



# **Emergency Coverage 2.0:** **Innovative Strategies to** **Revolutionize After-Hours Care**



**TRANSFORMING**  
EQUINE PRACTICE

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## A New Day. A New Way.

As equine veterinarians reevaluate what after-hours care looks like for their practices, innovative emergency coverage models are rapidly emerging.

More solutions are available than ever before to reduce the burden of 24/7 client care: emergency service cooperatives, referral hospitals with emergency departments, restricting emergency service only to clients, restricting emergency service to those who will haul a horse to the practice facility, tele-triage services, emergency-only equine practices and the use of relief veterinarians.

Although emergency care for our clients' horses will always be needed, creative ways to give equine veterinarians more time for life and better compensation are bubbling up every day in innovative minds.

We hope the success stories and practical guidance in this toolkit will inspire you and provide a blueprint for transforming your emergency coverage model.

**This content was developed by the  
AAEP Emergency Coverage Subcommittee 2023**

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## Success Story:

### New Jersey Practices Join Forces Through Emergency Cooperative



**Dr. Jessica Martin**

“I went from being on call 50% of my life to 16–22% on call per quarter,” said Dr. Jessica Martin of the emergency cooperative established in early 2022 between Mountain Pointe Equine Veterinary Services in Hackettstown, N.J., and nearby B.W. Furlong & Associates.

The catalyst behind its establishment, according to Dr. Martin, an associate with Mountain Pointe Equine, was a mutual interest in improving quality

of life for doctors while maintaining a high level of around-the-clock care for the practices’ equine patients in northwestern New Jersey and eastern Pennsylvania.

#### Getting started

Doctors from both practices initially met informally over dinner to discuss the feasibility of an emergency cooperative. In the ensuing weeks, participants hashed out the logistics more formally via a Google Doc, including client communication and rollout procedures.

#### Client communication is key

According to Dr. Martin, Mountain Pointe Equine created a list of clients it considered potentially apprehensive about the change in emergency services and called each personally prior to the announcement to discuss the shortage of equine veterinarians, introduce the idea of a cooperative and address any concerns.

“Many of these phone calls were surprisingly well-received, and there was a lot of support from our clients for improving our quality of life,” she said.

Almost four months after the initial group dinner, the practices introduced the emergency cooperative to clients in a joint letter and held a joint Zoom meeting with interested clients to answer questions and allay any concerns.

#### How it works

Depending on the time of year and availability, between four and eight practitioners participate in the rotation. The emergency coverage radius is approximately one hour in all directions. There is no backup emergency DVM. If the on-call veterinarian is slammed or is tending to an emergency in the opposite direction of a horse that needs to be seen promptly, clients have been provided a list of commercial shippers that could be available to haul their horse into the clinic. In addition, several referral centers within a two-hour radius are available to take emergencies.

During the initial conversation with the on-call veterinarian, the client is informed that payment is required within 24 hours of service and that an Emergency Client Relations Form, including credit card information, must be completed prior to arrival or at the farm as services are rendered. Clients must also enroll in the practice’s EZ Pay service that streamlines the payment process by authorizing the credit card to be charged within 24 hours of service.

Each case is transferred back to the primary practitioner the next business morning via phone call or text message with notes on the case and whether further attention is warranted. Medical records are forwarded to the primary veterinarian’s practice by 9:00 a.m.

“The biggest growing pain was adjusting to a busier on call schedule with clients you may not be familiar with,” said Dr. Martin. “In addition, both of our practices have moved to time-of-service payment, and collecting information from the owners or trainers can sometimes be challenging in the heat of the moment. Most of the clients have come to expect payment at time of service, and this has been extremely helpful in the long run.”

#### Building trust between the groups

The collegiality established among the emergency cooperative veterinarians continues through a monthly virtual meeting during which they hold journal club discussions and address any concerns from recent cases.

The formation of the cooperative has also created an organic support system for the veterinarians. “We have no hesitation calling one another for case input or advice, as each veterinarian has their own specialties and interests,” said Dr. Martin.

Dr. Martin credits the success of New Jersey’s first emergency cooperative to the comprehensive effort that went into setting it up and communicating the roll out to clients. Within several months of its formation, three additional cooperatives were formed by practices in the state. Her message to other practices that may be thinking of forming a cooperative:

“Find another practice that is the right fit for you and make sure you effectively communicate all expectations with your clients. And don’t be afraid of what clients may think—they may surprise you and be incredibly supportive of your efforts to improve your quality of life and mental health!”



# Forming An Emergency Cooperative: Success Story

## Colorado Emergency Coverage Co-op Supports Patient Care and Practitioner Wellbeing



Dr. Marc McCall

The demands of providing emergency care to clients can be overwhelming, especially for solo practitioners and those in small practices. Dr. Marc McCall, who in 1985 founded Cherry Creek Equine as a solo ambulatory practice in Elizabeth, Colo., knows the demands all too well.

After being on call perpetually for nine years, Dr. McCall met for lunch in 1994 with three other solo practitioners in his area, approximately 40 miles southeast of Denver. The four competitors shared important commonalities. Namely, each was a competent veterinarian and desired time off to be with their families and enjoy personal interests. Over lunch, the four struck an old-fashioned handshake agreement to begin sharing emergency coverage in the form of a co-op.

### Founding principles

While the members of the co-op may have changed over the past 27 years—Dr. McCall is the only original member left—the tenets of the agreement have remained etched in stone: The on-call veterinarian must (1) be attentive to the needs of all cooperative clients when it is their turn, (2) treat each client as if they are their own, (3) refrain from performing “routine” work during the emergency visit, and (4) return each client to the practice of origin on the next business morning.

### How it works

The emergency coverage schedule is determined quarterly, usually over a group dinner. The scheduling only takes about 10 minutes, and holidays are distributed evenly throughout the year. The remainder of the time is spent enjoying collegiality between colleagues, which strengthens the mutual trust and respect established through satisfactory emergency response to the others' clients.

When a client tries to reach Dr. McCall after hours when he is not on call, he still chooses to have the emergency funnel through him first via an answering service that transcribes the call and sends him an audio recording and transcribed text. Dr. McCall forwards the message to the on-call veterinarian, occasionally adding a helpful comment such as alerting of a behavior idiosyncrasy with the horse.

During the initial phone conversation, the on-call veterinarian informs the client that payment is expected at the time services are rendered. Each practice bills their own work so there is no exchange of money between practices. Should the emergency veterinarian become unable to address all after-hours requests, they first call the client's primary practice before reaching out to the other co-op members for assistance.

At the conclusion of each emergency coverage period, the on-call veterinarian phones the primary practice for any patient seen

during the shift to relinquish the case and discuss case details and next steps to ensure continuity of care. The call occurs at 7:00 a.m. to help the receiving veterinarian schedule their day in case there is a need for more urgent follow-up. Medical records are created and maintained by the practice that sees the emergency. Medical records and images aren't transmitted unless requested by the receiving practice.

### Obtaining client buy-in

When introducing the co-op to clients, each practitioner explains its purpose and endorses their colleagues, specifically letting clients know that all are exceptional veterinarians who will take excellent care of their horses. Clients support the concept almost universally—they are happy to have a veterinarian available to help if they were ever to wind up in a bind. The scant few objectors across the gamut of practices were free to seek emergency care outside the co-op.

Initially, the emergency caseloads of each participating practice were very different in volume, and Dr. McCall earned more revenue than usual when on call due to a higher number of after-hours requests. The emergency load leveled out after a few years, and over the long term, Dr. McCall's annual emergency revenues have remained steady when compared to those accrued prior to entering the co-op.

Each founding doctor entered the emergency co-op expecting to lose a few patients to one of the other practices. Although some patient flux occurred, the impact was negligible as the minor shifts generally evened out across the practices.

### Honesty and trust are essential

Dr. McCall's emergency co-op has varied in size from as many as six doctors to as few as three; it currently numbers five. Almost without exception, those who have come into the group have been assets, which Dr. McCall attributes to a collective honesty and trust among members and a desire to treat each other fairly. Only twice in its nearly three-decade existence have co-op members left or been asked to leave due to differing desires for involvement or philosophies.

Being brave enough to take the leap in 1994 has turned competitors into friends and provided Dr. McCall his coveted life away from veterinary medicine to spend more time with family, traveling and attending meetings. He attributes his success, longevity and enjoyment of equine practice in part to his longtime participation in the emergency co-op.

In addition, he recently hired an associate and is convinced that the four-day work week with on-call responsibilities just one night per week and one weekend per month was critical to overcoming current labor market constraints—perhaps providing a blueprint for keeping overburdened equine veterinarians engaged in equine practice.



## Step-By-Step: Forming an Emergency Cooperative

- ① Invite other equine practitioners in your area to coffee or dinner to discuss the feasibility of working together as an emergency cooperative.
- ② When all participating veterinarians are on board, schedule a follow-up meeting to determine logistics. Using a shared Google doc is a helpful collaboration tool as your group decides the following:
  - **On-call schedule.** Start with one month at a time if you want to gradually roll out the cooperative; many cooperatives make their schedules quarterly and determine holiday coverage even farther in advance.
  - **Geographic area covered.** Look at the coverage area of all participating practices to determine the possible maximum drive time for each practitioner. Discuss if a back-up on-call veterinarian may need to be added to the schedule to address emergencies which can't be reached quickly due to drive time.
  - **Billing.** Requiring payment at the time of service is the norm. Payment is typically made directly to the veterinarian providing emergency care and not to the client's regular practice. Practices often have different billing structures and costs. Decide in advance what the ER fee will be for patients seen in the cooperative setting and prepare verbiage for the clients stating that billing will be due at time of service to the covering veterinarian.
  - **Process for transferring emergency cases back to regular practitioner.** At the end of the shift, the on-call veterinarian should contact the client's regular veterinarian by phone or text to share details about the case. Medical records are typically provided as well.
  - **Other special considerations, such as access to equipment.**
- ③ Announce the formation of the cooperative to your clients. Send a joint letter from participating practices to all clients explaining the reason for the cooperative's formation and the changes they may see with after-hours care. Call clients who you know may be apprehensive. Other options include scheduling a client Zoom call to allow doctors to introduce themselves and answer questions, or hold a meet-and-greet event at one of participating practices.
- ④ Once the cooperative is up and running, schedule a regular meeting for all participating practices to discuss how everything is working and make adjustments if needed. Some cooperatives meet monthly, but set the timeframe that makes sense for your group.



# Forming An Emergency Cooperative: Client Relations & Retention

Fear of angry clients and fear of losing clients to other practices are the most common concerns expressed about sharing on call through an emergency cooperative. Happily, the experiences of practitioners in established cooperatives indicate these fears remain just that.

## What if my clients don't like this arrangement?

Whether you're welcoming a client to your practice or announcing the new cooperative to your existing client base, clearly communicating how emergency care will be provided and why you're doing it, together with endorsing the abilities of the other veterinarians, is key to client acceptance.

As **Dr. David Jefferson** shared, *"Our clients have been very understanding and supportive. They seem to appreciate the fact that we travel in all kinds of weather at all hours to meet their needs and realize that to do this 24/7 is heroic. There now seems to be a feeling of security about emergency coverage in our equine community."*

*"Our clients were very attracted to the teamwork of the cooperative arrangement,"* said **Dr. Racquel Lindroth**. *"They wanted to see us be able to take a break and take a vacation."*

*"We endorse each other to our clients, specifically telling clients that all are exceptional veterinarians who will take excellent care of their horses,"* said **Dr. Amanda McCleery**. *"The best compliment I can get is when one of my clients says how much they liked the vet who covered their emergency."*

## Will I lose clients to other practices?

Trust and respect between the veterinarians in the cooperative are the chief factors in preventing client loss, say practitioners experienced in emergency cooperatives. Establishing ground rules for client interactions is an important first step for all cooperatives.

### Sample Client Conversation

"I'm a solo practitioner, and I work with other solo practitioners in this area to share emergency coverage duties for all of our clients. This ensures that an equine veterinarian is always on call to provide emergency care to your horse, and it also allows each of us to have time off to be with our families and enjoy life outside of practice.

I've worked with the veterinarians in our emergency group for a number of years (or I know the veterinarians in our emergency group professionally through working in the same service area), and I trust each to provide the same level of care that I would provide to your horse."

## CASE EXAMPLE: Building Client Confidence in the Cooperative North Central Large Animal ER, Florida



North Central Large Animal ER in Florida hosted a client meet and greet with all veterinarians in the cooperative. The veterinarians included a presentation about equine emergencies and provided food and prizes. To help clients remember the names of each veterinarian, the cooperative produced a magnet which they give to clients during calls.



# Forging an Emergency Coverage Career: Success Story

## Practitioner turns emergency coverage into balanced and rewarding career



**Dr. Meggan Graves**

While emergency co-ops and independent practices are helping equine practitioners cope with the demands of on-call emergency coverage, at least one AAEP member embraces after-hours emergencies. In fact, by taking the calls others don't want, she enjoys the best of both worlds: practicing quality medicine for appreciative owners but on a schedule of her choosing that accommodates her family life as a mother of four.

Dr. Meggan Graves is clinical assistant professor of field service emergency and director of large animal emergencies relief service at the University of Tennessee College of Veterinary Medicine. Since 2013, Dr. Graves has been providing after-hours emergency coverage within a 40-mile radius of Knoxville on behalf of solo and group practices that have opted to reduce their on-call responsibilities.

"I've always liked emergency," said Dr. Graves. "It's always new and different—you never know what you're going to get. Plus, serving people in those moments is too rewarding to pass up."

Dr. Graves started covering emergencies exclusively in 2004 while an associate at a practice near Charleston, S.C., that had little competition and a hefty emergency burden. As the mother of a young child and in search of a favorable work-life balance, Dr. Graves asked the practice owner if she could cover just emergencies.

"It gave me enough to feel like I was practicing great medicine but not compromising being able to be with my kids," she said. "Although I thought I'd miss out on the client relationships from seeing patients several times a year, if anything, many of those relationships became stronger because I was the person responding in their time of need."

By 2008, Dr. Graves had two children with a third on the way and loved working after-hours. When her husband took a new job and the family moved to North Carolina, Dr. Graves decided to open an emergency relief practice. She sent cover letters and resumes to the area's large animal practices and followed up each month with a calendar of the days she would be available to cover their emergencies.

When Dr. Graves' husband accepted a job at the University of Tennessee in 2013, she approached the university with her business model. The university jumped on board to improve quality of life among their clinicians, provide students more exposure to emergency medicine, and expand outreach to area practices.

Dr. Graves is based out of her house, makes her own schedule and is compensated by salary. She sends area practices a calendar indicating the 17–20 days per month, including three weekends and most holidays, that she has chosen to be available for on-call coverage. Practices that utilize her are responsible for their own emergencies on the remaining days.

When her cell phone rings with an emergency, Dr. Graves gives the two clinical-year students on their Field Service rotation 15–20 minutes to get to the university's large animal hospital to be picked up en route to the emergency. She'll respond to an urgent emergency such as a thrashing colic or dystocia by herself if it's in a direction opposite of the university. Approximately 70% of the caseload is equine.

When administering care, payment is due at time of service. The case is returned to the owner's regular veterinarian the next business morning through a text synopsis of the case and treatment, or by phone if Dr. Graves deems prompt follow-up necessary. Routine services are not provided, and the university maintains the medical record, a copy of which can be requested by the horse's owner and regular veterinarian.

The flexibility of her schedule and not having to check her phone between 8:00 a.m.–5:00 p.m. enables Dr. Graves to never miss important events such as birthdays or weddings, although she still drives separately to family gatherings such as dinners out when on call.

For those intrigued by an emergency career or for practice's considering hiring an emergency-only associate, Dr. Graves advises against production-based compensation. "If your phone isn't ringing, you aren't making money, and you'll get resentful if you're the one driving separately to every event but not making money," she said. "Practice owners should consider the fact they're paying someone to do something that they themselves don't want to do."

Dr. Graves credits keeping her overhead low, working out relationships with other practitioners and developing trust with horse owners for her successful pivot to emergency practice. She encourages other practitioners seeking life balance via a non-traditional path to be creative in forging a career that works for them.

"The cool thing about veterinary medicine is that if you can think it up, it'll probably work," she said. "There's a lot of elasticity in this profession—you can stretch it to a point you didn't realize it was able to go and still be successful."



# Creating an Emergency Care Practice: Success Story

## Ambulatory practice spins off emergency service into standalone practice

“We burned out a veterinarian, and we didn’t see it coming,” lamented Dr. James Beckman when reflecting on the abrupt resignation of a cherished associate several years ago.

Dr. Beckman and his wife, Dr. Kerry Beckman, own Gas Light Equine Veterinary Practice, a three-doctor ambulatory practice that services the areas in and around Louisville, Ky. Since its establishment in 2006, practice doctors rotated on-call responsibilities on weeknights and weekends. An informal arrangement with several other practitioners in the area enabled spot emergency coverage on weekends if a doctor needed a couple of hours off for personal reasons such as to attend a child’s sporting event.

“She was phenomenal,” Dr. Beckman said of his former associate. “We had her for three years and she was doing great. Then she came to us one day and said she was done, she was burned out, the on call was killing her and she was going to corporate medicine. At that point, we vowed to come up with a different plan.”



That plan culminated in the Beckman’s establishment of a separate, after-hours emergency practice in January 2021 following several years of planning, preparation and COVID-related delay. Bluegrass Equine Emergency Service is an “independent,” two-doctor ambulatory practice that services only after-hours emergencies for Gas Light Equine and other equine veterinarians in the Louisville area who have chosen, or would like, to reduce or relinquish their on-call coverage.

The two employed veterinarians are not affiliated with Gas Light Equine, and each works two nights per week from 5:00 p.m. to 7:00 a.m. and every other weekend. They do not see patients during the day, nor provide routine services during emergency visits. Compensation is straight salary along with profit sharing at the end of the year if deemed available.

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The Beckmans are diligent to distance themselves and their Gas Light Equine practice from the client-facing aspect of Bluegrass Equine Emergency Service. Their hands-on involvement is concentrated on the back-end bookwork, including inventory. On rare occasions when the emergency veterinarian is slammed, however, Dr. Beckman serves as the backup and responds as a representative of Bluegrass Equine Emergency Service.

Emergencies are assessed a basic call charge and set fee structure. Payment by cash, check or credit card is due at the time

of service. At the end of their shift, the emergency veterinarian returns each patient to its regular veterinarian, along with an email of medical records and a full report of everything they did, saw and recommend. A phone call is made for cases deemed as needing prompt attention.

The Beckmans’ initial concerns over client reaction to new veterinarians seeing their emergencies proved unfounded. Quite the contrary. “They felt bad about calling us out in the middle of the night because we had been there all day,” he said. “Now, they don’t think twice about calling with an emergency after hours because they know that is the practice’s job.”

Bluegrass Equine Emergency Service has seen patients for seven or eight different practices in the Louisville area, several of which are subscribers. Clients of subscriber practices receive preferred scheduling and a discount on the service call. Additionally, subscribing practices can promote no on-call responsibilities when advertising for new associates, providing a leg up in the highly competitive veterinary labor market.

“Any subscriber can turn off their phone at 5:00 p.m. and rest assured that their patients are covered until 7:00 a.m., at which time they’ll have an email detailing everything that was done,” said Dr. Beckman. “With this practice up and running, there’s no reason for any veterinarian in the Louisville market to have to see emergencies if they don’t want to.”

For veterinary subscribers, improved daytime revenue is offsetting lost emergency revenue. “We’re able to be much more efficient and do more daytime work because we don’t have to deal with being out all night,” he said. “That’s something that is being found in the practices utilizing the service—yes, they’re losing the emergency funds, but the daytime work is more lucrative because of the nighttime coverage.”

Spinning off Gas Light Equine’s after-hours emergency service into a separate independent practice is a calculated business strategy by the Beckmans and one more example of how practices might tackle the all-too-common pain point of emergency coverage to help make equine practice more sustainable. Resulting improvements in work-life balance have enabled the Beckmans to work normal hours, enjoy more family time and increase their joy of equine practice.

“There are many options out there on how to cover emergencies without causing problems to your daytime practice—co-ops, partnerships, independent practices like this—but we need to work together so we can all have normal lives,” he said. “This has been a great experience for us, and I want others to love their jobs as much as we love ours.”





## Step-By-Step:

# Opening an Emergency-Only Equine Practice

- ① Determine if your area can support an ER-only practice or position.  
This can be calculated by dividing the needed salary of personnel by the average estimated emergency invoice to determine the number of emergency cases needed to sustain the business.
- ② Contact an attorney and CPA to incorporate your new emergency practice as a legal entity and register for state and federal taxes.
- ③ Obtain appropriate state and DEA licenses, along with liability insurance.
- ④ Determine the equipment and inventory you will need to have on hand to care for patients in emergency scenarios. See suggested equipment list for guidance.
- ⑤ Establish your schedule of availability and operational hours (ex.: 5:00 p.m. to 7:00 a.m.).
- ⑥ Market your service to area veterinary practices and horse owners.  
Meet with or call equine practices in your area to discuss their need for after-hours emergency support. Discuss the focus of your practice and reassure veterinarians that no routine services will be provided at the time of emergency treatment.  
Create a website and social media presence for your practice so that horse owners can learn about your service and reach you easily when needed.
- ⑦ Establish your payment policy and the methods of payment you will accept. It is highly encouraged that clients pay at the time of service.
- ⑧ When providing emergency treatment to the clients of veterinary practices with whom you have established an agreement to provide after-hours care, ensure prompt communication with the client's regular DVM about the case and any anticipated follow-up care.  
Ask practices you support how they prefer to receive this information—email, phone call, text the following day, etc.



# Solo Practitioners Find Options to Ease On Call Strain: Success Story



**Dr. Michael Clark**

Part of the beauty of solo ambulatory practice is the ability to shape your business into your unique vision for career success. A tradeoff can be the absence of a team to share after-hours emergencies, but paradigm shifts about this facet of equine practice are easing the strain for solo practitioners.

Like many equine ambulatory practitioners when starting out on their own, Dr. Michael Clark and Dr. Ashley Allemand Davidson would see almost any emergency, regardless of drive time or client status. However, practice growth, life changes and the cumulative toll of 24x7 availability, especially in their rural settings, have led each to refine their after-hours policies.



**Dr. Ashley Allemand Davidson**

Dr. Clark established South Sound Equine Practice in Tenino, Wash., in 2017. There are several other equine practitioners on

the fringes of his 45-minute practice radius, and the veterinary teaching hospital at Oregon State University is three hours away.

Meanwhile, Dr. Allemand Davidson launched Faith Veterinary Service in Hammond, La., in 2020, servicing a 75-mile radius in southern Louisiana. The two closest equine practitioners are 45- and 60-minutes away, as is the veterinary teaching hospital at Louisiana State University (LSU).

## Client-Only Coverage

“I used to see any emergency—client or not—but now only see client emergencies, which has cut down on the burden a lot,” said Dr. Allemand Davidson. “Occasionally I’ll make an exception to help out a colleague. If I’m unavailable, I usually refer to LSU.”

She responds to after-hours emergency calls right away; other convenience calls from clients are returned the next morning.

For Dr. Clark, consolidating his emergency coverage response only to clients seen within the past 12 months was part of broader boundary setting by the husband and father of a 7-year-old daughter.

All calls to his practice go through voicemail, which he monitors closely while working, and his message explicitly states that he provides services only to current clients. His phone only rings after hours when the caller leaves a message after choosing the emergency option on the phone tree.

## Charge Appropriately

Dr. Clark raised his after-hours emergency fee significantly, and it begins promptly at 5:00 p.m., regardless of whether he’s home from work or not.

“I charge a lot, and you know what? Nobody bats an eye,” he said. “It makes after-hours emergencies less painful and more financially rewarding, which is one of the things as veterinarians we need to be more comfortable with. If we don’t make money, we don’t practice.”

When possible, he triages the emergency call—at no charge—to try to stabilize the situation until normal business hours.

## Setting Client Boundaries

“Set your boundaries and set them before you are burned out and angry because they work a lot better when you are not in that position,” said Dr. Clark.

As part of his core practice boundaries, Dr. Clark refuses to acquiesce to horse owners who call from outside of his coverage area and don’t have a regular veterinarian nor a trailer or plan for when an emergency strikes.

While he makes it a point to call these owners back because he doesn’t want them not to get a call back, he said it’s important to realize that “sometimes, it’s not my problem. It can be my problem to choose to fix or engage with, but it’s not my problem to worry about. As the profession continues to contract, owners are going to have to have a better idea that we are not always going to show up at their house.”

Dr. Allemand Davidson has started educating her clients about the situations that warrant a true after-hours emergency call and those that can wait until regular practice hours, but she says it’s a work in progress and receives non-emergency messages almost daily.

“My clients have my cell number, which is something I would do differently if I could do it over,” she said, adding that she plans to investigate using an answering service for after-hours calls and perhaps explore forming an emergency cooperative with the other rural practitioners in her region.

Added Dr. Clark, “There’s a benefit to ownership that is not just monetary. Being the owner means I get to pick and choose what I do. Do I sometimes break my own boundaries? Yes, but the decision to do that is in my control.”



## Step-By-Step:

### Solo Practice Solutions for Easing the Emergency Coverage Strain

To maintain control of your personal and professional schedule, consider how the following actions may benefit your practice.

- ① **Consider providing after-hours care only to current clients.** Providing after-hours care only to current clients is one tactic helping solo practitioners better manage after-hours requests. Be sure to define what a “current” client means to you and communicate this to horse owners.
- ② **Require clients to bring horses to you.** Providing treatment at a central haul-in location can increase your efficiency and alleviate drive time. There will always be some emergencies that can’t be trailered, but this option shares the responsibility for acquiring care with the client.
- ③ **Limit your hours of emergency coverage.** Dr. Meggan Graves of the University of Tennessee College of Veterinary Medicine found that only 2.6% of equine field ER calls occurred between 12 a.m. - 6 a.m. Providing instructions on how to proceed to a referral center during these hours decreases burden on the practitioner.
- ④ **Use a third-party triage service.** More and more practices are using tele-triage services to answer after-hours calls. A triage service can address your clients’ concerns and allow you to follow up during normal business hours.
- ⑤ **Form an emergency cooperative with area colleagues.** Sharing coverage through a cooperative can greatly reduce your on-call hours.
- ⑥ **Charge appropriately.** After-hours care is overtime work for you, and you should be compensated as such. Charging for your time—whether or not you actually go out for a call—should be part of your emergency fee structure.
- ⑦ **Educate your clients about true emergencies.** The more your clients understand when to call you, the fewer non-emergency calls you will receive.
- ⑧ **Don’t respond to client convenience messages after hours.** Use an auto-reply message which provides instructions for true emergencies and acknowledges you will respond during regular hours.
- ⑨ **Take care of yourself first.** Recognize when you are getting overburdened and schedule some time off - treat this the same as you would any other appointment and make sure you keep it. Block off vacation and other important dates well in advance and hold to them. Consider hiring help; hiring an assistant is the number one way to increase efficiency.



# Partial Emergency Coverage: Success Story

## Data, Staff Feedback on Overnight Coverage Led to New Policy—and Less Burnout



**Dr. Rob Franklin**

As one of four veterinarians at Fredericksburg Equine & Small Animal Veterinary Services in rural Texas, AAEP President Dr. Rob Franklin knows as well as anyone how all-consuming the veterinary life can be. The clinic's new partial emergency coverage model aims to ease that pressure.

Prior to purchasing the clinic in 2018, the practice had provided 24/7 emergency service to clients by a single practitioner. Once Dr. Franklin

and his partner Dr. Matt Moskosky purchased the clinic, they continued providing 24/7 care and compensated on-call staff with 50% of the total emergency bill. This continued for 3 years with the expansion of the practice to 4 veterinarians.

“My partners have kids, and we’re just all in a busy part of our lives, personally and professionally,” Dr. Franklin said. “So we thought, ‘Hey, we need to get some space here in our schedule.’ We’d hired as many veterinarians as our practice can currently take, and still, spreading the on-call around, it was still more than we all wanted to be on call. The impetus for a new policy was to try to give a better lifestyle for our veterinarians.”

### Taking a Close Look at Current Calls

Fredericksburg Equine is one of several practices serving a county of about 22,000 residents. Most of the other practices offer mixed care, including ruminants. Fredericksburg Equine doesn't treat ruminants, and that difference in clientele made sharing after-hour emergency coverage with neighboring clinics impractical.

Because Fredericksburg Equine already saw most of its equine patients on a haul-in basis, the next step was to consider ways to trim emergency coverage outside its regular 8 a.m. to 5 p.m. hours. They started by assessing when the majority of after-hours calls came in, Dr. Franklin said.

“When we looked at the frequency of after-hours calls, it was almost a lightning-strike event for someone to call in the middle of the night,” Dr. Franklin said. “Most of our emergency calls were happening first thing in the morning or in early evening when people were doing evening chores or finishing work and spending time with their animals.”

But being on-call for those relatively rare events was mentally draining for staff, whose personal lives and a good night's rest were essentially on hold during that time.

“That’s how we arrived at the decision to stop seeing patients between 9 p.m. and 6 a.m.,” Dr. Franklin explained. “We’d been stressing about something that happened infrequently, and once we looked at the data, it was easy to say, ‘We can turn this off and we’re not really disappointing anyone or eliminating care for any measurable number of our clients.’ Not having to worry about being on call freed up the mental capacity of our team.”

### Offering a Blend of Options

Today, the practice offers on-call emergency care daily from 6 a.m. to 9 p.m. (including on weekends when the clinic has no regular office hours). As a first-line resource between 9 p.m. and 6 a.m. when coverage is not provided, Fredericksburg Equine offers VetTriage veterinary telemedicine services for callers; for a small fee, an online veterinarian can help the client determine if the horse needs to be seen and can recommend several referral centers for those that do need veterinary attention. Those 24/7 referral centers range from 30 minutes to 3.5 hours away and are also listed, along with maps, in a dedicated “Emergency” tab on Fredericksburg Equine’s website.

“We’re centralizing emergency care to an emergency practice so clients can seek those services,” Dr. Franklin explained.

As part of the move to a partial emergency coverage policy, the practice raised all of its fees and added daytime emergency fees for cases that require schedule adjustments. They communicated the policy change through client statements, social media, and outgoing messages—including detailed information about the referral centers—on the clinic’s phone system.

“We’ve been doing this for over two years, and we’ve had zero client complaints,” Dr. Franklin said.

Fredericksburg Equine also provided all veterinarians a one-time pay raise based on the average former emergency bonus. But the message from staff was clear: being on call was about time and stress, not money.

“We needed to create more downtime,” Dr. Franklin said. “We couldn’t just throw money at the situation. That works temporarily, but there comes a time in people’s lives where the money’s not worth missing kids’ events, spending time with your family or simply creating some downtime to recharge for the next workday.”

“This change has really helped support bandwidth we allow people to create in their lives, to not get burned out,” he added.



## Step-By-Step:

# Offering Partial Emergency Coverage to Clients

- ① Identify your staff's emergency coverage pain points. This will help determine what, if any, emergency services you will want to retain as is or explore offering in a different way (such as limiting after-hours care to clients only, or requiring haul in for emergencies).
- ② Identify what hours 90% of your emergencies come in. This data will help you evaluate trends in your current service and will guide you in making decisions that support both your staff and your clients.
- ③ Set up a plan to defer after-hours treatment to other emergency care providers during a defined window of time.
- ④ Contact centralized emergency/referral institutions to let them know your clients may be seeking care outside of your provided hours.
- ⑤ Provide clear guidance to your clients on where to seek emergency care outside of the hours you provide it. Communicate using your outgoing phone message, practice website, and social media.
- ⑥ Explore using a telemedicine provider such as VetTriage to receive after-hours calls and help clients determine if they do need to be seen.
- ⑦ Measure your results. Be sensitive to client feedback, looking for themes vs. one-time complaints; see if you can adjust your hours even more (or less) based on how often you are still receiving late or early calls.



## Success Story:

### Haul-In Policy Better for Practice Efficiency and Patient Care

As Dr. Ginger Reagan's practice in Wilmington, N.C., grew and its coverage radius expanded, she and her staff at Reagan Equine found it increasingly difficult to provide emergency coverage for all of their clients, especially those at the edge of the practice's range.

"If you're an hour and 15 minutes away from us to the north, that's actually two-and-a-half hours from our southernmost client," explained Dr. Reagan, who opened Reagan Equine in 2005. "We have three veterinarians and an intern. It was inefficient with our staff time and our ability to manage resources, people, and equipment, even quite apart from the work/life balance aspect. There just was no way we could go out for every emergency."

The solution? Ask clients to bring their horses to the Reagan Equine clinic instead.

#### Better for Business and Care

Bringing horses to the clinic expands the services and treatments available for emergency cases, reduces travel time and costs for hourly techs, and makes it easier to quickly call in additional support when multiple emergencies hit at once.

"The haul-in policy hasn't cost us anything, and it's more efficient," said Dr. Reagan. "It's made our work lives so much better."

Reagan Equine didn't set out to establish a haul-in policy, Dr. Reagan said. The program came about out of necessity. "There were times when we'd told people to bring their horse and meet us at the clinic because we were 45 minutes away from the clinic and they were an hour away in the opposite direction," Dr. Reagan explained. "That's how the policy started to grow: people knew they could get their horses seen quicker if they were meeting us halfway."

"It became a word-of-mouth situation," added associate veterinarian Dr. Lindsay Arthur. "And after someone has one experience hauling in, they tend to continue hauling in."

#### How It Works

The haul-in program has since become a more formalized policy. "When we started taking new clients, if they were a long way out, we told them they would need to be haul-in-only clients so they knew that up front," Dr. Reagan explained. "Some are just haul-ins for emergencies."

"There are a couple of areas that are an hour away that we routinely get to about every other week, so people in those areas don't have to be strict haul-ins," added Dr. Arthur. "But if it's an area we're not already servicing, then the likelihood is lower that we're going to get out there for routine stuff." Horse owners who haul in avoid a farm-call charge, though emergencies still incur an emergency fee.



"Typically, when I'm on call, I say, 'I can meet you at the clinic, you need to bring the horse in,' and most of them come," Dr. Reagan said.

If the horse is down or physically unable to be hauled, Reagan Equine veterinarians will drive to an emergency. For clients who do not have access to emergency hauling, the clinic also can, at a veterinarian's discretion, send out its own truck and trailer, though it does not advertise the service. Dr. Reagan estimated about 15% of emergency cases come in via clinic transport.

Haul-in clients quickly come to appreciate that their horses will be seen faster in an emergency, will have immediate access to all of the clinic's on-site resources, and can be monitored overnight at the clinic if required. Haul-ins also give the on-call veterinarian time to prepare for the arrival, which reduces the stress of rushing to a call.

Treating horses at the clinic, where good lighting, equipment, and assistance is available is also safer, Dr. Reagan noted.

#### Educating Clients

With relatively few emergency providers in the area, Reagan Equine's client buy-in has been good without the need for additional incentives, like discounts for haul-ins. "The biggest thing is to set the standard for haul-in ahead of time," Dr. Reagan advised.

Reagan Equine also uses client conversations, the clinic's blog, and a Facebook page to promote the importance of having an emergency plan in general, including access to hauling. Those provide additional opportunities to establish a standard of hauling horses to the clinic for emergency care.

"It helps to emphasize the standard of care they can get in a veterinary facility versus out on the farm," Dr. Arthur said. "For haul-ins, it's a better standard of care and better for the horse all around."



# Implementing a Haul-In Emergency Policy: Success Story

## Switch to in-hospital emergency care helps Virginia practice balance after-hours coverage

Having built a successful three-doctor practice with strong client relationships over the course of two decades, the husband-wife team of Drs. Scott Reiners and Wynne DiGrassie recently redefined their after-hours emergency coverage protocols to maintain quality, around-the-clock care for client horses while removing the burden of late-night travel for the doctors.



Dr. Reiners, a board-certified surgeon, and Dr. DiGrassie, a board-certified theriogenologist, established Mountain View Equine Hospital in Steeles Tavern, Va., in 2003. Historically, the three-doctor practice has provided ambulatory services for clients, hospital referral for other veterinarians, and after-hours emergency coverage for clients on a rotating basis with their associate.

Following the birth of their son eight years ago, however, Dr. DiGrassie came off the emergency rotation and transitioned her repro practice from ambulatory to in-hospital. Down to just two doctors covering after-hours emergencies for a practice area extending more than an hour away, the late nights behind the wheel eventually became wearisome.

To address the strain, the practice raised emergency fees substantially in 2020. The increase curtailed some of the non-emergent calls that could wait until the next day but didn't quite remedy the core issue. In early 2022, the practice went a step further. Despite worries about client reaction and potential client loss, the practice began requiring most after-hours emergencies to come into the hospital. Between 5:00–8:00 p.m. Monday through Thursday, the on-call veterinarian will respond to emergencies within 40 miles of the practice. After 8:00 p.m. and on weekends, however, all emergencies—with exceptions for a couple of VIP clients within a 30-minute drive—are only seen in the hospital.

When a client calls the practice after-hours, the recorded message gives an option to be connected to the on-call veterinarian's cell phone. If the doctor doesn't answer, the client is directed to type "horse911" and the doctor will call back as soon as possible.

The practice notified clients of its policy change in a letter that, to their surprise, was well received by most. "We haven't had that much of a pushback," said Dr. DiGrassie. "We lost a few far-away clients, but you know what? There's likely another vet closer to service them so it was probably better for them in the long run."

The vast majority of their clients either own or have access to a horse trailer, which the practice deems as part of responsible horse ownership and a consideration for being a client. If necessary, the practice has a couple of people who can help transport an emergency in a pinch.

Dr. DiGrassie said it's important to emphasize the benefits for both horse and owner of seeing emergencies at the hospital. These includes having access to more equipment than can be carried on a vet truck as well as potential time and cost savings.

"A lot of the emergencies need more intensive care, especially the colics. And then some of the lacerations—if it's over a joint, it's got to come into the hospital anyway. It's just trying to help the client in general realize that they're actually saving money sometimes by hauling the horse into the hospital instead of going through multiple steps with the same outcome."

In August, the practice further refined its after-hours policy when their associate went on maternity leave. During her absence, all non-VIP client emergencies had to be hauled into the hospital. In conjunction, the practice implemented after-hours televet appointments to triage potential emergent cases to determine whether they needed to be seen immediately or could wait until the next day. The televet appointments paid immediate dividends by identifying several non-emergencies in the first few weeks. Dr. DiGrassie indicated these televet appointments have continued since their associate returned.

The switch to predominantly in-hospital emergency care has maintained the health of client horses and provided a dual benefit to the practice and its doctors: improvements to both quality of life and emergency profits. With Drs. DiGrassie and Reiners living on-site, and their associate just five miles away, the late nights of driving an hour home from an emergency are now just a memory. Meanwhile, having more tools at their disposal and significantly reducing fuel consumption has put more black in the practice's bottom line and more green in the pockets of its doctors and techs.



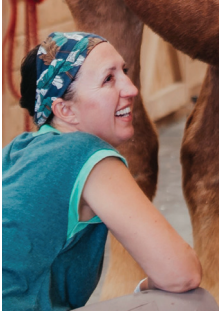
## Step-By-Step: Establishing a Haul-in Emergency Policy

- ① Identify a central location to receive horses (clinic or barn). If you don't already have a facility, amenities that should be available are electricity, running water, treatment area, stall(s), stocks, and ability to hang IV fluids.
- ② Acquire equipment/inventory necessary for haul-in services if not already on hand.
- ③ Create a list of haulers in the area that can transport horses for clients who don't have a trailer.
- ④ Ensure you have appropriate liability/insurance coverage.
- ⑤ Determine whether you will house horses only overnight; for extended periods of time; or solely just to be treated/triaged.
- ⑥ Share with clients your policies and procedures to set expectations for haul-in cases.
- ⑦ Establish staff protocol to be followed when emergency care is requested.
- ⑧ Determine if clients will drop off or stay with the patient during emergency care.





## Success Story: Contracting With Relief Veterinarian Eases Burden of Overwork and Absences



Dr. Shannon Findley

Bend Equine Medical Center in Bend, Ore., already was looking for ways to make their emergency coverage burden more manageable when one of the practice's shareholders, Dr. Shannon Findley, began planning her maternity leave.

Her research led Bend Equine to hiring a relief veterinarian, a solution that Dr. Findley and fellow shareholder Dr. Wendy Krebs say they've continued to use. That's allowed Bend Equine to continue offering emergency services to its large clientele, improve the veterinarians' quality of life, and ease the guilt some felt when taking leave or vacation.

"In the past, we just struggled through maternity leaves and other absences," Dr. Findley explained. "Our practice is the only practice in a 200-mile radius that provides emergency services regularly to our community. We're also the only hospital that has surgical capabilities and

full hospital facilities. We've never had a policy where we don't serve clients that are not ours.

"Our emergency burden got huge," she said. "So we were trying to get creative about how we could lessen that burden."

### Relief veterinarian to the rescue

Dr. Findley learned about relief veterinarian Dr. Liz Lee's High Tide Veterinary Services, and the practice initially hired Dr. Lee for several weeks while Dr. Findley went on maternity leave in May 2021. "Then we spent about another year-and-a-half utilizing her regularly, and now we use her mostly on an as-needed basis," Dr. Findley explained.

Importantly, Dr. Lee comes with her own housing: a camper van that she uses to travel around her service region. That means Bend Equine doesn't need to cover rent on top of Dr. Lee's fee. The practice provides Dr. Lee with a truck, all necessary equipment, and an assistant.

"As I think is typical for relief veterinarians, she charges a per diem and comes with all of her own insurance," Dr. Findley said. The practice also pays a fee to cover her travel costs.

"She also gets 100% of the fee for any emergency she sees," Dr. Krebs added. "She'll see daytime emergencies, as well as cover nights, so she works hard while she's here."

"Dr. Lee is a very good doctor, and we were happy with her quality of care, ability to triage, and ability to pass those cases back off to us when she left," said Dr. Findley. "She fit in with our level of care and client care, as well."

### Where to start

Bend Equine introduced Dr. Lee to their clients via email and social media, and "acceptance was really quite good," Dr. Krebs said.

For those considering a relief veterinarian, the AAEP offers a databank of relief practitioners, and there is also a private Facebook group, Equine Vet-to-Vet: Relief Veterinarians. Bend Equine advises planning relief coverage at least several months in advance. "There is a large demand for veterinarians like Dr. Lee," Dr. Krebs said. "Building a relationship with a relief vet who then gets to know your practice and your clientele makes it a lot easier."

Dr. Krebs and Dr. Findley say the model can be less profitable than in-house coverage, but even so the upside can be significant. Relief veterinarians can help growing practices that don't yet need another full-time clinician to help with the emergency caseload, Dr. Krebs noted, or for those anticipating multiple staff absences.

"We've also started asking Dr. Lee to come to our practice once a month and take a long weekend from us, which helps stretch out how many weeks all of us are doing," added Dr. Findley.

As practices seek ways to attract and retain veterinarians, their ability to provide some breathing room in the work schedule—whether for maternity/paternity leave, continuing education, or general quality of life—is likely to become more important.

"In the past, when we covered maternity leave in house, it could really be a burden on the rest of the team," Dr. Krebs said. "We recognized this is becoming a reality, it's going to be a frequent occurrence within our practice, and we needed to adapt to it, rather than it being a crisis each time that we had to endure."

"I also think it was good for our culture to show that we were looking for change in that way and not expecting everyone to suffer through overwork or feel guilty about being away," Dr. Findley added. "Of course, we're dedicated to our jobs and we do think about those things, but it's nice to know your colleagues won't feel so burdened by it."



# Step-By-Step: Work as a Relief Veterinarian

- ① Create your business! Use a CPA to help you take care of required business operations:
  - Determine the type of business you will be (LLC vs. S-Corp, for example). State law where you practice will specify requirements.
  - Obtain insurance – liability, general business and equipment coverage (if applicable).
  - Licensing – state licenses and DEA (if applicable).
- ② Determine the scope of your services.
  - Routine appointments +/- emergency.
  - Emergency coverage only.
  - Will you be flexible based on the specific needs of the practice?
  - Will you provide any specialty services?
- ③ Set your compensation model. Decide what works best for you!
  - Daily or hourly rate (+/- production)
  - Production-based fee only
  - Will you receive emergency fees?
  - Consider travel and housing expenses- will they be separate or included in your fee?
- ④ Decide how access to equipment and other expenses incurred will best work for your practice model.
  - Will the practice provide a fully stocked vehicle, or will you be using your own vehicle/equipment?
  - What equipment is standard at the practice, and will all medications and equipment be provided for your use?
  - Be sure to understand practice billing policies/procedures.
  - Will the practice provide an assistant?
- ⑤ Be confident in your skills and your strengths, and also know your limitations. Do not be afraid to communicate this to the practice.
  - Are there species you do not wish to treat?
  - What is your veterinary procedure comfort zone?
- ⑥ Be flexible and adaptable.
  - Practices have a range of equipment, medications and general trends in treatment— be ready to adjust your diagnostic and treatment plans as needed for what is available as well as what is expected for the area.
- ⑦ Finally, advertise your service to your colleagues.
  - Contact colleagues with whom you already have an existing relationship.
  - Email or visit practices in your area.
  - Join the Equine Vet-2-Vet Relief Veterinarian Facebook group.
  - Utilize your state VMA for advertising.



# Equine Emergency Inventory List

## for Veterinary Ambulatory Care

The following items are commonly used during equine emergencies. Consider stocking your ambulatory vehicle with these items or collaborate with other equine practices in your area to share equipment. This list is not all-inclusive and is only intended as a guide; modify to meet your practice's needs.

### Basic Items

- Twitch
- Exam gloves
- Oral speculum
- Sharps container
- Teat cannulas
- Nasal swabs
- Syringes/needles
- Chlorohexidine/Betadine scrub
- Alcohol
- 4x4 gauze
- Blood tubes
- Fecal cups

### Items for intravenous access

- IV Catheters
- Butterfly catheters
- tourniquets
- Extension sets
- IV coil sets
- IV fluids
- Simplex for IV delivery

### Items for down horses

- Ropes (cotton and nylon)
- Glide/equine sled\*

### Items for lameness/fractures

- Kimsey splint (front/back)\*
- PCV (varied lengths) for splints
- Hoof testers
- Hoof knife x 2
- Hoof pick
- Podiatry equip: nail clinch/hammer/nail/shoe puller

### Items for colic/choke

- Lube
- Rectal sleeves (reg and sterile)
- Stomach tubes (varying sizes x3)
- Pump
- Two buckets

### Items for lacerations

- Clippers
- Surgery pack (cold and sterile)
- Suture (absorbable and non)
- Sterile gloves
- Penrose drains

### Items for ophthalmic cases

- Ophthalmoscope
- Fluorescein strips stain
- SPL
- Eye hoods

### Items for reproductive ER

- IgG snap test
- Dystocia equip (ob chain x 3, ob handles, gigli wire & handles, head snare, eye hooks)
- Fetotome
- +/-AI pipettes

### Additional items

- Trach kit
- X-ray\* (plus lead)
- ultrasound

*\*Indicates items commonly shared among practices.*





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