

# DIVISION OF LABOUR OR HOW TO WORK THE SYSTEM

As my practice has grown dramatically busier over the years, I have continually been looking for ways to increase efficiency at our end so that we can see your patients without undue delay and still give them the very personalized service we have become known for. We have been finding that, keeping up with the demand for our services is increasingly challenging. So, I need to ask for your help in making things at our end run as smoothly as possible for your clients.

## **First Contact**

We always prefer to hear from you before hearing from the client. This serves a number of purposes.

When you call us first, it tells us that you are aware of and supportive of the idea of your client bringing their animal to us.

Some referral practices have a very strict policy that they will only talk to clients after they have received a referral letter from the regular veterinarian (hereafter referred to as the rDVM). I have a more relaxed policy in this regard. Some of our clients are referred to us by friends, neighbours, trainers or they find us on their own via the internet. If the patient needs our services, I will see it regardless of whose idea it was or how the owner got our number. However, I always like it best when the primary care clinician is the source of the referral. It lets me know that I can expect good co-operation and follow-up and that there is a good, healthy relationship between the client and the rDVM.

When a client calls us directly, having found us by some route other than their rDVM, we will always contact that rDVM to bring them into the loop and open the lines of communication.

Another benefit of hearing from the rDVM first is that it allows us to gather a great deal more information regarding the client, the patient and the problem of concern and this has a great impact on the next issue to be discussed.

So, when one of your patients is in need of our services, please contact us before you have the owner contact us. You can call, send an email or

send us a fax. Our website has a downloadable referral request form that is good to use for faxing. The form can be found at <http://www.toothvet.ca/PDFfiles/referral.pdf>. Please ensure your writing is legible and include as much (relevant) information as possible (see below). You can also use the '[fillable pdf](#)' version online. This has the advantages of being more legible and then both you and we have an e-version we can import directly into the patient's medical file.

## **Scheduling**

One of the biggest challenges we face at this end is knowing how much time to schedule for an appointment. Many animals are referred for one or two specific and obvious problems but once they get here we find several others that also need attention. Many of these problems only come to light once the animal is anesthetized and I can probe below the gum line and take my intra-oral dental radiographs. However, it is also common for me to find supplementary problems in the front office merely by doing a careful and methodical oral examination.

Here is a case-in-point. The dog pictured was presented for evaluation and treatment of a slab fracture of the right upper fourth premolar tooth (tooth 108). The slab was still attached to the gingiva and so the damage obviously extended below the gum line, but how far below was unknown. There was also a near-pulp exposure at the tip of the crown. All we could say for sure in the front office was that this tooth was going to need either root canal treatment or extraction.

But then I looked around the rest of the mouth and found the damage to the left lower first molar (tooth 309) as seen in the second photo. Now we have two major teeth in need of root canal treatment or extraction (either two extractions, two root canal treatments or one of each).



As it turned out, the subgingival damage of tooth 108 was quite severe and so this tooth was extracted while the radiograph shows that we did root canal treatment on tooth 309 to preserve the dog's ability to chew on one side of her mouth.



If I had taken the referring veterinarian's word for it that there was just the one tooth damaged, I would have scheduled a certain amount of time. Now with twice as many problems to deal with, I will need twice as much time and that means I am running late for all other appointments that day.

Since it is actually extremely common for me to find supplementary problems in patients, I usually allow time to deal with these anyway,

but it would still make scheduling at our end considerably easier if accurate information regarding the nature of the problems was relayed to us prior to having the owners contact us to schedule their appointment.

Among the things we will want to know in order to schedule effectively are:

- age, breed, size of the animal,
- exactly which tooth (teeth) are of concern,
- accurate description of the problem(s),
- for tumors/masses, an accurate description of the size, location, character and growth-rate of the lesion
- accurate/detailed history regarding the current problem (when was it noticed, what has been done so far and what response has there been to these treatments?),
- accurate and detailed history of the patient's previous dental problems and treatments and response to these treatments,
- any history pertinent to the animal's anesthetic, antibiotic and pain management issues,
- list of all medications the animal is taking,
- information about the animal's behavior and habits (aggressive recreational chewer, for example)

Among the things I do not need to know are:

- date of every pedicure the dog has ever had
- the episode three years ago of diarrhea that responded to symptomatic treatment.

What I am getting at there is, I do not want you to just print and fax the patient's entire life history. A colleague once faxed me 32 pages of history, when all I really needed was a synopsis of the dentally and anesthesiologically relevant information.

Once we have this information from you, have the owner call us. It is much easier for us to set up the date and time with them directly as they know their schedule better than you do. This call also gives us a chance to answer some of their questions, give them instructions on fasting and directions to our office.

Once we have set the date, we will contact you to let you know when we will be seeing your patient and to fill in any gaps in the history.

If, after a few weeks from first contact by you we have not heard from your client or they have not scheduled an appointment, we will call you and let you know.

### **Let Technology Be Your Friend**

Digital cameras and the internet can be of great value in setting up a referral visit. If you or the owners can obtain some good, in-focus, close-up photographs of the lesion(s) and email them to me it can really help me understand what we are going to be dealing with before the client arrives.

For some problems, such as malocclusions, it might be an idea to call or email me to ask exactly what poses I am interested in seeing. If you give me an email address, I can send you some images as examples of the views that would be most helpful to me.

If you find problems while the patient is anesthetized on your table and you can take intra-oral dental radiographs, do so and email those to me as well. Generally, I would say there is no value in taking skull radiographs with standard film as such images rarely tell me what I need to know. Have a look at this - <http://www.toothvet.ca/PDF%20files/Radiology.pdf>.

### **Pre-operative Diagnostics**

Virtually every patient I see is going to need general anesthetic. There just is no other way. See these articles for more on that soapbox issue.

<http://www.toothvet.ca/PDFfiles/Anesthesia-free.pdf>

[http://www.toothvet.ca/PDFfiles/CVO\\_position.pdf](http://www.toothvet.ca/PDFfiles/CVO_position.pdf).

There is considerable debate on the relative merits of pre-anesthetic blood tests for all patients. Many feel that if the complete general physical examination and history reveals no indication for concern, that blood-work will be of very limited value; the huge majority of patients will have a perfectly normal profile. Then others will mention that one-in-a-hundred (or thousand) case that has sub-clinical disease that was only detected because of routine pre-operative blood testing. There is no easy answer on this subject, but as with many things, I feel it

is best to assess each case on its own merits rather than having a knee-jerk, inflexible policy or protocol in which all patients get treated the same.

If the patient is relatively young, has no known medical issues, has had other anesthetics without incident and your physical examination and history-taking reveal no hints of trouble, then I do not insist that you do blood-work before I will see the patient. On the other hand, if you want to do blood work I will never second-guess your decision to do so.

If you have any reason to question the patient's metabolic status, then please do the blood/urine tests. If you have any reason to be concerned about the cardiovascular status of the patient, then do the necessary work-up. Basically I want you to do any and all pre-operative diagnostic work at your end so that I have all relevant information when the patient arrives at my office. I have no in-house lab and so if an animal arrives without proper pre-operative assessment, all I can do is collect the samples and send your client home to come back another day for surgery. Far better that you do all that at your end, because your clients likely live much closer to your office than to mine.

A major exception to that rule is if you have a fractious animal and you are in the habit of chamber-induction to subdue the patient for collection of the samples. Utilizing one of the most dangerous anesthetic regimens to collect blood to assess the patient's anesthetic risk is not a good idea. If they survive the gas induction then we do not need the blood tests to know they are a good anesthetic risk. If they are a poor anesthetic risk, then gas induction is far more likely to put them over the edge than a 'balanced anesthetic' with pre-med, fluids, oxygen, injectable induction agents and so on. For more on this, visit [www.vasg.org](http://www.vasg.org), the anesthesia board at [www.VIN.com](http://www.VIN.com) or have a look at this - <http://www.toothvet.ca/PDFfiles/SweetDreams.pdf>.

I request that pre-operative diagnostics be done at least a week before your patient is due to see us. This gives you time to assess the results and possibly reschedule if something needs more

work-up or management in preparation for surgery. It also gives us time to find someone else to take that appointment slot if your client has to postpone their visit to us due to the results.

Once you have collected the pre-anesthetic data, I request that you contact the owner to discuss those results and their significance. You are the primary care clinician and you know the patient and client far better than I do. Therefore you are the one best positioned to evaluate the results and formulate any further plan. When you send us the results, please include an explanation of any abnormalities and what is being done about them.

### **Now What Will I Do For You?**

So far all I have told you is what you need to do to make my life easier. Now it is time for me to do some things to help you and your clients.

#### **Free Advice**

I have mentioned or hinted at a few things already. You can call us or send me an email and I will give you my opinion based on the information you provide to me. The more accurate and complete the information you give me, the more accurate and complete will be the advice I give you. These telephone and email consults are a professional courtesy to my referring colleagues.

We (mostly Stephanie at the front desk) will explain to your client what is involved in their visit to us. Much of this is also available at [http://www.toothvet.ca/PDFfiles/client\\_pack\\_age.pdf](http://www.toothvet.ca/PDFfiles/client_pack_age.pdf). We will explain the time-line, how we manage anesthesia and pain, what the treatment will likely entail (based on the information we have in hand) and so on. We will try our very best to find a (weekday) appointment time that fits your client's schedule and expectations (acutely painful conditions get priority of course).

#### **A Pleasant Experience**

We will do everything we can to make your client's visit to our facility as pleasant and stress free as possible. Typically, theirs will be the only animal in the building and they will be the only client we are dealing with from the time they

arrive until the time they leave to take their pet home. Sometimes if a surgery goes long or the next client arrives early there will be some overlap, but for the most part, your client and patient will be getting our undivided attention.

### **Keeping You in the Loop**

If you provide us with an email address, I will send you a full report regarding your patient's visit as soon after the procedure as I practically can. In some cases I have the report sent before the animal leaves the hospital. On very busy days it may be evening before I get a chance to do this administrative work. Either way, you will get a letter of explanation accompanied by the patient's dental chart, the discharge statement as well as radiographic and clinical images. All of this will be sent as a pdf file that you can import into your patient's computerized records.

If you have no email address for me to send the report to then Stephanie will typically call your office to let you know that we have seen your patient, what we found and what we did as well as what discharge instructions were sent home with the owners. We can fax a copy of the chart and discharge statement right away and will mail the full package in hard copy by regular mail that day or the next.

### **Biopsy Results**

In cases of oral masses I will collect a biopsy sample. We will hand-deliver it to Brian Wilcock's home that day. I will request that Brian send a copy of his report to you as well as sending one to me. When I receive the report, I will contact your client to give them the news and tell them what the next step should be. In some cases (usually when it is bad news) I will touch base with you before I contact your client to ensure that you and I are on the same page.

### **Follow-up; Always a Crucial Part of Any Plan**

If your client lives as close to me as they do to you, I will request that they return to me for the (complimentary) two-week recheck so that I can assess healing and review the plans going forward. If they live much closer to you, I will instruct them to make an appointment at your office for that two-week recheck.

Many of the patients I see come with a specific problem, we deal with it and I never have to see them again. Others however may be in need of my continued involvement. For example, periodontal patients or animals that have had endodontic treatment (pulp capping, root canal treatment) should have their follow-up done by me (or another dental specialist) so that I can assess their response to treatment and the passage of time and do any necessary further or maintenance therapy as indicated based on my findings. For those patients that I need to see again for continuity of care, I will send them a written reminder at the appropriate time. When appropriate, I will request that they visit you for pre-anesthetic evaluation before coming to see me.

#### **Another Job for You – Let Me Do It.**

Follow-up is another area where you can have a great deal of impact on the ultimate success of the treatment plan. If I feel it is important that I see a patient myself for follow-up, please support this by encouraging your client to follow through with me. It has happened a number of times that I contact the client to arrange follow-up only to be informed that their rDVM had just cleaned the teeth and said everything was fine. Well, unless I see the patient myself and have an opportunity to examine, probe, explore, radiograph and compare findings to previous records I cannot be certain that all is well. I need to see it for myself. Once I feel the situation is truly stable enough to no longer require my ongoing involvement, I will be happy to return the patient's dental care to your hands. Until that time, please let me do the follow-up on those cases where I feel it is important for me to do so.

#### **The Home Care Talk**

For owners of animals who will benefit from daily dental homecare, we will take care of explaining the protocol for training an animal to enjoy having its teeth brushed. This usually takes about fifteen minutes or more and then there are often questions about products (pastes, gels, water additives), toys, treats and diets. We will help your client wade through this confusing maze of options and find strategies that are best suited to their situation.