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call you *what?!*

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OBESITY



ARTHRITIS

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is to work together



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Mission

To inspire receptionists, credentialed technicians, practice managers and veterinary assistants to build strong relationships with coworkers, improve their communication skills and educate clients with confidence in order to enhance their contributions to a veterinary practice and maximize every patient's well-being.

Sample script: "How can I tell if my pet has Lyme disease?"

Here's help to keep client conversations ticking along.

By *Jenna Stregowski, RVT*

Ms. Jones: How can I tell if my pet has Lyme disease?

You: The signs of Lyme disease can be varied and may be vague at first, so you might not have any idea that your pet is sick. And Lyme disease symptoms may be similar to the signs of other illnesses. Joint pain is the most common sign of Lyme disease in dogs. Fever may also occur.

Pets are exposed to *Borrelia burgdorferi*, the bacterium that causes Lyme disease, via tick bite after at least 24 to 48 hours of attachment. Lyme disease can affect humans, dogs and, less commonly, cats. The signs of Lyme disease may not appear until several weeks to months after exposure to an infected tick.

We can test your dog annually for exposure to the bacteria that cause Lyme disease, which may help with early detection. Just keep in mind, there can be a false negative if we test soon after exposure. And be aware that exposure to the bacteria doesn't mean your dog will actually develop Lyme disease. If you suspect that your pet has been exposed to *Borrelia burgdorferi* bacteria or shows signs of Lyme disease, please contact us so we can examine and test your pet.

Hey, don't blame the vector . . .



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HELP!

An unlicensed supertech is ruining our practice

Q Before I started working at my current practice, the hospital got in trouble for having unlicensed technicians practicing as technicians, which is against the law in my state. The “surgical technician” lost her ability to help in surgery, but when I started she was still trying to do things she wasn’t allowed to. Then she and the practice were investigated yet again.

She’s extremely bitter toward all licensed technicians and she makes the environment unpleasant. She’s constantly trying to work with the doctors and pushing the technicians out of the way. If any of us try to say anything, we’re ignored. All day long we hear her complain about how she used to be allowed to do this or that.

The office manager has been

told she can’t do anything about the employee because she’s been at the practice for so many years and is a best friend of the owner’s wife. She’s allowed to do whatever she wants, whenever she wants. She has created staff animosity and a hostile work environment for the credentialed technicians. Should I leave the practice?

—Dealing and Disgruntled



Want more advice on dealing with toxic team members? Check out Dr. Andy Roark’s session “Improv education: Staff drama” at CVC Virginia Beach May 13. Head to thevcv.com for more details.

Answer 1



Sheila Grosdidier

Your description tells me there are deep foundational issues at the practice. It also suggests that this is a bullying issue. You need to decide what you can tolerate in a workplace and what could cause you harm.

While there are some coping strategies you can try, the most important point is this: Do you really want to work under these conditions? Consider looking for an employer who will respect, value and reward your abilities. It’s not going to happen here. These situations tend to change only when an employer loses all the best employees to better practices.

Sheila Grosdidier, RVT, is a partner and consultant with VMC Inc. in Evergreen, Colorado.

Answer 2



Shawn McVey

This scenario clearly illustrates the need for emotional intelligence training in our profession. You are stuck in a classic double bind whatever choice you make—support the owner or support the law. So in short, yes, you should leave if the leaders aren’t willing to manage this for you.

This technician is having an emotional response to something that should be dealt with analytically. Holding you and the rest of the team as emotional hostages because of something you have no control over isn’t acceptable.

Shawn McVey, MA, MSW, is the owner of McVey Management Solutions in Austin, Texas.

See McVey and Grosdidier’s complete responses at dvm360.com/unlicensed.

Got a question? We can help.

Maybe you’re tired of babysitting your team members. Perhaps you’re looking for strategies to beat a bully. Email your questions for him to firstline@advanstar.com.



Dog in a box: Battle boredom

Help dogs (and their owners!) survive confinement during treatment for heartworm disease. Debra Horwitz, DVM, DACVB, offers tips at dvm360.com/doginabox.



Fear Free tip: Bedside manner counts



>>> Dr. Marty Becker demonstrates a simple but effective technique: Do what works. Photo courtesy of Mikkel Becker.

Pair anxious animals with the team members the dog or cat shows a preference for, says Mikkel Becker, CPDT. These team members have a better “bedside manner” that may help the animal relax. “For example, at one specialty hospital I work with, I noticed a particular team member generated a happier response from dogs. Her body language and voice were inviting and struck up a playful and approachable response from dogs,” she says.

“My cat never goes outside. Why does he need a rabies vaccine?”

Before you roll your eyes, take a second to check out advice from Brian Stewart, DVM, on how you can breathe new life into your answer to this oh-so-common client question at dvm360.com/rabiesandcats.

3 products to hook pet owners

1. Dog hooks. We all wish we had an extra pair of hands. And you can help pet owners feel like they do. The hook? It’s Dog Hook, a hook for your front desk. It holds the leash so your clients can sign that all important credit-card receipt.



2. There’s an app for that. Keep pets groovin’ to the smooth beats of Pet Tunes, designed for dogs, cats, horses—and people too! Limited frequencies and nonjarring volumes keep the beat calm and cool so pets and their people chill from the waiting room to the exam and back again.



3. Care communities. So you’ve just diagnosed Bella with cancer. Or Baxter’s entering hospice care. And your very plugged-in client wants a private hub to share updates on Bella or Baxter with family, friends and caregivers. PrizedPals, CareFlash’s invitation-only microcommunities, may be a new way to connect your healthcare team with invested and motivated clients who want to be part of their pets’ care.



Find these products and more at dvm360.com/petproducts.

Sorry, but the dog didn’t give you pinworms

Roundworms and pinworms and cockroaches—ick! Read five strange-but-true facts about parasites at dvm360.com/strangeparasites.



Why weight?

5 steps to tackle pets' muffin tops and garbage guts and build an effective weight-loss program. *By Jenna Stregowski, RVT*

F-A-T. Shhhh! Don't say it out loud. Mrs. Smith might hear you. And she might think you're talking about her—or worse, her darling Dexter, who couldn't be an ounce over his recommended weight. 'Cause, you know, he only gets treats at bedtime. And one at breakfast. Or when he's a really, really good dog. Which is all the time, because who could resist that

adorable little face ... and ... well, you see the problem.

Talking pet weight loss is just plain tough. Clients may feel embarrassed and worried when you say their pets are overweight. It can feel overwhelming when you say their pets must lose weight. And some will get defensive or just plain deny their pet's muffin top or garbage gut. Sorry, Mrs. Smith, Fluffy's not just fluffy. And

Parker's just plain portly. But you can't say it that way. (Need help framing these conversations? Check out the mini-sized Team Meeting in a Box: Weigh in on Weight at dvm360.com/weightbox to practice this "weighty" discussion.)

Instead, try to take some of the stress out of these situations with a fun and effective weight loss program that engages clients and team members.

Step 1 **Talk to your boss**

If your practice already has a weight-loss program in place, ask to revamp it and involve the whole team. Now off to Step 2!

HEAVY RESISTANCE

Facing some reservations from managers? Don't give up. Discuss how you could overcome their reservations, brainstorm some solutions and come back with a plan.



>>> "Don't use the "F" word around Buster. He's sensitive.

Step 2

Train the team

Before you start a new weight-loss program, make sure everyone on staff fully understands obesity in pets. Set a date to hold a CE meeting for the whole team about pet obesity and weight loss. Educate team members from every department on:

- > The risks associated with obesity in cats and dogs, such as diabetes mellitus, osteoarthritis, heart disease and hypertension
- > Body condition scores (BCS), how to tell whether a pet is obese and how to show pet owners what to look for
- > Pet weight-loss tips from your practice's veterinarians (special therapeutic diets, low-calorie treats and general exercise tips)
- > Team members' roles when it comes to client education and assistance (flip the page for ideas!)
- > Tips for talking to pet owners about the sensitive issue of pet weight loss.

You may delegate all or part of this fat-focused meeting to a veterinarian or technician, or you may opt for an outside speaker.

Step 3

Build a committee

Hey, you didn't think you'd need to do this all by yourself, did you? After your team meeting has educated and fired up your folks and gotten them excited to help, ask for volunteers to help develop the practice's new weight-loss program.

Ideally, your committee will include at least one team member from each department (veterinarian, receptionist, technician, kennel and so on). Set a date for the committee to meet and begin developing the program. Ask everyone to bring ideas. Come with your own ideas as well. (You didn't think you were totally off the hook, did you?)

GET 'EM TO PULL THEIR OWN WEIGHT!

If your veterinarians recommend a special therapeutic diet sold primarily or exclusively in veterinary practices, why not reach out to a rep from that company to arrange a "lunch and learn" meeting to explain how that food addresses obesity in your patients?



>>> Pile on! Building a weight-loss plan at your veterinary hospital is a team effort!

SKILL builder

Step 4

Develop the program

Next you'll come up with wonderful ways to suit your plan to your specific clients. Here are some ideas to get you started:

Medical to-do list

- > Schedule the best intervals for pet visits: How often should the pet come for checkups? Routine free weigh-ins?
- > Consider which diagnostic tests you will routinely recommend and how often you'll repeat them.
- > Create estimates you can generate from the computer.
- > Put together client education packets with information on obesity risks, suggested diets, treat ideas, daily feeding amounts/calorie intake and exercise recommendations. Include logs for the client to record food intake and exercise.

Marketing to-do list

- > Use a bulletin board in the lobby to display educational information about pet obesity and feature the weight-loss journey of pets (before and after photos, stories and so on).
- > Design a "Pet Statistics Sheet" template to give owners after each visit. You could include BCS, weight, measurements, photos and goals as well as a blurb about the pet's personality. Keep a copy in the record and post one in the lobby.
- > Create posters for the lobby and buttons for the team.
- > Share graphics, announcements and maybe even a fun video on social media sites like Facebook.
- > Give away pet toys and accessories as small prizes for patients' weight-loss milestones.

Step 5

Just do it

Now it's time for your internal kickoff. Schedule a team meeting to announce the program and discuss details. Next, announce the program to clients on Facebook (for sure) and possibly Twitter, Instagram and Pinterest. Get to publicizing this great new program by:

- > Inviting clients to come in for pet weight assessments and to begin weight-loss programs for their pets
- > Posting educational tidbits about obesity and weight loss
- > Writing (with pet owners' permission) about weight loss stories with before and after photos
- > Encouraging clients to share their own stories on your social media pages and accounts.



>>> That Chihuahua's not judging. At all.

WHAT'S YOUR ROLE?

This program could be big—maybe the biggest in clinic memory. Make sure everyone is involved and knows their role in making this happen. Duties might be:

- > **Receptionists.** Take photos of pets, schedule follow-up appointments, remind clients about routine weigh-ins, give out prizes at each milestone and keep the weight-loss board in the lobby up to date.
- > **Technicians or assistants.** Record pet weights, take complete histories (including diet and exercise), hand out and discuss client info packets, give estimates to clients and discuss them as needed and generate "Pet Statistics Sheets" after each visit.
- > **Veterinarians.** Recommend the particular weight-loss plan, discuss weight-loss progress, set goals for future visits and make adjustments as needed.

The best part

Your new weight-loss program could go on indefinitely if it's working. Keep the team updated with regular meetings or emails. Keep the weight-loss board and social media up to date so clients don't forget. Make adjustments to the program over time. And most of all, have fun! **FL**

Jenna Stregowski, RVT, has worked in veterinary medicine since 1997. She is a hospital manager in Atlanta, Georgia, and the writer and editor of the website dogs.about.com.

FLEA AND TICK control dogs run to, not from...

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POWERFUL so it keeps killing fleas
and ticks all month long

EASY to give because it's soft
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NexGard
(afoxolaner) Chewables

Dogs
love
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IMPORTANT SAFETY INFORMATION: NexGard is for use in dogs only. The most frequently reported adverse reactions included vomiting, dry/flaky skin, diarrhea, lethargy, and lack of appetite. The safe use of NexGard in pregnant, breeding, or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures. For more information, see full prescribing information or visit www.NexGardForDogs.com.

NexGard® (afoxolaner) Chewables

CAUTION: Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

Description:

NexGard® (afoxolaner) is available in four sizes of beef-flavored, soft chewables for oral administration to dogs and puppies according to their weight. Each chewable is formulated to provide a minimum afoxolaner dosage of 1.14 mg/lb (2.5 mg/kg). Afoxolaner has the chemical composition 1-Naphthalenecarboxamide, 4-[5-[3-chloro-5-(trifluoromethyl)-phenyl]-4, 5-dihydro-5-(trifluoromethyl)-3-isoxazolyl]-N-[2-oxo-2-[(2,2,2-trifluoroethyl)amino]ethyl].

Indications:

NexGard kills adult fleas and is indicated for the treatment and prevention of flea infestations (*Ctenocephalides felis*), and the treatment and control of Black-legged tick (*Ixodes scapularis*), American Dog tick (*Dermacentor variabilis*), Lone Star tick (*Amblyomma americanum*), and Brown dog tick (*Rhipicephalus sanguineus*) infestations in dogs and puppies 8 weeks of age and older, weighing 4 pounds of body weight or greater, for one month.

Dosage and Administration:

NexGard is given orally once a month, at the minimum dosage of 1.14 mg/lb (2.5 mg/kg).

Dosing Schedule:

Body Weight	Afoxolaner Per Chewable (mg)	Chewables Administered
4.0 to 10.0 lbs.	11.3	One
10.1 to 24.0 lbs.	28.3	One
24.1 to 60.0 lbs.	68	One
60.1 to 121.0 lbs.	136	One
Over 121.0 lbs.	Administer the appropriate combination of chewables	

NexGard can be administered with or without food. Care should be taken that the dog consumes the complete dose, and treated animals should be observed for a few minutes to ensure that part of the dose is not lost or refused. If it is suspected that any of the dose has been lost or if vomiting occurs within two hours of administration, redose with another full dose. If a dose is missed, administer NexGard and resume a monthly dosing schedule.

Flea Treatment and Prevention:

Treatment with NexGard may begin at any time of the year. In areas where fleas are common year-round, monthly treatment with NexGard should continue the entire year without interruption.

To minimize the likelihood of flea reinfestation, it is important to treat all animals within a household with an approved flea control product.

Tick Treatment and Control:

Treatment with NexGard may begin at any time of the year (see **Effectiveness**).

Contraindications:

There are no known contraindications for the use of NexGard.

Warnings:

Not for use in humans. Keep this and all drugs out of the reach of children. In case of accidental ingestion, contact a physician immediately.

Precautions:

The safe use of NexGard in breeding, pregnant or lactating dogs has not been evaluated. Use with caution in dogs with a history of seizures (see **Adverse Reactions**).

Adverse Reactions:

In a well-controlled US field study, which included a total of 333 households and 615 treated dogs (415 administered afoxolaner, 200 administered active control), no serious adverse reactions were observed with NexGard.

Over the 90-day study period, all observations of potential adverse reactions were recorded. The most frequent reactions reported at an incidence of > 1% within any of the three months of observations are presented in the following table. The most frequently reported adverse reaction was vomiting. The occurrence of vomiting was generally self-limiting and of short duration and tended to decrease with subsequent doses in both groups. Five treated dogs experienced anorexia during the study, and two of those dogs experienced anorexia with the first dose but not subsequent doses.

Table 1: Dogs With Adverse Reactions.

	Treatment Group			
	Afoxolaner		Oral active control	
	N ¹	% (n=415)	N ²	% (n=200)
Vomiting (with and without blood)	17	4.1	25	12.5
Dry/Flaky Skin	13	3.1	2	1.0
Diarhea (with and without blood)	13	3.1	7	3.5
Lethargy	7	1.7	4	2.0
Anorexia	5	1.2	9	4.5

¹Number of dogs in the afoxolaner treatment group with the identified abnormality.

²Number of dogs in the control group with the identified abnormality.

In the US field study, one dog with a history of seizures experienced a seizure on the same day after receiving the first dose and on the same day after receiving the second dose of NexGard. This dog experienced a third seizure one week after receiving the third dose. The dog remained enrolled and completed the study. Another dog with a history of seizures had a seizure 19 days after the third dose of NexGard. The dog remained enrolled and completed the study. A third dog with a history of seizures received NexGard and experienced no seizures throughout the study.

To report suspected adverse events, for technical assistance or to obtain a copy of the MSDS, contact Merial at 1-888-637-4251 or www.merial.com/. For additional information about adverse drug experience reporting for animal drugs, contact FDA at 1-888-FDA-VETS or online at <http://www.fda.gov/AnimalVeterinary/SafetyHealth>.

Mode of Action:

Afoxolaner is a member of the isoxazoline family, shown to bind at a binding site to inhibit insect and acarine ligand-gated chloride channels, in particular those gated by the neurotransmitter gamma-aminobutyric acid (GABA), thereby blocking pre- and post-synaptic transfer of chloride ions across cell membranes. Prolonged afoxolaner-induced hyperexcitation results in uncontrolled activity of the central nervous system and death of insects and acarines. The selective toxicity of afoxolaner between insects and acarines and mammals may be inferred by the differential sensitivity of the insects and acarines' GABA receptors versus mammalian GABA receptors.

Effectiveness:

In a well-controlled laboratory study, NexGard began to kill fleas four hours after initial administration and demonstrated >99% effectiveness at eight hours. In a separate well-controlled laboratory study, NexGard demonstrated 100% effectiveness against adult fleas 24 hours post-infestation for 35 days, and was > 93% effective at 12 hours post-infestation through Day 21, and on Day 35. On Day 28, NexGard was 81.1% effective 12 hours post-infestation. Dogs in both the treated and control groups that were infested with fleas on Day -1 generated flea eggs at 12- and 24-hours post-treatment (0-11 eggs and 1-17 eggs in the NexGard treated dogs, and 4-90 eggs and 0-118 eggs in the control dogs, at 12- and 24-hours, respectively). At subsequent evaluations post-infestation, fleas from dogs in the treated group were essentially unable to produce any eggs (0-1 eggs) while fleas from dogs in the control group continued to produce eggs (1-141 eggs).

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NexGard against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively.

Collectively, the data from the three studies (two laboratory and one field) demonstrate that NexGard kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

In well-controlled laboratory studies, NexGard demonstrated >97% effectiveness against *Dermacentor variabilis*, >94% effectiveness against *Ixodes scapularis*, and >83% effectiveness against *Rhipicephalus sanguineus*, 48 hours post-infestation for 30 days. At 72 hours post-infestation, NexGard demonstrated >97% effectiveness against *Amblyomma americanum* for 30 days.

Animal Safety:

In a margin of safety study, NexGard was administered orally to 8 to 9-week-old Beagle puppies at 1, 3, and 5 times the maximum exposure dose (6.3 mg/kg) for three treatments every 28 days, followed by three treatments every 14 days, for a total of six treatments. Dogs in the control group were sham-dosed. There were no clinically-relevant effects related to treatment on physical examination, body weight, food consumption, clinical pathology (hematology, clinical chemistries, or coagulation tests), gross pathology, histopathology or organ weights. Vomiting occurred throughout the study, with a similar incidence in the treated and control groups, including one dog in the 5x group that vomited four hours after treatment.

In a well-controlled field study, NexGard was used concomitantly with other medications, such as vaccines, anthelmintics, antibiotics (including topicals), steroids, NSAIDs, anesthetics, and antihistamines. No adverse reactions were observed from the concomitant use of NexGard with other medications.

Storage Information:

Store at or below 30°C (86°F) with excursions permitted up to 40°C (104°F).

How Supplied:

NexGard is available in four sizes of beef-flavored soft chewables: 11.3, 28.3, 68 or 136 mg afoxolaner. Each chewable size is available in color-coded packages of 1, 3 or 6 beef-flavored chewables.

NADA 141-406, Approved by FDA

Marketed by: Frontline Vet Labs™, a Division of Merial, Inc.
Duluth, GA 30096-4640 USA

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3 social media gaffes

Avoid these three slip-ups to keep your veterinary practice's page running smoothly. *By Alex Espinosa*

Ah, Facebook. The social media tool that is capable of great but (let's be honest) horrifying things. We've all heard the horror stories that can arise from improper Facebook marketing techniques. Bad reviews can spread like wildfire, and clients can post mean messages

on your wall for the world to see. All it takes is a little knowledge, time and research, and before you know it that scary world of Facebook is now under your control. Better still? It can be used to your advantage, as long as you steer clear of these three marketing blunders:

Mistake #1 Using the term 'success story' incorrectly

While it seems straightforward, there are a few opportunities for missteps with this one.

- First, make sure you have the owner's permission to post a story and photos about their animal in your hospital's marketing material. A written permission slip is recommended, but two verbal confirmations is OK.

- Make sure the patient has fully recovered and isn't likely to be readmitted to your hospital. Wait at least a few weeks after the patient has been discharged before posting anything.

- Lastly, make sure you screen for anything that could be seen as medical negligence in your story. Even if it may not necessarily be medical negligence in the professional world, don't use details of a grotesque procedure that may rub clients the wrong way. They might not have the same tolerance for graphic surgery descriptions or photos that you and your team members have.



Mistake #2

Posting an update without a photo



If you have something important to say, you better include a cute, eye-catching picture. Clients aren't only more likely to pay attention to your post, but also share it if it has an attention-grabbing image. Text-only posts are easy to scroll right past in a busy newsfeed.

Mistake #3

Using the wrong type of image



While clients do appreciate cute stock photos of a puppy playing in the snow, or a happy golden retriever getting ready for Thanksgiving, nothing will catch their attention like professional-quality pictures of your team members interacting with patients. Too often we see hospitals that use generic stock material for important advertisements, as well as cover photos that often look very similar to other hospitals. If your goal as a hospital is to blend in with the competition, then you'll achieve it with generic images. If you want to improve your hospital's marketing presence, I strongly recommend hiring a professional photographer, or photographically inclined team member, to take professional pictures of staff members interacting with patients. Images like that are what sets your hospital apart from the crowd, and are what will grab your clients' (and potential clients') attention. **FL**

Alex Espinosa is the practice manager of Clarkesville Veterinary Hospital in Clarkesville, Georgia.

Your pay: Stepping up (or down?)

Data from the 2016 *Firstline* Career Path Study shows team members' hourly pay:

Receptionist

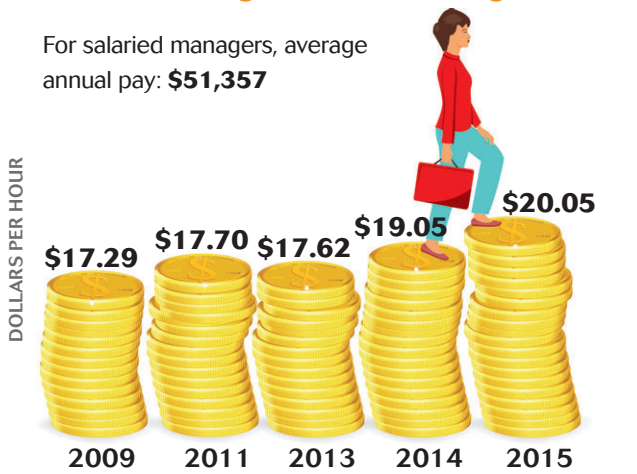


Veterinary assistant



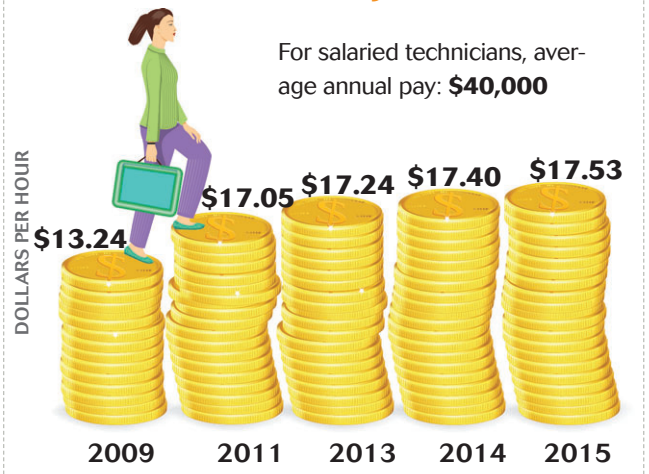
Practice manager/Office manager

For salaried managers, average annual pay: **\$51,357**

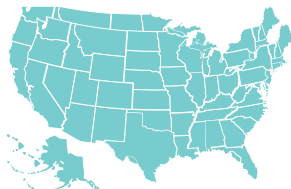


Credentialed veterinary technician

For salaried technicians, average annual pay: **\$40,000**



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We asked, you answered. **52%** of technicians say they prefer the term technician, and **27%** prefer nurse. Read more at dvm360.com/techornurse.





Got revenue leaks?

A multi-part plan to find a little extra money and a lot better patient care at your veterinary practice. *By Mary Beth Sammon*

Lough it up ... then let's get to work! OK, the practice owner has a bee in her bonnet, and you managers and team members are responsible for one of the more daunting annual goals: Make more money.

I know you're sitting there wondering, "How am I supposed to magically generate an extra \$50,000, \$100,000 or \$250,000 out of thin air?" Maybe your next question is, "Has the owner lost her marbles?" I can't help you with the second ques-

tion, but I've got some help for the first.

Let's identify and plug up these five key culprits of revenue leakage to help generate that extra money increase your hopeful (desperate?) boss is looking for.

Clients who've snuck away

You've got a leaky client list with plenty of pet owners past due for annual exams or who haven't been back in 18 months. Some may have gone to another veterinary practice, but just as many are likely satisfied with, "Well, Princess looks fine" or, "Thanks, Dr. Google! I bet tea tree oil from Whole Foods will take care of that!"

Why should you care, beyond the obvious? Because the truth is it costs less to get back lapsed clients than to market for brand-new clients. They've been to your practice before, they know your staff and they've formed a doctor-client bond.



It's time to revisit your client reminder protocols. Are you reminding clients often enough, soon enough and in the right way for them (postcard, phone, text message, email)?

You can avoid some of this catch-up work by forward booking for wellness/preventive-care visits during the checkout process. (Dentists do it so well—stop resisting!)

1

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Charges that disappear

2

Is there anything worse?! If you didn't mean to discount (and, let's be honest, you or your colleagues probably do all the time), then that means the practice incurred the expense (drugs, medical supplies, wages, overhead) but didn't get paid. There's no easier way to add profit to the bottom line than catching missed charges and collecting revenue that's been earned.

The first step is, gather up the entire staff and throw a case-review party! (OK, no one'll buy that. Call it a case-review exercise.)

Ask each person to review a batch of patient medical records and corresponding invoices. Identify missed charges and how often charges were



missed—nail trims, fecal exams, IV fluids, you catch my drift. Multiply that per-case dollar amount by the average number of client invoices per week and, voilà—that's revenue you're losing. If you miss an average of \$350 in charges per week, that's almost

\$1,500 a month and nearly \$17,000 a year of leaky revenue!

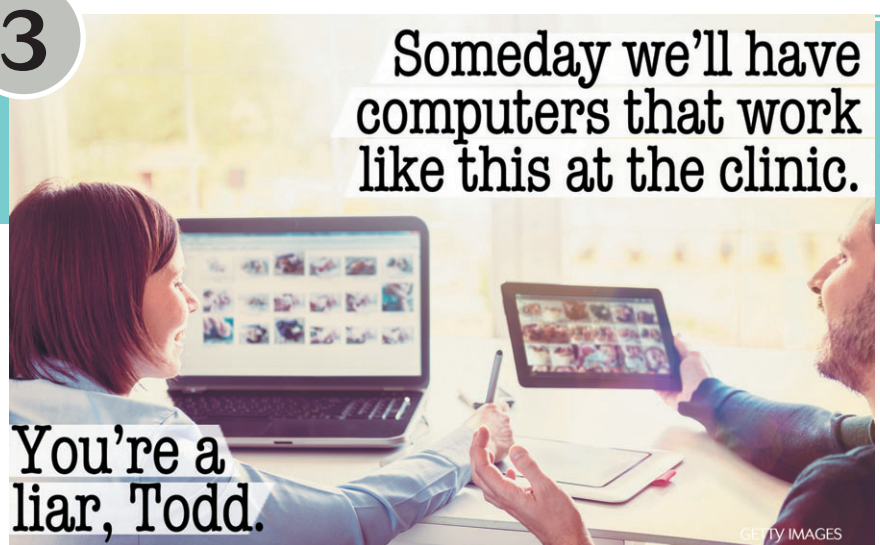
Now stop it: Make sure both the veterinarian and the CSR who checks out clients is double-checking the patient record and invoice to ensure all charges are captured.

Things that take WAY TOO LONG to do

3

A little waste and inefficiency here and there can account for more revenue leakage than you realize. Think about the old PC that takes 10 minutes to boot up and freezes about 15 times a day ... or the outdated equipment that just doesn't deliver the care your patients need ... or the inconsistent team training that means the hospital grinds to a halt when a particular person is out.

Those are just a few examples of how inefficiency and wasting time, money and untapped potential are a



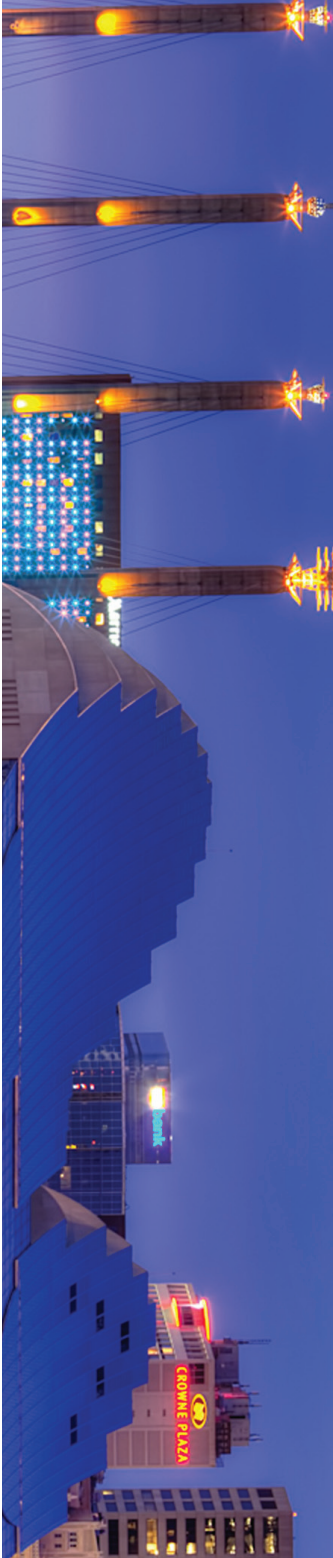
massive drain on revenue. How much more could you get done if you did away with the wheezing desktop and invested in a few laptops or tablets to speed up exam room note-taking and

the checkout process?

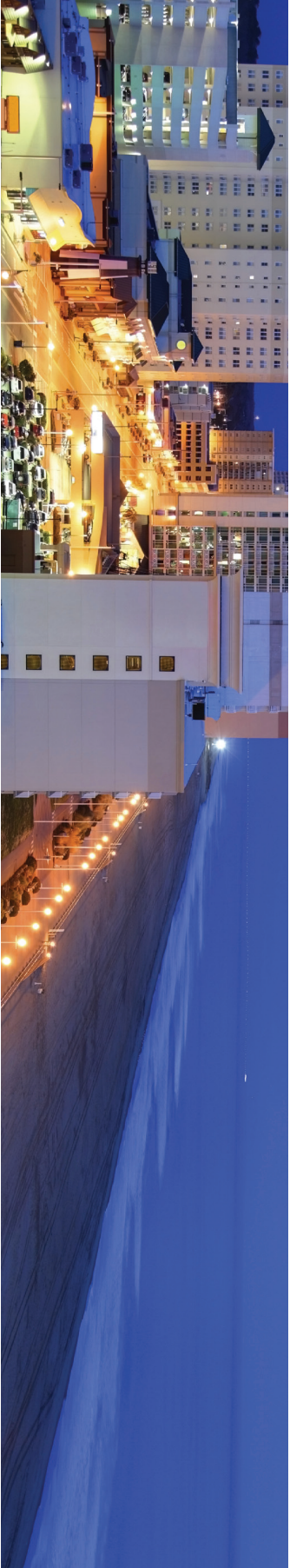
Catalog the inefficiencies in your processes, equipment and workflow. Then don't grind your teeth about them—fix them!



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Prescriptions that don't show up

4

Yes, the big-box retailers and online pharmacies want to eat your drug revenue for breakfast. You can either throw up your hands and give up or take action.

Educate clients about the benefits of buying pet medications from your practice. Emphasize your quality control for handling and storing drugs. Share information about manufacturer guarantees. Highlight the convenience of getting necessary medications during client visits or from your practice's online home-delivery pharmacy. (You have one, right?) And be sure clients know your



medications are competitively priced.

Consider setting up a computer kiosk in your reception area so staff members can train clients to place

an order before they leave on your practice's online pharmacy system for therapeutic diets or drugs for chronic conditions.

Financing that's never discussed

5

Pet owners want options and flexibility when it comes to financing. So give them what they need. Make it easier for them to get to "yes" when recommending products and services for their pets.

For example, a cash-strapped client might forego a recommended dental prophylaxis, but do you always give him the option of a wellness plan, an in-house payment plan and a third-party payment plan, or remind him about pet insurance for the future? It's another chance the pet will receive the care she needs, and ultimately, your revenue gets a boost.



Did you plug a leak? Then you're ready for a raise! Don't miss the salary data on page 11.

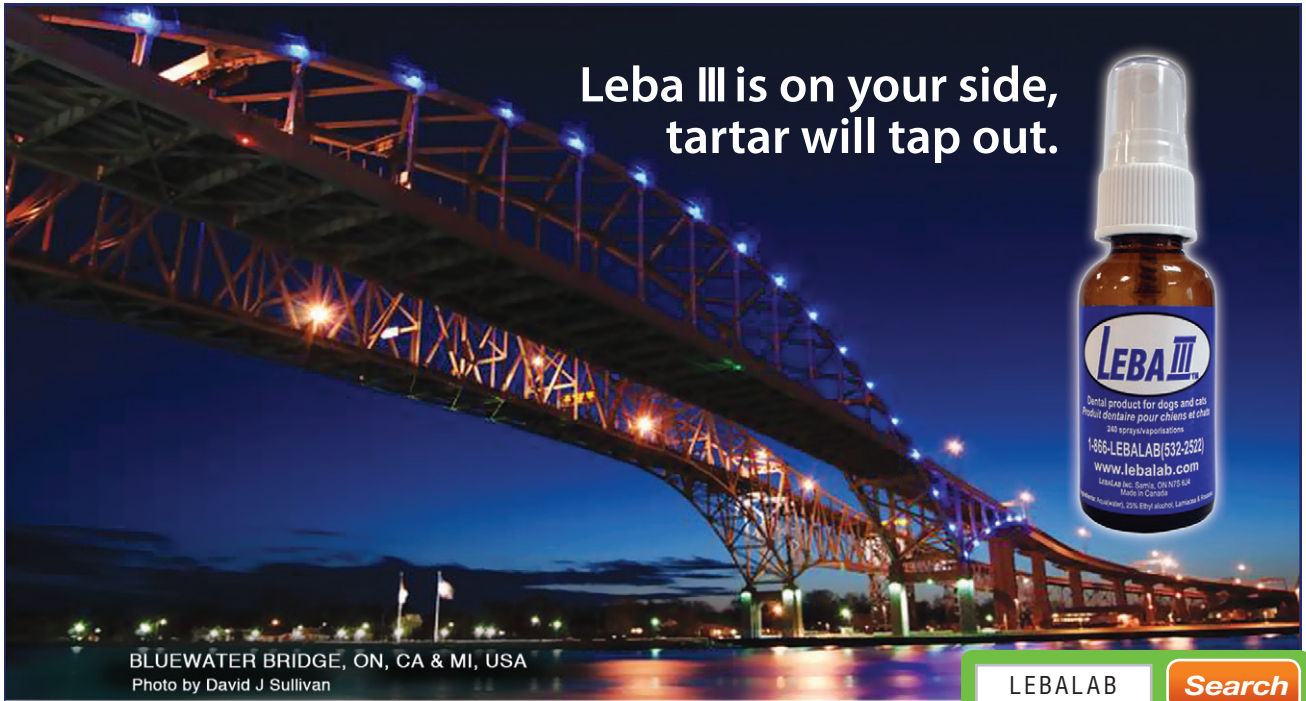
Wait! Don't tackle all five of these revenue leaks at once! Deep breath. In and out. Tackle one. Come back to the rest. Remember, your boss may have set a hard-to-reach revenue goal for this year, but you've got talented

staff members on your team who can help the practice achieve it. Get focused, get organized, and get your plan in order.

Now get out your metaphorical thumbs and plug those revenue leaks! **FL**

Mary Beth Sammon is a financial analyst at Wutchiett Tumblin and Associates, co-authors with the Veterinary Economics team of Benchmarks 2015: A Study of Well-Managed Practices.

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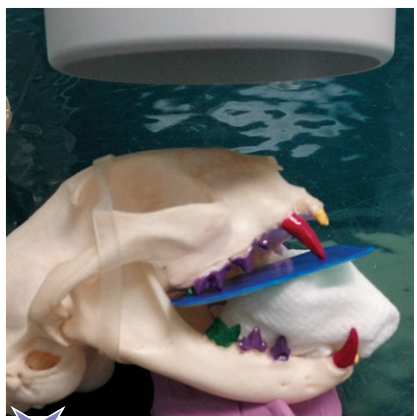
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5 ways to radiograph the maxilla of cats

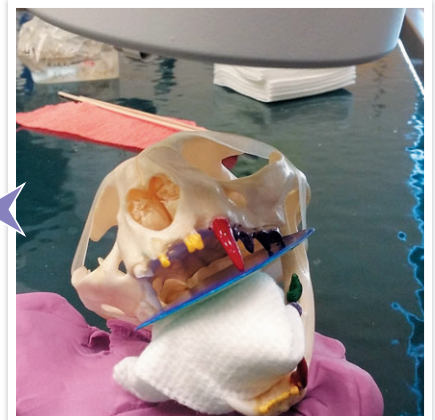
By Patricia March, RVT, VTS (Dentistry)

Whether you're faced with old film radiographs or dancing in the halls with digital radiography, these are five fabulous ways to radiograph your feline patient's palate and upper jaw.



The crowning achievement

Place sensor/film/phosphor plate parallel with the crowns of the teeth. Position the tube head nearly perpendicular to the sensor.



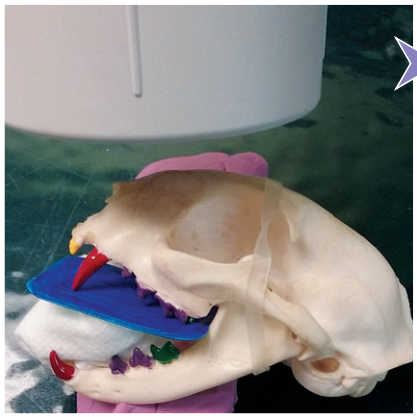
The palatable choice

Place the sensor at an angle to the palate. Point the tube head at the crowns of the teeth or at the cheek area.



The molar imperative

Place the sensor at an angle to the mandible, anchoring the edge with the mandibular molar tooth. Position the tube head nearly perpendicular to the sensor.

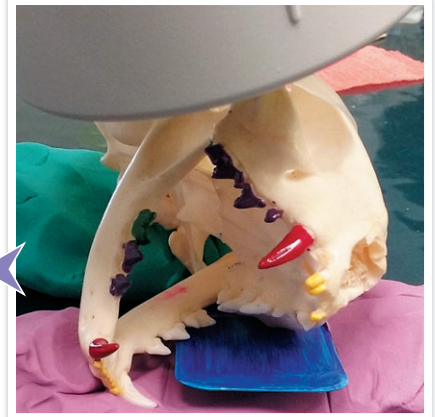


The right angle (that's not a right angle)

Place the sensor parallel with the crowns of the teeth. Position the tube head at a 30-to-60-degree angle to the maxilla.

The extra(-oral) credit

Place the sensor extra-orally, with the mouth propped open. Position the tube head nearly perpendicular to the down side crowns.



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¹ Straubinger RK, Chang YF, Jacobson RH, Appel MJ. Sera from OspA-vaccinated dogs, but not those from tick-infected dogs, inhibit *in vitro* growth of *Borrelia burgdorferi*. *J Clin Microbiol.* 1995;33(10):2745-2751.
² Rice Conlon JA, Mather TN, Tanner P, Gallo G, Jacobson RH. Efficacy of a nonadjuvanted, outer surface protein A, recombinant vaccine in dogs after challenge by ticks naturally infected with *Borrelia burgdorferi*. *Vet Ther.* 2000;1(2):96-107.
³ Probert WS, Crawford M, Cadiz RB, LeFebvre RB. Immunization with outer surface protein (Osp) A, but not OspC, provides cross-protection of mice challenged with North American isolates of *Borrelia burgdorferi*. *J Infect Dis.* 1997;175(2):400-405.