

COVID-19 Recovery Plan

**Strategies for Dealing with
Post-COVID Clients, Finances
and Production**


Darren Osborne, MA

**Director of Economic
Research, OVMA**



What is Post COVID-19?

- Jurisdictionally based
- “Shut down” may last months
- Post COVID may not be here for a year



How Has COVID Affected Veterinary Medicine

- OVMA April 15th COVID Survey
 - *Chris Doherty*
- No clients in hospital 88%
- Payment over phone 94%
- Telemedicine 76%
- MyVetStore ecommerce 41%
- Curbside Drop-off / Pick-up 89%

How Has COVID Affected Veterinary Staff

- Lost staff to child-care, self isolation 51%
- Laid off staff 26%
- Reduced Hours 26%
- Split staff into separate teams 25%
 - Recommended by Dr. Scott Weese
- Staff working remotely 8%

How Has COVID Affected Veterinary Finances

- Down 15% or more March 2019 to March 2020 26% CD Survey
 - OVMA Dashboard 8%
- Anticipate April Revenue down 30% or more 46%

Strategies For Different Government Phases

- Phase 1 the Loosening
- Phase 2 the Opening
- Phase 3 the New Normal

Timeline

- Phase 1 – The Loosening
 - Opening select workplaces that can modify operations to meet health guidelines (e.g., curbside pick-up or delivery)
 - For veterinarians **we think** this means:
 - Removal of “urgent care” restriction
 - Re-introduce
 - Elective surgeries and procedures
 - Wellness
 - Social distancing required
 - Curbside recommended
 - Personal Protective Equipment required

Timeline

- Phase 2 – The Opening
 - After 2 to 4 weeks of “success” with Phase 1
 - For veterinarians **we think** this means:
 - Many pet owners back to work
 - Softer social distancing requirements
 - Entering hospital / Six feet / PPEs

Operating A Veterinary Practice in Phase 1

- Clients will have limited or no access to veterinary hospital
- BOPIS
 - Buy Online Pick Up In Store
- Curbside
- Telemedicine

BOPIS



Buy Online Pick Up In Store

Pet food
Parasite medication
Pharmacy refills



Delivery Options

MyVetStore
Curbside



Better BOPIS

- Pet Food
 - MyVetStore
 - Set up automatic reorder
 - Free shipping with automatic reorder
 - Pick up in clinic (curbside available but less desirable during a pandemic)
- Opportunity to secure automatic reorder with all clients
- “We can save you some money and have your pet food delivered to you automatically so you never run out. You’ll find veterinary diets are less expensive than premium pet food store brands. When you sign up for automatic reorder, delivery is free and you receive a discount on the food.”
- Remember – you have to do it all
 - Set up the reorder points
 - Automate the experience



Better BOPIS

- Parasite Medication
 - MyVetStore
 - “Hi Darren, this is the veterinary hospital calling. Chewy’s parasite treatment is ready. We can take payment on our website and you can pick that up today (curbside) or we can deliver it to your door for free. What do you prefer?”
- Best Practice: “We rented a postage meter and we are mailing all our parasite medication to the client at no charge.”
- Best Practice: Staff delivering medications to client’s house

Post COVID BOPIS

- Big Yes
 - Pet food autoship has proven successful for three years
 - Medication refills – small sample of successful hospitals
 - MyVetStore, VP, OVMA, Manufacturers all have your back

Curbside Pickup and Drop off

- Ability to maintain retail sales
 - Pet food
 - Medication refills
 - Parasite Treatment
- Treating Pets Curbside
 - Half the work in twice the time
 - If this is the new normal we have to get more productive

Better Curbside Service



- Make it Easy for Clients
- Automate the experience
 - POBIS
 - Client- purchases product on line pays on line
 - Faster than over the phone or curbside POS
 - You - Email client when food / medication will be ready
 - Consumers expect it to be ready in few hours
 - Best Practice: Numbered parking spots
 - “Hi, this is Darren. I am here for Chewy’s food. I am in number 5”
 - “Great. Open your trunk and we will be right out?”

Better Curbside Service

- Make it Easy for Staff
 - Best Practice: Parking lot cameras
 - See client drive in – meet them with their food
 - “Darren, what is make and colour of your car so we can meet you when you arrive?”
 - Best Practice: Poster with car logos
 - Best Practice: Pay in advance MyVetStore
 - Best Practice: Wireless POS terminals





shutterstock.com • 228991870

Better Curbside Service

- Make it Easy for Staff
 - “Dude, where’s your car?”
 - Best Practice: Clip stall number to pet at drop-off
 - Take pet back to the right car
- Best Practice: Drop off pet in pass-through kennel
- Best Practice: Leash up area outside door

Post-COVID Curbside

- Yes
- Making pet food retail and pharmacy refills easier could increase compliance in the future.
- Curbside pickup parking stall close to hospital
- Cell phones make curbside the new drive through



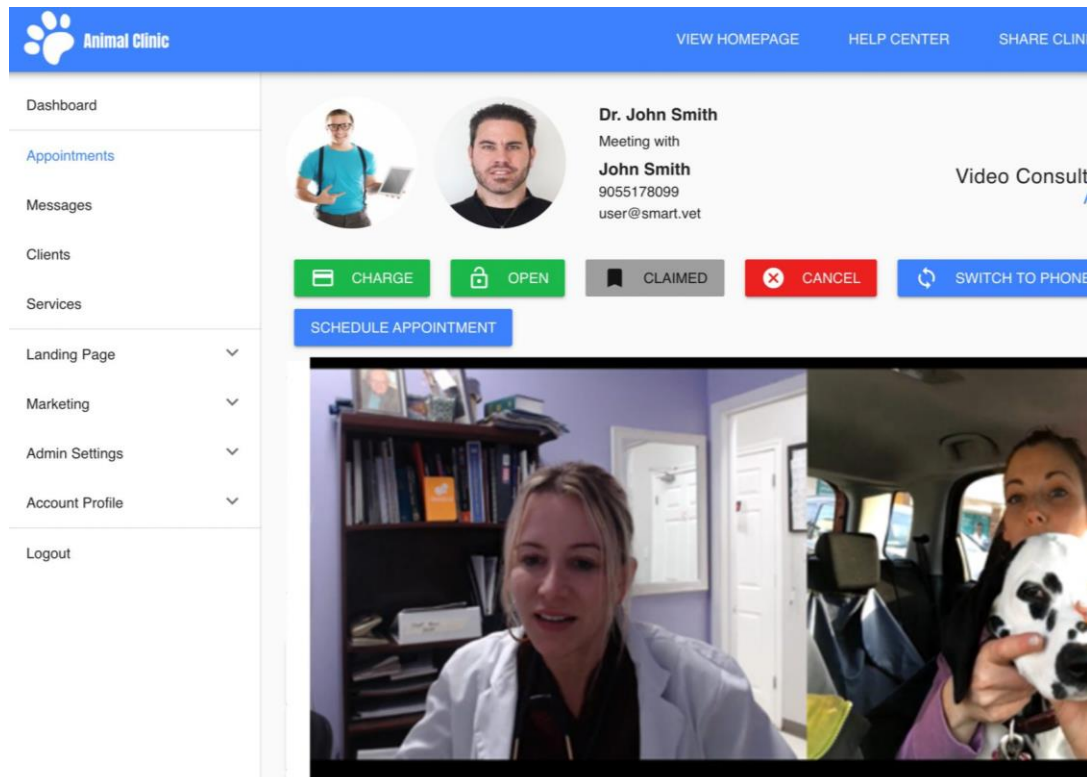
Telemedicine

- CVO has amended its guidance on obtaining recent and sufficient information on an animal during the Public Health Emergency, which allows veterinarians to use telemedicine to prescribe and dispense these medications.
- “Manage by telemedicine when possible.”
 - Dr. Scott Weese
 - Telemedicine VCPR for flea / tick medications
 - Telemedicine for management of chronic conditions / illness
 - Documentation of verbal consent instead of signature

Telemedicine in Phase 1 (non-urgent care)

- Use for wellness exams
- Best Practice: Charge for telemedicine exam
 - “How do I go from giving away advice over the phone my whole life to charging the same clients for the same service?”
 - Rebrand your free advice to a conspicuous examination in an environment that conveys value

Establishing Value to Telemedicine



- Formalize the process
 - Schedule an appointment in advance with the client
 - Date, time, duration
 - Let the client choose the platform
 - Phone or video
 - Offer a recording of the telemedicine consult to the client
 - Make the client aware of the fee when you schedule the appointment

Branding Help With Telemedicine App

- Smart.Vet telemedicine application
 - Attaches to your existing website
 - Client can access you through your website
 - Schedules telemedicine appointments
 - Client can schedule or you can schedule
 - Smart.Vet bridges your phone with clients phone and conceals your phone number
 - Technician or receptionist can call from home
 - Technician can use telemedicine to get history in advance of appointment with veterinarian
 - E-Commerce solution
 - Client can pay for appointment when they schedule (before exam)
- Best Practice: Getting the app to ask the client for money

Telemedicine Cost to Veterinary Hospital

- Smart.Vet \$199 per month plus 6% procession fee
or \$50 per employee for first 2 employees
- MyVetStore Flat fee based on activity ~ 2%

Better Telemedicine Service

- Charge full exam fee for telemedicine consult
 - \$375 / hour - average revenue per DVM
 - \$206 / hour – average revenue from examinations
- Exam fees are gateway to other procedures
 - Diagnostics
 - Surgery
 - Treatment
 - Nutrition
 - Preventive Care
- Telemedicine allows for dispensing during Public Health Emergency
 - If telemedicine survives post COVID it has to be financially viable
- Best Practice: Get your telemedicine app to charge client full exam fee

Curbside Telemedicine During Phase 1

- Book wellness exams with client
 - Drop off pet 15 minutes before appointment
- Telemedicine consult – prior to or during curbside
 - History done with tech during schedule booking
 - Client drops off pet curbside
 - Drops off fecal and urine
 - Telemedicine exam done by veterinarian while client sits curbside
 - Examination, vaccines, blood draw, medications and procedures
 - Client pays through telemedicine app
 - Pet returned to car

Curbside Telemedicine Team

- Receptionist – booking calls
- Animal Care Attendant – curbside pickup and drop off
- Technician and DVM
 - Examine animal
 - Blood draw
 - Procedures as required
- Best Practice: Dedicated teams to reduce intra-staff exposure

Curbside Telemedicine Benefits

- Physical examination goes faster without client bothering you
 - Examine animal and then call client to discuss findings
 - Can complete records during telemedicine consult
 - No need to stay late to complete records
 - Technician can do pre-exam telemedicine consult
 - Many clients are home so two telemedicine consults may hold more value

Curbside Telemedicine Productivity

- Extend hours and spread out teams
 - Two, single veterinarian teams in six hour shifts better than 2 veterinarians sharing resources
 - Reduced intra-staff exposure
 - Shorter shifts easier on staff
- Schedule drop offs for pet owners back to work in Phase 1
 - Drop your pet off before work and pick them up on the way home
 - Telemedicine appointment scheduled during the day

Scheduling Telemedicine Consultations

- Priority

- Clients who have asked to see veterinarian and postponed due to pandemic
- Clients who have received flea / tick / heartworm medication
 - Curbside blood draw
- Clients with pets overdue for vaccines

- Scheduling

- Offer curbside time or morning drop off and evening pickup

Phase 2 – Allowing Clients Into Hospital

... continued practice of physical distancing



- Can we achieve phase 2?
- Do we want phase 2?
- Existing PPE's
 - Plus shields
 - Plus 6 foot barriers

Cost of Phase 2

- Social distancing in waiting room?
 - How many clients and pets can you fit in your waiting room if they have to be 6 feet apart?
 - How many clients with beagles can you fit in your waiting room if they have to be six feet apart?
- Acrylic desk shield for receptionist \$500
- Hanging shields in waiting room \$1,500 each
- Acrylic shields in staff cafeteria ???





Preparing for Phase 2

- Alternatives to social distancing in waiting room
 - Maintain curbside telemedicine for most cases
 - Close waiting room and bring clients directly into exam room
 - Point of sale terminals in every exam room
 - Better scheduling to keep waiting room empty
 - “Darren, you are early. Please wait in your car and we will call you when we have a room available.”
-

Prioritizing Phase 2 Changes

- Protect Your Staff
 - Reception desk shield
- Set up waiting room to accommodate social distancing
 - Remove chairs to achieve 6 foot separation
 - Tape on floors
- Set up staff room / common areas to accommodate social distancing
- Smaller hospitals may require acrylic shields to separate clients / staff

Conclusion

- Protect yourself and your staff
 - Dedicated teams to prevent intra-staff exposure
- Protect your clients and their pets
 - Make BOPIS, curbside and telehealth easier for clients
 - Make auto-ship the new normal for food and preventive medications
 - Let Smart.Vet ask the client for money so you don't have to
 - Charge top dollar for your telehealth exams
- Start preparing your clinic for Phase 2 (the opening)

Questions?

- Darren Osborne dosborne@ovma.org 416.918.0814
- COVID Survey Dr. Chris Doherty cdoherty@ovma.org
- Staffing Terra Shastri tshastri@ovma.org
- Government Brandi Deimling bdeimling@ovma.org