

Central Line: The AAHA Podcast Transcript
Guest: Tierra Price, DVM, MPH

0:00:04.0 Katie Berlin: Hi, welcome back to Central Line, I'm your host Dr. Katie Berlin. Our guest today is very special. We've been waiting a few weeks to talk to her because she's had a lot going on in her life over the last a few months. Dr. Tierra Price, welcome to Central Line. So glad you're here.

0:00:22.4 Tierra Price: Thank you. So happy to be here.

0:00:25.3 Katie Berlin: Dr. Price, so do you mind just giving us a little bit of a background on what you're doing now and what you've been doing for the last couple of years? I know it's a lot, so however much or little you want to tell us is up to you.

0:00:38.6 Tierra Price: Yeah, so I'm Dr. Price, Tierra. And I graduated from the Virginia Maryland College of Veterinary Medicine in 2020 - I can't believe it's been two years now. But that's where we are. And right after vet school, I went to Los Angeles to work as a community medicine veterinarian doing high-quality, high-volume spay/neuter and providing free services to the community as far as acute conditions go. Like an outpatient type of deal. And then after about a year, I decided to explore emergency medicine with the Veterinary Emergency Group and left LA, moved to Brooklyn, New York to work for them for about six months, and now I am one of their travel doctors working in the Brooklyn area.

0:01:35.3 Katie Berlin: That's a lot. You've also been involved in some other initiatives over your career as a vet student and veterinarian, right?

0:01:45.4 Tierra Price: Yeah, yeah. So outside of the clinical practice, outside of the hospitals, I also run BlackDVM Network, which is an online platform for the empowerment of Black veterinary professionals, and so I've been doing that for almost four years now. And that's been really fun too.

0:02:06.7 Katie Berlin: That's a big undertaking for somebody to take on as a vet student - and then to graduate and to go into community practice and then emergency practice, you're clearly somebody who can handle a lot on her plate. I think it's probably safe to say that. But we could spend an entire podcast talking about each of those adventures on its own! So I will ask you a little bit more about those as we go on, but before we get into the meat of the podcast, the question that I wanted to ask you today, so we can learn a little bit more about you, is: What would the title of your autobiography be?

0:02:46.8 Tierra Price: So I love this question because it definitely makes me think a lot, but when it comes down to it, for a few different reasons, I think that the title of my autobiography would be "The Rookie and the Vet." And so, number one, the number one thing for anyone that knows me, knows that I love the artist Drake. He's a rapper, and that is one of his lyrics. I live by his lyrics, and so it's only fitting that one of his lyrics be the title to my autobiography. This is also the name of my team for fantasy football. So I know that it really speaks to me, but then thirdly, it really does encompass who I am in life, because since I'm always changing things and trying something new, I'm always the rookie in the room, always. So I just think that play on words, "The Rookie and the Vet," would totally be my autobiography because I'm always trying something new and I'm always

new to the game.

0:04:10.0 Katie Berlin: That is fantastic. And just for those of you listening or watching, I sent Dr. Price the questions ahead of time, so she did not have that answer fully repaired and vetted for this interview, but you'd be surprised at the number of people who have actually given this a lot of thought. I don't know if they were asked before or if it's just something like, you know, who would play you in the movie of your life? Some people have never thought about, other people have thought about that a lot.

But I'm very impressed with that answer that you came up in a short period of time, because it's perfect. You learn so much about somebody with this question. Like you, I get restless if I'm just doing the same thing all the time. And so I always feel like I'm a rookie at something. I might not be a rookie at everything in life right then, but there's always going to be something that I'm new at. And that tells me something about you that I think we have that in common: we don't want to get too comfortable, we always have to go out and seek out something that we're probably going to look a little silly doing for a while.

0:05:16.3 Tierra Price: Exactly, exactly. And I was going to say that when you know that about yourself and you know that you're the rookie in the room, just kind of thinking that and announcing that, it shows that you'll take it in stride. Right. I'm always like, I have no idea what I'm doing. Someone please help me.

0:05:32.7 Katie Berlin: And the more times you do it the more comfortable I feel like you get saying, I don't really know what's going on, but I can figure it out and/or I can ask for help when I need it. It's a very good lifestyle really. Well thank you, that was a good answer. And now you have that answer, if anyone asks you that again ever.

0:05:46.7 Tierra Price: Now I can start writing my book, right?

0:05:50.0 Katie Berlin: That's right. You can get right on to it. As long as there are no copyright issues. You might have to find some really good lawyers to get that as your title.

0:05:58.0 Tierra Price: Yeah, I might just have to contact Drake and ask him if it's okay.

0:06:02.7 Katie Berlin: That's true. He'll probably say fine. I mean it makes perfect sense. Well, so, Dr. Price - you've had a very diverse career background already. You were working so much with BlackDVM Network before you even graduated, then you graduated at the weirdest possible time to graduate during 2020, and you've already done community medicine and emergency, and now you're traveling. I think that's super cool, because we all sort of get in our heads in school. It's so easy to get stuck and think, this is what being a vet looks like, and you're really showing already in this short period of time that it can look a whole bunch of different ways. And I love that.

0:06:46.6 Tierra Price: Yeah, yeah, yeah. And actually I've had so much fun with trying all these new things and seeing everything, and I've learned so much over the last two years. Way more than I could have ever imagined.

0:07:03.0 Katie Berlin: Yeah, I bet you have. And I was curious, just because I love stories, and I feel like stories also kind of just help put everything else that we talk about in context: Do you have

any favorite stories about either your time in community medicine or your time in emergency?

0:07:20.3 Tierra Price: Yeah, so I think that one of my favorite stories that I've had being in emergency - working for the Veterinary Emergency Group, I've learned so much and there are so many amazing stories - one of the stories that I always love to tell is not the happiest story, but it really resonates with me.

It's about this dog that came in and he wasn't feeling so well, he hadn't been eating for the last few months, and mom and dad brought him in because they wanted to know what was wrong with him, and just looking at him, I could tell that there was something really bad going on. And I talked to them about that, letting them know that I am concerned for him just on looking at him, he's very skinny, his belly is pretty distended, etcetera. And then they told me, "Well go ahead with your exam, we want to know what you think." And I was like, "OK, let's see what we find." And on exam I ended up noticing that his gums were pale and his abdomen was really big, and I got the ultrasound, stuck the ultrasound probe on his belly and it was full of fluid.

I asked them if it was okay if I just tapped the belly really quickly, and they said yes. I poked him and it was pretty red, pretty bloody in the syringe, and so I let them know that he was maybe bleeding into his abdomen for whatever reason, and at that point, they actually just asked me, "So what are our options?" I talked to them about the chances that it was cancer, the chances that it was something from trauma, here are some of the things that we can do, and I just read through all the options for them, and at that point, the dad broke down crying and said, "We know what we need to do." And then the mom handed me a folder and they had actually been to another veterinarian the day before, and that veterinarian had seen or told them the exact same thing.

So on that physical exam, the dog was skinny and had blood in its abdomen. And at that point, I was just so confused, I'm like, "Well, why are you guys here? Was this a test? Is there a camera going to pop out making sure that I know what I need to know clinically or what's going on? You guys already knew all of the things that I have just told you." And so I asked them, "What do you guys... What do you guys think?" And the dad said, "We would like to put him to sleep." And so I said OK, and I took them to a room, and it was very, very sad.

They had their whole family come to say goodbye. But afterwards they thanked me and they were hugging me and they were saying, "You gave us all of our options, you talked to us about what we could do. And the last time we went to the vet, we were told to do something, and we didn't want to do it at the time because we wanted to know what our options were. We wanted to feel like it was our decision instead of us being told that." And it really resonated with me because I think that the medicine, it's there, we all know it, but we do have to remember that we're also counseling people through a hard time, and we have to give them all of the options, not just what we would do or what we would want to see them do. We're here to inform them and then support them through whatever decision that they make. And so that was the moment that I really knew that you have to give people all the options, and we are not the deciding factor. We are a book, we're a consolidated book of information for people.

0:11:34.6 Katie Berlin: That is a really telling story, a really good example of how we can get... I know at least speaking for myself, I can think of instances where I've been sort of in my own head and thinking, "Well, this is clearly what's going to end up happening," so I had to just cut to the chase and tell them. And you can even think you're doing the right thing then by telling them the

option that you think is best, that's going to prevent the most suffering, but it's not always our decision to make, and in fact, usually it's not our decision to make.

If there are other options, we have to talk about them. That's a sad story, but it shows how you can build trust with somebody in such a short period of time, if you really are communicating well.

I just want to put this out there: We know you don't have all the answers. Today we're going to be talking a little bit about how we can address chronic problems in pets that we don't see all the time. So maybe in a community practice setting where you are treating pets whose owners can't bring them in or don't necessarily know that they're supposed to bring them in regularly for preventive care, or an emergency where you don't have any idea what kind of vet care those pets have had, if they've had any at all.

And we've got pain on the brain around here at AAHA this year, because our Pain Management Guidelines for 2022 came out earlier this year, so we've been talking a lot about pain; and a lot of those conversations have to do with relationships and trust and follow-up, and getting your team on board and having them call and check up and then reassess the pet and recommend therapies multiple times so that the owner can think about it. But what about owners who you see once? Or where you don't know if they're going to follow up or be able to follow up? How do we do our best to treat pain in those animals? Do you have any thoughts on that off the bat?

0:13:43.1 Tierra Price: Yeah, like you said, I'll just be throwing out ideas and thinking about some of the things that I've seen, and it's obvious that we probably won't have the answers to those questions today. But I do think that it's a huge problem, especially for owners that cannot continue to support veterinary visits.

So when I worked in Los Angeles as a community medicine veterinarian, the rule there was that we could see your pet maybe once or twice, and it wasn't a hard and fast rule, but it was a rule that was put in place so that we didn't become a primary care facility, and that we could always recommend them to go somewhere else. And I did see pets come back frequently for maybe arthritis or maybe some type of cancer pain, etcetera, and we continued to give them medication. And it's tough because you wonder, would telemedicine or telehealth fix or help this problem? Do you dispense drugs for longer periods of time without coming back to the vet? And obviously, there are pros and cons to both, but I think that we have to start thinking about these solutions.

0:15:35.9 Katie Berlin: Yeah, it feels like bending the rules when you talk about it that way, 'cause in private practice, we're so used to saying, Okay, we can't dispense more than this amount without getting blood work done or we have to follow up, and if they don't call us back, we can't dispense more meds, or something like that. We have to see them once a year. And in a lot of situations, those rules kind of seem like they get a little grayed out or you feel like maybe is the best thing to do to make that a gray area rather than a hard and fast rule. It's so hard to know in those situations what to do.

0:16:12.1 Tierra Price: When you break it down, you wonder: what are the problems or what are the barriers that people are having to accessing that type of care for chronic problems? Is it the money? Is it the lack of veterinary clinics in their area? Is it that they just aren't aware that their animal is in pain, so they don't actually know what the signs of pain are in their pet? Is it that they are always traveling? Thinking about each of the different barriers helps us talk about solutions, but

I feel like there are multiple barriers.

0:17:00.3 Katie Berlin: Yeah, you're so right. We can get a little judgmental, I think, in thinking, "Oh, it's just that owners don't want to bring them in, or they don't think it's important," and in my experience, at least, that's been probably the least common reason for them not to come in. Most owners care a great deal and they just... There might be a barrier that we're not seeing, either a cultural one, like the rest of the family doesn't think it's an important way to spend money, or one member of the couple does and the other one doesn't, and it's causing problems. And finances, of course, that's such a huge one, and that's not generally a question of desire, it's a question of availability of finances. So that is a really good point.

Do you feel like in your experience so far, do you feel like there was one barrier that was a lot more common in what you've seen?

0:17:55.0 Tierra Price: Yeah, so in Los Angeles, I think that the barrier that I really saw was the access to finances or having the disposable income to put towards the pet, and I'm not sure how many people just don't take their dog to the vet because I don't see those people, right?

0:18:18.0 Katie Berlin: Yeah. That's a good point.

0:18:20.8 Tierra Price: It's so tough to say that people are not able to get care or people don't seek out care, because I think that there are way more people that seek out care than there are people that don't, but also, I don't know why people don't seek out care because I don't see those people. So it's not really a population that I can really talk about, but for the people that I did see, especially since it was in 2020 through 2021, COVID hit a lot of people really hard, and the financial aspect of it was usually the problem.

And so when we think about that barrier and how to overcome that, you have the non-profits that are there to address that financial barrier, but then you have the veterinary clinics that are not non-profits, and so they still have to operate and pay their people. So I think that it kind of falls on the non-profits to maybe address that barrier, and it's tough because they only have so much money also. But when we think about the different ways that we could move around that, I know that the talk about veterinary PAs or veterinary NPs, something mirroring the human profession, sometimes comes up because then you have maybe a visit that doesn't require a full physical exam and it doesn't require all the things, so it can be seen at a lower fee by someone that has an advanced degree, but is not a veterinarian.

And so I think that that's probably one of the more novel solutions to that. And then the other solutions for finances are really the large nonprofits that we see and even the small ones that are working in the community to find those people and get them the medications and consults that they need.

0:20:36.8 Katie Berlin: Yeah. It is a complicated problem, and it does put a lot of burden on the nonprofits and rescue organizations and all the people who are out there just trying to increase the access to care and make sure that people know that there are options if they can't afford to take their pet to a regular vet.

And that issue of the veterinary PA or NP, the mid-level practitioner, that's a fraught one, man.

People have some very strong opinions about that one. So we won't get into that today. I actually did talk to a veterinarian about this for an episode, so that'll be coming up. But that is an interesting proposal because at the moment, there are no laws that extend a license to a mid-level professional, so that person would still have to be working under a veterinarian and that veterinarian's license. I think that's the biggest obstacle I can see to that right now - increasing access to care without the veterinarian actually laying hands on that patient. But that doesn't mean it's impossible. That doesn't mean that that can't be a solution. We know what we would have to do to make that a solution. So I'm really interested to see where that goes.

And then also, you know, I feel like working in emergency, you must have seen a fair number of pets come in who don't see veterinarians regularly. So their owners realized there was a problem they couldn't deal with at home, or they couldn't wait to see if it went away or they did, and that didn't work because it didn't go away. And then they came in to see you. Is that fair to say that you've seen a significant number of patients like that?

0:22:23.3 Tierra Price: Yeah, as an emergency veterinarian, I do see a lot of patients that don't have a primary care veterinarian and I mean, some of the people that I see, I've seen them multiple times. They come to the ER for things that probably could be addressed by a primary care veterinarian or a family vet. And I always encourage them. We actually have a list of close to 100 clinics in the surrounding area that are general practices that we say, choose anyone that you want. If it's close to your house, if you like the name, if you've seen it on TV, just choose one and try to develop a relationship with one of the veterinarians there. If you don't like them, like you can go to any of these other ones, but you definitely need... You know, we try to emphasize trying to go to a primary care vet.

And that's really because on emergency, it's more expensive to get certain issues addressed that are not emergent than if you went to your family vet. And then it overcrowds us with cases that maybe could be seen the next day or are not urgent, etcetera. And so we always encourage them to go to a primary care facility, especially if they are coming to the ER, because like I said, it's more expensive.

Now when I worked in Los Angeles as a community medicine veterinarian, that wasn't as much of a conversation because it dies very quickly when I say, "Maybe you should see a general practice or you should develop a relationship with a primary care vet." And they say, "I don't have any money." So then you're like, "OK, well come back in two weeks for a recheck." And you're kind of becoming the primary care for them.

0:24:23.9 Katie Berlin: It's tough because at least they're coming in, but you know that they and the pet would benefit a great deal from that relationship with a primary care vet. And now of course, graduating when you did, a huge number of primary care vets that I know weren't taking new patients and could barely see the ones that they have. I mean, I know everybody is still really pressed for time in a lot of areas, just to see the patients they have now. So it is really, really hard. And it definitely brings up the big question: Access to care isn't just about money. It's also about having enough people to see the pets at a price point they can afford and the locations they can get to when they're busy and working two jobs or single parents or all the things that we don't know that are going on behind the scenes.

0:25:14.1 Tierra Price: Yeah.

0:25:15.9 Katie Berlin: And I just wonder how we can better increase the awareness of resources to people who just show up at emergency with the dog who's clearly been limping a lot longer than a few days. How can we get that word out? Is it ads? Is it going online? Is it some kind of public service announcements? How do we get the word out there that, "Hey, not only do you need to take your pet in, but here are the resources available to you to do that in this area."

0:25:50.5 Tierra Price: I think in the veterinary industry - and I've seen it evolve since I've been following vet med when I was 14 or something - I've seen marketing evolve, but I think that marketing is still a really important tool that we haven't completely tapped into yet.

0:26:12.3 Katie Berlin: I agree so much there.

0:26:14.5 Tierra Price: Yeah, I think that we can really continue to get creative with how we market things and how we talk about things and how we get resources into people's hands. We have social media, we have television, we have the internet, all these things. I think continuing to talk to people about those things is important.

I love the idea of these pet owner communities. I've seen a couple of them online. Dogly is one of them that I like. It's a community for dog owners and they have trainers and nutritionists and veterinarians. They have all these people there that dog owners can consult with. They have a little store. And so even if not everyone on that website completely agrees and has a consensus on how things should be done, at least the dog owners that are going to that website can find a plethora of resources and they can ask questions of trusted professionals, which I think is really important to increase the level of awareness.

0:27:33.2 Katie Berlin: Yeah. I love that. And you know, pet owners join online communities whether we want them to or not. Right? I always cringe when one of my friends says, "Oh, I'm thinking of getting a Weimaraner, and I'm going to join the Weimaraner community on Facebook." I just picked a breed, but it's because it's a breed most people probably should think twice before they own based on lifestyle factors. I just think about all the times that we've been like, "Oh my God, this owner got this advice from somebody online. We don't know who they are." So we might as well steer them to a community where we know that there are at least opinions there that are valid and evidence based and ones that can guide them in the right direction instead of just sending them down some rabbit hole of misinformation.

0:28:27.1 Tierra Price: And I think it's a great opportunity for veterinarians to delegate, which is another issue that veterinarians sometimes runs into - that delegation factor. Finding ways to be collaborative, to delegate and to really fine tune the marketing, I think, would help. Because there are so many people I talk to on a daily basis about the same thing, even on ER, it's the same thing. And they had absolutely no idea. They had no idea that if they didn't see their cat pee for three days, and now it's yelling in the litter box, that it was going to be fatal - they had no idea. And so just continuing to get that word out there and letting people know, I think, is important.

0:29:14.9 Katie Berlin: Yeah. You made a great point right there about delegating and about, I would say, maximizing the strengths of the people on your team, right? A veterinarian doesn't have to be the one who's telling the community that if your cat doesn't pee for three days, it's a medical emergency. A veterinary technician or nurse is fully capable of having that conversation. And

they're so capable of doing so many things that many of us don't see them doing on a regular basis, which is such a shame. We've talked about that multiple times on this podcast, and I'm glad that's a conversation we're seeing happening so much now, but that also reminds me of a question I didn't ask when you brought up the idea of a mid-level professional. Again, you don't have all the answers, I get that. This is sort of a brainstorming discussion. But do you think we need a mid-level professional, if we could maximize the abilities of our veterinary technicians and nurses under our practice acts? Do you think that we could do that with the teams that we have?

0:30:28.0 Tierra Price: So that's a really good question. And I understand the laws around extending the license and what can be said and what can't be said, or what can be done and what can't be done. But I would love to see us max out our technicians' abilities, and I would love to see us max out our assistants' abilities and max out our practice manager, and really get to that maximum efficiency. And then we can start thinking about what tools we want to use. Because you're right. If we maximize the use of our technicians then where does a mid-level practitioner sit? And I've worked in some offices where there are tech appointments, right, to kind of cut out sutures or do whatever. And so that kind of lends itself to having that mid-level practitioner, but without getting into new laws and new licenses and new regulations.

So, yeah, I would love to see us be as efficient as possible and see what that gets us. I would also love to see more consults happening outside of the clinic. I mean, imagine that we are all on a four day work week and we go into the clinic for three of the days and maybe two days we see appointments and one day we do surgery and then the other day is an admin day to sit at home and answer phone calls that are coming into the clinic - you can divert them to the vet that's at home. Do follow ups and catch up on records. I mean, I just feel like that sounds like a lovely life.

0:32:25.8 Katie Berlin: It does.

0:32:29.8 Tierra Price: And you can get everything done. And maybe you can do that for your technicians also, they can call back people with results. I don't know how other people communicate with their physicians, but when I get results back, it's almost never my doctor. I mean, it's someone else calling me and then if I have questions, I don't even know what to do. I don't think that my doctor would be available to answer my questions.

0:32:56.6 Katie Berlin: Yeah. No. Probably safe to say no. You're lucky if you get a phone call - I get a letter in the mail if my tests are normal. That's just how it goes.

You know, it's really interesting because on all the episodes on this podcast so far, we've talked about teamwork big time. We love the idea of everybody on the veterinary team working to the top of their ability and desire, right? Not every veterinary technician would want to see patients without a veterinarian there and that's okay. There's room for more than one type of role. Some vet techs love working in surgery and others are like, please, I do not ever want to do that. And that's fine. But that doesn't mean that there aren't a very large number of technicians who could do that now.

I'm convinced that the vet techs I just worked with for four and a half years at my last hospital could see ear infections for the most part without me because they pretty much knew what I was going to say before I said it. They've seen a lot. And with a little bit of supplementary education on the nuances of certain things, there's no reason why they couldn't do those things. They're just so smart and motivated.

0:34:14.7 Tierra Price: Yeah. Yeah.

0:34:16.7 Katie Berlin: But the thing I was going to say is that, in this podcast, this episode, we're talking about pets that don't typically see vets very often and increasing access to care and what happens when you don't have that relationship. And it still comes back to leveraging your team, maximizing their strengths, making sure that clients, if they come once, know what all the options are for the next time. Like maybe they can't make it in for a follow up visit, so you start with a telehealth appointment and see where we are. And that already increases the ability of so many people to do that follow up appointment. And maybe a technician can do a follow up call, it might not even be something a veterinarian has to do. Just thinking outside of the box a little bit like that could dramatically make a difference.

0:35:10.2 Tierra Price: No, and I really do think that that's true. For example, in ER, a lot of times my instructions are to follow up with your primary care veterinarian in the next three to five days or the next five to seven days. I tell people if you have a primary care veterinarian, we're going to send them the records in the next 24 hours. And you should call them as soon as you leave here so that they know that you're trying to follow up. But if someone doesn't have a primary care veterinarian, and I know that they're going to get lost to follow up, does that mean that I only prescribe three days' worth of medication when I know that they're going to need a longer course?

You know, that's always kind of the toss up there; how do we meet these people in the middle? Because they still have a life. They still have a job to go to. Maybe finances aren't so constrained. Maybe they can afford to go to the vet, but they have to go to their job in order to afford that. And if they brought their pet in on emergency at 7:00 PM on a Wednesday night, are they going to be able to follow up with their primary care vet during working hours on Monday? Are they going to be able to get that time off? So it becomes really, really complicated. And I think that just kind of, instead of telling people, "You need to follow up in three to five days, bye," we should say, "Can you follow up with your primary care vet in three to five days? Do you think that this is feasible? If not, if you want to step out and call and leave a voicemail, I can maybe give you a few more days' worth of medication to hold you through."

I mean, I don't think that that's a terrible thing to do - because why would I leave this gap for pain or for antibiotic resistance for this animal when the person's telling me, "This is actually not an option for me." I actually had one case where it was a dog with an open pyometra, and I could smell it, I could see it, it was everywhere. But I officially diagnosed it and talked to the owner about the options. "We can go to surgery now, we can try some antibiotics, you know, etcetera, etcetera. "Surgery's probably going to be the option at the top of the list, because she will eventually need to be spayed so that this doesn't happen again. And I don't want her to get super, super sick just waiting for antibiotics to kick in." And she took a deep breath and she's like, "OK, I understand all of this, but do you think it can hold off for the next nine days until I have my baby?" because she was nine months pregnant.

0:38:12.3 Katie Berlin: Oh, my God.

0:38:15.2 Tierra Price: And it's like, that is valid. That is valid. She doesn't want to put her dog through surgery when she could possibly go into labor at any moment.

0:38:26.3 Katie Berlin: Yep.

0:38:26.8 Tierra Price: And so what do you say in those cases? “Yes. Let me give you some antibiotics, please keep a close, close eye on your dog. If anything happens, bring her back in. If she's not looking very good, just bring her back in.” But I mean, that's a so called barrier that she can't control. So we have to work with people.

0:38:53.4 Katie Berlin: Yeah, we do. And you know that that owner would've, if you said we have to do surgery today, they would've figured it out.

0:39:04.6 Tierra Price: Exactly.

0:39:05.2 Katie Berlin: It doesn't sound like that's a person who was going to say that's not an option, especially somebody who's about to give birth and then is ready to bring the dog back in the second she gives birth. That's a person that cares about her dog and that's the big thing.

I hate that phrase: “You can't care more than the owner does,” when we talk about owners leaving against medical advice or something. Because for the most part they do care. They just oftentimes don't have all the tools to get that care. And this conversation's been a good reminder of all of that, because I'm sure you've seen your share of those pets working in the jobs you have.

And the other thing that I want to do is make sure everyone knows, while nonprofits are really important, subsidized care is really important, do you feel like each of us has a responsibility to do what we can within our own practice situations or wherever we're working regardless of our role on the team to try to increase access of care?

0:40:15.5 Tierra Price: Yeah, I think that it is something that everyone in vet med should be thinking about and should be aware of and wondering, “What can I do?” At the Veterinary Emergency Group I'm so proud of us for doing this. We will do certain things to stabilize a pet in an emergency, even if that person says, “I don't have the money for this.” We can place a catheter, right? We can place a catheter. We can at least get fluids going until you figure out the situation. You know, we can't do surgery for free, but we can at least try to stabilize and then talk to you about the options and then have a real conversation about, if this is a blocked cat and this could very well happen again and we can't afford this right now, what do the options really look like?

And so I think that what we can all do as veterinary professionals is be aware of the resources that are out there, know the resources that are in your area that you can refer people to, and then see, if I present an entire estimate to someone and they say, “I don't have any money, I can't do any of that,” well, what can we do for you right now to hold you over until you can call the SPCA or the humane society or the local nonprofit in your area?

I do think that it's too stressful for us as veterinary professionals to put the entire burden of free care on clinics that still have to pay people and still have to pay their own bills. I think that that is completely detrimental to our mental health and to all of the work that we've done to get to where we are. But at least being aware of the resources that are in your area, where can you direct clients to, and what can you do to help be that bridge to get them to the next place as at least a start.

0:42:36.6 Katie Berlin: I love that answer. The resources in the area can be difficult for people to

find when they're emotionally distressed and trying to find care in a hurry. And oftentimes that care may not be available in a hurry if they haven't communicated before. So that's really, really good advice.

Dr. Price, thank you. We've done a lot of speculating, but also there's a lot of really concrete, really good advice in what you've said - and a perspective, I think, that's important for people to remember who may be in kind of a private practice bubble. A lot of my colleagues and friends work at these high touch practices where marketing is focused on finding "our client" and making sure that people who need low cost care aren't necessarily looking at that practice because it's not a good fit. That's important, but just as important is finding a way to market to people who need a lower cost care and who don't maybe know what options they have out there. And I think this has been really good reminder. Thank you.

0:43:41.0 Tierra Price: No, it's been so fun. It's been so fun talking and thinking of new things that I can even probably do within my own practice to help people that need access to care. It's been really fun.

0:43:54.0 Katie Berlin: Love that. Dr. Price, where can people find you and BlackDVM Network if they want to learn more about that?

0:44:00.9 Tierra Price: So, BlackDVM Network, we have a few places. We have our website www.blackdvmnetwork.com. We're also on social media, so Instagram, Facebook @blackdvmnetwork. And then I'm on LinkedIn, Dr. Tierra Price. So feel free to reach out.

0:44:26.2 Katie Berlin: Wonderful. Thank you so much. This has been fantastic. And I'm so glad we got this scheduled and that we both moved across the country in time to have this conversation.

0:44:36.1 Tierra Price: Exactly.

0:44:37.3 Katie Berlin: Oh my gosh. So much going on. But I really appreciate it. I hope we get to talk again sometime soon. And yeah. And thank you all for listening to Central Line.

0:44:46.9 Tierra Price: Yes. Thank you so much.

0:44:47.4 Katie Berlin: We'll catch you next time.