



PETCARE INNOVATION USA

**INTERVIEW WITH
MIKE GREENBERG
CO-FOUNDER**

**THE VETERINARY CARE
ACCESSIBILITY PROJECT**



INTERVIEW WITH MIKE GREENBERG, CO-FOUNDER, THE VETERINARY CARE ACCESSIBILITY PROJECT



Can you tell us a bit more about yourself and the work you do at the Veterinary Care Accessibility Project?

I'm a practicing veterinarian and co-founder of the Veterinary Care Accessibility Project. While I've spent time in all manner of practice settings – general practice, mixed animal practice, emergency – the bulk of my clinical experience has been in shelter medicine, high-volume spay/neuter, and accessible care clinics. I currently practice in and around New Orleans, LA where I live.

As part of my shelter medicine work, I've spent a lot of time focusing on the use of data and metrics to help animal shelters analyse and improve their operations. To that end, I co-authored a book called Every Nose Counts: Using Metrics in Animal Shelters. This interest in using data to help drive change ultimately brought me to using this idea in the world of access to veterinary care.

With that as the motivation, my research partner, Dr. Sue Neal, and I founded the Veterinary Care Accessibility Project. Our mission is to improve equitable access to veterinary care by providing stakeholders with data-driven tools to inform decisions. We use data to measure the

accessibility of care, determine gaps, and try to guide decision making on closing those gaps.

Our first major project was the creation of the Veterinary Care Accessibility Score (VCAS). The VCAS is a ranked sum index. It ingests data on various parameters that affect access to care (e.g. availability of care providers, income, access to transportation, language, and more) and ultimately generates a single number that quantifies access to care in a given geographic area. For more information on the VCAS, check out the following links:

- [VCAS interactive map on our website](#)
- [Putting Access to Veterinary Care on the Map](#) – A peer-reviewed paper we've published on the subject.

“ We have a shortage of as much as 60,000 veterinary employees in this country

Since publishing our work on the VCAS, we have also published several other peer-reviewed papers, including [Veterinary Care Deserts: What is the Capacity and Where is It?](#) We have also worked with several organizations to perform

needs assessments in more specific areas and other related research.

Looking ahead, we plan to continue working with any and all stakeholders who are interested in expanding access to care by offering our data collection and analysis expertise to help guide their decision making in whatever ways are most helpful. We see this work as extending into multiple realms, for example - telemedicine and access to non-surgical methods of contraception and sterilization.

What are the biggest challenges facing the veterinary world when it come to access to care?

This is a big question and I would be lying if I said I had the “be all, end all” answer to it. That said, there are several things that spring to mind in response to this question. In no particular order, they include:

Availability – The shortage of veterinary care providers and overstretched capacity of current providers

While I still hear people arguing over whether this is the case or not, I have not seen these naysayers provide any data to support their

INTERVIEW WITH MIKE GREENBERG, CO-FOUNDER, THE VETERINARY CARE ACCESSIBILITY PROJECT



point. We do have data and the numbers tell us that there is a shortage. Without getting too far into the nitty gritty, our work has shown that we have a shortage of as much as 60,000 veterinary employees in this country ([see here for details on methodology](#)). “Veterinary Employees” refers to all members of a veterinary care team, so if we assume a common and reasonable ratio of 1 veterinary per 6 support staff, this equates to a shortage of about 10,000 veterinarians in the companion animal sector. This is a large number. While current efforts to increase veterinary class sizes will certainly help, the fact is that we are going to have to augment capacity in other creative ways.

In addition to this shortage, we also see a heartbreaking mental health crisis in the veterinary community stemming from the system currently operating beyond capacity in many cases. In turn, we cannot simply ask that those in the current system simply “do more.” No, this is not an option. We must consider other ways of extending the abilities of the care team. For example, allowing veterinary technicians to use the breadth of their skills and expand their scope of practice would augment capacity. Likewise, expanding the use of telehealth services would help to do so as well.

Affordability of care and our

conceptualization of affordability

There are a number of barriers to accessing care, but the most common - by far - is challenges with affording care. And as inflation has increased prices while wages have remained relatively stagnant for many, this problem has only gotten worse. We need to develop ways to make care more affordable. There are ways to do this, but one is to shift our conceptualization of what “affordable” means. Historically, this has meant lowering prices or even giving away services for free. These are not ultimately sustainable solutions, though, if we want to see care providers stay in business. Instead, I think it is important for us to consider more widespread use of tools that allow people to pay over time – preventive care plans for wellness care, and payment plans for unexpected expenses. In partnership with our colleagues at the [Open Door Veterinary Collective](#), we have seen particular success in increasing access to care through the use of soft-credit check payment tools (e.g. Vetbilling, and Varidi).

In addition, “affordable” does not simply concern itself with how much things cost; price transparency is extremely important, too. While not possible with any and all services, being able to provide price transparency to clients goes a long way in helping them make informed

decisions about the care being provided.

“ There are 642 counties that fall in the lowest 20% for veterinary care accessibility

The “referral first” model of care delivery

Taking a “spectrum of care” or “contextualized care” approach to practice goes a long way not in just making care affordable but in meeting clients where they are, and making them feel seen and heard. As veterinary education tends to take place in tertiary referral centers, students tend to have a great deal of exposure to the type of care (and associated costs) that is practiced at these centers. They often do not get as much hands-on experience taking a “spectrum of care” approach. All veterinarians must feel empowered to take a spectrum of care approach to practice. There’s definitely hope on this front. I have seen and heard of more and more veterinary schools actively teaching spectrum of care in their curricula and significant players, like the American Association of Veterinary Medical Colleges (AAVMC) are putting forth solutions to revolutionize veterinary education in the service of spectrum of care approach.

INTERVIEW WITH MIKE GREENBERG, CO-FOUNDER, THE VETERINARY CARE ACCESSIBILITY PROJECT



According to the Veterinary Care Accessibility Score, which areas in the US struggle most with accessibility to veterinary care?

The truth is, there are “care deserts” throughout the United States. It depends on what you’re interested in assessing. In particular, it depends upon the level of geography that you’re interested in looking at and which metrics you use. That said, there are a few notable spots that jump out:

- **Low Access Counties:** There are 642 counties that fall in the lowest 20% for veterinary care accessibility. Many of these counties do not have any care providers, and they tend to be rural counties. You can see all of these on our [website](#).

- **Low Access Clusters:** There is a swath of low accessibility – a “low access cluster” – that extends from South Texas, up through Louisiana, Arkansas, Mississippi, Tennessee, and on up into the Appalachian region. It is not necessarily the case that all counties in these regions are low access (they’re not), but overall this can be thought of as a large “neighborhood” of low access where even those with relatively good access are not doing as well as other regions of the country.

- **Low Access Neighborhoods** – Drilling down further, we see a familiar and sad pattern throughout the country. There tends to be a dearth of veterinary care providers in any neighborhood that experiences high levels of social vulnerability (CDC SVI – i.e. low income, lack of transportation, housing challenges, minority status).

“*Being able to provide price transparency to clients goes a long way in helping them make informed decisions about the care being provided*”

What is needed to improve access to care for pets and their owners across the US and how can the industry support in tackling these challenges?

The first step will be for everyone to acknowledge that this is a challenge. As I mentioned, there are still significant players who do not acknowledge this. From there, it will take action on the part of many stakeholders to address this. This is not just a job for veterinary care providers or the non-profit sector.

Organized veterinary medicine, veterinary regulators, pharmaceutical companies, veterinary schools, and the private equity firms who own many practices will all be integral players in addressing this pressing challenge.

Speaking at a “nuts and bolts” level, I think that embracing alternative business models will be key to improving access to veterinary care. This list is by no means exhaustive, but here are some ideas and approaches that I have seen help improve access to veterinary care:

- **Focused service care providers** – The Pet Dental Clinic in Phoenix, AZ is a good example of this type of model. By limiting services to general care dentistry (not “advanced” dental care as might be found at a referral center) this clinic – and others like it – are able to reduce the cost of dental services by increasing the volume of services and reducing the cost of inventory and equipment that do not contribute to their core business. This is essentially the same approach that high-volume/high-quality spay neuter clinics have been able to take to significantly reduce the costs of surgical sterilization.

- **Telemedicine** – Why is it that all 50 states allow for a physician-patient relationship to be established through telemedicine but

INTERVIEW WITH MIKE GREENBERG, CO-FOUNDER, THE VETERINARY CARE ACCESSIBILITY PROJECT



only a handful of states allow a veterinary-client patient relationship to be established this way? Telemedicine will not replace in-person veterinary care but it can increase care availability and help accommodate people and pets who benefit from this form of remote provision of care. There are some reasonable fears surrounding the widespread implementation of telemedicine. For example, the prescription of controlled substances. But all such fears can be addressed through the implementation of sound policies. This is how the human medical field has addressed such fears and there is no reason that we cannot do the same in the veterinary realm.

“ **Embracing alternative business models will be key to improving access to veterinary care** ”

- **Financially Friendly Clinic Models** – Without getting into all of the details, what I will say is that our partners at Open Door Veterinary Collective have proven that you can create a healthy for-profit veterinary business that accommodates clients’ financial and logistical needs. Their “Financially Friendly” clinics in Toledo, OH and

Asheville, NC are great examples. I encourage anyone who’s interested to check out Open Door’s [course](#) to see how they can become more accessible.

- **MASH “pop up” clinics** – In very remote places it often does not make sense to prop up a permanent clinic, but offering periodic clinics that provide essential services improves access to care. While these MASH style organizations used to be entirely funded through philanthropy, many, like Animal Balance, now have developed sustainable business models to reach these areas that may otherwise be left without care.
- **Retail partner preventative care clinics (e.g. PetIQ)** – These providers address the affordability and availability of care by offering reduced cost preventative care services often in locations that are not served by other nearby providers, and they do so at times during the week that are convenient for those who work typical Monday-Friday 9-5 jobs. Similar services offer limited service “sick care” as well and can do so through economies of scale and inventory reduction.

With all this said, I’m actually hopeful. I’ve been encouraged in recent years as I’ve seen more and more people talk about this issue. No longer is this simply the purview of the non-

profit animal welfare world (that is where we first started talking about this years ago!); I now see leaders across the veterinary industry from many of the areas I’ve listed above talking about this important issue and what we can do to address it.

What are you looking forward to most at Petcare Innovation USA?

I’m interested to see and hear more about what others think are the pressing challenges in our industry and what they believe should be done to address them.

Mike will be joining us at Petcare Innovation USA on December 5-6 in LA to further discuss improving access and affordability of care, alongside CareCredit Pets Best and whiskerDocs.

Secure your place today to join us as we bring together the entire petcare ecosystem to drive innovation within the industry and connect with over 450 petcare innovators who are focused on improving pet health and wellness.