Section 1

Marketplace

1.01. MODELS OF VETERINARY PRACTICE

BASICS

OVERVIEW

In general, veterinary practices have changed very little over the past few decades. Although there are a number of corporate players in the field in the United States, probably representing 15–20% of small animal practices (but perhaps 40–50% of client visits), the vast majority of veterinary practices in the country are owned as sole proprietorships, closely held corporations, or partnerships. The retail environment, on the other hand, has changed dramatically over the same period. Several major retailers have entered bankruptcy protection, whereas online retailers and discount chains have evolved to better serve the perceived needs of the public.

Pet owners today want choices in the services they can request: 24-hour access to health-related information, the ability to price-shop for items they consider commodities, the opportunity to participate as equal partners in health decisions, and the ability to interact on their own schedules. Today's consumers also want choice, variety, value, and time-saving options. These are often hard to accommodate in current veterinary practice models.

TERMS DEFINED

Commodity: An item that is considered interchangeable, and whose price is a reflection of supply and demand. For example, one 500 mg capsule of cephalexin is much like any other to a client, regardless of brand name and whether they get it at a veterinary hospital, at their local drug store, or through an online pharmacy.

Economy of Scale: The reduction in cost per unit that results when operational efficiencies allow increased production. Thus, there are savings because as production increases, the cost of producing each additional unit decreases.

Economy of Scope: The reduction in cost that results when delivering two or more distinct goods or services, when the cost of doing so is less than that of delivering each separately. It is the efficiency attributed to variety and diversification rather than volume.

Full-Time Equivalent: A method of comparing practices based on a full-time schedule of 40 hours a week. If a practice has two veterinarians, one working 50 hours a week and one working 20 hours a week, that practice has 1.75 full-time equivalent veterinary positions [i.e., (50 + 20)/40].

Mom-and-Pop: A colloquial term for a small, closely held company in which the principals owning the business are also the principals working in the business.

Retail-Anchored Practice: A veterinary practice affiliated with a retail entity.

ISSUES AND OPTIONS

THE CURRENT SITUATION

The veterinary small animal market in the United States is a highly fragmented environment of approximately 28,000 primary care practices. The majority of practices employ fewer than three full-time equivalent veterinarians.[1]

The small number of veterinarians per practice does not bode well for the continued success of the current veterinary model. Operating a veterinary hospital is an expensive undertaking, and there are few economies of scale or scope to be derived from such small business ventures (see 2.01 – Workplace Management). Other small retail units, such as "mom-and-pop" drug stores or hardware stores, have largely been replaced by entities that have revolutionized those industries to better meet customer needs. However, even those industries are under pressure to remain profitable, especially with internet competition.

Most veterinary practices in a community are remarkably similar, with little to differentiate one from another in the minds of consumers (see 6.14 – Practice Differentiation). They are often competing against one another for the same small market share, with new veterinary practices opening in local markets that can barely support the practices already in existence.

The result is that communities often have many small veterinary practices with proportionately high overheads, because these practices tend to offer all veterinary services (e.g., surgery, hospitalization, and radiography) and must be staffed accordingly. The competition puts downward pressure on prices while keeping hospital costs high. This leaves these small practices chasing the same resources that become harder and harder to attract: clients, trained staff, and associate (employed) veterinarians.

The current model – in which clients who have pets with health problems schedule appointments with their primary care veterinarians, receive treatment, and/or are referred to specialists and then are expected to follow special instructions – is a system fraught with inefficiencies. It is one that has never worked particularly well, either in human medicine or veterinary medicine. Current studies of compliance in the veterinary industry, in which veterinary estimates of client compliance are far more optimistic than the facts suggest, attest to this (see 4.16 – Compliance and Adherence). Actually, few veterinary practices track compliance, increasing the likelihood that clients are not being adequately served by the practice or that they are receiving some of the needed services elsewhere (including non-veterinary outlets). In addition, clients seem more than willing to utilize free resources, such as artificial intelligence and internet searches, to get the information they need without having to visit a veterinary practice.

Today's veterinary graduates also confound the picture for current practice models. Many are seeking lifestyle benefits that are harder to come by in small practices: a shorter workweek, on-the-job mentoring (see 3.31 – Mentoring New Graduates), remote workdays (see 3.37 – Remote Workers), continuing education, and the potential for piecemeal equity ownership. These smaller practices can also be difficult to market when the owner wishes to sell. Corporate practices have their own criteria for practice acquisition that often do not include small practices, and valuations for these small practices no longer mirror past standards, wherein the seller could expect to be paid based on a certain percentage of gross revenues. In addition, in recent years, there has even been the prospect of staff joining unions in some practices, suggesting that not everyone is satisfied with the current business model.

Veterinary graduates these days also tend to concentrate on clinical practice. Although needs assessments suggest that there are no actual shortages of veterinarians in practice, need and opportunity do exist in research, industry, and public health.[2]

THE MARKETPLACE

- Today's pet owner is also a savvy consumer, familiar with elite business practices such as those used by Walmart, Chewy, eBay, Disney, Amazon, Internet pharmacies, and out-of-country pharmacies that offer lower rates (see 1.06 – Today's Pet Owner).
- In the American family of yesteryear, there was a male head of the household, a female stay-at-home spouse, and two-plus children. With a stay-at-home mom, it was relatively easy to schedule a veterinary appointment during the workday. But things have changed. The "typical" American family no longer exists; most adults, both male and female, are working during normal business hours (although standard business hours are changing in many industries). And consumer debt is rising.
- As can be seen in other industries, consumers want selection, choice, value, and time-saving options, and they want it on their own schedules.

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POTENTIAL FOR NEW MODELS

Human physicians learned long ago that they could not be all things to all patients. These days, general practitioners rarely deliver babies, perform surgery, or do their own radiography. In many instances, offices of general practitioners do not even collect samples to send to the laboratory, or even do radiographs. Instead, the patient typically goes to the laboratory to have the sample drawn or goes to an imaging center. Even something as basic as vaccination may be delegated to other entities, such as public health outlets and retail pharmacies.

For a similar system to work and be convenient for veterinary clients, there needs to be considerable consolidation in the industry, which is only now starting to take place in earnest. For most small veterinary practices, the examination rooms are the profit centers that drive the practice. Performing other duties in the clinic, even such things as radiography and surgery, is often only marginally profitable in primary care practices, and sometimes can be actually money-losing ventures when a true profit-center analysis is done.

Currently fewer than 20% of practices in the United States are corporate (see 1.20 – Corporate Veterinary Practices), but without compelling evidence that they are leveraging hospital numbers to attain true economies of scale and scope. Whether this will change as more and more hospitals are added or assimilated has yet to be determined. It has been suggested that when 25% of practices are corporate-owned, this could actually represent 50% of all veterinary visits (https://brakkeconsulting.com).

Some corporate-owned practices are most likely to succeed because they can provide a consistent experience for pet owners and veterinary team members. Most practices purchased by consolidators tend to be larger, with three or more veterinarians; they have up-to-date equipment, offer decent employee benefits, provide mentorship (which is valued by inexperienced staff), and possess the financial wherewithal to establish compensation and benefit packages that will attract professional and paraprofessional talent.[3]

Retail-anchored practices have started to appear in some communities. These are independent veterinary practices that are directly affiliated with retail entities (e.g., pet stores, human pharmacies, big-box retailers, and online retailers) and can benefit from extensive cross-promotion with the retailer with which they are affiliated. In many ways, these may pose more of a threat to traditional veterinary practices than corporate clinics, since they tend to concentrate on the more profitable outpatient care, which they often price competitively to attract retail business.

Efficient models of veterinary practice have veterinarians performing the duties for which they are best suited and working in a collaborative fashion with other professionals to deliver more comprehensive care. Even in a two-doctor model, it will always be more efficient if one doctor is performing surgeries all day while the other is seeing clinical cases all day, rather than each doctor alternating between clinical and surgical duties. It is even more efficient if separate services are run as distinct profit centers (see 9.09 – Profit Centers). This would allow veterinarians to charge on the basis of their costs and not spread the costs of all hospital operations across the total client base. In too many veterinary hospitals, certain services (e.g., surgery, imaging, and hospitalization) are subsidized by other services (e.g., pharmacy or laboratory), such that neither is appropriately priced to the consumer (one is unfairly high, and the other is unfairly low). This, in turn, invites competition for the service that is priced unfairly high. Similarly, with enough general veterinary practitioners in a given hospital setting, there are economies of scale to permit the functioning of separate profit centers at fair prices to consumers and fair remuneration for practicing veterinarians (see 7.16 – Pricing Strategies).

It is reasonable to assume that pet-specific care (personalized medicine) will evolve in veterinary medicine as it has in human medicine (see 4.10 – Pet-Specific Care (Personalized Medicine)). In today's small animal veterinary practice, most protocols are species-based, designed in general to accommodate either dogs or cats (or any other species treated at the practice). However, in human medicine, contemporary models of care tend to focus on the individual based on specific risk factors. It is appreciated that some people come with specific genetic risk factors (e.g., family history of heart disease), others might have tendencies based on their lifestyle choices (e.g., smoking and alcohol consumption), and yet others may be predisposed to issues based on other preexisting situations (e.g., risk of type 2 diabetes mellitus associated with obesity or the risk of certain adverse reactions for patients taking certain medications).[3] This focus on the individual in human medicine is often referred to as personalized medicine, precision medicine, predictive medicine, or genomic medicine. In veterinary medicine, this approach is typically referred to as pet-specific care, lifelong care, or client-centric care.

If we believe that pet owners are paying for value in the examination room, then we should probably also be prepared to accept that most owners expect that veterinary teams, as experts in the healthcare of animals, will counsel them appropriately as to the healthcare needs of their specific pet.[3,4] Is it reasonable for an owner to expect that when they pay for a professional evaluation that they are also paying for the team's expertise in apprising them of the specific care, risks, and assessments that would be appropriate for their particular pet, not just a physical examination and routine recommendations? For example, should the owner of an American cocker spaniel expect the veterinary team to be aware of glaucoma risk, and to recommend screening at the appropriate time? Should the owner of a Maine Coon Cat expect that the practice will consider cardiomyopathy risks and make appropriate recommendations? If we begrudgingly answer that clients are indeed entitled to this level of attention, then we need to do more to deliver better pet-specific care.[4] Predicting that clients will want and expect such pet-specific care is not far-fetched, because many receive that level of care from their own physicians. Many have also experienced routine health risk assessments performed by healthcare professionals and have come to expect them as a part of personalized medicine. We can do the same for our patients, and at some point in the future, likely in the very near future, clients will come to demand it, or will search it out elsewhere.

Although veterinary teams have primarily focused their attention on the diagnosis and treatment of diseases in pets, pet owners instead have focused on the notion of wanting to keep their pets as healthy and happy companions – so-called problem-free or almost perfect pets.[3,4] They adopted their pet as a loving family member with whom to share their lives and not as a creative work project that demands inconvenience and investment.

The concept of "problem-free" pets is really the flip side of the coin regarding the pet-specific care model, applicable to pet owners. However, for veterinary teams to win over the hearts and minds of tomorrow's pet owners, they will need to acknowledge its importance.

The situation is not unlike any consumer purchase. Whether you buy a car, a computer, or a television, you expect that it will perform as expected for its anticipated lifespan, with minimal inconvenience and few crises. For a car, you expect that you will need to do regular maintenance, oil changes, and other interventions according to a predefined schedule, but if confronted with unexpected issues, at some point, the perceived value of that vehicle is diminished. Similarly, you expect your computer to just work as anticipated. You are likely prepared to install security software and back up your files regularly (hopefully on an automated schedule), but unforeseen crashes and glitches can seriously affect your satisfaction with the device. Perhaps not surprisingly, there can be a similar frustration when unsuspecting pet owners need to deal with problems with their pets that nobody told them might reasonably be anticipated. They would benefit from having a "Maintenance Schedule" for their pets, and that comes with pet-specific care and promoting the concept of problem-free pets (see 4.11 – Lifelong Excellence in Healthcare). Interestingly, trying to keep

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pets problem-free is not only great for pet owners but also fulfilling for veterinary teams and profitable for veterinary hospitals, so it is worth consideration. If the veterinary profession does NOT embrace this concept, then non-veterinary alternatives surely will, because consumer spending on this approach is likely to dwarf that spent on disease treatment.

The veterinary profession has extraordinary capabilities and yet is often constrained by pet owner limitations, and veterinary practices that deal with this effectively will have a noticeable advantage.[3,4] Practices that fail to address this will continue to be constrained and may even suffer setbacks in being able to deliver needed care.

It is unfortunate that many pet owners do not have realistic expectations about the care and costs associated with pet ownership. It is also unfortunate that most veterinary teams do not actively participate in better informing clients of those needs.[3,4] The result is often frustration on the part of veterinary hospitals and pet owners, and pets are not always receiving the care that they need. The problem begins with the fact that not all pet owners regularly use veterinary services and expands from there. The "medicalization rate" refers to the percentage of dog and cat owners who regularly seek veterinary services, and it can vary widely between species and with many factors, including geography, socioeconomic status, and individual circumstances and preconceptions. It can also vary significantly as a function of the human–animal bond. There are still a considerable number of pet owners who do not seek regular veterinary care. This not only reflects a significant business opportunity for the profession, but improvements can often be achieved with existing technology and personnel.

Because there are many potential limiting factors in the ability of pet owners to use veterinary services, there has been renewed interest in so-called access to care and the spectrum of care. Access to care can be difficult to assess and correct, but such barriers can be economic, geographic, cultural, or informational (see 4.17 – Access to Care and 4.20 – Barriers to Care). Some pet owners might have financial limitations, others might experience language barriers, some may work shifts that do not allow them to be available to bring pets in during regularly scheduled business hours, others might have to rely on public transit which limits being able to transport pets, some just might not realize that their pets require regular veterinary team attention, and some just do not know the breadth of services that veterinary medicine can provide (I did not know they had dermatologists for pets!).[3,4]

For those clients who do have access, some will want or need options that can fit their financial situations. Although most veterinary teams tend to gravitate toward the most comprehensive care as a "gold standard," it is appreciated that quality care can be delivered across a spectrum of costs and still attain acceptable outcomes, as is often necessary in human medicine. Similarly, if someone needs a watch (or a vehicle, or a hotel room, or clothing), they can select options that fit their budgets. When it comes to timepieces, they could spend a few dollars, or thousands, or they could just use their mobile device to tell time. Although each option has its advantages and disadvantages, it would be difficult to argue that there is only one option for getting the job done. The goal of the spectrum of care, sometimes referred to as contextualized care, is to offer pet parents the appropriate level of care depending on their pet's condition and owner preferences and to ensure that owners have access to the right resources to make informed decisions about their pet's health (see 4.19 – Contextualized Care (Spectrum of Care)). The practices of the future that at least partially solve these aspects of access to care and the spectrum of care will no doubt reap the benefits of their actions.

Managed Service Organizations (MSOs) offer veterinary practices a range of services, including administrative support, financial management, and access to technology and resources. While there are clear benefits to partnering with an MSO, such as improved efficiency and profitability, there are also potential drawbacks, including loss of autonomy, increased costs, and concerns about the quality of care. Veterinary practices must carefully weigh the pros and cons of partnering with an MSO to determine whether such a relationship aligns with their goals and values.

Creating profit centers in large collaborative practices is not enough to fully meet the needs of pet-owning clients (see 9.09 – Profit Centers). A truly client-centered practice should also emphasize the following:

- **Access to Specialists:** Clients are very aware of specialists in human medicine, but are not necessarily aware that the same kinds of services are available for animals. Clients should realize that specialists are an extension of their primary care veterinary hospital and that the specialists and primary care veterinarians will work together with them as a healthcare team (see 4.29 – The Extended Hospital Team: Making Referrals Work).
- **Access to Telehealth:** There are many forms of telehealth available to both clients and veterinarians (see 4.26 – Telehealth).
- **Access to Reliable Medical Information:** Veterinary practitioners traditionally have not done a very good job of educating their clients on the entire spectrum of healthcare options available. With websites and databases, it is now possible for veterinarians collectively to create an evidence-based resource in which clients can research the most effective drugs, treatments, and tests to address the patient's individual needs (see 4.10 – Pet-Specific Care (Personalized Medicine)). It may even be possible to give clients access to some aspects of their pets' medical records (see 11.15 – Blockchain). If clients do not get this kind of support from the veterinary profession, they will seek it elsewhere, so it is best that this access be viewed as part of the solution rather than part of the problem.
- **Access to Health Educators:** There is a much-needed role in client education that is currently unmet in the profession. Clients need help with understanding care pathways and treatment plans (see 9.07 – Standards of Care and Care Pathways), having someone check on them periodically to see if they have questions or need a veterinary visit, and helping them navigate the veterinary healthcare arena. This kind of client advocate could be a veterinary nurse/technician or specially trained assistant, or could even be a network affiliate of a larger veterinary healthcare system. If veterinarians are concerned with compliance and client loyalty, this is an important consideration.
- **Access to Clients with Similar Concerns:** Social media is very popular, and many people are comfortable hearing accounts from other individuals who share the same concerns. Sometimes, just hearing from another individual who has been through the process is enough to put clients at ease regarding procedures being contemplated. Having such a discussion moderated by a veterinarian or trained nurse/technician is even more valuable and helps stop medically inaccurate information from being disseminated.
- **Access to Training and Behavior Consultants:** Surveys have shown that many pet owners do not initiate discussions with veterinarians about behavior problems, and the converse is also true. Behavior problems are the main cause of pets being relinquished; however, training is a critical component of pet ownership that must not be ignored (see 5.14 – Discussing Behavior).

These are important changes, but they are not necessarily the only changes that need to be made to veterinary practice models in order to create a more effective healthcare delivery service.

1.01. MODELS OF VETERINARY PRACTICE

EXAMPLES

A client who owns a Doberman pinscher pup searches a veterinary medical resource linked to the primary care veterinarian's website and learns that the breed is susceptible to von Willebrand disease, a bleeding disorder. The client sees that there is both a DNA test and a von Willebrand factor assay available, and initiates a discussion with the health educator assigned by the practice. They schedule an appointment for the tests to be run. It turns out that the dog does, in fact, have von Willebrand disease. The client joins a veterinary-supervised discussion group for the disorder and makes arrangements with the veterinary hospital to be appropriately prepared for the upcoming neutering surgery. The veterinary hospital provides a higher level of care at higher revenue, and averts a potential emergency – all initiated by the client. The alternative may have been that the diagnosis was made following complications of the surgery, proving costly for both practice and client.

CAUTIONS

It is hard to make firm conclusions about models of veterinary practice that currently do not exist. Also, developments in human medicine may take decades to filter down to the veterinary profession, and not all may be appropriate.

What does seem clear is that the profession needs to engage in discussions with pet owners about the costs of veterinary care and pet health insurance, regardless of the individual model of veterinary practice.[5]

MISCELLANEOUS

ABBREVIATIONS

DNA: Deoxyribonucleic acid
MSO: Managed Service Organizations

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1.02. CHALLENGES TO THE PROFESSION

BASICS

OVERVIEW

The veterinary profession has changed significantly since the national pandemic. While in some respects it seems to have occurred in the distant past, much of what occurred during the pandemic has had long-lasting implications for the business of veterinary medicine. Some of the metamorphoses of veterinary medicine have produced a butterfly in terms of a new beautiful way of doing things. On the other hand, many practices are still stuck in the chrysalis, incapable, or unwilling to escape the shell that they have subsisted in for many generations. The challenges that are currently faced can be considered both extrinsic and intrinsic. Let's take a look at the "new" challenges that have arisen post-pandemic.

By definition, a challenge is a call to action. In addition to all the standard challenges to the profession, it is also important to consider the following:

- Veterinary workforce
- Non-veterinary workforce
- Technology
- Client expectations
- Economic pressures
- Mental health and well-being
- Competition
- Cost of care/access to care
- Efficiency
- Interpersonal collaboration

TERMS DEFINED

N/A

ISSUES AND OPTIONS

VETERINARY WORKFORCE

Too many veterinarians? Not enough veterinarians? As it has for decades, the debate rages on. There are reports of significant and severe shortages that could be detrimental to animal care and the profession. On the other hand, there is a rebuttal that the numbers aren't quite as daunting as proposed. Who is right? Possibly, BOTH!

There is a need for veterinarians. There are specific regions that need them more than others. There are specific practice categories that need more veterinarians than others.

As discussed later, the current economic environment, post-pandemic, is different than it was pre-pandemic, or during the pandemic. Based on caseload and client demand, the need for veterinarians could have been deemed critical (in some regions). And there have been efforts to address these "shortages" through increasing class sizes, expanding the number of classes seated in a year, and plans to open up more veterinary schools, and other reactive actions.

It should be taken into consideration that the pandemic also had a significant impact on the retention of veterinarians. Tremendous numbers of licensed veterinarians left practice . . . never to return.

So, we have a retention problem. We have an acquisition problem. As noted later, we also have an efficiency problem where doctors are not working to the top of their job descriptions 100% of the time.

It should be noted that the number of veterinary students pursuing specialty practice has also decreased dramatically, and this could have a serious impact on the availability of board-certified specialists in the future.

Creating a veterinarian takes about eight years from high school to veterinary graduation. On the other hand, creating a diplomate, a board-certified veterinarian, can take upward of 12 years for completion of the practical work and testing.

A variable that is also impactful is student debt (see 15.20 – Debt Management). As much as the salaries for new graduate veterinarians have increased, it has only made a small dent in the debt-to-income ratio that new graduates are dealing with. This is a huge stressor for the current graduates and contributes to some of the attrition or movement of veterinarians who are looking for higher-paying jobs.

The word of the current decade for the veterinary sector and to some degree the non-veterinary workforce is mentoring (see 3.31 – Mentoring New Graduates). Mentoring is a tool that practices must offer and a benefit that is the number one benefit sought by young veterinarians. But, in many cases, it is still nebulous, as many practices and veterinarians differ on what it looks like. A great mentoring program can be the difference between creating a career in veterinary medicine and just a job for a doctor.

NON-VETERINARY WORKFORCE

Retention versus acquisition? It is known that many credentialed technicians will leave the veterinary field in the first five to seven years after their licensing. The retention rate for client service representatives, animal caretakers, and veterinary assistants is even shorter. As the need for veterinary team members continues to grow to meet the demand for services from pet owners, the profession will have to focus on both the hiring of new entry-level people into the profession and, more importantly, retaining those that they have already engaged in employment.

As the workforce is now composed of 50% of workers in the Gen Y and Gen Z categories, understanding their needs, hopes, and desires is paramount (see 1.16 – Generational Differences).

Hiring for careers, not just jobs, will take a huge mindset change, as many veterinarians do not invest sufficiently in their teams.

The cost of hiring new staff is significantly higher than retaining staff. So, why not take the time and energy to create career paths?

Over the last few years, there has also been significant wage inflation for the veterinary team. Salaries have gone up significantly in many parts of the country as the competition for employees has increased. This is not just in the veterinary field but in many industries. Competition, higher minimum wages, and a shrinking workforce have led to dramatic salary escalation. Although this is great for the team, it has put inordinate pressure on practice profitability, contributing somewhat to the current escalation in fees discussed in the Cost of Care section.

Staff retention through training, respect, recognition, and growing responsibility can help with the significant efficiency shortfalls that exist as well. In virtually any small business, staff that feel as if they are contributing will stay and grow (see 3.20 – Effective Staff Retention). By hiring, onboarding, and training people and then using them to the top of their job descriptions, you can create careers.

TECHNOLOGY

The speed of change has hit the veterinary profession. The plethora of new resources with a technological component has exploded. It wasn't long ago that we were happy to have practice management software.

Telehealth grew rapidly during the pandemic and continues to look for its role in the veterinary practice model (see 4.26 – Telehealth).

Online pharmacies have been around for a while, but the acceptance and integration into veterinary practices escalated as a result of the demand from pet owners, over 50% of whom are now Gen Y and Gen Z, so-called digital natives.

Home delivery of food was also a pandemic offshoot.

In the same way that you can use OpenTable for making a restaurant reservation, there is now software to allow clients to make appointments with your practice online rather than via telephone.

Email isn't new nor is texting, they have just grown in utilization as the technological advancement of our clients has progressed. The use of automated technologies such as these allows us to program

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reminders, communications, and other educational or marketing pieces for future sends with very little need for human interaction.

Practice information management systems (PIMS) have gone more and more to the cloud NOT just for hosting and backing up data but also for providing the program that drives the PIMS. This allows for easy updates and automatic data backup. It also allows for more customization of the platform to help with medical recordkeeping, data collection, accounting, etc.

One of the banes of veterinarian's existence in medical recordkeeping there has been a remarkable growth in transcription services that, using technology, have allowed veterinarians to get their medical records completed more thoroughly and more rapidly. Many of these are driven by artificial intelligence (AI).

In the not-so-distant past, AI to veterinarians was artificial insemination and required shoulder-length gloves and a semen straw. Currently, AI is recognized by all as artificial intelligence, and it only requires access to some programming and machine learning to provide an amazing amount of articles, information, communication, and other resources, including reading radiographs and cytologies. AI may be the brightest, shiniest object when it comes to the world of technology (see 11.22 – Artificial Intelligence: An Introduction). The question is, will Artificial Intelligience develop faster than the programmers who are working on it?

CLIENT EXPECTATIONS

At this time, more than any other in recent memory, client expectations have gotten harder and harder to attain (see 4.04 – What Clients Expect from Their Veterinarian). Whether it is the use of Internet resources to gather information, the inflationary growth of veterinary costs, or a remnant of the so-called COVID fog, clients have become more and more difficult to decipher. Many practices, during the pandemic, fired more clients in a year than they had in a lifetime. In the post-pandemic period, the veterinary team is being taken to task by social media, the newspapers, review websites, and in-person client rants for even the smallest failure.

Meeting and exceeding client expectations is becoming more and more of a must (see 6.02 – Giving Clients What They Want Most). Surveying clients, getting their feedback, and then delivering on said feedback should be part of every practice, as well as working on collecting Net Promoter Scores on your practice and team (see 4.04 – What Clients Expect from Their Veterinarian).

The veterinary profession is not a healthcare provider. Veterinary medicine is a service provider whose service is healthcare. It is more and more important that we take that to heart and set our vision, mission, and values on the delivery of a world-class experience and services each time a client "touches" the practice. The client experience, from the website to the phone; the front desk to the technicians; the doctors and the management, requires a focus on the client's needs and by creating a more client-centric business we will hopefully mollify the increasingly irritated pet owners (see 4.22 – Developing a Client-Centered Practice).

ECONOMIC PRESSURES

There was a period during the pandemic when veterinary practices thought they had found a goldmine. Clients wanted to come in. Patients needed to be seen. There was less and less "negotiating" on estimates. The floodgates had opened, and business was flowing in at a record pace. While this was going on, there was the challenge of dealing with an infectious disease (COVID-19) and its consequences.

The increasing demand for veterinary care was met with a decreasing supply of veterinarians and veterinary team members available to deliver services. In response, there was a dramatic escalation in salaries for veterinarians, experienced as well as new graduates. When it came to salary, the demands for the rest of the team accelerated as well.

Concurrently, for various reasons external to the veterinary profession, the availability and the costs for supplies were inflated.

Thus, all three of the major expense categories – veterinary salaries, staff salaries, and cost of goods all increased at the same time.

So, as practices were enjoying increased revenue, they were paying out the expense side even faster. Profitability during the highest revenue-generating time for veterinary practices actually went down.

The response of most practices was to increase the costs to the clients. And increases were at levels even higher than the national inflationary rate at the time.

Revenue up – Expenses up even more – Profits down – Fees up. What a wild ride!

And then things slowed down, and transactions started to normalize or even decrease over similar periods. At the time of this writing, revenue is up on average about 3% year over year, while transactions are down on average about 2%. Thus, revenue growth is strictly being driven by higher fees. Is this sustainable?

Much of what has occurred is the simple supply and demand curve of basic economics. However, there have been some hyper-reactions by the profession to the economic pressures rather than prudent responses.

The increasing costs of care have made even basic services unattainable for many. The Care Credit Lifetime of Care study reflects that 25% of pet owners are stressed by a $250 invoice, and 46% by a $500 invoice (www.petlifetimeofcare.com and www.petlifetimeofcare2025.com. With veterinary medicine competing for discretionary income and also running at an inflation rate sometimes twice what national inflation is running, there is less and less disposable income for preventative care.

With the numbers noted earlier, specialists, universities, and tertiary-care facilities are going to feel a pinch at some point. There was a sudden increase in URGENT CARE facilities during the pandemic to handle the overflow from the day practices that were drowning. The cost for urgent care and emergency care (ER) was the price paid by clients who didn't want to or couldn't wait for general practice care. Surgical and internal medicine cases were weeks out for appointments. With the tightening of the pet owner's budget, one might surmise that specialty care will be impacted even more dramatically, albeit in a delayed fashion, as they are still catching up post-pandemic.

Veterinary salaries will likely moderate as well. Veterinarians hired to ensure case coverage will find it harder to produce at the levels needed to cover their salaries when transaction numbers decrease. If a veterinarian isn't covering their production, the hospital will have to accommodate in some fashion so as not to impact their profitability. Salary cuts may also happen if the supply and demand curve for veterinarians tips to too many veterinarians and not enough jobs. The economics of the veterinary profession are at an interesting inflection point and may be a fault line waiting for a temblor.

MENTAL HEALTH AND WELL-BEING

In early 2024, Merck released its Fourth Veterinary Wellbeing Study. The study celebrated a positive trend in the field with practices and professionals taking a more proactive approach toward mental health. The most recent study included veterinary team members in its assessment.

The positive findings in the report included higher levels of job satisfaction and pride. Practices address team culture, well-being, and mental health more than in prior studies.

At the same time, mental health and well-being continue to be impacted by workforce shortages, student debt, difficult clients, and toxic workplaces (see 16.16 – Mental Health and Wellbeing).

This is an area of great concern that warrants more and more assessment during the post-pandemic era as the frequency of toxic workplaces and workforces continues to grow. Pre-emptive communication skills, employee assistance programs, and social workers are all part of the needs list for this generation of the veterinary workforce dealing with the inordinate external and internal stressors noted here.

1.02. CHALLENGES TO THE PROFESSION

COMPETITION

It wasn't that long ago that the only competition that a veterinarian worried about was within a relatively short radius of their practice. That has changed as pet owners have more and more resources that they can access online, in pet stores, in feed stores, in big-box retailers, etc., that provide comparable products and services to veterinary practices.

Of course, if you are an independent practice, the competition includes the 70+ national corporations that own from ten to over a thousand veterinary hospitals (see 1.20 – Corporate Veterinary Practices). These businesses provide the same services and products that independent hospitals provide but they are afforded competitive advantages because of their buying power, management expertise, and deeper financial pockets.

Basic veterinary care had been the purview of veterinary clinics. Now, many pet stores, shelters, and big-box retailers host veterinary clinics. Many of these locations are providing services at a price point lower than those in the typical brick-and-mortar facility.

Some of the most distressing sources of competition are the online purveyors. These websites provide pharmaceuticals, food, toys, advice, and telehealth and are in direct competition with the services that ALL veterinary practices provide. Without the overhead of a full-service veterinary practice, they offer competitive pricing, even selling products at lower prices than some practices can buy them. From a strictly economic standpoint, as the online retailers chip away at the in-house veterinary pharmacy, practice profitability will be dramatically impacted while practices look for ways to compete on the profit side. This may be the most significant competition that practices will face in the near future (see 10.03 – Pharmacy Management as a Profit Center).

COST OF CARE/ACCESS TO CARE

The pandemic saw an unprecedented increase in expenses to deliver veterinary services. Veterinary salaries, staff salaries, Cost of Goods Sold (COGS), and virtually every category were impacted on the expense side of the income statement. To optimize profitability, there was a concomitant increase in fees for services and products in many, many veterinary hospitals. Reports show that veterinary fee inflation escalated at a significantly higher rate than the current US inflationary rate. This is not critical of fee increases. They were overdue.

However, fee increases frequently create barriers for pet owners to afford veterinary care. As mentioned earlier (Care Credit petlifetimeofcare.com and petlifetimeofcare2025), the cost of veterinary care is a line item for many personal budgets. There are many sequelae to the burgeoning cost of care escalation, and they include:

- Visiting the veterinarian less frequently (an issue that already exists) with a large percentage of dog owners and an even higher percentage of cat owners who never visit the veterinarian.
- Pushback to veterinary teams, either online (via review sites) or in the practice, about the cost of care has now become a topic for major websites, news publications, and finance publications.

One of the most significant sequelae is less access to care for pets.

The term access to care may be associated with challenges due to the costs of care, physical barriers (no practices nearby), physical barriers (no transportation to get to the practice), language barriers (no one speaking the pet owner's language), etc.

In addressing the costs of care and financial aspects of access to care, the terms "incremental care" and "spectrum of care" have started to be used. These denote creating differing options for patient care that do not compromise the pet's well-being but do offer alternative price points. This concept of spectrum of care should be considered a challenge AND an opportunity for many practices.

As a result of the economic challenges currently facing the veterinary profession, this conversation is front and center in universities, practices, licensing boards, and the practice world. Finding solutions for pets and pet owners will require all parts of the veterinary network to collaborate in the best interest of our patients.

EFFICIENCY AND EFFECTIVENESS

Several definitions of efficiency and effectiveness could be applied to the veterinary field. Simply put it is doing the right things (effectiveness) right (efficiency). The pandemic and the chaos it caused pointed out a large number of operational efficiencies in the veterinary field that were then validated in reports by the American Veterinary Medical Association (AVMA) Veterinary Economics Division.

Some of the areas of greatest inefficiency are in the utilization of:

- Physical plants
- Products
- People
- Processes

As practices improve their utilization of the veterinary team to their highest levels, as they integrate technology into day-to-day operations, and as they work to create consistent processes for delivering client and patient experiences, efficiency can improve. The data from AVMA reflects a tremendous opportunity to improve efficiency, and, as a result, there may be improvements in some workforce issues and profitability issues.

The issue of burnout is frequently associated with overwork or the feeling of running in quicksand (see 16.18 – Compassion Fatigue and Burnout). Think about the positive impact of efficiency improvements on burnout.

INTERPROFESSIONAL COLLABORATION

The veterinary profession is so competitive in its mindset to the detriment of solving many of the challenges mentioned earlier. Collaborative problem-solving may be the only way to address these challenges and others. No matter what category you may self-assign, corporate, private, local, regional, national, academic, clinician, gender, race, etc., this profession is too small not to seek ways to solve problems together.

National and international organizations have taken positions on a variety of issues that impact the profession. It is not often enough that they take positions that support one another on the issues influencing the profession.

As noted, many of the challenges come from those not licensed to practice veterinary medicine. They come from those invested (financially) in the outcomes of the educators, clinicians, leaders, etc. In many cases, those invested do NOT seek input from those whom they impact.

It is imperative to work collaboratively as a profession to influence and define our own future, and not a future where we are constantly following the money.

Coming together to solve problems means checking egos at the door and seeking compromise. The result will help all in the long run.

FUTURE THINK

The veterinary profession has been put under more and more scrutiny by external forces. There are monopolistic possibilities for the companies controlled by private equity or venture capital funding. In the United Kingdom, there is oversight of the fees and activities of veterinary professionals and their impact on pet owners and even the pet health insurance industry, as the cost of care has risen.

Keep your finger on the Pulse of the Profession through your local, state, and national associations and other dependable and dependable resources.

EXAMPLES

To get a feeling for the public perception of the veterinary profession, all you have to do is listen. Whether they are online, at the bank or the grocery store, flying on an airplane or surfing the Internet, walking the dog, or visiting a pet store, consumers are increasingly ready to offer unsolicited comments about their veterinary experiences.

1.02. CHALLENGES TO THE PROFESSION

A major area that practices can benefit from is a better understanding and use of the plethora of data available in their practice management and accounting software (see 11.03 – Selecting Computer Software and 7.05 – Financial and Accounting Software). Understanding data and key performance indicators allows for goal setting, benchmarking, and tracking, which are all keystones to successful business management (see 7.10 – Key Performance Indicators). Efforts to standardize the chart of accounts, diagnostic codes, service codes, and other commonly used terms will enable all veterinary practices to use the same vernacular when talking about the relevant numbers. This will also make huge differences in helping the business of veterinary medicine become a real business and not just a hobby.

CAUTIONS

The areas noted earlier represent challenges that have been identified by the veterinary profession. Addressing these challenges and finding solutions will require an overarching effort from practitioners, organized veterinary medicine, industry supporters, and universities. The veterinary profession has been and continues to be a reactive profession and yet can be glacial in its speed. Taking a proactive approach and providing solutions to the challenges identified earlier and others may start to turn the Titanic away from the iceberg that looms.

MISCELLANEOUS

These challenges do not mean that the veterinary profession is not thriving. They are just indicators of the maturation process and the need for evolution within the profession. Additionally, the number and variety of challenges indicate that the world in which veterinary medicine survives is also changing rapidly. The long-term question examines what is needed for veterinary medicine to overcome the challenges, reconfigure or transform itself, and continue to flourish.

ABBREVIATIONS

ROI: Return on investment

Recommended Resources

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1.03. Trends in Companion Animal Veterinary Practices

BASICS

OVERVIEW

• The companion animal veterinary industry has undergone significant shifts over the last few decades, influenced by changing client expectations, technological advancements, workforce shortages, and an evolving understanding of pet health. With pets now considered integral members of families, there has been a rise in demand for advanced medical services, specialized treatments, and wellness-focused care. Pet owners are no longer solely seeking reactive care for sick animals; they want preventive and wellness services that can help their pets live longer, healthier lives.
• As a result, veterinary practices are adjusting their service offerings to meet this heightened demand. Veterinarians are expanding their expertise to include areas like cardiology, oncology, orthopedics, and even alternative therapies such as acupuncture and physical rehabilitation. However, these shifts require significant financial investments in equipment and staff training, leading to increased costs for veterinary practices and their clients.
• Meanwhile, the rise of digital technology is revolutionizing how companion animal practices operate. From the implementation of electronic medical records (EMRs) and practice management software to the growth of telemedicine and artificial intelligence, veterinary practices are embracing technology to improve patient care, streamline workflows, and enhance client communication. While technology offers great potential, its adoption has also created challenges, including the need for staff training, data security concerns, and the potential for a loss of personal client interaction.
• In addition to these changes, the veterinary industry is facing significant workforce shortages. Practices across the globe are struggling to recruit and retain qualified veterinarians, veterinary technicians/nurses, and support staff. High levels of stress and burnout, driven by long hours, emotional fatigue, and the physical demands of the job, have led to high turnover rates. Practices must now focus on creating environments that prioritize employee well-being, offer competitive compensation packages, and provide clear career development pathways to attract and retain talented staff.
• As companion animal veterinary practices navigate this complex landscape, they must balance the benefits of innovation with the need to maintain personal, compassionate care. Practices that can adapt to these trends while also addressing the challenges of rising costs, client education, and workforce shortages are poised to thrive in the years to come.

ISSUES AND OPTIONS

The following are some of the major trends currently influencing companion animal veterinary practices, along with the challenges they present and strategies for adapting to them effectively.

THE RISE OF TELEMEDICINE AND VIRTUAL CARE

• **Issue:** Telemedicine has become a significant trend in veterinary care, especially following the COVID-19 pandemic (see 4.26 – Telehealth). Clients appreciate the convenience of virtual consultations for follow-up visits, wellness checks, or minor concerns that may not require an in-person exam. However, telemedicine presents challenges in maintaining the veterinarian–client–patient relationship (VCPR) and ensuring that remote consultations provide the same standard of care as in-person visits. There are also concerns about state regulations, privacy, and data security.
• **Option:** To successfully integrate telemedicine into companion animal practices, veterinarians should develop clear protocols for when virtual care is appropriate and how to conduct telemedicine consultations effectively. Practices must ensure compliance with local and state regulations regarding telemedicine and the establishment of a valid VCPR, and they should invest in secure platforms for virtual consultations that protect client and patient data.
• Telemedicine should be viewed as a complement to in-person care, with the goal of enhancing client convenience and accessibility without compromising the quality of care. For example, practices can offer telemedicine for postoperative check-ins, behavioral consultations, or nutrition counseling, while maintaining in-person visits for more complex or urgent cases.

INCREASING USE OF TECHNOLOGY IN PRACTICE MANAGEMENT

• **Issue:** The use of technology in companion animal practices has expanded significantly, from EMRs and practice management software to client communication tools and artificial intelligence (AI)-driven diagnostic platforms. While technology can improve efficiency and patient care, it can also be overwhelming for staff, especially if multiple platforms are adopted simultaneously. In addition, the initial investment in technology, as well as ongoing training and updates, can strain a practice's resources.
• **Option:** Practices should adopt technology incrementally, ensuring that each new system is fully integrated and that staff are comfortable with its use before moving on to additional tools. Offering ongoing training and providing support from a dedicated IT staff member or external vendor can help alleviate the stress associated with technology adoption.
• In terms of client communication, practices can leverage automated appointment reminders, online booking systems, and digital payment options to improve the client experience and reduce administrative burdens on staff. AI-driven diagnostic tools, such as radiograph analysis software or wearable health monitors for pets, can provide valuable insights and support clinical decision-making, enhancing the practice's ability to offer high-quality care.

WORKFORCE SHORTAGES AND RETENTION CHALLENGES

• **Issue:** Workforce shortages in the veterinary industry, particularly in companion animal practices, have become a critical issue. Many practices are struggling to hire and retain qualified veterinarians, veterinary technicians/nurses, and support staff, leading to increased workloads for existing employees and potentially reduced quality of care. The shortage is exacerbated by high rates of burnout, as veterinary professionals face long hours, emotional strain, and the physical demands of the job.
• **Option:** To address workforce shortages and improve retention, practices should focus on creating a positive work environment that prioritizes employee well-being. Offering competitive salaries, benefits, and opportunities for career advancement can help attract and retain talented staff. Practices should also promote work–life balance by offering flexible schedules, adequate time off, and mental health support.
• Providing clear career development paths for veterinary technicians and support staff, including continuing education opportunities and certifications, can improve job satisfaction and reduce turnover. Practices that foster a supportive, team-oriented culture are more likely to retain staff and reduce the strain caused by workforce shortages (see 2.11 – Motivating the Healthcare Team).

RISING COST OF VETERINARY CARE

• **Issue:** The cost of providing veterinary care has risen in recent years, driven by factors such as advanced medical technology, increased client expectations, and higher wages for veterinary staff. While many pet owners are willing to invest in high-quality care for their animals, there is a growing concern about the affordability of veterinary services,

1.03. TRENDS IN COMPANION ANIMAL VETERINARY PRACTICES

especially for lower-income clients (see 4.21 – Financial Triage for Cost of Care). Practices must balance the need to cover their operating costs with the desire to provide affordable care.

- **Option:** To address the rising cost of care, companion animal practices can offer a range of payment options to make services more accessible to clients (see 4.17 – Access to Care). This includes financing plans (see 8.19 – Payment (Wellness) Plans) and pet insurance partnerships (see 8.18 – Pet Health Insurance) that help clients manage the cost of care overtime. Practices should also communicate transparently with clients about the cost of services and provide estimates upfront to avoid surprises (see 5.13 – Discussing Finances).
- Offering tiered service options, where clients can choose between basic care and more advanced treatment plans, allows practices to meet the needs of clients with different budgets without compromising the quality of care. Practices can also explore cost-saving measures such as adopting energy-efficient technologies, to reduce overhead expenses and keep prices manageable.

CLIENT EDUCATION AND MISINFORMATION

- **Issue:** In the age of social media and readily available information online, pet owners often arrive at veterinary clinics armed with misinformation. They may have researched their pet's clinical signs (symptoms) online and come to conclusions about their pet's health, which can conflict with a veterinarian's diagnosis. This can create tension between clients and veterinarians, as clients may distrust professional advice in favor of what they have read online. Furthermore, misinformation about vaccinations, nutrition, or alternative therapies can lead clients to make harmful decisions about their pets' care.
- **Option:** Veterinary practices can address this issue by proactively educating clients and positioning themselves as trusted sources of information. This can be achieved through client education programs that include newsletters, blogs, social media updates, and in-person consultations. Practices should focus on gently debunking common myths, explaining the importance of vaccinations, proper nutrition, and other aspects of veterinary care, and promoting evidence-based treatments.
- During consultations, veterinarians should take the time to listen to clients' concerns, acknowledge the information they have found online, and then explain the scientific basis for their recommendations. Empathy is key here – clients are more likely to trust veterinarians who take the time to explain why professional care is necessary, rather than dismissing their concerns outright.
- Another approach is to create client education materials such as pamphlets or videos that cover common misconceptions and provide clear, reliable information. These resources can be distributed during visits or made available on the practice's website, giving clients access to trustworthy information that addresses their questions or concerns.

EXAMPLES

Following are examples of how companion animal practices have successfully adapted to the trends shaping the veterinary industry today.

EXAMPLE 1: INTEGRATION OF SPECIALIZED CARE

ABC Veterinary Clinic faced increasing client demand for specialized care, particularly in areas like cardiology and oncology. Rather than referring all specialty cases to external clinics, the practice decided to partner with a board-certified cardiologist who visits the clinic twice a week. This allows the practice to offer specialized services without the need for a full-time specialist, and clients appreciate the convenience of receiving advanced care in a familiar setting.

The clinic also invested in advanced diagnostic tools, including an ultrasound machine and digital radiography, enabling their general practitioners to provide more comprehensive care, with images reviewed virtually by a board-certified radiologist. As a result, the practice has seen increased client satisfaction and a rise in revenue from specialty services.

EXAMPLE 2: ADOPTION OF TELEMEDICINE

During the COVID-19 pandemic, ABC Animal Hospital implemented telemedicine to maintain client relationships while limiting in-person visits. Initially, the practice used telemedicine for follow-up appointments and minor health concerns, but it quickly expanded to include behavioral consultations, nutritional counseling, and even remote triage for emergencies.

By using a secure telemedicine platform, the practice ensured compliance with local regulations and maintained the VCPR. Clients appreciated the convenience of virtual visits, and the practice found that telemedicine allowed them to reach a broader client base, including those with transportation challenges or those living in rural areas. As telemedicine became more established within the practice, it also helped improve efficiency, allowing veterinarians to manage their time more effectively and prioritize in-person visits for more complex cases.

EXAMPLE 3: TECHNOLOGY-DRIVEN EFFICIENCY

ABC Animal Wellness Center embraced technology to streamline both client communication and practice management. The center implemented an advanced practice management software system that integrated paperless EMRs, automated reminders, and online booking capabilities. This not only improved communication with clients but also reduced the administrative workload for the veterinary team.

The practice also adopted AI-driven diagnostic tools, such as digital radiography software that helps interpret images more quickly and accurately. This technology allowed veterinarians to make faster, more informed decisions, improving patient outcomes and client satisfaction. With technology handling many of the routine administrative tasks, staff members were able to focus more on patient care and client interactions, leading to a more efficient and enjoyable work environment.

EXAMPLE 4: ADDRESSING WORKFORCE SHORTAGES

ABC Animal Hospital faced challenges in recruiting and retaining qualified veterinary technicians/nurses and support staff. To address these issues, the hospital created an employee wellness program that focused on mental health, work–life balance, and professional development. The program included flexible work schedules, access to counseling services, and regular team-building activities to promote a positive and supportive work environment.

The hospital also invested in career development opportunities for its staff, offering continuing education and certifications in areas such as anesthesia, dentistry, and advanced surgical techniques. Veterinary technicians who completed certifications received salary increases and additional responsibilities, giving them a clear career path within the hospital. This approach helped reduce turnover, improve job satisfaction, and attract new talent to the hospital.

EXAMPLE 5: CLIENT EDUCATION AND COMBATTING MISINFORMATION

ABC Animal Care Clinic noticed an increasing number of clients arriving with misinformation from unreliable online sources. To combat this, the practice launched a comprehensive client education initiative that included blog posts on the clinic's website, social media campaigns, and printed handouts covering common veterinary misconceptions.

Each month, the clinic's social media accounts featured a "Veterinary Myth-Buster" post, where a common pet health myth was debunked with evidence-based information. The clinic also hosted educational webinars where veterinarians discussed topics like proper pet nutrition, parasite prevention, and the benefits of vaccines. This

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proactive approach to client education helped build trust between the clinic and its clients, leading to more informed decisions about pet care and reducing tension during appointments.

EXAMPLE 6: SPECIALIZED GERIATRIC CARE PROGRAM

XYZ Veterinary Hospital introduced a dedicated geriatric care program to meet the growing demand for specialized care for senior pets. The program included routine senior wellness exams that assess joint health, cognitive function, and organ health, as well as a range of pain management options for pets suffering from arthritis or other age-related conditions.

In addition to traditional treatments, the clinic offers acupuncture and physical therapy sessions designed to improve mobility in older pets. The geriatric care program also includes nutritional counseling to ensure that senior pets are receiving appropriate diets to support their aging bodies. By focusing on holistic, long-term care for senior pets, XYZ Veterinary Hospital has seen increased client satisfaction and better patient outcomes for its aging pet population.

CAUTIONS

As companion animal veterinary practices adapt to these trends, there are several potential pitfalls to consider. The following cautions highlight common challenges that practices should avoid when implementing changes aimed at staying current with industry trends.

CAUTION 1: OVERRELIANCE ON TECHNOLOGY

- While technology can improve efficiency and enhance patient care, practices should avoid becoming overly reliant on technology at the expense of personal client interactions. Veterinary care is a deeply personal and emotional experience for many clients, and over-automation can risk depersonalizing these interactions. Practices should ensure that the use of technology complements, rather than replaces, meaningful communication with clients.
- For example, while automated appointment reminders and online booking systems are convenient, clients should still have the option to speak with a staff member if they have questions or concerns. Additionally, AI-driven diagnostics should always be used to support – not replace – the clinical judgment of veterinarians.

CAUTION 2: IGNORING THE LEGAL AND ETHICAL IMPLICATIONS OF TELEMEDICINE

- Telemedicine is a valuable tool for veterinary practices, but practices must be aware of the legal and ethical challenges it presents. State regulations regarding telemedicine and the establishment of the VCPR vary, and practices must ensure they comply with these regulations to avoid legal issues.
- In addition to regulatory concerns, practices must ensure that telemedicine consultations are conducted in a way that maintains the same high standard of care as in-person visits. Telemedicine should never be used as a substitute for a hands-on physical examination when it is necessary for accurate diagnosis and treatment.

CAUTION 3: UNDERESTIMATING THE COST OF SPECIALIZED CARE

- While expanding services to include specialized care can attract new clients and increase revenue, practices must carefully consider the costs associated with offering these services. Specialized equipment and training can require significant financial investment, and practices should ensure that they have the patient volume to support these services before committing to them.
- It's also important to avoid overextending staff by asking general practitioners to take on highly specialized cases without adequate training or support. If a practice is not equipped to handle a particular case, it's better to refer the patient to a qualified specialist rather than risk compromising the quality of care.

CAUTION 4: FAILING TO EDUCATE CLIENTS ON THE VALUE OF PREVENTIVE CARE

- While preventive care programs can improve patient outcomes and generate steady revenue, they require client buy-in to be effective. If clients don't understand the long-term benefits of preventive care, they may be reluctant to invest in these services, particularly if their pets appear healthy.
- Practices should make a concerted effort to educate clients about the importance of preventive care, using clear and accessible language to explain how services such as regular exams, vaccinations, and dental cleaning can prevent more serious – and costly – health issues down the line. Visual aids, case studies, and client testimonials can be effective tools for illustrating the value of preventive care.

CAUTION 5: BURNOUT FROM WORKFORCE SHORTAGES

- Workforce shortages are a widespread issue in the veterinary industry, but practices must be cautious about how they manage the additional workload placed on existing staff. Without adequate support, staff members can quickly become overwhelmed, leading to burnout and higher turnover rates. Overworking staff can also compromise the quality of care provided to patients.
- Practices should avoid asking staff to consistently work long hours or take on excessive responsibilities without providing sufficient support, such as hiring temporary staff or cross-training team members to cover essential duties. In addition, practices should prioritize the mental and physical health of their employees by offering resources such as counseling services, wellness programs, and regular opportunities for relaxation and rejuvenation.

CAUTION 6: CLIENT RESISTANCE TO TELEMEDICINE

- While telemedicine can provide a convenient alternative for clients who cannot visit the clinic in person, not all clients are comfortable with or willing to use telemedicine for their pets. Some clients may feel that telemedicine is impersonal or that a virtual consultation cannot replace the hands-on care provided during an in-person exam. Others may have concerns about the quality of care they will receive through a virtual platform or may lack the technological skills to navigate telemedicine systems.
- Practices should be cautious about over-relying on telemedicine as a replacement for in-person care. While telemedicine can be a valuable tool for certain cases, such as follow-up visits or minor consultations, it should not be positioned as a substitute for in-person exams. Practices should clearly communicate the situations in which telemedicine is appropriate and reassure clients that they will still receive high-quality care, even if a physical exam is not conducted.
- To address concerns about the effectiveness of telemedicine, practices can provide clients with clear explanations of the limitations of virtual consultations and offer guidance on how to use the technology. Practices should also maintain a strong emphasis on in-person care for complex or urgent cases where a physical examination is necessary.

CAUTION 7: OVEREXPANSION OF SERVICES

- As practices expand their service offerings to include specialized care, advanced diagnostics, or geriatric programs, they must be careful not to overextend their resources. Expanding services without adequate staffing, training, or equipment can lead to reduced quality of care and increased stress for both staff and clients. Practices may also struggle to manage the financial burden of investing in new equipment or training for specialized services without a guaranteed return on investment.
- Before expanding services, practices should carefully assess their ability to meet the demand for these services. This includes ensuring

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that there are enough qualified staff to handle the increased workload, that equipment is properly maintained, and that clients understand the value and cost of specialized care. Expanding too quickly or without a clear strategy can lead to financial strain and a decline in service quality, which can ultimately harm the practice's reputation.

CONCLUSION

- The landscape of companion animal veterinary practices is changing rapidly, driven by client expectations for advanced care, the rise of telemedicine, a growing focus on preventive care, and the integration of new technologies. While these trends offer exciting opportunities for improving patient care and practice management, they also present challenges that require thoughtful planning and strategic implementation.
- By addressing key issues such as workforce shortages, client education, and the adoption of technology, companion animal practices can position themselves to thrive in this evolving industry. Real-world examples demonstrate that practices that embrace innovation while maintaining a focus on client relationships, staff well-being, and quality care can not only meet the demands of modern veterinary medicine but also exceed client expectations.
- At the same time, practices must be mindful of the potential pitfalls associated with these trends, such as overreliance on technology, legal risks with telemedicine, and the costs associated with offering specialized services. By approaching these trends with caution and a commitment to maintaining the personal, compassionate nature of veterinary care, practices can continue to provide exceptional service to both their patients and clients.

MISCELLANEOUS

ABBREVIATIONS

AI: Artificial Intelligence
CE: Continuing Education
EAP: Employee Assistance Program
EMR: Electronic Medical Records
VCPR: Veterinarian–Client–Patient Relationship

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N/A

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1.04. VETERINARY TRADE AREAS

BASICS

OVERVIEW

Knowing your practice's trade area or potential trade area can help with:
• planning a start-up practice and assessing the practice's market potential,
• developing focused marketing plans to help grow your practice and/or to increase your market penetration,
• crafting equitable and data-supported noncompete covenants (see 14.11 – Noncompetition), and
• identifying potential practice relocation sites and/or locations for satellite offices.

TERMS DEFINED

Trade Area: The geographic area from which the organization draws most of its customers and within which the organization's market penetration is the highest. The traditional benchmark for defining a trade area is the area that contains 80% of a business's clients. A trade area is also known as a "region of influence" or "catchment area."

ISSUES AND OPTIONS

IDENTIFYING YOUR TRADE AREA: EXISTING PRACTICE

Zip Code Counts

Zip code counts are a decent way to determine where your current clientele originates. Historically, trade areas were estimated by counting the number of clients in each zip code. This shows where your client densities are the highest, and works best when you have zip codes that cover small areas; large-area zip codes will be less descriptive. With current veterinary practice management software, client zip code counts are fairly easy to accomplish.

Better Method: Drive Times

See the section below on using drive times to estimate a trade area. When combined with a zip code count, this can help to refine your trade area boundaries.

Best Method: Address Mapping

Your practice management software contains a wealth of data, including client address information. This data can be geocoded, or address mapped, so that you can see the actual distribution of your clients.
• By using actual practice data, the trade area can be more precisely identified, and it is much more reliable and supportable in legal situations. It is important to only use your active clients – in most practices, active clients can be the clients that have transacted at your practice in the last two years.
• To do the mapping, you can purchase mapping software or hire a qualified consultant or company to do it on your behalf. If you are not mapping all of your active clients, try to use a representative sample with a minimum of 1% of the total number of active clients.
• Once active clients are mapped, a polygon can be generated that contains 80% of the mapped clients. Figure 1-04-1 shows the actual client distribution of a practice and the resulting trade area boundary. The practice is located in the center, the dots are client locations, and the trade area boundary is the peripheral polygon.
• With active clients mapped and trade areas defined, it is possible to identify the portions of the trade area that have strong concentrations of clients and the holes where there are few clients – which represent opportunities to grow the practice. This also helps identify the best locations for relocation or satellite offices.

Figure 1-04-1.
Client distribution for a practice and the resulting trade area boundary.

IDENTIFYING YOUR TRADE AREA: START-UP PRACTICE

For a start-up practice, it is important to assess the location's market potential before you commit all of your time and resources. In other words, you need to determine if the area can support a new (or another) veterinary practice.

The first step in this assessment is to identify your potential trade area. Without client data, it is still possible to reasonably define a potential trade area where most of your clients will come from. There are two methods to establish a potential trade area for a new practice:
• **OK Method: Radius Rings:** The traditional means of estimating a trade area boundary is to use a radius ring or rings, such as a 3-mile radius ring or a 5-mile ring for a nonrural, small animal practice. While this is an easy method, it does not usually match well when compared with actual client distributions. The problem is that a simple radius does not take into account factors that will impact your clients, such as ease of access (the good and bad of the community's road network) and physical barriers (e.g., lakes, mountains, and road-less areas).
• **Better Method: Drive Times:** Using drive times to estimate the potential trade area's boundary considers factors that the radius ring does not. Also, when compared to known trade areas, drive time estimates have been shown to be a better representation than the radius ring. Figure 1-04-2 shows a comparison of a 5-mile radius ring and a 10-minute drive time. The practice's location on a main road helps provide easy access, which extends its potential trade areas in some directions, but limits it in others.

Selecting the most relevant drive time depends on several factors, including the types of services provided; whether the area is urban, suburban, or rural; traffic congestion, etc. In general, clients are typically willing to drive further in rural and suburban communities

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Figure 1-04-2.

Comparison between a 5-mile radius ring and a 10-minute drive time.

than in urban ones. The following guidelines are based on calculations from known practice trade areas:

- 10–12 minutes for a small animal practice
- 30–40 minutes for mobile and large animal practices, although the limit tends to be your preference with respect to how far you are willing to drive from one edge of the area to the other
- 30–40 minutes for a kennel or emergency practice
- 45 minutes or more for a specialty practice.

To estimate the trade area, start at the practice location, drive in different directions for the designated times, and mark the locations on a map. For a more client-focused perspective, you may want to drive those routes twice – once at a low-traffic time and once at a peak time. Alternatively, you can have the estimate done for you by a consultant with access to appropriate mapping software.

For a start-up practice, establishing the boundaries of your potential trade areas provides a foundation for analyzing the market potential of your planned practice. For an existing practice, knowing your trade area helps to keep you focused on where your clients are really coming from and where additional potential clients may be.

EXAMPLES

N/A

CAUTIONS

N/A

MISCELLANEOUS

ABBREVIATIONS

N/A

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N/A

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1.05. RELATIONSHIP-CENTERED VETERINARY MEDICINE

BASICS

OVERVIEW

• Relationship-centered veterinary medicine (RCVM) is a new delivery model for veterinary practices and organizations, born from human medicine, where it is recognized that the nature and quality of relationships influence the process and outcomes of care delivery.[1]
• In veterinary medicine, relationships are the central feature upon which veterinary practice exists. Centered around the client-to-animal relationship, there are a plethora of relationships that have a role in delivering positive patient-, client-, team member-, and practice-level outcomes.

TERMS DEFINED

Kinesics: Postures, facial expressions, touch, and gestures.
Paralanguage: Vocal cues such as tone, rate, volume, and emphasis.
Proxemics: Interpersonal distance, vertical-height difference, angles of facing, and environmental barriers.
Relationship-Centered Veterinary Medicine: Medical approach that recognizes the importance and interdependency of all relationships associated with delivering veterinary care.

ISSUES AND OPTIONS

Several key relationships within the practice of RCVM are identified here.

VETERINARIAN-TO-SELF

• Successful relationships begin by first recognizing and acknowledging what we, as individual veterinarians, bring to the relationship, which should include a positive relationship with oneself through ongoing reflective practice, heightened self-awareness, and appropriate self-care.
• In practicing RCVM, a veterinarian should enter each relationship aware of and monitor their own emotions, biases, and reactions. This ongoing awareness of self acknowledges one's role in shaping relationships and associated outcomes.[1]

CLIENT-TO-PATIENT

• The relationship between a client and their animal forms the crux of veterinary care, where both a client's perspective and their animal's needs become the central focus for guiding care.
• Each client-to-animal relationship is unique, and our appreciation of this unique relationship serves as the foundation for exchanging information with a client, identifying a diagnosis, fostering shared decisions, developing a collaborative treatment plan, providing support and follow-up, and monitoring the outcomes of care.
• Although safeguarding this relationship is the primary focus of a veterinary team, the client-to-patient relationship must be considered within the context of all surrounding relationships.

CLIENT-TO-VETERINARIAN

• A key relationship for supporting the client-to-animal relationship is the one formed between a client and a veterinarian. The nature of this relationship plays an important role in the outcomes of veterinary care, including client satisfaction (see 4.38 – Measuring Client Satisfaction) and adherence (see 4.16 – Compliance and Adherence).[2]
• Historically, in client-to-veterinarian interactions, the veterinarian's preferences and values have often taken precedence (i.e., a veterinarian-centered approach).
• In recent years, many clients have been seeking a more collaborative partnership, in which the client's situation, views, and preferences are seen to be of important significance in their animal's care (i.e., a relationship-centered approach).
• Effective communication between the veterinarian and client provides the foundation for forming a trusting relationship. Such communication involves the intentional use of communication tools that support an understanding of each other's perspective, identifying common ground, ensuring both parties feel heard, and co-creating a patient care plan to which both parties are committed (see 5.01 – Effective Client Communication).
• Emotion is also a central feature in all relationships. A veterinarian's response to client emotions can have a positive or negative influence on the client-to-veterinarian relationship. As we incorporate RCVM alongside the practice of evidence-based medicine, empathy becomes an important response to the range of emotions that a client may experience (e.g., joy, sadness, guilt, anger, and denial) during their animal's care.

VETERINARIAN-TO-PATIENT

• The relationship a veterinarian has with each patient is also unique and can bring both joy and challenge. Appreciating and understanding the personal impact our relationships with patients can have positions us for planning our own self-care (e.g., taking time between patients, debriefing with a colleague, or accessing formal supports such as employee assistance programs).
• Our connections and interactions with veterinary patients also support the development of our connections with clients. Being attentive to our verbal and nonverbal communication with patients has an important role in practicing RCVM.

VETERINARY TEAM MEMBER-TO-TEAM MEMBER

• Veterinary teams involve a complex web of relationships, comprising both individual- and group-level connections that influence the outcomes of veterinary care.
• Applying RCVM at a practice level involves moving away from the traditional hierarchical structure of a veterinary team and focusing more on the development of quality relationships between team members.
• By practicing RCVM, we engender respect among colleagues, appreciate the contributions of others, provide one another with opportunities to learn and grow, and ensure that team accomplishments are recognized and celebrated.[1]
• By focusing on quality relationships, we collectively contribute to a psychologically safe working environment, enhance efficiencies, reduce costs, improve patient and client outcomes, and foster a positive team culture for the veterinary practice.[3]
• Relationships are strengthened when team members share goals and knowledge and treat one another with mutual respect, which can be accomplished through practice-level processes that support communication that is frequent, timely, accurate, and problem-solving in nature.[3]
• Practice-level processes which can be used to support this kind of communication include use of electronic medical records for in-time sharing of information across the practice, spontaneous team huddles for pulling together key team members to address emergent issues, scheduling of daily rounds at a time that allows broad participation, holding regular team meetings to enhance processes by providing practice-level updates, and engaging in ongoing reviews across the practice.
• Ongoing training is also important to equip all team members with the communication tools needed to support a practice culture that embraces empathy and understanding toward others, and where team members feel engaged and heard.

Additional relationships that are important to consider in practicing RCVM include, although are not limited to, other members of the client's and patient's household, ancillary animal-care services (e.g., groomer, doggy day-care provider, and pet-store staff), veterinary specialists, veterinary suppliers (e.g., pharmaceuticals, diagnostic services, and veterinary nutrition), and others.

By embracing the practice of RCVM, we continue to evaluate and reflect on how, individually and collectively, we develop communication processes and systems that support and strengthen all of these relationships.

1.05. RELATIONSHIP-CENTERED VETERINARY MEDICINE

EXAMPLES

Recognizing the vast web of relationships involved in the successful delivery of veterinary care, effective communication is critical for supporting these relationships across contexts. The following four core communication tools, in the hands of all veterinary team members, can be used to support the practice of RCVM.

OPEN-ENDED INQUIRY

A key element to practicing RCVM is gaining an understanding of another person's perspective. Open-ended inquiries are statements or questions that encourage others to share their thoughts, ideas, and perspectives (see 5.06 – Posing Client Questions Effectively: Open-Ended Inquiry).[4] Utilizing well-phrased open-ended inquiry allows for a more complete understanding of the other person's perspective, which can be used to inform how to approach the conversation in a relationship-centered way. Common stems that can be used to form open-ended inquiries include Tell me …, Walk me through …, Describe …, What …, How ….

Examples:

- "**Tell me** how you are feeling after our discussion about Joey's diabetes." (veterinarian-to-client)
- "**What** are your thoughts on the approach I've outlined for how to manage being short-staffed today?" (team member-to-team member)
- **How** will I ensure that the previous interaction I had with this client does not affect my interaction with them today? (reflection: veterinarian-to-self)

REFLECTIVE LISTENING

Feeling heard and ensuring others feel heard is a key element of RCVM. Reflective listening is a communication tool that allows the other person to feel heard, while confirming the message received.[4] Reflective listening first involves listening attentively to the other person, then paraphrasing back, in your own words, the content of what was said (see 5.07 – Reflective Listening). Common stems that can be used to form reflective-listening statements include It sounds like …, I've heard you say …, You mentioned ….

Examples:

- "**It sounds like** your household already has its hands full and this is one more thing you have to handle." [pause] (veterinarian-to-client)
- "**You mentioned** an idea earlier on how we could improve workflow at the front desk during busier times." [pause] (team member-to-team member)
- **Hearing myself**, I have a lot on my plate, and I need a plan. (reflection: veterinarian-to-self)

EMPATHY STATEMENTS

Empathy, conveyed verbally and/or nonverbally, is fundamental to promoting and supporting relationships (see 5.09 – Empathy). By conveying understanding, empathy statements can be used to acknowledge another person's experience and concerns in a nonjudgmental manner. Communicating empathy involves a two-step process: first, we must notice and glean an understanding of the other person's verbal or nonverbal cues indicating their feelings or predicament; and second, we must verbally and/or nonverbally communicate to the other person our understanding of their position.[4] Common stems that can be used to form empathy statements include I can see …, I can hear …, I sense …, I can imagine …, You must ….

Examples:

- "**I can see you are upset** with the news of Harley's hip dysplasia and **you were not expecting this type of outcome** today." [pause] (veterinarian-to-client)
- "**I can imagine your frustration** with not feeling heard when you brought up **your concern** about the schedule to Georgia." [pause] (team member-to-team member)
- **I feel flustered** after that last appointment, and need to take a minute to debrief with someone before my next appointment. (reflection: veterinarian-to-self)

NONVERBAL COMMUNICATION

Nonverbal communication can make up the majority of our communication; therefore, having an awareness of our own and others' nonverbal communication is key to relationship-building (see 5.08 – Nonverbal Communication). When our verbal and nonverbal communication are not aligned, our nonverbal messaging is likely to override what we have said, and this incongruency can have a negative impact on a relationship. Equally important, when we pick up incongruency in another person's verbal and nonverbal communication, it is important that we seek clarification of their message to remove or reduce uncertainty from the relationship. Therefore, being aware of and attentive to various forms of nonverbal communication is important to practicing RCVM.

Types of nonverbal communication, with examples[4]:

- **kinesics**, representing postures, facial expressions, touch, and gestures;
- **proxemics**, representing interpersonal distance, vertical-height difference, angles of facing, and environmental barriers;
- **paralanguage**, representing vocal cues such as tone, rate, volume, and emphasis;
- **autonomic responses**, which are often reactions outside of our control, such as blushing, blanching, sweating, and breathing.

CAUTIONS

Embracing this new paradigm will require veterinary practices to incorporate RCVM into their mission statement, operational processes, selection and recruitment methods, and performance conversations. Given the level of change that can be needed, it is important to recognize that this can be threatening for those who have become accustomed to the traditional hierarchical structure of operating a veterinary practice.[5] Valuable first steps include using a relationship-centered approach to acknowledge and diminish this threat, by seeking input, establishing shared goals, keeping people informed of changes before they happen, and demonstrating empathy for those who struggle with the change.

MISCELLANEOUS

ABBREVIATIONS

RCVM: Relationship-Centered Veterinary Medicine

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1.06. TODAY'S PET OWNER

BASICS

OVERVIEW

Today's pet owner is an informed consumer and, more than at any time in the past, has the ability to acquire pet health information from sources other than veterinarians. In years past, there would certainly be books on pet care, and members of the "fancy" had access to periodicals targeted to purebred ownership and healthcare. However, now the Internet provides ready access to virtually limitless amounts of information and product sales. That surging volume of available information is not only confusing, but it can also adversely affect personal well-being, decision-making, and productivity, and it can serve as a major interruption in one's day.[1]

For veterinarians to compete effectively in such an environment of information overload, they must increasingly rely on value delivery, customer service, and acting as advocates for pet owners – helping dog and cat owners navigate the confusing path toward optimal pet healthcare.

TERMS DEFINED

Demographics: Description of objective and quantifiable characteristics of an audience or population, such as age, marital status, household income, and pet-spending index.
Market Research: Determining attitudes and behaviors of various public segments and their causes in order to plan, implement, and measure activities to influence or change those attitudes and behaviors.
Medicalization: In veterinary medicine, this term has come to represent the percentage of animals that have been seen by a veterinarian at least once in a 12-month period. This is different from the sociological use of the term to describe nonmedical issues that are described in medical terms of prevention, diagnosis, and treatment.
Psychographics: Research that attempts to explain behavior by analyzing people's personality traits and values.

ISSUES AND OPTIONS

Even though the numbers change slightly from year to year, America remains a nation of pet lovers. In the most recent demographics available, approximately 57% of households in the country owned a pet, and close to two-thirds of those pet-owning households actually owned two or more pets.[2] This does vary a bit, depending on the survey selected, but it is fairly consistent with the other major survey, which contends that 68% of US households own a pet, representing approximately 90 million dogs and 94 million cats.[3]

MEDICALIZATION

Although the United States is clearly a country of pet lovers, that affection does not necessarily translate into regular veterinary visits. In addition, there is often a significant discrepancy between veterinary care provided for dogs versus what is done for cats.

Over 60% of pet owners consider their pets family members, whereas 36% consider them companions, and only 1% consider them property.[2] With those kinds of numbers, one would expect very high levels of medicalization. In this context, medicalization refers to any level of veterinary care that a pet receives in a 12-month period, but obviously, this does not necessarily represent optimal care.

Close to 75% of pet-owning households took their dogs to the veterinarian at least once a year for routine checkups and preventative care.[2] From that same study, only 45% of households owning cats had taken them to the veterinarian at least once a year. Feline visits have actually declined 13.5% from the same survey done five years previously, which means that most cats are not receiving the level of veterinary care needed, and the situation seems to be worsening.

One clear determinant of medicalization rates is the human–animal bond (see 1.19 – Importance of the Human–Animal Bond). Although households that owned dogs saw the veterinarian an average of 1.6 times a year, households that saw their dog as a family member had, on average, 2.9 veterinary visits a year, compared with 2.0 visits a year for households considering their dog a companion, and only 1.2 times a year for households considering their dog property.[2] The same benefit seems to hold true for cats as well. Households that owned cats saw the veterinarian an average of 1.6 times a year, whereas households that saw their cat as a family member had, on average, 1.9 visits a year, compared with 1.2 visits a year for households considering their cat a companion, and only 0.5 visits a year for households considering their cat property. In another study, owners with strong owner–pet bonds took their pets to veterinarians 40% more often than owners with weaker owner–pet bonds.[4]

From these studies, it is reasonable to suggest that the promotion of the human–animal bond by practices is the best way to improve the medicalization of existing patients. It is less clear how veterinarians, as a group, can help drive current nonusers of veterinary services to more closely bond with their pets and to seek appropriate veterinary attention.

DEMOGRAPHICS AND PSYCHOGRAPHICS

Although the standard family unit of one husband, one wife, and two-plus children has evolved considerably in the last half century, it is less clear that so-called nontraditional families are any less pet-friendly, and there is much evidence that total pet numbers and numbers of households owning pets are fairly steady. One thing that seems to be consistent across all age groups is who is ultimately taking responsibility for pet care. At a resounding 80.7%, the primary pet caretakers are female.[2]

The big question on the horizon for veterinary care is the generational differences yet to be observed as the Millennials (people born between 1982 and 1999, although there is no consensus on this range) have now become the predominant generation of pet owners (see 1.16 – Generational Differences). As a cohort, the Millennials comprise about 80 million people in the United States, a generation even bigger than the Baby Boomers, and it is not yet known with any certainty what their attitudes will be toward pet ownership and regular veterinary care. Whereas it was a major development when Baby Boomers and Gen Xers coalesced around considering themselves "pet parents," Millennials and Gen Zers may consider pets more as "Life Partners," accompanying their owners to work, restaurants, outings, and other life activities. At present, the Millennials are the predominant pet-owning demographic, and there is at least preliminary evidence to suggest that they take the responsibility seriously and are prepared to spend accordingly.[5]

One thing that likely will change regarding the Millennials is how they will want to receive veterinary services. As a generation that grew up with the convenience of the Internet, smart devices, and social media, will the Millennials be content to bring their pets physically to a veterinary office when they otherwise seem to be well and not in need of specific services? By the same token, will veterinary offices need to evolve their business models from relying on owners physically bringing a pet to an office? Perhaps even telehealth options may need to be considered (see 4.26 – Telehealth).

SPENDING

From the most recent statistics available, the US pet industry represents sales of approximately $150 billion, and of that, only about a quarter is spent on veterinary care.[3] Perhaps more compelling is the fact that although these same surveys indicate that pet spending has grown at a healthy pace, the growth in veterinary spending has been relatively anemic by comparison. This seems to indicate that although pet owners value their pets and spend consistently on them regardless of the economy, veterinary care may not be valued as highly as some other goods and services.
In addition, the lifetime cost of care study (www.petlifetimeofcare.com) indicated that many pet owners vastly underestimate what they'll spend on care over a pet's life, and 45% of dog owners and 38% of cat owners thought they were financially ready for pet expenses … but were not. This should be a wake-up call for the profession.

1.06. TODAY'S PET OWNER

We have mentioned that visits to veterinary offices are a direct reflection of the human–animal bond (see 1.19 – Importance of the Human–Animal Bond), but the same is true of expenditures. Dog-owning households that considered dogs to be family members spent 1.6 times more on veterinary expenditures per household than those that considered their dogs to be companions and 2.3 times more than those that considered their dogs to be property.[2] In the same study, cat-owning households that considered cats to be family members spent 1.7 times more on veterinary expenditures per household than those that considered their cats to be companions, and 5.1 times more than those that considered cats to be property.

Veterinarians have also not done as good a job as needed at educating clients about the need for routine veterinary care (see 4.11 – Lifelong Excellence in Healthcare and 5.12 – Discussing Pet-Specific Care). Vaccination remains the main reason for pet owners to visit the veterinarian.[4] It can be confusing for owners when vaccination protocols change or when vaccination becomes available through alternate channels. There is also much more vaccine hesitancy among people today, and some of that may be spilling over to pets.

Even though there are more cats than dogs, because medicalization rates and expenditures per pet are higher in dogs than in cats, 68% of total veterinary expenditures are spent on dogs.[2] This represents both a challenge and a great opportunity to become more feline-friendly and to reap the potential benefits of providing needed professional services to cat owners (see 4.24 – Developing a Feline-Friendly Practice).

A look at today's pet owners would not be complete without examining their attitudes to the current use of veterinary services. About 30% of dog owners and over 40% of cat owners would not take their otherwise healthy pets to the veterinarian if vaccinations were not necessary.[4] This suggests that veterinarians have not done an acceptable job in communicating the importance of regular veterinary visits, apart from vaccination. If vaccine hesitancy regarding pets becomes more widespread, this could have dire consequences.

According to the Bayer veterinary care usage study,[6] pet owners would be prepared to take their pets to the veterinarian more often if certain criteria are met. The following are the top four criteria, each followed by the percentage of owners that either completely or somewhat agreed:

- If they knew it would prevent problems and more expensive treatment later (59%)
- If convinced it would help their pet live longer (59%)
- If each visit was less expensive (47%)
- If they really believed their pet needed exams more often (44%).

In addition to all the other factors responsible for driving client visits and appropriate healthcare spending on pets is one factor that is completely under veterinary control. Lack of effective communication is one of the largest impediments to clients doing the right things for their pets. Clear and thorough communication with the client, including direct recommendations for action rather than vague suggestions, can ultimately increase compliance by as much as 40%.[4]

EXAMPLES

N/A

CAUTIONS

In addition to information overload, we are also seeing global changes in consumer behavior that are reflected in the actions of many customers today. There have been noticeable trends that are likely to affect spending on veterinary care for many years to come. These trends include[7]:

- a demand for simplicity (preference for simpler offerings with the greatest value);
- discretionary thrift (economizing activities, even by affluent consumers);
- the decline of deference (consumers' growing confidence in their own ability to find information and products, and make smart choices, without the need for experts);
- fickle consumption (erratic loyalty, with the belief that there are so many options available that there is no need to settle for what is immediately available).

Businesses that streamline the client experience by providing goods and services that make it easier for customers to buy and use them actually strengthen consumer loyalty and attract new customers who defect from less user-friendly competitors.[8] This suggests that veterinary practices need to concentrate on providing end-to-end solutions for pet owners, solving their problems, saving them time, providing what is actually needed, and continuously improving the process with the client's total satisfaction in mind.

MISCELLANEOUS

When it comes to today's pet owners, veterinarians need to convey value in their offerings, take time to educate clients on the immediate and lifelong healthcare needs of pets, and make clear recommendations as to what medical care is appropriate.

ABBREVIATIONS

N/A

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1.07. TODAY'S VETERINARIAN

BASICS

OVERVIEW

The veterinary profession has undergone significant changes in demographics, economic structures, and service delivery over recent decades. It continues to evolve in response to societal trends, technological advancements, and client expectations while facing challenges such as student debt, corporate consolidation, and workforce demands. Some of those changes include the following:

- **Demographics:** Most US veterinary graduates and those in small animal practice will be women, marking a continued stark demographic shift. More graduates now come from urban backgrounds, reflecting a departure from the profession's rural roots. This has influenced where practices are located, with fewer veterinarians available in rural regions.
- **Diversity and Inclusion:** In recent years, veterinary schools and organizations have emphasized diversity, equity, and inclusion (DEI) through scholarship programs and mentorship initiatives aimed at increasing the representation of underrepresented groups, including racial and ethnic minorities.
- **Workforce Composition:** Millennials (born 1981–1996) and Gen Z (born 1997–2012) now make up the majority of the veterinary workforce. These generations emphasize work–life balance, mental health, and flexibility, pushing for changes in workplace culture and career options.
- **Impact of Gender Shift:** The predominance of women in veterinary medicine has driven practices to offer more family-friendly policies, such as maternity leave and flexible schedules. This demand for part-time roles and flexible work options has reshaped the profession's approach to work–life integration.
- **Telemedicine and Remote Work:** The COVID-19 pandemic accelerated the adoption of telemedicine, enabling more efficient service delivery through artificial intelligence (AI)-assisted diagnostics and digital tools. These technologies help manage workloads and improve client communication, though legal challenges remain around state regulations and the veterinarian–client–patient relationship (VCPR).
- **Practice Ownership:** Corporate consolidations have made independent practice ownership more challenging. Many veterinarians choose to sell their practices to larger corporate groups, offering financial security but reducing autonomy. Alternative models like mobile and concierge services are providing veterinarians with opportunities for independence without the overhead costs of a traditional clinic.
- **Burnout and Mental Health:** Mental health challenges are prevalent in the veterinary profession, with higher rates of anxiety, depression, and suicide compared to the general population. In response, practices and organizations are focusing on mental health resources, including wellness programs, counseling, and peer support, to address compassion fatigue and burnout.
- **Student Debt Crisis:** New veterinary graduates carry a significant amount of student debt, profoundly influencing career choices. Loan repayment programs such as Public Service Loan Forgiveness (PSLF) and state-specific debt relief programs help alleviate the financial burden, but the rising cost of veterinary education remains a major concern.
- **Corporate Employment Versus Independent Practice:** Many veterinarians are drawn to corporate-owned practices for their financial stability, structured career paths, and reduced administrative burdens. Independent practice ownership still attracts those who value autonomy and direct decision-making, leading to a profession divided between corporate and independent veterinarians.
- **Client Expectations:** Veterinary clients today are more informed and tech-savvy, expecting high levels of service, including telemedicine and digital communication options. Practices must meet these demands while maintaining the quality of care, as online reviews and social media now play a significant role in a clinic's reputation.
- **Post-COVID Trends:** The pandemic has accelerated trends in telemedicine and increased pet ownership, particularly in urban areas. This surge in demand has led to staffing shortages and increased workloads, with practices adapting by offering flexible working hours and virtual client communications.

ISSUES AND OPTIONS

The veterinary profession faces several challenges that influence career choices, practice management, and job satisfaction. While many issues have persisted for years, recent trends present both obstacles and opportunities.

- **Corporate Consolidation:** A significant number of US veterinary practices are now corporately owned. While corporate ownership offers financial stability and reduces administrative burdens, it also raises concerns about reduced autonomy and the prioritization of profit over patient care. Veterinarians working in corporate settings may feel pressured to meet financial targets, leading to ethical dilemmas in patient care.
- **Technological Integration:** Practices that embrace AI diagnostics, telemedicine, and cloud-based management systems often improve efficiency and patient outcomes. However, the cost of implementing these technologies can be prohibitive for smaller, independent practices. Additionally, veterinarians must navigate the legal and ethical concerns related to telemedicine, including maintaining the VCPR and adhering to evolving state regulations.
- **Client Expectations and Demand:** Today's veterinary clients expect more transparency, digital communication, and convenience. They are more likely to shop around for practices based on online reviews, and veterinarians are increasingly expected to offer services like online appointment scheduling and telemedicine consultations. Practices that fail to meet these expectations risk losing clients in a competitive marketplace (see 4.04 – What Clients Expect from Their Veterinarian).
- **Rising Costs of Care:** Advances in veterinary medicine have increased the cost of delivering care, putting pressure on both clients and veterinarians. Clients may struggle to afford necessary treatments, and veterinarians may feel compelled to offer discounts or find lower-cost alternatives (see 4.21 – Financial Triage for Cost of Care). Practices must balance the need to provide affordable care with the need to maintain profitability.
- **Workforce Shortages:** A shortage of veterinarians and veterinary technicians has become critical, particularly in rural areas and high-demand fields like emergency care. This shortage increases workloads for existing staff, exacerbating burnout. Practices must adopt innovative staffing models, offer competitive compensation, and provide mental health resources to attract and retain skilled professionals (see 3.36 – Dealing with Staffing Shortages).
- **Burnout and Mental Health:** Burnout and compassion fatigue remain significant concerns in the profession, driven by long hours, emotional strain, and financial pressures (see 16.18 – Compassion Fatigue and Burnout). Practices are implementing wellness programs, promoting mental health resources, and encouraging time off to mitigate these issues. However, the stigma surrounding mental health persists, and more work is needed to create a culture of openness and support.
- **Public Perception and Veterinarians' Role:** Public awareness of veterinarians' contributions to public health, especially during the COVID-19 pandemic, has increased. Veterinarians play crucial roles in zoonotic disease control, food safety, and animal welfare. However, their broader role is often underestimated. Educating clients and the public about veterinarians' importance beyond pet care is essential for gaining legislative support and increasing the profession's recognition.

1.07. TODAY'S VETERINARIAN

STUDENT DEBT

Veterinary student debt continues to be one of the most pressing challenges for new graduates. This financial burden influences nearly every aspect of a veterinarian's career, from job selection to long-term financial planning.

- **Impact on Career Choices:** The high level of student debt forces many new veterinarians to choose positions based on salary and loan repayment potential, rather than personal passions or interests. As a result, corporate-owned practices, which offer higher salaries and structured loan repayment programs, often attract new graduates.
- **Limited Practice Ownership:** The combination of loan repayments and the substantial upfront costs of purchasing or starting a clinic makes practice ownership less feasible for many veterinarians. This has contributed to the rise of corporate consolidation, as more veterinarians sell their practices to larger corporations or choose not to pursue ownership due to financial constraints.
- **Long-Term Financial Impact:** High levels of student debt have long-term financial implications, causing veterinarians to delay major life milestones such as buying a home or starting a family. The stress of managing debt can also contribute to mental health challenges, further affecting career satisfaction and well-being.

GENERATIONAL DIFFERENCES AND TRENDS

Generational shifts have introduced new values, preferences, and expectations into the veterinary profession, reshaping workplace culture and client interactions (see 1.16 – Generational Differences).

- **Work–Life Balance:** Millennials and Gen Z prioritize work–life balance, demanding more flexible working hours, part-time roles, and remote work options, particularly through telemedicine. These preferences have driven changes in how practices structure staffing and service delivery.
- **Technology Integration:** Both Millennials and Gen Z are highly tech-savvy and expect seamless integration of technology in their workplaces. Practices that fail to adopt modern technologies, such as telehealth platforms and practice management software, risk losing younger veterinarians. These generations are also comfortable using social media for marketing, client engagement, and professional networking.
- **Mental Health Awareness:** Millennials and Gen Z are more open about mental health challenges and are driving the push for mental health resources in veterinary practices. Practices that prioritize emotional well-being are more likely to retain younger veterinarians, who value both professional success and personal fulfillment.

EXAMPLES

N/A

CAUTIONS

While the veterinary profession continues to present new opportunities, certain areas require caution and careful management to ensure the profession's long-term health.

- **Mental Health and Burnout:** Burnout, compassion fatigue, and mental health struggles remain significant concerns. Practices must prioritize mental health resources and promote a supportive work environment to mitigate the emotional strain on veterinarians.
- **Student Debt Crisis:** The rising cost of veterinary education and the growing burden of student debt continue to put immense pressure on new graduates. The profession must seek solutions to reduce education costs and provide more comprehensive debt relief programs.
- **Corporate Consolidation:** While corporate ownership provides financial stability, it raises concerns about reduced autonomy and profit-driven care. Veterinarians must navigate the balance between corporate pressures and maintaining high-quality, personalized care for patients.
- **Technological Integration:** The rapid adoption of telemedicine and AI-driven diagnostics presents both opportunities and risks. While these tools improve efficiency, they also raise concerns about losing the personal touch in veterinary care and potential legal liabilities.
- **Workforce Shortages:** Practices must address the ongoing shortage of veterinarians and veterinary technicians, which contributes to burnout and decreased job satisfaction. Effective staff retention and recruitment strategies are essential for long-term sustainability.
- **Client Expectations and Financial Pressures:** As client expectations rise and the cost of delivering care increases, practices must balance affordability with maintaining profitability. Navigating these financial pressures requires clear communication with clients and creative approaches to offering care, such as wellness plans or third-party financing options.
- **Legal and Ethical Considerations of Telemedicine:** As telemedicine becomes more established, practices must navigate evolving legal and ethical guidelines. Ensuring compliance with state-specific regulations, particularly around the VCPR, is critical to maintaining the integrity of telemedicine services.
- **Diversity and Inclusion:** While there have been strides in promoting DEI in the veterinary profession, ongoing efforts are needed to create truly inclusive environments. Practices that fail to foster inclusivity may alienate both staff and clients from underrepresented backgrounds, limiting access to care and professional opportunities.

MISCELLANEOUS

ABBREVIATIONS

AI: Artificial Intelligence
DEI: Diversity, Equity, and Inclusion
PSLF: Public Service Loan Forgiveness
VCPR: Veterinarian–Client–Patient Relationship

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N/A

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1.08. TODAY'S VETERINARY STUDENTS

BASICS

OVERVIEW

• Today's veterinary students are bombarded by knowledge. Rote memorization is inconsistent with learning, yet content overload is a valid concern in modern-day veterinary curricula.[1]
• In addition, today's veterinary students are financially strapped. Economic stability is becoming harder to attain as the cost of veterinary education rises.
• The value of the veterinary degree is increasingly difficult to justify, particularly if courses do not prioritize skills that new graduates need in order to succeed in clinical practice.

TERMS DEFINED

Debt-to-Income Ratio (DIR): A measurement of financial stability. A DIR of zero indicates that debt matches income and there are no net gains or losses. Higher DIRs indicate that debt exceeds income.

ISSUES AND OPTIONS

CONTENT OVERLOAD

• It is impossible for veterinary students to keep up with the growing body of knowledge and live up to the public perception that veterinarians must know everything, yet veterinary educators of traditional curricula may attempt to cover it all.
• This style of delivery has led to adoptive, rather than adaptive, learning: students memorize facts to pass assessments.
• Because students may not have actually learned the material, they may be unable to apply concepts to new course content or case studies.
• This adversely impacts health by increasing stress and fatigue, causing fluctuations in weight and altering sleep patterns.[2–6]
• Content overload also does little to prepare the new graduate for clinical practice, in which the graduate will be expected to construct knowledge through problem-solving.[7]

EDUCATIONAL DEBT AND EARNING POTENTIAL

• Two-thirds of veterinary college graduates in 2023 owed less than $200,000 in educational debt.[8]
• 17% of veterinary college graduates in 2023 reported zero educational debt.[8]
• According to the American Veterinary Medical Association (AVMA)[8]:
  ◦ The average educational debt for graduates from all 31 US and two Caribbean veterinary colleges was $154,451 in 2023.
  ◦ The average starting compensation for new graduates who had accepted a full-time position in 2023 was $123,295:
    ▪ nearly $133,000 for companion animal exclusive or predominant
    ▪ $87,417 for public practice
    ▪ $53,266 for internships
    ▪ $46,186 for residencies
  ◦ Additional benefits offered by employers averaged $19.777 for sign-on bonuses, $5,688 to cover moving expenses, $15,628 for repayment of student loans, and $11,464 toward housing.
  ◦ The DIR was 1.3:1, meaning that educational debt is 1.3 times starting salary.
• Practice ownership is more likely to raise the value of a veterinary degree; however, new graduates may not see practice ownership as feasible in the face of substantial, pre-existing educational debt.[9]
• DIR is higher for female veterinarians than for male veterinarians because women earn less than their male counterparts.[10]
• DIR is higher for graduates that enter into equine or food animal practice.[9]
• DIR is greater for veterinary graduates who pursue advanced education because the average intern or resident earns 50% less than a colleague who enters directly into clinical practice.[11]
• Educational debt grows by an estimated $6,854 per year.[8] This growth in debt is occurring at a faster rate than that at which veterinary salaries increase.[8]
• One contributing factor is the rising cost of tuition: over the past 15 years, the average cost of tuition has more than doubled at AVMA-accredited colleges of veterinary medicine.
• There are also increasing numbers of veterinary graduates who are pursuing advanced education.
• Each year of advanced education costs an estimated $40,000–$50,000, and many veterinarians take up to an additional five years to achieve specialty board certification: one to two years of internship followed by three years of residency.[10,13,14]
• Rising interest rates on educational loans contribute to educational debt.[9,10]
• Monthly loan payments comprise a substantial amount of new graduates' income and may not be compatible with the quality of life that new graduates envisioned.[15]
• Salaries cannot keep pace with debt, yet new colleges of veterinary medicine continue to break ground, and class sizes of established schools increase.[10]

INCREASED DEMAND FOR NONTECHNICAL SKILLS

• The majority of veterinarians graduate to work in the service industry of clinical practice.[16]
• Long gone are the days when a paternalistic approach to patient care dominated the examination room.
• Today's veterinary client expects relationship-centered care, in which the client has a voice in decision-making and patient outcomes (see 1.06 – Today's Pet Owner).
• Today's veterinary client also values nontechnical skills as much as knowledge.[17]
• A team approach to case management, communication, leadership, proactivity, professionalism, and business acumen is essential for graduates to succeed in and be retained by the profession.[18–20]
• These so-called "soft skills" are not always prioritized by veterinary educators due to curricular time constraints, yet these skills can and should be taught.
• Nontechnical competence facilitates on-the-job performance and increases job satisfaction.
• In addition, employers often value nontechnical competence more than factual knowledge.[7]

EXAMPLES

• It is no longer sufficient to ask, "What do I need to know?" Instead, ask "How do I apply what I am learning?" or "How does this concept apply to that case?" As a direct result of technology, knowledge is easily accessible. Knowledge is no longer a limited resource; it is available in excess. There is too much knowledge to sift through at any given point in time. The veterinary student and graduate must therefore learn how to discriminate between irrelevant and relevant, poor- and high-quality, or inaccurate and factual information.[21]
• Construct knowledge rather than reproduce it. Trade the short-term gain of cramming for a test with the long-term gain of conceptual learning. Lay the foundation of one or more concepts. Create bridges between them. Investigate how each course links to another and how concepts from one course are interdependent upon and relate back to concepts in another. Be an active, adaptive learner who can critically think and problem-solve rather than robotically recite.
• Recognize that there is no end to learning. You will never know it all. Instead, redefine educational value. Value the process of getting to the answer more than the answer itself. Accept that learning is a

1.08. TODAY'S VETERINARY STUDENTS

continuum and that lifelong learning is an obligation of the profession rather than a choice.
• Make an educated decision concerning your pursuit of a veterinary degree. What are your professional and personal goals? How do they align with the financial reality of selecting veterinary medicine as your chosen profession?
• Do not dismiss nontechnical skills as being "soft" or "nice-to-haves." They are teachable "must-haves" that can be learned and will contribute to success in the profession.

CAUTIONS

• Today's veterinary students are under a significant amount of pressure. Mental health issues and suicide are appreciable concerns in the veterinary profession (see 16.16 – Mental Health and Wellbeing).[5,22] Additionally, veterinary turnover is high.
• Veterinary students need to be aware of potential triggers for stress and address them early on in their professional journey to develop adaptive rather than maladaptive responses.
• One aspect of being adaptive is recognizing how to learn effectively and strategically so that material is gained, refined, and mastered rather than tabled and purged in the aftermath of examination.
• Moreover, to build career resilience, students must guard against silencing their concerns and be proactive about establishing an individualized plan for reaching professional and personal success.

MISCELLANEOUS

ABBREVIATIONS

AVMA: American Veterinary Medical Association
DIR: Debt-to-income ratio

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N/A

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1.09. Internships and Residencies

BASICS

OVERVIEW

• The Veterinary Internship and Residency Matching Program (VIRMP) was established by the American Association of Veterinary Clinicians (AAVC) to pair prospective interns and residents with participating programs.[1] Participation in the program is voluntary and includes teaching hospitals as well as private practices.
• Applicants rank programs that they would be willing to attend, and participating programs rank applicants. From these rankings, VIRMP creates computerized matches.
• According to Match Data from VIRMP for the 2023 cycle, there were a total of 2,202 applicants vying for 2,301 total positions among 1,044 programs (https://www.virmp.org/files/Match2023 Summary.pdf). 172 applicants, 81 positions, and 71 programs ultimately withdrew from the match.
  ◦ The overall internship match rate was 56.37% (77.38% for an institution and 47.71% for private practice).
  ◦ The overall residency match rate was 79.76% (83.05% for an institution and 64.37% for private practice).
• In addition, the American Association of Equine Practitioners (AAEP) online Internship Hub lists over 150 practices that offer equine-specific internships.[2]
• According to the 2024 American Veterinary Medical Association (AVMA) Report on the Economic State of the Veterinary Profession (https://ebusiness.avma.org/ProductCatalog/product.aspx?ID=2157):
  ◦ The companion animal sector was chosen by 73.2% of graduating veterinarians pursuing an internship.
  ◦ The equine sector was chosen by 19.6% of graduating veterinarians pursuing an internship.
  ◦ Mixed animal, food animal, and exotic/zoologic sectors each retained 2.1% of graduating veterinarians pursuing an internship.
• Most internships are rotating: interns cycle through multiple hospital services. Less than 5% of internships focus on one area, such as internal medicine (4.6%) or surgery (3.5%).[3]
• A 2012 survey of US veterinarians sponsored by the AVMA confirmed that one in four respondents completed an internship immediately following graduation. Of these respondents:
  ◦ 36.6% became interns to pursue residencies.[3]
  ◦ 35.6% became interns to practice high-quality medicine.[3]
  ◦ 24.0% became interns because they did not feel prepared to practice medicine.[3]
  ◦ 1.1% became interns because they felt it would lead to higher salaries in clinical practice.[3]
• The average intern earns 50% or less than a new graduate in clinical practice, but has longer shifts and workweeks; 85.9% of interns in private referral practices and 74.3% of interns in university teaching hospitals work 60 hours/week or more.[3]
• The majority of interns (85.4%) report satisfaction with their internship,[3] but there is no regulatory body to oversee program quality.
• Successful residents of approved programs are eligible to take the examinations for board certification. However, the use of the term "board-eligible" is discouraged or prohibited by most specialty colleges and boards.
• There are currently 22 AVMA-recognized specialty organizations. These represent 41 specialties.[4]
• Residency-trained veterinarians earn significantly more than those without.[5]
• Of graduates who had accepted a position (employment or advanced education) in 2023, 2.3% of graduates chose a residency program (https://ebusiness.avma.org/ProductCatalog/product.aspx?ID=2157). This percentage has maintained relatively stable for the past eight years (ranging from 2.1 to 2.2% between 2015 and 2023).

TERMS DEFINED

Internship: Typically, a one-year, postgraduate, supervised educational learning opportunity within clinical practice to enhance the graduate's exposure to case management and/or to prepare the graduate for specialty training.
Residency: A two- to three-year period of supervised, advanced training in a concentrated discipline of veterinary medicine with the intent to qualify for specialty certification. An internship may or may not precede a residency.

ISSUES AND OPTIONS

• Many graduates are not "day-one ready" for clinical practice.
• Entering into clinical practice straight out of veterinary school is a giant leap.
• Graduates may be uncertain how to apply textbook knowledge to actual cases and may find it difficult to be solely responsible for case management.
• Critical thinking and technical skills may not have fully developed, and time management is often a concern. The pace of private practice exceeds the pace of a typical day in a teaching hospital. It is a steep learning curve to weather the unpredictability of a clinic day and manage a schedule that is often derailed by emergencies.
• Many new graduates do not feel practice-ready, competent, or confident in their ability to execute day-one skills including[3,6]:
  ◦ physical examination
  ◦ venipuncture
  ◦ intravenous catheter placement
  ◦ abdominocentesis
  ◦ rectal palpation
  ◦ lameness diagnosis
  ◦ communication.
• Most new graduates believe that mastering interpersonal skills is important to their professional success, but they often struggle with these so-called "people skills."[7]
• Delivering bad news, managing cases with financial constraints, and discussing euthanasia are challenges for new graduates.[7]
• An additional challenge for graduates entering the field of equine medicine and surgery is that horse owners tend to be very knowledgeable about their animals and their conditions. This may cause new graduates to lose confidence in themselves or feel that a client is questioning their competence.[2]
• Employers agree that communication is the most important contributor to professional success.[2,7] They also find that new graduates often struggle with this content area.[2,8]
• In particular, new graduates are uncertain how to manage "difficult" or emotional clients, or how to simplify descriptions of complicated procedures into basic, everyday language.[8]
• Employers expect new graduates to be practice-ready; however, the reality is that few are.

THE VALUE OF ADVANCED EDUCATION

• Opportunities for advanced education in veterinary medicine are increasingly available and attractive to new graduates.
• Internships provide graduates with transition time and mentorship: graduates can refine their skills under the direct supervision of more experienced colleagues.[2]
• Compared to new graduates, veterinarians who complete internships are more likely to consider themselves to be extremely or very competent in general and in advanced clinical skills.[3]
• In addition, internships provide value by improving the candidate's application to pursue a residency.[9]
• A little over one-third of graduates pursue internships as a stepping stone to residency.[3]

THE COST OF ADVANCED EDUCATION

• Veterinary education represents a significant financial investment (see 1.08 – Today's Veterinary Students).
• Interns are paid significantly less than their colleagues in clinical practice, regardless of the type of internship (private, referral, and academic) and the species focus (companion animal, equine, and production animal).[5,10]

1.09. INTERNSHIPS AND RESIDENCIES

• During the 2014–2015 academic year, the average intern in an academic setting was paid $26,572, and the average resident was paid $32,707. By comparison, the average salary for a new graduate in practice during that same time interval was $66,879.[10]
• In addition to losing earning power, graduates must consider the cost of relocation and accrued interest on outstanding student loans.
• Completing an internship does not translate into higher earning potential for the graduate unless the intern advances to a residency and becomes board-certified.[5]

QUALITY CONTROL

• Specialty colleges oversee residency programs.
• Specialty colleges ensure that programs uphold certain standards and meet predetermined requirements.[9]
• Applicants who are accepted into specialty programs should expect to receive adequate preparation toward board certification.[9]
• By contrast, internships are not externally regulated.[9,11,12]
• Any practice can offer and design an internship and post it in the VIRMP.[9]
• The quality of internships hinges solely upon internal monitoring.[11]
• High-quality internships provide value that compensates for the lower salary and longer workweek; poor-quality internships do not.[9]
• Complaints from interns to the AAVC about participating programs are rare. The majority of these report that program descriptions are inaccurate.
• Applicants rely upon written descriptions of internships in VIRMP to gauge program quality. However, AAVC provides no guarantee that listings are accurate.[9]
• To address the criticism that program descriptions should more accurately represent the experience of participating interns, the AVMA Internship Task Force developed an internship disclosure form and internship guidelines. These were hoped to encourage transparency from participating programs.

EXAMPLES

GRADUATES

• Consider your reasons for pursuing advanced education in veterinary medicine: what do you hope to gain?
• Weigh the pros and cons of pursuing advanced education to determine if your goal is feasible in light of personal, professional, and financial considerations.
• Explore your options for programs listed in VIRMP in the autumn, the year before you anticipate starting your internship or residency.[12]
• Review program descriptions that apply to you: do they align with your goals for pursuing advanced education?
• Visit the program(s) to which you are considering applying and, if possible, complete externships. These are opportunities for you to "interview" each program to see if it is the "right" fit.
• Consult with former and current interns/residents in a private, informal setting. Have them elaborate on the program in terms of its strengths and weaknesses. Ask how well the program aligns with its online description.

PRACTICES

• Consider your reasons for offering advanced education.
• Evaluate the resources that you and your practice can offer the applicant.
  ◦ Opportunities for primary case responsibility and case review.
  ◦ Adequate caseload with breadth and depth of case presentations.
  ◦ Access to "standard of care" diagnostic and therapeutic equipment for appropriate training in advanced clinical skills.
  ◦ Mentorship and direct supervision.
  ◦ Access to the in-house library.
  ◦ Access to didactic training such as teaching rounds, presentations, seminars, journal clubs, and other forms of continuing education.
  ◦ Availability of support staff, 24-hour patient care, and 24-hour emergency care.
• Ask whether the value of your available resources exceeds the cost to the applicant.
• Determine how you will formally evaluate candidates' performance and growth.

CAUTIONS

Internships and residencies are investments of time and money. Unless the internship leads to a residency, the return on the investment of an internship will not be financially favorable. Understanding what your goal is before pursuing advanced education will help you determine whether the value exceeds the cost and/or whether the opportunity is likely to meet expectations.

MISCELLANEOUS

ABBREVIATIONS

AAEP: American Association of Equine Practitioners
AAVC: American Association of Veterinary Clinicians
AVMA: American Veterinary Medical Association
VIRMP: Veterinary Internship and Residency Matching Program

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1.10. Veterinary Teams

BASICS

OVERVIEW

• Veterinary practices are "powered" not only by veterinarians but also by a number of very important nursing/technician, paraprofessional, and administrative staff.
• The ultimate profitability of a veterinary practice often depends on the successful leveraging of veterinary skills over its nonveterinary staff.
• Leveraging is critical because the veterinarian's time and availability comprise the limiting factor, or bottleneck, in delivering veterinary services.
• Pricing in the veterinary practice must be sufficient to adequately compensate all staff working in that practice. In too many instances, staff salaries are kept artificially low in an attempt to shield clients from the true costs of delivering high-quality medicine.

TERMS DEFINED

Hospital Administrator: Similar to a practice manager, with more responsibility for veterinary doctors and technicians. This is an unregulated position in that credentials are not needed to use this title.
Office Manager: Administrative staff primarily responsible for reception, clerical, and nonmedical staff in a practice. There is no standard definition for this term, and it is unregulated, so anyone can refer to himself or herself as an office manager.
Practice Manager: Similar to an office manager, but typically with more responsibility for staff supervision and human resource issues. This is an unregulated term, although there is a certification program (Certified Veterinary Practice Manager (CVPM)) offered by the Veterinary Hospital Managers Association (VHMA).
Veterinary Assistant: A title sometimes used for individuals who have received training less than that required for identification as a credentialed veterinary technician, technologist, or nurse.
Veterinary Technician/Technologist/Nurse: A veterinary aide, often equated to a nurse, and referred to as a veterinary nurse in some countries. Typically, technicians receive an associate's or bachelor's degree from an AVMA-accredited program and are recognized in most state practice acts. However, in some areas, there is no legal definition of technician/nurse, nor is there mandatory registration, and any veterinary aide may use the term.

ISSUES AND OPTIONS

VETERINARY TECHNICIANS/TECHNOLOGISTS/ NURSES

• Veterinary nurses/technicians are the most important non-veterinary medical professionals in veterinary practice, and licensed, certified or registered veterinary technicians (LVT, CVT, RVT) in most states can legally do everything in a veterinary practice except make a diagnosis or prognosis, prescribe drugs, or perform surgery (see 1.11 – Veterinary Nurses/Technicians). Other terms used in the United States include Credentialed Veterinary Technician (CrVT) and Licensed Veterinary Medical Technician (LVMT). In Canada, registered veterinary technologists and technicians (RVT) play a similar role and are represented by the Registered Veterinary Technologists and Technicians of Canada (RVTTC – https://rvttcanada.ca/).
• From both a medical and a financial perspective, veterinarians should do those tasks they alone are qualified to do – diagnose, prescribe, and perform surgery. All technical tasks, including laboratory work and radiography, can be delegated to technicians/nurses.
• The veterinary technician/nurse is educated and trained to support the veterinarian in surgical assisting, laboratory procedures, radiography, anesthesiology, prescribed treatment and nursing, and client education.
• Some veterinary technicians/nurses pursue additional credentials such as Veterinary Technician Specialist (VTS) in specialties such as emergency and critical care, anesthesiology, surgery, internal medicine, dermatology, behavior, dentistry, nutrition, and others, as recognized by the National Association of Veterinary Technicians in America (NAVTA). In turn, technicians can delegate tasks that do not require their skill levels to assistants, creating efficiency in the process. In the United Kingdom, registered veterinary nurses (RVNs) can also qualify for a Diploma in Advanced Veterinary Nursing (DipAVN) at the undergraduate level, and a Certificate in Advanced Veterinary Nursing (CertAVN) at the graduate level.
• Veterinarians are the greatest limitation to the successful utilization of veterinary technicians/nurses. Too many veterinarians are reluctant to delegate clearly technical duties, such as blood collection, positioning for radiography, and administering prescribed medications, which serve to build inefficiency into the system and frustrate technicians in the process.
• There are very real problems with a system in which there is no well-defined nursing professional status. There would not be enough trained veterinary technicians if all veterinary practices were to decide to hire only graduates of technician programs. Many veterinary practices continue to train their own staff, some even to perform duties for which they are not qualified. An option is to enroll staff in the American Animal Hospital Association (AAHA) Distance Education Veterinary Technology Program (DEVTP; see https://www.aaha.org/resources/online-certified-veterinary-technician-program-aaha/). This is an AVMA-accredited associate's degree in veterinary technology offered through distance education.
• Other medical professional groups (e.g., nurses, dental hygienists) have been recognized for contributions to their respective professions, and veterinary technicians/nurses deserve the same recognition, respect, and potential for remuneration.

VETERINARY ASSISTANTS

• Veterinary assistants are a disparate collection of veterinary employees with skill levels below those of technicians/technologists/nurses. There are distance and on-site programs providing diplomas for veterinary assistants. There are also a number of programs in the United States that have been approved by the NAVTA (https://navta.net/veterinary-assistants-program/ava-programs/).
• Veterinary assistants act as support personnel to both veterinarians and veterinary technicians/nurses. Many assistants aid in the restraint and handling of animals, they feed and exercise the animals, and they help in other capacities commensurate with their training.
• If veterinary assistants are to have any dealings with the public, and most do, it is critical that they receive appropriate training. It is also mandatory that they receive specific safety training for tasks that they might occasionally perform, such as helping with radiographic procedures, handling laboratory specimens, exposure to animals with potentially communicable diseases, and dealing with a variety of chemicals and pharmaceutical agents.

RECEPTIONISTS

• Receptionists, also known as client service representatives, often present the first impression that clients have of a veterinary practice. They project the level of professionalism to be anticipated because when a client visits with a pet, the receptionist is usually the first and last person with whom the client deals. This is a critical position, and one best not minimized by practices hoping to improve their customer service and profitability.
• Receptionists/client service representatives also field questions from clients on the telephone, so it is important that they have excellent communication skills and are able to handle a variety of questions and requests from clients. Accordingly, these front office professionals must be adequately trained in practice protocols and procedures so that the information they provide to clients mirrors that provided by the veterinary and paraprofessional staff.
• Because receptionists are so important to the effective operation of a veterinary practice, considerable time should be spent selecting candidates with excellent communication skills, a professional demeanor, and an honest desire to serve the pet-owning public. Receptionists are the gatekeepers to veterinary services in a practice, and whereas an excellent receptionist can effectively bond clients to a practice, less-skilled individuals can cost a clinic dearly.

1.10. VETERINARY TEAMS

• Just as technicians have career options outside the realm of clinical veterinary practice, professional client service representatives are also in high demand. It is unfortunate that many practices continue to hire relatively unskilled individuals for front office duty. In some respects, the receptionist/client service representative is actually more important than the veterinarians in helping clients to bond to the practice rather than to individual doctors.
• A North American Association of Veterinary Receptionists (https://naavr.org/) now exists, in recognition of these important team members.

VETERINARY MANAGERS/ADMINISTRATORS

• Many veterinarians are not necessarily skilled in business matters, and the efficient management of hospital operations and administration can often be more cost-effectively delegated to others with appropriate training.
• Even when veterinarians are well-skilled in business matters, there is often a better financial return if they spend their time delivering veterinary medicine rather than trying to manage the day-to-day operation of a busy hospital.
• The lack of standardization of the titles and duties of veterinary managers within the profession has made it difficult to select managers based on credentials and duties to be performed. In general, office managers handle more administrative duties, such as making bank deposits and managing accounts receivable, while practice managers and administrators are more likely to be involved with strategic planning, equipment purchases, and reviewing and adjusting fees.
• The VHMA provides credentialing in terms of their CVPM designation (https://www.vhma.org/cvpm-certification/about-certification).
• Many veterinary practices continue to train existing personnel (receptionists, technicians, and spouses) to be management staff. This is a less expensive alternative to professional management, but can be far more costly in the long term because small financial missteps tend to become magnified.
• Even when veterinary practices hire or train practice managers, it is critical that they also engage the services of an outside management consultant to monitor processes and provide unbiased advice and support for the in-hospital manager or administrator.

EXAMPLES

A veterinary practice scheduled a specified number of cases each morning, leaving time for the doctor to periodically work with the technician/nurse to take radiographs, collect laboratory samples, and treat animals. The system worked well, according to the veterinarian, with the technician restraining the animals and the doctor doing the procedures. Unfortunately, most technicians lasted less than six months in the practice, and then a new technician needed to be hired and trained. This was affecting the productivity of the practice. A consultant was called in to investigate and advise, and to work with the practice manager in terms of staff allocation, training, and scheduling.

Following the consult, a new protocol was instituted in which the receptionist scheduled the doctor for full-time office appointments, and a veterinary assistant was hired to support the technician. Now, when laboratory sample collection was needed, the assistant restrained the animal, and the technician collected the samples. The nursing team and assistants also did radiographs, patient treatments under the doctor's direction, and assisted the veterinarian in the examination room when needed.

As a result, the veterinarian became more productive, which was reflected in her production-based compensation. The technician felt fulfilled in her position and remained with the practice as a loyal and valued employee. The assistant learned new skills and became a valuable part of the healthcare team. The receptionist was happy because appointments ran on schedule and there were fewer complaints from clients regarding waiting times for their appointments. The practice manager oversaw a more effective hospital system, one that generated revenues far surpassing the costs of the additional staff member. The system was not only more efficient in terms of healthcare delivery to clients and pets but was also more rewarding for the healthcare team and more profitable for the practice.

CAUTIONS

• Veterinary practices must compete with all other businesses in the retail marketplace for staff, not just with other veterinary practices. This means that salaries and benefit packages must be competitive.
• As a compensation guide, veterinary staff working in a practice should be able to afford the recommended medical care that practices advocate to their clients. In many instances, veterinary staff cannot afford to properly care for their own animals by following recommended hospital guidelines.
• Most nonveterinary employees do not commit to lifelong employment at a clinic, and some turnover should be expected. Sooner or later, many employees will explore new opportunities, and this should not be regarded as a betrayal of the clinic. Support mutually beneficial tours of duty.

MISCELLANEOUS

• It is not enough that veterinary staff perform their own duties effectively and efficiently; they must also be capable of functioning as a healthcare team to truly deliver exceptional healthcare.
• Because veterinarians can only perform one duty at a time, they are often the rate-limiting step in delivering cost-effective care to animals. Leveraging the skills of the veterinarian across a diverse support staff allows additional quality care to be delivered, and in a more profitable manner.
• Veterinarians should be aware that their time is better spent seeing clients or performing procedures, rather than restraining animals, collecting laboratory samples, or providing all aspects of client education.
• Similarly, it is possible to leverage the skills of veterinary technicians/nurses with the aid of veterinary assistants.

ABBREVIATIONS

AAHA: American Animal Hospital Association
AVMA: American Veterinary Medical Association
CVPM: Certified Veterinary Practice Manager
CVT/CrVT: Certified/Credentialed Veterinary Technician
DEVTP: Distance Education Veterinary Technology Program
LVT: Licensed Veterinary Technician
NAVTA: National Association of Veterinary Technicians in America
VHMA: Veterinary Hospital Managers Association
VTS: Veterinary Technician Specialist

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1.11. Veterinary Nurses/Technicians

BASICS

OVERVIEW

The credentialed veterinary nurse/technician is a critical member of the veterinary healthcare team. The veterinary nurse/technician profession has continued to expand and evolve to match the needs of the veterinary profession and innovative veterinary medicine. Today, veterinary medicine is highly sophisticated. Veterinary nurses/technicians provide a high level of medical care in addition to assisting the veterinarian in attaining acceptable profit margins. Obviously, the role of veterinary nurse/technician has evolved in the scope of responsibilities and value to a practice. These team members have become skilled practitioners of patient assessment and critical thinking, independently generating and enacting plans for patient nursing and care.

1. Credentialed veterinary nurses/technicians have also looked to further their knowledge and skill level, especially in certain areas of veterinary medicine, thus resulting in higher levels of recognition and responsibility. This drive to advance one's own knowledge and skill has resulted in the formation of veterinary technician specialties.
2. In 1994, the National Association of Veterinary Technicians in America (NAVTA) formed the Committee on Veterinary Technician Specialties (CVTS), which is recognized by the American Veterinary Medical Association (AVMA). NAVTA's VTS[SM] program exists to help veterinary technicians attain a higher level of recognition for advanced knowledge and skills in specific disciplines.
3. The CVTS provides guidelines to veterinary technician organizations to facilitate the formation of a specialty organization. Academies develop advanced pathways, which a candidate must follow and complete in order to be awarded the designation of Veterinary Technician Specialist (VTS) in their specific discipline. The first specialty academy to receive recognition was the Academy of Veterinary Emergency and Critical Care Technicians (AVECCT) in 1996 (now known as the Academy of Veterinary Emergency and Critical Care Technicians and Nurses (AVECCTN). As of 2025, there are 16 NAVTA/CVTS-approved specialty academies, with more being discussed and explored.
4. As mentioned previously, the profession of veterinary technology has grown. Veterinary technicians were first titled animal health technicians and are still referred to by that designation in some places. The adjective "veterinary" referred exclusively to veterinarians until 1989, when the term veterinary technician was approved for use by the House of Delegates of the AVMA. Although the term veterinary technician is widely used, the credential is not standardized across the United States. Currently, a veterinary technician may be a licensed veterinary technician, a credentialed veterinary technician, a registered veterinary technician, or a licensed veterinary medical technician. The Veterinary Nurse Initiative (VNI) introduced by NAVTA aims to standardize the credential for the profession in terms of credentialing requirements, title, and scope of practice throughout the United States.
5. There are many initiatives taking place within the profession, including the following:
   - **Committee on Veterinary Technicians Specialties (CVTS):** This is a NAVTA committee providing guidelines to veterinary technician organizations to facilitate the formation of a specialty organization.
   - **Veterinary Nurse Initiative (VNI):** This is a NAVTA-formed coalition to pursue legislative amendments in the 50 states.
   - **Veterinary Technician Specialty Academy:** This is a NAVTA-recognized veterinary technician specialty academy that meets the standards established by the CVTS for certification of veterinary technicians in a specialized field of veterinary technology.
   - **Veterinary Technician Specialist (VTS):** This is a veterinary technician or veterinary nurse who is certified in a medical skill set by a NAVTA-recognized veterinary technician specialty academy. Individuals who achieve certification from a NAVTA-approved academy have the ability to use the VTS or Veterinary Nurse Specialist (VNS) logo (shown below) with the addition of the text delineating their specialty area of certification. The VNS logo is approved for use by individuals in countries where veterinary nurse is their legal title.

NAVTA RECOGNIZED VTS Veterinary Technician Specialist®

NAVTA RECOGNIZED VNS Veterinary Nurse Specialist®

Courtesy of NAVATA

TERMS DEFINED

N/A

ISSUES AND OPTIONS

VETERINARY TECHNICIAN SPECIALTIES

To pursue becoming a VTS, one must be committed to advanced learning and have the drive and passion for one's chosen specialty. The process is time-consuming and hard work, requiring documentation of case logs, time requirements in the chosen area of medicine, continuing education requirements, and a certifying examination. The process takes at least two years. Veterinary technicians should pursue a VTS for personal, intrinsic reasons, not necessarily for extrinsic, monetary reasons, as those are not guaranteed. Becoming a specialty technician improves skills and results in professional accomplishment, and will help the individual to set themselves apart from colleagues who have not pursued further knowledge and skill training. However, attaining a VTS does not guarantee an increase in compensation.

6. Specialized veterinary technicians may have more success if they work in an environment suited for them. VTS, if utilized properly, are valuable assets in specialized practices that tout their expertise to clients. They are also valuable and should be utilized in general practices where more services should equate to more patients, more visits should lead to increased revenue, and more money should translate to higher wages.
7. As of 2025, the NAVTA CVTS has recognized 16 areas of medicine in which veterinary technicians can specialize. These areas, listed in order of recognition, are:
   1. Emergency and Critical Care
   2. Anesthesia and Analgesia
   3. Dentistry
   4. Behavior
   5. Internal Medicine
   6. Surgery

1.11. VETERINARY NURSES/TECHNICIANS

7. Equine Nursing
8. Clinical Practice
9. Zoo Medicine
10. Nutrition
11. Clinical Pathology
12. Dermatology
13. Ophthalmology
14. Physical Rehabilitation
15. Laboratory Animal
16. Diagnostic Imaging

VETERINARY NURSE INITIATIVE

Presently, the United States veterinary technician credential and credentialing systems have led to confusion for not only the veterinary consumer but also within the veterinary profession regarding the important role the veterinary nurse/technician profession plays on the veterinary health care team. The credentials and credentialing systems vary from state to state.

The objective of NAVTA's VNI Committee is to work towards national standardization of veterinary technician credentials, defining the veterinary technician scope of practice, creating veterinary technician title protection, and establishing an identity as a veterinary nurse.

NAVTA's VNI is defined by the following four pillars:

1. **Professional Standards:** Promoting a standard credential with educational standards in the United States.
2. **Public Recognition:** Establishing professional identity through public education and title recognition to contribute to public safety/protection.
3. **Professional Recognition:** Clarifying the value, scope of practice, and title, delineating the credentialed veterinary technician/nurse role.
4. **Expanding Career Potential:** Defining the role of the veterinary nursing/technician profession in all areas of practice to maximize potential.

Through the standardization and public awareness of the credential, the profession will make strides toward better recognition, mobility, and elevated practice standards, leading to better patient care and consumer protection.

The unified title will create a national and global standard for those credentialed veterinary technicians and VTS looking to advance their careers. NAVTA's VNI aims to create alignment within the veterinary profession as a whole, provide education for veterinarians, team members, and consumers, and elevate the understanding of roles and responsibilities for patient care by veterinary nurses.

Currently, veterinary technicians throughout the United States have varying credentialing requirements, titles, and scope of practice with little perceived value-related clarity of their roles in the eyes of the consumer. A single, unified title and a standardized credential throughout the nation is the next step to improving the level of patient care, aligning public perceptions of the veterinary nurse, and bringing clarity to the field of veterinary medicine.

The VNI is not without controversy. There are veterinary technicians who have voiced their concern and displeasure with the veterinary nurse designation. The discussion revolves around the duties and implications of the role of nurses in human medicine versus veterinary medicine. The term "technician" implies an individual has mastered the science and technology involved with the profession. The term "veterinary nurse" will incorporate the art of caring for our animal patients from a whole-picture perspective in addition to science and technology.

Outside of the United States, individuals who serve the role of veterinary technician are more commonly called veterinary nurses; their status as medical professionals is solidified and supported by some governments. Moreover, standardization with a title easily recognizable to the public aids in public awareness of the role. In human medicine, the term "nurse" is widely recognized to describe a group of medical professionals working in collaboration with physicians to treat a patient. It is believed the term "veterinary nurse" will in turn have a similar association in the public's perception.

The process has begun, but it is anticipated that the VNI will take years of hard, patient, and professional work. Support at the national and local levels from each individual in the profession is important in adding to the momentum of change.

To date, there have been no changes in the terminology.

EXAMPLES

N/A

CAUTIONS

N/A

MISCELLANEOUS

N/A

ABBREVIATIONS

CVTS: Committee on Veterinary Technicians Specialties
NAVTA: National Association of Veterinary Technicians in America
VNI: Veterinary Nurse Initiative
VTS: Veterinary Technician Specialist

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1.12. Veterinary Technicians/Nurses and Their Role in Practice Management

BASICS

Veterinary technicians/nurses are often seen as the backbone of veterinary practices, providing essential support to veterinarians and ensuring the smooth operation of clinics. Their role extends beyond patient care; they are integral to the management and success of a practice. These professionals contribute to patient care, client communication, operational efficiency, and overall practice success. Technicians should not be categorized to only be beneficial to a practice working on the floor in a medical capacity. Many untapped resources exist when veterinary technicians and nurses are utilized to their fullest extent in the role that benefits themselves and the practice the most. While this may not be as clear-cut to some as others, finding one's path in our profession means that they could be just as valuable in a management capacity as a medical one.

TERMS DEFINED

N/A

ISSUES AND OPTIONS

UNDERSTANDING THE SCOPE OF VETERINARY TECHNICIANS' RESPONSIBILITIES

Veterinary technicians, often compared to nurses in human medicine, perform a wide array of tasks that are crucial to the daily operations of a veterinary practice. Their responsibilities include:

- **Patient Care:** Administering medications, performing diagnostic tests, and monitoring patients are all within a technician's scope of duties. Nursing care encompasses a wide variety of situations involving sick and critical patients of all species.
- **Surgical Assistant:** Sedating, intubating, monitoring anesthesia, and surgical recovery of patients in the hospital on a routine and emergent basis.
- **Client Communication:** Technicians often serve as the primary point of contact for clients, providing education, discharge instructions, and compassionate care to pet owners. They are put in situations that require them to use critical thinking skills while advocating for what is best for their patient and clients.
- **Laboratory Work:** Collecting and processing samples, running laboratory tests, and maintaining lab equipment are key responsibilities of a veterinary technician.
- **Radiology and Anesthesia:** Technicians are trained to take radiographs, manage anesthesia, and monitor patients during procedures.
- **Record Keeping:** Accurate and detailed recordkeeping is essential for continuity of care and legal compliance. Technicians ensure that medical records are up-to-date and comprehensive. They maintain accurate records detailing their patient's hospitalization and surgical stays in the clinic.
- **Inventory Management:** Many technicians are responsible for managing inventory, including ordering supplies, maintaining stock levels, and ensuring that the practice has the necessary materials to function smoothly. Their knowledge base of the materials needed to successfully run a practice is essential to its continued success.

Understanding this broad skill set is essential to appreciating the significant impact veterinary technicians have on practice management. Realizing that technicians are more than just glorified patient holders and have a value that is sometimes underutilized in many ways, not just from a medical point of view, can be eye-opening.

EXAMPLES

VETERINARY TECHNICIANS AS PATIENT ADVOCATES

- **Providing High-Quality Patient Care:** Veterinary technicians are dedicated patient advocates, often spending the most time with animals during their visit. They are responsible for assessing patient conditions, monitoring vital signs, and ensuring that each animal receives the care it needs. This role as patient advocate is critical for the overall quality of care provided by the practice. Their observations and insights are invaluable in diagnosing and treating patients, as they often notice subtle changes in an animal's condition that may be overlooked by others. Reporting their findings to the veterinarians is essential in each patient's care. This allows for successful collaborative medicine to be in place in practice.
- **Enhancing Treatment Compliance:** Technicians play a key role in improving treatment compliance by educating pet owners about their pet's condition, medications, and home care. Their ability to explain complex medical information in understandable terms helps clients feel more comfortable and confident in following veterinary recommendations. This not only improves patient outcomes but also enhances client satisfaction and retention. Technicians have the ability to build lasting relationships with clients in regard to their pets in order to improve the human–animal bond.

VETERINARY TECHNICIANS AND CLIENT COMMUNICATION

- **Frontline Communication and Education:** Veterinary technicians are often the first and last point of contact for clients during their visits, making them critical to client communication and education. They explain procedures, answer questions, provide updates during treatments, and offer guidance on pet care. This direct communication builds trust and rapport between the practice and clients, fostering a positive client experience. Technicians have the ability to create lasting relationships with clients that are based on their knowledge base and trust in their skill sets.
- **Handling Difficult Conversations:** Technicians frequently handle sensitive situations, such as discussing pet care costs, delivering updates on a pet's condition, or providing comfort during euthanasia. Their ability to communicate with empathy and clarity is essential for maintaining strong client relationships and ensuring clients feel supported, even in difficult times. Even when mistakes are made, a technician has the ability to help explain to the client what happened to their pet, what will happen, and what steps are needed to prevent this from occurring again.
- **Managing Client Expectations:** By setting realistic expectations about treatments, outcomes, and costs, technicians help manage client satisfaction. This involves clear communication about what a procedure entails, potential risks, recovery times, and follow-up care. By being transparent and informative, technicians reduce misunderstandings and enhance the overall client experience. Communication is essential to the success of a patient's case in the hospital, and technicians play a huge role in that process.

OPERATIONAL EFFICIENCY AND PRACTICE MANAGEMENT

- **Streamlining Daily Operations:** Veterinary technicians contribute significantly to the operational efficiency of a practice. They handle a variety of tasks that keep the clinic running smoothly, such as:
- **Scheduling Appointments:** Efficient scheduling by technicians ensures that the practice operates at optimal capacity, minimizing wait times for clients and reducing downtime for the clinic.

1.12. Veterinary Technicians/Nurses and Their Role in Practice Management

• **Preparing for Procedures:** Technicians prepare examination rooms, surgical suites, and patients for procedures, ensuring that everything is ready when the veterinarian is available.
• **Assisting in Surgery:** Their role in surgery is crucial, as they prepare instruments, assist during the procedure, and monitor anesthesia, which allows veterinarians to focus on the surgical task at hand.
• **Discharge Coordination:** After a procedure, technicians coordinate discharge instructions, ensuring that clients understand post-care instructions and feel confident in managing their pet's recovery.

INVENTORY AND EQUIPMENT MANAGEMENT

Effective inventory management is another area where veterinary technicians excel. They ensure that medications, supplies, and equipment are readily available and properly maintained. This includes:
• **Tracking Inventory Levels:** Keeping an eye on stock levels and ordering supplies before they run out helps prevent disruptions in the clinic's operations.
• **Equipment Maintenance:** Technicians are often responsible for cleaning, calibrating, and maintaining equipment, ensuring that all tools are in good working order and safe to use.
• **Cost Management:** By managing inventory efficiently, technicians help control costs, reduce waste, and optimize the use of resources.

SUPPORTING PRACTICE FINANCIAL HEALTH

Technicians indirectly influence the financial health of the practice through their roles in patient care, client communication, and inventory management. They contribute to revenue generation by performing billable tasks, such as diagnostic testing, blood draws, and other procedures. Additionally, their efficiency and accuracy in managing appointments and treatments help reduce errors and rework, saving the practice time and money.

VETERINARY TECHNICIANS IN LEADERSHIP AND MANAGEMENT ROLES

• **Lead Technicians and Supervisory Roles:** Many veterinary technicians take on leadership roles within the clinic, such as lead technician or supervisor. In these positions, they are responsible for:
  ◦ **Training and Mentoring Staff:** Lead technicians often train new staff members, ensuring they are up to speed on clinic protocols and procedures.
  ◦ **Scheduling and Workflows:** They manage the daily schedule and workflow of the technician team, balancing workloads and ensuring coverage throughout the clinic.
  ◦ **Policy Implementation:** Technicians in leadership positions help implement practice policies, ensuring that standards of care are met, and protocols are followed.

INVOLVEMENT IN PRACTICE MANAGEMENT DECISIONS

Veterinary technicians can also contribute to broader practice management decisions. Their insights into patient care and client interactions provide valuable perspectives that can influence clinic policies, services offered, and overall business strategies. In some practices, technicians are involved in:
• **Developing Standard Operating Procedures (SOPs):** Their hands-on experience makes them ideal contributors to the development of SOPs that improve clinic efficiency and care standards.
• **Marketing and Client Engagement:** Technicians can play a role in practice marketing efforts, such as managing social media, creating educational content, or participating in community outreach programs.
• **Feedback and Improvement Initiatives:** Encouraging technicians to provide feedback on clinic operations can lead to meaningful improvements. Their close interaction with patients and clients gives them unique insights into areas where the practice can enhance services or streamline processes.

CAUTIONS

CHALLENGES FACED BY VETERINARY TECHNICIANS IN PRACTICE MANAGEMENT

• **Burnout and Job Satisfaction:** Veterinary technicians often face high levels of stress due to long hours, emotionally taxing work, and the physical demands of the job. Burnout is a common issue that can affect job satisfaction and retention (see 16.18 – Compassion Fatigue and Burnout). Practices can support their technicians by:
  ◦ **Promoting Work–Life Balance:** Offering flexible scheduling and encouraging time off can help mitigate burnout (see 16.17 – Work-Life Balance).
  ◦ **Providing Mental Health Resources:** Access to counseling services, stress management workshops, or simply fostering an open dialogue about mental health can make a significant difference (see 16.16 – Mental Health and Wellbeing).
  ◦ **Recognition and Appreciation:** Regularly acknowledging the hard work and contributions of technicians can boost morale and job satisfaction (see 3.33 – Promoting Staff Resilience and Adaptability).

COMPENSATION AND CAREER GROWTH

Compensation is often cited as a major factor in job dissatisfaction among veterinary technicians. Practices can address this by offering competitive salaries, benefits, and opportunities for career growth, such as advanced certifications or leadership roles (see 3.26 – Staff Development).

SCOPE OF PRACTICE AND UTILIZATION

In some practices, veterinary technicians are underutilized or not allowed to work to the full extent of their training and certification. Properly utilizing technicians not only improves practice efficiency but also enhances job satisfaction, as technicians are more engaged when they can fully apply their skills.

CONCLUSION

Veterinary technicians are vital to the success of any veterinary practice. Their roles extend far beyond patient care, encompassing client communication, operational efficiency, and even leadership within the practice. By fully utilizing their skills, supporting their professional growth, and recognizing their contributions, veterinary practices can enhance both the quality of care provided and the overall efficiency of their operations. As the veterinary field continues to evolve, the role of veterinary technicians in practice management will only become more important, making it essential for practices to invest in these invaluable team members.

MISCELLANEOUS

ABBREVIATIONS

N/A

References
N/A

Recommended Resources
N/A

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1.13. PRACTICE MANAGEMENT SUPPORT PROFESSIONALS

BASICS

OVERVIEW

- Practice owners have become proficient in developing an in-hospital team that has the skills and knowledge to perform the day-to-day functions of a veterinary practice. However, to manage a successful business, practice owners should develop a comprehensive team of practice management support professionals who are well-versed in the veterinary industry.
- Practice owners will often promote support staff into management positions; however, these staff sometimes lack the knowledge and skills to perform the tasks required of them.
- Practice owners and support staff should be allowed to focus their time and efforts on what they do best – helping the patients and clients of the practice.
- External experts who have experience with multiple veterinary practices can suggest new ideas and solutions to problems and can help develop team cohesiveness through training.
- Practice management support professionals can assist and guide veterinary professionals through every stage of practice ownership, including practice start-up feasibility and business planning, practice acquisition services, operations management and business growth strategies, succession and exit planning, and practice sales and retirement planning.

TERMS DEFINED

American Animal Hospital Association (AAHA): An association that accredits veterinary hospitals in the United States and Canada according to a set of mandatory standards (https://www.aaha.org/).
Certified Public Accountant (CPA) or Chartered Accountant (CA): A college-trained accounting professional who has attained certification in the state or country that he or she practices in by passing a comprehensive exam, maintaining continuous professional education, obtaining relevant years of experience, and subscribing to a heightened level of ethics in business management.
Certified Valuation Analyst (CVA): A professional certification that signifies a high standard of competence in the field of valuing businesses.
Certified Veterinary Practice Manager: A designation available since 1989 through the Veterinary Hospital Managers Association (VHMA) (www.vhma.org) to recognize the professional development of veterinary practice managers.
Generally Accepted Accounting Practices (GAAP): A set of accounting rules, standards, and procedures in the United States that ensure consistency and accuracy in business and corporate financial reporting.
Master of Business Administration (MBA): A graduate degree in business management that allows graduates to gain a better understanding of business management functions.
Practice Management Support Professionals: Individuals or teams with specific expertise in practice management, accounting, law, and other business-related disciplines that apply their skills to the betterment of veterinary practices.
Search Engine Optimization (SEO): The process of improving a website's visibility across all search engines to attract visitors to the website.
Society for Human Resource Management (SHRM): A US-based certification for professionals specializing in human resource management (https://www.shrm.org/).
Veterinary Management Group (VMG): A professional membership organization dedicated to helping veterinary practice owners achieve greater practice success through collaboration (https://www.myvmg.com/).
VetPartners: A US-based professional association for those involved in veterinary practice management (www.vetpartners.org).

ISSUES AND OPTIONS

TYPES OF VETERINARY PRACTICE MANAGEMENT SUPPORT PROFESSIONALS

Veterinary Business Advisor: This individual, who is sometimes referred to as a consultant, has significant experience in managing, owning, or operating a veterinary practice. Choose someone with a Certified Veterinary Practice Management (CVPM) designation, a Master of Business Administration (MBA), or a Certified Public Accountant (CPA) or Chartered Accountant (CA). A veterinary business advisor should be a prior practice manager or practice owner, or otherwise have prior hands-on experience inside a veterinary practice. Choosing a veterinary business advisor may be need-specific. For example, a veterinary business advisor who is well-versed in financial analysis versus someone who has specific experience with practice culture or human resources.
Veterinary Bookkeeper: A veterinary industry-specific bookkeeper manages practice accounting and financial records in accordance with the AAHA/VMG Chart of Accounts and Generally Accepted Accounting Practices (GAAP) or other location-specific accounting rules. This allows for better analysis of practice financial results and comparison of financial performance to competitors and to industry standards.
Veterinary Tax Advisor: A veterinary tax advisor is a CPA or CA who prepares annual tax returns and advises practice owners on both business and personal tax planning strategies. Examples of such strategies might include when to purchase equipment to maximize tax deductions or how best to structure any real estate acquisitions or expansions.
Veterinary Attorney: This is a legal expert who specializes in the veterinary industry. A veterinary attorney can assist with contractual agreements when buying or selling a practice or during lease negotiations. They can also assist with employment contracts, labor disputes, or other human resource matters. Additionally, certain veterinary attorneys are specialized in mediating disputes between practice owners and clients to avoid litigation.
Veterinary Marketing Professional: A veterinary marketing professional is able to develop a comprehensive marketing strategy or a single advertising initiative. They can assist in developing a website for a veterinary practice and help manage the website's search engine optimization (SEO).
Veterinary IT Professional: These practice management support professionals specialize in the Information Technology (IT) needs of veterinary practices, including hardware and software installation, networking, telephone and Internet systems, data storage, etc.
Veterinary Certified Valuation Analyst: A veterinary CVA is a financial consultant with special expertise and certification in valuing veterinary practices. Most veterinary CVAs are members of the VetPartners™ Valuation Council. This committee within the VetPartners™ association sets the standards for veterinary practice valuations.
Veterinary Financial Planner: A veterinary financial planner assists practice owners with strategic planning for the veterinary business as well as for their personal finances and for their retirement. A veterinary financial planner has specific expertise in the veterinary industry with respect to owner and staff compensation strategies, student debt,

1.13. PRACTICE MANAGEMENT SUPPORT PROFESSIONALS

practice ownership, succession planning, and many more, and will assist with financial planning through every stage of an individual's veterinary career.

Veterinary Human Resources Professional: A veterinary human resources professional can support a practice with recruitment and retention, employee discipline procedures, staff training and development, creation of employee manuals, management, leadership coaching and support, job descriptions, reviews, promotions, and labor law adherence. A veterinary human resources professional should be accredited by the Society for Human Resource Management (SHRM) (https://www.shrm.org/) or other relevant accrediting body.

Other Support Professionals: Depending on the specific circumstance, other practice management support professionals could be of service, including veterinary practice architects, inventory management professionals, leadership training professionals, business and life coaches, employee recruitment specialists, practice brokers, practice finance experts, veterinary skills trainers, writers, etc.

EXAMPLES

WHY HIRE A PRACTICE MANAGEMENT SUPPORT PROFESSIONAL

General practitioners are trained to treat a wide variety of illnesses in their veterinary patients, and few veterinarians specialize in a particular area of medicine. However, general practitioners do not hesitate to refer patients to surgeons, ophthalmologists, internists, dermatologists, etc., when the needs of their patients are beyond their knowledge and skill level. The same should be true with the management of a veterinary practice. Most practice owners know how to build a good team by hiring well-qualified veterinary professionals, implementing high standards of patient care, and fostering good practice culture. However, for some practice owners, certain aspects of business management, including financial analysis and accounting, tax planning, human resources, inventory control, etc., require knowledge and skills that are beyond the owners' training and experience. Rather than struggling with these aspects of practice management, practice owners are best served by outsourcing these tasks to business support professionals and freeing up their time to focus on seeing clients and patients. Specific reasons to hire a practice management support professional include:

- **Expertise:** A practice management support professional has specialized skills and knowledge that may not be readily available within the practice team.
- **Objectivity:** A practice management support professional can make an unbiased assessment of the practice and identify problems and concerns that may not be immediately evident to those working in the practice on a day-to-day basis.
- **Cost-Effective:** Hiring a practice management support professional can ensure that the project is finished in less time and with more accuracy than if it was completed by in-house staff. Practice management support professionals can also sometimes identify areas of cost savings for the practice.
- **Focus and Speed:** Practice management support professionals do not have duties in the day-to-day operations of the practice and are therefore able to focus solely on the project at hand.
- **Best Practices:** They bring with them knowledge and experience of best practices from working with a wide variety of veterinary clients and from networking and collaborating with other industry professionals.
- **Change Management:** Practice management support professionals can help facilitate and support recommended changes within the practice. Staff are more inclined to accept recommendations from the practice management support professional than from the practice manager or owner.
- **Training and Development:** Practice management support professionals can help train and develop the practice team to facilitate growth and to improve leadership and team management.

WHY CHOOSE A VETERINARY-SPECIFIC PRACTICE MANAGEMENT SUPPORT PROFESSIONAL

Choosing a veterinary-specific practice management support professional offers several distinct advantages specific to the unique needs of veterinary practices. It allows practice managers and owners access to expertise and insights that are directly applicable to the veterinary field, enabling them to make informed decisions and implement strategies that drive success and growth in veterinary practice. Opting for a practice management support professional with specific expertise in veterinary practice management can have the following benefits:

- **Industry Expertise:** Veterinary-specific support professionals understand the unique challenges and opportunities within the veterinary field, including regulatory requirements, medical protocols, and industry trends.
- **Specialized Knowledge:** They possess deep knowledge of veterinary practice operations, from patient care and medical record management to inventory control and client communications.
- **Tailored Solutions:** These professionals can provide customized strategies and solutions that are specifically designed for veterinary practices, ensuring that all recommendations are relevant.
- **Best Practices:** Practice management support professionals bring best practices from other successful veterinary practices to implement proven strategies and avoid common pitfalls.
- **Regulatory Compliance:** They are familiar with the regulatory environment governing veterinary medicine, including controlled substance management, animal welfare regulations, and state veterinary board requirements.
- **Client Management:** Veterinary practice management support professionals understand the nuances of client relationships in a veterinary setting, helping improve client communication, satisfaction, and retention.
- **Staff Training:** They can offer specialized training programs for veterinary staff, including veterinarians, technicians, and administrative personnel, enhancing skills and performance specific to the veterinary field.
- **Marketing Strategies:** Veterinary-specific marketing professionals can develop marketing strategies that resonate with pet owners and promote veterinary services effectively, leveraging industry-specific insights.
- **Operational Efficiency:** They can optimize workflows and processes unique to veterinary practices, improving efficiency in areas like appointment scheduling and technician utilization.
- **Financial Management:** Veterinary-specific financial advisors have expertise in veterinary practice financial management, including pricing strategies, financial analysis, and cost control tailored to the veterinary industry.
- **Benchmarking:** They can also provide benchmarking data, calculate key performance indicators, and gauge practice performance relative to competitors.
- **Technology and Equipment:** Practice management support professionals are knowledgeable about trends in practice management software and systems and can help practices invest in the right administrative tools to improve practice efficiency.

1.13. Practice Management Support Professionals

WHEN TO HIRE A PRACTICE MANAGEMENT SUPPORT PROFESSIONAL

Many practice owners believe that they only need help from a practice management support professional when they start or acquire a practice or when they want to sell a practice. However, practice management support professionals can help practice owners through the entire life cycle of practice ownership. When a practice is initially purchased or started, a team of practice management support professionals might include a broker, an architect, a veterinary attorney, and a veterinary accountant or business advisor. As the practice grows, practice management professionals can support practice owners with human resources issues, leadership and management training, practice culture improvements, marketing, and IT management. When it comes time to sell, practice management support professionals can assist with practice valuations, practice brokering, and exit, succession, and retirement planning. It is easy for practice owners and teams to become so focused on the day-to-day activities of the practice that they lose sight of the business management, vision, and mission, as well as the practice culture. Practices that are struggling with any financial or management issues could greatly benefit from the support of a practice management support professional with specific expertise in the area of concern. When problems arise, practice owners are inclined to try to fix the problem themselves, or they do not have time to address the problem. Hiring an independent practice management support professional can help to address the issue efficiently and effectively before it becomes too complex.

HOW TO FIND A PRACTICE MANAGEMENT SUPPORT PROFESSIONAL

- **Word-of-Mouth:** Referrals from fellow veterinarians, distributor representatives, or others. Leverage professional and social networks for word-of-mouth referrals.
- **Search Engines:** A simple Google search for a practice management support professional with skills specific to the practice's needs can yield many results.
- **Published Authors:** Practice management support professionals regularly submit content to veterinary publications such as *Today's Veterinary Business* (www.todaysveterinarybusiness.com) or *DVM360* (www.DVM360.com).
- **State and National Meeting Speakers:** Many practice management support professionals speak regularly at international, national, regional, state, and local meetings. Attending practice management continuing education lectures and workshops either at local and state veterinary medical association meetings or at national conferences is a great way to find a practice management support professional. Attending online webinars is also a good resource for finding practice management support professionals.
- **Professional Associations:** Veterinary associations including Veterinary Management Group (VMG) (www.myvmg.com) or PSIvet (www.psivet.com) are organizations that will sometimes offer in-house practice consultants or offer practice management support through collaboration with other practice owners. VetPartners™ (www.vetpartners.org) is a professional association of industry support professionals whose sole purpose is to support the veterinary industry. Members of VetPartners™ are bound by a code of ethics and professional conduct. They work with a wide variety of practices both nationally and internationally and, collectively, hold a brain trust of information about veterinary practice management.

GUIDELINES FOR WORKING WITH A PRACTICE MANAGEMENT SUPPORT PROFESSIONAL

Once the decision to work with a practice management support professional has been made, follow these steps to ensure a successful relationship:

- **Budget for the Services:** The practice management support professional should always provide a description of the scope of services and an estimate of fees. Be sure that the scope of services is adequate to address the issues at hand. Also, ensure that the business has the available cash flow to pay for the agreed-upon services.
- **Define Objectives and Scope of Service:** Be very clear about the objectives for the assignment and how they will be achieved. Set measurable goals and objectives and understand what deliverables will be provided.
- **Sign a Contract:** The engagement agreement or contract should outline the objectives, scope of work, deliverables, timing, and service fees. It should also address confidentiality matters.
- **Be Transparent:** Communicate openly and honestly about owner and staff needs and about the practice processes and procedures. Schedule regular meetings with the practice management support professional to ensure that all parties are on the same page through the duration of the engagement.
- **Be Organized:** Provide requested information and documentation in a timely manner to ensure that the practice management support professional can be efficient and effective in completing the work.
- **Set Expectations:** Set realistic expectations about what can be achieved in the timeframe allotted. Consider that delays may occur due to unexpected findings, difficulties in accessing data, or unplanned lack of availability of staff.
- **Keep your Staff Informed:** Inform staff about the work the practice management support professional will be doing for the practice and explain how it will benefit them. Engendering trust and fostering collaboration between practice staff and the practice management support professional will allow for improved efficiency of the project and a higher quality work product.
- **Monitor Progress:** Track the progress of the project and the stated objectives. Understand the impact of delays and how these can best be resolved.
- **Be Open to Recommendations:** Whether or not you agree with their recommendations, be open to the practice management support professional's comments and suggestions about the practice and be willing to at least consider making the changes suggested.
- **Maintain the Relationship:** Maintain a relationship with a trusted practice management support professional for any potential future projects.

CAUTIONS

- Staff members who are promoted to middle or upper management positions need to be provided with the training and tools to complete the essential functions of the job. Examples include introductory accounting, human resources training, leadership and management skills, etc. Ideally, staff members who take on a practice manager role should be supported in pursuing a Certified Veterinary Practice Manager (CVPM) designation.
- Choose a practice management support professional whose skills and expertise align with the culture and management style of the practice and the management team.
- Ask for references when hiring a practice management support professional. Speak to other practice owners who have worked or are working with the practice management support professional.
- Ask for referrals from other practice management support professionals. Practice management support professionals who are already familiar with the practice will be able to make recommendations on other professionals who would be a good fit.
- Practice owners can choose local business management professionals to help manage their veterinary business. However, veterinary

1.13. PRACTICE MANAGEMENT SUPPORT PROFESSIONALS

industry-specific management professionals have unique knowledge and expertise about the veterinary industry and about veterinary practice management.
• Practice management support professionals can be hired for short-term projects such as a business valuation or on a more long-term basis to provide ongoing business expertise.

MISCELLANEOUS

ABBREVIATIONS

N/A

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N/A

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1.14. CREATING AN ADVISORY BOARD

BASICS

OVERVIEW

Running a successful veterinary practice requires a blend of clinical expertise, business acumen, strong leadership, and an unwavering commitment. The practice owner wears many hats, and every stage requires different expertise. Do they have the necessary expertise, time, or passion to fulfill those requirements? Consideration of engaging outside advisors is crucial. Advisors who fit the practice's needs can free up time and elevate the practice to the next level.

TERMS DEFINED

N/A

ISSUES AND OPTIONS

An advisory board of veterinary-specific professionals can help with practice growth strategies, financial planning, marketing, operational efficiency, and navigating challenges.

TYPES OF ADVISORS

Marketing Specialist

Marketing specialists can increase a clinic's visibility through digital marketing solutions, from websites, search engine optimization, reputation management, and social media. Before the practice opens, the marketing consultant will help establish the brand and logo and create awareness in the community. A marketing campaign can make a huge difference in the number of appointments on the calendar upon opening. Once open, marketing efforts often diminish. However, it is recommended that marketing efforts should be maintained, as they can play a crucial role in attracting and retaining clients. Assuming the goal is growth-focused, marketing can help to continually feed the new client pipeline to offset client attrition. An ongoing marketing campaign can also help expand to a multiple doctor or multiple location practice, depending on the owner's aspirations.

Accountant

It is essential to have accurate and timely data that is easily accessible, understood, and relevant to the owner. Given today's technology, waiting months to determine how well the practice did in prior periods is unacceptable. Good data empowers management to make sound and timely decisions. Engaging a veterinary-specific accountant is a great investment given that a general accountant will likely not be familiar with the veterinary industry or specifics like the American Animal Hospital Association (AAHA) Chart of Accounts. An accountant can also help with cash flow management and provide meaningful reports to help identify and capitalize on the strengths and weaknesses of the practice. Many accountants can help with compliance work, such as sales tax filings, payroll tax reporting, and tax preparation.

Attorney

In today's world, businesses can only function with sound legal advice. To start a practice, an attorney can help with the business formation. The entity formation is a very important step because changing a legal entity type is not always easy (see 15.04 – Business Entity Structures). The choice of a business structure affects taxes, liability, and ownership arrangements. An attorney can ensure the practice is set up in a way that protects personal assets and maximizes operational flexibility (see 14.01 – Practice Legal Needs and Dealing with Lawyers). When there are multiple owners, an attorney can draft the necessary agreements to ensure that there is no confusion when it comes to understanding between the partners. For instance, what happens if one partner retires or suddenly dies? Attorneys also help with negotiations, including employee agreements, vendor contracts, leases, and the purchase or sale of the practice. Well-written agreements can help protect the practice from otherwise preventable disputes or liability. Attorneys ensure that contracts are legally sound, clear, and fairly represent the parties' objectives. Unfortunately, we live in litigious times. A legal team that has an established relationship with the practice is better prepared to address and hopefully avert disputes if a potential action or lawsuit arises with a vendor, client, lender, employee, or others. If a veterinarian faces disciplinary action from a state board, an attorney can provide representation to protect their license and reputation.

Architect

A veterinary-specific architect understands the unique workflow in a veterinary practice, including how patients and clients move throughout the hospital. They know how veterinarians and staff collaborate and where different services are performed. That knowledge can help ensure an efficient layout, dramatically reducing operational bottlenecks and improving the overall experience for clients, pets, and staff (see 12.08 – The Construction Process and Working with Architects). The architect can also provide valuable suggestions on medication storage areas and equipment placement so they are accessible and secure. Veterinary practices have unique needs. It is preferable to have a hospital with anti-slip floors and surfaces that are easy to clean and made of durable materials. Other examples are that the facility has proper ventilation to decrease odors and noise and supports a healthy environment to prevent the spread of disease. It is not only the de novo practice (a new practice) that will need a veterinary-specific architect. The owner deciding to lease a space or remodel an existing practice faces the same considerations.

Practice Management Consultant

Practice owners often focus on day-to-day operations. Often, there is no time to plan and strategize. Minor problems can pile up quickly and become crises. Even a well-run practice can benefit from retaining a practice management consultant. Such an advisor can provide a fresh new look and detect opportunities not visible to the "internal" team. These consultants typically offer different perspectives, skills, and expertise. Some provide financial insights and help with cash flow and profitability, while others specialize in client communications, staff training, or workflow optimization. A good consultant has a network of other consultants within the industry to draw on or to recommend if needed.

I.T. Specialists

It is liberating to have a good I.T. specialist on the team for those frustrating moments when the printer or label printer suddenly stops, or the payment processor goes down. Veterinary practices are intertwined with technology. When it works, it is excellent. When it doesn't, the team is inefficient, and everyone is frustrated by the inconvenience. A veterinary-specific I.T. consultant can help with hardware requirements for the PIMS being used and so much more. Most importantly, the I.T. specialist should focus on securing your facility, technology, and data (see 11.01 – Information Technology in Veterinary Medicine). The prevention of cyberattacks, unauthorized access, confidentiality and integrity of information, and security protocol should be at the forefront of everyone's mind.

Lenders

Lenders play a vital role during the life of the practice. Most practice owners require a loan to finance a de novo practice or buy an existing practice. There might be remodeling down the road or a possible second location. Creating a positive relationship with your lender pays off, especially when needing a cash injection during tough times or temporary downturns. When exploring ownership, a veterinary-specific lender is the best option for financing a brick-and-mortar practice. They understand the industry and know the capital needed to start a practice, the working capital needed to operate, and typical project timelines.

1.14. CREATING AN ADVISORY BOARD

NON-VETERINARY-SPECIFIC VERSUS VETERINARY-SPECIFIC ADVISOR

You wouldn't typically go to your family doctor with a broken leg or call a divorce lawyer to create a brand-new entity. The same goes for running veterinary practices. Yes, many very well-rounded jack-of-all-trades professionals provide quality general counsel. Their ability to counsel is beneficial and adequate in many cases. While some might have a lot of experience with the restaurant business and know a little about dentistry and manufacturing, they may have little or no specific experience in the veterinary space. Large professional firms, like law or accounting, may serve many industries, but they have a designated veterinary arm that understands the industry within their group. Industry-specific advisers possess the experience necessary to maximize the opportunities associated with practice ownership. Finally, the price charged by veterinary-specific advisors might be the same or close to the fees charged by comparable general advisors.

HOW TO SELECT AN ADVISOR

There are many veterinary-specific advisors in every category. What used to be a rare diamond is now widespread. Choosing the right one is an essential step in the ownership journey. Before beginning a search, consider the following:

- Why am I looking for an advisor?
- What specific services do I need?
- What is my budget?
- What is my main objective?
- What is the timeline for achieving this objective?

There are many ways to find an advisor – research contributors to veterinary-specific magazines to find one invested in the veterinary industry. Consider speakers at major veterinary conferences. Search for organizations focused on connecting veterinary advisors, like VetPartners (vetpartners.org). Before retaining an advisor, here are some good questions to ask:

- How do you stay current on veterinary trends?
- What size and types of practices have you worked with?
- How well are you connected to the veterinary industry?
- Can you provide references?
- What aspects of veterinary practice do you specialize in?
- What level of access will I have to you, and how often will we communicate?
- What is your philosophy on practice management and veterinary care?

Asking these questions helps ensure that the veterinary-specific advisor has the right experience, approach, and values to meet the practice's needs. The goal is to find someone who can provide the services that the owner needs and who will collaborate effectively with the team and other advisors. Some advisors are available for short projects, while others are focused on long-term goals and relationships.

EXAMPLES

Dr. Sally decided to convert her boarding facility into an additional surgery suite. When one of her clients heard the news, he offered his architectural services. Sally enthusiastically shared her drafts, and he went to work. The loan was approved, and construction started. The architect had a lot of experience with family homes but no veterinary facilities. Veterinary architecture requires specialized knowledge that goes beyond standard commercial design. Ideally, it accounts for the unique needs of veterinary medicine, patient care, and operational flow. Ultimately, Dr. Sally's architect redrafted the plan multiple times, causing construction delays and increased costs.

CAUTIONS

When creating an advisory board for the veterinary practice, it's essential to approach the process thoughtfully to avoid potential pitfalls. While an advisory board can provide valuable insights and expertise, there are several things to be cautious about to ensure the board is truly effective and aligned with desired goals. Here are some key considerations:

- Failing to engage the advisors regularly. The best practice is to have a scheduled meeting regularly.
- The advisor is not there to make decisions on behalf of the owner. The advisor simply shares expertise and ideas. The ultimate decision resides with the owner. If the advisor is pushy or set in stone, it is time to move on.
- Engaging professionals unwilling to collaborate with each other leads to inefficiencies and missed opportunities. Capitalize on collaboration to capitalize on experiences each advisor can offer.
- Multiple advisors with similar expertise or perspectives limit consideration of diverse viewpoints. Individuals with varied expertise can help with the practice. For example, a lawyer might decide to create an entity with the help of an accountant to ensure the best tax advantage is implemented while minimizing the owner's liability.
- Failing to set clear roles, expectations, and responsibilities can lead to confusion or disengagement.

The practice owner can leverage advisors without these pitfalls by selecting the right people, setting clear expectations, and maintaining a healthy balance between seeking advice and making independent decisions.

MISCELLANEOUS

ABBREVIATIONS

CSR: Customer Services Representative

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1.15. STAKEHOLDER AND STRATEGIC PARTNERS

BASICS

OVERVIEW

• In the modern landscape of veterinary medicine, the success of a practice hinges not solely on its veterinarians but also on a diverse array of stakeholders who play pivotal roles in its operations.
• From clients and their pets to employees, vendors, laboratories, and consultants, each stakeholder group contributes to the intricate web that defines a thriving veterinary practice.
• Understanding and recognizing the multifaceted interests of these stakeholders is essential to creating synergies that benefit everyone involved.

TERMS DEFINED

N/A

ISSUES AND OPTIONS

UNDERSTANDING STAKEHOLDERS IN VETERINARY PRACTICE

Clients and Their Pets

• Clients who seek medical care, guidance, and support for their animals are perhaps the most critical stakeholders in any veterinary practice.
• The success of a practice depends largely on client satisfaction and loyalty, which are cultivated through effective communication, quality care, and positive experiences.
• Veterinary practices that recognize the importance of building strong relationships with clients can create a loyal customer base that not only returns for services but also advocates for the practice through word-of-mouth referrals and online reviews.
• Engaging clients through educational seminars, social media, and newsletters fosters a sense of community and trust, encouraging them to see the practice not just as a service provider but as a partner in their pets' health.
• The benefits to the pets themselves include improved wellness, disease prevention, and treatment for chronic and emergent illnesses.

The Veterinary Team

• The veterinary team includes veterinarians, veterinary technicians/nurses, assistants, receptionists, janitorial, and administrative staff, all of whom are essential to the day-to-day functioning of the practice.
• A motivated and well-trained staff can significantly impact the quality of service provided and, as a result, client satisfaction.
• Practices that invest in employee training, professional development, and a positive work culture not only enhance employee retention and satisfaction but also improve the overall client experience.
• Open lines of communication between team members and between team members and management foster collaboration and innovation. When employees feel valued and empowered, they are more likely to contribute ideas that enhance practice efficiency and improve patient care.
• A supportive work environment also reduces burnout – a significant concern in the veterinary field – ultimately leading to better service for clients and better care for patients (see 16.18 – Compassion Fatigue and Burnout).

Vendors and Suppliers

• Vendors and suppliers are another critical group of stakeholders. They provide medical supplies, pharmaceuticals, and equipment necessary for the practice's operations.
• A strong relationship with vendors can lead to favorable pricing, timely deliveries, and access to the latest products and technologies.
• Veterinary practices can leverage relationships with vendors and suppliers by engaging in collaborative discussions about new products, innovations, and trends in veterinary medicine. By keeping informed about the latest advancements in veterinary medicine, practices can ensure they are offering the best possible care to their clients' pets.
• Building partnerships with vendors that prioritize service, quality, and innovation can lead to mutual benefits, including streamlined operations, improved financial performance, and better patient outcomes. Suppliers benefit by expanding the database of outcomes for new medications and treatment modalities.

Laboratories and Diagnostic Services

• Laboratories that provide diagnostic testing and imaging services are crucial partners to veterinary practices. Accurate and timely test results are essential for effective diagnosis of diseases.
• Access to specialists to help interpret diagnostic results and develop treatment plans leads to better patient outcomes. Practices that cultivate strong relationships with laboratories and their specialist consultation services can expect quicker turnaround times and better communication regarding test results.
• Veterinary practices can enhance their partnerships with laboratories by sharing feedback and collaborating on new diagnostic protocols or testing options. Regular meetings to discuss case studies and emerging trends can strengthen these relationships, ultimately benefiting patient care and practice reputation.

Practice Management Support Professionals

• Practice management support professionals, sometimes referred to as practice consultants, can offer valuable insights into areas such as practice management, financial planning, human resource management, and marketing (see 1.13 – Practice Management Support Professionals).
• Engaging consultants who understand the veterinary landscape can help practices identify areas for improvement, streamline operations, and increase profitability.
• For example, a practice may consult a marketing specialist to develop strategies for attracting new clients or enhancing their online presence.
• By recognizing the expertise of consultants and leveraging their knowledge, veterinary practices can make informed decisions that drive growth and enhance service delivery.

Regulatory Bodies and Professional Organizations

• Regulatory bodies and professional organizations play a critical role in establishing standards for veterinary practices. Compliance with regulations ensures that practices operate legally and ethically, which is essential for maintaining public trust.
• Engaging with these organizations provides practices with resources for continuing education, networking, and advocacy.
• Veterinary practices that actively participate in professional organizations can access valuable continuing education, updates on industry standards, and opportunities for collaboration with other veterinarians.
• By fostering relationships with regulatory bodies and professional organizations, practices can stay ahead of compliance requirements and enhance their standard of medicine and their credibility in the community.

Veterinary Schools and Veterinary Technical Colleges

• Veterinary practices have a lot to gain from collaborating with veterinary schools and veterinary technical colleges. These schools can provide a pipeline of trained graduates, allowing practices to recruit qualified veterinarians and technicians who are up to date with the latest trends in veterinary medicine.
• Partnerships with schools can facilitate internships or externships for students, giving them hands-on experience in practice while allowing practices to benefit from additional support during busy periods.
• Schools often offer workshops, seminars, and continuing education courses, providing practices with access to cutting-edge research, allowing them to implement the latest advancements in veterinary medicine.
• Veterinary schools often have specialized departments (e.g., oncology, dermatology, cardiology, etc.) that can provide referral services or collaborative care for complex cases.

1.15. STAKEHOLDER AND STRATEGIC PARTNERS

• Practices can also benefit from veterinary school diagnostic labs, imaging services, specialists, and advanced treatment options.
• Being affiliated with reputable schools can enhance a practice's credibility and attract more clients who value education and innovation.

Community and Animal Welfare Organizations

• The broader community, including animal welfare organizations and local shelters, is another stakeholder group that veterinary practices should consider. Collaborating with these organizations can enhance the practice's reputation and community involvement.
• For instance, offering discounted services for shelter animals or participating in community outreach programs can elevate a practice's profile and strengthen its ties to the community.
• Engaging in charitable initiatives not only benefits animals in need but also creates goodwill among clients and enhances the overall mission of the practice.
• Community outreach can enhance community awareness about veterinary health, leading to increased client engagement and new client acquisition.

EXAMPLES

LEVERAGING RELATIONSHIPS FOR MUTUAL BENEFIT

Recognizing the value of stakeholder relationships is only the first step; the next step is leveraging these relationships to create a symbiotic ecosystem where all parties benefit. There are several strategies that veterinary practices can implement to achieve this.

Open Communication and Feedback

• Creating channels for open communication between the practice and its stakeholders is vital. Regularly soliciting feedback from clients, employees, and vendors helps to identify areas for improvement and fosters a culture of collaboration. This can be achieved through surveys, suggestion boxes, or regular meetings.
• Encouraging staff to share insights from their interactions with clients can lead to valuable upgrades in service delivery.
• Similarly, gathering feedback from vendors about supply chain issues or new product offerings can help practices make informed purchasing decisions.

Training and Development

• Investing in training for all staff enhances the overall success of the practice. Providing staff with opportunities for professional development not only improves service delivery but also increases employee satisfaction and retention.
• Similarly, offering educational resources for clients – such as workshops on pet care or wellness – can empower them to take an active role in their pets' health.
• Having vendor representatives come to the practice to train staff about new product offerings will give staff more confidence when recommending these products to clients.

Building a Referral Network

• Establishing a referral network with specialists, consultants, and other veterinary practices can enhance the range of services offered to clients. By creating partnerships with specialists, practices can provide clients with access to advanced care that may be beyond their own capabilities.
• This collaboration can also lead to reciprocal referrals, ensuring that clients receive comprehensive care tailored to their pets' needs.
• Additionally, networking with local businesses as well as animal shelters and rescues can lead to cross-promotional opportunities that benefit all parties involved.

Community Engagement

• Engaging with the community is an effective way to enhance the practice's reputation and attract new clients. Hosting community events, offering free workshops, or partnering with local schools for educational programs can increase visibility and foster goodwill.
• By actively participating in community initiatives, practices can position themselves as leaders in animal welfare and pet care, ultimately driving client loyalty and attracting new clientele.

Technology Integration

• Incorporating technology to enhance communication and service delivery can streamline operations and improve stakeholder engagement. Practice management software can facilitate appointment scheduling, client communication, and inventory management, allowing staff to focus more of their time on patient care.
• Utilizing social media platforms and email newsletters can keep clients informed and engaged, fostering a sense of community and encouraging return visits.
• Integrating telemedicine options can provide clients with convenient access to veterinary services, thereby enhancing client satisfaction (see 4.26 – Telehealth). Telemedicine also allows veterinarians to consult with specialists, such as oncologists, in complex cases.
• Business-to-business online platforms allow veterinary practices to more efficiently exchange with their vendors to order supplies, make payments, and communicate product issues and patient outcomes.

CAUTIONS

• Veterinary practices that fail to recognize and value the distinct interests and contributions of all their stakeholders, including clients, staff, vendors, laboratories, consultants, regulatory bodies, professional organizations, schools, and the wider community, will fail to create a collaborative environment that benefits everyone involved.
• Without open communication, training and development, strong referral networks, community engagement, and technology integration, practices cannot enhance service delivery, increase client satisfaction, and drive overall success.
• In a rapidly evolving field, those veterinary practices that do not prioritize stakeholder engagement will fail to thrive.

MISCELLANEOUS

ABBREVIATIONS

N/A

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N/A

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1.16. GENERATIONAL DIFFERENCES

BASICS

OVERVIEW

Veterinary medicine is a field where there is often, even in smaller hospitals, a mix of the different generational categories. There are typically older, more experienced individuals in the ownership and management structure of a hospital and often a mix of generational representations in the veterinary, technical, and reception areas of the hospital.

It is common for hospital owners to feel that the younger generation has an inferior work ethic, takes no responsibility for their actions, and simply does not care as much about their performance as the owners themselves do and did at that age. Conversely, younger workers often feel that management is out of touch, old-fashioned, and too rigid for the younger staff to thrive, so they struggle with following the hierarchical structure in practice.

TERMS DEFINED

Baby Boom Generation: Commonly called "Boomers," this generation of people was born after the end of World War II, between the years 1946 and 1964.

Generation X: People in this generation were born between 1965 and 1981, but more generally, this includes anyone born in the 1960s and 1970s.

Generation Y or Millennials: This generation includes anyone born between 1982 and 1999.

Generation Z: Also known as the iGeneration or Net Generation, these are individuals born between 1999 and 2012. They grew up in the post 9/11 era and have always had familiarity with communications and media technology. Their tendencies in the workforce have yet to be fully characterized.

ISSUES AND OPTIONS

Figure 1-16-1 shows a timeline for the four generations that currently dominate demographics in veterinary practices.

One important point to understand about generational differences is that this is not a new phenomenon. Chances are that at some point during our younger years, no matter how old we were, our elders felt like we were impetuous kids with little work ethic or sense of responsibility. There has always been a perception that the younger generations possess different beliefs and values than those who are older. Although the contrasts may be a bit clearer due to some of the reasons discussed later in this chapter, there have always been and will likely always be differences of opinion between older and younger individuals.

Many of the things people categorize as "generational differences" are simply differences of opinion on what is important. These views tend to shift as we grow older, and, often, we have different priorities at different phases in our lives.

Another big factor in perceived generational differences is the comfort and proficiency with rapidly changing technology. The Baby Boomers remember rotary phones and record players, whereas the Millennials grew up with personal computers, cell phones, and iPods.

Most of the challenges that arise in the workplace due to generational differences have to do with using the same technology, following the same forms of communication, and existing within the same hierarchy (see 2.01 – Workplace Management). This leads to a meshing of values and beliefs, which often creates conflict and tension and can interfere with our quality of care as well as our client service level.

ADAPTIVE LEADERSHIP

The people who deal best with a diverse generational work environment are adaptive leaders who are capable of working well with any diverse group, be it based on age, experience, ethnicity, religion, culture, or any other group of individuals with different sets of beliefs (see 2.20 – Leadership).

An adaptive leader understands that you cannot force others to mold themselves to your leadership style in order to be successful in your organization. This means you must adapt your leadership style to the needs of the people and the business, and you must work with people as individuals and learn to help them engage based on their own style, goals, priorities, and strengths. Ultimately, it means that you become a leader who focuses more on what other people need to engage and be fulfilled at work, and less on how you believe they should behave based on how you would behave.

Adaptive leaders are able to build organizations with enough flexibility that virtually any generation can be comfortable and can contribute to the success of the hospital.

It is important to recognize that, even when someone is not like-minded to us, he or she can still contribute, innovate, make a difference, and help our practice achieve more. Sometimes, someone with completely different ideas and beliefs can do an even better job in certain roles than we ourselves could do.

Becoming an adaptive leader is one of the best ways to create a veterinary practice that can employ any generation and become even more successful because of your ability to hire and engage diverse talent.

ENGAGEMENT

Different generations will need different things from an employer in order to remain fully engaged and work toward the growth and success of the business (see 3.27 – Engaging Teams). It is important to consider the various generations when you think about how to execute organizational changes, kick off new projects or marketing plans, make changes in job roles or duties, or even bring new team members into the hospital (see 2.19 – Leading Change).

Engagement is best created in a multigenerational hospital when changes are made collaboratively, and the staff has input into the changes and how to implement them. This does not mean that decisions get made based on consensus, but it does mean that people feel as if they have a say in shaping how things happen and that they have some control over their work life.

Creating an environment where people feel empowered to contribute ensures that no matter the generation, staff members will be able to express their views and that goes a long way toward helping them engage and feel good about the place where they work and the leaders with whom they work.

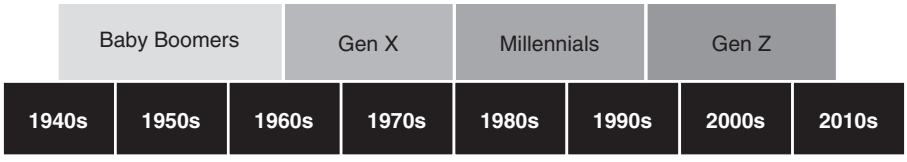

Figure 1-16-1.
The three main generations most represented in today's veterinary practices.

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	Boomers	Gen X	Millennials
Work	Work largely defines who you are	Work is what you do, but balance is important	Work is integrated with life, friends at work matter
Time	Overachieving is important no matter how much time it takes	Family time and work time should be separate with rigid lines	Can work in smaller increments and shift back and forth quickly from work to play
Communication	Long letters and emails	Brief, but complete	Short, to the point messaging in real time
Goals	Longer term, bigger picture	Short term or quarterly objectives	What is going on this weekend
Job	Career	Current role, but could change at some point	A good gig for now
Development	Get to a senior role and then manage others	Work my way up with varied experiences	Constantly try new things, learning is what jobs are for
Structure	Hierarchy with clear roles and titles	More of a team environment, but with clearly defined leadership	Flat organization with little hierarchy

Figure 1-16-2.

Features of the three most common generations represented in veterinary practices today.

Figure 1-16-2 offers some examples of how each generation thinks about common workplace and life values. Understanding these differences is critical to becoming an adaptive leader.

Once you have a good understanding of these differences, it is important to begin creating a culture in your hospital where multiple generations can thrive and engage (see 2.18 – Changing Organizational Culture). Because people from different generations can have different motivators, communication patterns, and approaches to how they work, it is important to build a culture where they can work together and where the owners and managers can effectively improve everyone's performance over time. We must therefore look at several key factors that will drive individual motivation and engagement throughout the practice, taking into account everyone's values and viewpoints, not just the ones we relate to. In many cases, managers and owners communicate well with and "get" the people from their generation, whereas people from other generations leave managers scratching their heads.

The following sections discuss some concepts and examples that will help you manage across different generations and still build a high-performing practice. Although every generation can benefit from effective coaching as they change behavior, learn new skills, and improve performance, in a multigenerational veterinary practice, there are some key points to keep in mind as we have coaching conversations.

GOALS

One of the most powerful and engaging things we can do with any employee, regardless of when they were born, is to help them set meaningful and compelling goals for themselves. This not only allows them to focus on doing things differently today but also goes a long way toward building the kind of relationship that causes people to step up and do more for the business because working there has made a difference in their own lives.

It is best for the individual staff member to set his or her own goals and for the manager/coach to provide input, but let the individual drive

1.16. GENERATIONAL DIFFERENCES

the conversation. This is a good practice anytime we coach others but becomes more critical when we are working with someone from a different generation. We may not be able to anticipate or even understand others' goals because they might differ greatly from what ours would be in their situation. For example, Boomers often feel a sense of loyalty to their employer, and one goal might be to work their way into a management role and give back to the practice, as they become a more effective contributor to its growth. Millennials may operate more from an "in the moment" perspective and be motivated more by how their team perceives their value and their work. Clearly, we need to have very different coaching conversations with these individuals if we are to help them establish their work goals. We also need to connect their performance to different motivators to keep them fully engaged as employees. It is often difficult for Boomers to understand why the motivation does not naturally exist in everyone to do a good job because they were asked to do it and paid for it. In reality, people might be motivated more by contributing new ideas and seeing them come to fruition than by doing what they are asked to do. Younger generations increasingly want to have a say in how the business operates and how things are executed, whereas many older employees are satisfied by excelling at the tasks they are given. Neither is right nor wrong; they are just very different in their coaching needs. We need to allow people to play to their own strengths and their own sources of satisfaction.

It is effective with any generation to start performance and coaching conversations with questions like, "What are the things that you would like to accomplish here as part of our team?" or "Two years from now, what do you want to have learned or become better at as part of our hospital?" Many people have not given a lot of thought to these questions, and they may need some time to contemplate them between conversations.

ACCOUNTABILITY

Practice owners are commonly concerned with having more accountability throughout the hospital (see 2.16 – Accountability). They expect that people take ownership of solving problems, improving processes, and growing the practice. Coaching conversations can be a great way to create this sense of accountability, but how we coach can make a big difference in how much initiative people take. Often, employees bring problems to managers or owners in a practice and expect "management" to fix those problems. Effective coaching that asks questions like "What do you think the best way to solve this might be?" or "How can I help you best have that conversation with that person to work through your differences?" changes the whole dynamic of how problems are solved. Different generations may approach solutions differently, but if we allow them to think through those solutions on their own by asking good questions, we do not have to try to come up with solutions that will please everyone. We can simply let them come up with their own solutions, within reason, which ensures that they select the path that suits them best and solves the problem. It also creates an environment where people close to the problem solve it, rather than pushing everything up to management for a decision. People will begin, after hearing the same kinds of questions over time, to think about solutions before they ever bring them up to management in the first place. Staff members can change pretty quickly in this regard.

Managers will face the bigger challenge of letting others take accountability for things, especially if they are accustomed to being in control of everything. We have to make choices as leaders, whether we want our team to have accountability or whether we want to keep it all for ourselves. Keeping it all means we have to have all of the answers. Sometimes Boomers can make that system work, where management solves all of the problems and knows what to do in every situation. In multigenerational businesses though, it is a real challenge to grow, evolve, and improve the efficiency of the business if one person or a very small group of managers has to touch every solution. We are much more effective as an organization if people take the initiative, solve problems, communicate horizontally about changes rather than up the chain of command, and feel ownership for making things better. Ultimately, when we have people from multiple generations on our team, we limit our growth and our ability to achieve our potential if all of the decision-making remains at the highest levels of the business.

SUPPORT

Support from a coach or manager comes with different expectations, depending on which generation we are from. Some Boomers may feel like the paycheck is their reward and that's all they need, whereas Gen Xs may care more about the praise they receive and how they compare to their peers. Millennials may want more input into the next project as a reward for executing the current one well. As owners and managers, we can cause significant change just by focusing on how we reward and support people in their efforts to contribute more and perform at a higher level. It is a helpful practice for us to leave our office a few times each day and focus solely on walking through the hospital and catching someone doing something right. The statement it makes about what good looks like in terms of performance is substantial and comes through loud and clear to the staff. For example, imagine we are working through an initiative where we are improving our client service levels. We have had a collaborative meeting on how we might do that, we have broken down and prioritized our efforts, and we have committed as a team to execute five things differently in our daily interaction with clients. Noticing people who are stepping up and making those changes quickly will both cause them to speed up their own changes and clarify the behaviors that are desired by everyone around them. It serves to cement new behaviors as part of the culture and give people feedback and clarity on what the expectations are.

Coaching conversations with staff members who are struggling with changes or shifts they need to make should also come from a supportive place. The overarching message has to be: "I want to help you and that is my main goal. How do we work together to get you to the goals we outlined for you as a part of this team? What changes do you want to make and how do I support you in making those changes?" Once again, we create a sense of accountability while simultaneously providing support for the individual to operate more effectively.

The key to managing different generations of people is really no different from how we might manage people from different cultures, different backgrounds, or even just from another hospital where the environment and processes might have been very different. We should create a collaborative culture where everyone has input into how we make changes, coach effectively to ensure that we focus on each individual's goals, encourage a sense of accountability so people begin to solve problems and make changes on their own, and consistently provide support. Changing the way we lead the people in our hospital will greatly reduce our need to have every answer, solve every problem, and figure out how to help a group of very different people perform better.

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EXAMPLES

N/A

CAUTIONS

N/A

MISCELLANEOUS

ABBREVIATIONS

N/A

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N/A

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1.17. GENDER DIVERSITY

BASICS

OVERVIEW

Gender diversity encompasses portions of the gender spectrum outside of the binary of male and female, including nonbinary, transgender, and gender-expansive identities. Gender equality, gender equity, equal pay, and access to promotion continue to be a significant concern for women in the veterinary profession despite years in the majority. Readers interested in this topic are advised to seek out resources such as those published by collaborators from the American Veterinary Medical Association (AVMA) and Women's Veterinary Leadership Development Initiative (WVLDI) for further information. Although trans men are men and trans women are women, the life experiences of trans individuals often add significant adversity. Even for those unfamiliar with the trans community, the fact that gender norms are a social construct, the worldwide presence of rich indigenous histories of gender diversity, the alignment of functional brain MRI in trans people with their self-identified gender, the popularity of highly flexible gender expression and gender fluidity in entertainment, and the often high value placed on personal liberty should all promote support of gender-diverse people in the veterinary profession. Gender-diverse people are boringly normal and show up to work with the singular goal of improving the health and welfare of animals just like any other employee. Approximately 30–40% of Gen Z self-identify as part of the LGBTQ+ community, of which about 25% are nonbinary, the workforce will see many visible gender-diverse employees in the near future. The ongoing US national and global dialogue on the rights of gender-diverse people drove the creation of the PrideVMC Gender Identity Bill of Rights (GIBOR), which outlines 12 basic human rights (discussed below) that have been signed by over 270 organizations, including the AVMA, World Small Animal Veterinary Association, American Animal Hospital Association, American Association of Industry Veterinarians, and American Association of Veterinary Boards. This document helps to provide ethical guidance for protections around privacy, safety, advocacy, and discrimination that assist organizations in understanding how to meet legal standards for anti-LGBTQ+ discrimination. Gender-diverse people have similar concerns to cisgender people around having a safe, inclusive workplace with access to equitable benefits and opportunities for advancement.

TERMS DEFINED

Cisgender: A person whose gender identity matches the gender they were assigned at birth.
Deadname: A name, legal or otherwise, no longer in daily use. Deliberate or accidental misuse of a pre-transition name is called deadnaming.
Gender-Affirming Care: Medical care that helps someone align with their gender identity.
Gender Expansive: Identities that do not fit stereotypical societal categories for gender.
Gender Expression: Outward display of gender that may or may not align with stereotypical presentation of gender identity.
Gender Identity: The internal sense of gender, which is a core component of how we view ourselves and relate to others.
Hormone Replacement Therapy (HRT): HRT, often called "T" for testosterone or "E" for estrogen, when in reality the mix of hormones/medications may be more complex.
Intersex: Chromosomal variations that may result in genotypic differences in sex (change in numbers of chromosomes) and/or phenotypic changes (e.g., physical differences). Some intersex people identify as LGBTQ+, and others do not. Intersex is not the same thing as transgender, nonbinary, or gender expansive, although intersex individuals can identify this way.
Misgender: Deliberate or accidental misuse of pronouns, gendered terms, or titles.
Nonbinary: Gender identities/genders that fit in a spectrum outside of the gender binary of male and female. While transgender is an umbrella term that includes nonbinary identities, not all nonbinary people consider themselves to be transgender.
Transgender: A person whose gender identity either fully or partially does not match the gender they were assigned at birth.
Transition: A process of social and/or medical changes that promote individual well-being by allowing individuals to live more authentically with their gender identity. A transition may be a very short period or lifelong.
Two Spirit: An indigenous gender identity that is used by specific North American First Nations. Many cultures have additional genders beyond the binary, and two spirit is not a catch-all term for all Indigenous gender identities.

ISSUES AND OPTIONS

1. **Basic Rights: The Gender Identity Bill of Rights for the Veterinary Profession:** PrideVMC's GIBOR lists 12 basic human rights that should be protected for gender-diverse people in the veterinary profession. The rights are paraphrased and explained in this section.

Right to Identity: *Each person has a unique gender identity to themselves, which other people cannot interfere with, including with gender affirmation. Additionally, people deserve equal access to opportunities regardless of whether they are in an educational, organizational, or business setting.*
Right to Names: *Everyone has a right to be called the name they want to be called, as it shows that each person is worthy of respect.*
• Terminology is important – "chosen" name/pronouns and "preferred" name/pronouns imply an option to call a gender-diverse person by a different name. Assigned male/female at birth (AMAB, AFAB) focuses on the perception of cisgender observers and is not an appropriate term. Instead, simply use the terms "name" and "pronouns," and do not disclose prior gender identity.
• Ongoing misgendering and deadnaming at work, whether by staff, management, or clients, demeans gender-diverse people, negatively impacts their mental health, and may lead to suicidal ideation, absence from work, and resignation, and it represents violence against this person. There is precedent at work for name changes and not being called by legal names with cisgender people. These policies should be extended to all employees/colleagues.
Right to Pronouns: *Everyone has the right to the correct use of their pronouns and the ability to change them as needed.*
• Give people the option of volunteering their pronouns if they want to.
• Don't demand that people give their pronouns, as people may not be out or comfortable discussing their pronouns.
• Don't demean pronoun use. Many pronouns exist, and the singular pronoun "they" has existed at least since the time of Chaucer (1300s), longer than the singular use of "you." Neopronouns like "ze/zer" have existed since the 1920s.
Right to Privacy: *Like other members of the queer community, gender-diverse individuals may not be out to family, friends, or coworkers. Protecting privacy, avoiding forced or inadvertent outing, and controlling privileged information are vitally important for safety.*
• Safeguard medical information.
• Do not discuss details said in confidence with other people.
• Do not speculate about others' gender identity, gender expression, or transition, as this could cause harm and physical violence to that person.

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Freedom of Gender Expression: *Gender identity is not the same as gender expression. Gender expression is highly individual and may not correlate to cultural norms for an identity, but it is nonetheless very important*. For example, it is common for women to buy men's jeans because they like the fit or the pockets, and their choice in clothing does not have any significant relationship to their gender identity.

- Dress codes were intended to set a minimum standard for appearance; however, hair color, outfit style choices, and tattoos are an integral part of gender-diverse identity. Extensive dress code limitations may prevent gender-diverse employees from joining a business or feeling safe as themselves.

Freedom from Gender Affirmation Timelines: *No one should dictate the timeline of a gender-diverse person's transition*.

- Transition is not necessarily a finite period of time, and there should not be expectations for what changes a person might want or need at a particular time.
- For some people, there are goals that need to be met from a medical or surgical perspective. For others, transition may be a lifelong process.

Right to Advocacy: *Human resources should either have training and support available around gender-diverse issues or know about third-party information*.

- Additional resources are readily available such as the Gender Diversity Guide and information from Parents and Friends of Lesbian and Gay (PFLAG), Gay and Lesbian Student Education Network (GLSEN), and other queer organizations.
- Associate resource groups (ARGs) are an excellent tool to provide homegrown internal support and advocacy.

Right to Safety: *Gender-diverse people should be able to exist in the profession without significant concern for personal safety. The hazards to safety may vary by setting, region, and whether positions are client-facing or not*.

- Gender-diverse people need access to facilities that meet their needs for comfort and safety. All employees should have access to restrooms and changing facilities that correspond to their gender identity and/or all-gender facilities with appropriate non-offensive signs. Gender-diverse individuals should not be forced to use facilities that do not correlate with their gender identity. In some cases, individuals may find that facilities that do not match their gender identity are the most appropriate and provide them with the most safety and comfort (particularly nonbinary individuals and people early in their transition).

Freedom from Explanation: *Asking gender-diverse people to constantly explain themselves and their identity is draining and inappropriate*.

- There should be efforts to redirect individuals who are constantly questioning gender-diverse and gender-nonconforming people and prevent harassment.
- If there are extensive questions about being supportive, then refer to advocacy and training resources.

Protection from Coworker AND Client Harassment/ Discrimination: *There should be ongoing efforts to protect gender-diverse colleagues from harassment and discrimination regardless of whether this comes from members of the profession or clients*.

- Harassment, bullying, and hate crimes against gender-diverse individuals are on the rise in many areas.
- This behavior is not only cruel and unkind, but it is also illegal, as gender-diverse people are a protected class of individuals. Nondiscrimination clauses frequently contain not only sex and sexual orientation, but also gender identity.

Right to Correct Information: *Like everyone else, transgender, nonbinary, and gender nonconforming people have the right to have their correct name and pronouns on any website, marketing, business cards, etc*.

- This should be a seamless process, which may change and require updating.

No transgender person intends to script drugs under a nonlegal name. Sometimes during transition, some extra assistance may be needed from other doctors at a practice with prescriptions, similar to when individuals are out for the weekend, vacation, or leave.

2. **Access to Gender-Affirming Care:** Gender-diverse people require access to gender-affirming care, which comes in many forms that are beyond the scope of this chapter.
   - These include hormone access, reproductive healthcare, preventative medicine (e.g., ongoing mammary cancer and prostate cancer screenings/treatment despite gender markers), pregnancy coverage (despite gender markers), hair removal, facial procedures, voice training, and surgical treatment.
   - Often, benefit package negotiation with insurance is not informed by gender-diverse perspectives, and this can lead to uneven/ inadequate coverage. Although passing (appearing to match stereotypes for self-identified gender) is not important to everyone or needed to be valid, for some people, it is integral to safety and mental well-being. Many aspects of gender-affirming care can increase physical safety for transgender people.
   - Gender-affirming care coverage that provides bare minimum coverage to the point of requiring significant fundraising is often equivalent to a complete lack of coverage.
   - Gender-diverse individuals may require leave for medical treatment or recovery that is necessary as part of transition. Such medical leaves are typically covered under standard medical leave policies, FMLA, and short-term disability. Much like maternity/ paternity leave has its own unique policies surrounding it, organizations/companies may want to develop "gender affirmation leave," which is a unique setup for care. Like long-term medical treatment, some individuals may require multiple short leaves in order to heal from procedures. Others may require none.
3. **Hidden Stressors:** Gender-diverse people have multiple hidden stressors that affect them on a daily basis, some of which are listed below.
   - For intersectional identity, there is the added toll of racial microaggressions, stereotyping, bias, and discrimination.
   - There is an increased risk of violence and murder for BIPOC transwomen that is disproportionate to other members of the queer community.
   - Gender-diverse people may have experienced loss of housing or family home, loss of family members, attempts at conversion therapy and public outing, and a history of long-term psychological and sexual abuse.
   - In health care settings, gender-diverse people may have been denied access to care due to "medical conscience," including lifesaving care. They may have been humiliated by providers, experienced decreased access to care or substandard care, and had resultant complications.
   - In public settings, transgender and nonbinary people worry about safety in changing facilities and restrooms both that correspond to their gender identity and those that do not. There are often safety concerns in any public setting, where people could harass and attack them for being who they are.
   - In instructional settings, there are concerns around bias with grade marking, lack of access to training options, and not being able to be oneself.
   - In work settings, gender-diverse people worry about personal safety and security, offsite facilities and classes, lack of support in identity and transition, and significant shifts in benefits or supervisor support.
   - Political, entertainment, and performer-organized campaigns against gender-diverse people as well as transphobic indoctrination have had an ongoing negative effect on mental health and well-being.
   - Unequal access to leadership and decision-making positions creates a "lavender ceiling," preventing career advancement.

1.17. GENDER DIVERSITY

EXAMPLES

Lisa (she/her) joined the practice from out of town six months ago. She's been an excellent veterinary technician, and her emergency background has been invaluable to the new urgent care service. She is six feet three, keeps her hair covered, has a prosthetic leg, and has a blue and pink trans unicorn tattoo on her right forearm. The queer members of staff have welcomed her to the practice. There were a few incidents of harassment earlier in the year, primarily with clients misgendering her, but for the most part, everyone has said that she is an excellent addition to the team, and some clients ask for her specifically. One day, a new client is very unfriendly to the whole team. When Lisa leaves the room, the client asks the doctor and an assistant, "Did they cut off anything else other than her leg while they were at it?" The doctor bursts out laughing, but the assistant stops the doctor and says loudly, "This isn't right. What she does for her care is her own business, and she lost her leg in the service of her country for what it's worth." The client scoffs at this and subsequently complains about being shouted at in an email to management. The client confides to the manager that she has family who served in the Navy, and she feels disrespected by the assistant.

The manager first responds by getting feedback from the doctor and assistant about what happened. The manager then speaks to Lisa. He lets her know that there was an incident with client and doctor communication. They both review the basic facts of the client's harmful wording, the doctor's reaction and the client's email. She asks Lisa if she feels safe and supported at work, and asks Lisa to let her know if there is any trouble with any members of the staff or clients. She does not mention Lisa's limb, gender-affirming care, or veteran status.

Later in the day, the manager sits down with the doctor involved and asks him to explain what he thought was funny about what the client said. She then asks the doctor why, in that moment, he did not support a staff member who has been crucial to the buildup of the new urgent care service. He does not have an answer. The manager urges him to see Lisa as a human being worthy of compassion who has been there for him on the clinic floor. She suggests he thinks through the impact of his actions on both Lisa and the business and considers apologizing to the assistant. She also asks that he participate in the response to the client's behavior. He apologizes and says that he didn't think his actions through before joining the client in a laugh, and agrees to participate in the client communication.

The next day, the manager calls the client with the assistant and doctor present. The manager cites the practices' nondiscrimination policy and states that all staff must be treated with respect. When the client demands an apology from the assistant, the manager declines and refers the client to online resources and other practices in the area. The client is advised that the staff will send their records elsewhere.

CAUTIONS

Over the past several years, transgender, nonbinary, and gender nonconforming people have had to endure a significant restriction of their human rights in social, healthcare, educational, and employment settings across the United States, the United Kingdom, and many other countries. There have also been significant efforts to dehumanize gender-diverse people on social media, in mainstream media outlets, and in entertainment. The outcome of this pervasive disinformation and bias has been an increase in hostility from both the general public and employees. Although the pendulum of public sentiment is swinging back towards support, extra care is needed to protect gender-diverse individuals in the profession, in particular those with intersectional identities.

MISCELLANEOUS

The LGBTQ+ community continues to learn more about ourselves as we work to become more inclusive. This means that the terminology and understanding of identities may continue to evolve five to ten years from now. The most important thing anyone can do in managing gender-diverse people is to listen, to show respect, and to flex and adapt where change is needed. We will need queer decision-makers and leaders contributing to the dialogue in practices, teaching hospitals, and organizations.

One of the major challenges to the empowerment of gender-diverse people centers around mentorship. Diversity and equity-based efforts that focus on getting marginalized people in the door and giving access to resources may fall behind on tangible advancement. Stress around integration into a practice/company setting and ongoing harassment may mean that those who want to contribute thought leadership don't progress into being key opinion leaders. There are strategies that can help prevent perpetuating this cycle that can be integrated into practice/company settings. (See the *AAHA 2023 Mentoring Guidelines* and the follow-up mentoring toolkit for more ideas.) These strategies include:

1. **Early Identification of a Mentor:** If an individual expresses an interest in leading or shows demonstrable talent in this area, a mentor should be chosen/assigned. Mentorship may best be achieved by recruiting individuals with similar experiences to be on the mentor side of the relationship. This may not always be possible because that gender-diverse individual may not exist or may be overtaxed in their current setting. In this case, it is okay to set up a collaborative mentorship with an individual outside the organization that is gender diverse and someone in-house who knows the internal structure.
2. **Access to More Responsibility:** Giving the individual the opportunity to prove themselves in a way that is both compensated *and* appropriately acknowledged helps with career advancement and leadership development. Any steps taken to provide more responsibility should simultaneously be able to be documented and used for internal and external promotion in the future.
3. **Access to Education:** Providing the opportunity to train either within an established company program or externally provides additional tools for career progression. There are organizations that provide grant funding for gender-diverse business people, and this may open up additional avenues for success.
4. **Establishing a Goal-Oriented Timeline:** Providing the employee with a timeline for both accountability (not a performance improvement plan) that helps to remind both parties to check in and document progress is essential. This also helps to build trust by showing that there is actual investment occurring in the employee.
5. **Ongoing Opportunity Check-ins:** As positions become available – whether internal committee leadership or positions within the promotion track – it is important for the mentor to be aware of this and check in with the employee regarding opportunities. This mentor can also serve in a sponsorship role in which they advocate in meetings for the progression of the employee.
6. **Make the Mentoring Relationship Build Dividends:** If the mentee gets to the point where they are capable of helping mentor other gender-diverse employees or identify people that need help with mentoring, then they should be trained and empowered to begin helping others (depending on the length of time that they have been mentored). This helps to create an internal mentoring base that can build belonging for gender-diverse people.
7. **Check-Ins After the Endpoint:** When an individual finishes being a mentee, the mentor should still check in at the six-month, one-year, and two-year mark to see if additional mentoring/support is needed to help with their career progression. Mentors are also reminded that they can serve as sponsors, working to advance their mentees careers by recommending them for opportunities and advancement when possible.

1.17. GENDER DIVERSITY

ABBREVIATIONS

ARG: Associate Resource Group
DEI-B: Diversity, Equity, Inclusion, and Belonging
HRT: Hormone replacement therapy
LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Agender
QTBIPOC: Queer Trans Black, Indigenous, and other People of Color

Recommended Resources

Barker, M.J., Scheele, J. *Gender: A Graphic Guide*. Icon Books, London, 2019, 176p.
Butler, J. *Who's Afraid of Gender*. Farrah, Strauss & Giroux, New York, NY, 2024, 320p.
Gibson, S. *Gender Diversity and Non-Binary Inclusion in the Workplace*. Jessica Kingsley Publishers, London, 2018, 136p.
Keuroghlian, A.S., Potter, J., Reisner, S.L. (Eds.). *Transgender and Gender Diverse Healthcare*. McGraw Hill, New York, NY, 2022, 352p.
Stryker, S. *Transgender History*, 2nd edn. Seal Press, New York, NY, 2017, 320p.

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1.18. PERSONALITY PROFILING

BASICS

OVERVIEW

• Interacting well with clients and coworkers is an important part of any veterinarian's job. Knowing how to recognize and respect the innate differences in people is critical. Concepts explained to a group are interpreted and understood on an individual basis, and knowing how to tailor a message to different personality types improves the odds that the message will be received as intended.
• There are several personality type theories, but one of the most reliable and understandable is the Myers–Briggs Type Indicator (MBTI). Its developers set out nearly a century ago to identify basic differences in normal, healthy people that could be described uniquely and that would be observable over large groups of people and in many different cultures.
• Myers–Briggs types look at whether we are energized by being alone or with others, how we take in information, how we make decisions, and how we like to organize our world.
• There are no good or bad personality types; all 16 MBTI personality types are good – they are just different.
• Everyone exhibits characteristics of all personality types at various times in order to be successful in our personal and professional lives, but our individual preferences are inborn and cause us to filter other people's behavior through our own preferences.
• Recognizing one's own preferences makes one more aware of the differences among people, helps us to respect others by knowing that they may not think or behave as we do, and allows us to recognize and acknowledge skills and traits that complement our own.
• If you knew, for example, that a specific individual gets more out of written than verbal instructions, why would you continue to give only verbal instructions? If you could figure out their preference, you likely would give that person information in writing to enhance his or her understanding of the material. The same is true for the 16 personality types: If you understand and can identify a person's preferences, you can then accommodate those preferences when you believe it makes a difference in the outcome of your interaction.
• Another common and important personality profiling option is DiSC, which can be used to better appreciate client and staff communication.

TERMS DEFINED

Myers–Briggs Type Indicator (MBTI): A well-established test instrument that measures the personality traits and preferences of normal, healthy people. The test is a personality inventory, not a test of skills or abilities. The MBTI relies on four scales, each of which is a continuum ranging from a slight to a very clear preference for a particular characteristic. The four scales are described in the next section. There are unofficial versions of the instrument available on the Internet, though their results may not be as reliable as the actual MBTI.

Myers–Briggs Type Indicator (MBTI) Personality Types: These types (16 in all) are the result of individual preferences on the four MBTI scales. An individual's personality type does not change over time; however, people may express their type in somewhat different ways at different times, and at different ages and stages of life.

ISSUES AND OPTIONS

PERSONALITY TYPES AND TERMS

The four dimensions that make up Myers–Briggs personality types are listed below. All of these are on a continuum, and a preference can either be strong (near the edge on either side) or more moderate (nearer the center). Your preferences on the four scales define one of the 16 Myers–Briggs types that is said to be closest to your individual personality type. The author, for example, is an ISTP – someone who prefers introversion, sensing, thinking, and perceiving. Here are the four scales:

How People Are Energized
(E) Extraversion ——— Introversion (I)

The Kind of Information We Naturally Pay Attention To
(S) Sensing ——— Intuition (N)

How We Make Decisions
(T) Thinking ——— Feeling (F)

How We Like to Organize Our World
(J) Judging ——— Perceiving (P)

EXTRAVERT (E) VERSUS INTROVERT (I)

This continuum is not about who is talkative and who is not, even though that is a common misconception. Even outgoing people, the life-of-the-party types, can demonstrate a strong preference for introversion on the Myers–Briggs scale. They may simply be adept at functioning all along the continuum, so much so that everyone's first impression of their preference for extraversion or introversion can be incorrect. That's because this scale is actually about whether we prefer to focus on the outside world or on our inner thoughts and feelings, not how we act in a particular situation. The key to an introvert's preference is to ask what he or she generally does at the end of a long, stressful day. An introvert will frequently answer: "I go home and stay there." On the other hand, an extravert will seek out other people and places to recharge an internal battery. Ask yourself:
• Are you energized by interacting with other people or by being by yourself? At the end of a long, hard day at the clinic, would you rather meet some friends and go out on the town, or go home and hope no one calls? If being with other people energizes you, you likely have a preference for Extraversion (E). On the other hand, if you rejuvenate yourself at home in solitude and comparative privacy, you may be an Introvert (I).
• Are you more comfortable acting first, then thinking about it, or do you prefer to think things through before acting on them? If you act first, you may prefer Extraversion (E).
• Do you think out loud – do you explain your thought process as you make a decision, or do you analyze the options, make a decision, and then announce your conclusion? If you think out loud, you may be an Extravert (E). If you prefer to do your analysis inside your head, not sharing your thought process with other people, then you likely prefer Introversion (I).

People who prefer extraversion are more comfortable in the outside world. They want to share their ideas, their thought process, and their conclusions with others. They thrive on interacting with other people. People who prefer introversion, however, are most comfortable inside their head, dealing with their ideas, thoughts, and conclusions mentally, sharing only key points with others. Neither introversion nor extraversion is inherently good or bad; they are just different, and you need to adjust your communication style in a way that acknowledges other people's preferences.

Remember this: If you don't know what an Extravert (E) is thinking, you haven't been listening. On the other hand, if you don't know what an Introvert (I) is thinking, you haven't asked.

If, on the basis of your Myers–Briggs personality type, you prefer extraversion, you cannot assume that others have incomplete or incorrect thoughts because they do not share those thoughts with you. You may, however, need to draw them out by asking specific questions or encouraging others to share their ideas.

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On the other hand, if your personality type prefers introversion, try not to be annoyed with others who tell you more than you want to know. What sounds like babbling to you may simply be their way of working through a problem and reaching a conclusion. To do that comfortably, they need to share the process with you.

Watch your team interacting during staff meetings. Some are more vocal than others, and you likely know their thoughts on the current discussion topic. But you will get different (and valuable) viewpoints by asking the "quieter" members for their thoughts.

SENSING (S) VERSUS INTUITION (N)

This scale can be the most difficult preference to identify. You will need good powers of observation to determine how best to give information to any one person. Again, do not rely on some generic definition of "sensing" or "intuition" to define this characteristic. In Myers–Briggs terms, this relates to the way we prefer to perceive or take in information.

- Do you rely on your five senses – what you see, hear, touch, taste, or smell – or do you rely on some sixth sense that allows you to see the big picture, not just the details? Sensors (S), or people who prefer sensing, pay attention to facts and details and are most persuaded by information they can see or hear. They tend to focus on the present: what is happening now. Intuitives (N), or people who prefer intuition, look for the connections, the underlying meaning, and the implications of a situation. They look past the details and are comfortable trusting their intuition and their instincts to correctly interpret the situation. These are "big picture" people who get bored with the details of ordinary life.
- Imagine looking at a photograph of a person standing by a car in front of a mountain range. The Sensor (S) would likely focus on the person and the car, whereas the panorama in the background would be secondary. An Intuitive (N) would take in the larger picture instantly and would likely focus on the panorama first, with the identity of the person and the car being secondarily important. A Sensor (S) would ask who is the person and what kind of car is he driving? An Intuitive (N) would wonder what a person with a car is doing at that location.
- Sensors (S) are gifted at accumulating and organizing data and at finding new applications for something that has already been invented. Because they are comfortable relying on facts from their own or others' experiences, they can spot inconsistencies or discrepancies that merit further investigation. Intuitives (N) can be very creative, as they think in terms of possibilities and require less empirical proof to believe something is possible.

How does this affect you? What's your preference? If your staff wants to get you to make a decision, do they bring you facts and figures to support their position, or do they ask you to focus on the results of implementing that decision? They likely have learned already whether you need facts and figures before making a decision (you are a Sensor [S]) or whether you are more likely to focus on the possibilities and ignore their supporting data (you are an Intuitive [N]).

The same is true when you need someone else to make a decision. Giving facts and details to Intuitives (N) is likely to bore them and make it difficult for them to act on your request. They need to know how that decision will impact other systems within the hospital or whether it will create new problems because of the interrelationships within the clinic. Likewise, asking Sensors (S) to make a decision without giving them all the relevant facts creates stress and may make them feel as though you are setting them up for failure. Without seeing or hearing the details and the facts that are the underpinnings of that decision, a Sensor (S) will be uncomfortable making any decision. He or she simply does not have enough information.

THINKING (T) VERSUS FEELING (F)

This preference has to do with how we make decisions and come to conclusions, but it does not imply that Thinkers (T) are heartless or that Feelers (F) are illogical. Each of us is more comfortable making decisions by relying on one of these two frameworks. People who prefer thinking (T) make decisions by analyzing the information related to the decision. They tend to be objective, weighing the information they have received and making decisions on the basis of a logical thought process. On the other hand, people who prefer feeling (F) make decisions on the basis of a more personal, subjective set of values. They are concerned with the impact on people (i.e., what is pleasing, harmonious, supportive, and respectful of others).

- In your own environment, do you make decisions more objectively, analyzing the pros and the cons (a Thinker [T]), or do you rely on what effect your decision will have on others (a Feeler [F])?
- Thinkers (T) derive great satisfaction from analyzing situations logically and objectively, and they are more comfortable making the tough decisions that are sometimes required in business. Feelers (F), on the other hand, thrive on harmony and will go out of their way to please other people. They are attuned to others' needs and feelings. The author's unscientific observations over many years suggest that there is a disproportionately large number of Feelers (F) in veterinary medicine compared with the general population. That is not surprising in view of the care and compassion that are critical for veterinarians and for the profession overall, but it may also help explain why veterinarians have trouble charging for the true value of their services (they don't want to displease the client).

Thinkers (T) are often drawn to careers that allow them to use their analytical skills, and, in veterinary medicine, Thinkers (T) are frequently attracted to the diagnostic element (the puzzle) of their jobs. Some even enjoy the business side of owning and operating a practice. Feelers (F) are often attracted to careers in service industries. Feelers (F) are very focused on the compassionate side of practice, whether dealing with animals, their owners, or the practice's employees.

Thinkers (T) are sometimes viewed by Feelers (F) as being cold and calculating, because they make decisions based on analysis and logic, with people issues representing only one factor to be considered. Thinkers (T) may say that Feelers (F) are too emotional, because they focus on the impact of their decisions on people and systems, not the facts or the analysis of the underlying data. Thinkers (T) also say that Feelers (F) take everything personally, so Thinkers (T) find it hard to train Feelers (F) or evaluate their performance without emotions getting in the way.

JUDGER (J) VERSUS PERCEIVER (P)

This factor describes the way we like to organize our world: planning it or winging it. The terms themselves are awkward because Judgers (J) are not necessarily judgmental and Perceivers (P) are not necessarily more perceptive than anyone else. Focus instead on the difference between a planned versus an unstructured lifestyle. This is one of the easiest traits to observe if you know what to look for – the clues will be all around you.

- Judgers (J) like to come to closure – that is, make a decision and move on. They like meetings to be structured, to start and end on time, and they tend to keep "to do" lists, deriving great satisfaction from crossing things off the list. Perceivers (P) enjoy the process of getting information and exploring possibilities. They enjoy brainstorming sessions, and they like to keep their options open. They tend to take pleasure in starting a project, but not necessarily in finishing it.
- Judgers (J) prefer to work in organized workspaces, keep their work areas tidy, and enjoy working on one project at a time. Perceivers (P) are more comfortable dealing with multiple tasks, and their workspaces look like nests – everything close at hand but generally untidy.
- Judgers (J) have a keen sense of time, arrive at functions promptly, and have little patience with people who are late. Perceivers (P) are mostly oblivious to time, tend to be perennially late, and forget to go home when they are engrossed in a case or a project.
- Judgers (J) like to be in control in most situations and will step into leadership in order to make something happen. They frequently see choices as black or white, right or wrong. Perceivers (P) can have strong opinions, but tend to see situations in terms of shades of gray with lots of

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choices. They are flexible and stay open to other possibilities that might come up along the way.

Keep in mind that Judgers (J) are uncomfortable until a decision is made, and Perceivers (P) are uncomfortable about rushing to a decision. Also, Judgers (J) and Perceivers (P) who share a workspace can experience lots of stress, because the Judger (J) wants it tidy and organized, and the Perceiver (P) wants everything close at hand, placing much less value on having everything in its place. Understanding this basic difference among people allows both Perceivers (P) and Judgers (J) to become more tolerant when sharing a workspace (such as doctors' offices).

THE IMPLICATIONS OF MYERS–BRIGGS PERSONALITY TYPES IN A VETERINARY PRACTICE

Consider personality types before assigning job responsibilities. Putting people into the wrong tasks forces them to work in awkward and stressful situations.

Promoting a good technician who is an Intuitive (N) to an Office Manager position may not work for the employee or for the practice. Big picture people can become frustrated dealing with lots of detail.

Conflicts among employees can often be traced to differences in personality types. If employees understand the basic types of differences, they are more likely to respect and tolerate these differences.

If you're an Extravert (E), do you actually seek out the opinions of the Introverts (I) on your staff, or do you assume that if they had anything to say, they would speak up? The reality is that they may have lots of ideas that they have never voiced under the scrutiny of the entire staff in staff meetings.

If you are a Thinker (T), you might find it useful to try ideas or changes in policy out on a Feeler (F) in your life to see if there are hidden messages that might inadvertently offend your staff. For example, leaving memos in people's boxes about even routine matters may seem cold or a "sneak attack" to a Feeler (F), even though you find the process routine and time-efficient.

Over time, practices can develop a distinct personality as the owner hires people who are similar in personality type to his or her own. This is easy to do because we are all most comfortable with people who think and act like we do, and we tend to hire them because they will "fit in well." However, research shows that the most effective work teams find strength in the differences among their members. The conflict that arises as your staff deals with issues and opportunities through their different filters can be very healthy, and that conflict can ensure that you will not miss a problem or pass up an opportunity that you and your staff truly could not see.

The noted management guru Tom Peters advocates "taking a freak to lunch." What he means is that we should not always associate comfortably with people who think like we do and who work in environments like ours. We need to get out of our box by associating with people who are significantly different: different in age, background, career, culture, etc. – people who can help us see the world through different eyes. When was the last time you took a freak to lunch?

Your clients may come from many walks of life, and they likely represent all 16 personality types. How much do you actually modify your communication style to accommodate those differences? Do you take a "one-size-fits-all" approach? If so, you are likely not reaching some of your clients as well as you could.

With the current focus on compliance – that is, how well do clients take our advice and follow our recommendations – personality types take on increased importance. If the client did not follow your advice because you did not acknowledge his or her differences and tailor your approach accordingly, who is really to blame? Handing a list of postoperative instructions to an Intuitive (N), for example, might not lead to postoperative action. However, explaining how the follow-up enhances the effectiveness of the surgery itself and then going over the actual instructions verbally might give the person "the big picture." You may think it is obvious to read and implement the instructions you hand out, but does your client?

HOW MIGHT YOU INTRODUCE THE USE OF PERSONALITY TYPES IN YOUR HOSPITAL?

Even if the theory and concept of personality types intrigue you, there are some significant steps that need to be taken to use these concepts well. When first introduced to the MBTI, most people find it interesting but not necessarily useful. That is because it requires the user to learn new concepts and become conversant in the language and theory that underlie the instrument itself. People who attend seminars may have a hard time remembering their own four-letter type (ISTP, for example) after only a few days. Even if they remember their own type, they may still struggle to remember what the letters stand for and what preference each letter suggests. Therefore, consider taking the following actions:

- Because the actual MBTI instrument can only be administered by someone who has been qualified to do so, alternative ways of indicating MBTI types have been developed. Suggest, but do not require, that each staff member take an abbreviated version developed by David Keirsey called the Keirsey Temperament Sorter II, available in his book, *Please Understand Me II* (see the Recommended Resources list), or online at www.Keirsey.com. Both the licensed MBTI and Keirsey's sorter are designed only to suggest what a person's personality type may be. When reading the descriptions of the 16 types, people can generally recognize themselves in one or two of the descriptions, which likely will be the type suggested for each by the sorter. By having each staff person identify his or her type, there is a common base of knowledge established at the same time so that no one will feel excluded. Do not pressure a team member who refuses to take the test – some people feel threatened by the entire process at first – just continue to include them in the discussions as though they had used the sorter. In almost all cases, they will self-select their type from the discussions that follow. Similarly, no one should be required to disclose their suggested type to anyone else, unless they choose to do so. Most people will readily share the results of their sorter experience, but there should be no stigma against anyone who hesitates to do so. Sooner or later, they will understand that the way we each behave every day gives clues to our type, so there is really no secret to be kept.
- Suggest that each person make an effort to remember his or her own four-letter type and be able to explain what each of the four letters represents. Some practices even suggest that staff members wear their type on a temporary name tag as the team members learn more about types. This is a great way to learn to recognize common behaviors for each type. It is also a great conversation starter with clients who are knowledgeable about personality types.
- Consider having a five-minute discussion at each staff meeting as a team member describes an experience (in or out of the clinic) where personality types were observable. This increases each person's awareness of the clues we all give as to how we are most comfortable in our daily environment.
- Also at staff meetings, encourage team members to incorporate personality theory into discussions about problems, issues, difficult client situations, etc. By learning to recognize personality types in action, each person can improve communication skills with clients and other staff members by tailoring the communication style and approach to fit the recipient, not the sender.

Over time, dividing up projects or assigning tasks gets easier as the group learns to capitalize on people's individual strengths. If the inventory needs to be counted, a Sensor (S) will be less intimidated by

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the detail than an Intuitive (N). If someone is needed to speak at a school about careers in veterinary medicine, an Extravert (E) is likely to be less intimidated by the process than an Introvert (I), although each could do the job well.

EXAMPLES

N/A

CAUTIONS

N/A

MISCELLANEOUS

ABBREVIATIONS

MBTI: Myers–Briggs Type Indicator

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N/A

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1.19. IMPORTANCE OF THE HUMAN–ANIMAL BOND

BASICS

OVERVIEW

• The relationship between owners and companion animals is complex. There is a growing body of research into the human–animal bond (HAB) that shows that interaction with pets can lead to positive outcomes for humans and animals. Human physical and psychological health can be improved by a healthy bond with companion animals.
• The HAB affects owner perceptions of the health of their pets and the decisions they make regarding treatment. The bond may affect lifestyle decisions by owners such as where they choose to live, the work they do, where they take their holidays, friendships, and other significant relationships. The HAB may also affect an owner's decision to obtain or retain a pet.
• Understanding how the bond is expressed and how it affects owner decisions can aid veterinary practices in providing the kind of care they want while avoiding compassion fatigue.

TERMS DEFINED

Anthropomorphism: The tendency to attribute human forms, behaviors, and emotions to nonhuman animals or objects.
Compassion Fatigue: Also known as Secondary Traumatic Stress Disorder, Compassion Fatigue is the gradual loss of compassion by people who work with individuals who are ill, suffering, or victims of trauma. This includes veterinary staff working with worried clients with sick or injured animals. Signs include indifference, disengagement, withdrawal from patients and coworkers, and even physical signs relating to chronic stress.
Human–Animal Bond: The relationship between humans and animals. The relationship is measurable from the human side but not well understood from the animal's perspective.
Psychopathology: The study of mental and social disorders**.**

ISSUES AND OPTIONS

ISSUES

• The HAB is a measurable, multifactorial construct that describes the relationship between humans and animals.
• The way animals are cared for is strongly affected by owner factors such as personality, attitudes, empathy, level of attachment to the animal, and beliefs about the mental capacity of animals. Other important factors include owner gender, age, family structure, education level, and previous experience with animals.
• The experience of the HAB by animals is not well understood.
• Expression of the bond varies with individuals. An owner's personality, family history with pets, attitudes to animals, and the perceived beliefs of their social group and social and cultural norms may all affect their experience and expression of the bond.
• Two factors important to owner attachment to animals in general and their pets in particular are "affect" and "utility." Affect describes the emotional aspects – that is, how the owner feels about the relationship – of the attachment, and utility describes the perceived instrumental value of the animal to the person.
• The characteristics of the animal affect the HAB. Humans are more likely to have positive attitudes toward animals that are perceived as physically, behaviorally, or cognitively like humans. This affects the treatment of animals in conservation, farming, and research, but closer to our homes, it can affect how much an owner will invest in the care and treatment of their pet.
• There is also a tendency to rank species by perceived worth. This may affect the decisions owners make about care and the level of treatment for different pets. Veterinarians and veterinary staff also need to be aware of their own biases about species values in recommending care and treatment.
• Research has identified two factors – owner attachment and owner commitment to the pet – that affect animal health decisions.
• Highly attached owners consider their pet to be a family member, whereas poorly attached owners are more likely to consider the pet to be a thing. The remainder of owners fall between the two extremes.
• Owner attachment affects owner ratings of their sick dog's health. Highly attached owners rate their sick dogs as less sick than less attached owners with sick dogs.[1]
• Highly attached owners who see their pet as a family member are often more willing to accept financial burdens. Less attached owners are more likely to take a pragmatic approach to the costs of treating their pet's health problems.
• The HAB is fragile. It is most prone to fracturing when owners have high expectations of their relationship with their pet that are not met because the pet shows undesirable behaviors. The level of a dog owner's reported satisfaction with their pet is highly influenced by the dog's tendency to be friendly and relaxed in the home and in public. In Western countries, a significant cause of relinquishment of dogs to shelters is due to behavior. Annoying behaviors such as being boisterous or destructive, and dangerous behaviors such as aggression, are frequently given as reasons for surrendering dogs.
• The decision to relinquish a pet is emotionally painful for owners. It is not known how fracture of the HAB affects the animal. Anecdotal evidence suggests that it may have serious effects on the animal and may affect future bonds formed with people.
• Highly attached owners may find it difficult to cope with the loss of a pet. Studies have shown that for some, the experience is similar to the loss of a spouse or child.
• The HAB can also have negative effects on communities. Attached and committed owners are less likely to evacuate during natural disasters. If unable to take their pets with them, people in abusive relationships may delay leaving and seeking help. The large numbers of pets relinquished to animal shelters every year due to fracture of the HAB create community problems in caring for, rehoming, or euthanizing unwanted pets. Noise from dogs and cats, feces left in public places, aggression by dogs towards people and other animals, and cruelty and neglect of animals are all community issues that stem from the HAB.
• The relationship between humans and animals can be beneficial for both groups, but negative consequences for both humans and animals have been identified.[2] Often human psychopathology is involved when the HAB is dysfunctional. Psychopathic personality traits, disorders of empathy, and attachment are associated with animal neglect, abuse, and cruelty.
• Animal hoarding is recognized as a mental health problem in people characterized by high attachment to the animals with an inability to care for them, leading to extreme levels of neglect and animal suffering. Often sufferers lack insight into the situation.
• The point at which the HAB becomes dysfunctional is difficult to measure. For some, dressing companion animals in clothing is cruelty; for others, this is an essential part of expressing how much the pet means to them. Empathy towards the animal and a belief in the animal mind are important predictors of how people treat animals.

OPTIONS: METHODS OF ENABLING THE BOND

In the Veterinary Clinic

• Veterinary staff can facilitate healthy bonds between humans and pets and support the bond through all stages of the animal's life.
• Staff training about the HAB can make each staff member aware of their own feelings and attitudes toward animals and how this may affect their interactions with clients. It also helps staff understand owner decisions and accept them.
• The most obvious way to support the HAB is for all staff to show interest in the animals treated in the clinic. Friendly staff who admire and interact with the patients meet the owners' expectations that their pet is important.

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• Staff can support the HAB and the welfare of patients by encouraging and educating them about species' needs for a nutritious diet, rest, grooming, exercise, and social interactions.
• Displays of photos of new pets at the clinic and existing pets meeting treatment milestones or weight-loss goals support the HAB by congratulating the individual pets and their owners. These can also be posted to social media sites (with owner permission) to help build a community that celebrates the HAB.
• Encourage staff to interact with pets in the hospital and to offer treats, where appropriate. Train staff about the normal greeting behavior of the species coming to the clinic so they know when to approach and when animals are asking to be left alone.
• Celebrate the bond staff members have with their own pets through photos of staff with their pets displayed in the clinic, on the clinic website, in social media posts, and in newsletters.
• Genuine caring matches owner expectations better than marketing gimmicks. If sending birthday cards and letters addressed to your patients feels right for you and your clientele, then do this.
• Facilitation of the bond is done through education of clients about the needs of companion animals throughout their life stages. The needs of a puppy or kitten are different from the needs of a geriatric pet.
• Emphasis should be placed on educating clients about normal behavior across the life stages of the pet. The HAB may fail if the animal's behavior does not meet owner expectations. For example, discussing boisterousness and offering strategies such as games, training, and toys that owners can use may help them manage (and enjoy) this time of their pet's life.
• Well-run puppy classes and kitten classes (and bird classes) hosted by trained staff mean owners get the right information about their new pets and give them a contact person in the clinic and a forum where they can ask questions.
• Providing this information in other formats such as on social media posts, newsletters, and in-house seminars helps remind clients about what is normal for animals kept as pets and encourages them to contact the clinic if they have questions.

In the Exam (Consult) Room

• Take time to allow the animal to become familiar with the consult room. Gentle, friendly handling with minimal restraint is preferable.
• Low-stress, force-free, fear-free handling techniques all aim to minimize stress on the patient while in the clinic (see 4.23 – Developing a Fearfree™ Practice). Programs and accreditation are available and become a point of difference for your practice.
• Matching your approach to the client's level of attachment gives a better chance of them agreeing to treatment. This may mean presenting treatment recommendations concentrating on quality of life and pain relief with some clients, while with others it may be more about expected outcomes versus costs.
• Ask about behavior at every consultation. Normal behavior that is challenging for the client can be managed by qualified trainers. Problem behaviors may need a referral to a veterinary behaviorist. Remember, undesirable behavior is a leading cause of relinquishment and loss of the pet from the clinic.
• How you manage the ending of an animal's life can make a lasting impression on clients. Strategies for minimizing the stress of euthanasia for the animal and clients may include a room dedicated to euthanasia, offering home euthanasia and body removal, and placing catheters before the procedure to allow clients to hold their pet.
• Palliative care and pain-relief protocols for animals are improving all the time. In some instances, these can give attached owners more time with their pets and help the owner prepare for the end. If the animal's welfare can be maintained, consider offering these options to patients.
• Offering burial or cremation services with high-quality urns or mementos can be a fitting final celebration of the HAB between an attached client and their pet.
• Strongly attached owners may find the loss of a pet very traumatic. Build a relationship with local grief counselors and refer grieving pet owners to minimize strain on staff.
• Some clients find it hard to return to clinics where a beloved pet was euthanized. Consider offering in-home euthanasia or using a pet euthanasia service for these clients.

EXAMPLES

• Clinics running puppy classes often find that clients become more bonded to the practice and call with questions about their puppy's health and care.
• Asking about behavior during all vaccinations and health checks identifies animals with storm phobias and separation anxiety, which means that treatment options can be discussed with the owners.

CAUTIONS

• Compassion fatigue can come about in veterinary clinics when staff are dealing with highly attached pet owners who need extra attention to help them cope with sick pets, dying pets, or recently deceased pets (see 16.18 – Compassion Fatigue and Burnout).
• Compassion fatigue can also occur when staff are interacting with clients whose attachment levels are very different from their own beliefs and attitudes about the HAB. Education of staff about the HAB and how it varies with different people can help staff accept owner decisions and minimize staff stress.
• As companion animals are more highly valued, negative treatment outcomes may be less tolerated by some owners, leading to litigation. Care should be taken to cover the risks associated with treatments in writing and have the owner sign the form in all cases. Adequate professional insurance is also a necessity.
• If there are signs that the HAB is dysfunctional and there are signs of animal neglect or cruelty, trained human mental health practitioners may be needed to address the situation.

MISCELLANEOUS

ABBREVIATIONS

HAB: Human–animal bond

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1.20. Corporate Veterinary Practices

BASICS

OVERVIEW

Historically, veterinary hospitals have been privately owned by one or more veterinarians. When the owners wished to retire, they typically sold their hospitals to younger associates or other local veterinarians, and the businesses remained locally owned. The advent of the "corporate" practice, one owned and managed by a group of investors rather than one or more private veterinarians or managers, has changed the landscape of veterinary medicine, both for the professionals within the industry and for the pet-owning public.

TERMS DEFINED

Corporate Practice: A veterinary hospital owned and managed by a group of investors, rather than by private veterinarians.
Economies of Scale: The cost advantages an organization gains through expansion, or simply doing things more efficiently. Common economies of scale involve purchasing, managerial knowledge, and finance.
Profitability: The practice's revenue once all expenses are paid, including a fair-market rent and owner compensation similar to what an unrelated employee would be paid for the same position.

ISSUES AND OPTIONS

While the corporate ownership environment in the United States began with Banfield, VCA, National Veterinary Associates (NVA), and VetCor, the landscape has changed dramatically in the last few years. Many consolidators have entered the market, some eventually selling to one of the original four, others planning to do so at some point in the future. Still others have stated intentions of remaining in the industry for the long haul. With dozens of consolidators in the market, a tremendous amount of variation exists.

Some of the corporate groups have years of experience in the veterinary industry, whereas others, particularly the newer corporate consolidators, have little to no prior experience in veterinary medicine. These groups are focused on the financial investment and the opportunity for a strong return on that investment within a given timeframe. They will own veterinary hospitals until a more lucrative investment opportunity presents itself. Many consolidators are formed with the purpose of acquiring enough practices to draw the interest and attention of a major financial player. Once that cadre of practices is collected, the entire group is sold to a larger consolidator.

Corporate veterinary organizations realize economies of scale only after acquiring a high number of practices. The consolidators can realize cost savings and increased profitability by centralizing administrative activities such as bookkeeping and payroll for all the practices they own. In addition, consolidators realize cost savings through economies of scale. When they buy for dozens, even hundreds, of hospitals, they have the power to negotiate lower prices on everything from health insurance to paper towels to pharmaceuticals.

Corporate ownership of veterinary practices can streamline operations and improve profitability while still focusing on the quality of care and practice culture. Although "celebrity" practices may command a premium, these corporate players generally pay a fair-market price for each hospital they acquire. Typical targets are hospitals with at least three doctors, a minimum of $1.5 million in gross fees (2024), and moderate to high levels of profitability.

A highly profitable, well-run veterinary practice is attractive to investors because little needs to be done to maintain the revenue stream. Due to the level of competition for these practices, some newer groups have different selection criteria for practices they acquire. For example, they may target lower-grossing hospitals, those in a specific geographic location, or those with lower levels of profitability. Some consolidators focus on practices that treat one or more specific species, while others purchase veterinary emergency or specialty practices. These variations allow owners of hospitals that may not meet the historical criteria required to interest one of the biggest corporate players to have the option to consider a corporate sale also. This option may be particularly attractive to owners when the practice has no associate (employed) veterinarians, or the associates are not interested in buying.

The differentiation among consolidators does not end there. Some consolidators allow veterinarians to retain a minority ownership in the hospital. This partnership allows veterinarians to experience the financial benefits of ownership without carrying the burden of the management of the business. The veterinarian may participate in business decisions, but cannot control those decisions.

A second way some consolidators differentiate themselves is by offering a percentage of the management company, the corporation itself, to the hospital owners. Instead of partnering with ownership on the practice level, these consolidators offer a stake in the corporation's parent company. Generally, a percentage of the proceeds from the practice sale are converted to shares in the parent company. There is a maximum allowable percentage of the sale that can be converted to equity in the parent company. Although the sellers no longer hold ownership interests in the veterinary hospital, they become minority shareholders in the holding company. As such, they are eligible to receive dividends for as long as they own shares, provided the holding company pays dividends. When the holding company subsequently sold to a larger player, the former practice owners receive a proportionate share of the proceeds.

Selling to a consolidator can be a good option for many veterinarians (see 15.27 – Selling to a Corporate Entity). It is important to understand, however, that the seller may be required to continue to work in the practice for several years after the sale. The length of that agreement is highly dependent on the size of the business, the number of other doctors working in the practice, and the ease of hiring another veterinarian to replace the revenue generated by the seller.

The sale of a veterinary practice to a corporate player may provide many potential benefits to the selling veterinarians as well as the doctors and staff who work for them. Benefits may include the following:

- A buyer for Baby Boomer or GenX hospital owners when associate veterinarians are not interested in ownership.
- In some instances, a higher purchase price than a private veterinarian can afford due to the availability of money. However, in many cases, the sales price is similar to that of a sale to a private buyer.
- A faster closing process than with a private buyer, due to established protocols, dedicated staff, and standardized contracts.
- Work–life balance for owners faced with both practice and personal time demands.
- Sometimes, a minority ownership position for veterinarians. This would allow veterinarians to be among the beneficiaries of the financial return generated by the hospital.
- Professional management practices.
- Expanded employee benefits, particularly for non-veterinarian employees.
- Opportunities for career growth for both veterinarians and non-veterinarian employees.

While corporate practice ownership offers many benefits, there are common concerns with these sales, including the following:

- The quality of medicine. One of the greatest concerns when veterinary hospitals attract diverse and multiple consolidators is whether the quality of patient care will suffer in practices that are not owned by veterinarians.

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• Decisions about medical care will be based on profit, not patient needs. State veterinary acts require that decisions related to medical care are made by a veterinarian, not by a businessperson.
• Profit-driven companies are changing pet owners' opinions of the veterinary profession for the worse.
• Poor client service.
• Fewer opportunities for veterinarians to own hospitals due to the competition from corporate buyers.
• Difficulty competing for associates and staff when a corporate practice can provide substantial employee benefits.
• Concerns over the private hospital's ability to compete against businesses with huge marketing budgets and their ability to drive down prices to pet owners through economies of scale.

While no broad conclusions can be made, it is clear that corporate veterinary practices will be part of the profession for many years. Given the number of consolidators buying hospitals as well as the diversity of practices targeted, many hospital owners will have the opportunity to consider a corporate sale. However, given the independent nature of veterinarians as a whole, a large number of hospitals will likely remain in the hands of doctors.

EXAMPLES

N/A

CAUTIONS

This material is for general information only and should not be used as a substitute for professional advice regarding investment opportunities or any legal, financial, or income tax issues. It does not constitute the rendering of any legal, financial, or tax advice or service. Consult the appropriate professional for these services.

MISCELLANEOUS

ABBREVIATIONS

NVA: National Veterinary Associates
VCA: VCA Animal Hospitals, a division of Mars Petcare

References
N/A

Recommended Resources
N/A

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1.21. NOT-FOR-PROFIT VETERINARY HOSPITALS

BASICS

OVERVIEW

Not-for-profit, or nonprofit, hospitals face many of the same challenges as for-profit hospitals, including managing the most expensive aspects of operating a veterinary hospital – payroll and overhead.

TERMS DEFINED

Endowment: A fund, usually in the form of an income-generating investment, established to provide long-term support for an organization.
Inurement: Inappropriate benefit of a private person or company from a charitable organization.
Means Test: A determination as to whether an individual, family, or group has the ability to pay for services without assistance (i.e., literally, do they have the financial means to afford care without being subsidized).
Nonprofit: An entity that is not conceived for the purposes of earning a profit, but rather to serve a public good.
Not-for-Profit: Any activity that is conducted without the purpose of earning a profit. Often used interchangeably with nonprofit.

ISSUES AND OPTIONS

UNDERSTANDING NONPROFITS

Nonprofit veterinary hospitals are typically set up to fulfill a specific purpose, such as:
- meeting the needs of an indigent population that could not otherwise afford veterinary care;
- performing sterilization procedures;
- treating non-owned species such as wildlife.

To qualify for nonprofit status in the United States, an organization must be approved by the IRS and adhere to specific requirements and limitations imposed on its activities by Congress (see 2.38 – Not-for-Profit Foundations). A nonprofit is not prohibited from making a profit (known as a surplus in the nonprofit world), but there are limitations on how the money can be made and the purposes for which it can be used. In general, to get tax-exempt status, a business must serve a certain tax-exempt purpose, which might be to reduce the population of unwanted pets by offering low-cost neutering or offering veterinary services at low prices to low-income pet owners.[1] Means testing to determine eligibility is recommended when possible.

Similarly, most full-time workers at nonprofit veterinary hospitals are not volunteers. They tend to earn salaries commensurate with their abilities, because the nonprofits must compete with for-profits for the same labor force. In the United States in 2024, the Federal Trade Commission (FTC) considered banning the use of noncompete agreements, but workers at nonprofits were not included in that ruling.

Managers of nonprofit hospitals, both human and veterinary, tend to be well compensated. Once recognized as a nonprofit organization, the enterprise is exempt from paying taxes that for-profit businesses pay.

It is important to realize that nonprofit status does not always imply that charitable work is being done. A group of animal fanciers can be registered as being a nonprofit without performing any charitable work. Similarly, not all nonprofits are capable of accepting tax-deductible donations. This is restricted to charities described in Section 501(c)(3) of the Internal Revenue Code and to a few other categories. Exempt organizations that solicit contributions that are not deductible charitable contributions are obliged to indicate to donors that such contributions will not be tax deductible. Donors can check with the Internal Revenue Service (IRS) to determine if a tax-exempt organization has been recognized as being able to receive tax-deductible contributions or to request copies of its three most recent information returns, including the Form 990 series (which provides a detailed breakdown of an organization's revenues and expenses, including compensation paid to executives and outside individuals and to companies that do business with the organization), its exemption letter, and its approved application with supporting documentation. This series is often available on Internet sites of organizations soliciting tax-deductible contributions. Information about donors is excluded from public inspection, except for donors to private foundations and political organizations.

In many nonprofits, earned income from goods and services is playing an increasingly important role in ensuring funds are available for continued operations. Even then, in most cases, earned income accounts for only a small share of funding, and few of the ventures actually attempt to make money for their organizations. In fact, nonprofits can easily misjudge the actual financial benefits of their earned income ventures.

The Financial Accounting Standards Board (FASB) sets nonprofit rules requiring that all contributions to nonprofits be reported as revenues, and that distinction is made between unrestricted and legally restricted contributions. Restricted contributions, both temporary and permanent, designate the specific purpose for which the donation was intended. Unrestricted contributions are those that have not been specifically restricted by the donor and include contributions for operating purposes (such as an annual fund drive).

Earnings of invested endowment principal are called endowment revenues, and most nonprofits use a spending rate (typically about 5% of the market value of the endowment) for operating expenses. Spending significantly more than this could affect the long-term sustainability of the organization.

The Balance Sheet of for-profit businesses has three major categories: Assets, Liabilities, and Owner's Equity. In nonprofits, Owner's Equity is replaced by Net Assets, which in turn is subdivided into three classes: Permanently Restricted Net Assets, Temporarily Restricted Net Assets, and Unrestricted Net Assets.

CHALLENGES TO THE NONPROFIT SECTOR

The major challenge to nonprofit veterinary hospitals is often the sustainability of services. These hospitals face the same challenges related to expenses (especially payroll and overhead) as do for-profit veterinary hospitals, but rarely have the same revenue base and often do not cultivate the same long-term client relationships.

Nonprofit veterinary hospitals should be operated on a cost-recovery basis, wherein revenues should closely mirror costs (and not consume large shares of endowment revenues), but it is not unusual that a portion of the nonprofit's endowment is used to help meet operational costs.

RIFTS BETWEEN FOR-PROFIT AND NONPROFIT HOSPITALS

Occasionally, there has been potential for rifts to develop between the for-profits and nonprofits, often over competitive issues. This is most likely to occur when there is direct competition for the same client base but unequal treatment between the two in terms of taxation. There is often a discussion about the "community benefit" of nonprofit hospitals as one of the main reasons for their tax-exempt status, and in an ideal scenario, the clients visiting the nonprofit and those visiting the for-profit should be different.

If nonprofits only treated patients whose owners could not otherwise afford veterinary care, there would be little cause for concern. The main issue for most for-profit hospitals occurs when nonprofit hospitals treat patients of clients who are not needy and may charge amounts comparable to the for-profits, but then have no tax obligation. From the nonprofit perspective, full-paying clients may be one of the only ways to offset services for clients unable to pay.

PEACEFUL COEXISTENCE

Veterinary medicine is probably best advised not to take lessons from the human hospital sector, in which there is often considerable animosity between nonprofit and for-profit hospitals, legal challenges

1.21. NOT-FOR-PROFIT VETERINARY HOSPITALS

to the nonprofit activities of hospitals, and questions about continued tax-exempt status.[2] Most nonprofit veterinary hospitals are performing valuable services, and the points of conflict typically represent a minority of clients and services.

Nonprofits everywhere are facing difficult times and continued pressures. Funding is often shrinking as consumers' discretionary funds are stretched thinner, and there are more and more appeals for charitable giving from different organizations. Tax deductibility may also be limited based on whether taxpayers "itemize" on their tax returns. On the other hand, requests for services from nonprofits have never been greater. In many cases, there need to be extensive fundraising efforts and expenses to help keep nonprofits afloat. Most nonprofits have a dedicated *Development Department* that is staffed for the sole purpose of raising funds for the organization.

There are many opportunities in veterinary medicine to bypass those problems seen in the human hospital sector and work together for mutual benefit. This is possible as long as the nonprofits and the for-profits respect each other's missions and legal requirements for nonprofit activities. The most important concerns are for inurement and private benefit. Inurement occurs when an individual or company with a personal interest in the tax-exempt organization acquires economic gain through the use of funds or assets of that exempt organization. Private benefit occurs in transactions with the tax-exempt organization in which benefits favor private rather than public interest. The important aspect is that there is nothing prohibiting the fair interaction of for-profits and nonprofits as long as reasonable compensation at fair-market values is exchanged and the compensation arrangement is consistent with the tax-exempt purpose of the organization.

There are many exciting opportunities for the interaction of nonprofits and for-profits in the veterinary field:

- Nonprofits, especially shelters, can be a key stream of newly adopted pets entering a community, which can provide new clients to for-profit veterinary hospitals.
- Nonprofits can operate as teaching hospitals and referral centers.
- Nonprofits may act as "incubators" for the advanced clinical training of students and new veterinary graduates.
- Nonprofit hospitals may have for-profit clinical departments.
- Nonprofit agencies may outsource for-profit veterinary services.
- Nonprofit referral-only hospitals may be supported by area for-profit hospitals.

EXAMPLES

MNO Animal Friends operates a shelter and adoption facility and has a small veterinary clinic to care for its animals. A donor has made a contribution of a 20,000-square-foot (1,858-square-meters) building, which the organization has gratefully accepted. They considered expanding their veterinary hospital operations and discussed the matter with their consultant. The consultant evaluated the options and other possibilities, such as creating a state-of-the-art "rehoming center" for its adoptions and outsourcing veterinary operations to for-profit veterinary entities, including several specialists. The premise was to develop the facility as an animal care center, have the specialists pay for the build-out of their specific space, and charge fair-market rent to the for-profits on long-term leases. Other than fair-market rent, there was no revenue sharing with the nonprofit.

Rather than offering their own veterinary services, the consultant contacted the regional veterinary association on behalf of the nonprofit and made arrangements for volunteers from the association to offer veterinary services and to treat animals in the adoption areas as part of their own contributions to the community and part of a well-received public relations campaign. Other volunteers were solicited from the community to socialize and train the animals and to make sure they were suitable to be placed in loving homes. The nonprofit, which had continually operated at a loss when it ran its own veterinary hospital, was functioning at a surplus and able to commit more resources to its core mission, thus supporting the human–animal bond (HAB). Area veterinarians were happy that there were no more conflicts with the services being offered, and that they could control, as a group, the extent of services being offered. The specialists, who owed their allegiance to primary care practitioners in the area, were happy to practice out of a location that was so warmly supported by the general veterinary population.

CAUTIONS

Nonprofits can be slow to respond to circumstances because they have a more cumbersome bureaucracy than most private veterinary hospitals. There is typically a board of directors that meets periodically to discuss organizational matters and an executive director dealing with day-to-day operations of the nonprofit. With an existing hospital, there might also be a hospital administrator and possibly a chief of staff/medical director as well. Accordingly, although changes do occur at nonprofits, they might not occur as quickly as in similarly sized for-profit hospitals.

MISCELLANEOUS

ABBREVIATIONS

FASB: Financial Accounting Standards Board
IRS: Internal Revenue Service

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1.22. Specialty and Emergency Centers

BASICS

OVERVIEW

• Specialty and emergency practices are driven by a combination of doctor referrals and the general public's desire for advanced or specialized care for their pets.
• Specialty and emergency practices reflect the importance of the human–animal bond (HAB) (see 1.19 – Importance of the Human–Animal Bond). These niche markets are a true reflection of the desires of the pet-owning population to receive 24-hour-a-day access to high-quality medicine and surgery, similar to that found in human medicine.
• These types of practices need to have a strong referral base or "gatekeepers" (the generalist – the veterinarian) to work properly.
• Due to the importance of the gatekeepers, the specialty and/or emergency practices must be proactive in communicating with these individuals.
• Communication should consist of returning phone calls in a timely manner, sharing completed medical records as soon as possible, noteworthy news updates, continuing education (CE) seminars to improve the skills of the referring doctors, and visiting practices to improve and grow relationships between the generalist and the specialist.
• There are multiple combinations of these types of facilities, and these types of practices are highly specialized niche practices providing cutting-edge technology and skills to their patients. They have special issues to be considered.

TERMS DEFINED

After-Hours Emergency Practice: This type of facility can be owned by an individual, a group of area veterinarians, or as part of a large specialty referral practice. Originally, these practices were open from 6 p.m. until 8 a.m. during the week and from noon on Saturday until 8 a.m. Monday.
Central Hospital: Multiple-specialty practices coming together to form a central hospital similar to a human hospital model. There are several of these either ready to open or close to opening. The big plus with this concept is the economy of scale while maintaining independence and autonomy of each practice or practitioner participating in the hospital.
Critical Care Facility: A facility that is open 24 hours a day, 7 days a week, and is able to handle emergencies and the critical care needs of patients, similar to the urgent care facilities available to people.
Specialty/Emergency Practice: A facility that opens an emergency facility to ensure 24-hour-a-day care for all hospitalized patients. The increasing number of specialists combining practices and the need for specialized care of patients 24/7 have opened the way for these practices to start and maintain emergency practices.
Standalone Specialty Practice: A facility that does not have an emergency facility present on-site and would send critical cases to an emergency practice for observation during the evenings and/or weekends.

ISSUES AND OPTIONS

EMERGENCY PRACTICES

General

• It typically takes a minimum of 25 practicing veterinarians within a 30–45-minute drive time from a suitable site to provide an adequate client base for the practice to grow and prosper.
• There must be a willingness by the referring veterinarians and a consensus of the area veterinarians to support such a practice.
• The organizational committee needs to perform a survey of the veterinarians as well as a SWOT (strengths, weaknesses, opportunities, threats) analysis to better aid in the identification of the need for such services (see 6.08 – Basic Tools of Marketing).
• The organizational committee needs to stay flexible in designing and creating an emergency practice. Make sure everything you do has both purpose and benefit for all of the stakeholders (clients, patients, and shareholders).
• Perform a demographic survey of the area to locate the most central site for the facility (see 1.04 – Veterinary Trade Areas).
  ◦ The location needs to have good access to major roadways for ease of accessing the practice.
  ◦ There must be good visibility from the highways.
  ◦ Make sure parking is more than adequate.
  ◦ Does the practice site lend itself to expansion in the future?
  ◦ Determining the greatest and best use for the property is a must. It would not be wise to have a practice on a piece of property that is better suited for a fast-food franchise or motel. It still comes down to (affordable) location, location, location.
  ◦ The location should be convenient for at least 80% of the pet-owning population that the practice plans to service.
  ◦ If the practice is being established by area veterinarians, a survey of these veterinarians asking questions to better assess the needs and wants of the veterinary community needs to be performed.
  ◦ Questions to consider asking are as follows:
    ■ What will the hours of operation be?
    ■ Will the shareholders be working shifts in the practice, or will doctors be hired to work on the clinic floor during the hours of operation?
    ■ Would shareholder doctors be willing to fill in on holiday shifts as needed?
    ■ Will a practice manager be hired to run day-to-day operations, or will a board of directors run the practice?
    ■ Will a steering committee be formed to work with the attorney and accountant in establishing the practice? Who will be on this committee?
    ■ Will a governance board be established for the practice, and who will be on the board (e.g., veterinarians, clients)?
    ■ What is the vision for the practice?
    ■ What are the purposes of establishing the practice?
• Two committees need to be formed – one for operational and a second for facility issues. There need to be open lines of communication between the two committees.
• Working relations should be developed with advisors, including:
  ◦ An attorney
  ◦ An accountant
  ◦ A banker (or two)
  ◦ Insurance people
  ◦ A veterinary consultant familiar with emergency practices.
• A business plan needs to be developed (see 16.09 – Business Plans).
  ◦ A good budget gives a clear vision and idea of the costs of starting the practice as well as an idea of the asking price of a share (see 8.02 – Revenue Budgets and Forecasts).
  ◦ How much will be financed from a lender for the facility, equipment, and working capital for at least the initial six to nine months of operation?
  ◦ What type of business entity will be formed? Will it be a C-corporation, an S-corporation, or a Limited liability company (LLC)? A discussion with your advisors will identify the best model for the practice.
  ◦ Will real estate be held in the practice, or will it be held by a few individuals under a separate corporation? There are pluses and minuses that go with the decision, and your advisors can aid in making the best decision for the group.
• A well-planned organizational chart must be devised:
  ◦ Who is responsible for the day-to-day management duties of the practice? Will there be an administrator, or will decisions be made by the committee?

1.22. SPECIALTY AND EMERGENCY CENTERS

◦ What person or group will make the final management decisions?
◦ Who makes up the governance board of the practice?
■ The governance board should be made up of the administrator of the practice, area veterinarians, and possibly one or more of your advisors.
■ Monthly board meetings are necessary to ensure the practice is meeting its mission and goals.
■ Weekly meetings with the management team are mandatory for the continuum of care of the patients and the hospital.
◦ A medical director position needs to be created and filled.
◦ There should be a human resource director to handle training and staffing issues.
• Everything the practice does must have tangible and intangible benefits for the patients, the clients, and the practice.
• An emergency practice needs to provide care for the injured, sick, and critical care patients. Typically, these practices will not perform wellness care on pets because they are the emergency extensions of the generalist veterinarians.
• A definition of the practice's goals should be established. Providing needed after-hour care for the pets and people of the area and turning a profit are typically the main goals for these practices.
• The pet owner will be at an emotional high point when arriving at the practice, and it is mandatory that the practice provide exceptional client satisfaction and care for their pets at all times (see 4.02 – Client Service Strategies). The emergency practice is a mirror image of the entire veterinary community and needs to reflect the highest standards of care possible.

Special Issues

• Emergency practices have many issues that are significantly different than the generalist-type practice.
• Who are the clients?
◦ In most emergency practices, it is a combination of both the referring veterinarians and the pet-owning population. The practice's primary job is to provide quality care to the patient, whereas its secondary job is to create not only satisfied clients but also advocates for the practice. To accomplish this task, it becomes very important to constantly improve client service as well as the level of medicine and surgery. Providing quality medicine is good, but it is the perceived value the client or referring veterinarian has of the practice that has the greatest impact.
◦ Communications are of paramount importance with referring veterinarians. Keeping the referring doctors in the know is extremely important for the survival of the emergency practice (see 4.29 – The Extended Hospital Team: Making Referrals Work). This can be accomplished by sharing patient records in a timely manner and by conducting phone consultations with the referring veterinarians regarding the records.
◦ Most emergency practices are set up as an extension of the generalist-type veterinary practice. The typical emergency practice is open from early evening until 8 a.m. the next morning plus the entire weekend. The owners are typically area veterinarians who have teamed up to provide care for their clients.
◦ State laws are now requiring that veterinarians provide 24-hour-a-day access to care for their clients and pets. This can be done by providing care in your practice, a colleague's practice, or by referral to an emergency facility.
◦ As a community-based practice serving the needs of the pet-owning population with medical and surgical care to all companion animals, emergency practices typically will accept new clients who are not referred from a practice.
• What about fees?
◦ Most emergency practice fee schedules are higher than comparative services provided by generalist practices due to the higher cost of labor, more advanced technology used, higher costs for the practice facility, and the specialized market concept.
◦ The fee schedule can be developed by combining one or more of the following models: surveying the referring veterinarians to determine what their perception of value for a particular service will be, activity-based cost accounting for the service, and surveying other emergency practices of similar size and location.
◦ If you know what referring veterinarians consider a reasonable fee, then the use of activity-based costing (ABC) can be instituted to better define the cost of the activities needed for the service to be profitable (see 7.18 – Activity-Based Costing and Cost Allocation).

Fee Collections

• In an emergency practice, collections can be a real issue versus the situation in the generalist practice.
• In a generalist practice, a billing and collection policy is essential. At times, you may make an exception to the policy for a client based on past experiences.
• An emergency practice does not have the luxury of knowing clients and their ability to pay as well as the generalist knows theirs.
• A strong financial policy is mandatory for an emergency practice:
◦ Deposits of up to 50–75% of the initial estimate (contract) should be required for any hospitalized patient.
◦ Each day, a new estimate or contract for the services being provided should be prepared. This needs to be accepted and understood by the listed responsible adult party.
◦ Payment alternatives need to be given to the client at the time of service. Options could include cash, check, debit or credit cards, pet health insurance or other third-party payers (friends or relatives), or third-party lending companies (see 8.08 – Getting Paid for Services Rendered).
◦ If you choose to allow billing, then make sure you create a credit application that gives you as much information as possible about the client. Make sure you have established your minimum acceptable credit score and have performed a thorough credit check on the person.
◦ An increasing number of software vendors are incorporating third-party payment applications in their practice management software. This can expedite the application process and give an answer in short order.
◦ A strong, assertive, honest, congenial employee with strong communication skills should be sought to head the financial policy department of the practice. This individual can help ensure that the practice maintains a high cash flow with minimal (if any) accounts receivable issues (see 8.11 – Accounts Receivable Issues).

Labor Costs

Veterinarians who work in emergency practices usually are well trained in thinking and reacting to situations in a very rapid fashion.
• They love the adrenaline rush associated with this type of practice.
• Good emergency clinicians are well-skilled in all aspects of emergency medicine and surgery.
• Scheduling of veterinarians to fill the hours is a combination of determining peak hours (more veterinarians needed) versus the slower hours.
• The attempt is to staff at 40–50 hours/week. This will mean using a number of veterinarians to cover the hours of operation on a weekly basis.
• Due to emergency doctors' knowledge, skills, and willingness to work the hours that veterinary clinics are typically closed, they are paid at a higher rate.
• Compensation is typically by percentage of production, more than straight salary. Sometimes you will need to pay whatever it takes to staff certain shifts.
• In their book *Contracts, Benefits, and Practice Management for the Veterinary Profession*, Wilson et al.[1] suggest emergency veterinarians be paid on a percentage (25–30%) of the collected receipts of the work they generate.

1.22. Specialty and Emergency Centers

• Some of the practices are finding that 21–23% of collected services is a more realistic percentage, as long as there is adequate client traffic.
• Benefit packages may be similar to a generalist practice (CE allowance, dues, health insurance, retirement plans, vacation time, etc.).
• It is difficult to find good emergency doctors, and when you do find them and wish to keep them, you will be paying them very well compared with a generalist.
• Nonprofessional healthcare team members will also cost the emergency practice more than they would a generalist practice. Create a list of questions to ask each candidate. Consider asking if the person has any problems with euthanized and dying pets, if they can work under constant stress, how would they handle emotional clients, and if they communicate and work well with their peers.
• Consider surveying referring practices to determine their pay scales for client service people, certified veterinary technicians (CVTs), and veterinary assistants.
• Make sure your hourly schedule is equal to or higher than the best practice in the area. Hiring qualified people to fill the multitude of shifts is difficult in a day practice and even more difficult for an emergency practice.
• Create a "shift differential" for different time periods (before midnight, after midnight, weekends, etc.).
• Create tiered salary levels for each group. There should be an entry-level with a minimum to a maximum range they can earn before they may take the practical exam needed to advance to the next level. The next level will have a salary range to earn before the employee may advance to the top level, where there is another exam or competency evaluation and additional job expectations for the person.
• Performance reviews are essential (see 3.38 – Staff Performance Evaluations). They need to be done semiannually, at least. The increased frequency of reviews will help in improved client service and patient care.
• The use of 360 reviews is gaining acceptance in veterinary medicine. An example would be having a certified technician reviewed by the administrator, a fellow technician, an assistant, and a doctor reviewing this individual. The goal is to acquire a complete (360) view of the individual.
• Pay a premium (double time or more) for working on holidays, and consider making it special for the healthcare team by providing nice meals (turkey on Thanksgiving or hot dogs/hamburgers on the Fourth of July, for example).
• Consider conferring with area practices to see if any of their staff would be interested in working weekends, part-time, relief, or on a needed basis. It is common for emergency practices to train the future staff of area day practices.
• Hiring and training team members for an emergency practice is a continuous process. A lot of well-trained emergency personnel will work for a period of time, and then decide to leave emergency medicine and go to the more traditional day practices.
• If that is the case, create an actual training coordinator and set up training classes during the day.
• Training is a continuous process to improve the skills of the staff in client communications and clinical or patient care. Training enhances the skills of everyone. Consider incorporating testing of staff to ensure they are using their new skills.
• Consider setting up a training coordinator to visit referring practices and provide in-house CE for their people. This will improve relationships with the referring practices as well as improve their staff's skill levels. At the same time, this coordinator can ask: What can we do to improve our relationships with referring practices and their clients?

REFERRAL PRACTICES

For many years, the clinics at veterinary schools were the only referral practices available to generalists, but now veterinary referral practices are an increasingly important sector in the care of companion and equine animals in the United States.

General

• In the past decade, the number of privately owned specialty referral practices has become a closer source of referral service for the gatekeepers (the generalists). In the earlier years of referral practices, they were located predominately in larger urban markets, but are now expanding into the secondary- and tertiary-size markets.
• The majority of referral practices in earlier years were single-specialty practices (i.e., surgery, ophthalmology, or internal medicine).
• Now, there is an increased desire for the different specialties to combine into mega-referral centers, similar to those found in human hospitals. This provides these practices an economy of scale and the ability to work more closely with other specialists.
• The majority of the mega practices are found in the larger urban and suburban centers, and it is not unusual for some of these areas to have two or more of these facilities strategically located within the area.
• With the increased number of large mega-referral hospitals, the tendency is to include emergency services in the mix.
• One of the driving forces in the addition of emergency services to the specialty mix for the larger referral practices is to ensure that each of their critical care patients receives maximum exposure to the highest quality of care (medical and nursing) from the doctors and other healthcare team members 24/7.
• By adding emergency services to referral practices, it is beginning to reduce the number of emergency facilities owned by local veterinarians (generalists). One of the biggest reasons for this reduction is better access by the clients and patients to referral practices and state-of-the-art equipment with highly trained personnel.
• These types of practices are more likely to hire board-certified critical care veterinarians to staff the facilities.
• There are three distinct referral practice models. Within each model, there may be slight variations noted in some practices:
  ◦ **Single-Specialist Standalone Practices:** These appear to be more common in smaller markets and may be driven by a desire to live in a less metropolitan area. In the early years of referral practices, this was the norm even in larger metropolitan areas. You could say they were the beta testing practices for the referral industry. As the larger markets are filled with multiple-doctor specialty practices, these smaller, single-specialty practices will expand into multiple-specialty practices.
  ◦ **Mega Practices:** In the larger markets, these practices grew from a single specialty to encompass more and more different specialties under one roof. These practices are typically owned by a few individuals within the practice who were very progressive in their thinking and willing to take a huge risk. Such practices contain a full complement of specialists and are housed in buildings that rival some small human hospitals.
• The third model is actually a blend of the first two. In this model, each specialty is owned independently of the others, yet they are all housed under the same roof. Each specialty practice pays for certain shared expenses (facility, cage space, utilities, etc.) while maintaining their separate identities. It is similar to the "practice without walls" concept found in human medicine.
• Some mega-referral practices are developing strong alliances with some of the veterinary teaching hospitals in many areas of the country. This relationship has included sharing residents, student clinical opportunities, and internships.

Special Issues

• Who are the clients?
  ◦ Referral practices have the generalist as their main client.
  ◦ The generalist is the gatekeeper for the referral practice, similar to models found in human medicine.
  ◦ Referral practices need to maintain a strong line of communication with the generalist. This can be done in many ways:
    ■ Report findings on a referred patient promptly. Besides sending the written report in a timely fashion, phone follow-ups are also advisable.

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    - Regularly schedule visits with referring practices to discover what each referring practice is doing right and what needs improvement. This task can be performed by a nurse/technician, who may also perform in-house training CE for the technical staff of the referring practices.
    - Schedule CE classes for the referring veterinarians at the specialty practice facility.
    - Visit non-referring practices to better determine what it would take to win their business.
    - Staff with friendly, helpful, and knowledgeable client service people.
    - Make sure veterinarians are easily accessible for phone consultations.
  - The pet owners and the referring veterinarians are the true clients of the practice, and both must be treated with the utmost respect and compassion.
- It is a combination of the referring veterinarians and pet owners who provide opportunities for the referral practices to succeed.
- Labor costs
  - Finding and compensating specialists is a special issue.
  - There appears to be a growing pool of board-certified specialists to select from. In the early years of referral practices, the majority of these individuals came from academia. Now, with an increased demand for boarded specialists, it is a sellers' market, with some practices taking a year or longer to find the best candidates.
  - Compensation is by percentage of the work generated and collected, with a range of 21–23% as a benchmark, but differing significantly between specialties. Along with this are benefits (retirement plans, health insurance, CE, etc.).
  - Nonprofessional staffing is another challenging issue. A significant number of these healthcare team members will gravitate over from generalists' practices because there is more responsibility for the individual and more challenge, with better benefits. The hourly wage or salary will be at the higher end of what the generalist practices are paying.
    - To keep an excellent relationship with your referring practices, try not to directly hire from their healthcare teams.
- Exit strategies are a concern for referral practices.
  - The buying pool for a direct sale of a specialty practice can be limited at this time.
  - The mega practices owned by a few individuals are faced with a dilemma – their size may be a hindrance in finding a suitable buyer with enough financial resources to purchase the practice.
  - Options for these types of practice include:
    - Internal sale to associates, similar to the succession planning done in large law or medical offices.
    - The creation of smaller specialty practices under the same roof. This option would be the same as the second model described earlier.
  - There are individuals who are working on developing a new model that will allow the practices to continue to grow and be an active part of the veterinary landscape.

EXAMPLES

N/A

CAUTIONS

N/A

MISCELLANEOUS

ABBREVIATIONS

24/7: 24 hours a day and seven days a week (i.e., always open)
ABC: Activity-based costing
CE: Continuing education
CVT: Certified Veterinary Technician
SWOT: Strengths, weaknesses, opportunities, threats

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1.23. HOSPICE AND PALLIATIVE CARE

BASICS

OVERVIEW

• Animal hospice has its origins in human hospice philosophy and focuses on the palliation of a terminally ill patient's pain and physical symptoms while attending to social and emotional needs as the end of life (EOL) nears (see Figures 1-23-1 and 1-23-2).
• Animal hospice and palliative care (HPC) seeks to maximize comfort and minimize suffering for the pet patient.
• When the healthcare team and caregiver recognize that death is a likely outcome, entering the pet into a hospice care program can allow the veterinary team and client to develop a collaborative plan for the time between that recognition and the pet's death.
• In addition to the needs of the pet, HPC focuses on addressing the needs of the caregiver as well, helping them prepare for the death of their pet and offering a collaborative and supportive partnership during the EOL journey.
• HPC enables the veterinary team to fully support the human–animal bond (HAB) (see 1.19 – Importance of the Human–Animal Bond).
• For optimal patient and client care, HPC should be implemented at the time of diagnosis, not when "there is nothing left we can do."
• Hospice does not accept a pet owner's decision to allow a pet to die without euthanasia unless measures are in place to alleviate discomfort and distress under the care of a licensed veterinarian.

TERMS DEFINED

Animal Hospice: A philosophy or program of care that addresses the physical, emotional, and social needs of animals in the advanced stages of a progressive, life-limiting illness or disability. Animal hospice care is provided to the patient from the time of a terminal diagnosis through the death of the animal, inclusive of death by euthanasia or by hospice-supported natural death. Animal hospice addresses the emotional, social, and spiritual needs of the human caregivers in preparation for the death of the animal and the grief experience. Animal hospice care is enhanced when provided by an interdisciplinary team approach.
Hospice-Supported Natural Death*:* Use of palliative care measures during a patient's terminal life stage, including the treatment of pain and other signs of discomfort under veterinary supervision until the natural death of the individual.
Humane Euthanasia: The intentional termination of life by human intervention utilizing American Veterinary Medical Association (AVMA)-approved methods that cause minimal pain, discomfort, and anxiety for the purpose of relieving an animal's suffering.
Palliative Care: Treatment that supports or improves the quality of life (QOL) for patients and caregivers by relieving suffering; this applies to treating curable or chronic conditions as well as EOL care.
Quality of Life*:* The total well-being of an individual animal that considers the physical, social, and emotional aspects of its life.
Suffering: An unpleasant or painful experience, feeling, emotion, or sensation, which may be acute or chronic in nature. This is an umbrella term that covers the range of negative subjective experiences, including, but not limited to, physical and emotional pain and distress. In veterinary medicine, suffering can be experienced by the patient and the caregiver.

ISSUES AND OPTIONS

FOCUS OF CARE

Animal hospice is segmented into three major areas of care that address the patient's physical, social, and emotional needs. To provide optimal QOL and EOL care, each area must be fully addressed.

• **Physical needs** consist of the management of pain and symptoms of disease, hygiene, nutrition, mobility, and the implementation of environmental modifications.
• **Social needs** center around the mental stimulation and meaningful engagement with family members and the other pets in the home.
• **Emotional needs** address a pet's emotional well-being, including a will to live while preserving dignity.

CATEGORIZING HPC PATIENTS

Canine and feline patients who are candidates for HPC generally have at least one of the following conditions:
• A terminal diagnosis (e.g., malignancy)
• A chronic progressive disease (e.g., end-stage renal disease, congestive heart failure)
• A progressive, undiagnosed disease
• A chronic disability (e.g., degenerative myelopathy, debilitating osteoarthritis)
• Terminal geriatric status exacerbated by wasting or a failure to thrive.

Patients who are candidates for HPC generally fall into one of five categories:
• Diagnosis of a life-limiting disease
• Decision not to pursue diagnosis or curative treatment
• Curative treatment has failed
• Progressive illness with complications
• Clinical signs of chronic illness that interfere with normal routine or QOL.

DIFFERENCES BETWEEN ANIMAL HOSPICE AND HUMAN HOSPICE

In several important aspects, animal hospice care is distinct from its human counterpart.
• A guiding principle of human hospice care is to "neither hasten nor postpone death," and the same approach applies when the death of an animal is imminent. However, when caring for seriously ill animals, euthanasia is a widely accepted option to relieve suffering.
• With animal hospice, it is the pet owner's ethical and legal right to decide whether the terminally ill pet will die by euthanasia or by hospice-supported natural death.
• There are considerable differences between the financial resources available to families providing animal EOL care compared to human EOL care.
• In human healthcare, qualifying for hospice benefits is dictated by law, while in animal hospice, the vast majority of costs are covered by pet owners as an out-of-pocket expense. As a result, the financial resources available to caregivers to cover the costs of animal hospice services can be significantly more limited.
• In spite of the growth of the pet insurance industry, financial considerations are a primary concern in many veterinary EOL decisions, and finances often dictate the extent and length of the client's ability and willingness to provide their pet professionally guided EOL care.
• Pet insurance can, however, help offset the cost of hospice care for the client, and the vast majority of reputable pet insurance policies reimburse clients for both in-home and in-hospital hospice services (see 8.18 – Pet Health Insurance).

HOSPICE IS A TEAM APPROACH

• The skills required to provide optimal patient care and meet the client's needs have become more advanced and complex, and because of this, hospice care is best delivered using an interdisciplinary team approach.
• Each member of the healthcare team should have defined caregiving and client-support roles that ideally utilize their individual skills, strengths, and experiences. Despite defined roles, care should still be delivered as a team with a unified voice, providing seamless and consistent care for both the patient and caregiver.
• In addition to the medical and emotional support that the veterinary healthcare team provides, it is recommended that

1.23. HOSPICE AND PALLIATIVE CARE

BEAP Pain Scale for Dogs

Many signs of chronic pain are non-specific.
Make sure to see your vet to rule out other diseases as a cause of these signs.

bluepearl pet hospice
PetHospice.BluePearlVet.com

0 No pain

- ☐ **B:** Breathing normally
- ☐ **E:** Eyes bright and alert
- ☐ **A:** Walks normally on all four legs; no lameness present
- ☐ **A:** Engages in play and all normal activities
- ☐ **A:** Eating and drinking normally
- ☐ **A:** Happy; interested in surroundings and playing; seeks attention
- ☐ **P:** Comfortable at rest and during play; perky ears and wagging tail
- ☐ **P:** Enjoys being touched and petted; no body tension present

1-2 Mild pain

Speak to your vet during your next visit

- ☐ **B:** Breathing normally
- ☐ **E:** Eyes bright and alert
- ☐ **A:** Walks normally; may exhibit very subtle lameness when walking
- ☐ **A:** May show first signs of being just a little slower to lie down or rise up (subtle!)
- ☐ **A:** Eating and drinking normally
- ☐ **A:** Happy and engaged, may seem a little more subdued with some "off" moments interspersed with normal behaviors
- ☐ **P:** May show occasional shifting of position; tail may be down just a little more, ears slightly flatter
- ☐ **P:** Enjoys being touched and petted; no body tension present

3-4 Moderate pain

See your vet to assess pain

- ☐ **B:** May pant intermittently
- ☐ **E:** Eyes slightly duller in appearance; can have a slightly furrowed brow
- ☐ **A:** Noticeably slower to lie down or rise up; may exhibit lameness when walking
- ☐ **A:** May be slightly unsettled and more restless; difficulty getting comfortable; shifting weight
- ☐ **A:** Appetite more finicky, such as wanting only treats or "people" food
- ☐ **A:** Subdued; engages less or does not initiate play
- ☐ **P:** Difficulty squatting or lifting leg to urinate, subtle changes in posture; tail more tucked and ears more flattened
- ☐ **P:** Does not mind touch except on painful area; turns head to look where touched; mild body tension

5-6 Moderate to severe pain

CONCERNING! See your vet

- ☐ **B:** Panting often noted, possibly with an increased breathing effort
- ☐ **E:** Dull eyes, worried look
- ☐ **A:** Very slow to rise up and lie down; hesitation with movement; difficulty on stairs; reluctant to come when called; more obvious lameness
- ☐ **A:** Not eager to interact but may be in tune with surroundings; obvious lameness when walking; may lick painful area
- ☐ **A:** Will frequently lose appetite
- ☐ **A:** Anxious or restless; unable to settle or sleep well
- ☐ **P:** Abnormal weight distribution when standing; difficulty posturing to eliminate; arched back, tucked belly, head hanging low; tucked tail; frequently shifts positions; ears more flattened
- ☐ **P:** Pulls away painful area when touched; moderate body tension when being touched

7-8 Severe pain

VERY CONCERNING! See your vet

- ☐ **B:** Faster breathing rate with more noticeable effort; frequent panting episodes common
- ☐ **E:** Dull eyes, may also have distressed look
- ☐ **A:** Obvious difficulty rising up or lying down; will not bear weight on affected leg; avoids stairs; obvious lameness
- ☐ **A:** Avoids interaction with family or environment; will often "go off" or hide; may frequently lick painful area
- ☐ **A:** Loss of appetite; may not want to drink
- ☐ **A:** Agitated, fearful, worried, reclusive, potentially aggressive
- ☐ **P:** Tail tucked, ears flattened or pinned back; abnormal posture when standing; more hesitant to move or stand
- ☐ **P:** Significant body tension when painful area touched; may vocalize in pain; guards painful area by pulling away or changing position

9-10 Worst pain possible

EMERGENCY! See your vet

- ☐ **B:** Panting; increased breathing rate and effort
- ☐ **E:** Dull eyes; may have panicked look
- ☐ **A:** May refuse to get up; may not be able to (or willing to) take more than a few steps; will not bear weight on painful limb
- ☐ **A:** Difficulty in being distracted from pain, even with gentle touch or soothing voice
- ☐ **A:** No interest in food or water
- ☐ **A:** Extremely depressed or minimally responsive ("flat out"); may vocalize in pain; in distress at rest
- ☐ **P:** Prefers lying position or being on side; flat or pinned ears; may prefer to be very tucked up or stretched out
- ☐ **P:** Severe body tension when touched; will not tolerate touch of painful area; becomes fearful when other areas that are not painful are touched

Specific behaviors or physical changes I see:

Breathing: _____ Appetite: _____
Eyes: _____ Attitude: _____
Ambulation: _____ Posture: _____
Activity: _____ Palpation: _____

Figure 1-23-1.

Pain scale for dogs.

1.23. HOSPICE AND PALLIATIVE CARE

BEAP Pain Scale for Cats

Many signs of chronic pain are non-specific.
Make sure to see your vet to rule out other diseases as a cause of these signs.

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0 No pain

- ☐ **B:** Breathing normally
- ☐ **E:** Eyes bright and alert
- ☐ **A:** Walks normally and remains agile
- ☐ **A:** Engages in play and all normal activities
- ☐ **A:** Eating and drinking normally
- ☐ **A:** Happy and content; interested in surroundings; playful behavior; seeks attention
- ☐ **P:** Comfortable at rest and during play; perky ears; upright, alert tail; whiskers relaxed
- ☐ **P:** Enjoys being touched, petted and brushed; no body tension present

1-2 Mild pain
Speak to your vet during your next visit

- ☐ **B:** Breathing normally
- ☐ **E:** Eyes bright and alert
- ☐ **A:** Slightly more hesitant to jump onto very high places such as countertops but still able to easily jump onto couch or bed
- ☐ **A:** May show only subtle change in normal activity and behaviors
- ☐ **A:** Eating and drinking normally
- ☐ **A:** Will often still remain happy and interested in surroundings
- ☐ **P:** Tail may be down just a little more; ears up; whiskers generally appear relaxed
- ☐ **P:** Enjoys being touched, petted and brushed; no body tension present

3-4 Moderate pain
See your vet to assess pain

- ☐ **B:** Breathing generally normal but may be at slightly increased rate
- ☐ **E:** Eyes may be slightly duller in appearance; eyes may be held partially closed
- ☐ **A:** Hesitant to jump to higher places; may also not jump onto lower places, such as couch or bed
- ☐ **A:** Not eager to interact but still in tune with surroundings; changes in normal routine; may hide; decreased grooming
- ☐ **A:** Appetite more finicky, such as wanting only treats or "junk" food such as canned food
- ☐ **A:** Generally more subdued and quiet
- ☐ **P:** Difficulty posturing to eliminate or cover waste; subtle changes in posture; tail held low and ears more flattened, whiskers slightly down
- ☐ **P:** Does not mind touch except on painful area; turns head to look where touched; mild body tension

5-6 Moderate to severe pain
CONCERNING! See your vet

- ☐ **B:** Breathing rate and effort may be increased
- ☐ **E:** Dull eyes; eyes may remain partially or fully closed; pupils may be more dilated
- ☐ **A:** Moves more slowly or gingerly; no longer jumps up onto couch or bed; difficulty on stairs
- ☐ **A:** Withdraws from family and other pets; seeks solitude; decreased grooming; may excessively lick painful area; may have "accidents" outside the litter box
- ☐ **A:** Will frequently lose appetite
- ☐ **A:** Very subdued and quiet; increased facial tension; decreased enjoyment of being brushed
- ☐ **P:** "Meatloaf" position; whiskers move forward slightly from face; rough or fluffed up fur; difficulty posturing to eliminate or cover waste fully
- ☐ **P:** Pulls away painful area or tries to escape; moderate body tension when being touched

7-8 Severe pain
VERY CONCERNING! See your vet

- ☐ **B:** Faster breathing rate with more noticeable effort
- ☐ **E:** Dull eyes; generally remain partially or fully closed; may have distressed look; pupils dilated
- ☐ **A:** Unlikely to move if left alone
- ☐ **A:** Avoids all interaction; will "go off" and hide, often in new places; stops grooming; frequently licks or chews at painful area, sometimes to the point of fur loss
- ☐ **A:** Loss of appetite; may not want to drink
- ☐ **A:** Reclusive; agitated; potentially aggressive; tail flicking; may be growling or hissing
- ☐ **P:** Tail held close, ears flattened or pinned back, whiskers move forward and tend to bunch; "grimace face"; flattened posture
- ☐ **P:** Significant body tension when painful area touched; may growl or hiss in pain; guards painful area by pulling away or trying to escape

9-10 Worst pain possible
EMERGENCY! See your vet

- ☐ **B:** Increased breathing rate and effort; may have periods of open-mouthed breathing or panting
- ☐ **E:** Dull, closed eyes; eyes may also widen with a look of panic; pupils dilated
- ☐ **A:** Unable or unwilling to walk
- ☐ **A:** Difficulty in being distracted from pain, even with gentle touch or soothing voice; may bite or chew painful area; may eliminate where lying
- ☐ **A:** No interest in food or water
- ☐ **A:** Extremely depressed or minimally responsive ("flat out"); quiet, growling or hissing; distressed
- ☐ **P:** Lying on side; tail may appear "fluffed"
- ☐ **P:** Rigid body tension when touched; will not tolerate touch of painful area; hissing when other areas that are not painful are touched

Specific behaviors or physical changes I see:

Breathing: _____ Appetite: _____
Eyes: _____ Attitude: _____
Ambulation: _____ Posture: _____
Activity: _____ Palpation: _____

Figure 1-23-2.

Pain scale for cats.

1.23. HOSPICE AND PALLIATIVE CARE

practices partner with human support professionals, such as social workers and pet loss support groups, to offer additional caregiver support that is beyond the scope of what the veterinary team can provide.
• No member of the veterinary team should be left out of hospice and EOL training. EOL training is an ongoing and dynamic process due to staff turnover and evolving EOL strategies within a practice.
• It is also important to establish a system whereby all staff members are alerted when a patient is entered into hospice care. Everyone, including reception, medical and technical staff, and kennel assistants, needs to understand their team role and be prepared to handle emotionally challenging situations.
• All veterinary healthcare team members should have the skills needed to effectively communicate with owners of pets receiving HPC (see 5.20 – Discussing Quality of Life and End of Life Issues). Practice owners should consider communication skills training specifically tailored for EOL care for their entire team.

EXAMPLES

As with human hospice, the physical, social, and emotional health of veterinary patients is strongly intertwined, and it is difficult to achieve optimal QOL when any one of the components is missing. For example, a chronically debilitated pet with osteoarthritis and urinary incontinence may be able to have his hygiene needs met and his pain managed appropriately but will not have optimum QOL if he is confined to the garage or outdoors, isolated from his family due to his incontinence. In situations such as this, suffering can exist despite adequate management of clinical symptoms.

CAUTIONS

• A patient's passage from hospice care to death is a progression that can range from hours to many months. During this time, unexpected changes in the demands of home care, the client's wishes, or the patient's condition may occur.
• Scheduling regular communication contacts with the client during the course of the hospice care relationship will avoid situations where the patient's EOL needs are inadvertently neglected. Follow-up appointments or phone consultations initiated by the veterinary team are vital to intervening with potential problems in a timely manner, ensuring optimal QOL is maintained for the patient.
• Successfully responding to these changes will not only fully support the pet and client but also help determine whether the client can maintain an appropriate level of care or if a different approach is needed to the HPC plan.
• There may be situations where a primary care veterinarian should consider referral to a veterinarian with advanced skills in providing animal hospice care (resources are available from the International Association for Animal Hospice and Palliative Care, iaahpc.org).

MISCELLANEOUS

ABBREVIATIONS

EOL: End of life
HPC: Hospice and palliative care
QOL: Quality of life

References

N/A

Recommended Resources

American Animal Hospital Association. *2016 AAHA/IAAPHC End-of-Life Care Guidelines*. 2016. https://www.aaha.org/wp-content/uploads/globalassets/02-guidelines/end-of-life-care/2016_aaha_iaahpc_eolc_guidelines.pdf
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1.24. House-Call and Mobile Practices

BASICS

OVERVIEW

House-call and mobile practices are an increasingly popular means of practicing veterinary medicine. They appeal to clients who value their convenience and provide a great alternative for patients who find the clinic experience unacceptably stressful or whose health or physical constraints make transportation difficult. They also appeal to veterinarians who enjoy the opportunity to develop deeper bonds with their clients and patients, expand their client reach, own their own business for less capital investment than would be required for a clinic, and work under more flexible schedules. Practicing medicine in a house-call or mobile practice setting is generally comparable to doing so in a stationary clinic, with a few logistical exceptions.

TERMS DEFINED

Ambulatory Practice: Generally used to refer to work with large animals and involves operating out of a vehicle, with or without additional equipment such as a portable ultrasound, X-ray unit, or dental equipment.
House-Call Fee (or Trip Fee): An additional fee added to an invoice to reflect the veterinarian traveling to the client.
House-Call Practice: A veterinary practice operated from a vehicle, where services are provided at a client's residence or place of business.
Mobile Practice: Used to encompass house-call and ambulatory practices, in which examinations and procedures take place inside the mobile unit, which may be equipped with an examination table, dental equipment, and/or a surgical suite.
Partner Clinic: A full-service veterinary practice to which a mobile practice may be affiliated.
Stationary Practice: A traditional "bricks and mortar" veterinary practice, as compared to a mobile practice.
Travel Surcharge: An additional fee added to an invoice to reflect travel-related expenses of the visit.

ISSUES AND OPTIONS

SERVICE PROVISION

• **Pharmacy:** Options include dispensing medication at the appointment, calling in prescriptions to a veterinary, human, or compounding pharmacy, handwriting prescriptions, or online pharmacies.
• **Diagnostic Sampling:** Blood samples may be processed using an on-site machine or sent to an independent laboratory. Independent laboratories can collect samples from your office, home, or partner clinic. Some also offer mail-in options. You can analyze cytology and fecal samples using a portable microscope or use one at a different location.
• **Euthanasia and Disposal:** Bodies may be buried on-site or collected by a cremation company from the client's home, a partner clinic, or a freezer.
• **Dentals and Surgeries:** These may be performed on-site if using a mobile or ambulatory practice or referred to a partner clinic.
• **Imaging:** Portable ultrasound and X-ray units can be a great option for mobile practices and can either be purchased upfront or leased. Alternatively, cases can be referred to a partner clinic.
• **Technician Assistance:** Technicians (nurses) can help offer a broader array of services, such as blood testing, increase the efficiency of appointments, and perform their own appointments, such as for blood draws and vaccines, depending on your state's regulations.

MEDICAL RECORD AND PRACTICE MANAGEMENT SYSTEM

• When choosing a medical record system, bear in mind that paper records or cloud-based software are preferable to desktop software, as they permit use on the go. Blockchain can offer other possibilities for record-sharing as well (see 11.15 – Blockchain).
• Appointment schedules may be set manually or through the use of booking software. You should consider how well your scheduling system integrates with the medical record system so that client and patient details can be efficiently accessed in the field.
• Appointment bookings may be taken in person, over the phone, via email, or via a web form or booking software associated with the practice website. Responsiveness is key: many clients will go elsewhere if their requests are not answered in a timely manner, especially for same-day appointments. Many sole practitioners choose to book their own appointments, as they enjoy the opportunity to interact directly with clients. The downsides to this approach are that this takes up time that could be otherwise spent performing appointments and can lead to unrealistic client expectations about your availability and willingness to provide free advice over the phone. More efficient alternatives include outsourcing the booking and triage process to an assistant or third-party operations provider.
• Route optimization is an important feature of mobile practice. Travel time, distance, and traffic conditions can significantly reduce the efficiency of your day. Routing may be coordinated manually on the fly or by using booking software designed for mobile practices.
• Your practice management system should allow you to effectively arrange recheck appointments and provide clients with vaccine certificates and copies of medical records.
• Obtaining patients' previous medical records is particularly important for a new business: some practice management software automates these requests to save you from needing to manually call clinics.
• Billing options include paying by cash, check, credit card (in person or online), or bank transfer. You will need to consider whether to require a deposit at the time of booking, payment at the time of service, invoicing, and/or payments in installments.
• Inventory ordering can be done manually or through integration with your practice management software. Bulk ordering offers the benefits of discounts, whereas "just-in-time" ordering minimizes the amount of capital you have tied up as unused assets.

ECONOMICS

• Your business' profit will be the result of your revenue minus the total costs of performing your appointments and running the business.
• Your revenue is a function of the volume of appointments that you see over a given time period and the amount that you charge for each appointment. You should also consider charging for time spent outside of appointments, such as conversing with clients over the phone and email.
• Your caseload will be influenced by how far you are willing to travel for appointments, traffic conditions, how many multi-pet appointments you see, and the duration of each examination.
• Your appointment prices can be set on a cost-basis or community-basis, or a combination of the two (see 7.16 – Pricing Strategies). Cost-based pricing involves calculating how much it costs for you to provide your services and adding a markup to ensure that you make a profit. Community-based costing involves basing your prices on the kinds of prices offered by comparable services. An example of a combination would be to consider how much a blood test costs you, marking up that price so that you make an appropriate profit, and then making sure that that price is comparable to what your competitors offer.
• Costs include the "cost of goods sold" (COGS) and business overhead. Examples of COGS include the cost of your disposables (e.g., syringes and diagnostic aids); the cost of supplies that you will sell (e.g., diets and medication); and assistants/technicians, if you are paying them on an appointment basis. Business overhead costs

1.24. HOUSE-CALL AND MOBILE PRACTICES

include salaries, administrative expenses, utilities, advertising, and your vehicle. You may wish to pass some costs on to clients such as mileage and fuel fees as a travel surcharge.

SAFETY

• **Client Safety:** Clients are often a lot more involved in examinations than in a clinic setting. This brings them into closer proximity with their animals, who may behave unpredictably in their home environment. You can be held liable for any client injury that occurs in your presence (see 13.09 – Client Safety).
• **Patient Safety:** Examples of restraint options include gentle handling techniques,[1] cat restraint bags, muzzles, scruffing, and burrito wraps. Some veterinarians choose to use sedation on fractious patients or in lieu of an assistant. It is a good idea to carry endotracheal (ET) tubes, laryngoscopes, Ambu bags, and a crash cart containing fluids, epinephrine, dexamethasone, and diphenhydramine, and to have clients sign a consent form in case of negative outcomes. Some states require these measures for all mobile veterinarians (e.g., in the event of allergic reactions from vaccinations).
• **Veterinarian Safety:** Injuries can be more common for veterinarians who work unassisted or who feel pressured to get the job done in clients' presence. Home visits to new clients bring additional personal safety concerns, which may be mitigated by performing background checks, bringing an assistant, and ensuring others know of your whereabouts at all times.

LEGAL CONSIDERATIONS

• **Practice Registration:** State Veterinary Medical Associations/Licensing Boards can provide advice on their specific requirements for the licensing and registration of house-call and mobile practices.
• You may choose to incorporate your business, for example, by establishing a limited liability company (LLC), limited liability partnership (LLP), or operating as a sole practitioner. Some states have specific requirements for incorporation.
• All practicing veterinarians will need a valid state veterinary license. You will need a Drug Enforcement Administration (DEA) license if you plan to prescribe and/or administer controlled substances, and a Department of Agriculture (USDA) license if you plan to issue travel certificates.
• Information about prescription requirements for controlled drugs can be found on the DEA website.[2]
• You are also required to meet Occupational Safety and Health Administration (OSHA) standards and provide workers' compensation if you have employees.
• The American Veterinary Medical Association Professional Liability Insurance Trust (AVMA PLIT) is a good resource for determining medical liability insurance options.

EXAMPLES

• **Small Animal House-Call and Mobile Practices:** Services may include wellness exams, hospice care, euthanasia, ear, eye, and skin checks, minor procedures, sedated procedures, X-rays, and ultrasounds. Mobile practices may also offer dentals and soft tissue surgeries.
• **Ambulatory Services:** Services may include wellness exams, herd health, lameness, skin and intestinal issues, dentals, and surgeries.
• **Specialty Services:** These may operate out of a mobile practice or within a partner clinic and include radiology, dentistry, anesthesia and surgery, internal medicine, and cardiology.
• **Exotics:** Mobile settings may prove less stressful and allow the veterinarian to examine the environment and husbandry.
• **Discount Vaccine Clinics:** These generally offer basic wellness exams, vaccinations, heartworm, and fecal tests out of a mobile unit. These are normally reduced-cost, high-volume affairs.
• **Holistic:** These may provide alternative services such as acupuncture, therapeutic laser treatments, and Chinese medicine.

CAUTIONS

• Mobile practice requires more pre-appointment preparation to ensure that you have the resources you need to effectively execute your appointment. You should develop contingency plans for issues such as bad weather, illness, or vehicle breakdown.
• Working independently can also feel more isolating, and it is important to maintain contact with peers through career development courses, online forums, and the use of specialist consultants.
• As you are not a full-service clinic, it is important to appropriately manage client expectations about the limitations of what you can perform and provide arrangements for supplemental patient care at referral and emergency clinics.

MISCELLANEOUS

ABBREVIATIONS

AVMA PLIT: American Veterinary Medical Association Professional Liability Insurance Trust
DEA: Drug Enforcement Administration, US Department of Justice
LLC: Limited liability company
LLP: Limited liability partnership
OSHA: Occupational Safety and Health Administration

References

1. Yin, S. *Low Stress Handling Certification*. n.d. https://drsophiayin.com/courses/ce/
2. U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division. *Pharmacy*.https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-071)(EO-DEA226)_Practitioner's_Manual_(final).pdf

Recommended Resources

American Veterinary Medical Association Professional Liability Insurance Trust. http://www.avmaplit.com/
Yin, S. *Low Stress Handling Techniques*. https://lowstresshandling.com/

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1.25. EQUINE PRACTICE MANAGEMENT

BASICS

OVERVIEW

• **Business Structure and Taxation:** Setting up an equine veterinary practice involves selecting a suitable business structure (e.g., sole proprietorship, corporation, and limited liability company (LLC)), which influences tax obligations, liability, and fundraising. Business owners should consult attorneys and accountants to navigate these choices and protect their assets.
• **Practice Management:** Owners should decide whether they want to be responsible for all the tasks of practice management or hire a practice manager. Tasks include financial management, hiring, compliance, equipment maintenance, and client services. Tasks like bookkeeping and payroll are often outsourced.
• **Mission, Vision, and Values:** Establishing a clear mission, vision, and values is foundational for shaping a practice's culture, operations, and strategic direction. These elements guide all aspects of the practice, from staff hiring to client relations.
• **Human Resources and Contracts:** Effective human resource management is key to fostering a healthy workplace. Contracts (employment and vendor) clarify expectations, while comprehensive onboarding and mentorship programs support staff integration. Benefits like paid leave, continuing education, and student loan repayment plans are options to help attract and retain employees.
• **Future Trends:** Equine practices are adopting new strategies such as telehealth, technology, and artificial intelligence; improved work–life balance (e.g., four-day workweeks); wellness plans; and collaborative care with specialists to enhance the quality of life for practitioners, client satisfaction, and overall practice sustainability.

TERMS DEFINED

Accounts Receivable: The amount of money owed to a business in unpaid bills.
Insolvency: When a business is unable to pay its expenses and financial debts.

ISSUES AND OPTIONS

SETTING UP A PRACTICE

Setting up an equine veterinary practice involves the following:

Practice Entity or Business Structure

Conferring with business attorneys and accountants to select a business structure can be one of the first steps that determines tax, fundraising, and liability. Once selected, the business must be registered, and licenses and permits obtained.
• **Solo Practitioner:** Solo practitioners in the United States have the option of establishing a sole proprietorship or creating a corporation. As of 2022, 64% of equine practice owners owned a solo private practice, and 22% of practices function with multiple veterinarians with a solo practice owner.[1]
  ◦ Sole proprietorships mean that no separate business entity is created, making it simple and easy. However, the practitioner is personally liable for business debts, making this less attractive for a long-term formal business structure for a veterinarian.
  ◦ Corporations are expensive to form and pay both corporate and personal taxes, yet offer the strongest protection to owners from personal liability. Due to higher reporting and expenses, these structures tend to be more attractive to large multi-doctor practices.
• **Partnership or Group Practice:** Two or more business owners have the option of creating a limited partnership (LP) or limited liability partnership (LLP), an LLC, a professional limited liability company (PLLC), or a corporation. As of 2022, only 10% of equine practices are owned by partners and shareholders.[1]
  ◦ LPs have one general partner with unlimited liability (pays self-employment tax and has greater control over the company) and others with limited liability.[2] LLPs provide limited liability to each partner to protect against debts.
  ◦ LLCs have the advantages of both corporations and partnerships by separating personal from business assets, so the practice owner's vehicle, house, and personal bank accounts are not subject to threats to the business such as lawsuits. Earnings can pass through personal income without corporate tax. These can be good choices for medium- to high-risk businesses such as small veterinary practices with one or more people.

Tax Structure

Business structures typically determine tax structure, except for LLCs, which can choose to pass their earnings through personal income or select a corporate taxation structure. S corporations help avoid double taxation by allowing profit to pass into personal income without corporate taxation. If an equine practice selects an LLC/PLLC business structure, the S corporation structure can be an attractive tax structure to file for with the IRS. It is advisable to speak with a business tax specialist to determine what tax structure to select.

Land, Vehicle, and Equipment Agreements

When establishing a business, practice owners can take measures to ensure the assets of that business have some protection from litigation and from bankruptcy. One of the first things to determine as an equine practice owner is if the practice will be fully ambulatory or if there will be an office or haul-in facility. If there is real estate involved, attorneys may be consulted regarding creating a separate business structure of ownership to create another layer of liability protection. Agreements and appropriate insurance should be in place for land, vehicle, and equipment.

Management

Like a movie producer versus a director, a practice owner doesn't need to manage the practice directly. Business management encompasses many tasks: bookkeeping and financial management, payroll, hiring and managing staff, fulfilling quarterly tax obligations, ensuring compliance with business, drug, and veterinary laws, handling the purchase, lease, and maintenance of equipment, managing inventory, setting pricing, planning and operationalizing practice strategy, marketing, safeguarding client and patient information (including financial details), planning for emergencies, preparing for sale or closure, and ensuring that the practice thrives and remains attractive to both staff and clients. These responsibilities can be overwhelming for equine veterinarians with limited business training or time. Many or all of these tasks can be outsourced, so a key early decision is whether to hire a practice manager or to outsource specific tasks like bookkeeping and payroll.

MISSION, VISION, AND VALUES: SETTING THE FOUNDATION OF A PRACTICE

Like threads in fabric, the core mission, vision, and values of a business not only lay the foundation for every practice but also determine its strategic direction – from the culture to daily operations. Establishing these elements, which shape the positioning, branding, and identity of the practice, is a critical first step for any practice owner.
• **Mission Statement:** A statement that captures the core purpose of a business and what differentiates it from other businesses. This statement should answer the questions: Why the business exist? What is the fundamental purpose of the business? What needs does it aim to fulfill? Who is the business providing value to? And how is the business fulfilling its mission?
• **Vision Statement:** A statement that describes what a business aspires to, consisting of its strategic vision for the future.

1.25. EQUINE PRACTICE MANAGEMENT

• **Values Statement:** A statement that captures the core values of a practice.

CONTRACTS

Sometimes the informal world of equine practice can get in the way of appropriate practice management and, ironically, harm relationships rather than support them. Employment and supplier contracts are essential to clarifying expectations and lead to smoother long-term relationships.

• Contracts help to reduce ambiguity, provide details on each party's obligations, and serve to reduce disputes by providing a legal record of the agreement.

• Employment contracts are important to formalize what has been agreed upon between employer and employee. They support a long-term relationship by outlining details and clarifying expectations. A clearly outlined disciplinary process ensures equitable treatment of employees and violations of policies.

• While they take some investment to create, employee handbooks formalize expectations of employees, facilitate improved communication, and help protect the organization. They also help to ensure that employees at each level of the organization are familiar with the mission, vision, values, and code of conduct. Ensure that accountability is built into the policies. What measures does the organization take when there are infractions to the code of conduct?

• Contracts with external vendors, such as human resources, payment, and inventory management, can help set pricing expectations and ensure each party is aware of their tasks and obligations.

• Restrictive covenants: Noncompete, nondisclosure, and non-solicitation clauses have been a cornerstone of equine associate contracts for many decades. The trend in the United States is to move away from covenants not to compete, with a Federal Trade Commission rule banning the practice in September 2024.

HUMAN RESOURCES

A business is nothing without the humans that comprise the business. Management sets the tone for a strong team through hiring and management decisions that align with the practice's mission and values.

• **Hiring:** Having a strong understanding of the practice's mission, vision, and values helps managers hire employees who are a good cultural fit. A survey of equine practice owners revealed that they prioritize personality and communication style that align with the practice culture when hiring. References are the next most important factor, followed by the strength of the resume and level of experience.[3]

• **Staff Utilization:** Staff are greatly underutilized in equine practice, with veterinarians accounting for most of the labor and veterinary technicians accounting for only 4–5% of labor hours.[1] In companion animal practice, a 4:1 ratio of staff to veterinarians is often an optimal labor utilization ratio for efficiency. Similarly, equine practices can benefit from appropriately utilizing veterinary technicians and veterinary assistants for non-veterinary tasks and to generate efficiency.

• **Onboarding:** An onboarding process with an employee handbook, orientation, introductions to key staff and clientele, and appropriate education on professional conduct (harassment, safety, diversity, and inclusion training) may help to facilitate a smooth start. For new graduates, a strong mentorship program is important and highly valued among potential employees.

• **Compensation:** Average income for equine veterinarians in 2022 was $113,901 in 2023 dollars.[1] Income tends to increase above this number with multi-doctor practice structures, practice ownership, practices that focus on hunter/jumper/eventing/dressage, and practices that have facilities, and it tends to be $25,618 lower for female equine veterinarians.[1]

• **Benefits:** 90% of equine practices provide some benefits to their employees. Over 50% provide paid vacation leave, continuing education expenses and leave, discounted pet care, license fees, association dues, professional liability insurance, paid sick leave, and some form of a medical or hospitalization plan.[1] Increasingly, moving expenses and signing bonuses are used as extra incentives, and student loan repayment plans are used to invest in new graduate veterinarians.

• **Hours:** In 2023, equine veterinarians averaged 56 hours per week of work, with a trend showing an increase in hours over an average of 52 hours in 2016.[1]

• **Rules of Conduct with Accountability:** Fostering a safe and inclusive environment is essential in veterinary practice, particularly with reports of gender bias and wage gaps in equine practice.[1,4] It is essential to have a clear and accessible policy that features a protected and safe complaint and disclosure process without fear of retaliation. The employee handbook should include a well-thought-out disciplinary process and detail termination.

• **Exit strategy:** Practice owners earn on average $65,000 more than associate equine veterinarians and enjoy higher satisfaction with their job, lifestyle, and compensation.[1] With nearly half of the equine veterinary workforce over the age of 50, having an exit strategy is essential.[1] Practices should consider hiring associates they can envision as future partners and start that conversation early, ideally incorporating it into the contract to set clear expectations.

INVENTORY MANAGEMENT

One of the critical elements of maintaining a healthy practice is to ensure it is well-stocked with needed inventory while minimizing losses through unused and expired materials. Next to human resources, inventory is the second largest expense in equine practice.[5]

• **Practice Management Software with Digital Inventory Management System:** Inventory management can be time-intensive and error-prone. Having an electronic system that tracks inventory can save time and improve data accuracy. Keeping the optimal amount of stock on hand reduces waste. Software can also help handle the complexity of split inventory across multiple trucks and a central pharmacy.

• **Managing Backorders:** It is easy to forget about backordered products. Ensure that these are appropriately communicated to the veterinary provider team to help manage treatment decisions, create electronic alerts in veterinary software, and add physical markers on the shelf so that "drift" doesn't cause other products to move into that space and lead to a forgotten spot. Finally, create an accessible list of backorders so people can track these items.

• **Price Increases:** Setting up software to automatically increase prices of items through a markup percentage is important to manage fluctuating product prices. Set up a system to flag significant price increases and whether alternative products need to be researched and identified.

• **Margin Analysis:** The margins on each item in the inventory should be periodically evaluated. Is the pricing keeping up with price increases, inflation, and covering the cost of goods sold?

• **Staff Discounts:** There is a cost to inventorying, ordering, unpacking, and stocking shelves. Even with staff discounts, there should be 15% added to the cost of inventory to cover the expense.[5]

ACCOUNTS RECEIVABLE

Cash flow is the primary determinant of fiscal health for a business. A practice needs sufficient cash to cover short-term operations, including paying wages, paying for inventory, and daily/monthly expenses irrespective of how much is on its balance sheet. This means that active management of accounts receivable is key to a healthy business.

• **Payment Structure:** The traditional equine ambulatory practice model was to bill at the end of the month, resulting in a 60- to 90-day lag between when the practice paid upfront for expenses and the time of compensation and profit. This results in poor cash flow, which is inherently risky for a business and can lead to insolvency or bankruptcy. Many practices are now adopting payment-at-the-time-of-service policies to reduce and even eliminate accounts receivable. Keeping

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credit cards on file or carrying point-of-sale machines can help facilitate this policy.

- **Consistency in Messaging:** Adopting clear, consistent, and enforced payment policies and communicating them to clients is essential. Ideally, this messaging should begin at the point of engagement through new client paperwork, which includes information on authorized agents, payment details, and required signatures.
- **A Variety of Payment Methods:** Offering a variety of payment plans and modalities increases cash flow by allowing clients to use their preferred method of payment and by assisting them with their cash flow situations. Clients also enjoy the convenience of payment portals on websites.
- **Collections Agencies:** Chasing a client for unpaid invoices can lead to a perceived conflict of interest, spend a great deal of labor, and can be fairly ineffective. Instead, many practices choose to engage collection agencies. The catch is that these agencies do collect approximately 10–20% of the collected amount, resulting in a decreased profit for the practice.
- **Legal Processes:** Familiarity with the state's legal process for payment can be helpful for practices. For example, New York State has a penal law for issuing a bad check, with a maximum penalty of imprisonment, a fine, or both. Passing these issues to the state can be the fastest and most efficient way for a practice to collect the overdue funds.

TRENDS AND FUTURE DIRECTIONS

Future directions for equine practice troubleshoot the issue of unsustainable and increasing work hours (56 hours/week) and top reasons for leaving practice, which include bias, work–life balance, emergency coverage, and low compensation.[1,4] Improving quality of life improves longevity in practice and therefore workplace satisfaction and success of a practice.

- **Social Responsibility:** Social responsibility has become a growing priority for customers. This concept emphasizes the importance of caring for both people – through equity, inclusion, and accessibility – is essential to creating the kind of world we aspire to live in, especially since a veterinary business is founded on the well-being of living beings. Equine practice is no exception. A recent qualitative study on the factors causing work dissatisfaction and burnout in equine veterinarians found that bias was experienced by most participants (76%) based on gender, size, appearance, age, and disability, with most reporting gender bias.[4] This points to the importance of a strong supportive work culture that is inherently embedded in the mission, vision, values, employee handbook, and cultural practices in a veterinary practice. From a management and ownership perspective, how do you respond to client complaints, and how do you pay particular attention to potential bias that may sometimes cause unwarranted or phantom complaints and client preferences for particular practitioners? What are your policies on the interchangeability of practitioner for different clients, including in after-hours calls, and how do these policies interface with work–life balance, workplace satisfaction, and a sense of belonging? How do your policies affect childcare and new parents? What sick leave is provided, and what level of accessibility is provided for those who get injured on the job or develop physical constraints in a very physical profession? Socioeconomically, do you support new graduates coming to the practice through student loan repayment programs or structured mentorship programs?
- **Environmental Responsibility:** Just as social responsibility is important to the longevity of the world we live in and an increasing priority for customers, so is environmental sustainability. Customers are increasingly selective about where they spend their money, and increasingly, social and environmental consciousness plays into their financial decisions. Medical enterprises tend to be wasteful due to the attention paid to biosecurity and single-use products. However, simple actions can be instituted: electronic medical record management, use of electronic tablets in protective casings, recycling programs for syringe casings and cardboard boxes, composting clipped hair, switching to reusable items where possible, and purchasing in bulk. Client education on appropriate disposal of unused medications and open intake of these medications can all contribute to environmental health. Scheduling planned farm calls in the same geographic areas can improve efficiency, improve profit margins, and result in fuel efficiency. Finally, provider and client education on antimicrobial responsibility is important to both animal and environmental health.
- **Wellness Plans:** Wellness plans have proven beneficial for both animal health and welfare while allowing clients to manage monthly veterinary expenses and providing steady cash flow for the practice. These plans can include preventive care services like physical exams, vaccinations, dental exams, soundness checks, and bloodwork. Customizable options for pleasure, performance, and geriatric horses offer maximum value and benefit to clients.
- **The Specialist Team:** Collaborative care creates a rare quadruple win: it enhances animal health and longevity, leads to happier clients, and generates revenue and job satisfaction for both the general practitioner and the specialist. In human medicine, referral to specialists is standard practice, and this is becoming increasingly common in veterinary medicine. Millennial and Gen X clients are more likely to request specialist referrals, and 25% of those who don't receive one will seek out a specialist on their own.[6] Clients tend to view general practitioners more favorably when they provide referrals, and they become 8 times less likely to advocate for their primary veterinarian when they need to self-refer.[6] Clients may also benefit financially from referrals; for instance, 88% of clients who opted for a referral for a spinal tap, rather than symptomatic treatment for equine protozoal myelitis, saved between $1,030 and $2,060.[7] Similarly, dogs referred to specialists for congestive heart failure live 77% longer and generate 22% more revenue for the primary veterinarian due to their extended lifespan.[8] Offering referrals is in the equine veterinarian's best interest, not only for client satisfaction and patient welfare but also for improved long-term revenue.
- **Community Engagement:** Giving back to the community not only generates goodwill but often leads to positive publicity. From a management perspective, assigning the task of finding these partnerships to staff can foster empowerment, enhance buy-in, and improve job satisfaction. Community engagement also serves as an important reminder of the purpose behind our work.
- **Improved Internship Experiences and Formal Mentorship Programs:** The industry is reconciling with the fact that many internships do not pay living wages.[9] Some practices are demonstrating their commitment to well-being by increasing compensation. In fact, from 2020 to 2023, equine internship wages rose 45% to an average of $44,822.[1] New graduates value mentorship above all else, and companion animal practices are instituting formal mentorship programs, a trend that is likely to translate to equine practice. These programs include formal knowledge and skill-based curricula taught by experts, formal mentor training and scheduled check-ins, and both in-clinic and community mentorship.
- **Four-Day Work Weeks:** Increasingly, equine practices are trying to find strategies to improve work–life balance and improve sustainability for longevity in their careers. One method has been to move towards four-day workweeks for veterinarians and technicians.
- **Call Share:** Several opportunities exist for various arrangements to handle emergency duty while preserving work–life balance. One method is for practices within a certain radius of each other to pool their emergency duty and split the workload (emergency cooperatives). Another is to hire or contract out to people and practices who choose to exclusively cover after-hours emergencies.
- **Telehealth:** Services are being created that exclusively offer teletriage on behalf of veterinarians to improve animal health and welfare and improve the quality of life for practitioners. Equine veterinarians can

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save time spent on the phone and focus only on true emergencies if using a teletriage service. This is also another avenue for revenue, as only 19% of equine practice owners charge for phone consultations.[1]

- **Technology:** Technology can improve productivity, reduce costs, and streamline tasks, allowing veterinarians to focus more on medicine. Phone apps, payment portals, online appointment schedulers, and online pharmacies are trends that provide a more convenient, streamlined experience for clients while reducing resource demands and potentially increasing sales for equine veterinary practices. Currently, less than 50% of equine veterinarians utilize tools such as online pharmacies, digital inventory management, telehealth, or communication software that integrates with practice management systems, as well as online appointment scheduling and other technologies.[4] This presents significant opportunities for growth.
- **Artificial Intelligence:** Artificial intelligence offers clinical pathology, radiology, and medical record services, making these services more accessible and saving the practitioner time.

EXAMPLES

N/A

CAUTIONS

N/A

MISCELLANEOUS

ABBREVIATIONS

N/A

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1.26. FOOD ANIMAL PRACTICE MANAGEMENT

BASICS

OVERVIEW

Food animal-exclusive veterinarians comprise 5.5% of the total veterinary population in the United States.[1] They hold a major responsibility for the safety, quality, and efficiency of our food supply. The clients of food animal veterinarians are producers, in the form of farms, ranches, or companies that own and manage food-producing animals. Food animal veterinarians must balance the economic factors of the producer with the need for a safe and wholesome food supply and the welfare of the individual animal and herd. These additional factors make the management of food animal practices different and more complex than that of small animal and mixed animal veterinary practices.

A fundamental difference in food animal practice is the need to create economic value for the producer. When a veterinarian can provide services and advice that creates economic benefit to the producer, the demand for veterinary services will increase. Without tangible economic benefit, veterinarians will lose market share to nonveterinary competition, or animals will go without adequate healthcare.

TERMS DEFINED

Animal Medicinal Drug Use Clarification Act of 1994 (AMDUCA): This federal law allows veterinarians acting within a valid veterinarian–client–patient relationship (VCPR) to prescribe and dispense medications in an extra-label manner to food-producing animals subject to detailed regulations establishing the need for extra-label use and establishing withdrawal times.
Retainer: A fee paid in advance to secure future services when required.
Veterinarian–Client–Patient Relationship (VCPR): This is required by federal and some state regulations to prescribe or dispense extra-label drugs and to issue a Veterinary Feed Directive (VFD). The requirements of a valid VCPR include sufficient knowledge, gained through a physical exam, by the veterinarian to establish a general or preliminary diagnosis.
Veterinary Medicine Mobility Act: This federal law allows ambulatory veterinarians with a Drug Enforcement Administration registration to transport controlled substances used to treat patients in the field.

ISSUES AND OPTIONS

Major areas of food animal practice include the following:
• Bovine practice, which primarily comprises dairy and beef practice. The major life stages of beef practice are cow–calf practice, stocker practice, and feedlot practice.
• Small ruminant practice, which is predominantly caprine and ovine practice.
• Commercial swine practice, which in private practice is predominantly consulting.
• Commercial poultry practice, which comprises chickens, layers (egg production), and commercial poultry (meat) turkey practice.
• Other minor species of commercial food production, including aquaculture, rabbits, bison, and honeybees.

The species and type of food animal practice depend on the geographic location of the practice, as various food-producing species are concentrated in certain geographic areas. The majority of food animal-exclusive practices are bovine, either dairy or feedlot practices.

The poultry and swine industries are largely vertically integrated, meaning that one entity maintains ownership through the lifespan of the food-producing animal. Vertically integrated companies generally employ on-staff veterinarians to oversee animal health. Although these poultry and swine veterinarians are responsible for economic factors relating to animal health, they are not managing a veterinary practice in the traditional sense.

Traditionally, food animal practitioners are responsible for herd health management, biosecurity, disease identification, and individual animal procedures. Increasingly, however, food animal practitioners monitor herd and individual animal performance and feedback through data collection, analysis, and reporting to the producer. They are also increasingly responsible for monitoring and training animal husbandry employees and working within a team to serve the client.

Another shift occurring in food animal practice is away from individual animal practice toward herd health and consulting. Traditionally, producers sought veterinary services for individual animal disease, injury, or emergencies. Progressively, however, veterinarians are filling consultant roles as advisors to producers on protocols for herd health, increased production, data analysis, animal welfare, and business practices.

In areas of concentrated dairies and feedlots, it is common for practices with 10 or more veterinarians to form in order to consolidate resources and better serve producers. These larger food animal practices are often owned by a group of partners or shareholders, governed by a board of directors, and managed by a dedicated practice manager.

Areas of consulting include:
• Nutrition
• Biosecurity and disease prevention
• Immune enhancement through vaccine and immunology protocols
• Parasite control
• Genetics
• Reproduction
• Animal husbandry practices
• Record analysis
• Antimicrobial usage
• Quality assurance for products (beef quality assurance, milk quality)
• Facility design
• Production data collection, analysis, and reporting.

In a 2016 survey of American Association of Bovine Practitioners (AABP) members, 7% of food animal practices reported that more than 50% of revenues are derived from consulting activities.[1]

A rapidly increasing area of food animal practice is data analysis and creating individual animal and herd production for producers. This can create value for the producer and place veterinarians in a position of trust and value.

FOOD ANIMAL VETERINARY BUSINESS BEST PRACTICES

Although food animal practice management is extremely diverse, standard best business practices still emerge. A food animal practice owner or manager should develop expertise in the following areas.

Strategic Planning

Partners, leaders, managers, and the staff of the practice should gather regularly to discuss the mission, vision, and core values of the practice. This should culminate in identifiable and specific goals for the time period. All aspects of marketing, leadership, key performance indicators (KPIs), and finance should focus around the agreed-upon strategic plan.

Marketing

Developing and following a marketing plan can create greater value while focusing efforts to save money. A marketing plan is generally divided into actions directed at established clients and those aimed

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at prospective clients. Successful food animal practices often communicate with established clients regularly with newsletters, both in print and digital formats. These newsletters update clients on new services, expertise, and training that practice veterinarians can offer. Often, they will share best practices among area producers, creating a community and value to the client. Many food animal practices also hold regular client events with educational seminars hosted by the veterinarians and possibly product representatives.

Marketing to prospective clients includes digital platforms such as a website and Internet-based information. Food animal clients are a small and select group and require targeted information. Sponsoring community events such as county fairs, livestock shows, rodeos, and trade association events can also reach the targeted prospective customer. However, community goodwill and word-of-mouth advertising are still the principal mode of food animal practice marketing. This is achieved by providing excellent customer service to established clients and encouraging them to tell other producers.

Human Resources

Food animal practices are often larger organizations than their mixed animal and companion animal counterparts. This necessitates organized leadership and human resource (HR) management. Roles and responsibilities for an HR manager include organization of the workforce, compensation and benefits management, performance appraisals, and employee development and training. Food animal practices often have fewer paraprofessionals per veterinarian, and in some practices, veterinarians outnumber paraprofessional employees.

Food animal veterinarians are often better compensated than veterinarians of other practice types.[1] Practice owners and managers should carefully structure compensation packages for maximum incentivization and tax savings. Benefit packages that take advantage of nonwage compensation should be developed and maintained. These include healthcare, retirement accounts, generous continuing education, use of a company vehicle, and paid time off. Other incentivization compensation pieces, such as profit sharing, individual client growth, and partnership status within the organization, are common in food animal practice and should be considered by progressive managers and owners.

Employee motivation and goal setting are also important aspects of successful food animal practice management. Because food animal practitioners often work long hours in physically demanding environments, leadership becomes critical. Moreover, associate veterinarians are often separated from the practice for the majority of their day, and providing open channels with regular communication and focus is important.

Finance

Successful food animal practice managers and owners will regularly view and analyze business financials. Because of the variability in practice types and small relative number of food animal practices, comparative analysis and benchmarking across practices are not readily available. However, historical financial analysis of a given practice can be very beneficial.

There are certain key metrics to derive from financial statements. Total revenue should be categorized into the following:

- **Revenue Generated by Activity:** Amount of revenue by product sales, professional services, ambulatory services, and consulting services, and their historical trends, for example, are essential to determining the strength of the business.
- **Revenue Generated by Veterinarian:** This will show individual veterinarian production and can help to establish where efforts should be focused.
- **Revenue by Client:** Because food animal practices generally regularly serve a small number of clients, tracking revenue by client can help determine which clients to focus efforts on.

These expense categories of the practice are monitored most closely:

- **Labor Costs:** The largest expense in most food animal practices is labor. Tracking veterinary and paraprofessional labor expenses regularly and as a percentage of revenue is essential for practice financial health. Seasonal variability must be understood and managed for long-term success.
- **Cost of Goods Sold (COGS):** This expense is highly variable in food animal practices. Some practices rely heavily on product sales from both in-practice retail and off-the-truck sales to producers. These items generally have low markups but can generate large amounts of revenue based on volume. Tracking the cost of goods as a percentage of revenue is necessary to determining the financial health of the practice. Regular cost of goods sold (COGS) percentage tracking can identify issues with missed charges, shrinkage, and incorrect pricing. If the percentage of COGS is increasing, then a detailed analysis of the markup percentage, items sold, and ordering history is warranted. For food animal practices that offer large amounts of products to producers, the profitability and long-term success of the practice are often determined by the COGS.
- **Accounts Receivable:** The amount owed to the practice is another key metric that can easily cause financial detriment without careful attention. Prudent food animal practice owners and managers will track and manage and update their accounts receivable regularly (see 8.11 – Accounts Receivable Issues).

After historical analysis of financial indicators, a prospective budget, accounting for the projective growth or decrease in revenue, should be developed and approved by the practice owners. Successful food animal practices use the annual budget process to implement strategic planning decisions (see 8.15 – Controlling Cash Flow: Budgeting).

Other KPIs that are specific to food animal practice include:

- Active clients per veterinarian
- New clients per veterinarian
- Lapsed clients per veterinarian
- Diagnostic testing costs percentage as a percentage of revenue
- Product sales as a percentage of total revenue.

Lastly, variable external expense factors affect food animal practice more than companion animal and mixed animal practices. For example, fuel and vehicle costs tend to be variable, and fees should be adjusted accordingly. Regular fee adjustments based on distributor and manufacturer pricing should also be scheduled and performed regularly.

Software

A robust practice information management software (PIMS) package is essential for successful medical recordkeeping, herd health analysis, client communications, invoicing, and accounting. Traditionally, server-based PIMS systems were run at the food animal practices' office, and ambulatory practitioners or technicians entered medical records, notes, and invoicing after returning from farm calls. Some server-based systems had laptop-based programs that could be taken in the field and then uploaded and integrated back into the server upon return. Some food animal practices modify producer-based herd management systems for practice management use. Cloud-based PIMS are becoming more robust and feature-rich for ambulatory and mobile practices. Cloud-based PIMS do need Internet access to fully function, but widespread use of Wi-Fi and mobile hotspots allows real-time access to databases from many producer locations.

EXTERNAL ECONOMIC FACTORS

Food animal veterinary practices are more susceptible to external economic factors than their companion animal counterparts. Many external factors affect the demand for veterinary services and thus the profitability of food animal veterinary practices.

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• Domestic and international demand for animal proteins drives production at the farm level, and changes in production levels directly affect the market for veterinary services, more so for smaller producers.
• Commodities prices, in the form of inputs to producers, such as the cost of feedstuffs and fertilizers, can affect the producers' demand for veterinary services.
• Consumer behavior, habits, and fears, such as the marked decrease of beef consumption during a disease outbreak, or the overall consumer trend away from red meat to fish, have an impact.[1] This is evidenced by projections of supply increases in swine (9.9%), poultry (20.8%), and turkeys (12.6%), relatively small projected increases in cattle (2.9%), and decreases in dairy (1.7%) and sheep (6.4%).[2]
• Localized weather patterns can also affect food animal practice revenue and profitability because of feeding and movement during drought, severe cold, or heat periods.
• International trade factors, tariffs, and disease-related trade restrictions also affect food animal practice. International trade is a major driver of producers' profitability and thus food animal practice revenue.
• Large-scale consolidation in the farm sector of the economy is necessitating changes in many food animal practices as the number of clients decreases, but the overall services required of larger producers increase.

Progressive food animal practice owners and managers should track and understand the external factors that can influence their practice and make decisions according to retrospective analysis and best projections. Typically, external economic factors are cyclical and temporary but do create issues for managers.

BILLING AND FINANCIAL ISSUES

Food animal practices have historically been billed as a "fee for service" model, which means that the client is billed when they call the practice and a veterinarian provides individual animal services and products. As producers consolidate into larger entities and food animal practices shift to herd health and consulting business models, some have begun to change their billing practices to retainer-type fees. Using a retainer-billing model, the client and practice enter a contract where a flat fee is paid for regular visits, services, and possibly some products. Here, the practice needs to be aware of their costs and the amount of time required for the client, but overall, a retainer fee arrangement can simplify billing and save time in the field.

Other progressive fee models include hourly billing for consulting time, protocol development, and training of herdsmen and other employees of the client.

Traditionally, food animal practices carry inventory both in the office and "on the truck" for sale to producers. These are generally vaccines, parasiticides, and antimicrobials. These products are generally in large quantities, relatively expensive, and have short expiration dates. They also have specific temperature and handling specifications, which can be difficult to adhere to in an ambulatory vehicle. With the popularity of Internet shopping and expedited delivery, the competition to veterinary practices has dramatically increased, and thus potential markups on products have decreased. Additionally, nearly 51% of food animal veterinarians report competition from route trucks delivering supplies, and 26% report competition from technical service veterinarians employed by distributors or manufacturers.[1, p.91]

Some food animal practices have stopped carrying products, some continue to carry the products as a client service gesture, and some have gone to "off-the-truck" delivery, or scheduled delivery from a practice service provider or package delivery service. This reduces the need to carry large amounts and varieties of products but keeps some revenue in the practice.

EXAMPLES

N/A

CAUTIONS

ETHICAL RESPONSIBILITIES

Food animal veterinarians and practices have increased ethical responsibilities due to their role in food safety. They also hold a position of trust in disease identification and control. For example, making a facility's disease public knowledge may be financially devastating to a producer. At the same time, other clients need to have knowledge of biosecurity risks in the area. This requirement of confidentiality while serving other area producers and clients can place food animal practices in a precarious ethical and legal position. Mishandling confidentially and disease biosecurity situations can lead to large liabilities and financial risks. Food animal practices should have confidentiality protocols and ethical discussions to minimize the risks of liability to the practice.

MALPRACTICE AND RISK MANAGEMENT

Many clients and producers are large economic entities with equally large financial implications. Food animal practices face larger risks of liability due to the potential economic damages of negligence and malpractice than their mixed or companion animal counterparts. Food animals are also typically larger and thus more likely to cause human injury to practice employees, clients, and the public. Lastly, food animal practice employees spend more time traveling in ambulatory vehicles, increasing the risks of motor vehicle accidents. Therefore, malpractice insurance, general liability insurance, worker's compensation, and used and unowned vehicle policy limits should be maximized and maintained as current.

A major source of legal liability and risk to food animal practice is drug residues in foodstuffs such as meats and milk. Food animal practices should have strict drug use policies for veterinarians and producers. Multi-doctor practices should also implement and follow policies on judicious use of antimicrobials, extra-label drug use (ELDU), and VCPR requirements to minimize risk to the practice at large.

Food animal practices must comply with the Food and Drug Administration regulations concerning medically important antibiotics in feedstuffs (see 10.14 – Veterinary Feed Directives). To comply with VCPR and VFD requirements, food animal veterinarians must maintain state licensure in all states where animals are housed and fed according to VFD.

MISCELLANEOUS

ABBREVIATIONS

AMDUCA: Animal Medicinal Drug Use Clarification Act of 1994
ELDU: Extra-label drug use
VCPR: Veterinary Client Patient Relationship
VFD: Veterinary Feed Directive
VMLRP: Veterinary Medicine Loan Repayment Program

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1.27. MIXED ANIMAL PRACTICE MANAGEMENT

BASICS

OVERVIEW

A mixed animal veterinary practice is defined as a practice that services varied species, with at least 25% from companion animal contacts and at least 25% from food animal or equine contacts.[1] Mixed animal practices serve a wide variety of clients and animals, leading to a diverse and varied day but also inherent management challenges.

TERMS DEFINED

Mixed Animal Veterinary Practice: At least 25% of the client contacts are companion animals, and at least 25% are either food animals or equine.

ISSUES AND OPTIONS

Managing a business with a broad variety of services and products is inherently more complex than a more focused revenue stream. This increased complexity is the result of several distinct factors.

- Clients and animal owners are diverse in terms of backgrounds, incomes, and uses of their animals. This creates a need for varying customer interactions and product offerings.
- Employees need to have had more broad experience, training, and development. Although employees of larger mixed animal practice can focus on a practice type or species, every team member must be cross-trained and at least minimally competent in all of the practice product and service offerings.
- Equipment and facilities must be more diverse, which requires more capital investment, maintenance, and upkeep.
- Inventory and product offerings must be more diverse, requiring additional capital investment and management.
- As veterinary medicine progresses and the collective body of knowledge grows, a mixed animal practitioner must learn relatively more to maintain practice to the standard of care for all species involved.

For these reasons, mixed animal practice management is more complex, and practice profitability is less than species-focused veterinary practices. However, mixed animal practices are a strong component of the veterinary industry and remain a strong draw to joining the profession.

In the United States, mixed animal practices produced approximately $4.5 billion in 2017.[2] This comprised about 12% of total veterinary services. Approximately 6% of veterinarians are employed in mixed animal practices in the United States, and about an additional 15% are employed in food animal-predominant or companion animal-predominant practices.[1]

On average, mixed animal associates and owners work more hours than their counterparts in companion animal, food animal, and equine practices.[3] They also earn less professional income than companion animal-exclusive and food animal-exclusive practitioners.[3]

The average mixed animal practitioner spends about 30% of their time on dogs, 15% on cats, 10% on horses, 10% on beef cattle, 2% on sheep and goats, 1% on dairy cattle, and 0.5% on swine.[3]

These numbers and statistics show that mixed animal practitioners and their practices serve a very diverse patient population, thus creating management challenges. However, living and working in smaller communities or rural areas is often a lifestyle choice for the veterinarian and their family. Mixed animal practice leaders should embrace the variation in caseload and small community lifestyle when recruiting and retaining talented associates and employees.

COST OF GOODS SOLD

Successful long-term management of a mixed animal practice requires profitability. The factors that most heavily influence profitability are revenue and the variable expenses of cost of goods sold (COGS), veterinary labor, and paraprofessional labor.

Generally, the COGS is tracked and measured as a percentage of total revenue. The percentages of costs of goods in well-managed mixed animal practices range from 18% to 35% depending on the species mix, the amount of ambulatory services, and product sales.

The more companion animal services that the mixed animal practice provides, the lower the benchmarks are for the cost of goods. The percentage of costs of goods is influenced by expired products, shrinkage, and prices paid to vendors or distributors.

Other common factors that contribute to a higher than benchmarked cost of goods percentage are improperly priced items, missed charges, or improper discounting. These factors lead to lower revenue and a higher percentage. The mixed animal practice manager must track and manage these factors as a direct correlation to profitability. The wide variation in species, conditions, and medicine creates difficulty in stocking inventory items efficiently. The following are techniques that can reduce the COGS.

- Tracking inventory turns will aid in determining which products to stock, how much, and for what season (see 10.01 – Effective Inventory Management – An Overview).
- Just-in-time inventory management and leveraging next-day shipping from distributors can help minimize stocked items.
- Careful consideration should be given to medications that are needed immediately and to those that can wait one to two days for client pickup.
- Practices should consider online-based retail pharmacies that are controlled by the practice and drop ship directly to the client. These services can help the practice retain some of the revenue of the medications without stocking the inventory item while still providing good customer service (see 10.03 – Pharmacy Management as a Profit Center).
- Medications that are rarely used, are expensive, are needed in emergencies, and have short shelf lives can be split with local practices that specialize in the labeled species.
- When starting an analysis of inventory costs, start with the top 50 invoice items by revenue and the top 50 inventory items measured by expense. Identifying and starting with the most commonly used and bought items will make the largest difference first and help an otherwise very tedious task.
- To help with shrinkage, move large quantities of expensive products to a limited-access, locked storeroom. It is essential to count, audit, and track inventory regularly, between once monthly and once quarterly.
- To reduce missed charges, first identify where and by whom charges are not being entered. Most commonly, this is in hospitalized patients, in large animal working areas, and on ambulatory calls. Flowcharts that follow a patient through the hospital with common charges for highlighting or circling, either on paper or digitally, can drastically reduce missed charges. On ambulatory visits or in large animal areas, use patient visit report forms printed on carbon copy paper to reduce time, give client instructions, and create a record for the technician or receptionist to enter and invoice.

In sum, overstocking, undercharging, and shrinkage of inventory are the most impactful drivers of low profitability in mixed animal veterinary practices. Generally, services are much more profitable for a mixed animal practice.

HUMAN RESOURCES

Labor is usually the largest expense at a mixed animal practice. Labor can be divided into paraprofessional labor, which includes all non-veterinarian staff, and veterinary labor, which includes licensed and practicing veterinarians. Some practices will include a third category of labor compensation for management personnel. Veterinary

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compensation generally comprises 18–30% of total revenue, depending on the number of ambulatory services and product sales that comprise a practice. Paraprofessional labor expense generally comprises 18–25% of a practice's total revenue.

Together, over 40% of all revenue is spent on compensation, and this truly makes human capital both the largest expense and biggest asset of a mixed animal practice. The cost of employee turnover is often concealed but is excessive in most mixed animal practices. Therefore, practices should focus management time on hiring, training, developing, and retaining long-term productive team members.

Practice owners and managers that make time and financial investment in developing and training the veterinary and staff team generally are more successful and profitable.

Leadership, guidance, and development of team members are essential for successful mixed animal practice management. Leadership books and training generally focus on clear expectations, regular feedback, and consistent accountability by leaders. Many leaders constantly focus on clear and concise communication and seeking feedback and ideas from team members (see 2.20 – Leadership). Other successful leaders concentrate on understanding and answering the legitimate needs of employees while differentiating them from wants.

Scheduling of employees and appointments is a regular challenge of mixed animal practices. This is due to the ambulatory, emergency, and unpredictable nature of this type of practice. Some team members will be more skilled and knowledgeable in areas of practice and even particular clients. Regular and consistent scheduling of types of appointments and team members will help the team and clientele alike.

AMBULATORY MIX

Ambulatory visits to houses, barns, facilities, and ranches are an important component of mixed animal veterinary medicine. The reasons that clients prefer ambulatory medicine include convenience, less stress on the animal, inability to transport, impracticality to transport, and lack of adequate facilities at the mixed animal practice. In general, the less time the mixed animal veterinarian spends in transit, the greater the revenue that they can produce. For solo and two-doctor practices, this becomes an impactful issue because of the fixed costs associated with the practice sitting relatively inactive while the veterinarian produces less revenue. As practices grow to four or more full-time equivalents (FTE), profitability increases partly because of the ability to better leverage fixed costs. When pricing the charge for an ambulatory visit, the practice should consider opportunity costs in the hospital, transportation costs, and time of staff and labor.

The costs associated with transportation are increasing, including capital outlay for a capable vehicle, depreciation of the vehicle, fuel, and maintenance costs. These costs should be factored into pricing the ambulatory visit; however, it is unlikely that the market will bear the entire cost to the practice.

INCENTIVIZING CLIENTS TO "HAUL-IN"

Emergency Medicine

Mixed animal practices commonly provide emergency services. Emergency and after-hours care is an excellent customer service, often providing better patient care and generally being profitable to the practice. However, providing emergency services is a major cause of burnout and fatigue, ultimately leading to individuals leaving mixed animal practice or veterinary medicine entirely. The following factors can balance the necessities of mixed animal emergencies:

- Practices with four FTE veterinarians report less burnout and fatigue than smaller practices, possibly because of the reduced workload and ability to rotate the on-call schedule.
- Consider a veterinary-trained answering service to triage and forward after-hours calls only after the client has agreed to the emergency fee.
- Create an on-call schedule for technicians and assistants to aid the veterinarian during after-hour calls, provide better patient care, and expedite the call.
- Compensate employees with all or a percentage of the emergency fee to incentivize accepting the emergency.
- Watch for signs of anxiety and burnout and provide weekday breaks for those on weekend call.

COMPENSATION OF VETERINARIANS

A high percentage of mixed animal associates (60%) are paid on salary compensation, whereas their companion animal associate counterparts and a few mixed animal associates are paid on salary and production compensation or straight production compensation.[4] Straight salary tends to be easier to calculate, is more predictable for both parties, and does not incentivize competitive behavior among associates.

- Straight production compensation packages do not provide a safety net or base for the associate, although they ensure the practice that the associate will not be overpaid.
- "Base or production" compensation packages provide a base salary to the associate but allow associates to earn production compensation once the production threshold is met. "Base or production" can be thought of as a hybrid of straight salary and straight production compensation packages.
- Straight production and "base or production" compensation is more time-consuming to calculate, requires the provider of each transaction to be recorded correctly, and can incentivize price gouging and competitive behavior by the associates.

Many services and products in mixed animal veterinary medicine have different markups and profitability. Setting singular production percentages across all products and services has the effect of creating losses to the practice for some transactions and windfalls for the associate on others. Before setting associate production percentages, a mixed animal practice must know and understand the markups and profitability of commonly used items and services. Because of the wide variation in practice species and product service mix, it is difficult to create one-size-fits-all compensation packages.

Taxable and Nontaxable Compensation

Mixed animal veterinarians and staff in the United States pay income tax and payroll tax on compensation that is reported on their IRS W-2 form. Regular salary, production compensation, and bonuses are required to be reported. As a general rule, all compensation and benefits that flow from an employer to an employee are reportable W-2 wage compensation. Congress and the IRS, however, have created exceptions from reportable compensation. The following are nontaxable benefits that are common to associates in mixed animal practice:

- Health insurance, health savings account (if applicable), retirement account, liability, disability, and life insurance, cost of travel, lodging, registration and meals for continuing education, state licensure, Drug Enforcement Administration (DEA) registration fees, cell phones (primarily business), national and local association memberships, Veterinary Information Network (VIN) or other educational platforms, vehicle expenses or allowance, use of lodging (if required for employment), paid vacation, sick and continuing education leave.

CLIENT SERVICE AND SATISFACTION

A mixed animal practice owner or manager should realize that client service and satisfaction are keys to long-term success and profitability of the practice. Team culture should center on service to the client and their animals. Once that is established, other factors will then become easier to manage and control.

MARKETING

Due to their location in small rural communities, many mixed animal practices market via community outreach and involvement campaigns. Most common are sponsorships in youth or school-related events, local sporting or entertainment events, area livestock or equine-related

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shows or performances, and overall community involvement such as the local Chamber of Commerce, church and school activities, or local government.

This leads to individual relationships and word-of-mouth advertising generating goodwill within the community. However, the more mobile or transitory a community is, the greater the return on other forms of marketing. Web- or digital-based marketing, such as websites, listings on search engine services, map-based and direction services, for example, usually generate good return on investment in mixed animal practice. Social media advertising and marketing should also be a part of any marketing plan. In addition, print advertising such as local newspapers or community guides can generate client visits in some communities.

Internal marketing programs are essential to long-term success. The most common are reminder systems, notifying clients of upcoming wellness examinations, vaccinations, dental procedures, and other preventative medicine. Large animal client development programs are also commonly successful. These include education events, invited speakers, social events, youth programs, and other community-building events.

Practice owners and managers should develop a marketing plan based on the type of client they are marketing to, existing or potential, and the type of client that they want to reach. At times, this will involve separate and distinct marketing efforts to distinct market segments.

A mixed animal practice should build on the community that is naturally formed around clients and their pets, animals, livestock, and livelihoods. In many communities, the mixed animal practice becomes a center of commerce and community. The veterinarians become leaders in the community, generally active in youth programs and other social events. This is excellent goodwill and marketing, leading to consistent client flow but requiring constant internal focus on customer service, revenue capture, and expense management.

PRACTICE MANAGEMENT SYSTEM

A robust and versatile practice information management system (PIMS) is essential for mixed animal practice management. The PIMS software must be flexible, with data input for multiple species, owners, and caretakers. Within the software program, the practice should develop a system for tracking over-the-counter product sales for herd health.

Medical recordkeeping systems that can track herd health, individual patients, and owners with multiple species are essential. Electronic medical records (EMRs) can aid in the efficiency, transportability, and security of medical recordkeeping.

In a PIMS and EMR system, robust reporting capability is essential. Reporting, key performance indicators (KPIs), and metrics are discussed below.

Managers should focus on PIMS with workflow automation, reduced clicks for common tasks, and streamlined steps. Proper selection and utilization of the PIMS can reduce staff labor by creating more efficient workflows. Most PIMS packages are grossly underutilized by mixed animal practices, leading to inefficiencies, increased expenses, and reduced revenues.

Proper inventory tracking within the PIMS is particularly important for mixed animal practice management.

EXAMPLES

METRICS AND KEY PERFORMANCE INDICATORS

Mixed animal practices are complex and relatively difficult to manage compared with single-type practices. An old business adage is "You can't manage what you don't measure." Tracking of KPIs is vitally important to mixed animal practice management. Unfortunately, benchmarking data is rare and can be misleading due to the wide variation in mixed animal practices' species mix, and haul-in and ambulatory mix. These factors are largely dependent on factors outside the control of managers, such as location, demographics, and clientele. However, studying the reasons for data variation within benchmarking, and how they apply to the individual practice, is important for effective practice management.

KPIs pertaining to revenue include revenue by category, revenue by species, revenue by FTE doctor and individual doctor, discounts, and missed charges. Expense metrics should be tracked as an aggregate dollar and as a percentage of revenue, and these include professional veterinary labor expense, paraprofessional staff labor, COGS, and fixed cost.

Client and patient numbers should be tracked, and these should be broken down by species and by in-hospital or ambulatory examination. KPIs to consider include new clients, active clients, lost clients, patient visits by doctor, and sources of new clients.

Accounts receivable in a mixed animal practice can be a very detrimental financial indicator. Mixed animal practices should track accounts receivable by species, by doctor, as well as by the total and aging reports.

Other KPIs that significantly impact financial performance include total paraprofessional and overtime hours as well as the total number of paraprofessional hours per transaction per species. This ratio will give the manager trending data on the efficiency and time available to spend with the patient and client.

SERVICE PRODUCT MIX

Regarding staff employment, mixed animal practices employ fewer paraprofessional staff than their companion animal-exclusive or food animal-exclusive counterparts.

CAUTIONS

LIABILITY AND COMPLIANCE

Employment in a mixed animal veterinary practice can be dangerous work. Common injuries to employees include those caused by lifting heavy objects, injuries due to inadequate working facilities, scratches, bites, and kicks from fractious animals, motor vehicle accidents, and heat stress. A mixed animal practice owner or manager should understand and mitigate these risks.

Other less common but devastating injuries include exposure to cytotoxic drugs and radiation during pregnancy or otherwise, and exposure to zoonotic disease.

FOOD AND DRUG ADMINISTRATION

Regulations that commonly affect mixed animal practitioners include food animal residues from either banned or restricted drugs in food animal practice. Always check labels and known residues, provide client information, and obtain consent before prescribing or dispensing medications to food animal species.

- Mixed animal practitioners must have knowledge on how to legally issue Veterinary Feed Directive orders and properly create the medical record (see 10.14 – Veterinary Feed Directives).

DRUG ENFORCEMENT ADMINISTRATION

Proper storage, transportation, tracking, and recordkeeping of DEA-controlled drugs are common sources of potential liability for mixed animal practices. It is essential that correct controlled drug procedures are followed at all times.

Similar risk management and liability insurances are needed for mixed animal practices, with the exception of commercial vehicle

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policies for practice-owned vehicles and unowned and used vehicle policies for the use of owner and employee vehicles due to the mobile nature of mixed animal practice.

Occupational Safety and Health Administration (OSHA) potential safety hazards are often found in mixed animal practices. Commonly included are cytotoxic and hazardous chemicals and drugs. This 1includes chemotherapy drugs, prostaglandins, anesthetics, and immunosuppressive drugs. Cleaning agents, needles, sharps, and other hazards pose additional safety hazards.

To mitigate these risks, protocols for handling should be developed, and employees should be trained on the hazards and how to handle spills and other events. Employees should have access to and be required to wear personal protective equipment when handling possible hazards. Potential exposure to radiation, chemotherapeutics, and prostaglandins should be eliminated for pregnant or nursing women.

MISCELLANEOUS

ABBREVIATIONS

AVMA: American Veterinary Medical Association
COGS: Cost of Goods Sold
DEA: Drug Enforcement Administration
EMR: Electronic medical record
FDA: Food and Drug Administration
FTE: Full-time equivalent (veterinarian)
KPI: Key performance indicator
OSHA: Occupational Safety and Health Administration
PIMS: Practice information management system

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