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New York State Veterinary Medical Society

What is essential? - part 3

To help decide whether veterinary work is necessary, here are some questions for you drafted by a well-qualified veterinarian member that I am passing on:

- Will unjustifiable pain, suffering, or death result if the service is delayed?
- Does rendering the service support an essential business or function? For example, dog boarding may permit a first responder or medical worker to go to work for extended shifts.
- Does the service support public health and/or curb infectious disease in companion animal populations? Examples are rabies and parvovirus vaccinations?

The legal requirements for vaccinations remain in place.

We need to work together

Many calls I received yesterday demonstrated how much what you do can positively or negatively impact your colleagues in this high risk environment. This morning's email focuses on this and offers some practical ways you can help.

The problem

There are two key issues that are of concern:

- Nearer the epicenter there is deep concern that the need for emergency care is going to exceed the system capacity as staff get sick or are quarantined
- In areas with less Covid19, Hospitals are reluctant to delay appointments because they are worried that these clients will go to competitors

Register for webinar on safe emergency care 3/25 7:00pm

New State website for contributing spare PPE and Ventilators [NYS Volunteer and Donation Assistance Program](#)

PLEASE ALSO RESPOND TO NATIONAL SURVEY ON PPE AVAILABILITY

I am chairing this VMAE Task Force, so please help me provide a good response from NY State by 8pm Wednesday 25th

[Brief PPE Survey - one per hospital](#)

Maintaining emergency capacity near the epicenter

You stay open for emergencies. You get sick. Staff are quarantined. Now you are closed and the surviving practices are struggling to meet the need for emergency and essential animal care. Not good for anyone.

Tomorrow we are going to host a webinar from one emergency hospital group, VEG, that has developed a collaborative solution. We believe this model may be needed soon elsewhere in the State, and are working with VEG on broader plans to support all practices in an emergency.

This collaborative model involves opening the emergency hospitals 24 hours, and local veterinary practices shifting their operations into the emergency hospital. Their staff join the emergency hospital staff to form teams including:

- On-premises shifts working on emergency/essential cases
- Home-based shifts working from home doing reception phone-calls and tele-triage, and ready to keep the hospital open if the on-premises shift is quarantined
- The home-based team includes veterinarians who are quarantined or need to be at home for other reasons

If you are currently available and want to join the VEG team, keep an eye on our Covid19 update pages. The opportunity will be on our career site soon too, and we are opening up that site to others who have positions for temporary emergency veterinarians. More details on our site soon.

[Register for webinar on safe emergency care - 3/25 7:00pm](#)

NEW: AVMA information on supply shortages and guidelines on conservation

Supporting other hospitals

We are all in this together, and everything you do has an impact on other veterinarians, and might even contribute to them getting seriously ill. Many of our most highly valued colleagues are in the high-risk groups.

Here's the dilemma.

Let's say you run a practice and you want to keep your staff as safe as possible. Your capacity is way down because of all the work required for curb-side admission. You care deeply for your staff, some of whom are young mothers, some who are caring for elderly relatives. Nevertheless they are courageous and are willing to turn up every day for the animals that really need them.

What you want to do is to reschedule many of your vaccination visits for a couple of weeks later when, as in Italy, we begin to see a slow-down in new cases.

But I run the hospital next door and I am saying "Come to me if your regular veterinarian is closed. I am open for all treatments. I put my clients first."

I have taken many calls from veterinarians caught in this dilemma.. They want to take the right steps to protect their staff, but are afraid others will permanently take away their clients.

So here is my suggestion. Over the next year, cooperation across the industry is going to be vital, as there are people off sick at critical times, and your colleagues facing financial gaps. Aren't we all safer if we commit to stick together and supporting each other.

I don't want to tell you which cases you should see. NYSVMS is strongly committed to veterinarians making their own medical choices. But if you do find that clients are coming to you from other veterinarians, why not make a commitment to that client and to their veterinarian that when this is over, you are going to send them right back. if you are the practice that is open, and you see nearby practices that are closed, call them and give them that commitment. Explain that to those clients that come to you.

If you all do that, you will be building strong ties of trust within the community, so that everyone can more effectively work together when it is time to rebuild.

Let's commit to all veterinarians in New York that we are never going to use this situation to shift the loyalty of long-term clients. We are going to stick together so that we can all come back.

If you do that, your colleagues will feel supported by you and everyone will be able to prioritize the needs of their staff in this difficult time.

Balancing economic risk

There is one other thing that some veterinarians that I talked to found helpful. It is extremely hard to turn clients away right now because you see that loss in revenue, and I have found that particularly acute when I talk to single practitioners.

So another approach is to let economics drive your decision. That means balancing turning away some non-essential clients today, vs getting sick and having to close your practice for weeks while you recover.

You are balancing a relatively well understood cost - which is the loss of some current revenue - against an unknown cost of weeks of closure.

FDA suspends VCPR requirements

[Guidance issued today](#) by FDA

They are changing their requirements on VCPR to support States that are currently changing their VCPR laws.

"....Given that the Federal VCPR definition requires animal examination and/or medically appropriate and timely visits to the premises where the animal(s) are kept,³ the Federal VCPR definition cannot be met solely through telemedicine. To further facilitate veterinarians' ability to utilize telemedicine to address animal health needs during the COVID-19 outbreak, FDA intends to temporarily suspend enforcement of a portion of the Federal VCPR requirements."

In NY State the VCPR requirements are in the [NY State Veterinary Practice Guidelines](#) but not written into law. These guidelines have not changed with respect to VCPR and so the FDA announcement should have no impact on your veterinary practice. - [please see our full online post on what this means](#).

Our lawyer says that in NY "Using telemedicine alone should not give rise to malpractice concerns as long as the DVM acts prudently"

And on a lighter note

From Dr. Robert Weiner: Remember the good old days when the biggest thing we were worried about was plastic bags?

Send me your contributions to lighten our mood
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