Abstract of proposed student project (1 page limit. This should mirror the aims page of a grant and CLEARLY indicate the student's role.)

Rationale: All pets deserve the best care, which may require specialty medicine, and without, can cause a direct negative impact on animal welfare (Smith et al. 2022). The greatest barriers to accessing veterinary care affecting over 25% of pet owners are financial (58%) and transportation (25%),both of which are likely more prevalent when specifically referring to specialty care due to the relative low numbers of specialists and generally higher costs (Access to Veterinary Care Coalition, 2018; Lundahl et al. 2022). The growing use of technology for virtual advice, consultation, and medicine (collectively telehealth) has shown promise in increasing access to veterinary care, with nearly $40m spent in telehealth in 2021 (Grand View Research). However, the proportion spent on teleconsultations for collaboration between general and specialty medicine was miniscule, despite offering pet owners direct access to specialty care without leaving their primary veterinary office (transportation), and at a much lower cost (financial). In order to better establish the degree to which teleconsulting can help mitigate barriers to specialty care, and specifically what those barriers are, we need to first understand the challenges in our current referral system and how teleconsulting within a hospital setting can help increase the collaborative relationship with our referral population.

Study objectives: The objective of this study is to determine the challenges and areas for improvement within a variety of national veterinary referral systems as a means to increase the collaborative nature of our profession and improve access to specialty care. Secondarily, the results will enable creation of a proposal to improve collaborative care in different institutions.

Study design and methods: All medical records of veterinary ophthalmology emergency cases will be harvested from an assembled team of 64 clinics (23 institutions), followed by quantitative analyses using descriptive statistics and generalized linear mixed models. Data collection has begun, and will continue with student help until June 2023.

Preliminary data: Two datasets have been created to 1) harvest data from past cases at each institution, and 2) to collect data prospectively as they are seen.

Student role: The student will use the data provided by other institutions to create a master dataset. They will perform statistical analysis on the data with guidance and supervision from Dr. Moore. With the results, the student will prepare a manuscript for publication and a poster.