

**0:00:04.5 Katie Berlin:** Hi, welcome back to Central Line. I'm your host, Dr. Katie Berlin, and I have two esteemed guests with me today. We are going to be talking about a theme that I really love that I'm so glad that these two women approached me and said, you know, "This is something we'd really love to talk about. Are you interested?" Absolutely, super interested in this topic, and I think we don't give it enough attention in veterinary medicine. So I'm super excited we're having this conversation about collaborative care. Elizabeth Maxwell and Candice Manganaro, welcome to Central Line.

**0:00:38.5 Elizabeth Maxwell:** Thank you for having us, Katie.

**0:00:39.7 Candice Manganaro:** Thank you for having us.

**0:00:41.6 Katie Berlin:** So both of you are doctors, and you work together in some capacity, although not in the same building. And we'll get more into the relationship that the two of you have coming up. But before we get started, I just wanted to ask you both quickly to share a little bit about yourself, who you are, what you do, how you came to be here. Dr. Maxwell, do you want to start?

**0:01:01.9 Elizabeth Maxwell:** Sure, sure. So I am from Miami, Florida originally. I went to Ross University for vet school. I did various internships, did my surgery residency at University of Illinois. And then I did a surgical oncology fellowship at University of Florida, after which I stayed on as a clinical assistant professor in surgical oncology. I'm also on the board of directors for the Collaborative Care Coalition, which has brought me here to you today.

**0:01:37.7 Katie Berlin:** I love that. And I had heard about the Collaborative Care Coalition, but didn't know a whole lot about it. And so we had a little intro conversation where we talked a little bit about it. And I've done some digging around. And I think it's super cool. But I also think it's also great to take this opportunity to talk about it, because I know from my own experiences in practice, the idea of collaboration between general practitioners and specialists and emergency veterinary care teams is sometimes a little bit fraught. And it's nice to think about us all as being on the same team. So anyway, more of that to come. Dr. Manganaro, would you please share a little bit about yourself?

**0:02:17.5 Candice Manganaro:** Absolutely. So I'm a Canadian, but grew up basically in Central Florida. So we moved when I was about seven. So Central Florida, went to University of Central Florida for my undergrad, and then went up to UF for vet school, and then came back to Central Florida. And I'm a general practitioner of dogs and cats and just regular stuff.

**0:02:36.1 Katie Berlin:** Which regular stuff doesn't mean easy. [laughter]

**0:02:39.5 Candice Manganaro:** Yeah, I know.

[laughter]

**0:02:41.9 Katie Berlin:** My background is in general practice, too. And so I definitely understand it takes a special kind of patience to be in general practice. So okay, well, I also wanted to ask you guys a personal question, just so we can get to know a little bit more about you. And so I asked you to choose a question to answer. And Dr. Maxwell, which question did you choose?

**0:03:07.4 Elizabeth Maxwell:** If I could put a post-it on every veterinary professional's mirror to

Central Line: The AAHA Podcast  
Transcript: Elizabeth Maxwell and Candice Manganaro  
see first thing in the morning, what would it say?

**0:03:14.9 Katie Berlin:** Yes.

**0:03:16.4 Elizabeth Maxwell:** And I actually have this on my desktop computer at work that I see every morning. So that's what I thought of. And the quote is, 'A smooth sea never made a skilled sailor.'

**0:03:29.2 Katie Berlin:** I love that one. I love that one. Yeah, so true. And most vets don't have smooth seas hardly ever. We must be pretty good sailors.

**0:03:41.0 Candice Manganaro:** Well, I have a post-it note on my computer that says, [0:03:44.3]  
\_\_\_\_\_.

[laughter]

**0:03:48.3 Katie Berlin:** Mine says 'hit record'. Alright, well, I do feel like we've learned a little bit about all of us. Simple and to the point. Okay, well, good. And I love those answers. Alright. So we're talking about collaborative care today. And I just wanted to start off by asking a little bit about the Collaborative Care Coalition. Can you just give us a rundown of just like, what is that coalition and what is its purpose?

**0:04:22.1 Elizabeth Maxwell:** Oh, boy, my lights went out. Is that okay?

[laughter]

**0:04:25.9 Katie Berlin:** Yeah, that's fine.

**0:04:26.7 Elizabeth Maxwell:** Alright. So the Collaborative Care Coalition, we also refer to as the CCC. It's a volunteer based non-profit organization that's comprised of primary care veterinarians, specialists, individuals from academia and industry partners. And the mission of the CCC is essentially to achieve optimal health care for animals, advanced veterinary profession and evolve the relationship between primary care veterinarians and specialists.

**0:05:00.0 Katie Berlin:** I love that. And there's a lot encompassed in that mission. It's lofty goals, but also something that we can work towards in little bits in everything that we do right in our work as as veterinary teams.

**0:05:14.8 Elizabeth Maxwell:** Yeah, exactly. And one of the the main areas of focus for the CCC is in research. So veterinarians always are about evidence based medicine, you know, and so a lot of our focus is in research that shows that collaboration improves outcomes.

**0:05:35.7 Katie Berlin:** I love that. So you found that actually working together as a health care team, a unified health care team, improves patient care and outcomes overall.

**0:05:48.3 Elizabeth Maxwell:** Exactly, yeah.

**0:05:48.8 Katie Berlin:** Yeah, that's nice, because there does always seem to be that group of people that think it's soft science, you know, when you're talking about collaboration and communication and professional development in that way that isn't just hard clinical skills. And

thus, as we talked about very often on this podcast, like the softer, the stuff that is considered softer sciences is sometimes the hardest stuff of all to get right. So I like hearing that there's evidence behind that.

**0:06:17.1 Elizabeth Maxwell:** Yeah.

**0:06:20.8 Katie Berlin:** So Dr. Manganaro, how are you involved in the CCC if you are and how do you know Dr. Maxwell?

**0:06:29.0 Candice Manganaro:** So I'm mostly just like I said, the GP, I'm out kind of in the realm of the kind of basic world and getting people up to Dr. Maxwell and some of the other referring veterinarians is kind of my role in that. And so when she suggested doing the podcast, she's like, "We have emails going back to like 2014." [laughter] Yeah, so it's just one of those things that if you see enough, you're sending enough and then you develop this relationship and that's kind of my seat in it right now.

**0:07:07.3 Katie Berlin:** Yeah, that's great. And you're right. You know, we do develop a relationship for better for worse with the specialists that we refer to as general practitioners. And I can recall so many phone calls and interactions that I've had with specialists over the years, really good ones, you know, ones where I felt like we really had a rapport and ones that really weren't that way at all. And I always felt like kind of a thorn in their side. And I don't know how much of that was my own perception and how much of it was actually the way that they were approaching me. But I do feel like that's not an uncommon feeling among our colleagues.

**0:07:48.5 Candice Manganaro:** Absolutely. Yeah.

**0:07:48.7 Katie Berlin:** Yeah.

**0:07:51.5 Candice Manganaro:** Yeah. Same. There's, you know, especially now with with the demand for everybody, right? It's hard to necessarily get into my favorite sometimes. And so there's more phone calls being done. And so different conversations and different kind of relationships.

**0:08:07.6 Katie Berlin:** Yeah, absolutely. I remember sending, there's an ophthalmologist in Pennsylvania that I used to refer to a lot when I lived there, Dr. Brady Beale, and she was fantastic. And I remember was listening to, she was examining a patient that I had sent her, I think it was a basset hound. And there were a lot of those sending the basset hounds to ophthalmology. But I think he had a heart murmur that she heard when she examined him that day. And she called me and said, "I'm sending him back to you because this heart murmur isn't in his record. I think it's new." And she's like, "I don't have any idea why he has a heart murmur. That is not my job. So I'm sending him back to you and you guys can finish the work up." And I thought that that just made me feel so good because she was kind of like, "I don't use these big heart words. Not my area." And she's like such a smart and capable specialist.

**0:09:02.1 Katie Berlin:** And she also just doesn't hesitate to act like a human being on the phone with us. And the fact that I remember that, and that was, I think in like 2011 or something, the fact that I remember that means that phone calls with specialists don't always go that way. And I was just wondering, Dr. Maxwell, how do you feel about that? You know, do you feel like there is an issue where specialists don't feel like they can develop that relationship with primary care vets where they feel like they're overwhelmed or the primary care vets don't want that relationship from them? Like what is the roadblock there for a lot of people? Do you know?

**0:09:43.1 Elizabeth Maxwell:** I think sometimes very simply it's time, right? It's a time to communicate. Communication is the biggest thing. And with everyone being overworked and burned out, you know, to take the time and get on the phone to talk to someone about a case, sometimes it's just not there. And when, you know, specialists are just sending records, you know, from appointments to their primary vet, like there's no relationship building at that point. So the relationship sort of has to be established at the beginning, you know, for the first few cases you're calling, you're kind of having that communication and then maybe emails and then the paperwork can kind of continue that more informal relationship. But you know, I think that one of the biggest roadblocks right now is just having the time and we have to be intentional about the time. We have to want to build those relationships because if we don't put that as a priority, then it's never going to happen.

**0:10:41.7 Katie Berlin:** That's so true. And that's actually really closely parallels how we are with clients, right? Any veterinarian with clients, if you don't take the time to build those relationships, you're not going to reap the benefits of that relationship later on down the road. Eventually, it will save you time to have that kind of relationship with your clients. And you know, even like fear-free, low stress handling, you know, taking the time with your patients at the beginning probably will smooth things out very quickly down the road because you won't have to build that trust every single visit. But I was thinking about Dr. Manganaro, you said we're all feeling overloaded right now. Everybody's at capacity or past capacity. How do you two think that collaborative care can actually help us deal with the overload that we're all facing?

**0:11:34.1 Candice Manganaro:** So that was part of, you know, what I was thinking about too, is that when I'm one of those that I want my clients to know every single option. If I... So for in Dr. Maxwell's case, we're talking about oncological cases. And so I always try to get my owners to, you know, even if there's lots of things, I'm not going to know all of the things. And I always encourage them to at least have a consult. Right now a consult might be months out or if that owner is like not going to do that, then there's, I don't want to take up that slot for somebody else that could have got in. So now it's more, and I do more of... Dr. Maxwell and I were talking about, you know, she does email and text and I'm like, "Oh, I don't want to text you 'cause I don't want to like interrupt the... I don't want to take away that quiet time." I don't want to be like that, you know, person asking for advice off hours or whatever. So I will usually send an email like, here's the case summary. Let me know when you guys can, if you want to email me back or you want to call me, whatever works. But that way I can get a little bit of, this is what we would potentially expect.

**0:12:32.2 Candice Manganaro:** This is the rough idea of what we might be talking about. And then I can communicate that to the owners. And then we've already started that where I've gotten the notes like, this is what we're going to do. This is what I quoted. The owners already know that part. And so I'm hopefully not taking up the space for something that's not going to move forward in that realm. And so I think that, and right now that's harder because the time, but it's also more important because of the lack of time. So it's kind of both ways there on finding the time to communicate that between both me and the specialist and the owner so that everybody's on the same page. And that's always my goal is for everybody to know everything that's going on.

**0:13:12.2 Elizabeth Maxwell:** Yeah. And you know, I honestly don't mind when cases come for the conversation, you know, even if they don't pursue surgery. I never have that feeling that, oh, they took up a surgery slot, you know? But honestly what I find really helpful just from the specialty standpoint, because we're booking out, you know, one to three months in advance, it's often really helpful when the primary vet calls us and they say, "Hey, before I refer this case, are

there any diagnostics that you want me to do that can help facilitate things on your end?"

**0:13:45.9 Candice Manganaro:** And medications too.

**0:13:46.8 Elizabeth Maxwell:** Yeah.

**0:13:47.4 Candice Manganaro:** Like do I start this and should I taper? Do you want me to leave it alone? What do you want me to do before he gets to you so I don't mess up the opportunity to sample things?

**0:13:54.3 Elizabeth Maxwell:** Yeah, exactly. Because a lot of the way the hospital, it's just hospital logistics, right? Like when they come in for an evaluation, we're not allowed to schedule ultrasounds and radiographs and CTs, you know, on the same day. In private practice, that's a little bit more doable sometimes, but at least here we sort of have to schedule them the next day or several days down. And so sometimes when they come with an ultrasound or they come with radiographs, that helps us get one step closer to treatment, you know, if that's the route that they're going to take. So I find that to be really helpful when the vets call me and they say, what blood tests can I do? What do you need? And if they're able to do it, then that's really, really helpful on our end. But for the patient, because then they've already had the workup and they can come in for treatment, you know?

**0:14:42.0 Candice Manganaro:** And sometimes the answer is we don't need that or we're going to repeat that or, and so I haven't spent extra time and money on something that's going to be repeated or not needed for that particular case.

**0:14:51.6 Katie Berlin:** I'm sure the clients appreciate that too, when they realize they don't have to do orthopedic radiographs twice, for instance.

**0:14:57.9 Elizabeth Maxwell:** Yeah. And that's really, I want to say a hot topic, but that's a big thing, right? Is repeating diagnostics. And a lot of primary vets say, "Well, I'm not going to do this workup because they're just going to repeat it at the specialty hospital." But I don't feel like that's necessarily the case if we have the information that we need to proceed with treatment. And I think some of that breakdown in communication is what is needed, right? So for example, you might take, for a cruciate ligament tear, you might take x-ray, radiographs, you know, of the knee. But for surgical planning we need to take specific views. And so, I know some surgeons that actually go out to their primary care or they're referring veterinarians and they say, "This is how you do TPLO rads." This is the marker that you can put in it so that we can do the measurements at our practice. So having that relationship and saying, this is how we need it done so we don't have to repeat it is really helpful because without that communication, you're going to take radiographs your way and then they're going to have to repeat it.

**0:16:05.4 Elizabeth Maxwell:** And I don't think that we want to. We don't want to repeat diagnostics. We're not trying to just make more money on the patient. We just need to do what we need to do to treat them. And I think that's a misunderstanding, honestly, from both sides. And so sometimes the primary vet might be more willing to just send the case without a workup because they're worried that we're going to repeat everything that's done. And I don't think that we would if there's that communication to say, this is what we've done, this is what we can do, what do you need?

**0:16:37.5 Katie Berlin:** Yeah, and I'd imagine that's different between different specialties too.

Obviously, you send a case to ophthalmology, they're going to do their three tests at the beginning probably no matter what, but they should because those things can change. Your TPLO radiographs probably aren't going to change dramatically from the time that it's diagnosed to the time it comes in for surgery. So that's really interesting. I've never heard anybody say that. The clinic where I worked, we had a surgeon that came in and did TPLOs there, but we didn't have anybody from a referral hospital come in to teach our technicians how to do those things.

**0:17:13.8 Candice Manganaro:** That would be really cool... I think that would be...

**0:17:15.1 Katie Berlin:** That is really cool. And probably technicians at those hospitals could teach a lot too. They could probably teach certain bandaging techniques and stuff that, like I remember seeing a bunch of, I worked with a Boston Terrier Rescue for a year or two and they were always having their patellas fixed before they got adopted out and the technicians who worked on them really learned how to bandage a leg really well. And that's a skill, it's a learned skill and there's no reason that people in general practice can't learn how to do those things and take those radiographs that right way. But we also can't blame them for not knowing if they haven't been taught. And I think a lot of us felt, feel a little bit embarrassed at not knowing how to do those things and we're worried that we're going to be outed, it's like not knowing how if we do them and then they go to their specialist and they don't meet a standard.

**0:18:09.6 Candice Manganaro:** I remember bandaging something and I didn't have some part that I needed to wrap it. I wrote in my notes, this thing wasn't available so I made do, please don't be angry. [laughter]

**0:18:20.8 Katie Berlin:** Yeah, I think we really suffer a lot from pride when it comes to these cases. There was one time where I was seeing a neuro case, I think it was a vestibular case, but it was like a five-year-old dog and so I wasn't sure if it was like a... It was definitely not your typical old dog vestibular case. And I did what I could and then referred it to neurologists and luckily they decided to go but the technicians had sent my records before I had a chance to write them. So it was like the vet assistant who was in the room with me, it was her notes that got sent to this neurologist and I mean she knew that I was going to fix them so she wasn't even trying to write them like the specialists would need to read them. I was so embarrassed. I actually called the answering service that night and I was like... 'Cause I had worked with the neurologist in vet school, like he was a resident when I was a student and I was like, he's going to think I have gotten so stupid.

**0:19:19.0 Katie Berlin:** So I was like, "Please tell Dr. Brewer these are not the final notes." But we just worry so much about how we're going to be perceived. And I'm sure specialists also don't want to tell us that you don't know or that you couldn't fix something or like how do we take the ego out of these conversations? It just seems like no matter whether we want to admit it or not, it's there.

**0:19:46.3 Candice Manganaro:** Yeah. And I was referring a fracture and of course all the doctor words were just gone. I was like, "The bottom part is like forward and up. I'm like, I'm so sorry. I'll send you the x-rays."

[laughter]

**0:20:01.0 Katie Berlin:** It's busted.

**0:20:01.1 Candice Manganaro:** And the doctor was like, "It's okay. It's okay. I understand." I'm like, "I just needed you to say it's okay because... I apologize. I'll figure out the right words before I

send the records." But like this is... Bad stuff's happening. And like Dr. Maxwell said, just having that relationship of like, it's okay, take a breath. Tell me, it doesn't matter what words. Just tell kind of what's going on and if you have that conversation ahead of time, it makes it so much easier to have that relationship and to not be so... Like you said, we're all humans.

**0:20:29.5 Katie Berlin:** Yeah.

**0:20:32.1 Candice Manganaro:** We still know regular people words.

[chuckle]

**0:20:36.3 Elizabeth Maxwell:** Yeah. And it's very easy for us, right? To be self-conscious about the decisions we're making when someone else is going to be reviewing over it, you know, whether it's primary or specialty. And you know, there has to be a mutual respect, you know, that's kind of the bottom line. And it honestly always upsets me when I hear primary care about saying that they felt, you know, disrespected or mistreated by... A specialist made him feel stupid. You know, it really, really upsets me. And you know, I think that from the specialty side, you know, we have to appreciate that long-term relationship that the primary care vet has built with their clients and with their patients. And there's a lot of times that I've had... I've discussed treatment options, you know, with patients that have been referred and they tell me, "Thank you, but we're going to discuss it over with our primary vet first and then make a decision." And that always just shows me how strong their bond is with their primary vet and how they're going to rely on them for the decision making for their pet's healthcare. So I'm always very impressed by that.

**0:21:41.0 Katie Berlin:** That's nice to know that that impresses you and you're not just like, oh.

[laughter]

[overlapping conversation]

**0:21:44.8 Katie Berlin:** Like sometimes that bond is a little too tight, you know, and it's like, "Well, I don't know what you should do. That's why I sent you there."

**0:21:54.3 Elizabeth Maxwell:** But I also, I also consider that an opportunity to then have that conversation with the primary vet and say, "This is what we discussed, right?" Because if that doesn't happen, then the owner is relaying what you said to their vet and then hopefully that communicated right. So if then we make that call and say, "Hey, this is what we discussed." You know, they can then have that conversation well informed on both ends and help them make that decision.

**0:22:19.3 Katie Berlin:** Yeah. Do you have an example, for instance of... I know you two have worked together before. Is there anything that you remember, you know, any interactions in the past that you remember where you were really able to use that relationship in that way?

**0:22:39.5 Candice Manganaro:** So the most recent one was a Mastiff named Moose that I had, and he was kind of a good example like coming back to the general practitioner, is he was my patient and then the owners moved away and they moved back and there was an exam to re-establish him with me. And they said, "He's had ear infections and he's got this mass kind of near his armpit that keeps getting bigger and smaller." I'm like, "So about that, I don't like that. Let's take a sample of that." And it was a mast cell. It was a four centimeter mast cell in a not fantastic area

and a gigantic dog. And so we had the kind of discussion of, "Okay, we're going to do... I need to take really wide margins. This is how we're going to do. We have the option, you can do an ultrasound and x-rays first." And the owners were, "Okay, let's do surgery." And I said, "Depending on that, we might talk to oncology." And then it came in for surgery and he'd lost like 10 pounds. Like, "Whoa! Wait, I don't feel comfortable. I think we should go have an ultrasound."

**0:23:39.6 Candice Manganaro:** So he went up and they called and said, "So ultrasound doesn't work so good when they're 200 pounds." I'm like, "Oh no, I didn't even think about that. I didn't know." And I was like, "Oh, I feel like such an idiot." The owner's like, "Of course a human surgical nurse." And I was like, "I kind of, I prepped her for ultrasound. Like we'd done the chest x-rays, we might talk about automatically sampling the spleen and the liver and those sorts of things." And then they're like, "So for him, we'd have to do a CT." I'm like, "Oh no, I didn't tell her about that."

**0:24:10.4 Katie Berlin:** Oh, man.

**0:24:15.0 Candice Manganaro:** But that was one where they kind of like had the discussion and then kind of came back to me and said, "Yes, do those things first." And then the owner called me and said, "Hey, we've got the appointment to go back up and have the CT scan, but if they find something bad, we don't want to wake him up. How can we be in the room with him?" I'm like, "Let me reach out to Dr. Maxwell and just let her know kind of the thought process there." And so then goes back off and sees Dr. Maxwell for the CT.

**0:24:39.1 Elizabeth Maxwell:** Yeah. Yeah. And so I knew, you know, how they were feeling about it. Right. And it was great because we were all sort of on the same page in terms of owner's expectations and kind of talking them through the differences between the ultrasound and the CT. And it's not like we couldn't do the ultrasound, but I know mom wanted to be more thorough and make sure we weren't missing anything. And so, you know, we did that CT and all was clear. Great for Moose. And so, you know, and so then then Moose went back to Dr. Manganaro to follow up.

[chuckle]

**0:25:19.1 Candice Manganaro:** For surgery. Yeah. Yeah. So then we were kind of clear and okay we do need to cut it off. And mom says, "Okay, I want you guys to cut it off." "Well, I'm having a baby next week."

[laughter]

**0:25:32.3 Candice Manganaro:** So it ended up being but that's another kind of collaborative part, too, is that I had a relief that that had been kind of working for us. And I was like, "Hey, so I've got this 200 pound mastiff that I need to take this huge thing of. Like, do you feel comfortable?" And so then another kind of veterinarian got wrapped into it and she did a great job getting it and getting margins and he's doing good and everything's healed up. So it was a funny little case where kind of everything kind of clicked together in different ways. And it got a lot of us involved in cases together. And it really feels nice. Right. Like it feels like, "Hey, we did it. We fix the thing and we made the boy better." And yeah.

**0:26:06.2 Elizabeth Maxwell:** And that was a case, too, where, you know, we talked about what the surgical approach would be, like what what would I do? Right. So this is how I would measure the margin. This is the fascial layer that I would take. And this is all the surgical considerations that,



you know, you would need to take for that surgery. And so and I read it in your notes. You know, I remember when you sent your notes over and I was going through it. I saw that you had wrote down what I recommended, which is good because that helped the next veterinarian who was going to actually do the surgery.

**0:26:39.2 Candice Manganaro:** That's exactly. So I always write it in anyway, but I knew that it was a potential for it not to be me. And there was, you said, like, "If you're a surgeon, you need to help call me." I was like, "Oh, I can call you when I'm in surgery". Like it made me feel so much better that I was like, so you kind of like just cut and like just peel stuff out. So it made me feel so much better to be like, "Okay I have a safety net, I have a safety line. It's okay. I'm allowed to call." Like there's not that like, you know, yeah, that made me feel so much better.

**0:27:10.6 Katie Berlin:** I do. I love hearing stories like that. And, you know, we are all so busy. Like I know how busy specialists are. I know, you know, specialists are booking out weeks to months just like primary care. And I just think about all the times that a specialist has helped me by getting on the phone and talking to me when I know that time is really scarce. But I've always wondered how they felt about it. Like are they just super nice? And then then you have ones that won't at all get on the phone with you and you're always sending messages.

**0:27:43.2 Candice Manganaro:** Sometimes they're calling and it's like, yeah, it's seven o'clock and I'm picking up the kids and like, "I'm sorry you're calling at seven o'clock. I have my kids in the car, please."

**0:27:51.1 Katie Berlin:** But like, and I mean, as somebody, I had some pretty significant medical issues myself this year and I had to see a lot of specialists and no way in a million years was one of those specialists going to get on the phone with me if I didn't have an appointment. You know what I mean? And like, they definitely weren't going to consult with me to see if I needed to go see them. Like that was not happening. And so I think I also have that mentality of like, I don't want to waste the specialist's time. Like if I think the client should go, I guess they should go. I shouldn't ask the specialist to spend time with me on a case they may never see. How do you feel about that, Dr. Maxwell? Do you feel like it's sort of the duty of a specialist because veterinary medicine, economics are different, the decisions are different?

**0:28:36.3 Elizabeth Maxwell:** Yeah, I wouldn't even consider it a duty, honestly. I think we all just naturally want to help people, you know, and help our patients. And I never feel burdened by a call from a primary care vet asking about a case, whether it comes to me or not. I don't care about that. I want to help. And most of the surgeons, at least and other specialists that I've talked to also have no problem getting on the phone and helping any veterinarian that needs help. And I don't think it happens as much here in academia, but when I worked in private practice, we got calls all the time from the referring veterinarian saying, "Hey, I'm in surgery. This looks weird. What should I do?" And that happened relatively frequently. I think it's great because it's in the best interest of the patient. If you're in surgery and you feel stumped, you're probably going to feel bad calling the specialist, like you feel like you're in over your head and maybe you're embarrassed and you don't need to feel that way. And I think that it takes a brave person to get on the phone and say, "I need help. I'm in surgery. I need help."

**0:29:55.8 Elizabeth Maxwell:** And so I think because of that, I have a lot of respect for the vets that give me a call and say, "Please let me know what I need to do." And I honestly don't feel like most specialists would look at that as a burden or a problem because they're trying to get ahead of making a mistake essentially or again, trying to just do what's in the best interest of the patient.

**0:30:25.9 Katie Berlin:** We've all been in that situation, right? I mean, specialists, I'm sure in your training, you were in a situation where you're like, "I don't know what to do now." And it's like a really, really bad feeling. And in training as an intern or a resident, hopefully you have somebody who is supposed to be available to you in those situations. I realized that could be in theory in some situations only. But you know, you're not the end of the line. But as a primary care vet, often we do feel like we have to be good at everything, know how to deal with every situation. And that can be really, really scary, especially for newer grads 'cause everything is like the first time. And I'm sure it would be really, really comforting for a lot of more recent graduates to know that if they don't have their own boss available to help them, that they might be able to call a specialist and say, "Look, I'm stumped. I don't know what to do next."

**0:31:20.5 Elizabeth Maxwell:** And that's something I tell all my students. I tell them when you're out in practice, if you hit a wall or you're having issues with a case, just call a specialist. Call one that's local. Call me. Call University. Call whoever you know might know a little more than you, that's okay. And that's okay.

**0:31:41.6 Katie Berlin:** Yeah. They should make those phones on the wall in surgeries. They should make those red. Get on the red phone. Just like have everyone on speed dial.

[laughter]

**0:31:53.0 Katie Berlin:** It's like the bat phone.

**0:31:56.9 Elizabeth Maxwell:** So, the CCC did a study where they were looking at perceptions of the relationships between primary care vets and specialists. So they surveyed 242 primary care veterinarians and they found that 55% felt that they were treated with mutual respect, but there was 22% that felt that the specialist looked down on them for their treatment decisions or for not referring sooner. So I feel like from that perception, we can do a lot better on our end to build that relationship because it's been proven that knowing one another on a personal level will improve the quality of collaboration. And so we always talk about things that we can do such as like those lunch-and-learns or round table discussions, continuing education seminars. Those are all really good opportunities for the specialty hospitals to interact with their referring population or their veterinarians around the area to start building those personal relationships. And that allows you to get on that red phone and make that call or text someone when you need help with something. And so I definitely think there's a lot of areas of growth for practices to kind of make steps toward collaborating better.

**0:33:22.9 Katie Berlin:** Do you see a role for telehealth in collaborative care? And if so, what does that look like to you?

**0:33:30.2 Elizabeth Maxwell:** Yeah, absolutely. I don't think that collaboration is just limited to phone calls and emails. I think having radiology review, review radiographs or imaging is part of that. You're consulting with a specialist or collaborating. And I know some of these places where you send blood work to, they have specialists working for them that you can call and ask for advice. And I think all of that is included in collaborating between everyone's area of expertise. And so in terms of, I think we are a little bit limited based on state law. So for example, in Florida, I cannot do telemedicine with a client I haven't seen before or within 12 months, essentially. And so really the only way we can do telemedicine consulting is through the primary care vet because they have that established relationship. And so I think that there is a role there, but there's probably going to be

some limitations because of state laws. But certainly when it comes to having the primary care vet consult with their specialists in the area about a case, that can definitely be considered tele-consulting.

**0:35:00.4 Katie Berlin:** Dr. Manganaro, do you think if you were, like I know you both have a personal relationship that's been sort of nurtured too many cases over many years and that is wonderful. If Dr. Maxwell started charging for those consults. So we like to talk about our perception of value and like we need to get paid for our expertise and we're talking about calling specialists with cases they may never see with patients they may never lay hands on and asking their opinion and taking that time. So taking that a step further and saying, well, maybe they should be charging for that type of consult, which is sort of like for us like a tele-triage where we're not giving direct patient advice, but we're consulting on the case. Do you think your clients would resent having to pay a fee for that service?

**0:35:53.8 Candice Manganaro:** And that's part of that feeling kind of guilty for calling and asking and knowing that they might be calling back at seven o'clock. I was like, well, maybe like I don't... Should they be charging? 'Cause that's part of what this whole move, you know, everybody trying to make sure that we're being paid for our time or we're setting the boundaries. And I don't want to blur those boundaries and those sorts of things. And I do think... There's an oncologist that just does telehealth right now that I thought would probably, might be and that in between that could do the consulting. And then if the owner likes to do treatment, she then communicates either what the primary care could do or get them to a local oncologist. And I thought that was kind of an interesting little niche to be in.

**0:36:36.3 Candice Manganaro:** And I think if I say to my clients... And we always have that baseline, here are all the options. If, you know, referral is possible, this is what I would recommend. I probably think that we could say, "Hey, if I can set up a consult, get you a little bit more detail, and it would be X amount." I do think that there's a fair number that would say, "Okay." And let's let's do that. In between, we're not doing the full thing, but at least give us a better idea of our options. I'm also in a big retirement community. And so all our specialists, so Dr. Maxwell is about an hour and 15 minutes from us. And that doesn't seem like much, but for retirees, if they can't get there on their golf cart, like, sometimes they're not going. And so I do think that that may be a service that can be kind of charged for. I'm not quite... It'd be interesting, I do think that probably is a feasible thing. I don't know how it would fold in, but I do think at least in the right clientele, that is something that could be monetized or compensated for at the time.

**0:37:47.0 Elizabeth Maxwell:** Yeah, it's an interesting consideration. And there are some specialty groups out there that do strictly tele-consulting to the primary care veterinarian and they charge for that. But their level of involvement in the cases is much more significant than getting on the phone and having a conversation. They type up documents and they send information and they follow through on the entire case from beginning to end. So there's a lot larger level of involvement in those cases. And I like to think about the collaborative relationship as being the specialist as an extension of the primary care veterinarian. And so when you think about, at least for me working in a specialty practice where I have primary care as well as all the other specialists, I value being able to go down the hallway and ask the internist a quick question about hypertension and blood meds and blood pressure medications, you know. Or going over to dermatology and say, "Hey, what do you think about this?" And if we started charging each other for that, we would probably lose that collaborative relationship that we have just within our own hospital. And so I think that, you know, and we will charge if we put our hands on the patient and we're doing an official consultation where we type up paperwork and things like that.

**0:39:16.8 Elizabeth Maxwell:** But I think for having a collaborative relationship where the primary care vet feels like the specialist is an extension of the care that they can provide. And that may be, like I said, limited to phone calls, emails and just discussion about the case. I don't feel strongly about charging for that, but I get it. I understand, you know, that value of charging for a time and taking those things into consideration. But I think you have to kind of find that fine line.

**0:39:49.2 Candice Manganaro:** I agree. There's that, you know, I don't want to take up too much time, but like you said, it does change the relationship from just, "Hey, quick question." Like this is what I'm seeing and it would make it... If it was always just that way, it would make it less less likely for that relationship to develop because then it becomes more of a not professional...

**0:40:13.2 Elizabeth Maxwell:** A business transaction...

**0:40:14.3 Candice Manganaro:** But like, yes, a transactional relationship versus a relationship. Yeah.

**0:40:17.2 Katie Berlin:** Yeah, that's true. And I the idea of collaboration sort of transcends like the monetary value of these interactions because like we know... I fully believe in in telehealth and I think we're going to continue to see it evolve and grow. But I still don't see myself ever charging for like the client calls and says, "Can I give this over the counter medication to my pet? And I'm like, "No". I'm not going to charge for that. You know, I will charge if they already gave it and then we need to have a conversation about that. You know, but the conversations, those little conversations, even if I'm on the phone directly with the client that just build that trust and be like, "Okay, she's there for me. Like that vet is there for me. That team is there for me when I need them." And not charging when it's a tick you know, and you just pull it off like that kind of thing is so instrumental like building those relationships.

**0:41:19.4 Candice Manganaro:** I had a little arthritic dog that was on meloxicam for arthritis and they came in because, you know, stomach upset and he's vomiting, he's not eating and he looked terrible. I said, you know, "Anything else?" And they said, "Well, we've been alternating the meloxicam with infants ibuprofen to try and stretch out how long we got from the medicount." I'm like, "Guys, this is... Just call me. We can figure it out. Sometimes there's donated medications we can try and titrate it down. Like just call me because this was a dangerous decision." And I wish... That broke my heart that they felt that they couldn't ask. And I think part of it was they were, you know, didn't... Were just trying to stretch it as far as they could and didn't want to be told that like that's not okay, but that cost that little pup. And I really want to want that communication to be open, like just call me like sometimes you're not going to get me necessarily, but I can certainly tell my receptionist, "No, please don't do that. Well, I'll get you a more thorough answer a little bit later, but please don't give that."

**0:42:26.3 Katie Berlin:** Yeah. Yeah. And it's to specialist benefits, too. If we feel comfortable calling before we've attempted something or put something off for too long, that should have been seen earlier by a specialist for sure.

**0:42:40.4 Elizabeth Maxwell:** Yeah. And, you know, whenever we have patients that are referred to us and they kind of are established with with us, even just with an evaluation and they have no treatment with us, they're officially a patient of ours. If they have any concerns or questions, like I'm more than happy to hop on the phone and talk to them about it. And that would never happen in human medicine. I feel like if you had a question after your first appointment, you're going to have

to schedule something else just to talk to them again, you know. And so I think that adds to the collaborative efforts because the client is included in collaboration. You know, it's not just the primary care vet and the specialist, but the client's included in that as well. And so having them be comfortable to hop on the phone with either the primary care vet or the specialist with help or questions that they have about their pet, I think is really important.

**0:43:42.0 Candice Manganaro:** And a lot of times those follow ups will come back to us, like I said, if in my clientele, driving an hour and a half is a lot. So a lot of times they'll be coming back to me for a suture removal or, you know, recheck chemistry and being comfortable and sending that back up and saying, "This is what I think, this is what I told the owner, tell me if I'm wrong." And then sometimes I'll get a note back saying, "Ah, I disagreed, I called the owner and changed this," or they call me and say, and that again, like feeling like we're all a team. And I think that's everything that we want to do is be a team to help that patient and that family.

**0:44:15.5 Katie Berlin:** Yeah, absolutely. And it is encouraging to see how the two of you have that kind of relationship and how you don't take it for granted. You know, that's obvious that you appreciate being able to talk to each other in that way, but also there's no reason why we can't be like this throughout the entire profession. Like we're all here for the same reason. And it's a really small profession as professions go.

**0:44:38.4 Candice Manganaro:** And that's what we've been talking about that a lot at work as I have been... So maternity leave and I'm trying to find people to cover and it's, you know, pulling from the vet mom's group and like, "Can anybody?" And kind of piecing it together. But it's like even the clinic next door calling and saying, "Hey, we maybe need some saline. Can we borrow something?" And then we just kind of like go back and forth. Like, I feel we have to move away from being competitors and we're all in it together. Like if we can't see something or we need something, it's much nicer to be able to call the clinic next door, the specialist down the street and say, "Hey, this is what I think, or this is what I can do. What are my alternatives?" And it takes one level of that burden off. I think if everybody's just, be nice.

[chuckle]

**0:45:24.0 Katie Berlin:** Yeah. I was going to ask you, you know, one of the questions that I had sent you ahead of time says, what does truly patient centered collaboration look like? And while you were talking about that though, it occurred to me that we're not just talking about patient centered collaboration. We're talking about collaboration that's better for the team. It's more mentally, you know, appealing and emotionally healthy to have these kinds of relationships rather than have it be an us against them mentality, whether it's with pet owners or with specialists versus GP or the local ER, like that doesn't get us anywhere. So I'm going to ask that to both of you now, like what, what do you see as truly collaborative care? So say you have a patient whose owners are reluctant about going to the specialist. They'll go if they absolutely have to, but they're not really sure if they want to or if it's worth it. What does that interaction look like to you?

**0:46:19.0 Candice Manganaro:** So for me, those are the guys where... And I am one that, like I do take... I will spend the time in the room. I will have that long phone call and preferably not then calling the husband and having the same conversation, but sometimes it's, "Hey, I'll call you back in a few minutes when you can both be on the phone." But here's what I... I do lay out the gold standard ivory tower versus a minimum, but this is what a specialist needs get us. And those are sometimes the cases where I tell the owners, "This is what I think, but let me check really quick." And I'll call Dr. Maxwell and say, "Hey, this is what I think. What else can I tell these guys?" Or

"How important is this? What can I do from here? What are the... How does it change our likelihood of XYZ from happening if they can't go?" And like I said, in my area, sometimes the answer is I just can't, there's, there's no way I can make it happen. Okay, well then let's work together. And sometimes that means I'm calling and asking a specialist for advice on a case that they haven't seen, but I need help figuring out what other medication to add or where to go from here. And being able to have those conversations and pick up the phone quickly and have that conversation and not be worried that, it's a burden.

**0:47:35.5 Katie Berlin:** Yeah. And at your end Dr. Maxwell?

**0:47:36.3 Elizabeth Maxwell:** Yeah. You know, I just want to kind of piggyback off of what Dr. Manganaro said. You know, one of the barriers to having a collaborative relationship over a particular patient is often finances, right? So the cost of going to a specialist. And so, you know, when the CCC did their study and they looked at some of those barriers, they also surveyed pet owners. They found that cost was not actually the biggest barrier to going, but it was actually they didn't see the value in going. And so that kind of goes back to what you said about kind of communicating to the client what the value is in going to a specialist, and how that might be beneficial to their pet. And some of the things that we found in all of these kind of surveys that we've done is that having the client understanding what that referral process looks like, or that if referral is indicated, of course, or if they're considering it, having all of the information before they come, and the accurate cost estimates tended to be one of the things that clients felt were really important from the specialty side of things.

**0:49:00.2 Elizabeth Maxwell:** And the when they get to the specialist, how do we make collaboration visible? You know, I think that's really, really important. And so I always have all my conversations and I end all the conversations with, "I'm going to call your primary care vet and let them know what we discussed." And I always do try to make that effort when I can, when I have the time, right? But I always try to call and say, "Hey, I saw so-and-so today, and this is what we discussed." And every time I say that to a client, every time I tell them, "I'm going to call your primary care vet to let them know what we talked about." They're like, "Oh, really? That's great." And they get really excited. You know, I think making the collaboration visible to the client is really important to make them feel that their patient is at the center of the care team, you know? And so I think that having those communications before they get at the specialist, and then full circle understanding that everybody is involved in the care of their pet is really important.

**0:50:06.1 Katie Berlin:** That says it so well. And I don't know if, you know, many clients, I think who have been the patient themselves can have a really, I think, deep sense of how much that means too, is like... Even veterinarians who have been the patient themselves, when you're on the other side of the table and you're thinking like, "Gosh, I was so scared when I was that specialist," or "I really appreciated knowing that that specialist talked to my doctor, my family doctor and they had a conversation about me, like where I was important and they came up with a plan together." That has happened to me and I felt so taken care of. It should be normal. I don't think it's that normal, but it made me feel just really, like I was getting the experience that I should have at that doctor's appointment. And that translates directly into what we do, you know, and it can be so scary to be sitting there at a specialist's office and not know the person or the team. And you're like, "I'm here because something's wrong." And with this pet that you're like, you can't explain to them like why they're here and you're discussing all these procedures with some stranger.

**0:51:20.2 Katie Berlin:** And I really just feel that in my heart, what you were talking about where you just look at them and you say, "We've got you, we're your team and we've got you, we're all in

**0:51:35.7 Candice Manganaro:** That's what I would like for just everyday veterinary medicine to be. Everybody is on each other's side.

**0:51:41.9 Katie Berlin:** Yeah. I know, right? And I think it happens more often probably than we... Like the interactions that go well, we often don't remember those, right? We remember the ones where it was like all went downhill or completely sideways, but we find out later that we thought it went fine and it really didn't. But the ones that go well, we never hear about again. They just kind of like, oh yeah, that was just a day. But that's like a little mini miracle every time that happens and to that client and that patient that was everything that day. And collaborative care to me means that all interactions should be like that even with, amongst each other.

**0:52:14.1 Candice Manganaro:** And one of the cases that Dr. Maxwell and I were talking about is this little dog named Bentley that unfortunately has been up at UF through multiple services over the years. And he's one of the ones that goes back several years. But that owner right knows the process now. She knows, you know, I'm going to get the phone call or the communication the next day. She's going to call me. And so he's been to oncology for scar revision and then hyperparathyroidism. And then he went to dentistry, and then dentistry, one of the flaps dehisce. And I called and I was like, "Hey, can I just repair this?" They're like, "Yeah," I'm like, "Oh, that's easy." And mom's like, "Thanks. Thank God." I'm like, "Oh, okay, cool". So I've fixed the other parts. It feels like every little part of poor little Bentley has been touched by somebody else and in different parts, but everybody's working together, right? So I think when he was up for... Dentistry peaked in on him while he was there for his hyperparathyroidism through oncology, I think. So like even that, like everyone was working together to try and make sure that Bentley got taken care of.

**0:53:15.4 Katie Berlin:** I love that. Yeah.

**0:53:16.8 Elizabeth Maxwell:** Yeah, and he's been in and out over the last several years, you know, four plus years. And so it just shows you that collaborative efforts can help for the overall, you know, the patient health care throughout their lifetime, you know? And so.

**0:53:35.9 Katie Berlin:** Yeah, yeah. This has been so great. I love hearing stories like that. I mean, poor Bentley, but also like, thank goodness for you guys and for Bentley's parents, yeah.

**0:53:46.7 Candice Manganaro:** I always feel like, oh, she goes, "Where now? Who do I need to?" I'm like, I'm [0:53:52.8] \_\_\_\_\_. [laughter] But she's so good and he's so good.

**0:53:57.4 Katie Berlin:** Yeah. Well, so if people... Like I know when I first heard about the CCC, I thought, "Oh, my gosh, this is really cool. How do I find out more about it? How do I get these conversations started in my area?" You know, 'cause I felt like people weren't talking about collaboration, people were like going to local CE and just like looking at each other, you know, like side eyeing each other like across the table. And like, what is she going to ask, you know? And I hate that. And I wanted to know more. And I didn't really pursue it 'cause I didn't really know what to do next. Where can people like me go to find out more about the CCC and about how they can sort of develop that voice in their community?

**0:54:36.3 Elizabeth Maxwell:** So they can first check us out online at the [collaborativecarecoalition.org](http://collaborativecarecoalition.org). And you know, we are always looking for speaking opportunities. We are doing local conferences or national conferences, trying to get the word out and also, again,

share our research showing that collaborative care improves patient outcomes. And so, you know, anyone interested in the collaborative care can reach out to any one of us on the board. They can find all of our contact information on the website. And we can kind of help them through. We've developed some guidelines and a white paper to help practices learn to collaborate better. And so we're happy to help anyone that wants to kind of take that next step.

**0:55:28.8 Katie Berlin:** That's awesome. And we'll put that contact information in the show notes.

**0:55:32.4 Elizabeth Maxwell:** You know, we have been growing as an organization, getting the word out. And I think, you know, the more and more people we have being aware of the process of collaboration and the benefits of collaborative care, then, you know, it's going to be better for everyone involved.

**0:55:48.3 Katie Berlin:** For sure. Yeah. Well, thank you both so much for spending the time. I really appreciate having you both hop on to talk. Dr. Manganaro and her pillow fort. [laughter] If you're not watching, there's a pillow fort behind her, which is very, it's very cool. It's the first pillow fort we've ever had on Central Line. But I really appreciate your time and the efforts you're both putting into making these relationships the norm in Vet Med. I hope that one day they absolutely will be. So it's definitely a worthy mission.

**0:56:22.9 Elizabeth Maxwell:** Thank you for having us, Katie.

**0:56:25.2 Candice Manganaro:** Thank you.

**0:56:25.3 Katie Berlin:** Thank you both. And thank you all for listening. We'll catch you next time on Central Line.