How to Organize and Maintain a Shared Emergency Association With Neighboring Practices

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1. Introduction

Many equine practitioners are in a squeeze. We may have plenty of clients and certainly seasonally lots of work, but precious little time off. Unless equine veterinarians are part of a large practice, they face the danger of burnout because of too many hours on emergency duty. As three separate practices in the same general area we decided 10 years ago to form an equine emergency association. Each doctor is scheduled for emergency duty 1 night in 7 and 1 weekend in 7. This paper outlines how we came together and worked out this plan. It also explains how we have stayed true to this association while maintaining our separate practices, each with its own philosophy and style. We are excited about the difference this association has meant to our individual lives and to a complete and thorough emergency coverage for our clients.

2. Materials and Methods

Several years ago, we three solo equine veterinarians started meeting for breakfast once a month. This was in response to a statement brought back from an American Association of Equine Practitioners annual meeting: “Each of us has more in common with each other than we do with our clients.” This was the impetus for our getting together. We began meeting for breakfast about once a month at a local restaurant. One of the common complaints was that we each were fielding our own emergencies every night. This meant some long days and the frustration of knowing that our small-animal colleagues were locking up every evening at 5 PM and leaving their clients in the hands of emergency clinics. At one of our meetings, the suggestion was tentatively made that we might try to share emergencies. Out of this initial idea grew our Equine Emergency Associates group, formed for the purpose of sharing evening and weekend duty.

It took a few meetings before we were able to become transparent to each other about our concerns. No one wanted to lose clients to another practice. We each wanted to maintain our own practice philosophy and way of doing things. None of us wanted to see our income suffer as a result of the emergency scheduling. There was also a common concern that emergencies be handled in a timely manner and with a high standard of professionalism.
The original three veterinarians have since hired associates. One practice has three veterinarians, and the others each have two, for a total pool of seven veterinarians to share emergencies. One practice has a clinic, the other two are ambulatory. All the veterinarians in this association live within an hour of each other and crisscross paths daily, sometimes servicing different clients within the same stable.

The policies that we set for our association were the result of many meetings and trying on different arrangements. Our present situation is as outlined below.

Meetings
From the beginning, we recognized that we would have to meet on a regular basis so that concerns would be immediately addressed. It is expected that all seven veterinarians will attend. We get together at 8:30 AM on the first Thursday of every month at a central location. Coffee, tea, and munchies are put out. Each practice pays in $225 per year to offset the costs of this food, and the staff member from one of the practices that organizes the on-call schedules. The meetings typically last about 1 1/2 hours. The first item on the agenda is the actual scheduling of vacations, weekends, and days off. If someone is scheduled for a night and cannot make it, they will trade with another doctor in the room. The talk then often turns to cases. Radiographs are sometimes brought in for other opinions. This interaction fills the gap of solo or small equine practice doctors not having regular access to other’s ideas. Veterinary distributors are aware of our association and from time to time will ask to speak in front of the group to detail a new drug or demonstrate a new piece of equipment on a horse.

Scheduling
We try to have our emergency schedule set up 2 months in advance. We are asked by e-mail what weekends or nights we cannot serve during the upcoming months. A tentative schedule is made up, and at the meeting further trading of duty takes place. Nights are defined as Monday through Friday, 5 PM to 7 AM. Weekends begin Saturday morning and end Monday morning. After the meeting, any doctor who is scheduled but now has a change in schedule will call around to find someone to trade with. Each office manager has a copy of the schedule, and at 5 PM, the on-duty veterinarian’s pager number for that night or weekend is put on the answering machine of each practice.

On-Duty Veterinarian Responsibilities
Besides taking care of the emergencies that come in, by 8 AM the next morning, a copy of the invoice for an emergency handled must be faxed or e-mailed to the owner’s own veterinarian. This act hands the case back to the client’s veterinarian. If additional information about the status of the case is needed, a phone call or e-mail contact is made as well. As part of the price for getting so many nights off, we have each agreed to handle all of the emergencies that come in for all three practices, regardless of the distance. That might mean an occasional one-way trip of 1 1/2 hours! This is easier to handle mentally when you know that the next 6 nights are yours.

Fees for Service
There are no set fees for emergency call charges or procedures among the different practices. It is expected that clients will pay as service is rendered. Credit cards are accepted by each of the practices.

3. Results
Owner Acceptance
This was one of our initial concerns. “I’ve always taken care of Mary’s horses, what will she think of this new arrangement?” It turns out that our clients have been very understanding and supportive. They seem to appreciate the fact that we travel in all kinds of weather at all hours to meet their needs and realize that to do this 24/7 is heroic. There now seems to be a feeling of security about emergency coverage in our equine community.

Practice Jumping
Although this was another of our initial fears, it has not turned out to be a problem. If clients think they prefer the emergency veterinarian to their own, we have agreed to tell them that, in order to switch, they must call their own veterinarian to request a records transfer. That often stops the action. We also tell them that seeing their original veterinarian on a future emergency might be an embarrassment for them. This serves as another deterrent. It turns out that actual practice switching has been rare and, when it has occurred, it seems to be to everyone’s benefit.

Each of us has family emergencies in which we must drop everything and leave the practice for a while. Before our association, arranging for coverage times in these situations was a big problem. Now it is a matter of just one or maybe two calls, and we can leave knowing that any emergencies will be covered. As our trust and respect for each other has grown, we often consult with or send each other cases when we know that a veterinarian has a particular skill or interest.

Because of our emergency association, we each have a better quality of life, practice better medicine, and feel that all of our clients are well taken care of 24/7.