teleconsultation fees can also be integrated into the fee structure. Ultimately, teleconsulting may reduce client costs and frustration over long referral wait times. Teleconsultation can provide more information on possible differentials and approaches and offer suggestions for further testing, empirical treatment, and/or medication adjustments while waiting for the referral appointment.

Teleconsulting improves access to veterinary care, helping to ensure pets receive timely and appropriate interventions regardless of geographical limitations. In areas with limited access to specialists or if clients cannot appear in person because of physical and/or financial constraints, teleconsulting can fill the gap by helping PCTs manage cases. By involving teleconsultants, the PCT can offer clients reassurance and confidence in the care being provided to their pets and address any hesitations pet caregivers feel about pursuing treatment and referral.

PCTs could consider integrating teleconsulting for cases that may benefit from specialty care. In situations where clients may prefer not to visit a specialist in person, teleconsultation can enhance the PCT's ability to manage complex cases, thereby improving patient outcomes and client satisfaction.

TABLE 7.1

Benefits of Teleconsultation

Enhanced patient care through access to specialized expertise
Timely advice and guidance for complex cases
Reduced need for referrals, saving time and travel costs for clients
Continuity of care within the primary care veterinarian's practice
Professional development opportunities for primary care veterinarians
Improved client satisfaction and loyalty
Increased efficiency in diagnosis & treatment planning
Expansion of service offerings within the practice, leading to potential revenue growth
Facilitation of interdisciplinary approaches to patient management, ensuring comprehensive care
Greater collaboration between specialists and primary care veterinarians that fosters mutual learning and skill enhancement

Section 8: Avoiding Common Referral Pitfalls

Top 3 Takeaways

1. Professional courtesy can go a long way; communicate misdiagnoses or differences in medical opinions with humility and directness.
2. Set client expectations that the SCT may need to repeat some diagnostic and monitoring tests.
3. Meticulous record-keeping helps both teams avoid unnecessary duplication of diagnostics.

Disruptions to the referral process lead to less successful patient outcomes and decreased client satisfaction, but there are some proactive strategies that can help avoid these referral pitfalls. See Table 8.1 for some of the most common disruptions and strategies to overcome them.

TABLE 8.1

Common Referral Disruptions and Strategies to Overcome Them

Disruption	Proactive Strategies
Lack of mutual respect and understanding between teams 	• Role Clarity: Inform clients that PCT veterinarians serve as a constant resource by providing wide-ranging care and specialists receive additional focused training that allows them to delve deeper into specific conditions. Together the PCT and SCT provide comprehensive client service and patient care.^a • Team Building: Form a solid relationship between PCT and SCT by establishing mutual goals,^a knowledge sharing activities (e.g., regular case rounds), joint continuing education, and even social events. • Collaborative Care: Seek opportunities to involve both PCT and SCT in client consultations and treatment planning to improve communication, enhance understanding, and foster collaborative care.^{a,b} • Professional Courtesy: Communicate findings of a misdiagnosis or a difference in medical opinion with humility, using a direct form of communication (e.g., telephone call).
Communication gaps between teams 	• Designate Single Points of Contact: Select a single point of contact (for the PCT and SCT) to facilitate and manage consistent communication between the teams (e.g., referral coordinator, CrVT, etc.). • Provide Timely and Complete Specialist Reports: Timely and complete reports, including examination findings, diagnostic results, recommendations, and treatment plans, support continuity of care. • Set Expectations for Follow-Up Care: Clarify the post-referral process and responsibilities by providing detailed and clear instructions on when and where the patient requires follow-up care. • Leverage Technology: Use secure online portals or telehealth platforms to increase accessibility, convenience, real-time updates, and transparent record keeping, all of which improve information sharing.
Duplication of tests and procedures 	• Meticulous Record Keeping: The PCT must clearly document and communicate any prior test results, while the SCT is responsible for thoroughly reviewing all records provided. • Online Access: A referral portal providing shared access to the referral form, medical records, and completed diagnostics decreases the potential for miscommunication and unnecessary duplication of diagnostics. • Set Client Expectations: The PCT can set the client's expectation that some tests may need to be repeated by the SCT for certain types of cases. The SCT also can clarify with the client why tests need to be repeated.

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Conclusion

A well-defined referral process with a clear delineation of roles and responsibilities is fundamental to enhancing client satisfaction, strengthening relationships between primary care and specialty practices, and ultimately improving patient outcomes. These guidelines have outlined key components of a successful referral process, beginning with understanding the benefits of collaborative care and establishing a family-centered approach as the cornerstone of client communication. By detailing the specific roles of primary care and specialty care teams throughout the referral journey, these guidelines have provided a framework for seamless patient transitions. They have also highlighted the growing importance of technology, advocating for web-based portals to streamline communication and facilitate secure medical record sharing, and the use of teleconsultations to better meet client and patient needs. As veterinary medicine advances rapidly and offers an expanding array of treatment options, efficient referral processes become increasingly vital. Although the guidelines acknowledge that not all recommendations offered here will work with all practices, it is hoped that by implementing these guidelines, practices can foster

stronger interprofessional relationships, ensure more comprehensive patient care, and ultimately contribute to healthier pets and happier clients. ■

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