



Providing Care *for a* **LIFETIME**

Overcoming Obstacles and Improving Quantity and Quality of Life

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Unlike doctors in the human healthcare profession, general veterinary practitioners can care for their patients throughout their lifetimes, through good and bad, and through phases that require different care and specialists. During a pet's life, the veterinarian directs these efforts to promote the pet's overall wellbeing; prevent, diagnose, and treat disease; and support the pet-owning family.

Here, AAHA has gathered experts on lifetime care to share their experiences in conducting care for their patients.

ROBIN DOWNING, MS, DAAPM, DACVSMR, CVPP, CCRP, private practitioner, bioethicist, Windsor Veterinary Clinic, Windsor, Colorado

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MODERATOR: HEATHER LOENSER, DVM, senior veterinary officer, AAHA, Lakewood, Colorado

[A lifetime of care means] supporting our patients as they change over the arc of their lives.

—ROBIN DOWNING, MS, DAAPM, DACVSMR, CVPP, CCRP

What Is a “Lifetime of Care”?

HEATHER LOENSER (HL): Thank you all for joining us. I would like to go around the table with this first question: What does a “lifetime of care” mean to you?

JOANN STEWART (JS): To me, a lifetime of care is about the whole life of the pet, not necessarily limited to a snapshot or point in time when a pet owner is the caretaker.

ROBIN DOWNING (RD): We are honored to be the only medical profession on the planet that cares for its patients from cradle to grave, from womb to tomb. That means we have a moral obligation to support our patients as they change over the arc of their lives and to enhance, lengthen, and strengthen the precious family-pet relationship. (See Figure 1)

MIKE PAUL (MP): One of the things that the people involved in the pet’s life from beginning to end realize is that we have to address every life stage. Some veterinarians and pet owners tend to favor certain life stages over others, and I think it’s important for us to encourage them to consider all the life stages. It’s easy

to be excited about a newly adopted puppy or kitten, but we have to emphasize that the pet will age and have needs along that arc of life. (See Figure 2)

KAREN E. FELSTED (KF): In my mind, a lifetime of care means offering the very best care to keep pets as happy and healthy as possible throughout their lives. That extends from primary care to specialty and emergency care. The starting point is the primary care veterinarian, doing everything possible to prevent illness or injury in the first place. Finally, a lifetime of care is not only making medical recommendations but making it possible for people to accept those recommendations.

What Is a Lifetime of Care Not?

RD: My experience tells me that pet owners often aren’t thinking about their pets in terms of a lifetime, but more of a snapshot. When pet owners are in the exam room with us, they’re thinking about what’s happening right in that moment. It’s our responsibility to help expand their perspective, to help them understand that what we do with their pet today is going to have

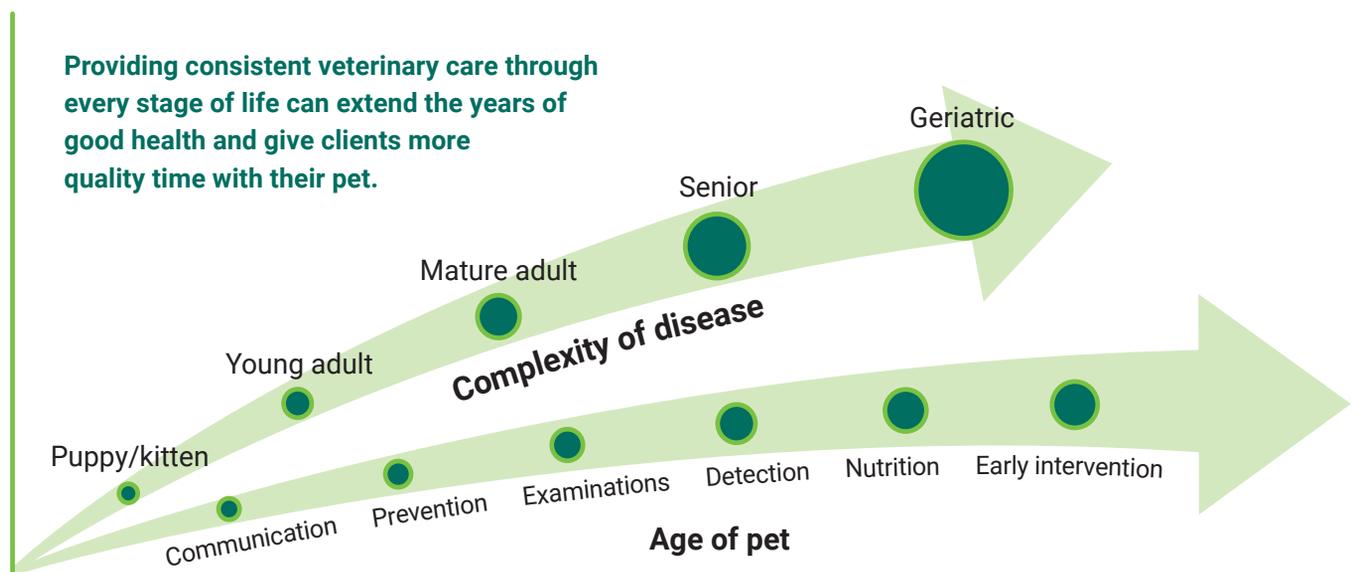


FIGURE 1. Focusing on a lifetime of care provides support to pets and their families throughout the pet’s arc of life, even when medical care becomes complex.

an impact on their pet and their family in the future. (See Figure 3)

JS: In addition to expanding pet owners' perspectives, I think we also need to expand our own perceptions of what individualized care means. The gold standard is not appropriate for every situation. As a profession, we need to make sure we are offering a spectrum of care while educating pet families about levels of care and supporting their decisions.

For example, when a pet has cancer and we are educating the family about their treatment options, we should explain the range of options.

Yes, we can do a \$10,000 cancer treatment, and yes, that will extend their pet's life, but that option is not necessarily right for that family, and they shouldn't be made to feel guilty about their decision. We should support them if they decide to say goodbye, as there's nothing wrong with that decision.

What Are the Barriers to a Lifetime of Care?

MP: A big issue not often addressed is the **economic reality of pet care**. I think that needs to be addressed with a holistic approach.

Key Challenges and Practice Solutions

Financial concerns		Proactively educate clients to be prepared to manage costs with payment options, such as those that can be transferred from GP to specialty hospitals
Perceived stress on the pet		Stress-free handling techniques and client education
Pet owner misinformation		Consistent education and information across all communication channels on the importance of care at every stage of life
Lack of convenience		Extended hours, telemedicine, improve ease of making appointments
Client communication		Ongoing training on client communication and engagement along with clear and consistent education for clients on value of lifelong veterinary care
Distance to hospital		Explore telehealth or patient pick up options
Referrals: Misconceptions and lack of trust		Purposefully develop relationships between pet families, GPs, and specialists; educate GP veterinarians on how revenue can increase with collaborative care
Reactive approach		Shift the focus from responding in the moment to creating a lifelong plan for the patient's health

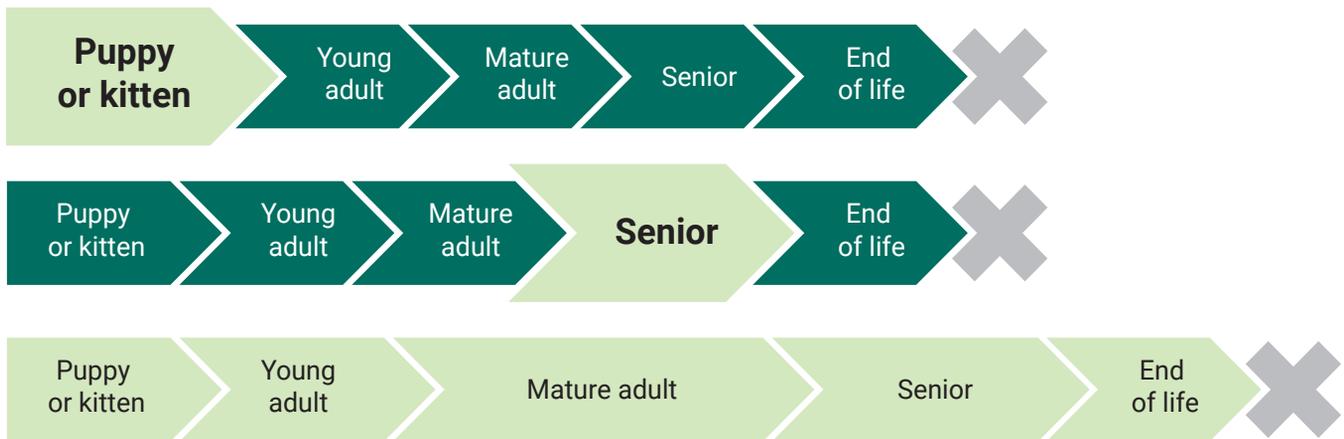


FIGURE 2. Emphasizing one life stage over another could lead to a shorter quality and quantity of life.

We can't expect all clients to accept all care recommendations, but should always be ready to provide it for those who can. However, we also need to ensure we are offering and delivering care that clients can afford that is helpful for their pet.

KF: That's a great point. Another issue is the very large percentage of pet owners whose pets receive some basic care and who feel well served from locations other than a traditional veterinary hospital, like mobile clinics in parking lots or pop-up clinics in farm or pet stores. These clients are highly satisfied with their veterinary care. Yet I feel that, within veterinary medicine, we tend to believe that it is possible to deliver the standard of care only at traditional veterinary clinics.

MP: I agree that there is a need to provide medical care from the most basic level. There is a demand, a need, for that kind of care. I think that level of care is better than no care.

Unfortunately, often there is a limit to the depth of discussions in a basic care setting. The discussion might end with, "Oh, your dog has a heart murmur," instead of, "It's important to find out what kind of heart murmur. We have a cardiologist onsite every Tuesday, so let's

schedule an appointment." We need to make sure that, regardless of the circumstances, we at least offer the highest-quality option.

KF: Absolutely. Yes, yes.

MP: Not everybody needs to drive a BMW. All you need is transportation. You don't need a BMW if you don't want a BMW. Some people don't want the "BMW" level of care. They want their pet to be an enjoyable part of the family and not a drain emotionally, financially, or psychologically.

Dr. Guillermo Couto, a veterinary internist I often consulted in the old days, taught me a lesson about treating advanced disease: "Any time you're formulating a plan to manage a serious disease, there are three things to consider: **What's the best you can offer for the disease outcome, what's the best you can offer for the pet's quality of life, and what's the best experience and outcome you can offer the family?**"

I'm not sure we do this very well. We know what is the best treatment for the disease, and we know that what's best for the pet is to keep them alive and free from suffering. But we sometimes tend to minimize what's best

for the human family. I can remember clients mortgaging their homes to pay for medical care. I can remember people going heavily in debt against my advice. (See Figure 4)

JS: We have to make sure we're offering all the options and then supporting the pet-owning family through their decision.

KF: Absolutely.

How Can We Offer a Lifetime of Care When the Pet Has a Life-Limiting Disease?

JS: Too often, veterinarians make judgments on behalf of the pet-owning family and decide what is in their best interest without actually presenting all of the options for their pet's care. For example, we still hear about pet owners who are surprised that there's such a thing as specialty medicine and equally surprised that they weren't advised about the options for cancer treatment.

RD: This circles back to one of the core principles of ethical decisionmaking: informed consent. **We have a moral obligation to provide our clients with sufficient information that is comprehensible to them and that empowers them to make decisions** autonomously, without undue influence. Then we need to facilitate and support the decisions they make.

KF: But not every veterinarian is good at that. They're very good at making the gold-standard recommendation but not so good at saying, "Okay, here's another reasonable alternative."

When we make an alternative recommendation, we must be clear that the options are not equal; the alternative is not simply "as good as but less expensive than" the gold standard.

There are differences: the medications may be harder for the pet owner to administer, or the prognosis may not be as good. The alternative recommendation may be a reasonable, less expensive option, but it's not the gold standard.

We need to make the point in a way that is not judgmental and that conveys that the less expensive option is a medically appropriate alternative. It takes some skill to have those conversations.

How Do We Provide a Lifetime of Care Using the Concept of a Spectrum of Care for a Degenerative Condition, Like Dental Disease or Osteoarthritis?

MP: I've given a lot of thought to this one. I think that if we truly practice preventive dentistry, we can minimize cost by providing routine dental care that may prevent the need for significant and expensive therapeutic work.



FIGURE 3. A lifetime of care approach lets you build a comprehensive picture of the patient's health to guide your recommendations.



We have a moral obligation to advocate on behalf of beings who cannot advocate for themselves.

—ROBIN DOWNING, MS, DAAPM, DACVSMR, CVPP, CCRP

We've got to learn to gently say, "Pay me now or pay me later, because, ultimately, we're going to have to do this, to whatever extent you allow."

RD: This is where having access to a payment option that's out of the hands of the veterinarian can really make a difference. I can tell you that in my own practice, where cases involve periodontal therapies or dental interventions, **if it weren't for the ability of my clients to use a solution that allows clients to pay over time, they wouldn't be able to get these procedures done.**

We have an obligation to educate our clients about the fact that periodontal disease is going to happen and we have ways of preventing it. We have ways of postponing when that pet will need a professional cleaning and polishing, but they are going to need a professional cleaning and polishing at some point, and it will cost X.

I've had clients say, "I need three months to build up the funds to make this happen." Then they do that. They appreciate knowing what they are getting into.

JS: If you think about the pet insurance model, there's not typically a big incentive for preventive care, right? Often, in human medicine, our insurance covers 100% of our preventive care. On the pet side, though, the pricey dental procedure may be covered by insurance, but the less expensive dental cleaning is not.

Why Should Veterinary Teams Focus on a Lifetime of Care?

RD: This is short and sweet, to the point: We have a moral obligation to advocate on behalf of beings



If we take care of all three [pet, family, and disease], it's ultimately good for the practice.

—KAREN E. FELSTED, DVM, MS, CPA, CVPM, CVA

who cannot advocate for themselves. We are the voice for our patients, and that means doing all we can within the context of the family to maximize not just life quantity but life quality.

To put it a different way, it's about facilitating, enhancing, lengthening, and strengthening the family-pet relationship.

JS: Absolutely. I cannot agree more. It's about optimal outcomes for pets and optimal outcomes for the pet-owning family. If we focus on a lifetime of care, we will achieve those optimal outcomes. That's our obligation as members of the veterinary community.

MP: I just want to point out a concept that has always been important to me. I've never cared for the phrase optimal care. I've always believed in appropriate care. Optimal care means we're going to do everything we can for every animal. That's what we would love to do, but it doesn't always work out. **We focus on the best interest of both the pet and their human family. To me, that's appropriate care.**

Sometimes appropriate care means doing a spinal surgery, sometimes it's euthanasia. I am concerned that, in our pursuit of optimal care, we sacrifice appropriate care.

JS: I think you're right. I like your clarification, Mike. When I'm talking about optimal, I'm talking about an optimal outcome, which is not always the gold standard.

I love what you mentioned earlier about treating the disease, the patient, and the family.

KF: If we take care of all three, it's ultimately good for the practice—whether that's from increasing revenue, strengthening the bond the client has with the practice, or improving the team's

morale with the feeling they've done their jobs right. This focus on a lifetime of care ends up being good for all the parties involved.

What Is the Evidence That a Lifetime-of-Care Approach Is Beneficial?

JS: An important aspect of a lifetime of care is the power of collaboration with specialists for the pets and families who will benefit. There was a study by Bonnie Lefbom, DVM, DACVIM (Cardiology), and Neal Peckens, DVM, looking at the benefits of collaboration between primary care and cardiologists in small-breed dogs with congestive heart failure. There was a 74% increase in longevity in dogs who were treated by a collaborative team involving primary care and cardiology specialists versus dogs who were treated by primary care alone. That certainly demonstrates the benefits of collaborative care for the longevity of that patient. Additionally, there was a 22% increase in revenue to the primary care veterinarian when they were collaborating with a specialist.*

RD: For me, the evidence is more anecdotal. I choose to collaborate with my clients on the issue of obesity. This is a complex issue, and it shortens pets' lives.

In my practice, we partner with our clients to normalize body composition, and I teach them what that means. Building on that example, we have a program that allows the client to bring their pet in for a routine, technician-driven weigh-in appointment. That allows us to work with clients, to reward them with, "What a great job you're doing," when things are going well. It also allows us to fine-tune feeding so that we can

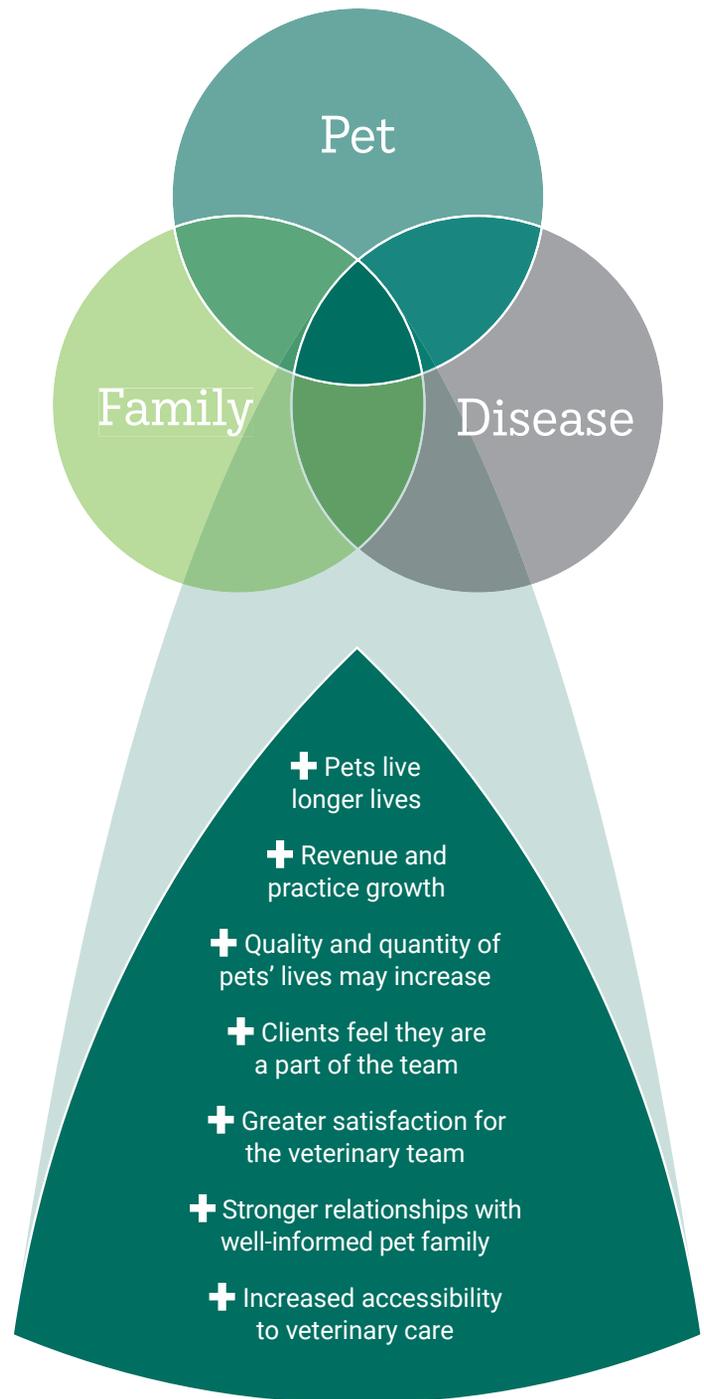


FIGURE 4. When a practice focuses on what is best for the pet, the family, and the clinical outcome, the practice thrives alongside pets and their people.

* Bonnie K. Lefbom and Neal K. Peckens, "Impact of Collaborative Care on Survival Time for Dogs with Congestive Heart Failure and Revenue for Attending Primary Care Veterinarians," *JAVMA* 249, no. 1 (July 1, 2016): 72–76, doi.org/10.2460/javma.249.1.72.

achieve the goal we want. It's important to note that the weigh-in gives us the opportunity to fine-tune feeding if the pet exceeds our goal, because too much of a good thing is not necessarily good.

This puts my clients in the habit of coming into my practice. When they come in, it's a good experience for them. The visit is fun for their pet, too, complete with treats.

We link these appointments with \$5 of credit on their account to thank them and to reward the behavior we want repeated. They can use that credit for their next veterinary visit.

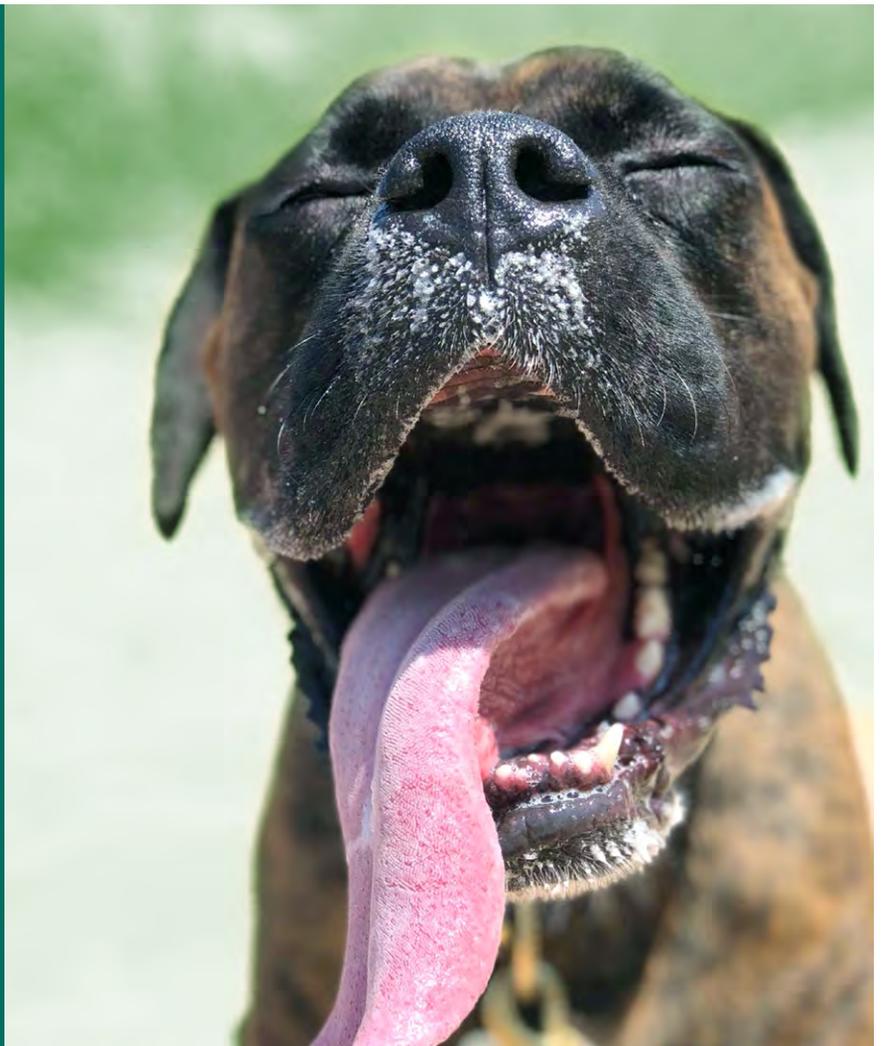
What's Necessary to Achieve an Ideal Lifetime of Care?

RD: Early detection is a core tenet. So is our understanding of science-based clinical nutrition. With that, we can make a specific recommendation that's life stage-appropriate, with specific portioning, meal frequency, and therapeutic nutrition when disease emerges. In addition, the ideal lifetime of care also means paying attention to their mouths.

Here, again, is our opportunity to provide the client with some understanding of pet

Collaboration Brought to Life

Marty, a five-year-old male neutered boxer, saw his primary care veterinarian for his annual visit. At that visit, an arrhythmia was noted. His veterinarian referred him to a board-certified cardiologist, who administered an electrocardiogram that diagnosed Marty with arrhythmogenic right ventricular cardiomyopathy. He was put on a beta-blocker to treat his arrhythmia and will follow up with both his cardiologist and his primary care veterinarian to manage his heart disease and increase his longevity and quality of life. In the context of a lifetime of care, collaborative medicine prolongs lives and helps pet owners like Marty's know they are doing all they can to help their pets.



insurance and the opportunity for long-term payment of an unexpected medical expense. Now is the time for us to put that in place, before the animal develops a problem that would qualify as a pre-existing condition and before the client has a crisis. That's all within the preventive care context.

KF: If we want people to pay for a lifetime of care, we have to offer affordable options, which can mean different things in different communities.

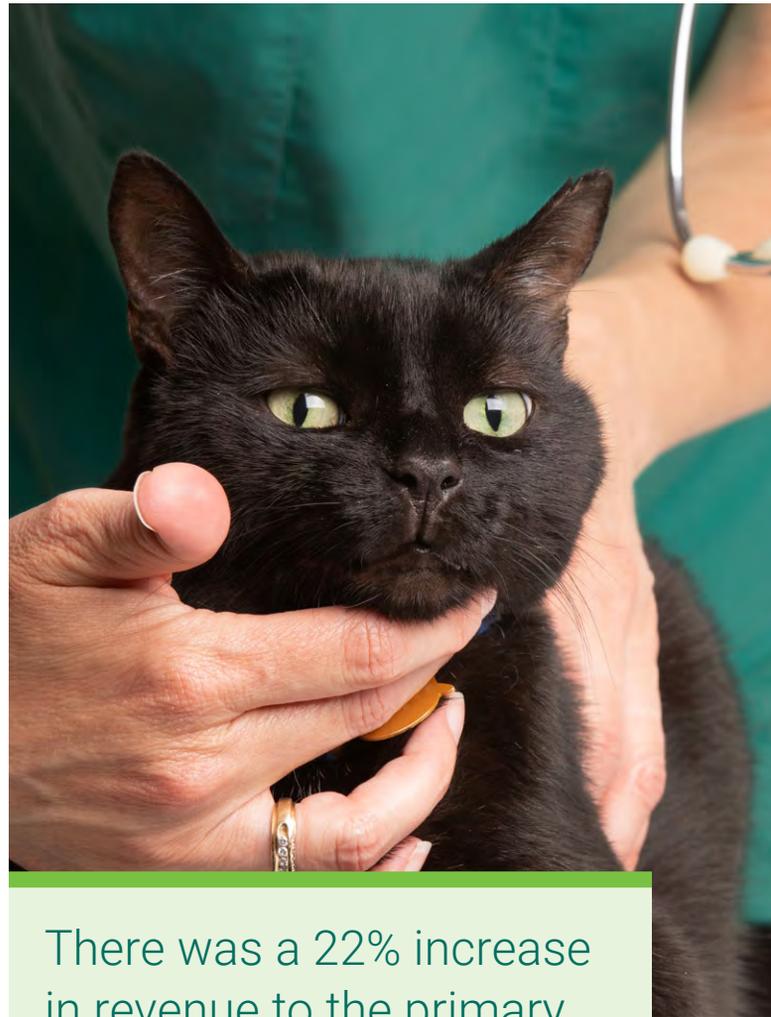
Strategic pricing and payment alternatives can be essential.

JS: The Collaborative Care Coalition is looking at the benefits of collaboration and ensuring informed decisionmaking. That means helping clients understand their options and supporting them as they make their decisions.

When specialty care is appropriate, collaborative care means bringing the pieces of the puzzle together—the pet, the pet's family, the primary care veterinarian, and the specialty veterinarians—to look at optimal outcomes.

KF: To attain the ideal lifetime of care, the practice must provide consistent care. The model doesn't work if team members make different recommendations. I'm a huge believer in getting the team together to create written protocols, because just the act of creating protocols means that people have to think about them, wrestle with them, talk about them, and come up with what they believe is the best set of recommendations for a particular situation.

It doesn't mean that every doctor must do everything listed in every protocol every time. There are medically appropriate reasons not to do so, or the client may refuse care. But at the least, the protocol lays the groundwork for consistency and better care.



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—JOANN STEWART, RVT, CVPM

In addition, when we talk training, we have to talk communications training. It's not enough to understand the content of what we're trying to communicate. We need to say it in a way that's effective for pet owners.

Communication isn't limited to person-to-person conversations. It's also the handouts we



Creating a collaborative and trusting relationship is part of our obligation as primary care providers.

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DACVSMR, CVPP, CCRP

provide, what we post on social media or on our website, and every other way we communicate with pet owners.

RD: With emergency or unplanned visits or referrals to specialty hospitals, we do need to make sure that we provide a pathway to affordability through pet insurance and the opportunity to pay over time.

Additionally, one thing that is really critical is that family veterinarians need to take the time to create relationships with the individuals who are going to provide care to their clients. **I look at my specialists as members of my healthcare team**, and that means I have an obligation to create a good transition of care by helping to set expectations with my clients, make myself available to them and my colleagues, and nurture the relationship that will develop. (See *Figure 5*)

Creating a collaborative and trusting relationship is part of our obligation as primary care providers.

JS: Beautifully said. Thank you, Robin.

Final Thoughts

MP: I find it very reassuring and reaffirming that all of us participating in this discussion are pretty much of one mind as we consider the concept of a lifetime of care.

JS: Part of what is amazing about the veterinary profession is that all of us are really driven to help pets and their families. A lifetime of care is all about achieving that, and it's helping our teams focus on what brought them into this profession in the first place.

KF: Every practice I know is doing something along these lines. They may not be calling it "lifetime of care," they may not be as structured as they could be, but everybody's already doing something. So for a lot of practices it's just a question of thinking through the question, Where can we improve?

RD: When I think about delivering a lifetime of collaborative care, I believe that critically integrating our relationships with the client, patient, teams, and specialty colleagues in our community is of paramount importance.

The lifetime care of a pet involves many tools, conversations, and players. As a hospital leader, you have the creativity and stature to conduct your practice in a way that will provide a lifetime of care to the treasured pets who are entrusted to you.

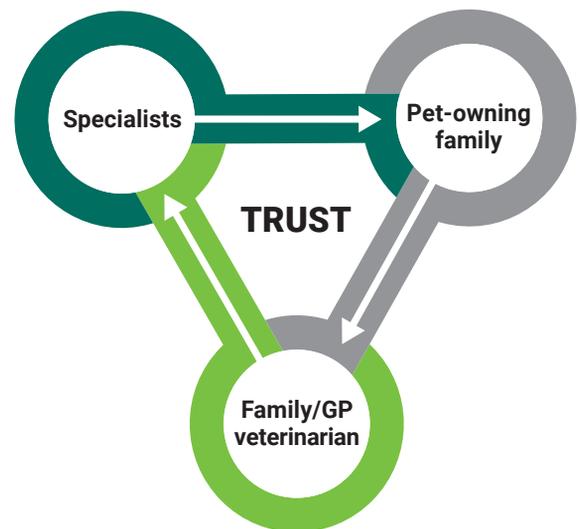


FIGURE 5. Take the time to build trust between your team and local specialists so you can confidentially recommend them to your pet-owning families. Practicing collaborative care throughout a pet's life can bring together families, pets, the primary veterinary team, and the specialty veterinary team, leading to better financial and medical outcomes.

Key Strategies to Advance a Lifetime of Care in Your Practice

- ✓ **Developing or updating written preventive care protocols:** communicating to clients and your team
- ✓ **Proactively helping clients be financially prepared:** pay-over-time (credit) options, pet insurance, or wellness plans
- ✓ **Creating an excellent client experience:** convenience of appointments, scheduling client communication, telehealth, and stress-free pet handling and environment
- ✓ **Sharing credible client education and resources:** in the practice, on social media, on the practice's website, and in client communications
- ✓ **Building a collaborative care community:** connect with local veterinary specialists and emergency clinicians



Resources

2011 AAHA/AVMA Preventive Healthcare Guidelines: aaha.org/aaha-guidelines/preventive-healthcare/summary/

2019 AAHA Canine Life Stage Guidelines: aaha.org/aaha-guidelines/life-stage-canine-2019/life-stage-canine-2019/

2010 AAFP/AAHA Feline Life Stage Guidelines: aaha.org/aaha-guidelines/life-stage-feline-configuration/background-and-goals/

CareCredit resources for practices and clients: carecredit.com/providercenter/resources/

About the Experts

Robin Downing, MS, DAAPM, DACVSMR, CVPP, CCRP

Downing is hospital director of The Downing Center for Animal Pain Management. She has received many regional, national, and international awards. She is a diplomate of the American College of Veterinary Sports Medicine and Rehabilitation and a certified veterinary pain practitioner, and she was the third veterinarian in the world to earn the diplomate credential from the American Academy of Pain Management (a human pain management organization). She was a founder of the International Veterinary Academy of Pain Management and served as that organization's second president. In addition, she has served as president of the American Association of Human-Animal Bond Veterinarians and is deeply involved in Fear Free. Downing is a clinical bioethicist and is working on a doctorate in that discipline.



Karen E. Felsted, DVM, MS, CPA, CVPM, CVA

Felsted has spent the past 20 years working as a financial and operational consultant to veterinary practices. She also spent three years with the National Commission on Veterinary Economic Issues as CEO. She is active in multiple veterinary organizations, has written many articles for various veterinary publications, and speaks regularly at national and international veterinary meetings. In 2011 and 2017 she was named the WVC Practice Management Continuing Educator of the Year, and in 2014 she received the VetPartners Distinguished Life Member Award.



Heather Loenser, DVM

Loenser is AAHA's senior veterinary officer. She graduated from Iowa State College of Veterinary Medicine in 2003 with a strong interest in entrepreneurial studies, theater, and communication in addition to her passion for veterinary medicine. Before joining the association, she spent 10 years in emergency medicine. In addition to representing AAHA in the media, she facilitates the creation of the association's guidelines and other resources.



Mike Paul, DVM

Paul has 40 years of experience in companion-animal practice, organized veterinary medicine, not-for-profit organization leadership, and corporate veterinary medicine. A graduate of Kansas State University School of Veterinary Medicine, he was a partner in a highly regarded internal medicine veterinary practice in Northern California. He has served as president of AAHA and has chaired or participated in numerous task forces for AAHA, the American Veterinary Medical Association, and the California Veterinary Medical Association. He is a founding member of the National Commission on Veterinary Economic Issues and the Companion Animal Parasite Council, and he is the former executive director and CEO of the latter. Through the years, he has presented and written numerous columns, editorials, and articles on vaccinology, parasitology, pet owner compliance, and consumer experiences.



JoAnn Stewart, RVT, CVPM

With 30 years of experience in veterinary medicine, Stewart is a leader in specialty practice administration. She is currently an independent consultant and the executive director of the Collaborative Care Coalition, an organization focused on collaboration and the integration of primary and specialty care to achieve optimal outcomes for pets, their families, and the veterinary professionals who serve them.



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—KAREN E. FELSTED, DVM, MS, CPA, CVPM, CVA



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