

April 12, 2022

# Policy Statement on Veterinary Telehealth

## Background and Context:

In recent times, our profession has experienced unforeseeable challenges in delivering veterinary services. The problem is complex and multifaceted. Many veterinary nurses / CVTs dropped out of the workforce due to family obligations and other financial considerations. Other support staff members have had to juggle these same challenges. In addition to diminished capacity for patient care, veterinary practices have had to cope with decreased efficiency. Operating hours, in many cases, have necessarily been reduced to meet the challenge of staffing shortages. Concurrently, reliance on referral hospitals has resulted in longer waits for much needed emergent and specialty care. [“Are we in a veterinary workforce crisis?” JAVMA News, Sept. 15, 2020, [AVMA.org](http://AVMA.org).]

These issues overlay an already existing problem in the adequacy of delivery of veterinary services to underserved communities. In many rural areas, veterinarians are few and far between. Those veterinary hospitals that exist are overtaxed and worn thin. Specialty care, in the cases of referral or emergency, may necessitate driving several hours. A veterinary shortage that began prior the 2020 COVID pandemic has become increasingly problematic. Complicating this stress, veterinarians who are struggling with high educational debt-to-income ratios must be able to competently and efficiently manage the demand for optimal veterinary care while balancing the expectations of clients experiencing their own financial strains. Studies have proven that veterinary professional and personal wellness is diminishing and burnout is expanding. [“Merck-AVMA Veterinary Wellbeing Studies” 2018, 2020, 2022]

At the same time, veterinarians and CVTs are concerned professionals who strive to provide exceptional care for clients and patients, whenever feasible. We truly accept the lifelong obligation to continually improve our professional knowledge and competence affirmed in our oath. Therefore, we work cooperatively with specialists to give relief and to ease the pain of our patients. We seek out continuing educational opportunities that add value to our ability to improve the health and longevity of our patients.



8574 Paxton Street  
Hummelstown, PA 17036



717.220.1437



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## Defining Telehealth and the VCPR:

For decades, our profession has used telehealth as an aid in delivering veterinary services, starting with phone triage, expanding to digital images that are texted or emailed, and extending to AI platforms. Smart devices, electronic records, and digital imaging platforms have revolutionized the ease and speed of our ability to communicate with clients and with our colleagues, allowing information, advice, and education to flow into and out of a patient's treatment plan. We recognize that these technologies are improving by the moment and embrace how they may augment the practice of veterinary medicine now and in the future.

At the PVMA, we support technologies that aid in improving the quality and quantity of veterinary care. However, there is no substitute for a thorough, hands-on physical exam. Equally as important is the one-on-one discussion with the client. These are integral aspects of the art of the practice of veterinary medicine. They ensure optimum patient and client safety. The delivery of veterinary services, whether it is prescribing medication, performing advanced imaging, or making treatment recommendations through the formulation of treatment a plan, must be predicated upon this solid foundation.

Furthermore, the Pennsylvania Practice Act requires a VCPR for a veterinarian to diagnose, prescribe medication, or otherwise treat an animal. [63 P.S. Sec 485.3(15)] Under the VCPR, the veterinarian assumes responsibility for making medical judgments and ensures that he or she has sufficient knowledge of the patient to initiate at least a general or preliminary diagnosis. In addition, the VCPR establishes that the veterinarian is available to follow up or make further recommendations regarding the patient's continued care based on examination of the animal or medically appropriate and timely visits to the premises where the animal is kept.

## Policy Position:

**PVMA supports a balanced approach to telehealth, that:**

- 1) supports technological advancement while stressing the importance and necessity of the veterinarian/client/patient/relationship, and that**
- 2) promotes the position that telehealth should only be conducted within an existing and valid VCPR.\***

Additionally, PVMA promotes the following ancillary concepts:

- The Pennsylvania Veterinary Medical Association opposes telehealth services that are offered directly to the client/public when the intent or outcome is to diagnose or to treat the patient in the absence of an established VCPR.
- PVMA asserts that the VCPR cannot be established through telemedicine.
- PVMA agrees with the American Veterinary Medical Association that emergency teletriage, including poison control services and emergency triage, are an acceptable exception, as these are potentially fatal circumstances where time is of the essence.
- PVMA supports telehealth efforts that result in the delivery of specialty services that would otherwise not be available to the patient. A Pennsylvania veterinarian with a valid VCPR should have the professional discretion to consult with specialists and/or to conduct three-way consultation with the client, primary veterinarian, and the consultant. In this case, the veterinarian with the PA license is determined to have the VCPR with client and the patient. While the specialist or consultant may not hold a license in PA, he or she must be legally authorized to practice veterinary medicine in another state.

- PVMA recognizes that telesupervision of other credentialed veterinary professionals, such as veterinary nurses / CVTs may be useful in underserved areas, particularly in the agricultural realm. This improves the utilization of education, knowledge, and experience of the entire veterinary team.
- Clients should be informed of the teleprovider's identity, location, and state licensure status, and made aware of privacy and security issues involved in accessing veterinary services through telemedicine.
- The PA licensed veterinarian should obtain the client's owner consent and be aware of any underlying legal liabilities. Additionally, platforms for communicating and sharing medical information must be secure thereby safeguarding privacy.
- Issues pertaining to enhancing license portability should be addressed as permitted, within the PA Veterinary Practice Act and the Veterinary Regulations.

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\* Reflected in PVMA's requested changes to the Rules of Professional Conduct for Veterinarians, submitted to the Pennsylvania Board of Veterinary Medicine, September 2021, which are as follows:

Telehealth – given the surge of veterinary corporate medicine's efforts to market and sell veterinary products, including pharmaceuticals, without an established veterinarian/client/patient relationship (VCPR), the following language additions are proposed.

(a) "Consultation" definition in 31.1 – added language is in bold.

"Consultation – a deliberation, **in person or electronically**, between two or more licensed veterinarians or a licensed veterinarian and other licensed professional concerning the diagnosis of an animal's condition, the care to be provided and the proper management of the case. **The veterinarian seeking consultation is licensed and under jurisdiction of the Board, pursuant to the Act (63 P.S.) and maintains the valid veterinarian/client/patient relationship (VCPR) and the practice of veterinary medicine occurs where the patient is located at the time of the consultation.**"

(b) Addition of Veterinarian/Client/Patient Relationship (VCPR) to 31.1 Definitions sections, as it is specifically referenced in 31.21 Rule of Professional Conduct for Veterinarians, Principle 7.

"Veterinarian/Client/Patient Relationship – also known as VCPR, as defined by the Act (63 P.S. 485.3) and that a valid examination must be physical and in person in order to establish the VCPR. A VCPR is not established solely through veterinary teleconsultation."

(c) For consistency, the following changes to "Indirect veterinary supervision" in 31.1 is also proposed (in bold):

"Indirect veterinary supervision – A veterinarian is not on the premises but is acquainted with the keeping and care of the animal by virtue of **a physical and in person** examination of the animal or medically appropriate and timely visits to the premises where the animal is kept and has given written or oral instructions to the **certified veterinary technician/registered veterinary nurse** for treatment of the animal patient."