

Telemedicine: How Do I Implement It in Practice?
NEVMA Fall 2026 Webinar Series
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Telemedicine can improve continuity, access-to-care, and efficiency.

Key definitions and scope

- Telehealth: Overarching term regarding the use of technology to remotely gather and deliver health information, advice, education, and patient care.
- Telemedicine: Provision of clinical services using telecommunications technology; requires an established VCPR
- Teleconsultation: Vet-to-vet (with or without client present) consult with a specialist for triage, advice, or case management support
- Modalities:
 - Synchronous: Real-time video/audio and most analogous to an in-clinic visit
 - Asynchronous: Chat/messaging, not in real-time; suited to non-urgent issues

Regulatory and ethical framework

- Know the rules:
 - Federal: A VCPR cannot be established solely by telemedicine and requires an in-person exam and/or timely premise visit to establish the VCPR for ELDU, VFDs, and certain biologics.
 - FDA allows telemedicine to maintain an existing VCPR.
 - USDA and FTC VCPR rules apply in specific contexts (eg, biologics, CVIs, HISA)
 - State: Montana does require an in-person exam or timely visits to the premises to establish the VCPR
- Confidentiality and data security are vital
- Informed consent and client expectations:
- Clarify scope/limitations of remote assessment with the owner, as well as fees, technology risks, escalation triggers, and follow-up plans

Appropriate Uses for telemedicine

- Dermatology (rash, pruritus, superficial infections), behavior, medication side effects, uncomplicated GI signs, cough/sneeze without distress, post-op checks, mobility/pain, weight/nutrition, quality of life, prescription refills, new pet questions, potential toxin exposure, fractious or anxious patients, palliative care, and chronic disease monitoring

- Other suitable areas: Follow-up after in-person visits, compliance/progress checks, remote monitoring/wearables, vet-to-vet teleconsults (with/without client), multi-party education, access-to-care initiatives, environmental/behavioral assessments
- Triage

Implementation playbook

1. Define services and scope
 - Decide which visit types will be synchronous vs asynchronous
2. Determine who will schedule and if will do blocks of telemedicine visits back-to-back or in between other appointments
3. Team roles and training
 - CSRs: Use scripts to offer virtual options (eg, incision looks “funny,” thunderstorm anxiety, introducing a new pet), set expectations, and schedule appropriately
 - Technicians: History-taking, client education, training (med administration, SQ fluids), triage, nutrition, virtual tech appointments, and assisting with house/farm calls as appropriate—all under DVM direction
 - DVMs: Case selection, clinical decision-making, documentation, prescribing within VCPR and legal limits.
 - Only DVM can diagnose, prognose, make treatment recommendations, or prescribe
4. Teleconsults: Engage specialists remotely for triage and co-management when referral is impractical
5. Additional info
 - Ensure platform compatibility across operating systems and devices, including PIMS integration
 - Security: Protect client/patient information, guard against malware, and ensure financial data security; understand vendor data practices
 - Usability: Support for screen-sharing, image/video capture, and connecting peripheral devices when needed
6. Payment and pricing
 - Options include:

- Pay-per-use (flat or time-based),
- Bundled pricing (eg, included in procedure/post-op package, wellness, palliative care)
- Subscriptions (per pet/month with defined or unlimited access).
- *Decide how to handle fees when a virtual visit converts to an in-person exam (eg, apply, reduce, or waive)*

Documentation essentials

- For synchronous video: Record modality, participants, locations (client/patient; DVM), VCPR status, history and observed findings, diagnostics reviewed, assessment/plan, prescriptions and rationale, client education, follow-up timing, and informed consent; add to the medical record
- For asynchronous chat: Preserve the entire chat as the medical record; include images/videos and any clinical decisions made; escalate to video or in-person when appropriate
- Retain records per state requirements

Client communication and promotion

- Tell clients about your service
- Exam room fliers
- Welcome packets
- Targeted emails by diagnosis/signalment
- Website testimonials, social media
- Schedule virtual follow-ups at discharge