Special Report

Executive summary of the CATalyst Council’s cat-friendly practice makeover study

Brian Tennyson, BS; Jane Brunt, DVM; Alexis Nahama, DVM

In 2011, the CATalyst Council, in collaboration with ThinkPets Inc, set out to determine whether the recent year-over-year decrease in the number of cat visits to veterinary practices could be reversed. A group of 17 hospitals was solicited to participate in a pilot program—the cat-friendly practice makeover—that combined education and training of hospital staff with cat owner education and a multiphase marketing program. The goals of the program were to increase the number of feline visits by existing clients of participating practices (ie, to increase the number of visits by currently active cat-owning clients and stimulate visits by currently active clients with cats that had not previously been seen) and to assist hospitals in providing exceptional service for cat-owning clients. Success of the program was evaluated by measuring client perceptions and by comparing cat visit rates with the historical trend for participating practices and with cat visit rates for a control group of practices that did not participate in the program.

Methods

Selection of participating hospitals—Because of funding considerations, the program was designed to be limited to a maximum of 20 practices. The original goal was to include 15 independent practices and 5 practices owned by VCA Animal Hospitals. The target list for program recruitment was restricted to practices that had installed ThinkPets’ DataLink software, and because email communication was an important part of the practice makeover program, priority was given to hospitals with a higher-than-average percentage of client email addresses on file.

ThinkPets contacted 35 independent practices via telephone during the recruitment process. Five practices were recruited by VCA via telephone from among those expressing interest in response to an email solicitation.

Practices were accepted into the program as they responded until 20 practices were enrolled in the program. Three practices subsequently chose to withdraw during the early stages of training for various reasons.

The 17 practices that completed the program included 13 independent practices that were clients of ThinkPets Inc and 4 practices owned by VCA Animal Hospitals.

Preprogram client survey—The first part of the program consisted of an email survey of current clients of participating practices to obtain insights on those factors owners found to be most important in regard to their relationship with the practice. Subjects ranged from opinions about reminders and other communication vehicles to characteristics at the practice that made it a more friendly or less friendly place to visit with a cat.

Hospital staff education and training—The hospital staff education and training portion of the practice makeover program consisted of a series of Web-based training sessions and reference materials. The following reference materials were provided to the participating practices:

• Program overview document.
• Feline wellness program implementation guide.
• Feline life-stage chart.
• Telephone skills document and talking points.
• Feline wellness standards of care review and checklist.
• Feline reminder items overview and recommendations.
• Optimal cat-handling techniques.
• Cat-friendly facility procedures.
• Tips for easing the stress of traveling with a cat.
• Telephone calling script for nonresponding cat owners.

The webinars were designed to educate staff members on the reasons behind the decrease in the number of cat visits and to train staff members in methods anticipated to encourage clients to bring their cats in for an examination. Each participating practice was asked to attend weekly webinar training sessions during the first month of the makeover program and monthly update webinar training sessions during the remainder of the program (10 total webinar training sessions).

Each practice was assigned a personal ThinkPets account consultant to act as a resource during the makeover program. The consultant also helped to track the staff’s level of engagement with and implementation of the program.

Marketing program and client communications—The cat-friendly practice makeover program incorporated a variety of marketing and client communication.
efforts to induce owners to bring their cats into participating practices. For the 13 practices that were ThinkPets clients, this included a custom marketing piece featuring the veterinary practice that was bound to a copy of ThinkPets’ HealthyPet Magazine, giving the appearance that the practice was featured as the cover story. The inside front of the custom marketing piece included educational information developed specifically for the cat-friendly practice makeover program on the importance of timely and consistent veterinary visits for cats along with training and antianxiety products and techniques to assist cat owners in bringing their pets to the hospital.

All participating practices received complimentary access to an online pet medical and wellness resource that was customized for each practice and each pet owner. Each pet owner’s personal pet website was preloaded with all of the information about the owner’s pets and was organized for easy access to articles and information for a pet of that specific species, breed, and age. Participating practices also received a complimentary subscription to ThinkPets’ automated email program, which included quarterly life-stage updates and annual birthday notices. Positioned as coming from the veterinary practice, these emails were personalized to each pet by name with content specifically developed for each pet on the basis of the pet’s species, breed, and age. A program-specific version of ThinkPets’ monthly electronic newsletter was also developed for the participating practices. It included subject matter specifically about cat health and content educating cat owners on the importance of timely and consistent veterinary visits. These life-stage emails and electronic newsletters contained links to the feline section of each hospital’s personalized website.

The 13 practices that were ThinkPets clients were supplied with a monitor and all necessary equipment for the purpose of displaying streaming video content in each waiting room. ThinkPets created custom 30-minute video loops for the participating practices that included cat-related content to educate and entertain clients as they waited for their appointments.

A letter was mailed to all clients with a pet that had visited any of the participating practices within the previous 15 months. These letters contained special offers good toward the purchase of a synthetic analogue of the facial pheromone found in cats; a combination vaccine for heartworm, FIV, and FeLV; pet food; and discounted pet health insurance. For pet owners with an email address on file with the practice, the letters were supplemented by multiple emails before and after the letters were mailed. Letters were mailed in late June to arrive approximately July 1.

Finally, confederates posing as potential new cat customers (ie, mystery shoppers) were used to test and measure the performance of staff members at participating practices in accordance with a protocol designed to measure how well staff at participating practices implemented core webinar training tenets, including inquiring whether the caller had a cat at home that had never visited the practice, asking to schedule an appointment, and sharing tips to make transporting cats easier and less stressful. Staff members were scored on a scale from 1 to 5 on the basis of their execution of the procedural measures on which they had been trained during the webinars and via the various program support materials. Practices were aware that the mystery shopper program was going on and were informed of their staff’s results. Two rounds of calls were made to each practice.

Postprogram client survey—The final part of the cat-friendly practice makeover program consisted of a survey sent to clients in October 2011. The same survey instrument used for the preprogram client survey was used for the postprogram client survey; the postprogram survey was sent to the same clients who had received the preprogram survey.

Control practice selection—To measure the impact of the cat-friendly practice makeover program, a control group of practices was selected from a subset of the practices in ThinkPets’ database that were not enrolled in the program. Only practices with data for each month of the pretest and posttest periods (10 months in total) were considered for inclusion in the control group. A total of 1,090 practices met this criterion.

A 3-step process was used to ensure that the participating and control practices were comparable prior to initiation of the makeover program. First, the 17 participating practices were categorized into 6 subgroups on the basis of 2 factors measured prior to the initiation of the makeover program (ie, total number of invoices and proportion of the total number of invoices that represented cat visits), and the proportion of each of the participating practices that fell into each of the 6 subgroups was calculated.

Second, potential control group practices were classified, when possible, into 6 subgroups comparable to the subgroups defined for participating practices. Of the 1,090 potential control group practices, 447 could be assigned to a subgroup. During this step, 1 participating practice was identified that did not align with any of the potential control group practices. Therefore, the decision was made to exclude this practice from the analyses.

Finally, after the subset of 447 potential control group practices was identified, the distribution of these practices among the 6 subgroups was compared to the distribution for the participating practices. Weights were then calculated to align the control group distribution with the distribution of the participating practices. To ensure that the control group was comparable to the participating practices on the basis of these key variables, the control group data were weighted for analysis.

Summary of Findings

Preprogram client survey—Preprogram surveys were emailed to 18,213 clients of the participating practices, and usable responses were obtained from 1,802 (9.9%) clients who responded to at least a portion of the survey. Of these 1,802 respondents, 591 (33%) owned at least 1 cat (275 owned 1 cat, 196 owned 2 cats, 67 owned 3 cats, and 53 owned ≥ 4 cats) and 1,290 (83%) owned at least 1 dog (910 owned 1 dog, 393 owned 2 dogs, 116 owned 3 dogs, and 68 owned ≥ 4 dogs).

Survey results highlighted the disparity in frequency of veterinary visits for cats versus dogs. For example,
97% of the primary dogs in the household had visited a veterinarian at least once during the previous 12 months, compared with only 80% of the primary cats. Additionally, in households with multiple pets, there was a substantial decrease in annual visit rates for dogs and cats that were not considered the primary pet (ie, cat No. 4, as ranked by the owner, in a 4-cat household visited less frequently than cat No. 1).

The primary reasons cat owners gave for not bringing their cat to a veterinarian were that they thought veterinary care was too expensive (90/203 [44%]), did not think veterinary care impacted the cat’s health or lifespan (51/203 [25%]), and thought that it was too difficult to transport the cat to the practice (26/203 [13%]).

**Historical cat visit rates**—The most important measure of the impact of the practice makeover program was to be the change in cat visit rates for participating practices, compared with rates for the control group of practices. To determine a benchmark for cat visit rates in general, data for 1,691 veterinary practices geographically distributed across the United States were obtained (Table 1). Examination of these benchmark data highlighted the decrease in number of cat visits from 2008 to 2010 (annual decrease, 2.5%). An increase in the mean revenue per cat visit (annual increase, 2.4%) helped to increase the mean revenue per cat client (annual increase, 2.5%), with the result that there was only a small decrease in overall mean annual revenue from cat visits. Identifying the reasons behind the increases in mean revenue per cat visit and mean revenue per cat client was beyond the scope of the present study and will require more in-depth research.

**Cat visit rates for practices in the makeover program and control practices**—Our hypothesis was that the decrease in the number of cat visits could be reversed by implementing the tactics included in the cat-friendly practice makeover program. Given that the initial staff training for participating practices took place during April 2011 and that other core elements of the program were started in May and June 2011, the timeframe selected for measuring program performance was May through September 2011.

For the 16 practices participating in the makeover program that were included in the analyses, median percentage increase in number of cat visits (ie, number of invoices) for May through September 2011, compared with the same period during 2010, was 9.60% (range, –10.95% to 29.63%; Table 2). The top 5 practices in this group had a median increase of 11.54% (from a median of 734 visits to a median of 784 visits) for number of cat visits, 12.89% (from a median of $110,597 to a median of $119,317) for total revenue derived from cat visits, and 9.18% (from a median of $210 to a median of $213) for revenue per cat client.

By contrast, for control group practices, median number of cat visits for May through September 2011 was decreased, compared with number of visits for May through September 2010 (Table 2), with median percentage change in number of cat visits being –1.08% (range, –48.48% to 91.13%). Practices that participated in the makeover program also outperformed the control group practices with regard to total revenue derived from cat visits and revenue per cat client. However, although the difference in number of cat visits for May through September 2011 versus May through September 2010 was significantly (P < 0.05; Mann-Whitney U test) greater for the participating clinics than for the control clinics, differences between these 2 periods with regard to total revenue and revenue per client were not significantly different between the participating and control clinics.

We speculated that practices in both groups applied standard year-on-year price increases, accounting for the increase in revenue per cat client in both groups. However, additional research is needed to determine the exact causes of the increase in revenue per cat client for practices in the 2 study groups. We also speculated

### Table 1—Three-year trends in cat visit rates and revenues for 1,691 veterinary practices geographically distributed across the United States.

<table>
<thead>
<tr>
<th>Year</th>
<th>Mean No. of cat visits</th>
<th>Mean revenue from cat visits ($)</th>
<th>Mean revenue per cat visit ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>2,146</td>
<td>207,226</td>
<td>330</td>
</tr>
<tr>
<td>2009</td>
<td>2,360</td>
<td>205,532</td>
<td>337</td>
</tr>
<tr>
<td>2010</td>
<td>2,295</td>
<td>205,563</td>
<td>347</td>
</tr>
</tbody>
</table>

### Table 2—Change in number of cat visits and in revenue derived from cat visits for 16 veterinary practices enrolled in the CATalyst Council’s cat-friendly practice makeover program and for 447 control practices not enrolled in the program.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Participating practices</th>
<th>Control practices</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of cat visits</td>
<td>Total revenue ($)</td>
</tr>
<tr>
<td>May–Sept 2010</td>
<td>1,297  (351 to 3,015)</td>
<td>128,711 (45,857 to 462,540)</td>
</tr>
<tr>
<td>May–Sept 2011</td>
<td>1,421  (455 to 3,363)</td>
<td>134,504 (45,781 to 408,110)</td>
</tr>
<tr>
<td>Difference</td>
<td>35.5  (–279 to 348)</td>
<td>1,785 (–61,584 to 46,698)</td>
</tr>
<tr>
<td>Change (%)</td>
<td>9.60  (–10.95 to 29.63)</td>
<td>4.50  (–28.65 to 50.20)</td>
</tr>
</tbody>
</table>

Data are given as median (range).
that we did not detect a difference between groups with regard to total revenue because of the wide variation in total revenue among practices in each group.

To determine whether the increase in number of cat visits for participating practices could have simply been the result of an increase in economic activity overall or an incidental benefit stemming from an increase in the number of dog visits, data for number of dog visits and revenue derived from dog visits were collected for participating and control practices (Table 3). Examination of these data suggested that the increase in number of cat visits for practices participating in the makeover program was not related to either of these factors. In short, when comparing data for May through September 2010 with data for May through September 2011, number of dog visits decreased modestly for both participating and control group practices. Therefore, the increase in number of cat visits for the practices participating in the makeover program was clearly not the result of an increase in number of dog visits. Revenue related to dog visits increased only slightly for participating practices and decreased slightly for control practices, suggesting that there was no overarching increase in economic activity that led to the increase in number of cat visits for practices participating in the makeover program.

**Staff training and client marketing and communication**—It was not possible to determine which specific elements of the practice makeover program were most important for the increases in number of cat visits and total cat-related revenue in participating practices because the program was established with a holistic approach. Although no conclusions can be drawn, some interesting observations could be made about the various program components.

For example, when results for all 16 participating practices were compared with results for the 5 practices with the highest percentage increases in number of cat visits, the top-performing practices had a higher mean percentage of webinars attended (8.6 vs 6.1), but mystery shopper scores (mean score for the second round of mystery shopper calls, 3.2 vs 2.9) and number of pet owner educational emails (life-stage emails and electronic newsletters) delivered (mean number of emails delivered, 14.8/15 vs 14.1/15) did not differ substantially between the top-performing practices and all practices as a whole.

Four of the 5 top-performing practices but only 7 of the 12 remaining practices implemented a cat-only waiting area; all 5 of the top-performing practices installed the in-clinic waiting room video system, but only 8 of the 12 remaining practices did.

In an attempt to determine the impact of the direct mail effort that was part of the makeover program, we calculated, for clients who were mailed a letter, the percentage who visited the practice (with a dog or cat) and completed a transaction between July 1 and November 30, 2011, and the percentage who purchased one of the promoted products or services. Overall, letters were sent to 77,222 clients of the 16 participating practices, of whom 17,752 (23%) visited the practice between July 1 and November 30, 2011. However, only 335 of the 77,222 (0.43%) clients who were sent a letter subsequently purchased one of the promoted products or services, suggesting that the direct mail effort likely was not an important factor in the increase in number of cat visits for practices participating in the makeover program.

**Postprogram client survey**—Postprogram surveys were emailed to 15,764 clients of the 17 participating practices, and usable responses were obtained from 902 (5.7%). Of these 902 respondents, 279 (31%) owned at least 1 cat and 757 (84%) owned at least 1 dog.

When cat owners were asked to indicate the primary reasons they did not bring their cat to a veterinarian, significantly ($P < 0.05$; 1-tailed $z$ test) lower proportions of respondents to the postprogram survey than the preprogram survey indicated that they thought veterinary care was too expensive (39/105 [37%] vs 90/203 [44%]) or that it was too difficult to transport the cat to the practice (12/105 [11%] vs 26/203 [13%]) and a significantly higher proportion indicated that preventive care was a primary reason ($P < 0.05$). Together, these results suggested that the makeover program was successful at improving cat owner’s beliefs about the importance of preventive veterinary care and their value perception of veterinary services.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of dog visits</td>
<td>Total revenue ($)</td>
</tr>
<tr>
<td>May–Sept 2010</td>
<td>4,924 (1,438 to 11,486)</td>
<td>517,106 (153,750 to 1,740,171)</td>
</tr>
<tr>
<td>May–Sept 2011</td>
<td>4,915 (1,329 to 10,592)</td>
<td>522,381 (158,027 to 1,771,600)</td>
</tr>
<tr>
<td>Difference</td>
<td>–98.5 (–894 to 382)</td>
<td>–8,908 (–64,056 to 89,924)</td>
</tr>
<tr>
<td>Change (%)</td>
<td>–0.17 (–14.18 to 10.71)</td>
<td>1.21 (–28.54 to 14.43)</td>
</tr>
</tbody>
</table>

Data are given as median (range).
Participant feedback—Practices that participated in the makeover program were given an opportunity to provide feedback regarding their experience with the program. Obtaining this feedback was considered important because regardless of how well the program performed quantitatively, if practice staff members did not see value in the program, then the program would likely not be transferable to other practices. When the 16 participating practices were asked which of the various program elements they found to be helpful, 14 cited the client direct mail program, 13 cited the life-stage emails and electronic newsletters, 13 cited the life-stage reference materials, 12 cited the training webinars, 12 cited the custom marketing piece bound to the cover of the pet magazine, 12 cited the account consultant, 11 cited the information on cat-friendly transport, and 10 cited discounts and promotions.

All 16 practices indicated that they thought the cat-friendly practice makeover program was helpful in educating staff members about cat care, 15 indicated they would continue targeted messaging to cat owners through ongoing education and implementation, 14 indicated they would participate in the program again next year, 14 indicated they would continue to monitor and respond to outcome measures used in the program, 13 indicated they would recommend the program to colleagues, and 11 indicated they thought the program was helpful in growing their business.

Future Considerations

Given the results for this small group of practices, we believe that the cat-friendly practice makeover program should be expanded to a larger group of veterinary practices, including practices that are not clients of ThinkPets and are not owned by VCA Animal Hospitals. The program should also be extended over a longer timeframe to better understand the long-term impact and sustainability at the practice level.

We also believe that in-depth study is needed to identify factors associated with cat-related revenue at the practice level and the driving forces behind changes in revenue per cat visit so that the impact of the makeover program on these forces can be assessed. In addition, it would be helpful for future studies to include practices that incorporate only certain parts of the makeover program so that the impact of the individual tactics can be assessed.

Limitations

The present study had several limitations that make it difficult to determine whether the results have widespread applicability. In particular, the control group practices were selected from a group of practices that used or had used the ThinkPets services. Therefore, their existing marketing efforts may have been more sophisticated than the marketing efforts of typical veterinary practices in the United States. All participating practices were current ThinkPets clients or were owned by VCA Animal Hospital and, as a result, may have had access to superior resources or support mechanisms than typical veterinary practices would have. All data were derived from the practice management software systems of each practice, and therefore their accuracy relied on the accuracy of the data entered into the system by the participating practices. Although we believe the data were accurate, data accuracy was not tested or validated.

Conclusions

Results for this small group of veterinary practices suggested that it was possible to increase the number of cat visits through the use of the cat-friendly practice makeover program. Importantly, the information and tactics used in the program are readily available from a variety of industry sources. Therefore, there would be few limitations for other practices to adopt a similar program. However, the key for the success of such programs is changing behavior in the practice and measuring the impact of those behavioral changes. Although the present study suggests this is possible, it requires dedication and compliance with rigorous, although fairly simple, processes. Many companies supporting the veterinary profession, along with marketing and practice management professionals, should be able to use the knowledge gained during this pilot study to develop or adapt their own support programs.

a. Feliway, CEVA Santé Animale, Libourne, France.
b. SNAP Feline Triple Test, IDEXX Laboratories Inc, Westbrook, Me.
d. Veterinary Pet Insurance, Brea, Calif.