

The Business of Wellness Management for Birds

Brian Speer, DVM, DABVP, DECZM
The Medical Center for Birds
Oakley, CA

Good medical practice, delivered optimally, should promote good business. Concurrently, good business management skills are essential for the continual delivery of excellent medical service, and its continued development and refinement. Both of these, combined and fit to your own passion and interest in avian practice, are important for success.

Laying the conceptual groundwork

Is yours a client-centered, or a doctor-centered practice?

Most veterinary practices (private and institutional) are predominately doctor-centered in their manners of operation. Although both the doctor-centered and the client-centered practice operate with shared goals of patient care and client service, the client-centered practice offers a clearer vision that is easiest to maintain by the entire practice team. There are key and recognizable differences between these conceptual operational modes. ⁽¹⁾ In a doctor-centered practice, the staff typically waits to do the next "duty as assigned". As the doctors move from the outpatient consultation rooms to the inpatient treatment area, a sizeable number of the staff tends to follow those doctors. The staff that does not follow often shifts to a lower productivity mode of work when the doctor is not present in their work zone. Also, in the doctor-centered practice, the doctors more often can be found performing the nursing rounds of inpatients, doing the daily treatments themselves, and in some cases, using well qualified nursing staff as animal holders only, so they can do the nursing work themselves. Veterinarians in a doctor-centered practice typically do not effectively delegate to their staff, nor do they encourage or schedule regular client nursing appointments. In summary, in a doctor-centered practice, the staff works to support the needs and goals of the individual doctors, who in turn strive individually to provide patient care and client service as they best can.

In the client-centered practice, the staff has a much larger role in most forms of client communications, and they are empowered to do so by the practice ownership and management. ⁽¹⁾ When the doctor moves from outpatient consultation rooms to the inpatient treatment area, the outpatient nurses revert to nursing appointments and client telephone outreach activities and never leave their outpatient zone of responsibility. Concurrently, the inpatient nursing staff meets with the doctor, and both review the priorities for the inpatient demands, and detailed planning for in-patient procedures and/or surgery. The outpatient nursing staff works to keep the doctor on schedule in the consultation rooms and oversee and augment client and patient service. The inpatient nurse keeps the surgeon/inpatient doctor on schedule within their zone of responsibility. In summary, in a client-centered practice, the doctor(s) work with their practice staff more functionally as a part of a team that has a constant focus on the client, as opposed to a practice team that focuses on supporting the doctor(s) who maintain their focus primarily on the client. These differences between these two operations-management philosophies become more apparent as the practice grows in size, and numbers of clients, patients, doctors and staff. These same differences can also dramatically influence the ability of a practice's ability to consistently deliver patient care and client service.

The business about doing the business IS the business

As cheesy as it may sound, the practices doctors and staff function as a team (the word "team" is oftentimes overused and misused). The debate is in what type of team the practice functions as, or does its business as. In this light, the business of a well managed practice is not an accident, and requires focus, structure and a shared goal amongst all of the staff. In true "team-based" healthcare delivery (client-centered), the income that those practices generate is the outcome and product of a shared, concerned and compassionate vision of a high standard of patient care. The entire client-centered practice remains grounded by the cornerstones of its stability: consistent clinical case management philosophy and uniformity in patient advocacy by all doctors in case management. In comparison, in a doctor-centered practice, the focus on consistency remains primarily dependent on the individual doctors within the practice. In these types of practices where the individual doctors do their own thing, or are only charged to do as dictated by their chief of service or practice protocol, and have no real role in the detailed protocols of the practice standards, the stage is set for conflict. Out of this, confusion, and eventual erosion of the client-centered practice management philosophy can occur. It is true that practice management philosophy is not the same as case management, and that individual doctors can deliver excellent case management in a variety of management philosophical settings. It is also true that the consistency of case management, across the board between all doctors and staff, is often a clear reflection of a practice philosophy focused on the client, rather than its doctors.

How does this relate to avian medical practice and adding or augmenting these species in your practice? None of the above points are clearly unique to avian practice. These core aspects of practice management philosophy apply across the board in all aspects of veterinary healthcare. Consistency, the hallmark of client-focused operations management, can become more challenging to deliver, the more "unique" the species group our patients represent. As a practices' vision focuses on avian species, the potential volume of available clients and patients is reduced, and the need for maintaining a superior niche in the marketing to and maintaining a growing client base therefore becomes increasingly important. For these practices to grow and flourish outside of the mold of a single doctor practice, client-centered practice operations are essential not only for growth, but likely for their own economic survival.

The importance of client perception – Common courtesy

In the business of veterinary healthcare, taking the time to be courteous is an absolute must. ⁽²⁾ Considering that a comparatively smaller number of clients and patients that are available as compared to the typical canine / feline practice, communication skills and common courtesy may be even more important for client retention in avian practice. When people bring their birds to your office, they are most often stressed. When compared to their domestic companion mammalian counterparts, a larger proportion of birds still are presented to veterinary offices with the client perception that they are ill. They are worried about their animal's health, about how their bird may be handled, and about the potential size of the ultimate invoice when services are completed. Many clients in this "crisis" mode do not want to make choices, they want answers and specific statements of what is needed to be done and why. They want some degree of control of what is done, and to have an active role in the informed consent that is established during their consultation with you. They want to be informed, but not coerced, forced or preached at. As such, when we consult with these clients, discussions focused on what is needed for their bird as opposed to what your recommendations are becomes extremely important. This principle is obviously important when there is physical disease known or suspected to be present, but is equally important (if not more) when considering routine preventative health or wellness management of avian patients. Offering choices of a "gold", "silver" or "bronze" level of wellness care options to your client and then recommending that they make their choice is not an effective manner of establishing the needed working relationship between yourselves and the client. They want to feel good about their decision to come to your practice, as well as the "correctness" of their decisions after the examination. Through the extension of common courtesy, many of these concerns can be addressed. By merely being nice to people, you are more capable of being able to listen to (and hear) their frustrations, worries or concerns. A good listener and communicator is capable of building rapport with their clients, while at the same time educating them and maintaining focus on the patient's health and welfare.

A common component of staff courtesy training is the use of "pedestal words" during client communication. ⁽²⁾ These are brief words or phrases that function to raise the client to a level above the ordinary, and makes clients feel that they have been put onto a pedestal. Examples of pedestal words or phrases may include:

1. "May I?" (Asking permission implies authority)
2. "I'd like your advice", or "What do you think?" (Suggests superior wisdom)
3. "I'd sure appreciate it if" (There is an implication here that he/she has the power to refuse or grant a favor)
4. "You are so right", or providing a "high five". (A pat on the back)
5. "As you know" (Implies an understanding and professional skill)
6. "Please" (Always a great lubricator in human relations)

Whether the doctors and staff of your practice use a caring approach (body language; thoughtful, listening, interested, compassionate), pedestal words, or a combination of techniques, client confidence in your practice will be reinforced and grow. The birds themselves, and your clients, will have a greater chance of becoming less of a target of rigid medical and wellness protocols in your clinical mind's eye. More importantly, individuals (clients and patients) that you come to know at this level become a part of a greater picture of a tailored delivery of wellness healthcare.

The business of wellness: Testing protocols – A good thing or bad?

In the client-centered practice, the team functions to be consistent, and the doctors are a component of this team. In order for consistency to be most effectively delivered, some basic and clearly understood methods of operation (internal standards of care) are integral for success to be achieved. On the other hand, these same standards can pose potential hazards to healthcare delivery and the health of the business.

In avian healthcare, the mixture of species that a practice sees is considerably broader and more complex than is seen in a canine / feline practice. Those practices that work with additional species groups such as reptiles and amphibians, exotic small mammals, fish, wildlife and other zoological species have an even greater species differential to have in-depth familiarity with. There is a clear need for uniform and in-depth knowledge with these species by the entire practice team. This level of familiarity is essential in order to avoid a practice approach that is founded on mere standard protocol, as compared with tailored wellness healthcare delivery.

The veterinary practice that has staff and doctors that do not know the common species of companion birds adequately, their relative disease risks, their common innate and problem behaviors, and the common medical problems that these species may present with is predisposed to the risk of using adopted testing protocols as a substitute. This can result in an internal management that either drifts with no standards of operation when they see these patients, or that applies sweeping standardized protocols across species and epidemiologic lines that probably should not be crossed. As an example to consider, a commonly recommended avian wellness package of annual tests includes a baseline CBC, Chemistry profile, Chlamydia PCR and fecal gram stain. Does this equally apply to all age groups of this species, or all birds in general? Is there evidence to support that these annual screening tests have clinical benefit in maintaining or advancing wellness? Wellness screening protocols are only as valuable for patient care as the total of their relative strength and accuracy as reliable tools for screening common true health risk factors. The assessment of these tests that are used requires critical scientific challenge in regards to their sensitivity and specificity, and economic merit, and remains a primary responsibility of practice management and the healthcare delivery team. These internal standards of care need to be critically balanced with detailed knowledge and expertise, and must be based on careful assessment of their true merit, rather than the income that they generate or the mere (but unsubstantiated) belief that they have merit.

Carefully conceived and consistently maintained internal practice standards of care are essential for the entire practice team and the long term success of the practice itself. These internal standards must be a functional and integral portion of the practice vision (the big picture of what your practice really wants and strives to be). Variability in the standards of care between the healthcare providers (doctors and staff) in a veterinary practice can often be easily observed by clients. This results in clients who are more easily confused, practice staff that is more often frustrated, and often optimal patient care suffers. Internal standards are established through a clearly understood vision of the expected outcome and benefits, and must be regularly updated and challenged for accuracy and appropriateness. In the business of wellness management and marketing, the vision cannot ever be lost, and must remain focused on enhancing the client's vision of their relationship with their companion bird. Concurrently, maintenance of a healthy client-practice relationship and increased probability of client and patient return visits also remains a focus.

While we all realize that clinical protocols are important, in general they are seldom kept current. Often, those protocols were not developed and embraced by an empowered practice team; rather, they were adopted or dictated as required protocol to be followed. Often, there is no clear consequential value understood by the practice staff for doing so (doctor-centered). If not properly conceived and delivered to the staff, and if not critically and scientifically balanced for clinical acuity and need, there is potential for negative longer term effect on client confidence and probability of return visits. If not maintained current, some of the commonly accepted and recommended wellness protocols in popular avian medicine can actually be harmful to the operational health of a client-centered practice.

Standardized wellness protocols, if not carefully evaluated for true effectiveness and clinical merit, can become a barrier to return client visits. In the United States, most veterinary practices are experiencing a decline in client and patient accession numbers. Practice income can only be maintained in this situation by increasing the net transaction value of each visit. By applying the behavioral principles of the Law of Effect, the business aspects of the use of standardized wellness testing protocols can be evaluated. The Law of Effect simply states that behavior (in this case, client return visits to your practice) is a function of its consequences. In other words, the frequency of a client's return visits is influenced by the consequences that follow their earlier visits. The Law of Effect is applied with two basic procedures – reinforcement and punishment. Reinforcement increases the frequency of behavior and punishment decreases the frequency of behavior. Reinforcement (both positive and negative) refers to an event that occurs in conjunction with a behavior and increases the likelihood that a behavior will occur again. A positive reinforcer is a stimulus that is sought and added to the environment that the client finds "pleasant." A negative reinforcer is a stimulus that is avoided and that the client in this case finds "unpleasant", leading the client to avoid this aversive stimulus by repeating their visits to your practice. Both positive and negative reinforcers function to increase the frequency of the target behavior, but by very different means. Punishment (both positive and negative) refers to an event that occurs in conjunction with a behavior and decreases the likelihood that a behavior (client return visits) will occur again. A positive punisher is a stimulus that occurs in conjunction with the client visit, is added to the environment or experience, and that functions to decrease the probability of the client's return. A negative punisher is a stimulus that occurs in conjunction with the client visit, is removed from the environment, and functions to decrease the probability of the client's return. The proof of their classification lies strictly in the assessed future rate of the client's return visit frequency. If your client's return visit rate is not increasing, it is being punished, regardless of your practice management intentions.

The probability of return client visits to your practice can suffer the consequences of negative punishment (clients lose money, and return visits decrease), positive punishment (clients receive suboptimal care and recognize it, and return visits decrease). A common deficit in many wellness protocols that are utilized in avian practice is the belief that negative reinforcement can function as a key drive for return visits; the marketing of peace of mind. In this system, it is argued that clients increase their probability of return visits as a result of the use of protocols for routine documentation of the absence of disease. This type of a management system can be contrasted to those that are focused on positive reinforcement (client return visits are increased by their perception of increased value at the time of the visit). In general, bird owners state that their perceived value of veterinary service is based on things that directly influence the quality of their relationship with their bird at home. Although a sense of relief of the absence of disease does have value, the direct infusion of fun, knowledge and improved home relationships with companion birds should be viewed as more probable strong drive for those return visits.

Weak internal standards of care or protocols can have undesired effects on the staff of a practice too. In a doctor-centered practice, these inappropriate wellness testing protocols may be self-reinforcing. This may occur by positive reinforcement for the doctors to continue recommending and performing protocols that may not be ideal (revenues are increased and therefore recommendations persist or are increased). In addition, inappropriate wellness testing protocols can be negatively reinforced (doctors avoid of discipline by management or fear of undetected disease and recommendations persist or are increased). All practices generate reinforcing revenue from their recommendations for delivery of wellness protocols, regardless of their medical propriety and accuracy, and this is not necessarily a bad thing – just a vulnerability that must be acknowledged. In this light, some standardized testing protocols can be counterproductive to the development of a growing clientele if the practice philosophy is not client-centered. Positive reinforcement for regular returns in wellness management (clients receive valued and desired service and increase their probability of returns) should be viewed as the ideally structured, most ethical and strongest driving factor for their return visits. This may be clearly contrasted with a practice that emphasizes a negative reinforcement system for encouraging client return: (clients receive the "good" news that their bird is not diseased at the moment and return regularly for this peace of mind).

The marketing of wellness – Is there a difference in avian medicine?

Wellness protocols that are primarily focused on early disease detection can often lack focus on behavioral evaluation, assessment of quality of life parameters (“happiness”), or succinct plans for enrichment or behavioral intervention. These deficits often are the result of an emphasis on tests and treatments as the primary supportive pedestal of wellness. In reality, a successful wellness program does not automatically transmit into tests or procedures that may have limited likelihood of modifying health, quality of life or improvement of owner satisfaction with their animal. These programs must take into account a variety of species, epidemiological and lifestyle issues to determine specific risk factors and what can be done an intervention to moderate these risk factors.

In the example of companion bird medicine, where the annual examination process is defined as collection of history, physical examination, and a variety of standardized tests, the invoice can rise dramatically depending on what testing protocols are emphasized, and the client perception of value can be undermined. Although there are commonalities, there are also distinct differences between the actual delivery of wellness healthcare between the companion dog and cat practice and an avian practice. The mere absence of finding evidence of disease on an annual basis in a companion bird that should live between 15-80 years should be viewed as a weak negative reinforcement for return for those annual visits. If test abnormalities that are identified somewhat frequently are interpreted as a need to repeat, monitor or treat, there may be increased probability of longer term return for those clients with their birds. This return rate is dependent on your ability to consistently convince your clients that these results truly indicate the identification of disease, and that the suggested monitoring or treatment plans are indeed successful. As a counterbalance however, continued rising invoices, regularly identified problems, or outside sources of information can all sometimes lead your client to question the accuracy or even necessity of the testing protocol, and return visits can be eroded. By working to instill a positive reinforcement system with each visit, (What was your client able to see and learn to do with their bird that directly improved their relationship and amount of enjoyment with the bird?), the perceived value of the visit can be greatly increased, and the probability of continued regular returns dramatically improved. Although marketing can be primarily driven for the purpose and advocacy of patient healthcare, or it may be (or at least appear to be) driven by the economics of increased profits. At the end of the day, marketing starts with getting the clients in the door, but their return is primarily contingent on their perceived reinforcing value of coming back to the practice.

More on communication and the business of that visit

Research has shown that only three new items can be introduced effectively by a healthcare provider during a single consult, and this is also true for the information being received by the client. After three issues, everything falls off the client's mental plate. The manners of communication between veterinarian and client are important keys to enriching and maintaining the doctor-client relationship. Medical and surgical procedures (and sometimes even outpatient visits) are dynamic events, with unpredictable variables regardless of how well planned they are, and as a result, effective client communication is essential throughout the process. Most in-patient and outpatient case management communications are focused in a problem-oriented approach (biomedical), and are considerably less focused on overall wellness (biolifestyle) communication. In one study, 69% of wellness appointments were classified as biolifestyle-social and 85% problem appointments were classified as biomedical. Recognition of these communication patterns has very strong implications for developing a transition from problem oriented practice (crisis intervention) to an overall wellness oriented practice (biolifestyle). During this transition, a relationship-centered approach includes exploration and discussion of biomedical and lifestyle-social topics as well as building rapport, establishing a partnership, and encouraging client participation and desire to return. Catanzaro states “The human-animal bond is so obvious to most all veterinary practice team members that it often escapes the importance of being an integral program to routinely assess and improve.” Indeed, the need for continual improvement in our understanding and embracing this bond with our clients is immense. Catanzaro makes a prediction about the development of bond-centered veterinary practice: “The new millennium will see many practices claim to be “human-animal bond centered” veterinary practices. Some will implement programs that make them money, but will not change their approach to staff nurturing or veterinary healthcare delivery; these are not “bond-centered” veterinary practices. Some will endorse the Delta Society, join the American Association of Human Animal Bond Veterinarians, and attend all the VetOne meetings, but will not become the patient advocates willing to take a stand and tell clients what is needed; these are not “bond-centered” veterinary practices”. The challenge will be to actually make neither of these two errors, but to embrace the entire concept through our daily thoughts and our actions.

Conclusion

Although effective marketing starts by attracting clients to your practice, solidly bonding clients to the practice requires a consistent delivery of healthcare from a client-centered practice team. Inconsistency in case management occurs for a variety of reasons: lack of expertise or clinical skills, poor communication or common courtesy, inconsistency in team skill and focus on client and patient care, and the use of standardized protocols for healthcare delivery for the wrong reasons. It is the consistency of case management, across the board between all doctors and staff, which is often the clearest reflection of a practice philosophy focused on the client, rather than its doctors. The client's perception of the effectiveness of this core philosophical business concept is ultimately determined by them and their perception of value of your services. Although standardization of healthcare delivery systems is an important thing, these same internal standards can function as a “double edged sword”. On one hand, standardization and consistency is essential, but on the other, if not critically assessed for true clinical merit and justification, these can become merely economically beneficial protocols for

the practice and staff, and not necessarily so for the client and patient. With this in mind, the routine examination of companion birds is performed in a two part, standardized manner, emphasizing all of the art and science of what good veterinary medical practice should be. The findings noted at physical examination and initial consultation always supports the details of the testing, treatment and client communications that need to follow.

References

Catanzaro, TE: Your first client is the staff. Proc WVC, 2005

Catanzaro, TE: The Client's First Impression. In: Promoting the Human Animal Bond in Veterinary Practice. Chapter 3. Accessed at: <http://www.vin.com/Members/Proceedings/Proceedings.plx?CID=TomCat2&PID=PR26363&O=VIN> April 1, 2011.

Catanzaro, TE: Compliance – Consistent Standards of Care. Proc WVC 2005)

Whitford, RE: Pet Wellness Programs: Enhancing Pet & Practice Health From Womb to Tomb: What Works and What Does Not! Proc ACVC 2007

Tams, TR: Wellness Programs in General Practice: What, Why, and How to Implement. ABVP Annual Conference proceedings, 2007

Shaw, JR et al: Veterinarian-client-patient communication patterns used during clinical appointments in companion animal practice. J Am Vet Med Assoc. March 2006;228(5):714-21.

Catanzaro, T: Promoting the Human-animal Bond in Veterinary Practice. In: Promoting the Human Animal Bond in Veterinary Practice, 2nd edition. Accessed April 17, 2011 at: <http://www.vin.com/Members/Proceedings/Proceedings.plx?CID=tomcat2&PID=pr26353&O=VIN>