How to Refer: What to Obtain, Gather, and Share for a Consultation or Referral

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The purpose of this paper is to provide the practitioner and specialist with practice tips in the process of referring and consulting on equine dental cases. Author’s address: Midwest Veterinary Dental Services, PO Box 466, Elkhorn, WI 53121; e-mail: drhenry@midwestvetdental.com. © 2021 AAEP.

1. Introduction
The past two decades in veterinary medicine have seen an increase in the number of specialty colleges. This has led to an array of board-certified specialists in many different disciplines. Board Certified Veterinary Dentist (BCVD) in equine is now a specialty that is recognized affiliated with the American Veterinary Dental College. The European Veterinary Dental College also has an equine dental specialty. With this progress, veterinarians now have the opportunity to refer and consult with a colleague with advanced equine dental training. The transfer of information is often a frustration for the practitioner trying to get help with the cases and the referral center. This presentation will discuss how to make this a smoother process for both parties to reduce frustration and increase the client’s satisfaction from both parties. Many examples will be given of the information that should be provided between the referring doctor (RDVM) and the BCVD.

2. Materials and Methods
The practitioner is often presented with a case that is challenging and wishes to seek advice on how to proceed. This is often done by contacting someone with an interest or specialty title in the discipline of the particular case. Dentistry is no different. Given the vast number of dental diagnoses and different etiologies that are seen related to the age of the horse, arriving at a treatment plan can be a complex process. The practitioner should always provide as much information as possible. This would include the following:

1. Signalment of the horse
2. Duration of the signs
3. Pictures of the clinical findings and, wherever possible, intraoral pictures
4. Examination findings
5. Diagnostic images correctly labeled of the affected and nonaffected side
6. Appropriate client information and horse’s name

The client’s expectations are to find out what treatment is necessary and then get an estimate of the cost for the procedures. The client generally has many factors to consider when making decisions. These include the cost, the amount of time the horse is not in performance, the competence of how the
information was portrayed, the geographical consideration of hauling the horse, and their time investment. Often, clients will have considerations that can seem remedial to the practitioner but can be a large factor in their decision. This could include the clients paying for training and board while the horse is recovering at a hospital. One must listen to all of the owners’ concerns and help them navigate an appropriate solution. The RDVM that is sending the information for consultation or referral must often ask these questions of the specialist for the owner either in an email or via phone call. One good solution is to have a form letter that the RDVM can fill out and send to the referral center. This makes a checklist of the information so that nothing is left out. Pictures can then be placed in the document and emailed directly to the specialist. The RDVM can then easily file this information for the future if the client chooses to use them for a procedure. It’s important to remember that many things can still be conveyed with a simple phone call between the two parties. This can include information about the personality of both the client and the animal. This helps prepare the referral center for the case and dealing with the expectations of the client. The referral center/specialist needs to act in a reasonable and expedient manner when they receive request for consults. This not only benefits the practitioner in their ability to help the patient but also builds loyalty between the RDVM and specialist. The specialist should not hesitate to call the referring doctor to speak to them personally if further information is needed about the case. The BCVD should also consider having an online portal or form letter for the RDVM to fill out and add pictures (Fig. 1). It is also a good idea to have some sort of storage modality that the specialist can organize and store the referral information. This way, if it is a significant amount of time from initial discussion to when the client schedules the procedure, they will still have the information in an organized manner (Fig. 2).

If the BCVD is not receiving the information in a manner that is conducive to providing an accurate diagnosis, then they should provide images or communicate their expectations to the RDVM so that they can learn from the interaction for future instances. One of the most important points in the relationship for any specialist is to never give the impression that the referring doctor has done or provided sublevel care or information. This is also never to be spoken of or conveyed to the specialist’s staff. This information can get back to either the client or the referring doctor which can often lead to much frustration and the need to apologize or potentially ruin the relationship altogether. There are times, however, when the specialist may need to convey information to the RDVM on how the case was not handled appropriately. This must be done in a professional manner and in a way that is constructive. Veterinarians generally have a great deal of pride in their work and are only trying to do their best. The specialist can use this situation to educate the RDVM on different approaches, which will enhance the relationship rather than create tension. The final important point is that the specialist should not attempt to get the client to switch to using their services exclusively. This is accomplished by providing the client with the feeling that the referring doctor is part of the decision-making process and has an important role in the aftercare of the patient.

3. Discussion
The process of referring a case to a specialist should be smooth and painless. Both parties must place
effort in the information exchange so that the patient and client can have a successful outcome. This can be a mutual relationship that will reap considerable benefits for the client and patient. The close relationship between referring veterinarian and specialist must always be protected and honored. Clients can at times may promote dissension by miscommunicating what was said by one or the other veterinarian. This must be quelled immediately and may require a phone call between the veterinarians. If all goes well, the referring veterinarian can get their client help that they cannot easily provide and also retain them as a client. The specialist should see the referring veterinarian as an extension and a part of their practice. This way, the RDVM feels as though they are part of the care and will be supported by the specialist.

4. Conclusion

The referral process can be a tenuous one if all of the necessary information is not conveyed by the referring doctor. Sending radiographs with no history or clinical findings is not appropriate. This leads to specialist support staff spending countless time trying to email and call the referring doctors for further information. This causes loss of valuable time to the client and patient. The specialist needs to also provide timely information back to the referring doctor so that the client can make appropriate decisions.

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Declaration of Ethics

The Author has adhered to the Principles of Veterinary Medical Ethics of the AVMA.

Conflict of Interest

The Author has no conflicts of interest.

References