



# Telehealth Coalition

**Dr. Gail Golab**

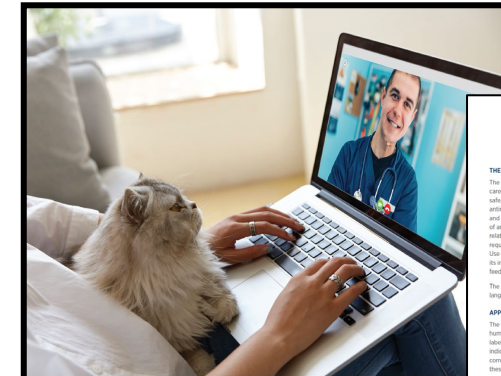
*Associate EVP and Chief Veterinary Officer*

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# Needs and Opportunities in Telehealth Space

## Education and Advocacy

- Interest in telehealth
  - Increased during the pandemic
  - Now receding
  - Varies across clinics
  - Some of the most active players are outside the veterinary practice space; presents concerns for
    - Patients and clients
    - Practices
- Availability of tools, but not actively being used
  - Determine why; adjust and add to make more useful
  - Increase awareness of opportunities telehealth presents and availability of resources to assist adoption
- Ensure being used well within an appropriately established VCPR
  - Continuing to see activity at the state level
  - Pressures at the federal level (e.g., antimicrobials, antiparasitics, controlled substances)
- Need a collaborative and concerted effort to make good things happen with participation across the veterinary space



**AVMA guidelines for the use of telehealth in veterinary practice**  
IMPLEMENTING CONNECTED CARE



### Federal requirements for the veterinarian-client-patient relationship

**THE BASICS**  
The federal government regulates veterinary medicine and animal drugs very differently than it does human health care and drugs intended for human use. This is, in part, because veterinarians are key to maintaining a healthy, safe, and wholesome food supply and because they also play an important role in preventing the public use of antimicrobials in animals. One important difference between human and veterinary medicine is that the U.S. Food and Drug Administration (FDA) has authority under the Federal Food, Drug and Cosmetic Act (FDCA) over the use of animal drugs and human drugs by veterinarians, and the authority to define how a veterinarian-client-patient relationship (VCPR) is established for certain uses of animal and human drugs. For these uses, FDA has authority to require the keeping of veterinary medical records to access them at any reasonable time to verify and copy them.<sup>1</sup> Use of animal and human drugs by veterinarians that violates the federal VCPR parameters set forth in the FDCA and its implementing regulations results in the drug being statutorily deemed unsafe for the use and, in animal feed, the feed is statutorily deemed adulterated.<sup>2</sup>

The USDA, which regulates veterinary biological products, also has promulgated rules defining a VCPR using the same language as the FDA.<sup>3</sup>

**APPLICATION OF THE FEDERAL VCPR**  
The federal VCPR applies to any use of an FDA-approved human drug in animals, including over-the-counter (OTC) human drugs.<sup>4</sup> It applies to any use of an FDA-approved animal drug in any manner that differs from its approved labeling (OTC label drug that's used at a different frequency of administration, different dose, different medical indication for its use, different route of administration, or use in a different species).<sup>5</sup> It also applies to the use of compounded drugs by veterinarians<sup>6</sup> and a veterinarian's authorization of a veterinary feed directive (VFD).<sup>7</sup> All of these are very common occurrences in the day-to-day practice of veterinary medicine.

Establishing the federal VCPR requires a physical examination of the animal or timely and medically appropriate visits to the premises where animals are kept. The FDA does not allow the VCPR to be established through electronic means.<sup>8</sup> FDA does allow the VCPR to be established exclusively through telemedicine.<sup>9</sup> Veterinarians must comply with the federal VCPR in each of the circumstances in which it applies, irrespective of whether state law defines a difference.

The federal VCPR also applies in two important, but more limited, circumstances under USDA authorities. Veterinarians who manufacture biological products for use in their patients must do so within the context of the federal VCPR.<sup>10</sup> Veterinarians also must have established a federal VCPR when using prescription platform product biologics, which are a new category of biotechnology vaccines.<sup>11</sup>

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**Mission:** To collaborate across the veterinary and animal health industry to enhance and expand care by leveraging technology, while safeguarding the welfare of animals and people.

# AVMA Telehealth Coalition

- Touchpoints—Drs. Gail Golab, Link Welborn, Christine Royal

- Current Members

American Veterinary Medical Association

Veterinary Study Groups

Covetrus

Merck Animal Health

Boehringer Ingelheim

AmerisourceBergen/MWI

Midwest Veterinary Supply

American Association of Bovine Practitioners

American Association of Equine Practitioners

American Association of Swine Veterinarians

American Association of Avian Pathologists

Elanco

Independent Veterinary Practitioners Association

AHI

Televet

American Heartworm Society

- Purpose—Encourage uptake of telehealth by veterinary practitioners, including telemedicine after establishing a VCPR in-person; advocacy
- Launching AVMA Convention, **Saturday, July 30, 8:15 am**

# Our Ask

- Please join us
  - Support our mission
  - Help us communicate and educate
    - Practices
    - Legislators/regulators
- Collaborative grassroots effort is tremendously important
  - Challenging business climate
  - Veterinarians and their teams needs all tools at their disposal
  - Uptake of telehealth, including telemedicine is slow
  - Holds great potential for patients, clients, teams
- Not asking for a financial commitment
- Are asking for concurrence with our statement and goals
- Appreciate your help at the state level in achieving those



## Veterinary Telemedicine and the Veterinarian-Client-Patient Relationship

Veterinary telehealth and, in particular, telemedicine, holds great promise for improving continuity of care and strengthening the relationship between veterinarians, their clients, and their patients. Used appropriately, telemedicine can enhance accessibility, client communication, and ongoing monitoring and care of veterinary patients.

**The veterinarian-client-patient relationship (VCPR) is fundamental to veterinary practice, and establishing it appropriately is necessary for the responsible provision of high-quality veterinary care.** Veterinary telemedicine should only be conducted within an existing VCPR, with the exception of advice given in an emergency until the patient can be seen by the veterinarian.

**An in-person examination or timely visits to the premises where the animals are kept is critical to establishing the VCPR.**

- For a veterinarian to diagnose and treat an animal, and to prescribe or dispense medications, a VCPR must be in effect that meets requirements under the state's Veterinary Practice Act.
- A federal VCPR must be in place to use FDA-approved animal drugs in any manner that differs from their approved labeling, use any FDA-approved human drugs (including over-the-counter medications), use compounded drugs, authorize a Veterinary Feed Directive (VFD), and use certain USDA-approved biologics. FDA requires an in-person examination or timely visits to the premise where animals are kept for these common activities because this degree of oversight is necessary to ensure that medications, including antimicrobials and controlled substances, are used judiciously and to protect the quality and safety of the nation's food supply. A federal VCPR cannot be established through telemedicine.
- It is essential for the ethical practice of veterinary medicine. The AVMA's Principles of Veterinary Medical Ethics requires a VCPR be established in-person. A veterinarian must be familiar with the animal, its medical history, and the client to provide the best possible care.

Without an initial in-person examination or visit to the premises where the animals are kept, the risks of misdiagnosis, failure or delay in conducting appropriate diagnostics, and ineffective treatment (including inappropriate prescribing) increase and can lead to poor clinical outcomes. In addition, veterinarians treat a multitude of species that can be affected by a large number of diseases and conditions. Failure to identify, properly diagnose, treat, and control zoonotic (e.g., rabies, ringworm, scabies, methicillin-resistant *Staphylococcus aureus* [MRSA] infection, glanders, some influenzas) and other high-consequence diseases (e.g., African swine fever, foot-and-mouth disease) can have significant adverse public health and/or economic impacts.

Veterinary telemedicine is most effective and safest—for patients, clients, and veterinarians/veterinary practices—when used to maintain a VCPR that has already been established via an in-person examination. **We support the recommendation of the American Veterinary Medical Association (AVMA) that a VCPR should not be established via electronic means.**

# Next Steps

- Continue adding members
- Help better position veterinary practices
  - Further development of practice/practitioner education and tools
  - Outreach and distribution—connecting members' technical services and communication teams
- Advocacy
  - Needs
  - Connecting members' advocacy teams

