

Incorporating Geriatric Pain Management and Hospice into Your Practice:

The number of geriatric pets has increased significantly over the past 10 years, and this upward trend is expected to continue. In the US, the percentage of pet cats over 6 years of age has increased from 24% in 1995 to approximately 47% today, 2017. In Europe, between 1983 and 1995, the number of geriatric cats more than doubled while the number of geriatric dogs increased by 50% (McMichael, 2017). As the geriatric pet population continues to grow, there is also an increasing demand from owners for specialized care during this 4th life stage.

While we all technically "offer" geriatric pain management and hospice/end of life care in our practices, it is this low-hanging fruit that often goes unpicked with regards to taking advantage of its marketing and revenue potential. In 2017, DVM360 questioned over 400 veterinary practices about geriatric care. When asking questions about services, 71% responded that they do not offer targeted services for senior/geriatric pets, and 63% responded that they did not have focused marketing efforts to owners of senior pets. Developing "specialized" services that are dedicated to this growing subset of the pet population is not only a smart practice move, but dramatically improves the level of care and client satisfaction/retention.

This talk is not about creating packaged senior wellness/preventative plans, offering senior pet discounts, or about pushing services in ways that make you feel like a used-car salesman; it is instead about how to reframe the delivery and repackage the message about the care *you are already providing* to increase perceived value.

What I will be highlighting: 1) Marketing geriatric pain management (and hospice services) to increase revenue 2) Improving the hospital experience for the geriatric patient to elevate care and appointment value to the client 3) Client communication tips and 4) Embracing technology to deliver superior care to your geriatric patients.

1. Marketing geriatric pain management/hospice services to increase revenue (and reframing your marketing message)

- What do *all* pet parents want? Ask this question and the answer will always be some version of "for my pet to be as pain free and as comfortable as possible" - why not market to this exact point?

- This is the number one goal for every owner of an elder pet, so why not heavily focus on how you can make a difference in both comfort and quality of life in your marketing messages?
- Great insight from Harvard Business Review article: *“Leverage embedded competencies and assets: Innovation gets stymied when a company defines itself by what it does rather than by what it knows—when “concept of self” is built around products and services rather than around core competencies. Innovators see their organization as a portfolio of skills that can be endlessly recombined into new products and businesses. They are masters of recombination.”*
- Instead of saying “we offer senior wellness care” or “we offer senior preventative plans,” considering reframing your message to highlight your skills and to hit clients’ primary concerns; you could instead say, “we specialize in keeping pets over 7 years of age pain-free”; pick a message that feels right to your team and continue to refine it
- Within your marketing campaigns, be sure to not simply come at it from the angle of what you offer, but instead, highlight *how* what you offer can make an astounding difference (“with our pain management services for seniors, your pet can feel young again”); shift the focus from what the practice/veterinarian does, to what it can do for the life of pet and owner better - in other words, *make it all about the pet and owner, not about the practice, and align your marketing message to meet the goals and pain points of your clients*; while this seems like this is a subtle semantic, it is one that can be a game-changer in the way you market your services
- Marketing ideas for geriatric pain management services and ways to highlight your expertise:
 - Print materials (newsletters, waiting and exam room "newspapers") that focus on pain management and education that includes highlighting success stories from your practice
 - e/ mailing Behavior Screens to clients that will help them identify early changes in their pets behavior that generally reflect pain
 - Share "senior hacks" on your FB pages
 - Host FB Live “pain Q/A sessions”
 - Offer in-hospital "how to" lectures (how to recognize pain, how to give massage and passive ROM, etc.) - when owners are able to recognize that their pet may be in pain, they will come to you for services
 - If you have a TV in your waiting room, showcase patients who are thriving in their geriatric years because of pain management (before and after videos are great!)

- Highlight and feature any advanced education that your staff pursues
- Consider adding additional services such as AP, laser, rehab, massage
- Consider rephrasing, and instead of using the terms "geriatric or senior," consider marketing with a phrase such as "Pets without Pain Program", etc.
- Highlight all the little things you do in your hospital that improve senior comfort (ideas to follow)
- Consider partnering with an organization in your area that rescues/adopts senior animals; by WOM, your hospital will begin to become the experts in senior comfort care

2. Improving the hospital experience - what you and your staff can do to make a senior visit better (and more comfortable!)

Show you care with a focus on comfort

- Take senior pets directly to the exam room to avoid unnecessary "getting up and down's" (*and!* be sure to let clients know in conversation to the exam room that this is what you are doing- they will appreciate the thoughtfulness!)
- If pets do need to stay in the waiting room for a period of time, provide cushioned seats "for older bones"
- If it is cold outside, or if you have a pet that is geriatric or looks nervous, bring the owner a blanket that you've warmed in the dryer (or invest in a towel warmer) - that little extra touch goes a long way! You can share that warmth feels good on muscles, just like it does with us, or that older pets are affected more by the chill than younger pets
- Gentle holding and "Fear Free" techniques - seniors can be fragile and more prone to injury
- Yoga mats or interlocking foam mats for improved traction; you can consider looking for red yoga mats so pets "can walk the red carpet", adding fun to something you are already doing
- Ensure you have thick blankets/bedding in exam rooms
- Use appropriate padding/support when obtaining diagnostics; let owners know you do this
- Promote a calming environment (for both pets and people) such as lighting, pheromones, use an exam room that is in a quieter part of the hospital if possible, body language and tone of voice
- Examine medium and larger patients on the floor, not on tables
- Use harnesses instead of leashes when indicated; educate clients on harness use at home
- Perform as many tasks and sample collection in the exam room as possible; utilize EMLA cream prior to venapuncture - shave small spot of fur in exam room, apply cream and wrap and

leave this one during the 20 minutes of appointment time - venapuncture will then be pain-free and clients will appreciate this additional caring step and concern, perceiving a higher value and continuing the message that you are focused on pain management

- Consider reserving a dedicated parking spot near the front for "the grey muzzles"
- Consider offering in-home appointments (even if just one day a week); DVM or RVT

Extending appointment times

- There is a great deal of information and education to discuss with clients regarding geriatric care and pain management, and any additional time you can offer during appointments will greatly serve you and your patient later; the number one thing clients want from you is time (the second thing they want is access to you)
- Begin with baby steps and try adding 15 minutes onto your geriatric appointments then track metrics: average client transaction, owner compliance (willingness to do dx, give meds, etc), overall client satisfaction, and improved QoL and comfort for patients
- Consider "split appointments" or offering an initial "virtual appointment/intake" where a nurse trained in senior care can obtain a thorough history and begin to educate/prep owners for their "medical" appointment; nurses can screen with the following handouts: behavior assessment, geriatric intake, SNORE, CSU pain scale; the doctor can then spend 30 minutes discussing the medical plan with focused recommendations based on this information increasing efficiency
- Longer appointments? -- charge accordingly; you'd be surprised how many people would happily pay more for more time with you! Meet these client needs; if longer appointment times concern you/your practice, consider starting with just 1-2 of these appointments per day and track the metrics; think of these appointments as a longer term investment in your practice and as a barrier to competition
- Provide geriatric-specific information during discharge to pets who are nearing senior age (such as "Dog and cat handouts: What to watch out for") Tip: you can target your marketing messages, such as on FB, around these handouts
- Consider "forward booking" (scheduling the patient's next exam during the current visit), letting owners know you will remind them 2 weeks in advance so adjustments to date/time can be made based on their schedule

Staff education considerations

Reception/CSR:

- Set up alerts in your PMS flagging seniors and soon-to-be seniors so there is a reminder to begin discussions; consider using "grey" folders/charts to denote senior patients as another visual reminder
- Educate CSRs to pick up on key phrases from owners ("my pet's doing well, he's just starting to slow down"; "oh, he's not in pain, he just has arthritis")
- When making an appointment for a senior pet, ask clients to withhold food for 6 hours in case labs are needed and to not let them urinate if possible on the way in to the clinic in case a UA is needed; they will appreciate not having to come back a second time
- Ideally, these appointment times will last (at least) 15 minutes longer than standard appointments; CSRs can explain to clients before their arrival that their pet has entered a new life-stage (setting up the conversation) and that a longer appointment will be scheduled to allow discussion of changing needs; clients will appreciate this extra level of care and consideration

Technicians:

- Follow up calls to make sure clients are understanding/complying with recommendations; common example: gabapentin
- Educate nurses to dig for history with a geriatric-specific, pain-related focus (subtle behavior changes, elimination habits, etc.)

Veterinarians and technicians:

- Find a pain management champion in your hospital to help create this specialized niche within your practice
- Support advanced education (such as becoming certified in pain management and/or hospice and palliative care) and market this to your clients - it is what can further separate you from the pack

Owner education

- Begin education around geriatric pain management early; the best time to start talking about this is before they need it; get your clients "set up" for this care in advance and teach them what to look out for early on
- Educate owners so that they understand that it is not that "he's just slowing down because he's getting old," but that "he's slowing down because of arthritis that happens during getting old, and that we can actually do something about it!" - in my experiences, the vast majority of pet owners are not able to recognize pain and "you don't know what you don't know".... if they don't know, how can we expect them to pursue care? compliance shoots up when owners *understand* what pain looks like and that QoL can be improved

- It is also as equally important to understand "the why not" so that you can target education and communication (e.g., "I don't want to give my pet pain medications"); understanding what causes concern in the first place allows to you counter-address those concerns with education and explanation; for example, if you recommend blood work for NSAID use and you hear, "I don't want to put my pet through that," consider sharing videos to those concerned clients to help alleviate fears of unknown (such as a relaxed pet getting its blood drawn with no reaction)
- Supply educational materials such as SNORE and CSU so owners can better recognize pain; also be sure to point out the "shortcomings" of tools - for example, I have many families where a patient falls clearly in the "yellow" on the CSU pain scale (moderate discomfort; reassess analgesic plan), but during our discussions, clients will often say, "well, he can't be at this level of pain because he is not doing [that one thing out of 10] on the list" - it all goes back to education and ensuring communication; the lightbulb comes on and the compliance goes up
- Also encourage daily/weekly journal, video journaling to assess progress; when clients can look back and see improvements, compliance will continue

3. Client communication tips

- Improved communication and delivery of information vastly improves compliance
- Put clients in the driver's seat and frame your communication so clients feel in control - and supported - in their decisions at *all* times
- Provide hope for improvement in comfort and quality!
- If owners do not wish to implement recommended pain management therapies, try to understand the reasons *why*; it is surprising what will be uncovered, and understanding their perspective can help bridge the gap, allowing you to provide improved care
- If owners are hesitant to begin pain management for reasons of they don't feel their pet is in pain, they are afraid of "drugging them" or other non-financial concerns, I find it helpful to say, "Let's just try these recommendations for 3 days and see what changes it brings"; I'll dispense small amounts of medications to begin with so there is little cost; also, if you have donated medications on hand, that is often appreciated
- Stress to owners from the very start (written, verbally) that if an adverse reaction is noted, such as sedation in a cat from buprenorphine, that this does not mean it is a "wrong or bad drug," or that "your cat doesn't do well on that medication," but that the dose simply needs to be adjusted and that this is part of the nuances of perfected pain management; this is one reason I am very cautious with my dosing, and I will begin at the very low end of the dose, or even at technically subclinical doses to start until I can be sure how a patient responds; for example, with

Gabapentin I start at 3-5 mg/kg and give once nightly for the first 3 nights before increasing dose/frequency to avoid any sedation side effects, which in my experiences, if noted, make owners not want to give the medication ever again; this is why patient follow up 1-2 days later when starting any pain medication plan is imperative

- Prior to the appointment, have the owners fill out a geriatric assessment form; doing this ahead of time allows owners to think about (and process) the information and what they are seeing, and it will save valuable appointment time, allowing you to address and prioritize already determined needs instead of having to think about what needs there *may be* during the appointment

- Don't try to do it all at once; prioritize concerns and tailor plan to their needs; follow ups are a situation where technology can be hugely beneficial

- Involve and invest in your RVTs!! Educate and train them in areas of geriatric care including pain management, quality of life, and end of life considerations - the large majority of geriatric care is education and communication, which is the most time consuming component of appointments; turf these conversations to your nurses and streamline your process by only needing to address the medical aspects of care; as previously mentioned, consider "split appointments" or offer nursing QoL appointments (it will also empower your nurses and improve job satisfaction)

- During appointments, ask open-ended questions; avoid asking, "is your pet in discomfort or are you noticing any pain?" and instead ask, "tell me about your pet's behaviors and anything that may have subtly changed in the last 6 months" - avoid asking questions that can be answered "yes or no" - you will get so much more helpful information

- I find it helpful to start all conversations with "what are your goals for you and your pet?" Beginning in this manner helps to guide conversation and helps to frame plans; most importantly, it makes the conversation client-centric right from the start and is a way to show that you care most about their needs and what they want

- When in doubt, treat for pain and reassess; it is common for animals to hide discomfort and look "normal" in the exam room; consider basing the decision to treat on patient history, not PE

- Support decisions that make sense for *that* particular family and pet; so many geriatric/hospice pet owners I see state they will not return to their vet because "they did not feel supported, wanted to do too much, wouldn't dispense medications without a visit, were only after the money..." This is largely avoidable with solid communication and support of their goals

- Always think, "what would I want for MY pet?" and if you ever feel, "we can't do that", before saying this out loud to the client, first ask yourself, "well, why can't we?" I try to always look at

things from a highly individualized perspective, and not from "blanket" decisions (story of CHF patient)

- Listen deeply and stay in tune with your Spidey senses - owners might be saying one thing but are meaning another (e.g., "I don't want my pet to suffer" when in fact they mean, "I don't want to suffer")
- Owners may also report a symptom of disease ("my pet is pacing all night, I think he's getting dementia") that may actually be another (unmanaged pain)
- Be yourself and use language and delivery that feels right to you as well as fits with your client relationship; people recognize authenticity (as well as inauthenticity)
- How you handle the geriatric years, and by extension, a pet's end of life event, will greatly influence your client's loyalty and their willingness to return to your practice; in one study (Fernandez-Mehler, 2013), after the event of euthanasia, 14% of clients changed their veterinarian due to overall end of life experiences; Lap of Love Lap of Love surveyed more than 1,000 veterinary clients and found that almost 25% said they would not return to the doctor's office that performed the euthanasia, mainly because it was simply too hard to walk back into that clinic (what can you do as a clinic to ease that return?); it cost 10x more to acquire a client than it is to retain one, and how we approach our care of clients and their pets in their geriatric years should be an area of focus for practices
- Lastly, everyone appreciates kind words - remember to always share with your owners a "thank you" for taking such good care of their pet; also remember to thank YOURSELF for taking such good care of their pet and for making the kind of difference that only you can make!

4. Embrace technology to deliver superior senior care and make clients happier

- This year, over 60 billion dollars has been spent on pet care and pet products, and we are seeing increasing competition from other veterinary business models as well as from human healthcare and technology companies entering our industry; we need to continually think about how to change the way we practice to match the evolving needs of today's client; what worked 5 or 10 years ago is not going to fly 5 years from now, and it is far easier to stay ahead of the curve than it is to catch up to it
- There is rapidly growing competition from sources that are able to offer solutions to the client pain points of "veterinary accessibility" and "having to bring an older pet in"
 - organized/franchised mobile practices (VetPronto, Fuzzy, Vetted, Lap of Love, other 'regular' mobile services)

- pay per use telemedicine companies not integrated with your practice (PetCoach, Whiskerdocs, TeleVet, Telehealth Pets - there are literally dozens); they are charging your clients - why not *you* charge your clients and provide elevated and congruent care?

Telemedicine, communication apps and other tools:

- Establish your VCPR and become creative! Think outside the veterinary box on how you can deliver an elevated care experience; telemedicine is a powerful way to do this with many examples of how it can improve patient care
- Division among vets about telemedicine, but telemedicine is not an "either/or" situation when it comes to care, it is one tool in the care toolbox and there are many times when it makes good sense to utilize

Connected devices:

- PetPace
- Whistle

In-home patient monitoring:

- Talio
- Petnostics

References:

McMichael M., vetmed.illinois.edu/geriatric-critical-care/ University of Illinois College of Veterinary Medicine.

P. Fernandez-Mehler, DVM1, P. Gloor, Dr. med. vet.2, E. Sager2, F. I. Lewis, PhD2 and T. M Glaus, Prof. Dr. med. vet., DACVIM & ECVIM-CA3. Veterinarians' role for pet owners facing pet loss. British Veterinary Association. 2013.