

Central Line: The AAHA Podcast Transcript

Episode Title: Smoothing Out the Referral Experience

Guests: Patty Lathan, VMD, MS, DACVIM, and Renee Rucinsky, DVM, DABVP (Feline)

0:00:04.1 Katie Berlin: Welcome back to Central Line. I'm your host, Dr. Katie Berlin, and I have two guests with me today, you'll notice it looks a little bit different around here. So here we are on Zoom, and I am joined by Dr. Patty Lathan and Dr. Renee Rucinsky. Thank you so much, both of you for joining us.

0:00:21.3 Patty Lathan: Thanks for inviting us.

0:00:22.2 Renee Rucinsky: Yeah, thanks for having us. It's gonna be a fun time.

0:00:25.0 Katie Berlin: Yeah, absolutely. It's really nice to see two faces and get to have a round table here instead of just a one-on-one. I love that. So the reason you're both here is actually you both have worked together on two task forces now for us, probably more than that, but two even since I've been here at AAHA, one was diabetes, and one is the endocrinology guidelines that are coming out later this year. It's a good time to have you both here because that experience, I'm sure is fresh in your mind as those guidelines are still being developed, but we also had an update made to the diabetes guidelines recently, and so we thought it was a good time to get you both in and chat and I'm so glad we could do this. Before we get started, do you want to give us a little background on yourself, where you are and what it is you're doing. Patty do you wanna give us a...

0:01:17.0 Patty Lathan: Yeah, I could go anywhere from a short bio, to a long bio. I kinda grew up in Texas, I went to Penn for vet school, I was in practice for a year up in the Poconos of Pennsylvania, in a little bitty town called Saylorsburg, Pennsylvania. Then my first decays came in and I fell in love. I already knew I loved it, but that cemented my desire to grow up, and...

0:01:40.0 Katie Berlin: I feel like that goes both ways, right? You either love it and you're like, "I'm out."

0:01:44.9 Patty Lathan: It really does. I would trade decays for abscesses, that tells... There are a lot of people listening to this who'll think I'm absolutely insane, but I get it, but I love the decays. And so then I went and I actually came down here to do my internship in Mississippi State. I did my residency at Purdue and I came back to Mississippi State in 2007. I figured I'd stay here for a year or two, see how it went. And that was 15 years ago. So I've been here ever since, and I do internal medicine with a very specific interest in endocrinology, if I could do endocrinology full-time, I probably would.

0:02:21.9 Katie Berlin: Alright, yeah, again, a differentiating factor between veterinary professionals, would you spend all your time doing endocrinology or would you rather spend no time doing endocrinology? [laughter]

0:02:33.0 Patty Lathan: Give me job security.

0:02:34.7 Katie Berlin: Yeah, exactly. Alright, thank you. Renee, how about you?

0:02:39.8 Renee Rucinsky: Yeah. I grew up in St. Louis, Missouri, and went to the University of

Missouri for undergrad and vet school. And it was when I was part of the student chapter of the Feline Practitioners group that I learned that the American Board of Veterinary Practitioners was a thing. And I could specialize in a species instead of a discipline. I had planned on pursuing an internship and then a surgical residency, but the idea of being the family doctor still and being able to follow a patient from kittenhood_ to senior citizen was really appealing and also being able to work somewhere where I had windows and didn't have to be sterile all the time was cool too, so I started working with feline specialist in Kansas City and became board certified in feline practice in 2001, and have been in all CAP practice ever since. I love endocrinology as well. I still love a good chunky, smelly abscess...

0:04:05.9 Katie Berlin: The beauty of general practice, right?

0:04:08.1 Patty Lathan: Right, right. There are some things about general practice that are tiring. I like the referrals that I get, and I like being able to manage the complicated comorbidity cats, and I do miss dogs, I love dogs. But cat practice is where I've chosen focus, and I'm in Maryland, now. I'm a practice owner, a general practice and a radioactive iodine treatment center.

0:04:40.5 Katie Berlin: And you do have dogs at home.

0:04:42.7 Renee Rucinsky: I do. Don't tell my clients, but my dog comes to work with me every day, and it stays in the office.

0:04:51.9 Katie Berlin: I love it.

0:04:52.2 Renee Rucinsky: [0:04:52.8] ____ but...

0:04:54.7 Katie Berlin: I wonder if I were a cat that I feel like the chihuahua would just be allowed in just because, like we said, chihuahua is a cat dog.

0:05:01.2 Renee Rucinsky: It's true, I do have some favorite dog friends of the cat hospital that come in and I have a weakness for smelly beagles and tamales. To be honest, I feel like it's a character flaw, but...

0:05:19.7 Katie Berlin: Yeah. Well, I feel like a lot of people who appreciate cats for who they are, appreciate chihuahuas for who they are, because a lot of the things that make us love cats, I feel like, or what made me love my chihuahua because he thinks he doesn't need me, he does, but he thinks he doesn't. He's not anywhere near as independent as my cat, but don't tell him that.

0:05:38.3 Renee Rucinsky: They're very grateful.

0:05:39.7 Katie Berlin: Very ungrateful.

0:05:40.9 Renee Rucinsky: Very ungrateful.

0:05:43.3 Katie Berlin: [chuckle] Well, thank you both. It's such a pleasure to have you both here and your backgrounds are so diverse and what you're doing now is so different, but you can both weigh in really well in this discussion, which is gonna be about referrals and difficult internal medicine cases and all that jazz. But I have one question for you because I like to know a little bit of

something personal about our guests before we jump into the hard stuff. And I was actually at a biscuit place in South Carolina last week, and the way that they call out your order is they make you answer a question when you pay, and then they call out the answer to your question. And their question that day was, what would the title of your autobiography be? So I thought that was a good one to ask you guys. [chuckle] Renee, what would the title of your autobiography be?

0:06:31.2 Renee Rucinsky: Is it my professional autobiography or my personal one? I guess if it was my professional Cat, but autobiography, I'd say Just Get More Steroids. But personally, I think it'd be called Just be Nice. I think that so many of the things that we do, whether it's with our clients or just day-to-day, if you just took a minute and tried to be nicer and more patient, I think everything would go a lot better. I don't always do that, but that's definitely what I would try to do.

0:07:09.0 Katie Berlin: That's a good one. And also the Give More Steroids. It's a good one.

0:07:12.3 Renee Rucinsky: Really, they both work.

0:07:13.9 Katie Berlin: Yeah, Patty, what about you?

0:07:17.1 Patty Lathan: Yeah, I actually have been thinking about this ever since you gave me this email at convolute anxiety. I asked my wife this morning, she's like, "Wait, what?" I'm like, "Huh?" She's like, "No, that's what the title of your autobiography."

[laughter]

0:07:28.7 Patty Lathan: Wait, what? And I was like, "Hey, it doesn't paint me in a very good light." But then I've been thinking about all day and the best I can come up with is like, "The Addisonian Labrador goes to a pride parade, but end up chasing a squirrel."

[laughter]

0:07:45.9 Patty Lathan: That's about my life right there.

0:07:48.5 Katie Berlin: I would read that.

0:07:49.2 Renee Rucinsky: What?

[laughter]

0:07:51.0 Katie Berlin: I think everyone listening would read that. Awesome. Well, I do feel like I know something more about you two, so thank you very much. Let's jump in now. We're talking about internal medicine, specifically, especially those tough and different cases, because man, those can be quite a puzzle. And I feel like in my experience as a general practitioner, these were harder for me to refer 'cause like, you have a dog with glaucoma, and the eye is red and it's bulging out. You gotta give the meds, you gotta get that one referred and have the ophthalmologists take over. If you don't have a specific comfort with eyes, that one's a pretty easy one, right? But I feel like with internal medicine, we carry this weight like we should be able to handle every single internal medicine case ourselves like, "Oh, it's got diabetes, I know what's wrong with it, I should be able to fix it." And sometimes we just need some help. But I feel like sometimes there's a little bit of guilt

involved there that I didn't just figure it out on my own. And I was wondering if, Patty, you had any comments on that? Is that something general practitioners should kinda let go? Is it a case by case basis or do you have words to share with us there?

0:09:01.2 Patty Lathan: Yeah, I think it's all of that. So I tell people, I don't know how to treat skin disease. Now, I can look it up and I can talk to people and figure it out. I don't even remember which vaccines to give and when. Now, again, I can look it up and I can figure it out, and I can give it to them. But that's the same as a lot of veterinarians with endocrine disease. It's not that vets don't know how to do it, it's that it's not necessarily something they do all day, every day. Whereas I'm thinking about Cushing's and diabetes pretty much every day of my life, which I know, sounds very sad to some people, but I love it. So I have in my mind... I have the discussion of what I do in my mind. I know how I'm going to monitor, I know how to do all that type of stuff. And I can do it probably more efficiently than a lot of people that don't do that all day. But it's gonna take me an hour to figure out what type of vaccines to give.

0:09:54.8 Patty Lathan: So I think that we have to accept that we all have our specialties, and it's really funny because for the longest time, so many general practitioners are like, "Well, I'm..." I heard students say, "I'm just gonna be a general practitioner." And I would look at them going, "Oh my God, what do you mean, just gonna be a general practitioner?" I literally don't know what to do with teeth or skin or vaccines or surgery. Don't even give me a scalpel. So it's not just general practice, it's a whole lot of things. Whereas, I just know how to do one little thing. So I guess I would say, "Yes, let it go. Send your complicated things to us or even your simpler endocrine things, because it's kind of..." Again, I already know in my mind how to treat it, and just because you could do it doesn't mean that you should have to.

0:10:42.7 Katie Berlin: I love that answer. And we can learn a lot too from seeing how you treat those cases. I know I've learned a lot from just reading referral reports from patients that I've referred, and then maybe that case, a case similar to that, you don't have to refer next time or you can wait a little bit longer and try more things before you do. So I really like that answer. I like that, especially because it makes me feel better about all the internal medicine cases that I've referred.

0:11:06.0 Patty Lathan: It's true. I wish people would stop poo pooing on themselves as general practitioners 'cause your job is harder than mine.

0:11:13.9 Katie Berlin: Well, and speaking of which, Renee, you are in a really unique position because you are a general practitioner, but you're board certified in general practice. And that puts you in a position to feel sometimes like the referrer and sometimes the referee. And I was just wondering for you, do you still refer complicated internal medicine cases to specialists? Do you feel like you can handle what comes your way now? And when you started your career, how is it different now than it was back then?

0:11:45.1 Renee Rucinsky: I can't remember that far back.

[laughter]

0:11:47.5 Katie Berlin: I just realised back then, just probably didn't sound too good. I was not making an inference about...

0:11:51.9 Renee Rucinsky: No. It's [0:11:52.2] ____, things have changed a lot. I graduated in 1994. And we didn't have the huge network of referral centers that we do now. And so, back in the day, it was kind of a... This was another possibility for my autobiography title. But if not me, then, who? So, it was like, "I'm gonna have to do this. I have to figure this out because I owe it to my patient to do it." Now is different. And so, there are definitely... I'm in the outer circles of DC and Baltimore and Annapolis, and so I have a lot of people who are...

0:12:50.9 Renee Rucinsky: A lot of different referral centers and different internists and different hospitals. But to be honest, I don't refer very many internal medicine cases at all. And it's kind of like what Patty was saying about she does diabetes and Cushings and these things every day. Well, so do I. And I see referrals for those things. And Patty and I have talked many times over the years about internists and cats. And I'm sure that there are a lot of internists who love cats and love feline medicine. But I get the sense from the internists that I talk to, that a lot of them really don't like working on cats. Cats are hard to work with. Cat people can be different than dog people. And so Patty, how many cats do you see a week?

0:14:03.1 Patty Lathan: Some. Honestly on our schedule, so say... And I know, again, the GPs out there are gonna be gasping at this. But for us, we may see an appointment schedule of about 8-10 appointments a day, if you include our rechecks and stuff. And maybe two of them would be cats.

0:14:26.0 Renee Rucinsky: Okay.

0:14:26.4 Patty Lathan: So not that many. We just don't see as many.

0:14:29.8 Renee Rucinsky: Right, exactly. So extrapolate that out. She sees 10 cats a week. And I see more than that in a day. And a lot of those cats that I see, although we do primary care, we do mostly internal medicine type cases. So when it comes to volume and frequency of things that we see, I think that a feline specialty practice is gonna see more than an internist as a rule, maybe not always. But in general, I think that's a pretty fair statement. And so we don't tend to have to do a lot of procedures that require equipment that only an internist would have. So it's gotten to the point where I don't send internal medicine cases.

0:15:30.8 Katie Berlin: Yeah.

0:15:31.6 Patty Lathan: And I text Renee sometimes with questions that she probably thinks are super elementary. But I'm like, "Alright, black cats, I swear I don't do great with black cats. What's your secret on black cats?" Because there are things that I just know cat people know. The other thing about her practice is everybody in the practice, I'm fairly certain, is really good at handling cats. It's just what they're used to doing. And there are no dogs around. And there's not a parky Labrador. My spirit animal is a black Labrador. But most cats don't really love those spirit animals, especially in a clinic. So I think there's something to be said for cat specialists doing more feline internal medicine a lot of times than internal medicine specialists. Not to say we can't. But, I certainly consult with my feline people.

0:16:27.7 Katie Berlin: Yeah.

0:16:27.9 Renee Rucinsky: Right.

0:16:28.8 Katie Berlin: That makes sense. And I hadn't even really thought about that as a place this discussion would go. Because I haven't had a lot of cat specialists close to me where I've practiced. And so I haven't had that option to refer to them. But a lot of people do. I'm sure that there are a lot of cat practices out there that fly under the radar with other general practices nearby, because they don't necessarily think of them as referral hospitals. But of course it makes sense, especially when it comes to just knowing how to speak cat, that a cat hospital would have a leg up there. 'Cause you're right. Your average veterinary teaching hospital especially is not a particularly cat hospitable place, just from the volume and just sheer size of it all. So that's very interesting. And it's food for thought for me, for sure. I wanted to ask Patty, just from a purely selfish point of view, and I'm sure a lot of people are wondering too, who are listening, but as a specialist who has pretty much everyone that they see as a referral, what's one thing that you wish primary care vets new about referring internal medicine cases to you?

0:17:38.9 Patty Lathan: To me, and this is just from looking a lot of stuff online, I think that a lot of people think that we're judging them more than we are.

0:17:51.1 Katie Berlin: Yeah, that's true.

0:17:51.5 Patty Lathan: You know what? I tell my students all the time, I'm like, "Just because the owner says that their vet said this or did say this or didn't say that, don't ever trust them. My gut is that even though they haven't come in to see me for four months with this problem, that I'll bet you their vet's been trying to tell them to come in here." We saw an Addisonian a while back that the owners swore nobody ever mentioned referral to them. And then I was talking about the case in round one day. And one of the students was like, "Was this so and so?" I'm like, "Yeah." They're like, "We had been trying to get them to come see y'all for weeks. And they wouldn't come to see you." And again, going back to, "You know what? I'm HA or DK or Addison's in your specialty." That's what we're here for. I get it. Again, people would laugh at me if they knew what I knew about vaccines anymore or about, "Oh my God, heartworm preventative." That sounds stupid. But I think a lot of people take for granted the knowledge they have in their heads and think everybody has it. Friends ask me simple vet questions like, "What heartworm preventative should the dog be on?" Or, "What... "

0:19:07.0 Patty Lathan: Parasite drug should they be on? I'm like, "I don't know, I ask Community Veterinary Services next door and they tell me exactly what to do with my dogs, and that's what I do." So again, we're not judging like everybody thinks they may be judged. I know there's paranoia that, "Oh my god, I didn't do everything exactly right." Well, I'm guessing that the owner at that point when you saw that animal, that the owner wasn't as motivated to do all the diagnostics and that's just the way it is. I get it.

0:19:33.8 Katie Berlin: Yeah, that's accurate. We do think that you're judging us all the time. But it's like walking into a room and people are talking to each other and you immediately are like, "Are they talking about me?" But of course, you're there for the pet and the client, and even if we did leave something out of the work up. Like you say, this is your bread and butter, is dealing with these complicated cases. And for us, we might have had been backed up an hour with vaccine appointments that were bad 'cause we're seeing this sick pet and maybe we forgot to do that test, and you're not... At least you in particular are not being judgy about that, and I appreciate that. Renee, so you are in the... Sort of straddling that divide of specialist and also GP, and so for you, I wanted to ask you, is there anything that you wish specialists knew, or that you could tell specialists

about general practitioners and what their experience is like when they're trying to refer someone?

0:20:34.5 Renee Rucinsky: Well, I think I can speak to both sides of that, because I am a specialist too, but I think when I am referring things... In general, the specialists around me are fantastic and they communicate well and in a very reasonable amount of time. And I think one thing that I would say to the discipline specialist, don't discount the little things that we say. We know these pets, we know these clients, and we know that there are some little idiosyncrasies of this case. And I think that all of us, when we don't have such a relationship with the pets and the owners and the case in general, it's easy to focus in on one particular thing. And I think that we see this in human medicine too. You go to the cardiologist and they look at your heart. You go to the neurologist and they do neurology things. And it's very hard to look at the entire patient sometimes. And I feel like sometimes that happens when we send things off to a discipline specialist. But as far as what Patty said, when people refer thing over, just tell us everything even if it seems like you think you screwed up...

0:22:14.9 Katie Berlin: Professionally then, right?

0:22:16.3 Renee Rucinsky: We need to know that. We need to know what you've tried, just when you've been throwing spaghetti at the wall. We need to know all these things 'cause it helps us get a big picture of what's going on. And it's cool, it's fine. We're part of this team: The specialist, the general practitioner, the client, it's to me... And our support staff, they're all equal, they all play an equal and different role. So we have to know everything.

0:22:49.6 Patty Lathan: The other thing to make sure that referrals know is that hindsight's 20/20 and we get that hindsight every time. And sometimes, as Renee was just talking about, knowing that they've already tried 18 different treatments that didn't work, that helps us rule out a lot of different diseases. Or sometimes, again, you go to the owner who refuses to be referred, the dog or cat was on steroids, and then an infectious disease pops up and you're like, "Oh well, the reason I got it is because of, A, it's been longer and it's been going on for a long time, and B, the dog had steroids." You tried to tell them not to but then they decide at the last minute after you already tried the steroids, "Hey, I'm gonna refer, even though you told me..." You know, the vets told them, "Hey, this is gonna screw things up."

0:23:39.6 Katie Berlin: Yeah, that's very real life situation right there. Like three cases just popped into my head just off the bat, so definitely. And it's nice to hear that you all are so understanding about the circumstances that you know, because it's not like clients go to you and suddenly become easy, so... [chuckle] So, I wanted to know too, there's so many parts to the referral process. I mean, there's the Client Care Team that's giving them the information for how to contact you. Or there's the technician who's giving them the information in the room that we think referral might be important. Or the associate who's thinking about referring a case and they're not sure if it's time to refer. All that stuff comes together with the client's attitude about referral, with their finances and with their communication style. But do you feel like there's one thing you can pinpoint that contributes the most to how a referral process goes? Is it money, is it a great work-up by the primary care team? Is it a certain type of communication between everyone involved?

0:24:43.6 Patty Lathan: Yeah, I think it can be all of those. A great work-up by the referring is great, but sometimes [chuckle] that makes my job a lot harder. I know when they come in and they've already had X, Y, and Z done, I'm like, "Alright, I'm gonna have to scratch my head a little

bit on this one." It is helpful when they come in and the referring vet has said, okay, well, they may have to do this and that. And sometimes, for example, they come in to me and I will say I'm in a special situation where I'm in an academic center, we have a lot of specialists here, we have radiologists. And sometimes, dogs come in, and for example, their vet's already done an ultrasound on them, and me doing ultrasound versus my radiologist doing an ultrasound, are two very, very, very different things because I suck at ultrasound, and I kind of use that scale knowing there are some referrals I already know they do a lot of ultrasound and such, so they're probably really good, but then I've still got my boarded radiologist over here, so on one hand, the owners being aware that some things may be repeated and obviously we use whatever wording we can to try and make it...

0:25:54.3 Patty Lathan: Not say, Well, I don't trust this, I promise. It's like, Well, yeah, but our machine is a gajillion dollars, and these radiologists, that's all they do all day, in addition to reading films, is do ultrasounds and that type of stuff, but just so the owner sometimes know that there are some things we may repeat. In addition to that, communication really is key. And to what Renee was saying, the referring veterinarians had known a lot of these owners for years, and I can't tell you how many times, just part of it is before I even go into the room with the owners, I can tell the owners are very pathologically almost... And I feel bad for the vet sometimes, pathologically attached to their veterinarian. And I'm like, before I go talk to them, I'm gonna talk to the vet and talk to them about what my plan is, make sure that, A, they agree with it, and B, they don't think the owners are gonna like run out of the room screaming when I come up with this, 'cause sometimes what will happen is I'll go into the room and they're on the phone with the Vet when I walk into the room, before I've even talked to them...

0:27:02.8 Katie Berlin: Oh man, yeah.

0:27:04.6 Patty Lathan: Or before they make a decision, they're like, "Well, let us talk to it for about a... For a second." And it turns out we go back in and they just called their referring, and if I haven't already told the referring what I'm thinking, then that poor vet's on the other end of the line going, "I have no idea what they just recommended," and of course, we're playing the game of telephone, what the owner tells the vet that we recommended may be very different than what we actually said on both ways, so that... The other thing is... So number one, definitely good communication, the referrals often know things we just don't know about the history of the owner and the animal. And the other thing is records, and I hate this. I know Vets are so freaking busy these days, but getting us the complete record is super useful.

0:27:56.4 Patty Lathan: If I don't have the records from the ACTH [0:27:58.3] ____ when I'm getting sent a patient and they have Cushings, then I'm gonna be calling up, but I don't wanna repeat those tests, 'cause obviously, they cost a lot of money, but I need record. So it comes down to really communication a lot, for me. Now, money is good, but money doesn't necessarily always make the difference. Lack of money, when they don't have any money, obviously, sometimes that is inhibited, and if the referring doesn't tell them ahead of time, "Hey, this might be costing you a couple of thousand dollars," and they get to us and they're like, "Well, I thought the visit was \$140," I'm like, "Yes, for me to say, hi." [chuckle]

0:28:41.3 Katie Berlin: Yeah.

0:28:41.3 Patty Lathan: But that doesn't usually happen. Of course, sometimes owners come in

saying that their Vet didn't tell them how much it was, and you talk to the vet, they're like, "Oh, I told them. I told them, they were trying to swindle you," yeah.

0:28:52.1 Katie Berlin: Yeah, that's really interesting that you say that about if they're very attached to the vet, you wanna talk to that vet, even sometimes before you go in the room. And I have in the past called Specialists and said, "Hey, can I just talk to you about this case real quick that I'm sending you?" And I always really appreciate it when the specialist has done... Has gotten on the phone with me and listened, because usually in those instances, I'm also a bit pathologically attached to that pet, like I have referred some pets that... I have a sign behind... A picture behind me, that was a goodbye present from one of my favorite patients ever, who beat a really horrible cancer, and I wanted to talk to that oncologist about that dog because I wanted him to know how amazing that dog and those people were, and that... I wanted to know everything that was going on, not 'cause I was being obsessive, but because I just cared a lot, and that made me feel really good that he got on the phone with me and that I could tell the owners that we had talked...

0:29:51.1 Katie Berlin: Because I knew... They weren't crazy at all, but I knew that they would feel good about that. But even in human medicine, if I know the doctors that I'm seeing has talked to another doctor that I trust, that makes me feel good and special, so that's a really... That's an important point. Renee, what about you? Do you feel like there are certain things you see at your end, when people refer to you that make the process go a lot more smoothly?

0:30:23.6 Renee Rucinsky: I think having the records, like Patty said, is huge. If I get a weight that... The last weight was three years ago, that really doesn't help me too much, and I see all these times these cats have come in and not really had full exams, and not always. I think we get some really, really great referrals too. I think one of the things that's important, both as someone who's seeing referrals and sending referrals, is to make sure that the clients have reasonable expectations. I think a lot of times when you refer... If I refer to an oncologist or somebody refers something to me, it's hard for people sometimes to have realistic expectations, sometimes the pet just has something bad and we can't fix it, we're not... We don't have all the answers, just because you drive two hours and have \$5,000, it doesn't mean that we can fix it, and I think that that's important for clients to know, and I think it's also important for referring Vets to not tell the clients what the referral vet is going to do. Maybe once we do that exam, we don't need to do whatever that test is, and so that can create a lot of tension sometimes, and it's a time expenditure and a conversation that we don't necessarily need to be having, why we're not doing something. You know, "Well, that's what my vet told me you were gonna do."

0:32:19.1 Patty Lathan: Yeah, that's a fair point. [chuckle]

0:32:23.4 Renee Rucinsky: So I think setting those expectations that you're asking for help and this opinion is valuable. And then also on the veterinarian side, setting that referral doctor up for success too.

0:32:38.4 Katie Berlin: Yeah. Yeah, thank you. This podcast, we like to think a lot about the whole team. We obviously, in a referral process, the veterinarian is making the decision to consult or refer to a specialist. And the person at the other end who's doing the evaluation is a specialist, so that's a veterinarian thing. But we all know that veterinarians would be zero without all of the other team members that do all the stuff. And so I was wondering, when it comes to client care and technician teams, what can they do to help that referral process go as smoothly as possible? I know

sometimes they might feel a little bit powerless as they watch these dynamics unfold and then the patient disappears and sometimes they don't hear about them again. How can they stay involved in the referral process and feel a little bit more fulfilled when a case moves on?

0:33:32.9 Patty Lathan: I'm sitting here going, "I'm gonna let Renee handle that one," she's the more eloquent of the two of us.

0:33:37.2 Katie Berlin: It's a tough one, right? It's a tough question.

0:33:39.9 Renee Rucinsky: It is a tough one. And so I think before the referral, having our nurses and our client services person talk about... Just kind of empathize, it's hard to be a patient. It's hard to go somewhere else, it's hard to go somewhere new where you don't have that same relationship and comfort level. And so, I think making sure that when that conversation happens, that the owner knows that we're still part of the team. We're not getting rid of you. We expect to hear back, we expect to continue to be a part of this whole process. We're just getting another prong, or getting another person to help.

0:34:33.7 Renee Rucinsky: But I think when the information comes back, I think our staff especially, is potentially really good at translating what's going on with guidance from whoever the primary care doctor is. I think that we can utilize our staff for things like that. And how can our staff make it better for the people we're referring to? Be timely and send the records as soon as we know and make sure that they're complete, and that there's contact information on there. But I really think that once the referral's out the door, our in-house staff or the primary care, we revert back to family a little bit. Because like you said, when you sent that dog to the oncologist, you're sending a part of you and our staff feels like that too. So, as much as we can just be there and be supportive. And then, making sure that we know that that pet is gonna be wanting to come back in a certain amount of time for re-check, so we need to make that happen. We're busy, we have full schedules, but for us to be successful, we have to follow directions too.

0:35:52.3 Katie Berlin: I love that answer. That was a great answer, because... You're so right. When that client's sitting in the room and holding the brochure or whatever to the referral hospital, and the team has left the room and they're getting their stuff together to go and they're thinking, "Oh my gosh, this seems like a really big deal. But if I'm getting referred to a specialist, he must be really sick and I don't know what to expect, and I don't know those people and they don't know him." And just that empathy from the team, because we've all been that client too. My dog ate poisonous mushrooms one time, and he was in critical care for four days, and I've never seen an ALT that high before or since. And I was terrified, and I knew all the stuff. I knew what they had to do, I just wouldn't do it myself, but I was so scared for him. And just being in that situation and knowing what those people in those seats are feeling like, is so powerful.

0:37:00.8 Katie Berlin: Well, I have just one more question for you because I forgot to ask it earlier, but I always wonder this. Who follows up? So say, the pet has to have blood work in three weeks and they come to our hospital, but you need the results. Do you follow up with them about blood work if they haven't been into your hospital to see them? I always feel a little bit two ways about that, because I know you are gonna need to weigh in on it, but they're also getting it done at our hospital, you're not getting any revenue from that, so how should we be handling those follow-up tests and things that don't come to see you directly?

0:37:35.2 Katie Berlin: I would say I generally prefer if... Basically, whichever vet did the follow-up work to be the one talking to the client. Now, certainly, if it's an ACTH STIM or whatever, absolutely, call me, we'll consult on it. I'll talk you through what to do with it, but I prefer that... Again, if you did the blood work, then you call the owners back. Now... And how frequently they need to come in to see us depends. If you've got an IHMA for example, and they're getting blood work every two weeks, and I have in my head already exactly what I want done, then I can follow that out over the phone for months, helping wean down the drugs. But at the same time, you've got the diabetic or Cushingoid animal, or a diabetic Cushingoid animal, then it would be nice if we could see them a little bit more frequently, maybe every three months or so, yeah.

0:38:33.5 Katie Berlin: Please see them...

0:38:35.3 Patty Lathan: Or every time, that's fine.

[laughter]

0:38:37.7 Patty Lathan: I'm in an unfortunate situation where at least when I'm in Starkville, Mississippi, some of our owners come from two or three hours away, so it's really frustrating. I think everybody in this situation would rather I see them for follow up, but it's just not reasonable to come in every single time. But maybe every three months or however often, if something significant changes, it'd be ideal for us to see them before we keep providing input on it. Because, I can talk to you over the phone till we're both blue in the face and I sometimes forget to ask a very important question that I only realized when I see the owner or see the animals in front of me.

0:39:15.8 Renee Rucinsky: Yeah. I think having the primary care doctor, if we're helping interpret the blood results, the information still needs to come from the primary doctor.

0:39:27.0 Katie Berlin: Yeah. That makes sense to me. Well, I think that's good, 'cause I feel like that question just had to be asked. [chuckle] It comes up in pretty much every single internal medicine case that gets referred, so I figured we would just get it out there at the end so everybody can hear it. [chuckle]

0:39:41.4 Patty Lathan: I'll be honest, part of it for me is if I haven't talked to the owner in a month or something, there are a stupid little thing... I forget people really quickly, and then they say things to me on the phone and I just feel awkward, like, "Oh man, did I just say the wrong thing, am I remembering the wrong person?" It sounds stupid, but there's an anxiety associated with that for me.

0:40:05.8 Katie Berlin: That's totally fair. You're seeing what? You might have three Cushing's patients to call back that hour, whereas I'm like, "Oh yeah, that's that dog I'm working up for Cushing's," because there's one. That makes total sense to me and I never thought of it that way before, so I appreciate that. And Renee, I often will think, "Oh, I have to call that cat owner back." And I don't think...

0:40:32.1 Renee Rucinsky: [laughter] Me too.

0:40:32.1 Katie Berlin: Yeah. [chuckle] But that does not help as a differentiating factor for you. [chuckle] Well, this has been so much fun chatting with both of you. I really appreciate your

perspectives and some really good insights from the other side of the referral process, for me anyway. As a general practitioner, I know a lot of our vets and vet teams listening will appreciate that too. Sometimes we just forget that there's another viewpoint that isn't ours, it's just good to hear about it.

0:40:58.9 Patty Lathan: Thanks for inviting us.

0:41:01.7 Katie Berlin: Thank you so much.

0:41:01.8 Renee Rucinsky: Yeah. It was fun. We'll come back and talk about the endocrine guidelines.

0:41:07.3 Katie Berlin: Excellent, yes. We can talk about endocrinology all day, between the three of us... Just going.

0:41:10.0 Renee Rucinsky: Right, yeah.

0:41:12.1 Patty Lathan: Absolutely.

0:41:12.6 Katie Berlin: I'll just say here very quietly. [chuckle] Alright. Thank you, Dr. Patty Lathan, Dr. Renee Rucinsky, for joining us on Central Line. And for those of you listening and watching, thanks for tuning in, and we'll catch you next time.