

HOW DOES PROACTIVELY EDUCATING CLIENTS ABOUT PET HEALTH INSURANCE IMPACT VETERINARY TEAMS AND CLIENTS?

Wendy Hauser, DVM; Kathleen Kaiser Schoen, BS; Lori R Kogan, PhD

During the Annual AVMA House of Delegates meeting in August 2019, an updated Pet Health Insurance Policy was adopted. This policy added 16 words to the existing policy: "...and encourages veterinary healthcare teams to proactively educate their clients about the existence of such resources." Since the release of this updated policy, there has been much consternation among veterinary professionals about the wisdom in talking to clients about pet health insurance. Often overlooked or misunderstood is the impact of the increasing cost of veterinary care on clients and veterinary team members.

In 2017 and 2018, notable studies were released that scrutinized the mental wellbeing of veterinary professionals^{1, 2, 3}. These studies highlighted that client economic limitations contribute significantly to occupational stress, leading to feelings of burnout, moral stress, and depression. A survey conducted by Kipperman et al.² found that about 75% of veterinarian respondents believed "an increase in client awareness of potential future veterinary care costs would have a positive effect on both preventive and non-preventive patient care and their ability to provide the medical care they feel is in the best interest of their patients." The majority of these respondents felt "increased adoption of pet health insurance by clients would be more beneficial to pet healthcare than increased education of clients about potential future veterinary care costs." Furthermore, 84% of those taking the survey "supported efforts to increase client awareness and adoption of pet health insurance," yet three-quarters of these respondents estimated that <5% of their clients had pet health insurance. If veterinarians believe that pet health insurance can positively



impact outcomes for their patients and their own wellbeing, why are the numbers of insured pets so low?

While studies have retrospectively evaluated the impact of pet health insurance on patient visit frequency and hospital revenue, there are currently no studies evaluating the consequences of proactive veterinary staff education about pet health insurance to clients. The purpose of this proof-of-concept study was to measure outcomes in client and staff attitudes when veterinary hospital staff members proactively discuss the benefits of pet health insurance with veterinary hospital clients.

Study Design

Four independently owned companion animal general medicine veterinary hospitals participated in a one year clinical study to measure the changes in both staff and client attitudes when active discussions about pet health insurance were implemented. In order to control for regional differences, par-

ticipating hospitals were geographically diverse: West Region (Arizona), Midwest Region (Ohio, Wisconsin), and North-east Region (Vermont).

Participating hospitals received a two-hour training session in the two months prior to the inception of the study, which included a conversation about what pet health insurance is, how it works, and how it can help clients accept clinical recommendations by lessening the economic impact of veterinary care needed by their pets. The feelings of the animal healthcare teams about proactively discussing pet health insurance were explored in this training. For each of the concerns raised by the veterinary staff, ideas about how to manage and overcome the objections were discussed. The leadership team of each hospital also agreed to participate in a 30-minute monthly phone call with the principal study investigator and the study sponsor's^a veterinary services manager for the 12 months of the study. The purpose of the monthly call was to review the hospital's monthly study metrics, as well as create a mechanism

to track successes and barriers to their ability to actively endorse pet health insurance with their clients. The study hospitals agreed to present clients with materials from the study sponsor^a and a maximum of one additional company of their choice.

Client and veterinary staff attitude surveys were developed, piloted, and administered. Each hospital agreed to send the surveys to all active clients in the month of study inception (September, 2017) and in the month following the conclusion of the study (September, 2018). Staff surveys were sent during the same time frame.

Data Analysis

Client and staff attitudinal surveys^b were administered through Qualtrics (September 2017) and Questionpro (September 2018). The change in surveying tools was due to the study sponsor's^a corporate contracting decision. The change in survey tools resulted in a slight modification in the design of some of the ranking questions. The first survey (Qualtrics) tool allowed for text boxes within ranking systems so that the respondent could select 'other' and input an answer. The second survey tool (Questionpro) did not allow for that functionality, which impacted two of the questions (# 4 and 6) on the veterinary staff survey and one of the questions on the client attitudinal survey (#12). Otherwise, the surveys sent in 2017 and 2018 were identical, with the exception of three additional follow-up questions (#12, 13, and 16) asked in the client attitudinal survey and one in the veterinary staff attitudinal survey (# 13).

The client attitudinal study was designed to explore client attitudes toward their pets and the veterinary hospital. Questions included also investigated the clients' attitudes toward healthcare for their pet and their concerns about the cost of veterinary care. The veterinary staff attitudinal study evaluated career satisfaction, reasons

for dissatisfaction, and their feelings around the clients' reactions to treatment recommendations. Participants were also asked how often they felt that clients accepted recommendations that they or their team made. Perceived rates of burnout among their fellow team members and their own perceived level of burnout were also assessed. Descriptive and inferential statistics (Chi-Square) were used to report survey findings and statistically significant differences between the years 2017 and 2018. For the analytical analyses, values of $P \leq 0.05$ were considered significant.

Attitudinal Survey Outcomes

Client Attitudinal Responses

There were 1,736 client responses in 2017, 1706 of which were used for analysis. Thirty respondents indicated that they no longer owned a pet, which was a disqualifying feature of the survey. This compared to 1,681 completed responses in 2018.

| Hospital | PRE-STUDY SURVEY: 2017 Responses | POST-STUDY SURVEY: 2018 Responses |
|-------------------|-------------------------------------|--------------------------------------|
| West Region | 420 | 327 |
| Midwest Region #1 | 368 | 360 |
| Midwest Region #2 | 236 | 708 |
| Northeast Region | 712 | 286 |
| Total Responses | 1736 | 1681 |

Most respondents reported owning between 1 and 3 pets, with 68% being dog owners in 2017 and 59% in 2018. Cat ownership increased from 24% in 2017 to 31% in 2018. The remainder of 'other' pets owned increased from 8% in 2017 to 10% in 2018 and included horses, chickens, birds, fish, small mammals, and reptiles. In 2017, 89% of respondents said that they would describe their pet as a family member; in 2018, that number was 90%.

When asked in 2017 how long they had

been clients of the hospital, 41% of clients stated that they had been a client for more than 5 years. In 2018, 43% identified as hospital clients for greater than 5 years. When asked to rate their overall satisfaction with the hospital, clients reported being more satisfied in 2018 when compared to 2017, with a 5.3% increase in clients stating that they were 'extremely satisfied' during the study period ($X^2 = 26.73$ (9), $P = .002$).

An increased number of clients positively identified with the statement "The staff cares about me and my pet" in the survey following the study period ($X^2 = 24.88$ (9), $P = .003$), with 79% strongly agreeing that the 'staff cares a great deal' in 2017 and 83.4% strongly agreeing in 2018.

When clients were asked "which one thing would have the most positive impact on your relationship to this veterinary hospital if it happened tomorrow?", 43% of clients in the post-study period survey indicated that no changes were needed and that they were happy with the hospital today compared to 38% of respondents in the baseline 2017 survey.

Staff Attitudinal Responses

In 2017, 63 veterinary team members completed the attitudinal survey compared to 33 in 2018.

| Hospital | PRE-STUDY SURVEY: 2017 Responses | POST-STUDY SURVEY: 2018 Responses |
|-------------------|-------------------------------------|--------------------------------------|
| West Region | 11 | 11 |
| Midwest Region #1 | 12 | 8 |
| Midwest Region #2 | 29 | 14 |
| Northeast Region | 5 | 0 |
| No Hospital ID | 6 | 0 |
| Total Responses | 57 | 33 |

In both surveys, the majority of responses came from veterinary technicians and assistants, followed by veterinarians, customer service representatives, and practice managers. Ad-

ditional responses were obtained from kennel staff and other employees. In 2017 the length of time veterinary team members had worked in the veterinary field was relatively evenly distributed. The majority of 2018 respondents had 6-10 years of tenure in the profession.

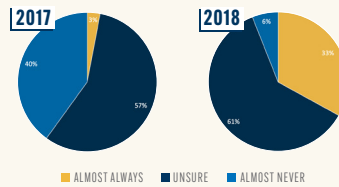
How long have you worked in veterinary medicine?

| Career Length | PRE-STUDY SURVEY: 2017 Responses | POST-STUDY SURVEY: 2018 Responses |
|-----------------|----------------------------------|-----------------------------------|
| 0-1 year | 10 | 3 |
| 2-5 years | 18 | 9 |
| 6-10 years | 14 | 12 |
| 11-20 years | 11 | 8 |
| >20 years | 10 | 1 |
| Total Responses | 63 | 33 |

Veterinary technicians and assistants reported increased job satisfaction in 2018, with 33% of respondents stating that they were extremely satisfied with their career, compared to 14% in 2017. The results for the remaining positions were mixed. In 2018, there was a decrease in the number of employees reporting that they were 'not at all satisfied' with their careers across all job positions. At the same time, those in the office staff and veterinarian categories experienced a decrease in team members that were extremely satisfied in their careers.

When asked how often animal healthcare team members felt that clients accepted the medical recommendations made by them and their teammates, there was a substantial change in the perception of agreed-upon recommendations between 2017 and 2018 ($X^2 = 33.66$ (6), $P < .001$). In response to the question 'How often do you feel that clients accept the recommendations that you and your team make?' 33% of team members in the post-study period stated that 'almost always,' compared to only 3% in the pre-study period survey. Those who felt that clients 'almost never' accepted medical recommendations decreased from 40% in 2017 to 6% in 2018.

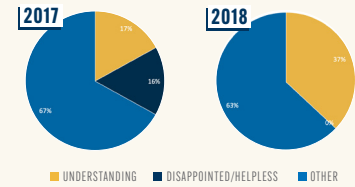
How often do you feel that clients accept the recommendations that you and your team make?



In contrast, animal healthcare team members perceived an increased frequency in clients requesting less expensive treatment alternatives in the post-study survey, with 34% responding 'almost always' compared to 21% in the 2017 survey. When asked to provide a short answer about how they felt when clients either declined recommendations, asked for less expensive alternatives, or demonstrated anxiety about care protocols, there was an increase in the number of team members who said that they were 'understanding' in the post-study survey. In the 2018 survey, 37% of team members felt understanding towards their clients compared to 17% in the baseline survey. Other emotions, such as 'disappointed' and 'helpless,' decreased from a 16% response rate in 2017 to 0% in 2018. The percentages of veterinary staff who felt 'sad' or 'frustrated' were similar in both surveys.

When asked to rate their perception of burnout among their co-workers, there was no change seen between the two survey periods, with 54% of respondents stating that they felt their co-workers were moderately to severely burned out. There was a difference noted when respondents were asked to rate their own rates of burnout, with 54% of the 2018 survey takers indicating that they felt moderately to severely burned out, compared to 35% in 2017. When asked, 'Which one thing would have the most positive impact on your career happiness if it happened tomorrow?' The leading answer was 'being financially secure.' In the pre-study survey, 33% of respondents indicated

How do you feel when clients decline/ask for less expensive alternatives to the recommendations that you and your team make?



that being financially secure would be most impactful compared to 46% in the post-study survey.

In 2017, 14% of respondents selected 'feeling more appreciated at work' as the one factor that would have the largest positive impact on their career happiness. To further explore how animal healthcare team members defined what being more appreciated at work meant to them, an additional question was added to the 2018 survey. Survey respondents indicated that they would feel more appreciated if they received recognition or praise, were better compensated for the work they did and by more client engagement, being informed more often about decisions, and by being included/being able to offer opinions when changes to office policies were made.

Discussion

Prior studies^{5, 6, 7} have evaluated why clients feel connected to their veterinary hospital teams. One of the qualities identified that create strong pet owner-veterinarian bonds is when veterinarians take a deep and genuine interest in the pet, well beyond what would be expected in a transactional relationship of fee-based service. It can be postulated that in hospitals where veterinarians model this type of caring behavior, veterinary teams also embrace and exhibit this same characteristic.

An examination⁶ of primary factors identified by pet owners as critical in building strong bonds with their veterinarians found that the ability of veterinarians to effectively communicate with them was the most important factor. Owners have expressed communication preferences, stating that they want the veterinarian to explain how adhering to clinical recommendations would benefit their pets. As Lue stated in his research, “How well veterinarians explain the reasons for their recommendations drives the clients’ perceptions of the value and quality of care.” Included in these recommendations is cost of care discussions.

When discussing the cost of care with clients, Coe⁵ found that “pet owners focused on what their money was providing in terms of outcome and wellbeing for their pet.” They also expressed strong preferences for veterinarians to discuss the cost of care early in the course of a visit. Failure to educate clients about costs made it more difficult for clients to make informed decisions. Finally, pet owners “were interested in discussing solutions to their financial barriers with their veterinarian. Participating pet owners expressed an interest in learning more about payment plans and pet insurance, believing that these could be possible solutions to their financial limitations.”⁵

Based on the research discussed above, it was hypothesized that clients of the study hospitals would report a higher satisfaction level with their animal healthcare teams and veterinary hospitals, in part due to the teams’ proactive approach to educating clients about pet insurance as a financial solution to their pet’s future healthcare needs. Outcomes support this hypothesis, as pet owners reported statistically significant increases in their post-study feelings that the veterinary staff ‘cares a great deal’ and in being ‘extremely satisfied’ with the veterinary hospital that provided care for their pets.

While it is possible that the hospitals might have had other new initiatives

to enhance the client experience, the one constant variable introduced to all four hospitals was the proactive discussion of pet health insurance. As reported in a recent study by Brown,¹¹ “...satisfaction with communication has a significant positive relationship with attitudinal loyalty, which translates into higher perceived value in veterinary care, improved likelihood of positive behavioral intentions, and improvements in adherence with recommended treatments that are consumed at the primary veterinary clinic.” It is possible that these conversations were responsible for some of the increased positive client emotions reported in the study.

In addition to the published veterinary studies regarding the wishes of pet owners to have proactive cost of care conversations, recent research⁴ in human medicine supports the preference of patients to discuss medical costs. In the cited study, human patients “largely prefer a physician who discusses cost over one who does not” and showed an increased willingness to schedule future care with doctors that have cost of care conversations. Another important finding was that the respondents indicated they had a higher level of trust in doctors that discussed treatment costs, as they perceived that their doctors cared about them. These findings are highly relevant, as it is the human at the other end of the leash that makes treatment decisions for the pet.

Recent studies have highlighted the primary role of client economic limitations as a causative factor in high burnout rates among veterinarians^{2,3}. Another study⁸ evaluated the rates and causes of moral distress in veterinarians. Moral distress can best be explained by knowing the right thing to do in a given situation, yet not being able to take those actions due to external circumstances. Outcomes of moral distress include anger, frustration, anxiety, and burnout⁹. Results of the veterinary-focused research found that “... 73% of respondents stated that not being able to do the right thing for a patient caused their staff moderate

to severe stress and 78% replied that it caused them moderate to severe distress.” When asked what prevented the respondents from doing what they thought was the right thing for a patient, many replied in free-text answers that “financial constraints” presented “the most common obstacle to doing what they felt was right.”

Additionally, we found that animal healthcare team members reported higher numbers of clients who accepted recommended medical care at the end of the study period as compared to the beginning. While respondents perceived that more clients accepted treatment options, they also thought there was an increase in the number of clients requesting less expensive treatment alternatives. When faced with either declined recommendations or requests for less expensive care alternatives, veterinary team members reported being ‘more understanding’ when clients expressed financial concerns. Additionally, the number of staff members who reported feelings consistent with moral distress such as ‘disappointed’ or ‘helpless’ decreased. It is possible that a benefit of discussing pet health insurance as a way to plan for future pet healthcare costs with clients helped foster moral resilience in study hospital team members. Moral resilience is defined as “the capacity of an individual to sustain or restore [his or her] integrity in response to moral complexity, confusion, distress or setbacks.”¹⁰ By using pet health insurance education to create a culture where proactive cost of care discussions were the norm, veterinary team members were empowered to change their narrative from one where they felt their recommendations were constantly rejected or challenged by pet owners to one where team members effectively partnered with clients to find solutions.

One hypothesis in the current study was that veterinary teams in the study hospitals would report less burnout, perhaps due to a lessening of client economic limitations. This hypothesis

was not supported in the current study. Survey respondents did not indicate any worsening in their perception of co-workers' burnout levels, yet when evaluating their own level of burnout, those who indicated that they were "moderately to severely" burned out increased. Further exploration of this aspect of the study with a larger sample size is warranted.

There are several factors that might have led to the lack of improvement in the perceived burnout rates. One explanation is that for every insured^a pet, there remained a high number of non-insured pets per study hospital. As a result, there were insufficient numbers of insured pets to reduce the team member experience of owner financial constraints. It is also possible that the participants in the second survey identified with veterinary workplace stressors other than client economic limitations. One observation that supports this theory is the increased percentage of respondents in the post-study survey that identified financial security as the one factor that would most positively influence their happiness.

As suggested in this proof-of-concept study, proactively educating clients about pet health insurance has the potential to positively influence client satisfaction levels. Our results found a significant difference in the number of clients who reported feeling cared for after the veterinary hospital educational intervention. Additionally, team members reported fewer negative emotions associated with moral distress and an increase in perceived acceptance of medical recommendations by clients. Limitations in this study include a small number of hospitals and varying compliance and commitment to the study. Future studies are needed to determine if similar results would be found with more general financial communication skills training. These results suggest that hospital leadership can benefit from training their teams to make discussions around the value of pet health insurance part of every client's education.

References

1. Volk JO, Schimmack U, Strand EB, Lord LK, Siren CW. Executive summary of the Merck Animal Health Veterinary Wellbeing Study. *JAVMA* 2018 252:10, pp 1231-1238.
2. Kipperman B, Kass P, Rishniw M. Factors that influence small animal veterinarians' opinions and actions regarding cost of care and effects of economic limitations on patient care and outcome and professional career satisfaction and burnout. *JAVMA*, volume 250, No. 7, April 1, 2017 pp. 785-794.
3. Vande Griek O, Clark M, Witte T, Nett R, Moeller A, Stabler M. Development of a taxonomy of practice-related stressors experienced by veterinarians in the United States. *JAVMA*, volume 252, No. 2, January 15, 2018 pp. 227-233.
4. Brick DJ, Scherr KA, Ubel PA. The Impact of Cost Conversations on the Patient-Physician Relationship. *Health Communication*, 2019 Jan;34(1):65-73
5. Coe J, Adams C, Bonnett B. A focus group study of veterinarians' and pet owners' perceptions of the monetary aspects of veterinary care. *JAVMA* Vol 231, No. 10, November 15, 2007 pp.1510-1518.
6. Lue TW, Pantenburg DP, Crawford PM. Impact of the owner-pet and client-veterinarian bond on the care that pets receive. *JAVMA*, Vol 232, No. 4, February 15, 2008. Pp. 531-540
7. Coe JB, Adams CL, Bonnett BN. Prevalence and nature of cost discussions during clinical appointments in companion animal practice. *JAVMA*, Vol 234, No. 11, June 1, 2009. Pp. 1418-1424.
8. Moses L, Malowney MJ, Wesley Boyd J. Ethical conflict and moral distress in veterinary practice: A survey of North American veterinarians. *J Vet Intern Med*. 2018. Pp. 1-8. <https://doi.org/10.1111/jvim.15315>.
9. Karakachian A, Colbert A. Moral distress: a case study. *Nursing2019* October 2017, Volume: 47 Number 10.Pp. 13 - 15.
10. Rushton CH. Moral Resilience: A Capacity for Navigating Moral Distress in Critical Care. *AACN Adv Crit Care*. 2016 Feb; 27(1). Pg. 111-119.
11. Brown BR. The Dimensions of Pet-Owner Loyalty and the Relationship with Communication, Trust, Commitment and Perceived Value. *Vet Sci*. 2018; 5(4):95.

ASPCA PET HEALTH
INSURANCE



CRUM & FORSTER
PET INSURANCE GROUP
A FAIRFAX COMPANY

^aASPCA® Pet Health Insurance Program.

^bAvailable upon request

*The ASPCA® is not an insurer and is not engaged in the business of insurance. Products are underwritten by the United States Fire Insurance Company, produced and administered by C&F Insurance Agency, Inc. (NPN # 3974227), a Crum & Forster company. Through a licensing agreement, the ASPCA receives a royalty fee that is in exchange for use of the ASPCA's marks and is not a charitable contribution. C&F and Crum & Forster are registered trademarks of United States Fire Insurance Company.