What to do When Financial Resources are Limited

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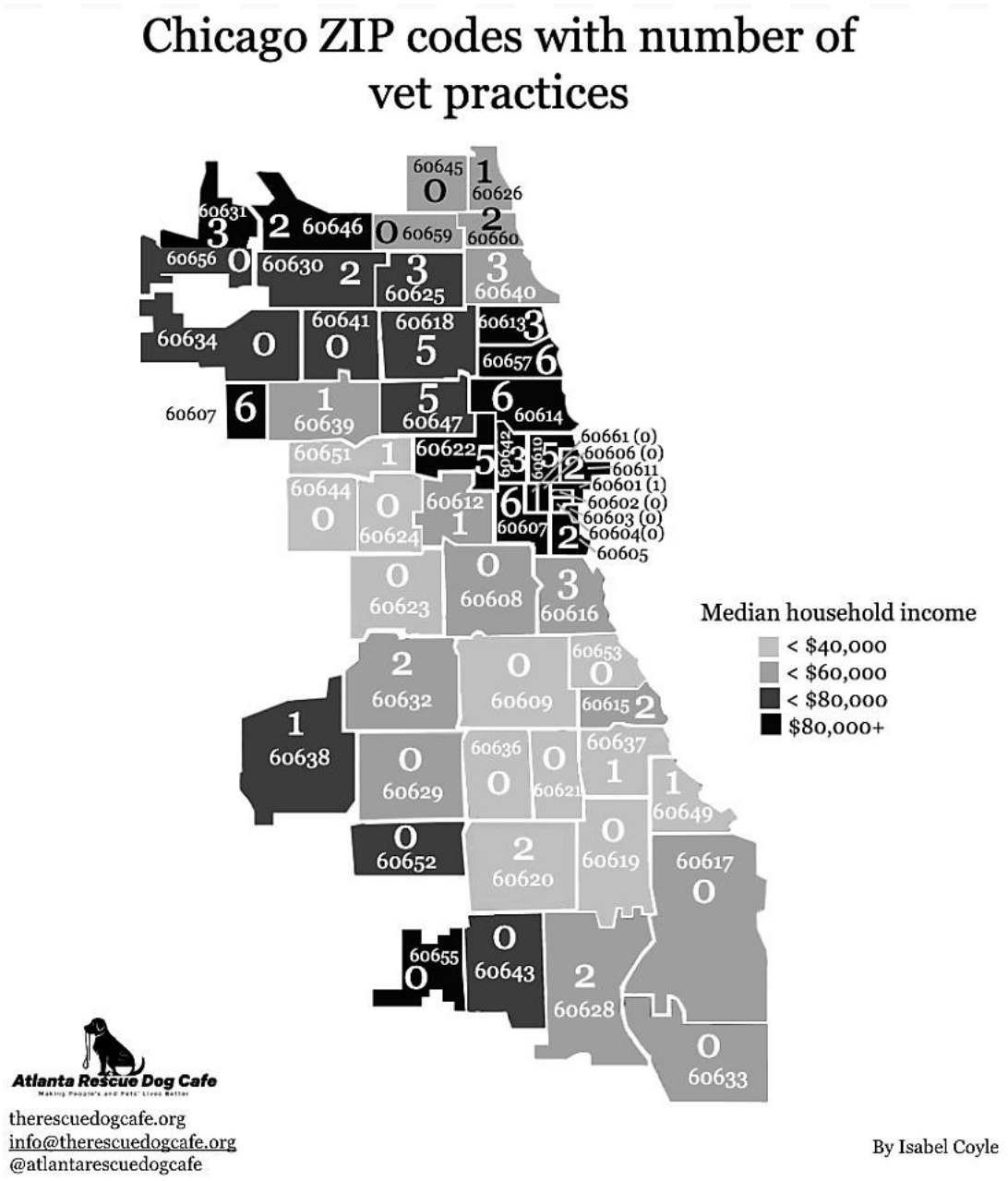
Veterinary medicine is amazing! There is a true chance to make a large difference in animal and human lives, and to challenge yourself to learn and grown. However, one of the largest challenges that face clinicians is the "no money" client. There is obviously no easy answer to this challenge, but some ideas come to mind. What does "no money mean?" No money means different things to different people. Management specialists appropriately discuss that it is important to highlight "treatment plan" rather than estimates, and to work to get buy-in from the clients. This is of course excellent advice, and certainly for some people, further discussion about the necessity of therapy can enhance the availability of resources. However, for other individuals, there really is not available money for therapy. This leads to a tremendous amount of angst for the client, as well as the clinician and technicians. Unfortunately, clinicians and technicians are often on the receiving end of anger from clients without available resources. There is not an easy solution to this plan, but many ideas may exist that can help facilitate continuing to help animals, love your job, and *limit* frustration in these situations. ER and 24-hour hospitals are exceedingly expensive to run, and it is essential that they are reasonably profitable. From a business model, the questions exist as to if you are better off generating $100 for exam and euthanasia, and collecting all of that, or generating $2000 and collecting only $1000. The decision point on this for the practice managers but recognizing that different markets will bear different prices points is wise, and if you find you are always euthanizing for lack of money; it may be that changing the price point can affect that and increase profitability. The cost of ER work (human and veterinary) is always under fire, but a busy 24 ER requires at a minimum ~2- 5K a day to be open for fixed costs. Costs at larger 24 hour hospital may exceed 50K per day. Recognize that in referral practice, the ER almost always has the majority of the bad debt or outstanding invoices.

A growing discussion point in the concepts of both *spectrum of care* and *access to care*. We will talk about both of those separately but there is some overlap. The spectrum of care addresses the multiple options available with the concept of choosing what is right for that pet/family. Examples include easier steps like declining pre-anesthetic blood work, or sending home immediately after surgery, as well as more advanced solutions such as surgery performed by an less experienced person or delaying a surgery (eg. Pyometra) until a less costly option can be found. The expense of veterinary care has generally outpaced the cost of inflation, and simultaneously, the fear of "standard of care" causes some veterinarians to be nervous about options, as does the guidelines in some corporate practices. One potentially helpful thing to remember is that documenting communication and declined recommendations is important with preventing complaints, and that most complaints come from lack of communication not recommendations. It is ok to ask people what their budget is, and also be familiar with options. Of course, in some cases, we treat (eg. GDV) there is no conservative option that is likely to have a good outcome, and surgery is indicated or euthanasia, but in many cases, a good/reasonable outcome could be anticipated with a more moderate approach. Access to care includes both the cost of care (which prevents access) and the actual availability of care. Limited numbers of veterinary facilities have lead to "service pauses" for ER, and wait times in the order of weeks to months for some primary care practices. Additionally, underserved areas may have miles between veterinarians, even in larger cites, due the economic concerns of that specific area. Data below is shown from the Atlanta Dog Rescue Café, which had previously published a study on Atlanta, showing similar findings. To be fair, if you are starting a practice (similar to Starbucks effect concept https://www.cbsnews.com/news/starbucks-makes-propertyvalues-jump-study-shows/) you want ideally affluent clients.



ASPCA study- Does client resources limitations affect ER team? (Thank you to those who participated in this data collection!)

Financial limitations are thought to be common amongst clients presenting for care at Emergency Veterinary Hospitals (EVH). The primary goal of this study was to evaluate the impact of owner financial limitations (FL) and the approach to treating animals with owner-reported FL. The secondary goal was to evaluate options to improve delivery of care to underserved populations. An electronic survey was created and offered to the ACVECC and VECCS communities. The study was reviewed by the institutional review board (IRB). A variety of demographic, procedural and situational questions were asked. Descriptive statistics are reported Four-hundred and twenty-one people responded to the survey; the majority were veterinarians and technicians. The most common employment types were corporate

referral/specialty (43%), non-corporate referral/specialty (30%) and academic teaching hospital (22%). 87% reported seeing clients with FL either daily or weekly with FL and 85% reported adjusting treatment plans daily or weekly to accommodate FL. 75% reported seeing conditions daily or weekly that could have been ameliorated by access to preventative care. 85% of hospitals offered Care Credit, 26% Scratch Pay, and 17% a hospital payment plan. 42% of hospitals have an "Angel" fund to assist with some costs of care; these are funded and applied in varying ways. 44% of respondents reported working with local shelters/rescues. 38% of respondents would be supportive of having rescue groups use their hospital out of hours for wellness/vaccinations, 35% were not interested and the rest undecided. 50% of respondents would be willing to take vouchers from charity groups from clients with FL. 61% were supportive of the idea of a veterinary nurse practitioner to help see minor/outpatient cases at a lower cost. Client financial limitations represent a tangible source of anxiety and frustration to veterinary professionals. On-going efforts to understand and address these disparities are vital to a healthy veterinary profession.
***** THIS IS A BIG TIME SOURCE OF STRESS TO TEAM MEMBERS;**

So, what can you do?
Alternating treatment plans

This is perhaps one of the most helpful ways to approach cases with "no money". As we first start in ER, we are often tempted (as we should be) to provide the best care and most complete diagnostics and therapy as possible. For example, 2 year vomiting Labrador, who is maybe 5% dehydrated and possible painful on palpation. FB ingestion is of course possible. A standard approach might be to collect blood samples for a CBC/Chemistry profile, plus Abdominal XRays or US, and admit for the fluids for the night. However, as your discussion with the family ensues, the potential need for surgery should be mentioned; if surgery is not an option, and euthanasia seems inappropriate, treat for what you can- in this case, perhaps it is a pcv/ts and some fluids and maropitant. Does this mean you can't change the plan if the dog gets worse? ?? Of course not! But you might not need to do everything at once!

In other diseases/conditions the urge to hospitalize for care is real, but there often exists little evidence that plan B is a bad one. ERs overall and specifically specialty practices often are under fire from local practitioners as well as owners as being very expensive. While it is clearly up to each practice to determine the prices for each level of diagnostics and therapy, it is important to not have "My way or the high way" approach. The median disposable income is relatively low among most Americans, and other options should always be considered if it not clear that euthanasia is mandatory.

In cases with mandatory hospitalization, it is still possible to save significant resources for clients by decreasing monitoring or level of care. UO cats may often be managed with SQ fluids, and without multiple electrolyte checks. While rechecking laboratory work is comforting, the physical exam is often unrated as a monitoring tool. Understand your hospital's charging approach and while being sure to charge correctly, recognize that orders and medications will affect the final cost. For examples, some places charge by the injection, while other provide "nursing charge"; both are fine options, but may result in one case electing to give medications orally, while the other might continue IV injections.

For each test or treatment, spend time determining how it will change what you do that night; do you really need those results to proceed? For example, a vomiting pit bull puppy without vaccines, and no money for admission, does a parvo snap test really help? Or how about spending money on fluids? In other cases, are abnormalities relevant? Do you really need a CBC? What can you do as an outpatient? Can their regular vet care for the pet tomorrow?

For some diseases, such as cardiac disease, while an echocardiogram and evaluation by a cardiologist is clearly the gold standard, if the clients can afford either an echo, or 6 months of pimobendan, Lasix and enalapril; make your best guess and treat the patient; you can live without the echo!

From a surgical standpoint, is there an option for a less experienced individual to perform the procedure at a discount? If you normally have a surgeon do a procedure, could an ER doctor? Could it wait overnight? Again, the hospital's bottom line is important to everyone, but in some cases, particularly in newer practices, or on otherwise "quiet" nights, it may be possible to generate a profit, at a lesser cost. Practices that are located closer to veterinary schools may benefit from have veterinary students involved in procedures.

Fractures: Short of back fractures, few fractures are surgical emergencies. Learn to wire cat jaws and to place good splints. In young animals, many fractures will heal reasonably with conservative care. Amputation can be a reasonable option as well.

Summary: Offer what you think is best for each patient, but be willing to compromise if need be. Creative compromise, and a bit of enthusiasm can be very useful for good outcomes. Be careful to document what was offered and that the clients declined plan A, but in my mind this is very rarely an issue.

Primary care veterinarian

Many people presenting pets to an ER have a good relationship with their primary care vet; it makes sense to learn which hospitals in your area are ok with surgical or advanced medical procedures, and which ones are not. For people without a primary care vet; maintain an unbiased list of veterinary practices to provide to them. Partner with your PCP to help get patients back to them. Recheck with your vet in the AM is often a reasonable plan. Maybe they can do the pyometra surgery in the AM or a spay dehiscence will be done at no or reduced cost by the original surgeon. If possible, have a list of phone numbers for practice owners so you could reach them in the middle of the night; particularly if there is a crisis such as hemorrhage after a spay. It may be that the patient can return to the ER for post-op care.

GoFundMe

Internet based fund-raising may be very effective to help raising the funding for larger procedures. I am not really clear why they work so well, but they do often help with larger procedures. However, they are not helpful at 2 am with a traumatic hemoabdomen. **Insurance** Pet insurance can be very useful in covering the medical costs. From an ER perspective, if clients don't arrive with insurance, it is obviously too late to secure coverage. However, hosting free owner education nights may discuss insurance, and consider talking to your local primary care practices about their perspective on insurance. For many people, catastrophic insurance might be quite reasonable, and give them the opportunity in acute cases such as GDV or HBCs. Consider trying to offer pet insurance to your employees as a benefit.

Community work

ER veterinarians and technicians are overwhelmingly compassionate and well-respected in the community. Work to get involved in your community, can you help with a pet care seminar?, can you attend a pet fair?, can you have a booth at a fair? Help educate people about the expense of having pets at times. Explain the benefits (health and cost) of elective spay versus pyometra/dystocia. Volunteer 1-2 days a year at a shelter or for a rescue group. These items don't directly help with "no money" cases but they can make individuals get less burned out over time. Connections with rescue groups can directly help in crises, as some are will to adopt animals of certain breed urgently. Some low income clinics have surgical capabilities, and may be able to address some medical concerns as well.

Foundations

Multiple charitable foundations exist to help sick and injured animals; however, individuals that may not always be reachable off hours often run them. Breed specific rescue groups can often be counted on for

more uncommon dog breeds, and knowledge of these groups can be very useful. Consider have a 501C3 (US) for ill or injured animals with fixable diseases; these can be quite easy to set up, and often can receive donations for care and treatment of critically ill and injured animals. Some practices make a small donation ($5) for each pet that dies or is euthanized at the practice; this is very popular among clients, and often results in a return donation in the pet's memory. **Internal support**

Many larger practices try to offer clinicians and technicians a small amount of "hospital dollars" to be spend on patients that need a specific therapy or test. This can be a useful method for getting buy-in amongst the younger team members and avoiding the temptation to not charge for the services. Ideally, it is fund that is refilled based upon financial targets; for example, if the ER target gross is 750,000, and they generate through caseload 800,000; for a 50,000 above target, offering $2500 to the team to spend as they see fit to help patients can be very useful for building morale.

Clinical trials

Larger hospitals may be part of a clinical trial network; these may pay for all or part of costs of care and representing often a higher level of care. Again, these are hard to access off-hours, but reasonable to keep in mind.

For the clinician/technician

Recall that any anger is really not directed at you.

Work with the administration for approaches to these problems; you want to work as a team, not have an adversarial relationship, as the profitability of an ER relies on good business models, but similarly on a happy ER team feeling supported and empowered to make some decisions.

Summary

This is and will likely remain, a very frustrating aspect of veterinary ER work. Take some time to decompress and remember what you loved about the profession in the first place. When faced with challenges, work to see what you do with what you have; animals are very good at recovering with time, so supportive care (eg. Antibiotics, fluids etc) are often associated with a great outcome. Be your patient's advocate.

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