

2006-2007 AAHA Forums on Veterinarian-Veterinary Specialist Referral Issues Report on key findings and best practices

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# Focus On Referral Issues



## Program Overview

### Background

With the increase in availability of veterinary specialists, the need to improve the working relationship between general practice veterinarians and specialists has gained greater importance for the veterinary profession. The referral experience can vary greatly for both the generalist and the specialist. A positive or negative experience can depend on a number of variables, particularly on the communication and relationship between the two parties involved. AAHA and others would like to foster improved communications between specialists and generalists, in order to ensure positive experiences and relationships and to provide the best medical care to our patients.

### Program objectives

The primary objective of the AAHA forums was to foster better communications and relationships between generalists and specialists, promoting the idea that the best medicine is delivered by collaboration between a practice team at an AAHA-accredited practice working with board-certified specialists when appropriate. The forums were designed as a venue to facilitate dialogue and communication between specialists and referring veterinarians about relevant referral issues.

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## Details of Forums

AAHA dinner forums were held in six cities from November 2006–April 2007. An additional forum was held after brunch in Washington, D.C., in conjunction with the D.C. Academy and Northern Virginia Veterinary Medical Association. Invitations were sent to area veterinary specialists and AAHA-accredited general veterinary practitioners and other lists of veterinary specialists. All forum discussions lasted a minimum of two hours. The facilitator asked questions of the attendees on the following topics: the working relationship between specialists and referring veterinarians, communication — verbal and written, communication and client service to pet owners, marketing by specialists, barriers to referral, quality of care issues and economic issues.

Specialist attendees included diplomats in internal medicine, oncology, cardiology, neurology, surgery, ophthalmology, dermatology, radiology, dentistry and emergency and critical care.

Sponsorship was provided by Care Credit, Hill's Pet Nutrition, Novartis Animal Health and Pfizer Animal Health.

### Participants:

- Amanda L. Donnelly, DVM, MBA, Forum Facilitator
- Jan Trumpeter, DVM, AAHA Deputy Executive Director
- John Albers, DVM, AAHA Executive Director
- Total of 194 attendees with 121 specialists and 73 general practitioners at forums held in Denver, Colo., Orange County, Calif., Fremont, Calif., Houston, Tex., Chicago, Ill., Boston, Mass. and Washington D.C.

## Key Findings and Best Practices in a Referral Situation

The following sections summarize the key findings and best practices when appropriate regarding issues discussed at the forums. Specific questions asked by the facilitator are included for each topic. It is important to note that many general practitioners and specialists may voice similar concerns and preferences, but specific methods used to address these concerns and preferences may be unique to the individuals.

In addition to gathering information during the referral issues forums, AAHA sent registered specialist and general practice attendees a brief questionnaire asking for input on several of the topics listed below. This was done in order to gain additional information and to give attendees a forum to address topics of importance to them.

### *The Working Relationship Between General Practitioners and Specialists: What constitutes a good referral experience based on your experience?*

#### Key findings

For general practitioners participating at the forums, the most important determinant of a positive referral experience was effective communication. Specific comments regarding effective communication included receiving timely updates on cases, discussing cases on the phone prior to referral, developing a team

approach between specialists and general practitioners and establishing a collaborative relationship characterized by respect and trust. The accessibility and availability of specialists were also cited by many general practitioners as an important factor associated with a good referral experience. Another significant factor noted by referring veterinarians was the need for specialty hospitals to provide good client service to pet owners.

When referring veterinarians were asked how they decide which specialty hospital to send cases to, the most common response was to “refer to specialists with whom I have good communication and have developed a personal relationship.”

For specialists, the most important determinants of a positive referral experience were timely referrals and appropriate medical records with a case summary. Many specialists did say that communication was important and noted that phone calls prior to referrals were helpful to discuss cases and clarify expectations of the referring veterinarian and client.

Both specialists and referring veterinarians were asked if they had visited each other's hospitals on a regular basis. Some general practitioners said they visited specialty practices regularly and the time was valuable to discuss cases, learn from specialists and develop a personal relationship. Other referring veterinarians acknowledged that they had never visited some specialty hospitals they refer cases to. Specialists at all forums indicated a desire to visit referring veterinarian hospitals on a regular basis and stated that they welcome and encourage general practitioners to visit their facilities. Although some specialty hospitals had established protocols for hospital visitations, many were inconsistent with visitations and cited time constraints as a barrier to doing more visits.

#### Best practices

To establish a good referral experience for both referring veterinarians and specialists, effective communication needs to occur. Many aspects of communication are significant for both groups and will be presented in more depth in the next section. For specialists, the issue of timeliness of referrals is an important aspect of a good referral experience. For referring veterinarians, client service provided by specialty hospitals to pet owners is very important.

### *Communication: What is most important in terms of verbal communication?*

#### Key findings

Most verbal communication between specialists and general practitioners occurs on the phone. Dialogue regarding this topic centered on attitudes, availability and time constraints, timeliness and value of phone calls, liability and whether specialists should charge for some consults.

Referring veterinarians noted that mutual respect and a non-judgmental attitude is important to them when they speak to specialists on the phone. They also noted that a follow-up phone call soon after a pet is seen by the specialist is helpful in case the client contacts them right away. Specialists conveyed that they are happy to talk to referring veterinarians prior to referrals to answer questions regarding whether a case should be referred, to ensure the case is sent to the correct specialist and to clarify the expecta-

tions of the referring veterinarian and the client regarding the referral process.

Although many general practitioners attending these forums said they try to make sure they are available when specialists call, many specialists indicated that often referring veterinarians are not available when they return calls. This problem of phone tag is a major frustration for specialists, as well as general practitioners, who have a large volume of calls to return. Surgeons noted they often have a difficult time returning calls during the day since they are in surgery most of the time. Because of scheduling, many specialists have a need to return phone calls during the nighttime hours, which can pose a problem for contacting general practitioners.

Specialists described very few instances in which they charge for phone consultations. Most indicated they are happy to discuss cases with those veterinarians that refer cases on a regular basis. Specialists find it less rewarding to talk to general practitioners who want medical information and advice but do not refer cases. When returning phone calls, typically it is this type of phone call that is returned last by specialists.

The issue of liability associated with phone calls was discussed at several forums. Specialists have concerns about giving medical advice to referring veterinarians for pets and clients with whom they do not have or no longer have a client-patient relationship. Multiple specialists noted that they are often asked to give medical opinions on cases they have previously seen that are currently being managed by the referring veterinarian. In instances where a significant amount of time has passed, specialists are reluctant to offer medical advice due to concerns about liability and patient advocacy.

Another significant issue regarding verbal communication brought up by specialists at multiple forums was the desire to be informed when referral patients die or are euthanized. They noted that general practitioners become very upset if they are not notified about the death of a referred patient and yet they rarely inform specialists when the pet dies at their hospital. Many specialists see pets on an ongoing basis and would like to follow the case. It is also embarrassing for the specialty practice and upsetting for the client to be contacted about their deceased pet.

### Best practices

Both groups expressed that despite time constraints, time spent on the phone discussing cases is valuable since it helps to avoid misunderstandings and to develop relationships. Brief, concise conversations are best when individuals are extremely busy. Accessibility for phone calls can be improved if staff members know when doctors want to be interrupted to receive calls and if appropriate phone numbers are left where doctors can be reached after hours. Both specialists and general practitioners should be respectful of the time constraints each face. Time spent on the phone should be timely and focused on developing relationships, clarifying expectations and promoting patient advocacy.

### Communication: What is most important in terms of written communication?

Discussion on written communication focused on the type of medical records information specialists want from referring vet-

erinarians and what general practitioners want in terms of follow-up reports from specialists.

### Key findings: medical records

Specialists at every forum conveyed that they would like a case summary for pets that are referred. They indicated that only a small percentage of general practitioners send them a case summary or fill out a referral form. It is common for referring veterinarians to fax a copy of the pet's entire medical record. Specialists report the following problems with this protocol: illegible handwriting, faxes that cannot be read, records that are incomplete or are sent to the wrong department and lengthy records that are not pertinent to the referred problem. Some specialists, such as neurologists, indicated that they often want more extensive records in order to fully understand the case. Surgeons, on the other hand, may not need past records if, for example, the patient has no medical issues other than an orthopedic problem for which it was referred.

Another significant issue for specialists is the need to have all diagnostic information included with medical records that are sent. This includes all laboratory data, microscopic histopathology reports and radiographs. Multiple specialists noted that owners often are under the impression that their referring veterinarian was going to send radiographs and become angry when films need to be repeated.

When asked how far in advance they would like to receive medical records, many specialists indicated that it was acceptable to receive them from the client at the time of the appointment. However, when cases are more extensive, they prefer to have records to review ahead of time. A few hours or one to two days ahead of time were the most common time frames cited.

Referring veterinarians that use electronic medical records said they typically do not send a case summary since it is easier just to send a copy of the medical record. Some general practitioners noted that it is difficult to keep track of all the referral forms used by multiple specialty hospitals and would like a common form. However, because different specialists prefer and need different types of information, having a common form for all specialists can be problematic.

### Best practices: medical records

With respect to medical records that are sent to specialists, the following list of preferred best practices includes:

- Case summary: this can be in the form of a typed letter, a completed referral form or a SOAP in the medical record (case summaries may need to be typed, or a staff member may need to write them if handwriting of doctor is illegible)
- Only records that are relevant to the problem the pet is being referred for
- Copies of original laboratory data and complete histopathology reports
- Radiographs
- Leveraging staff to be sure records are received, complete and can be read



### Key findings: follow-up referral reports

Referring veterinarians would like a phone call from the specialist pending a written report on those cases that are more complicated or critical. They also want to be informed when the specialists perform different diagnostics or a different work-up than what the case was referred for. This communication helps veterinarians learn from specialists and facilitates enhanced communication with the pet owner. Referring veterinarians indicated that they would like follow-up reports from specialists within 24–48 hours, and faxed reports are acceptable. They would like to receive follow-up information before the pet owner calls them and would like reports generated more rapidly on those cases that are more extensive or critical. For less serious cases, such as dermatology referrals or straightforward orthopedic cases, some general practitioners noted that it was fine to receive reports within a week. Referring veterinarians would like follow-up referral reports to include the treatment plan for the pet and a copy of the owner's discharge instructions. When cases are hospitalized for a significant period of time, most general practitioners said they would like a brief daily progress report. This is helpful should the owner call them to discuss the pet's condition. Referring veterinarians also want to be informed whenever pets are seen at the specialty hospital in order to keep the pet's medical record current and to communicate effectively with owners.

### Best practices: follow-up reports

With respect to follow-up reports, the following list encompasses desired best practices:

- A phone call when possible pending written reports, especially for those cases that are complicated, critical or the pet owner is likely to call the referring veterinarian right away
- Faxed written reports within one to two days whenever possible, especially on critical or complicated cases
- Thorough reports that clearly explain diagnostics, treatment plan, client discharge instructions and follow-up desired

### *Communication: How should specialists handle follow-up on cases?*

#### *How do you feel about specialists seeing cases w/o a referral?*

### Key findings

This topic involved discussion regarding who should manage cases once the pet has been discharged from the specialty hospital. Some specialists commented that it is difficult to keep track of which referring veterinarians want cases back to do follow-up management and which do not. Many general practitioners indicated that they do want to participate in the follow-up on cases whenever possible. Additionally, it was noted that clients can become confused on who is handling case management if this is not defined by the specialist and referring veterinarian from the beginning of the referral process.

The issue of specialists seeing cases without a referral or, in other words, seeing pet owners that are "self-referred," was discussed at all forums. Although a few specialists said they can't

turn cases away, only a few specialty hospitals represented at the forums have a policy of willingly accepting these clients. Most specialists indicated they try to avoid this situation and always call the general practitioner to let them know that their client has come to the specialty hospital. Referring veterinarians emphasized the importance of being able to oversee the entire health and care of pets at their practice. They said they want to be involved and want to be called when pet owners come to specialists without being referred.

### *Communication and client service for pet owners: How can specialists and general practitioners work together to communicate effectively with pet owners? How do you address the expectations of clients regarding the referral process?*

### Key findings

During this discussion, multiple specialists stressed that the referring veterinarian is their primary client, and they always try to protect the relationship between the pet owner and the referring veterinarian when communicating with owners.

Referring veterinarians indicated that they emphasize to clients the value of seeing a specialist for a second opinion and to discuss all options for medical treatment.

Both specialists and general practitioners noted that phone calls to discuss cases can help to avoid client misunderstandings and to assist with giving clients more realistic expectations about what to expect when their pet is seen by a specialist.

One of the biggest frustrations noted by specialists was having general practitioners refer cases for a specific procedure or test rather than for a second opinion based on their knowledge and expertise. Problems with client communication can arise when specialists determine the need for different procedures or make a different diagnosis than the referring veterinarian. One referring veterinarian seemed to best convey the desired paradigm of specialists when he said, "I am sending you a case to work up, not a procedure to do."

Since specialists often end up repeating tests such as ultrasound, radiographs or laboratory tests that have been done by referring veterinarians, both groups agreed that it is helpful to let pet owners know ahead of time that this may be necessary and why.

Specialists from large, multi-disciplinary specialty hospitals explained that it is important to let clients know that their pet may be seen by an intern first and, in some instances, may be received first by the emergency service before being seen by a specific specialist.

Some specialists felt it is helpful for pet owners if referring veterinarians make sure their client understands how serious their pet's medical condition might be. The specialist should not be the first person to break bad news to the client.

Another common comment by specialists was that it would be helpful for referring veterinarians to explain to clients how the referral process works so they understand that their pet may not have diagnostic procedures or surgery performed the same day as the initial visit.

### *How do you prepare clients for the cost associated with a referral?*

#### **Key findings**

Significant dialogue occurred at each forum regarding what to tell clients about the cost associated with a referral to a specialty hospital.

Many general practitioners tell clients that a referral will be expensive. Specialists felt it was important to be careful when using the word “expensive” since this can mean different amounts to different people. A number of specialists felt it was important not to prejudge a client’s ability to pay and that referring veterinarians should focus on the value of a referral rather than just the cost. Specialists agreed that they do not want referring veterinarians to quote their fees. But many specialists want general practitioners to give clients a “ballpark” figure or “some idea” of the cost of a referral in order to avoid wasting clients’ time or causing undue emotional stress for those clients that cannot possibly afford care. Examples cited included clients sent for MRIs, complicated traumas or major surgeries. Some specialists and referring practitioners suggested giving the client an estimate for the initial visit and consultation and explaining that any additional expenses would be based on the specialist’s recommended course of treatment.

Attendees were asked if they utilize third-party payments to assist clients with the affordability of care. Most specialty practices do have third-party payment plans. Many general practitioners also have these types of payment plans. Some referring veterinarians tell clients that this may be a means to increase affordability of care at a specialty hospital.

### *Communication: How do you handle a situation in which a client states they will absolutely NOT return to the referring veterinarian?*

#### **Key findings**

When this situation is encountered, both specialists and general practitioners expressed that the specialist should stand behind the referring veterinarian. Some specialists said they tell clients when they know and work with the referring veterinarian and assure them that their veterinarian provides good medical care. Specialists recognize that sometimes clients do not provide an accurate representation of the facts. One example of this involved a client that stated their veterinarian had missed finding a mass, but the specialist also found out that the pet had not been seen for a year. Several specialists have found it helpful to try to defuse the client’s anger by getting them to focus on the present needs of the pet.

Referring veterinarians said they would like to be contacted when this situation arises so they can have an opportunity to talk to the client about their concerns. However, in some instances, the general practitioner may not want the pet owner to return. There was some disagreement amongst specialists at one forum as to how to handle a situation in which a pet owner specifically requests that the specialist not call their regular veterinarian. Some specialists honor this request if the pet owner came in as a self-referral. Other specialists said that under no circumstances would they refuse to call the referring veterinarian, and they try to explain to the pet owner the importance of keeping their veterinarian informed. The specialists cited the

need to preserve their relationship with area referring veterinarians as the primary driver of this protocol.

Conversations between specialists and referring veterinarians in this situation are more difficult when the specialist feels that the general practitioner should have done something differently. These calls are easier when both parties avoid criticism, maintain respect for each other and approach the conversation as a learning opportunity.

Specialists also noted that they would like to be notified if a pet owner tells their veterinarian that they are unhappy with the specialist.

#### **Best practices**

In order to communicate effectively with pet owners, specialists and referring veterinarians should follow these guidelines:

- Discuss cases on the phone when possible prior to referral, particularly when it is anticipated that the client may be difficult, significant cost may be incurred or the case is complicated or critical
- Referring veterinarians should promote the value of seeing a specialist and focus on patient advocacy when talking to pet owners about referral options
- Referring veterinarians should caution owners that a specialist may determine the need for different diagnostics, may make a different assessment of the case and may need to repeat tests, and that it will take time to work up the case
- If pet owners have financial constraints or concerns, then referring veterinarians should attempt to give them an idea of the cost of a referral based on approximate costs that are quoted by the specialty hospital
- If pet owners are unhappy with the referring veterinarian, specialists should contact the referring veterinarian as soon as possible to relay this information. If there is a question about medical management of a case by the referring veterinarian, specialists should avoid criticism and offer suggestions for improvement of future cases. It is helpful for general practitioners to ask specialists “what should I have done differently?”
- Referring veterinarians should contact specialists when pet owners are unhappy with their services

### *Marketing by specialists: What marketing tools that the specialty practice provides do general practitioners find the most helpful?*

#### **Key findings**

Continuing education seminars provided by specialists was cited most commonly by referring veterinarians as the most helpful marketing initiative by specialty practices to market to the general practitioner. In addition to providing continuing education, these events provide the opportunity to build personal relationships between specialists and general practitioners. Referring veterinarians prefer evening, weekend or lunch seminars. General practitioners noted a desire to be educated on diseases or conditions that can be referred to specialists and when to refer cases. Rounds held on a regular basis at some specialty hospitals for

small groups of referring veterinarians were cited as being very valuable. Newsletters were mentioned as another continuing education tool that referring veterinarians find useful, and most general practitioners indicated that they do read these mailings.

Many referring veterinarians commented that they like to have brochures and business cards for specialty hospitals to give to pet owners. They also like magnets so the specialty hospital phone number is easily accessible.

*Issue of marketing directly to the public — have specialists done this and how do general practitioners feel about this type of marketing?*

**Key findings**

Multiple specialty hospitals support community events by providing sponsorship and use this as an opportunity to increase pet-owner awareness about the availability of specialty care. They indicated they focus on promoting the entire veterinary profession at these events. General practitioners did not object to this type of marketing, but several pointed out that they don't want the specialists telling pet owners to come to them directly. The general practitioners made it clear that they do not want to lose involvement with cases or have owners bypass them to go directly to specialists.

Only a few specialty hospitals said they had done other forms of marketing such as radio spots and television commercials. There was little discussion or conclusion as to the value of these initiatives.

**Best practices**

The following marketing initiatives by specialists appear to be the most valuable:

- Developing a personal relationship with referring veterinarians
- Continuing education and rounds for referring veterinarians
- Brochures for clients
- Newsletters for referring veterinarians

*Timeliness of Referrals and Quality of Care: Why don't specialists get cases at an appropriate time in the course of diagnosis and treatment? When should general practitioners refer?*

**Key findings**

When specialists were asked to list what constitutes a positive referral experience, they always indicated that timeliness of referrals was very important. Many specialists indicated that cases are sometimes referred when it is too late to help the pet or when it is clear that it would have been better for the pet to have been referred earlier. Several specialists said it is very frustrating to have critical cases sent on Friday afternoon that should have been sent earlier. Some specialists conveyed that they think general practitioners sometimes do not know when to refer cases and other times may not realize when cases are getting worse before it is too late.

A number of specialists said developing effective communication with referring veterinarians helps to avoid problems with timeliness of referrals. They encourage veterinarians to call them if they are not sure when to refer a case.

Referring veterinarians noted that they need to be honest with their limitations and refer when appropriate. Sometimes the issue is that clients declined a referral initially but reconsidered when the pet's condition deteriorated.

Discussion also focused on promoting quality of care for pets and overcoming any barriers to referral. Attendees noted that patient advocacy and standards of care often dictate whether a referral is appropriate. The issue of economics as a barrier to referral was included in the discussion. Some specialists said they feel referring veterinarians are reluctant to refer cases because of the perceived loss of income, and they see specialists as competition. Most specialists expressed that they are not interested in stealing cases from general practitioners and that pet owners are typically very bonded to the referring veterinarian. As specialists, they respect and encourage that relationship.

Specialists were asked to comment on whether they have concerns about general practitioners doing procedures they are not trained to do. Specialists at multiple forums did indicate that this can be a problem. They noted that general practitioners may not necessarily be trained or experienced in doing certain procedures, such as ultrasound, just because they have the equipment or went to a training course. A surgeon noted that referring veterinarians may be trained to do a particular surgery but not know what to do if complications occur. Specialists emphasized that it is important to do what is in the best interest of the pet. It is relevant to note that within this discussion at all forums, many specialists said that they work with many referring veterinarians who are very knowledgeable and skillful and who provide excellent care.

**Best practices**

To deliver the best medicine to pets, specialists and referring veterinarians should develop a team approach to patient care. The veterinary team should stay focused on patient advocacy and communicate with each other regarding the needs of the pet. Referring veterinarians should consult with specialists when they have questions about difficult cases or concerns about patient outcomes.

*Economic Issues: Do you feel referring veterinarians can actually increase revenues by referring to specialists?*

**Key findings**

Referring veterinarians and specialists alike said they feel referrals can result in increased revenues for the general practice. Referring veterinarians noted that promoting the best care results in financial success, and they often learn from referrals, which can lead to improved care for other pets. The increased life span of pets was cited by several attendees as a positive outcome associated with referral that leads to increased revenue. Multiple referring veterinarians commented that enhanced client satisfaction and client trust and confidence in the general practitioner is associated with referrals. They said this is a practice builder and leads to more client referrals from existing clients.

Specialists noted that they often help increase revenues at the general practice by making recommendations for tests to be

done prior to referral and by sending cases back for follow-up at the referring practice. Specialists were asked to comment on what tests or treatment should or could be done at the referring practice prior to referral. Urinalysis was noted as a laboratory test that is often not done. Many specialists said they require routine blood work for most cases and prefer these tests to be done by reference labs to ensure accuracy. Some specialists such as surgeons or ophthalmologists send patients back to the referring veterinarian to have lab work done when possible.

### *Emergency Hospital Issues:*

#### **Key findings**

Communication issues related to the emergency service at specialty practices surfaced as a topic of discussion at all the forums. The primary area of concern for general practitioners related to communication the morning after patients are admitted to an emergency service. Referring veterinarians would like to be consulted regarding these cases to ascertain whether the patient should be sent back to their practice for continued care or be transferred to a specialist for further care. General practitioners noted that they would like their cases sent back to their hospital when it is a case they feel comfortable managing. Discussion also included the need to take the client's wishes into consideration.

A few referring veterinarians complained about a lack of communication, particularly in the morning, from emergency hospitals and about some emergency clinicians doing extensive work-ups for fairly routine cases just to increase income production. These comments appeared to be targeted toward specific emergency services and not necessarily representative of problems at all specialty hospitals.

The issue of inconsistency with respect to the qualifications and experience of emergency clinicians was discussed at multiple forums. Some general practitioners expressed dissatisfaction with interns or inexperienced emergency clinicians. They felt these clinicians tended to do testing beyond what is reasonable and were not skilled at communicating with clients regarding options for care.

Another area of frustration for some referring veterinarians was the need to send cases to a specialist through the emergency service. Large, busy specialty practices often require that, in addition to true emergencies, other pets be admitted to the hospital by the emergency service when there are no open slots in their specialty schedules. The main complaint of general practitioners appeared to be the delay in having their cases seen by a specialist and the perceived added expense. In some areas, clients are willing to incur the added expense in order to have their pet seen by the specialist.

## **Limitations of information**

The information gathered from the forums may be limited somewhat based on the small number of attendees at several forums. Attendance at five out of seven forums included a

smaller number of general practitioners relative to specialists. Therefore, the views of referring veterinarians regarding communication and collaboration with specialists may be somewhat limited in scope. There was an over-representation of one specialty hospital at three of the seven forums. However, there was considerable consensus of key findings for specialists across all forums, so it does not appear that these factors skewed the information gathered. Lastly, the information may be limited by any reluctance of attendees to be completely candid and forthcoming with their thoughts regarding relevant referral issues. However, this also did not appear to be a significant issue at most forums, as evidenced by the dialogue and the information provided on the pre-forum questionnaires.

## **Conclusion**

In summary, the majority of general practitioners wanted effective communications, but how they identified the specifics of this communication was extremely varied. Some referring veterinarians would like to know everything about the case while others only want to be contacted with the end results. In addition, they all want to receive communications from specialists about the case, but the preferred delivery may vary from phone, fax, email or mail.

Specialists, on the other hand, had variable expectations on pre-referral written communications, from those that wanted only a brief sentence about the case to those that preferred the entire detailed medical record. In addition, responses from specialists concerning their desire for phone communication with practitioners prior to referrals were variable.

From these observations comes the conclusion that the critical piece of the referral process is establishing relationships. Specialists and general practitioners need to get to know each other well enough in order to be comfortable with each other's preferred methods of communication, to build trust and to enhance collaboration. Increased communications can only lead to a better referral process and better medical care for our clients and patients.

Feedback from attendees regarding the value of the AAHA Forums on Veterinarian-Veterinary Specialist Referral Issues has been extremely positive. Attendees expressed that they felt the topics of discussion were relevant and afforded them an opportunity to learn more about the expectations and issues of their colleagues. Many attendees indicated a strong desire to have more discussions in their community and to initiate efforts to improve communication. One community has already had a follow-up meeting to continue the dialogue on how to improve communication between specialists and referring veterinarians. Two other cities have plans to conduct more sessions to continue discussions. In addition, there have been suggestions for additional meetings of this type in other areas of the country. ■