

# Communicating The Cost of Care

**Wendy Hauser, DVM**

AVP, Veterinary Relations

Crum & Forster Pet Insurance Group™

Our ability to help pets stay healthy depends on our skills in effectively partnering with clients. This relationship depends on thoughtful communication between the client and the veterinary team member. What does successful communication look like? In this article, we will explore why talking to clients about money is uncomfortable and introduce skills that will help veterinary team members to more comfortably, and successfully talk with clients about the cost of care.



## Barriers to Cost of Care Conversations

Why is it so difficult to talk to clients about money? Commonly cited reasons that veterinary teams don't have proactive cost of

care conversations with clients are a lack of time, the fear that they will be seen as 'just in it for the money', or the belief that it isn't their job. A recent survey<sup>1</sup> of over 3,000 human physicians found commonalities with veterinarians when it comes to discussing cost of care with their human patients.

In reality, the aversion to having financial discussions, either for current or future care, with veterinary clients is more complex and uncomfortable. Having worked in examination rooms for over 30 years, serving as a resource for my teams as a senior veterinarian and owner, I believe there are four main reasons why veterinary professionals shy away from these conversations:

**Fear:** This can encompass many different forms - fear of emotional reactions from clients, of declined recommendations and fear of damaging the relationship you have with the client. It can also be fear of reprisal, such as in social media postings.

**Guilt:** Most of us who work in veterinary hospitals do so to either to help animals, their humans or both. When money is introduced into the conversation, we feel badly when clients decline recommendations, assuming it is because they can't afford the proposed treatments. Because many veterinary staff are compensated as hourly employees, they might project their own feelings about money into the situation. It is hard for a veterinary team member to make recommendations that they might not be able to afford if it was their pet. Finally, veterinarians report feeling that their skills and expertise were undervalued during difficult financial conversations<sup>2</sup>.

### **Assumption, Perceptions, and Judgments:**

One example of this would be prejudging the ability of a client to afford care, and allowing that to influence what recommendations are offered to the client. Another example would be the unease experienced by the veterinary team member that they are somehow judging the suitability of a pet owner to own the pet, based on their ability to pay. This is heightened during emotionally charged situations like emergencies, or when costly estimates are presented to the pet owner.

**Negative Connotations of Money:** Animal health care team members might worry that the client perceives the discussion of money as a switch from doing what is best for the patient to what would financially benefit the veterinary professional. This might be more of a concern in hospitals that pay their veterinarians on production as opposed to salary, where their livelihood directly correlates with accepted diagnostics or treatments.

There are many reasons why having cost of care conversations are beneficial to the relationship between the veterinary team and the client. From research<sup>2</sup> performed in human medicine, clients prefer physicians who include cost information to those who do not, viewing them in a more positive light. They were seen as having the patient's best interests in mind, as more caring and trustworthy. These findings are highly relevant, as it is the human at the other end of the leash that makes treatment decisions for the pet.

Another study<sup>3</sup> found that clients prefer to have the cost of veterinary care discussed early in the course of a visit. They have also stated that they expect that "care considerations come before cost considerations" when clinical recommendations are presented. The findings of this study indicate that financial discussions should include "explaining the costs in the context of the pet's health and well-being, taking into consideration the unique beliefs and values of individual clients."



In a recent study<sup>4</sup> evaluating clients' attitudes toward veterinary hospitals, animal healthcare teams and veterinary hospitals that proactively educated clients about pet insurance as a possible financial solution to their pet's future healthcare costs earned a higher client satisfaction level. Pet owners reported statistically significant increases in positive feelings about the level to which their veterinary staff cared for them and satisfaction with the care provided by their veterinary hospital.

### **Overcoming Cost of Care Conversation Barriers**

**Perspective:** When communicating with others, it is essential to recognize the role that perception plays in our interactions. We must understand our own points of view, realizing that the person with whom we are communicating also has their own perceptions. During a successful interaction, both individuals attempt to understand the viewpoints (perspectives) of each other, seeking common ground. As communication skills are discussed below, the reader should remember how perception can influence interactions.

### **Transactional Versus Relational Interactions:**

A transactional interaction is devoid of a personal connection and occurs when the person involved is merely going through the necessary motions to complete the encounter. It is characterized by a client asking a question and receiving a reply that doesn't acknowledge the client as an individual. There is no attempt to establish common ground and typically no

attempt to identify the client's needs, beyond a superficial level. Clients feel underwhelmed, unimpressed and disregarded.

A relational interaction is built on the team member building rapport with the client. The needs of the client are identified by eliciting their perspective. The client feels that the team member, and by extension the hospital, truly cares about them and their pet. They feel validated in their decision to interact with the hospital and they experience a sense of connection, which is a critical component in bonding clients to your hospital.



Building a relational interaction requires that both people, the veterinary team member and the client, be engaged in actively communicating with each other. When veterinary team members acknowledge the individuality of the pet and client by using their names, the process of relationship building begins. It is further enhanced when open-ended questions are used to gather information. An open-ended question is one that cannot be answered by a yes or no, but requires dialog to fully respond to the query. Typically, these questions start with words like "When", "How", "What" and phrases such as "Tell me more" and "Anything else?"

Other communication skills that can foster relational interactions are using signposting and summaries. Signposting is a technique that is used to communicate a future action to a client, such as explaining the process of an office visit:

"Matt, new puppies are exciting, but a lot of work. Our job is to help you help him become the best dog he can be. To do this, we believe in educating our clients so that they can make the best decisions for their pets. Our first puppy visits are about 40 minutes long. During this visit, we will talk to you about house-training, nutrition and puppy behavior. Our doctor will perform a thorough physical examination and discuss the findings with you. We will also explain to you what the first year of Churchill's life looks like from a medical perspective. How does that sound?"

Summaries are used to clarify information and to further elicit a client's perspective. They are best used when they are prefaced by an explanation of why the veterinary team member is using the technique, followed by a summary of pertinent facts gathered from the conversation. An example would be:

"I want to be sure that I have fully understood your concerns, Matt. You told me that you purchased Churchill from a breeder and brought him home two days ago. Shortly after he came home, he began to have diarrhea. He is still eating, active and has not had any vomiting. Anything else?"

**Price of Care Versus the Cost of Care:** There is a distinct difference between the "Price of Care" and the "Cost of Care", which directly relates to how we discuss recommendations with our veterinary clients. The 'price of care' is the transaction of a fee for a service. The 'cost of care' considers the impact of a declined recommendation or treatment to the health and well-being of the animal. It is best conveyed to clients by describing the recommendations in terms of the benefit to the pet and the pet owner.

How the cost of care is discussed matters. Veterinarians often discuss care in terms of

the quantifiable deliverables, such as the additional time, training, staffing or equipment that the delivery of the service will require. In a study done by Coe<sup>3</sup>, clients expressed their need to understand how the service or diagnostic would help their pet, both in short-term benefits and long-term gains. As found in another study<sup>5</sup>, veterinarians that thoroughly communicated the value of the service and the benefits to the pet increased adherence rates as much as 40%.

## Preparing Clients for Their Pet's Lifetime Cost of Care

Client economic limitations create stressors for the animal health care team and clients, resulting in lack of care for pets. In some situations, these financial hurdles can be overcome by having proactive conversations with clients regarding strategies to help provide care for their pets. There are three key times to have these conversations with clients:

**Early in the Course of Pet Ownership:** Talk about the lifetime cost of care early in the course of pet ownership. These do not need to be in-depth, lengthy conversations. At a puppy or kitten visit, the conversation would sound like:

“Matt, congratulations again on Churchill. He is so handsome! As you are a new puppy owner, we think it is important to set some expectations around the lifetime cost of care for Churchill. This first year will be a little more expensive, because you will have the series of puppy visits for examinations and vaccinations, as well as the cost of Churchill's surgery to neuter him. As Churchill reaches adulthood, costs level out, then increasing again as he becomes a senior dog and needs more frequent visits. As he reaches each of these stages, we will discuss what to expect.”

**At the End of Each Visit:** Clearly communicate about the next steps in health care for the pet. At the end of each visit, take time to explain to when their pet's next visit should occur and what services will be due at that time. Schedule the examination prior to the client leaving the hospital. This conversation would sound like:

“Matt, I can't believe that Churchill is 6 years old! It is time that we begin to see him twice yearly. By performing semi-annual examinations and diagnostics, we can be proactive and detect health problems early. We have found that this approach helps our patients live longer, better quality lives. Because this is important for Churchill's health, we will ask you to schedule a placeholder appointment before you leave today. What questions do you have for me?”

**When Discussing Wellness Plans:** Take the time to educate clients about the benefits of wellness plans and pet insurance:

“Matt, we recognize that pet ownership can be expensive. Many of our clients have been helped by preemptively planning for these costs. At XYZ Veterinary Hospital, we offer a wellness plan that includes all the preventive care services Churchill will need to help keep him healthy. Because we can't predict the cost of illness and accidents, we also recommend pet insurance. We never want the cost of care to be a barrier to caring for Churchill. It pays to plan ahead.”



## Conclusion

In this article, we examined why we find money so hard to talk about in the veterinary care setting, and why clients need us to have these conversations with them, as their trusted partner in pet care. We explored how understanding the client's perspective can help us to be more effective communicators. We learned how to leverage the power of a relational interaction and how to better communicate in the examination room. Finally, we learned the value of having proactive cost of care conversations that include education about pet health insurance. By embracing these business practices, we can help to overcome perceived client economic limitations and provide tangible tools to help clients plan for the cost of care over the lifetime of their pet, thus honoring and preserving the human-animal bond.

## About the Author

Wendy Hauser, DVM, is AVP, Veterinary Relations, Crum & Forster Pet Insurance Group. In 2015, she established Peak Veterinary Consulting after working as an industry Technical Services Veterinarian. With a DVM from OK State, she has practiced for 30+ years as an associate, owner and relief veterinarian. She is highly engaged in AAHA leadership having served as a member of the Board of Directors, as the Board Vice-President and currently serves as the AAHA Delegate to the AVMA House of Delegates. Frequently published, she is the co-author of "The Veterinarian's Guide to Healthy Pet Plans".



## References

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<sup>2</sup>Brick DJ, Scherr KA, Ubel PA. The Impact of Cost Conversations on the Patient-Physician Relationship. *Health Communication*, 2019 Jan; 34(1):65-73

<sup>3</sup>Coe JB, Adams CL, Bonnett BN. 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. Pgs. 1510-1518

<sup>4</sup>Hauser W, Schoen K, Kogan L. How Does Proactively Educating Client about Pet Health Insurance Impact Veterinary Teams and Clients? Unpublished data

<sup>5</sup>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. Pgs. 531-540.

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