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Senior Care



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It's a bug's life

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clients on parasite
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 **NOVARTIS**
ANIMAL HEALTH

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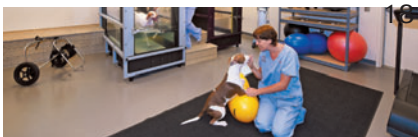
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It's a bug's life

3 tools to help educate clients on parasite prevention.

Bring new life to parasite prevention

Your preventive promotion may be perfect, but some new client education tools could press more pet owners to do the right thing and keep up with your recommendations.

page 22 *By Dr. Heather Biele*

PLUS Ew ... you saw what? **page 24**

CHANGEMAKERS: Switching up your software

Changing your practice software can be time-consuming, logistically difficult, and expensive, but if you find that your current system isn't up to par—it could be worth it.

page 25 *By Andrea Hewitt*

COMMUNICATION STRATEGIES:

The power of words

A cancer diagnosis had become as common as a urinary tract infection. I had forgotten the impact of a poor prognosis.

page 27 *By Dr. Arnold Plotnick, MS, DACVIM*

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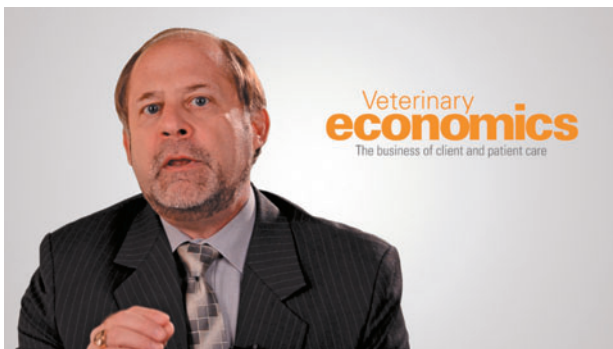
The people have spoken

28 hospitals entered the 2013 *Veterinary Economics* Hospital Design Competition, but only one could win the People's Choice Award. This year's kudos goes to Melrose Animal Clinic in Melrose, Mass. Learn more about this people-pleasing practice at dvm360.com/peopleschoice.



How to increase veterinary clinic visits

Mark Opperman, CVPM, recommends surgical virtual tours to demonstrate value to your new and existing clients. Find out more at dvm360.com/veterinaryvisits and attend his two sessions, "Top 10 amazingly dumb things veterinarians do" and "Control your inventory and support staff costs" at CVC Kansas City this August.



How can I find time for veterinary strategic planning?

If the idea of spending time on strategic planning seems like another burden on your overtaxed veterinary staff, you may want to reconsider. Brian Conrad, CVPM, notes the value of a big-picture strategy at dvm360.com/strategicplanning.



Scan the QR code above with your mobile device to watch Brian Conrad's video now.

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10 features to lobby for in your dream hospital

Hanging with Hafen



In order to push the envelope in veterinary hospital design, sometimes you have to be a little high maintenance. Read more at dvm360.com/10features.

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3 smart things I've learned this issue

> Veterinarians ask architects, "Can't you design for the worst-case scenario and then I'll pick equipment after the hospital is built?"

Page 18

> The right socks are important in veterinary medicine.

Page 24

> Associates and missing pens can impact client communication.

Pages 27 and 40

Inspired by something you learned? Share it at bhoward@advanstar.com or tell us on [facebook.com/dvm360](https://www.facebook.com/dvm360).

A change is gonna come

You know you should. We'll show you how.

Whether it's the unfamiliar hallways of a new building, a new team member who's stumbling through the workday, a new piece of equipment you're not sure about, a new rule that's tying your hands, or a new policy you don't agree with, change and adjustment is hard. And what about those changes you know you should make but you just don't? There are always reasons for holding off on what would make your life, your employees' lives, and your clients' lives better.

It'll cost too much. It'll take too long. It'll take too much energy. Take practice software, for example (page 25). You may be unhappy with your current software, but, holy moly, think of the cost and the trouble of converting and learning a whole new veterinary practice software suite. But what if you really sit down and think over the pros and cons of the change? What if experts could alleviate your concerns about the hurdles and offer tips to make every problem a little

easier to manage? Could you make the change you know you need to make? We think you could.

That's why in this issue and in coming issues we'll be including stories from the new "Changemakers" series. We'll include exclusive data from our 2013 dvm360 Change Survey on ways to improve efficiency and client satisfaction and hunt down practicing veterinarians and expert consultants who've made or spearheaded changes—adding wellness plans, expanding weekend hours, offering online scheduling to clients—and lived to tell *you* about it. At the same time, we'll be looking for practitioners who are ready to make a change and just might—with a little help from their friends (that's us). If you think you might be one of those doctors, email me at bhoward@advanstar.com. Let us help you make it easier.

Brendan Howard, Editor
ve@advanstar.com



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Mission

To give practicing veterinarians the business tools, insights, ideas, and inspiration they need to fuel their passion for practice; run a well-managed, profitable business; enhance client loyalty and satisfaction; and maximize their patients' well-being.

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¹ Greene CE, Levy JK: Chapter 100 Immunoprophylaxis, in Greene CE (Ed.): *Infectious Diseases of the Dog and Cat*, 4th ed. Philadelphia, Saunders Elsevier; 2012:1163-1205.

² Day MJ, Schoon HA, Magnol JP, *et al*. A kinetic study of histopathological changes in the subcutis of cats injected with non-adjuvanted and adjuvanted multi-component vaccines. *Vaccine* 2007;25:4073-4084.

³ Data on file with Merial.



Facebook



Our Facebook fans share their feelings on the winner of the 2013 Hospital of the Year from the March 2013 issue. Here are some highlights:

Debbie Marshall Faught

Very pretty!

Mark Hedberg

If I had chairs like that, I'd fall in love with the place too!

Eva M. Hedberg

Hey, I'd move in!

Whitney Ferguson St Germain

All that money spent, and they went with tile and grout for all the floors? I think they're going to regret that in a couple of years.

Audrey Houston-Skoglund

Now that's what I call a hospital!

Debrah Berman

We often have cats and dogs who like to sit on the chairs in our waiting room. Let's just say that my leather couches in my house have not stood the test of time with my four pets. Cannot say I would do leather in my waiting room! Looks good when new!

Shawn Ashley

Yeah, those chairs will last!

TWEET & greet



@dvm360 readers react to trending topics via Twitter

>> Hospital Design Competition

Twitter User @AnimalArtsArch

We are so pleased for our clients at Melrose Animal Clinic for winning the People's Choice award from @dvm360!

Twitter User @VOSM

Takes us back to our win in 2010! These are great. RT @dvm360: Amazing photos: 10 #veterinary hospital design winners bit.ly/12FnJ8L

Twitter User @AnimalArtsArch

We are thrilled that two #veterinary clients won Merit Awards from @dvm360 Hospital Design Contest!

Twitter User @veterina

The 2012 #Veterinary Economics Hospital of the Year: the model of the future? Is it for you? bit.ly/z1phSQ via @dvm360 iPad app

Twitter User @veterina

It's time for the #Veterinary Economics Hospital Design People's Choice Awards. Cast your vote: <http://t.co/irBD4VNgpW> via @dvm360 iPad app

>> Practice with heart (from the February 2013 issue)

Twitter User @AnimalArtsArch

Great article from @dvm360 and @DrMartyBecker about why exam tables may become a thing of the past.

smart is
recognizing an opportunity.



smart is
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Dogs should be tested for heartworm prior to use. In a small percentage of treated dogs, digestive, neurologic and skin side effects may occur. For more information, please see product insert on the back page.

smart is

protection against 5 parasites for the price of 3.

sentinel^{flavor}
tabs[®]
(milbemycin oxime+lufenuron)



HEARTWORMS



ROUNDWORMS



HOOKWORMS

+



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Heartgard[®]
Plus
(ivermectin/pyrantel)



HEARTWORMS



ROUNDWORMS



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smart is sentinel^{flavor} tabs[®]

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sentinel^{flavor} tabs[®]
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NADA 141-084, Approved by FDA

Brief Summary—For full product information see product insert.

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

Description: SENTINEL[®] (milbemycin oxime/lufenuron) Flavor Tabs[®] are available in four tablet sizes in color-coded packages for oral administration to dogs and puppies according to their weight.

Milbemycin oxime consists of the oxime derivatives of 5-didehydromilbemycins in the ratio of approximately 80% A₁ (C₂₂H₃₅NO₇, MW 555.71) and 20% A₂ (C₂₁H₃₃NO₇, MW 541.68). Milbemycin oxime is classified as a macrocyclic anthelmintic.

Lufenuron is a benzoylphenylurea derivative with the following chemical composition: N-[2,5-dichloro-4-(1,1,2,3,3,3-hexafluoropropoxy)-phenylaminocarbonyl]-2,6-difluorobenzamide (C₁₇H₈Cl₂F₆N₂O₂, MW 511.15). Benzoylphenylurea compounds, including lufenuron, are classified as insect development inhibitors (IDIs).

Indications and Usage: SENTINEL Flavor Tabs are indicated for use in dogs and puppies, four weeks of age and older, and two pounds body weight or greater. SENTINEL Flavor Tabs are also indicated for the prevention of heartworm disease caused by *Dirofilaria immitis*, for the prevention and control of flea populations, the control of adult *Ancylostoma caninum* (hookworm), and the removal and control of adult *Toxocara canis* and *Toxascaris leonina* (roundworm) and *Trichuris vulpis* (whipworm) infection. Lufenuron controls flea populations by preventing the development of flea eggs and does not kill adult

fleas. Concurrent use of an adulticide product may be necessary for adequate control of adult fleas.

Dosage and Administration: SENTINEL Flavor Tabs are given orally, once a month, at the recommended minimum dosage of 0.23 mg/lb (0.5 mg/kg) milbemycin oxime and 4.55 mg/lb (10mg/kg) lufenuron. Dogs over 100 lbs. are provided the appropriate combination of tablets.

SENTINEL Flavor Tabs are palatable and most dogs will consume the tablet when offered by the owner. As an alternative to direct dosing, the tablets can be hidden in food. Administer SENTINEL Flavor Tabs to dogs, immediately after or in conjunction with a normal meal. Food is essential for adequate absorption of lufenuron.

SENTINEL Flavor Tabs must be administered monthly, preferably on the same date each month. In geographic areas where mosquitoes and fleas are seasonal, the treatment schedule should begin one month prior to the expected onset and should continue until the end of "mosquito and flea season." In areas with year-round infestations, treatment should continue through the entire year without interruption.

If a dose is missed and a 30-day interval between dosing is exceeded, administer SENTINEL Flavor Tabs immediately and resume the monthly dosing schedule.

Warnings: Not for use in humans. Keep this and all drugs out of the reach of children.

Precautions: Do not use SENTINEL Flavor Tabs in puppies less than four weeks of age and less than two pounds of body weight. Prior to administration of SENTINEL Flavor Tabs, dogs should be tested for existing heartworm infections. Mild, transient hypersensitivity reactions manifested as labored respiration, vomiting, salivation, and lethargy have been noted in some treated dogs carrying a high number of circulating microfilariae.

Adverse Reactions: The following adverse reactions have been reported in dogs after giving milbemycin oxime or lufenuron: vomiting, depression/lethargy, pruritus, urticaria, diarrhea, anorexia, skin congestion, ataxia, convulsions, hypersalivation, and weakness.

Efficacy: Milbemycin Oxime

Milbemycin oxime provided complete protection against heartworm infection in both controlled laboratory and clinical trials.

In laboratory studies, a single dose of milbemycin oxime at 0.5 mg/kg was effective in removing roundworm, hookworm, and whipworm. In well-controlled clinical trials, milbemycin oxime was also effective in removing roundworms and whipworms and in controlling hookworms.

Efficacy: Lufenuron

Lufenuron provided a 99% control of flea egg development for 32 days following a single dose of lufenuron at 10 mg/kg in studies using experimental flea infestations. In well-controlled clinical trials, when treatment with lufenuron tablets was initiated prior to the flea season, mean flea counts were lower in lufenuron-treated dogs versus placebo-treated dogs. After 6 monthly treatments, the mean number of fleas on lufenuron-treated dogs was approximately 4 compared to 230 on placebo-treated dogs.

When treatment was initiated during the flea season, lufenuron tablets were effective in controlling flea infestations on dogs that completed the study. The mean flea count per lufenuron-treated dog was approximately 74 prior to treatment but had decreased to 4 after six monthly doses of lufenuron. A topical adulticide was used in the first eight weeks of the study to kill the pre-existing adult fleas.

For technical assistance or to report suspected adverse events, call 1-800-332-2761.

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NAH/SEN-FCT/BS/6
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 **NOVARTIS**
ANIMAL HEALTH

Catching kittens early



Q: My puppy wellness plans are doing well, but kitten wellness plans aren't getting traction. Any tips to change clients' minds about the importance of preventive care for them?

Start with your doctors and staff and make sure they believe in kitten wellness plans as passionately as puppy wellness plans, says Denise Tumblin, CPA, *Veterinary Economics* Editorial Advisory Board member and president and owner of Wutchiett Tumblin and Associates in Columbus, Ohio.



Denise Tumblin, CPA

"Do they present the information to the clients just as clearly? Perhaps it's not that your clients don't believe in the importance of preventive care for their cats, but rather your message is muddled by 'noise,'" Tumblin says.

Ambiguity and redundancy are noise to a client, she says. Review your practice's mes-

sage and how team members present that message about your kitten plans to make sure they aren't confusing the client with noise. Have them practice, practice, and practice some more presenting the information. The more comfortable and confident your team members are presenting the information, the more successful they'll be.

"Clarity helps people understand, which makes them more confident about choosing to enroll in your wellness plan," Tumblin says. "To create clarity for the client, tell the story about why you developed your wellness plans."

Ask your team to go into every kitten appointment with the passion for your practice's message about preventive care, the belief in your plan, and the confidence in your plan, and don't let the "no's" get your team down. **VE**

Pet insurance BLOWBACK

Q: What happens if I offer information about pet insurance to clients and they get turned down?

"If a client is turned down, it's probably for a legitimate reason, but clients should understand upfront that you are not the insurance company," says Dr. Jeff Rothstein, MBA, president of the Progressive Pet Animal Hospitals and Management Group in Ann Arbor Mich., and a *Veterinary Economics* Editorial Advisory Board member. "Occasionally my clients get rejected from third-party payment

PRACTICE MANAGEMENT Q&A

companies too, but they don't hold it against the hospital. The nice part of pet insurance is that it is independent of the hospital and clients realize this. In my experience, if they have an issue they handle it with the carrier."

If you're interested in doing more to promote pet health insurance, Dr. Rothstein recommends you do a little homework yourself first. To read up on the major companies, head



Dr. Jeff Rothstein, MBA

to dvm360.com/insurancecompanies.

Then pick two to three plans you think are a good fit for your clients as well for your clinic to work with, he says.

Dr. Rothstein and his team have a short message they share with clients on the topic: "We often tell clients, 'Pet insurance may not be perfect, but it's a good idea. Overall it provides good protection at a reasonable cost and can be very valuable in

times of need and it's improving on a regular basis." **VE**

Find it all here.
dvm360
.com

Interactive map

Check out this interactive map at dvm360.com/insurancemap to learn team members' roles in pet insurance conversations.

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3 website problems that turn off new clients

... and how to fix them.

By Dave Nicol, DVM, BVMS Cert Mgmt MRCVS

Most clinics have websites and a Facebook page, but few of them are likely to convert curious pet owners into new clients. Does your website exhibit the following three problems of an unsuccessful website?

Problem 1: Readerless content

Content is anything you put on your website that others read, use, or otherwise interact with. Unfortunately, most content on veterinary hospital websites is either boring, written for the wrong audience or worse: both.

Before you write that article on the flea lifecycle, please think about the reader. Does the world really need another dull article? The answer to that question is in your analytics. There you will find the truth—no one is reading it. The other clue is that your phone isn't ringing with clients startled into action by your awesome knowledge of big words

and gross parasite images.

It's a far better idea to think and write about the things that keep pet owners awake at night or excite them—where they can take their pet on holiday locally, or a blog about dog-friendly walks in your area. Many of your new clients are likely to be expectant or new parents, so why not publish some tips for new parents with cats?

Problem 2: Purposeless content

Before you start to create content, think about your objective first. For example, if I want to top the Google search rankings for new puppies, then I think about what content is going to achieve this fastest. New puppies give their owners lots of cute moments but plenty of problems too, so any content you create that helps with things like toilet training is going to score highly with your audience. By focusing on purpose first, you'll see positive results faster. Please remember though that your purpose must match up with

what matters to your target audience. If your content doesn't solve their problems or help them achieve their goals, it's likely to be ignored.

Problem 3: Hook-free content

I've read a lot of articles on veterinary hospital websites that just stop—and leave the reader with no idea what to do next. The end result is, they leave your website and you lose a potential client.

One way to use your website is as a data-capture tool on potential new clients. You can use that data to develop a relationship that turns a complete stranger into a paying consumer of your products and services. You can do this by including calls to action like, "Call us to book an appointment now."

You can also collect data by using online data capture forms. This is a more technical skill, but some content management systems will let you do it easily. **VE**

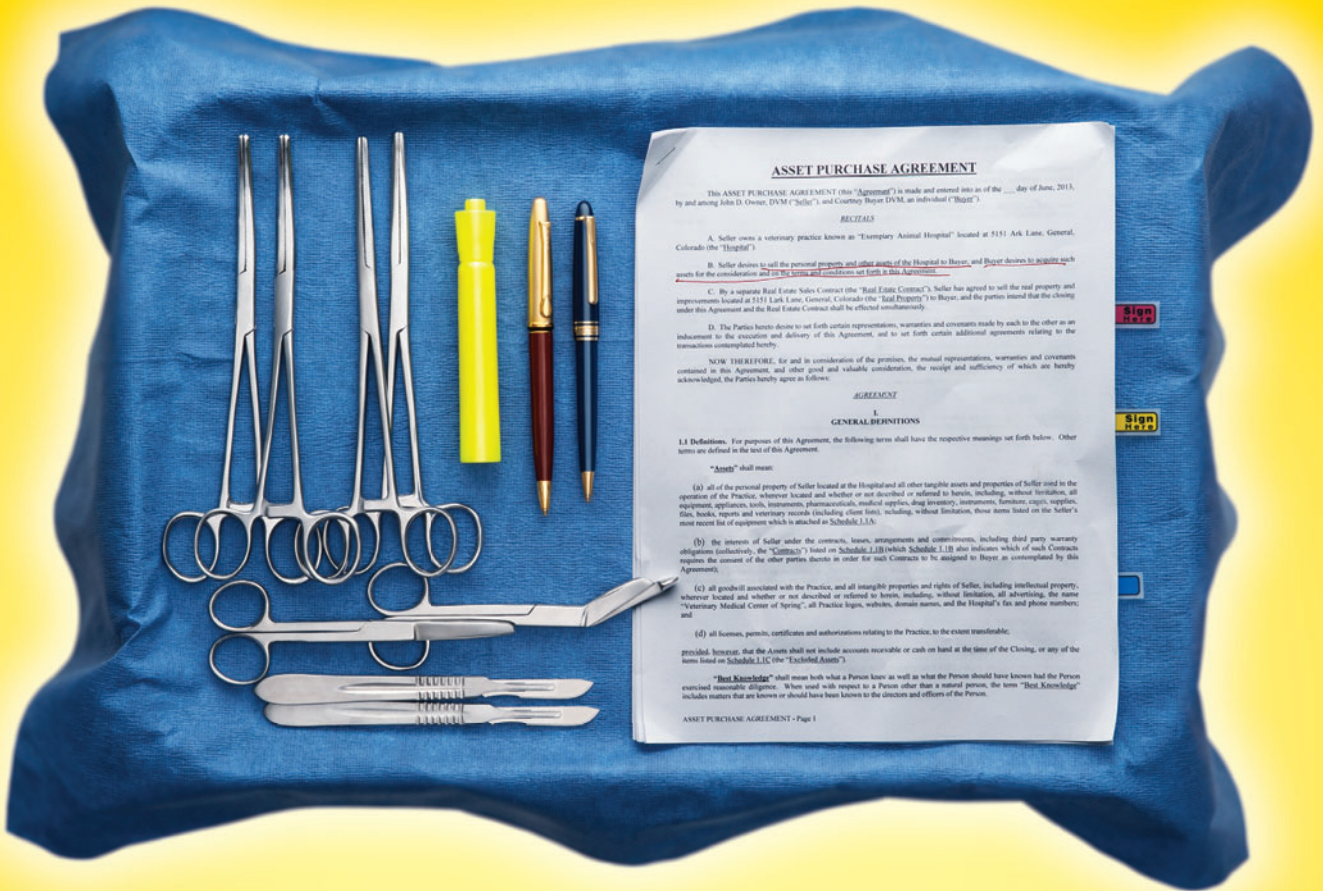
Dr. Dave Nicol is a veterinary surgeon, hospital owner, and veterinary business consultant in Sydney, Australia.

Social media strategies

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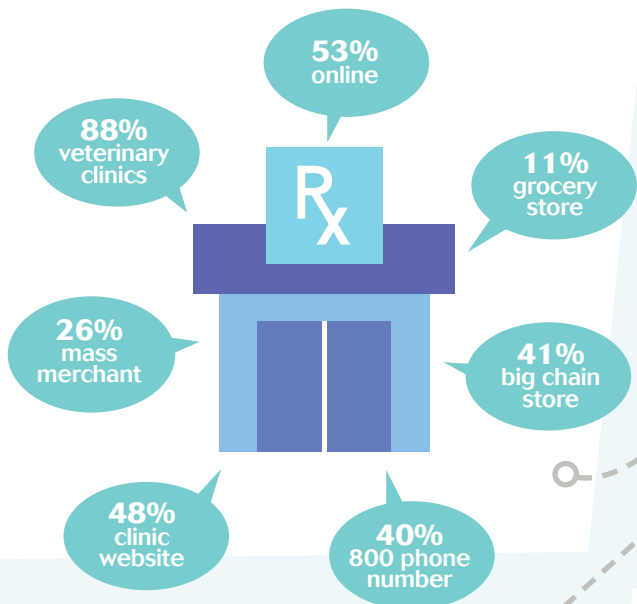
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Clients' prescription needs

Use these insights to increase client compliance and champion pet health.

They **KNOW** they can get prescriptions at *these* places:



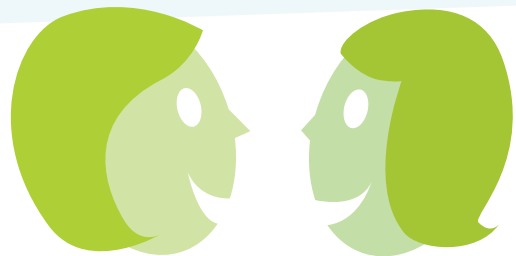
MY VET

But 49% want to buy from their veterinary clinic

These changes

will help them buy from you:

- ✓ Inform clients of all their options
- ✓ Have generic options



If you recommend a client purchase a cheaper yet effective brand of medication, clients will:

- ✓ Respect you more
- ✓ Be more loyal
- ✓ Be more likely to pay for additional services
- ✓ Be more confident you have the pet's and their best interests at heart
- ✓ Be more likely to follow your other recommendations

SOURCE: TRONE BRAND ENERGY

A PAT ON *the back*

Why doling out compliments to clients yields results.

By Marty Becker, DVM

No one likes being criticized. And yet your clients may feel that's all they hear from you and your team when they come in.

Of course, it's important to help your clients take the best care possible of their pets, and it's also your job to alert them to things they're doing wrong. But when everything you say can feel like an accusation, you put your clients on the defensive and make it less likely that your recommendations will be heard, much less followed.

The secret to changing the dynamic? Catch pet owners doing things right and point them out.

Believe me when I tell you, you can always find something. After all, the pet's owner cares enough to ask you for help, right? That's the first thing he or she did right, but there are always more. Is the dog clean and well groomed? Is the cat relaxed and well behaved? Is the pet's name a clever one, and have you asked how the animal got it? I've told people that their dog's nails are perfect or that their Chihuahua's teeth look to be in the top 20 percent for the breed. There's

always something, and I always find it. You can, too.

Remember that song about how "a spoonful of sugar helps the medicine go down"? It really does. When you catch people doing things right, you're giving them an "A" on their report card for that subject. Then find a B+. You'll be in a much better position when you have to discuss the Cs or Ds. When you deliver the "bad grades"—when you recommend more and better care—your clients are less likely to be defensive and more likely to take your advice for the better health of their pets.

A final thought: Catching people doing something right works with everyone, from your veterinary technicians to your fellow doctors—even your kids. Try it, and don't be surprised if someone makes an effort to catch you doing something right, too! **VE**

Dr. Marty Becker is a popular speaker and author of more than 22 top-selling books, including The Healing Power of Pets. He is the resident veterinarian on Good Morning America, a regular guest on The Dr. Oz Show, and the lead veterinary contributor to VetStreet.com. Dr. Becker practices at North Idaho Animal Hospital in Sandpoint, Ida. and Lakewood Animal Hospital in Coeur d'Alene, Ida.



Dr. Marty Becker



Simmons salutes Brandon Price, 2013 winner of the \$15,000 National SEF Business Aptitude Award.

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Tweet topic

Scan the QR code to send a customizable tweet to clients.



Dish out *nutritious social media* treats

These tweets and posts are good for a client's mind—and pet's stomach.

Pet owners can always use extra helpings when it comes to pet nutrition education. Reclaim your role as nutrition expert with these customizable tweets and Facebook posts. Check out dvm360.com/postnow to use the reminders (at right) on your practice's Twitter and Facebook pages to help spread awareness about pet nutrition. You'll also find more prewritten client education on fleas, behavior, and more.



Do you feed your pets separately? If not, this could be a problem. Let's talk about the best way for all of your pets to get the nutrition they need.

Are you familiar with Body Condition Scoring for pets? We can show you how to monitor your pet's weight and diet.

Do you know how much food Penelope should be eating everyday? We'll determine her ideal weight and figure out how many daily calories she needs to stay healthy.

A study showed that dogs kept at an optimal weight throughout their lives delayed the onset of chronic diseases and lived longer. Let's talk about what your pup is eating and help her live a long, happy life!



How often do you give Roscoe table scraps? Be honest! Come in and we'll discuss people food that's OK for #pets! #pethealth #petcare

Do you ever wonder what to feed your #pet? End the guessing game and make an appointment today. #pethealth #petcare

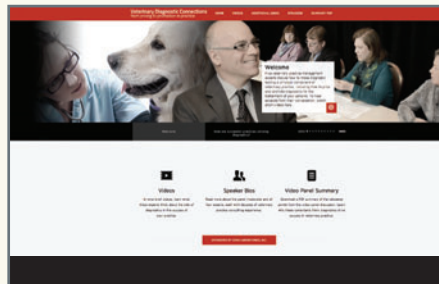
Obesity may contribute to or worsen arthritis in pets. It's also associated with diabetes. We can help your furry friend avoid these conditions! #pethealth

Curious about the latest #pet diet trend? There's only one way to find out if it's OK for your cat or dog—ask us! #pethealth #petcare

Feeling overwhelmed? We can make it easy and recommend the best diet for your #pet.

How diagnostics drive success in veterinary practice

Moderator Dr. Fred Metzger and four other veterinary practice management experts met in early 2013 and discussed how to price and promote diagnostics for the betterment of pets nationwide. You can catch highlights of their discussion here as well as in free videos at www.diagnosticpricing.com. Also, see the website for complete speaker bios.



How important is diagnostic testing to practice success?

Karen Felsted: I think focusing on diagnostics and reviewing what our protocols are when we recommend these tests is a huge opportunity for a practice to give pet owners and pets the best care possible. That's why we became veterinarians or why we choose to work in veterinary practices in the first place: for pets to get the kind of care that they need. And diagnostics is a huge component that allows us to do that.

Fritz Wood: Diagnostics has been the fastest-growing profit center in veterinary hospitals for the past 10 years. Successful practices begin with an appreciation that this growth is extremely important to their business. Practice owners can't wake up in mid-January and look back at the prior year and say, "How did we do in the lab?" They have to pay attention year-round. They have to have specific goals for pre-anesthetic testing, senior screens, wellness screens, and screening for pets on medication.



Karen E. Felsted, CPA, MS, DVM, CVPM Felsted Veterinary Consultants Inc.

"If a practice is producing less than 18% in revenue from diagnostic testing, management needs to focus on this."

When is it best to use in-practice diagnostic equipment versus a reference laboratory?

Wood: I ask practices, are people's service expectations higher or lower than they were a few years ago? And clearly they're higher. Are people more or less patient than they were yesterday? Well, clearly less patient. More hurried. To me there's value in having point-of-care results and being able to come back with an answer for the client right away on sick pets, senior screens, preventive screens, and more.

Imagine what that does for compliance if we have an answer right now and can initiate therapy and treatment immediately.

Louise Dunn: It depends on the

practice. Does the practice have a team and equipment/tools to provide the test, and can they produce accurate, reliable results?

Felsted: It's clear for sick pets or emergency cases you're going to do it in the practice. I prefer in-practice testing for preanesthetic cases, and I think it makes sense to do it the day of the surgery. It's more convenient than asking clients to come in for a separate visit. When it comes to preventive care tests, if the practice has systems in place to turn around that lab work while the client waits, then it is worthwhile.

What percentage of gross revenue should you expect from diagnostic testing?

Wood: I would like to see your diagnostic income approach 20% to 25% of your total gross income. And I'd like to see it grow on an annual basis. (See Figure 1 on page 2 for a chart showing laboratory revenue in well-managed practices.)

Felsted: If you look at the three published studies out there,¹⁻³ it's currently somewhere between

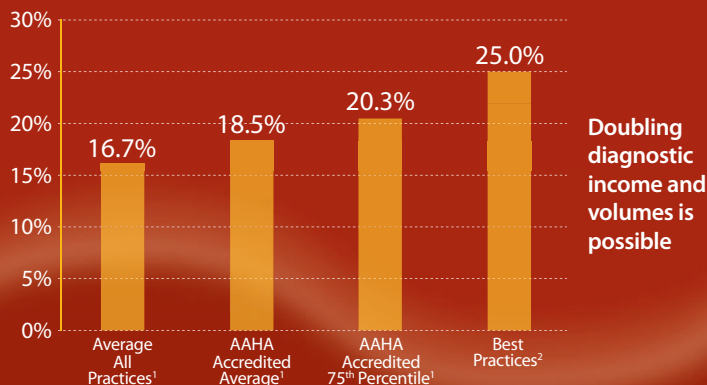


Fritz Wood, CPA, CFP HF Wood Consulting

"Practice owners can't wake up in mid-January and look back at the prior year and say, 'How did we do in the lab?' They have to pay attention year-round."

Figure 1

Laboratory revenue as a % of total practice revenue is high among well-managed practices



¹ AAHA Financial and Productivity Pulsepoints, 7th Edition.
² Selected Practices.

13.5% to almost 18% of revenue. If a practice is producing less diagnostic revenue than that, management needs to focus on this area.

Metzger: At my practice, diagnostics make up 24.8% of the gross income. Why is my lab so much? Because we do testing, not just on sick animals but preanesthetic testing and preventive health care. That number isn't something that we strive for. It's just something that happens when you work on sick animals and do preventive health care.

What impedes practices from being successful when it comes to diagnostics?

Metzger: I think veterinarians feel that clients don't get value unless they find some terrible disease. That makes no sense to me. We

want things to be normal, and we know that getting baseline data and establishing the normal reference interval is really important as they age.

Wood: There's the concern that it's going to cost the client more and, therefore, there's some likelihood that there'll be some level of resistance. You have to start with the medical evidence — why is this test important? Let's take the case of adding a preventive screening (CBC and chemistry profile) to a heartworm test. You're going to be drawing blood anyway, so let's stick our neck out and ask people if they'd like to have a broader preventive screen that includes tests for kidney or liver disease, diabetes, or anemia and see what compliance you can gain. Invariably you'll have a lot of normal results. You should celebrate that — you

have a great baseline for that pet in the future. And you may find that 10% of the pets have abnormal results. And you can celebrate those, too. Now you've got an early diagnosis.

How should pricing differ with in-practice versus reference lab testing?

Felsted: It makes sense to keep the prices the same. We ought to focus on educating clients about the need for diagnostics. If you price them the same, then veterinarians can stop making pricing decisions and start focusing on what tests are best for pets and how to talk to clients.

How should diagnostic prices be set?

Wood: I wish I could tell you A plus B equals C, and this maximizes your profit with your client base and your particular clinic. Such a formula doesn't exist. The answer is what the market will bear. And that's going to be different in your clinic than it is in the one down the street. Even if your clinic is nearly identical to the ones down the street, it's going to be different based on your ability to educate clients and demonstrate the value of these tests. But you can track compliance. If your practice recommends the test and all of your doctors say the same thing to clients about this established protocol, then my estimate, based on anecdotal evidence, is that only 10% to 15% of clients should decline. Then you're in the neighborhood of where it needs to be priced.

Dunn: One thing you can do with price is to charge more if you offer more value. Give a copy of the lab results to clients. They'll put it on their refrigerator. There's a value to it. I love IDEXX



“We want things to be normal, and getting baseline data and establishing the normal reference range for pets is really important as they age.”

Fred Metzger, DVM, DABVP (Canine/Feline) Owner, Metzger Animal Hospital ; Adjunct Professor, Pennsylvania State University



“Offer clients more value. Give a copy of the lab results to clients. They’ll put it on their refrigerator.”

Louise S. Dunn Consultant, Snowgoose Veterinary Management Consulting

VetConnect PLUS, which lets veterinarians look at in-practice and reference lab results together, provides trends for a particular pet, and lets you print them out. The veterinarian can give clients a printout or email the results to them directly, and that’s more value.

Is bundling preventive care services a good idea?

Elise Lacher: I am a big fan of bundling. For one thing, it becomes the standard of care in the clinics. It helps to address the issue of having several individual doctors working in a clinic. We don’t have Dr. A doing one thing and Dr. B doing something else, because the bundled package says we do this in our clinic. The standard of care for our clinic for these particular services is this and it gets done.

Also, bundling really helps in explaining treatment plans. We’ve got the doctor doing the recommendation, and that’s what gets done. And we find that clients get to “yes” a lot faster and more frequently with bundling of services. And we’re doing more of the services that the pets need. The practices are more profitable, and pets obviously are getting better care.

Dunn: Bundling doesn’t always mean a lower cost to the client. It’s just easier for the team and it’s easier for the client. The client knows what they’re going to pay. The team is doing it because

they believe in it. So it’s more attractive to the client and the team. And it works.

Wood: While I have a long history of being very anti-discount, I would argue that when you bundle things, clients will opt for a higher level of service than they would have otherwise. At the end of the day, what bundling does is make the people at the veterinary clinic feel better about it and have more comfort and conviction. They see that the client is getting a better deal, they meet less resistance, and so they’re more likely to recommend it.

Felsted: You bring up the word *discount* in veterinary medicine, and veterinarians just freeze; they don’t want to hear about it, and that it is a bad word all the way around. Everybody agrees that just randomly giving away services is a bad form of discounting. But, particularly as it ties into bundling, if the client gets a little price break and we feel better about what we’re selling or what we’re trying to get pet owners to do, then that’s a discount that makes sense. That’s

a marketing discount. If we have 50% of clients doing something instead of 30%, that’s made a great difference in the health of pets and the financial health of the practice.

How do you improve client compliance with diagnostic testing?

Felsted: There was actually a fantastic study last year about communication in the exam room. Researchers filmed hundreds of veterinarian-pet owner interactions, and what they found is that clear recommendations mean clients are seven times more likely to accept those recommendations.⁴ Veterinarians should leave no doubt as to what it is they think the pet owner should do. So instead of saying, “Maybe you should think about a dental,” we say something like, “It is critical that Fluffy get her teeth cleaned within the next month.” And that’s as important for technicians, receptionists, and other team members as it is for veterinarians.

Metzger: Be a doctor, and don’t ask. Tell them what you think they should do and then leave it up to them. We’re very bad about listening in veterinary medicine. So I recommend you tell people what you really think they should do, and then shut your mouth.

Wood: I think there’s a fear in veterinary medicine of having a strong opinion and explaining it with conviction. To me, it’s



“We find that clients get to ‘yes’ a lot faster and more frequently with bundling of diagnostic tests.”

Elise M. Lacher, CPA Principal and Consultant, Strategic Veterinary Consulting Inc.

an abdication of the veterinarian's authority when something is made optional. If you make a preanesthetic test optional, then that sends a very clear and very strong message that it's not very important. Because I know if it were important I wouldn't have the choice.

Dunn: Everyone on your veterinary team is part of the 5 Cs. First, we have cause. Second, we have conviction. Third, we all have confidence with what we're doing. Fourth, we do it consistently. And, fifth, we all care.

Felsted: Conviction is essential, but conviction isn't enough. Conviction doesn't make people good communicators. You need to give team members the tools and the techniques to be able to convey that conviction to clients. That's where team training comes in. It's not just what the doctor says in the exam room, it's also what the technician says and the receptionist when the client asks them about it.

Conclusion

Metzger: So, to wrap up, let's review our key takeaway points:

- Successful practices focused on growth should set a goal that diagnostics compose at least 20% of their total revenue.
- Practices should price all laboratory work similarly, regardless of whether it is performed in-house or by a reference lab. This will eliminate confusion for staff and clients and emphasize the overall value of diagnostics.
- Bundling of diagnostic services with other procedures can help staff members and pet owners focus less on price and more on overall health care. Thus, clients are more likely to comply with the veterinarian's recommendations.

Test your hospital's diagnostic protocols against these client compliance and communication best practices.

Does your practice...?

1. Compare your diagnostic recommendations to current industry standard clinical guidelines? (See AAHA and AVMA's Partners for Healthy Pets website [www.partnersforhealthypets.org] or IDEXX STEPs — Simple Tools for Effective Protocols [www.idexx.com/steps].)
2. Evaluate the use of in-house diagnostics and reference labs in terms of patient care, client compliance, and client service in each testing instance?
3. Set goals for diagnostics? Will your practice recommend diagnostics for preanesthetic testing, senior care, wellness care, and ongoing monitoring of pets with chronic diseases or pets receiving long-term medication?
4. Share diagnostic results with clients as soon as possible? How hard is it for your practice's busy doctors to fit callbacks into their day?
5. Use visual aids to explain the importance of diagnostics? Don't neglect your clients who are visual learners.
6. Add diagnostic tests to your protocols if they're medically important? For example, could a 90-day pilot of a new diagnostic test for specific vector-borne diseases give you important data on the prevalence in your area?
7. Use regular training to ensure team members understand and can explain the need for particular diagnostics? Team members should be confident in explaining why clients should say "yes" to your diagnostic recommendations.

- There is no magic diagnostic pricing formula. Charge a fee that you know the market will bear and that will get owners to agree to the testing. If slightly lower prices mean more clients authorize the test, that makes better financial sense.
- Practices can also help grow revenue by offering preventive care screening and getting those important baseline diagnostic results for pets of all ages, resulting in better patient care and more financial success.

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For even more discussion and solutions about diagnostic testing, visit www.diagnosticpricing.com for video segments from this one-of-a-kind roundtable.



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Your staff costs are too high?

Mysterious overtime, skipped lunches, and non-merit raises could add up to a financial disaster.

By Dr. Karen Felsted, CPA, MS, CVPM, and Jessica Goodman Lee, CVPM

Dr. Jensen—the theoretical practice owner we introduced last month—wants to improve his practice's profit margin. He focuses on support staff costs, because it's one of his practice's biggest expenses.

The problem

His staff cost numbers are more than 28 percent of gross revenue. He consults 2011 Benchmarks: A Study of Well-Managed Practices (dvm360.com/benchmarks) and sees other practices average about 22.1 percent for the same costs.

Dr. Jensen examines payroll, time clock reports (he doesn't usually review these), and each employee's pay rate and raises.

He finds that all of his employees consistently accrue at least eight hours of overtime per week. He realizes that by scheduling employees 38 to 40 hours per week, it's easy for them to go into overtime if one or two days run late. Dr. Jensen

also notices that his lead technician clocks in a half hour before her shift starts and employees are skipping their lunch breaks.

The solution

He'll discuss these changes at the next team meeting:

- > Each team member will be scheduled for no more than 35 hours per week

- > Lunch times will be assigned, and everyone must clock out for a full hour.

- > No one may clock in more than five minutes early for a shift without permission.

- > Employees must notify him at least one hour in advance of accruing overtime so that he can adjust the schedule.

Next, Dr. Jensen reviews AAHA's Compensation & Benefits publication and is surprised by how much higher his wages are than even the 75th percentile of practices in his region. Here's why: Dr. Jensen conducts annual performance reviews, but he gives pay

increases regardless of actual performance improvements.

He decides to rank employees on their skills and value to the practice. Then he lists each employee's current rate of pay. When he places these lists side-by-side, they don't match up. (Visit dvm360.com/staffanalysis to download a spreadsheet to help conduct this analysis.)

Dr. Jensen commits to implementing a merit-based system for pay increases. These expectations will be clearly correlated with the performance appraisals used in the hospital.

Next month, we'll check on Dr. Jensen's client rechecks. **VE**

Dr. Karen Felsted, CPA, MS, CVPM, is the president of Felsted Veterinary Consulting. Jessica Goodman Lee, CVPM, joined Brakke Consulting in 2011.

PRACTICE PROFILE

Jensen Animal Clinic (JAC)

Practice owner: Dr. Mark Jensen
Hospital team: 2 full-time, 1 part-time
Practice type: Small animal
Location: Blue-collar neighborhood

Tweet this

Scan the QR code to check out a video with more hospital design tips from Wayne Usiak, AIA.



The BEST WAY to MAKE ROOM for equipment

The plan to build first, buy later just won't cut it—and could cost you thousands of dollars more in the long run.

It's a question Wayne Usiak, AIA, hears year after year: "Can't you just design for the worst-case scenario and then I'll pick the equipment after my new veterinary hospital is built?" The short answer is no, he says.

"There's really no rule of thumb you can use before you pick the equipment. You need to know what machine you want to use right down to the model number," says Usiak, a senior partner of BDA Architecture in Albu-

querque, N.M. "There are just too many variations across machines."

A few electrical difficulties

To start, electrical service characteristics can drastically change your plans, Usiak says. Let's say your engineer dives in and designs the electrical service in your hospital, but then you later choose a piece of veterinary equipment that has a totally different set of electrical requirements.

This could cost you tens of thousands of dollars in additional electrical equipment to accommodate your practice's needs, he says.

For example, some MRI machines are electromagnet, and others are permanent magnet. Permanent magnets are really heavy and require special structural force considerations underneath them, Usiak says. While electromagnets don't have these requirements, they do have other specific needs.



>>> Rehab options differ at Good Animal Hospital & Pet Resort in Pike Road, Ala. (left), and All Pets Animal Hospital in Katy, Texas (right).

4 quick questions regarding your remodel

Before you pick up the sledgehammer, Wayne Usiak, AIA, suggests discussing the following questions with your architect or engineer.

1. Can we get the equipment into the building?
2. Are our corridors wide enough and doorways adequate, or is an outside wall available?
3. Will my electrical service be adequate?
4. Will my floor support the equipment weight?

Remember: If you must remove a wall to enlarge a room, make sure it's not a supporting wall for the roof, Usiak says.

Hydrotherapy hazards

When it comes to hydrotherapy, you need to decide whether you want an underwater treadmill, pool, or both for your veterinary practice. As you can probably guess, totally different kinds of infrastructures are required for these different rehabilitation options, Usiak says.

"Some veterinarians even want to install one of those endless pools—with a current that patients can swim against," Usiak says.

However, Usiak warns there are many factors to



>>> Radiology done right at Bridgewater Veterinary Hospital in Bridgewater, N.J.

think about when installing a hydrotherapy pool. For starters, he says, the pools will either be above ground requiring a ramp or stairs, or below ground, which comes with the added complexities of excavation, permanent construction, remote filtration equipment, and so on.

"You need to know what you're going to pick right down to the specific piece of equipment before we can design for it in terms of space, utility requirements, power characteristics, and infrastructure," Usiak says.

That's why Usiak's planning advice involves less preparing for future equipment and more thinking about the services you want to provide from the start. Then, he says, you can go to your architect and say, "These are the two MRI machines I'm considering, these are the two CTs I'm

deciding between, and this is how I envision rehab."

Become well-equipped

If you narrow your choices down to a couple pieces of equipment, then your designers can advise accordingly. You may realize you don't need as much floor space for that model. Or you may choose a different piece of equipment because your favored model would require a whole new transformer.

Communicate with your architects and engineers about your equipment needs, and they can design an infrastructure that will be most cost effective, Usiak says. **VE**



Ready to build the next Hospital of the Year?

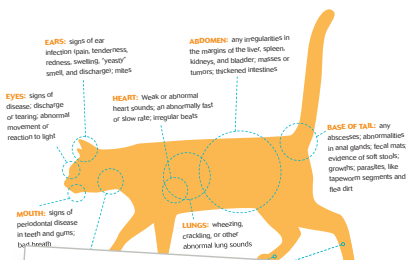
Ask Wayne Usiak, AIA, all of your questions in person at The *Veterinary Economics Hospital Design Conference* in Kansas City (August 21-23). Learn more at thecvc.com/kansascity.

Put the value back in the office visit

You miss out on a golden opportunity to bond with clients when you speed through a physical exam.

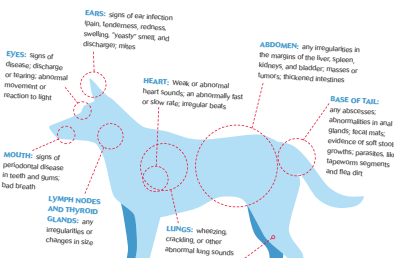
Your cat's physical exam

Just what is the veterinarian looking for when they stare and gently push, pull, and poke your cat during a visit? Here's a breakdown of the major body systems they're checking out and what they're looking for (and hoping not to find).



Your dog's physical exam

Just what is the veterinarian looking for when they stare and gently push, pull, and poke your dog during a visit? Here's a breakdown of the major body systems they're checking out and what they're looking for (and hoping not to find).



Find it all here.
dvm360
.com

For more client bonding tips from Dr. Becker, visit dvm360.com/Becker.

A movie theater isn't the only spot in town people can get a 3-D experience these days. According to Dr. Marty Becker, a nationally known speaker, author, and *Veterinary Economics* Editorial Advisory Board member, your clients should get a similar interactive experience every time they bring their pet in for a physical exam.

"I want pet owners to see, touch, hear, and smell everything," Dr. Becker says. "We're in this 3-D movie together. I tell them everything I'm doing during the exam and why."

While it's true that the main focus of an office visit is usually the physical examination of the pet, Dr. Becker points out that it's also a great opportunity to bond and interact with clients.

"In my typical appointment, five minutes is just gathering information and building rapport, five minutes is the examination, and the rest is procedure, such as vaccinations, gaining acceptance of the treatment plan or client education," Dr. Becker says.

Dr. Becker recommends starting your appointments by connecting with the cli-

ent and making the pet feel comfortable. Once you begin the examination, move through every body system, from the tip of the nose to the tip of the tail, walking through each step with the client and explaining your findings as you go. But consider starting at the tail and moving forward with cats, Becker says.

"We know cats are sensitive around their head," he says. "I like to save the area they're most sensitive about for last."

And speaking of saving something for last, don't overlook the importance of a full physical exam—even if the client is bringing their pet in for one specific reason.

It can be tempting to cruise through the physical examination or even skip it entirely and just focus on a particular area of concern, but that's a disservice to the pet and the client, Dr. Becker says. He makes a point of checking everything else first and only then coming back to that trouble spot, listening carefully to the client's primary concerns about their pet's health.

"Prioritize their needs," he says. "If you listen without interruption, clients are more likely to accept your recommendations down the road."

To ensure your clients are up to speed and know what's going on during their pet's physical exam, visit dvm360.com/physicalexam and download the free pet owner handouts at left. **VE**

May 2013 | dvm360.com/toolkit

senior care

A special monthly package designed to help boost client compliance and make it easy for your team to educate pet owners about regular pet wellness care.



Golden years mean golden veterinary care p4

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Posts and tweets to generate awareness about senior care

p07



iPad module

A FREE iPad module for exam room education

p09



Marketing plan

A 5-step email marketing plan to bring senior pets to your practice

p10



Videos

Dr. Susan Little offers tips on diet, nutrition and weight loss for older pets

p12



Handouts

Ready-to-use client handouts

>> Wellness and behavior screens for older pets

p13



Take Action

>>The next step
>>Correction: Lyme disease diagnostics

p15

PLUS

Updates on 3 common conditions of aging dogs and cats



p2

Pets, clients and senior moments



p6

Updates on 3 common conditions of aging dogs and cats



Should thyroid function be monitored in hypothyroid dogs given corticosteroids?

By David S. Bruyette, DVM, DACVIM

Q. Some of my hypothyroid canine patients also intermittently receive corticosteroids at anti-inflammatory doses to treat flare-ups of allergic dermatitis. Does the corticosteroid therapy affect thyroid hormone concentrations and interfere with testing—either for the initial diagnosis or for therapeutic monitoring purposes? Are thyroxine supplementation dosage adjustments needed during corticosteroid therapy?

A. Animals receiving anti-inflammatory or immunosuppressive doses of prednisone or prednisolone can have altered thyroid function test results, especially if they have been receiving the corticosteroids for more than two weeks. In general, I would prefer to see animals off of all forms of corticosteroids for at least four to six weeks before trying to evaluate thyroid function.

In animals receiving thyroid hormone supplementation that subsequently begin to receive corticosteroid therapy, we generally do not perform laboratory tests to evaluate thyroid function until the corticosteroids have been removed. However, a recent paper looked at the effect of short-term anti-inflammatory doses of prednisone in dogs with naturally occurring hypothyroidism.¹

Eight adult spontaneously hypothyroid dogs receiving supplementation with thyroxine were given prednisone (1 mg/kg orally) daily for seven days and then on alternate days for 14 days.¹ Serum total thyroxine (T_4), free T_4 , and thyroid-stimulating hormone (TSH) concentrations were measured on days 7, 21, and 28 and compared with baseline data. In this group of dogs, total T_4 concentrations were significantly decreased after seven days of anti-inflammatory prednisone but were not significantly altered from baseline on days 21 or 28. Free T_4 and TSH concentrations were not significantly altered from baseline at any point during the study. Two dogs had decreased total T_4 concentrations on day 7, which may have

Darbepoetin for treatment of anemia in cats with CKD

By Avi Blake, DVM

Erythropoiesis is largely controlled by the kidney's production of erythropoietin in response to anemia. In cats with chronic kidney disease, 30% to 65% have an associated anemia. The use of erythropoiesis-stimulating agents has been associated with a number of complications in cats, including a pure red cell aplasia, rendering patients transfusion-dependent. Darbepoetin is an effective erythropoiesis-stimulating agent in people, but there is little data on its use in companion animals.

What researchers did

A recent study evaluated 25 cats seen at the Animal Medical Center in New York between 2005 and 2009 that received two or more doses of darbepoetin, had chronic kidney disease, and had follow-up information available for at least 56 days.

resulted in an alteration in thyroid supplementation.

Results showed that administration of prednisone at a dosage of 1 mg/kg given orally once daily for seven days decreased total T_4 concentrations, while free T_4 concentrations were unchanged,¹ suggesting that free T_4 concentrations may be less affected by daily prednisone administration. Anti-inflammatory doses of prednisone administered every other day did not interfere with thyroid hormone monitoring. So, at least with short-term

What they found

Of the 25 cats, 14 responded to darbepoetin—all but one receiving a dose of 1 μ g/kg/week or higher. The adverse events possibly attributable to darbepoetin included vomiting, hypertension, seizures, and fever.

Take-home message

Darbepoetin was effective for treating anemia associated with chronic kidney disease in cats. Additionally, the results suggest that pure red cell aplasia is less common with the use of darbepoetin than with the use of other erythropoiesis-stimulating agents.

Chalhoub S, Langston CE, Farrelly J. The use of darbepoetin to stimulate erythropoiesis in anemia of chronic kidney disease in cats: 25 cases. *J Vet Intern Med* 2012;26(2):363-369.

Link to abstract: <http://onlinelibrary.wiley.com/doi/10.1111/j.1939-1676.2011.00864.x/abstract>

administration of a single daily anti-inflammatory dose of prednisone, thyroid function may be evaluated by looking at free T_4 or TSH concentrations. However, these results cannot be generalized to patients taking prednisone for longer periods or at higher doses.

REFERENCE

1. O'Neill SH, Frank LA, Reynolds LM. Effect of an anti-inflammatory dose of prednisone on thyroid hormone monitoring in hypothyroid dogs. *Vet Dermatol* 2011;22(2):202-205.

Bigger dogs may need less trilostane to control hyperadrenocorticism

By Jennifer L. Garcia, DVM, DACVIM

What researchers did

In a retrospective study, researchers evaluated 70 dogs with naturally occurring pituitary-dependent hyperadrenocorticism (PDH) being treated with trilostane.

What they found

Dogs weighing > 66 lb (30 kg) required less trilostane to control their clinical signs. The results did not achieve statistical significance, but a trend suggested that as body weight increased, the relative amount of trilostane needed to control signs decreased. The researchers also found that only 11% of dogs required more than 3 mg/kg/dose to control their disease—the manufacturer's recommended initial dose is 3 to 6 mg/kg once daily.

Take-home message

Sensitivity to trilostane may increase as body weight increases, so larger dogs with PDH may require lower relative doses of trilostane. Additionally, study data suggest that the initial dosage recommendation of 3 to 6 mg/kg/day be reconsidered.

Nelson EC, Kass PH. Trilostane dose versus body weight in the treatment of naturally occurring pituitary-dependent hyperadrenocorticism in dogs. *J Vet Intern Med* 2012;26(4):1078-1080.

Link to abstract: <http://onlinelibrary.wiley.com/doi/10.1111/j.1939-1676.2012.00956.x/abstract>



Whether you're launching a new senior preventive care program or just giving your existing one a boost, use these five steps from Jeff Rothstein, DVM, MBA, to help patients age gracefully.

Age isn't a disease, but it is true that seniors are more likely to develop disease than juvenile or adult pets. And fortunately, most clients today are much more compliant with recommended care for their seniors than even five or 10 years ago. With that in mind, the success with providing senior care is really based on how seriously team members believe in and advocate for it.

Ask yourself this: Does your clinic truly focus on senior pet care? Sure, most small animal clinics run age-appropriate diagnostics for sick pets. But do you encourage special testing and diagnostics for seniors that look and act healthy?

We often talk about clients being compliant, but the first step is asking if your clinic is compliant with the standard protocols practiced at high-quality clinics.

The good news is that it's not too late to start. Use these steps to get started.

STEP 1: Educate yourself

Before you launch or revamp your program, use your practice software to determine the percentage of senior pets you serve. Most of us have an aging pet population. Nearly 50 percent of my patients are 7 years or older. The second question is, does senior screening often lead to early disease detection? Consult your reference lab for current data—they have plenty of it. In general, we found that about 20 percent of seniors have at least one abnormality that's worth tracking. If you now believe it's worth having a senior program in place, move on to step 2.

STEP 2: State your goal

Why launch a senior wellness program? For example, the goal of our senior program is to

educate clients about age-appropriate preventive care for their senior pets and the significance or diagnostic tests to identify disease early.

STEP 3: Educate the team

If you want to focus on senior care, the whole team must speak “senior.” If you’re a manager, it’s a good idea to host several one-hour meetings to briefly educate your team on common senior diseases, such as renal failure, diabetes mellitus, Cushing’s disease, and hyperthyroidism, to name a few, and elaborate on how catching these early can lead to effective treatments. Create reading assignments to enhance what you’re teaching and test everyone on it. The whole team should know the basics. This is the best way to make sure every employee is an effective advocate.

STEP 4: Educate the pet parent

Create marketing and educational materials to help promote senior wellness care. For a customizable marketing guide, see [pages 10-11](#). Here are some other ideas:

>>“**Senior at 7.**” Who are your seniors? Some programs start at 5 or 6 years of age, but we found 7 to be a good fit for us.

>>**Senior-specific report cards.** This is more detailed than a general exam report card. It often emphasizes lab tests, eye pressure, blood pressure, and the arthritis exam, and it’s generally more comprehensive than the adult or young pet report card.

>>**Senior questionnaires and handouts.**

This offers the client the chance to tell us about the changes they’ve noticed in their aging pets. Clients can pinpoint their specific concerns, and in our practice it uncovers issues consistently and thoroughly. See examples on [page 13](#).

>>**Age chart.** This tool adds perspective for pet parents, who may not equate the 10-year-old dog to a 70-year-old person. It’s a great idea for clinics to show or give the client the human age equivalent at each pet visit.

STEP 5: Create a program

Senior prevention programs can come in all shapes and sizes. For the simplest program, you may just promote a senior blood screen.

My favorite approach, however, is to offer an all-inclusive package for senior pets. It mimics our standard-of-care packages. You can market these as you want: Pay one price up front, or split it into semi-annual payments or even monthly payments. These work well if you educate the client properly and price the package right. I recommend a 20-percent discount.

While it’s a popular program, it isn’t for everyone. If a client refuses these services, we offer our senior heartworm health screen. We package a heartworm test and a senior blood screen with a thyroid test and a urinalysis. We discount this package 20 percent, because we get special pricing on this test from the lab—and most hospitals can. Just ask for a promotion. I’ve learned that most clients are aware of screening and are at least a little interested, and when the price is right they’ll bite. It’s good for the pet, because we have at minimum a baseline, good for the owner, because we can catch health issues early, and good for the clinic, because good medicine is good business. Just remember, if pets get sick in a month or three months, they’ll need another test.

You or your managers may have been reluctant to launch—or revamp—a senior prevention program. Clients still want good care for their pets, but they also want a discount or package that provides value. That’s why it’s important to find the right package and price point for your area.

If your clinic hasn’t been putting its all into promoting senior care, there’s no better time than now. You’ve got lots of seniors at your clinic, and this is about offering more high-quality medical care, which is the future of veterinary practice. Now’s a perfect chance to improve your client compliance, which then improves the health of your practice as well as the health of the pets you serve.



Pets, clients and *senior moments*

Seeing more senior pets? That's great. But it's important to teach clients to be on the lookout for signs of aging and corresponding behavioral changes.

We all know that pets are living longer thanks to better veterinary care, but do your clients realize that, just like people, aging cats and dogs need special care? Improvements in veterinary care, diagnostics, and earlier intervention can make it possible for clients to enjoy their pets longer, but the key to that enjoyment is helping pets enjoy their later years to the fullest extent.

Dogs and cats are prone to debilitating ailments as they age, such as kidney failure, heart disease, arthritis, dental disease, cancer, and cognitive dysfunction. It's important that you encourage clients to visit for regular exams—this may mean more frequent exams than when the pet was younger. Depending on the pet's health risks or clinical signs, these exams may include blood work,

blood pressure checks, radiographs, or electrocardiograms.

Educate clients about these early warning signs that a senior pet may be having problems. Clients should call you right away if they notice any of the following actions or behaviors:

- > Increased thirst and urination
- > Loss of bladder control or noncompliance with house training.
- > Repeated vomiting
- > Bad breath, drooling, or changes in appetite
- > Excessive panting or exercise intolerance
- > Lumps or changes in areas of skin color
- > Change in appetite such as eating more or less than usual
- > Changes in behavior such as disorientation or excessive whining
- > Unusual bowel habits such

as diarrhea or constipation

- > Gaining or losing weight.

Stress the importance of early disease recognition and intervention as opposed to waiting until a disease is grossly evident and reversal or improvement will be much more challenging. It is much easier (and cheaper) to maintain an automobile in good working order instead of waiting until the engine fails and replacing it. Besides, we can't easily replace many "engines" in veterinary practice. It's up to you to utilize your medical expertise—and client education skills—to do just that.

For easy-to-use client handouts on wellness and behavior screening, see page 13.



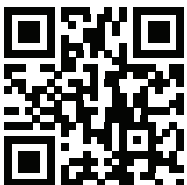
Generate geriatric pet care awareness

Use your social media network to educate clients and raise awareness about senior pets with these tweets and posts.

Feeling frustrated with Facebook? Not sure how Twitter can be of service to you? Not to worry—we're here to help your practice get the right message out to clients on key topics like caring for senior pets.

By serving up a mix of statistics and reminders, you're encouraging your clients to join in the conversation—and learn something, too!

Visit dvm360.com/seniorposts to get your hands on the Facebook posts and tweets (at right) for your practice's Facebook and Twitter pages. And, for more categories, visit dvm360.com/socialmediatoolkit.



Use your mobile device to scan the QR code at left and send your first tweet right now.



Fact: Dogs and cats are prone to debilitating ailments as they age, such as kidney failure, heart disease, arthritis, dental disease, cancer, and cognitive dysfunction. This is why regular visits are so darn important!

Warning signs to look for in senior pets: Increased thirst and urination, repeated vomiting, bad breath, drooling, or changes in appetite. Sound familiar? Call us ASAP!

You'll start getting retirement pamphlets in the mail, but how do you know when your pet is considered a senior? There are many deciding factors—come on in and we'll tell you all about them.

Do you equate your 10-year-old dog to a 70-year-old person? Visit our clinic and ask for an age equivalent chart. Then we can start focusing on the proper senior care for Scruffy.

Fact: Puppies have different nutritional requirements compared to older dogs. Let's make a preventative health and nutritional plan that's just right for your pet.



DYK? Just like people, aging cats and dogs need special care! Ask us how we can keep your senior #pet healthy #pethealth #petcare

Good news: Improvements in veterinary care, diagnostics, and earlier intervention make it possible to enjoy #pets longer. Ask us how!

Is Daphne getting older? She may need more frequent exams than when she was younger. Set up an appointment today! #petcare #pethealth

Senior #pets are more likely to develop disease than juvenile or adult pets. Keep your old friends healthy & come visit us! #pethealth

Warning signs to look for in senior #pets: Gaining/losing weight, disorientation, excessive whining, lumps. Come in and we'll talk about it!



Use your iPad to *promote senior care*

This interactive client module helps your clients understand their role when caring for older pets.

As pets grow older, their needs change—making client compliance that much more critical. To bridge the gap, try using the senior care client module in the dvm360 iPad app. This free tool allows clients to rate changes in behavior, watch a video on feline weight loss, learn about wellness care and senior testing, and take an interactive quiz to assess their pet's quality of life.

To get clients started, just flip to the Client Education tab inside the dvm360 iPad app, and hand over the iPad while clients wait in the exam room. By starting this conversation in a relaxed new way, you're making it easy for you (and your team) to educate pet owners about the importance of regular senior wellness care.



INTERESTED? Update your app via iTunes to check out our client education tools right now. We'll release more modules on a regular basis, so be sure to check back for our latest offerings. Don't have the app yet? Visit dvm360.com/ipadapp on your iPad to download, or search "dvm360" in the Apple App Store.

Did you know?

Older pets have a higher incidence of being overweight or obese. These extra pounds amplify pre-existing conditions and can complicate treatments.

Source: petobesityprevention.com



MARKET your MESSAGE for SENIOR WELLNESS

Appeal to clients and get senior dogs and cats in the door with a five-step marketing plan.

Senior wellness evaluations are an invaluable way to ensure your clients' pets are on the right track as they enter their golden years. But unfortunately, unless their pet is sick, clients don't always realize the value in these senior wellness exams and health screenings.

That's why Karyn Gavzer, MBA, CVPM, a veterinary business consultant and nationally known writer and speaker, recommends developing a marketing plan. "Senior wellness exams and screens are a good buy for clients," Gavzer says. "But it's a low priority to a pet owner. It doesn't have the urgency that something specific does."

Her advice? Narrow your search and appeal to clients by giving them a single, concrete reason to bring their pet in. Get started with these steps, then download your own customizable marketing plan:

1 Search your database.

Enlist the help of your veterinary manager to conduct a thorough search of all patients



Karyn Gavzer, MBA, CVPM

older than 7 years of age in your practice. You can narrow it down even further and search by condition, too—after you have a pool of patients based on age, go back and fine-tune that list by tracking patients that came in for symptoms of arthritis, renal disease, or any other common age-related ailments.

2 Plan a doctors' meeting.

With the results from the database search in hand, round up the doctors in the practice, review the findings, and select one condition to use for a marketing campaign. For example, did the results show that

quite a few older patients had presented with signs of arthritis or had been prescribed a pain management regime consistent with arthritis treatment? Make that your focus and discuss what kind of diagnostic plan and treatment protocol your practice will promote to help senior pets with arthritis.

3 Get the team on board.

Now that your practice has determined a specific focus, you've got market the idea to your staff—and get their ideas, too. "If an idea isn't built right inside the practice, even the best marketing in the world goes flat," says Gavzer.

So round everyone up and have a brainstorming lunch meeting. Does someone have a great idea for a catch phrase or slogan for your senior pet wellness plan? Gavzer points out that this is the time to get creative with your marketing effort. Send the message to clients that your practice wants to "Make old pets feel young again" or "Tackle those over-the-hill troubles." If you



invite your team's input in the planning stages of your marketing plan, they'll be much more excited about it and convey that enthusiasm to clients.

4 Send it to the masses. Have your practice manager draft a letter promoting your new service for older pets. Send it out via email if you can, but don't hesitate to send it via snail-mail, too—it's just as effective. (Visit dvm360.com/seniorcaretoolkit to download a sample letter.)

But don't stop there. Get a media campaign started on the social media channels and your practice's website, too. Post something about your senior wellness plan at least once a week on social media. Keep the message simple and make sure it ties in with your letter. Ask clients if they've noticed their pet slowing down on walks or hesitating to climb stairs and encourage them to make an appointment. Just make sure you notify your staff before the letters are mailed and the social media posts begin. You want to be sure everyone on your team is fully prepared and ready to talk about your senior wellness plan once clients start calling your hospital for appointments.

5 Track and measure. Set goals and stick to them. "Without goals, there's never reinforcement," says Gavzer.

Set a marketing goal and track how your practice is doing on a weekly basis. When clients come in for an arthritis evaluation exam, ask how they heard about it. Was it on social media or through the mailing you sent? Code each possible channel and evaluate which one is performing the best. And even if you don't see results right away, give it time. Online campaigns can take up to nine months before they gain traction with their audience.

Gavzer recommends planning what promotional material you'll send out for the next 12 months. Post something arthritis-related every week on social media channels. Send a mailing once a month, reminding pet owners of your service and using any new success stories as a hook. Clients want to hear about pets you've helped and how you could help theirs, too. Social media is also great for promoting a success story. As you start evaluating and treating patients for arthritis, take before-and-

after pictures or videos (with permission, of course) of a senior dog with arthritis who's now doing much better thanks to a pet owner who heeded your advice and brought her in, and post the progress on Facebook. Other pet owners will see it and want their pets to feel young again, too.

XYZ Animal Clinic		Senior care
	Tactics	Results
Goal	<ul style="list-style-type: none"> To drive 20% more senior care visits in the next 12 months compared to the same month last year ___ total additional visits, an average of ___ per day during the program 	
Top level message	If your pet appears to be slowing down, we can help. Here's what to look for.	
Slogan	"Make old pets feel young again"	
Duration	12 months	
Month 1 tactics	<ul style="list-style-type: none"> Include 250 word article about human age equivalents in monthly e-newsletter w/clip out pet age chart Post one senior care related Facebook status update each week Share one senior care related tweet each week Send senior care visit letter to first 20% of target client list 	___ visits 2013 ___ visits 2012
Month 2 tactics	<ul style="list-style-type: none"> Include 250 word article about arthritis & signs to look for in monthly e-newsletter Post one senior care related Facebook status update each week Share one senior care related tweet each week Send senior care visit letter to second 20% of target client list 	___ visits 2013 ___ visits 2012
Month 3 tactics	<ul style="list-style-type: none"> Include 250 word article about general signs of aging in monthly e-newsletter Post one senior care related Facebook status update each week Share one senior care related tweet each week 	___ visits 2013 ___ visits 2012

Visit dvm360.com/seniorcaretoolkit to download a customizable marketing plan. This plan breaks down tactics by month and allows you to track results accordingly. The best part? It's free.



Health, diet & weight loss in older cats

Watch and share these videos by Dr. Susan Little for practical advice on nutrition topics for geriatric cats.



1. Protein-restricted diets in healthy geriatric cats



In this video, Susan Little, DVM, DABVP, discusses the appropriate use of protein-restricted diets in older cats and the importance of individualizing these cats' nutritional management.

2. Weight loss: An early sign of disease in older cats



Particularly in aging cats, weight loss can be the earliest sign of disease, according to Little.

3. How to encourage senior cats to eat



Poor appetite in senior cats can be treated when the underlying problem is properly diagnosed. Here Little offers practical tips that owners can use at home to promote their cats' food intake.

To play these videos on your mobile device, scan the corresponding QR code right now. Or, visit dvm360.com/seniorcaretoolkit to watch the videos and access other tools online.



Wellness screens for senior pets

Raise your clients' awareness of important changes their older pet may be experiencing.

Your clients want their pets to live long and healthy lives—and you want to help them get there.

Use these client handouts to help pet owners identify behavioral changes their dog or cat could experience as part of the aging process, as well understand as the importance of wellness screenings to detect early signs of disease.

Wellness for the older pet

Important facts about senior testing

An aging pet's organs gradually deteriorate and may lose their ability to function properly. We use senior testing to promote early detection and treatment of disease, so we can maintain health and prevent illness during your pet's senior years. Early detection of disease often gives us more effective and less costly treatment options. And senior testing helps establish normal baseline values for your pet, creating a point of comparison for the future.

What pets should take part in senior testing?

We recommend senior testing for all senior pets as well as any pet who is exhibiting one or more of the following symptoms: weight loss or gain, increased thirst or urination, lethargy, vomiting/diarrhea, poor hair coat, coughing, seizures, unusual behavior, or overall decline in condition.

Is my pet a senior?

If your pet is 7 years old or older, we consider him or her senior. Your pet may seem healthy well into its senior years. However, many problems common to senior pets (like kidney or heart failure) may not present symptoms until your pet becomes seriously ill. A comprehensive senior care program helps your veterinarian identify problems early enough to institute preventive healthcare measures.

What is senior testing?

Your pet's complete senior testing program includes these elements:

- > A **physical exam** is the most important part of the senior care program. Your veterinarian will assess all body systems to check for any abnormalities.
- > **Blood chemistry tests** measure levels of various substances in the blood and diagnose diseases such as diabetes, and liver and kidney failure.
- > A **complete blood count (CBC)** provides a detailed look at the blood itself and helps the doctor diagnose anemia or infection.
- > A **urinalysis** gives information on kidney function and checks for urinary tract infections.
- > **The thyroid screen (T4)** helps diagnose thyroid disease, which is an especially common ailment in older cats and dogs.
- > **Glaucoma testing** measures the pressure in each eye quickly and painlessly using a tonometer. Undetected glaucoma leads to irreversible blindness.
- > During a **retinal exam**, performed after the pupils are dilated, the veterinarian will look for evidence of bleeding, degeneration, inflammation, or detachment.
- > **Blood pressure measurement** lets our team check for hypertension. Just as in humans, high blood pressure in pets can lead to kidney problems, heart disease, blindness, and other complications.
- > **Radiographs (X-rays)** come as part of the senior care program. Generally, we perform chest radiographs to assess the heart and lungs. However, your veterinarian may decide a different set of radiographs would be more important for your pet. For example, he or she could recommend abdominal radiographs to assess the liver or kidneys.
- > **FeLV/FIV testing**, recommended for senior cats, tests for the feline leukemia and feline immunodeficiency viruses, which can suppress the cat's immune system and lead to secondary infections, anemia, and even cancer.

I'd like my pet to participate in the Senior Care Program. What do I do?

Call us to schedule an appointment to bring your pet in for testing. We'll go over further details and answer any questions you may have, too.

Handout courtesy of Kings Crossing Animal Hospital in Kingwood, Texas, part of the Eastex Veterinary Clinic Corp.

Behavior screen for older dogs and cats

Please complete this form to give our team important information about your pet.

1. Locomotory/ambulatory assessment (check one)

- a. No alterations or debilities noted
- b. Modest slowness associated with change from youth to adult
- c. Moderate slowness associated with geriatric aging
- d. Moderate slowness associated with geriatric aging plus alteration or debility in gait
- e. Moderate slowness associated with geriatric aging plus some loss of function (e.g., cannot climb stairs)
- f. Severe slowness associated with extreme loss of function, particularly on slick surfaces (may need to be carried)
- g. Severe slowness, extreme loss of function, and decreased willingness or interest in moving (spends most of time in bed)
- h. Paralyzed or refuses to move
- i. Leaks urine when awake
- j. Leaks urine when awake or asleep
- k. Full-stream, uncontrolled urination when asleep
- l. Full-stream, uncontrolled urination when awake
- m. Full-stream, uncontrolled urination when awake or asleep
- n. No leakage or uncontrolled urination, all urination controlled, but in inappropriate or undesirable location
- o. No change in urination control or behavior
- p. Defecates when asleep
- q. Defecates without apparent awareness
- r. Defecates when awake and aware of action, but in inappropriate or undesirable locations
- s. No changes in bowel control
- t. Slightly decreased ability to play with toys
- u. Slightly decreased interest and ability to play with toys
- v. Extreme decreased interest in toys
- w. Extreme decreased interest and ability to play with toys

2. Appetite assessment (check all that apply)

- a. No alterations in appetite
- b. Change in ability to physically chide food
- c. Change in ability to retain food (ills or regurgitates)
- d. Change in ability to find food
- e. Change in interest in food (may act voraciously)
- f. Change in rate of eating
- g. Change in completion of eating
- h. Change in timing of eating
- i. Change in preferred textures

3. Control of elimination (check one in each)

- a. No change in frequency and control
- b. Slightly decreased frequency and control
- c. Moderate decrease in frequency and control
- d. Severe decrease in frequency and control
- e. Extreme change in frequency and control
- f. Blind

4. Visual acuity: How well do you think the dog or cat sees? (check one)

- a. No change in visual acuity detected by behavior, appears to see as well as ever
- b. Some change in acuity not dependent on ambient light conditions
- c. Some change in acuity dependent on ambient light conditions
- d. Extreme change in acuity not dependent on ambient light conditions
- e. Extreme change in acuity dependent on ambient light conditions
- f. Blind

5. Auditory acuity: How well do you think the dog or cat hears? (check one)

- a. No apparent change in auditory acuity
- b. Some hearing loss
- c. Extreme hearing loss
- d. Deaf

6. Play interactions: If the dog or cat plays with toys, which situation best describes that play? (check one)

- a. No change in play with toys
- b. Slightly decreased interest in toys
- c. Slightly decreased ability to play with toys
- d. Slightly decreased interest and ability to play with toys
- e. Extreme decreased interest in toys
- f. Extreme decreased interest and ability to play with toys

7. Interactions with people: Which situation best describes that interaction? (check one)

- a. No change in interaction with people
- b. Recognizes people but slightly decreased frequency of interaction
- c. Recognizes frequency of interaction
- d. Withdrawal but recognizes people
- e. Does not recognize people

8. Interactions with other pets: Which situation best describes that interaction? (check one)

- a. No change in interaction with other pets
- b. Recognizes other pets but slightly decreased frequency of interaction
- c. Recognizes other pets but greatly decreased frequency of interaction
- d. Withdrawal but recognizes other pets
- e. Does not recognize other pets
- f. No other pets or animal companions in house or social environment

9. Changes in sleep-wake cycle (check one)

- a. No changes in sleep patterns
- b. Sleeps more during the day
- c. Sleeps more during the day and awakens at night
- d. Much change, profoundly erratic nocturnal pattern and irregular daytime pattern
- e. Sleeps virtually all day, awakes occasionally at night
- f. Sleeps almost around the clock

Handout courtesy of Clinical Behavioral Medicine for Small Animals by Karen Overall, to be published by Elsevier in 2008.



Meeting guide:

Everyone has a hand

IN COMPLETE SENIOR CARE

Without every team member reinforcing the message, clients may not see the need for senior wellness care. Improve the lives of elderly pets by applying these tips at your next team meeting.

Receptionists

Ask clients with senior pets to withhold food from their pets for four to six hours before the visit in case the doctor wants to run lab tests. Clients should also keep their pets from “watering the bushes” before visiting so they’ll be ready for a urinalysis. Tell owners that their pets have entered a new life stage and you’ll schedule their appointments to last five to 10 minutes longer than usual to allow time for the doctor to go over the pets’ changing needs. Also keep clients committed to senior care by following up to make sure they’re complying with recommended at-home care.

Technicians and assistants

A thorough history is the starting point of any wellness program, especially one for seniors. Observant owners can detect subtle changes in their pets’ activity levels, elimination patterns, or behavior. So be sure to listen for comments like, “She’s always thirsty,” or “He’s slowing down.” Also continually quiz yourself on common senior conditions and which tests you’d run to detect them. Remember—the better you understand the diagnostics, the better you’ll be able to explain them to clients.

Managers

Design a marketing strategy for your senior program. Use newsletters, reminders, and invoices to educate your clients—and team members—on age-related problems. Then keep team members up to date on senior protocols and trends with CE seminars. One idea: Find the team member with the best compliance rates for senior screens and ask him or her to share tips with the rest of the team.

Veterinarians

Delegate the completion of lab tests to qualified technicians, giving you more time for diagnosing and treating. But don’t completely pass on the responsibility of client education. When veterinarians and team members explain the importance of senior care to clients, the chances of compliance surely increase.



The next step

Typically, once pets reach the age of seven, they're considered seniors. But since your clients probably still consider their pets youngsters, it's up to you to guide them toward appropriate diagnostics and lifestyle changes necessary to make their pet's senior years golden. Use these next steps.

1. Prep your staff. Gather your group to get everyone engaged and ready to promote senior wellness. Use the **step-**

by-step guides on pages 4 and 10 to develop a plan.

2. Gather information. Your appointment schedule is probably tight—so to make sure you get the information you need about a senior pet, have clients complete **the behavior hand-out on page 13.**

3. Spread the word. Social media helps to share your message with your clients. Use the **prewritten tweets and Facebook posts on page 7** to get

started. Bonus: Encourage your clients to share your tweets and posts and watch your social media status soar!

4. Watch and learn. We've got educational videos both your staff and your clients will appreciate. Embed the videos on your own website and send clients the link. **Head over to page 12 to watch the videos** and determine the best way to incorporate them into your senior wellness plans.

One more tip

Streamline your senior care

Encourage staff *and* client compliance with these strategies from Dr. Laura McClain Madsen, an associate veterinarian at Central Valley Veterinary Hospital in Salt Lake City, Utah.

1. Make sure everyone is on the same page. We use a chart that lists recommended procedures for every age, such as blood pressure and thyroid hormone measurements. The chart is a quick reference for receptionists. We also created "canned" estimates for routine wellness exams for senior pets. The estimate includes examination, lab testing, parasite preventives, and so on.

2. Talk to your lab about custom panels. We arranged for a customized senior wellness panel with our referral laboratory. Because we run so many, our lab gives us a discount on cost. We pass that savings on to clients.

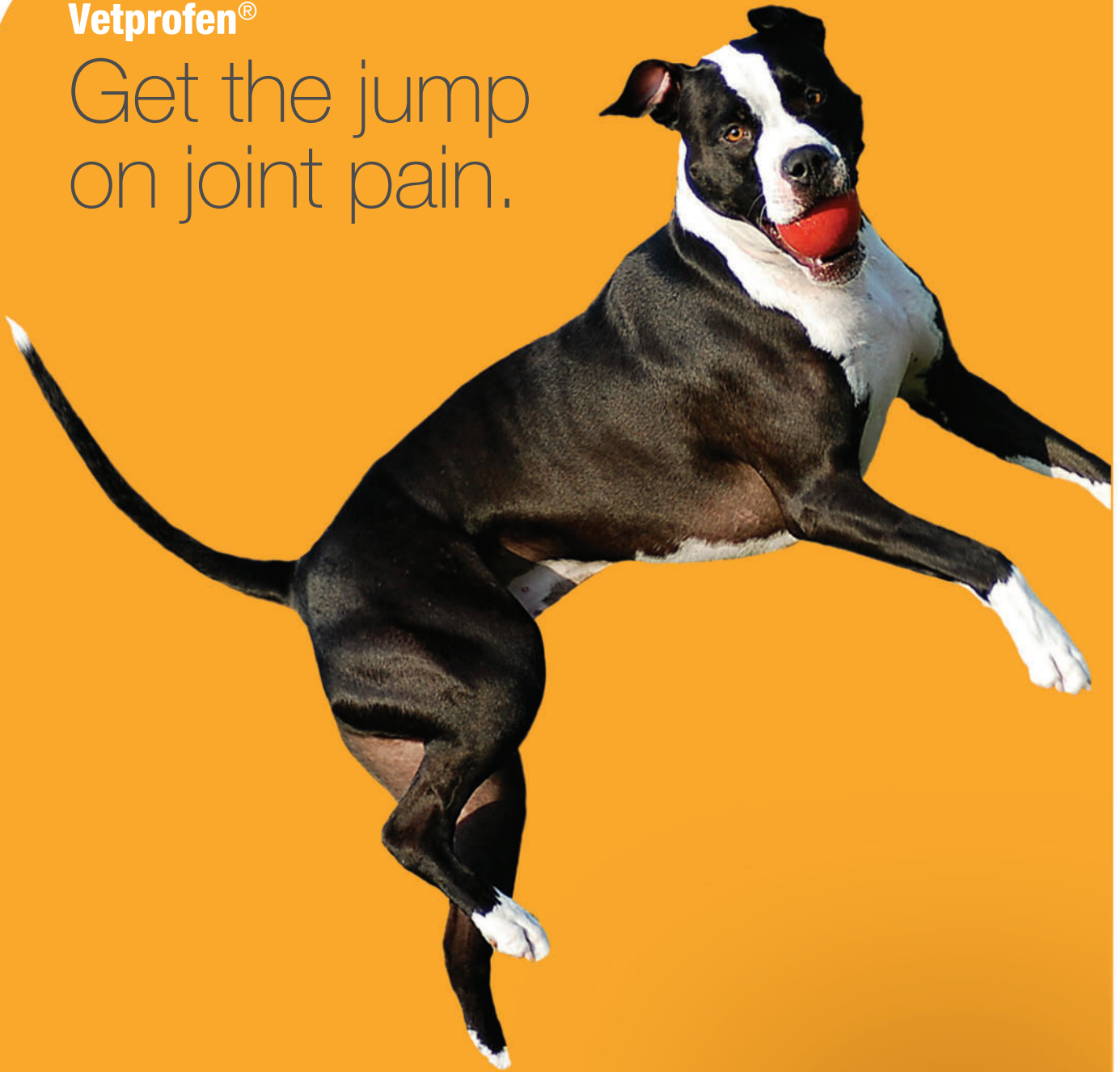
3. Teach team members. Schedule a staff meeting to teach your team the basics about common problems in senior pets. I encourage our team members to run lab work on their own pets, so they can see the benefits firsthand.

CORRECTION

In the article "Lyme disease: How to keep pets—and patients—safe" by Julie Legred, CVT, (March Tick Control toolkit) a paragraph was inadvertently omitted: "Some assays can identify the presence of antibodies that are caused by true infections vs. vaccine. These are referred to as sensitive and specific patient-side assays. Antibody titers to C6 are the most popular for differentiating vaccine or prior exposure vs. true infection with *B. burgdorferi* ..." To read the complete paragraph and corrected article, visit dvm360.com/tickcontroltoolkit. The dvm360 team regrets the error.

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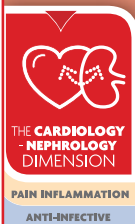
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Bring new life to *parasite prevention*

Your preventive pitch may be perfect, but some new client education tools could press more pet owners to do the right thing and keep up with your recommendations.

By Heather Biele, DVM

Educating pet owners about parasites and making recommendations about preventives can be tricky. It's hard to know exactly what your clients will respond to. Should you scare them into a parasite-preventive submission with a formaldehyde-filled jar of heartworms or is there a better technique?

We suspect you're already using visual aids—and because

there as many good approaches as there are practitioners, we've got a few more to really drive home the point about how important parasite control and prevention is.

It's what's inside that counts

Dr. Andy Rollo, a *Veterinary Economics* Editorial Advisory Board member and associate veterinarian at Madison Veterinary Hospital in Madison Heights, Mich., says that when he's educating pet owners about parasites, he often focuses on the ones they don't even see—but should be most aware of.

He reminds clients that some of the peskiest parasitic infections can be passed on to humans.

"A lot of people still aren't aware of zoonosis—and sometimes we as veterinarians forget to mention it," Dr. Rollo says. "Communicating that is the most important thing."

Dr. Rollo and his staff recommend twice-yearly fecal exams, as advised by the Centers for

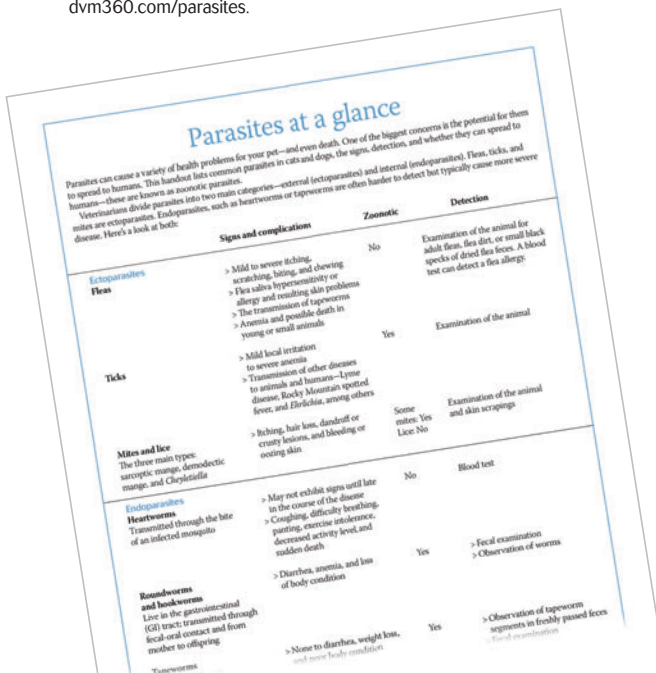
Disease Control and Prevention, to make sure that everyone in the house is protected as much as the pet. "Those parasites are often hidden, so pet owners don't see them and aren't as aware," Dr. Rollo says. But once pet owners understand the risk to their families, they're much more willing to comply, he says.

Whether a pet has been diagnosed with an intestinal parasite on a fecal exam or you just want to remind clients of the dangers of zoonotic disease when recommending a preventive, an informational client handout might be the missing piece to your parasite awareness message. Head over to dvm360.com/parasites to download one and put it to work in your practice today.

The follies of fleas and ticks

Chances are, your clients are pretty familiar with fleas and ticks, but do they know the importance of year-round pre-

>>> Do your clients know which parasites are zoonotic? This handout is a great tool to raise awareness and keep pet owners protected. Download it now at dvm360.com/parasites.



vention? Do they know which ticks are commonly found in their area? And what about the signs of flea allergy dermatitis? Pet owners are constantly bombarded with information about these parasites, and it's up to you and your staff to filter fact from fiction. So why not take the first step in the exam room?

An easy way to get the conversation started is to use a flea comb, says Dr. Rollo. "More often than not, the pet doesn't have fleas," he says. "But on occasion you do catch evidence and people are shocked. It

drives the point home."

Even if you don't find evidence of fleas on the pet, it's a good time to start the discussion about prevention for both fleas and ticks. And you can back up your recommendations by citing the Companion Animal Parasite Council's call for year-round parasite control for dogs and cats.

Still need fuel to fan the flames of the flea and tick talks with clients? If your practice has an iPad, visit dvm360.com/ipadapp to download the free app. Just flip to the



>>> The client education modules in the dvm360 iPad app allow for a new, relaxed way to get your message out there.

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Ewww ... you saw *what?*

We know everyone's got 'em, so we asked Drs. Rollo and Finch for a few of their grossest parasite stories to share with readers.

Dr Finch: "Last week my beautiful socks (*always* the favorite part of my outfit) were hit by projectile diarrhea from a pup we had just diagnosed with hookworms and whipworms. I was grossed out, but even more freaked out knowing hookworms can be transmitted through the skin. So far, I'm fine. Still, it was gross."

Dr. Rollo: "One client of mine always refused flea prevention. She called a few times complaining that every time she bathed her dog it would bleed and finally brought the pet in for an exam. I checked the mouth, skin, and rectum for any source of bleeding and couldn't find any evidence. The last thing I decided to do was run a flea comb. I found flea dirt so thick it was difficult to see the actual comb. The owner was bathing out her dog's blood—it had just been temporarily stored in flea feces."

Client Education tab and let clients check out the modules on fleas and ticks in the exam room. Packed with interactive features, such as a tick identifier and videos about why parasite control really matters, you can leave it with pet owners while they wait or walk through the modules with them, interjecting your own recommendations as you go.

At the heart of it all ...

It's rare to encounter a pet owner these days who hasn't heard about heartworm disease—and that's definitely a good thing. Clients are more likely to get behind your recommendations if they're already somewhat informed about the disease, says Dr. Shawn Finch, a *Veterinary Economics* Editorial Advisory Board member and associate veterinarian at Gentle Doctor Animal Hospitals in Omaha, Neb.

One of Dr. Finch's favorite topics to discuss with clients is preventive care—and heartworm disease is at the top of that list. She and her staff members take heartworm disease very seriously and recommend annual testing and year-round prevention for dogs, cats, and even ferrets.

In order to keep pet owners on top of prevention, the team sends clients monthly reminder texts and tweets to encourage consistency and timeliness with the administration of heartworm preventives. On top of that, Dr. Finch keeps pet owners motivated by telling them that giving monthly preventives shouldn't be considered a boring monthly chore or a mundane task, but a life-saving step toward their pet's long-term health and wellness.

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Switching up your software



Read more

For an extended version of this article with more expert tips, scan the QR code above with your mobile device.

Changing your practice software can be time-consuming and expensive, but if you find that your current system isn't up to par—it could be worth it. *By Andrea Hewitt*

Do you have an outdated software system that isn't easy to use but aren't sure how to make it better? According to the dvm360 2013 Change Survey, 65 percent of veterinarians could be talked into changing or would be happy to.

Of course, even when you're ready to change, overcoming the obstacles of converting records and learning a new system can seem daunting. Here are reasons why your colleagues, and possibly you, don't want to change:

- > Staff training
- > Cost of new system
- > Every software system has its flaws
- > Effort needed to personalize new software

Dr. Carol Sanio recently went through a software conversion at her practice, Minden Animal Hospital in Minden, Ontario. She said the financial cost of switching wasn't very much, though "it was very expen-

sive and frustrating at times, but a necessary evil." Hurdles included her staff's aversion to change and a longer-than-expected conversion, but in the end it was worth it. Sanio and Shawn McVey, owner of McVey Management Solutions in Chicago and a *Veterinary Economics* Editorial Advisory Board member, offer these tips to help you make it over the transition hump:

Sanio: Get ready

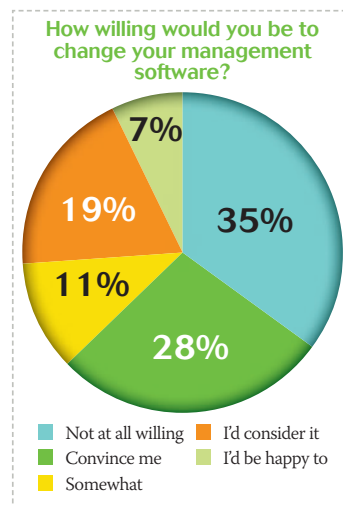
"Look at all your old software, and get rid of clients who aren't active and medications you no longer use—clean it up. Warn your team members ahead of time, and make sure they know you'll have support numbers to call if they have any questions."

Sanio: Identify problems

"Assign one person to the task of learning the software. Check in with them on a daily basis to find out what the problems are and that they're being addressed, not shoved under the rug."

McVey: Prepare your clients for change

"Send out a letter to clients who have appointments the first couple days you launch the new system saying there might be a holdup. Buy trinkets you can give to clients that have to wait extra long because your staff is adjusting to the new technology. Try to schedule fewer appointments than usual, because it



>>> National responses according to the 2013 dvm360 Change Survey

What veterinarians are looking for in new practice software

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Ease of transition
More features than their current software
Ability to produce statistics
Extended software support hours beyond 9 to 5

will take three times as long to navigate the new software.”

McVey: Contract training

“When you sign the contract with your new software provider, make sure you arrange specific hours for training. Schedule 40 hours for training three months after the software has been installed to work out the bugs your staff has found and personalize the software. If you don’t, the company will still come out to your practice, but will charge for their services.”

Change is scary, but sometimes necessary. If you’re switching software, use the tips above and consider the insights from this survey to make the transition as smooth as possible. **VE**

Find it all here.

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Software feedback

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The power of words

A cancer diagnosis had become as common as a urinary tract infection. I had forgotten the impact of a poor prognosis. *By Dr. Arnold Plotnick, MS, DACVIM*

In our celebrity-driven, reality-TV-obsessed world, money, fame, and power are as coveted as ever. But if you're like me, you don't really want the fame. My small but devoted cadre of followers on my clinic's Facebook page are more than sufficient. As for wealth, given the recent economic woes of my clients, I'm fortunate to have a steady job and a nice paycheck.

It's the "power" part of the equation that I find myself dwelling on. As a veterinarian, I have more power than I ever dreamed I would. I'm referring to the way we can completely ravage the lives of others with a simple sentence or two.

Paralyzing news

I became aware of this power in the first few years of my veterinary career in the early '90s. While working at a feline-exclusive practice in Maryland, I was scheduled to see an elderly client. She was a charming,

delightful woman in her late 80s with a mind as sharp as a tack. She cherished her cat and doted on him accordingly. She had noticed he had recently begun to favor his right rear leg.

"Maybe he stepped on a piece of glass?" she wondered. "Or maybe he fell and sprained it when I wasn't watching? I'm just not sure."

I told her that I would take a look and see if I could figure it out. When I lifted the cat out of his carrier, I felt a large, firm mass infiltrating his right hip and part of his sacrum. It was something the client hadn't noticed. I knew from experience that this mass was undoubtedly a vaccine-associated sarcoma, it was in a location that was not amenable to surgery, and that this poor cat was doomed.

My heart sunk as I carried the cat to the scale. After weighing him, I brought the cat back to the exam table and performed my exam on autopilot, feigning concern about his mild

dental tartar and waxy ears. All I could think about was the tumor and how to break the news to this poor woman. After the exam, I looked at her and said gently, "I feel a mass on your cat's hip, and I think that this is likely the cause of his limp."

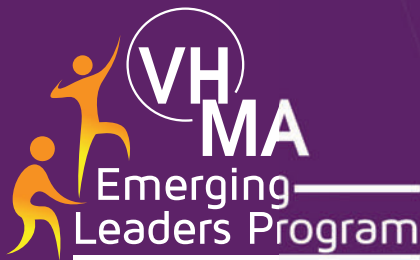
"A mass?" she asked.

"Yes, a firm lump," I replied. "Let me show you."

I put her hand on his bulging right hip. I then placed her hand on his other hip for comparison. She immediately felt the difference. The conversation progressed to talk of radiographs and biopsies. I tried to cushion the blow, but this client was very perceptive. She could see through my feeble attempts. She looked at her cat as he peacefully sat on the exam table and she quietly began to weep.

Great power, greater responsibility

Twenty years later, I still get choked up thinking about it. I don't recall the rest of the appointment or the subsequent euthanasia not long after. I just remember how I ruined a woman's life with this phrase: *I feel a mass on your cat's hip.* The power I yielded in that



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exam room was colossal, and my awareness of it became deeply ingrained, becoming a significant (and eventually subconscious) component of my style of practice for many years.

Somewhere along the way, though, as the years progressed and the number of cancer diagnoses under my belt multiplied, I started to take for granted this enormous clout that veterinarians possess. In my veterinary hospital we see many cats with weight loss, inconsistent appetite, and vomiting. After ruling out common disorders such as diabetes, hyperthyroidism, and chronic renal disease, we're often faced with a diagnosis of a gastrointestinal disorder. In about 60 percent of these cases, we diagnose inflammatory bowel disease. In the other 40 percent, we diagnose low-grade gastrointestinal lymphoma.

Practically every week (or at least every other), I find myself phoning a client to tell them that the intestinal biopsies have revealed low-grade lymphoma. I then launch into my "lymphoma talk." I tell them that we should start the cat on prednisone

and chlorambucil, and that as far as cancers go, this particular one has a decent prognosis, with a median survival of about 25 months.

Reality check

A few months ago, I noticed a client on the schedule whose cat we had recently diagnosed with low-grade intestinal lymphoma. I had seen the cat initially, scheduled the work-up, and came up with the lymphoma diagnosis.

I called the client, relayed the diagnosis and arranged for her to pick up the medications to begin treatment. I asked her to schedule a follow-up appointment with me in two weeks. However, when I checked our appointment book later, the client was scheduled to see my associate who had distinguished herself as being uncommonly compassionate.

I assumed the scheduling was a mistake. When I mentioned it to my associate, she tactfully informed me that the client had actually requested the change.

"I think you might have underestimated just what a huge blow it was to this



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client to be told that her cat had lymphoma. The woman has been crying every day," my associate told me. "She has a million questions but she was reluctant to call you because you seemed so ... flippant," she said finally. "You came across as very matter-of-fact about the diagnosis and treatment. I don't know if you realize how much this diagnosis affected this woman's world."

Ouch.

Here I was patting myself on the back for working up the case so seamlessly. Hearing

that was a total reality check. After 25 years of practice, a cancer diagnosis had become nearly as common as a urinary tract infection—I had forgotten the power of the veterinary spoken word. Duly humbled, I berated myself for being such a dolt.

"Hey, don't worry about it. She really is grateful that you came up with the diagnosis," my associate said. "She wanted to stay with our practice. Just keep in mind that a diagnosis of cancer—even low-grade GI lymphoma—is still a cancer

diagnosis. News like this is like a fist in the face."

Pretty smart lady, my associate. I hope we can all learn from my mistake. I won't ever have the wealth of a Warren Buffet or the fame (nor, sadly, the looks) of Brad Pitt. However, my fellow veterinarians and I will always have more power than we ever could have imagined. We should never take it for granted. **VE**

Dr. Arnold Plotnick is the owner of Manhattan Cat Specialists in New York City. He's a feline advice expert on CatChannel.com and Petocracy.com.



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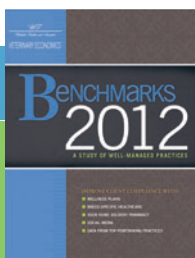
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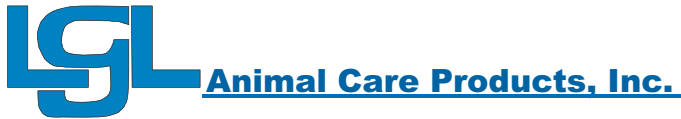
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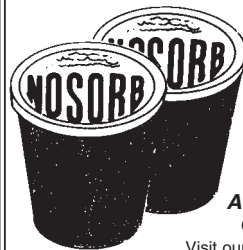
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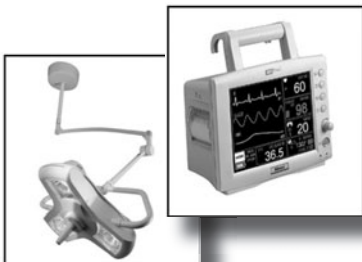
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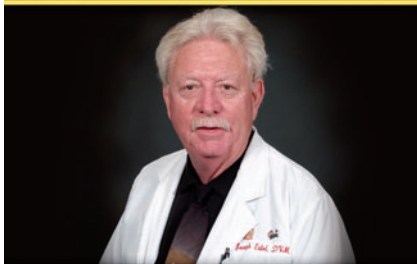
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Take a breath

This team member's lost pen served as a reminder not to take interactions with clients for granted.

It happens to all of us at some point. You walk into an exam room only to find that you've lost your pen. Rather than looking unprepared, if you're like me, you just wing it. Quickly you glance over the notes on the medical chart and hope for something simple. Maybe Ms. Jones won't have too many questions or maybe this visit will be so routine you'll recall the entire conversation later. But it's never that simple.

This exact scenario played out for me recently, but nothing—especially not my pen—could have prepared me for

what followed. Ms. Jones wasn't bringing her beloved 17-year-old cat to our office for a simple wellness visit. She was bringing her in because she knew they had come to the end of their journey together.

Shielding myself

This wasn't the first time I witnessed a client in the midst of an emotional crisis. This was, however, the first time in a long while I found myself in the middle of it. Without my pen to distract me from Ms. Jones' feelings, I couldn't escape them. Until that moment I wasn't even aware of how much I'd been guarding myself from the grief and heartache associated with my work. I wondered how long I had hidden my own emotions behind my pen and paper. More importantly, I wondered how many grieving clients thought I was cold during their most difficult time. I realized that my usual method of diligent note taking was actually a way of shielding myself from the pressure of offering comfort.

Standing there across the table from the woman with tears welling up in her eyes, I looked down at her hands running over the cat's weak and bony frame and did the only thing I could do—I listened. I listened to her tell me how her cat used to be "a little chunky", but now won't even take a bite. I listened to her apologize for her cat's appearance and explain how she doesn't groom herself anymore. I soon understood Ms. Jones wasn't just saying goodbye to her cat—she was saying goodbye to her friend.

Breaking the routine

Looking back on it now, I'm glad I lost my pen that day. This situation reminded me that it's important to put your pen down and listen. Look up every now and then to see the faces of those in front of you. Don't be afraid of the feelings that are tossed around the room, and don't lose your sense of compassion. Ultimately, caring is what it's all about. As long as you remember that, you'll always be prepared. **VE**



Suzy Quick is a veterinary assistant at Airport Veterinary Clinic in Terre Haute, Ind. She regularly blogs as SuzyQ on the dvm360 community.

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