

Equine Veterinary Telemedicine Q&A with Dr. Mike Pownall

With the phrase “social distancing” now firmly entrenched in the vernacular, the COVID-19 pandemic could serve to create increased awareness and adoption of telemedicine in the equine veterinary profession.

The AVMA defines telemedicine as use of a tool to exchange medical information electronically from one site to another to improve a patient’s clinical health status. Examples include using Skype or a mobile app to communicate with a client and visually observe the patient for a post-operative follow-up examination and discussion. It is important to remember that telemedicine should be conducted within an existing Veterinarian-Client-Patient relationship and in compliance with the laws and regulations within the state in which one is licensed to practice.

Among the equine practices already employing telemedicine as a component of patient care is McKee-Pownall Equine Services near Toronto, Ontario. Co-founder Dr. Mike Pownall recently took time to discuss what he has learned from his telemedicine experience and offer tips to those thinking of getting started.

Which services in equine practice have you found to be well suited for telemedicine?

I look at telemedicine almost like having another truck in the practice. It’s another means to reach our client. In our practice, the areas I’ve found telemedicine to be most effective are:

- Seeing gait abnormalities on videos of horses in motion, either at the home farm or at a competition.
- Doing progress checks of something I’ve already seen—maybe we sent the client home with instructions but it’s been difficult or cost-prohibitive for them to ship back in, so they send us a video to look at it or we can do a livestreaming event.
- Consulting with other vets in the practice. Maybe an associate is at a farm and there’s a mystery lameness that we all want to have a look at it. This is a great example of how a senior clinician can tag team with a junior clinician on a case in a live telemedicine scenario.

What situations, in your experience, are not suited for a telemedicine consult or evaluation?

Whenever we have to do a physical exam or anything that requires our hands being on the horse to assess it or to auscultate lungs or heart, telemedicine just can’t help us. Our best digital tool is our fingers; if we can’t use them, it’s hard to be really confident in what you’re assessing.

For a practitioner who has never used telemedicine with clients, how should he or she get started?

I think for somebody just starting, if they have an iPhone, they can just FaceTime, which is a great intro. The person on the other end can just show the horse in action, and then the vet and the trainer or owner can have a conversation. I think FaceTime is easiest.

As a practice gets more comfortable with it and they want to record what they’re doing as part of the medical record, then they may want to look at Skype or Zoom. Zoom is a fantastic technology that we’ve been using. The ability to record is huge, the sound quality is amazing, and you can have a number of

people on the call. Let's say you're doing a pre-purchase exam or maybe the scenario is a trainer at the farm is showing the horse off, the owner who is elsewhere can be on the call, and the vet can be there—so all three people can be on and you are able to record the examination so you have it as part of your medical records. It's just very easy to have that interaction with a client on a case, charge them appropriately and then save it to the medical record.

How do you save/archive the photos or messages that a client sends you about a case?

If it's an iPhone, you can save to your photos library and then just send the photos to somebody in the office who can collect and upload them to the patient file. Veterinarians can really get inundated with that stuff, so having somebody in the office who can manage it or be the quarterback for all the veterinarians makes it easier.

How do you bill for a telemedicine call? Do you have a different fee structure?

My attitude is all we sell as veterinarians is our time and our knowledge. I recommend charging what you charge for an exam. I don't think you should be discounting it. If we're taking 20 minutes to look at a horse and discuss the options with a client in terms of a progress exam, we could be spending that time on the road—as equine practitioners, we have so much windshield time we cannot bill for.

I think we are in a position like with dentistry years ago when a lot of vets said I don't want to be bothered with dentistry but all of a sudden we realized it was something we needed to add to our portfolio of services. We were scrambling. I think we're facing a very similar scenario now. It's sort of casting a reset to how we're doing things, so it's the perfect opportunity to start talking about telecommunications and the price we charge for it.

On a phone consult, one of the things we try to do is bill it on a 10-minute increment. Then it's really up to the client with how detailed they want to get. In general, I think what happens—and it's just a practice management challenge—is we have a hard time saying no to clients, and what should've been a 5- or 10-minute phone conversation ends up being 20 minutes and we're not really charging for it. I think if we're trying to charge for the knowledge we have, bill it in blocks. This is when staff training comes in.

Are there any lessons learned from your telemedicine experiences that you want to share?

A couple of years back, I was on call for a horse show. I received a call around 10 p.m. about a dark bay horse that got a cut in a fleshy area just above the hock. I asked the owner to send me a picture, which he did. I looked at it and it was literally just an abrasion, a flesh wound. I told him I could come out now but I'd have to charge an emergency fee; or one of my associates would be on-site in the morning and could look at it. I was comfortable telling him he didn't need me to look at it. My associate looked at it the next morning. When I talked to him later and asked if it was just an abrasion, he said no, it was a penetrating wound that went in about 3 inches and he had spent a bit of time flushing it because there was debris in there.

This really highlighted to me the dangers of relying only on 2-dimensional images; we don't have that perception of what really is going on there. It's a very flat perception often hindered by shadow, hair coat, and color of the horse. I was mortified that I missed it because, on the surface, it looked so obvious, but in reality, there was a lot more going on. Lesson learned. Don't rely on photos in those situations.

Any final thoughts?

I think this is an opportunity for us to really demonstrate the value of our time and knowledge. The convenience factor is huge—a client doesn't have to wait, they're not paying a call fee, we don't have to drive—so absolutely charge at least what you'd charge to do the equivalent examination.