

Central Line: The AAHA Podcast Transcript

Episode Title: Telehealth Increases Accessibility - and Visibility – of Veterinary Care

Guest: Cherice Roth, DVM, MS

0:00:04.6 Katie Berlin: Hi, welcome back to Central Line. I'm your host, Dr. Katie Berlin. And we have a repeat guest joining us today, Dr. Cherice Roth. Welcome back to Central Line.

0:00:14.4 Cherice Roth: Hello. Thanks for having me again.

0:00:18.5 Katie Berlin: Yeah! So people who have caught your first episode, which was mostly talking about your amazing books, and the messages in them, and what we can all learn from them, if you have not checked out that episode, you have to do that immediately because Cherice is amazing and her books are too, and we should all...

0:00:35.3 Cherice Roth: Oh, thank you.

0:00:37.1 Katie Berlin: ...Be reading them. But for right now, if people haven't caught that episode, would you mind just giving us a little bit of background on yourself? You could do the 2.0 version. And how it is you came to be here talking to me?

0:00:49.7 Cherice Roth: Yeah. So I'm Dr. Cherice Roth, I'm currently Chief Veterinary Officer of Fuzzy Pet Health. Outside of that...

0:00:57.2 Katie Berlin: I love that name.

0:00:58.9 Cherice Roth: I'm a mom, right. It's the greatest name. I'm a mom times two, a children's book author times two. And of course, I'm a veterinarian. And so those are kind of the... That's the long and the short of it. Those are the high points.

0:01:11.3 Katie Berlin: Yeah. Concise like last time, basically, three or four lifetime's worth of responsibilities packed into 20 seconds of biography. Just as impressive as last time, thank you.

0:01:26.8 Cherice Roth: Thank you.

0:01:27.5 Katie Berlin: I really do love the name Fuzzy Pet Health. How did you come up with that?

0:01:31.0 Cherice Roth: I did not come up with that. That was Eric and Zubin, the co-founders. But yeah, as soon as it was on, I was like, okay, yeah, gotta give props to that. Yeah. Totally.

[laughter]

0:01:41.7 Katie Berlin: Well, so we're gonna be talking more about that in this episode. But before we go on, I have asked a few people this question already, because I really like it. And I always learned something about the guests when I asked this. This question comes from this biscuit place that I was at in South Carolina when I was at a conference. Instead of calling out your name, when your order is ready, they call out your answer to a question of the day. And when I was there, their question of the day was: what would the title of your autobiography be? Which is really hard to

come up with under pressure in line when you're just trying to order biscuits, by the way. Right now, I'm interested to know, Cherice Roth, what would the title of your autobiography be?

0:02:24.3 Cherice Roth: So this is an easy one for me, because I actually have been working, like, it's part of like my journaling. And I was totally like, "I'm turning this into a book." The title would be *Vetsplaining*.

[laughter]

0:02:35.7 Katie Berlin: Yes. That could include so many different themes in there. Perfect, I would read it.

0:02:44.4 Cherice Roth: Thank you.

0:02:45.8 Katie Berlin: When you decide to graduate to write your autobiography, I'm going to be first in line to pick that up.

0:02:50.4 Cherice Roth: One copy, in the books.

0:02:51.9 Katie Berlin: Yep, done, you've got an audience. Mine that day, by the way was, *Life is Short, Eat the Biscuits*.

0:03:00.0 Cherice Roth: Nice, I like it.

0:03:00.0 Katie Berlin: Anyway, well, I have learned something, with *Vetsplaining*. I have learned something about you. So today, we're gonna be talking about improving access to veterinary care, and which, you know, is obviously a super broad topic.

But the reason that we are here talking about it now is because telehealth, I feel like, is one way that we're really expanding the idea of what veterinary care is and who can access it and when. So, I know it's one of your passions. Is that right?

0:03:33.9 Cherice Roth: Yeah, so I've been doing telehealth back before it was cool. It was like me and Jessica Vogelsang back in the day, right? It's like "telehealth is the right thing." And everybody else is like, "Yeah, okay."

0:03:45.1 Katie Berlin: Okay, so I just have to say this, because I've made an amendment to our little outline before, you know, after you'd already seen it. And what I wrote was, "I know you know our chief medical officer, Jessica Vogelsang, and you both were talking about telemedicine before telemedicine was cool." That's literally what I wrote.

[laughter]

0:04:04.3 Katie Berlin: Anyway.

0:04:04.4 Cherice Roth: That's so true. It's so true. Yeah. So the way that this kind of started for me is I was working in general practice, and I was doing ER. I was doing GP during the day and ER overnight, because who needs to sleep when you're young? And it was amazing. It was so fun. I

learned a lot. But the fun stopped at approximately eight months of pregnancy. Then it was immediately not fun at all. And so I was like, what else is there? Where do I see this industry going? And at that point in my life, I was very, very pregnant. And I had gotten sent away from my employer to learn orthopedic surgery. And so I was learning orthopedic surgery. I'm like big pregnant girl learning in the lab. And I was like, gosh, you know, I wanted to be able to do this and bring this back to the city that I was working in because there really weren't other options other than the specialty center. And there were definitely some socioeconomic barriers to getting those pets care there. And so I came back and I started doing orthopedic surgery. And it got to a point where I was going to three different clinics during the week and doing surgery for their clientele.

0:05:13.4 Cherice Roth: And what it left me with was I could not provide the level of aftercare that I wanted to be able to provide and be close to that healing process, so that I learned as a surgeon what the recovery actually looked like for my patients and for the pet families that I was serving. So I started doing all of my rechecks remotely. "Hey, send me a video, hey, let's FaceTime." And getting really creative and ways of evaluating patients. And I was like, surely I'm not the first person to think of this. And so I actually started looking around and found a company that was doing it, it was AskVet. And they hired me on as Dr. Number 15. [laughter] I started asking really annoying questions. And, you know, they didn't have answers to all of the things that I was asking. They're like, just provide solutions, Roth. And so that's what I started doing and became, over time, their director of veterinary programs and operations. And then as they started to scale, I became their vice president of veterinary operations. And so really, it was about identifying high medical quality in telehealth. What does it look like? What does it feel like for that pet family that you're trying to serve? And how do you elevate the level of care past the screen?

0:06:34.2 Cherice Roth: And so yeah, there were... I remember so clearly, there were definitely times that Jessica Vogelsang and I would get on the phone and be like, "Why don't other veterinarians get it? This is the way to go." But we're getting there. You know, I think that there was a forcing function a bit, right. When COVID happened, there was definitely this palpable "now what?" Right? Now what?

0:06:57.7 Katie Berlin: For sure, in some ways, but this too. Yeah.

0:07:01.9 Cherice Roth: Yeah, totally. And so, we all got kind of caught in this moment of, "how do we continue to abide by our oath and make sure that these critters, that are now our only company during this pandemic, get the care that they deserve?" And so that was kind of the forcing function, but telehealth in general, I do feel that there's, we talked about it as a way of expanding practices and offering this as a nice to have in certain populations of people, but I think it can be so much more than that.

0:07:36.8 Katie Berlin: That's big right there, what you just said, because I feel like that is a trend that I've seen is that everybody jumped on the bandwagon as soon as the pandemic hit. And it was like, we were doing consults over Zoom and FaceTime and Skype, and whatever platform we could get our hands on that our clients would use, and kind of scrapping together a telemedicine program, because we had to.

0:08:01.6 Cherice Roth: Yeah, and I think there were real lessons there, though, right?

0:08:05.1 Katie Berlin: For sure.

0:08:07.1 Cherice Roth: In that, there were lessons around our level of flexibility as clinicians to be willing to share our mind share, of how do we get okay with other people talking to our pet parents? Like, how do we do that? How do we get out of the way for other clinicians to be able to provide care when we literally can't, when I'm too sick, or my staff is too sick for us to be able to provide care for the animals that we normally do? And so there was definitely that push of, you've got to figure it out.

Different platforms popped up, different companies popped up. There were all of these things of like, "hey, telehealth for everybody, you get telehealth." And the part that was missing and why I think we started to see it start to drift away is that so much of telehealth is communication, and the training of those clinicians or the veterinary nurses, and not just in the art of medicine, but in the art of being able to communicate the value of what you're doing. And so, we had all of these really great clinicians that had that first part, I can talk to you about a CBC, no problem. But being able to explain that remotely through a screen while relaying that you do actually care is much more of an art form than we gave it credit for.

0:09:29.3 Katie Berlin: Yeah, it is. And any holes that we had in our exam room communication that could be sort of swept under the rug, because we're in an exam room and clients expect a certain experience when they're in an exam room. And if we deliver that experience, we feel like we're doing a good job - but so much of it gets concentrated in that little screen when you can miss cues, and then all of a sudden cues you didn't even know you were giving become really important. Like, oh wait, I do that with my face when I'm listening?

0:10:00.0 Cherice Roth: Right? Oh, my God. That's me. [laughter]

0:10:01.7 Katie Berlin: Yeah, same. It's very difficult for me to hide what I'm thinking. Masks were like a real gift in that way. And now I'm having to retrain myself, but we never got that escape over telemedicine. So suddenly we were masked in the exam room, masked with our friends, and on the screen or with this near stranger, potentially trying to get them to believe that we care, and there's nowhere to hide. And that definitely was a lesson for me.

0:10:28.7 Cherice Roth: Yeah, absolutely. And, you know, I think that the part that's so cool about it is, we started seeing clients that we've never seen before.

0:10:37.3 Katie Berlin: Yeah.

0:10:39.1 Cherice Roth: Right? But suddenly, people that, you know, maybe they have to ride the bus in order to get their pet to a vet clinic could now show up for an appointment. Or people that maybe, hey, you know what, actually, I can't take time off of work. Because I'm an hourly worker, I have to feed my kids. And if I don't show up to work, my paycheck is smaller, still could get care for their pets. And so it opened this world of this small glimpse into a population of pet parents that care so deeply about their pets. And now they can also access the care that their pets also deserve. How cool!

0:11:14.8 Katie Berlin: Yeah, super cool. And one thing that I think you had started to allude to before, that I noticed is that we sort of drifted, a lot of the practices that I know anyway, say the higher touch practices, who have continued to use telehealth. They're using it sort of as a concierge

service. Like, their clients expect a certain level of service and so they're providing it as a differentiating factor from the clinic down the road that doesn't do that, and maybe isn't as accessible that way. But I haven't heard that many people, at least in my bubble, which admittedly is small, talking about telehealth as an access to care tool, not a concierge tool, that maybe practices that aren't the super high touch practice that have the clients who are very wealthy and have a lot of ability to come in for appointments, but just want this as a convenience. Like maybe other practices, who don't have that type of clientele can benefit from telehealth also. And can you talk about that a little bit and what you've seen in your bubble?

0:12:23.4 Cherice Roth: Yeah, absolutely. I mean, we get this beautiful cross section of pet parents that come through Fuzzy, it's all layers. We have pet parents that use us that are homeless, and we have pet parents that use us on a daily basis and their pet's going through chemotherapy, which we know is not cheap, often. And so there's this beautiful, we get this cross section of pet parents that we get to serve.

And there are definitely things that are non-negotiable. And that is every single one of them, regardless of where they are socioeconomically, deeply cares for their pet, deeply cares. And so I think that there's a layer there that we can tap into. There's several aspects. So the first is definitely making this more affordable. There is economically less overhead to running a telehealth practice than there is for an in-person practice. Now, it doesn't get you out of having to have good partnerships, running great diagnostics, doing the work medically, but what it does for you is it allows you to open the door to educating these pet parents that may not know the value of flea and tick prevention and how it keeps not just their pet safe, but also their family, and also the kids and also the other animals that may be on their property. And then it can become more of a priority.

And the more that you get to do it, you know, we're running 24/7. And so we got to see this as something that fits into the life of every pet parent, regardless of whether or not they make a ton of money or not. Maybe they're night shift, and that's one time they're awake. Really being able to help balance that out. A lot of practices that aren't doing that are missing out on that portion of it. That being said, it's difficult to suddenly decide you're gonna run your practice 24/7. There's a practical side to that too.

0:14:22.3 Katie Berlin: Right.

0:14:23.2 Cherice Roth: And so that's where really partnering strongly with a telehealth partner, or using telehealth groups to help offset some of that, not just the operational costs aspects of it, but the life costs. I mean, who wants to be up 24/7? So using that as the way to help to expand, it also gives you an ability to have different clinicians interface with different types of pet parents. And so what that means is - I grew up a different way than most veterinarians actually, and I can identify and really feel deeply for the families that are struggling to make ends meet and struggling to make sure that their pet is healthy. And it helps you to understand that care looks different from family to family.

0:15:12.5 Katie Berlin: That's a great point, too. As you were talking about that, I was just thinking about how curbside totally kind of separated us. And you had no idea who is at the other end of the phone. What they look like, where they've been, what their environment was like, and even their facial expressions while you were talking to them if you were talking on the phone. And this is sort of the opposite of that, that you can be so personal with a client who may not be used to seeing a

person who looks like them, or a person who they feel like can identify with their situation. And that's such a huge, huge thing that I think I've never really thought of before. And I am not surprised by that. Like, that's my small bubble, you know?

0:16:01.5 Cherice Roth: Well, I mean, I've had pet parents in video consults, I get on the screen, and they're like, "Are you the doctor?" And I'm like, "I'm the doctor." And they just light up. And again, like, it's very typical that there's kids, 'cause usually at my house, there's kids in the background, there's dogs barking, there's turkeys doing their thing. And so not only that, their children get to see this level of interaction that they can have with a veterinarian, and, "oh, by the way, hey, I remember when we talked to a veterinarian, and she looked like me."

0:16:38.9 Katie Berlin: Yeah. Love that so much. And that actually... I was gonna ask you that, I was going to ask you - our last conversation talked a lot about representation, how important that is for kids and adults to see that a certain profession doesn't always look a certain way. And that those doors can be open to you, no matter what you look like, and you can't make assumptions based on appearance as far as like what you can do in your life and what that person who's helping you might look like. And I was going to ask you how this conversation relates back to that one. How does telehealth relate to that, but you already answered that. Do you have anything...

0:17:17.8 Cherice Roth: Well, partly. Yeah.

0:17:21.4 Katie Berlin: Do you have anything else to add to that? 'Cause I think that's such an important thing that's so often overlooked when we talk about this subject.

0:17:26.2 Cherice Roth: Yeah, absolutely. And so there are pet families, we know that there are 100 million pets right now in the US without care. Our definition of care, that is walking into a clinic, getting hands put on the pet, there's 100 million critters. And those families are all going to look different. They're going to have all different backgrounds, they're gonna have all sorts of socioeconomic statuses. And by opening the door to telehealth, you're allowing those families to fit veterinary medicine into their life. And when you do that, you do, you're able to interact and say, "Hey, here's actually the value that a veterinarian could provide." My very first dog, Katie, died in my backyard. And it was when I was little. I'm the oldest of five kids. The dog was not short on love. We absolutely loved Ebony. We adored her. We did not know how sick she was. We did not know that she couldn't wait until the weekend for my mom to be able to take off work. Right?

We were fully intending... We're gonna find her a doctor, we're gonna do this, we're gonna make this happen. She didn't make it. And there are moments in these telehealth conversations, and it happens every day that my team gets to be that voice for that pet in that moment of not just, "hey, I see you, you care so deeply for this dog, you've found us. Here we are, let's meet you where you are, and then let's get that pet to where they need to go, if they need to go somewhere," and sometimes it's simple things like, actually, that's not a tick, that's a nipple. You're good. But also...

0:19:03.4 Katie Berlin: Best appointments ever. [laughter]

0:19:06.2 Cherice Roth: Best appointments ever, and also it's, Hey, I think she has a cold when actually, Gosh, I'm really worried that could be distemper. Here are some... It could be a cold, it could be kennel cough, but here are the other things that I am seeing, but you don't know how to interpret, her teeth chattering is not 'cause she's cold, she's having a focal seizure, and really being

able to bring that value and push it into these populations that don't know and haven't been exposed to what we do or what we can do for these little guys that enrich their lives.

And so there's a huge proponent for telehealth in those environments and using that as a way to, number one, recruit more people to veterinary medicine, right. Oh my gosh, that's a thing? I can be an animal doctor? Let me go do that. Let me start now, but also as we continue to build this field into what it really is going to be in the future, I'm so stoked, I know that everybody is kind of a doom and gloom right now, we don't have enough doctors, our technicians are leaving the field, 'cause they don't feel appreciated, or they're getting hurt or they're depressed and they're fatigued, this is the moment, this is where we get to turn the page and start a new chapter in veterinary medicine, and I think that the very first line of that chapter absolutely has to be about this being accessible to everybody, and the way that you start that is by telehealth.

0:20:30.7 Katie Berlin: That's so powerful, what you just said. Change is so powerful. Anyway, the idea of change, the idea that we can be change makers because of the point at which we are in veterinary medicine, I think the first time you and I had a conversation, you said, I've not forgotten this because it was so amazing, you said that, "veterinary medicine is an amazing place to be right now because there's so much opportunity for change" and or something like that, I'm paraphrasing but it was very similar to that because...

0:21:01.8 Cherice Roth: Absolutely.

0:21:01.8 Katie Berlin: I really just... I feel like I learned a lot about you in that sentence, and I feel like that puts into words how I feel about being at AAHA right now, is, this is a time where we have the ability to make changes that really matter and that are gonna affect the profession for the rest of time, and this is such a big one - how do we get out of our ivory tower bubble and make sure that we are providing the care that we can provide to as many pets and people as possible. But I don't often hear about telehealth as being such a key factor in that, and I love that.

0:21:43.9 Cherice Roth: We do, and not only that, we've talked a lot about how it directly impacts pet families... There's this whole other side to work life harmony that telehealth can provide for the people in the field. We have this huge bank of doctors and nurses that have been physically fatigued, physically broken down, injured, that still have this beautiful mind and this deep heart that are willing to care for patients, we can use that. Those are our people, that's how you extend this into other homes and into other families, and so there's also the ability for us to use this as maybe in the future, there's a clinical experience where maybe you're a doctor two days a week in clinic, and maybe you're a doctor two days at home in your PJs, and we talk about how to balance that with compassion fatigue, and really being able to see that difference and be that difference in veterinary medicine, and so I do... I'm so freaking excited to be a veterinarian right now, because I am here, and the people that I surround myself with, we wanna see this survive, it will survive - but we get a chance to not just let it survive, but to really have veterinary blossom into something that we want it to be and that works for everybody that's in the industry.

0:23:09.6 Katie Berlin: Yeah, love it. So we were talking about... Over this conversation, we've been talking about how telehealth can provide access to care for people that might not be able to get off work or who might not necessarily even know if their pet needs to see a veterinarian at that time or not, so am I correct, in saying that what you're talking about in those situations is often like a teletriage? Where you don't necessarily have that veterinary client-patient relationship yet, but are

able to provide at least some guidance over, via an online channel.

0:23:49.2 Cherice Roth: Yeah, for now, I am absolutely on the mission for us to be more thoughtful in how we assign veterinary client-patient relationship, and the value behind the knowledge that we're able to bring and get from pet families. And so yes, for now, in a lot of states, it is limited to that teletriage aspect of it. I do foresee a future though, where we've gotta do better... Our patients deserve better. The previous model in veterinary medicine that really hasn't changed, arguably in 100, 150 years, has to shift. We know more, we can do better.

And so that's really... As that VCPR starts to shift, we'll start to see these very real studies around how to assess a patient remotely, my entire talk at the last lecture that I gave is strictly how to do a digital physical exam. How do you get the information that you need to be able to make clinical decisions about a patient without your hands necessarily happening to be on them? Knowing that you can segue into physical if you need to, into in-person care. And so there's definitely this balance that's happening and it's shifting in veterinary medicine, we have to continue to push that because we're far behind...We're really far behind.

0:25:06.5 Katie Berlin: Yeah, I do tend to agree with you, and I know Jessica Vogelsang is an advocate for making sure that we can use telehealth at least as broadly as we are able to by the law now, and hopefully that our rules and regulations will modernize a little bit over time because you're right, there's so much we can do from a distance. And we use our powers of observation more than I think we know in the exam room anyway, or at least we should be, so... It's very exciting. I can't wait to see what happens. Thinking about where we were 10 years ago, nobody was having this conversation, maybe you were. [laughter]

0:25:45.2 Cherice Roth: We were but they were really mad about me having the conversation...

[laughter]

0:25:50.5 Katie Berlin: Yeah.

0:25:51.2 Cherice Roth: And now people wanna talk about it, and so we've made progress. I think that the progress is okay; I think that the progress needs to be more, and I think that we really have to push to have these very real conversations at the highest level of veterinary medicine. And so unless we're absolutely willing to not just have the conversation, but act on what we learn... Yeah, it's gonna continue to be a bit of a struggle, but we'll get there, we're gonna push it'll get there. Yeah.

0:26:21.1 Katie Berlin: Yeah, I have faith, definitely. With you helping to lead the charge, I have faith.

[laughter]

0:26:27.4 Cherice Roth: Thank you. [laughter]

0:26:27.5 Katie Berlin: Okay, so I have one more question about on the access to care theme, which is a little bit potentially maybe a little off the telehealth track, but it's one that's on my mind a lot lately because of what we've been seeing in the news, on social media, certain influential people

in the profession have been talking about this, and I was just wondering what your thoughts were where it's related to the access to care issue, which is the idea of a mid-level veterinary professional, say somebody with a master's degree who acted like a PA like a physician's assistant. Do you have any thoughts that you'd wanna share on that where it relates to what we've been talking about?

0:27:05.4 Cherice Roth: Yeah, so I'm actually good with it. And the reason why I think that there's a longer road to bringing more veterinarians into the world, we have set it up that way, and as we learn how to educate veterinarians better, that may change. I think until then, we have to figure out a way for these pets and these animals, not just the pets, food animals likewise, to get care and to get the care that they deserve, and so if that means a mid-level practitioner... Great, I think that the call out... The real call out here is how we use them.

0:27:45.6 Katie Berlin: Yeah.

0:27:46.0 Cherice Roth: We're still struggling really, and how to even effectively use our veterinary nurses, who are by all accounts are more talented than I am...

[laughter]

0:27:57.0 Katie Berlin: Yeah, oh absolutely.

0:27:57.4 Cherice Roth: In a lot of things.

0:27:58.2 Katie Berlin: For sure they're...

0:28:00.2 Cherice Roth: In so many things. I think we have to leverage that as well as coming up with other ways for us to be creative and how to get care. It's estimated that 100 million pets without care is gonna double in less than 10 years. So we gotta figure this out. Right? And with the rate that veterinary schools are currently kicking out vet students, the math doesn't add up. We're still gonna be drastically behind, and unless we're having litters of veterinarians, it's gonna be really hard for us to get there unless we start to think differently and behave differently.

We can't just be like, Oh yeah, that's a good idea. You actually gotta do the work, you gotta do the thing, and so I think that that's... I think it's a nice compromise, but I also think that we owe it to our veterinary nurses to use them to the top of their license, they're not just glorified vaccinators. Let's use them to the top of their licenses, and maybe we have the discussion on how to expand and tip up the top of their license as well.

0:29:08.5 Katie Berlin: Yeah, so true. There's so much truth in that, and I think the idea of that mid-level practitioner, obviously there's a lot that has to go along with that idea in who's ultimately responsible for those patients and how much do they get paid, and how does that relate to how much it cost to educate them, and how can we pay veterinary technicians, veterinary nurses what they're worth, which many, many, many of them, arguably, potentially all of them are not making right now, and so there seems to be this insurmountable pile of questions that we have to answer all at once to consider that. But at the same time, we are masters at considering piles of seemingly unanswerable questions all at once, that's the life of a veterinary professional.

0:29:58.9 Cherice Roth: I mean, literally we are trying to heal these things and figure out what's

happening inside them, and they won't even talk to us then. Come on, we can figure this out, we can do this, and you are right.

0:30:08.1 Katie Berlin: But we are only humans who are always complicated.

0:30:11.9 Cherice Roth: Yeah, totally, totally.

0:30:15.1 Katie Berlin: But I really appreciate that perspective, and I appreciate all the perspectives that I'm collecting on that issue because it is such a nuanced one, and there are so many changes that have to go with it in order for it to be an idea that's implemented appropriately and usefully. But I also do feel like when it comes to that issue of the access to care, we have to entertain that possibility, we have to entertain all viable possibilities - and thinking that there are pets and owners who are not accessing care because they don't wanna pay for it, or because they think it's not useful, that that's why there are millions and millions of pets not getting care, that comes from a true place of privilege. Because for the most part, that's not gonna be the case, and I just... That's something I only came to realize, I think, later on in my career - that just because somebody wasn't getting care it didn't mean they didn't want it.

0:31:15.8 Cherice Roth: Absolutely, absolutely. I'm one of them.

0:31:22.0 Katie Berlin: Yeah, exactly and I've heard that story so many times. And we took our cats to the vet. I remember sitting in my family room one night when I was a kid and looking over and the cat was sitting on the cat tree, she was this cute... Her name was Princess, and she had her lower canine tooth, if you're watching, you could see. But if you're listening, I'm sticking my finger out at a right angle to my face, and her lower canine tooth was sticking out at this angle, and I was like, I don't think that's normal, but it's not like we've done a dental on this cat, she probably had grade four periodontal disease...

0:31:53.4 Cherice Roth: Totally.

0:31:53.9 Katie Berlin: But it's not like we've done a dental on her. She got her vaccines, which was more I think than most people we knew, but she was definitely not getting like routine dental care every year, and I'll never forget seeing that tooth sticking out and it definitely shouldn't happen in a cat. And we would have paid for it. I just think we just didn't know, so... Definitely, so much to think about there. And thank you again for sharing your thoughts on that.

0:32:20.9 Cherice Roth: Absolutely, Yeah. It's been my privilege being able to chat with you, you let me come back. I mean...

0:32:30.5 Katie Berlin: Well, for anybody who is watching this attentively, did we come back, or are we just still here?

0:32:35.6 Cherice Roth: What's the difference in span of time, time is fluid.

0:32:38.7 Katie Berlin: Time is fluid, I know. So to close out. I wanna ask you obviously where our listeners and viewers can find you, but also I wanted to just follow up on that mid-level practitioner question real quick with the question of technicians, CSRs, veterinary nurses, the people who work in these... In our hospitals right now, and they're working so hard, maybe don't

have the ability to say, "We're gonna start a telehealth program, we're gonna hire a teletriage service." They don't have that power to make the change, but are there ways that people regardless of role in their hospital can make moves towards increasing access to care or to changing attitudes of the hospital where they work?

0:33:22.6 Cherice Roth: Yeah, oh, I love this question 'cause I'm all about empowering people to do the thing, right? So my CEO of Fuzzy, Zubin, will tell you this: "I am a huge fan of managing up," and what that means is speaking up for the culture that you see around you for the needs of your fellow co-workers. And he listens, but there are definitely these clinics, and I've been in them, where it can be difficult to feel like you can manage up. B=But that's the key.

It's being like, Hey, maybe we can actually do this. I've done a lot of consulting and things like that as far as how do we bring telehealth or telemedicine into this practice, and I routinely hear, "Oh, I don't think that my technicians or I don't think that my receptionist will want to do one more thing." But here's what I know about CSRs and technicians and veterinary assistants. They will do anything for their patients, absolutely anything, even if that means one more thing. They will do anything and that's the part that I think that they can help to relay is... "I know it's gonna be like, maybe it's another platform or maybe it's an extra button inside our practice management software. I'm willing to learn it. If you're willing to pay for it, I'm willing to learn it." And I think that that's really the conversation that has to start happening for telehealth to take hold in all of these individual practices.

A lot of the push back is, "Dr. Roth we're so busy." And it's true. It is so true. But I also know the hearts, the minds of the support staff and the veterinarians that serve these pet families, we took an oath, we will do it, we will make it happen for these families, we will make it happen for these pets. You have to verbalize that you're willing to make it happen.

0:35:17.7 Katie Berlin: Amazing, that's a great answer. Sometimes you just never know till you speak up. Right?

0:35:23.6 Cherice Roth: You never know.

0:35:27.3 Katie Berlin: Yeah. Fantastic, and where can we find you online?

0:35:30.2 Cherice Roth: Yeah, so I'm a little bit of everywhere. I'm definitely on LinkedIn, Facebook, Instagram, word on the street is that there are TikToks. So that's a thing. Most of them, if I'm posting it, are gonna be of my farm animals plus or minus kids, but definitely...

0:35:48.4 Katie Berlin: All bets are off though if it's someone else?

0:35:51.2 Cherice Roth: All bets are off I guess. It's a thing, it happens and we've acknowledged that it happens and it's okay, but it's definitely... It's all about... As you can probably tell it is being that representation, if it means one extra little kid can be like... I can be like her, I can be like Dr. Roth, the embarrassing TikToks that I record. Make it all worth it. [laughter]

0:36:14.3 Katie Berlin: Totally. Plus, that's so fun. That just means you're fun, It's all about being authentic, yeah.

0:36:23.5 Cherice Roth: I think I'm fun, yeah. My kids sometimes don't think I'm fun but I think I'm fun.

0:36:27.5 Katie Berlin: That's the job of kids.

0:36:29.1 Cherice Roth: Keep you humble. Yes.

0:36:32.2 Katie Berlin: Love it. Well, I will certainly link to a couple of places for people to reach you, including finding your books in our show notes, so if you missed that last time, we will link it again here, but definitely check out Dr. Cherice Roth on our other conversation too, because I just think you have so many magical gifts for this profession.

0:36:53.7 Cherice Roth: Thank you.

0:36:55.2 Katie Berlin: And I'm really honored to have spent this time with you, thank you so much.

0:36:57.7 Cherice Roth: It's been so fun, Katie. I've really enjoyed this and thanks for giving us a platform to talk to one another and help build up veterinary medicine into this new magical beast it's gonna be, 'cause it's gonna be great.

0:37:10.0 Katie Berlin: I love it, I talk to you and I feel like I can go out and do stuff - like I can suddenly do stuff now...

0:37:14.1 Cherice Roth: Do it. Do all the things.

0:37:16.7 Katie Berlin: Yeah. Alright, I'll do this stuff now. Well, I hope everyone listening goes out and does the things too, 'cause now you are empowered to do so, and thank you so much for listening, everyone. We'll catch you next time on Central Line.

0:37:25.8 Cherice Roth: Bye, Thank you.