These Guidelines were created by an American Animal Hospital Association task force charged with developing detailed and specific referral guidelines for companion animal practices addressing all matters of communication between those veterinarians referring and those receiving patients. The task force included general practitioners and representatives from several of the clinical specialties, as well as practice management and quality assurance experts.

While there are many excellent referral relationships, as with most relationships, interactions between individual veterinarians and practices can be improved by enhanced communications and by open, honest discussions between those individuals on each side of the relationship. Unfortunately, however, with everyone on each side of a given referral relationship being very busy, not wanting to impose on the other party’s time or to offend them, potential problems with referral relationships and ways to enhance those relationships are often not discussed.

This document is intended to help bridge the referral communications gap and facilitate:

- Providing the highest quality of care for patients
- Providing education and outstanding service for clients
- Providing continuing education for the veterinary profession
- Promoting the veterinary profession
- Enhancing teamwork among veterinary professionals

Is consultation different from referral?

Yes, it is. During a consultation, the attending veterinarian is the veterinarian (or group of veterinarians) providing care to the patient.
The consulting veterinarian is the veterinarian (or group of veterinarians) who agree to advise an attending veterinarian on the care and management of the patient. A consultation is a communication between an attending veterinarian and a consulting veterinarian concerning the diagnosis and/or care of a patient. Consultations usually involve the exchange of information or interpretation of test results, and it may be appropriate for consultants to examine the patient. However, diagnostic and/or therapeutic procedures are not performed on the patient by the consulting veterinarian, and the veterinarian–client–patient relationship remains the responsibility of the attending veterinarian.

AAHA recognized that in order for the Guidelines to be embraced by the profession and used widely, the development process needed to be very collaborative. Input was solicited from a broad spectrum of stakeholders in the referral process, including general practitioners, private practice specialists, emergency clinicians, teaching hospitals, specialty organizations and organized veterinary medicine, with the goal of producing a set of practical guidelines that fully address the issues involved in referral relationships.

It is our hope that these Guidelines will be used as a template for enhancing referral relationships in local communities throughout North America.

Definitions

Refering veterinarian: The veterinarian (or group of veterinarians) providing care at the time of the referral.

Receiving veterinarian: The veterinarian (or group of veterinarians) to whom a patient is referred.

Consultation: A communication between an attending veterinarian and a consulting veterinarian concerning the diagnosis and/or care of a patient. Consultations usually involve the exchange of information or interpretation of test results, and it may be appropriate for consultants to examine the patient. Diagnostic or therapeutic procedures are not performed on the patient by the consulting veterinarian, and the veterinarian–client–patient relationship remains the responsibility of the attending veterinarian.

Attending veterinarian: The veterinarian (or group of veterinarians) providing care at the time of the consultation.

Consulting veterinarian: The veterinarian (or group of veterinarians) who agree to advise an attending veterinarian on the care and management of the patient.

Referral: The transfer of responsibility for diagnosis and/or care from a referring veterinarian to a receiving veterinarian.

Recognized veterinary specialist: A veterinarian who is certified by an AVMA-recognized veterinary specialty organization. A list can be found at the end of the Guidelines.

The referring veterinarian’s responsibilities prior to referral

The referring veterinarian should:

1. Be aware of the specialty services available in his/her geographic area.
2. Consider making a referral in a timely manner based on the patient’s condition and
those resources that optimize patient care.

3. Consider making a referral when there are any of the following:
   - A need for additional expertise and/or advanced training
   - A need for additional equipment or services to provide further diagnostic testing or care
   - An inconclusive diagnosis
   - An unresolved or worsening medical condition
   - A need for medical supervision (24 hours/7 days/week)
   - Client dissatisfaction with the progress of the case

4. Acknowledge, respect and honor a client’s request for a second opinion in a timely manner.

5. Educate the client regarding the purpose of the receiving veterinarian’s consultation, plus the receiving veterinarian’s advanced credentials, qualifications and expertise, as well as initial fees.

6. Inform the client of the probable timing of surgical and/or medical procedures to be performed by the receiving veterinarian. Rationale: This information should prevent the client from assuming that a procedure will be performed the same day as the initial visit with the receiving veterinarian, if that is not possible.

Consultations usually involve the exchange of information or interpretation of test results, and it may be appropriate for consultants to examine the patient.

The referring veterinarian’s responsibilities post-referral

The referring veterinarian should:
- Inform the receiving veterinarian whenever the patient returns for the referred problem, regardless of whether it is expected or unexpected. If there is an expectation that the receiving veterinarian contact the referring veterinarian or owner, this should be communicated to the receiving veterinarian (as opposed to just informing him/her of the contact).

The receiving veterinarian’s responsibilities prior to referral

The receiving veterinarian should:
1. Convey/communicate the services he/she provides to his/her veterinary community and also provide his/her credentials, such as board certification, to the referring veterinarian.
2. Inform the veterinary community as to his/her willingness to provide limited care for certain medical conditions.
   Example: Performing a diagnostic procedure, such as an endoscopic or ultrasonographic examination, radiation therapy or surgery, and then returning the patient to the referring veterinarian for care, if desired.
3. Provide guidance to the referring veterinarian regarding how his/her fees should be discussed with clients prior to referral.
   Example: Give specific quotes for certain straightforward procedures, such as TPLO or cataract surgery, or just give the receiving veterinarian’s exam fee and inform the client that a detailed estimate and treatment plan options should be discussed during the consultation.
4. Provide the referring veterinarian with information, such as a brochure or website addresses, that he/she wants conveyed to the client at the time of the referral.
5. Whenever there is a self-referral, explain to the client the need for communication with his/her referring veterinarian and communicate with the veterinarian as if a referral had taken place.
6. Inform the referring veterinarian of the level of medical detail and format that he/she prefers for referral records.
Example: Some receiving veterinarians prefer the entire medical record while others prefer a short summary.

7. Provide the referring veterinarian a time frame regarding when to expect communication concerning referred patients.

The receiving veterinarian’s responsibilities during the referral process

The receiving veterinarian should:

1. Explain to the client the need/rationing for additional or repeated diagnostic assessment and care.
2. Limit services to the problem for which the animal was referred. Additional services should be provided only when they are in the best interest of the patient. Whenever possible, the receiving veterinarian should communicate this to the referring veterinarian before the service is performed.
3. Support the referring veterinarian to the fullest extent possible without a compromise of integrity.
4. If possible, provide the referring veterinarian with daily updates on the status of hospitalized patients.
5. Update the referring veterinarian (either through written or verbal communication) before the client has a need or opportunity to contact the referring veterinarian. *Rationale: This should help the referring veterinarian remain aware of the patient’s condition to enhance his/her communication with the client.*
6. At the earliest opportunity or agreed-upon intervals, inform the referring veterinarian of the tentative diagnoses, diagnostic and therapeutic plans, and all subsequent revisions.
7. Discuss his/her desire to refer the patient to another veterinarian for an additional referral with the referring veterinarian. If possible, this should take place prior to the subsequent referral.
8. Initiate communication with the referring veterinarian regarding when or if the referring veterinarian should resume care of the patient for the problem for which the patient was referred.
9. Provide treatment/flow sheets to accompany the patient when the patient is:
   • Going back to the referring veterinarian for immediate ongoing care
   • Referred to another receiving veterinarian
10. Provide enough medication/diets to maintain the patient until the client is expected to see the referring veterinarian for follow-up care. Recommendations for sources of long-term medication/diets should be made by the referring veterinarian.
11. Educate the client and referring veterinarian, as needed.

The referring and receiving veterinarian’s responsibilities prior to referral

Both the referring veterinarian and receiving veterinarian should:

1. Recognize that phone consultations require the time and resources of the receiving veterinarian and that compensation may be appropriate. The receiving veterinarian should determine if compensation is appropriate on a case-by-case basis.
2. Ensure their primary focus is the best interest of the patient, when considering a referral.
3. Work together to create a relationship built on mutual trust and respect in all matters of communication between themselves and the client.

4. Acknowledge that patient care may be best served through the referral process rather than client self-referral.

5. Make every effort to maintain/enhance the relationship the client has with both veterinarians.

6. Enhance the relationship and communication between the referring veterinarian and the receiving veterinarian in their marketing materials by:
   - Emphasizing a team approach to patient care
   - Focusing on education and improving awareness of services provided by board-certified specialists
   - Emphasizing the importance of the role of primary care veterinarians

The referring and receiving veterinarian’s responsibilities during the referral process

Both the referring veterinarian and receiving veterinarian should:

1. Enhance communication between the receiving veterinarian and the referring veterinarian during the referral process.

2. Provide the receiving veterinarian with pertinent information in a legible format regarding the patient’s medical history as well as any nonmedical issues he/she should be aware of regarding the client prior to the appointment. It is the responsibility of the receiving veterinarian to be familiar with the information provided by the referring veterinarian and request additional information, if necessary, for proper case management.

3. Determine the frequency of communication between the referring veterinarian and the receiving veterinarian at the time of referral, based on previous interactions, or by mutual understanding.

4. Determine the urgency for follow-up contact based on such situations as imminent patient death or client dissatisfaction.

5. Determine the preferred method of communication (such as home/cell phone, email, fax) and when it is acceptable to contact each other outside of normal business hours.

6. Discuss which services each will provide following the referral. The receiving veterinarian should also communicate this to the owner to ensure consistency of communication.

7. Inform clients of the pertinent services available and the extent of after-hour staffing. If available and deemed appropriate for the patient, the practice not offering 24-hour care should give clients the option of transferring patients to a facility that can provide this service.

8. Share the concern of the client with the other veterinarian as soon as possible, when a client expresses a concern regarding one of the veterinarians involved in the referral process, and do what they can do to allay the concern.

9. Inform the other veterinarian when they find it necessary to euthanize a patient or the patient dies while involved in ongoing care. This should be done as soon as possible that day or as soon as practical.

10. Communicate with each other when they believe there is an opportunity to improve the quality of care or service provided by either.
Recognized veterinary specialist

A veterinarian who is certified by one or more of the following AVMA-recognized veterinary specialty organizations:

- American Board of Veterinary Practitioners
- American Board of Veterinary Toxicology
- American College of Laboratory Animal Medicine
- American College of Poultry Veterinarians
- American College of Veterinary Dermatology
- American College of Veterinary Emergency and Critical Care
- American College of Veterinary Internal Medicine
- American College of Veterinary Microbiologists
- American College of Veterinary Nutrition
- American College of Veterinary Ophthalmologists
- American College of Veterinary Pathologists
- American College of Veterinary Preventive Medicine
- American College of Veterinary Radiology
- American College of Veterinary Surgeons
- American College of Veterinary Clinical Pharmacology
- American College of Veterinary Zoological Medicine
- American College of Veterinary Dentistry

AAHA Accredited Referral Practice

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