



AAHA Nutritional Assessment Guidelines for Dogs and Cats
Building Awareness and Promoting Implementation

Moving from Problem Solver to Problem Preventer: Integrating the *Nutritional Assessment, Preventive Healthcare & Life Stage Guidelines*



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Dear Colleague:

In December 2010, the American Veterinary Medical Association (AVMA) added prevention of disease to the veterinary oath. Considering that the pet population is on the rise yet veterinary visits are declining, this change to the oath is very timely.

AAHA is committed to ensuring that pets receive the preventive healthcare needed to keep them healthy and happy, and just as committed to providing tools to help veterinary professionals accomplish that. The various *Guidelines* published by AAHA are a great example of those tools. Four *Guidelines* specifically focus on being proactive in the prevention of disease, rather than being reactive and treating disease as it occurs:

- The *AAHA-AVMA Canine and Feline Preventive Healthcare Guidelines* address the lack of understanding by the pet-owning public of the important relationship between regular health evaluations and the well-being of their pets.
- The *AAHA Canine Life Stage Guidelines* and *AAFP/AAHA Feline Life Stage Guidelines* also address the importance of routine preventive care, along with the value of building strong relationships between the pet owner and the veterinarian. These *Guidelines* help veterinary teams understand unique and specific wellness and preventive healthcare necessary through the various stages of life, leading to the best possible care.
- The *AAHA Nutritional Assessment Guidelines for Dogs and Cats* focus on the importance of nutritional assessments and dietary recommendations for every pet at every visit, including one of the fastest growing health issues facing both pets and humans today: obesity.

As a veterinary professional, implementing any of the *AAHA Guidelines* will be beneficial to both your practice and the animals you serve. The *Guidelines* above are even more useful and powerful when integrated, with the focus on optimal preventive care. Wouldn't it be great to have more patients coming to you for preventive healthcare exams before problems start?

All four of the *Guidelines* address prevention and have areas that overlap and complement one another. By combining them and implementing an approach to ensure all key topics and recommendations are covered during each visit, your team will be poised to provide optimal preventive care in a more efficient manner, leading to healthier patients and happier clients.



Michael T. Cavanaugh, DVM, DABVP
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The Veterinarian's Changing Role: From Problem Solver to Problem Preventer

THE VETERINARY MEDICAL PROFESSION IS faced with a daunting task—namely, reversing a 10-year trend in declining utilization of its services. The Bayer Veterinary Care Usage Study found that, from 2000 to 2009, the average number of patients seen per week by companion animal veterinarians decreased by 13% and the median number of active clients per veterinarian decreased by 17%. In addition, the study reported that half of veterinarians had fewer patient visits in 2010 than they did a year earlier.¹ This troubling decline has occurred despite substantial growth in the U.S. canine and feline population by more than a third in the decade ending in 2006.² It is noteworthy that the drop-off in utilization of veterinary services has occurred concurrently with an increase in the reported prevalence of some common preventable canine and feline diseases.³

Fortunately, successful, growing veterinary practices are discovering an important key to providing optimum pet healthcare: putting the veterinarian's role as a "problem preventer" on an equal footing with the traditional role of a disease- and injury-treating "problem solver." By rebalancing these roles, preventive

healthcare (PHC) becomes the pathway to increasing pet-owner satisfaction, compliance and service utilization. The focus on disease prevention emphasizes regular visits for preventive healthcare instead of occasional, as-needed utilization of veterinary services for acute care. The Bayer study determined that more than 20% of pet owners do not use traditional veterinary practices as the primary source of pet care.² This alone is a strong indication that there is an ample, untapped population of pet owners who would benefit from professional PHC.

According to Ron DeHaven, DVM, CEO of the American Veterinary Medical Association (AVMA), "Most pet owners don't understand the economic value of preventing disease. They're less willing to spend money on prevention than on acute care for injury or illness. However, we're certain that in the long run, prevention based on regular preventive healthcare visits is far more economical for the pet owner."

How did we get into this mess, anyway?

The Bayer study reveals several reasons for declining

40% of cat owners report that more than a year has elapsed since their pet has been seen by a veterinarian (vs. 15% of dog owners).

utilization of professional veterinary care. Among pet owners, there is a widespread skepticism and lack of understanding of the value of regular, professional veterinary care. The data show that 33% of pet owners would take their pet to a veterinarian only if it got sick, and nearly half believe that routine checkups are unnecessary.²

“Veterinarians share some of the blame for this misunderstanding,” DeHaven says. “Practitioners generally do a good job of delivering preventive care but don’t do nearly as well in communicating the value of prevention.” To illustrate, 56% of pet owners in the Bayer survey said that their veterinarians do not clearly explain when they should bring their pets in for various procedures or tests.¹

In addition, the veterinarian’s influence and critical role in long-term pet health has been substantially weakened by pet-owner reliance on the Internet for healthcare information. Because cats often strongly resist being transported and examined by a veterinarian, 40% of cat owners report that more than a year has elapsed since their pet has been seen by a veterinarian (vs. 15% of dog owners). Importantly, while cost of care was a consideration, it was not the most important reason given by survey respondents for not taking their pets to a veterinarian more often.

Limitations of the traditional “problem-solver” role

The problem-solver role traditionally assumed by veterinarians focuses on acute care for injury or disease. Vaccination and heartworm prevention are generally offered as the principal approach to disease prevention. Acute care has a powerful attraction for clinicians because it is what they were trained to do and is a service they directly control with minimal client involvement.

Veterinarians never feel more like a healer than when they effectively treat a suffering animal. However, the problem-solver role has inherent limitations and can even work against a strong veterinarian–client relationship. This was revealed in a recent study of videotaped appointments for pet preventive healthcare or acute-care problems.⁴

The investigators found that preventive healthcare appointments were characterized by a broad discussion of topics, data-gathering statements and client education related to the pet’s lifestyle and relationship with the owner. The emotional atmosphere in these settings was relaxed, with social talk, laughter, statements of reassurance and compliments directed toward the client and pet.

In contrast, during problem appointments, interaction between the veterinarian and client focused almost entirely on the immediate medical situation. The atmosphere was sometimes tense, characterized by a sense of urgency by the clinician and by anxiety and emotion on the part of the client.

These findings suggest that the preventive healthcare exam is more likely than an acute-care case to produce awareness of the totality of what constitutes good pet healthcare. This, in turn, increases the probability of compliance with recommendations, long-term client satisfaction and an enduring veterinarian–client relationship. In other words, acute-care tends to minimize the empathetic behaviors that emerge during preventive healthcare visits. It is the dialogue that occurs in preventive healthcare exam settings that is most critical to building a long-term veterinary–client–patient (VCP) relationship that motivates the pet owner to obtain regular veterinary care. (See the infographic on page 6 for a comparison of problem-solver vs. problem-preventer behaviors.)

Advantages of the “problem-preventer” role

Veterinarians in general do an excellent job of delivering high-quality acute care. “Problem-solver” veterinarians who offer vaccinations and heartworm control as their principal approach to disease prevention often believe they are providing comprehensive PHC. When these practitioners are asked if PHC could be improved in their practice, a typical reply might be, “Prevention? We already do that.” In reality, the AVMA and AAHA have redefined PHC much more broadly and systematically by the recent publication of their *Canine Preventive Healthcare Guidelines* and *Feline Preventive Healthcare Guidelines*.⁵ The *Guidelines* are concise, single-page recommendations for case management. They take into consideration things not traditionally associated with PHC, including nutrition, dental care, behavior, pain assessment and life stage. Thus, the scope and depth of PHC has been expanded well beyond the narrow confines of vaccinations and parasite control.

The Partnership for Preventive Pet Healthcare™, co-sponsored by the AAHA, AVMA and 18 other organizations, was formed to help the profession shift its emphasis from acute-care problem solver to problem preventer. “We believe that a focus on preventive healthcare is the best means of improving pet health and reversing declining service utilization,” DeHaven explains. “The Partnership has developed a Partners for Healthy Pets program that provides an excellent Practice Resources Toolbox to enhance the delivery of preventive healthcare. For example, there are tools for improving communication with pet owners about the value of regular patient visits. There are also tools for implementing an annual preventive healthcare program for patients, including individual payment plans.” (The Partners for Healthy Pets tools for improving delivery of PHC are listed in the accompanying box and described online at <http://www.partnersforhealthypets.org>.)

THE PARTNERS FOR HEALTHY PETS PRACTICE RESOURCES TOOLBOX

The Partnership for Preventive Pet Healthcare has created an online Partners for Healthy Pets Practice Resources Toolbox to help veterinarians deliver preventive healthcare to their clients. More than 20 professionally designed tools provide resources for creating an internal practice culture that emphasizes preventive pet healthcare and enhances communications with clients about the value of regular preventive healthcare visits. The tools are organized into the following categories:

- **The Opportunity Survey**—an online practice survey tool that can identify possible gaps that exist between your team and your clients related to their understanding and perceived value of preventive care.
- **Communications Skills**—a video series that demonstrates how to communicate the importance and value of preventive healthcare to clients as well as how to sincerely employ empathy in the relationship-building process.
- **Implementing the *Preventive Healthcare Guidelines***—inspirational video, webinar and staff training materials for implementing the AAHA-AVMA *Canine and Feline Preventive Healthcare Guidelines*.⁵
- **Annual Preventive Pet Healthcare Plans**—describes annual preventive healthcare plans, including installment payments, that many clients find appealing.
- **Using Internet Marketing and Social Media**—explains how to have a strong online presence to market a practice to clients and potential clients.
- **Creating a Feline-Friendly Practice**—provides resources to help practices effectively treat feline patients and increase the satisfaction of cat-owner clients.



COMPARING PROBLEM-SOLVER VS. PROBLEM-PREVENTER APPROACHES TO VETERINARY PRACTICE

Problem Solver	Clinical Outcome	Problem Preventer
High-quality care for disease treatment, injury Preventive healthcare limited to vaccinations and parasite prevention	Primary clinical goal	Disease prevention to maintain long-term health of patient and a strong owner-pet relationship
As-needed usage, resulting in downward trend	Utilization of services	Regular, informed usage, resulting in upward trend
Historically low	Compliance	Relatively high due to regular care, emphasis on client education
Variable due to focus on acute care	Patient health	Optimal due to minimizing incidence of chronic and degenerative disease
Increased prevalence of preventable disease	Epidemiology	Low prevalence of preventable disease
Relatively limited verbal dialog Focuses on patient's immediate condition Principally involves the veterinarian	Client communication	High level of verbal dialog Broad discussion of topics Emphasis on client counseling and education Involves all healthcare team members Focuses on data gathering and patient history Seeks to establish an empathetic veterinary-client relationship Seeks to understand the client's relationship with pet
Lack of understanding of preventive healthcare benefits Focus on cost rather than value Skepticism of need for service Price resistance, comparison shopping	Client response	Values relationship with healthcare team Assigns value to low incidence of preventable disease, good pet quality of life and long-term relationship with pet Loyalty to the practice
Primary emphasis is on technical skills Focuses on individual healthcare team roles	Healthcare team response	Finds personal satisfaction in building strong client relationships Unified preventive healthcare vision fosters strong sense of teamwork Values "learning organization" culture

The flagship resource in the Partners for Healthy Pets toolbox is “The Opportunity” online survey. The survey obtains customized feedback from healthcare team members and clients that identifies gaps in how a practice communicates the importance of PHC to pet owners. “By improving the way the clinic staff explains the value of preventive services, the practice is better positioned to provide the best possible patient care and improve client satisfaction,” DeHaven says.

For clients, the ultimate benefit of PHC is obtaining the best possible healthcare for their pets as a result of regular visits to a veterinarian. The problem-preventer approach reduces the risk of degenerative or chronic disease going undetected and enables early treatment of emerging disease. This not only improves case outcomes but minimizes costs to the client. As a result, the healthy lifespan of the pet may increase, extending and strengthening the owner-pet bond. When clients see these tangible results of regular healthcare for their pets, the VCP relationship is solidified, and client loyalty to the practice increases. With this trust relationship in place, compliance with the veterinarian’s recommendations also tends to increase, creating another driver of optimum pet health. The end result is a self-perpetuating cycle of regular care, optimum pet health, strong pet-owner relationship and client loyalty to the practice. When a prevention-first approach exists, all stakeholders in the VCP partnership stand to benefit.

Making the transition to problem preventer

Veterinarians who want to make PHC their principal focus have an elegantly simple blueprint at their disposal. The physical exam is the foundation of PHC, with the AAHA-AVMA *Preventive Healthcare Guidelines* serving as the organizing template. The *Guidelines* may identify physical conditions that require in-depth diagnosis or treatment. In such cases, the various other canine and feline guidelines that have been previously developed can be applied as supporting protocols (see “Convergence Protocol for Using *Canine and Feline Healthcare Guidelines*” on page 15).

For practices that want to make PHC a higher priority, the Partners for Healthy Pets toolbox is an excellent resource. However, even these well-designed materials will be insufficient unless a leadership commitment to PHC exists within the practice and the entire healthcare team has a shared vision of how PHC will be implemented. This requires staff training to ensure understanding of the benefits of PHC and how it is to be applied to the healthcare plan for each patient. Implicit in the problem-preventer approach is an emphasis on client education and the communication skills needed to explain the value of PHC to pet owners.

“The veterinary medical profession has formally acknowledged that the pathway to optimum health for our patients is preventive healthcare,” DeHaven notes. “A companion-animal practice that prospers in today’s consumer environment will focus on being a problem preventer by emphasizing preventive healthcare and disease prevention. We now have the *Guidelines* and tools to accomplish that goal.”

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*I realize
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truth to that
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“Prevention
is the best
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Early Detection Benefits Cat and Owner

by Celia Zeinert

“Well, it looks like Rory has a minor UTI and a few struvite crystals.”

Urinary tract infection. Struvite crystals. Two phrases I’m all too familiar with and had honestly hoped to never hear again.

My heart sank with the veterinarian’s words. We’d been down that road before with our other cat, Gabe. I distinctly remember sitting in the exam room at the emergency veterinary clinic, tears running down my cheeks, as we received the bad news. Gabe’s urethra was completely blocked, and he was unable to urinate on his own. He would be unlikely to survive another hour in that state.

When the veterinarian slid the treatment estimate across the table to us, my husband and I exchanged a concerned look. We didn’t have that kind of money. She told us she would respect whatever decision we made, but I knew in my heart there was no way I could say no. An overnight clinic stay, three follow-up visits, two courses of antibiotics and a new prescription diet later, Gabe was as good as new... and my husband and I were \$2,000 further into credit card debt.

I admit it: I haven’t always been the savviest cat owner. I never used to read the nutrition information, preferring to base my cat food purchases on which bag had the cutest kitty on it. I thought yearly wellness exams were a waste of time and money for a cat, and veterinary visits should be reserved for emergencies only. How wrong I was.

You see, Gabe’s urinary blockage was caused by struvite crystals in his bladder. The most common cause of these crystals is a poor diet. Gabe was presenting with symptoms of urinary tract issues for months, maybe even a year, without my husband and I even noticing. A simple trip to the veterinarian’s office for a preventive healthcare exam would have given us the knowledge we needed to make good nutritional choices for Gabe, and the veterinarian would have easily recognized the signs of feline lower urinary tract disease. My lack of preventive care hit our pocketbook hard, and poor Gabe nearly paid the ultimate price for it.

Flash back to the present, and back to Rory. How could he have struvite crystals, too? We’d done everything right this time! The veterinarian must have caught the panicked look on my face, because she immediately reassured me that Rory’s case was entirely different from Gabe’s. She suggested a few dietary changes to improve Rory’s water intake and perhaps that he should lose a little weight, too. She prescribed an antibiotic to clear up his slight UTI and sent us home, relieved.

Gabe greeted us at the door after Rory’s annual veterinary visit. As I looked at his purring little face, it made me realize just how far we’d come as pet owners, and how glad I was that Rory would never have to experience the same pain that Gabe did. I realize now the truth to that old saying: “Prevention is the best medicine.”

Integrated Prevention: An Essential Component of High-Quality Care and Sound Business Practice

VETERINARIANS ARE ALWAYS LOOKING FOR ways to improve care, build stronger bonds with clients, streamline operations and grow their business. One way to achieve these goals is to integrate AAHA's clinical guidelines into your practice.

AAHA has continued to publish and refine its *Nutritional Assessment, Preventive Healthcare and Life Stage Guidelines* to help practices fill in gaps in care; provide consistency of service across the client base; and create opportunities for necessary diagnostics and treatment—all with the ultimate goal of providing optimal health to pets.

And members report that the clinical *Guidelines* are among the most valued products and services AAHA provides. According to a member survey that asked specifically, "How valuable to you are the AAHA *Guidelines*?" 89% said they rated the *Guidelines* between 3 and 6 on a 6-point scale, with 6 being "extremely valuable."

One such practice that says integrating the *Nutritional Assessment, Preventive Healthcare and Life Stage Guidelines* has been key is the AAHA-accredited VCA Animal Medical Center of Tucson. Lark Behrens, DVM and medical director there, said that following the AAHA *Guidelines* helps the practice work "smarter" by catching any potential gaps in patient care.

"Any time there's a guideline you can follow, it really helps you to go through things in your mind every time you see a patient so that you're not missing things," Behrens said. "What type of food should we be feeding this age group? Or what type of things should we

be watching for in these age groups, like different food stages for each life stage, as well as what type of blood work and urinalysis we should be running."

VCA Animal Medical Center of Tucson even mandates that team members apply the *Guidelines* to care for their own pets.

Better patient care

While it takes some effort on the part of the entire healthcare team, reviewing and implementing the *Guidelines* ultimately results in better patient care. For example, Behrens said the *Guidelines* led to a recent success story at their practice with an obese senior dog, Ginger. The practice did blood work that was suggested for Ginger's life stage, which revealed that she was hypothyroid, so she was prescribed medication for the condition. Nutrition discussions showed her diet was lacking, so the staff recommended feeding her Hill's r/d. Months later, Ginger has attained a normal weight. "You wouldn't even know it's the same dog," Behrens said.

The key was communicating the importance of the preventive healthcare treatments to Ginger's owner, according to Behrens. In fact, the 2003 AAHA Compliance Study showed pet owners' "lack of understanding of the need for or benefit of a recommendation was responsible for a large amount of noncompliance" (*Six Steps to Higher-Quality Patient Care*, AAHA, 2009). Behrens has found that to be true in practice, especially when a pet owner doesn't comprehend the need. For example, it can be challenging to tell overweight clients that their dog is also overweight, so it must be handled in a delicate way, such as, "Look at so-and-so's hips—they're not doing so well, and part of it's because they're a little chunky," she said.

Spelling out the reasons why a procedure is necessary has also been very helpful in discussing year-round heartworm prevention and particularly dental care. She said it's important to link oral care to overall health, explaining that if diseased teeth are not removed, they

If "sticker shock" has been an issue in your practice when recommending quality preventive care, you may want to consider preventive healthcare plans that give clients monthly payment options. You can learn more about these plans on the Partners for Healthy Pets website, <http://www.partnersforhealthypets.org>.

can affect the heart or other organs. The practice offers handouts and books to supplement the discussions with clients.

Of course, the goal of incorporating preventive healthcare by utilizing the *Nutritional Assessment, Preventive Healthcare and Life Stage Guidelines* is to move from reacting to health issues to preventing problems, so engaging clients when their pets are puppies and kittens is ideal. For example, Behrens and the VCA staff recently helped a client understand that mixing adult food into puppy chow for a 5-month-old German shepherd puppy that was growing too fast was necessary because it would prevent hip and joint issues by slowing down his growth.

Thoroughness = increased profits

Melissa Vance, CVT, hospital administrator of VCA

Animal Medical Center of Tucson, said that by integrating the *Nutritional Assessment, Preventive Healthcare and Life Stage Guidelines* into an organized and consistent physical exam process, they have found that they are being much more comprehensive in their approach to overall patient care for patients of all ages.

“We can see fewer people and be more thorough,” she said. “The people that are still coming in, we’re able to spend more time with them, be more thorough, recommend the things we want to recommend and not feel rushed.”

Vance says that even though business began declining due to the economy in 2010, and several practices in their area closed as a result, they have been able to actually *increase* their profits despite declining client numbers by integrating preventive health measures with the AAHA *Guidelines*.

BENCHMARK AND GROW!

See how you stack up against other practices, and then plan for sustainable annual growth of 2–3%.

Fees for Comprehensive Preventive Healthcare Visit				
	25th Percentile	Average	Your Fee	75th Percentile
Pediatric canine preventive healthcare visit*	\$153.63	\$196.31		\$231.90
Adult canine preventive healthcare visit	\$107.50	\$168.47		\$231.25
Senior canine preventive healthcare visit	\$336.50	\$555.77		\$732.00
Pediatric feline preventive healthcare visit	\$159.00	\$200.73		\$226.00
Adult feline preventive healthcare visit	\$113.00	\$158.54		\$208.00
Senior feline preventive healthcare visit	\$336.00	\$547.89		\$712.06
Avian preventive healthcare visit	\$50.00	\$152.39		\$193.70
Reptile preventive healthcare visit	\$53.00	\$130.29		\$178.50
Small mammal (other than ferret) preventive healthcare visit	\$68.25	\$115.47		\$156.50
Ferret preventive healthcare visit	\$59.18	120.42		\$162.58

*A detailed description of each exam is published in *Veterinary Fee Reference, Seventh Edition* (AAHA Press 2011).

Compliance Correlates to Length of Preventive Pet Healthcare Visit*				
	25th Percentile	Average	Your Fee	75th Percentile
Length of preventive healthcare visit (all pets)	15 min.	22 min.		30 min.

*Source for compliance data: *Compliance: Taking Quality Care to the Next Level* (AAHA Press, 2009).

Source for length of visit data: *Veterinary Fee Reference, Sixth Edition* (AAHA Press, 2009).

Sources: *Veterinary Fee Reference, Seventh Edition* (AAHA Press, 2011); *Veterinary Fee Reference, Sixth Edition* (AAHA Press, 2009); *Compliance: Taking Quality Care to the Next Level* (AAHA Press, 2009); *Financial and Productivity Pulsepoints, Sixth Edition* (AAHA Press, 2010).

According to Vance, from May 2011 to May 2012, invoices went down about 12%. “However, our average client transaction is up over 25%,” she said. “We are able to see fewer people, but still increase our revenue by recommending wellness packages and food, and [by] being very thorough in our record keeping, i.e., we always check vaccines history, diet and microchip even before the doctor goes into the exam room.”

When patients come in healthy, Vance says their veterinarians say, “Let’s really make sure and do some blood work, let’s do some X-rays (as consistent with the *Life Stage Guidelines*) so we can catch them [potential problems] early.

“As a result, more revenue is generated because people are listening. Not everyone listens, but we still have that conversation every time,” Vance said. “When we talk about how important it is to do the wellness profiles, all

the preventive medicine and heartworm prevention, flea and tick prevention, the food and nutrition—having those conversations with the client has been huge. That’s all-around better medicine.”

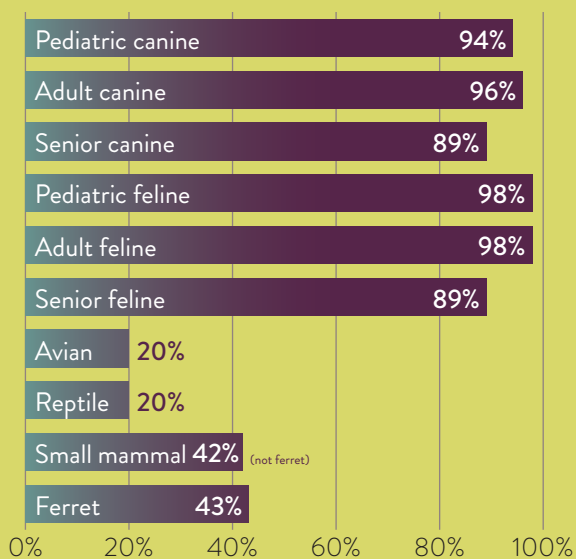
And it’s paying off. “Our food sales are up 4% over last year, simply by recommending and prescribing foods,” Vance said. “Our wellness profiles are up 10% over last year. This includes both senior and junior wellness.”

As VCA Animal Hospital of Tucson demonstrates, AAHA practices that integrate the *Preventive Healthcare Guidelines* are providing more consistent and higher-quality care while seeing an associated increase in revenues.

“We’re getting more and more compliance every year,” Behrens said. “Those *Guidelines* are there for a reason—because they work.”

ARE YOU MISSING AN OPPORTUNITY? EXOTICS NEED PREVENTIVE HEALTHCARE, TOO!

Preventive Healthcare Visits Offered by Patient Type



Source: *Veterinary Fee Reference, Seventh Edition* (AAHA Press, 2011).

MEASURE AND GROW!

Choose just three areas to grow revenue (see page 15).

Set reasonable expectations, like 2–3%.

Work toward the goal every day. Protocols and training help.

Track your progress every month.

Areas We Will Grow This Year	Total Revenue	Growth Goal*	Target Revenue
Area 1:	\$	2%	\$
Area 2:	\$	3%	\$
Area 3: The number of patients for whom the next preventive healthcare exam is scheduled before the client leaves the office (no matter what the reason for the visit)		10%	

*Setting modest, sustainable targets in specific areas allows staff to experience motivating success, while an ambitious, broad goal offers a challenge with visible effects.

Increasing the number of scheduled preventive healthcare exams will lead to growth in areas related to preventive care, like dentistry, nutrition and pain management.

What Integrated Prevention Means for Your Diagnostic Laboratory

THE AAHA CANINE LIFE STAGE *Guidelines*, *AAFP/AAHA Feline Life Stage Guidelines*, and the *AAHA Senior Care Guidelines for Dogs and Cats* each suggest a minimum database that may be evaluated for the pet. Such assessments are integral to preventive healthcare.

Routine tests such as the minimum database may be helpful for the preventive healthcare evaluation of a pet at any age, but are particularly important for the mature, senior and geriatric patient, allowing early detection of disease or trends in clinical or laboratory parameters that may be of concern.

Performed early in life, these tests may also provide a baseline for the interpretation of data obtained at subsequent visits and may establish trends that would be more specific to the individual patient than cumulative laboratory data from many individuals.

The *Guidelines* show a “+ / -” sign for many tests because there is limited evidence about exactly when to begin testing for each item. Create individualized recommendations based on physical examination findings, clinical experience and the pet’s specific breed and lifestyle. Individualize the approach for each pet to ensure an effective plan for early disease detection and to maintain optimum health.

It does not take an enormous laboratory to conduct all the testing that you need for preventive healthcare as shown in the *Guidelines*. The following items are those that are often used to evaluate a pet that appears healthy. Of course, patients that show abnormal signs would need further evaluation that may extend beyond the items discussed here.

Basic tests

Several laboratory tests are discussed in all of the preventive healthcare *Guidelines*:

- Fecal flotation
- Urinalysis

- Complete blood count
- Chemistry screen

These tests require a basic laboratory setup (which already exists in most veterinary practices), as well as a way to perform blood chemistry analysis.

In addition, all AAHA-accredited practices must meet mandatory standards related to preventive healthcare exams, laboratory testing procedures and required laboratory services.

Basic equipment

Every veterinary practice should already have and use the basic equipment to perform minimum laboratory tests. This equipment includes:

- Microscope
- Centrifuge
- Fecal flotation devices and solution
- Blood collection tubes (whole blood collection; with anticoagulants for serum collection; capillary tubes)
- Microscope slides and cover slips
- Microscope slide stains
- Refractometer to measure urine specific gravity
- Urine dipsticks for screening urine
- Collection containers for submission of samples to a diagnostic laboratory

Blood chemistry analysis

Many veterinarians choose to send their blood samples to an outside laboratory for analysis. Other veterinarians choose to maintain their own equipment. Ensure that your technicians adhere to the instructions for use, maintenance and equilibration of these items.

If you are considering the purchase of such equipment, go to conferences, talk to exhibitors and ask other veterinarians and technicians about blood chemistry analyzers. Involving your technicians in the selection of equipment ensures that your purchase is going to be

both adequate for the job as well as user-friendly for those who perform the testing.

Disease test kits

In addition to the above basic tests, preventive care includes evaluation for common diseases such as heartworm, feline retrovirus and arthropod-borne disease (e.g., Rickettsia, Lyme disease). Test kits for these diseases are widely available and easy to use. Commercial laboratories also offer such testing as well as more precise confirmation testing for questionable cases.

Equipment for additional tests

Laboratory tests aren't the only form of routine evaluation. Additional evaluation varies with the pet and its life stage. Ensure that your practice is able to conduct the following evaluations, or that you are able to refer clients for further evaluation, when necessary.

- **Blood pressure measurement.** The *Feline Life Stage Guidelines* suggest evaluation of blood pressure in middle-aged to older cats. Evaluate current information about the accuracy of various types of blood pressure monitors to ensure you have the recommended equipment.
- **Ophthalmic evaluation.** These items include the ophthalmoscope, the Schirmer's tear test and the tonometer for measurement of ocular pressure.

The above discussion focuses on evaluation of the healthy-appearing pet. Of course, should the results of your healthy-pet exam reveal any abnormalities, further evaluation is indicated. For example, radiography, ultrasonography or electrocardiography may be indicated for some pets based on the findings of the history and physical exam.

The complete *AAHA Canine Life Stage Guidelines* can be found at https://www.aahanet.org/library/Canine_Life_Stage.aspx.

TABLE 1. MINIMUM DATABASE BY AGE GROUP FOR THE APPARENTLY HEALTHY ANIMAL*

	Pups	Juvs	Adult	Mature	Senior	Geriatric
Rectal Exam				+		
Anteagag home disease (e.g., Rickettsia, Lyme)					+	
Heartworm screening based on the RBC and CPE positive† (i.e., at least annually and always preanesthetized)	+			+		
CBC, hematology, BUN, WBC, differential, cytology, (pancreas)		+			+	
Chemistry screen. As a minimum, include TP, albumin, globulin, ALP, ALT, glucose, BUN, bilirubin, creatinine, potassium, phosphorus, Na ⁺ , and Ca ²⁺			+		+	
Urinalysis, including specific gravity, sediment, glucose, ketones, bilirubin, protein, and occult blood		+			+	

The complete *AAFP/AAHA Feline Life Stage Guidelines* can be found at <https://www.aahanet.org/library/felinelife.aspx>.

Table 2
The Minimum Database by Age Group

	Kitten/Juvenile	Adult	Mature	Senior/Geriatric
CBC Hemoglobin, RBC, WBC, differential count, cytology, (platelets)	+	+	+	+
CHEM screen As a minimum include: TP, albumin, globulin, ALP, ALT, glucose, BUN, creatinine, K ⁺ , phos, Na ⁺ , Ca ²⁺	+	+	+	+
Urinalysis* Specific gravity, sediment, glucose, ketones, bilirubin, protein†	+	+	+	+
TP*		+	+	+
Blood pressure*		+	+	+
Retroviral testing	+	+	+	+
Fecal examination*	+	+	+	+

* See text discussion. CBC = complete blood count, RBC = red blood cells, WBC = white blood cells, CHEM = chemistry, TP = total protein, ALP = alkaline phosphatase, ALT = alanine aminotransferase, BUN = blood urea nitrogen, T4 = thyroxine

The complete *AAHA Senior Care Guidelines for Dogs and Cats* can be found at <https://www.aahanet.org/Library/SeniorCare.aspx>.

Table 1
Minimum Laboratory Database for Healthy-Appearing Senior Pets

Baseline Tests	Possible Additional Tests*	
Complete blood count	Laboratory Tests	Other Assessments
Urinalysis (UA), including sediment examination	Microalbuminuria [†]	Schirmer tear test
Culture and sensitivity testing, if indicated by UA	Cholesterol, triglycerides	Tonometer
Fecal analysis (ideally by centrifugation)	Serum electrolytes	Arterial blood pressure
Blood urea nitrogen	FelV [‡] FHV [‡]	Radiography
Creatinine	Urine protein:creatinine ratio	Ultrasonography
Alanine aminotransferase	Heartworm as regionally and seasonally indicated	echocardiography
Alkaline phosphatase		Electrocardiography
Glucose		
Total calcium		
Total protein		
Albumin		
Bilirubin		
Total thyroxine (T4) - cat		
Potassium - cat		

* Might be indicated based on initial history, examination, and laboratory results; testing is not limited to these.
[†] Requires a test that detects albumin concentrations lower than those detected by urinalysis test strips
[‡] FelV=feline leukemia virus; FHV=feline immunodeficiency virus

Integrating Pet Healthcare Guidelines: A Convergence Protocol

COMPANION ANIMAL VETERINARIANS HAVE ACCESS to at least 20 approved canine and feline healthcare guidelines or consensus statements. While these guidelines are excellent resources for implementing best practices, they present practitioners with a dilemma—how can hundreds of pages of clinical guidelines be applied without requiring a two-hour exam?

Companion animal veterinarians can, in fact, apply multiple guidelines efficiently, without duplication of effort or wasted time, by using a “convergence protocol” (see diagram on page 15). This approach begins with the *AAHA-AVMA Canine Preventive Healthcare Guidelines* and *AAHA-AVMA Feline Preventive Healthcare Guidelines*.¹ These single-page protocols are organized in an easy-to-use, checklist format, making them ideal for conducting an efficient primary healthcare exam. Other supporting guidelines that apply to specific clinical situations can then be selectively used, depending on the findings of the primary exam.

There is a synergy that results from using the *AAHA-AVMA Preventive Healthcare Guidelines* as the convergence point or gateway to the more specific supporting guidelines. The examination becomes both efficient and complete, the veterinarian is informed but not distracted by multiple protocols, and the examination is highly individualized for each patient. By using the convergence protocol, the *AAHA-AVMA Preventive Healthcare Guidelines* are used in conjunction with, not to the exclusion of, the more detailed guidelines.

Tips for using situation-specific supporting guidelines

Using the *AAHA-AVMA Preventive Healthcare Guidelines* at every regular exam is straightforward enough. Knowing when to apply the often highly detailed supporting guidelines can be more challenging. The following tips are useful ways of effectively using the situation-specific supporting guidelines:

- **Have a good understanding of when specific supporting guidelines should be applied.** For example, *Nutritional Assessment Guidelines* should be applied in the case of an overweight animal, and reproductive counseling should be included in an exam for a new puppy or kitten.
- **Have a working knowledge of all relevant guidelines.** Realistically, many veterinarians will not have read or have an in-depth knowledge of all the various clinical guidelines. However, practitioners should take the time to become reasonably well acquainted with all the guidelines that apply to their practice. It also may be helpful to identify the two or three most important items from each of the supporting guidelines that apply most often to your practice.
- **Utilize the supporting guidelines as sources of client and staff education material.** All of the guidelines are rich sources of clinical expertise. It is worth

CONVERGENCE PROTOCOL FOR USING CANINE AND FELINE HEALTHCARE GUIDELINES

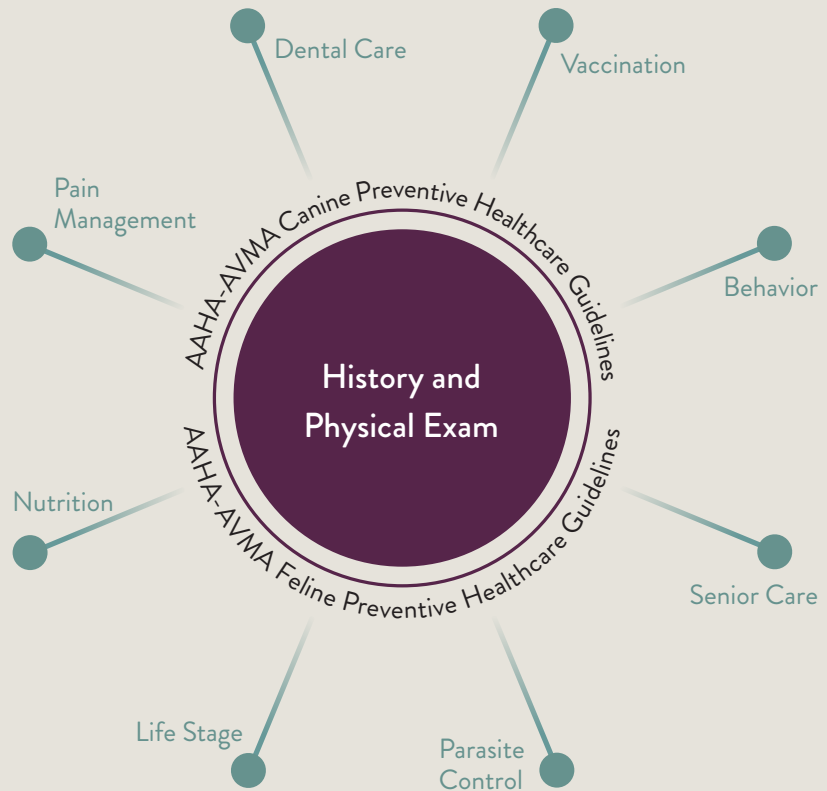
The history and physical exam (purple circle) is the convergence point for applying all canine and feline healthcare guidelines. The physical exam is conducted using the *AAHA-AVMA Canine Preventive Healthcare Guidelines* or *AAHA-AVMA Feline Preventive Healthcare Guidelines*. These simple checklist *Guidelines* are the starting point for selectively determining which of the more specific, in-depth supporting guidelines should be applied.

Primary Guidelines

- Basic, preventive healthcare guidelines used at every physical exam
- Determines which supporting guidelines need to be used

Supporting Guidelines

- At least 18 different guidelines available for canine and feline practice
- Provide detailed, in-depth recommendations



the time to determine what information can and should be integrated into your overall or situation-specific client education messaging.

Why guidelines are needed

There are important reasons why clinical guidelines should be routinely used in veterinary practice. Guidelines make it possible for all healthcare team members to provide an orderly approach to patient care and to make consistent recommendations. In this way, the entire practice speaks with one voice. The guidelines also minimize the risk of overlooking medical conditions that warrant treatment or monitoring. This is particularly true of conditions that are less obvious or not always associated with preventive care, such as behavioral, dental or nutritional problems. Guidelines are the best way of delivering patient care that is both

complete and individualized. These valuable resources become more manageable and practical when the convergence protocol is followed: Use the *AAHA-AVMA Preventive Healthcare Guidelines* as the starting point, and the supporting guidelines on an as-needed basis for situations indicated by the initial exam.

An in-depth article on implementing the convergence protocol in your practice will accompany next month's issue of Trends magazine.

REFERENCE

1. American Animal Hospital Association-American Veterinary Medical Association Preventive Healthcare Guidelines Task Force. Development of new canine and feline preventive healthcare guidelines designed to improve pet health. *J Am Anim Hosp Assoc.* 2011;47:306-311.

