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The best read veterinary team journal. Bam.

OOPS!

We missed
a charge **p4**

Dentistry
holds fangtastic
potential **p7**

Stranger-
directed
aggression in
cats **p11**



What is
a **TECH?**
p20



Cats
like to look
down on you **p3**

Eyes on the future

Rule the world (or at
least your practice). **p12**



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firstline®

Healthy team members = healthy pets

6



**Back to
the practice
manager's future**

**Dentistry holds
fangtastic potential**



7

12



Take over the world (or at least your practice)

Exclusive data from dvm360 Future of
Veterinary Medicine study reveals the growing
role of managers and technicians.



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**Stranger-directed
aggression in cats**

2 Client handout: What Roscoe and Ruby are really eating

Cats like to look down on you

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5 Give seniors a hand(out)

Team Meeting in a Box:
Mental health matters

Back Office Blunders

20 Tech vs. nurse

PEARLS

(Lustrously good advice and tips)



A tool to find out what Ruby and Roscoe are really eating

OK, you know the best diet for the pets is the one the veterinarian recommends in the exam room. And water is really the only beverage that should pass a pet's lips. But don't you want to know about the milk Mrs. Peterson slips Ruby the Rottweiler or the cookies Roscoe gets from the bank teller during Mr. Smith's regular trips to the bank? Ask clients to fill out this form to spell out what their chow hounds are really chomping down on. Visit dvm360.com/nomnom for the free form.

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Cats like to look



down on you

**No, really. Kitties
(and some dogs too!)
will relax in your
veterinary practice
if you just give them
high spaces to perch.**

By Mikkel Becker, CPDT



Animals often are more vulnerable when they're down low. So it makes sense that certain dogs and many cats feel more secure and calm when you give them higher ground.

For cats, try climbing areas in the exam room or non-slip surfaces securely attached to the exam table to create go-to hangout places outside of the crate.

For dogs, think living room sofa. Pooches are often calmer and less likely to pace when you let them up on a chair space, as many likely enjoy their family furniture at home as well.

Many pets relish the invitation to move to these desired places. It's a reward, and they're often more comfortable and less antsy once there. Just remember to use this tip on a case-by-case basis. Some pups are more likely to become defensive in such a position, like on a lap.

In our experience, the veterinary team can use an invitation to go onto the furniture for the exam and some procedures. Allowing a pet on the lap for attention and petting is familiar and positive and lets you perform elements of the exam in a relaxed position for pets.

Want to be Fear Free?

There's a lab for that! Check out thecvc.com/sd to find out more about Fear Free training featuring Mikkel Becker, CPDT, and Gary Landsberg, DVM, DACVB, DECAWBM (companion animals), in San Diego, Dec. 8-11.



ASK THE EXPERTS

What do you recommend if charges are forgotten on invoicing? Is it OK to contact the client by phone and also invoice with an inconvenience discount?

—Leaking revenue

Dear Leaky:

Anyone who's worked in a practice with rigid client payment policies knows there's no such thing as a one-size-fits-all approach to client happiness or practice prosperity. In our efforts to be both financially successful and "fair" we've swapped out loyalty to our patrons for loyalty to our payment policies. The upshot? More revenue. The cost? Well—I'm sure you have your share of stories.

It sounds to me like you're a practice leader who's trying to adopt a stricter protocol on what to say or do if someone fails to charge clients appropriately. But to what end? If I call up Powder Puff's mom and ask to take another swipe out of her card, she may happily give her credit digits over the phone or slam the phone down in my ear. And no amount of policy making or verbal linguistics is going to move those odds in either direction.

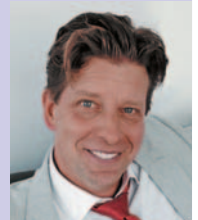
Inconvenience discount? Ask yourself what part of this unpleasant business the discount is mitigating. In my opinion, the "solution" of an inconvenience discount isn't solving the problem at all; it's just orbiting it.

Here's my take: Give your team members some guidelines on how to talk about money. Educate them on the value of what you do. Upload them on the economics of running a practice and the importance of capturing charges. And give them the authority to make decisions about calling (or not calling) clients about missed charges as they see fit.

Adopting a protocol on what to say to a client about a missed charge is not leadership; it's paperwork. Leadership is getting team members to feel, think and act like owners. Build a practice team that's adaptive and responsive to what clients want and give them the authority to make decisions in the best interest of both clients and the practice on an individual basis.

—Bash Halow, LVT, CVPM

Bash Halow, LVT, CVPM, is a management consultant with Halow Tassava Veterinary Business Consultants, CVC speaker and frequent dvm360 contributor.



Got a question? Email your questions for our experts to firstline@advanstar.com.

Senior wellness: Give 'em a hand(out)

Once patients reach the senior age bracket their needs change. Help clients address the sometimes confusing or scary changes that come with this life stage with the following handouts at dvm360.com/seniorwellness.

1. Have clients fill out a behavior questionnaire as they arrive for their appointment to give you a picture of how the pet is doing at home and what conditions or symptoms may need to be paid special attention to.

2. While you complete your physical exam, use a wellness report card to paint a full picture of how the pet is doing. Do they seem to have lameness and itchy skin? Mark it down! This will give clients a visual representation of all the things their senior pet has going on that they may or may not be aware of.

3. Give clients a handout to help stress how important care is for senior pets. Encourage them to stay ahead of disease in older pets with wellness exams and preventive diagnostics.



Back Office Blunders Episode 6: Breeder Knows Best

"My breeder planned my French bulldog's anesthesia and surgery with a little help from Dr. Google." What strategies do you use to handle pet owners who resist your anesthesia recommendations? Watch the episode at dvm360.com/backofficeblunders.



TEAM MEETING IN A BOX: MENTAL HEALTH MATTERS

A 2015 national mental health survey revealed nearly one in 10 U.S. veterinarians might experience serious psychological distress. So odds are, someone on your team is either experiencing psychological distress now or will in the future. This Team Meeting in a Box helps you start a conversation about the importance of mental health in your veterinary practice. Visit dvm360.com/teammeeting.



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Veterinary Hospital
Managers Association

INSIDER'S INSIGHTS

By Christine Shupe, CAE,
Executive Director, VHMA

Back to the veterinary manager's future

Great Scott! Rapidly evolving technology, a growing number of corporate acquisitions of independent practices and a drop in the number of clients are transforming the veterinary industry. These changes may also redefine the role of the veterinary manager in the years ahead. Understanding how this may influence the future is key to embracing change. While preparing the Veterinary Hospital Managers Association (VHMA) strategic plan, we surveyed industry leaders to gain insight into trends that influence the roles managers will play. Three topics dominated the discussions.

"Are you telling me that you built a time machine... out of a DeLorean?"

—Marty McFly

1 As the growth in corporate practices continues, managers can anticipate that their roles may become more specialized.

Historically, the veterinary industry has been comprised of general veterinary practices, but more and more of these independent practices have been acquired by corporations. Large corporate-owned practices may be more likely to hire managers with specific expertise related to job function for organizational efficiency.

"If you put your mind to it, you can accomplish anything."—Marty McFly

2 Certification will become increasingly important to employers because it speaks to an employee's willingness to work hard. With the introduction of new technology and other practice enhancements, managers will be expected to master increasingly complex information and demonstrate proficiency in management issues such as technology, law, finance, accounting and human resources.

Managers with experience and exceptional skills may be an asset, but those who are also motivated and who enthusiastically and proactively adapt to new challenges will be vital to practice success.

Those who've obtained a professional credential show they're driven to excel and value education. It's the commitment to professional growth and development that will equip managers to respond effectively to changes in the industry.

"Roads? Where we're going, we don't need roads."—Dr. Emmett Brown

3 There will be an increasing call for managers to lead strategic planning for the

practice. In an environment of rapid change, practice managers who can effectively lead the strategic planning process and incorporate strategic thinking into their repertoire of skills will be a valuable resource to their organizations. Businesses that are prepared to adjust strategy in response to environmental changes will be better positioned to survive and thrive.

Before you make like a tree and get out of here ...

It's worth noting that VHMA discussion participants agree that the changes on the horizon will modify the veterinary manager's role. It's difficult to define precisely what that role will look like. Managers need to watch developments in the veterinary world to adapt to and flourish in a new reality.

And, although the future responsibilities of the practice manager are currently undefined, respondents agreed that leaders who demonstrate interpersonal and interoffice skills will always be in demand to maintain and care for clients and the clinic team.

If our calculations are correct, when this profession hits 88 miles an hour, you're going to see some serious stuff!

Dentistry holds fangtastic potential

Dentistry can replace lost spay and neuter revenue and encourage regular visits.

*By Mary L. Berg, BS, RVT, RLATG,
VTS (dentistry)*

After practicing 46 years, a California clinic owner realized his team needed to shift its focus. Spays and neuters had been a main income source for most of his career, but with more clients taking their pets to low-cost clinics for the procedures, he needed to replace the lost income. His answer? Dentistry.

This clinic's situation isn't an anomaly. It's becoming the norm. Practices across the country are turning to dentistry as a way to replace lost spay and neuter revenue and encourage regular visits. The potential is huge. Good oral care can improve the human-animal bond and may contribute to a longer life for the pet. Consider the fact that while about 80 percent of the patients entering your veterinary hospital have some degree of dental disease, around only 14 percent get the care they need to treat it.^{1,2} And because the treatment and prevention of dental disease requires consistent collaboration between clients and veterinary teams, dentistry provides your practice with a hook for regular visits.





How to shift your practice's periodontal paradigm:

Get proper tooth training and tools. Dogs have 42 teeth, and cats have 30. Consider each tooth a patient, and you'll have a better grasp on the amount of time and effort good dentistry requires. Train your team to perform safe, efficient dental cleanings. Invest in a dental radiograph machine and learn how to use it as well as how to interpret radiographs. Encourage continuing education in proper techniques.

Slow down and talk teeth. Don't rush through appointments. Setting a goal to merely increase the number of dental procedures you do each day is the wrong approach. Instead, train your team how to communicate with clients about dentistry. Empower and encourage them to spend time with clients to help them understand how routine home care and regular professional COHATS (Comprehensive Oral Assessment and Treatment) can affect their pets' long-term health. Performing fewer dental procedures each day but doing a better job and charging accordingly will boost both revenue and morale, and you'll be practicing better medicine.

Watch word choices. Stop using the term "dental." Clients consider it cosmetic and tune out. Replace it with terms like "periodontal therapy" and "COHAT," and use words like

"pain" and "infection" instead of "periodontal disease." Discuss the link between dental disease and systemic diseases if left untreated. Tell clients they "need" to treat it "now."

Use visuals. Create posters of before-and-after photos of the different stages of dental disease for your exam rooms. You can use them as a reference when you examine the pet and discuss how to prevent progression.

Price properly. Price your procedures based on the degree of disease with increasing prices as the disease progresses. This can incentivize owners to treat early to avoid higher costs in the future. If you have or are considering dental radiographs, don't make it optional. Incorporate the cost into the procedure. You will find pathology in more than half of your patients that you couldn't see without radiographs.

Mary L. Berg, BS, RVT, RLATG, VTS (dentistry) is president of Beyond the Crown Veterinary Education.

References:

1. Niemiec BA. Periodontitis. In: Niemiec BA, ed. *Veterinary Periodontology*. 1st ed. Ames, IA: John Wiley & Sons; 2013:81.
2. Veterinary Pet Insurance. Brush up on your pet's oral care. <http://www.petinsurance.com/healthzone/pet-articles/pet-dental-care/Brush-Up-on-Your-Pets-Oral-Care.aspx>. Accessed 7/13/2016.

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

See brief summary on page 10.

NexGard[®] (afoxolaner) Chewables

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

Description:

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

Indications:

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

Dosage and Administration:

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

Dosing Schedule:

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

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

Flea Treatment and Prevention:

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

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

Tick Treatment and Control:

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

Contraindications:

There are no known contraindications for the use of NexGard.

Warnings:

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

Precautions:

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

Adverse Reactions:

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

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

Table 1: Dogs With Adverse Reactions.

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

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

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

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

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

Mode of Action:

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

Effectiveness:

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

In a 90-day US field study conducted in households with existing flea infestations of varying severity, the effectiveness of NexGard against fleas on the Day 30, 60 and 90 visits compared with baseline was 98.0%, 99.7%, and 99.9%, respectively. Collectively, the data from the three studies (two laboratory and one field) demonstrate that NexGard kills fleas before they can lay eggs, thus preventing subsequent flea infestations after the start of treatment of existing flea infestations.

In well-controlled laboratory studies, NexGard demonstrated >97% effectiveness against *Dermacentor variabilis*, >94% effectiveness against *Ixodes scapularis*, and >93% effectiveness against *Rhipicephalus sanguineus*, 48 hours post-infestation for 30 days. At 72 hours post-infestation, NexGard demonstrated >97% effectiveness against *Amblyomma americanum* for 30 days.

Animal Safety:

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

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

Storage Information:

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

How Supplied:

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

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2. PEE JOKE IN 3 ... 2 ... 1 ... Just kidding. We got those all out of our system. Instead, let's be impressed with IDEXX's SediVue Dx Urine Sediment Analyzer, which takes four to five drops of fresh urine and identifies and classifies elements (crystals, anyone?) you probably wouldn't see with a microscope. See what we mean at dvm360.com/urinequiz.

3. PASS THE GAS. Does IDEXX's VetStat Electrolyte and Blood Gas Analyzer have a handle? That looks like a handle. So, this one assesses electrolytes, acid-base balance, ventilation, oxygenation, ionized calcium, glucose, anion gap, base excess and bicarbonate ... and you can take your work home with you. But don't do that. There are laws against that, we're pretty sure.

For these and more diagnostic products, visit dvm360.com/products and click on "Diagnostics & Laboratory."



Stranger-directed aggression in cats



E'Lise Christensen, DVM, DACVB, helps your team build a treatment plan.

Stranger-directed aggression in feline patients can be a frustrating behavior problem for veterinary clients. The first thing to do when these patients are presented is to take a thorough history from the client and complete a physical examination to rule out medical conditions, says E'Lise Christensen, DVM, DACVB.

Some important questions to ask:

- How long has the behavior been occurring?
- How did the behavior develop?
- Have injuries occurred?
- Who are the targets of the aggression?

- Does the behavior follow a predictable pattern?
- How is the living space laid out?
- If there are multiple pets in the home, how do the pets interact?
- What is the human family system like?

Then work to create a plan and structure in the client's home to decrease the exposure to the stimuli that triggers the cat.

Start by creating a safe space for the pet, such as a bed or cat condo that the cat can be taught to go to with the goal of decreasing behavioral arousal, Dr. Christensen

says. Giving the cat lots of positive reinforcement for using the safe place will encourage the cat to use it more often. Then teach clients about environmental enrichment and behavioral modification for their pet—one great option would be to implement clicker training.

No matter what strategy clients use to modify their pets' behavior, it's important that punishment not be used in situations when aggressive behaviors occur, Dr. Christensen says. Punishment can actually increase aggression, decrease learning and increase fear and anxiety in the pet.



Eyeing your future in veterinary medicine

In the 2016 dvm360 Future of Veterinary Medicine survey, we asked pointed questions to veterinarians, managers and team members about the future of veterinary practices ... for a totally unboring, no-yawns-guaranteed look at how you can take over the world (or at least your practice).





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dvm360 leadership CHALLENGE

Forecasts & predictions

Check it: Here's what *Firstline's* sister publications are up to:

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To find all of this coverage, plus online-exclusive content, head over to dvm360.com/tomorrowland.

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Bash Halow, CVPM, LVT, and partner at Halow Tassava Consulting recently spoke at the annual VHMA conference. His talk, "Trends that will shape your business, your job and your career by 2020 and beyond," pointed to the major role practice managers will play—if they ...

1

Understand the internal and external forces that affect the business and the market at-large

What will talented future team members need? Halow believes they'll demand worthwhile benefits and opportunities to feel uniquely good at what they do. Pet owners will need access to affordable payment strategies, and practice owners will have higher expectations for a 'caring' environment—but they will be hard pressed to afford it.

2

Make successful, confident, proactive business decisions

For Halow this means working from an annual strategic plan to reduce expenses and scanning the horizon for changes in the competition and doing what one can to respond. He recommends staying active in dynamic organizations (CVC, VHMA, AVMA, AAHA) and keeping abreast of how like-minded entrepreneurs are responding to market trends.

3

Grow the business to keep pace with growing talent and increased salary demands

4

Build vertical pathways for themselves and many members of the team

Halow offers up this example: There will be more geriatric dogs and cats under your care, and more owners interested in improving the quality of life of senior pets and pets in general. So what sorts of services will those clients respond to? Alternative medical approaches to pain management (acupuncture, massage, physical therapy, laser therapy)? Advanced senior pet disease screening? Halow says to decide as a practice how you'll be responsive to the needs of future pet owners and then actively recruit the kind of team members you'll need to grow out those verticals.

To break it down:

YES: Your clients have less money. But you will put together payment strategies for them that put great care within reach.

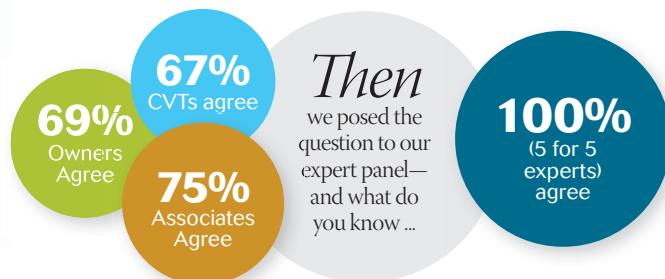
YES: You will have higher expenses. But your leadership skills will have created a team that puts forth its best effort and upholds strong bonds with clients as the ultimate mission.

YES: You will be happy, and so will your team. Happy people are a magnet. Happy people in a business are a business magnet. You know this because you pay attention to your workplace culture.



Part 1: Managers of tomorrow

We asked practice owners, associates and credentialed veterinary technicians if they agreed with the following statement: Practice managers are more critical to practices than they have been in the past.



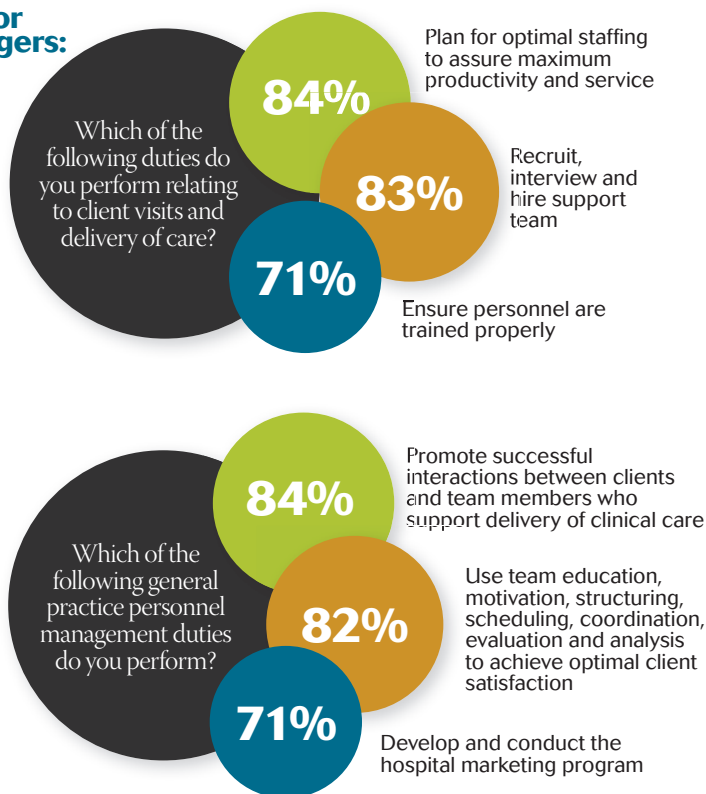
OR ... you could fade into the sunset.

According to Halow, waiting for the future to happen to you—and only then reacting to it—will put you and your company in a constant position of catch-up. Choosing to focus on the day-to-day without ever proactively planning for a better future is an abdication of your role. Choosing to coast along as though it is business as usual means that both you and your practice will fade off into the sunset, while hundreds of thousands of dollars worth of business value will spill through your fingers, and you will have donated your market share to your competitors.

Ouch, right? Well, the days of winging it are through (indeed have been for some time). According to Halow, tomorrow's practice managers won't be in training wheels. They will be informed, experienced business leaders proactively responding to market pressures.



Just for managers:



Managers report on finances

Does your practice work from an annual budget?



Only **46%** of managers say they establish budgets and projections for growth.

Does your practice share financial results with the team?



Part 2: Better care today, better care tomorrow

68%
say NO

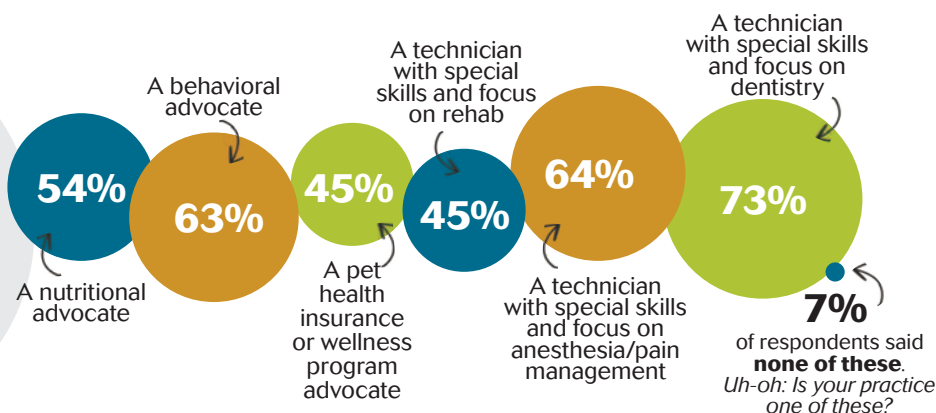
32%
say YES



We asked managers, credentialed veterinary technicians, assistants and receptionists:

Does your practice set specific monthly goals for different areas of medical/client compliance? (For example, the percentage of patients taking heartworm medication, percentage of patients older than 5 with dental cleaning, percentage of senior patients with baseline test results on file.)

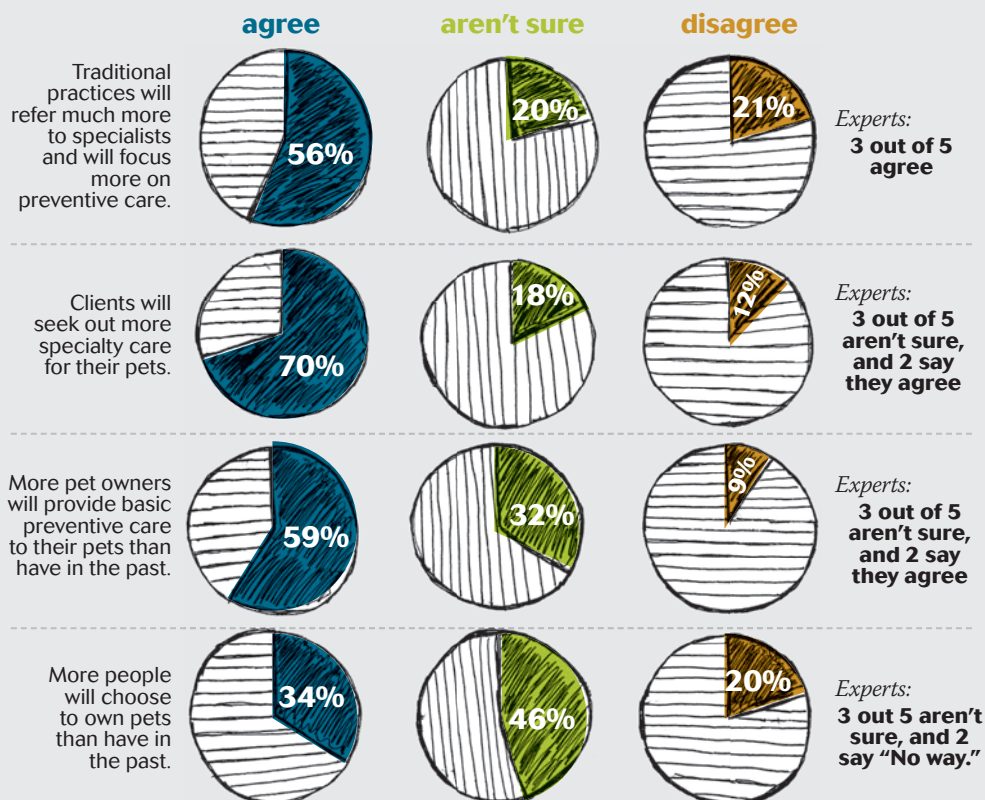
Which of the following do you think your practice would be most likely to embrace as an opportunity for a technician to take on more skills and contribute more to the financial base of the practice? (Choose all that apply)



Finally,

we asked this group to rate their levels of agreement to a few statements about the future in the next five to 10 years. (And then, because we're especially cruel, decided to pair up those answers with those from our panel of experts.) Who are those experts?

- > Bash Halow, LVT, CVPM
- > Karen Felsted, CPA, MS, DVM, CVPM
- > Ernie Ward, DVM
- > John Volk, Brakke Veterinary Consulting
- > Denise Tumblyn, CPA



You tell us ...

What forces will drive the most change in the profession over the next five to 10 years?

“

Practice owners & associates

Economics: The rising costs of providing quality care.

The lack of the ability to pay support staff well.



The lack of qualified support staff.

More females in the profession.

Development of new drugs and treatment modalities for pets.

”

“

CVTs:

“Veterinary technician roles expanding to reduce the work load on vets.”

“The skyrocketing costs of doing business and over-regulation (new compounding laws for example) are making it harder for traditional veterinary hospitals to stay in business. Couple this with increased competition from low cost clinics and the squeeze from internet pharmacies, and we have to find innovative ways to increase profit margins.”

”

“

Managers:

“We will lose our pharmacy and will have to focus on wellness care and client education to retain our client base.”

“The lack of upcoming veterinary graduates to want to take on the financial burden and responsibility of practice ownership and those that are interested in ownership, looking into acquisitions and mergers with existing clinics. I foresee a big decrease in the amount of veterinary practices. I also see pet owners becoming more demanding in the type of medicine they want for their pet and will be looking for clinics that offer specialties and alternative forms of medicine.”

”

And Bash Halow—what does he think will be the most influential trends for the industry?

- Better informed, more devoted pet owners with less money than the pet owners of today
- Consolidated groups of practices, both publicly and privately owned, and an increase in low margin, bare-bones practices
- An increase in fixed and non-fixed business expenses that drives down margin and that most significantly impacts non-consolidated practices
- Increased veterinary management acumen and better leadership in general
- Credentialed technician and talent shortages
- A widening technology gap between large companies and small businesses that puts the latter at a note-worthy disadvantage

For more data, analysis and expert opinion, go to dvm360.com/firstlinefuture.

The dvm360 Future of Veterinary Medicine survey was sent to subscribers of *dvm360*, *Vetted* and *Firstline*. The survey generated 583 responses, creating a margin of error of about 4 percentage points (although sample sizes—and statistical reliability—on individual questions may be considerably lower). Respondents were able to download a free audio recording of a CVC session titled “Tomorrowland today: My future vision of veterinary practice” by Dr. Ernie Ward.



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Tech vs. nurse?

what's in store for the future

In dvm360's Future of Veterinary Medicine survey, we asked practice owners and associates: Do you think "veterinary nurse" is a better title for a credentialed veterinary team member? The results:

57% of associate veterinarians said "No"

54% of practice owners said "No"

Here's how they explained it ...

"NO"



They are trained as technicians and can perform many more duties than a 'nurse' can such as lab work, x-ray duties, dentistry and animal restraint.

'Veterinary nurse' is stupid and politically correct. I refuse to go along with the PC crowd on anything.

Technician sounds more professional to me.

Human health care has so many problems. Why would we want the public to think we are anything like the human healthcare system? Most people are not that excited about their human healthcare system experience. Most people like their veterinarian and the pet health care team. Let's keep it that way.

It's just semantics!

"YES"

What my techs do is closer to nursing care than just being a technician.

It is more descriptive of what they do. 'Technician' is a cold word that isn't very specific. In the old days, I think it was more equated with a laboratory technician, but that is now a small part of the job.

Clients have a better understanding of the roles and responsibilities of a nurse. If we are ever going to get veterinary nurses to a living wage, we have to use designations with significance. Presently most healthcare facilities lump all of their staff under technician. It will force a higher degree of professionalism and accountability on the nursing profession. This will help drive up their salaries, which will help decrease turnover. Clients would be willing to pay more when they understand what a veterinary nurse actually does.

Where we stand now

The National Association of Veterinary Technicians in America (NAVTA) is pushing a national credential initiative to bring more uniformity to the credentialing status of technicians. Depending on the state you're in, being a "veterinary technician" could mean:

- > Your credentialing is regulated by the government
- > It's a private credential
- > This is a title someone gave you when you started working at a veterinary practice and there's no credentialing system in your state

The alphabet soup of credentials

Depending on the state you live in, you might be a:

- > Certified Veterinary Technician (CVT)
- > Registered Veterinary Technician (RVT)
- > Licensed Veterinary Technician (LVT)
- > Licensed Veterinary Medical Technician (LVMT)

And in some states there's no credentialing at all.

Just for fun

Ken Yagi, BS, RVT, VTS (ECC, SAIM), hit the pavement at CVC in Kansas

City to find out what pet owners really think when they hear the words "veterinary technician" and "veterinary nurse" in this funny man-on-the-street video.

Scan the code to watch or visit

dvm360.com/whatisatech.





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¹Pereira GG, Fragoso S, Pires E. Effect of dietary intake of L-tryptophan supplementation on multi-housed cats presenting stress related behaviours, in *Proceedings. BSAVA* 2010.

²Beata C, Beaumont-Graff E, Coll V, et al. Effect of alpha-caseozepine (Zylkene) on anxiety in cats. *J Vet Behav*. 2007;2(2):40-46.

³Kruger JM, Lulich JP, MacLeay J, et al. Comparisons of foods with differing nutritional profiles for long-term management of acute nonobstructive idiopathic cystitis in cats. *J Am Vet Med Assoc*. 2015;247(5):508-517.

⁴Lulich JP, Kruger JM, MacLeay JM, et al. Efficacy of two commercially available, low-magnesium, urine-acidifying dry foods for the dissolution of struvite uroliths in cats. *J Am Vet Med Assoc*. 2015;243(8):1147-1153. Average 27 days *in vivo* study in urolith forming cats.

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¹ Frank et al. "Use of a high-protein diet in the management of feline diabetes mellitus." Veterinary Therapeutics, Vol. 2, No. 3, Summer 2001. 238-246.

² Based on dollar and unit sales of Purina® Pro Plan® Veterinary Diets DM Dietetic Management formulas as a percentage of total diabetes therapeutic diet sales as reported by GfK Retail and Technology US LLC, Vet Panel Market Database, 52 w/e 8/13/16.