Dealing with Obesity & Concurrent Diseases

2015 Hill’s Global Symposium Proceedings
VET TALK: Trends in Communication

04/15/2015

Patient: Bart

Obesity Treatment Plan

Diet: Hill’s® Prescription Diet® Metabolic + Mobility 1 cup twice a day.

Exercise: 15-20 minutes/day of walking, chasing Frisbee

Medication: None

Athena Veterinary Hospital
Dr. Robin Downing shares the secrets to successful communication—from what to discuss and how, to then making sure the client gets it!

Describe an encounter in your practice with a newly adopted puppy? What do you address in your recommendations and how? For instance, do you discuss the importance of proper nutrition and make specific recommendations about pet food and feeding treats and table scraps?

We cover the following general topics:

- Disease prevention/vaccine sequence & timing
- Comprehensive parasite prevention
- Training/socializing
- Nutrition
- The importance of pet insurance

We make a recommendation for a specific nutrient profile depending on the puppy, including the portion and frequency of feeding. We deliver specific messages around the quality control exercised by Hill’s Pet Nutrition. Finally, we talk about treats—not feeding from the table, specific treats to use or avoid, how many per day, and using water-based vegetables as a no-guilt snack.

The nurse starts the appointment. We ask the client to sit back, relax, and just listen—we reassure them that we will write specific recommendations down on our patient report card, and that they will also have the puppy packet materials. We have created a “puppy packet” that contains brochures/handouts to reinforce the messages we communicate in the exam room. The puppy is meanwhile allowed to be free in the room, or in the client’s lap if the puppy prefers. We work hard to create a fear-free experience for both puppy and family right from the beginning.

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I wrote the training series on compliance for LifeLearn Inc in Guelph, Ontario. This series of 5 staff training sessions incorporates a multimedia approach designed to allow a veterinarian to train the entire team with the very same messaging. Also, once the program belongs to a practice, all new hires get the same training, and it allows for retraining and reinforcing the core competencies of the practice.

In addition, we have established protocols that are captured in a special notebook. Everyone on the team gets their own copy of the notebook. Then we review our protocols regularly (we have weekly team meetings). We also require everyone on the team to complete certain online training, including the Veterinary Nutritional Advocate program from Hill’s Pet Nutrition.

Finally, to reinforce the consistency of our practice “voice” and philosophy, we follow all the same recommendations we make to clients for all staff pets as well.

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The biggest factor preventing veterinary team members from communicating with clients fully and effectively is inadequate or non-existent training.

Training needs to go beyond just telling team members what to talk about with clients; all must be armed with actual verbiage/scripts, and then must be given the opportunity to practice, practice, practice.

Communicating with clients is no different from drawing blood from a jugular vein: The more you do it, the better you get at it. And the more you speak the messages of the practice with clients, the greater confidence you have in your delivery. And the more confident the delivery, the more effective the messaging—and the more likely the client will truly “hear” the message being delivered.

That said, there are people in veterinary medicine who, despite all the best training, simply cannot have the “hard” conversations with clients—the most meaningful conversations. Effective communication is a set of learned skills, and at one time in my career I believed that anyone could learn those skills. I no longer believe that. There are individuals who seem to be incapable of learning effective communication despite many dollars spent and hours invested. These are individuals who will never really understand what stands in the way of their success. They will also be unable to inspire team members to strive for excellence in patient care.

To answer this question, we have only to follow the data. We already have the answer! All the compliance studies have revealed the very same thing: clients lack effective recommendations; then they lack appropriate follow-through by the veterinary health care team. The C=R+A+FT equation remains more relevant than ever:

\[ \text{Compliance} = \text{Recommendations + Acceptance + Follow Through} \]

\[ \text{(effective and specific to the pet)} \quad \text{(negotiating to “yes” with the client)} \quad \text{(by the veterinary health care team).} \]

What do you think is the single most important factor that prevents clients from following through with recommendations?

How do we “fix” this? By making an effective recommendation that the client is truly able to hear, we make a collaborative plan, and then we work the plan with the client. Only by creating a partnership with the client can we hope to succeed in ensuring that our patients receive the care we know they need and deserve.
S
o… What is compliance within the medical context? It is the extent to which patients take the advice of their health care providers and act on that advice.1 What about compliance in the veterinary context? Compliance in veterinary medicine is the extent to which pets receive a treatment, screening, or procedure in accordance with accepted health care practices.2 In veterinary medicine, in contrast to human medicine, there is an extra “layer” between the veterinary health care team and the patient (the ultimate beneficiary of our care), and that is the client. The client serves much the same role that a parent does between the child patient and the pediatrician. Compliance manifests itself in veterinary medicine as collaboration and cooperation between the pet owner and the veterinary health care team with a focus on the pet as the recipient of specific recommendations made with conviction for what is in the best interest of the patient based on considered clinical judgment. Compliance is not a function of coercion. Rather, enhancing compliance is rooted in advocacy on behalf of a being that cannot advocate for itself.

Communicating about and enhancing compliance in veterinary medicine is rooted in the foundational principles and practices of clinical bioethics, specifically respect for autonomy (of both the client and the pet), non-maleficence, and beneficence.3 When we respect the autonomy of our clients we focus on providing them with enough information to make the best decision possible on behalf of their beloved pet, based on the best medicine. Respecting the au-
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The single biggest obstacle to veterinary patients receiving the care the veterinary health care team knows they need and deserve is the lack of a clear recommendation.\(^2\) which provides a very important first target for change in how we communicate with our clients to enhance compliance. Another important obstacle to compliance success is lack of follow-through by the veterinary health care team.\(^2\) These are both obstacles that can be overcome by employing very straightforward strategies that enhance compliance, communication, collaboration, and cooperation between the pet owner and the veterinary health care team, with the ultimate goal of providing the pet with the care we know it needs and deserves.

**Steps To Implement Better Compliance**

- The veterinarian must accept that there is a critical need to enhance health care for animal patients. The first step to solving any problem is to recognize that the problem exists. The gaps in care—the lapses in follow-up—must be accepted as a legitimate problem that deserves a solution.

- The veterinarian and the veterinary health care team must define where their attention should be focused first in communicating about and enhancing compliance. Overweight and obesity are currently the most common preventable diseases dogs and cats face, so overweight and obesity make sense as a first focus. As a specialist in animal rehabilitation and physiotherapy, and an animal pain expert, I can attest to the fact that weight normalization is the single most important physiotherapy and pain management technique we can employ.

The steps to communicating about compliance all flow from a touchstone equation (CRAFT) that focuses our attention on delivering the best care to our patients:

\[
latervernameeq \text{C} (\text{compliance}) = \text{R} (\text{recommendation}) + \text{A} (\text{acceptance of the recommendation by the client}) + \text{FT} (\text{follow-through by the veterinary health care team})
\]
• The veterinary health care team must speak with one voice. A recommendation is only as strong as the weakest link. This means all members of the team must be trained in a meaningful way that answers the following critical questions:

– “How do we do things at our practice?”
– “How do we talk to clients about how we do things at our practice?”

The veterinarians in the practice, the veterinary technicians/nurses and technician assistants, and the client care specialists must all be able to answer these two questions in order to deliver and then reinforce the recommendations that are made in the pet’s best interests.

• We must capture appropriate patient data consistently. Most practice software programs are defaulted to request the patient’s weight whenever an examination code is entered on an invoice. We must add both body condition score (BCS) and a pain score of some sort (we use a Visual Analog Scale of 0–10). Prompting for these parameters should make the next code of the invoice impossible to enter until values are provided. This is an effective way to teach everyone in the practice that these parameters are important—important enough to be evaluated each and every time a patient is examined in the practice.

Once we uncover facts about our patients—that they are overweight/obese and/or painful—then we must be willing to respond to the data, doing something about what we discover. While it is true that you cannot know what you do not know—for instance, that an animal is painful—once you know something, you cannot “unknow” it, and that obligates us to help our clients know, too.

• We must be willing to have the “hard” conversations with our clients. Our clients love their pets—of that we can be sure. But they may not be able to see what we see. Their perspective may be clouded by their love. Our obligation to our patients is to speak the truth about their conditions, to make recommendations that reflect their best interests based on considered clinical judgment, and to keep the focus on the pet—not on the client or ourselves. Sometimes what we must talk about with our clients is difficult for them to hear, but that is when they and our patients need us the most.

• We must be willing to get over our reluctance to ask our clients for money. The late Earl Nightingale is credited with saying, “All the money you will ever have is currently in the hands of someone else.” He is also credited with affirming, “If you have fun doing what you do, people will have fun spending their money with you.”
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Which brings us back to the team, the fact that the client and the pet must both be a part of the collaborative team that moves forward together, and the fact that without a team approach, compliance with effective and specific recommendations cannot happen. The pet resides in the center of the care-giving circle. We have a bioethical obligation to advocate on behalf of beings that cannot advocate for themselves.

That advocacy is grounded in the foundational principles of clinical bioethics—based in considered clinical judgment—all in the best interest of the patient.

Compliance is grounded in a strong and effective recommendation. That recommendation, when delivered consistently and credibly, leads to acceptance by the client, and that acceptance is reinforced by appropriate follow-through by the veterinary health care team. And so it goes … Compliance, collaboration, cooperation—these are the important threads that tie together the care that our patients need and deserve.

References