Recent research\(^1,2\) has explored the impact of proactively educating pet owners about pet health insurance on clients, veterinary teams and pet care. Statistically significant findings from four hospitals that underwent communication training, including a focus on how to talk about pet health insurance, suggest that these conversations result in more pet owners who feel their veterinary staff ‘cares a great deal’ and increased overall satisfaction levels with their veterinary hospital. Additionally, after the communication training, animal healthcare team members reported feeling that more clients accepted their veterinary care recommendations. This perception was attributed to the creation of a culture, via financial education that includes pet health insurance, whereby proactive cost of care discussions became the norm. This training resulted in veterinary team members changing their narrative from one where they felt their recommendations to pet owners were constantly rejected or challenged to one where team members felt they effectively partnered with clients to find solutions.

These results suggest that patients, veterinary teams and hospitals all benefit when communication education includes information and training pertaining to pet health insurance. Given these benefits, it is important to assess the barriers that prevent veterinary teams from having proactive pet health insurance conversations with clients. This current study was designed to understand these barriers and identify ways they can be overcome; enabling veterinary teams to more easily initiate proactive cost of care discussions with their clients.

**Key Findings**

Information gained from the current study identified five key barriers to proactively educating clients about pet health insurance. Each barrier is identified and explained below.

**Discomfort in talking with clients about pet health insurance**

The unease experienced by team members when proactively educating clients about pet health insurance was not centered around talking about the cost of care, but rather on the lack of competence team members felt when pet owners asked questions about pet health insurance. Because pet health insurance is a heavily regulated insurance product, it is not permissible for unlicensed team members to discuss policy specifics. Veterinary team members typically feel comfortable discussing the nuances of medical recommendations; yet they do not feel the same comfort when talking about pet health insurance. Some expressed concern that their credibility with clients could be damaged because they couldn’t explain the pet health insurance product when asked questions.

There were several ways that the study hospital teams overcame their discomfort in talking with clients about pet health insurance. The hospitals found that having at least one pet insurance advocate in the hospital provided team members with a resource to whom they could refer clients with general questions, to share stories of how pet health insurance had helped other clients, and who could refer clients to the pet health insurance companies directly so that they could have their detailed questions answered.

At each staff meeting, hospital leadership reiterated why it was important to proactively educate clients about pet health insurance. This reinforced the concept with team members that they were “not selling pet health insurance”, but rather educating clients about the availability of this product as a way to help afford veterinary care by endorsing the idea “this is good for your pet”.

Finally, teams benefited when they were empowered to directly refer clients to pet health insurance companies to have questions answered. Hospital leadership teams explained that veterinary staff members were not expected to be knowledgeable about the specifics of a pet insurance policy, and instead focused on introducing pet health insurance as an option for pet owners to provide care to their pets.

**Time and focus to create new team habits**

With any new initiative it takes time and focus to create sustainable habits. There were two key elements in enhancing program success. The first element required creating alignment with the program, meaning that each team member knew their role in helping to create a successful program. A team roles document was utilized to help outline which team member was responsible for each part of the insurance education conversation. For example, the receptionist might ask each client “Which pet insurance do you have?” This presumptive question introduced the concept of pet health insurance and helped to normalize it. If the client wasn’t familiar with pet health insurance, the receptionist provided company brochures and explained that the examination room technician or assistant would be happy to talk about their experiences with pet health insurance.

The second key element involved bringing the initiative to life, which occurred when veterinary staff viewed proactive pet health insurance education conversations as being part of essential information communicated to
clients. Success occurred when staff members found processes that worked for them, creating natural conversation segues that they were comfortable with. Many of these were relational in nature, such as "Mrs. Smith, we know that you adore Fluffy. We believe it’s important to educate clients about tools that will help your pets live long and healthy lives. One tool that will help you to be able to provide for Fluffy’s future health care costs is pet health insurance. What do you know about this tool?"

Other techniques to create new habits included physical reminders of the initiative, such as signs on the doors facing the treatment room reminding team members to help clients ‘get pet insurance before they need it!’, ‘get pets started with insurance at today’s appointment’ and ‘help owners afford all of the necessary veterinary care for their pets’.

Lack of individual accountability and ownership

Despite the belief that pet health insurance would be helpful to clients and pets, another barrier occurred when some team members were resistant and even resentful about having a change dictated to them. Hospital leadership overcame this obstacle using different approaches.

The most successful method in combating this barrier was by empowering veterinary teams to ‘make it work’. In one study hospital, when the leadership devised the plan about which team members were responsible for conversations, the conversations did not occur. When the team was given the latitude to find shared purpose, engage in real problem solving and create alignment, they worked together to create positive results. As one practice manager observed, it was important to involve as many people, as early as possible, in helping to create this change.

Another successful tactic focused on creating a link between the purpose of the clinical study, to proactively educate with clients about pet health insurance, and the hospital culture. For example, the philosophy of one hospital was to work in partnership with the client to provide optimal animal health care in a friendly, compassionate environment. By framing the study as a way to help clients plan proactively for their pets’ future health care needs, the initiative aligned with the hospital’s culture – one in which they work to create partnerships with clients to educate clients about pet health insurance.

Continuous training of new and existing team members about pet health insurance education

One key finding was that in addition to initial training, ongoing support is needed to create new habits around proactive pet health insurance conversations. This is important for all team members, but especially for those who were on-boarded after the initial training had occurred.

Hospital leadership confronted these challenges in a couple of ways. The first was to talk about the program at every staff meeting; asking for input about what was working well and what could be better. Some of the suggestions that arose from these conversations were new ideas for materials that could serve as conversation starters, such as an educational infographic or colorful sticker to place on invoices or prescription bags. Another technique used at staff meetings was to review the claims information for pets covered by the study sponsor’s insurance plans, so that the team could appreciate how pet health insurance was helping owners to provide recommended care to their pets. During this time, stories about the relationship the hospital had with the pet and pet owner were shared.

Study hospitals also leveraged the principal study investigator and the study sponsor’s veterinary services manager to perform additional staff training as needed. To create a sustainable program, hospital leadership integrated education about pet health insurance into the new hire training process.

The lack of role modeling by veterinarians in having pet health insurance conversations with clients

Because many veterinary hospitals use the ‘leveraged examination’ model, where the examination room technician or assistant obtains the patient history and is responsible for client education, it can be easy for veterinarians to underestimate the importance of their clinical recommendation regarding pet health insurance. The study hospitals that had the most success in patient enrollments were those in which the veterinarians communicated the value of pet health insurance to the client by saying something like “I am in this profession to help people and their pets. Part of my job is to advocate for your pet. One of the best things that have helped my patients is when their owners get pet insurance. It makes it so much easier for my clients to provide care.” Another veterinarian introduced the topic by asking the client “Do you want a dog, or THIS dog? If you want THIS dog you look into pet health insurance.” She then went on to educate the client about the anticipated lifetime costs of the pet. One manager observed the impact of pet health insurance on her veterinarians, stating that her doctors worried less about suggesting procedures or surgeries when the pet is insured. She advocated strongly for her doctors to educate clients about pet health insurance so that they, themselves, could benefit from a lessening of the negative impact of client financial limitations, which include workplace burnout and moral distress.
Discussion

The most commonly cited reasons we have heard to explain why veterinary teams fail to have cost of care conversations, including educating clients about pet health insurance, are time constraints and a fear of being perceived as a salesperson. Yet, we believe that the reasons behind the reluctance to have cost of care conversations are broader and more complex. We feel that these cited barriers represent self-limiting beliefs that are used to hide deeper thoughts that ultimately cause veterinary team members’ discomfort in talking about money with clients. The authors’ propose four relevant areas that create barriers in talking about money with clients: fear, guilt, assumptions/perceptions/judgments, and negative connotations about money.

Interestingly, the management and veterinary teams involved in this clinical study identified different key barriers to proactively educating clients about pet health insurance. We suggest that many of these barriers have their foundations in the four relevant areas identified above. For example, discomfort in talking with clients about pet health insurance actually involved the fear of being seen as less than competent when unable to have in-depth conversations about pet health insurance. When approaching the barriers identified during this clinical study, it is helpful to consider which of these four relevant areas are underscoring the reluctance to have proactive conversations about pet health insurance and create solutions that help to recognize and manage the underlying emotional obstacles.

This study not only uncovered key barriers preventing active educational conversations about pet health insurance with clients and solutions to eliminate these barriers, it also helped management teams learn how to successfully embrace change. These teams reported that they learned how to successfully create and implement new hospital programs; skills that can certainly be applied to future business plans.

When asked how they would sustain the habit of proactive education of clients about pet health insurance in their hospitals, the majority of management teams indicated that they would maintain the lessons learned during the clinical study, such as the importance of continuing to highlight the value of pet health insurance by sharing stories in staff meetings. All management teams recognized the need for continued focus on having educational conversations about pet health insurance. Plans to maintain this focus included role playing during team training events, incorporating education about why it is important to talk with clients about pet health insurance in new hire training and being sure that each team member remembers that these conversations are expectations of the job, as they are important clinical recommendations.

Several tangible benefits were identified by the study hospital management teams when clients were proactively educated about pet health insurance including a decrease in client stress when confronting the cost of care, and the increased willingness of clients to accept treatment recommendations for insured pets, resulting in less emotional strain on the team member presenting the treatment plan. The client-staff-hospital was perceived by leadership teams as greater when clients have pet health insurance. Finally, they noted more frequent visits by patients with pet health insurance. Instead of waiting and watching their pets, clients are more willing to bring them in for a visit, ultimately increasing revenue.

In summary, this study suggests that a well-trained veterinary team in the art and practice of cost of care conversations, including pet health insurance, leads to a multitude of benefits for veterinary hospitals, as well as for their team members, clients and patients.

References:


To learn more, download the complete study at: www.vet.aspcapetinsurance.com/studies

*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 the 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.