

Central Line: The AAHA Podcast Transcript

Episode Title: Combine Technology with Focused Face Time for Better Client Bonding

Guest: Stacey Santi, DVM

Katie Berlin: Hi, welcome back to Central Line. I'm Dr. Katie Berlin, and my guest today is somebody who I actually have been following for a long time, so I feel really lucky to have this chance to talk to her today, Dr. Stacey Santi, welcome to Central Line.

Stacey Santi: Hey guys. Thanks so much for having me.

KB: So, before we get started, would you mind giving us a little bit of background on yourself and what you're doing?

SS: Oh yeah, for sure. I am a veterinarian by trade and my primary job has been practicing small animal veterinary medicine, in Colorado. I'm a CSU model, '96, and I've been dedicating my whole life to animals. I wanted to be a vet since I was six. I always say I made the official announcement when I was six that I was going to be a veterinarian because I loved animals, and my little brother made a concurrent announcement the same day that he was going to work at Burger King because he loved Whoppers.

KB: And did both of those dreams come true?

SS: No, his dream did not come true, unfortunately. I just love animals. I'm a stickler for an excellent client experience. I really find the whole dynamics of having a great relationship with your client extremely rewarding, and so my journey is weird because I ended up being very frustrated with what I would consider the very lame tools that veterinarians have to communicate with their clients in practice.

Around 2010, I was really striving to help people give their monthly heartworm prevention, and all I had was these dumb stickers in a box to give to people to put on their calendar. And I really wanted to be able to send a push notification to people on their phone, because I noticed that when my phone would be sitting there, I would suddenly be craving a double pepperoni pizza from Domino's because I get a push notification. And I thought, "I want to be able to do that for my clients with their heartworm medicine." How cool would that be?

That isn't even a huge dream, but at that moment it was impossible for veterinarians to send a message every month to their clients reminding them to give their medicine to their pet. So I figured somebody was building apps for vets, but turns out there wasn't anybody, so I ended up finding an engineer in California and built this really basic little app for my practice in Colorado. And my clients could only do a couple of things - they could request an appointment, they could request a refill and I could send them a push notification every month. And I just loved it, it gave me a whole other capability to provide education to my audience. Another thing that happens in Colorado, since you're moving there, is we have the bubonic plague in the Southwest part of Colorado...

KB: A dubious honor...

SS: ... and Africa. About every three to four years, all the prairie dogs die when the plague comes out, and it's really important for us as veterinarians to remind pet owners to give their flea prevention. And so it just gave me a place to do these sorts of things... Pet food recalls, anything I would want to tell my mom about her pet, I could tell all of my clients by having my own little

communication platform. So... I don't know, I just started adding things to it, and I have a lot of friends in vet med, and they'd say, "Can you build that for me?" I'm like, "I guess so." So on nights and weekends, I'd build like one app a month for a friend, and that turned into two a month, and then five a month, and then I ended up quitting my job in 2016 and officially going all in with my little idea, Vet2Pet.

KB: Yeah, that little idea really took off and now there are so many apps available, but that really was... That was like people who were podcasting in 2013, it just was ahead of its time, for sure. And I love that you were just like, "Oh, I'm sure somebody's making this thing." But they weren't, so you did.

SS: Yeah, I mean, I'm a vet, I figure I can splint a broken leg with tongue depressors if I need to. I can figure out a way to make it happen.

KB: Right. So people who are listening and not watching can't see, but Dr Santi is wearing a shirt that says "Just do it", and that's what you did. You just did it. And that's fantastic...

SS: Kind of, I didn't mean to...

KB: No, but it's a perfect shirt for you, because I do get the sense that whether it's an app or something else in life, it's like, if you want to make it happen, you're going to do what you can to get it done.

You've probably been asked a million times, but are you like tech everything? I'm addicted to paper planners. I love checking things off on a to-do list with a pen, and it's very difficult to get me out of that mindset. Do you have digital everything, or do you still have holdovers from the analog age?

SS: Yeah, no. I think I'm classic in that, people in our profession, we love pens and we love paper, so I currently have a whole bunch of little cat cap pens and I am paper all day long.

I've tried to turn paper note taking into digital and it's just really hard for me, so that's one thing that I just can't give up.

KB: I know, also it's funny that we talk about this because this week, I just got this... It's called a Onyx Boox Note Air 2, and it's like a reMarkable... But no subscription required, because you need a subscription for reMarkable now. It's like a tablet that you can write on, and it feels very much like writing on paper, so I'm trying it out because I have stacks of paper that I can't bring myself to get rid of because I might need those notes and it was really getting out of hand. I take a lot of notes now. So I'll get back to you on how that is and whether I've given it up in 20 minutes because I just can't do it, but it's pretty cool right now.

SS: That's awesome. I'm such an old school veterinarian that I have a permanent indentation in my finger and my nail is misshapen from writing so many SOAPs for so many years. Maybe that's why it's burned in my brain, I just can't let some things go.

KB: Yeah, you might lose the dent in your finger if you stop using your pen so... very funny. I'm glad to hear that, because it makes me feel less backwards for being so paper-dependent still.

Okay, we are here today to talk about technology. And the subject of today's conversation is actually your idea. You said, "Why don't we talk about our bond with our clients?" and I thought

that was really interesting because I think a lot of people - at least I know I have thought this way in the past - kind of feel like technology sometimes means having less direct contact with the client. I don't want to make a hair appointment on the phone, I want to do it on an app or on their website. So I just was wondering if you could talk about that a little bit. Do you think that the rise of technology means less connection?

SS: Actually, I think it's the opposite. Well, it's a little bit of a classic "it depends" question or answer, I guess. The first thing that we have been blinded by as a profession is the actual bonding rate that we have with our clients. We're operating really off a gut feeling in this department where we think we know which clients are the best ones, and we think we know who would never leave us and who's loyal, and who the top 20% is, and chances are you have a pretty good pulse on who it is, but what we haven't been able to really home in on until recently is actually looking at the data to see how bonded are our clients.

And would it surprise you if I told you that about 37% of clients that you see today will not come back and see you and spend even \$1 at your practice in the next two years?

KB: Wow, that seems like a lot. That is surprising.

SS: Yeah, a lot. I nearly died when I saw this metric because we were running these stats and trying to understand... We were actually evaluating, how the bonding was going in our loyalty program, and we said, "Well, before we know that we need to know how the bonding is before we start a loyalty program," and it turns out it's quite terrible. And I think we just don't have a good grasp on how bonded or unbonded our clients are. We're very busy, but part of the problem of being exhausted is having to go on a bunch of first dates all the time.

KB: Yeah, that's true. I think about being in the exam room and seeing, say, 12 clients and over a third of them are not going to come back - you think of all the energy you pour into those appointments and you're like, "Wait, where are they going? Like, why? What did I do?"

SS: Yeah, you keep working because you're a machine, and they keep coming in and you keep trying to do your best and you're always tired. I mean, that's one of the reasons, because part of being a happy, fulfilled, successful veterinarian is having a clientele that you've got trust with, and they know you, you know them, you're on the same page. You're a good match, like peas and carrots. They're a delight to work with because they aren't going to question you, they aren't going to try to have you do weird things, you've found or identified people that you're similar to, they like you, you like them. It's a magical place to be a veterinarian when that happens, but if you're constantly just going on first dates, it's really hard to get to that level. It's more exhausting.

So how come that's happened? I think a couple of reasons is we are heavily dependent on that once a year or twice a year visit being so powerful and so strong that it holds you over till the next time we see you, and you don't stray away or go somewhere else, but where technology fills the gap is in the middle. I'm not suggesting that technology and bots should check you in at your wellness exam and give you your print out, your rule outs... No, I think that's the time to shine with your in-person relationship skills. It's the in-between where you can still have a relationship with your client, a communication engagement strategy that's in technology that kind of tide you over the next time they come in.

KB: That makes a lot of sense. I just realized that my dog is snoring behind me, people who have listened to this podcast before have probably heard this sound, but it sounds like someone is

opening and closing a drawer, like a creaky drawer behind me over and over again, but it's actually my Chihuahua snoring. So I was going to mute the mic and then I was like, You know what, it's already there, like you're just going to hear it anyway... Sorry, everyone listening, you get to listen to Frank having a really good nap.

But I totally agree with you, and I feel if anything, COVID has shown that to us, right? Because I have friendships that I didn't even have two years ago that have happened online since COVID started. I haven't even met these people in person in some cases, but I feel so connected just because you can send a text when you don't have time to call. I might have a texting relationship with an older friend, when we're used to calling each other, and we don't have as much time to do that. Or we're used to visiting and getting coffee, and we couldn't do that for a long time. So frequency and accessibility of touch points seems like a way to increase that connection. Do you feel like vets and vet professionals in general seem to be a little bit resistant to the idea of introducing technology, or is that a thing of the past?

SS: Well, that has always bothered me, when I hear a lot of people, mostly it's outside people, say vets are resistant to technology. Well, let's be honest, vets are resistant like everyone else to bad technology.

And the truth is we haven't had great tools available to us. Even the practice management software scene is a nightmare. A lot of this stuff's really old, a lot of stuff doesn't talk to other stuff. It used to take acts of magical wonders to get your practice software to talk to your X-ray machine, to talk to your laboratory services - it's just hard. So I think when we say vets are resistant to technology, it's a cop-out for people building bad technology.

Because we aren't resistant to change, vets are the most... I know as a veterinarian, my life changed every five minutes at the practice. I'd be doing a dog spay, and suddenly I'm repairing an artery. Or suddenly an emergency comes in, I have to think about something else while I'm doing... I've got to pivot constantly. I might be coming into the exam room to talk to you about your wellness exam on your Golden Retriever. And I've got the vaccines ready and the heartworm spiel loaded, and I realize you have an abdominal tumor, and I've got to have the talk of life with you now.

So yeah, we change. So I always find that comment... I don't know, it rubs me the wrong way. Because I think if veterinarians have tools that work for them, that aren't dumb, of course we're going to use them. If they solve problems, if they're a pain killer to a pain we have, absolutely veterinarians will use them.

KB: like that a lot, because I don't like being grouped into a whole generalization like that either. And I think change is hard for everybody. So if you feel like the activation energy to adopting something new is really high, and it's going to be really hard to make that change, then of course it's going to be hard for everyone, because vets and vet teams are really busy. But so many of these solutions can make that better and make life easier, right?

SS: Well, that's part of the problem too, if you think about it, is finding the time to get your head up above the forest so you can see if there are other choices for you out here. So a few years ago my husband was welding a fence at our house in Colorado, we live kind of out in the country. And he started a brush fire out here with his welding.

KB: Oh no.

SS: Right next to our brand new house. I wasn't home, so I didn't get to witness this, I'm glad. But he was telling me later this thing started really growing, the neighbors were starting to come out. And he was shoveling as fast as he could to put the fire out. And he said at some point he had to decide, "Do I keep shoveling, or do I put the shovel down and run for the skid steer? And let the fire go and go get the big machine and come over? What should I... " He's like, "I was really torn." He goes, "I decided to drop the shovel." The fire got three times as big while he went and got his machine. But then he came out... Came over and put it out immediately. He's like, "If I had kept shoveling, I think I would have lost the battle."

And it reminds me of how veterinarians are right now. You're so busy, you think to yourself, "I just have to see all these cases, I just have to keep doing what I do every single day," instead of saying, "Well, I have to carve some space for myself so I can evaluate my operational systems, I can evaluate my processes, I can evaluate what technology I'm using and try to get better-equipped for the next decade." You're going to have to stop at some point and take inventory and do a little work *on* the business instead of constantly being *in* the business.

KB: Yeah, that's such a tough thing to do. And there's no reason why your team can't help with that, right? If you're thinking about trying something new, it really helps, I think, to have the team involved in thinking of solutions and in adopting new things.

Because it's very difficult as a team member too to just have this word come down from above that like, "This is what we're doing now, and we all have to learn this new thing." But if everybody's invested in it and in saying, "Okay, right now this is going to be tough," like, "We're switching pins or whatever." But down the road, it's going to do this many new things for us to free us up so that we can actually get out of work on time more often," or, "So that we can fit in one more appointment per day without it taxing the team," or something like that.

And I definitely believe in that, because as a life long team member vs a team leader, it definitely helps, I think, to feel like you have a personal investment in the change too.

SS: For sure. If you just look at the simple problem right now that most clinics are facing, which is the phone ringing off the hook. The phone is out of control.

If you can think about...can I go and add texting or two way messaging to my practice? At first, it sounds scary, and you think to yourself, "Oh no, I can't take on more work." But as soon as you start to wrap your head around the fact that, "Hey, I'm not asking my team to do more work, I'm asking them to do work differently." Which means the same people that are calling you, we can divert some of them over into messaging you, which means you can do three conversations to every one phone call, that's going to make you go faster and be more efficient.

So I think where leaders get mixed up is not having those conversations with their team and exploring why. Why do we want to do this? It's not like, "Oh look, I bought you this new texting thing and now we're going to start texting with clients." And everyone's like, "Oh my God, I can't." We need to not do it that way. You need to say, "Listen, I've done the math, and if we can cut down one-third of our phone calls and go over here and even have a remote employee help us, this is going to make our life better. And I think if everyone can see the why, they're more inclined to accept the change.

KB: I don't know if this happens as much recently, honestly, as it used to, but I remember working for a bigger practice where they went to having a phone room and a front desk so that the people

who are on the phone weren't trying to help people at the front desk, which is cool. But there were SO many phone calls, and there was a voicemail tree that you went through, and if it wasn't an emergency, a lot of times you might end up leaving a voice mail.

We had a lot of clients say that care has just gotten so impersonal now, and they miss the days when you'd just walk in and there'd be two people at the front desk and you knew them and everybody would just talk to each other. And they wanted that family feel back, which I know is still possible at some practices, but there are just so many pets to help and at a bigger practice, maybe that's not realistic. So how do we keep those people happy who want that family feel, face-to-face interaction, *and* the people who like me don't want to talk to anyone on the phone and want to schedule everything online and then just show up?

SS: I think if you explore what people mean when they want the family feel, they want to be not just some number that nobody knows, they want you to recognize them or to at least know their name. It's quite easy actually, if you practice. Take a few minutes to think about what you're doing here in your role as a receptionist or a doctor or a technician. If you're on the front lines with customers, you have to do a few tricks to help you keep the relationship alive. I don't care who you are. I hate going to businesses where I'm just... You go shopping at a store, you walk in, you browse, you leave, nobody even says hi or bye to you, I hate that.

As a vet, we have... It's pretty easy. We've got some tricks up our sleeve. You're coming in with a dog or a cat, that's probably different than the other dogs or cats coming in around your appointment time. So if you're walking in with a Frenchie, I got a hot chance in knowing who you are. So it's being a little prepared about who's coming in on your schedule, and also shoring up your systems, if you need to hire somebody to be a greeter and a welcomer to make people feel special.

Why not? This is a high school job. This is a young person. This could be a number of people you could hire to be the greeter and help cheat a little, pass notes to the doctor, "This is so and so, you saw him last year, the kid went to Disneyland." Whatever you gotta do, make notes and use it in conversation. And by all means, don't say stuff like, "Who are you?"

I'm sure it's same for you, I run into people I know that I've worked on their animal and I forgot who they are. I know who the animal is, but I cannot remember their name, and I can't remember the details. And they'll be like, "Doctor Stacee." I'm like, "Oh my God, it's so great to see you." And then I ask questions. How are they? How's the family? That's an easy one, right? Because it could be kids, it could be dogs...

I try to get some clues to give me... If I don't know who they are, they never probably know I don't know who they are. People just want you to smile, they want to feel special. They don't have to have this red carpet experience, but what they don't want is to just be treated like they don't matter.

KB: Yeah, and in a way, having more ways for them to reach you or to be in contact with you, like two-way texting, so they don't have to sit on hold forever or leave a message, is actually feels more personal, because it's more like, "Oh I have a direct line to them."

This is the theme that comes up over and over again: How do you change processes in your hospital if you're not in a position of leadership if you're not somebody who has the power to institute hospital-wide change? Anybody can start taking notes or putting little alerts on the account. New baby born, such and such time.

I remember doing that with one client - I just made a note when they had their first baby, and they kept coming to me after I switched to a hospital that was 30-35 minutes away from them. Because they just thought that I cared, and I did. I wanted to remember that they had a baby and his name was Samuel. I still remember that.

SS: These are tricks. And if you are in client service industry, which you are, you have to adopt some of these so people feel special. Like another trick, if I flat out don't know you - let's say I'm a new receptionist, I don't know anybody, I'm trying to fit in. You can certainly go up to somebody you never met before and say, "I haven't met you before, but my name is Stacey, and I'm going to be taking care of you today and so along the way, if there's anything you need, I'm your girl. Now, my job is to get you checked in and I'm going to get you with your doctor." That's one time I do that, and then the next time I know they're a friend.

I think where we need to train is on some basic people skills and not doing these things means people will probably blame technology - this place has changed, this place is not the way it used to be. You're too big for your britches now. I've paid for the wing of this practice, all of that. I've been there, because I grew my practice from small to big, but it's all about getting the people on the front lines to do some of these relationship building things that make people feel good.

KB: And it makes you feel good too when you do them, just to see the client smile and be like, "Yeah, he's doing great. My son's doing great, thanks for asking." That makes the interaction so much better for us too, but it's so easy to not do it when we get busy and we're all really busy right now.

SS: That's so true.

KB: So I feel like there are a lot of people who are going to be surprised by the number that you mentioned - the client bonding number - and they might feel like even if they're not doing these exact things, they have a good rapport with their clients and maybe are feeling a little frustrated listening to that and saying, "Okay, I may not be asking them about their kids by name, but I thought we had a good relationship in that exam room." Why do you think it is that we have trouble keeping clients bonded to us apart from not doing those extra steps that you were talking about - even just if an appointment goes well, why do you think clients don't come back?

SS: Well, I think if you look at what primarily drives loyalty from a pet owner to a veterinary practice, it's going to be some basic things like location, that's one, we can't really change that. Accessibility, that's one. I can't get in, I've been your client for 10 years and I can't get in for three weeks, that starts to affect the feeling. I have a question, I want to talk to you in between the visit, that's another one. Personalized care, knowing that you matter, that's another one. The way that the doctor talks to the client so that we're not over-talking to them or under talking to them, so making sure that what we're saying is landing. That's another one.

I'll just say it's not about the price actually, but the more expensive you are, the better you have to be on some of this fluff stuff, and if you don't want to be or you can't be, then you're probably going to be decreasing your price or else people are going to start saying, "You're too expensive." People generally say you are too expensive when they aren't getting the value that they want. It also could be you're just a flat-out mismatch, if you're giving this great Ritz-Carlton experience and you've attracted somebody that is more of a Tractor Supply person, that happens too.

So recognizing when you're not resonating with a client - it might be good to just own that. I

remember one guy came into my exam room one time, and his dog had grade 22 dental disease. And he was there just for the rabies shot every three years, and I'm like, "Well, your dog needs a dental so bad. It's so horrible." And he's like, "No, I only want the rabies shot." And I just told him, "I'm not your girl. I respect your viewpoints, but we aren't a match. I'll give you the rabies shot, but let me give you some references to some other practices." And that might sound like, "Oh, I can't believe you did that." But it's only going to frustrate him if I keep recommending a dental every time and making him feel bad and he has zero intention of ever doing it.

KB: Right. And that's the spot that somebody else could have to see you, who does want your recommendations and who is going to want to do those things that you find on the exam, whereas he could never do it, and I think we've all had that client for sure.

I remember having a very similar interaction in my very first year in practice, and I was brand new at this, and the client went out to the front and complained to the front desk that I had been too pushy because he'd been coming here forever, and he just wanted the rabies shot. It was exactly the same thing. I found a heart murmur or dental disease or something, and I was "just trying to take his money," and I remember my boss saying, "Rabies-only clients aren't really ones that we feel that bad about losing." And that made me feel so much better because we didn't have that many clients. It was 2009, and the economy was really bad. And that was a good lesson to learn so early. It wasn't that we wanted him to go away and not take care of his pet, but if that exam doesn't result in any better care for the pets, then it's not necessarily something to sink all of your energy into.

SS: Well, and the opposite is true as well. I don't know if you recall, but years ago, Humane Society started offering spay/neuter and full service dentals to the general public, and there was a huge panic that, "Oh my god, we're going to lose all of our clients, they're going to go over and get the \$89 dog spay. And they're not going to come to Riverview and get the \$300 dog spay."

Well, that actually didn't happen because the people that want the \$300 dog spay with all the bells and whistles aren't comfortable getting the cheaper version, which doesn't come with the bells and whistles. So if a client that wants that ends up at the shelter, they might also be a mismatch.

Think about when you travel, what kind of hotel you're going to stay at - sometimes this one's better, sometimes that one's better. It's a personal decision, and I think veterinarians have this mentality that you have to be everything to everybody all the time, and it's exhausting, and it actually doesn't even make sense when you say it out loud.

KB: Yeah, that's a losing battle for sure. That hotel analogy is really good - like I can't afford the Ritz Carlton, but then I don't expect the Red Roof Inn to be like that. It makes total sense and you're right. People need different things out of different experiences, and knowing your client is so important and everybody in the practice can learn who that client is.

I really want to make sure that in these conversations we have actionable things that anybody in the practice can do regardless of their role. So for my last question to you, if you're in a practice and you're not on the leadership team, but you want to start doing what you can to improve that client bonding, aside from what you've already said, what's maybe one other tip that you could give to veterinary teams to start stepping this up and learning who your client is and how they want to be related to?

SS: I think the best thing teams can do is forward book the best clients. And there was an initiative years ago to forward book every client.

KB: Forward booking, meaning like at the dentist, they try to schedule you for your next six months check-up or whatever.

SS: Yeah, I'm not a fan of forward booking everybody because you're very busy, but I'm a fan of forward booking the top clients that I enjoy working with, because if you imagine it and you fast forward six months or a year and you come in to work and your day is stacked with your top clients, that's a beautiful thing. And so trying to stack your day in the future and build the experience you want, it may not happen today, but if you do the work today, it will happen tomorrow. What I consider the best time in my life in practice is working with those clients that are my people. And each person, each vet has their own definition of who they gel with. And so identifying who you like and taking really great care of them.

KB: That's a great recommendation. I've never heard anyone say that before. And that is so smart. I just left practice a couple of months ago, and I have a little framed picture above my desk that one of my favorite clients gave me, and it just reminds me of how good that felt when I knew they were on the schedule and to have five or six of them in a row or in one afternoon, was just nirvana. So, imagine creating that for yourself and not just having it happen by accident, that's really, really smart.

SS: And you say something like, "Man, May 5th, 2023 is going to be amazing."

KB: To keep you going through the days that maybe don't turn out so amazing. Yeah, so smart. Thank you so much for that advice and for all of the wonderful things that you shared today, because so many of them are things that we could all do. And that is so important, it's so difficult to feel like you want something to change, but you don't have the power to do it, and so we can all work on a lot of those things that you mentioned. So thank you.

Where can our listeners find you if they want to hear more from you? You are a podcaster as well, so I want to hear about that too.

SS: Dr. Caitlin DeWilde and I have a podcast called I Vet So Hard. So we talk about technology work flows and everything in the middle with geeky veterinary stuff. You were our guest recently, you loved it.

KB: Yes. And Dr. Caitlin was our guest on the show too - she was episode two of this podcast. So if you haven't heard that one, go check it out.

SS: Awesome. And I'm also on the typical social places, and my website is vet2pet.com.

KB: Thank you so much, Dr. Stacey - this was so fun. If you all want to reach Dr. Stacey, we'll put her information in the show notes today. And thanks so much to all of you for listening. We'll catch you next time.

0:36:18.2 SS: Thanks everybody.