



Veterinary Practice Consultants®

VETERINARY PRACTICE CONSULTANTS®

Update!

a publication of Catanzaro & Associates, Inc.

"A COVENANT WITH QUALITY"

Fall 2005



MORE VPC CONTINUING EDUCATION DATES

For 2005 we restructured the content of the VPC *Shirt Sleeve Seminars*®. The new programs presented in Denver (April) & Atlanta (Sept.) were so well received we have evolved the program further! We will continue the multiple breakout sessions and 18 hours of continuing education at our 2006 *Shirt Sleeve Seminars*® in NV and MN, working to solve individual problems and provide 60-days telephone consulting follow-up of the practice-specific Action Plans. We have added zone workshops and new "How To" programs for increased productivity. This is all included in the economical fee (a team of four-\$995).

Seminars At Sea '05® was a fourteen-day/31 CE hour adventure in July 05 and you can sign up for the next cruise June 17-24, 2006 in the Eastern Caribbean. We offer 24 hours of CE with a very unique faculty of diversified consultants from many firms, experiential tailored breakout sessions to explore the general sessions and allow participants to get their personal issues answered. This seminar series includes 90-days telephone follow-up.

Please see details on pages 11-13 and at our web site, www.v-p-c.com.



Tom Cat Tips APPROPRIATE PRICING

In the grand scheme of things, especially in the face of recent trends to escalate fee schedules, someone must start talking about appropriate pricing. Most practices do not assess the net income available from each program, nor do they understand the real cost of adding a new program. This has become very evident as we promote wellness surveillance as a national initiative (www.npwm.com).

While we trained in the University setting, bringing the best minds to bear on the most difficult cases, it is one of secondary and tertiary healthcare delivery. Private practice is only 20-30 percent curative medicine/surgery (primary diagnostics and delivery, plus economical desexing of animals for community population control), and the balance has been preventive medicine (vaccines, parasites, a small bit of nutrition, and, recently, dental hygiene). In wellness surveillance, appropriate pricing must assess nursing husbandry care versus doctor curative medicine.

What does a castration, or grade 1+ dental really cost the practice? Let's assess a quality care program for a risk level 1 animal, from a "cost" basis:

- | | |
|------------------------------------|--------|
| ▶ PCV, TP, BUN | \$5.00 |
| ▶ Pre-emptive pain mgmt (morphine) | \$1.50 |
| ▶ IOF/IV TKO | \$5.50 |
| ▶ Induction (propofol) | \$7.00 |
| ▶ Gas anesthesia (iso, 20 minutes) | \$2.00 |

If the practice is NOT at capacity, manpower is a sunk cost and any additional program delivery does not add any staff compensation costs, yet it does add some element of practice productivity. So what do you need to charge for a \$21 cost procedure?

Let's say you are reaching staff capacity and accept the AAHA Compliance Study and the veterinary dental position that 85% of the adult animals entering your practice deserve some form of dental care. (This is why AAHA states over \$300,000 per year per doctor is lost in dental hygiene programs). If you use a "Yes-

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Team Building Essentials

Jennifer Inbody, CVPM

Do you ever hear the following phrases in your veterinary practice?

“No one here ever gets along.”

“We can’t talk to one another.”

“At this practice, it is the front versus the back.”

As leaders in the practice, it is up to management to set the tone, lead by example and provide the tools and resources for employees to improve their relationships with one another. Remember - effective teams are built on trust. To trust one another communication has to occur. An easy way to begin the process of building trust within a team is to do team building activities at each staff meeting or other practice get-together.

Healthcare team members spend a huge amount of time with one another every day. Often we spend more time each day with our coworkers than with our own families. Yet, utilizing time and resources to better the relationships within the practice often does not occur. The question - why not? It is vital to the success of your employees and the practice to recognize when there is a problem and attempt to remedy it. Team fit is a term of employment and must be enforced. The practice must create an environment of success, not failure. Does yours?

Team building activities can improve communication, help individuals deal with change, help identify and reach team goals, build new teams and help existing teams assimilate new members.

Keep in mind that before beginning any team building exercise there are some simple steps you should follow to help ensure a positive outcome. Begin with a clear objective: What specifically do you want your team to learn or accomplish? Second, select an activity that is good for your team and that will give you the results you desire. Third, prepare in advance for the activity. Fourth, thoroughly explain the activity to your team and ask if there are any questions before you begin. After completion of the activity, talk about it with the team and ask questions about what they learned. This step is the most critical and the most often overlooked. Finally, encourage your team to reinforce what they have learned by practicing throughout their daily activities.

There are many books and website resources available on the subject of team building. Look to these valuable resources to help create your “dream team.”

You’ll be glad that you did!

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DOES EMPOWERMENT REALLY WORK?

Susan Strattman, CVPM



In today's healthcare delivery, the traditional management model of "the manager in control and the employees being controlled" does not work. The practice leader is looking for solutions to make the animal hospital a net income producing business, meet the needs of the clients and their pets and develop a strongly motivated team. At the same time, team members are searching for recognition, ownership of a role, and renewed pride in their work. Allowing employees to be responsible and accountable for reaching an agreed upon outcome is a significant part of the solution to the practice leader's challenges. This process is empowerment.

The change is fundamental and involves replacing many old behaviors with new behaviors. When team members are given the authority to make decisions or to mandate a change in behavior, leaders believe they are giving people the freedom to act. Leaders perceive a reluctance of some team members to be accountable for the decisions they make. Team members say they want control over decisions and want to be involved in the process. Some members of teams say they feel the leaders add constraints that keep them from taking on more responsibility. The underlying challenge is that it takes more than a leader giving lip service to empowerment. The practice culture must change to allow empowerment to happen.

The existing management structure which enabled the practice to arrive at this level, cannot be valid for taking the practice to the next level. Attitudes, behaviors, practices, and ways of relating must change for the team members and leaders to become empowered.

Sharing information about the business, changing the boundaries of the management structure, and gradually replacing the old hierarchy's purpose and function with team based delivery develops a team to make and implement decisions and who are held accountable for the results. Team members begin to trust when practice leaders are willing to share information with them. With information, team members are almost compelled to act with responsibility. Empowerment does change the management structure in the practice but does not eliminate it. In fact, the new structure becomes more defined. The practice owner shares his/her practice vision with the team. The practice owner is responsible for communicating the outcomes needed in the practice to the practice manager who acts as a liaison between the practice owner and the team. The Core Values are the boundaries and guarantees to the practice owner that the members will support and will not violate these agreed upon values. The hospital is divided into areas of primary focus (zones) i.e. client relations, doctors, outpatient, inpatient, and animal care. Each area has a coordinator who facilitates team involvement at the zone level and who represents the zone at the coordinators' meeting. Concerns that are owner issues go on the agenda for the weekly meeting between the practice manager and the practice owner. In a multi-owner practice a governance board is developed to handle these items.

The changes needed to reach team empowerment are challenging and require dedication and persistence to see it through to the finish. The team forming stages cannot be avoided. The first stage of the process is beginning to act and commit to change. Going from the known and comfortable

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to the unknown and uncomfortable is difficult for many. Team members often doubt the senior management's sincerity in changing to empowerment. As time passes, members will gain enough knowledge about where they are headed to realize they are not sure how to get there. This stage is a time of discouragement and frustration for them. At the same time leaders may be feeling that team members will never rise to the challenge and responsibility of being empowered. This happens about the time the team members are wondering if the senior management will stay the course of empowerment to the finish. Senior management often is doubting the decision to pursue empowerment. This crossroads junction is actually at the doorway of leading to empowerment. Those who keep the course will see individuals on the team begin to adopt new habits, attitudes and behaviors of empowerment and will see the light at the end of the tunnel. Most team members will be on board with the new culture but still learning it. A few others will be lagging back and will require additional support, nurturing, encouragement and clear behavior expectations to catch up with the others. Although the goal is not complete, and leaders and team members know it, the difference is the finish line is in sight, and most people understand the vision of the new culture and are working hard to achieve it

References: Authors-Blanchard, Carlos, Randolph; Empowerment Takes More Than A Minute, The 3 Keys to Empowerment .

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BOOK REPORT

The Secret Sex Life of Dogs & Cats

by: Bernadine Cruz, DVM, President –
Your Pet...Health Matters
www.yourpethealthmatters.com

Just wanted you to know that the book that Bernadine has been working on has finally been published. She started out seeking some fun stories and ended with a book rated 'R,' for risque, racy, and revealing - it is NOT meant for bed time reading for children.

The community response has been very favorable. The book was developed along the lines of 'Everything You Wanted to Know About Sex But Were Afraid to Ask' but having to do with cats and dogs. It is a compilation of questions that Bernadine has been asked as well as those posed to her veterinary colleagues.

Bernadine calls it an 'edu-taining' book, meant to make you laugh and hopefully learn a bit at the same time. It is perfect for reception room or bathroom reading . . . you can read a page or two and go on with the rest of your day.

You can find the book at Barnes & Noble online or online at Amazon.com; Dr. Cruz was a hit at the Wild West Veterinary Conference in early October in Reno, Nevada, so join the fun!

ISBN: 1-883318-52-1 - 128 pp/illustrated/5"x7" hard cover

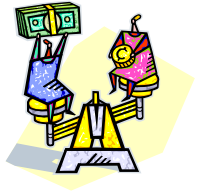
Angel City Press - www.angelcitypress.com

tec



Creating and Communicating Value

Michael Hargrove, DVM, MBA



Why will a client pay \$40 for an exam at your hospital when they could get an exam at a neighboring hospital for only \$30? The answer is that they feel they are “getting more for their money” when they come to your hospital! The important issue is not the price of services, but the perceived *value* of those services. Somehow, you need to differentiate your services from those of your competitor and show the client the value they will receive.

There are many ways in which to differentiate your practice. You can provide specific services that other hospitals do not, either through the knowledge of your staff or the type of equipment you have. For instance, you may have a specialist in your hospital or someone with a special developed interest such as alternative medicine or behavior consultation. Maybe you have the only ultrasound in town, or you use the most “up to date” anesthesia/pain methods while others in the area fall behind.

You can also differentiate yourself through the manner in which you provide your services. Perhaps you focus on the human-animal bond and the role your patients take in your client’s lives. Maybe you provide more education and have better listening skills than your competitors. Or maybe you assist your clients in taking a participatory role in the care of their pet, so they feel more confident that the care they have chosen is “worth the money.”

Once you understand your strengths, then you are better prepared to market effectively. Whether you are talking about web pages, brochures, business cards, yellow pages ads or any other type of medium, it is important that you project a consistent image that differentiates your hospital.

If you offer services that other hospitals do not, your marketing materials should emphasize these services. For instance, if you provide behavior consultation services, you might want to have a regular column in your newsletter that focuses on behavior problems and promotes the type of service you can provide to your clients.

Similarly, if your strength is in the delivery of your service, then your marketing program should focus on the unique ways in which you interact with your clients and their animal companions. Clients should know that if they walk through your doors, they will receive an unparalleled level of service and will feel at home with your doctors and staff.

Remember, you are investing a significant amount of money whenever you market your practice. In order to get a return on your investment, your marketing materials should stimulate clients to want to come to your hospital and should reinforce the value they perceive when it comes time to pay the bill.

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No" NEED option, you get 50% 'yes;' while if you use a "two-yes NEED option" you get a 75% 'yes.' If you use 'recommend,' or waffle in stating the immediacy of the case, you get the AAHA findings. Therefore, 400 transactions per doctor per month becomes 340 animals needing dental care, and even at 50% "yes," that equals 170 dental cases being booked by each doctor each month; that is about 8 a day! You need to hire a dental hygiene technician, so that is another \$6-7 cost per case (20 minutes, grade 1+). There is NO DOCTOR TIME when doing grade 1+ dental cleaning, so it is doctor productivity without doctor table time. That takes the cost to \$28 . . . and \$120 access price is greater than a four times mark-up, while staying approximately at the community's dental cleaning price for the animal stewards, making acceptance "easy." A grade 2 dental cleaning requires about twice as long, so we charge about twice as much, about \$210. If you are in southern California, or the northeast, local human dental cleaning is \$160-190, so the practice grade 1+ should be commensurate for better client acceptance and understanding.

When you start grading teeth, you will find many more grade 2+ and 3+ than grade 1+ because you have been lax; after a full patient cycle, and 4-6 month courtesy rechecks with your nurses, you will probably have 40-50% grade 1+, 25% grade 2+, and 30% oral surgery (grade 3+ and 4+); that is 65 to 75% of the caseload being "staff country" for healthcare delivery. If you embrace dental cleaning as a staff function, if you start to ensure everyone talks of the NEED to 'get the red out' (stop pain) and 'get the bad breath reduced' (brown is bacteria causing bad breath), the program income, even at these "appropriate prices," can drive an additional \$45,000 a month in a 2.5 doctor practice. This is enough new capital to upgrade dental bases, add better work stations, enhance the compensation and benefit programs of staff, and still do an expansion of your facility (watch for the new *AAHA Design Starter Kit*, 4th Edition, re-titled *Design it Right* due out early in 2006, with Tom Cat as the principle author again). In wellness surveillance, staff utilization greatly increases, as does the staff pride in healthcare delivery. For another staff-run client education program, see the genetic predisposition web site www.upei.ca/cidd/intro.htm.

Now answer this question, "How can we do any of this in one consult a year?" - you cannot, and the 'Think Twice For Life' initiative is just the start for veterinarians, since other visits need to be scheduled with the trained and caring staff members between doctor consults.

To over-charge a client is not the way to entice their return, and in fact, multiple smaller invoice visits each year makes for a better informed client who better appreciates their responsibilities as a pet parent. Your mission focus then can embrace the new mantra: CLIENT CENTERED PATIENT ADVOCACY TO EXTEND & ENHANCE THE QUALITY AND DURATION OF AN ANIMAL'S LIFE!

Patient advocacy must have a client-center which is based on sharing quality healthcare concerns with compassion, caring, and conviction. Just do it!

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Creating & Communicating Value (Continued from page 5)

We should not market simply because it is the thing to do, we should market because we have something to say. And remember, marketing does not just succeed through external materials; it succeeds because we really do the things that we say we will. Clients will not return because we have a nice brochure or an informative newsletter or a fancy web site. They will return because we truly practice in a way that creates value for our clients.

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Who do you answer to?

Steve Amsberry DVM



This past weekend Jonathan (our 12-year-old son) and I enjoyed a hiking trip in the mountains with his Boy Scout troop. Prior to the hiking event the group discussed the critical need to adhere to the buddy system during our time in the wilderness. We talked about the recent incident in Utah when a young scout had violated this important rule and the resulting 4-5 days of being lost in the woods (fortunately not a lethal event). We emphasized the need for good communication by every member of the hiking party. We enjoyed a great outdoor adventure until the last quarter of a mile when a younger scout decided to break the buddy system rule, go by himself and choose a wayward trail he thought led back to camp. The entire hiking group became immobilized as we developed a plan to find the misdirected scout. It became a perfect “teaching moment” and was fortunately quickly resolved as the scout was located and we finished the hike.

I would suggest one of the main reasons we as self and group leaders become immobilized in our journeys is the lack of accountability. Take a little time to objectively ponder the state of the various groups you are familiar with. In a global sense you may notice various nations out there creating their own rules (ouch!). You may see various civic, religious groups faltering due to the lack of accountability. Maybe groups such as our families and practices are struggling due to this shortcoming.

Being accountable has been one of my weakest areas of leadership. I need the buddy system to keep me focused at home and at work. On the home front, my wife and children have been very accommodating with this task. In the work setting I have requested my associates and team members hold me accountable to follow through on our goals. They know I have many ideas regarding the vision for our practice, and they also know the reality of the need to break down the process into bite-sized pieces. I tend to want the outcome before the process is created :>)

A great example of accountability in a veterinary practice is the D.I.G. board concept. When two or more staff members identify a practice challenge they want to correct, they form their buddy system and set out to “just do it.” Leaders empower them to proceed and provide the resources and the coaching to be successful in the endeavor. A timetable is chosen, the what, who and when are recorded on daily visible D.I.G. board and the continuous quality improvement (CQI) proceeds. Synergy is a great concept/habit.

Recently in our practice Tiffany’s CQI plan included her desire to become certified as a technician. She wanted someone to be her accountability partner to help motivate her in the course work and study needed. She talked Courtney into putting this goal on her CQI list. Being the wonderful self-leaders they are will result in the team adding two more certified technicians to our ranks.

This year part of my CQI includes getting the customized client education sheets describing various common pet diseases/conditions tagged to the diagnostic codes in our software. As a diagnosis is posted we then have the option of printing out the client education sheet “on the spot” without hunting for it. I struggled in the past years getting a handle on this project. Enlisting the help of my two associates “buddies” we are making good headway on the project. We are accountable to each other.

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I suggest you reflect on challenges in your life (inside and outside of practice since leadership is a 24/7 proposition) and objectively ask two questions: "Would I get the outcome I want if I were accountable to someone else?" "Who shall I ask to hold me accountable?" Then "just do it." Don't get lost in the woods because you didn't have a buddy.

Have a great fall.

Carpe'diem.

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Are you familiar with the

Veterinary Hospital Managers Association?



VHMA is a unique association, created in 1981 by and for veterinary hospital managers in order to provide individuals who are actively involved in Veterinary Practice Management (Veterinarians, Hospital Administrators, Practice Managers, Office Managers and Consultants) with a means of effective communication and interaction. The guiding principles are to pursue excellence in practice management, open channels of communication, and create the opportunity to develop friendships between practices. VHMA offers a certification process for veterinary practice managers, as well as conferences exclusively for management.

A PROFESSIONAL'S RECOGNITION IN VETERINARY PRACTICE MANAGEMENT

In 1989 the VHMA realized the increasing need among Veterinarians and Practice Managers for a program that would qualify the knowledge and experience necessary to successfully manage the ever-changing business management of today's veterinary practices. The Certified Veterinary Practice Manager (CVPM) certification is the result of that realization.

Other benefits provided to VHMA members are the VHMA Newsletter, a Job Bank, a Mentor Program, a subscription to the Veterinary Economics magazine, Continuing Education Credits are given to attendees of all VHMA sponsored conferences, a published biannual salary and benefits survey of the membership, and Networking - the willingness of VHMA members to help each other. Some of the most experienced practice managers in the world belong to our Association, and are willing to freely share their experience. The spirit of sharing and the goal of having fun when we are together makes VHMA unique. As we develop friendships between practices and help each other do a better job, we help the veterinary profession as a whole.

2006 VHMA Management Retreat in St. Augustine, FL February 3-5, 2006

Held in the winter, this conference is a smaller seminar presented by VHMA members in attendance. Participants have the opportunity to share their experiences during informal discussions where there is opportunity for brainstorming and in-depth discussions throughout the weekend.

2006 VHMA Summer Meeting in Toronto, Canada June 3-4, 2006

Held each year in the summer, the format of this meeting is one or two days with formal speakers during the day and roundtable forums in the evening.

2006 VHMA Annual Conference & Meeting in Charleston, SC September 28 - October 1, 2006

Held each year in the fall, the conference features nationally prominent speakers who present the latest theories in practice management. Opportunities for networking and discussions continue during roundtable forums. Exhibitors display booths of special interest to veterinary hospital management.

Contact VHMA at : dmin@vhma.org

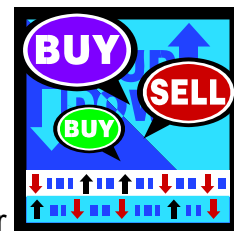
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ETF POPULARITY ON THE RISE

Terry Hall, DVM, CFP



Most investors are familiar with mutual funds, often because they hold them in their retirement accounts. However, Exchange Trade Funds (ETFs) are a fast growing and efficient method for investors to take advantage of an instrument that combines characteristics of an open-end mutual fund and a stock.

Exchange traded funds (ETFs) are index funds that are listed on an exchange and can be bought or sold at any time throughout the day. Investors can buy or sell shares in the aggregate performance of an entire stock or bond portfolio as a single security.

Because of their unique composition, ETFs have many advantages that are helping to fuel their growth and inflow of investment dollars into this area. In fact ETF inflow grew from \$42.5 billion in 2000 to \$54.4 billion in 2004. In contrast, mutual fund inflow fell from \$309.4 billion in 2000 to \$180.3 billion in 2004. Another factor leading to the growth of investment in ETFs is due to the search for market performance (customized portfolios). While there are a percentage of mutual funds that may beat market performance, the reality is this percentage is relatively low. In contrast ETFs have a reasonably good record of matching the performance of their underlying index. In 2004 the Standard & Poor's Depository Receipts Trust (SPY) the largest and oldest ETF, grew at 10.92% and the value of the underlying S&P 500 index grew at 10.88%. ¹

The significant growth of ETFs can also be explained by their characteristics such as lower expense ratios, tax efficiencies, diversification, trading flexibility, and the ability to invest in an entire market segment to name just a few of their advantages.

Lower Costs:

Expenses can have a significant impact of returns for investors and ETFs generally have significantly lower annual expenses ratios than other investment products. This is because ETF are not "actively managed" and are index based. (See chart below)² Of course an investor selling ETF shares may realize capital gains or losses, as with stocks, and purchases and sales of exchange traded funds are subject to brokerage commissions.

Lower Expense Ratios				
Morningstar Category	Avg Active Fund %	No Load Portfolio %	Avg Index Fund % (Traditional index fund)	iShare fund(%) (Index ETF)
US Taxable Bond	1.14		0.48	.15 iShares Lehman Treasury
Large Blend	1.41		0.7	.09 iShares S&P 500
Small Blend	1.66		0.9	.20 iShares russell 2000
Customized No Load Portfolio				
Equity Tilted		0.79		
Balanced		0.67		

Tax Efficiency:

ETFs tend to offer greater tax benefits because they generate fewer capital gains due to low turnover of the securities that comprise the portfolio. An ETF only sells securities to reflect changes in its underlying index. Exchange trading of ETFs further enhances their tax efficiency. Investors who want to liquidate shares in an ETF simply sell them to other investors through exchange trading.

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Therefore, ETFs are not required to sell securities to meet investor cash redemptions, which could generate capital gains tax liability for remaining investors.³

Diversification:

ETFs by virtue of their composition, offer a popular method to diversify a portfolio. Since they are comprised of a group or basket of securities their diversification can run across an entire index. Here is a sample of the types of offers available which shows the breadth and depth of these instruments: broad based equity index (total market, large-cap growth, and small cap-value), industry sector-specific equity indexes such as healthcare, energy, and real estate), U.S. Bond indexes (long term Treasury bonds and corporate bonds).

This discussion touches on a few of the many areas that have added to the growth and popularity of ETFs and the desire by investors to add these instruments to their portfolios. ETFs offer a new way to gain a precise and strategic market exposure through a variety of low cost and tax efficient funds. Finally, the mix of ETFs also offers methods to add short, intermediate, and long term strategies which can add a desirable and beneficial result to assist any investor in reaching their financial goals. To determine if ETFs should be a part of any individual portfolio, review the following with your certified Financial Planner Practitioner 1) Financial objectives for you and your family 2) Time horizon for your objectives 3) Investment risk and market volatility tolerance 4) Investment total return expectations and 5) Level of ability for consistent funding through time horizon period.

Past performance no assurance of future performance. Investing in any security vehicle involves risk.



1 http://www.workoninternet.com/article_4290, Lyle Wilkinson, 2005.

2 Exchange Traded Funds, M. Chamberlain, J. Jordan. Barclays Global Investor Services.

3 Source: www.amex.com.



Financial Briefs for Veterinarians is written by Terry Hall, DVM, CFP as a service to identify the current financial and economic issues impacting veterinary medicine. Dr. Hall is a former multi-practice owner and clinician who now owns and operates his own financial planning practice. He is a Certified Financial Planner Licensee specializing in Successful Financial Strategies for Veterinarians and Practice Owners. He can be reached at 303.734.9500 or terry@terryhallassociates.com

If you have not seen our new *Signature Series* Monographs and on-site consulting programs, please email Cat9800@aol.com for a copy of our

Management Aids & Services Catalog.

Our consulting team and expertise is becoming more diversified; we

DARE YOU TO COMPARE - visit www.v-p-c.com!



Veterinary Practice Consultants presents

Shirt Sleeve Seminars®

Reno, Nevada

April 6-8, 2006



Sponsored in part by:



Increasing Productivity!



Session Topics:

Team-based Multi-tasking Techniques
Create Your Vision & Core Values
Zone Your Hospital
Implement Multi-tasking Schedules
Develop Standards of Care
Use Meeting Tools
Empower Your Team
Integrate Diagnostic Intensity
Managing Your Boss
Share "Needs" with Pet Parents
Build the Learning Organization

Plus Special Zone Workshops!

Doctors: Strategic Assessment + Strategic Response
Managers: Use Leadership Action Planner Tools
Client Relations: Reach Out & Touch Someone
Outpatient Nurses: Extend the Doctor's Impact
Inpatient Nurses: Extend the Hospital's Impact

Shirt Sleeve Seminar® benefits:

- ☐ 3 days intensive team-based interaction!
- ☐ 18 hours CE with Certificate!
- ☐ 60 days follow-up support!
- ☐ Text & Proceedings provided!
- ☐ Action Planning!
- ☐ 1-on-1 practice team meeting

Registration Fees:

\$995 Hospital Team (up to 4)
\$125 each Team Member > 4
\$499 Single Participant

The seminar is being held at:

Circus Circus Reno
500 North Sierra Street
Reno, NV 89503

775-329-0711 / 800-648-5010

- ☐ Friday night there is a special Owner's Dinner sponsored by Rx Works.
- ☐ We offer you a mix of personalities from our VPC team and invite other industry notables to join us as guest facilitators so you have unbelievable resources upon which to draw!
- ☐ Registration does not include travel or hotel accommodations. Make your hotel and travel arrangements with your own travel agent, but be sure to tell the hotel you are attending the Veterinary Practice Consultants® seminar and request a room from the reserved block at the hotel; they are at a preferred rate until March 14th! **Register NOW!**





SEMINARS AT SEA 2006

Eastern Caribbean

June 17-24, 2006



Hosted by: Catanzaro & Associates®, Inc.,

Guiducci and Guiducci, PC & Veterinary Practice Consultants®

The **Seminars at Sea**® '06 will be a 7-day cruise from Miami, aboard a luxury cruise ship, with upscale living accommodations plus gourmet dining. This includes exciting ports of call in the Caribbean as well as a wide spectrum of cutting edge perspectives and opportunities offered by the faculty. Some who have attended previous **Seminars at Sea**® requested we schedule this itinerary for when school is out so the kids can see the Caribbean. The Royal Caribbean ship, Navigator of the Seas, has a climbing wall and a skating rink, as well as a wide variety of age-calibrated youth activities, so it should keep the kids occupied when we are at sea.

We depart from **Miami, Florida** on **June 17** and return to Miami to disembark on **June 24**. Ports of call include: **San Juan, Puerto Rico; Charlotte Amalie, St. Thomas; Philipsburg, St. Maarten; and Nassau, Bahamas**. To make it more fun, the multiple port-of-call days are total freedom for the participants with no scheduled seminar activities; we only hold seminar sessions while at sea so you don't miss out on the sightseeing opportunities! You can go on city tours or island tours, scuba diving, snorkeling, mountain biking, kayaking, horse-back riding, and more shore excursions than we can mention which can be coordinated via the Internet to make it easier to plan your play-time!

Dining in the evening is a luxury event, and we are seated at a cluster of tables so participants and the many consultants have latitude in seating arrangements, which is one reason why tips are pre-paid in the fees. Our pre-paid packages include all recommended tips so we can avoid "nickle-&-dime-ing" our participants.

This is the gathering of the leaders of this profession; we are offering multiple National consultants for seven days, in a relaxed, luxury, social and educational environment. On the cruise ship, a new type of leader will be gathering, those who know that all work and no play make any doctor a grinch! These participants also want to see the future of veterinary medicine and the potentials for this profession, hence the theme "**Emerging Opportunities**." Whether the faculty member is a veterinary transactional attorney, a veterinary-specific architect, a software guru, or even a practice consultant, the cruise CE program offers the cutting edge of continuing education; a combination of thinking adventure and mind stretching concepts. Each plenary (full group) seminar session is followed by small sized break-out discussion groups, each with a skilled veterinary-exclusive consultant as the facilitator. You receive 24 CE hours by the end of the cruise, and 90-days of follow-up telephone and e-mail support is included to ensure you have VPC consultant counsel & support during implementation of the new concepts & ideas after you return home.

Kris Bauer, 877-616-7447 (Bauer.Kris@comcast.net), is our cruise travel coordinator and has reserved a special group of cabins for our participants; berth price also includes luxury dining for all shipboard meals, nightly entertainment extravaganzas, and start at only \$1321 per person which again includes all tips, gratuities, port fees, and taxes! Contact Kris for more information or to reserve the cabin(s) of your choice and coordinate your air travel at the preferred cruise-client rate.

Register for these "cutting edge" seminars by contacting Catanzaro & Associates at 303-277-9800, or cat9800@aol.com. The entire CE package, including the support text and tailored proceedings, is only \$995 for the first person and \$175 for additional folks from the same practice.

Don't miss this incredible opportunity—Register Today!

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Seminar Registration and Newsletter Subscription Form

Practice Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Team Leader/Primary Participant : _____

Additional Team Members/Registrants: _____

Shirt Sleeve Seminars

18 hours of CE plus

60 days of follow up support!

- ☐ **Reno, NV April 6-8, 2006**
- ☐ **Minneapolis, MN Sep. 7-9, 2006**
- ☐ \$995.00 Team Registration (Up to 4 attendees)
- ☐ \$125.00 for each member over four
- ☐ \$499.00 Single Attendee Registration

Seminars at Sea

24 hours of CE plus

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Eastern Caribbean June 17-24, 2006

- ☐ \$995.00 Primary Participant
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Mail, fax, email or call our office today!

Tom Cat Tips

PRACTICE MAKES PERFECT

I have spent most of this year traveling the world and sharing insights with practices in New Zealand, Australia, Canada, Scotland, England and Netherlands, as well as practices at Western Veterinary Conference, Kansas Veterinary Conference, Oklahoma Veterinary Conference, Midwest Veterinary Conference, and a few smaller meetings.

The participants say they want to be innovative, but then ask for a list of twenty to thirty local practices who are already doing the new programs; innovation is NOT commonplace in veterinary medicine. They seem to be searching for the secret to bonding clients. As I address wellness surveillance and team-based healthcare delivery, it is evident that most practices do not TRUST their staff to deliver consistently high levels of care . . . when in fact, the staff is worthy of TRUST, yet simply cannot offer any consistency when there is a total lack of clear Standards of Care (SOC) between providers in the practice.

In England, they call this variability “clinical freedom” for the practitioner, whereas in real life, it is called confusing the client and frustrating the staff. The veterinarian deserves latitude in ‘case management;’ that is why all the education was required, and why we call it “practice.” Inversely, wellness surveillance and preventive medicine can have only ONE practice standard, and to have more is to confuse and lose clients and drive away your frustrated staff.



Extended DOI vaccines are already opening the door for increased spending on wellness surveillance; practices report an increased acceptance of surveillance blood screens and routine urine testing from clients who have previously accepted extended DOI vaccines. It appears to be a function of discretionary spending dollar allocation.

The wonderful nature of our profession is that we are allowed to “practice” until we get it right, and hopefully bring the staff and clients along with us in our search for excellence. The new surveillance programs becoming mainstream include:

- Semi-annual consultation (Think Twice For Life - 2xFL) www.npwm.com
- Blood Pressure with every consult (Cardell has consultation room friendly unit for <\$2000)
- Lead II ECG with each consultation, Biolog is the stand-by, while V-Med is a new-comer
- Urine screening (e.g., ERD by Heska) as part of the semi-annual consultation
- Shirmer Tear Test for dry eye breeds
- Ultrasound for polycystic kidneys in long haired cats
- Giardia and 3dx SNAP tests
- Chem-6 blood screening (e.g., 8008 or VetScan) as part of the semi-annual consultation



There are other surveillance programs being used by many practices, including genetic predisposition awareness. In our new *VPC Partners in Progress*® consulting programs, the staff often picks up on the “needs” far faster than the veterinarians. Our staff do not wear the blinders from the paradigms of our curative medicine education; they just know what clients want and want to help them get it.

Another resource, the Blackwell text, *Building the Successful Veterinary Practice: Innovation & Creativity* (Volume 3), develops the concept of the learning organization and how it can be applied to your veterinary practice.



On the Move.....Where are They?



*Would you like to meet a VPC associate face to face?
Their next quarter's travels are outlined below; meet
the team who makes Veterinary Practice Consultants
exist or perhaps schedule an eye-to-eye consult!*



Tom Cat (DrTomCat@aol.com)

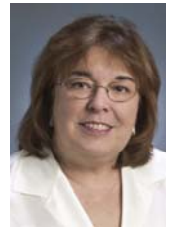


Oct - Dec '05	Consulting	Australia/New Zealand
January 7-11	North American Vet Conference	Orlando, FL
February 19 -23	Western Veterinary Conference	Las Vegas, NV
April 6-8	Shirt Sleeve Seminars	Reno, NV

Susan Strattman (SStrattman@aol.com)



January 7-11	North American Vet Conference	Orlando, FL
February 19 -23	Western Veterinary Conference	Las Vegas, NV
April 6-8	Shirt Sleeve Seminars	Reno, NV



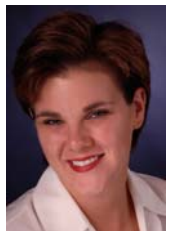
Michael Hargrove (DrHarg@cpinternet.com)



April 6-8	Shirt Sleeve Seminars	Reno, NV
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Jennifer Inbody (J.Inbody@sbcglobal.net)

April 6-8	Shirt Sleeve Seminars	Reno, NV
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Sam Morris (DrSamHere@aol.com)



April 6-8	Shirt Sleeve Seminars	Reno, NV
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Julie Singer (JSinger@consolidated.net)

April 6-8	Shirt Sleeve Seminars	Reno, NV
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The Veterinary Practice Consultants Booth (Cat9800@aol.com)

January 7-11	North American Vet Conference	Orlando, FL
February 19 -23	Western Veterinary Conference	Las Vegas, NV
March 18-22	AAHA Annual Conference	Long Beach, CA





Veterinary Practice Consultants®
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Minneapolis, MN Sep. 7-9, 2006



Seminars at Sea 2006
EMERGING OPPORTUNITIES!
24 hours of CE cruising the Eastern Caribbean!
June 17-24, 2006



Thank you Veterinary Hospital Managers Association for
sponsorship of our newsletter! See page 8 for more about
this great organization and it's CE meetings!