



**State of Wisconsin**  
**Veterinary Examining Board**

Governor Tony Evers  
Dr. Hunter Lang, DVM, Chair

**Telehealth Advisory Committee**

**Meeting Minutes**

**Thursday, March 25, 2021, 9:00AM**

**Members Present:** Stacy M Adams Sherman; Randall Lee Bond; Bob Nagel; Wilfred Schuler; Scott Spaulding; Susan B Krebsbach; Melanie Goble; Karen Hershberger-Braker; Chanda Holschbach; Erika Froeming; **Members Absent:** Teri Kleist; Rebecca A Krull; Shawn Hook;

**Staff Facilitating:** Melissa Mace; Angela Fisher; Cheryl Daniels;

**Agenda**

**I. Introductions**

Staff reminded the committee that the rule is limited to what is in statute. There may be value in having discussions about statute, but that is not the role of this committee. The role of this committee is to discuss the minimum standards for veterinary professionals to operate in a telehealth framework.

Staff reminded the committee about key aspects of statute relevant to the discussion:

- Location of Practice, Wis. Stat. § 89.05 (1): If someone practices or advertises to practice in Wisconsin, they will need to be licensed in Wisconsin.
- Valid Client Patient Relationship (VCPR), Wis. Stat. § 89.02 (8): "Veterinarian-client-patient relationship" means a relationship between a veterinarian, a client and the patient in which all of the following apply:
  - (a) The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the patient's need for medical treatment, and the client has agreed to accept those medical judgments and to follow the related instructions of the veterinarian.
  - (b) The veterinarian has sufficient knowledge of the patient to initiate a general or preliminary diagnosis of the medical condition of the patient because the veterinarian has recently examined the patient or has made medically appropriate and timely visits to the premises on which the patient is kept.
  - (c) The veterinarian is readily available for follow-up treatment of the patient if the patient has an adverse reaction to veterinary treatment.

**II. Discuss Telemedicine Proposal**

**A. Definitions**

Attending Veterinarian: Staff proposed that attending veterinarian means the veterinarian who holds the Veterinarian-Client-Patient Relationship and is responsible for the medical care and treatment of the animal. No member expressed concerns with this definition.

Consulting Veterinarian: Staff proposed that consulting veterinarian means the veterinarian who gives advice or assistance, whether in-person or by any method of communication, to the attending veterinarian, for the benefit of an animal patient.

Consultant: Staff proposed that consultant means a person whose subject matter expertise, in the opinion of the attending veterinarian, will benefit an animal patient, and who gives the attending veterinarian advice or assistance, whether in-person or by any method of communication.

Consultation: Staff proposed that consultation means the advice or assistance given by a consulting veterinarian or other consultant to the attending veterinarian where the responsibility for patient treatment, prescriptions, and welfare remain with the attending veterinarian.

A consulting veterinarian or other consultant may not do any of the following:

- a. Visit the patient or client or communicate directly with the client without the knowledge of the attending veterinarian.
- b. Take charge of a case or problem without the consent of the attending veterinarian and the client.

A member asked for clarification about whether the attending veterinarian needs to coordinate the consultation. Staff clarified that if a client seeks out another veterinarian, and the primary veterinarian is unaware, then that other veterinarian would need to establish a VCPR as well because that situation would not meet the definition of consultation.

A member asked whether the consulting definitions would impact multi-doctor practices. Staff clarified that another aspect of the proposal would say that if a veterinarian is a part of a multi-doctor practice and has access to the records, the VCPR would transfer to the other doctors in that practice.

A member asked if the multi-doctor practice proposal includes relief veterinarians. Staff clarified that if the client understands that the patient may be treated by more than one doctor in the practice, this may be established during the initial VCPR.

A member asked the difference between consulting veterinarian and consultant. Staff clarified that a consultant is not a veterinarian.

A member asked about multi-doctor practices in which not all of the doctors are licensed in Wisconsin. Staff clarified that any doctor practicing in Wisconsin would need to be licensed in WI, or possess a temporary consulting permit to practice in Wisconsin.

Informed Consent: Staff proposed that informed consent means the veterinarian has informed the client or the client's authorized representative, in a manner understood by the client or representative, of the

diagnostic and treatment options, risk assessment, and prognosis, and the client has consented to the recommended treatment. No member expressed concerns with this definition.

General Advice: Staff proposed that general advice means any advice provided by a veterinarian or certified veterinary technician, via any method of communication within or outside of an established VCPR, which is given in general terms and is not specific to an individual animal or group of animals, diagnosis, or treatment. No member expressed concerns with this definition.

Telehealth: Staff proposed that telehealth is the overarching term that encompasses all uses of technology geared to remotely deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of tools allowing a veterinarian to enhance care and education delivery. No member expressed concerns with this definition.

Telemedicine: Staff proposed that telemedicine is the remote delivery of healthcare services, such as health assessments or consultations, over the telecommunications infrastructure, allowing a veterinarian to evaluate, diagnose and treat patients without the need for an in-person visit. No member expressed concerns with this definition.

Tele-triage: Staff proposed that tele-triage means emergency animal care, including animal poison control services, for immediate, potentially life-threatening animal health situations, including poison exposure mitigation, animal CPR instructions, and other critical lifesaving treatment or advice that may be performed within or outside of a VCPR. No member expressed concerns with this definition.

## **B. Location of Practice**

Staff proposed that the practice of veterinary medicine takes place where the animal is located at time of practice, in alignment with Wis. Stat. §§ 89.05 (1) and 89.02 (6).

## **C. Veterinarian-Client-Patient Relationship (VCPR)**

Staff reminded the committee that the American Veterinary Medical Association (AVMA) and Wisconsin Veterinary Medical Association (WMVA) do not recommend the establishment of a VCPR via telemedicine technologies, and that a majority of states do not allow for a VCPR to be created by purely telehealth technologies.

Staff reminded the committee that the definition in rule must comply with the statutory definition under Wis. Stat. s. 89.02 (8): “Veterinary-client-patient relationship” means a relationship between a veterinarian, a client and the patient in which all of the following apply:

- (a) The veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient and the patient's need for medical treatment, and the client has agreed to accept those medical judgments and to follow the related instructions of the veterinarian.
- (b) The veterinarian has sufficient knowledge of the patient to initiate a general or preliminary diagnosis of the medical condition of the patient because the veterinarian has recently examined

the patient or has made medically appropriate and timely visits to the premises on which the patient is kept.

- (c) The veterinarian is readily available for follow-up treatment of the patient if the patient has an adverse reaction to veterinary treatment.

Staff stated that the Board often gets questions from veterinarians about what timeframes are necessary.

Staff presented three options for discussion, based on the discussion from the first meeting:

- Option 1: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client. A VCPR must be established via an in person physical exam, or timely medically appropriate visits to the premises on which the patient is kept. It may not be established by telehealth technologies.
- Option 2: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a patient. A VCPR may be established by utilizing telehealth technologies to examine the patient as medically appropriate to the circumstance.
- Option 3: In order to practice veterinary medicine in WI a veterinarian must be licensed in WI and have an established VCPR with the client prior to treating a patient. To establish a VCPR the veterinarian must meet the requirements of Wis. Stat. § 89.02 (8). A licensed veterinarian may satisfy the exam requirement under Wis. Stat. § 89.02 (8) (b) for the establishment of the VCPR via telehealth technologies through the use of instrumentation and diagnostic equipment where images and medical records are able to be transmitted electronically or a physical in person exam.

A member expressed support of option 1. The member expressed that health changes over the life of an animal, which makes it important to have an annual VCPR in person with hands on the animal. The member expressed that even trained clients often miss things that the veterinarian finds when doing a physical exam because the client is not a veterinarian. The member expressed that an in person timely exam is important.

A member expressed support of option 1, because it would establish the VCPR in person.

A member expressed support of option 1, and expressed concerns about if out-of-state veterinarians were able to mass dispense prescriptions to food producing animals after having established a VCPR only via telehealth. The member also expressed that veterinarians should be aimed for what is best medicine and not necessarily what is most convenient.

A member expressed support of option 1, and expressed that there is a wide range of capabilities on farms as well as with companion animals.

A member expressed support of option 2. The member expressed that option 1 implies that veterinarians do not have the judgement to determine which cases they need to lay their hands on. The member expressed support of interpreting “visits to the premises” in statute to include telehealth visits.

A member expressed support of option 2. The member expressed that veterinarians need to provide better access to care via telemedicine. The member expressed that it should be to the veterinarian’s judgement whether diagnostics need to be done in the clinic. The member expressed concerns about what instrumentation could be interpreted to mean in option 3. The member expressed that meeting in person is not necessary to get to know someone and that a home video conference gives a better idea of the whole family than a clinic appointment.

A member expressed support of options 2 or 3, because it would give veterinarians the opportunity to meet the needs of their clientele. The member expressed support of establishing follow-up VCPRs via telehealth, after an initial VCPR is established in person. The member expressed that there should be an in person visit at some point and that telehealth should not be allowed for the entire life of the patient. The member expressed that veterinarians should have flexibility to determine what is appropriate. The member expressed that herd health, large animal, and kennel situations should require a premises visit.

A member expressed support of option 3 to allow for telehealth for individual animals.

A member expressed support of option 1. The member expressed that would not support options 2 or 3 because those would allow the initial VCPR to be established via telehealth. The member expressed that the committee is made up of exceptional veterinarians and expressed that not everyone is exceptional. The member expressed that the job of the committee is to protect the patients that are being seen by a veterinarian that may not be practicing the same quality medicine.

A member expressed support of option 1 to establish the VCPR in person. The expressed that there are good telehealth technologies being developed but that the initial VCPR should still be established in person. The member expressed that there are really good veterinarians using really good technology but that that does not mean that everyone is going to invest in the best technology and there is the potential for veterinarians to not provide the minimum level of care to patients without that in person visit.

**Seven members expressed support of keeping the current timeframe requirements as timely and medically appropriate. One member expressed support of a one year minimum requirement. One member expressed support of a 12 or 18 month minimum requirement. One member expressed support of a one or two year minimum requirement.**

**Six members expressed support of option 1. Two members expressed support of option 2. One member expressed support of option 3. One member expressed support of either option 2 or 3, as long as a VCPR is established in person at some point during the life of the patient.**

Staff proposed that the VCPR, once established, extends to other veterinarians within the group in which the veterinarian practices, that has access to, and has reviewed, the medical history and records of the animal.

**A member expressed support of including relief veterinarians in addition to the veterinarians within the group, because relief vets are not part of the group per se but do have access to the records. Staff proposed changing the proposal language to “extends to other veterinarians within the group or any other relief veterinarians within the practice.” All members expressed support of the updated proposal.**

#### **D. Prescribing**

Staff proposed that medication may not be prescribed without either a physical examination or medically appropriate and timely visits to the premises where the animal or group of animals is kept.

A member expressed that a VCPR should be able to be established without an in person exam or visit to the premises.

A member expressed that a VCPR should be required for prescribing but that if the VCPR is allowed to be established via telehealth then the veterinarian should be able to prescribe without an in person exam.

A member asked how prescribing is addressed currently. Staff clarified that the statutes and rules currently are interpreted to require an in person exam to prescribe.

A member expressed that the language is redundant to the VCPR language. The member expressed that how the Board determines a VCPR may be established should be the same for prescribing. Another member agreed.

A member expressed support of adding this language if the Board goes with options 2 or 3 for the VCPR. The member expressed a concern about controlled substances being prescribed via telehealth.

A member expressed that if the VCPR is allowed to be established via telehealth, the prescribing language would be limiting.

Staff clarified that state rules will never trump a federal rule. Any rules and laws related to prescribing drugs at the federal level must be followed. The state cannot be less restrictive than the federal government.

**Nine members expressed that the language is not necessary or is redundant to the VCPR language. One member expressed no opinion.**

#### **E. Record Keeping**

Staff proposed that:

- Records must include how the encounter occurred, via telemedicine or physical exam, visits to the premises.
- Records must include copies of all patient related electronic communications, including prescriptions, laboratory and test results, imaging, evaluations and consultations, and instructions obtained or produced in connection with the utilization of telehealth.

- Informed consents obtained in connection with an encounter must also be filed in the medical record.
- Records related to a telemedicine encounter must be readily available upon request by the client.

A member expressed concerns about being able to maintain text communications.

A member expressed that telehealth should not change the requirements for record keeping. Two other members expressed agreement.

**Staff proposed that records must be kept, regardless of encounter type, in accordance with Wis. Admin. Code ch. VE 7. All members agreed with that short statement.**

## **F. Continuity of Care**

Staff proposed that, in accordance with Wis. Stat. § 89.02(8) (c), an animal owner must be able to easily seek follow-up care or information from the veterinarian who conducts an encounter while using telehealth technologies. The veterinarian must ensure that the client is aware of the veterinarian's identity and location.

A member asked how specific the location would need to be. Staff proposed city and state.

A member expressed that the veterinarian should have to identify if they are not in the state. The member expressed that the city should not need to be identified if the veterinarian is traveling within the state. Staff proposed identifying the practice area and not the city where the veterinarian is today if travelling.

A member expressed that telehealth should not affect this and that it should be up to the veterinarian's judgement to maintain continuity of care.

**Seven members expressed support of including identity and location. Of those, two specified that at least to the level of the state. One member expressed no need for the language. Two members expressed no opinion.**

## **Permit and/or CE to Practice Telehealth**

Eight members expressed that a permit and/or specific CE should not be required to practice telehealth. One member expressed that CE should be required, similar to what is required to practice telehealth in human medicine. One member expressed support of requiring both a permit and CE, but also expressed concerns about the logistics of it.

## **G. Delegated Medical Services**

Staff explained that acts delegated under Wis. Admin. Code § VE 7.02 (3), (5), (7), and (8) (c) are currently allowed to be delegated using telehealth technologies.

A member expressed that the placement of IV catheters and the suturing of the catheter should be able to be delegated to a CVT as long as the veterinarian is available within 15 minutes or a telehealth call.

A member expressed agreement and that CVTs place most catheters. The member expressed that anesthesia should not be done without a veterinarian present.

A member expressed that anything outside of anesthesia should be allowed to be delegated to a CVT. Another member expressed agreement.

A member expressed that veterinarians should be the only ones practicing surgery.

A member expressed that the reproductive provisions are tasks in which educated and trained CVTs should be able to be delegated to.

A member expressed that dental would not be appropriate to do without a veterinarian physically present.

The committee will continue the discussion at the next meeting.

### **III. Wrap up and next steps**

The final committee meeting is scheduled for Thursday, April 8<sup>th</sup>, at 9:00 a.m.