

WHAT ABOUT WELLNESS & PREVENTION?

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Because most veterinary teaching hospital patients are presented for serious problems or referrals, and also because the professors are boarded specialists, wellness and preventive care get short shrift in vet school. Unfortunately, this means students graduate unprepared for the world of general practice, where two thirds of the patient visits are for routine and wellness services. Annual examinations, vaccination visits, heartworm testing, puppies and kittens, dentistry and elective surgery make up most of our business.

Our brains are programmed to respond to acute danger better than they are to plan ahead for hurricanes, famine or global warming – or developing a wellness care program. We are immersed in our hectic, busy lives and practices, and we don't usually spend enough time thinking about our missions, visions or values – or what is really the most effective way to deliver high quality care. For a doctor or technician, it's usually more fun and exciting to perform surgery or treat sick pets than to endlessly teach owners about preventative and wellness care. However, you can help your patients far more effectively when you diagnose and treat diseases in their early stages.

Although you may not be seeing many well patients it's not that difficult to incorporate wellness and prevention into tertiary care – you just have to ask a few extra questions what soaping or treating a case. These are:

- How could this problem have been prevented, of possible?
- How could it have been diagnosed earlier?

Much of our work in veterinary medicine hinges around the concept of reducing risk. Vaccinations reduce the risk of infection, parasite preventatives reduce the risk for parasites, senior screening reduces the risk that we will fail to detect a disease process early, and so on. In fact, there are dozens of risks we can educate clients about – behavior problems, dental disease, cancer, etc. Client education follows risk assessment and management. We teach the clients about topics that pertain to their pet – for which the pet is at risk.

Most clients visit us only a few times a year. We have a limited amount of time during each of those visits to educate and inform them. In order to make the most of the time that we have, it's important to prioritize, and to take into account a pet's risk factors and disease exposure..

Educating clients about the health risks their specific pets have is best done in stages. We start with risks that every pet has, like infectious diseases and parasites, and then work our way towards more individual risks that depend on a pet's genetics and lifestyle. (This is the same process we use in puppy and kitten visits, too. We begin with vaccinations and parasite control and work up to dental care and microchipping.) A hunting dog and an indoor cat both have risk for distemper virus but in other ways the things that would damage their health are very different.

Genetics influence what we test and educate for a great deal – 40% of purebred dogs have genetic defects. Many disease problems are genetic or inherited, so certain breeds are at risk for certain diseases. Close to 500 canine and 300 feline genetic diseases have been described to date. Disorders caused by a single genetic defect can be more easily diagnosed and treated. More and

more genetic (DNA) tests are becoming available all the time. Some day a genetic profile may enable us to specifically tailor every patient's health care plan to their exact DNA makeup.

A few genetic problems are evident from the start or by the time a client usually acquires a puppy. Many, however, develop or become evident as a puppy grows or a pet ages. Some of these genetic diseases can be tested for, enabling earlier diagnosis and intervention. Some simply require awareness on the part of the owner as to what to watch for and when to call the veterinarian.

One example we are all familiar with is hip dysplasia. For large and at-risk breeds we would want to do screening tests and educate the pet owners about arthritis diagnosis and treatment.

Liver disease, as another example, is also more common in certain breeds. There are several different diseases that can occur. One kind, called portosystemic shunt or PSS, is caused by improper development of the blood vessels that nourish the liver, and occurs in young pets. For these breeds we would want to do bile acids testing at a young age, especially before anesthesia for spay or neuter surgery. For other breeds, we would be looking for hepatitis in middle aged or older animals, so the client education and screening would be done later on.

How do we prioritize all these topics? There are several ways to go about it. One way is to prioritize needs by frequency of risk:

- 1) Most common
- 2) Somewhat common
- 3) Not very common

You wouldn't spend much time educating clients about a disease you only see a few times a year, or one a particular patient is unlikely to ever encounter. You'd spend those valuable few minutes you have with clients at wellness visits to talk about common things. You would want to incorporate these topics into a broad educational plan. A simple way to do this is to choose one or two topics to focus on per year, so you can educate every client about them. Examples would be dental care or obesity.

This is as simple as putting a handout in every file before the appointment, so we remember to discuss the topic with the client and send them home with written information. Preparing and pre-loading your patient files ahead of each visit is a very important step. Have a system. If this is the year you want to educate every client on dental disease, load a dental brochure in every file. If you already teach your clients about dental care then maybe you'll want to develop a cancer prevention handout instead.

For older pets, we typically have a senior care program that addresses disease risks for older pets, and how to test for them. Chronic kidney disease is rare in young pets but common in older ones, so I might bring up that topic for older pets, in addition to dentistry and obesity. Chemistry and thyroid testing, urinalysis and urine protein, blood pressure testing and screening for eye diseases such as dry eye (KCS) would all be topics for discussion, depending on the species and breed of the pet

Because there are more topics to cover for seniors, and you are adding them to the basic care needs you already have to discuss, it's wise to schedule 10 minutes extra for senior pet appointments. The doctor can be teaching the client about the importance of wellness testing while the technician is drawing the blood sample or taking a blood pressure reading.

If a pet comes in with other problems or priorities then focus your client education efforts on those things. For example, if our focus for client education this year is dental care but my patient is a senior pet who comes in with severe arthritis and infected ears maybe I wouldn't get

to the dental disease information at that visit. I would instead note in the file to go over it at the recheck, when the pet is doing better. But having an overall plan for all my patients helps me to keep my focus on my role as an educator.

Try using a questionnaire to find out what you need to address with clients. When each animal comes in for its annual or semi-annual exam, ask the client a set of questions about the pet. Use the answers the client gives you to determine what services to recommend. For instance, asking whether a dog goes to see a groomer regularly might prompt you to recommend Bordetella vaccination. Asking whether a cat is allowed outdoors tells you about that pet's risk for FIV or feline leukemia. You can learn who's using ineffective grocery store flea products, who should be cleaning their cocker's ears but isn't, and who would be interested in learning to brush their pets' teeth.

List the risks for each individual pet, then prioritize them. If you don't have a formal risk management or wellness program yet, track your answers, so you can begin to see what topics you should be addressing. For example, if your questionnaires start to reveal that most of your canine patients are not being vaccinated for kennel cough but most of them do have risk from exposure to other dogs, then this might be an area you choose to focus on.

Regardless of what your educational goals are as a whole, on an individual pet basis you need to focus on what's important for that particular animal. For a cat owner whose pet goes outdoors but has very little evidence of dental tartar, I may need to switch my topic to FIV vaccination. This is the art of practice and of client education – to adjust your emphasis based on the particular needs of the individual client and pet.

The second way to prioritize risk is by seriousness of problem – a higher risk for death or illness:

- 1) Diseases and problems that could be fatal
- 2) Diseases or problems which could cause pain, suffering or chronic damage
- 3) Diseases or problems that could cause inconvenience or mild illness

For this system of categorizing risks, you need to take into account breed and lifestyle. The problem that may be the biggest health risk for a particular patient may not be dentistry or obesity. It may be that the cat goes outdoors, or that the dog goes to a groomer but isn't being vaccinated against kennel cough.

Breed-specific wellness is the next big leap for educating clients if you already cover all the basics. Breed tendencies for disease can jump right to the top of your “diseases or problems that could be fatal” list. For example, cardiomyopathy is common and deadly in boxers but occurs later and in a milder form in some other breeds. The more common and the more severe the risk, the more you need to talk about it early and often, so for a boxer owner I would make this risk, and annual ECG screening and/or DNA testing for ARVC, a big priority. For a Dalmatian I would choose something else to talk about – like bladder stones. Instead of ECG screening, I'd discuss feeding a special diet and an annual urinalysis. (A good reference to use is the Genesis Breed Specific Healthcare Wellness Handbook, available at www.Genesis4vets.com. For each breed of dog it lists the diseases they are at risk for and recommended testing.) Think about and discuss scripts for breed-related testing if you want to educate clients in this area:

“Boxers are at risk for serious heart problems. The doctor will talk to you about ECG screening...”

Collect information that will allow you to make good treatment recommendations: breed, diet, amount fed, exercise routine, exposure to other pets, deer ticks or the outdoors. Evaluate risks and record them. Then educate the client about the risks you've identified for that patient.

Choose no more than three topics to touch on and one or two of them that you will spend more time on or send information home about. When discussing topics with pet owners, remember that clients don't perceive things the way we do. To you it's another patient – to them it's a family member. Any bleeding, swelling, lump or disease symptom may seem frightening to a client. Clients also don't want to think about their pet becoming old or sick, so you need to talk about keeping the pet healthy rather than focusing on the negative aspects of disease and aging.

Keep in mind that this may be your twentieth appointment today, but it may be the client's only visit all year. You need to sound cheerful, positive, and enthusiastic, and strive to make learning about pet care fun, even if you are tired or distracted. What do you want each client to comply with? You need to find out what the client's and pet's needs are and you need to prioritize those needs. You also should document them in your medical records. What are the most important things and what can wait until next time?

The yearly or semi-annual examination and vaccinations our patients receive make for golden opportunities. For many clients and pets, the 15-30 minutes you spend with them for their annual check-ups may be the only time you spend with them all year. You have only that short period of time to examine the pet, chat with the owner, go over any problems you find, and educate the client on anything new that's come out since you talked to him or her last.

From the time a client obtains a new puppy or kitten to the time that pet grows old, dozens of new products and services will be introduced that could help that pet. It's your job to explain the products or services to the clients, and you have just a few minutes a year — or 4-5 hours over the pet's lifetime. You need to talk about nutrition, behavior, dental care, vaccinations, skin and ear care, and flea control, among others.

Do not let the few precious minutes you have with your clients go to waste. Be sure you are educating them about new services and reviewing things they will need later on. Use hand-outs and other written materials to cover things you don't have time to go over in detail. Most of all, this is the time to ask the client lots of questions and work together to develop a health plan that's right for the pet and the family.

Senior pets should get special treatment at their yearly or twice yearly exams. I like the phrase "Senior care begins at birth." The concept of senior care beginning at birth, or even at conception, hinges on the idea of wellness care – doing the best you can throughout a pet's life to lay the foundation for the longest, healthiest life possible. It means spending time educating clients about nutrition, weight control, dental care, spaying and neutering, and all the other components of health care that influence longevity.

Senior care begins at conception because how long the pet lives and what diseases it will be susceptible to are influenced by genetics, the nutrition of the dam or queen, the breed of pet, and many other factors. Many of these we can influence early on, by teaching the client what to do, what not to do and when to call us with a question or a problem. For example, since 40% of purebred dogs have genetic defects, pre-purchase counseling on how to shop for a healthy puppy can save pet owners thousands of dollars and a lot of heartbreak. Breed tendencies, puppy mills, temperament testing, screening tests as for hips, eyes, von Willebrand's, cardiomyopathy – the list goes on. For cat owners, screening for FIV, FIV and FIP are important.

As pets age, we should spend more and more time focusing on senior programs and common old-age diseases and problems. What diseases do we commonly see in senior pets?

What should our protocols be when we diagnose a problem? It's not enough to just gather information, we need to utilize it to improve the health of the pet. Our protocols should not just be about drugs. Treating diseases in senior pets may involve nutrition, weight management, supplements, oncology, exercise/physical therapy, environmental accommodations or education and support.

We need to teach clients carefully and thoroughly about wellness care for their older pets. Intensive monitoring of patients decreases the risk of a poor outcome, whether it's under anesthesia, in emergency and critical care, in chronic disease or in apparently healthy pets. A chance to diagnose early means a chance to intervene early. Early detection leads to better outcomes. Organ damage precedes organ failure, and thus clinical signs of disease, in many cases. Don't wait until the pet is ill and the organs have already failed!

18% of middle aged and older cats (above age 7) that appear healthy upon physical examination have an underlying disease. 10% of cats over age nine have elevated T4 levels and above age twelve that increases to 20%. That's a lot of hyperthyroid cats! Two thirds of those cats with hyperthyroidism and/or chronic kidney disease will have or develop hypertension and many will have periodontal disease, pancreatitis, diabetes or other health problems that need diagnosis and treatment as well.

23% of senior dogs that appear healthy upon physical examination have an underlying disease. Even 5% of young pets that appear healthy upon physical examination have an underlying disease, and 7% of dogs less than eight years old have low thyroid levels.

Wellness testing is not just bloodwork. Other testing that may be useful includes urinalysis, proteinuria/microalbuminuria, ECG screening, triponin and other enzyme levels, X-rays, ultrasound, blood pressure monitoring, fecal testing, IOP and STT monitoring – it's amazing how many problems we can catch when we start looking for them.

Remember that it's not enough to recommend something, you have to teach it, repeat it and reinforce it!

Wellness programs are a lot of work, including program development, fee setting, appointment times, team training, client education, marketing and, lastly, protocols – what will you do with the information once you have it? Actually implementing a program is a big hill to climb – it's complicated and time consuming. In addition, there will be resistance to change and it's very easy to slip back into old habits and ways. Most practices, including university teaching hospitals, don't have good wellness programs. The more statistics you know about common disease problems, though, the more you see how early diagnosis and treatment is key to being an effective veterinarian.

Use value statements. Praise the client for doing things right when possible. Most of all, remember that the guidance you give clients on reducing the risks you've identified will determine, in great part, how long and how happily a pet will live its life. Use the time you have with your clients wisely.

RISK ASSESSMENT QUESTIONNAIRE

Pet's Name _____ Date _____

Confirm address, home, and work phone numbers. Cell phone number? E-mail address? Would you be interested in receiving reminders by e-mail? Text message?

Who is the primary caregiver for the pet? _____

Who else is authorized to make health care decisions about this pet?

What is the pet's primary role in the family? (hunting dog, family pet, barn cat, breeding, therapy/assistant dog, etc.)

If you are not brushing your pet's teeth, would you like us to show you how and why to start? _____

What medications is your pet currently taking? _____

Do you give any supplements, herbs or over-the-counter medications?

Does your pet have any lumps, warts, or skin lesions? Y N

Describe _____

Does your pet have any behavioral problems you wish to discuss with the doctor? Y N

Describe _____

Any other problems or concerns? (Vomiting, diarrhea, cough, hairballs, urinary symptoms, etc.)

Y N Describe _____

(If the client is not buying from us) Do you use flea or tick control products on your pet? Y N

If so, what do you use and how often? _____

Does your cat go outside? Y N Loose or leashed? _____

Do you travel with your pet, or do you plan on moving soon (need health cert.)? Y N

Do you take your dog hunting, hiking, or camping? Y N

How often do you bathe your pet, and what products do you use? _____

Does your dog go swimming? Y N How often? _____

Does your dog go to a groomer or dog park, or board at a kennel? Y N

Do you clean his ears regularly? Y N Trim his nails? Y N

Do you plan on adding additional cats or kittens to your household within the next year? Y N (If so, discuss FeLV, URI, introducing a new cat, etc.)

Do you plan on adding additional dogs or puppies to your household within the next year? Y N
(If so, discuss pre-purchase counseling)

Have you noticed any of the following signs in your pet? (These are primarily for senior pets but may apply to others as well. Add explanations and value statements as you go, e.g. “Increased water consumption is a very important symptom of several common diseases, including diabetes and kidney disease.”)

Loss of house training/litter box avoidance	Increased thirst or urination
Changes in activity level	Excessive panting/breathing changes
Confusion or disorientation	Less interaction with the family
Decreased responsiveness	Decreased hearing
Skin and haircoat changes	Changes in sleeping patterns
Altered appetite	Weight change
Difficulty climbing steps	Difficulty jumping up
Increased stiffness	Other _____

CLIENT EDUCATION PLAN

What three topics should I cover?

What statistics can I use?

What teaching tools could I use? (Models, DVDs, etc.)

What story can I tell?

What educational materials do I need to send home with the client?