



# Get Clients to Accept Diagnostic Tests

Wendy S. Myers, CVJ, President, Communication Solutions for Veterinarians Inc., 6455 Montano Place, Castle Pines, CO 80108, USA; 720-344-2347; [wmyers@csvets.com](mailto:wmyers@csvets.com); [Csvets.com](http://Csvets.com); [Facebook.com/csvets](https://Facebook.com/csvets); [YouTube.com/csvets](https://YouTube.com/csvets); [@wendysmyers](https://twitter.com/wendysmyers)

## Meet your consultant



Wendy S. Myers, CVJ, owns Communication Solutions for Veterinarians in Denver, Colorado. Her consulting firm helps teams improve telephone and communication skills, client service, and compliance. Communication Solutions for Veterinarians is a leader in phone-skills training. Wendy offers monthly CE credit webinars. She is a certified veterinary journalist and author of five books, including *101 Communication Skills for Veterinary Teams*. For five years, Wendy was a partner in an AAHA-accredited specialty and emergency hospital, which was sold to a corporate group. Wendy is a member of the American Animal Hospital Association and has been an instructor for AAHA's Veterinary Management School. She serves on a committee for the Foundation for Veterinary Dentistry.

## What you'll learn:

- Understand local prevalence data and how to teach clients about risk factors
- Use repetition of the message to gain acceptance
- Avoid wiggle words that could kill compliance
- Get scripts to explain the value of preventive diagnostics
- Explain preanesthetic screening and your anesthetic protocols
- Share lab results to increase clients' understanding and show value for diagnostics

What's good for the health of your patients is good for the health of your practice. Laboratory services could comprise 20% to 25% of your gross income.<sup>1</sup> Diagnostics have been the fastest-growing profit center in veterinary hospitals for the past 10 years, advises Fritz Wood, CPA, CFP of HF Wood Consulting in Lenexa, Kansas, USA.<sup>1</sup> Your entire team needs to have confident conversations about preventive screening, sick-patient workups and preanesthetic screening.

**The first step is to have doctors define your protocols.** What preventive screening do you want to perform on dogs and cats? What are your protocols for preanesthetic screening based on patients' ages and health status? Which tests will be sent to the reference lab and which will be performed in-house? Clients value point-of-care results because they can have fast answers for sick pets, senior screens, preventive screens, preanesthetic screening and other tests. Compliance may improve when you have answers now and can initiate therapy and treatment immediately.<sup>1</sup>

**Bundle services for consistent standards of care.** When I call practices as a mystery phone shopper and ask about a spay or neuter, receptionists sometimes tell me "It depends on which doctor you see" whether preanesthetic screening is necessary. If Dr. A sends one message and Dr. B has a different one, you'll confuse pet owners as well as your team. Veterinarians need to define the "hospital's way." A consistent standard of care may help get clients to "yes" faster. "It's an abdication of the veterinarian's authority when a test is made optional. If you make preanesthetic screening optional, you send a clear and strong message that it's not important," Wood advises. Clients know if testing were important, they wouldn't have a choice.<sup>1</sup> You need to be medically and ethically comfortable with your decision.

**Measure your compliance and set growth goals.** How many surgical and dental procedures did you perform last year, and how many preanesthetic screens did you run during the same period? Once you know your compliance, set a target to improve 20%. If you perform five anesthetic procedures each day on Monday to Friday, you would have 1,300 procedures annually. Your preanesthetic compliance is 60%



or 720 screens run annually. To grow preanesthetic compliance to 80%, you will need to perform 240 more screens or an average of 20 additional screens per month. To meet your growth goal, perform one more preanesthetic screen per surgical day.

**Know your costs and set appropriate fees.** Don't follow the old-school pricing strategy of marking up laboratory services 2.5 to 3 times your cost.<sup>2</sup> Calculate the true cost of providing a laboratory service. Here is an example of the cost of a CBC/chemistry panel with electrolytes that will be performed by a reference lab, according to the *AAHA Veterinary Fee Reference*, 10<sup>th</sup> edition:<sup>3</sup>

Tasks to include in cost of providing a laboratory service	Cost to practice
<b>Fee paid to outside lab</b> for CBC with 8 to 12 chemistries	\$38.26
<b>Supplies</b> of cotton ball, syringe, tube, etc.	\$0.50
<b>Technician's time</b> to draw blood, prepare sample and record test results based on wage of \$15 per hour, payroll taxes of 8.5% or \$1.28 per hour and benefits of 15% or \$2.25 per hour for total technician time cost of \$18.53 per hour. If 25 minutes of technician time is needed for this activity, the time costs \$7.72 (25/60 x \$18.53).	\$7.72
<b>Doctor's time</b> to advise client on the need for the test, interpret results and educate the client about findings. The doctor's time is calculated in a similar manner. The doctor spends 5 minutes discussing the need for the test and communicating results to the client and 10 minutes interpreting the results. The doctor works 40 hours per week with an annual salary of \$100,000, which amounts to 2,080 hours. The hourly doctor cost is \$48.07 plus \$4.33 in payroll taxes and \$4.81 in benefits for a total of \$57.21. If the doctor invests 15 minutes, his time equals \$14.30.	\$14.30
<b>DIRECT COST OF THIS TEST TO PRACTICE</b>	<b>\$60.78</b>

The cost of \$60.78 represents the direct cost of this test. Allocation of overhead and profit margin need to be added. Your facility costs, administrative costs, staff costs and other overhead may need to be calculated by fee-setting software or your accountant. For this example, the overhead allocated to this procedure is \$30, so the total cost of performing the laboratory service would be \$90.78. If the practice wants a 25% profit margin, the amount charged to the client would be \$113.48.

If your hospital uses a 2.5 times markup on the price paid to the outside lab of \$38.26, the fee would be \$95.65, which is less than the actual cost plus a profit margin. Using markups without real bases could lead to price-setting guesswork.

Fundamentally, clients don't care about your costs. They care about the value they receive and whether they can get equivalent services elsewhere for less money.<sup>3</sup> In this example, the *AAHA Veterinary Fee Reference*, 10<sup>th</sup> edition, reports an average fee to the client of \$107.57 for a CBC with 8 to 12 chemistries, which is \$5.91 less than the calculated fee of \$113.48 that includes overhead costs and a 25% profit margin.<sup>4</sup> A difference of \$5.91 per test could significantly impact revenue growth. If you performed 1,040 tests annually (80% compliance) at \$113.48 each compared to \$107.57 each, you would enjoy \$6,146.40 more revenue.

**Set affordable prices for screening.** Just as a dog owner accepts a heartworm/tick screen every year, you need to persuade clients to say yes to annual early detection screens. As a veterinary consultant, I advise practice owners to price sick-patient diagnostics 25% higher than preventive screening. You need an attractive price for preventive screening because your team will need to resell it year-after-year. Sick-patient testing requires the veterinarian to evaluate results, diagnose the condition, identify treatment solutions, and discuss results and next steps with clients. Obviously, this takes more of the doctor's time and merits a higher professional fee. Although you may use the same panel for both tests, they have different codes for pricing and reminder purposes.

**Send reminders for retesting.** Distinguish lab codes for preventive screens from sick-patient diagnostics. Having separate lab codes lets you set up reminders for early detection screening and accurately measure compliance. Use the word “screen” for preventive diagnostics and “test” for sick-pet workups.

## Understand local prevalence data and how to teach clients about risk factors

### Prevalence for your practice



If your hospital uses electronic medical records, you may be able to run reports on diagnostic codes such as the number of Lyme positive dogs during a specific time. Your reference lab also may be able to provide data. Sharing statistics on patients you see helps clients visualize the risk in their neighborhood. Create educational displays for exams rooms and your lobby. Dr. Annette Morrow of Brix Veterinary Services in Shelbyville, Indiana, created a county map with pins to indicate where dogs live that their team has diagnosed as heartworm positive. Maps like this put heartworm disease in the neighbor's yard.

### Prevalence for your community

When explaining the need for diagnostics, use benefit statements and share facts about prevalence in your area. Enter your state, province or postal code to find local prevalence data on these websites:

- **Parasite prevalence maps:** The Companion Animal Parasite Council (CAPC) offers prevalence maps for dogs and cats with heartworms, tick-borne disease and intestinal parasites at [www.capcvet.org](http://www.capcvet.org). CAPC's data is from IDEXX, Antech and Banfield hospitals, representing millions of patients.
- **Feline prevalence maps:** This website at [www.pethealthnetwork.com/what-feline-infectious-diseases-are-my-area?utm\\_campaign=kittytest.com](http://www.pethealthnetwork.com/what-feline-infectious-diseases-are-my-area?utm_campaign=kittytest.com) from IDEXX shares data on feline leukemia, FIV and feline heartworms.
- **Canine prevalence maps:** Get data on tick-borne disease and heartworms from IDEXX at [www.dogsandticks.com](http://www.dogsandticks.com).

## Use repetition of the message to gain acceptance

Marketing research indicates people need at least three “touches” to get to yes.<sup>5</sup> When guiding pet owners' decisions, repetition of the message can get results. The 2003 AAHA Study, *The Path to High-Quality Care*, found client compliance is 50% with the veterinarian in the exam room, while it is 80% with a doctor plus a staff member in the exam room.<sup>6</sup> In addition to repetition of the message, the technician holds the pet during the exam, letting the veterinarian and client have a focused conversation without the pet as a distraction. With the support of a technician in the exam room, the doctor can be a better communicator, and the client can be a better listener.

Clients may ask different questions and have various comfort levels with receptionists, technicians and veterinarians. Compliance improved as exposure to pet-owner education increased, according to the 2009 American Animal Hospital Follow-Up Compliance Study.<sup>7</sup>

Let's look a senior pet's checkup and what each team member would say to gain client acceptance of diagnostic screening:

**Receptionist:** During check-in at the front desk, the receptionist will set expectations for today's exam. Review reminders and product purchases in the electronic medical record. Briefly explain the plan for



today's visit, ask about medication or diet refills, and provide brochures on topics that will be discussed. The receptionist would say, *"Good morning, <client name> and <pet name>. Thank you for visiting for <pet name's> senior checkup. <Pet name> needs a refill on <preventatives, food or medication>. We will have refills ready for you at checkout. Do you need any medications or food for your other pets?"* After the client responds, add, *"Because <pet name> is a senior, the technician and doctor will talk with you about our early detection screen. Here is a brochure to read. The technician and doctor will discuss screening and answer your questions. I will let them know you've arrived."*

**Technician:** When greeting clients in exam rooms, technicians or assistants should introduce themselves, shake hands and explain their role. Say, *"Good morning, I'm <technician name>, the technician who will assist Dr. <Name>. For <pet name's> senior checkup, we will do a nose-to-tail exam, vaccines, an early detection screen that includes checking for heartworms, tick-borne diseases, intestinal parasites and urinary health; and refill preventatives. I will take a brief history, collect samples for screening and get your pet's vital signs. Then the doctor will begin the exam. Does your pet have any health or behavior concerns you want to discuss with the doctor?"*

Explaining your role at the start of the exam puts you in the driver's seat to control the pace and flow of the appointment. After asking brief history questions and getting the patient's vital signs, the technician will educate the client about a senior early detection screen before the doctor arrives. Gaining acceptance from the client allows you to collect one blood sample for multiple tests. The technician would say, *"Just like people, your dog's health will change as he ages. Let's see how old your dog is in human years."*

Share an age analogy chart that compares human to pet ages. Download a dog chart at [www.pethealthnetwork.com/dog-health/dog-checkups-preventive-care/how-old-your-dog-people-years](http://www.pethealthnetwork.com/dog-health/dog-checkups-preventive-care/how-old-your-dog-people-years) and a cat comparison at [www.pethealthnetwork.com/cat-health/cat-checkups-preventive-care/how-old-your-cat-people-years](http://www.pethealthnetwork.com/cat-health/cat-checkups-preventive-care/how-old-your-cat-people-years).

Share benefit statements about diagnostic screening to gain acceptance. The technician would say, *"Your 8-year-old Golden Retriever is 55 in human years. Because pets age faster than people, changes may happen quickly. Our senior early detection screen will identify changes early. Think of this screen as an internal physical exam that lets us see inside to check the health of organs. Our senior early detection screen is the most comprehensive and affordable. This includes your dog's annual heartworm/tick screen, intestinal parasite screen, thyroid function, and urinalysis to determine hydration and kidney function. I will collect blood and urine samples now, and you will have results during today's exam / tomorrow."* Set expectations for when results will be delivered based on in-house or reference lab testing.

After educating the client, the technician invites questions. Ask, *"What questions may I answer about <pet name's> early detection screen?"* This phrasing is more effective than the yes-or-no choice of "Do you have any questions?"

Explain costs of screening upfront so clients don't get sticker shock at checkout or argue over charges.



A complete blood count with 16 to 24 chemistries and a T<sub>4</sub> averages \$152.25, according to the *AAHA Veterinary Fee Reference*, 10<sup>th</sup> edition.<sup>8</sup> A test for heartworms (antigen) plus other diseases is \$58.34.<sup>8</sup> Urinalysis with urine protein to creatinine ratio averages \$94.49.<sup>8</sup> Create a bundled price for all tests.

Say, *“Our senior early detection screen is \$ \_\_\_\_\_. Shall I collect your dog’s blood and urine samples, or do you want to talk with the doctor?”* The technician guided the pet owner to yes, avoiding a yes-or-no choice.

When clients accept screening, praise their decisions so they feel positive about experiences at your hospital. Say, *“You’ve made a great choice in doing early detection screening for <pet’s name>. I will take your pet to the treatment area, where a technician and I will collect samples and begin tests. We will have results during today’s exam / tomorrow.”* Never say, “I’m taking your pet in the back.” The client may worry about what will happen behind closed doors. The phrase “treatment area” is more professional and accurately describes what occurs in the heart of your hospital.

If the client declines the early detection screen, reply, *“Before I collect the blood sample for the heartworm/tick screen, let’s have the doctor perform an exam and answer your questions.”*

**Veterinarian:** Dr. Fred Metzger, Dipl. ABVP, of Metzger Animal Hospital in State College, Pennsylvania advises veterinarians to “Be the doctor, and don’t ask. Tell clients what you think they should do.”<sup>1</sup> The veterinarian would say, *“Hello, <client name> and <pet name>. Thank you for continuing to trust us with <pet name’s> medical care. My technician shared information on what you’ve discussed already, and I will ask questions to get a thorough understanding of your pet’s health. I will perform a nose-to-tail exam, explain what I find and discuss which services your pet will need. Before we get started, does your pet have any health or behavior concerns that you want me to address today?”*

After asking history questions and performing the exam, the veterinarian should answer “Why is this screen important?” for the client. The pet owner’s answers to history questions about changes in behavior or urine habits also may validate the need for screening. Invite discussion of diagnostics. The veterinarian would say, *“I know <technician name> talked with you about an early detection screen for <pet name>. What questions can I answer about the blood and urine screen?”*

If the client questions the medical necessity, share research and relate it to her pet. Multiple studies confirm the benefits of running diagnostics in the absence of clinical signs.<sup>9,10,11</sup> Data from 3,000 veterinary hospitals, which ran 119,000 Chem 22 panels in-house or at IDEXX Reference Laboratories as part of preventive exams, revealed health concerns in:

- 1 in 9 adult pets
- 1 in 7 senior pets
- 1 in 4 geriatric pets

A 2013 Zoetis study of 7,827 dogs found 31% of dogs of all ages had abnormalities including diabetes, renal disease, hepatic disease and anemia when undergoing preventive blood work. Nearly half of dogs age 13 and older had abnormal test results.<sup>12</sup>





Summary of CBC/serum chemistry abnormalities by age	0-3 years	4-6 years	7-9 years	10-12 years	13+ years	Total
Total number screened	1,301	1,966	1,973	1,694	891	7,827
Number at risk	308	447	588	635	434	2,412
Percentage at risk	24%	23%	30%	38%	49%	31%

Percentages are rounded to the nearest whole number.

Because 1 in 3 cats and 1 in 10 dogs will suffer from kidney disease during their lifetimes, you may want to regularly assess kidney function.<sup>13,14</sup> With SDMA, over two times the number of pets could more reliably be diagnosed with kidney disease.<sup>15</sup> SDMA tests have identified nearly 700,000 cats and nearly 1 million dogs that creatinine would have missed.<sup>16</sup> Creatinine usually doesn't increase until there is up to 75% loss of kidney function, while SDMA increases with as little as 25% loss of kidney function. Early detection allows you to better identify, manage, and monitor kidney disease.<sup>16,17,18</sup>

The veterinarian would say, *"I understand that <pet name> looks healthy. Let me share research that will help you make the best choice for <pet name>. A study of 119,000 pets found 1 in 9 adult pets had health concerns when undergoing preventive screening. Early detection will let us identify changes and manage health concerns. If results are normal, we can celebrate and have a baseline for reference as <pet name> ages. Our lab has a tool that lets us track trends over time. Each time we screen, we will compare it to previous results."*

Ask for a commitment to perform screening with a closing question such as:

- What questions can I answer about your pet's early detection screen?
- Shall we perform your pet's early detection screen?
- Do you need more information, or have I explained enough for you to decide?

If the client is concerned about price, offer financing solutions and promote the benefits of screening. The veterinarian would say, *"I understand you're concerned about the cost of the early detection screen. If results are normal, you'll have the peace of mind that your pet is healthy as well as a baseline for reference as <pet name> ages. If we identify a health concern, early intervention can help us better manage the condition. We offer <third-party financing>, a payment plan for approved clients, which has six months of deferred interest. Applying takes less than 5 minutes. Would \$\_\_\_ per month fit your budget?"*

### **Avoid wiggle words that could kill compliance**

Veterinarians, technicians and receptionists may be using wiggle words that result in poor diagnostic compliance. Here are wiggle words that clients may perceive as red flags:

**"I recommend that your dog gets a heartworm/tick test."** Clients may hear that they can wait because screening is just a recommendation and is not medically necessary.

**"Do you give your pet heartworm and flea/tick preventatives?"** This yes-or-no answer won't let you determine whether doses were missed. Instead ask, *"Which preventatives do you use, and when did you give the last doses?"* If the client purchased a specific product from your clinic, ask, *"When did you give your last dose of <brand>?"*



**“Let’s **think** about an early detection screen as your pet begins his senior years.”** You’ll diminish the need for screening and have the client thinking about not acting.

**“Are you **dropping off** your pet for surgery? I can get you checked in. Do you **want** blood work?”**

Clients may interpret the term “drop-off” as hand you the leash and go. You would never “drop-off” a beloved family member for surgery. Use the term surgical or dental “admission” because there is a process and consent forms to complete. Never have receptionists handle surgical and dental paperwork at the front desk. Clients may feel uncomfortable asking medical or financial questions in a public lobby. Surgical and dental patients will be admitted before morning exams begin, so receptionists can escort clients into exam rooms where technicians will complete the admission process. Simply asking “Do you want blood work?” is like “Do you want fries with your order?” and doesn’t communicate medical benefits of preanesthetic screening.

**“You should **consider** preanesthetic testing.”** This signals that blood work and urinalysis before surgical or dental procedures isn’t very important since the veterinarian or technician is only asking the pet owner to “consider” it.

### **Get scripts to explain the value of preventive diagnostics**

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If you’re tired of negotiating with clients over laboratory services, change your approach. Sales professionals guide decisions with the two-yes-options technique. In veterinary medicine, you sell preventive care and peace of mind to pet owners during every exam. Clients may say no because they don’t have enough information to make educated decisions. The right words and confident presentations can turn skeptics into advocates. The result is better patient care, trusting doctor-client relationships and improved hospital revenue. Let’s look at everyday diagnostic conversations and how your team could turn no into yes:

#### **Intestinal parasite screening**

Companion Animal Parasite Council guidelines advise screening dogs and cats by fecal flotation with centrifugation. Puppies and kittens need screened at least four times in the first year of life, with adult pets screened twice a year depending on health and lifestyle.<sup>19</sup> Here are facts about intestinal parasites:

- Nearly 14% of the U.S. population is infected with roundworms, a parasite of dogs and cats that can be passed from animals to humans. Dog ownership was associated with infection.<sup>20</sup>
- The CDC reports 700 cases annually of ocular larva migrans.<sup>21</sup>

Intestinal parasite	United States		Alabama	
	Dogs	Cats	Dogs	Cats
Roundworms	1 out of 57	1 out of 24	1 out of 48	1 out of 20
Hookworms	1 out of 34	1 out of 129	1 out of 17	1 out of 36
Whipworms	1 out of 154	n/a	1 out of 116	n/a
Giardia	1 out of 17	1 out of 33	1 out of 34	1 out of 27

Source: 2018 prevalence maps, Companion Animal Parasite Council, [www.capcvet.org](http://www.capcvet.org)

Do you perform intestinal parasite screening and deworming during adult cat exams? Here’s why you should consider this as a preventive standard of care.

- Other animals and people in the home that go outside can bring in parasites that affect indoor cats.
- Cockroaches, mice and flies can carry roundworm eggs. Cats are natural hunters and could become exposed.<sup>21</sup>



- 15% of potting soil contains roundworm eggs<sup>22</sup>
- Roundworms (*Toxocara cati*) are prolific egg producers and are estimated to produce as many as 24,000 eggs per day.<sup>23</sup>
- Flies and cockroaches have been shown to be transport hosts for *Toxocara* spp.<sup>24</sup>
- 40% of immune-compromised people have a pet at home.<sup>25</sup>

While most practices have standards of care for routine screening, few have strategies to ensure strong compliance. If a two-doctor hospital has 3,600 active patients, increasing testing from 50% to 70% would generate \$18,424.80 in revenue (additional 720 patients at \$25.59 per test).<sup>26</sup>

Passion for poop generates impressive income and protects pets and people from zoonotic diseases. Follow these strategies:

**Remind clients to bring stool samples during scheduling calls.** Summarize appointment details at the end of calls and plant seeds for good compliance. Say, “Dr. <Name> will see <pet name> at \_\_\_ a.m./p.m. on <date> for his checkup. We will confirm your appointment by text four days before and remind you to bring a teaspoon-sized stool sample for your pet’s intestinal parasite screen.”

**Remind pet owners again when confirming exams.** Phone call, email and text reminders about upcoming appointments should instruct clients to bring pets’ stool samples. Having clients bring samples eliminates pets’ stress from sample collection and can lead to more fear-free visits.

Tell cat owners, “This is <your name> with <Your Veterinary Hospital> confirming your cat’s appointment with Dr. <Name> on Monday **beginning** at 10 a.m. Please bring a teaspoon-sized stool sample that’s fresh within \_\_\_ hours. It’s OK if litter is on the stool sample. A helpful tip is to scoop your litter boxes tonight, and then it will be easy to spot a fresh stool sample to bring with you. We will screen your cat for multiple intestinal parasites, including those that may be passed from pets to people. Bring medications and supplements you’re giving your cat. If you have questions, call us at 555-555-5555.”

These instructions significantly increase compliance for intestinal parasite screening. Asking clients to bring medications and supplements identifies missed doses of preventatives as well as self-diagnosed and self-prescribed drugs. For example, a client has three missed doses of preventatives and a brings bottle of aspirin she occasionally gives her 10-year-old Golden Retriever when he feels painful. This lets you revisit the importance of monthly preventative dosing, diagnostic testing and veterinary drugs for arthritis.

**Celebrate when clients bring samples.** Tell dog owners: “Thank you for bringing Max’s stool sample. Intestinal parasites can live in a dog’s digestive system. We will check your dog’s stool for multiple intestinal parasites, including those that may be passed from pets to people. Dogs can get intestinal parasites from eating fleas or worm eggs from contaminated soil or stool. In our county, 1 out of \_\_\_ dogs tests positive for hookworms. At <Your Veterinary Hospital>, we screen dogs once/twice a year for intestinal parasites.”

Tell cat owners: “Thank you for bringing your cat’s stool sample. Intestinal parasites can live in a cat’s digestive system. We will check your cat’s stool sample for multiple intestinal parasites, including those that may be passed from pets to people. Even indoor cats can be exposed to parasites from potting soil in houseplants, flies, crickets, cockroaches, and mice. People and





*other pets that go outside also can bring these harmful parasites indoors. In addition to screening, we will deworm your cat today.”*

**Post prevalence maps for your area.** Get maps for hookworms, roundworms, whipworms and giardia by state and county from CAPC at [www.capcvet.org](http://www.capcvet.org). Display maps on bulletin boards in exam rooms and your lobby and post on social media.



**Send home collection containers if samples aren't available.** If clients forget or you're unable to collect samples, provide a container with instructions. Ask your reference laboratory about air-tight containers with a scoop, so clients never need to touch feces. Place a basket of collection containers in your lobby. Let clients know that containers are airtight, so they can put them in the refrigerator or a designer purse with worries of stinky odors.

**Create prepaid intestinal parasite screens.** If you're unable to perform diagnostics during today's checkup, tell the client, *“Because we were unable to collect your pet's stool sample today, I am sending you home with a collection container. Just return your pet's stool sample within the next week. We will call/email/text you with results. Today's receipt will include your prepaid intestinal parasite screen. We will call you as a courtesy reminder in seven days if you haven't returned the sample.”*

In your practice-management software, set up a code for a prepaid intestinal parasite screen with a callback for seven days. If the sample is not returned within seven days, the exam technician who saw that client would call as a courtesy reminder. If a client returns the sample within seven days, have the lab technician satisfy the reminder in your software.

**Send clients home with a mail-in kit.** Make it easy and convenient for pet owners with the FecalChek™ Home Collection Kit from IDEXX that includes a small postage fee. You provide the box with the pet's completed lab requisition form, so results will get reported back to your practice. Clients simply collect the specimen and drop the kit into the nearest mailbox.

**Provide educational brochures.** The Companion Animal Parasite Council offers brochures on intestinal parasite screening in both dogs and cats. To order “Pets, Parasites and People,” visit [capcvet.org](http://capcvet.org). IDEXX has a client brochure on “Parasites: Protecting your dog and the whole pet family” (09-81396-03). Order at [www.idexx.com/small-animal-health/products-and-services/forms/client-materials.html](http://www.idexx.com/small-animal-health/products-and-services/forms/client-materials.html).

**Get social.** Go on a scavenger hunt for poop. Visit your local dog park and pick up stools that have been left behind. Return to your clinic to run intestinal parasite screens, and then post the results on social media. You'll encourage responsible pet ownership habits while educating the public.

### **Heartworm/tick screening**

All it takes is one adult worm in a cat's heart to be fatal. Cats that die from heartworm can be clinically normal 1 hour before death. More than 25% of cats with proven heartworm infection, according to their owners, are kept indoors exclusively.<sup>27</sup>

To discover prevalence for heartworms by U.S. state and county, visit [capcvet.org](http://capcvet.org). In heartworm endemic areas, infection rates for Heartworm Associated Respiratory Disease (H.A.R.D.) are higher than feline leukemia and FIV. Increase your team's awareness of feline heartworm disease with online courses at [idexxlearningcenter.com](http://idexxlearningcenter.com). Get guidelines for dogs and cats from the American Heartworm Society at [heartwormsociety.org](http://heartwormsociety.org).



**Feline heartworm screening:** *“Mosquitos spread heartworms to both dogs and cats. Anywhere a dog can get heartworms, a cat can, too. Research shows 25% of cats with heartworm infection lived indoors. Heartworms live in cats’ bloodstream, lungs and heart. Signs may include coughing, asthma-like symptoms, reduced appetite, vomiting, diarrhea, and weight loss. A blood test is the first step to determine if your cat has heartworm infection. In cats, heartworm infection is harder to diagnose, and several tests may be needed depending on initial findings. Just as for dogs, our hospital prescribes year-round preventatives to protect your cat from heartworms and other harmful parasites. We can collect a blood sample today to screen your cat for feline heartworms. The same test checks for feline leukemia and FIV, which is the feline form of HIV.”*

**Canine heartworm screening:** *“Mosquitos spread heartworms to both dogs and cats. We will collect a blood sample today to screen your dog for heartworm and tick-borne diseases. Our hospital screens all dogs beginning at 7 months of age, and then annually. Signs of heartworm disease may include exercise intolerance, coughing, loss of appetite, weight loss, labored breathing, or heart disease. Dogs need to be screened for heartworms each year, even when getting 12 months of preventatives. In Alabama, 1 in 27 dogs is positive for heartworms. We’ll have your heartworm and tick results today, and we will refill 12 months of preventatives.”*

**How should you respond to heartworm screening naysayers?** A client brings his dog for an annual checkup. When the technician says, “We recommend performing a heartworm/tick test today,” the client declines because his dog has been on year-round preventatives. Avoid wiggle words like “recommend,” which tell clients heartworm screening is just a recommendation and is not medically necessary. CAPC guidelines advise annual screening of dogs and year-round preventatives ([www.capcvet.org/guidelines/heartworm/](http://www.capcvet.org/guidelines/heartworm/)).

Respond to naysayers with a yes-or-yes solution: *“We will collect a blood sample today to screen your dog for heartworm and tick-borne diseases. Mosquitos spread heartworms to both dogs and cats. Symptoms of heartworm disease may include exercise intolerance, coughing, loss of appetite, weight loss, labored breathing, or heart disease. Signs of tick-borne disease can involve fever, lameness, skin rashes, lack of energy, and decreased appetite or water intake. Wandering deer and wildlife spread ticks. Dogs need to be screened each year, even when on year-round preventatives. In Alabama, 1 in 27 dogs is positive for heartworms. We will screen for heartworms and tick-borne diseases of Lyme, Ehrlichiosis and Anaplasmosis. We will have results today, and then refill preventatives. What questions may I answer, or shall I collect the blood sample?”*

### **Tick-borne disease screening**

Ask history questions to assess risk:

- Which flea and tick preventative do you use? When did you give the last dose?
- What wildlife is around your home or where you walk your dog? Deer, opossums, raccoons, birds, coyote and other animals may carry ticks.
- Do you travel with your dog to areas where ticks may be present?
- Have you ever found a tick on your dog or on any other pet or person in your home?



Tick-borne disease	United States	Alabama
Lyme	1 out of 18	1 out of 321
Ehrlichiosis	1 out of 35	1 out of 28
Anaplasmosis	1 out of 31	1 out of 390

Source: 2018 prevalence maps, Companion Animal Parasite Council, [www.capcvet.org](http://www.capcvet.org)

Say, *“Our early detection screen checks for tick-borne diseases of Lyme, Ehrlichiosis and Anaplasmosis. Our hospital screens adult dogs annually. Signs of tick-borne disease may include fever, lameness, skin rashes, lack of energy, and decreased appetite or water intake. Wandering deer and wildlife spread ticks. Screening every year is important because 1 in 28 dogs in Alabama is testing positive for Ehrlichiosis.”*

#### **Preventive screening in adult and senior pets**

If you try to sell a wellness test to a client with a pet that appears healthy, you may fail. Use benefit statements and the term “preventive screen” or “early detection screen.” Technicians should introduce screening at the beginning of exams before doctors arrive.

**Preventive screening in adult cats:** *“Between age 3 and 6, your adult cat is in the prime of its life. Preventive screening lets us establish a baseline of what’s normal for your cat and helps detect changes early. Because cats are masters at hiding illnesses, preventive screening may be the only way to know if your cat is healthy. Catching changes early often means they will be easier and less expensive to treat. Think of preventive screening as the internal physical exam that lets us check the health of organs and for feline leukemia, FIV (feline AIDS), and feline heartworms. We will collect blood and urine samples now and have results today/tomorrow. Shall we proceed with your cat’s preventive screen, or do you want to talk with the doctor?”* Set expectations for when results will be delivered based on in-house or reference lab testing.

**Preventive screening in adult dogs:** *“Our preventive screen checks your dog’s overall health. Research shows 1 in 9 adult dogs that appear healthy may have hidden diseases. Preventive screening helps us establish a baseline of what is normal for your dog as well as to detect changes early. Catching changes early before they become serious often means they will be easier and less expensive to treat. Think of preventive screening as the internal physical exam that lets us check the health of organs as well as for heartworm and tick-borne diseases. We will collect blood and urine samples now and have results today/tomorrow. Shall we proceed with your dog’s preventive screen, or do you want to talk with the doctor?”* Guide the client to yes with this phrasing to commit now or to consult with the veterinarian before deciding.

**Teach clients the value of early detection screening.** While pet owners anticipate annual exams and vaccines, you may need to educate them about diagnostics and managing chronic conditions as pets begin their golden years. Researchers agree on “senior at 7” but old age may depend on species, breed and size.<sup>28</sup> AAHA Senior Care Guidelines for Dogs and Cats advise beginning senior screening for pets at middle age, which is 7 to 8 years of age for most dogs and cats.<sup>32</sup> Retest annually, which is the equivalent of every 4 to 5 human years. People know their physicians advise getting a baseline colonoscopy when they reach age 50. Likewise, you need to confidently discuss diagnostics for senior pets.

Tell cat owners, *“A senior early detection screen checks your cat’s overall health. Cats are masters at hiding illnesses. Many diseases show few, if any, signs during initial stages. When signs become visible, often it is because the disease has become serious. Senior early detection*



*screening helps us establish a baseline of what is normal for your cat as well as to detect changes early. Think of early detection screening as the internal physical exam that lets us check the health of organs. Thyroid and kidney disease are common in older cats. Our senior screen includes checking for feline leukemia, FIV (feline AIDS), and feline heartworms. Urinalysis lets us determine hydration and kidney function. We will collect blood and urine samples and have results during today's exam / tomorrow. Shall we get started, or do you want to talk with the doctor?"*

### **Retrovirus screening**

One in seven cats with oral disease has a retroviral infection, according to a 2006 IDEXX Laboratories study.<sup>12</sup> A total of 8,982 orally diseased cats were screened. Presenting cases included cats with plaque, calculus, gingivitis, periodontal disease, feline odontoclastic resorption lesions, gingivostomatitis, and other oral diseases as defined by the practitioner. Of 8,982 cats tested, 1,276 were retrovirus-positive (14.2% prevalence). Cats with gingivitis and stomatitis exhibited 14.3% and 23.9% prevalence of retroviral infection, respectively.

Recent U.S. studies reported the prevalence of feline leukemia nationwide as 3.1%, and the prevalence of FIV as 3.6%.<sup>29</sup> The higher prevalence of retroviral infection in orally diseased cats indicates the need to screen cats with dental disease for retroviral infection. American Association of Feline Practitioner guidelines recommend testing all at-risk cats, sick cats, kittens, about to be adopted cats, cats with unknown viral status, and cats about to be vaccinated for feline leukemia and FIV ([catvets.com](http://catvets.com)). Consider bundling retrovirus screening in preanesthetic tests for cats' dental procedures.

Post disease incidence maps for your area in exam rooms. IDEXX shares reference laboratory and SNAP<sup>®</sup> test data on [www.pethealthnetwork.com/what-feline-infectious-diseases-are-my-area?utm\\_campaign=kittytest.com](http://www.pethealthnetwork.com/what-feline-infectious-diseases-are-my-area?utm_campaign=kittytest.com). Enter your zip or postal code to discover prevalence for feline heartworm, feline leukemia virus, and feline immunodeficiency virus. Provide the IDEXX brochure "Your cat and dental health. The facts about oral and infectious disease." which gives clients facts about oral health and feline infection disease (09-69267-03).

### **How to say it: Feline leukemia/FIV screening**

**Lifestyle:** *"Because your cat goes outdoors or has contact with other cats that go outside, we will screen for feline leukemia and FIV, which is the feline form of AIDS. Screening before vaccinating for feline leukemia and FIV is important. We'll collect a small blood sample and have results for you during today's exam."*

**Oral disease present:** *"Because your cat has been diagnosed with oral disease, we will screen for retroviral infection. A study found 14% of cats with oral disease were positive for feline leukemia or FIV, which is the feline form of AIDS. Screening is especially important if your cat has been exposed to cats with unknown feline leukemia or FIV status, spends any time outdoors, or you don't know when the last time your cat was screened. We'll collect a small blood sample and have results for you today."*

### **Explain preanesthetic screening and your anesthetic protocols**

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A veterinarian diagnoses dental disease in a 2-year-old cat, and the technician presents a treatment plan that includes preanesthetic screening. The client begins auditing the plan, line by line. "My cat is young and healthy. Is preanesthetic screening really necessary?" he questions.



Risk of anesthetic death in dogs and cats is 0.17% and 0.24% respectively. When categorized by health status, risk of anesthetic death in healthy dogs and cats drops to 0.05% and 0.11%.<sup>30</sup> If clients express a fear of anesthesia, invite discussion. Use open-ended statements such as *“Please share with me what is going through your mind about the decision to anesthetize <pet name>.”* or *“Please explain your concerns to me about this procedure.”*

A strong preanesthetic protocol ensures patients are healthy enough for anesthetic drugs, identifies and minimizes risks to ensure rapid recovery and provides a baseline for future comparison, especially on young patients. Use the word “include” if preanesthetic screening is required because “required” sounds like a rule that some clients may challenge. You won’t get arguments if it’s included in the procedure. If preanesthetic diagnostics are optional, use the word “advise,” which is stronger than the wiggly word of “recommend.”

Tell pessimists: *“Your pet needs a preanesthetic screen to ensure he is in good health. Diagnostics are an internal physical exam that will check his organ function and identify any unknown diseases. When we have a better understanding of red blood cell, white blood cell and platelet parameters, our patients have less risk when undergoing anesthesia. We’ll also have a baseline as part of your pet’s medical history. If results are normal, we will proceed with confidence. If results aren’t within normal ranges, we will alter our anesthetic protocols and take precautions to reduce the risk of complications. Shall we proceed with your pet’s preanesthetic screen, or do you want to discuss it with the doctor?”*

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### **Share lab results to increase clients’ understanding and show value for diagnostic screening**

You can charge more for laboratory services if you offer more value. Share lab results with clients, whether it’s preanesthetic or intestinal parasite screens. Never tell clients “no news is good news.” They need to know and are paying to learn results. Share results through a printout with client-friendly language, email or patient portal. Services such as IDEXX’s VetConnect PLUS allow veterinarians to look at in-clinic and reference lab results together and provide trends. Clients will be more likely to accept screening again in the future if they understand today’s results.

### **Which goals will you implement from today’s training?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_





Helpful resources	Link
AAFP Feline Anesthesia Guidelines	<a href="https://www.catvets.com/guidelines/practice-guidelines/anesthesia-guidelines">https://www.catvets.com/guidelines/practice-guidelines/anesthesia-guidelines</a>
AAFP Senior Care Guidelines	<a href="http://www.catvets.com/guidelines/practice-guidelines/senior-care-guidelines">www.catvets.com/guidelines/practice-guidelines/senior-care-guidelines</a>
AAHA Anesthesia Guidelines for Dogs and Cats	<a href="http://www.aaha.org/professional/resources/anesthesia_guidelines_abstr_act.aspx">www.aaha.org/professional/resources/anesthesia_guidelines_abstr_act.aspx</a>
AAHA Senior Care Guidelines for Dogs and Cats	<a href="http://www.aaha.org/public_documents/professional/guidelines/seniorcareguidelines.pdf">www.aaha.org/public_documents/professional/guidelines/seniorcareguidelines.pdf</a>
AAHA-AVMA Preventive Healthcare Guidelines	<a href="http://www.avma.org/KB/Policies/Pages/AAHA-AVMA-Feline-Preventive-Healthcare-Guidelines.aspx">www.avma.org/KB/Policies/Pages/AAHA-AVMA-Feline-Preventive-Healthcare-Guidelines.aspx</a>
Article: Ask yes-or-yes questions for positive results	<a href="http://www.csvets.com/userfiles/Ask%20yes%20or%20yes%20questions%20for%20positive%20results.pdf">www.csvets.com/userfiles/Ask%20yes%20or%20yes%20questions%20for%20positive%20results.pdf</a>
Article: How diagnostics drive success in veterinary practice	<a href="https://idexxcom-live-b02da1e51e754c9cb292133b-9c56c33.aldryn-media.com/filer_public/46/57/465786ff-a2a5-4c67-95cf-2d6b9b19cf11/diagnostics-drive-success-summary.pdf">https://idexxcom-live-b02da1e51e754c9cb292133b-9c56c33.aldryn-media.com/filer_public/46/57/465786ff-a2a5-4c67-95cf-2d6b9b19cf11/diagnostics-drive-success-summary.pdf</a>
Article: Reignite your team's passion for poop	<a href="http://www.csvets.com/userfiles/Reignite%20your%20team's%20passion%20for%20poop.pdf">www.csvets.com/userfiles/Reignite%20your%20team's%20passion%20for%20poop.pdf</a>
Article: Stop hiding patient care in the back	<a href="https://www.csvets.com/userfiles/Stop%20hiding%20patient%20care%20in%20the%20back.pdf">https://www.csvets.com/userfiles/Stop%20hiding%20patient%20care%20in%20the%20back.pdf</a>
Videos: Communication Solutions for Veterinarians' YouTube channel with free video tips	<a href="http://www.youtube.com/csvets">www.youtube.com/csvets</a>
Webinar: Creating the 5-star experience in the exam room	<a href="http://shop.csvets.com/communication-skills/creating-the-5-star-experience-in-the-exam-room/">http://shop.csvets.com/communication-skills/creating-the-5-star-experience-in-the-exam-room/</a>
Webinar: Master the art of presenting treatment plans	<a href="http://shop.csvets.com/communication-skills/master-the-art-of-presenting-treatment-plans/">http://shop.csvets.com/communication-skills/master-the-art-of-presenting-treatment-plans/</a>
Webinar: Take the fear out of anesthesia	<a href="http://shop.csvets.com/communication-skills/take-the-fear-out-of-anesthesia/">http://shop.csvets.com/communication-skills/take-the-fear-out-of-anesthesia/</a>

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- <sup>2</sup> AAHA Veterinary Fee Reference, 10<sup>th</sup> edition, AAHA Press 2018; pp. 104.
- <sup>3</sup> AAHA Veterinary Fee Reference, 10<sup>th</sup> edition, AAHA Press 2018; pp. 143, 103 and 104.
- <sup>4</sup> AAHA Veterinary Fee Reference, 10<sup>th</sup> edition, AAHA Press 2018; pp. 142.
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- <sup>7</sup> Six Steps to Higher-Quality Patient Care, American Animal Hospital Association, 2009; pp 20.
- <sup>8</sup> AAHA Veterinary Fee Reference, 10<sup>th</sup> edition, AAHA Press 2018; pp. 143, 158 and 175.
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