

2024 AAHA Community Care Guidelines for Small Animal Practice

Mike Greenberg, DVM,[†] Donita McCants, DVM,[†] Elizabeth Alvarez, DVM, DABVP (Canine and Feline), DFNAP, Elizabeth Berliner, DVM, DABVP (Shelter Medicine/Canine and Feline), Michael Blackwell, DVM, MPH, Emily McCobb, DVM, MS, DACVAA, Tierra Price, DVM, MPH, Jyothi Robertson, DVM, DABVP (Shelter Medicine), Melina Stambolis, RVT

ABSTRACT

Community care is a creative way of thinking about health care that mobilizes resources within a community and consists of four core principles: recognition of the urgency of access-to-care for the veterinary profession, collaboration within community networks, family-centered health care, and redefining the gold standard of care. The AAHA Community Care Guidelines for Small Animal Practice offer strategies to help busy veterinary practitioners increase access to care within their practice and community by optimizing collaborative networks. While these guidelines do not claim to provide exhaustive solutions to access-to-care issues, they propose a starting point from which private practices can explore and implement workable solutions for their community and their practice. Broadening the scope of care to reach all people with pets requires multimodal, collaborative, and creative solutions both within and outside of the veterinary profession. These solutions can begin with greater communication and collaboration between private veterinary practices and non-profit veterinary practices, with the goal of keeping pets in their homes with their loving families as much as reasonably possible. (*J Am Anim Hosp Assoc* 2024; 60:■■■-■■■. DOI 10.5326/JAAHA-MS-7464)

AFFILIATIONS

The Veterinary Care Accessibility Project, New Orleans, Louisiana (M.G.); Veterinary Concierge Services, Bradenton, Florida (D.M.); University of Wisconsin – Madison, School of Veterinary Medicine, WisCARES Access to Care Veterinary Clinic, Madison, Wisconsin (E.A.); American Society for the Prevention of Cruelty to Animals, New York, New York (E.B.); University of Tennessee, Knoxville, Tennessee (M.B.); Cummings School of Veterinary Medicine, Tufts University, North Grafton, Massachusetts (E.M.); Unleashed Veterinary Care, BlackDVM Network, Louisville, Kentucky (T.P.); JVR Shelter Strategies, Belmont, California (J.R.); Humane Society of Sonoma County, Santa Rose, California (M.S.)

CONTRIBUTING REVIEWERS

Jennifer Bolser, DVM (Association of Shelter Veterinarians, Boulder, Colorado); Jon Geller, DVM, DABVP emeritus, MPH (The Street Dog Coalition, Colorado School of Public Health, Fort Collins, Colorado); Pamela Nichols, DVM (Colorado State University, Scottsdale, Arizona); Sara Taylor, BA, AS, RVT (San Francisco, California)

Correspondence: guidelines@aaha.org

[†] Mike Greenberg and Donita McCants are the coauthors of the AAHA Community Care Guidelines Task Force.

These guidelines were prepared by a task force of experts convened by the American Animal Hospital Association. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in

practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. Evidence-guided support for specific recommendations has been cited whenever possible and appropriate. Other recommendations are based on practical clinical experience and a consensus of expert opinion. Further research is needed to document some of these recommendations. Drug approvals and labeling are current at the time of writing but may change over time. Because each case is different, veterinarians must base their decisions on the best available scientific evidence in conjunction with their own knowledge and experience.

Conflict of interest statement: The authors declare no conflict of interest.

AAHA gratefully acknowledges the following individuals: Mia Cary, DVM (she/her), task force facilitator; Roxanne Hawn, developmental editor; and Terrian Barnes, strategic DEI advisor.

The 2024 AAHA Community Care Guidelines for Small Animal Practice are generously supported by CareCredit, Hill's Pet Nutrition, IDEXX, Merck Animal Health, and Pawlicy Advisor.

ASV, Association of Shelter Veterinarians; BIPOC, Black, Indigenous, and People of Color; DEIB, diversity, equity, inclusion, and belonging; LGBTQIA+, Lesbian, Gay, Bisexual, Transsexual and Trans, Queer and Questioning, Intersex, Asexual and Agender, plus additional identity terms; SDOH, social determinants of health; SOC, spectrum of care; VCPR, veterinarian-client-patient relationship; VMA, veterinary medical association

Introduction

Veterinary small animal practice is anchored in the human-animal bond and recognizes the important role that pets play in families. However, millions of pet caregivers find veterinary care inaccessible for many reasons that are out of their control. Lack of access to veterinary care results in mental and emotional distress for the family member(s), unmet health needs for the pet, and even surrender, rehoming, or euthanasia of the pet. For the veterinary team working in small animal practice, being unable to provide care for all animals that come through the door can create moral distress and contribute to burnout, turnover, and pursuit of careers outside of veterinary medicine.

Many veterinarians want to provide expanded access to care but may not know how to get started. Others may already be implementing spectrum-of-care approaches in their practice but would benefit from guidance on taking those strategies even further to better serve their communities. Although these guidelines do not claim to provide exhaustive solutions to access-to-care issues, they offer options to increase access to care within a practice and community. These guidelines provide context for the current access-to-care issues facing the veterinary profession by examining the systemic barriers that clients and members of the veterinary profession face and how certain biases and attitudes within the veterinary profession also present obstacles to increasing access.

Although the veterinary profession is not solely responsible for the societal challenges pet-loving families face, the private veterinary practitioner can be empowered to begin to address these issues. The goal of these guidelines is to provide a starting point from which private practices can explore and implement workable solutions for their community and their practice. AAHA recognizes that there is not a one-size-fits-all solution, and these guidelines seek to equip practices and veterinarians with tools and strategies to expand health care access in their communities. Functional solutions call for shifts in the veterinary care paradigm, new strategies and practice models, and connections with existing and/or new community resources. Broadening the scope of care to reach all people with pets requires multi-modal, collaborative, and creative solutions both within and outside of the veterinary profession. The solution can begin with greater communication and collaboration between private and nonprofit veterinary practices, with the goal of keeping pets in their homes with their families as much as reasonably possible.

Section 1: Community Care Guidelines Overview

Broadening the scope of who we serve

Section 2: The Challenge Defined

Understanding the need for community care

Section 3: Family-Centered Practice as a Framework

Shifting the paradigm to increase access to veterinary care

Section 4: Family-Centered Practice in Action

Implementing new ways of helping pets and their families

Section 5: Real-World Collaboration

Finding common ground to effect real change

Section 6: Community Care Networks in Action

Connecting access-to-care solutions

Section 1: Community Care Guidelines Overview

Broadening the scope of who we serve

Top 3 Takeaways

1. Veterinary medicine in a community care context aims to ensure that pets remain with their families whenever possible, thanks in part to equitable access to veterinary care.
2. Community care is a creative way of thinking about health care that mobilizes resources within a community and consists of four core principles: recognition of the urgency of the issue, collaboration, family-centered health care, and redefining the gold standard of care.
3. By working together, nonprofit practitioners and private practitioners can create a much-needed network of services that better meet the needs of everyone in a geographic area.

Overview

The veterinarian's oath requires that veterinarians use their skills to improve animal health and welfare while benefiting society.⁹ AAHA recognizes that traditional private small animal practices do not presently serve *all* companion animals in need of care in North America, while simultaneously acknowledging that the current situation results from systemic issues that are often out of the control of individual private practitioners. In the United States, more than one in four families have difficulty accessing veterinary care for their pets, most often because of financial barriers.¹⁰ AAHA joins with others in the veterinary profession and animal welfare to address the access-to-care dilemma with innovative resources, so that all pets receive high-quality care and pet caregivers receive the support they need.

What Is Community Care?

Community care is a creative way of thinking about health care access that mobilizes all available resources in a community. It is a collaborative, noncompetitive paradigm that places the family (people and their animal companions) at its center. Private practitioners are key to the success of community care. The community care model proposed in these guidelines seeks to resolve the dichotomy that private

DEFINITIONS

Access to care—Access to care means that people living with pets have the “economic, physical, social, mental, and emotional resources necessary to secure, communicate with, and benefit from the services of a trusted veterinary service provider as needed to optimize the health and welfare of animals in their care.”¹ Access to care requires affordable, accessible, and consistently available services for clients irrespective of socioeconomic status, location, culture, language, gender, age, and ability.¹

Community care—A health care system that enables care for all pets in a community across the socioeconomic spectrum and is accomplished by a diverse collection of service providers within a collaborative network.

Community medicine/practice—Organizations/veterinary practices that provide care for animals living in underserved communities/families.

Financially fragile—Clients with the inability to come up with \$2,000 in an emergency.²

Incremental care—A stepwise approach to patient management based on medical and family priorities that avoids situations of not helping at all and/or turning patients away. Incremental care is one strategy used in a continuum of care (see spectrum of care definition).

Moral distress—Emotional and psychological distress caused by “the feeling of not being able to do what you believe to be ‘the right thing’ because of constraining personal, professional, organizational or client factors.”³

Nonprofit practitioners/nonprofit practice—A 501(c)(3) organization and/or an organization dependent on donations from the community, whose mandate is to provide veterinary services to animals without the primary goal of making a profit. These practices typically focus on promoting animal welfare and providing affordable or free veterinary care to underserved communities.

Private practitioners/private practice—A business entity owned by an individual or company that provides veterinary services with the goals of generating revenue and helping community pets and people.

Social determinants of health (SDOH)—SDOH are nonmedical factors in people’s environments that influence health outcomes and include “economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.”⁴ There are five domains: (1) economic stability; (2) education access and quality; (3) health care access and quality; (4) neighborhood and built environment; and (5) social and community context. Examples of SDOH include safe housing, polluted versus clean water, and discrimination.⁵

Spectrum of care (SOC)—The practice of providing a continuum of acceptable care that considers available evidence-based medicine while remaining responsive to client expectations and financial limitations.^{6,7} SOC uses the range of available diagnostics and treatments to provide better access to care for families with pets⁸ and considers the pet caregiver’s circumstances in the decision-making process. Thus, **access to care** is the *goal* and **spectrum of care** describes the tools and strategies used to achieve that goal.

Underserved communities—Groups of people or geographic areas that have limited access to resources or opportunities, including those historically excluded due to socioeconomic status, gender, sexual orientation, language, disability, age, race, and ethnicity.

****Additional note on terminology:** “Pet owner” is the term commonly used in the veterinary profession to describe the human–companion animal relationship; however, this term falls short in acknowledging that many people view their pets as family members, not property. Although “owner” is still used in certain circumstances throughout this document, this term is replaced wherever possible with “pet caregivers,” “families,” and “clients,” which more aptly describes the human–companion animal–veterinary relationship. “Family” and “families” denote any individual or group of individuals, regardless of biological or legal relationships, who live in a bonded relationship with one another. This term is inclusive of individuals with pets as well. “Patient” is used to denote the pet for whom care is sought.

practices often face of *either* providing care *or* turning a patient away. Community care consists of the following core principles:

1. Access to care is an urgent issue the veterinary profession must address, both to fulfill its obligations to people with pets and to alleviate moral distress.
2. Family-centered practice recognizes that the family unit consists of both human and companion animal members and offers a spectrum of care that considers the unique needs and circumstances of each patient *and their family*.
3. Community care redefines the “gold standard” as veterinary care that integrates spectrum of care, connects to and listens to the pet caregiver’s needs, and ensures high-quality services regardless of race, gender, ability, socioeconomic status, and other factors.
4. Private and nonprofit practitioners play an equally important role within a collaborative network of providers.

Defining Spectrum of Care and Access to Care

Spectrum of care (SOC) is the practice of providing a continuum of acceptable care that considers available evidence-based medicine while remaining responsive to client expectations and financial limitations.^{6,7} SOC uses the range of available diagnostics and treatments to provide better access to care for families.⁸ *Contextualized care* is an aspect of SOC that considers the family’s circumstances in the decision-making process. For example, SOC may mean treating a dog with parvovirus as an outpatient using the Colorado canine parvovirus protocol for a family that cannot afford the cost of hospitalization.¹¹ SOC also means recognizing when early referral and/or diagnostics and procedures may have more favorable clinical and financial outcomes, such as referring sooner to a veterinary dermatologist for recurrent ear infections.¹²

Access to care means that pet caregivers have the “economic, physical, social, mental, and emotional resources necessary to secure, communicate with, and benefit from the services of a trusted veterinary service provider as needed to optimize the health and welfare of animals in their care.”¹ Access to care requires affordable and consistently available services for clients irrespective of race, socioeconomic status, location, culture, language, gender, and ability.¹

Access to care is the *goal* and **spectrum of care** describes the wide range of *tools and strategies* used to achieve that goal.

Addressing access-to-care challenges requires community-based solutions that do not compromise business capacity, create additional emotional burdens, or increase demands on time. In short, collaborative models for the provision of community care must also support veterinary professionals and reduce moral distress. By connecting with others invested in positive outcomes for pets and their families, veterinarians can contribute to a network of solutions for a community.

The community care model envisions a health care system that enables care for all pets in a community using SOC tools and strategies. This vision is supported by a collaborative network of service providers across the socioeconomic spectrum.

Section 2: The Challenge Defined

Understanding the need for community care

Top 3 Takeaways

1. Historically, the veterinary profession has best served the economically and socially privileged, leaving marginalized populations most likely to experience barriers in accessing veterinary care.
2. Systematically addressing access-to-care issues may alleviate some of the moral distress veterinary practitioners currently experience when they are unable to provide care for clients with financial and/or other limitations.
3. A community care model makes providing access to care for those facing barriers the goal for the veterinary profession.








The Challenge of Access to Care

Over the last decade, the issue of equitable access to veterinary care gained prominence.^{8,10,11} With approximately two out of three US households now choosing to share their lives with companion animals, US society welcomes pets as a feature of family life.¹³ A profession that encourages animal companionship and asks clients to treat their pets as family members also generates an obligation to make accessible services available to all who need them.

Yet many families find veterinary care inaccessible. The existing model that dominates the marketplace involves clients paying out of pocket and in full for veterinary care at the time of service. Although the pet insurance industry is growing and alternative payment strategies are increasing in availability and use,^{14,15} these options are still beyond the reach of many potential clients. Economic indicators now classify a growing number of Americans as “financially fragile” (see Definitions). Pet caregivers in this income category were the most likely to report difficulties in accessing both routine and urgent veterinary care for their pets.² As veterinary care becomes more complicated and advanced, the costs of care also increase, further exacerbating inequities and access-to-care challenges.

At the same time, many in the veterinary profession continue to believe strongly that those without the means to pay for veterinary services should not keep pets. In 2018, the Access to Veterinary Care Coalition published a report that surveyed the opinions of veterinarians regarding pet companionship and access to care. Among the

TABLE 2.1**Barriers to Accessing Veterinary Care**

Barrier	Description
Cost 	<ul style="list-style-type: none"> Client is unable to pay for the care that is offered using the financial tools available at the practice.
Housing and Rentals 	<ul style="list-style-type: none"> Many pet caregivers face challenges finding or maintaining rental housing. Pet medical issues (e.g., new urination or defecation issues, barking or other vocalizations, and unusual waking hours) can compound the risk of eviction. In a 2019 survey of 1,299 pet-owning renters, 72% reported difficulty finding pet-friendly housing, with low-income owners struggling the most.
Veterinary Deserts 	<ul style="list-style-type: none"> The community exists within a “veterinary desert” (rural or urban region with low access to veterinary care), necessitating travel over long distances to acquire care.
Transportation 	<ul style="list-style-type: none"> There may be little or no public transportation to get to the clinic for care and follow-up. Pets may not be allowed on many types of public transportation. In a 2019 study by The Street Dog Coalition, only 3 of the 50 biggest US cities allowed all well-behaved pets to ride public transportation, 10 did not allow any pets to ride (except service animals), and the other 37 only allowed small pets in carriers that fit under the seat (Geller J. The Street Dog Coalition, unpublished data, 2019). Although major ride-share companies publish policies stating service animals are permitted, whether a driver agrees to transport a pet is up to them. Some ride-share drivers may refuse to transport pets or add surcharges like cleaning fees. Pet-specific transport solutions, like pet taxis and ambulances, can be cost-prohibitive for families.
Language 	<ul style="list-style-type: none"> Families may speak a language different from the one primarily spoken by the veterinary team. Although clinics may remedy this in their own practice, language can be a barrier to the family accessing other services in the community care network.
Access to/ Familiarity with Technology 	<ul style="list-style-type: none"> Clinics may require online appointments or communication, but not all households have access to technology.
Disability/ Accessible Spaces 	<ul style="list-style-type: none"> The mobility of family members/caregivers and accessibility of practice spaces (ramps, assistance with pet carriers, accommodations for medications [e.g., cannot administer pills]) may affect ability to receive veterinary care.

Neal SM, Greenberg MJ. Putting access to veterinary care on the map: a veterinary care accessibility index. *Front Vet Sci* 2022;9:857644.

Pet Inclusive Housing Initiative, Michelson Found Animals, Human Animal Bond Research Institute. 2021 Pet-inclusive Housing Report. <https://fapihitemp.wpengine.com/wp-content/uploads/2022/10/PIHI-Sept20-2.pdf>. Accessed May 15, 2024.

Lyft. Pet Policy (Non-Service Animals). Lyft.com. Available at: <https://help.lyft.com/hc/en-us/all/articles/115013080648>. Accessed January 30, 2024.

Uber. Service Animal and Assisted-device Policy. Uber.com. Available at: <https://www.uber.com/legal/en/document/?name=service-animal-policy&country=united-states&lang=en>. Accessed January 30, 2024.

veterinarians surveyed, 94.9% agreed that “All pets deserve some level of veterinary care” and 86.7% agreed that the inability to obtain veterinary care for their pets negatively impacted the mental health and well-being of families. However, when asked if everyone should be able to keep a pet regardless of their circumstances, 59.8% of respondents disagreed, commenting that “pets are not a right,” and people who cannot meet their basic needs should “not be bailed out for their poor decisions” when they decide to keep a pet.¹⁶ These types of attitudes create barriers that prevent

access-to-care solutions from being fully explored, and it is worthwhile for individuals and teams to examine their pre-existing notions and biases about pet care.

Although financial barriers are the most cited reasons that pet caregivers are unable to access veterinary care,¹⁷ other barriers exist as well, including the location of veterinary clinics,¹⁸ language,¹⁷ and recognition of the needs of the pet (Table 2.1).

The inequitable distribution of resources accessible to veterinary clients reflects other longtime and ongoing challenges in US

society—in particular, structural racism and oppression of Black, Indigenous, and People of Color (BIPOC) populations, immigrants, refugees, and Lesbian, Gay, Bisexual, Transexual and Trans, Queer and Questioning, Intersex, Asexual and Agender, plus additional identity terms (LGBTQIA+) individuals. Social inequities also impact the human-animal bond and the relationship between the veterinary industry and clients. The veterinary profession is one of the least diverse professions in health care today, with more than 90% of practicing veterinarians identifying as white.¹⁹ The availability of BIPOC veterinarians may help not only to increase pet companionship rates in underserved communities²⁰ but also expand access to care for current pet caregivers. Some families may feel more comfortable receiving care from veterinarians who better

Inequities and Social Determinants of Health

Current and historical inequities create economically stratified communities that lack equal access to safe and affordable housing, education, and green space, as well as a justice system that disproportionately imprisons BIPOC offenders for minor crimes. These systemic injustices worsened during the COVID-19 pandemic, which had a greater health impact on BIPOC individuals and increased social isolation, thus decreasing the opportunities for people of different socioeconomic groups to interact with each other. Socioeconomic conditions affect many aspects of a person's quality of life, including life span and incidence of health conditions such as obesity, cancer, and infant and maternal survival. Other social determinants of health include access to education, safe and healthy environments, nutritious foods, clean water, and health care.

Bollyky TJ, Castro E, Aravkin AY, et al. Assessing COVID-19 pandemic policies and behaviours and their economic and educational trade-offs across US states from Jan 1, 2020, to July 31, 2022: an observational analysis. *Lancet* 2023;401(10385):1341–60.

Yabe T, Bueno BGB, Dong X, et al. Behavioral changes during the COVID-19 pandemic decreased income diversity of urban encounters. *Nat Commun* 2023;14(1):2310.

Healthy People 2030. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Social determinants of health. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>. Accessed May 8, 2024.

understand their background and experiences, and for young people, seeing other BIPOC individuals working as veterinarians and veterinary technicians can encourage them to pursue veterinary medicine as a career. In recent years, various media and educational opportunities have been directed at underserved communities to increase awareness of the professional opportunities available in veterinary medicine. BlendVET (<https://www.blend.vet/>), Pawsibilities Vet Med (<https://pawsibilitiesvetmed.com/>), and Black DVM Network (<https://www.blackdvmnetwork.com/>) are some examples of organizations working to increase the diversity of the veterinary profession and expand access to care for BIPOC populations.

Health equity means that everyone receives a fair and just opportunity to be as healthy as possible, regardless of their race, ethnicity, gender, income, education, social status, or other factors that have historically been linked to discrimination or exclusion (**Box 2.1**). Health equity is not just about ensuring access to health care services; it is also about creating a society in which all individuals have the resources and opportunities to achieve their full health potential. This necessitates a broad societal effort, encompassing health care, education, economic policy, community engagement, and more.

The veterinary industry holds a unique role in ensuring health equity; unencumbered by the regulatory frameworks that surround human medicine, veterinary teams have considerable latitude to implement policies and procedures to reduce barriers to care if they choose to do so. The profession must view diversity, equity, inclusion, and belonging within the larger context of access to veterinary care. It takes the inclusion of allied professions and a diverse system to achieve health equity for all families with pets.

Moral Distress and the Veterinary Profession

Among the many challenges facing our profession today is the dominant practice model that requires out-of-pocket payment for services. Such a model limits veterinary care access to those clients with the financial resources to afford care. It also leaves private practitioners with limited options for those clients who cannot pay immediately. Yet *not* being able to provide care because of a pet caregiver's financial or other limitations places private practitioners squarely at odds with their veterinary oath, as well as with their love of and desire to help animals and other personal reasons for pursuing a career in veterinary medicine. This gap often leads to veterinary care teams experiencing moral distress. In a 2018 survey of North American veterinarians, more than 70% reported experiencing moderate to severe distress owing to “obstacles they faced that prevented them from providing appropriate care.”²¹ A 2023 survey of UK veterinarians characterized moral distress as an “everyday experience”

brought on by an inability to fulfill their ethical obligations to patients and clients.³

Traditional approaches to access-to-care issues tend to place the burden on individual clients and private practitioners, rather than acknowledging the critical need for systemic change. When combined with other practice stressors such as staff shortages and high turnover, not being able to provide care for financially distressed clients compounds moral distress and escalates burnout, depression, and decreased job satisfaction.²² Moreover, these challenges are further compounded by negative community reactions that impact the entire practice team when pets in need get turned away. Practitioners facing these burdens may feel overwhelmed and have less capacity to work with individual clients or find innovative solutions on a broader scale. They may even choose to leave the profession.

Operating within a community care model, rather than a private practitioner dealing with these issues alone, can benefit clients, individual veterinary team members, and the profession by increasing job satisfaction and improving retention.

The First Steps Toward a Solution

Although the veterinary industry cannot eliminate racism and systemic injustice on its own, acknowledging and acting upon the responsibility to ensure equitable access to veterinary care represents a significant step forward.

Everyone can benefit from the human-animal bond and deserves to experience it.²³ To deny or limit these benefits for some perpetuates societal inequities. Veterinary teams can be quick to suggest that a client with financial limitations surrender their pet and allow a new owner to

BOX 2.1

Principles of Health Equity



Fairness: Health equity emphasizes that all individuals should have an equal opportunity to achieve optimal health by removing obstacles such as poverty, discrimination, and their sequelae.



Inclusion: Health equity seeks to include all members of society, regardless of their social or economic status, in decision making about health, including service offerings and delivery.



Addressing Disparities: Health equity recognizes that disparities in health outcomes exist among different population groups. Practitioners make efforts to understand and address the underlying causes of these disparities, such as unequal access to health care services, differences in quality of care, or socioeconomic factors.



Social Determinants of Health: Achieving health equity requires addressing the social determinants of health, including the conditions in which people are born, live, learn, work, play, and age. These conditions affect various health, functioning, and quality-of-life outcomes and risks.



Cultural Competency: Health equity involves understanding and respecting the diverse values, beliefs, and needs of different communities and individuals and incorporating these into health care policies and practices.



Access to Care: Ensuring access to comprehensive, quality health care services for all individuals regardless of their ability to pay is critical to health equity. Achieving health equity requires establishing a system that assists with veterinary care expenses and other barriers (e.g., language, mobility, and transportation).



Community Engagement: Engaging communities in identifying and solving health problems is essential for achieving health equity. Engagement means actively involving those affected by health care decisions in planning, implementing, and evaluating strategies to improve health.



Systemic Change: Achieving health equity may require significant systemic changes to health care, education, public transportation, and economic and other systems, including policy changes at various levels of government to remove barriers to health and ensure that resources are distributed fairly.

care for the pet. The very idea that someone should surrender their pet if they cannot afford veterinary care undermines the value of a pet as a family member and breaks the human-animal bond that the profession values. Private practitioners focused on preserving this bond can evolve their thinking about how access to care is viewed and embrace more creative SOC strategies within a community care model.

Section 3: Family-Centered Practice as a Framework

Shifting the paradigm to increase access to veterinary care

Top 3 Takeaways

1. Family-centered veterinary practitioners recognize that pet caregivers exist across the whole socioeconomic spectrum and promote health equity by considering the caregiver's financial situation and other realities critical to ensuring quality care.
2. Family-centered veterinary practice redefines the historically narrow definition of "gold standard" care as high-quality, system-level care that ensures services regardless of socioeconomic status and other barriers.
3. Family-centered practice considers the contextual needs and circumstances of each patient and their family.

Family-Centered Veterinary Practice

Family-centered veterinary practice is an approach that views the family as an interconnected system and aims to provide comprehensive, coordinated care that meets the diverse health needs of all family members (**Box 3.1**). Family-centered veterinary practitioners recognize that the illness or injury of a family member, especially when it involves a dependent like a pet, can threaten the physical and mental health of the household. Caregivers that lack a network of emotional and practical support when these incidents arise experience additional distress as especially vulnerable members of society. Family-centered veterinary practice is system-level care that engages the family as essential participants, follows the highest professional standards, and aims for the best possible outcomes for the pet and the family.

Family-centered veterinary practice embraces a One Health health care system, which recognizes the interconnectedness of humans, animals, and their shared environment. Such a system unifies care for the family, reaching beyond medical care to include other professions such as social work and behavioral health care (for more on One Health health care systems for small animal practices, watch for the 2025 AAHA One Health Guidelines).

BOX 3.1

Core Strategies of Family-Centered Practice



Preventive Care: Family health care emphasizes prevention through vaccinations, screenings, lifestyle and behavior counseling, and other proactive measures. The practitioner helps patients reduce the risk of developing chronic diseases and other health issues by focusing on prevention.



Contextualized Care: Family health care considers the physical, emotional, social, environmental, and economic factors that might affect an individual pet's health. Family health care seeks to provide more personalized, effective care by addressing these interconnected elements.



Coordination of Care: In a family health care setting, practitioners often focus on coordinating care between family members and medical specialties. Zoonotic diseases provide a particular example where coordination is critical.



Education and Support: Family health care practitioners can play a crucial role in directing family members to health and wellness resources. This includes resources guiding nutrition, exercise, mental health, and other aspects of healthy living and resources to support managing chronic conditions.



Community Engagement: Some family health care models also involve community engagement, working to understand and address broader social determinants of health within the community where the family lives.



Emphasis on Relationships: A strong therapeutic relationship between the provider and the family centers this approach, emphasizing communication, trust, collaboration, and nonjudgment.

Traditional veterinary care focuses on disease management, sometimes in isolation from the context of the family system and needs. Veterinary teams may expect pet caregivers to comply with recommendations inaccessible for financial, practical, or personal reasons. For example, prescribing pills when the responsible person has severe dexterity limitations sets unreasonable expectations, resulting in poor-quality care. What may appear as lack of compliance is caused by other factors that can be addressed within a family-centered practice paradigm, by tailoring treatment administration to the capabilities of the caregiver without compromising patient care.

Taking Back the “Gold Standard”

The term “gold standard” does not have a universally agreed-upon definition, but it is often used to describe patient-level care that is the highest-quality or the best-practice approach, which is often, by default, the most expensive. As an industry, veterinary medicine advances models of gold standard care as the best or highest treatment for a condition, while often adhering to a single idealized course of care.²⁴ However, this approach does not serve a substantial portion of families and implies that other treatment options are substandard. Although “gold standard” has been recognized in recent years as increasingly problematic within the veterinary profession,²⁵ it is still commonly used to denote the highest or best level of care.

Spectrum of care, which may seem contradictory to the gold standard to some, offers strategies for patient management based on medical and family priorities, available scientific evidence, and practitioner experience. SOC expands the range of diagnostic and treatment options to be able to help more patients and families. If gold standard care meant employing the widest possible range of options for pet caregivers within a family-centered practice model, rather than just the most expensive or advanced, private practitioners could better meet the goal of increasing access to care.

Restricting gold standard care to the excessively narrow definition of the most expensive and technologically advanced diagnostics and treatments does a disservice to the veterinary profession and its clients.²⁴ Instead, it would benefit the profession to reclaim this term and adopt a broader meaning for the gold standard that encompasses SOC. This redefined gold standard includes a range of diagnostic and treatment options, accessibility, consideration of the family’s contextual needs, high quality and safety of care, high likelihood of positive outcomes for the patient, and evidence-based medicine. In other words, the new definition of gold standard care adheres to the principles of family-centered veterinary practice.

Section 4: Family-Centered Practice in Action

Implementing new ways of helping pets and people

Top 3 Takeaways

1. A practice culture that prioritizes keeping pets with their families, in part by providing equitable access to care, is the foundation of family-centered practice.
2. Cost is the most significant barrier to care. Offering multiple types of payment options expands accessible care to more clients.
3. Implementing an SOC approach and maximizing the use of veterinary technicians and other team members establishes efficient care delivery.

Overview

This section describes some key elements that constitute a family-centered practice. Although not exhaustive, the strategies listed below provide private practices with the tools needed to begin establishing a culture of improving access to care. For some practices, this may represent a cultural shift. Such shifts are—of course—challenging. However, the following steps can support such a transition.

Establish a Family-Centered Practice Culture

- **Clearly articulate your practice’s goal of keeping pets with families whenever reasonable and possible**
 - State your intention and goal, perhaps by creating a mission statement that is posted in staff areas.
 - Engage in training and discussion sessions to bring all members of the practice on board and foster a shared sense of purpose. Ensure that team members understand the “why” underlying the goal.
 - Make decisions based on this goal. Openly discuss with team members what nonjudgmental care looks like.
- **Educate the team**
 - Ensure that the entire staff understands their role and the practice’s wider role in helping preserve the human-animal bond.
 - Educate the team on barriers to access to care.
 - Educate the team on the principles of SOC and how to apply these concepts in practice.
- **Develop written policies**
 - Outline the steps that your clinic can take to help clients keep their pets with them. Develop these into standard operating procedures.
 - Create SOC guidelines for commonly seen medical conditions.
 - Conduct staff training on standard operating procedures and guidelines to ensure everyone is comfortable with the steps.
- **Confront and dispense with old notions that run counter to the goal**
 - Address harmful, commonly held beliefs that “you shouldn’t have a pet if you can’t afford one” or “just surrender the pet to the clinic if you can’t afford care” through open discussion and training to identify and understand biases.
 - Provide diversity, equity, inclusion, and belonging (DEIB) resources.

- **Hold “keeping-pets-with-families” rounds**
 - Allot time to discuss cases from a family-centric standpoint.
 - Identify cases with care barriers to overcome and discuss what the team did (or could have done) to achieve the goal.
 - Celebrate “wins” in the same way medical and/or surgical successes are celebrated.

Creating a change in culture takes work and time. For more information on culture change, see AAHA’s Culture Initiative at <https://www.aaha.org/practice-resources/healthy-workplace-culture/>. For DEIB resources, see Resources at [aaha.org/community-care](https://www.aaha.org/community-care).

Provide Multiple Types of Payment Options

Cost is the most common barrier to obtaining veterinary care.¹⁵ Core to family-centered practice and keeping pets with families is the need to help families overcome this barrier when necessary. Importantly, providing payment options *does not* have to mean offering discounts or lowering your prices.

Instead, it means having a “toolbox” of payment options to offer when a client cannot afford to pay in full for services (Table 4.1). Having multiple types of payment options increases the team’s ability to work with clients and find the best option for them. Providing terminals that allow rounding up or adding a dollar can provide micro-funding to a nonprofit established within the practice or shared by multiple practices.

Pet insurance can also help clients meet the cost of veterinary care, and offering information and education on how to select appropriate insurance plans for individual pets can raise clients’ awareness of this option.

Embrace an SOC Approach

SOC is a family-centered, experience-based approach to providing care for families hampered by barriers to care. The goal is to achieve the best possible outcomes for the pet, while also respecting any barriers the client may be facing.

Some key principles of SOC include the following:

- **Contextualized Care:** A context framework that incorporates the pet’s needs but also considers the family’s particular needs, goals, circumstances, and potential challenges such as transportation, mobility barriers, or primary language spoken.
- **Experience-Based and Evidence-Based:** The veterinarian uses clinical experience and judgment to develop a care plan that is appropriate for the individual pet. Experience-based practice is not a substitute for evidence-based practice, but it should be considered in concert with an evidence-based approach, particularly as it may sometimes reduce the need for costly diagnostics.
- **Tiered:** The care plan may take a tiered approach, with more expensive or invasive procedures deferred until later if it makes sense for the particular case. In some cases, the best outcome may result from skipping sequential trial treatments for a more aggressive option that is ultimately more cost-effective and efficient.

TABLE 4.1

Veterinary Care Payment Options

Payment Tool Type	Description	Examples [†]
Credit check financing	Credit options that involve hard or soft credit checks and/or a combination of both*	CareCredit, Scratchpay, Sunbit, Varidi, Vetbilling, Wells Fargo
Voucher programs	Programs offered by states or municipalities that fund particular types of care	County spay-neuter funds, state license plate funds
Grants and angel funds	Grants and funds provided through 501(c)(3) nonprofit organizations	Veterinary Care Foundation, Brown Dog Foundation, RedRover Relief, State VMAs
Internal financing	Setting up internal payment plans with clients	Keeping a credit card on file and charging an agreed-upon sum monthly, accepting postdated checks

*Note a distinction between hard-credit check financing and soft-credit check financing. Equipping a practice with multiple types of tools and—if possible—multiple options within each category potentially puts veterinary care within reach for more families. For more information on hard versus soft credit checks, see Black M. What’s the difference between a hard and soft credit check? Forbes Advisor. Updated June 28, 2021. Available at <https://www.forbes.com/advisor/credit-score/soft-credit-check-vs-hard-credit-check/>.

[†]The examples in this table are not exhaustive. For more information, see Resources at [aaha.org/community-care](https://www.aaha.org/community-care). For an extensive list of payment options, see the Veterinary Innovation Council’s Access to Care hub at <https://www.vetaccesshub.com/tools>.

VMA, veterinary medical association.

- **Dynamic:** The care plan is based on a range of options that remain flexible and open to adjustment as needed based on the pet's condition and the family's situation.

SOC is a valuable tool for veterinarians who want to provide the best possible care for pets whose caregivers have limited financial resources. This approach respects the needs of both the pet and the family members. See **Table 4.2** for some examples of SOC approaches in practice.

Discussing Treatment Options with Clients

Client communication is essential for implementing family-centered practice and should consider the family's overall quality of life when making recommendations and decisions.¹¹ Ensure that proper documentation in the medical record always occurs when discussing diagnostic and treatment options with clients and obtaining informed consent.

- **Ask about the client's goals.** What are the client's hopes and expectations for their pet's health? A definitive diagnosis? Alleviation of pain? Pet back home as soon as possible?
- **Understand the client's financial situation.** What is their budget for veterinary care? Do they have insurance?

- **Explain the spectrum of options.** Offer options for treatment and explain how each addresses the pet's care and the client's goals.
- **Be clear and transparent about the costs of care.** Provide accurate information on costs or the range of expected costs.
- **Discuss payment options.** Discuss any available payment options with the client, including payment plans, third-party payment plan providers, insurance, grant funds, and any other tools available to the practice.
- **Discuss any other barriers to care.** Remember that although cost is the most common barrier to care, it is not the only one. Be sure to discuss any other potential challenges the client may encounter when implementing the plan, such as lack of transportation or physical limitations.
- **Be empathetic and understanding.** Remember that pet caregivers may be facing difficult decisions and challenges outside the veterinary realm. Be patient and understanding while suggesting possible solutions.
- **Listen.** Consider an approach that is centered in compassion and deep listening, for example, listening without judgment, being present, not listening to respond, maintaining eye contact, not interrupting, and asking follow-up questions.^{26,27}

Optimize the Role of Veterinary Technicians

Veterinary technicians are integral to the veterinary care team. A well-trained technician can perform many important functions

TABLE 4.2

Examples of SOC Approaches in Practice

Example*	SOC Approach
Staged diagnostics	The veterinarian may first opt for a PCV/TS evaluation (via a hematocrit tube) and in-house UA strips and USG if the information gleaned from these diagnostics can guide the care plan significantly. More costly diagnostics (e.g., complete blood count and urinalysis) may be offered later if deemed necessary.
Orthopedic alternatives	If plating a fracture is too expensive, the practitioner may consider splinting if deemed appropriate. Amputation may also be an option for the patient if the family has financial and/or transportation issues that preclude regular splint changes and other associated costs.
Heartworm “slow kill”	Although the ideal treatment for a heartworm-positive dog is “adulticidal” treatment with melarsomine, the cost and logistics of this treatment may be out of reach for some clients. Instead, a practitioner may consider doxycycline followed by long-term treatment with a moxidectin-based product (so-called “slow kill”) to address the condition.
Alternative treatment protocol for non-critically ill blocked cats	In this alternative, cats are treated with cystocentesis, subcutaneous fluids, ± light sedation and are put in a quiet, darkened cage. In one study, 65% of these cats spontaneously urinated on their own and were discharged without recurrence. [†]

For more information, see AlignCare's Incremental Care Guide at <https://pphe.utk.edu/wp-content/uploads/2019/07/AlignCare-Incremental-Veterinary-Care-Guide-Narrative-1.pdf>.

*For all examples, the client would be briefed on the risks and benefits of all options and all discussions and decisions documented in the medical record.

[†]Cooper ES, Owens TJ, Chew DJ, et al. A protocol for managing urethral obstruction in male cats without urethral catheterization. *J Am Vet Med Assoc* 2010;237(11):1261–6.

PCV/TS, packed cell volume/total solids; UA, urinalysis; USG, urine specific gravity.

independently of a veterinarian (where permitted by state practice acts and regulations) and can extend a practice's veterinary services. Empowering veterinary technicians to practice at their highest capacity also can increase job satisfaction and reduce turnover. Maximizing veterinary technicians' skills and duties can help address barriers such as language, disability, clinic capacity to see patients, and cost.

- **Technician-only appointments.** Depending on state regulations, veterinary technicians may administer vaccines, perform certain diagnostic tests, place microchips, administer medications, and much more.
- **Patient intake.** A thorough history is vital, especially when practicing SOC. Veterinary technicians can gather pertinent details from clients before a veterinarian gets involved with the case, which saves time and costs.
- **Client education.** Veterinary technicians can answer questions and educate pet caregivers about their pet's condition and treatment plan. This can include discussing any potential side effects of the treatment and troubleshooting issues like difficulty medicating. Veterinary technicians can help address barriers like disability by working with the client to offer feasible options.
- **Protocols.** Protocols for common conditions and situations enable veterinary technicians to act independently. For example, veterinary technicians could handle upper respiratory infections, feline lower urinary tract disease, and uncomplicated vomiting/diarrhea through written protocols for diagnostic procedures and client communication before the veterinarian becomes involved to diagnose and prescribe treatment. These ideas represent just a few ways to optimize the skills and job duties of veterinary technicians, but there are many others. Be sure to comply with state practice acts and regulations that define scope of practice for veterinary technicians, as these can vary by state. For more information, see the *AAHA Technician Utilization Guidelines* at aaha.org/technician-utilization.

Offer Telehealth Options When Legal and Appropriate

Telehealth often helps overcome logistical and financial barriers. Implementation requires awareness of state and local regulations as veterinarian-client-patient relationship (VCPR) regulations vary by state, as well as an understanding of federal VCPR requirements. See the resources available from the American Association of Veterinary State Boards at aavsb.org to learn about specific state regulations.

Telehealth can address a few important aspects of access to care, including:

- **Mobility issues.** When getting to the veterinary hospital presents a significant barrier to care, telehealth options open doors for these clients.
- **Time.** Telehealth can be more convenient for clients who work long hours or have commitments that make it difficult to visit a veterinary clinic during regular business hours.
- **Continuity of care.** Telehealth appointments can promote improved access, convenience to families, and comfort for pets, resulting in more consistent care.

For more information on implementing telehealth options in practice, see the *AAHA/AVMA Telehealth Guidelines for Small-Animal Practice* at aaha.org/telehealth.

Train Multiple Staff Members for Financial Conversations

Training multiple team members to have financial conversations with clients benefits both clients and practice staff alike.

- **Improved customer experience.** Clients benefit from consistent access to someone who can help them navigate the financial aspects of veterinary care. This support can be especially important for clients who are feeling overwhelmed or stressed about the cost of care.
- **Destigmatization.** Providing multiple staff members who are comfortable talking about money creates a more open and welcoming environment. Clients may be more empowered to discuss their financial concerns without feeling like it is an embarrassing secret only discussed with certain people.
- **Increased client satisfaction.** Clients appreciate open and honest conversations about the cost of care. When they feel heard and understood, they are more likely to be satisfied with the care received.
- **Improved financial outcomes.** When clients know their financial options, they are more likely to make informed decisions about their pet's care. This can lead to better financial outcomes for both the client and the clinic.
- **Reduced stress.** Talking about finances can be stressful for both clients and staff. By training multiple staff members in financial conversations, the clinic creates a more supportive environment for everyone involved, and no single person must bear the stress alone.

Offer Multilingual Support

Language can be another barrier to obtaining veterinary care. Practices in areas with a significant population of non-English speakers should offer communication support in clients' primary languages. This improves communication, builds trust, increases satisfaction, and attracts new clients.

- **Hire bilingual staff members.** If possible, this is the most effective way to offer language support. Compensate staff for providing translation services in addition to their other responsibilities.
- **Seek out community language services and/or community volunteers.** Some community nonprofit organizations may offer language services.
- **Use translation services.** There are several translation services available (e.g., Google Translate and Jeenie.com) that can translate documents, emails, and phone calls. These services can be a good option if a practice does not have bilingual staff members or if team members need to communicate with clients who speak a language not commonly spoken in the area.
- **Create multilingual resources.** Include multilingual intake forms, educational materials, and signage. These resources help clients who do not speak English understand what is happening at the veterinary clinic and make informed decisions about their pet's care.

- **Train staff on how to communicate with non-English speakers.** Such training includes teaching them how to use translation services and effective communication strategies.
- **Train staff on how to communicate with deaf and hard-of-hearing clients.**

Section 5: Real-World Collaboration

Finding common ground to effect real change

Top 3 Takeaways

1. Collaboration requires the desire and willingness to participate actively in what is best for the patient and their caregiver(s).
2. Committing to building both interprofessional and interorganizational collaboration benefits the patient, the family unit, the team members, and the practice.

3. Key concepts for successful collaboration include building positive relationships through effective communication strategies, dispelling myths and creating trust, and developing a supportive and respectful environment.

Overview

Equitable access to veterinary care is a complex issue that requires an interdisciplinary and collaborative approach, bringing together private veterinary practices, government and nonprofit organizations, and pet caregivers to identify and implement sustainable solutions. Over the past 15 years, human health care has moved from the traditional in-hospital model of care toward community-based health care.^{28,29} This redesign of the health care system attempts to address the socioeconomic impact of patients with limited financial resources, aging populations, and comorbid chronic diseases.^{30,31,32,33}

TABLE 5.1

Interprofessional Versus Interorganizational Collaboration

Aspect	Interprofessional Collaboration	Interorganizational Collaboration
Definition	Collaboration between professionals from different disciplines within a single organization <i>Includes veterinarians, technicians, assistants, customer service representatives, and veterinary social workers</i>	Collaboration between multiple organizations or entities to achieve shared goals or address common challenges; involves representatives from different organizations, each with their own goals and expertise
Focus	Coordinated services to provide integrated care for a specific patient/client case or scenario within a single institution	Collective action of broader issues, such as community-based initiatives, policy advocacy, or access to veterinary care involving multiple stakeholders in the community
Benefits	Enhanced patient care by integrating expertise from various disciplines	Enables pooling of resources, access to a wider range of services, and collective problem-solving for a more significant impact
Challenges	<ul style="list-style-type: none"> • Communication gaps • Different approaches to care • Varying skill sets of professionals 	<ul style="list-style-type: none"> • Managing power dynamics • Maintaining collaboration over time • Differences in vision/mission of various organizations
Example in a veterinary setting	Interprofessional teams in a specialty hospital treating a complex medical case	Collaborative efforts among a veterinary clinic, a human social services organization, and a retail store to offer basic veterinary care and free pet food to the community

Karam M, Brault I, Van Durme T, et al. Comparing interprofessional and interorganizational collaboration in healthcare: a systematic review of the qualitative research. *Int J Nurs Stud* 2018;79:70–83.

Gaboury I, Bujold M, Boon H, et al. Interprofessional collaboration within Canadian integrative healthcare clinics: key components. *Soc Sci Med* 2009;69(5):707–15.

Such efforts found that effective interprofessional and interorganizational collaboration serve as critical components of a successful community-based health care system.³⁴ Collaboration in human health care has been shown to improve patient outcomes, such as reducing preventable adverse drug reactions,^{35,36} decreasing morbidity and mortality rates,^{37,38} and optimizing medication dosages.³⁹ Collaborative teamwork also provides benefits to health care providers, including reducing extra work⁴¹ and increasing job satisfaction.⁴⁰

Veterinary medicine can apply this same model, envisioned as three circles of collaboration, in the context of a private practice: (1) collaboration among team members in the practice; (2) working with other veterinary practices in the community (e.g., other private practitioners, nonprofit practitioners, and specialists); and (3) collaborating with other allied health providers (e.g., physicians, nurses, mental health professionals, and social workers), suppliers, and other community service providers (Table 5.1).

The positive impact of collaboration for organizations is well established (Figure 5.1).^{41,42} Collaboration can create opportunities to share knowledge and expertise and contribute to the professional development of the entire team, optimize available resources and promote resource-sharing, and support continuity of care. Collaboration can also inspire creative and innovative approaches to problem-solving

and promote business growth by expanding services, opening new markets, and increasing capacity to serve clients.⁴²

Section 6: Community Care Networks in Action

Connecting access-to-care solutions

Top 3 Takeaways

1. A community care network enrolls affiliates of private practices in case management for both people and pets. Pet care affiliates include nonprofit and low-cost clinics, shelters, and rescue groups. Human service providers include behavioral health providers, housing agencies, and other social service networks.
2. Keep a list of community resources, including other veterinary care providers, allied services, and animal welfare organizations, to provide a spectrum of care.
3. Mirror the same process and relationship when referring a patient to another community provider as for referral to other types of practices. Establish mutually beneficial referral relationships.

Overview

A community care network relies on a system of diverse service providers who collectively eliminate gaps in care for patients and families due to health inequities (Figure 6.1).⁴³ Although perhaps a new concept for veterinary teams, human health care systems commonly discuss and implement such networks.^{28,29}



FIGURE 5.1

Benefits of collaboration for families, the clinic team, and community

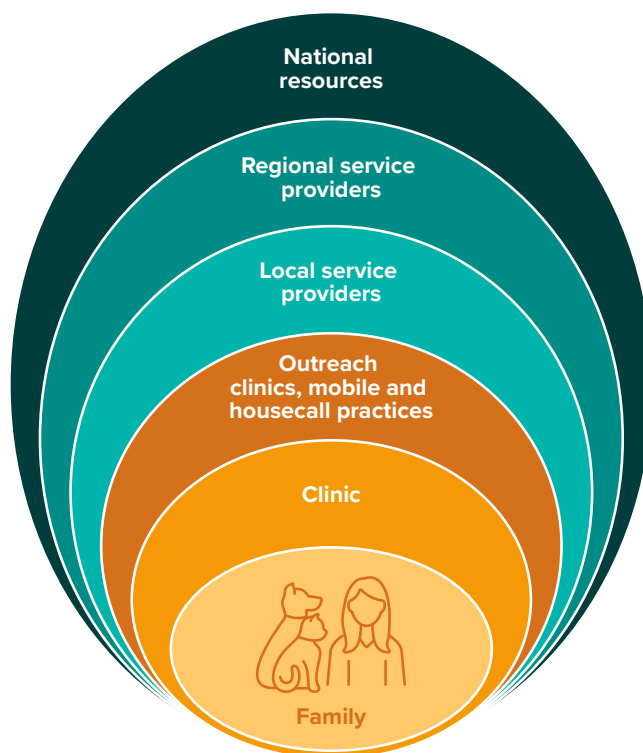


FIGURE 6.1

Integrated community care and an asset-based approach

Using existing networks will always be easier than building something new, especially because veterinary practices bring limited time and resources to this effort. Starting with an asset-based framework honors, supports, and prioritizes service providers already working in the field. Mobilizing passionate team members helps build the network. Increased use of technology allows for networks to extend beyond geographical boundaries and tap into resources that lie outside of local and regional borders.

Identify Community-Based Challenges Clients Face

While the veterinary team focuses on medical treatment, the client may also face multifaceted and systemic challenges, requiring additional community support (Section 2, Table 2.1). These issues impact decision making and the scope of care families can provide.¹¹ Many of the same social determinants of health and health inequities that impact people also impact the health status and care of pets.^{44,45}

Work from an Asset-Based Framework

An asset-based framework values the existing capacity, skills, knowledge, and connections in individuals and communities. This approach focuses on the positive capacity of individuals and communities rather than on their needs, deficits, and problems.^{46,47} This approach to thinking about family and patient needs, as well as community resources, provides a useful reframing of the challenges encountered in providing care and illuminates the strengths exemplified by individual and collective efforts.



FIGURE 6.2

Organizational assets that contribute to a community care network

Grow Partnerships Across the Community Care Network

The community care network comprises many assets, such as different types of organizations performing different aspects of support to include financial, direct veterinary care, and allied services (**Figure 6.2**). Organization assets provide the basis for partnerships that ensure all pet caregivers in a community have access to veterinary care. In some cases, a single partner may provide more than one of these elements (e.g., an animal shelter offering food and clinic services).

Emerging Professional Niches

The field of shelter medicine originated as an area of expertise regarding the health and welfare of animal populations in shelters. It has since evolved to recognize that improving animal welfare also means addressing veterinary care for owned and community animals.⁴⁸ Whereas shelter veterinarians traditionally treated surrendered, lost, and stray animals, as the access-to-care issue has gained prominence,¹⁰ they increasingly care for animals who live with low-income families. The shelter medicine specialty was recognized by the AVMA in 2014,⁴⁹ and in 2023 was fully recognized by the American Board of Veterinary Specialties. The broadening scope of practice for shelter veterinarians has greatly contributed to the establishment of the related discipline of community medicine. The *Journal of Shelter Medicine and Community Health*, founded in 2022 by the Association of Shelter Veterinarians (ASV), incorporates content about the care for animals living beyond shelter walls and acknowledges the fundamental link between the health of animals, people, and the environment.

As the community medicine field evolves, some private practitioners may experience uncertainty or concern about their role in this changing professional landscape.² It may feel like a dramatic shift from having been the main, or sometimes only, source of veterinary care for pets in a community. In addition, tension between veterinarians in the for-profit and nonprofit spaces sometimes arises owing to the perception of an unfair competitive advantage for those in the nonprofit space. Finally, as providers in full-service and high-quality, high-volume spay/neuter clinics seek to emphasize effective and efficient care models, questions emerge from private practitioners about appropriate standards of care.

To answer quality-of-care questions and alleviate other concerns, veterinarians can benefit from a broad understanding of the full spectrum of care offered in some newer care delivery models now available in many communities that can improve the lives of pets and help practices better perform within their scope of care. The ASV provides guidelines for shelters and community practices that can be referenced to address quality-of-care questions (see <https://www.sheltervet.org/resources/spay-neuter-guidelines> and

<https://jsmcah.org/index.php/jasv/article/view/42/19>). The American Society for the Prevention of Cruelty to Animals Spay/Neuter Alliance (ASNA) has also produced the ASNA Veterinary Standards of Care (see www.aspcapro.org/sites/default/files/2023-04/asna_veterinary_standards_of_care.pdf).

Engage with Other Veterinary Practitioners

- **Keep a list of resources.** As in other health care professions, veterinary solutions may include appropriate and comprehensive referrals to other veterinary care providers and/or allied services. Search engine-savvy staff members often find resources on their own, but a national database by location offers a good starting point (e.g., Pet Help Finder at www.pethelpfinder.org). Keep in mind that information may be outdated or inaccurate, so staff and clients alike need patience and persistence to find viable options.
- **Leverage practices with different business models.** Other veterinary practices in the community may have particular strengths or areas of focus or a different business model. Examples include clinics that prioritize urgent care or certain procedures, such as surgical or dentistry procedures, in a way that reduces the scope of services they offer while optimizing delivery of services they do provide. These models depend on partnership with other clinics for the delivery of ongoing preventive care or other veterinary needs. They also provide private practitioners with a place to refer specific conditions when it makes sense for the patient and helps to maximize a client’s limited resources.
- **Get involved with local animal welfare organizations.** In response to ongoing challenges in accessing care, many animal welfare organizations have expanded their mission to include subsidized services to the public and veterinary services for unowned animals such as community cats. Local humane societies may host donation events

to fund free vaccine clinics. Many communities also establish and fund nonprofit veterinary clinics to meet the needs of low-income clients. Private practitioners can get involved by donating supplies and/or volunteering time to perform examinations and administer vaccines.

- **Look for veterinary services offered through low-cost clinics, spay/neuter clinics, shelters, and rescue networks.** In many cases, providing care prevents intake of the animal into the shelter and supports keeping pets in families. This approach avoids rehoming pets with strangers, long stays in the shelter waiting for a new home, or euthanasia for reasonably treatable conditions.

Conscientious and careful referral is crucial to maintaining a community care network that spans the scope of services and provides a spectrum of care. The process of referring patients to community partners (Table 6.1) should mirror the referral process that is used in referring patients to specialty-level care.⁵⁰ For more information on referral best practices, see the *AAHA Referral and Consultation Guidelines* at aaha.org.

Engage with Animal Welfare Agencies

When engaging with animal welfare agencies, ascertain what resources and capabilities the organizations maintain, what market they serve, and the scope of services they offer (Box 6.1).

Animal welfare organizations serve as essential partners in implementing a community care network and in many cases have been doing this work for a long time. In many communities they bring to the project historical knowledge, passion for animal welfare,

TABLE 6.1
How to refer a case to a nonprofit veterinary or animal shelter practice

Only refer based on the capabilities and services you know are available at the referral organization.
Prepare the case as you would for any other referral case.
As often as possible, establish a diagnosis and provide this to the referral practice.
If you know the referral practice does not have a particular diagnostic test or modality that is important for diagnosis or treatment, if possible, perform this at your clinic before referring (e.g., take a radiograph to confirm a foreign body before referring for gastrotomy or enterotomy to a limited-scope-of-care surgical clinic).
Communicate with the practice ahead of time so that they are ready to receive the patient.
Provide medical records electronically if possible and send physical records with the client.
Set reasonable expectations with the client, for example, the possible costs of care or potential diagnostics the referral practice might perform.
Be available for questions from the referral practice.
Clarify if you will provide ongoing follow-up care for this case or if the referral passes that responsibility to the care partner.

and creative problem-solving. Successful leaders of animal welfare organizations often have experience in launching and funding projects related to increasing access to care and decreasing shelter intake over time. They often come with deep experience in development and philanthropic pursuits.

Engaging with leadership of animal welfare organizations takes many forms; it usually starts with a conversation and potentially a visit to each other's place of work to establish a relationship and discuss challenges, scope of practice, collaborative solutions, and ideas for setting guidelines and expectations for cooperation and referral. This type of proactive exchange sets the baseline for collaboration, where mutually beneficial agreements can be created and the scope of what each partner offers can be clearly defined.

In each organization, identify who holds budgetary oversight and decision-making authority, from organizational level to individual case management. Clarifying roles, responsibilities, and assets across the community care network provides critical baseline understanding.

Engage with Allied Care Providers

Veterinary social work is a relatively new area of social work practice that illuminates the essential role social workers can play in veterinary and animal welfare settings. Specialized training is available in this focus area.^{51,52} Social workers in practices and shelters focus on supporting both care teams and families and become clear contributors to the community care network. Given that these positions remain relatively rare, community social workers provide essential allied care.

When seeking allied services, a great place to begin is a database of community resources searchable by zip code, such as findhelp.org. Although veterinary care is not included, the system catalogs other types of services well. In many communities, N11 code lines provide easy access to information, and these may include animal-related resources in their municipal and community information databases (see https://nationalnanpa.com/number_resource_info/n11_codes.html).

Many allied providers and animal welfare organizations already maintain a resource database in the community because they work daily connecting people and services. It is likely they will happily share those referral resources with private practices and discuss how practices can integrate into their network.

Engage with Financial Support Partners

A client's ability to afford veterinary care is essential to the current practice model. When client funds and internal payment options or

BOX 6.1

Understanding animal shelter terminology and roles

What's in a name?

The thousands of organizations that include "SPCA" or "Humane Society" in their name typically function as private, 501(c)(3) organizations with independent operations, budgets, and governance. It is a common misconception that local shelters and humane societies exist as chapters of national organizations (e.g., HSUS and ASPCA). National organizations vary in mission and activities and provide programmatic and grant support for shelters and broader animal welfare interventions and education.

What are the animal-related activities funded by municipalities?

The only services commonly mandated to municipalities in the United States are stray dog management, dog licensing, and mandatory rabies vaccination enforcement. Depending on the community, municipal animal control and humane investigative services may be performed by government entities or contracted to private nonprofits or individual kennel operators. In many cases, a single organization has both private and municipal functions. The jurisdictions shelters serve may change with annual contract negotiations. Admission policies, scope of care, and other policies vary widely. Leadership of organizations can change abruptly, and organizations in the same community may have similar names but be independent entities.

Shelter versus rescue?

"Shelter" is generally applied to a brick-and-mortar organization; "rescue" is often reserved for home-based foster networks and breed-specific organizations often purely staffed by volunteers. However, some rescues do have facilities, and some organizations that call themselves shelters do not operate facilities. The Association of Shelter Veterinarians takes a broad approach and considers "shelter" to include "foster-based rescues, nonprofit humane societies and SPCAs, municipal animal services facilities, and hybrid organizations." The ASV Guidelines for Standards of Care in Animal Shelters can be a useful starting point for understanding sheltering best practices.

ASV Guidelines for Standards of Care in Animal Shelters, 2nd ed. *J Shelter Med Community Anim Health*. 2022;1(S1).

TABLE 6.2**Financial Assets Available to Clinics for Case Support**

Type of Resource	Support Available	Examples and Links
Local or state VMAs	Many VMAs have created foundations to provide member practices with subsidies to support clients in need.	Rhode Island VMA https://rivma.org/page/caf NYSVMS Veterinary Care Fund https://nysvms.org/foundation/#
National veterinary association	National foundation with grants to member veterinarians to support patient care	AVMF Reach Program https://www.avmf.org/our-impact/reach-animal-care-program/
Private foundations	Grants to veterinarians to support direct care with some level of client and clinic support	Brown Dog Foundation https://www.browndogfoundation.org/

Not an exhaustive list. Options may vary based on location.

AVMF, American Veterinary Medical Foundation; NYSVMS, New York State Veterinary Medical Society; VMA, veterinary medical association.

subsidies are insufficient, partners activate the community care network. Some financial resources offer help specifically to practices rather than directly to pet caregivers, emphasizing the role of the veterinary team in the solution. Increasing the financial safety net supports not only patients and families but also veterinary practitioners.

Formalize Case Triage Across the Community Care Network

Triage is an important aspect of connecting families to services. As in human health care, an approach using health advocates or case managers to help manage information, connections, and resources enables access. This work at the community level can navigate the best pathway for the family to access care.

Many shelters and community practices include a position for a primary case manager to fulfill this role. Sometimes these professionals bring specialized training and skill sets or complete training specific to animal welfare (e.g., Veterinary Human Support Certificate at The University of Tennessee, Knoxville, and Trauma-Informed Care at Vancouver Humane). When designing and designating responsibilities within their clinic, practices may consider using the case manager model to increase access to care. For an example of a case manager job description, see Resources at aaha.org/community-care.

How to Begin Connecting a Community Care Network

Consider several low-effort, high-impact ways to get started:

- Survey the clinic's veterinary team about the cases and concerns they think the clinic may not be addressing for a subset of clients. Clinic staff, such as customer service representatives and veterinary

technicians, are on the front lines in triaging and troubleshooting cases and likely bring insights into the types of conditions that never actually make it to the clinic for care because of cost or other barriers.

- Gather from the team what they want to do more of and how they see their role in addressing these issues. Many staff members already embody passions or skills that can be translated into more effective technician and staff utilization.
- Find out about relationships and partnerships in the community that team members already nurture.
- Examine your own network; likely, as a veterinarian, you have colleagues and other professionals who would make good potential partners.

Empower a member of the team to carry this work forward:

- Identify a "point person" for this work. Look for someone in the practice interested and able to drive relationships across agencies and the community.
- Consider enrolling an interested team member in specialized virtual training to support this work (e.g., Veterinary Human Support Certificate at The University of Tennessee, Knoxville, and Trauma-Informed Care at Vancouver Humane) and to help them more effectively navigate provider networks.
- Ask the point person to create a quick reference of community resources that includes organization name, scope of services, primary point of contact, communication preferences, referral process, hours of operations, and fees. Ask your local shelter about existing reference guides.

Conclusion

Adopting a family-centered approach offers veterinary practitioners the opportunity to find a collage of solutions that work for more pet caregivers, even those facing complicated and systemic barriers to acquiring veterinary care. This approach in turn can not only help

provide more community access to veterinary care but also help alleviate the widespread moral distress experienced by veterinary health care teams, promote greater job satisfaction and retention, and reconnect with the foundation of the veterinarian oath.

A community care network, situated within a family-centered practice framework, ensures that no one is alone in facing access-to-care challenges. Establishing a community care practice is an ongoing process. Staying curious will allow practitioners to open themselves to new possibilities and perceive the world around them through a new, inclusive lens. Additional resources, including tools to implement and support diversity, equity, inclusion and belonging practices, can be found at aaha.org/community-care.

A community care network unifies services already in place to ensure that families do not go without care. By building partnerships spanning private practice, nonprofit practice, and government spheres, the community care network is also ultimately about how veterinary teams support each other in this important and lifesaving work.

REFERENCES

- Pasteur K, Diana A, Yacilla JK, et al. Access to veterinary care: evaluating working definitions, barriers, and implications for animal welfare. *Front Vet Sci* 2024;11:1335410.
- King E, Mueller MK, Dowling-Guyer S, et al. Financial fragility and demographic factors predict pet owners' perceptions of access to veterinary care in the United States. *J Am Vet Med Assoc* 2022;260(14):1–8.
- Ashall V. Reducing moral stress in veterinary teams? Evaluating the use of ethical discussion groups in charity veterinary hospitals. *Animals (Basel)* 2023;13(10):1662.
- Centers for Disease Control and Prevention. Social determinants of health at CDC. CDC.gov. 2022. Available at: https://www.cdc.gov/about/priorities/social-determinants-of-health-at-cdc.html?CDC_AAref_Val=https://www.cdc.gov/about/sdoh/index.html. Accessed May 14, 2024.
- Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Social determinants of health. Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>. Accessed May 8, 2024.
- Fingland RB, Stone LR, Read EK, et al. Preparing veterinary students for excellence in general practice: building confidence and competence by focusing on spectrum of care. *J Am Vet Med Assoc* 2021;259(5):463–70.
- Miller J, Simpson A, Bloom P, et al. 2023 AAHA Management of Allergic Skin Diseases in Dogs and Cats Guidelines. *J Am Anim Hosp Assoc* 2023;59(6):255–84.
- Stull JW, Shelby JA, Bonnett BN, et al. Barriers and next steps to providing a spectrum of effective health care to companion animals. *J Am Vet Med Assoc* 2018;253(11):1386–9.
- American Veterinary Medical Association. Veterinarian's Oath. Available at: <https://www.avma.org/resources-tools/avma-policies/veterinarians-oath>. Accessed August 3, 2023.
- Blackwell MJ, Wiltzius AJ, Krebsbach SB, et al. Access to veterinary care: barriers, current practices, and public policy. Published December 17, 2018. Available at: https://trace.tennessee.edu/utk_smalpubs/17. Accessed January 5, 2023.
- Brown CR, Garrett LD, Gilles WK, et al. Spectrum of care: more than treatment options. *J Am Vet Med Assoc* 2021;259(7):712–7.
- Logas D, Maxwell EA. Collaborative care improves treatment outcomes for dogs with chronic otitis externa: a Collaborative Care Coalition study. *J Am Anim Hosp Assoc* 2021;57(5).
- American Pet Products Association. 2021-2022 APPA National Pet Owners Survey, Business/Finance Fact Sheet. [americanpetproducts.org](https://www.americanpetproducts.org/docs/default-source/uploadedfiles/npos/21-22-businessandfinance). Available at: <https://www.americanpetproducts.org/docs/default-source/uploadedfiles/npos/21-22-businessandfinance>. Accessed September 5, 2023.
- Chiu LJ, Li J, Lhermie G, et al. Analysis of the demand for pet insurance among uninsured pet owners in the United States. *Vet Rec* 2021;189(1):e243.
- Cammisa HJ, Hill S. Payment options: an analysis of 6 years of payment plan data and potential implications for for-profit clinics, non-profit veterinary providers, and funders to access to care initiatives. *Front Vet Sci* 2022;9:895532.
- Access to Veterinary Care Coalition. Access to veterinary care: barriers, current practices, and public policy. December 17, 2018. Available at: <https://pphe.utk.edu/wp-content/uploads/2020/09/avcc-report.pdf>. Accessed January 10, 2024.
- LaVallee E, Mueller MK, McCobb E. A systematic review of the literature addressing veterinary care for underserved communities. *J Appl Anim Welf Sci* 2017;20(4):381–94.
- Neal SM, Greenberg MJ. Putting access to veterinary care on the map: a veterinary care accessibility index. *Front Vet Sci* 2022;9:857644.
- U.S. Bureau of Labor Statistics. Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity. BLS.gov. 2020. Available at: <https://www.bls.gov/cps/cpsaat11.pdf>. Accessed January 10, 2024.
- Brown A. About half of U.S. pet owners say their pets are as much a part of their family as a human member. Pew Research Center. July 7, 2023. Available at: <https://www.pewresearch.org/short-reads/2023/07/07/about-half-of-pet-owners-say-their-pets-are-as-much-a-part-of-their-family-as-a-human-member/#:~:text=Who%20is%20most%20likely%20to,Black%20adults%20are%20pet%20owners>. Accessed May 15, 2023.
- Moses L, Malowney MJ, Wesley Boyd J. Ethical conflict and moral distress in veterinary practice: A survey of North American veterinarians. *J Vet Intern Med* 2018;32(6):2115–2122.
- Blackwell MJ, O'Reilly A. Access to veterinary care—a national family crisis and case for One Health. *Adv Small Anim Care* 2023;4(1):145–57.
- American Veterinary Medical Association. Human-animal bond. AVMA.org. Available at: <https://www.avma.org/one-health/human-animal-bond>. Accessed August 3, 2023.
- Englar RE. Recasting the gold standard – part I of II: delineating health-care options across a continuum of care. *J Feline Med Surg* 2023;25(12):1098612X231209855.
- Skipper A, Gray C, Serlin R, et al. 'Gold standard care' is an unhelpful term. *Vet Rec* 2021;189(8):331.
- Epstein RM, Beach MC. "I don't need your pills, I need your attention." Steps toward deep listening in medical encounters. *Curr Opin Psychol* 2023;53:101685.
- Zampella T. Commitment of Listening. Bhavana Learning Group. 2016. Available at: <https://www.bhavanalearning.com/wp-content/uploads/White-Paper-Commitment-of-Listening-2020.pdf>. Accessed January 30, 2024.
- van Hoof SJ, Kroese ME, Spreeuwenberg MD, et al. Substitution of hospital care with primary care: defining the conditions of primary care plus. *Int J Integr Care* 2016;16(1):12.
- MacLeod MLP, Hanlon N, Reay T, et al. Partnering for change. *J Health Organ Manag* 2019;34(3):255–72.

30. Barnett K, Mercer SW, Norbury M, et al. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 2012;380(9836):37–43.
31. World Health Organization. Global Status Report on Noncommunicable Diseases 2014. Available at: https://iris.who.int/bitstream/handle/10665/148114/9789241564854_eng.pdf?ua=1. Accessed May 15, 2024.
32. van der Wees PJ, Wammes JGG, Westert GP, et al. The relationship between the scope of essential health benefits and statutory financing: an international comparison across eight European countries. *Int J Health Policy Manag* 2016;5(1):13–22.
33. McPhail SM. Multimorbidity in chronic disease: impact on health care resources and costs. *Risk Manag Healthc Policy* 2016;5(9):143–56.
34. Karam M, Brault I, Van Durme T, et al. Comparing interprofessional and interorganizational collaboration in healthcare: a systematic review of the qualitative research. *Int J Nurs Stud* 2018;79:70–83.
35. Kucukarslan SN, Peters M, Mlynarek M, et al. Pharmacists on rounding teams reduce preventable adverse drug events in hospital general medicine units. *Arch Intern Med* 2003;163:2014–8.
36. Leape LL, Cullen DJ, Clapp MD, et al. Pharmacist participation on physician rounds and adverse drug events in the intensive care unit. *JAMA* 1999;282:267–70.
37. Wheelan SA, Burchill CN, Tilin F. The link between teamwork and patients' outcomes in intensive care units. *Am J Crit Care* 2003;12:527–34.
38. Hall D, Buchanan J, Helms B, et al. Health care expenditures and therapeutic outcomes of a pharmacist-managed anticoagulation service versus usual medical care. *Pharmacotherapy* 2011;31:686–9.
39. Martinez AS, Saef J, Paszczuk A, et al. Implementation of a pharmacist-managed heart failure medication titration clinic. *Am J Health Syst Pharm* 2013;70:1070–6.
40. Chang WY, Ma JC, Chiu HT, et al. Job satisfaction and perceptions of quality of patient care, collaboration and teamwork in acute care hospitals. *J Adv Nurs* 2009;65:1946–55.
41. Jones B. The science behind the growing importance of collaboration. Kellogg Insight. September 6, 2017. Available at: <https://insight.kellogg.northwestern.edu/article/the-science-behind-the-growing-importance-of-collaboration>. Accessed May 15, 2024.
42. Hindi TN, Frenkel A. The contribution of collaboration to the development of sustainable innovation in high-tech companies. *J Innov Entrep* 2022;11:62.
43. Thiam Y, Allaire J-F, Morin P, et al. A conceptual framework for integrated community care. *Int J Integr Care* 2021;21(1):5.
44. Card C, Epp T, Lem M. Exploring the social determinants of animal health. *J Vet Med Educ* 2018;45(4):437–47.
45. Adler NE, Rehkopf DH. U.S. disparities in health: descriptions, causes, and mechanisms. *Annu Rev Public Health* 2008;29:235–52.
46. Martin-Kerry J, McLean J, Hopkins T, et al. Characterizing asset-based studies in public health: development of a framework. *Health Promot Int* 2023;38(2):daad015.
47. Glasgow Centre for Population Health. Towards asset-based health and care services. February 2014. Available at: www.gcph.co.uk/assets/000/000/255/BPCS13_Towards_asset-based_health_and_care_services_FINAL_original.pdf?1700036398. Accessed May 15, 2024.
48. McCobb E, Dowling-Guyer S, Pailier S, et al. Surgery in a veterinary outpatient community medicine setting has a good outcome for dogs with pyometra. *J Am Vet Med Assoc* 2022;260(S2):S36–S41.
49. Nolen RS. A specialty whose time has come: shelter medicine recognized as veterinary specialty. *J Am Vet Med Assoc* 2014;244(11):1218–21.
50. Block G, Ross J, Northeast Veterinary Liaison Committee. The relationship between general practitioners and board-certified specialists in veterinary medicine. *J Am Vet Med Assoc* 2006;228(8):1188–91.
51. Holcombe TM, Strand E, Nugent W, et al. Veterinary social work: practice within veterinary settings. *J Hum Behav Soc Environ* 2015;26(1):1–12.
52. Hoy-Gerlach J, Ojha M, Arkow P. Social workers in animal shelters: a strategy toward reducing occupational stress among animal shelter workers. *Front Vet Sci* 2021;8:734396.