Colorado Veterinary Professional Perspectives on Access to Veterinary Care and Veterinary Workforce Challenges and Possible Solutions

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Overview of the Survey Effort

- The focus of this survey is on understanding veterinary professional's perceptions of the veterinary workforce and access to care challenges facing our communities. This survey was initiated through a collaborative effort between the Colorado Governor's Office and the <u>Animal-Human Policy Center</u> at Colorado State University. The survey was designed by a task force of stakeholders from industry, academia, government, and non-profit organizations.
- This survey sought to understand 1) veterinary professionals' perspectives on the extent of access to veterinary care and veterinary workforce challenges in their practice and their community and 2) their perspective on potential policy solutions to address these challenges.
- A link to the online survey was sent via postcards to all 5,758 veterinary professionals on the Colorado Department of Regulatory Agencies (DORA) list of licensed veterinarians and veterinary technicians in August 2023. The survey was also sent to veterinarians and veterinary technicians via the Colorado Association of Certified Veterinary Technicians (CACVT) and Colorado Veterinary Medical Association (CVMA) online newsletters.
- The results reported here are from the 736 veterinary professionals who responded; of these, 446 respondents completed 100% of the survey and 521 completed at least 60% of the survey. 37% of the respondents reported that their current role was a veterinarian, 52% reported that their role was a registered/certified veterinary technician or non-credentialed veterinary technician, 17% reported being a practice owner/manager, and 4% reported "other."
- The majority of respondents (477 or 65%) worked in companion animal only practices; 19 worked in a large animal only practice, 68 worked in a mixed animal practice, and 58 worked in a shelter/non-profit.

Understanding the Extent of Access to Veterinary Care and Veterinary Workforce Challenges in Colorado

Background:

- The design of the survey builds on research, including the <u>2018 Access to Veterinary Care Coalition</u> (AVCC) report, suggesting that many households with pets are not able to get access to veterinary care. The 2018 AVCC report found that one out of four households in the US experienced barriers to receiving veterinary care. Further 86.7% of all respondents agreed that not being able to obtain needed veterinary care impacts the owner's mental and emotional health. The survey also builds on a variety of studies suggesting that there may be veterinary workforce challenges, such as difficulty recruiting enough veterinary staff to meet the demand for veterinary services.
- This survey asked veterinary professionals about their perspectives on and experiences with these potential access to care and veterinary workforce challenges in Colorado. Below are key results.

- Veterinary professionals in Colorado are frequently having to divert clients because they don't have sufficient staff: When asked on average how often their clinic has had to divert clients because they can't fit them into their schedule or address their condition in a reasonable time frame, 71% of practice managers/owners reported weekly or more often. When veterinary technicians and DVMs were asked the same question, 67% reported weekly or more often.
- Veterinary professionals in Colorado are frequently having to decline care for patients or euthanize pets due to cost being a barrier to care: 55% of DVMs/technicians reported that on average, they had to decline veterinary care for patients because the caretaker cannot afford to pay for treatment at least once a week. 72% of DVMs and technicians reported that their veterinary team has had to euthanize an animal in the past year because the owner couldn't afford the treatment they recommended and a different decision would have been made if the client had sufficient financial resources.
- Not being able to provide access to care for all patients affects the majority of veterinary professionals' mental health: 66% of DVMs and technicians who had to euthanize an animal because the owner couldn't afford treatment reported that doing so influences their mental health moderately, a lot or a great deal. Of those who had to decline veterinary care because the caretaker couldn't afford it, 63% reported that doing so influences their mental health moderately.
- **DVMs/practice managers want more veterinary technicians but are having trouble finding them:** On average, practice managers/owners and DVMs reported having 1.8 RVT/CVTs per veterinarian in their clinic. These respondents also reported that 2.9 would be the ideal number of RVTs/CVTs per veterinarian in their clinic to maximize efficiency and number of patients treated. 78% of DVMs and practice managers/owners somewhat or strongly agreed with the statement that "RVTs/CVTs are difficult to find."
- The majority of veterinary professionals believe that lack of access to care is a problem. 57% of respondents believed that inadequate access to veterinary care is a moderate or significant problem in the area where they practice.
- Additional data is needed from surveys of the public to understand public experiences with accessing care and the barriers they face. We are currently collecting this data and it will be available November 2023.

Potential Policy/Program Solution #1: Grants, Vouchers, and Aligncare to Support Families and their Pets in Receiving Care

Background:

- Grants or vouchers that go directly to community members or to clinics to reduce the costs of veterinary care are one potential way to increase access to veterinary care. For example, many clinics have "angel funds" or small donations from staff and other clients that they apply to reduce the costs of veterinary care in instances where pet owners can't afford it. As another example, in Rhode Island, a program was founded in 2013 that provides the economic incentive of \$125 vouchers to income-qualified pet owners, which they can use to receive veterinary services.
- Additionally, systems in communities to increase access to veterinary care for underserved populations of
 people and pets by providing support to families and veterinary care for their animals have been proposed.
 An example is <u>AlignCare</u>, which connects pet families in need with veterinary service providers, community
 groups, and social service agencies. In AlignCare communities, veterinarians can sign up to be an AlignCare
 Veterinary Service Provider (VSP), so AlignCare families can choose a clinic to provide their pet with the
 services they need. For profit VSPs are asked to discount services by 20% for Aligncare families. Aligncare
 then covers 60% of the costs and the family provides 20% co-pay at the time services are rendered.
 Veterinary Social Workers provide pet families with emotional support and coaching to help manage nonmedical, pet-related issues.

- The majority of respondents were interested in participating in a grant program to expand access to care. 69% of respondents reported that they would be "moderately," "very" or "extremely" interested in participating in a grant program for private and non-profit clinics and community organizations focused on increasing veterinary service for underserved populations of animals and people. When asked what they would use grant funds for, answers included covering the costs of care for low-income clients, opening up a low-cost ER, vaccination, or overall preventative care clinic in their community, providing free/low cost dental and spay/neuter services for their community, and increasing pay of veterinary technicians.
- Approximately half of DVM/practice manager/owner respondents would participate in voucher programs to expand access to care. 53% of respondents said they would be willing to accept vouchers for income qualified pet owners to help relieve the cost of care to owners as part of payment for services; 11% said no, and 35% were unsure. Those who said no or unsure were concerned about the vouchers not being sufficient to cover the costs of care or not leading to long term care, or delays in clinics being paid back for vouchers.
- Despite many respondents believing a program like Aligncare would help increase access to veterinary care, many were unsure if they would participate in a program like Aligncare. When asked to what extent do you believe this type of system would be helpful in providing veterinary service to underserved populations of people and animals in their community, 58% responded that it would be "moderately" or "very helpful." When asked if they would be interested in participating in Aligncare by providing care for families in need in which the family pays a 20% copay when services are rendered, and AlignCare covers 60% or 80% of the costs (for profit vs non-profit, respectively), 27% of respondents said they would participate, 27% said they would not, and 46% were unsure. Those unwilling or unsure about participating were concerned about corporate practice allowing participation, reductions in profitability and thus pay for veterinary professionals, undervaluing veterinarians, and whether it is easy and quick to charge the system and get reimbursements.

Potential Policy/Program Solution #2: Mid-level Practitioner

Background:

• To address veterinary workforce and access to care challenges, some have proposed the introduction of a mid-level practitioner, or veterinary professional associate (VPA) into the profession. There has been an effort to develop a Masters of Veterinary Clinical Care (MSB-VCC) degree program to train such veterinary professional associates. Graduates of a program like this would be trained in clinical case management and would work under the supervision of a veterinarian, who determines the level of appropriate delegation.

- About half of respondents believed that a VPA would positively benefit the profession, their practice, and would increase access to veterinary care. A total of 46% of respondents reported that a VPA would positively benefit the profession. A total of 41% of respondents reported that a VPA would positively benefit their practice.
 51% of all respondents somewhat or strongly agreed that the development of a "mid-level" VPA position would increase access to veterinary care for underserved populations.
- Support for a VPA was highest among veterinary technicians and respondents working in corporate practices. 19% of DVMs, 61% of veterinary technicians, and 30% of practice managers/owners reported that they believed a VPA would positively benefit the profession. 16% of DVMs, 54% of veterinary technicians, and 29% of practice managers/owners reported that they believed a VPA would positively benefit their practice. 64% of veterinary technicians, 39% of practice managers/owners, and 30% of DVMs somewhat or strongly agreed that the development of a VPA would increase access to veterinary care for underserved populations. 53% of respondents from corporately owned practices, 44% from non-profit practices, and 35% from privately owned practices reported that they thought a VPA would positively benefit their practice.
- Support for a VPA varied slightly across rural, urban, suburban, companion-animal, livestock, and mixed practices. 40% of respondents from rural practices, and 43.5% of respondents from suburban practices, 53% from urban practices, 49% from companion/shelter practices, and 37% from large animal/mixed practices reported that they believed a VPA would positively benefit the profession.
- **Perspectives shared in support of a VPA included:** A mid-level practitioner would take stress off of DVMs and allow practices see more patients and be more efficient, improving mental health and work-life balance of veterinary professionals; could save clients money by providing certain services at a lower cost; would provide new career pathway for RVTs interested in more schooling and expanding their roles; could recruit more people to veterinary field through a position that requires less debt; would especially help in ER situation to allow DVMs to focus on critical cases and surgeries; could help address shortage, especially in rural areas
- *Perspectives shared against a VPA included:* Already have CVTs/RVTs that currently or could fill this role with more training or opportunities; should elevate current technicians in scope of work they can perform at hospitals and increase pay and retention before creating a whole new role for people; Corporate practices will use this to increase profits by trading veterinarians for multiple, lower paid mid-levels, may increase DVM shortage further and may make it harder for clients to see DVMs; No indication these mid-levels would work in underserved areas, especially when large corporations will offer much better pay; concern about liability of having a VPA practice under DVM and VPAs misdiagnosing
- *Respondents were most supportive of a VPA providing preventative care (vaccines, parasite control, etc.)* as well as leadership development of veterinary teams, end of life counseling and euthanasia, teletriage, and coordination of case management between primary and referral veterinarians. Respondents were least supportive of VPAs performing spays on shelter or owned animals, multiple root tooth extractions, and surgical procedures external to the body cavity.

Potential Policy/Program Solution #3: Expanding the Use of Telemedicine

Background:

• To address veterinary workforce and access to care challenges, some have proposed expanding the use of To address veterinary workforce and access to care challenges, some have proposed expanding the use of telemedicine through providing education and resources to veterinary professionals and/or policy focused on increasing the types of procedures/tasks performed using telehealth. For example, in May 2023, Senate Bill 1053 was signed into law in Arizona which allows veterinarians licensed in Arizona to establish a veterinarian-client-patient relationship (VCPR) through telemedicine. The survey therefore asked about veterinary professionals' current use of telemedicine and their support of potential policies and programs focused on telemedicine.

- The majority (63%) of respondents somewhat or strongly believed that expanding the use of telemedicine would increase access to veterinary care for underserved populations. More than half (51%) never used telemedicine or used telemedicine less than once a month, and the most common way telemedicine was currently used was for follow-up.
- *Respondents shared a variety of barriers preventing full implementation of telemedicine in their practice.* Confusion over how to implement/charge for telemedicine was the most common barrier (reported by 40% of respondents) followed by the need for technology (34%) and acceptance of telemedicine/training of personnel in how to use telemedicine (31%).
- More respondents believed that a law allowing veterinarians to establish a veterinarian-clientpatient relationship (VCPR) through telemedicine would be beneficial for the profession and for increasing the amount of care that veterinary professionals could provide to underserved populations. Specifically, 43% of respondents reported that they believed a law similar to Arizona's would have a slight, moderate, or strong positive impact on the profession while 39% reported that they believed it would have a slight, moderate, or strong negative impact on the profession. 52% of respondents somewhat or strongly agreed that the ability to establish a virtual veterinarian-clientpatient relationship (VCPR) through telemedicine would increase the amount of care that veterinary professionals could provide to underserved populations.
- Veterinary technicians and those working in corporate practices reported the most positive beliefs towards establishing a veterinarian-client-patient relationship (VCPR) through telemedicine. Specifically, 46% of technicians, 38% of DVMs, and 38% of practice owners/managers reported that they believed a law similar to Arizona's would have a slight, moderate, or strong positive impact on the profession. 47% of those in corporate practice, 37% of those in private practice, and 33% of those in non-profit practices reported that they believed a law similar to Arizona's would have a slight.
- When asked what resources would help veterinary professionals better integrate telemedicine in their practice, answers included: Training on implementation process and technology; legal clarification about establishing a VCPR, prescribing or engaging in other tasks via telemedicine; platforms that can be used to easily charge for telemedicine and integrate video chat; grant funds for technology; case studies of practices.

Potential Policy/Program Solution #4: Loan Repayment Programs & Educational Assistance

Background:

• To address veterinary workforce and access to care challenges, some have proposed expanding programs to help offset the costs of education or increasing training opportunities to become a veterinary professional. These programs/opportunities may include loan repayment programs or other educational assistance programs aimed at recruiting more individuals to the veterinary profession and/or to work in specific areas of need (e.g., veterinary shortage areas). In this survey, we asked respondents about their views on these programs.

- The majority of respondents (62.5%) agreed that the development of state-wide student loan repayment assistance programs *for registered/certified veterinary technicians* would increase access to veterinary care for underserved populations.
- There was strong interest, especially among veterinary technicians, in loan-repayment assistance programs for veterinary professionals working in locations with high need such as shelters and low-cost clinics. The majority of respondents (70%) agreed that the development of state-wide student loan repayment assistance programs for veterinary professionals who commit to working in low cost or shelter clinics for a period of time would increase access to veterinary care for underserved populations. When asked if they would be or would have been likely to work in various settings if there was also a state-wide loan repayment assistance program for veterinary professionals who commit to working there for at least 3 years, 43% of DVMs reported that they would be somewhat or extremely likely to work in a low-cost for profit clinic, 47% of DVMs reported that they would be somewhat or extremely likely to work in shelter medicine. When the same question was asked of technicians, 60% reported that they would be somewhat or extremely likely to work in shelter medicine. When the same question was asked of technicians, 60% reported that they would be somewhat or extremely likely to work in shelter medicine. When the same question was asked of technicians, 60% reported that they would be somewhat or extremely likely to work in a low-cost non profit clinic, and 58% reported that they would be somewhat or extremely likely to work in a somewhat or extremely likely to work in a low-cost non profit clinic, and 58% reported that they would be somewhat or extremely likely to work in shelter medicine.
- Many DVM/practice owner/manager respondents were willing to hire a part-time veterinary technology student apprentice to support technicians in getting on-the-job training at clinics in addition to hours spent in school to receive an Associate's Degree. Specifically, 58% of respondents reported that they were moderately or very willing to hire a student through such a program. 44% reported that their willingness to hire this student would greatly increase if offered a grant to cover the costs of paying the student's hourly rate. Those willing to hire a student through such a program shared that they believed it would be helpful in getting technicians more hands-on experience, ensuring they graduate sooner with less debt, and could help address staffing shortages, help train technicians for the clinic environment, and recruit technicians not staying with the clinic, how time consuming/costly it is to train them, and the students not being ready to contribute to the professional environment.
- Respondents believed that grant funds for technicians to cover the cost of the Veterinary Technician Specialist (VTS) designation would increase the number of technicians pursuing this designation. Specifically, 76% of DVMS and 87% of technicians believed that grant funds would moderately or greatly increase the number of veterinary technicians receiving this designation. Most respondents also believed that more structured support (resident programs, mentorships) aimed at helping technicians obtain a "VTS designation" would increase the number of CVTs receiving a VTS designation.

Potential Policy/Program Solution #5: Clarifying roles of RVTs and advancing the VTS pathway

Background:

 To address access to care and workforce challenges, some have suggested a need for clarifying the roles of certified/registered veterinary technicians (CVTs/RVTs) and advancing career pathways for RVTs, such as through the Veterinary Technician Specialist (VTS) designation. VTSs are credentialed veterinary technicians who have completed extra training in a specialty through a technician specialty academy and have passed a certifying exam. In general, VTS candidates must have worked as a credentialed veterinary technician for a minimum of three to five years. We asked respondents about their views on RVTs and their current and potential scope of work, as well as their views on the VTS designation.

- *DVMs and practice managers/owners indicated a desire for more RVTs and difficulty finding RVTs.* On average, DVMs/practice managers/owner reported having 1.8 RVT/CVTs per veterinarian in their clinic; however, they also reported that 2.9 would be the ideal number of veterinary RVTs/CVTs per veterinarian in the clinic to maximize efficiency and number of patients treated. 78% of DVMs and practice managers/owners somewhat or strongly agreed with the statement that "RVTs/CVTs are difficult to find."
- DVMs often reported performing duties that RVTs/CVTs could perform, and had a range of barriers preventing them from fully utilizing their RVTs/CVTs. 77% of DVMs reported that they sometimes or often perform duties that RVTs/CVTs could perform. Tasks that DVMs reported performing that they believed could be delegated to RVTs/CVTs included bandaging/wound repairs, restraint, vaccinations, nail trims, some rechecks/follow-ups, sample collection/lab work, sample processing, some dental extractions, expressing animal glands, cleaning ears, pregnancy checking cattle, heartworm and flea/tick tests and treatment, and client education. Reported barriers preventing technicians from performing these tasks included corporate/hospital regulations or policies, concerns about personal liability, worries about technicians not being sufficiently trained, not having enough technicians, and need for scope of practice expansion.
- Most respondents (77.7% of DVMs and practice managers and owners and 95.7% of technicians) reported that policy clarifying what tasks are appropriate for delegation under specific levels of supervision by veterinarians to CVTs/RVTs would be somewhat, moderately, or very helpful.
- VTS's were uncommon in our sample; however, many respondents believed more VTS's would benefit the profession. Only 13% of DVMs/practice managers currently employed VTSs, and 8% of the technicians surveyed reported having a VTS credential. 44% of DVMs/practice managers/owners indicated that they somewhat or strongly agreed that they would hire a VTS if more were available and 75% indicated that they would offer a higher salary for VTS's than credentialed technicians without this designation. 51% of DVMs/practice managers/owners and 65% of technicians responded that they believed that more CVTs obtaining a VTS would positively benefit the profession.
- *Respondents believed that more clear delineation of the role of VTS's compared to CVTs/RVTs would increase the number of CVTs receiving a VTS designation.* 59% of technicians and 63% of DVMs/practice managers/owners reported that this role delineation would moderately or greatly increase the number of VTS's.
- *Respondents were most supportive of CVTs/RVTs performing preventative care, leadership development of teams, and tele-triage.* When asked what tasks respondents believed they would feel VTS's could perform that CVTs/RVTs couldn't, dental procedures including multiple root extractions was most commonly selected, followed by developing different diagnoses and diagnostic plans, understanding when escalation to DVM is needed.