Journal of Global Economics
ISSN: 2375-4389

Catanzaro TE, J Glob Econ 2016, 4:2
DOI: 10.4172/2375-4389.1000198

Short Communication Open Access

Your Future Veterinary Practice

Thomas E Catanzaro*

American College of Healthcare Executives, CEO, Veterinary Consulting International, Australia

***Corresponding author**: Catanzaro TE, American College of Healthcare Executives, CEO, Veterinary Consulting International, Australia, Tel: +610416285975; E-mail: DrTomCat@aol.com

Received date: April 15, 2016, **Accepted date:** June 24, 2016, **Published date:** June 28, 2016

Introduction

For more than 30 years, veterinary medicine has thrived in a seller's market as a safe profession in which a prestige product was offered to a relatively unsophisticated consumer. That is now changing. Traditional veterinary practices worked hard to keep clients from seeing themselves as customers and from seeing their patient care as a competition-based service. The underlying reason for this rested in the practitioner's and the profession's self-perception. Most veterinarians view their work as a field of practice -- a professional occupation rather than a small business in a specialized industry. Then came the discounters and volume-based practices: pay and spay, shoot and scoot, bait and switch. Now the profession is beginning to realize that the veterinary practice is a small business, and that a reasonable net income must be planned into each program. A veterinary practice can no longer "rob Peter to pay Paul" just by selling things and adding gimmicks. The "now" is the time for the veterinary healthcare delivery team!

Our profession has changed. These changes in consumer selection and competition are a function of the current generation's needs. They cannot be ignored nor can the perceived needs be changed. With the coming of regulatory and government intervention, coupled with an increase in graduating veterinarians during the past decade, that psychological paradigm of our professional heritage has been destroyed, probably forever. Some say we are graduating "too many" new veterinarians (July 15, 1999, JAVMA), yet there are 8 jobs for every one applicant at the AVMA job bank (FYI - this discussion is still going on the Internet). Where are they all hiding? There is a mal-distribution of veterinarians, and too low a fee schedule to entice the new graduates to less than highly desirable areas. Deep changes are needed.

The veterinary healthcare marketplace is dramatically different today and so is the spectrum of consumer choices. It was not long ago that just hanging up a clinic sign caused a full reception room; now if you hang up a sign, they will steal it! In most communities, more options exist for the consumer-in companion animal and equine practices more than the production-based practices--and the practices must be differentiated in the client's mind. Our clients have begun to base their decisions not only on visual images and technology but also on other factors, such as ease of access, scope of services, and psychological bonding (to caring staff as well as the doctor).

In the past few decades, books by James Herriot provided our profession a Teflon-coating that would have made Ronald Reagan envious, even in his prime years; today Animal Planet has replaced the British mixed animal clinician image of James Herriot. Regardless, this "good feeling" about veterinarians won't stop the educational changes seen in our clients; the Internet is alive with the sound of information expansion. The veterinary I.Q. of the average client increases daily. We need to be current in our healthcare delivery techniques. But what is the future? In what way will practices serve with service? How can we be ready to meet the community needs that will emerge during the new millennium?

Client Relations

To manage the demand for service we must be ready to retool the internal practice operations. Quick fixes won't suffice. If you add a tie to your daily wear, it does not provide better service. Putting the AAHA logo on your door and following their Standards only for the week before the survey does not meet the intent of quality care for companion animals. Converting 5"x7" medical record cards to ANCOM or PROFILE pocket files with multicolored tabs, or even upgrading to manilla folders like real doctors (the preferred method of the last millennium, see Building The Successful Veterinary Practice: Programs & Procedures (Volume 2), Chapter 3, for details), does not dial the phone or train the staff in patient-advocacy communication. Increasing prices based on some consultants "compatible with office call charges" does not convey the perception of value nor does it select incorrectly priced items. Unless we actively and internally promote our services, and the staff remains proud of the services offered, we will always be in a "product-based" price competition with each other. Then no one can win!

Old practice management messages and training have focused on: errorless task performance, external solicitation promotions, retrospective performance appraisals, and similar status quo activities. We promoted our staff "managers" from within, so they would not "rock the boat"; they also did not add new business competencies to the already barren business background found in most practices. These old habits must be erased. Today's practice requires an environment of continuous quality improvement (CQI), one that promotes individual problem solving, creativity, and expansion into new healthcare ventures, and one that addresses the practice as a business, where staff and doctors can earn an adequate living to support a family and a balanced life outside the profession. Veterinary hospital directors must understand that internal operations are far more than cash register productivity and budget; staff is an ASSET, never just a "cost to control." Today's better practices realize that effective internal operations means to recognize that service must be managed pro-actively. Pet Health Insurance is just one example:

- Veterinary Pet Insurance, Vets Best and Pet Care Insurance Brokers (all indemnity insurance between the client and insurance company) is putting the word out to clients across the country, and many practices are not even ready to address the client's questions;
- With Veterinary Pet Insurance® and/or Pets Best® for less than $100 added to the annual premium, the client gets more than $210 of

wellness care reimbursement (only about 50% of the USA pet insurance programs offer well care programs);

- Practice-funded staff pet policies allow the pet care provided to staff members to be charged at a full fee, and then the insurance company pays for most of the services (this returns two to three more times the NET income than ever realized before).
- Pet Insurance makes the miracles of modern veterinary care affordable; it is a caring alternative to "low money" euthanasia alternatives.

Another recent example is Care Credit®, a company which can initiate an "interest free" pet healthcare credit card with just a 30 second phone call. If they do not approve the client for credit, it is a great indication that you should not either. There are some Internet education programs, led by www.VIN.com, and www.VSPN.com; these exceptional training vehicles are available, VIN for a fee, and VSPN for free to staff (a small price for having the best reference library available at your keyboard and fingertips). The VHMA member can earn the Certified Veterinary Practice Manager (CVPM) designation by sitting for oral and written boards (self study guides are available, vhma@caphill.com). The CVPM is an economical practice investment in the skill development of people which you have selected as "managers" of your business (practice).

Forensic Medicine

Medical court rulings have shown that patients (clients) do not have sufficient knowledge to give informed consent for a waiver of healthcare. Pet owners can waive their animal's rights to "needed" care, but cannot waive the healthcare itself. Ensure your practice consent forms provide this clarity.

For a veterinary client relations program to be effective, the veterinarian must first conceptually understand that the client comes with a "social contract," one based on trust and "do no harm"; the staff is critical in developing this environmental "feeling" when the client enters the practice (see the VCI Signature Series monograph on client relations (available from www.vin.com). The patient deserves the best of care for what is "needed," but is not just a potential to be harvested by adding more fertilizer. We must ensure that patient advocacy is the goal. The needed healthcare must be offered. The client has the right to know the best level of care available to meet the pre-existing need. We also need to remember that our clients have the privilege and right to waive or defer a service for their pet. That deferral or waiver must appear in the documented medical records to ensure the continuity of care. As the attending veterinarian, paraprofessional team member, or even as the hospital director, you must be fully committed to and have a passion for patient advocacy as well as client-centered relations. The hospital healthcare delivery standards (patient needs) must be endorsed and verbally shared in a similar manner by all providers. A practice cannot purchase or lease client-centered relations; the staff and providers must learn to listen. Listen and find out what the client is really asking for, this is the way a successful practice team lives, works, and thinks.

Today's practice manager has many responsibilities: good staff relations, good internal client relations, good patient advocacy, professional quality healthcare, veterinarian satisfaction, good staff teamwork, and effective maintenance of state of the art medical and surgical services. There are many techniques in today's management literature to help reach these practice goals. Here are a few key elements to consider when you build a client relations program:

- Realize that client relations exceed guest relations. Clients are stressed and must trust you. Guests only want to be entertained and pampered. The foundation for client satisfaction and subsequent practice bonding is a system which is founded on listening. The good Lord gave each person two eyes, two ears, and one mouth - remember that ratio when using the senses with a client!
- Veterinary team members are supported, managed, rewarded for listening and responding to client needs; the caring leader is one who intervenes only when appropriate.
- Establish a staff-based hiring team to make hiring decisions that are service-oriented as opposed to entirely technology driven (see Building The Successful Veterinary Practice: Innovation & Creativity (Volume 3), for details). Hire for attitude; train to a solid trust-level of competency. Create job expectations and performance standards that are service specific. Ensure tenured staff members rewrite existing job descriptions annually, maybe into zone duty descriptions to incorporate the new client bonding goals, so there is no such thing in the practice staff as a bad attitude.
- Emphasize positive reinforcement of simple tasks. Unfortunately, most veterinarians still think that if you are technically competent you are technically good. Veterinarians are usually high achievers; they assume that simpler things-phone calls, interactions, greetings at the desk -should just happen. You must participate regularly in role-playing scenarios and have the staff evaluate the communications for both patient advocacy and client-centered, caring service messages. Front desk interactions should also be observed for body language messages, so on-site role-playing is essential.
- Begin managing by holding every staff member accountable for client-centered service, not just higher productivity and "doing more with less." If necessary, be prepared to fire (or dehire) someone who doesn't use the phone correctly after repetitive training. Recognize that a verbal communication style does not equate with effective communication, just as a concise delivery style may not convey concerned patient advocacy.
- The follow-up actions with the client will speak loudly about the practice, so ensure each staff member is given the opportunity to show what they understand. While you are listening, have them place a "real" phone call that is based on patient advocacy, such as: "Ms. Jones, now that you've been home a couple of days, the doctor and I just wanted to say thanks for visiting our practice and we also wanted to see if you had any questions."(or)"Ms. Jones, this is Vicki at the Successful Veterinary Hospital. We know you'll be back in ten days for the follow-up appointment (next booster), but we just wanted to be sure that we answered all your questions and concerns." Negative findings (good news) should always be conveyed to the client by an upbeat staff member, while positive findings (bad news) is the realm of the caring healthcare professional who needs to discuss the "next step" with the client. Do not confuse these two roles.
- Start to accept client questionnaires as tough management data and not as quarterly "nice to know how things are going" reports on public relations. There are only two ways to get a true line on client attitudes: 1) a SHORT targeted survey completed at home with a return stamped-addressed envelope, and 2) a Council of Clients, where the discussion is eyeball to eyeball with a client group (confidence in numbers); see Building The Successful Veterinary Practice: Innovation & Creativity (Volume 3), for

details. The home survey generates a 32% to 64% response (dependent upon client loyalty) and helps bind your practice to the client. It shows you still care. The Council of Clients gives you a way to improve immediately, since it closes with the question, "What can we do to be of greater service to the community?" A newsletter mailing helps maintain client loyalty but the personal concern with their feelings helps build the bond.

- Emphasize value in your products, in the services, and in the patient-advocacy role of your practice. Don't feel pressured to be the lowest-cost provider. You can be on the higher end of the cost spectrum, but only if the market perceives an association between your services and value. Concurrently, know your costs. Don't ever attempt to operate in a fixed-price environment (e.g. quotables) without knowing the costs of providing services. Be prepared to invest in effective cost accounting systems.

Service as a Weapon

In community markets with many practices, service has started to become the veterinary practice's new competitive edge. We see practices that have begun to borrow and exploit marketing, promotion, and product definition strategies that have already proven successful in business and industry. We also see clients who have become more demanding, walking into practices with the mind-set of retail customers, armed with Internet-driven alternatives, ready to do battle with a provider who is not "on target" according to their sources. While we have the Teflon-coating of caring, our clients are not always assured that their priorities are shared by the veterinarian and the practice staff.

In the years ahead, veterinary practices will address the issues of trust and client bonding, defining them in terms of how the service is designed and delivered, and how the practice relates to its clients. The client-minded practice will think in terms of a cycle of service, a chain of events that embraces every moment from the time they look for our phone number to the time they return home with their pet. Everything that happens to the pet, the client, and the household will be viewed as service.

Predictions

While forms are a great method of training and standardizing, practices will abandon their "forms first" syndrome. The first requirement will be a human greeting. Paperwork will get woven-in down the line in the form of an eye-to-eye interview with a staff member (s). The new client-centered message will be, "What is important is not our paperwork. What are really important are your desires and your pet's welfare."

Average veterinary practices of the past had knee-jerked to the loud and unhappy clients. Seldom are these antagonists representative of their top 30% of clients. In the future, the top 30% of the clients will be the benchmark for changes and attitudes. This group usually leaves about 80% of the practice income, so the reasoning is exceptionally solid!

Veterinary practices will give the staff a priority core value tasking to client bonding, building trust, and the psychological dimension of the service. Second on the list will be efficiency and efficacy in delivery. The third priority will be the paperwork, which will be tied to performance, measurement, and evaluations.

The value-driven leadership, continuous quality improvement (CQI) by the staff, and management by objective will add the tools of planning and budget. All will be used to make service a competitive tool.

Refinements in examining client's buying priorities, their criteria for decisions, and their perceptions of quality will become a separate marketing industry service for veterinarians. This will be supported by state-of-the-art demographics (e.g., VALS 2 by SRI for community profiling from the most recent census data) as well as Pet Health Insurance programs, increased drop-off services, and other changing delivery modalities. Demographics are discussed at length in the Iowa State University Press 2000 text, Chapter 2, Beyond the Successful Veterinary Practice: Succession Planning & Other Legal Issues.

Veterinary practices will develop concepts of service that cause clients to differentiate them from the competition-enough so that people will want to pay for that difference. Bonded clients will pay 10% more than the quotable, but your practice must be perceived as different in a special way if you want to move toward 15% above the community standard.

Practices that have tried to copy the guest relations tricks and techniques of hotels and industry will eventually see the folly of their ways. A unique concept and philosophy of service (continuous quality improvement) will be developed for veterinary healthcare delivery. Pride and individual accountabilities will become the staff input into daily operations. If pride is seen in the staff's attitude, quality will become the outcome of the healthcare delivery episode, not just an internal input, since the client's perception is the reality of the community reputation.

The slogan battle and cute marketing grabbers will diminish. "We care" and "Here for you" will become securely anchored in programs that the staff and clients respect and support. In industry, these concepts have been called TQM (Total Quality Management), by authors like Juran, Deming, or Crosby. In healthcare, this approach is called CQI (Continuous Quality Improvement) by JCAHO (Joint Commission for the Accreditation of Healthcare Organizations). In either case, these programs have been accepted as three- to five-year programs in staff retraining and operational modification.

Practices in general will refuse to reject the traditions of the profession in the interest of profit. Instead, there will be a transition process of several years as clients evolve into true comparative consumers. Again, as the client seeks more knowledge, the importance of the practice team's commitment to excellence will gain recognition in the consumer population. The practices that start now by investing in their hospital staff, in career progression training as well as compensation and benefits, will have the edge on all others.

Make it Happen

It requires more than good intentions to make service management become a practice standard. As we assist practices to achieve the next level during our year-long consultations (it usually takes that long to change the bad habits), there is always a "baseline agreement" of performance expectations: leaders will provide respect, responsibilities, and recognition, while staff will demonstrate team fit, competency, and productivity. With these outcome agreements firmly in place, here are some ideas to prepare for a service-oriented future:

- The VCI Signature Series monographs, available at the VIN Bookstore (www.vin.com), provide exceptional tools, with tailored

electronic tool kits for easy practice tailoring. Medical Records, Zoned Systems and Schedules, Marketing, Performance Planning, fiscal systems, and even Staff Orientation & Training programs; there are over 30 monographs to choose from.

- Staff members are the first clients of the practice; their belief must precede any new program or practice promotion.
- The practice staff must be educated, just like clients. Don't just demand changes. Train to a level where trust is a constant.
- Set up an evaluation program to measure service with agreed upon criteria or factors.
- Provide regular feedback to all members of the staff and let everyone know whether or not they are doing a good job.
- Address performance planning in lieu of performance appraisals for CQI; see Building The Successful Veterinary Practice: Programs & Procedures (Volume 2), Chapter 6, published by Wiley & Sons Press.
- Use SHORT questionnaires keyed to capture client's perceptions of service; for bonding your client hints, see Building The Successful Veterinary Practice: Programs & Procedures (Volume 2), Chapter 2.
- Share with every client why the commitment to excellence requires a higher level of quality because of the recurring review process based on "National Standards of Quality," maybe even the new AAHA Standards.

We will see some practices react to the service trends with wild speculation, blaming, and overreaction to client complaints (across the board knee-jerks rather than selective resolutions). A veterinary practice with a long-range plan will set the limits of the road that everyone in the practice will know where they are traveling, the speed limits, and the boundaries. They will also make strategic responses on a timely basis to adjust their plan to emerging community needs. The practice staff as well as the leadership will identify their market niche and the type of client who will fit that niche. The result will undoubtedly be more satisfied clients, a more fulfilled staff, and ultimately a better veterinary healthcare delivery system.

Many practices attempt internal marketing to create an increase in net. Our clients are savvy enough to detect insincerity and they have become wise consumers. Client bonding can be affected by name tags, clinic brochures, internet web site, waiting room literature, and telephone techniques-but it is cemented in the consult room. Patient advocacy is simply caring, describing the BEST appropriate clinical procedures, becoming silent, and allowing the client the right to talk (selection, deferral, or waiver). Do not choose for them. A concern for the continuity of healthcare delivery will generally provide the appropriate spectrum of healthcare for the well-being of the animal while the medical records reflect a legal and medical sufficiency of the ensuing events.

"Service with a smile," "Quality is word one," and a host of other slogans all come into play when the veterinary practice is considered a service industry. Regardless of the mantle of professional art and science associated with our degree in veterinary medicine, without a client to serve it cannot be a viable livelihood. Professional patient care does not in itself cause client bonding. A practice team must convey the benefits of concerned healthcare to the client. The more successful a team is in conveying the perception of service, the more effective the practice bonding with the client.

Implementation

If what you are doing is maintaining the status quo, the process of continuous quality improvement (CQI) will not work for you. If the practice is willing to assign accountabilities and let the team members develop "a better way" to serve clients or survive the day, then the information shared here can be used effectively. The ideas and concepts discussed in this presentation are too extensive for any one practice in any given period. It has taken years for practices to entrench their habits, and it will take time to change them. The six steps to change sound simple:

- Ensure the practice owner will relinquish established habits.
- Become uncomfortable and dissatisfied with a habit.
- Develop a true team desire to change the habit.
- Defrost the old habit; break it into small logical pieces.
- Reconfigure the process/program into a new approach.
- Refreeze the new process into a new habit (no slipping back).

The rule of three should apply. Never start more than three new projects in any given month. If a team has read this paper or gone to a management lecture, get a consensus on which three things need to be changed first. Ensure the programs/projects selected for change are defined enough to accomplish in the time allocated. Be careful to sequence projects in operational order. That is, do not attempt a target mailing before a computer database is established and educated (it takes 5 to 6 exposures before you get a "yes" from an informed client, and more than double that number of they don't know they need the service or product). Prioritize the other great ideas for the following months, remembering the rule of three. Continuous quality improvement (CQI) means that you must have pride in what you do on a daily basis. CQI also means tomorrow can be made better than today by your effort. Do it now!

New Era Value-Added Promotions

In these days of veterinary practice discounts and rebates, the smart practice can find other ways to differentiate themselves. The quality practice will stay competitively priced (often by unbundling services) and allow the client to buy "needed" additional services, often at a savings. The VIN Press text, Promoting the Human-Animal Bond in Veterinary Practice, has 26 appendices, with almost every one providing a staff-based "plug-and-play" program for client service and patient advocacy (available from the VIN Library for FREE download).

The added dental benefit

Dental scoring and computer tracking is a given.

During January and February, FREE pet dental status screening exams by our skilled dental hygiene nurse technicians (this makes the national campaign in February a "follow-up" of your local effort).Four grades (ensure commercial brochure pictures meet your standards), with differential pricing, since a well-trained staff member can do two to three Grade 1 mouths in the time required for a single grade 2 mouth prophy. Grades 3 and 4 dental scores actually reflect a need for "oral surgery" and should be addressed at that level, since they require X-rays, anesthetic risk assessment, root surgery, and supportive care; so be careful of quoting these two oral surgery grades as flat rates.

Combination of services: Let us help add security to your life, we will tattoo your pet (inner thigh) with your social security number while it is under anesthesia for the dental; only $18.50 for this $30

value during our dental month (this augments the Pet I.D. micro-chipping program used during National pet Month in May).

During National Dental Month, those clients who participate in the dental program at any level will be entered in the drawing for a free Pet Insurance Policy.

The added "OVER-40 surveillance care" benefit

American clients understand "over-40" increased healthcare surveillance for themselves, both males and females, so we should start the pet with the same concern (and ALL clients KNOW: "1 dog year = 7 people years").

The new ERD urine screen program by Heska is an excellent over-40 screening test, as is the Symbiotic TiterCHEK CDV/CPV, a 15 minute assay test for common vaccination antibodies.

The Lead II screening ECG for less than $10 (e.g., Biolog/Heska/Pam hand held) started with the annual life cycle consultation, with a comment that the "seven lead ECG would not be needed until over-40 or when a variance was detected"; so now start to deliver the seven lead ECG as promised with the over-40 annual life cycle consultation.

Most all cats deserve T-4 and blood pressure screening, especially with the over-40 surveillance programs.

The laboratory screen for less than $60, including a doctor's phone consultation to personally discuss the results and tailor any subsequent home or veterinary healthcare which may be indicated, is part of the over-40 program, but should also have been advocated with the annual life cycle consultation, so "If anything goes wrong in the coming year, we have a baseline to compare against and can provide more tailored care faster."

The VD and lateral radiographic screening images of the thorax and abdomen are essential to baseline records, especially in this era of increased oncology awareness.

While the above screening elements can be done during sequential visits over weeks or months of time, when offering the full spectrum over-40 work-up, waive the day care fee. This "No additional charge for the nursing day care (cage fee)" concept allows a more leisurely physical examination work-up.

During Arthritis Screening Month, those clients who participate in the pain management program at any level will be entered in the drawing for a free Pet Insurance Policy.

Soul Search

Ask yourself, "Why are we waiting to start a preventive medicine screening program?" when our clients have routine care throughout their own lives (e.g. dental hygiene, lab screens, etc.). Are we just following the herd again?

The multi-pet visitation benefit (not really a discount, just an accurate time charge)

Second pet seen during any visit receives the doctor's consultation at 50% the established examination rate.

Add ten minutes to the standard appointment.

Second fecal examination at only 50% of the first pet fee.

The "two-FUR-one" benefit (one of the few times we see a benefit in a discount)

Two internal parasite fecal tests for the price of one (when submitted concurrently).

The two-fur-one allows other pets to be identified and followed (some labs offer multi-sample discounts).

More than 50% of the dog owners traveled with their pet on vacation last year; Giardia can easily be contracted when the pets drink from free flowing water. Pets need to be screened for this disease since it is contagious to the human family members.

Alternative is FeLV and FIP run as one test for cat owners.

The "Fat Farm" program (an alternative during slow boarding seasons)

Sequential body weights and body scores, being tracked in the computer, are a given.

Two week inpatient program for overweight companion animals-a veterinary-supervised weight reduction program.

Surveillance includes body chemistry tests twice a week, with results sent to your home by fax or e-mail.

Actually, dogs will NOT starve themselves (cats may), so light R/D-type rations work well when they are an inpatient for two weeks.

A refeeding program so the companion animal goes home on a healthier diet to keep their new slim figure!

Pre-admission programs

Overt medical record entry admit into inpatient status is a given. A pre-anesthetic Risk Assessment (5 point system) will be assigned.

The Risk Assessment, and doctor's written assessment, establishes which level of laboratory screening is needed before anesthesia (mandated according to the Veterinary anesthesiologists).

Intraoperatory fluids (I.V.TKO-to keep open) are a mandate according to the Veterinary Emergency & Critical Care Society. This group also provides triage nursing training, a very critical access service in busy practices.

Pain management procedures are a mandate according the Veterinary Pain Academy; they leave the type and duration up to the provider's assessment.

The receptionist "I CARE" program

Recovered pet program: This is screening the existing clients entering the front door for other pets at home which have not been seen for the wellness programs at the practice-and ONE of these "forgotten" animals is scheduled for an appointment each day, with a red "RP" placed in front of the name in the appointment log. Work out the numbers on a pet's annual value, and you will note that this program exceeds $120,000-plus in most practices annual income, mostly all net, since the overhead has already been paid.

Recovered client program: This is screening the past clients who have not appeared for the recheck, have not returned for wellness care, have missed the second reminder card, or are a "no-show" for an appointment-and ONE of these "forgotten" clients is scheduled for an

appointment each day, with a red "RC" placed in front of the client's appointment on the log. Work out the numbers on a client's annual value (even at only 1.5 pets per household), and you will note that this program is about a $180,000-plus increase in annual income, mostly all net, since the overhead has already been paid.

The secret is staff recognition during the RC and RP efforts . . . for the $300,000-plus additional income generated by the reception team's effort (RC = $180,000, RP = $120,000, therefore RC + RP = $300,000), the practice leadership can afford to be generous with pay raises and recognition monies, as well as hire a telephone receptionists so the front client relations team can INCREASE their bonding discussions with clients.

"What is in a Name?" program

Usually pride, so as a first anniversary recognition, allow the staff member to select a "special interest" to put on their personalized practice business card, such as: Medical Record Specialist, Dental Hygiene Specialist, Behavior Counselor, Nutritional Advisor, or whatever your practice wants to highlight.

To assist practices in refocusing, we often change the nomenclature of the practice, to include some of the following examples:

Receptionist becomes Client Relations Specialist

Technician becomes Surgery Nurse

Technician becomes Outpatient Nurse

Kennel staff becomes Animal Caretakers

Exam room becomes Consultation Room

Waiting Room becomes Reception Area

Boarder becomes Guest

Annual vaccines becomes Life Cycle Consultation

Doctor's Exam Fee becomes Consultation Fee

Geriatric is converted to Over-40

Conclusion

The first and most important premise is that the only thing a veterinary professional sells is peace of mind; all else the client is allowed to buy! The basic rule here is "ALLOW THE CLIENT TO BUY," not just justify the sale. The menu of services needs to be put in front of the client as an offering of what is needed (), not as a selling demand. As you can see, the opportunities to add a service which may not be routinely purchased and to get extra income, are caused by letting the clients perceive a value, and letting them buy that service or product. Regardless of their option, always reinforce the client's choice. If your choice would be different, ask a favor to allow a follow-up mailing or phone call to check on the pet's wellness status. All deferred or symptomatic care has increased surveillance from the nursing staff, because your practice cares.