Better Together: Utilizing an Emergency Cooperative to Prevent Burnout

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General equine practice requires round-the-clock emergency coverage for clients. This may understandably lead to burnout, especially in small one- or two-doctor practices, and is a top reason why practitioners are choosing to leave equine practice. The establishment of an emergency cooperative among local practitioners is one model that can be utilized in some areas to allow a better work-life balance while still providing an important service for clients. Author’s address: McCleery Equine Veterinary Service, PO Box 1280, Archer, FL 32618; e-mail: mccleerydvm@gmail.com. © 2021 AAEP.

1. Introduction

The equine profession in the United States is not retaining or replacing the veterinarians needed to service the population of horse owners. Fewer graduate veterinarians are choosing to enter equine practice, and retention of those who do is poor, with over half dropping their membership in the American Association of Equine Practitioners (AAEP) and presumably leaving equine practice within the first 5 years after their graduation (AAEP 2019 Survey Data). Many of those choosing to leave cite the lifestyle and number of hours of work required as the top reasons why. The current working conditions required of equine practitioners may simply be untenable for many professionals who are disproportionately female and burdened by more hours of household work and childcare. One specific cause of equine practitioners’ burnout appears to be a function of the demand of providing 24/7/365 emergency care, which requires a veterinarian to be available and ready to work at all hours. This is an essential part of veterinary care, and in many states like Florida, this is written into the state practice act. To address this burden, small animal medicine has turned to a model of after-hours clinics specializing in emergency care. However, this model has rarely been adopted by equine practitioners in the United States. Aside from leaving the field, equine veterinarians have dealt with this issue by joining larger practices, hiring relief veterinarians (i.e., veterinarians that provide services on an as-needed basis when full-time vets are away from their practice), or choosing to specialize in a service that does not require the provision of emergency care (e.g., dentistry, sports medicine, acupuncture, chiropractic, etc.). Another option to reduce the demands of emergency work is to share the burden by forming a local emergency cooperative. These cooperatives are groups of independent local practitioners that agree to share emergency coverage for each other’s clients, returning care to the client’s regular veterinarian during business hours. There are several advantages to this type of approach: (1) it has the potential to be easily and quickly put into action, (2) it
allows practitioners to maintain their small one- or two-doctor independent practice while reaping some benefits of being in a larger practice, and (3) it provides increased collegiality in what can be an isolating profession. While there are clear advantages to the cooperative approach to emergency care, it has not been widely adopted. To help provide other practitioners with an example of a successful emergency cooperative, the author will provide the details of practice experiences—specifically, (1) discuss the agreements, makeup, and context of the author’s cooperative; (2) consider the pitfalls and limitations of such groups; (3) provide examples of how the author’s group has handled potential contentious issues; and (4) finish with a broad look at the personal and professional trade-offs that come with joining a cooperative.

2. The Author’s Emergency Cooperative

Emergency cooperatives have been part of the author’s local practice culture for decades, so formation of a cooperative was not a difficult subject to broach with other area practitioners. Other groups had formed and dissolved for a variety of reasons, including refusal of practitioners to attend nonequine cases, practitioners not reliably being available during their on-call rotations, and failure to follow up with a client’s primary veterinarian. If the author were to relocate to a new practice area, she would start with asking local colleagues if they would be interested in getting together once a month for case discussion. This would create a low-pressure environment to determine if the involved practitioners would make broaching the subject of forming a cooperative less of an obstacle. The author’s emergency cooperative, created in 2017, is made up of five ambulatory solo practitioners. All of the practices are predominantly equine focused, but several practitioners also work with cattle, small ruminant, camelid, and porcine clientele. The cooperative covers an area that is up to 80 miles in diameter, but most clients are concentrated within 40 miles of all practices. The veterinary members meet monthly as a group. This provides an opportunity for case discussion, addressing any scheduling issues, and discussing any concerns about the function of the cooperative. Although the author’s cooperative was not formed around legal agreements, the set of rules and guidelines below were agreed upon to clarify expectations and improve communication:

- The clients’ primary practitioner is to be updated on cases seen at the end of each on-call period
- Clients of a cooperative member will not be charged a nonclient fee when seen on emergency
- Cooperative members will provide services to equine, caprine, ovine, bovine, porcine, and camelid clients if they are current patients (generally defined as clients seen for a regular appointment in the last year)
- People who have recently moved to the coverage area and do not have a veterinarian should be provided service for emergencies, if possible
- All established clients, regardless of location, need to be provided service

Each practitioner covers emergencies for all the members of the cooperative one day of the week, on a rotating schedule. Similarly, the weekends and holidays are divided among the group members. The schedule is planned for 20 weeks in advance (each practitioner gets four weekends of emergency call in each planning period). When a cooperative member receives a request for emergency services from someone who is not one of their clients, the caller is asked to identify their regular veterinary provider to determine if they are associated with the cooperative. Although there is the potential that clients may lie, this has not proven to be an issue. When clients that are not associated with the cooperative request emergency services, it is at the discretion of the on-call veterinarian if they are willing and able to provide services. After the services are completed, all billing or payment is the responsibility of the veterinarian attending the call, who then provides an update on the case to the regular veterinarian via a phone call, text message, or e-mail of medical records. Access to the other practices’ records is not available. If a cooperative member wishes to provide emergency service to one of their own clients when they are not on call, this is allowed.

3. Limitations/Pitfalls

In the 2020 AAEP Emergency Coverage Survey, only 8% of the over 800 practitioners polled utilized the cooperative model for emergency coverage. Aside from larger practices not requiring such coverage, the top reasons cited for not joining a cooperative include the following:

- Concern over the level of care provided by other veterinarians
- Covering too wide of a geographic area
- Concern over loss of clients to other practices
- Possible loss of revenue
- Concern over other practices’ fee structures
- Fear of unreceptive clients
- No offer to join a group has been extended
- Mixed animal practice would be required

These are all legitimate concerns and challenges that were faced or considered in the author’s cooperative. However, all these issues can be addressed or at least mitigated. Below are the author’s experiences and approaches to each of these issues. One of the top concerns voiced in the 2020 AAEP survey was that the skill level of other veterinarians was not adequate to trust
with the care of one’s clients. Although the practice styles and strengths of each practitioner in different groups can vary, there has never been the concern that a colleague was not suited to provide adequate emergency care. Initially, this confidence was based only on the mutual respect one has for colleagues, but it has grown over time based on communication after emergencies and discussing cases and any concerns at monthly meetings. Bringing together multiple practices has expanded the geographical area that each member of the cooperative must cover when responsible for emergencies. While less than ideal, this is a trade-off that the author’s group has accepted. In return for occasional travel to further locations (> 1 hour), nights and weekends are more often available. For some cooperatives, the areas that require the furthest travel are generally underserved, and clients are happy a veterinarian is providing service, regardless of wait time. However, some clients in far-flung areas with more opportunities for equine veterinary care have been less accepting of longer wait times. While the clients’ desire for more immediate care is appreciated, it is not likely to modify the practice’s cooperative arrangement to service these desires, content that quality 24/7 care for all clients is provided. One concern that members of the cooperative and many veterinarians have is the potential to lose clients to other practices in the cooperative. It is a fact that clients may desire to switch practices, and when this happens in the cooperative setting, it can create feelings of distrust, undermine relationships and cause potential failure of the cooperative. To address this concern, clear communication with the clients and other veterinarians must be identified to increase trust and reduce the probability of clients switching practices. A general philosophy has been adopted that clients are not owned by a practice and may switch practices if they choose, but maintaining the trust of the other veterinarians in the group (and thus the ongoing success of the group) is valued above procuring a new client. If a client chooses to switch, a conversation between the two veterinarians generally takes place to prevent any misunderstanding. Face-to-face (currently outdoors while social distancing) monthly meetings are key to building good-faith relationships. If a practitioner is actively trying to steal another veterinarian’s clients by marketing to them, it would become increasingly uncomfortable to sit down and look that colleague in the eye every month. At the onset of the author’s cooperative, several veterinarians were worried about the potential loss of revenue from passing emergency work to their colleagues. These members were willing to join the group if they had the option to continue to see their clients’ emergencies at any time. This alleviated concerns about the potential for lost revenue yet allowed them to utilize the opportunity for time off when needed. To date, no member has had any issue with loss of revenue from joining the cooperative. In fact, many find the increased call volume seen when on call increases efficiency and makes up for any revenue lost when passing calls to the co-operative. This efficiency also makes it viable to pay an assistant to be available during emergency coverage periods. Without the cooperative, the 24/7 nature of being on call makes it too costly to maintain a technician’s availability in the event of an emergency, but with so few shifts, it is very doable. Like many veterinarians surveyed, some members have had concern over differing fee structures. Specifically, they were concerned that all members of the cooperative have similar emergency fees. This concern prompted the creation of a “no nonclient” emergency fee rule when seeing clients that were established with a veterinary member of the cooperative. It was also important to not discuss the pricing of any specific service as it is unethical and often illegal. Furthermore, in the author’s experience, unlike vaccines, castrations, and other similar services, clients are generally not price shopping emergency services. The members of the author’s cooperative have not experienced any feedback from clients on differing fee structures. With concerns about client receptivity, the cooperative addressed the issue head on. A group seminar was held for clients to promote the existence of the cooperative and give everyone a chance to meet the other veterinarians and see their working relationship in action. One member made a magnet with all of the practice logos and phone numbers that could be handed out to clients. This gives an excellent opening for discussing the existence of the cooperative with new clients. Because there is often a misunderstanding among clients about whether the vets all work in the same practice, the magnet makes it clear that each practice is still an independent entity. Additionally, when providing emergency services, it should be made very clear with clients that their veterinarian will be updated in the morning and their care passed back into the hands of their regular provider. Working on nonequine species was a concern for several of the equine exclusive practitioners when they joined the group, but the benefits of joining the group outweighed any discomfort of treating these species. To help familiarize these veterinarians with situations they may face, the cooperative held rounds on the most common emergencies seen in cattle and small ruminants. The veterinarians that work regularly on these species have also made themselves available for phone consults when needed. In addition to the initiative to develop an emergency cooperative, and the trust, respect, and clear communication required to keep it functioning, flexibility has been key to longevity. The rotation schedule has changed to allow several members to take maternity leave, deal with family emergencies, and travel. In the last year, the weekday emergency coverage has adapted to include daytime emergencies to help member parents deal with the unexpected increase in
childcare requirements that have come with the COVID-19 pandemic. The practitioner assigned to that evening’s call is ready to take on the other practitioners’ daytime emergencies with little notice. This has greatly reduced the stress that comes with unexpected family emergencies (i.e., a sick child, school closures, etc.). Emergency cooperatives have allowed the author to do something that is increasingly rare for solo practitioners—to own a practice without it owning the practitioner. After having a child, the author is quite sure equine practice would not have been possible without the support of the cooperative. If willing to make the trade-offs of occasional increased drive time, regularly entrusting patients’ care to a colleague, and perhaps working on occasional nonequine species, emergency cooperatives can be an excellent way to maintain the small general equine practice as a sustainable practice model. One will gain not only greater freedom with personal time but also stronger relationships with colleagues.

Acknowledgments

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