

# Satisfaction With Specialty Services, Part 2

Study reveals how customers choose referral hospitals

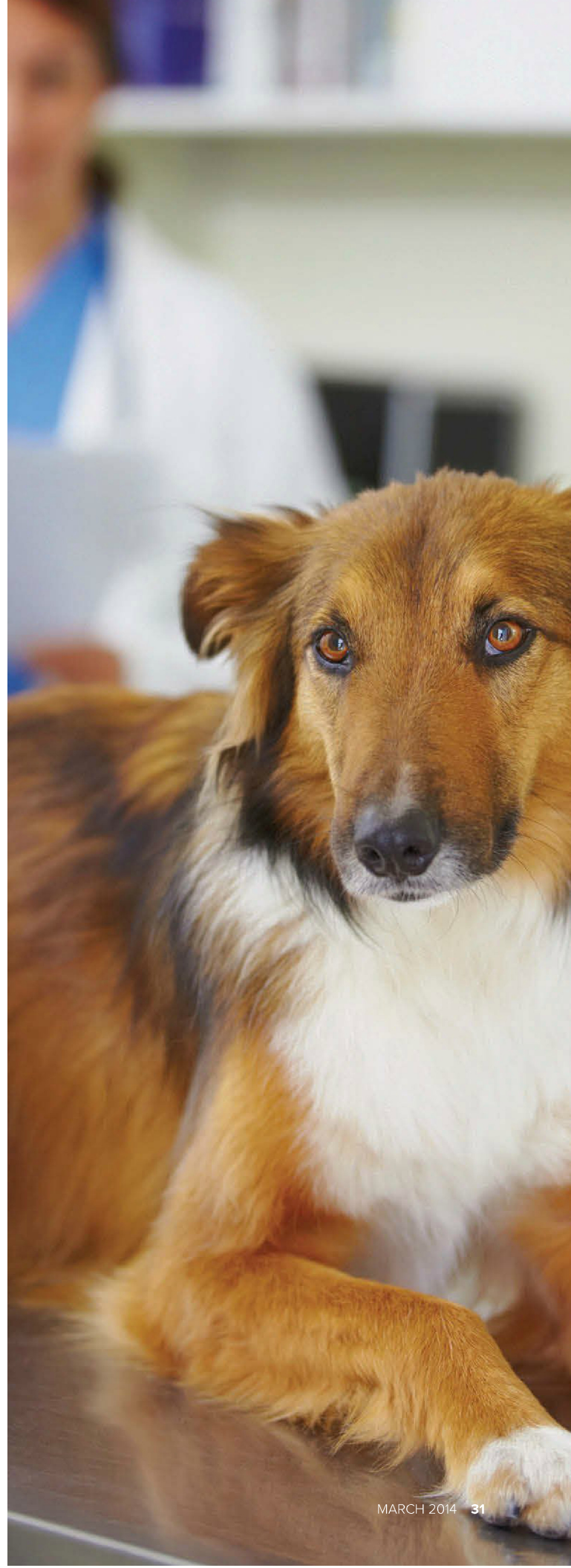
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This article is Part 2 of a two-part series detailing the results of a survey and study on specialty practices. This part will discuss satisfaction of clients and rDVMs with specialty hospital services, with a focus on areas of improvement.

IF YOU ARE A SPECIALIST or if you refer pet owners to specialists, you will find items of interest in the results of a massive survey of over 40,000 pet owners and over 20,000 veterinarians who used specialty hospital services.

The primary objective of this survey was to evaluate satisfaction with specialty hospital (SH) services, report findings, and provide SH managers with feedback to drive quality improvement. In Part 1, we described the survey design, methods, and sample population. In addition, we reported and discussed demographics of the clients, factors referring veterinarians (rDVMs) and pet owners used when selecting a specialty hospital, and methods of communication used by specialty hospitals.

In Part 2, we report and discuss satisfaction of clients and rDVMs with specialty hospital services. Perhaps the most important results that the survey has to offer are areas



of improvement that specialty hospitals can focus on regarding communication with rDVMs and pet owners.

The survey indicated excellent customer satisfaction with the quality of medical care and facility maintenance. It also revealed the main areas of rDVM dissatisfaction: the specialist respectfully considering the rDVM's pre-referral work, keeping the rDVM informed of case progress, promptly sending follow-up information to the rDVM, and responding to rDVM and pet owner calls. The main areas of pet owner dissatisfaction were the value obtained for the fees paid, being kept informed about financial charges, and having fees explained well.

### **rDVM satisfaction results**

Results of questions relating to rDVM satisfaction will be covered first, followed by those of the pet owners. When given a series of nine positive statements about SH service, rDVMs disagreed most with the statement indicating the SH kept the rDVM well informed on the progress of cases (Figure 1).

Disagreement or strong disagreement with the positive statements indicated dissatisfaction with that aspect of SH service. In other words, rDVMs disagreed with those statements at the top of the list in the legend of Figure 1 more often than those at the bottom of the list. After we group only the disagreement and strong disagreement responses and compare proportions, inferences can be made on the listed statements. The specialists' ability to keep rDVMs informed about referred cases was dissatisfactory for 18% of rDVMs.

Similarly, 14% of rDVMs were dissatisfied with the promptness of receipt of follow-up information. In addition, 13% of rDVMs indicated they thought that their clients were not pleased with the value obtained. Prompt response to phone calls from the rDVM or the pet owner was a source of dissatisfaction for 12% and 11% of rDVMs respectively. There was more rDVM disagreement statistically ( $P \leq 0.05$ ) with statements 1–5 (SHs keeping rDVMs well informed on case progress, sending referral information back to them promptly, their perception of their clients' satisfaction with value obtained, and promptness of return calls to the rDVM and their clients) than with statements 7–9 (rDVM perception of their clients' satisfaction with the time the specialist spent with

them and if their clients were treated professionally and compassionately).

When given a series of three positive statements about SH service, rDVMs disagreed most with the statement that the SH would consider and respectfully manage the rDVMs pre-referral workup, tentative diagnosis, and treatment, as indicated in Figure 2. Conversely, nearly 60% of referring veterinarians strongly agreed that they were confident in the quality of medicine at the SH, but only 33% strongly agreed that their workup would be respectfully managed.

Referring veterinarians were presented with a 5-point Lickert scale to rate their overall satisfaction with SH services and responded as indicated: 50% very satisfied, 39% satisfied, 6% neither satisfied nor dissatisfied, 4% dissatisfied, 1% very dissatisfied. Referring veterinarians were asked to rate the services at the surveyed SH compared to other SHs. The vast majority (97%) had used other SHs and as such had experiences they could contrast and compare. In a related question, rDVMs reported referring a similar number of patients to the surveyed SH as to other SHs.

Referring veterinarians were given the opportunity to write general or specific comments as to why they did not use or recommend a particular specialty service within the SH. Review, classification, and collation of these comments revealed that one or more of the following concerns represented the majority of their comments:

- Compassionate, knowledgeable, and prompt communication with both the client and the rDVM is important.
- The specialist should be diplomatic regarding their judgment of the rDVM's handling of the case.
- The specialist should promptly refer the case back to rDVM for follow-up and routine care.

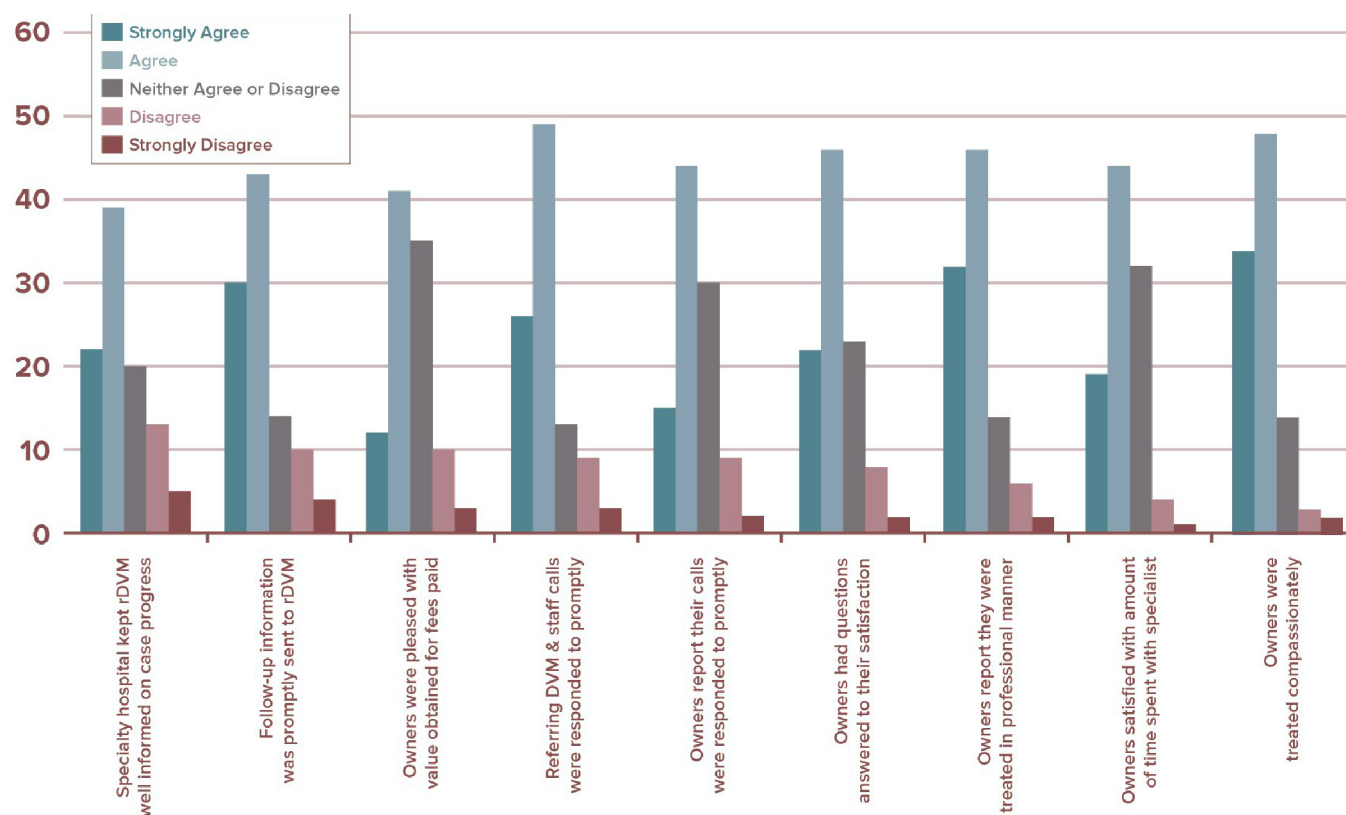
In summary, while rDVMs were satisfied with the quality of medicine at SHs, they were less satisfied with the SHs' ability to keep rDVMs informed about case progress, send information back to rDVMs promptly, impress upon pet owners that the fees paid were worth the value obtained, respond to phone calls by rDVMs and pet owners, and consider and respectfully manage the rDVMs' pre-referral workup, tentative diagnosis, and treatment with the owner.

## Pet owner satisfaction results

Pet owners were most satisfied with the SH staff's sensitivity to their pet's illness or condition and the compassionate care with which the staff treated them and their pet (Figure 3). They were also very satisfied with the communication the nursing staff provided regarding pet care and treatment options and with the phone-answering speed. But in comparison, pet owners were more dissatisfied regarding the staff keeping them informed about financial charges and explaining fees

accurately, thoroughly, and professionally when compared to many other aspects of SH service.

As indicated in Figure 4, pet owners were more satisfied with the overall quality of service and with the SH ability to meet their overall needs than they were with the value for fees paid ( $P \leq 0.05$ ). The percentage of pet owners who were satisfied or very satisfied with the overall quality of SH service and the ability of the SH to meet the pet owner's overall needs was 89% and 88%, respectively. In



**Figure 1**

Referring veterinarians were asked to indicate their level of agreement with a series of positive statements about SH service. These statements in order of highest dissatisfaction (total percent response of disagree and strongly disagree) to lowest dissatisfaction are:

1. The specialty hospital keeps me well informed on the progress of my cases.
2. The follow-up information on a referral case is sent back to me promptly.
3. My clients are pleased with the value obtained for the fees paid.
4. My team and I have our calls responded to promptly.
5. My clients report having their calls responded to promptly.
6. My clients have all their questions answered to their satisfaction.
7. My clients report they were treated in a consistently professional manner.
8. My clients are satisfied with the amount of time spent with the veterinary specialist in the exam room or consultation.
9. My clients are treated compassionately.

Disagreement with these statements reflects dissatisfaction with the SH's service in those areas. The value of total percentage of disagreement (disagree and strongly disagree) is listed next to each statement in the text.



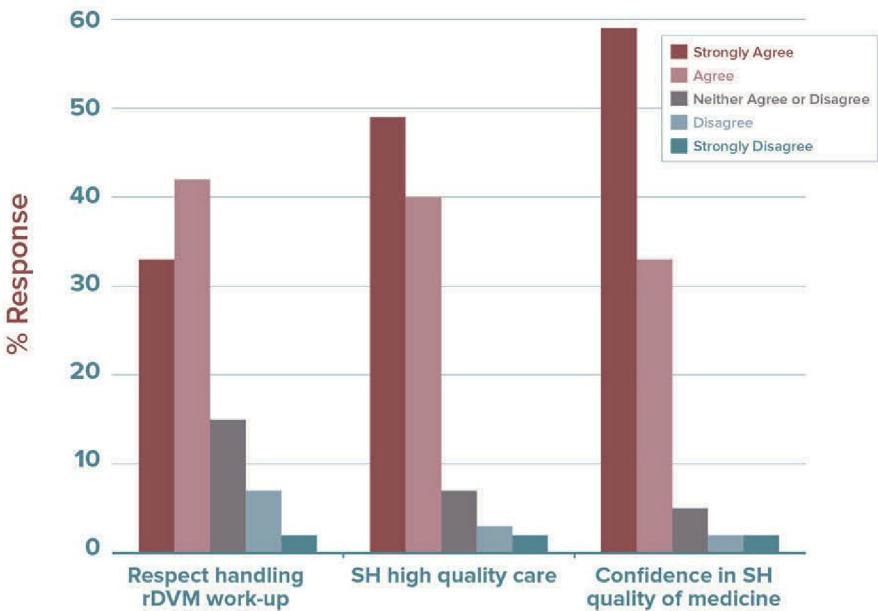
contrast, only 83% were satisfied or very satisfied with the value for fees paid, leaving 17% dissatisfied or very dissatisfied.

Pet owners were asked to rate the services at the surveyed SH compared to services at other SHs and given six choices: better, somewhat better, about the same, somewhat worse, worse, and not applicable. Forty-five percent of owners had not used another SH and chose not applicable. When we factored out those who chose not applicable, this left the following response percentages: 63% better, 13% somewhat better, 18% about the same, 2% somewhat worse, 4% worse.

Another measure of pet owner satisfaction was their willingness to continue taking their pet to the SH if necessary. Pet owners were given the following choices and responded as indicated: 76% definitely would, 14% most likely would, 4% might, 3% unsure, 3% definitely would not.

On being asked if they followed the specialist's recommendations, 95% of pet owners responded that they did. Those who did not follow recommendations were asked to indicate the primary reason. They were given the following choices and responded as indicated: 39% cost of treatment, 19% quality of life for pet, 8% likelihood of success, 6% pet's age, 28% other. The write-in reasons owners gave for failing to follow the specialist's recommendations varied widely but usually emphasized one of the structured factors. Additional reasons for failing to follow recommendations included:

- Simple disagreement with the specialist, sometimes blaming miscommunication, mistrust, or owner perception of specialist's disrespect toward them
- Claiming the specialist misdiagnosed the problem
- Wanting to get another opinion
- Getting more economical treatment from their primary veterinarian or another hospital



**Referring Veterinarian Agreement with Service Statements about Specialty Hospital**

**Figure 2**

Referring veterinarians were asked to indicate their level of agreement with the following positive statements about SH service:

1. I know that my pre-referral work-up, tentative diagnosis, and treatment will be considered and managed respectfully with the pet owner.
2. I know that my patients will be treated with the highest quality of care by the staff.
3. I have great confidence in the quality of medicine provided by the specialist(s).

The rDVMs disagreed with the statement at the top of the list more often than the other statements. When comparing the sum of the disagreement and strong disagreement with the above statements, there was significantly more disagreement ( $P \leq 0.05$ ) with statement 1 than with statements 2 or 3. In this case 9% of rDVMs disagreed with statement 1, versus 5% for statement 2 and 4% for statement 3.

Pet owners were asked to write suggestions for improving services at the SH. Most of the comments focused on a wide variety of improvements in communication. Review, classification, and collation of these comments revealed that one or more of the following concerns represented the majority:

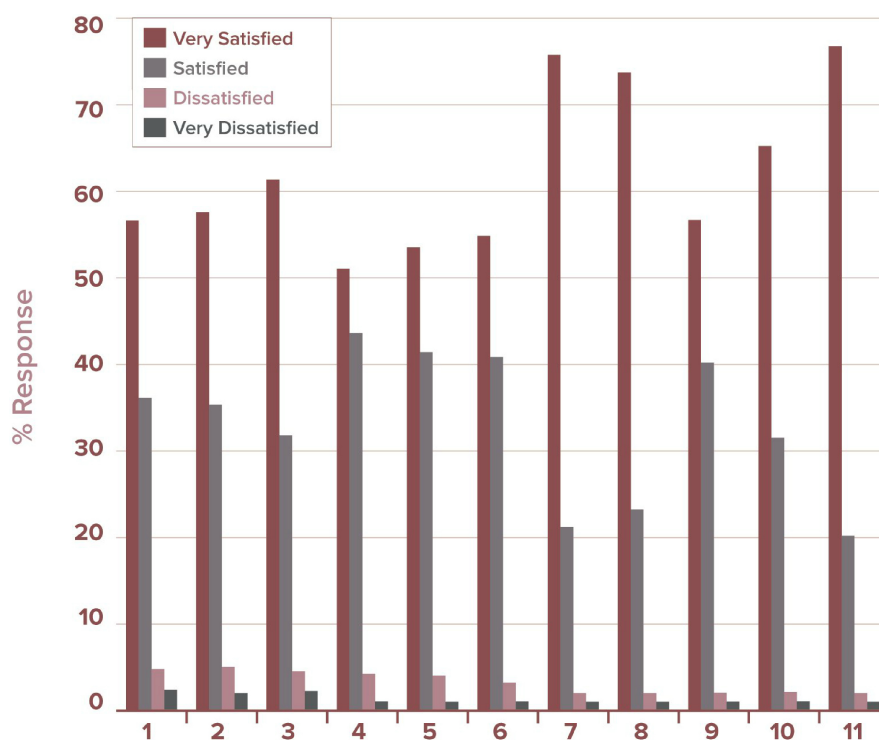
- Pet owners suggested improved explanation of fees, diagnosis, and treatment. While many owners simply complained that fees were too high in general, some also indicated that they would not be opposed to the fee if they better understood why it was necessary.
- They wanted increased availability of financial assistance in the way of payment plans and less emphasis by the SH on collecting money prior to starting treatment.

- They wanted to talk directly with the specialist more often and complained that support staff was not well informed, especially when reporting on the status of the hospitalized patient or discharging the patient.
- Pet owners wanted increased appointment availability to improve convenience and scheduling so they could see the specialist quicker.
- Once in the hospital, they wanted shorter wait times for an appointment and wanted the doctor to be punctual.
- The importance of well-trained support staff was evident. Many pet owners who described the staff as rushed also stated the staff lacked compassion. Pet owners who wanted increased contact with the specialist often also complained that the staff did not fully answer their questions, robotically repeated a standard answer, or did not inform them well during checkout.
- Pet owners also suggested environmental improvements that were specific to the individual SH, such as separate waiting areas for dogs, cats, and birds; separate areas for doctors to consult with owners rather than report a poor prognosis in the waiting area in front of other clients; improved parking availability; and better cushions on the waiting bench.

In summary, while pet owners were satisfied with SH staff's sensitivity to the pet's illness, compassionate care provided to both the owner and the pet, overall quality of service, and ability to meet the owner's overall needs, they were less satisfied with SH ability to keep them informed about charges, explain fees, and provide value for fees paid. Cost of treatment was the primary reason pet owners failed to follow the specialist's recommendations.

## Discussion

The most important results of this survey are those that can be used by SHs and rDVMs to improve their service and increase satisfaction for themselves and their customers. This process is not solely the responsibility of the SH but must be approached as a team effort with rDVMs to achieve the maximum possible improvement.



**Figure 3**

Pet owners were asked to indicate their level of satisfaction with various aspects of the service they had received at the SH. The result is a 4-point Lickert scale that forced respondents into indicating satisfaction or dissatisfaction. These statements in order of highest to lowest percent response rating of very dissatisfied are as follows:

1. The staff kept me informed of financial changes.
2. The fees were explained accurately, thoroughly, and professionally.
3. The staff kept me informed with medical updates.
4. Ability of receptionist(s) to answer questions and concerns.
5. Speed and convenience of check-in and check-out.
6. Accuracy/punctuality in meeting scheduled appointments.
7. The Veterinary Specialist(s) communicated effectively with me about the care of my pet including treatment options.
8. Explanation of physical exam and findings.
9. Speed of answering phones.
10. The nurse(s) communicated effectively with me about the care of my pet including treatment options.
11. Sensitivity to pet's illness/condition (treat pet and owner with compassion and care).

When comparing the sum of the dissatisfied and very dissatisfied regarding the above aspects of service, there was significantly more dissatisfaction ( $P \leq 0.05$ ) with statement 1 than with statements 7 to 11 and more dissatisfaction with statement 2 than with statements 9 to 11.

The SH market has enlarged to the point that specialists are increasingly in competition with one another for patients as evidenced by this survey, which indicated that rDVMs referred a similar number of patients to other SHs as to those SHs that participated in the Zoetis (formerly known as Pfizer Animal Health) survey. The overall satisfaction with the specialty hospitals was very high; however, every hospital had areas for improvement when evaluating the overall data.

Improved communication and increased team atmosphere will help address the main areas of rDVM concern. The rDVM needs to know the specialist will:

- Respectfully consider and manage the rDVM's pre-referral workup, tentative diagnosis, and treatment
- Keep the rDVM informed of referral case progress
- Promptly send follow-up information back to the rDVM
- Promptly respond to rDVM and pet owner calls

If the rDVM is confident that these areas are addressed, this will facilitate addressing the main areas of pet owner dissatisfaction with:

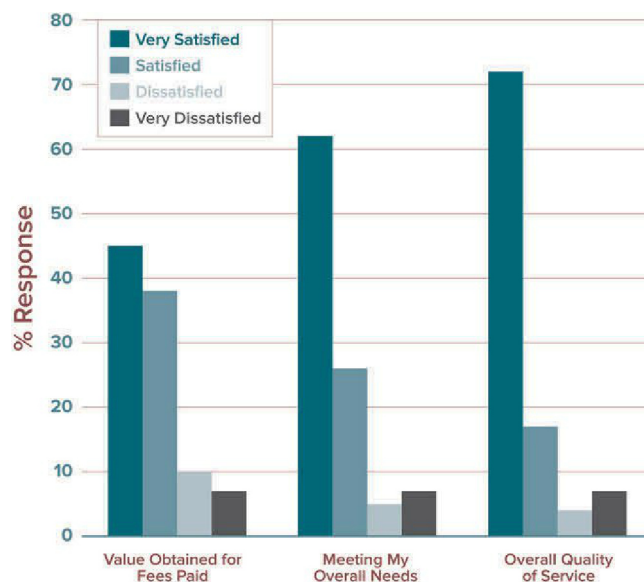
- The value obtained for the fees paid
- Being kept informed about financial charges
- Having fees explained well

The fact that communication substantially affects these areas should come as no surprise. A 2004 report in the AVMA journal by J. R. Shaw et al<sup>7</sup> summarizing advances in human medical communication and comparing them to communication research in veterinary medicine concluded that studies of physician–patient interactions revealed:

- Physician–patient interactions affect patient health, patient satisfaction, patient compliance, and physician satisfaction
- There are major deficiencies in physician–patient communication
- Communication is a core clinical skill
- Training can improve communication knowledge, skills, and attitudes

The authors of that report concluded that focus on interpersonal relationships is essential to the evolution of the veterinary profession.

It is also important to realize that communication with clients differs between wellness exams and illness appointments. Analyses of videotaped wellness and problem appointments revealed that veterinarians examining



**Figure 4**

Pet owners were asked to rate their satisfaction with various aspects of the overall service they received at the SH. Pet owners rated:  
1. Value obtained for the fees paid.  
2. Meeting my overall needs.  
3. Overall quality of service.

Of these three factors, significantly more pet owners were dissatisfied ( $P \leq 0.05$ ) with the value obtained for the fees paid than with the other two factors.

ill patients focused on biomedical issues more than lifestyle and social concerns when taking the history.<sup>7</sup> Veterinarians were less likely to ask the client's opinion during illness exams.

As would be expected, clients were more anxious and upset during problem appointments. Shaw et al. compared their results with findings in human medicine and concluded that including lifestyle and social factors during history taking and building a strong relationship with clients by encouraging participation, negotiation, and shared decision making will result in better adherence to recommendations, improved patient health, and increased veterinary practitioner and client satisfaction.<sup>7</sup>

The interpersonal relationships involved in the referral triad of pet owner, rDVM, and specialist can be difficult to navigate. The AAHA developed referral guidelines in 2006<sup>2</sup> to help bridge the referral communication gaps that naturally occur between very busy specialists and rDVMs, and updated and expanded those guidelines to include consultations in 2013.<sup>3</sup> Referral guidelines are divided into those that are the responsibility of the rDVM;

those that are the responsibility of the specialist; and those in which both parties have responsibility prior to, during, and after the referral. The rDVM and the specialist must work together to create a relationship based on mutual trust. With improved rDVM–specialist communication, the pet owner will have more confidence in the rDVM–specialist team.

It is crucial for the rDVM to refer the case in a timely fashion and just as important for him or her to educate the client regarding why the specialist is recommended. The rDVM should describe the specialist's advanced training, qualifications, credentials, equipment, and expertise while reviewing the typical procedures performed, time frame necessary to perform such procedures, and initial fees to expect. If the rDVM is referring to a teaching hospital, it is important to prepare the pet owner for the procedure, which usually involves having a student take the history and do the initial examination, followed by a faculty clinician repeating the process.

In a 2004 article for the *Canadian Veterinary Journal*<sup>4</sup>, Myrna Milani, BS, DVM, suggested that the rDVM have a conversation with the specialist prior to referral to deter-

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## Improved communication and increased team atmosphere will help address the main areas of rDVM concern.

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mine the specialist's personality, range of services, ability to communicate, fee schedule, and availability for scheduling exams and procedures. With experience, the rDVM may find that the specialist has certain tendencies, such as being technically excellent at his or her specialty but not very effective at putting the client at ease or communicating follow-up procedures and options in language that the client understands. It is helpful to prepare the client for these realities and offer to assist as needed.

In addition to promptly referring cases when necessary, the rDVM is responsible for providing legible medical history as well as pertinent nonmedical client information to help the specialist prepare for the referral visit. The rDVM and the specialist need to develop a trusting relationship and agree upon the expected frequency of communication

needed to address the particular case in question, as the urgency and necessity of ongoing and follow-up contact vary tremendously depending on the situation.

Interactions between the rDVM, the specialist, and the pet owner should be increased whenever the patient takes an unexpected turn for the worse or the client expresses dissatisfaction. Most complaints to licensing boards and malpractice suits in both human and veterinary medicine are more related to poor communication and interpersonal skills than to quality of medicine.<sup>5</sup> In a 2008 article for the *Journal of Veterinary Medical Education*<sup>6</sup>, C. F. Burrows stated, "Fortunately, very few complaints I receive as chief of staff involve medical or surgical issues; most revolve around communication problems—a failure by one of our clinicians to make a timely patient update call, a misplaced fax referral, a failure to return a phone call in a timely manner."

Prior to referring to the SH, the rDVM should send a complete medical record including detailed diagnostic results (not interpretations such as "blood work normal"), radiographs (included on a CD if digital radiography), and other pertinent information directly to the SH if possible or via the pet owner at a minimum. A conversation between rDVM and specialist is not always necessary but should at least be considered.

Preparing the client and the specialist for what to expect can go a long way toward improving satisfaction of both parties. Being prepared and knowing what to expect will help the specialist understand the rDVM's handling of the case and improve the owner's perception of value. Recall that 9% of rDVMs disagreed with the statement about the specialist respectfully considering the rDVM's pre-referral work, 13% of rDVMs indicated their clients were not satisfied with the value obtained for the fees paid, and 17% of pet owners indicated they were dissatisfied with the value obtained for the fees paid.

The SH should consider invoking a policy to request records if an appointment has been made but no records have been received.<sup>8</sup> A successful referral process at a VTH demands "relentless communication between faculty, the receiving veterinarian, the client, and the referring veterinarian." Either the rDVM or the specialist may be told his or her pursued contact is unavailable.



Setting an appointment for the callback may help. Some SHs have hired people to serve as referral liaisons. They specialize in facilitating communication between the specialist and the rDVM. Specialty hospitals may consider instituting a special hotline number for the rDVM to use to contact the referral liaison office, which triages telephone calls.

Specialty hospitals, with or without referral liaisons, must be persistent when it comes to communications with rDVMs. Specialist availability to talk with the rDVM is important because rDVMs often have questions that are difficult for the receptionist to answer. Using veterinary specialist technician teams may help streamline the rDVM communication process in certain situations and for certain specialties. Specialists must pay particular attention to communicating with rDVMs; at a minimum, they should call them when a referral patient is admitted to the SH and fax them the final report within 24 hours of discharging the patient.

While email is the least commonly used method of communication used by specialists (see Part 1, Figure 5) and is not a preferred method of communication by rDVMs (see Part 1, Figure 4), it is possible to leave a detailed message through email that the other party can peruse at his or her convenience and respond to regardless of the availability of the other party at that time, similar to the way faxes are used now. Gathering and sharing email addresses and making certain that the email will be checked could pave the way for this technology to be used more frequently.

Most rDVMs preferred a phone call prior to referral and a written form of communication (fax, email, or mailed letter) at the conclusion of treatment. One way to improve rDVM satisfaction with promptly getting follow-up information is to use the form of communication preferred by the rDVM, which will vary from veterinarian to veterinarian and even from case to case. Both the specialist and the rDVM should be clear with each other during their initial referral conversation regarding the form of communication that is anticipated and the expected timing of the next communication. One possible source of misunderstanding between the rDVM and the specialist about how well the specialist keeps the rDVM informed is that mailed or faxed communiqués may be filed in the record by rDVM staff without veterinary review.

A great deal of this comes down to etiquette and thorough communication. As trust between the rDVM and the specialist deepens, their relationship will change. As an example, the AAHA referral guidelines suggest that upon referring the case, the rDVM should transfer the responsibility for the case to the SH along with all subsequent health care decisions. With increased trust, the rDVM may be perceived by the SH as more of a partner in the overall veterinary team who is as involved as much as he or she wishes; to be not only kept informed, but also consulted about any major medical or surgical decisions and difficulties with the client.<sup>6</sup>

Some specialists visit local rDVM practices occasionally as a standard policy. Even though CE was not ranked as highly important by rDVMs when they select a SH (see Part 1, Figure 2), CE programs can be instrumental in establishing trust between the rDVM and the specialist. Almost all VTHs have educational events for rDVMs, technicians, and pet owners.

CE events are commonly given at SHs. When rDVMs visit an SH for CE, they see the facility, the equipment, and meet the specialists, so when the rDVM talks with clients later, they can relay to them what they experienced firsthand. If the rDVM knows what to expect, he or she can better inform the client. Pet owners get the best service and veterinary caregivers get the most satisfaction when rDVM staff and SH staff work together as a team.

Addressing the main areas of rDVM and pet owner concern with SH service requires paying attention to the whole package, not just the things that were identified by rDVMs and pet owners as important when selecting an SH (see Part 1). This survey indicates that to improve rDVM satisfaction, SHs need to focus on keeping the rDVM informed about case progress and the pet owner informed about charges; sending information back to the rDVM promptly; responding to phone calls from rDVMs and pet owners; explaining fees to pet owners; considering how to improve pet owner perception of value obtained for the fee charged; and considering how to most respectfully manage the rDVM's pre-referral workup, tentative diagnosis, and treatment with the owner.

## Conclusion

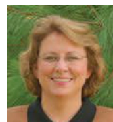
Success was most consistent when pet owners perceived the SH as an extension of the rDVM's hospital. Pet owner



and rDVM satisfaction will increase if specialists and rDVMs improve communication about referral case management and fees while rDVMs, specialists, and their respective staff members work together as a team. ✖

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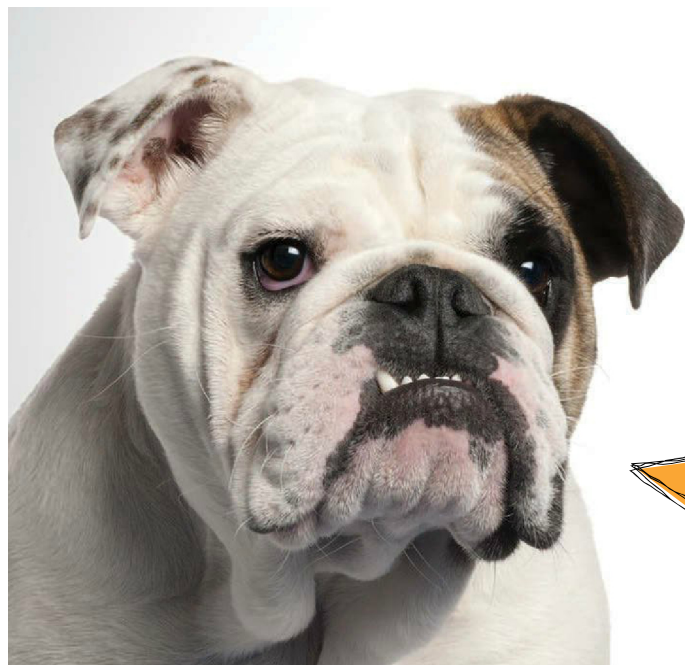


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## Acknowledgments

This study was supported by Zoetis, Florham Park, N.J.

The authors thank Deborah Amodie and Dan Weigel, both of Outcomes Research at Zoetis, for statistical analysis of data.



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