



AlignCare[®]

SUPPORTING FAMILIES THROUGH ACCESS TO VETERINARY CARE

Community Manual

(version 2.5)

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Fund

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ABOUT THE PROGRAM FOR PET HEALTH EQUITY

The Program for Pet Health Equity (PPHE) exists to improve access to veterinary care for pets and their families not adequately served by the current system. We promote and facilitate national collaborations and public policy development, to remove barriers to veterinary care. Our activities include education, community service, and social and public health research. The PPHE developed AlignCare the first One Health healthcare system to improve access to veterinary care by addressing the needs of people, their pets, and their ecosystem, largely defined by socioeconomics. We connect bonded families with veterinary service providers and utilize the support of veterinary social work coordinators, while leveraging community resources and activities.



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Welcome to AlignCare

Imagine that all pets have access to veterinary care, as they so deserve. It is a vision shared by many, where we see *bonded families* across the socioeconomic spectrum able to receive needed veterinary care. We see nonhuman family members, also called pets and companion animals, less likely to experience illness and prolonged recovery. Premature death from treatable medical conditions happens less often. Families are less likely to seek help by relinquishing beloved family members to animal welfare organizations to get help for them.

To realize our vision, we must improve access to veterinary care for families with limited means. As reported in [Access to Veterinary Care: Barriers, Current Practices, and Public Policy](#), more than one out of four (28%) families with pets experienced a barrier to veterinary care, overwhelmingly because they "could not afford it." Creating a sustainable healthcare system that reaches underserved families requires better alignment of community resources and activities. We must control the costs of care and spread the burden among multiple stakeholders.

AlignCare is a One Health healthcare system designed to meet these objectives, and improve access to veterinary care, made possible through generous funding from [Maddie's Fund](#).



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Consider Bob, a veteran who risked his life for our country, whose dog, Max, suffered a treatable injury. Bob could not pay for the needed medical care, resulting in Max's euthanasia. Bob was devastated when Max died, especially since Bob's recovery from a stroke was in large part due to Max's never-failing companionship. We can do better in helping people like Bob, who have contributed to the wellbeing of our society. I think of the senior retirees who have given all of their working lives in service to others but now with limited income are unable to afford veterinary care. Ironically, some who work in veterinary practices or animal welfare organizations to help animals, struggle to pay for veterinary care. Andrea, a highly skilled veterinary technician who is admired by many, struggles with the costs of veterinary care despite having full-time work and earning additional money through regularly pet-sitting, and doing other side projects. The costs of veterinary care are simply out of reach of so many families.

The Program for Pet Health Equity is pleased to present Version 2.0 of the AlignCare Community Manual. It replaces Version 1.0, with further development and refinements of many of the features of the AlignCare system. We believe this Manual will help communities implement a One Health approach to reaching underserved families.

We invite you to review this Manual and consider joining us in implementing AlignCare in your community.

All pets and their families deserve access to veterinary care, and this can become a reality through our individual and collective determination.

Michael J. Blackwell, DVM, MPH, FNAP
Assistant Surgeon General, USPHS (Ret.)
Director, Program for Pet Health Equity

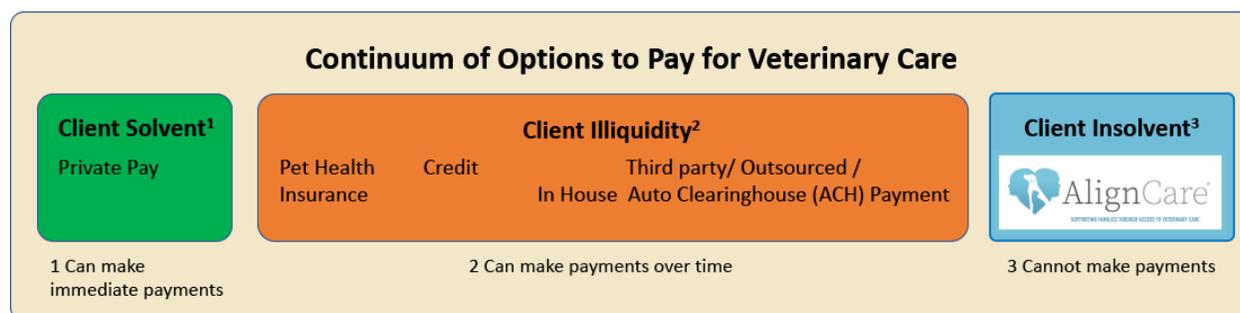
Section 1. About AlignCare

Millions of families struggle to access veterinary care, and the problem has grown due to the COVID-19 pandemic. Qualifying for public assistance is a reliable indicator of limited ability to pay for certain services, including veterinary care. Nationally, an estimated 29 million dogs and cats live in families participating in the Supplemental Nutrition Assistance Program (formerly known as food stamps). In addition to other pets in these families, millions more live with middle-class families living paycheck to paycheck. Two-thirds of pets live with Millennials and Baby Boomers¹, and both generations are at risk of not having adequate veterinary care. Projections are that Millennials will earn less income than their parents' generation. Baby Boomers are daily retiring with limited income. These national demographics and the current veterinary service delivery models strongly suggest the problem of access to veterinary care will persist and grow.

The [Access to Veterinary Care Coalition's](#) national population study found that more than one out of four (28%) families with pets experienced a barrier to veterinary care in the past two years, with the primary barrier being financial. The impacts of lack of access to veterinary care on a family's wellbeing can be substantial because:

- 88% of families regard their pets as family members;
- an illness or injury may result in prolonged recovery, premature death, including economic euthanasia, or relinquishment, breaking up the family; and
- lack of veterinary care presents health risks to the family and public health.

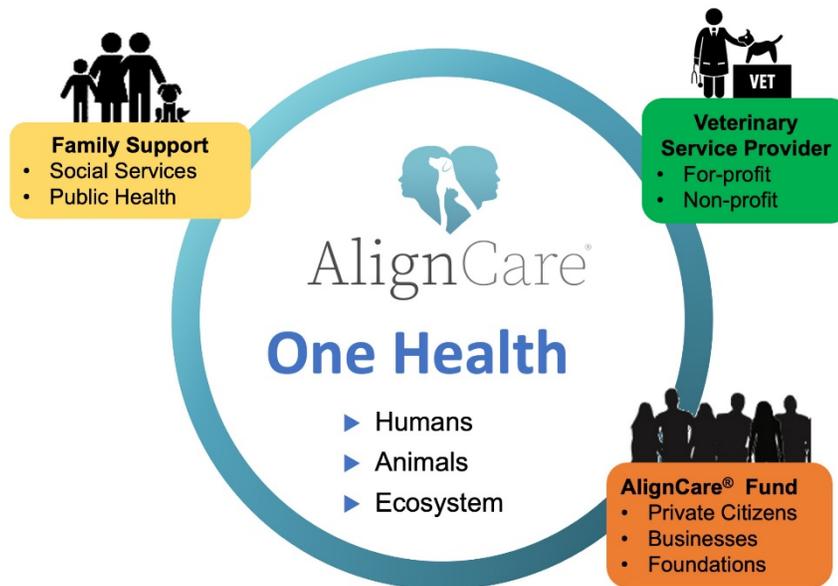
The resolution of lack of access to veterinary care as a national family crisis will occur through better alignment of community resources and activities, while also controlling the costs of care and spreading the burden among multiple stakeholders. The following graphic illustrates current payment options to pay for veterinary care and locates AlignCare within this funding continuum.



AlignCare is a healthcare system designed to improve access to veterinary care for families in need by aligning community resources and activities nationally. AlignCare is structured on One Health by:

- addressing the financial and emotional needs of pet parents/guardians (people);
- enabling VSPs to help underserved pets (animals); and
- controlling and spreading costs to address the impacts of low socioeconomic status (Environment or ecosystem).

¹ American Pet Products Association Survey (2018)



Data gathered informs how a structured healthcare system can sustainably improve access to veterinary care. Ongoing social science, economic, and incremental veterinary care research will result in new service delivery models that will enhance overall family health and wellbeing, and therefore, overall community health.

Communities benefit from AlignCare by having:

- fewer families unable to access veterinary care;
- more pets recovering from an injury or illness;
- fewer economic euthanasias or relinquishments to animal welfare organizations;
- more families receiving needed emotional support when faced with a medical crisis involving their pets;
- better zoonotic disease prevention and control; and
- healthier families and a healthier community.

AlignCare Eligibility Criteria

AlignCare pays 80% of the veterinary charges for initial examinations and ongoing treatment, including prescriptions. Families are expected to pay 20% of the charges, including state mandated vaccinations. In the event that families are unable to cover the copay, they are expected to talk with the VSWC. Families are welcome to enroll up to four (4) pets in AlignCare. Additional pets cannot be added after enrollment has been completed.

AlignCare eligibility requirements include:

- **Bonded Family** – The family views the pet as a family member.
- **Need for assistance** – The family is income eligible as evidenced by current participation in a means-tested public assistance program.
- **Technology-competent** – The family should have a smartphone, be able to interface with apps and have an active email account or have social service agency support and assistance to actively participate in online AlignCare activities.

- **Willingness to partner** – The family must be willing to work with the Veterinary Social Work Coordinator and the veterinary service provider.
- **Willing to Spay or Neuter** - Required except in cases where it is not medically advised by an AlignCare veterinary care partner
- **Comply with VSP recommendations** – Families must be willing to follow the recommendations of the Veterinary Service Provider

AlignCare does not cover livestock or hooved animals. AlignCare Nevada only covers cats and dogs. Other AlignCare communities include bonded pets in accordance to the capability of the partnering veterinary practices.

Failure to comply with requirements may result in termination of AlignCare coverage.

Key Partners

I. Animal Welfare, Social Service and Public Health Agencies & Professionals who will have:

- predictable and consistent options when supporting families needing veterinary care, saving them time and resources;
- access to trained professionals who can help by supporting families with their pet-related issues; and
- benefits of a One Health system that addresses the needs of people, their pets, and their ecosystem characterized mainly by low socioeconomics.

II. Veterinary Service Providers (VSPs) who will have:

- more clients by serving a broader community;
- the ability to help their community by caring for pets previously out of reach;
- more workplace satisfaction because of fewer occurrences of turning people away or having to euthanize although the problem is treatable;
- the opportunity to provide care early in the disease process;
- more consistent patient management by using standardized patient care decisions in light of limited resources;
- a more significant impact in preventing and controlling zoonotic diseases in their community; and
- improvements in team wellness due to the support of Veterinary Social Worker Coordinators who can assist with avoiding compassion fatigue and improving interpersonal communication and conflict management.

III. Veterinary Social Work Coordinators (VSWC) who:

- provide family emotional support and coaching when they are struggling with pet related issues; and
- assist veterinary care teams when the client presents barriers to service, e.g., language, communication, and comprehension.



AlignCare began with a recognition that many pets are not receiving veterinary care due to financial limitations. Many community social service organizations that support low- and moderate-income families want to help bonded families with access to veterinary care. Most veterinarians agree that pets are family and deserve access to veterinary care. Through AlignCare, they can provide veterinary care when pet owner finances are limited. AlignCare community partners mobilize private citizens, businesses, and foundations to bring the AlignCare vision to life and keep bonded families together.

AlignCare Roles

AlignCare is managed by the [Program for Pet Health Equity \(www.pphe.utk.edu\)](http://www.pphe.utk.edu). Each AlignCare affiliate community is assigned an AlignCare Consultant from the AlignCare leadership team to guide them through planning, implementation, monitoring, and evaluation of AlignCare. The consultant will provide implementation guidance, feedback, AlignCare branding and marketing materials, and advice regarding program development and progress.

Each AlignCare affiliate community has an assigned Veterinary Social Work Coordinator, a Veterinary Service Provider (or providers), and an AlignCare Community Organizer. Sections 2 through 5 of this manual expands on these roles.

Social Service Agencies

Local social service agencies play an integral role in the AlignCare system by identifying eligible families needing veterinary care. They are responsible for introducing the family to AlignCare, screening the family for eligibility and referring the family to the Veterinary Social Work Coordinator for AlignCare enrollment. Families are referred to AlignCare when a need for veterinary care is expressed to the social service agency and eligibility requirements are met. The social service agency:

1. Ensures screening form is properly submitted to AlignCare to help document program eligibility.
2. Interacts with a Veterinary Social Work Coordinator (VSWC) who provides ancillary pet-related family support.

3. Participates in the exchange of information via written communication (e.g., email), and telephone and video meetings.
4. Adheres to the policies and procedures as outlined in the *AlignCare Community Manual*, specifically the Social Service Providers Policies & Procedures, including:
 - a. Identify and screen potential clients.
 - b. Refer clients to Veterinary Social Work Coordinator.
 - c. Keep AlignCare client information confidential.
 - d. Engage in a productive, communicative working relationship with the AlignCare client, veterinary service provider, and veterinary social work coordinator.

The social service agency assists the family in completing online screening, agreement, and consent forms. The Veterinary Social Work Coordinator reviews the screening information and connects the family to a local participating veterinary service provider.

The referring social service agency continues to be the primary case manager for the AlignCare family and continues to provide services for issues that are not animal-related and/or require intensive and/or long-term treatment, as these issues are outside the scope of practice for a Veterinary Social Work Coordinator. When these issues arise, the Veterinary Social Work Coordinator will refer the client to the social service agency of record for additional support and/or referral. Examples of such situations include, but are not limited to:

- 24/7 Crisis Intervention Support
- Active addiction to alcohol or drugs and/or the need for medical detoxification
- Problems around eating and nutrition that may require medical support and an interdisciplinary team approach
- Evidence/risk of progressive deterioration in mental or emotional functioning that requires intensive intervention
- Acute risk of harm to self or others requiring emergency intervention in a controlled environment (i.e., hospitalization)
- History of long-term treatment and continued need for that level of care
- Client requests or expects multiple contacts in a week

The PPHE facilitates monthly video conferences with AlignCare communities to monitor activities, identify successes and obstacles, and discuss strategies to overcome the barriers. These contact points will also provide an opportunity to disseminate policy and procedure information.

Expected Outcomes with AlignCare

Communities:

- bonded families who are currently underserved have access to veterinary care;
- improved health outcomes of human and nonhuman family members;
- a reduction in economic euthanasia and relinquishment to animal welfare organizations due to a treatable medical condition;
- prevention and control of zoonotic diseases; and
- standardization of decisions and costs when using IVC.

Social Service and Public Health Agencies and Professionals will see:

- benefits of interprofessional collaborations (VSP, VSW); and
- predictable and consistent options when addressing the need for veterinary care.

Veterinary Service Providers:

- able to help underserved families, resulting in an increase in workplace satisfaction and wellbeing;
- an expansion in clients served;
- standardization of decisions about patient care when there are limited resources;
- improvement in team wellness due to having the support of a VSWC;
- improved disease control and prevention in the community; and
- opportunity to intervene early in the disease process.

Veterinary Social Work:

- community awareness that VSW professionals provide a critical service; and
- families have access to VSW services.

AlignCare Information Systems

Information about AlignCare families, pets, case assessment and management (e.g., diagnostics, treatments, prices, etc.), and outcomes will be collected electronically by the AlignCare Information System through integration, when possible, with the practice management information system of enrolled veterinary service providers. The goal is to capture, maintain, monitor, and analyze information in the AlignCare database to continually improve operations and help establish evidence-based veterinary medicine.

The collection of information will provide a comprehensive source of information needed to:

- study incremental veterinary care as an evidence-based case management strategy;
- assess the health of AlignCare patients and patterns of illness and injury;
- identify unmet regional veterinary care needs;
- document patterns of veterinary care expenditures; and
- identify areas needing additional research.

The information generated from the AlignCare Information System will only be shared in aggregate form to protect the privacy of veterinary service providers and AlignCare families. No identifier information (e.g., names of the veterinary service provider, AlignCare families, veterinarians, etc.) will be shared. Access to the data is limited to AlignCare representatives responsible for program planning, implementation and evaluation. AlignCare utilizes cyber protection features help to avoid data breaches and encourages affiliate sites to do the same.

AlignCare collects information necessary for planning, implementation and evaluation, including but not limited to:

- pet signalment, behavior, history, physical exam, provisional diagnosis, prognosis, case management decisions, and outcomes;
- veterinary service utilization and outcomes;
- euthanasia decision making;
- frequency and themes of teledvice;
- teledvice and telemedicine activities;
- information to track supported veterinary services;
- Veterinary Social Work Coordinator service provision;
- zoonotic disease;
- pet lifestyle diseases;
- domestic violence involving animals;

- animal relinquishment activity;
- implementation feedback from AlignCare partners;
- AlignCare affiliate community mobilization efforts and outcomes; and
- AlignCare affiliate social media and marketing activities.

AlignCare Educational Program

Through a partnership with Preventive Vet, AlignCare families have access to informational materials to help keep their pet healthy through the prevention of common conditions and help with recognizing when incremental veterinary care is needed.

The AlignCare Educational Program includes information such as:

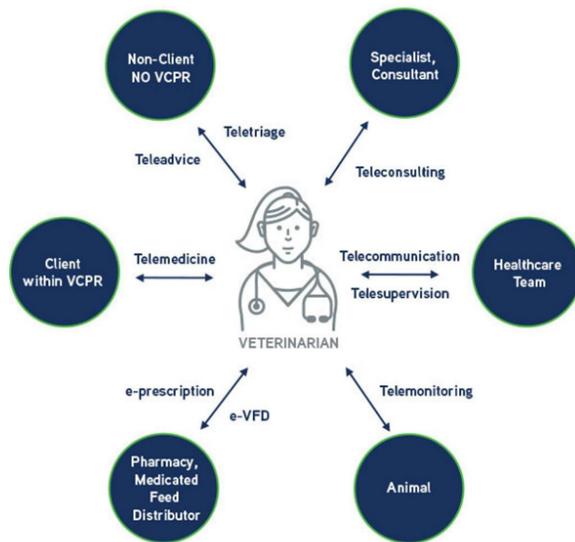
- Responsible Pet Ownership
- Pet Wellness
- Animal Behavior and Training
- Pet Proofing and Toxicities
- Basic Pet First Aid
- Diet and Weight Management
- Pet Exercise
- Environmental Enrichment
- Prevention and Treatment of Common Pet Conditions

The AlignCare Educational Program will provide information to families to enable their pets to live a healthy life as a member of the family. The educational materials will be offered in a variety of print and electronic media and disseminated in paper form, social media, and other electronic methods, such as email and websites.

AlignCare Telehealth

Through a partnership with Best Friends Animal Society and Vets Plus More, teleadvice and teletriage is offered to AlignCare families allowing 24/7 access to virtual veterinarians. Families receive a “how to” guide once initial enrollment has been completed. Ultimately, the AlignCare healthcare system will include a telemedicine service.

The American Veterinary Medical Association (AVMA)² explains that telehealth is the overarching term that encompasses all use of technology to deliver health information, education, or care remotely. The graphic below presents the basics of veterinary telehealth.



Teleadvice: Any health information, opinion, guidance, or recommendation concerning prudent future actions that are not specific to a particular patient's health, illness, or injury. Advice can come from veterinarians or non-veterinarians, offering help via phone, text, or online, and is general in nature, not providing a diagnosis or prognosis. Teleadvice may include that an annual wellness exam as part of a comprehensive preventive care plan is prudent, or that animals living in mosquito-infested areas should receive year-long heartworm preventatives.

Teletriage: Is the safe, appropriate, and timely assessment and management (immediate referral to a veterinarian or not) of animal patients via electronic consultation with their owners. In assessing a patient's condition

electronically, the assessor determines urgency and the need for immediate referral to a veterinarian, based on the owner's (or responsible party's) report of history and clinical signs, sometimes supplemented by visual (e.g., photographs, video) information. A diagnosis is not rendered. The essence of teletriage is to offer advice and facilitate safe decisions regarding a patient's disposition (immediate referral to a veterinarian or not), under conditions of uncertainty and urgency.

Telemedicine: Use of a tool to exchange medical information electronically from one site to another to improve a patient's clinical health status. Examples include using Skype or a mobile app to communicate with a client and visually observe the patient for a post-operative follow-up examination and discussion. Telemedicine is a tool of practice, not a separate discipline within the profession. The appropriate application of telemedicine can enhance animal care by facilitating communication, diagnostics, treatments, client education, scheduling, and other tasks. Practitioners must comply with laws and regulations in the state in which they are licensed to practice veterinary medicine. **Telemedicine may only be conducted within an existing Veterinary-Client-Patient Relationship**, with the exception for advice given in an emergency care situation until a patient can be seen by, or transported to, a veterinarian.

AlignCare Business System

AlignCare provides for veterinary services taking into account the family's financial constraints. There is cost sharing by veterinarians through discounted services, families through copayments, companies through discounted products, and the AlignCare Fund through direct payments to veterinarians to subsidize the care. For details on the AlignCare Business System, refer to AlignCare Payments and Pricing in Section 5. AlignCare Veterinary Service Providers.

² <https://www.avma.org/resources-tools/practice-management/telehealth-telemedicine-veterinary-practice/veterinary-telehealth-basics>

AlignCare Questions and Answers

Some of the questions about the AlignCare system raised by veterinary service providers include:

1. What happens when treatment is more than AlignCare coverage?

Answer: When costs are projected to exceed AlignCare coverage, the client may consider the following options:

- find additional financial resources
- non-treatment of the problem
- palliative care and/or euthanasia

2. What if the AlignCare client does not have money for the copay at the time of service?

Answer: AlignCare requires the copayment to be made at the time services are rendered. If the AlignCare client is unable to pay the copay, the veterinary service provider should notify the AlignCare Veterinary Social Work Coordinator.

3. Is the copay per visit or per treatment?

Answer: The copay may be both per visit and per treatment.

4. Is the copay applied to the total amount of services rendered?

Answer: Yes.

5. Does AlignCare cover expenses beyond specifically veterinary care (e.g., cremation, food, toys, etc.)?

Answer: No, AlignCare subsidies are for veterinary care only. This may include prescription food if directed by the veterinary service provider.

6. If an enrolled AlignCare family has an allocated amount, would it be their choice in how it is used?

Answer: There is not an allocated amount.

7. Can the veterinary service provider limit the number of AlignCare families seen per year?

Answer: Yes.

8. Will the veterinary practice be responsible for submitting bills to the AlignCare Fund?

Answer: Yes.

9. How will transport be arranged to the veterinary service provider?

Answer: Transportation to the AlignCare veterinary service provider is the responsibility of the AlignCare client. The veterinary social work coordinator and/or local social service agency may assist the client by arranging transport of the pet to the veterinary service provider.

10. Where is the education about veterinary care to come from?

Answer: The veterinary service provider should follow best practices in educating the client about care of the pet. In addition, the AlignCare Education Program provides educational resources to families, including maintaining wellness, preventing illnesses and injuries, owner provided first aid, and deciding when a veterinarian is needed.

11. What should be done if a veterinary service provider sees an owner who needs social services? Is the veterinary service provider responsible for reporting this?

Answer: It is expected that the veterinary service provider will be communicating appropriate concerns to the veterinary social work coordinator.

AlignCare Data Collection & Management System

The data collection and management system help with understanding and evaluating the AlignCare program's effectiveness in increasing access to veterinary care for pets of bonded families in need.

AlignCare integration with the veterinary service provider's practice information management system facilitates the study of incremental veterinary care as an evidence-based case management strategy, as well as the assessment of the health of AlignCare patients and patterns of illness and injury. The AlignCare population study performed by CARE examines obstacles and barriers to veterinary services across the United States. Data from the AlignCare business system offers the opportunity to document and summarize patterns of AlignCare veterinary care expenditures.

Periodic surveys of veterinary service providers and AlignCare families provide information on satisfaction with AlignCare services and identifies areas needing further research.

Key components of the AlignCare data collection and management system include:

- opportunities for AlignCare families to volunteer to participate in the AlignCare Study;
- periodic surveys to assess AlignCare family satisfaction with VSWC and VSP services;
- periodic reviews to assess VSP satisfaction with AlignCare and VSP health and wellbeing;
- regional study of veterinary service providers to evaluate unmet needs and VSP wellbeing;
- periodic surveys of AlignCare families to measure bondedness, pet health decision making, and personal health and wellbeing; and
- VSWC's utilization of a data management platform to manage AlignCare client information.

Monthly AlignCare Meetings

Monthly online meetings are held to bring together AlignCare affiliate participants. These meetings provide the opportunity to share AlignCare strategies, successes and challenges, as well as increase understanding of AlignCare implementation processes and build the AlignCare affiliate network.

Section 2. AlignCare Community Organizing

An AlignCare community brings together community members who have a desire to honor and protect the human-animal bond. The foundation of AlignCare is interprofessional collaborations. Each affiliate community creates partnerships with:

- Veterinary Social Work Coordinators – Individuals who have completed the Veterinary Social Work or Veterinary Human Support Certificate programs through the University of Tennessee;
- Veterinary Service Providers – Private for-profit and nonprofit veterinary practices; and
- Community Organizers – Includes fundraisers and community leaders.

Stakeholders include:

- local and state veterinary medical organizations
- animal welfare organizations
- animal control/law enforcement agencies
- public health agencies
- private and nonprofit veterinary service providers
- veterinary education institutions and instructors
- One Health advocates
- social service agencies and professionals
- pet product businesses
- pet insurance companies
- human health organizations
- community leaders and elected officials
- local philanthropists, corporations, and organizations (e.g., Rotary Clubs)

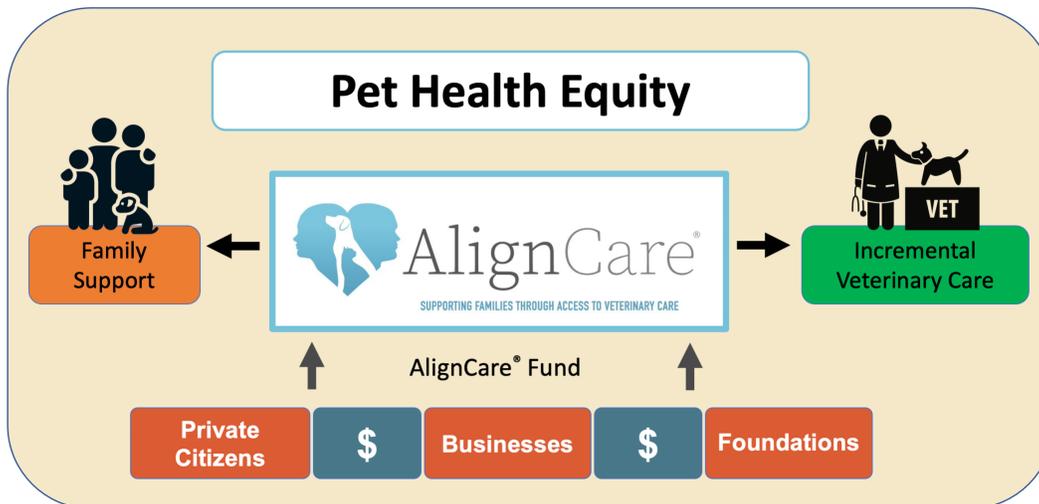
Messaging

Family, as defined by society, are most often social units that include human and nonhuman members are found in 2/3 of households. Important messaging points include:

- Pets are family (as reported by 88% of pet owners).
- Healthy families make up healthy communities.
- The human-animal bond exists across all socioeconomic groups.
- Pets provide benefits to their families.
- Biases like “if you can’t afford a pet you should not have one” can be barriers.
- Certain jargon, sad stories, shaming, blaming and judging is not helpful.
- Access to veterinary care prevents and controls zoonotic disease.
- Access to veterinary care keeps families together by diminishing relinquishments and euthanasias.

Funding

Sources of funding for an AlignCare affiliate community may include individual and business/corporate giving, and foundations. The graphic below illustrates the components of community-based fundraising for the AlignCare Fund and the combined effects of AlignCare on pet health equity.



Individual Giving:

- Philanthropic donors
- Volunteers
- Monthly giving programs
- AlignCare families – copays, “pay it forward”
- Customers
 - Checkout charity/point of sale donations. Must come between when the customer is paying and leaving the store.
 - Know when to push and to let it go. “Dip jar” is a credit card machine strategically placed so that a donor can enter whatever amount that they would like to donate.

Business/Corporate Giving:

- Gift match
- Sponsorship
- Employee giving programs
- Third party fundraisers

Foundations Giving:

- Donor advised funds
- Family foundations
- Not for profit organizations
- Community foundations

Introduction to Grassroots Organizing³

I. Identify core issue or problem by listening to community members

- Who is affected by or cares about this issue?
- Who may resist change efforts relating to this issue?
- What are their concerns? What changes would they like to see?

Tip: Pay attention to who is genuinely interested in working toward solutions. Do they have time and resources to devote to your cause?

³ Compiled by Rosie Cross, LMSW, Veterinary Social Worker

II. Clarify your goals

- Internal - within your organization, such as growth
- External - changes relating to your core issue
- Long, mid, and short-term

Tip: Use SMART (Specific, Measurable, Attainable, Relevant, and Time-bound) goals.

III. Prepare a fact sheet

- Imagine you are presenting to a group that knows nothing about your core issue. What do they need to know to get on board?
- Imagine you are presenting to potential opposition. What might their values be? Can you adapt your fact sheet to win over those who may initially oppose your cause?

IV. Begin building your base

- Group should be a combination of grass tops (community or organization leaders) and grassroots (community members who are affected by the issue or who care about it).
- Identify the social service agencies in your area.
- Identify existing coalitions that may be interested in partnering.
 - Do they already have regularly scheduled meetings? Plan to attend and observe before asking to present to the group.
 - Distribute your fact sheet.
 - Identify coalition members who may be interested in collaborating. Invite them to attend an informational meeting.

Tip: Consider how the work can be made enjoyable for community members to be a part of.

V. Create a blueprint of action items that your organization will use to reach your goals, such as:

- outreach events
- community education
- social media campaign

Tip: Create a strategic plan.

Resources for Grassroots Organizing

- **Call Hub. Community Organizing: Important Strategies to Keep in Mind**
<https://callhub.io/community-organizing-strategies-for-community-organizers/>
- **Community Catalyst. It's All About the Base: A guide to Building a Grassroots Organizing program**
<https://www.communitycatalyst.org/resources/publications/document/2017/ItsAllAboutTheBase-Report-FINAL.pdf>
- **The Campaign Workshop. Grassroots vs. Grasstops Advocacy**
<https://www.thecampaignworkshop.com/grassroots-vs-grasstops-advocacy>
- **University of California. SMART Goals: A How to Guide**
https://www.ucop.edu/local-human-resources/_files/performance-appraisal/How%20to%20write%20SMART%20Goals%20v2.pdf

33 Must-Know Fundraising Terms⁴

TERM	DEFINITION
Advancement	Advancement is a discipline within education similar to development and fundraising. It encompasses alumni relations, communications, development, marketing and is an integrated method of managing relationships to encourage philanthropy.
Appeal	A fundraising or donation appeal asks supporters to contribute money to your cause. Typically, the ask is part of a fundraising campaign. It can be delivered via letter, email, social media, or online campaign page - or a combination of these methods.
Call-to-Action	Written as a command, a Call-to-Action tells your supporters the specific action you want them to take. An effective CTA is key to a successful fundraising or engagement campaign. Examples include "Donate Now" or "Sign our Petition."
Capital Campaign	An effort over a set period of time to raise a particular amount of money to acquire or improve a physical asset. Most common is a "bricks and mortar" campaign to purchase, build, or renovate a building.
CFRE	CFRE stands for Certified Fund Raising Executive. It's an internationally recognized certification for fundraising professionals. Individuals with this certification have demonstrated their mastery of core knowledge and skills required of fundraising executives after five years of experience.
CRM/Database	CRM is short for Constituent Relationship Management. A CRM is software that allows you to record, track, and report on information about your relationships with supporters. Sometimes it's also referred to as a database or called donor management software.
Crowdfunding	Raising funding for a project or venture by soliciting many small donations from a large number of people, generally online.
Donor Advised Fund (DAF)	A Donor Advised Fund is like a charitable investment account: a donor contributes to this account over time for an immediate tax benefit and then recommends grants to their favorite charity when they are ready.
EIN	Your Employer Identification Number (EIN) is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities, including nonprofits, operating in the U.S. for the purposes of identification. It can also be called a Tax ID Number.
Endowment	An investment fund established by a foundation or nonprofit that makes consistent withdrawals from the invested capital. The principal investment amount is generally kept intact and grows over time, while the investment income is used as a revenue stream to support programs and operations. Building an endowment can be key to long-term sustainability.
Fair Market Value (FMV)	In the simplest sense, fair market value (FMV) is the price that property would sell for on the open market. It is an estimate of the value of an item and, if your nonprofit is selling items or event tickets to raise money, should be subtracted from the total donation amount to determine the tax-deductible amount (\$).
#GivingTuesday	Celebrated on the Tuesday following Thanksgiving (in the U.S.) and the widely recognized shopping events Black Friday and Cyber Monday, #GivingTuesday is an online giving day that kicks off the charitable season.
In-Kind Gifts	In-kind gifts, also called gifts-in-kind or non-cash contributions, are donations of tangible goods to a charitable organization. You'll want to thank your donors for in-kind gifts, but by law, your nonprofit cannot assign the gift a dollar value.

TERM	DEFINITION
Lapsed Donors	Donors who gave last year or earlier but have not given this year. This group deserves special attention because it's more cost-effective to retain donors than it is to acquire new ones.
LYBUNT	LYBUNT is a term used to refer to donors who contributed Last Year But Unfortunately Not This. These folks are also called lapsed donors.
Major Gifts	These are often the largest single gifts that your organization receives. There is no set dollar amount for a major gift; it might be \$1,000 or \$100,000 depending on the average amount for individual contributions to your nonprofit.
Matching Grant	A matching grant, sometimes called challenge funds, requires the recipient to raise an equal amount of money in order to receive the offer amount.
Merchant Account	In order to accept credit (and debit) cards for payment, organizations need to have a merchant account. A merchant account is just like a bank account - your organization's holding tank for your payments that you receive online.
NGO	Stands for Non-Governmental Organization. As the name suggests, NGOs operate independently of any government. While they are mainly government funded, they operate without government oversight or representation from that government. NGOs are a subset of NPOs.
NPO	Short for Nonprofit Organization. An NPO (or nonprofit) is a private organization offering a public service.
Peer-to-Peer (P2P)	Peer-to-Peer (or P2P) Fundraising is a type of online fundraising campaign. Individuals create personal fundraising pages and solicit donations on behalf of your organization from their friends, family, and extended personal networks.
Planned (or Legacy) Gift	A planned gift (or legacy gift) is a significant charitable gift that is arranged in the present and allocated at a future date, generally through a will or trust. The process of making these arrangements is called planned or legacy giving.
Principal Gift	Commonly defined as being \$1 million or more and donated with stewardship from savvy experts. Often these gifts are given as appreciated assets, such as stock purchased at a lower value that has become more valuable over time. The donor receives a tax write-off for the appreciated amount.
Recurring Donation	A Recurring donation, or recurring gift, is an ongoing, specific gift amount determined by a donor that is charged monthly to a donor's credit card.
Restricted Gift	A donation made with the stipulation that it be used for a particular purpose or program. Empowers donors to feel secure that their gifts will be used as they envision.
ROI	Return on Investment is a way to evaluate efficiency, expressed as a percentage. For nonprofits, your investment is the dollar value of time and resources to achieve an outcome. Enables you to determine whether the initial investment is reasonable for the final outcome. The formula for calculating ROI is $(\text{Benefit}-\text{Cost})/\text{Cost} * 100$.
Segmentation	Segmentation is the process of dividing your supporters into groups based on shared characteristics and past engagement. These groups then receive more personally tailored outreach and fundraising appeals during your campaign.
Soft Credit	A soft credit is a credit for a donation that a contact or donor did not actually make but may have somehow influenced.

TERM	DEFINITION
SYBUNT	Some Years But Unfortunately Not This. Describes donors who have contributed to your organization in the past but not within the previous year. Like LYBUNTs, they are considered Lapsed Donors.
Tax-Deductible Amount	Cash contributions to a registered 501 (c)(3) nonprofit are 100% tax-deductible. However, if you sell an item (such as an event ticket), the Fair Market Value of that item must be subtracted from the full payment amount. The remainder is the tax-deductible amount for the contribution.
Third Sector	Another name for the nonprofit sector. Also called the civic or social sector of the economy, the term distinguishes nonprofits from public or private sector enterprise.
Transaction Fee	A transaction fee is an expense a business or nonprofit must pay to process each electronic payment they receive. Transaction fees vary across service providers, costing up to 5.0% of the full transaction amount plus \$0.20 to \$0.35 per transaction.
Unrestricted Gift	A gift made by a donor with no limitations on how the gift is to be used. Nonprofits can generally use these gifts towards any purpose.

Section 3. AlignCare Veterinary Social Work Coordinator

[Veterinary Social Work](#) is a growing area of social work practice that attends to the human needs that arise at the intersection of veterinary medicine and social work practice. The four areas of veterinary social work are: [Grief & Pet Loss](#), [Animal-Assisted Interactions](#), [The Link Between Human & Animal Violence](#), and [Compassion Fatigue and Conflict Management](#).

AlignCare Veterinary Social Work Coordinators (VSWC) serve as a gateway into AlignCare by overseeing the enrollment process for families and liaising with affiliated veterinary service providers. The VSWCs introduce families to AlignCare policies, provide assistance with pet related issues, and introduce the family to AlignCare corollary services such as Teleadvice and Pet Care Education. VSWCs follow up with AlignCare families and broker community resources as needed.



VSWCs are available to assist the veterinary team as they provide care to the pets of AlignCare families. They are available to help families make important decisions related to their pet, weigh options regarding care, and facilitate discussions between the veterinary team and the family. The VSWCs can help veterinary teams by mediating conflicts, talking about veterinary team concerns regarding the family and the pet and sharing ways to create and maintain a safe, healthy and productive work environment for the entire veterinary team.

The Veterinary Social Work Coordinator may be a licensed social worker or a veterinary professional with advanced training from the University of Tennessee College of Social Work's [Veterinary Social Work Certificate Program](#) or [Veterinary Human Support Certificate](#).

The VSWC consultation, assistance and support may include:

- help enrolling bonded families in AlignCare;
- act as a liase between AlignCare families and veterinary service provider;
- assist the family with making pet-related treatment decisions;
- help with pet end of life care preparation, decision making, and support;
- offer assistance in coping with life adjustments associated with a pet's illness or death;
- link families with existing community resources to meet their pet-related needs;
- provide consultation, with informed consent, with the family's mental health support professional;
- and
- maintain HIPAA compliant records and communication methods.

VSWC Role in AlignCare Enrollment

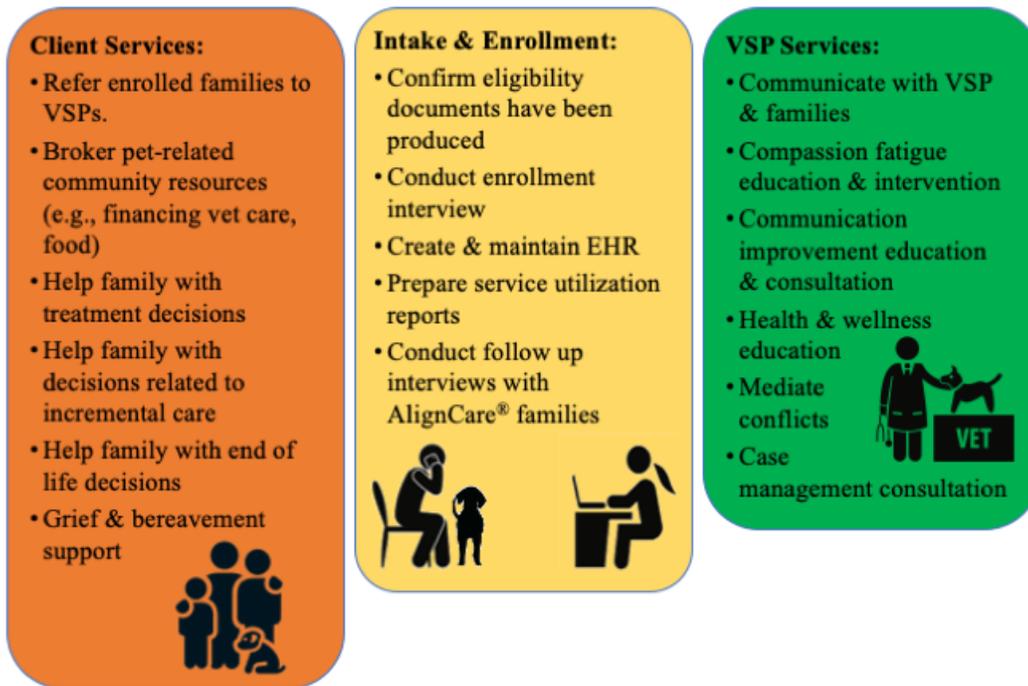
Families enroll in AlignCare through the Healthie App. The VSWC is notified when a new family completes the Screening Form in Healthie and uploads verification of family financial eligibility, along with the signed Client Agreement. The VSWC provides the family with their AlignCare Client ID number and schedules an enrollment interview within 24-72 hours.

The VSWC assesses the family's needs regarding human and pet health resources and links them to health and wellbeing community resources. VSWC's educate social service agencies, animal welfare organizations, and veterinary service providers about AlignCare.

Roles outside the Scope of VSWC Practice

The VSWC does not become a primary social service or mental health provider for the enrolled family but can link them to local resources. The VSWC also does not advise on veterinary medical decisions, but instead helps the veterinary care team in communicating therapeutic options in ways that the family can understand and use to make decisions.

The following graphic illustrates the Veterinary Social Work Coordinator's activities in intake & enrollment, client services, and veterinary service provider (VSP) services.



Activities that are outside the scope of practice of the VSWC include psychological concerns that are: (a) not animal-related and (b) require intensive or long-term treatment. When these issues arise, the VSWC will refer the client to the social service agency of record for additional support or referral. Examples of such cases include, but are not limited to:

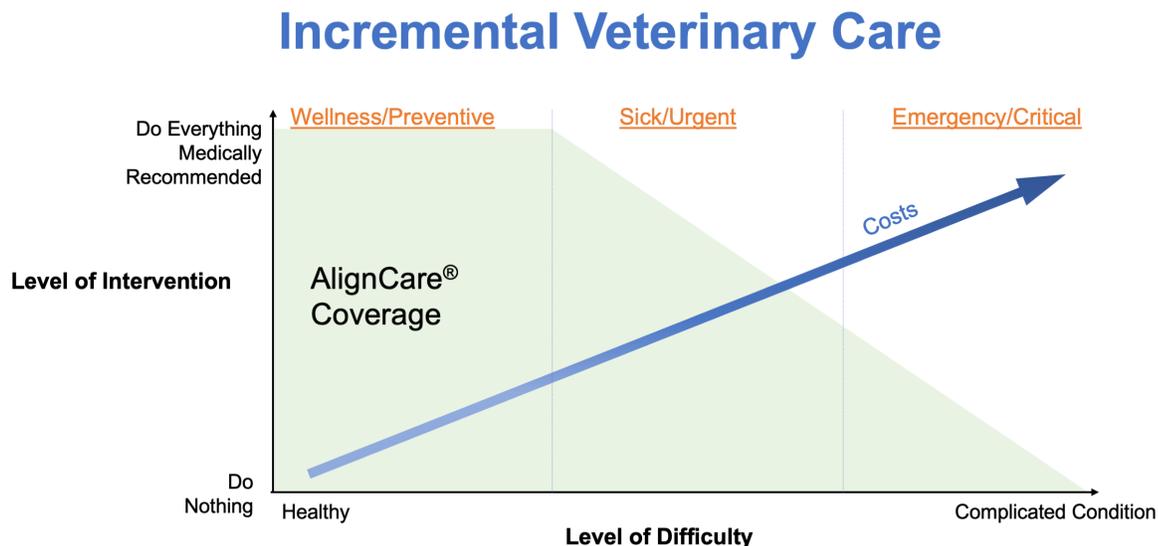
- 24/7 Crisis Intervention Support;
- Active addiction to alcohol or drugs and the need for medical detoxification
- Problems around eating and nutrition that may require medical support and an interdisciplinary team approach
- Evidence/risk of progressive deterioration in mental or emotional functioning that requires intensive intervention
- Acute risk of harm to self or others requiring emergency intervention in a controlled environment (i.e., hospitalization)
- History of long-term treatment and continued need for that level of care
- Client requests for or expectations of multiple contacts in a week

Section 4. AlignCare Veterinary Service Providers

Veterinary service providers (VSP) who desire to be an affiliate AlignCare partner must enroll in the program. Medical, surgical, and behavioral treatment decisions by the VSP are to take into account financial constraints. The VSP must sign a Collaboration Agreement, agreeing to:

1. Provide incremental veterinary care, which is a case management strategy to achieve the best possible outcome for the patient in the context of limited resources.
 - a. Communicate risks and manage client expectations regarding treatment and procedures.
 - b. Inform the client of all treatment options.
2. Accept payment for services at an 20% discount or negotiated rate.
 - a. The client pays a 20% copayment.
 - b. AlignCare pays the 80% balance.
3. Work with an AlignCare Veterinary Social Work Coordinator (VSWC) to:
 - a. Facilitate communication with the client.
 - b. Support the veterinary care team regarding AlignCare patients.
4. Use technology options (e.g., telemedicine) when available and appropriate, to help with cost containment.
5. Help characterize incremental veterinary care by granting access to select patient and client information via the AlignCare information system.
6. Share AlignCare family pet health information with the PPHE.
7. Report suspected animal cruelty, abuse, or neglect to the Veterinary Social Work Coordinator.
8. Participate as requested in periodic meetings to monitor AlignCare implementation.

The following graphic illustrates limitations in incremental veterinary care coverage.



AlignCare Payments and Pricing

Copayment

The VSP is responsible for collecting a copayment from the AlignCare client, to be applied to the charge for services rendered. Generally, the AlignCare client's copayment for services is at a rate of 20% of the total fees. Under certain circumstances, the copayment may be less, in which case the VSP will be notified. The VSP is responsible for providing the AlignCare client with treatment options and an estimate of costs before services are rendered. Client approval of services and projected charges must be obtained before proceeding with the services.

Upon enrollment, the VSWC will share with the AlignCare client the copayment information and will notify the VSP of the new client.

If the AlignCare client is unable to pay the copayment, the VSP should notify the VSWC. See the Emergency Services section for steps to be taken in cases of emergencies.

Payment for Services Rendered

The total amount paid for services rendered is based on comparable rates charged by low-cost VSPs in the area, or a maximum of 80% of the VSP's usual charges. Pricing varies amongst communities and will be negotiated on an individual basis. The source of payment is a combination of the copayment by the AlignCare client and the subsidy from the AlignCare Fund.

VSPs must submit invoices to The University of Tennessee for payment for services, which will be via electronic transfer of funds.

Scope of Covered Veterinary Services and Pricing

Wellness/Preventive Care

AlignCare works with partnering VSPs to develop the basic wellness and preventive services needed in their respective community. A set pricing for these services must be agreed to, allowing families and AlignCare to budget accordingly. For wellness and preventive services not in the basic package (e.g., spay/neuter) the VSP is paid at a rate of 80% of the usual charge.

AlignCare Wellness/ Preventive Care Basic Coverage (Example)

Dogs Service	Price	Notes
Exam	\$15.00	Annually
4DX	\$27.00	As medically indicated
DA2PP Vaccination	\$12.00	Booster as recommended
Bordetella Vaccine	\$12.00	
Rabies (3yr)	\$5.00	
Total	\$71.00	Client Responsibility \$15.00

Cats Service	Price	Notes
Exam	\$15.00	Annually
FVRCP Vaccination	\$12.00	Booster as recommended
Rabies (3yr)	\$5.00	
FeLV/FIV test	\$35.00	
Total	\$67.00	Client Responsibility \$15.00

Additional Recommended Services

The following services are covered by AlignCare when recommended by the VSP to address local circumstances or to assess a medical problem. The client is responsible for 20% of the charges:

Service	Price	Notes
Leptospirosis Vaccine	\$12.00	
FeLV Vaccine	\$17.00	
Fecal Exam	\$30.00	If medically indicated
Senior Dog Blood	\$100.00	If medically indicated
Nail trim	\$15.00	If medically indicated
Anal Gland Expression	\$35.00	If medically indicated

AlignCare Sick Care Coverage

AlignCare sick care coverage includes acute and chronic illness, injury, prescriptions, emergency care, palliative care, and euthanasia.

AlignCare works with partnering VSPs to characterize and refine sick care categories and related costs. Data collected will assist in standardizing incremental veterinary care decisions and associated costs.

In the instance of a poor or gave prognosis coupled with projected high costs, AlignCare coverage is limited to palliative care to maintain quality of life and/or euthanasia.

Emergency Services

In case of an emergency, VSPs are to address the emergent situation, stabilize the patient, and transfer the patient back to their primary VSP as soon as appropriate for continuation of care.

The specialty or emergency VSP is responsible for providing the AlignCare client with treatment options and an estimate of costs before services are rendered. Client approval of services and projected charges must be obtained before proceeding with the services.

AlignCare families have the option to sign up for a 1-year subscription of Emergency Vet Protect Club (EVPV). Membership in EVCP includes one-time availability of up to \$3,000 for a medical emergency, paid directly to the emergency veterinary service provider. Access to these emergency funds requires strict adherence to the following procedures:

- The AlignCare family must be signed up with the EVPC for a minimum of 5 days prior to the emergency.
- All emergencies must be assessed and referred by a Vets Plus More veterinarians through the telehealth app.
 - A Vets Plus More veterinarian must assess the situation and make the referral to an emergency veterinary service provider. This can be done by video calling and/or texting with images.
- Pet owner must seek medical attention within 4 hours of when recommendation for emergency care is made by the Vets Plus More veterinarian.
 - Funds will not be released and available if the pet is presented for care more than 4 hours after approval.
 - It is the pet owners responsibility to contact a Vets Plus More Vet prior to visiting an emergency veterinary service provider, to get an assessment and referral for their pet.

- Funds are paid directly to the veterinary clinic or emergency veterinary service provider by EVPC administration once the final invoice from the clinic is received and verified. A copy of the emergency veterinary bill is required.

AlignCare Incremental Veterinary Care Guide Providing Clinical Care through Incremental Case Management

Introduction

The purpose of this guideline is to assist the veterinary care team in utilizing incremental veterinary care as a case management strategy. While primarily intended for AlignCare veterinary service providers, it is a good strategy for most veterinarians in managing their patients.

Incremental veterinary care controls the cost of care while achieving positive health outcomes for the patient. It facilitates the veterinarian-client-patient relationship and evidence-based veterinary medicine.

The AlignCare project identifies broad parameters for incremental veterinary care. A database of case management decisions and results will help to characterize evidence-based veterinary medicine and establish incremental veterinary care as a legitimate case management strategy. Information to be collected includes signalment, history, physical exam, provisional diagnosis, prognosis, case management decisions, and outcomes. An updated guide will be available to the veterinary profession.

Definition of Incremental Veterinary Care

Incremental veterinary care is patient-centered, experience-based medicine, focused on a problem-solving approach to achieve the best possible outcomes for the family, safeguarding the human-animal bond in the context of limited resources. Experience-based medicine manages patient needs based on the practitioner's experience and judgment relative to various clinical presentations. The veterinarian informs the client about the most pressing issues and guides them in allocating their money towards what is most helpful for the pet.

Incremental veterinary care is a patient management strategy that utilizes the intuitive judgment of the veterinarian to develop a tiered therapeutic and dynamic diagnostic approach. Non-critical procedures are avoided to help control costs. It is a combination of the clinical judgment of the veterinarian, active follow-up of case progression, and, when appropriate, in-home care that can be provided by the client. Incremental veterinary care is weighted towards prevention and early diagnosis and intervention.

Incremental veterinary care is a viable alternative to being unable to help the patient. In those situations where gold standard care is not possible because of financial constraints, it provides an option, consequently safeguarding the integrity of the human-animal bond.

In the past, terms commonly used to describe this medical approach have been “empirical medicine” and “intuitive medicine.”

Incremental Veterinary Care Case Management Approach

Although it is difficult to address every type of case seen, the majority of clinical case presentations can benefit from an incremental veterinary care case management approach. Since the veterinary practitioner's clinical judgment is primary to the success of this type of care, clinical experience, and exposure to a broad-ranging caseload is helpful.

Incremental veterinary care maximizes the veterinarian's judgment based on experience. Emphasis is placed on the pet's primary caregiver and veterinary team to closely monitor the clinical response of the patient, requiring a commitment of timely and accurate ongoing communication between the two.

The pet's primary caregiver is the person who actively participates in the medical care of the pet and is committed to collaborating and coordinating with the veterinary team. The capability of the primary caregiver to communicate with the veterinary team, as well as carrying out recommendations, need to be considered when developing a treatment plan. These two factors are prognostic indicators.

Key features of incremental veterinary care include:

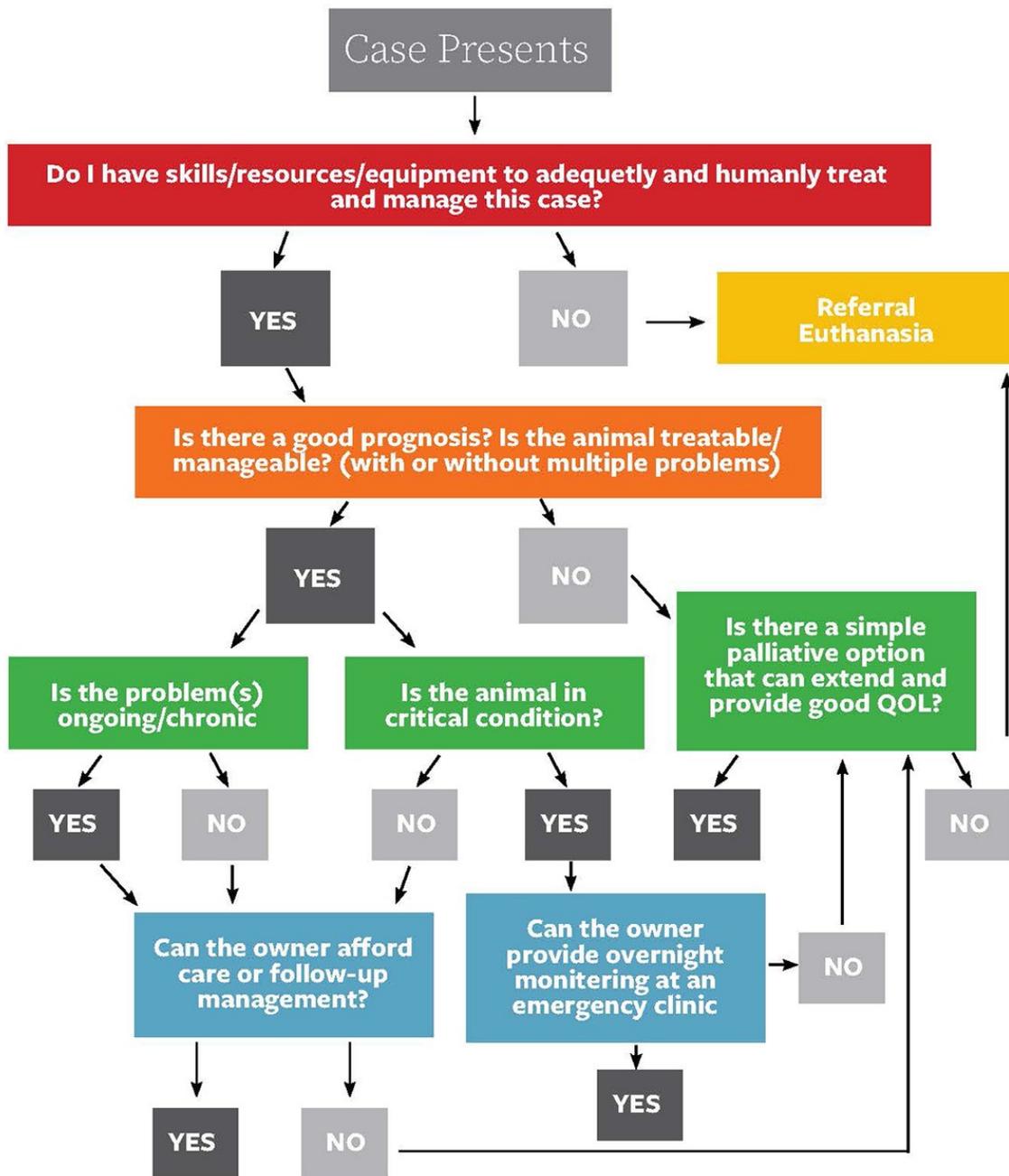
- practical-minded approach by the attending veterinarian;
- medical team involvement with clear communications;
- appropriate facilities and available equipment;
- trained and motivated support staff;
- client communication;
- client acceptance and compliance; and
- use of technology options (e.g., telemedicine) to help control costs.

The above features are important for any veterinary practice, but particularly so when diagnostic backup is minimized and veterinary judgement based on experience is maximized, as is the case with incremental veterinary care as an approach to case management.

Although veterinarians may choose different parameters when helping a client with significant financial limitations, the following questions are suggested to be used for objective patient evaluation:

1. Do I have the skills/resources/equipment to adequately and humanely treat and manage the case?
2. Is there a good prognosis? Is it treatable? Is it manageable? Are there multiple problems?
3. If it isn't treatable or manageable, is there a simple palliative option that can extend and provide good quality of life?
4. Is the problem an ongoing or chronic condition?
5. Can the owners afford follow-up care or management?
6. Can the owners provide for overnight monitoring at an emergency veterinary service provider, if it is necessary?
7. Is the patient in critical condition?
8. Would significant amounts of money make a difference in a positive outcome?

Incremental Veterinary Care Decision Tree



Note: The yellow square represents two options, referral or euthanasia. Referral could be to:

1. Another veterinarian
2. An animal rescue organization
3. Hospice

Example of Incremental Veterinary Care Case Management

Case: Whitey

Signalment: 5 YO MN Samoyed mix

CC: Excessive scratching, squinting of right eye. Client has limited funds.

PE: Flea dirt on integument, squinting and tearing OD with a 1 cm linear corneal erosion.

A: Fleas with pruritis, corneal erosion OD

- P:
1. Fast-acting flea treatment
 2. Photograph corneal lesion OD
 3. Rx ophthalmic antibiotic ointment
 4. Follow-up with client in 2 days

Discussion:

The veterinarian felt that she needed to first address the fleas with a fast-acting flea treatment to relieve the scratching and prevent further injury to Whitey's eyes. To address the suspected corneal abrasion or ulcer, she felt she could confidently treat this condition with an ophthalmic antibiotic ointment without confirming the diagnosis with a fluorescein stain test (which would add to the costs).

The veterinarian stressed to the client that the condition of Whitey's right eye can sometimes continue or worsen. She also let the client know that if this were to happen it could result in permanent loss of vision, therefore follow up was critical. The client committed to taking a picture of Whitey's right eye in two days with his cell phone and send it to the veterinary clinic, along with written report on Whitey's progress. This picture will be compared to the one taken when Whitey was first presented. If healing was not progressing normally, or if a complication develops, the client would bring Whitey back to the clinic for additional diagnostics and treatment.

Additional case examples are available in [Appendix 1: Additional Examples of Incremental Veterinary Care Case Management](#).

AlignCare Patient Medical Record: Components and Considerations

A medical record containing the AlignCare client's personal identifier information (e.g., name, address, telephone, etc.) and the patient's medical history and clinical findings is required. The medical record should include:

1. History and signalment
 - a. A thorough history is especially critical when using an incremental veterinary care case management strategy.
 - b. Refer to Appendix 2 for an example of history questions to be asked.
2. Physical exam
 - a. Note all abnormalities.
 - i. What abnormalities are related to one another?
 - ii. What requires the most immediate attention?
 - b. A thorough physical exam is especially critical when using an incremental veterinary care case management strategy. This includes using all of the veterinary practitioner's senses.
3. Differential diagnosis
4. Provisional diagnosis
 - a. This is the working diagnosis established after initially seeing and evaluating a patient.
 - i. The veterinarian may not be completely sure of what's going on but has a reasonably solid idea.

- ii. The diagnosis may be revised with time and more information.
 - b. Consider if a diagnostic test or procedure being considered will change the planned course of action and/or treatment strategy.
 - c. Consider whether or not a planned course of action could be harmful without a further diagnostic testing.
5. Treatment
- a. Considerations
 - i. Comfort for the pet (primary), like pain control
 - ii. Skill level of the attending veterinarian
 - iii. Owner's desires
 - iv. Prognosis
 - v. Resources of the owner:
 - 1. Cost considerations
 - a. Include recommended rechecks, ongoing medication needs, etc.
 - b. Financial contribution on behalf of the veterinary practice.
 - 2. Capability
 - 3. Time
 - 4. Transportation
6. Follow up and client communication.
- a. Managing the case incrementally requires frequent communication with the client and reevaluations, either through telemedicine or clinical exam, ideally by the original attending veterinarian.
 - b. Client communication is key.
 - c. Setting realistic expectations.
 - d. Client support to promote compliance, even for basic recommendations.
 - e. Language/Cultural barriers may need to be addressed.
 - i. This may be a prognostic indicator.

Information about AlignCare families, pets, case assessment and management (e.g., diagnostics, treatments, prices, etc.), and outcomes will be collected electronically by the AlignCare Information System through integration with the practice management information system of enrolled veterinary service providers. Until the information system is operational, the use of email and other forms of communicating is necessary. The compilation of case data will inform and broaden the understanding of and validate the efficacy/appropriateness of incremental veterinary care as an approach to veterinary medical case management.

Potential Liabilities

There are potential liabilities when practicing incremental veterinary care as a case management strategy. State licensing boards and professional liability insurance companies may not accept incremental veterinary care as appropriate medical care. However, when there are financial constraints, a veterinarian is expected to take reasonable steps to help the patient, given the financial limitations of the client. In addition, as with any case management strategy, there is always the possibility of client dissatisfaction with outcomes. Mitigating client dissatisfaction can occur by creating and guiding reasonable client expectations, including the use of signed informed consent forms to document the communication, and including the veterinary social work coordinator to help resolve conflicts.

Informed Consent

Informed consent helps to protect the public and veterinary service providers by ensuring that sufficient information is communicated, enabling families to reach appropriate decisions regarding the care of their animals. The American Veterinary Medical Association (AVMA) recommends that veterinarians, to the best of their ability, inform the client or authorized agent, in a manner that would be understood by a reasonable person, of the diagnostic and treatment options, risk assessment, and prognosis. The client or authorized agent should receive an estimate of the charges before providing veterinary services, and the client or authorized agent should indicate that the information is understood and consent to the recommended treatment or procedure. In addition, the AVMA recommends that there is documentation of verbal or written informed consent and the client's understanding.

There are two types of consent forms that are recommended to be used with AlignCare families, when appropriate:

- AlignCare Surgery-Procedure Consent Form (Appendix 3)
- AlignCare Euthanasia Consent Form (Appendix 3)

Animal Cruelty, Abuse, and Neglect

Suspected animal cruelty, abuse, or neglect should be reported to the Veterinary Social Work Coordinator and potentially appropriate state agencies. Many states have mandatory reporting of animal cruelty, abuse, and neglect by the veterinarian.

Examples of Incremental Veterinary Care Case Management

In this section, five (5) case examples of Incremental Veterinary Care Case Management are presented.

Case 1: Pappy

Signalment: 6-week-old MI Labrador retriever mix

CC: Lethargic, bloody diarrhea. Adopted from an animal welfare organization 2 days ago. Client has limited funds.

PE: T = 102.5F, pink but pasty gums, mild cough, flea dirt, no palpable obstructions, normal sclera.

A: Differential diagnosis:

1. Fleas
2. Intestinal parasitism
3. Canine parvovirus
4. Dietary indiscretion
5. Canine coronavirus
6. Canine distemper virus
7. Kennel cough

P: 1. Fecal = Hookworms
2. Subcutaneous fluids
3. Dewormer that treats hookworms
4. Bland diet
5. Antibiotics
6. Flea treatment
7. Follow-up with client the next day

Discussion:

The veterinarian recommended a Parvo test in addition to the fecal exam, but the client was unable to afford this test in addition to treatment. This case represents a common post-adoption situation in small animal practice. Management of both the animal and the anxious/about to be angry at the animal welfare organization pet owner takes some skill and confidence on many levels by the practitioner.

Pappy can have a number of conditions contributing to the presentation described above. Canine parvovirus has to be high on one's differential list due to the severity of the disease, zero preventive care, and diminished immune status given the circumstances. Definitive diagnosis of parvovirus via in-house testing has been ruled out by the economics of the owner. Parvo tests are certainly not infallible but add a nice collaborative piece of data.

Armed with an understanding of the big picture of what this puppy has been through in the last 72 + hours can provide the caregiver with an immediate action plan therapeutically, as outlined in the "Plan" section above. Of these, the most important is a recheck within 24 hours. Rechecks are key to incremental care case management scenarios. The treatment plan is dynamic, changing with response to therapy.

Communications with the client should/must include: discussion of response to therapy as a key to potential prognosis, the absolute necessity of recheck exam, and some attempt to explain the difficult job of animal welfare organizations.

Many clinicians routinely begin the classic CSU outpatient parvo protocol to such cases. This case requires additional therapy such as flea control and the concern for respiratory issues as likely co-contributors to the animal's malaise.

After 24 hours, Pappy's response to therapy will go a long way at helping the clinician make a more focused diagnosis as to primary and secondary etiologies, as well as (of course) prognosis and the next steps in case management. This case is a perfect example of "increments" in clinical case management.

By managing the client's angst, fear, and emotions, the clinician truly provides care in a three-dimensional manner. The animal is put on a therapeutic regimen, the client is informed and brought into a state of realism, and the animal welfare organization is not vilified as the cause of the problem. These are all positive outcomes of the skill in such a caregiver.

Case 2: Fisher

Signalment: 2 YO FS coonhound/boxer mix

CC: Fisher is clinically normal but the client reports that she swallowed a fishhook 2 hours ago. Owner reports the dog is very fond of sardines. Owner was baiting the hook with minnows when Fisher grabbed the bait. Client has limited funds. Note: It is eleven thirty in the morning and the client has alcohol on his breath.

PE: No abnormalities

A: Dietary indiscretion (fishhook) leading to gastric foreign body

P:

1. Abdominal radiographs = Radiopaque fishhook located in the caudal stomach
2. Feed small pieces of white bread mixed with rice and ground beef
3. Monitor feces for the fishhook
4. If fish hook not passed in 2-3 days, radiographic follow-up could be helpful

Discussion:

The veterinarian reviewed the following options for gastric foreign bodies with the client:

1. Referral for endoscopy and foreign body retrieval
2. Immediate gastrotomy/abdominal exploratory
3. Apomorphine to induce vomiting
4. Facilitated foreign body passage with indigestible material that coats the foreign body, allowing it to be passed.

Due to financial limitations of the owner, endoscopy is out of the question financially. An exploratory is an option if the veterinary clinic offers a payment plan to the owner. Locating a small hook within a stomach full of ingesta can be a challenge.

Induced vomiting was not recommended because of the danger of imbedding the hook or perforating the esophagus from the sharp object (fishhook). The esophagus is not to be fooled with. Surgical approach is a bit complex and the esophagus's capacity to heal is always a nightmare. Removing a fishhook that has imbedded and perforated an intestinal loop is dream compared to esophageal puncture. Choose the lesser of two potential evils.

Therefore, the facilitated passage technique was chosen. By doing this, the clinician can take advantage of the animal's normal biological mechanics to pass the foreign body. The danger with this technique is that the time dynamic requires a clinical availability component. The owner must seek immediate clinical reevaluation if the dog starts showing any symptoms relative to blockage or GI distress signaling potential perforation (i.e., vomiting, anorexia abdominal distress, rectal straining).

Most foreign bodies are passed within 72 hours by this technique. Serial radiographs can be done to observe the passage of the foreign body, which can be helpful for the peace of mind of both clinician and owner. On occasion, the foreign body can get hung up in the rectal area and be removed safely by dilation and extraction under anesthesia. This is a lot cheaper and safer than an exploratory.

Again, this case exemplifies the dynamic and efficiency of incremental care case management, stressing the time dynamic and clinician's skillset in managing a fluid set of potentially pathological scenarios over time.

Case 3: Nelly

Signalment: 14 YO FS Pit Bull

CC: Nelly was brought in because the client (a mother and son) was concerned about nine dermal masses, one was ulcerated. Client had been saving their money to have them removed. They were very attached to Nelly because she was the dog of her other son who had passed away.

PE: Nelly is an elderly dog but robust for her age. 8 of the 9 masses were fatty in consistency. The ulcerated mass was 2 cm in diameter. Grade IV/VI heart murmur but no signs of heart failure. Odor from the dog's mouth. Upon inspection of the mouth, there was purulent material along the gum line, root exposure, gingival recession, and broken teeth.

A: Primary problem was dental disease

Ulcerated mass

Suspect multiple lipomas

P: 1. Dental with multiple teeth extractions

2. Mass removal of ulcerated mass with histopathology

3. Antibiotics.

4. Pain medication

Discussion:

Veterinarian explained that the smell from Nelly's mouth was due to the dental disease and consequential infection, is a very painful condition, and could contribute to heart disease. A discussion ensued that the money allocated towards Nelly's care would be more beneficial to use to address her dental disease rather than address some masses that frightened the owner but were actually not detrimental to Nelly (other than the ulcerated mass, which was suspected to be a mast cell tumor). Due to a lack of finances, no preanesthetic bloodwork was done because it would not likely change the course of action. After the procedure, the families were really pleased and reported that Nelly was happier, her eating was improved, and she had a better quality of life. They explicitly said that they felt that the veterinarian had really helped Nelly and were so thankful.

Case 4: Alexa

Signalment: 1 YO FI Pit Bull

CC: Vomiting one week ago but has not vomited for 3 days. previously diagnosed with a foreign body at another clinic 5 days ago. Surgery was recommended but not performed due to client's inability to pay projected estimate upfront. Currently experiencing anorexia and lethargy. Client has limited funds and also does not speak English.

PE: T = 102.5F, moderately dehydrated, slight discomfort upon abdominal palpation, muddied, reddened mucous membranes, normal to slightly increased heart rate, growling, owner reported lethargy at home, but dog is BAR in the room.

A: Previously diagnosed foreign body (evident on radiographs taken at other clinic and emailed with patient), anorexia

P:

1. Discussed with the owner (through an interpreter) the possibility/likelihood of a poor prognosis due to length of time of foreign body presence.
2. Offered an exploratory surgery with the agreement of euthanasia under anesthesia if perforations or other extensive or non-repairable damage to GI tract.
3. Helped owner obtain voucher from Humane Society and worked through other financial agreements/options.

Discussion:

While diagnostics are important and helpful for gaining a complete picture of a patient, there are times in limited funds situations where available money needs to be prioritized towards treatment. In this situation, the owner had spent a significant amount at another hospital on bloodwork, radiographs, and rechecks without gaining surgery to fix the problem. She had then been referred to go to the local emergency hospital at the start of the weekend where she then incurred high costs for an additional exam and bloodwork. She was then declined for needed surgery again for lack of available funds. The dog and owner continued to wait. She then came to this veterinarian's clinic for examination. While it was discussed that the duration made for a poor prognosis, the dog was reasonably bright and young and the owner had strong feelings of wanting to make the attempt to save her, therefore the ensuing agreement of euthanasia if poor prognosis. Upon entering the abdomen, the dog had eaten some type of stringy, fibrous material, caught in her stomach and extending to the large intestine. There were multiple perforations present and prognosis was poor. The patient was euthanized.

Case 5: Stitch

Signalment: 12 YO MN DSH cat

CC: Increased drinking, urination, and unchanged or increased appetite for about the last month. Weight loss noticed but has become more apparent recently. Owner reports he used to be very overweight and weighed approximately 16 lbs. (he now weighs 9 lbs.). Client is distressed and reported she has difficulty paying the exam fee.

PE: Dehydrated, very thin with severe muscle wasting, slightly to moderately depressed in demeanor, fleas present, significant dental disease, auscults normally and no masses palpated in abdomen.

A: Suspect diabetes mellitus and/or cancer

P: 1. Discussed with owner the top suspicion of diabetes mellitus.

2. Offered to screen for glucose in the urine as an inexpensive test. Owner unable to afford urine testing.
3. Discussion ensued over cost of treatment for a diabetic cat and also the possibility of another disease process causing significant wasting/weight loss.
4. Owner opted for euthanasia due to complete lack of funds and also poor prognosis if not diabetes.

Discussion:

The cat's significant and severe weight loss, muscle wasting, and demeanor indicated advanced disease. While diabetes mellitus was the primary rule-out, the treatment is considered expensive by many people, especially initially, and requires regular and/or frequent follow-up appointments with recommended lab work. This level of financial commitment was insurmountable for this owner. Additionally, if Stitch were not diabetic, the chronic nature and progression of whatever disease process would likely indicate a poor prognosis with few, if any, treatment options. The decision to euthanize helped the owner feel her cat would not continue to decline or suffer and empowered her to take care of him in the best way she could.

Pre-Exam Questionnaire Example

Clients Full Name: _____

Patients Name: _____ **Date:** _____

Please check Yes or No for the following questions.

- 1) Have there been any changes in attitude, activity level, or interaction? Yes No

- 2) Have there been any changes in appetite? Yes No

- 3) Have there been any changes in water consumption? Yes No

- 4) Have there been any changes in weight (gain or loss)? Yes No

- 5) Have there been any problems with coughing, sneezing, or breathing? Yes No

- 6) Have there been any problems with the eyes, nose, or ears? Yes No
- 7) Have you noticed any hair loss, sores, lumps, scratching, changes in grooming? Yes No
- 8) Have there been any problems with vomiting, diarrhea, or hard/dry stools? Yes No
- 9) Does your pet ever eliminate in the house? Strain or frequently urinate and/or defecate? Yes No
- 10) Have you noticed any changes in the amount of urine or stool? Yes No
- 11) Have you noticed any sore gums, bad breath, or difficulty chewing? Yes No
- 12) Have you noticed any weakness, trouble walking or jumping, in-coordination, or shaking? Yes No
- 13) Have you noticed any changes in behavior (e.g., irritability, aggression, anxiety, excessive vocalization, waking you at night)? Yes No
- 14) Please list any other health problems or concerns regarding your pet.



Consent Form Examples

Procedure/Surgery Informed Consent Form

Veterinary Service Provider Name
Address
Phone number

Pet Owner Information

Full Name: _____ Date: _____

Address: _____

Telephone: _____

Patient Information

Name: _____ Species/Breed: _____

Sex/Neuter Status: _____ Date of Birth: _____

I, _____, being of legal age, have the authority to consent for veterinarians at _____ to perform _____ procedure or _____ surgery for the pet named above.

I understand the nature of the procedure(s) or surgery and the risks involved. I realize that results cannot be guaranteed, and unexpected outcomes, including death, may occur from unforeseen complications. I understand that the procedure(s) or surgery may reveal unforeseen conditions that require additional treatment.

I consent to and authorize the procedure(s) or surgery as the veterinarian deems necessary according to their judgment within the confines of the AlignCare subsidy.

The laboratory tests recommended prior to the above procedure/surgery are:

Please initial the statements below that apply to the pet named above.

_____ I accept all of the recommended laboratory tests. Yes No

_____ I accept the following select recommended laboratory tests: _____

_____ I have withheld food from the pet named above for at least _____ hours. Yes No NA

_____ I understand that if the pet named above is to be spayed and she is pregnant, the spay procedure will terminate the pregnancy and there may be an additional charge if she is in heat or pregnant.

_____ I understand that there are other options available to treat the pet named above that the AlignCare subsidy does not cover. I authorize veterinarians and their staff to make decisions to treat the pet named above within the financial limitations of the AlignCare subsidy.

_____ I authorize and agree to pay for additional veterinary services up to \$ _____ for the procedure/surgery named above, if necessary.

_____ The attending veterinarian has answered my questions regarding this procedure or surgery to my satisfaction.

_____ I have been presented with and agreed to an estimate for this procedure/surgery.

_____ I will personally pick up the pet named above at the time of discharge from the hospital.

If I will not pick up the pet named above, then _____ will be responsible for doing so. They can be reached at _____.

_____ I understand that if I, or another authorized person, do not pick the pet named above up prior to (Initials) _____ PM, on _____, I will be charged \$ _____ for an after-hours release or overnight hospitalization.

Pet Owner

Signature of Pet Owner: _____ Date: _____

Printed Name: _____

Contact Number: _____

Or Authorized Agent

I certify that if I am signing as an agent, I have the authority to sign this consent to euthanize the pet named above.

Authorized Agent Signature: _____ Date: _____

Printed Name: _____

Contact Number: _____

Or Verbal Consent

Verbal consent to euthanize pet named above by _____ Date: _____

Signature of Witness: _____ Date: _____

Printed Name of Witness: _____



Euthanasia Informed Consent Form

Veterinary Service Provider Name

Address

Phone number

Pet Owner Information

Full Name: _____ Date: _____

Address: _____

Telephone: _____

Patient Information

Name: _____ Species/Breed: _____

Sex/Neuter Status: _____ Date of Birth: _____

I, _____ (pet owner), being of legal age, have the authority to consent for veterinarians at _____ to euthanize the pet named above.

Please initial the statements below that apply to the pet named above.

Bite History

_____ To the best of my knowledge I certify that the pet named above has been in my custody and under my supervision and has NOT bitten any person or animal within the past 10 days.

Necropsy

The pros and cons of a necropsy on my pet named above were explained to me.

_____ I DECLINE a necropsy on the pet named above.

_____ I request and AUTHORIZE a necropsy on the pet named above. I agree to pay \$ _____ for this service.

Disposition

_____ I will take the remains of the pet named above for burial at home.

_____ I authorize _____ to dispose of the remains of the pet named above.

_____ I want a communal cremation for the pet named above with NO ashes returned.

I agree to pay \$ _____ for this service.

_____ I want a private cremation for the pet named above with ashes returned.

I agree to pay \$ _____ for this service.

_____ I want a private cremation for the pet named above with NO ashes returned.

I agree to pay \$ _____ for this service.

_____ I have read and understand this authorization. Fees for these services have been explained to me.

_____ I understand that the AlignCare subsidy does not pay for cremation services and I am responsible to pay these charges.

Pet Owner

Signature of Pet Owner: _____ Date: _____

Printed Name: _____

Contact Number: _____

Or Authorized Agent

I certify that if I am signing as an agent, I have the authority to sign this consent to euthanize the pet named above.

Authorized Agent Signature: _____ Date: _____

Printed Name: _____

Contact Number: _____

Or Verbal Consent

Verbal consent to euthanize pet named above by _____ Date: _____

Signature of Witness: _____ Date: _____

Printed Name of Witness: _____

