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**page 18** *By Ashley Barforoush*

**PRACTICE MARKETING: Roll back your discounts**

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**PRACTICE GROWTH: NRG for your tired team meetings**

Forget caffeine. Chug these five tips to energize meetings for maximum education and inspiration and a minimum of bored looks.

**page 24** *By Denise Tumblin, CPA, and Christina Materni*

**PROFESSIONAL GROWTH: Coaching your way to the top**

Learning how to be a coach can greatly improve your practice. Here are some tips to get you started.

**page 28** *By W. Bradford Swift, DVM*

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## Your name is *what?*

Doctor Whiskers, Lady Fluffington, Sir Knuckles da Dragon and Fuzzbutt are just a few of the wackiest pet names of the year. Veterinary Pet Insurance dove into its database of more than 500,000 pets and came out with the top 10 wackiest dog and cat names. Scan the QR code or visit [dvm360.com/wackynames2013](http://dvm360.com/wackynames2013) and put a face to these crazy pet names.



## Ernie Ward's 7-day real food challenge

Feeling like you need to make some dietary changes? See if you can complete the challenge at [dvm360.com/7daychallenge](http://dvm360.com/7daychallenge).



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## 3 things every introvert in veterinary practice should know

In an exclusive interview with [dvm360.com](http://dvm360.com), author Susan Cain of *Quiet* fame commends introverted veterinarians and offers her tips to make client interaction easier. Check out the interview at [dvm360.com/quiet](http://dvm360.com/quiet).



## New blog: Management matters

This new Management Matters blog series features the writing of veterinary practice management consultants Mark Opperman, Sheila Grosdidier and Monica Dixon Perry. Go to [dvm360.com/managementmatters](http://dvm360.com/managementmatters) once a month for their take on current and future trends in veterinary practice as well as tried-and-true tips for improving patient care, team member morale and practice revenue.

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# Veterinary economics®

The business of client and patient care

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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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(913) 871-3823, bhoward@advanstar.com

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# Team toggle

The AVMA video game shows promise, but where's the switch to get me the staff I need?



Many of you have been clamoring for more public education about veterinary medicine. Well, the American Veterinary Medical Association (AVMA) has recently released a new video game for kids of all ages that could encourage interest in veterinary medicine as a career as well as educate clients about some common conditions and treatments.

The gameplay of *AVMA Animal Hospital* will be familiar to anyone who's toyed with the genre of restaurant or business games in which you greet, seat and satisfy clients as quickly as possible or face their wrath. In this case, if you don't carry the pet to the back, find an empty treatment table and diagnose and treat a number of pets before the clock runs out, your "game" is over.

It's fun and educational, but some of you business-minded individuals out there might wonder: As the clients and pets pile up with higher and higher levels, where are the new team members? You get better at diagnosing pets with common ailments faster, so you can churn and burn ...

but you don't get any new hands on deck. Your fantastic animal hospital remains a two-woman (or one-man-and-one-woman) show—just you and your trusty receptionist.

The next version of this game needs some serious power-ups. At level 10, you could bring in an LVT, who can handle the majority of the treatment options on the veterinarian's list while the doctor moves on to another diagnosis. At level 20, you could bring on a certified veterinary practice manager (CVPM) to turn around the clients who has a bad experience, and who, without the CVPM's intervention, is likely march home to post a nasty one-star review on Yelp.

I hope this game inspires young people to consider the thrill of diagnosing and treating a new generation of pets. I hope the next version of this game gives a more nuanced look at the real world of veterinary medicine—there are more avenues in the treatment room of your local veterinary practice than veterinary school. It takes a village to heal a pet, right?

A handwritten signature in black ink, appearing to read 'Brendan Howard'.

Brendan Howard, Editor  
ve@advanstar.com

## 3 smart things I've learned this issue

> You probably don't need that many runs.

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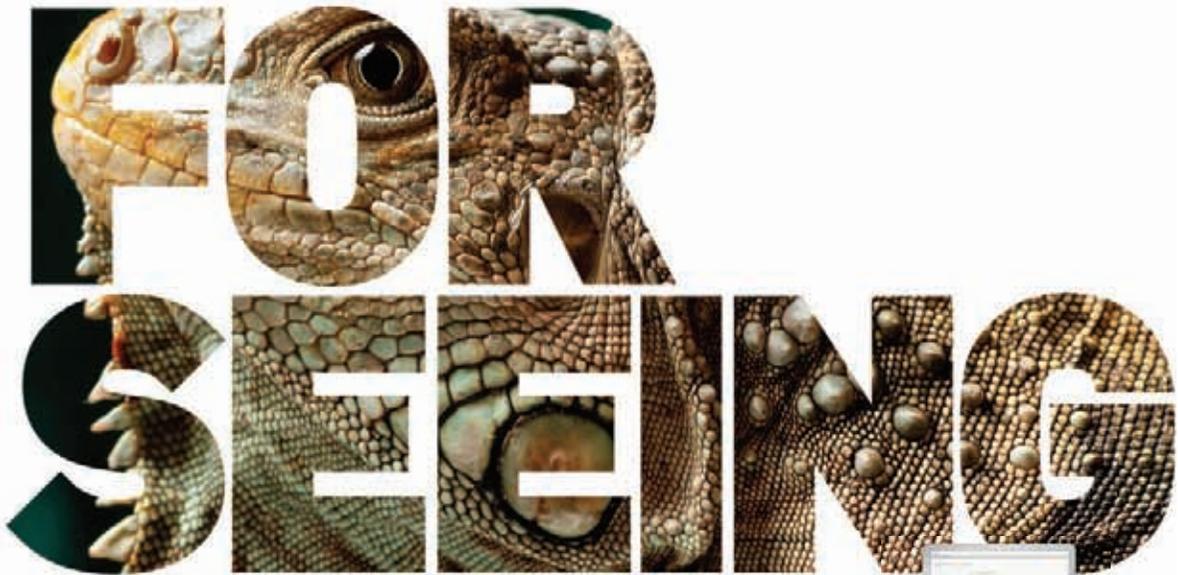
> Easily calculating future revenue on a new piece of equipment: There's a formula for that.

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> "Here's what I think is happening. ... What do you think?" is a good way to start conversations with team members about how they're falling short

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>>> Can't wait to play? Head to [dvm360.com/videogame](http://dvm360.com/videogame) to join the fun and share your thoughts on the game with your peers.



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## Calculating *your worth*

**Q.** I've heard that a practice owner shouldn't pay an associate more than 25 percent on production. But I work in a practice where three veterinarians share one technician. What would be a salary for circumstances like these?

**T**he issue here seems less about pay and more about staffing, says Gary Glassman, CPA, a *Veterinary Economics* Editorial Advisory Board member and a partner with Burzenski & Co. PC in East Haven, Conn.

"The quoted 25 percent of production for total veterinarian pay is an industry bench-



Gary Glassman, CPA

mark that includes pay and benefits," says Glassman. But if your staffing is keeping you from meeting your pay potential, you need more team members.

With additional team members hired, doctors could be freed up to see more appointments and generate more revenue, says Glassman. **VE**

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## Knowing your *pet foods*

**Q.** How do I get my team to help encourage client compliance with nutrition recommendations?



**T**he first thing you need to do is create focus for your team by selecting no more than one or two brands to recommend, says Brian Conrad, CVPM, practice manager for Meadow Hills Veterinary Center in Kennewick, Wash.

Then you need to train your staff on the products you've selected, says Conrad. Once the staff is educated on the superiority and details of the diets, they will exude confidence when making the recommendation.

"Use the reps from these companies and have them meet with your staff in small groups," Conrad says. "The staff will feel more important and stay attentive in small groups. Then role-play what they will say to clients."

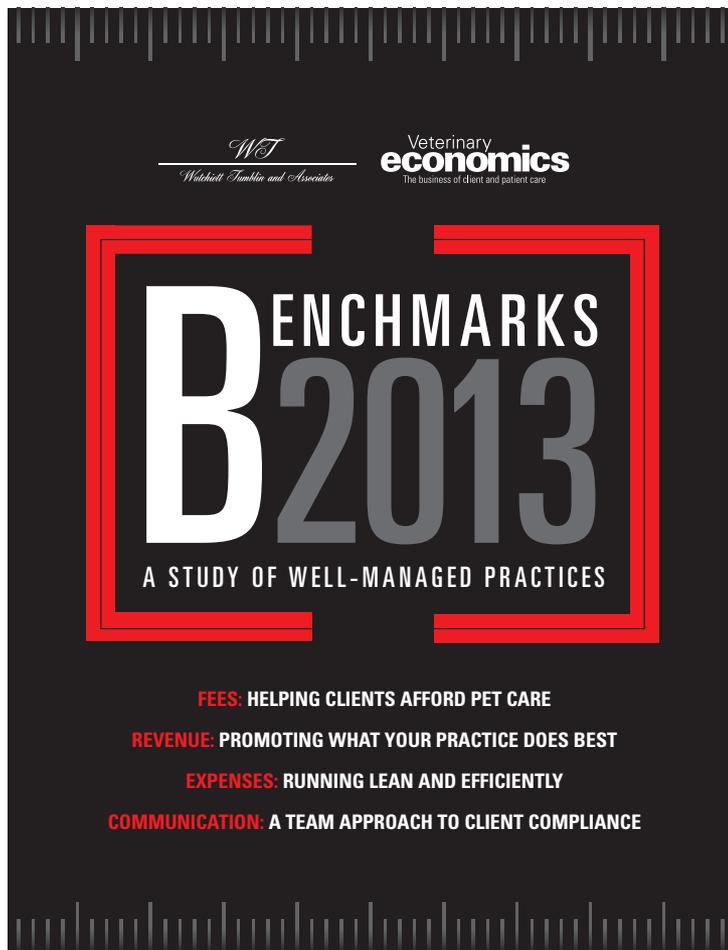
Conrad says it's more important to practice practical conversations in training. Clients don't care about protein levels or moisture

content. What clients do want is bullet points or short summaries on why and how this recommended food is going to help their pet live a healthy life for years to come.

Then make sure you carry the products, Conrad says. Don't send them to a megastore to search out a specific product. Also, make sure you have samples in the exam rooms. Clients want to be able to see, feel and touch products. There's nothing worse than making a recommendation and then expecting the client to leave your clinic and find it.

Lastly, give clients a 100-percent guarantee on the products, Conrad says. Let them bring it back, no questions asked, for a full refund. Make sure you work with companies that take back products easily and efficiently, without a lot of restrictions or questions asked. **VE**

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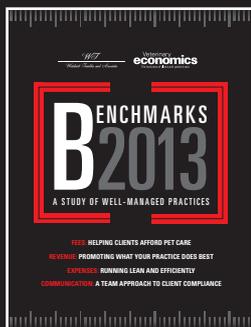
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# → Pulling profits from dentistry ←

Veterinarians regularly undercharge clients for dental procedures. Learn how to communicate with clients better to make your dentistry profitable. *By Jeff Rothstein, DVM, MBA*

In the past year, I've attended three dentistry seminars (big pat on the back). I've forced myself to do this because I'm trying to figure out how to make dentistry a true profit center for our hospital locations. In short, what I've seen is a transition from performing neuters and spays every morning to doing "dentals" and dental procedures. We are now often booked out a month or two on our dentistry, which is incredible—in theory.

But here's what I struggle with: I remember the day, not too many years ago, when our technicians cleaned the teeth and we popped back between appointments or surgeries to examine the oral cavity and quickly pulled the loose teeth. Now it seems we have a doctor dedicated to dentistry and surgery from 9am to 1pm.

This may be fine if we find dental pathology and a procedure to be done, but that's not always the case. The flip side can easily happen as well—we end up with an involved case

or two and have a hard time finishing in a time frame that allows us to see other clients.

We all want to do more and better dentistry, but we don't want veterinarians to do just cleanings and "bandage" dentistry. Here are a couple strategies we're trying:

**> Pre-educating the clients.** We are doing a better job letting clients know that when we do a cleaning, we do an oral exploratory. We often find disease, and they need to be prepared for that. We can't offer a solid treatment plan before we explore the oral cavity, and this often involves radiographs. There could be no additional charges, or it could be \$800 or more. We talk to clients early to prepare them for the potential of more time and money involved in their pet's dental health. We don't want surprises, and we don't want clients to feel pressured to say "yes" just because the pet is under anesthesia. Based on my experiences with clients, we can

often safely schedule a follow-up second procedure from one to six months out to allow them time to decide/budget the additional procedure.

**> Producing treatment plans faster.** Once the oral cavity has been assessed, we quickly call the clients with an update on the condition and the potential cost. Most of us think we've done a good job of discussing this with the client when we last saw them, but a face-to-face chat only lasts so long in the memory. My practices offer handouts when dental cleanings are scheduled that explain the process so they know that surgery may be recommended as well as what's involved and the potential cost. **VE**

Veterinary Economics Editorial Advisory Board Member  
*Dr. Jeff Rothstein, MBA, is president of the Progressive Pet Animal Hospitals and Management Group in Michigan.*



*Dr. Jeff Rothstein*

# EXAM ROOM *tricks*

## Share your favorite trivia about pets with clients.

I love “filing away” little bits of interesting information about animals and pets, and sharing them comes naturally. Sharing is what I’ve always done in the exam room, and that the gift of “animal trivia” works so well with social media comes as no surprise to me.

You too can show the pet owner something on the outside or inside of their pet they’ve never noticed and explain why it’s important. Here are some examples:

> Point out how dogs lick one side of their nose, then the other, always starting with the same side,

or how cats do the same when grooming.

> Show clients the carpal pad of a cat and explain that it’s for protection during rapid deceleration—think “skid pads.”

> Tell them that the number of bones in a cat’s body depends on gender and tail length, and why.

People love trivia, especially when you can link it to their own beloved pet. **VE**

*Dr. Marty Becker is a popular speaker and author of more than 22 top-selling books. 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

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# Avoiding a practice cat-astrophe!

Use these ready-made posts and tweets to emphasize fear-free methods for bringing cats into the clinic.

Are you seeing fewer and fewer cats at your practice—or have you never seen enough? Encouraging clients to bring their pets into the clinic and giving them tips, like the ones at [dvm360.com/catcarrier](http://dvm360.com/catcarrier), to make their cats more comfortable could help drive up visits. Check out [dvm360.com/postnow](http://dvm360.com/postnow) to use these encouraging posts for your practice’s social media streams. You’ll also find more Facebook posts and tweets to share with clients about annual exams, dermatology, senior pets, heartworms and more.



Did you know we’re a #cat-friendly practice? Bring your favorite felines in to visit for a checkup! #petcare

When you bring your cats into our clinic, cover the bottom of your #cat carrier with a towel to make it a comfortable trip.

Have you brought your #cat into the clinic recently? If not, come see us. Regular check-ups keep your #pets healthy!

When you bring your #cats to the clinic, keep them in the carrier and cover it with a towel to make them more comfortable. #pets

Want your new #pet to live a long, healthy life? Start now! Let’s talk vaccines, exams, etc. #pethealth #petcare



Bring your cat in for a free “happy visit”. Drop by for a treat-filled stress-free time to reassure your beloved pet that the clinic isn’t a bad place.

Is it almost your cat’s birthday? Cats are great at hiding illnesses so treat your friend to a wellness exam. And treat yourself to the security of knowing your feline is happy and healthy.

Is there something we could do to make your cat’s visits more comfortable? Let us know! We love getting feedback from you and your favorite feline.

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**Watch this**

Scan the QR code to hear Dr. Karen Felsted's tricks for tracking client metrics.



# You've never measured your marketing efforts?

## Take the guesswork out of publicizing your practice and learn exactly where to put your marketing dollars.

Introducing our new theoretical practice owners, Drs. Bob and Francine Bird. These two love birds met in veterinary school, got married and opened Cat Tails Animal Hospital in 2001. The feline practice has been extremely successful, thanks to a busy urban area, with young professionals living in condos and apartments

where dogs are rarely allowed.

### PRACTICE PROFILE

**Cat Tails Animal Hospital**

**Practice owners:** Drs. Bob and Francine Bird

**Practice type:** Feline only

**Location:** Busy urban area

### The problem

In order to allow for

some quality family time, the Birds hired Dr. Knead, a full-time associate, six months ago and she has turned out to be a great addition to the team. The only issue is that there aren't enough new clients coming in the door for her to establish a significant client base of her own. Basically, she has yet to be as productive as she needs to be to support her base salary.

You see, the Birds have an excellent website, but otherwise have never invested in marketing. The success of their prac-

tice has been almost entirely a result of client referrals and the visibility of their location.

In reviewing 2011 Benchmarks: A Study of Well-Managed Practices (see it at [dvm360.com/benchmarks](http://dvm360.com/benchmarks)), the Birds discover that a typical practice attracts roughly 17 to 21 new clients per full-time-equivalent veterinarian every month. They consistently met this goal when it was just the two of them, but that number hasn't increased by more than a few clients per month with the addition of Dr. Knead. As a result, they realize it's time for them to invest some money in new client marketing initiatives. They have several ideas, but aren't sure which to pursue or how to determine whether they are successful.

### The solution

Rather than put all their eggs in one basket, the Birds decide to try several initiatives to attract new clients and then track whether they're successful. (See [dvm360.com/marketingQs](http://dvm360.com/marketingQs) for questions to consider when

evaluating a potential new marketing initiative.)

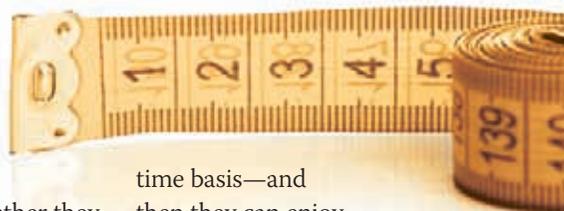
First, the practice owners must come up with an acceptable cost for a new client. Because the lifetime value of this client far exceeds this initial investment, they decide to budget \$50 to \$75 per new client. For a tool on how to track and calculate the cost per client for a marketing initiative, visit [dvm360.com/clientcalc](http://dvm360.com/clientcalc).

Ultimately, their goal is to attract at least 25 more new clients to their practice every month, which will enable them to keep Dr. Knead on a full-

time basis—and then they can enjoy some time away from work.

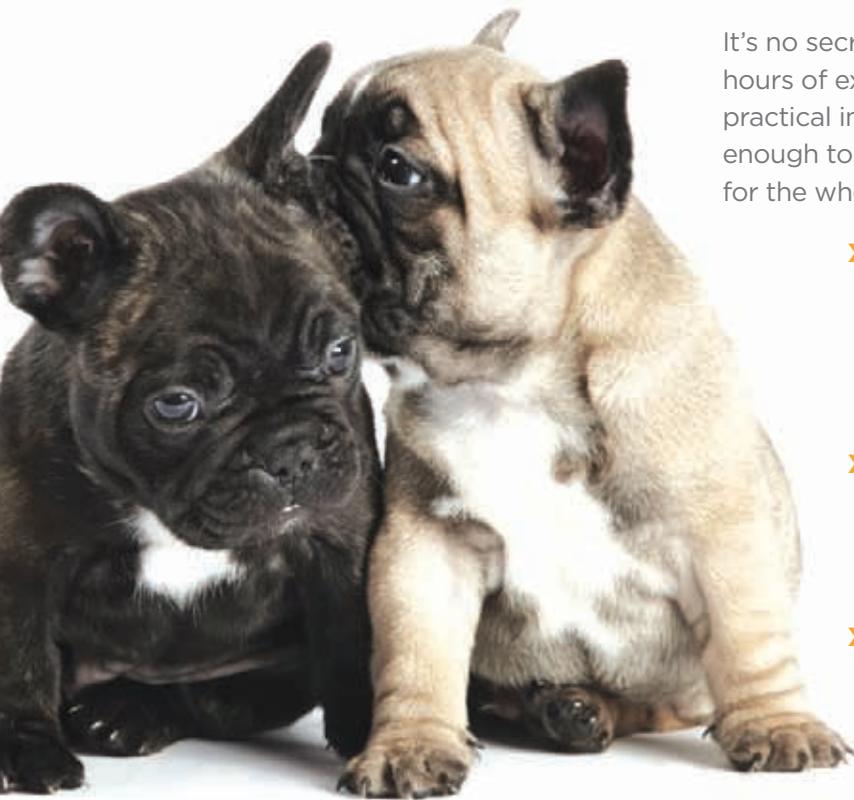
Next month, we'll help a new practice owner implement third-party payment plans. **VE**

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



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# Promote *weight loss* by pointing *out the* perils *of* pet obesity

Seeing too many overweight pets in practice, but having a hard time getting clients on board with your weight reduction recommendations? Put some mass behind your message with this informational client handout.

According to a survey conducted last year by the Association for Pet Obesity Prevention (APOP), 53 percent of dogs and 58 percent of cats were found to be overweight or obese. While these numbers should come as no surprise to most veterinar-

ians, clients might be shocked to hear about this alarming trend—and the health problems that excess weight can lead to. That's why Dr. Ernie Ward, a *Veterinary Economics* Editorial Advisory Board member, author of *Chow Hounds: Why Our Dogs Are Getting Fatter* and founder of APOP, makes a point to remind pet owners that keeping their furry friends lean and healthy can play a big role in the prevention of disease.

From dogs with osteoarthritis to cats with Type II diabetes, Dr. Ward sees a number of pets with conditions he believes could've been avoided or delayed had they stayed in a healthier weight range (Head over to [dvm360.com/obesity](http://dvm360.com/obesity) to download a client handout on common weight-related conditions in dogs and cats). But when Dr. Ward is working with clients to get their pets on a weight reduction regime,

he tells them it's not just about chasing a number on the scale.

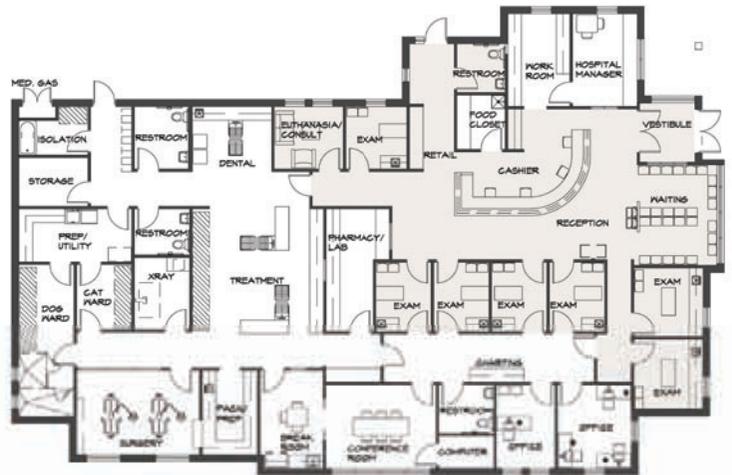
"I always minimize the importance of the pet's actual weight and emphasize the importance of a healthy lifestyle," says Dr. Ward. "It all boils down to quality of life."

Dr. Ward typically focuses on developing a plan for pet owners—one that includes calculating the number of calories the pet should consume and translating it into a volume of food (don't forget to factor in treats). He also prescribes a feasible exercise plan for them to follow—one that fits the owner's lifestyle *and* the pet's current physical ability.

"Whether it's a 15- or 30-minute walk twice a day, make sure you're recommending some sort of physical exercise for the pet," he says. "In order to truly understand the importance of exercise, clients need to hear it from their veterinarian." **VE**



# AVOID Floor Plan FOLLIES



Make sure your hospital “road map” isn’t going to put your clinic on the fast track to disaster.

>>> Note the stellar L-shaped workstations in the treatment area of Dr. David Hall’s hospital: Horseshoe Lake Animal Hospital in Collinsville, Ill.

**Y**ou know what they say: A bad floor plan leads to an even worse hospital. (OK, maybe that’s just what *we* say.) So how do you keep these plans from ruining your future or remodeled practice? Start by dodging these three design trends that haven’t worked out so well for Mark Hafen, AIA, of Animal Arts in Boulder, Colo.

### 1. Huge treatment areas.

Just because you have a giant treatment area doesn’t mean

you have a workable treatment area, Hafen says.

“You plopp a workstation in the middle of the room all by its lonesome and when you’re out there working on an animal, you have no place to set your sponges and scalpels—you have to leave the animal,” Hafen says.

Take a look at the floor plan (above) to see a well-developed treatment area complete with L-shaped workstations.

**2. A surplus of runs.** Before you dedicate a whole wing of your hospital to dog runs, Hafen says you should really think about how many pets are typically hospitalized overnight at your practice. “Back in the day, we’d build a whole slew of wards and runs in veterinary clinics—that trend has fallen off dramatically,” he says.

Nowadays, he sees that most veterinarians refer emergency patients and are able to complete treatment procedures during working hours. In fact,

Hafen says when his team renovates a practice, the first thing they do is rip out unused wards.

**3. An office out in the open.** What if every time you wanted to escape to your office you had to walk through your waiting room full of chatty veterinary clients? Sounds like your worst nightmare, right? Well, Hafen accidentally made that nightmare a reality for one of his clients with the way he crafted his very first floor plan. (Of course, the hospital still won a *Veterinary Economics* Hospital Design award, but Hafen says the doctor still hasn’t forgiven him.)

Hafen recommends that you put your office in the back of the veterinary hospital, out of the way of client traffic. Go ahead and trust him on this one. **VE**



>>> Here’s a nice and compact dog run area at Melrose Animal Clinic.

**Floor plans galore**  
In a bit of a floor plan frenzy? Borrow ideas from award-winning hospitals at [dvm360.com/floorplans](http://dvm360.com/floorplans).

Find it all here. **dvm360**



Think you can't afford a therapeutic laser, digital radiography or that new imaging equipment? Think again! Get an inside look on how to finance a brand-new service. *By Ashley Barforoush*

*Introducing part one of a three-part series all about maximizing your use of the top three pieces equipment you said you were adding to your practice (according to the 2013 Veterinary Economics Business Issues Survey). This month, we'll focus on financing.*

If team members and clients often refer to your veterinary equipment as "old school," it may be time

for an upgrade. We know what you're thinking—you'd add digital radiography, laser therapy and new imaging tools in a heartbeat, but not without first asking, "How much is the equipment going to cost me?"

Turns out, that's the wrong question to ask, according to Gary Glassman, CPA, a *Veterinary Economics* Editorial Advisory Board member and partner with Burzenski & Co. in East

Haven, Conn. He says practice owners should be asking, “How many times will I be able to use the equipment?” and “How will it provide a return on investment to the practice?”

It’s easy to look at the \$25,000 price tag on a therapeutic laser and think you could never afford it. However, it’s important to remember you don’t have to pay for the machine in one year, Glassman says. A reasonable payback period—the time it takes to recover the equipment’s cost resulting from annual net cash flow—is anywhere from three to five years, he says. You should also consider the machine’s life span and determine its potential use. (For an easy way to make these calculations for your practice, see [dvm360.com/equipcalc](http://dvm360.com/equipcalc).)

## Embracing new equipment

*Veterinary Economics* Editorial Advisory Board member Dr. Andrew Rollo has always been an advocate for digital radiography—he says the diagnostic capabilities make the purchase a no-brainer. However, he became an associate at Madison Veterinary Hospital in Madison Heights, Mich., in 2008—right when the economy tanked—so he understood the practice’s reasoning for holding off.

“The increase of problems with our old unit seemed to coincide with business improv-

*“Since adding digital radiography last December, we’re taking 30 percent more X-rays so far this year.”*

*—Dr. Andrew Rollo*

ing and that created discussions of what would be best for the practice going forward,” Rollo says. “I thought we were within a year or two of purchasing digital radiography equipment, but the practice owner surprised everyone by giving it to the staff at the end of last year’s Christmas party.”

Dr. Rollo says when deciding on whether to purchase a new piece of equipment, you need to weigh the machine’s advanced capabilities against the cost involved. He recommends considering the more tangible issues and asking the following questions in regards to your current equipment:

- > How much money am I spending on the upkeep of a 20-year-old film developer?
- > How much am I paying staff to develop radiographs?
- > How much am I paying staff to retake radiographs?

“These costs of the old system don’t come with a huge daily price tag, but can certainly add up over time,” Dr. Rollo says. “As old processors and developers get older and break down more often, the huge price tag for a digital system may not end up seeming so big.”

*Veterinary Economics* Edito-

rial Advisory Board Member Dr. Jeff Rothstein, MBA, agrees. He says you’ll also save \$100 to \$200 a month because you’ll no longer need to pay for chemicals or a film developing system. Plus, you can snap as many pictures as you want at no extra charge. He says this saves your team the headache of calling the client back for retakes, which is a waste of everyone’s time and money.

“It’s also easier to send digital radiographs to a radiologist—the process is essentially instantaneous and results can often be had within hours,” says Dr. Rothstein, president of the Progressive Pet Animal Hospitals and Management Group in Michigan. “We do better medicine when we are able to send images digitally.”

Dr. Rothstein does recommend increasing your fee per radiograph once you go digital. However, don’t forget to talk up this new addition to your practice.

“By spending a little more time showing the pet owner the vastly

Find it all here.  
**dvm360**  
.com

### Calculation time

Not sure if you can swing a new equipment purchase right now? Visit [dvm360.com/equipcalc](http://dvm360.com/equipcalc) for a tool that will help you plug in your practice numbers today.

## How to pay for new toys

When it comes to buying such items as digital radiography, laser therapy and imaging equipment, veterinarians have three payment options, says Gary Glassman, CPA.

1. Pay cash.
2. Sign a lease.
3. Craft a financing arrangement with a bank.

It may be tempting to go for a lease, but Glassman says you should always know what you're getting into. Many leases are drawn up so that there's no way to get out except to pay in full. Plus, many leases are required under state law to include sales tax so you end up paying interest on that tax. How about those other two options? If you aren't able to pay cash, Glassman says there are veterinary lenders who will provide 100 percent financing.

"Veterinary lenders are especially accommodating—they know the industry," Glassman says. "You submit one-page applications and in less than 24 hours you get a response back."

Remember to not only consider the price of the equipment, but its related ongoing expenses, such as maintenance, supplies, insurance and possible added payroll costs, Glassman says. These are good topics to talk over with the equipment company before making the big purchase final.

improved images, they won't notice the \$10 to \$15 increase," Dr. Rollo says. "In most cases a patient will only be radiographed once or twice in its life, so most pet owners are likely not aware of the previous price to compare. Exam fees—well, that's another story."

After making the switch to digital radiography, Dr. Rollo says many practices end up taking more radiographs and the added diagnostics can help

pay back the purchase. However, he admits he was skeptical this increase would happen at his veterinary practice.

"I felt I always recommended and took X-rays when I thought they were necessary—regardless of how frustrating the old equipment could be on a given day," Dr. Rollo says. "However, since adding digital radiography last December, we're taking 30 percent more X-rays so far this year with the digital unit."

### Develop laser-sharp focus in practice

Dr. Jim Kramer, CVPM, a *Veterinary Economics* Editorial Advisory Board member and a partner at Columbus Small Animal Hospital in Columbus, Neb., has also found success—and multiple uses—for his new piece of equipment: a therapeutic laser. His veterinary team added the laser to the practice three years ago and now they use it on every spay, neuter, declaw and surgery patient.

What exactly does he charge for this added service? Dr. Kramer breaks the prices down into three different levels of laser therapy treatments (for example, the first level is an incision that only takes a few minutes to treat on up to level three for longer treatment times with one up front payment):

**Level one:** \$15.75

**Level two:** \$52.50

**Level three:** \$79

His veterinary practice actually includes therapeutic laser treatment in the bundled price of spays, neuters, declaws and so on. Why? Because pain management is not an optional service at Columbus Small Animal Hospital. He says patients receive laser therapy treatments—and other types of pain management—before and after surgery and it's all included in the price.

"Laser therapy minimizes pain, speeds healing and reduces inflammation," Dr. Kramer says.

If you're still worried about the equipment's price tag, Dr. Kramer says to consider all of the money you spend on advertising on the Internet, Yellow Pages, newspaper, radio, TV and so on. He says this cost can be huge, so it helps to remember that the new equipment comes with a bonus—it's a great advertising tool. His veterinary team tells clients that the local human hospital has two therapeutic laser machines.

"While it's important to make sure that new capabilities generate a direct return for the practice, don't underestimate the value of enhancing your reputation," Dr. Kramer says.

*Now that you know more about the big purchase, next month we'll focus on the best way to make sure you and your veterinary team are knowledgeable enough about the new equipment in your practice to use it well—and often. VE*

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# heartworm

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.



## Your heartworm tools:



### Social Media

Facebook posts and tweets with crucial heartworm statistics

p08



### iPad Tools

Free client module on preventive measures

p09



### Sample script

>> Getting to the heart of the client conversation

p10



### Waiting-room education

>> Use this simple sign to promote prevention

p11



### Handouts

>> 11 feline heartworm myths, busted

>> Help clients learn how to protect their pets with a handout from the AHS

p12



### Take Action

>> Final tip  
>> 4 get-started steps

p15

*An argument for*  
**year-round heartworm prevention** *in dogs* p2



Getting clients **on board** with **FELINE HEARTWORM PREVENTIVE** p6

PLUS



*Tough talk:*  
Have **heartfelt** heartworm discussions p4



# *An argument for* **year-round heartworm prevention** *in dogs*

Past commentary supports new developments in parasitology urging the importance of year-round heartworm preventives.

*By Dwight D. Bowman, MS, PhD*

**F**ind the non sequitur in the following series of statements: Heartworms cause severe lung disease in dogs and cats and can kill them. Heartworms cause zoonotic disease in people.

Heartworm disease can be prevented in dogs and cats by giving them medication once a month that also controls various internal and external parasites. Heartworm infections are diagnosed in about 250,000

dogs each year.<sup>1</sup> But there is no good reason for dogs to receive preventives all year; it is just not needed.

### **The risk**

Now let's do some math. The risk of a dog being infected with heartworm disease each year is 250,000 out of 50,000,000; this translates to one in 200 dogs becoming infected each year. The chance that you will be

diagnosed with cancer this year is about one in 200—the same odds as a dog’s acquiring heartworm disease.<sup>2</sup> Yet heartworm disease in dogs is virtually 100 percent preventable. Would you take medication once a month to prevent being diagnosed with cancer this year? But there is no good reason for dogs to receive preventives all year; it is just not needed.

### The treatment

Now let’s look at the heartworm treatment options. Melarsomine dihydrochloride, an arsenical, is the treatment for heartworm infections in dogs; nothing is approved to treat cats. Melarsomine is given at a dose of 2.5 mg/kg. The LD50 for organic arsenic in mongrel dogs is 14 mg/kg.<sup>3</sup> A three-fold overdose of melarsomine can be lethal.<sup>4</sup> To put this in perspective, the EPA has set the limit for arsenic in drinking water at 10 parts per billion<sup>5</sup>—that is 10 µg/L—based on a no-effect risk of 1 to 10,000 to 1 to 1,000,000. So if you drink 10 liters of water each day containing arsenic at the maximum allowable level, you would consume 100 µg of arsenic a day, or 36.5 mg of arsenic a year. A 50-kg dog receives a total dose of 250 mg of melarsomine, which contains about 37.5 mg of arsenic, in two injections. It would take one year of drinking high levels

of arsenic in your water to get the same dose of arsenic given to a dog to treat heartworm disease. Thus, the dose for killing heartworms in dogs is far from a negligible amount. But there is no good reason for dogs to receive preventives all year; it is just not needed.

fixed macrophages of the lungs, making the lungs of dogs with chronic heartworm infections appear brown. Villous proliferations on the vessels also lead to the formation of small thrombi that are carried deeper into the lungs and ultimately induce chronic lung disease.

*It would take one year of drinking high levels of arsenic in your water to get the same dose of arsenic given to a dog to treat heartworm disease.*

### The pathology

Of course, treatment with arsenicals is far better than the long-term effects of large worms living in the pulmonary arteries of their hosts. The lungs do get better after treatment.<sup>6</sup> The adult heartworms are long: males are 12 to 20 cm long, females are 25 to 31 cm long, and both are about 1 mm in diameter.<sup>7</sup> If a dog has a relatively light burden of 12 worms—six males and six females—that is still a large mass of worms in the pulmonary arteries.

The disease is one of chronicity caused by the worms interacting with the surface of the pulmonary vessels.<sup>8</sup> The presence of the worms in the bloodstream also leads to the physical rupture of red blood cells and the deposition of hemoglobin within

Keep in mind that even with therapy, the worms are in the pulmonary arteries, not the intestinal tract. All that can happen after arsenical therapy is that the worms are driven deep into the lungs where they die in tightly coiled bundles, decay, and are ultimately cleared by the host’s cellular response. However, this takes a long time and is not without effects; remember, each dead worm is about 20 cm long. But there is no good reason for dogs to receive preventives all year; it is just not needed.

Find it all here.  
dvm360.com

### Clinical foresight

Dr. Bowman originally wrote this article in 2007, and though we updated some facts, its message holds true. For references, head over to [dvm360.com/yeararound](http://dvm360.com/yeararound).

### 2013 Update: CAPC changes heartworm guidelines due to evidence of resistance

The Companion Animal Parasite Council (CAPC) has altered its guidelines after evidence of preventive-resistant *Dirofilaria immitis* strains was presented at the American Association of Veterinary Parasitologists Conference at the end of July in Chicago. Researchers have now identified heartworm isolates from the Mississippi Delta region that develop in adult dogs receiving routine monthly heartworm preventives.

This means treatment of heartworm-positive dogs should be immediate and aggressive, as noted in the newly revised CAPC guidelines. The “slow kill” therapy sometimes prescribed by veterinarians is never appropriate, as it has been demonstrated that using this modality—repeated macrocyclic lactone administration over a period of time—increases the propor-

tion of circulating microfilariae that possess resistance markers.

Parasitology specialists emphasize that evidence for resistance does not mean abandoning current protocols but following them even more rigorously.

While new strains may be preventive-resistant, CAPC says current products are still effective. “Preventives are still the best protection we have, and consistently administering them is key,” says CAPC board member Susan Little, DVM, PhD. Though the preventives cannot guarantee that infections will never occur, Little encourages veterinarians to “test dogs regularly to be sure they have not become infected, and when infections are identified in dogs, we have to treat whenever possible.”

#### The weather

Don't forget to factor in the unpredictability of nature. We know that *Culex tarsalis* mosquitoes can live up to two months when temperatures hold at 77 F,<sup>9</sup> but there is a good chance they can live longer at cooler temperatures. Near George Lake in Alberta, Canada, over half of the overwintering *Culex territans* female mosquitoes studied survived more than 138 days at 23 F.<sup>10</sup>

These mosquitoes will continue to seek blood meals every time they are about to lay eggs, and if they are infected with heartworms in October, they could still easily transmit the infection during an unseasonably warm December, like the one we experienced this winter

in Ithaca, N.Y. Such microclimate situations put dogs at risk all year long and are part of the rationale that led to the recommendation in the CAPC guidelines that dogs receive preventives year-round.

With locally acquired heartworm transmission likely occurring in every state, it seems there is no good reason for a dog to be at risk in a nice November or in a warm March. And again, there is no good reason for dogs to receive preventives all year; it is just not needed.

#### The precedent

Perhaps we could take a lesson from our counterparts in human medicine. Human lymphatic filariasis, a disease caused by cousins of the heartworm, is

transmitted by mosquitoes that bite infected people. The disease induced—elephantiasis—is horrible. Small thread-like worms live in the lymphatics and cause severe disfiguring and immobilizing disease in human hosts.

The World Health Organization is leading the charge to eradicate these parasites through “mass drug administration strategies for disease elimination.”<sup>10</sup> These mass treatments of populations have had a significant impact on the rate of infection in people and vectors.<sup>11</sup>

We can only hope that someday we will place similar pressure on the transmission of heartworms, thereby reducing the occurrence of such a devastating disease that heartworms cause in dogs.



# *Tough talk:* Have *heartfelt* heartworm discussions

Give clients the hard facts and stop heartworm infection before it starts.

**W**ith the abundance of effective heartworm preventives and tests, it's heartbreaking when you diagnose a pet with heartworm infection. Use these four steps to educate clients and safeguard their pets' health.

## **1 Teach clients about the importance of testing.**

When a client asks why you test for heartworms when the pet already takes preventives, use this sample script: "Even though today's preventive medications are effective, pets are only protected if we treat them without interruption. A late or missed dose can open the window for infection. Heartworm testing is the only way to ensure we catch infection early."

## **2 Remind clients that testing helps you safeguard their pet's health.**

If a pet does test positive for heartworm, a doctor will evaluate to determine the severity of the infection and the treatment plan. Let clients know that killing immature and adult heartworms with medication can be risky, so their pet will need careful monitoring by the veterinary team. And remind them that even well-intentioned pet owners may forget doses, administer them incorrectly, or fail to notice when a pet doesn't swallow a pill.

## **3 Explain that the heartworm tests available today are more sophisticated than past tests.**

In fact, today's advanced heartworm tests might be able to detect the presence of just a single heartworm. This important type of early detection allows you to provide treatment before serious damage occurs to the heart and lungs.

## **4 Educate clients to recognize the signs of heartworms, especially in cats.**

For example, symptoms of feline heartworm infection include asthma-like symptoms, such as coughing or wheezing.

# STRATEGY: Getting clients on board with **FELINE HEARTWORM PREVENTIVE**

Make sure your clients' kitties have worm-free tickers using these six simple communication strategies.

**D**on't tell your veterinary clients their cats *should* be on heartworm prevention, tell them their cats *need* to be on heartworm prevention, says Kristen Coe, head technician of Los Robles Animal Hospital in Tallahassee, Fla. Since she and her team members have become more confident in their recommendations, the clinic has seen a 40 percent jump in feline heartworm, flea, and intestinal parasite prevention sales.

Here are six ways to revamp your client communication strategy so you too can get cat owners on board.

## 1. Find proof in numbers

Contact an industry representative to conduct a compliance audit—or go ahead and do your own audit. “We thought we were doing a good job, but after the audit we realized we weren't promoting heartworm protection like we should,” Coe says.

## 2. Team up

Hold a biweekly or monthly team meeting so your technicians, doctors, and receptionists can all brainstorm new ways to educate clients about heartworm and parasite prevention. Once you decide on a game plan, make sure every staff member knows about it. “Everyone needs to be on the same page so you send a consistent message to your clients,” Coe says.

## 3. Check the charts

Before each feline appointment, do your research and find out whether the patient is already on heartworm prevention. Be sure to explain to your clients why it's so important to keep their cats on the medicine—or, if they aren't using preventives, encourage them to get their cats on heartworm prevention immediately. In both situations, it's crucial that you communicate your message clearly to your clients.

## 4. Educate your clients

Coe was surprised at how little her clients knew about the disease and how much more they wanted to know about heartworm prevention. Explain that feline heartworm disease is life-threatening with no curative treatment. Follow up with a statement like: If you want your cat to live a long, healthy life, then it's best to get him on heartworm prevention today. "We thought it might be a turn-off, but after we presented clients with the facts, they were very open to hearing what we had to say," Coe says.

## 5. Use real-life examples

Coe tells her more hesitant clients about the two feline patients at her clinic that tested positive for heartworm disease last spring—both cats died shortly after the diagnosis. These types of examples may be heart-breaking, but they help drive the message home.

## 6. Make no exceptions

Clear up the misconception that only outdoor cats should be on heartworm prevention. Remind your clients that even indoor cats could run out the front door or a mosquito could fly into the house. The more knowledge you share, the more likely they'll trust your recommendation.





# Have your clients heard about heartworms?

Use the power of social media to share crucial reminders and statistics about these deadly endoparasites.

**F**eeling 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 pet healthcare topics like heartworm disease and the importance of preventives.

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

Visit [dvm360.com/heartwormposts](http://dvm360.com/heartwormposts) to get your hands on the Facebook posts and tweets (at right) for your practice's Facebook and Twitter pages. And for more ways to customize your social media message, head over to [dvm360.com/socialmediatoolkit](http://dvm360.com/socialmediatoolkit).



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



**Myth:** Only outdoor pets are at risk of contracting heartworm disease. (You know those pesky mosquitoes can fly into the house.)

Heartworm prevention can save you money in the long run—not to mention it can save your pet's life.

A heartworm infection is difficult to treat in dogs—there's no approved treatment for cats. Good thing it's easy to prevent!

Our heartworm test is accurate to as few as one female heartworm—let's test your pet today and make sure everything is A-OK.

Heartworms can be hard to detect but we can help! Ask us how before they cause severe disease.

**Fact:** Heartworm disease is preventable—there's no reason a pet should have it today. Keep your best bud from becoming a statistic.



The American Heartworm Society encourages testing on an annual basis. When was the last time we tested your #pets for heartworms? #pethealth

**DYK?** Heartworms are transmitted through the bite of an infected mosquito. Don't let those bloodsuckers win! Get your #pets tested today.

**Fact:** #Pets may not show signs until late in the course of heartworm disease. That's why we need to run regular tests! #pethealth #petcare

Signs of heartworm disease: Coughing, panting, decreased activity level, sudden death. Let's run tests before it's too late! #pethealth



# TEACH CLIENTS *have* TO *a heart*

Get clients acquainted with heartworm dangers using an interactive iPad module.

**H**ave a client who's heard it all? Maybe one who ignores your impassioned insistence on the importance of regular heartworm prevention? Maybe clients like these just need a visual aide to help bring your points home. Show them the newest client module inside the **dvm360 iPad app**. The heartworm edition focuses especially on cats, who are often ignored in the crusade against parasites—all the more reason clients should be made aware of the dangers heartworm poses to their beloved pets. Best of all? The client modules are free of charge, meaning your clients reap all the educational benefits at no cost to you.



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**INTERESTED?** Update your app via iTunes to check out our client education tools right now. Don't have it yet? Visit [dvm360.com/ipadapp](http://dvm360.com/ipadapp) on

your iPad to download, or search "dvm360" in the Apple App Store. As always, the dvm360 app and client modules are free to download.



### SAMPLE SCRIPT:

# Getting to the heart of the conversation

Try this simple approach to the heartworm conversation.

Receptionist: *Good morning, Mrs. Smith.*

I see you've brought Buster in for his annual wellness exam with Dr. Cares. Before our technician Elizabeth takes you to an exam room, I have a few questions to update Buster's medical record. First, how often does Buster receive heartworm prevention?

#### Option 1:

**Client:** I give it monthly.

**You:** That's great, Mrs. Smith. Buster's so lucky to have a pet parent who takes such good care of him. Do you need any product refills today?

*Note:* If the client bought a package of preventives six months ago and says she doesn't need refills at her visit, this may indicate the pet isn't receiving regular prevention. If a dose has been missed, remind clients that prevention could make the pet sick and a test is necessary.

#### Option 2:

**Client:** I think I might have missed a few doses.

**You:** I understand. Today is a great opportunity to get Buster back on a prevention program. And we'll start with blood work today to test for heartworm infection. Then the doctor will evaluate Buster and help you choose the best products to keep Buster healthy and parasite-free.



Use your mobile device to scan the QR code above or visit [dvm360.com/parasitescript](http://dvm360.com/parasitescript) to download a free form with this sample script.

Now, create your own script. To start, take five minutes in your next team meeting to discuss the scripts you need most in practice. Ask: What are the questions we hear most in practice? What client questions stump us? Are there any products or services we want to promote, such as year-round parasite preventives?

Once you've chosen the scripts you want to create, break into pairs again and use these steps to create your personalized script:

**1. Brainstorm phrases** that explain the benefits of the recommendation you're making—for example, the products you recommend keep Buster parasite-free, or prevention will

save pet owners money in the long run.

**2. Talk about effectiveness.** For example, correct application of the product we're recommending prevents 99 percent of the parasite infestations we see.

**3. Limit your script** to two to three sentences, so it's easy for the team to remember.



# Change the conversation

Use this tool to remind clients about the cost of prevention over treatment.



Protect your pet from heartworm for a month for the price of your weekly latte.

The cost to treat heartworm disease? 150 times that amount.

Our staff is happy to help you find the right heartworm prevention for your pet—just ask us!

Do you feel like your team is explaining the importance of parasite control already—but clients still aren't getting the message? Try hanging this sign in your practice. By comparing the cost-effectiveness of preventives versus expensive treatment, this display gives clients something to think about. Download your own copy at [dvm360.com/heartwormtoolkit](http://dvm360.com/heartwormtoolkit).



# BUST heartworm myths for clients

Make sure your clients know the truth when it comes to this deadly but preventable disease in cats.

At the CVC in Washington, D.C., in May 2013, Kristin MacDonald, DVM, PhD, DACVIM (cardiology), co-author of *Feline Cardiology* (Wiley-Blackwell), addressed 11 fallacies (and their ensuing realities) practitioners may encounter in an effort to ensure more cats are protected with heartworm preventives year-round. Download this form for your team and clients to make sure everyone has the facts on feline heartworm disease.

## BUSTED! 11 myths about feline heartworm disease



### Myth #1: Cats won't develop heartworm disease because of a strong immune response.

Reality: Prevalence rates in cats are only up to 20% that of canine rates in the same region. The national prevalence rate in cats is 16% based on studies measuring positive antibodies to heartworms. Plus, prevalence rates are likely grossly underestimated because antibodies may subside over time.

### Myth #2: Indoor cats aren't susceptible to heartworm disease.

Reality: In the United States, 27% of cats infected with heartworms are indoor-only cats. Mosquitoes may enter the home through screened doors and open windows.

### Myth #3: Cats with heartworm don't show clinical signs.

Reality: Nearly two-thirds of heartworm-infected cats have signs such as coughing, wheezing, vomiting, dyspnea, tachypnea, and weight loss.

### Myth #4: A negative heartworm antibody test rules out heartworm disease in cats.

Reality: A recent study found that 50% of cats experimentally infected with heartworms had a negative antibody test; 100% of the cats had a negative antibody test 18 months after infection.

### Myth #5: A negative heartworm antigen test rules out heartworm disease in cats.

Reality: A negative test result may occur because of a prepatent infection with immature worms less than seven or eight months after infection or with male-only infection.

### Myth #6: Heartworm disease often causes cardiac disease in cats.

Reality: The target organ in cats is the lung, not the heart. Heartworm-associated respiratory disease (HARD) is the main manifestation of heartworm disease in cats.

### Myth #7: An echocardiogram is not a useful test in cats since heartworm disease rarely causes cardiac disease.

Reality: Echocardiography is a complementary test to identify adult worms in the proximal pulmonary artery and main pulmonary artery branches, which may be seen in 40% of rare but life-threatening condition that requires immediate extraction of worms from the tricuspid valve.

### Myth #8: Treatment of heartworm disease is the same in cats and dogs.

Reality: Adulticidal treatment with melarsomine in cats is contraindicated because it can lead to rapid worm death and subsequent death of the cat. Instead, heartworm treatment in cats involves the use of corticosteroids to decrease the inflammatory response to the heartworms in the lungs, bronchi, and pulmonary arterioles.

### Myth #9: Heartworm preventives are only effective against early larval infections.

Reality: The different heartworm preventives have a variable retroactive efficacy, or reach-back effect, which means that if a preventive is delayed for a period of time it still may be able to kill larvae that have matured, if subsequent doses are given consecutively every month.

### Myth #10: A heartworm test is necessary before starting heartworm prevention.

Reality: Don't wait. There is no reason not to start a preventive if you have not tested for heartworm disease. Fewer than 20% of infected cats have circulating microfilaria, which exist for only one to two months.

### Myth #11: Heartworm disease is a death sentence in cats.

Reality: Ten to twenty percent of cats with adult heartworms die. However, even if a cat survives the death of the adult heartworms, chronic pulmonary disease may persist. An Italian study showed that the probability of death was not related to the length of time a cat lived with the infection or to the presence of clinical signs—even cats that remain asymptomatic for more than three years are still at risk of dying of heartworm disease.



# HEARTWORM



### Online tool

Don't gamble with heartworm disease—encourage year-round prevention for pets. Need to fine-tune your preventive pitch? Get this handout from the American Heartworm Society by scanning the QR code above with your mobile device, and find more client tools at [heartwormsociety.org](http://heartwormsociety.org).

HEARTWORMS THAT LIVE IN A PET'S HEART, LUNGS OR BLOOD VESSELS CAN GROW MORE THAN 12 INCHES IN LENGTH >>>

## PROTECT YOUR PET

Heartworm disease is prevalent in **ALL 50 STATES.**



It only takes **1 bite** from an infected **MOSQUITO** to spread heartworm disease to a pet.



It is estimated that a **MILLION** dogs in the U.S. have heartworm disease today.



Pets should be **PROTECTED** from heartworm **12 MONTHS A YEAR.**

It takes approximately **6 months** after being bitten by an infected mosquito for a dog to test positive for heartworms.

**DOGS SHOULD BE TESTED FOR HEARTWORM EVERY 12 MONTHS.**

Heartworm **PREVENTION** is much less expensive than treatment. Treatment can **COST MORE THAN**

# 15x

that of a year's worth of heartworm preventive.

Once mature, heartworms can live up to **7 YEARS** in a dog.

There is only **ONE** approved treatment for heartworm in dogs.

There are **ZERO** approved treatments for heartworm in cats.



Visit [heartwormsociety.org/think12](http://heartwormsociety.org/think12) for more information.  
© 2013 AMERICAN HEARTWORM SOCIETY



# Practicing Veterinarians Share Best Practices for Heartworm Preventive Compliance

It is no surprise that cases of heartworm disease in dogs have been reported in all 50 states or that the disease is spreading to new parts of the country each year. In its 2010 guidelines, the American Heartworm Society (AHS) states that “Environmental changes created by humans and changes in natural climatic conditions, as well as animal movement, have increased heartworm infection potential.”<sup>1</sup> However, less than 40 percent of medicalized dogs are receiving heartworm preventive prescriptions from their veterinarian.<sup>2</sup> Data from the 2009 American Animal Hospital Association (AAHA) Compliance Study indicates that only about half of dog owners are compliant obtaining heartworm preventives as prescribed by their veterinarian.<sup>3</sup>

The Companion Animal Parasite Council (CAPC) estimated that in 2012, nearly 4.3 million dogs were tested for the parasite, with approximately 48,000 (or one in 89 dogs) testing positive for heartworm.<sup>4</sup>

How can veterinarians help pet owners protect their dogs from this potentially fatal disease?

## Many Practicing Veterinarians Recommend—and Use—Injections

“I’m the worst at compliance with heartworm preventive myself,” said Carri Hampton, DVM, of Blue Flint Animal Hospital in Asheboro, N.C. “So I know firsthand the benefits of ProHeart® 6 (moxidectin) to provide six months of continuous heartworm protection with one injection. That’s why I am confident to recommend it to appropriate patients in our clinic.”

“Many of my clients are busy people, so they appreciate that with a six-month injection, giving monthly heartworm medication becomes one less thing they have to worry about,” noted Chris Thomson, DVM, of Montgomery Animal Hospital in Pineville, La. “When you look at two ProHeart 6 injections each year compared to monthly medications, it’s also cost-effective.”

## Practicing Best Medicine

Client convenience and compliance aren’t the only reasons these veterinarians recommend a six-month

injectable heartworm preventive to their clients. “ProHeart 6 contributes to overall wellness,” said Jennifer Patton, DVM, of Advanced Care Veterinary Hospital in Sapulpa, Okla. “When a client brings their dog in for their six-month injection, it gives us the opportunity to check for internal parasites, perform dental exams and cleanings; in general, it allows us to practice best medicine.”

Dr. Hampton suggested that timing can also help facilitate a positive client experience. “Whenever possible, we time our clients’ visits for ProHeart 6 injections to spring and fall, so we can also treat for allergies, examine ears, perform dental checkups and general wellness exams. That way, not only is it convenient for the pet owner to have the peace of mind of six months continuous heartworm protection for their dog, it saves them time because they can come in for one visit and take care of other conditions their dog may be experiencing as well.”

## Staff Involvement is Key

“Our staff is critical in helping promote general wellness, including the benefits of a six-month injectable heartworm preventive,” Dr. Patton explained. “We talk about the seriousness of heartworm disease, and I ask my team how compliant they are in giving their own dogs heartworm preventive. Most are surprised to realize that they aren’t as compliant as they think they are. That really reinforces the value of a six-month injectable option and helps our staff speak confidently about it with clients.”

“Giving ProHeart 6 injections is a good way for our new associate veterinarians to get to know the patients and clients who come to our clinic,” Dr. Hampton suggested. “The six-month visit also allows the new associates to check the dogs



## FDA Lifts Significant Use Requirements for ProHeart 6

for other issues that may need attention and earn confidence with our clients.”

Dr. Thomson agreed and encourages colleagues to consider recommending injectable heartworm preventive in their practices. “I tell my colleagues that there are two components to helping their clients be more compliant about heartworm prevention: client communication and staff education. I spend time with my clients reviewing all the information about ProHeart 6 so they understand the benefits and risks. The staff can also be influential in client decisions, so I make sure all our staff members know about the product. In fact, after I talk with them, staff members ask to have their own dogs on ProHeart 6.”

### New Data Reinforces ProHeart 6 Safety

ProHeart 6 is a veterinarian-administered injectable parasiticide for dogs that provides six months of heartworm protection, as well as treatment for common hookworm infections. In an extensive analysis of adverse events reported over a 4 ½-year period from June 2008 through December 31, 2012, representing an estimated 2,700,000 doses of ProHeart 6 sold in the United States, total adverse events were reported at a rate of 4.4 per 10,000 doses.<sup>5</sup> This represents 0.04 percent of doses sold. The majority of the cases reported involved gastrointestinal upset including vomiting, diarrhea or anorexia, and/or allergic reactions, and these reported events responded to symptomatic therapy. “I recommend the injection to our clients,” Dr. Patton added. “These new data reinforce my confidence in ProHeart 6 as my primary choice for heartworm prevention for all healthy dogs in my practice.” ■

The U.S. Food and Drug Administration (FDA) Center for Veterinary Medicine recently updated the Risk Minimization Action Plan (RiskMAP) for ProHeart 6, the sustained-release injectable heartworm preventive for dogs. The revisions are based on a review of safety history over a 4 ½-year period.

This means that the protection of ProHeart 6 is now available to a wider population of dogs, and easier to implement in veterinary practices.

Under the newly updated RiskMAP:

- ProHeart 6 may now be initiated in healthy dogs 6 months of age and up.
- Veterinarians are no longer required to obtain a consent signature from pet owners before the product is administered.
- Veterinary technicians and assistants who successfully complete a web-based training and certification program may administer ProHeart 6, at the discretion and direction of a ProHeart 6-certified veterinarian.

“We are pleased that the FDA has recognized the predictable, safe and efficacious performance of ProHeart 6,” said J. Michael McFarland, DVM, DABVP and group director of Companion Animal Veterinary Operations for Zoetis™ Inc. “Veterinarians can now offer six months of uninterrupted heartworm protection to all healthy dogs ages 6 months and older, and provide greater peace of mind to their owners, who no longer have to worry about giving monthly doses to keep their dog protected.”

Zoetis will continue to uphold the remaining RiskMAP provisions, including a commitment to ongoing veterinarian and pet owner education about the benefits and risks of ProHeart 6, as well as reporting and evaluation of any potential adverse events. For more information about ProHeart 6 and the RiskMAP revisions, go to <http://online.zoetis.com/us/en/products/pages/ProHeart6.aspx>, or call 1-888-ZOETIS1 (888-963-8471).

**IMPORTANT SAFETY INFORMATION:** ProHeart 6 should not be used in sick, debilitated or underweight dogs, or those with a history of weight loss. Use with caution in dogs with pre-existing allergic disease. Some dogs show mild, transient swelling or itching at the injection site. Owners should be given the Client Information Sheet for ProHeart 6 before the drug is administered, and observe their dog for potential drug toxicity and allergic reactions described in the sheet. Animals showing signs of drug toxicity or allergic reactions should receive immediate veterinary assistance. In people, ProHeart 6 may be slightly irritating to the eyes. ProHeart 6 is available only through a restricted distribution program. Veterinarians enrolled in this program can receive and administer ProHeart 6. To obtain additional information including a copy of the product labeling, visit [www.ProHeart6dvm.com](http://www.ProHeart6dvm.com) or call 1-888-ZOETIS1 (963-8471). For more information, please see full Prescribing Information on page immediately following the toolkit.

<sup>1</sup>Executive Board of the American Heartworm Society. Current canine guidelines for the diagnosis, prevention, and management of heartworm (*Dirofilaria immitis*) infection in dogs. Revised January 2012. Available at: <http://www.heartwormsociety.org/veterinary-resources/canine-guidelines.html>. Accessed August 8, 2013.

<sup>2</sup>Data on file. Zoetis Inc. VetInsight™ Analytics; 2013.

<sup>3</sup>American Animal Hospital Association. Taking quality care to the next level: A report of the 2009 AAHA Compliance Follow-up Study. AAHA Press; 2009.

<sup>4</sup>Carpenter C. Heartworm prevention key to reduce disease threat in 2013. Companion Animal Parasite Council Web site. Available at: <http://www.capcvet.org/expert-articles/heartworm-prevention-key-to-reduce-disease-threat-in-2013>. Accessed July 24, 2013.

<sup>5</sup>Data on file. Zoetis Inc. 2013.



## The next step

Teaching clients about the risk of heartworm disease in dogs and cats and stressing the importance of preventives should be at the core of your parasite discussions with clients. Make sure your team is on board and ready to talk ticker health with pet owners by following these critical next steps:

### 1. Tackle tough talks.

Some clients are still going to resist when you recommend yearly heartworm testing so make sure you're ready to face reluctance head-on—and get every client on board with your recommendations. Re-

view the **facts about testing on page 5** to give your pitch a boost.

### 2. Don't forget felines.

Heartworm disease in cats is life-threatening and there's no curative treatment, so prevention is a must. Problem is, it can be a harder sell than pitching heartworm prevention for dogs. Prep your team with the **communication strategies on page 6** to make sure you're ready to have the preventives talk with all of your cat clients.

**3. Drive home the message.** Everyone's on social media these days, so why not take advantage of the oppor-

tunity to plug the importance of heartworm prevention *after* clients leave your clinic? Use the **tweets and posts on page 8** to get started.

**4. Make it relatable.** Some pet owners overestimate the cost of monthly prevention and think they can't afford it. By giving them a better understanding of the cost of prevention versus the cost of treatment—and relating it to a common, everyday purchase—you'll put it in perspective. The **poster on page 11** breaks down the cost in a way every client can relate to. Print it out and post it in your practice.

### One more tip

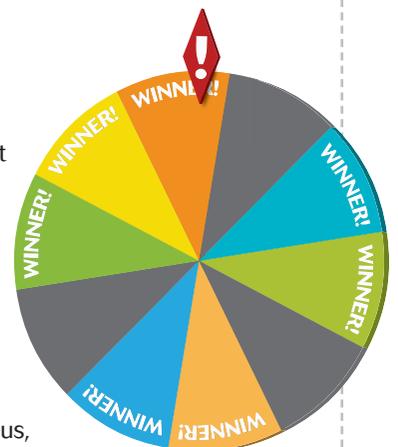
## Spread heartworm awareness with client games

For heartworm awareness in April, our veterinary clinic made a spin wheel and asked our vendors for free products that we can give away—such as hats and pens, says Elizabeth Fellows, CVT, a veterinarian technician in Show Low, Ariz.

When a client purchases a box of heartworm prevention and flea and tick repellent, or gets a heartworm test for a pet along with a box of prevention, the client gets to spin for

the free prize.

To promote these activities, we make big, bright posters to hang in the reception area and in the exam rooms, and we put notices on our monthly reminder cards. The activities really increase client awareness and the clients love spinning the wheel. Plus, they're thrilled if they win!



# ProHeart® 6

## (moxidectin)

### Sustained Release Injectable for Dogs

#### CAUTION:

**Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.**

#### DESCRIPTION:

ProHeart 6 (moxidectin) Sustained Release Injectable consists of two separate vials: One vial contains 10% moxidectin sterile microspheres and the second vial contains a specifically formulated sterile vehicle for constitution with the microspheres. No other diluent should be used. A clear or translucent appearance of the vehicle is normal. Each mL of constituted drug product contains 3.4 mg moxidectin, 3.1% glyceryl tristearate, 2.4% hydroxypropyl methylcellulose, 0.87% sodium chloride, 0.17% methylparaben, 0.02% propylparaben and 0.001% butylated hydroxytoluene. Hydrochloric acid is used to adjust pH.

#### PHARMACOLOGY:

Moxidectin is a semi-synthetic methoxime derivative of nemadectin which is a fermentation product of *Streptomyces cyaneogriseus* subspecies *noncyanogenus*. Moxidectin is a pentacyclic 16-membered lactone macrolide. Moxidectin has activity resulting in paralysis and death of affected parasites. The stage of the canine heartworm affected at the recommended dose rate of 0.17 mg moxidectin/kg body weight is the tissue larval stage. The larval and adult stages of the canine hookworms, *Ancylostoma caninum* and *Uncinaria stenocephala*, are susceptible. Following injection with ProHeart 6, peak moxidectin blood levels will be observed approximately 7-14 days after treatment. At the end of the six month dosing interval, residual drug concentrations are negligible. Accordingly, little or no drug accumulation is expected to occur with repeated administrations.

#### INDICATIONS:

ProHeart 6 is indicated for use in dogs six months of age and older for the prevention of heartworm disease caused by *Dirofilaria immitis*.

ProHeart 6 is indicated for the treatment of existing larval and adult hookworm (*Ancylostoma caninum* and *Uncinaria stenocephala*) infections.

#### DOSE AND ADMINISTRATION:

**Owners should be given the Client Information Sheet for ProHeart 6 to read before the drug is administered and should be advised to observe their dogs for potential drug toxicity described in the sheet.**

**Frequency of Treatment:** ProHeart 6 prevents infection by *D. immitis* for six months. It should be administered within one month of the dog's first exposure to mosquitoes. Follow-up treatments may be given every six months if the dog has continued exposure to mosquitoes and if the dog continues to be healthy without weight loss. When replacing another heartworm preventive product, ProHeart 6 should be given within one month of the last dose of the former medication. ProHeart 6 eliminates the larval and adult stages of *A. caninum* and *U. stenocephala* present at the time of treatment. However, persistent effectiveness has not been established for this indication. Re-infection with *A. caninum* and *U. stenocephala* may occur sooner than 6 months.

**Dose:** The recommended subcutaneous dose is 0.05 mL of the constituted suspension/kg body weight (0.0227 mL/lb.). This amount of suspension will provide 0.17 mg moxidectin/kg bodyweight (0.0773 mg/lb.). To ensure accurate dosing, calculate each dose based on the dog's weight at the time of treatment. Do not overdose growing puppies in anticipation of their expected adult weight. The following dosage chart may be used as a guide.

#### DOSE CHART

Dog Wt.		Dose Volume	Dog Wt.		Dose Volume
lb	kg	mL/Dog	lb	kg	mL/Dog
11	5	0.25	77	35	1.75
22	10	0.50	88	40	2.00
33	15	0.75	99	45	2.25
44	20	1.00	110	50	2.50
55	25	1.25	121	55	2.75
66	30	1.50	132	60	3.00

**Injection Technique:** The two-part sustained release product must be mixed at least 30 minutes prior to the intended time of use (See **CONSTITUTION PROCEDURES** for initial mixing instructions). Once constituted, **swirl the bottle gently before every use to uniformly re-suspend the microspheres.** Withdraw 0.05 mL of suspension/kg body weight into an appropriately sized syringe fitted with an 18G or 20G hypodermic needle. Dose promptly after drawing into dosing syringe. If administration is delayed, gently roll the dosing syringe prior to injection to maintain a uniform suspension and accurate dosing.

Using aseptic technique, inject the product subcutaneously in the left or right side of the dorsum of the neck cranial to the scapula. No more than 3 mL should be administered in a single site. The location(s) of each injection (left or right side) should be noted so that prior injection sites can be identified and the next injection can be administered on the opposite side.

#### INFORMATION FOR DOG OWNERS:

Always provide Client Information Sheet and review with owners before administering ProHeart 6. Owners should be advised of the potential for adverse reactions, including anaphylaxis, and be informed of the clinical signs associated with drug toxicity (see **WARNINGS, PRECAUTIONS AND ADVERSE REACTIONS** sections). Owners should be advised to contact their veterinarian immediately if signs of toxicity are observed. The vast majority of patients with drug related adverse reactions have recovered when the signs are recognized and veterinary care, if appropriate, is initiated.

#### CONTRAINDICATIONS:

ProHeart 6 is contraindicated in animals previously found to be hypersensitive to this drug.

#### HUMAN WARNINGS:

**Not for human use. Keep this and all drugs out of the reach of children.** May be slightly irritating to the eyes. May cause slight irritation to the upper respiratory tract if inhaled. May be harmful if swallowed. If contact with the eyes occurs, rinse thoroughly with water for 15 minutes and seek medical attention immediately. If accidental ingestion occurs, contact a Poison Control Center or a physician immediately. The material safety data sheet (MSDS) contains more detailed occupational safety information.

#### WARNINGS:

ProHeart 6 should be administered with caution in dogs with pre-existing allergic disease, including food allergy, atopy, and flea allergy dermatitis. In some cases, anaphylactic reactions have resulted in liver disease and death. Anaphylactic and anaphylactoid reactions should be treated immediately with the same measures used to treat hypersensitivity reactions to vaccines and other injectable products.

**Owners should be given the Client Information Sheet for ProHeart 6 to read before the drug is administered and should be advised to observe their dogs for potential drug toxicity described in the sheet.**

**Do not administer ProHeart 6 to dogs who are sick, debilitated, underweight or who have a history of weight loss.**

#### PRECAUTIONS:

Caution should be used when administering ProHeart 6 concurrently with vaccinations. Adverse reactions, including anaphylaxis, have been reported following the concomitant use of ProHeart 6 and vaccinations (see **WARNINGS**). Prior to administration of ProHeart 6, the health of the patient should be assessed by a thorough medical history, physical examination and diagnostic testing as indicated (see **WARNINGS**). ProHeart 6 should not be used more frequently than every 6 months. The safety and effectiveness of ProHeart 6 has not been evaluated in dogs less than 6 months of age. Caution should be used when administering ProHeart 6 to heartworm positive dogs (See **ADVERSE REACTIONS**). Prior to administration of ProHeart 6, dogs should be tested for existing heartworm infections. Infected dogs should be treated to remove adult heartworms. ProHeart 6 is not effective against adult *D. immitis* and, while the number of circulating microfilariae may decrease following treatment, ProHeart 6 is not effective for microfilariae clearance.

#### ADVERSE REACTIONS:

In field studies, the following adverse reactions were observed in dogs treated with ProHeart 6: anaphylaxis, vomiting, diarrhea (with and without blood), listlessness, weight loss, seizures, injection site pruritus, and elevated body temperature. Dogs with clinically significant weight loss (>10%) were more likely to experience a severe adverse reaction.

In a laboratory effectiveness study, dogs with 4- and 6-month-old heartworm infections experienced vomiting, lethargy and bloody diarrhea. These signs were more severe in the dogs with 4-month-old heartworm infections, including one dog that was recumbent and required supportive care, than in the dogs with older (6-month-old) infections.

#### Post-Approval Experience (Rev. 2010)

The following adverse events are based on post-approval adverse drug experience reporting. Not all adverse reactions are reported to FDA/CVM. It is not always possible to reliably estimate the adverse event frequency or establish a causal relationship to product exposure using these data. The following adverse events are listed in decreasing order of frequency by body system.

**Immune:** anaphylaxis and/or anaphylactoid reactions, urticaria, head/face edema, pruritus, pale mucous membranes, collapse, cardiovascular shock, erythema, immune-mediated hemolytic anemia, immune-mediated thrombocytopenia (signs reflected in other system categories could be related to allergic reactions, i.e., gastrointestinal, dermatologic, and hematologic)

**Gastrointestinal:** vomiting (with or without blood), diarrhea with or without blood, hypersalivation

**General:** depression, lethargy, anorexia, fever, weight loss, weakness

**Dermatological:** injection site pruritus/swelling, erythema multiforme

**Neurological:** seizures, ataxia, trembling, hind limb paresis

**Hematological:** leukocytosis, anemia, thrombocytopenia

**Respiratory:** dyspnea, tachypnea, coughing

**Hepatic:** elevated liver enzymes, hypoproteinemia, hyperbilirubinemia, hepatopathy

**Urinary:** elevated BUN, elevated creatinine, hematuria, polydipsia, polyuria

Cardiopulmonary signs such as coughing and dyspnea may occur in heartworm positive dogs treated with ProHeart 6.

**In some cases, death has been reported as an outcome of the adverse events listed above.**

To report suspected adverse reactions, to obtain a Material Safety Data Sheet, or for technical assistance, call 1-800-366-5288.

For a complete listing of adverse reactions for moxidectin reported to the CVM see: <http://www.fda.gov/AnimalVeterinary/SafetyHealth/ProductsSafety/Information/ucm055394.htm>

#### ANIMAL SAFETY:

**General Safety:** ProHeart 6 has been administered to a wide variety of healthy dogs six months of age and older, including a wide variety of breeds, pregnant and lactating females, breeding males, and ivermectin-sensitive collies. In clinical studies, two geriatric dogs with a history of weight loss after the initial ProHeart 6 injection died within a month of the second 6 month injection. A third dog who was underweight for its age and breed and who had a history of congenital problems experienced lethargy following the initial injection of ProHeart 6. The dog never recovered and died 3 months later (see **WARNINGS**).

ProHeart 6 administered at 3 times the recommended dose in dogs with patent heartworm infections and up to 5 times the recommended dose in ivermectin-sensitive collies did not cause any adverse reactions. ProHeart 6 administered at 3 times the recommended dose did not adversely affect the reproductive performance of male or female dogs. ProHeart 6 administered up to 5 times the recommended dose in 7-8 month old puppies did not cause any systemic adverse effects. In well controlled clinical field studies, ProHeart 6 was used in conjunction with a variety of veterinary products including anthelmintics, antiparasitics, antibiotics, analgesics, steroids, non-steroidal anti-inflammatory drugs (NSAIDs), anesthetics and flea control products.

**Injection Site Reactions:** Injection site observations were recorded during effectiveness and safety studies. In clinical studies, ProHeart 6 was administered at six-month intervals to client-owned dogs under field conditions. There were no reports of injection site reactions in these field studies and evaluations of the injection sites revealed no abnormalities.

In a laboratory safety study, ProHeart 6 was administered at 1, 3 and 5 times the recommended dose to 7-8 month old puppies. Injection sites were clipped to facilitate observation. Slight swelling/edema at the injection site was observed in some dogs from all treated groups. These injection site reactions appeared as quickly as 8 hours post injection and lasted up to 3 weeks.

A three-year repeated injection study was conducted to evaluate the safety of up to 6 injections of ProHeart 6 administered at the recommended dose (0.17 mg/kg) every 6 months. Mild erythema and localized deep subcuticular thickening were seen in dogs that received four injections in the same area on the neck and in one dog that received two injections in the same area on the neck. Microscopic evaluation on the injection sites from all dogs 6 months after the last injection consistently showed mild granulomatous panniculitis with microvacuolation.

The only adverse reaction seen that was not related to the injection site was weight loss in one dog.

Some dogs treated with ProHeart 6 in laboratory effectiveness studies developed transient, localized inflammatory injection site reactions. These injection site reactions were visible grossly for up to 3 weeks after injection. Histologically, well-defined granulomas were observed in some dogs at approximately 5 months after injection.

#### CONSTITUTION PROCEDURES:

The two-part ProHeart 6 product must be mixed at least 30 minutes prior to the intended time of use.

Items needed to constitute ProHeart 6:

- Microspheres
- Enclosed vent needle (25G)
- Vehicle
- Sterile 20 mL syringe for transfer
- Transfer needle (18G or 20G)

#### Constitution of the 20 mL vial product.



- Shake the microsphere vial to break up any aggregates prior to constitution.
- Using an 18G or 20G needle and sterile syringe withdraw 17.0 mL of the unique vehicle from the vial. **There is more vehicle supplied than the 17.0 mL required.**
- Insert the enclosed 25G vent needle into the microsphere vial.
- Slowly transfer the vehicle into the microsphere vial through the stopper using the transfer needle and syringe.
- Once the vehicle has been added, remove the vent and transfer needles from the microsphere vial. Discard unused vehicle and needles.
- Shake the microsphere vial vigorously until a thoroughly mixed suspension is produced.
- Record the time and date of mixing on the microsphere vial.
- Allow suspension to stand for at least 30 minutes to allow large air bubbles to dissipate.
- Before every use, gently swirl the mixture to achieve uniform suspension.** The microspheres and vehicle will gradually separate on standing.
- Use a 1 mL or 3 mL syringe and an 18G or 20G needle for dosing. Dose promptly after drawing into dosing syringe. If administration is delayed, gently roll the dosing syringe prior to injection to maintain a uniform suspension and accurate dosing.
- Refrigerate the unused product. The constituted product remains stable for 4 weeks in a refrigerator. Avoid direct sunlight.



#### STORAGE INFORMATION:

Store the unconstituted product at or below 25°C (77°F). Do not expose to light for extended periods of time. After constitution, the product is stable for 4 weeks stored under refrigeration at 2° to 8°C (36° to 46°F).

#### HOW SUPPLIED:

ProHeart 6 is available in the following three package sizes.

##### 1. 1-Pack

20 mL vial product:  
1 - 10% moxidectin sterile microspheres - 598 mg/vial  
1 - Sterile vehicle - 17 mL/Vial

##### 2. 5-Pack

20 mL vial product:  
5 - 10% moxidectin sterile microspheres - 598 mg/vial  
5 - Sterile vehicle - 17 mL/Vial

##### 3. 10-Pack

20 mL vial product:  
10 - 10% moxidectin sterile microspheres - 598 mg/vial  
10 - Sterile vehicle - 17 mL/Vial

For a copy of the Material Safety Data sheet (MSDS) or to report a suspected adverse reaction, call Pfizer Animal Health at 1-800-366-5288.



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# ROLL BACK your discounts

When you discount—in the exam room or in your latest promotion—you're not just slashing prices. You're shortchanging your team, your profession and yourself.

By Mark Opperman, CVP

I want you to be honest with me for a moment: Why do clients visit your veterinary hospital? Is it because your team has a reputation for providing quality medical services and great customer care—or is it because you offer the best discount on the block?

If it's the latter, then I'm afraid pet owners are coming to your practice for the wrong reasons. I really believe that discounts send the wrong message to clients. It's like you're telling them, "Normally we charge too much—sorry about that—so now we'll charge less." Not to

mention, you're undercutting yourself and your hard-working staff. In my opinion, offering discounts is unprofessional and demeaning to our profession—frankly, I don't understand it.

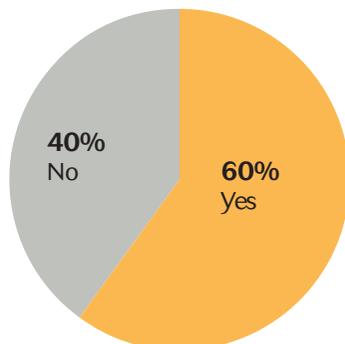
For years, I've thought there must be a course veterinarians take in school that teaches them how to *not* charge for their services. How else did veterinarians become so good at it? According to a recent [dvm360.com](http://dvm360.com) survey, 60 percent of veterinarians said they offer discounts as part of their marketing efforts. I've found veterinarians tend to give away

nail trims, recheck exams and other procedures. I mean, what other business could you visit and expect to receive additional services free of charge?

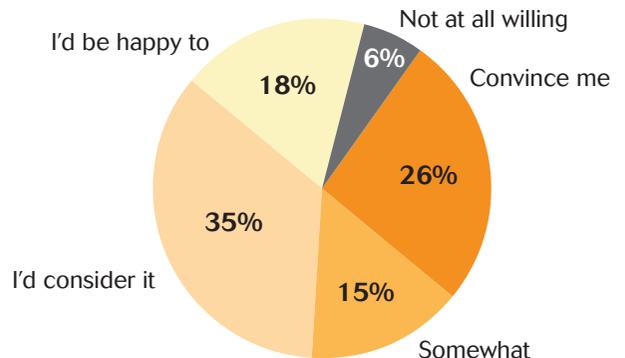
## The truth about wellness plans

It hasn't even been proven that discounting benefits your veterinary practice. Let me give you an example. Another recent trend in veterinary practices seems to be offering wellness packages—which normally are bundled veterinary services offered at a discount to the client. Well, I know a few practices

Do you currently offer discounts as part of your marketing efforts?



How willing would you be to change your approach if it would increase client visits?



that offer wellness packages at the normal price (*gasp!*), but allow clients to pay for those wellness services each month over the course of the year. The practice may also offer incentives other than a discount, such as one or two free grooming services, or a few days of complimentary boarding or playtimes during the year.

Could these rebel veterinary practice owners be just as effective in marketing their wellness packages as those that offer clients a discount?

## Your prices aren't the problem

If veterinary clients complain about your prices, it's not your costs they're complaining about—it's the lack of perceived value. I think that veterinary medicine is one of the best bargains out there. Look at what you charge for hospitalization, look at what it costs to provide this service and tell me it's

Find it all here.  
dvm360.com

### Management made easy

Mark Opperman and other veterinary practice pros provide tips in a new management blog at [dvm360.com/managementmatters](http://dvm360.com/managementmatters).

## So you still want to discount ...

If you still want to offer an incentive to get new clients in the door, try implementing a "soft discount." Offer a product or service instead of a cash discount to provide an incentive to pet owners—complimentary grooming with your professional groomer or a day of luxury boarding in your boarding facility. If you don't offer those services, my bet is that the groomer or boarding facility you normally refer to would be happy to work out some mutually beneficial arrangement with you. Other rewards you could offer might be a complimentary pet ID tag or a free month of flea control or heartworm medication.

The idea is to offer a product or service that your practice provides that has a high perceived value, but which might not cost you very much in the end. Plus, it may entice the pet owner to start using those products or services within your practice.

not a good deal to begin with. Unfortunately, discounting has far-reaching consequences on our profession and on those who we employ.

It's no secret that we pay our team members less-than-adequate wages. My son got a summer job at a fast food restaurant. He was paid more an hour than licensed technicians in my area. That's unacceptable. We ask our employees to support our efforts to provide excellence in medicine, yet we pay them a wage most people can't live on. Veterinary school students are graduating from graduate school making at least \$40,000 less than any other medical professional. Why? We give our services away.

## Develop a strategy with no discounts

It's time to revisit your fee schedule and develop fair fees

based on your cost of doing business. Charge those fees with pride, knowing that you provide an excellent service at a fair fee. When you do get complaints (and you will), look at where you failed to educate the client. If you wish to help clients who can't afford your services, set up a charity account for your doctors and fund that with \$1,000 or \$2,000 a year. Charity is a good thing, but a charity account will help to control how charitable you are and keep it within reason.

I don't want our profession to be known as the "discounted profession." Instead, add value to the services you provide and exceed your clients' expectations. Be proud of the fees you charge because your practice is worth it. And you're worth it. **VE**

*Mark Opperman, CVPM, is owner of VMC Inc., a veterinary consulting firm based in Evergreen, Colo.*



# for your **TIRED** team meetings

Forget caffeine. Chug these five tips to energize meetings for maximum education and inspiration and a minimum of bored looks. *By Denise Tumblin, CPA, and Christina Materni*

**B**oring, robotic and unproductive. Is this a game of word association or a description of your team meetings? If you chose the latter, read on for some easy ways to help put the spark back into your team meetings—and into your practice.

## 1 Spotlight your staff

You can't run your practice without your team, so how about putting them front and center at your meetings?

> **Make it "open mic."**

Amanda Morris, MBA, CVPM, practice manager at Care Animal Hospital in Muncie, Ind., requires staff members



Amanda Morris, MBA, CVPM

to present what they've learned after attending a continuing education session.

> **Celebrate successes.**

Recognize your team's accomplishments. Did one of your veterinary technicians go above and beyond, helping a fellow team member with a tough task? Did one of your receptionists provide excellent customer service to a disgruntled client? Shine the spotlight on someone who's doing a great job. Not only will they be encouraged to keep it up, but other team members will follow suit.

> **Incorporate CE.** This will make your team—and ultimately your practice—stronger and more successful. Cheryl Arnold, CVPM, practice administrator at Veterinary Medical Center



Cheryl Arnold, CVPM

in Easton, Md., invites different speakers to the practice each month. She had an OSHA representative come in recently

to educate her staff about a particular safety topic and how it comes into play at their practice. (For complete meeting guides on a variety of topics, such as team conflict, visit [dvm360.com/teamtraining](http://dvm360.com/teamtraining).)

## 2 Provide structure

Your team may never look forward to your meetings, but organization and a clear format make them more tolerable.

> **Stay on schedule.**

Weekly meetings are part of the regular workweek and should



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# for your **TIRED** team meetings

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**B**oring, robotic and unproductive. Is this a game of word associa-

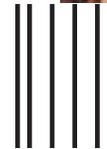
to present what they've learned after attending a continuing education session.



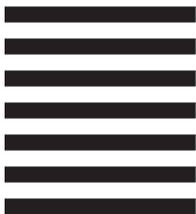
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start—and end—on time. Schedule them in the morning or over lunch, and keep them to an hour in length.

> **Location is key.** An environment free from interruption works best, so close the practice for the meeting.

> **Follow an agenda.** If scheduled over lunch, eat first, *then* have the meeting. This

allows staff to interact and contribute more to the discussion.

sons in charge of each action item from the last meeting. Give staff the opportunity to submit new topics for discussion as well, and distribute the agenda ahead of time. Develop an agenda for next time at the conclusion of the meeting.

> **Set goals.** We know you need to make decisions or resolve issues from time to

topic and ensuring you stay on track and end on time. Assign a note-taker to write down all key points, project assignments and deadlines from each topic, and distribute copies of the notes to everyone after each meeting. Rotate note-taking responsibility among your staff every two to three months.

*If you show enthusiasm for your work, your clients and your staff, they will respond in kind.*

time, but keep in mind that bringing your staff together as one cohesive team is also an important goal of *any* meeting. Morris once invited her retirement plan administrator to a staff meeting to educate her team about paycheck withholdings and teach them how to keep more money in their pockets. This sends the message that they're just as important as the practice.

allows staff to interact and contribute more to the discussion. Make sure your agenda includes a review of decisions made the week before and any problems that arose implementing them. It's also good to get a status report from the per-

> **Keep track of players.** Attendance is required and your staff is paid to be there. If someone can't attend, ask the managers and team leaders to provide a recap of the decisions reached during the meeting to the person who was absent. Designate a meeting facilitator to lead the meeting by starting on time, introducing each

### 3 Make 'em memorable

Your staff will remember even the most mundane details of a meeting if the meeting itself stirred emotion.

> **Open on a positive note.**

Mention something newsworthy or share a heartwarming story related to a patient, employee, community member or even yourself.

> **Be an open book.** Dr.

Mike Brown, DVM, owner of Care Animal Hospital in Muncie, Ind., gives an annual "Financial State of the Practice Address" for his staff. Sharing what it costs to open the doors each day—including utilities, inventory and staff paychecks—is a real eye-opener.



Dr. Mike Brown

> **Inspire your team.** Give them something to inspire them to do their best. Ask them to read a motivational book, such as *Fish* by Stephen C. Lundin or *Gung Ho* by Ken Blanchard,

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and discuss how to incorporate what they read into what they do in practice.

Arnold also recommends creating goal-setting exercises for your team. For example, she divides her technicians into teams and gives a prize to the team that meets a specific goal, such as recommending the most dental procedures or showing the most clients how to use dental products.

**> Surprise your staff.**

Bring in treats or buy lunch to celebrate a practice milestone, the accomplishment of a goal

or the purchase of a new piece of equipment.

**4 Have fun**

A team that enjoys life at work—and outside of work—is bound to perform better.

**> Create balance.** Between your work and personal life, that is. Have everyone bring family to an annual picnic hosted by the clinic—a fun way to show you value work-life balance.

**> Be the good example.**

Look in the mirror and be a strong leader. If you show enthusiasm for your work, your

clients *and* your staff, they will respond in kind.

**5 Finally—repeat**

Try incorporating these steps into your next team meeting and keep at it. You'll soon describe your meetings with a new set of words—energizing, interesting and productive. **VE**

*Denise Tumblin, CPA, is president and owner of the veterinary practice consulting firm Wutchiett Tumblin and Associates. Christina Materni is a financial analyst at the firm.*

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# COACHING

## your way to the top

Learning how to coach can greatly improve your practice. Here are some tips to get you started. *By W. Bradford Swift, DVM*

**Y**ou don't need a coach in your practice—unless you want to play your best game possible. For example, if I want to have some fun playing a pick-up game of tennis with my neighbor, I don't need a coach—just a new can of balls. But if I want to play, compete and possibly win at a major tournament, it makes sense to have a coach because at that level of play, everyone is out to play the very best game possible.

The same is true in business. If you just want to just get by, creating a climate of coaching isn't necessary. But if you want to excel at the sport of business, then coaching can give you the edge you need to rise above the competition.

If you master the role of coach, your practice's productivity and profitability could soar. You don't need to go back to school for an MBA either. A better practice is possible just by shifting the management atmosphere from managing by control to managing as a coach.

### How to coach

If you're at least willing to consider the possibilities that coaching has to offer your practice, you probably want to know how to do it. It's simple: Observe what great coaches do, and do that. What follows are some of the coaching tips and principles I've learned from working with and observing coaches in action.

### Detect the player's commitment

One of the first things a great coach must do is detect a "coachable player" (have your team read an article about how to be a coachable player at [dvm360.com/coachable](http://dvm360.com/coachable)). A coachable player is a player who has a commitment to the game. As Woody Allen put it: "Eighty percent of life is showing up." If your staff shows up for work, you know they have at least some level of commitment to your practice.

Another way to determine a person's commitment is in what the person says. If a staff member complains, you may

not be hearing commitment. If you hear suggestions after the complaints, you're hearing commitment as well as identifying a coachable person.

### Be sensitive to how players listen

One note of caution: The best intentions of a coach can be tripped up by a player's response to coaching. It's human nature to hear coaching first as criticism, which can result in defensive behavior.

A good coach overcomes this problem by taking the players' natural reactions into account and getting them to listen to the coaching anyway. Suppose one of your employees, Alice Smith, is late to work. As a coach, the first step is to examine what's happening with her. See if there's a pattern here that you've noticed in the past. Next, ask yourself what would make a difference in her behavior.

Go to her and say, "Here's what I think is happening. What do you think?" Then, listen carefully to her perspec-

## Example of an effective coaching conversation

Your receptionist, Cindy, says in an exasperated voice, “That’s the third no-show appointment this afternoon. Why do they bother making appointments if they’re not going to keep them?”

On the surface, such a comment might only agitate you as you join in: *Yeah, why aren’t people keeping their appointments?* But when you think about her comment, it becomes clear that only a person committed to the success of your practice would be troubled by people missing their appointments. Here’s a good opportunity to turn a complaint into committed action.

You might say, “Cindy, I can see it bothers you when people don’t keep their appointments, and I appreciate that you’re so interested in the practice doing well. I’d like to talk with you

about what we might do to cut down on all these missed appointments.”

Such a question on your part assumes that you’re talking to a committed team player. Remember that what you expect from people is usually what you get. Now, the two of you can have a conversation about actions that can be taken to eliminate the cause of the complaint—no-show appointments. It will be a much more effective conversation than if you had decided for yourself what should be done and then delegated that to your front office staff.



tive. How does she interpret the situation? Finding out how someone is interpreting an action is one of the most effective techniques of coaching, because our thoughts and feelings influence our actions. Understanding Alice’s perspective will help you understand her behavior.

### Altering the player’s interpretation

As a coach, your next step is to have a conversation that alters the player’s interpretation. Start by saying you noticed she came into work late.

Tell Alice clearly that it’s not intended as criticism. Then ask: “Did you know you were late to work?”

Alice may say something like, “I knew I was a little late, but I didn’t think it was that big a deal. My last boss didn’t

really seem to mind.”

You could respond, “So you’re saying, you think the time you come to work is more flexible and doesn’t make that much difference?”

Once you’ve heard Alice’s take on the situation, you need to choose your words carefully so you make this a real coaching moment. It might be something like, “Alice, you’ve been an excellent worker and your overall performance is fine. But I want you to know, from now on, I need you to come to work on time. When you come in late, you create unnecessary hardship on the rest of the staff.”

Another note of caution: Don’t use the above example as a formula. As a coach, you need to observe and let your actions fit the different situations you encounter.

### Be responsible for the performance

Lastly, remember that you are the coach. To be effective, a coach must be responsible for the performance of the player. The best part of coaching is that it demands the commitment from you to perform beyond the level you’ve reached in the past. Above all, being a great coach demands that you find yourself a coach and be coachable as well. Your coach may be a colleague, an outside consultant, anyone. If you let people coach you, it will improve your own coaching abilities.

As an effective coach, you make the biggest difference in your results and the satisfaction you generate for yourself and your entire winning team. **VE**

*Dr. Brad Swift is founder of the Life on Purpose Institute and helps professionals through writing, speaking and coaching.*



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# Too many veterinarians? Jury's still out

We've been bombarded with terms such as shortages and incentives for years, but we're no closer to solving the supply and demand puzzle plaguing our profession.

**A**s veterinarians, we do best when we make evidence-based decisions. The same holds true for us as a profession. But supply and demand is one issue the pro-



Dr. Eden Myers is a relief veterinarian in Ky. This article appears in full on her website [JustVetData.com](http://JustVetData.com).  
Dr. Ryan Gates is a partner at Cuyahoga Falls Veterinary Clinic in Cuyahoga Falls, Ohio.

Profession is unable to address due to a lack of evidence. Do we have an oversupply of veterinarians or under-demand? Or is it a worst-case combination of the two?

In 2011, the American Association of Bovine Practitioners (AABP) concluded that “there is not cur-

rently a shortage of veterinarians for rural food supply veterinary private practice and that the perception by veterinary schools and the public that there continues to be a shortage of rural practitioners is leading to increased class sizes at veterinary schools and the creation of new veterinary schools.”

AABP's conclusions are supported by fundamental economic principles. In a free-market economy, service providers locate where there is adequate incentive. Thus, we infer that a lack of veterinary presence in an area is due to a shortage of incentives—financial, social or otherwise. For decades a different inference had been made:

A lack of veterinarians in an area is due to a shortage of veterinarians.

An increasing majority of veterinary students report not having a permanent job at graduation. The most recent in a string of highly anticipated AVMA-commissioned workforce studies seems to confirm what so many veterinary practitioners have been saying for years: “Market indicators suggest excess capacity at the national level to supply veterinary services. Recent trends include falling incomes of veterinarians, falling rates of productivity and increased difficulty for new graduates to find employment.”

We submit that this has been an observable trend and that its impact over time is undeniable—the job market is changing dramatically. We reject the notion of overcapacity and underutilization in our profession, however, as this implies the market should meet the supply rather than the other way around.

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