

Solve Your Doctor Shortage With Strategically Scheduled Exams

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Meet Your Consultant



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What you’ll learn:

- How to evaluate your current scheduling method and identify how many patients you’re really seeing
- Learn strategic schedule techniques that let you see the maximum number of patients per day
- How to collaborate with receptionists to create structured scheduling guidelines (yes, scheduling is both an art and science)
- Ways to leverage veterinary nurses, using them in exams for efficiency and shifting appropriate appointments to support staff (and how to charge for technician appointments)

BONUS: Facilitator’s guide to implement the training

You’ve been trying to hire a veterinarian for months. You’re working extra hours to cover the appointment demand, and you’re exhausted. Three trends are driving the current appointment frenzy:

- 1) Pet adoption rates jumped 34% during the pandemic, according to Shelter Animals Count, which runs a national database that tracks shelter and rescue activity.¹
- 2) Practices are seeing increases in sick patient visits as more people work from home, notice subtle symptoms, and seek veterinary care sooner. During the pandemic, 51% of American workers transitioned to working from home.² Some hospitals are reporting 40% of appointments are same-day sick patients.
- 3) Months of backlogged checkups and elective procedures occurred when practices were limited to urgent care and emergencies in order to conserve personal protective equipment (PPE) for all healthcare workers. Many veterinary hospitals are booking appointments 3 to 6 weeks in advance during curbside care and reopening phases.³

Despite signing bonuses, student-loan payoff assistance, shortened workweeks, and enticing salaries, private and corporate practice owners are grappling to hire associate veterinarians. Unemployment for veterinarians was 0.5% in 2023.⁴ About 4,800 job openings are projected for veterinarians each year.⁵ The U.S. Labor Department forecasts a “faster than average” 19% growth in jobs for veterinarians between 2021 and 2031.

While I can’t wave a magic wand and grant your wish for a veterinarian, I can help you fix your temporary doctor shortage with strategically scheduled exams. You’ll see more patients per hour and stop the endless fatigue.

Evaluate your current scheduling method and identify how many patients you're REALLY seeing

How many patients are you seeing each day? You may have doctors who work part and full time, have scheduling preferences that differ by doctor, and some doctors use veterinary nurses or assistants in exam rooms while others don't. Can you see the chaos this mismatched system creates? To see the maximum number of patients per day and avoid chaotic confusion among receptionists on how to schedule, you need consistent scheduling methods.

Identify how many patients each doctor sees each day. Three factors influence how many patients you may see each day: 1) How you schedule appointments, 2) How you utilize technicians and assistants in exam rooms, and 3) The pace and experience level of the doctor (a new graduate or new hire will take longer because he or she is learning your protocols, software, and teammates).

Calculate the number of outpatient exams seen daily. Choose a typical week of scheduled appointments (avoid holidays, doctor vacation week, etc.). Note the number of appointments each doctor saw each weekday. If a doctor performs surgery in the morning and see appointments in the afternoon, only count the hours and patients seen for outpatient exams. Put zero in the column if it was the doctor's day off.

Let's say Dr. Sample works 8 a.m. to 5 p.m. Monday through Friday. He takes one hour for lunch and has a second hour for administrative tasks of callbacks, reviewing lab results, medical record-keeping, and approving prescription refill requests. The hospital schedules all appointments in 30-minute time slots. On days when Dr. Sample sees only outpatient exams, he sees 14 patients (2 patients per hour for 7 hours of outpatient exams). On Tuesdays and Thursdays, Dr. Sample performs surgeries in the morning from 8 a.m. to 12 p.m., takes lunch from 12 to 1 p.m., and sees outpatient exams from 1 to 5 p.m. (4 hours). Here's an example of calculating Dr. Sample's outpatient exams:

Outpatient Appointment Calculator

Day of the week	Dr. Sample: # of outpatient exams
Monday	14
Tuesday (morning surgery, afternoon outpatient exams)	8
Wednesday	14
Thursday (morning surgery, afternoon outpatient exams)	8
Friday	14
Saturday (doctor's day off)	0
Sunday (doctor's day off)	0
Total number of patients seen for the week	58
Hours doctor worked in outpatient exams (excludes surgery hours)	29
Average number of patients seen per hour (Total patients seen for the week / hours doctor saw outpatient exams)	2

This table shows Dr. Sample saw an average of 2 patients per hour for outpatient exams. Target an average of 2.5 to 3 patients per hour, scheduling based on the reason for visit rather than putting every appointment in the same 30-minute time slot (see strategic scheduling techniques below). Calculate the number of outpatient exams by day of the week and doctor. Expect to see more outpatient exams on Mondays, Fridays, and Saturdays, when most practices see a higher volume of same-day sick patients. What are telltale signs that you need to rethink how you schedule appointments?

- When clients call to schedule pets' checkups, you're booking three or more weeks out.
- You're turning away prospective clients with new pets because you don't have any appointments available for several weeks and will miss the timing of vaccines.
- Dr. Popular is double-booked most days and associate veterinarians have several empty appointments.

- You can't see same-day sick patients because your schedule is full. You're forced to send clients to the emergency clinic or (worse) refer them to another area hospital, risking losing them as clients.
- You have three doctors and all three want their schedules managed different ways.

Learn strategic schedule techniques that let you see the maximum number of patients per day

Strategy 1: Use the flex-10 scheduling method. Dr. Sample saw appointments every 30-minutes, averaging 2 patients per hour. Let's switch to the flex-10 scheduling method, where 10-minute blocks are used based on the reason for visit. Appointments will be 10, 20, 30, 40, 50, or 60 minutes. During the first 90 days of a new graduate or associate veterinarian's employment, add an additional 10 minutes while he or she is learning your protocols, software, and processes. After 90 days, new hires should be following the same scheduling guidelines as experienced doctors.

If you see multiple pets, still block the full appointment time in two back-to-back visits. Let's say I schedule a checkup for my 4-year-old cat Alex and a cardiac workup for Caymus, my 8-year-old cat who gets a cardiac ultrasound every six months to monitor his cardiomyopathy. Alex's visit would be a 20-minute exam followed by Caymus at 60 minutes for a total of 80 minutes. The exam fees also are different based on the medical service and amount of time. The *AAHA Veterinary Fee Reference* shows the average adult canine preventive exam is \$51.37 while a sick patient exam averages \$57.31, an increase of \$5.13 or 10 percent. A same day walk-in (no appointment) is \$65.19.⁶ The *AAHA Veterinary Fee Reference* does not report an exam category of "urgent care exam." As a consultant, I advise practices to set an urgent care exam fee of 1.5 times your preventive exam or \$77.05 based on AAHA average fees.

The flex-10 appointment system "flexes" because it allows the receptionist to choose the number of 10-minute slots reserved based on the needs of each type of appointment.⁷ Expand these guidelines based on the type of appointments your practice sees. Each exam has "fixed" components that are part of each appointment. On average, a doctor needs 10 to 12 minutes to introduce himself or herself to the client, confirm the chief complaint, take a history, perform a physical exam, explain findings, and answer the client's questions.⁸ In a 20-minute checkup, 8 to 10 minutes is left for client education (nutrition, home dental care, parasite prevention, early detection screening, etc.) and for presenting dental or surgical treatment plans, which may be delegated to the nursing team.

Veterinarian appointments

Length of exam	Type of appointment
10 minutes	Level 1 progress exams (Follow-up exam on a minor problem such as an ear infection. Avoid the term "recheck," which sounds free and not important.) Surgical discharge (if doctor release is needed)
20 minutes	Adult preventive exams, pets age 1 to 6 Complicated medical/surgical discharge (amputation, cancer surgery, etc.) Level 2 progress exam for illnesses or complex cases (Follow-up exam for a newly diagnosed diabetic patient.) Second, third, and fourth puppy/kitten exams
30 minutes	Disease-management exam (chronic health conditions such as skin, gastrointestinal problems, cardiac, thyroid, etc.) X-rays (Nurses will take x-rays, but the doctor will need 10 to 20 minutes to interpret images and to discuss results and treatments with clients.) Illness (exclude vomiting and diarrhea, which are 40 minutes) Kitten exams with feline leukemia/FIV testing Limping (may take x-rays) New clients Ophthalmic (eye) exams Quality of life consultation (possible euthanasia)

	Senior preventive exams, pets age 7 and older Unattended euthanasia (Admission, good-byes, consent form) Urgent care (same-day sick patients)
40 minutes	Attended euthanasia (May need additional time for visitation, Paw Print, etc.) Diarrhea Exotic pet checkups First puppy/kitten exams (You may double-book the doctor if necessary because the nurse will do most of the client education.) Vomiting Second opinions New client with sick pet Skin cases
50 minutes	Behavior consultation Litter of puppies or kittens
60 minutes	Sick exotic pets Cardiac ultrasound

To customize and expand these guidelines, review last month's appointment schedule, writing down every appointment type and then working with doctors to assign appropriate amounts of time. Your practice will need two to four weeks to complete the transition to flex-10 scheduling.

Strategy 2: Think in 60-minute blocks. Close the circle of the hour. Always tuck appointments next to each other rather than leaving a gap or hole in the schedule. A 60-minute block might include a 10-minute Level 1 progress exam, a 20-minute adult pet checkup, and a 30-minute sick-patient exam. The next 60 minutes might consist of a new client appointment followed by a disease-management exam, which are 30 minutes each.

Strategy 3: Sandwich a sick-patient exam between two preventive checkups. If you put sick pet exams back-to-back, you're guaranteed to get behind. Clients may experience longer wait times (and yell at receptionists) and doctors and technicians may feel pressure to hurry up (and yell at receptionists). It's a lose-lose scenario for everyone.

Because checkups are more predictable and most likely to stay on time, sandwich a sick pet exam between two checkups. Progress exams fall into the same category as checkups because the doctor is following up on a specific problem.

When you book a checkup, leave the appointment after it open for a sick pet exam. Layer checkups throughout your schedule. Like the layers of bread in a club sandwich, checkups hold the schedule together. Imagine making a club sandwich and putting all the bread on the top and the meat, cheese, lettuce, tomato, and other ingredients on the bottom. When you pick up the sandwich, it's going to fall apart in your hands. If you used bread at the top, bottom, and layers throughout, the sandwich would hold together. The same is true for your appointment schedule. A checkup appointment is the first and last appointment of the day, the first appointment after lunch, and then layered throughout the day. The only time you would have back-to-back checkups scheduled is if the pets are from the same family.

Strategy 4: Block urgent care slots in your daily schedule. The pattern is predictable. Every morning, several clients call with sick pets that must be seen today. You risk turning away revenue-generating appointments and harming client retention if your schedule full.

During COVID, 40% of patients may need same-day sick patient exams compared to 20% before the pandemic. Based on this 40% demand, a doctor would need 10 of 24 appointments as urgent care slots (at least one per hour).

Separate doctors' urgent-care slots by an hour or you'll cause a traffic jam in the treatment area, in-house lab, and radiography. Block urgent care appointments about every 90 minutes.

Doctor 1 urgent-care slots	Doctor 2 urgent-care slots
9:00 a.m.	10:00 a.m.
10:30 a.m.	11:30 a.m.
12:00 p.m.	1:00 p.m.
1:30 p.m.	2:30 p.m.
3:00 p.m.	4:00 p.m.
4:30 p.m.	5:30 p.m.

Follow these guidelines to set up urgent care slots:

- Urgent care appointments are 30 minutes.
- Use schedule templates with color codes based on the type of appointment. Let's say red appointments are 30-minute urgent care slots reserved for same-day sick pets. You won't book these exams until that day (resist the temptation to "steal" an urgent care appointment in tomorrow's schedule).
- Block more urgent care slots on Mondays, Fridays, and Saturdays, when most practices see a higher volume of sick patients. If your practice is open on Sundays, also add more urgent care slots on that day of the week when most practices in your community may be closed.
- Stagger urgent care slots for each doctor by one hour. If two doctors are seeing urgent care appointments at 10 a.m., you'll cause a traffic jam in the laboratory and diagnostic imaging (plus doctors may try to "steal" multiple technicians to help with workups). Staggering urgent care slots also lets doctors collaborate on complex cases.
- About 20 percent of appointments are same-day sick patients (40% during COVID). If a doctor sees 18 patients on a Monday, he or she will need four urgent care slots on Mondays (18 multiplied by 20 percent = 3.6 rounded to the next whole number of 4). If the doctor sees 14 patients on a Wednesday, he or she will need three urgent care slots on Wednesdays. Calculate the number of urgent care slots by weekday to identify trends.
- Reserve the last urgent care slot of the day 60 to 90 minutes before closing time. Let's say your practice closes at 6 p.m. Your last urgent care slot would be at 4:30 or 5:00 p.m. NEVER have your last appointment of the day as an urgent care slot. Four employees (doctor, two technicians, and receptionist) will work late, get paid overtime, be late for dinner with family, and grumpy the next workday. You will need at least 60 to 90 minutes for a sick patient workup.
- Release unused urgent care slots 90 minutes before the reserved block. Let's say you have a reserved urgent care slot at 11 a.m. It's now 9:30 a.m. and amazingly, no one has called with a sick pet that needs to be seen today. Your next phone call is a client who adopted a kitten at the shelter over the weekend and wants to make an appointment. Gleefully reply, *"Congratulations on your new baby! We'd love to meet your kitten today. I have an appointment at 11 a.m. Does that work for you?"*

Once you implement urgent care slots, you'll never go back to old scheduling methods. Urgent care slots make you a hero to clients, generate healthy profits, improve client retention, and help your medical team better manage requests for same-day care because you planned for it!

Strategy 5: Use color-coded templates by appointment type, creating a "rainbow" of appointments. Most practice-management software lets you create templates for appointments, defining the name of the type of appointment and length of visit. Here's an example of the "art" of scheduling. You want to create a "masterpiece" schedule by designing a rainbow of appointments, putting one color next to a different color for a layering effect.

Here is a sample flex-10 schedule with two doctors seeing outpatient appointments. I included notes about the length and reason for visit using the following color legend:

Color code	Appointment type	Length of visit
Green	Adult preventive checkups	20 minutes
Light green	Senior preventive checkups	30 minutes
Yellow	Sick patients	30 minutes 40 minutes if vomiting and/or diarrhea
Peach	Disease-management exams (chronic conditions)	30 minutes
Purple	New clients	30 minutes
Pink	Euthanasia	30 minutes if unattended 40 minutes if attended
Red	Urgent care (reserved blocks for same-day sick pets)	30 minutes
Blue	Level 1 progress exams	10 minutes
Light blue	Level 2 progress exams	20 minutes
Orange	Forward-booked appointments made six to 12 months in advance	20 minutes for adult checkups 30 minutes for disease-management exams
Brown	Pediatric exams for puppies and kittens	20 minutes if second, third, or fourth visit 40 minutes if first visit

Exam time	Doctor 1	Doctor 2
8:00 a.m.	Adult preventive checkup, 20 minutes	Senior preventive checkup, 30 minutes
8:10 a.m.		
8:20 a.m.	Level 1 progress exam, 10 minutes	
8:30 a.m.	Level 2 progress exam, 20 minutes	Disease-management exam, 30 minutes
8:40 a.m.		
8:50 a.m.	Urgent care exam, 30 minutes	
9:00 a.m.		Adult preventive checkup, 20 minutes
9:10 a.m.		
9:20 a.m.	Pediatric exam, 20 minutes	Level 2 progress exam, 20 minutes
9:30 a.m.		
9:40 a.m.	Sick patient (vomiting), 40 minutes	Urgent care exam, 30 minutes
9:50 a.m.		
10:00 a.m.		

Strategy 6: Use the yes-or-yes technique to lead clients to two appointment choices that will work well for your schedule's flow. A client calls you about a sick pet that needs to be seen today. The pet owner asks if she can come at 11 a.m. The problem: You already have a sick pet appointment at 10:30 a.m. If you schedule the client at 11 a.m., you will have two sick pet exams in a row. Instead, offer two choices that fit better for your exam flow and still get the patient the care it needs today. Say, *"I'm concerned that Max is sick. I have an urgent care exam available today at 9 a.m. or 1 p.m. Which do you prefer?"*

Strategy 7: Schedule a checkup as the first appointment after lunch. You'll hit the "reset button" and start the afternoon back on track.

Strategy 8: The last sick-pet or urgent care exam is 90 minutes before closing. Again, you're avoiding overtime and rushing care too close to closing time.

Bonus Strategy 9: Forward book progress exams. If follow-up care is need, schedule it today, especially if you're already booking two or more weeks out. This lets the patient get timely care and see the same doctor.

After Hospital Manager Laci Marchant at Independence Animal Hospital in Independence, Kansas, implemented the flex-10 scheduling method, the practice increased its monthly invoices by 50 compared to the same period the previous year. Your average doctor transaction should be 3.2 to 3.5 times the exam fee.⁸ Based on an average exam fee of \$51.37 from the *AAHA Veterinary Fee Reference*, Laci's team may have generated up to \$8,990 in extra monthly revenue through strategically scheduled exams.

COVID Bonus Strategy 10: Send text and email checkup reminders with links to online and app scheduling. You'll immediately reduce calls for appointments when you shift clients to booking tools. Send reminders 60 days in advance, not 30 days. Forward booking will help you clear the backlog and offer more appointment choices. For example, send May reminders in March.

TEXT THIS: <Pet name> will be due for a checkup May 15. We are experiencing increased appointment requests. Book now to ensure your first choice of time, day, and doctor. [Click here to book online or download our app.](#)

EMAIL THIS: [Subject line] <Pet name> is due for a checkup May 15 | Book now for best availability [Message] Because many pets became overdue when COVID safety guidelines limited us to urgent care and emergencies, we are experiencing increased appointment requests. <Pet name> will be due on May 15. To ensure your first choice of doctor, time, and date, we need to forward book your pet's appointment now. [Click here](#) to book online or download our app.

Email reminders need powerful subject lines that will motivate clients to forward book. Use the pet's name and a benefit statement to increase open rates (Healthcare email open rates are 33%⁹).

How to collaborate with CSRs to create structured scheduling guidelines

Scheduling is both an art and science. Multiple employees—veterinarians, technicians, assistants, receptionists, managers, groomers, and boarding staff—make appointments using your schedule. Consistent scheduling techniques are key, or you end up with chaos.

Let me share an analogy that makes this principle easy to understand. I love to cook. I even won an award for my chili. Over the years I've tweaked and perfected the recipe. My recipe has secret ingredients (1/4 teaspoon allspice) and is best cooked in an enamel cast iron pot on the stove (better flavors) rather than in a crockpot (tends to overcook). Imagine that your team is making a pot of chili as a team-building exercise. Each employee adds ingredients but no one is following a recipe. Can you taste disaster? Just as you need to carefully follow a recipe to get delicious results, your team must follow scheduling guidelines to get a schedule that works for patients, clients, and your medical team.

Here's how to get started:

1. Identify what frustrates you and your clients about your current scheduling methods. As you choose new approaches, they should solve these frustrations.
2. Have a reception team meeting. Because receptionists work the most with your schedule, they can begin the first draft of scheduling guidelines and then seek input from the medical team.
3. Seek input on the draft of scheduling guidelines from technicians and doctors. Have them look for missing appointment types and to confirm the correct appointment lengths based on reasons for visits. Seeking input gets buy-in from all employees and ensures your list is complete. You'll want to do a similar exercise for grooming and boarding as separate services.
4. Distribute scheduling guidelines to everyone during a staff meeting. The hospital manager or reception supervisor should walk everyone through the new scheduling guidelines, answering questions and making any final tweaks. Once finished, provide scheduling guidelines at every

computer workstation: 1) Set up templates in your software by appointment type that automatically chose the right exam length and color code, 2) PDF on computer desktops, or 3) Laminated card(s). You want quick-reference guides to be easily accessible so everyone follows the same “recipe.”

5. Set a kickoff date for the new schedule. You may need to change your schedule template (going from everything in 30-minute slots to the flex-10 method changes your template).
6. Evaluate your progress at 30, 60, and 90 days. If you have a monthly staff meeting, this is the perfect time to invite feedback. As you implement scheduling guidelines, you may identify a few tweaks that need to be incorporated.

Ways to leverage veterinary nurses and assistants

Technicians are defined as graduates of an American Veterinary Medical Association accredited college program and have passed a credentialing exam.¹⁰ On-the-job trained employees are classified as assistants. Leveraging technicians and assistants has multiple advantages:

- You’ll see a significantly higher number of patients per day
- Generates higher revenue
- Employees work at the top of their skillsets and/or licenses, improving staff retention
- Shifts certain doctor appointments to technician appointments, opening the schedule for more patients
- Allows doctors work two exam rooms at once

Use technicians and assistants in exam rooms for efficiency. Each doctor has a dedicated outpatient technician or assistant assigned to him or her for the duration of the appointment block.⁸ This system allows the doctor’s time and expertise to be significantly leveraged. For a 20-minute checkup, the technician or assistant opens the exam and takes 5 minutes to confirm the chief complaint, take a brief history, and get the patient’s vital signs. You need laser-focused history questions. [Download my free history questions for veterinary nurses at www.csvets.com/historyquestions](#). The doctor spends the middle 10 minutes to ask additional history questions, perform a physical exam, explain findings, and answer the client’s questions. The technician or assistant closes the last 5 minutes of the appointment with medication instructions, client education, and/or presenting a dental treatment plan if needed.

Shift appropriate appointments to support staff. Identify types of appointments technicians and assistants will see. Evaluate employees’ education, experience, and skillsets. Veterinarians focus on diagnosing, prescribing medications, and performing surgery. Consult practice act guidelines on technician/assistant duties and whether veterinary supervision must be direct or indirect (<https://www.avma.org/advocacy/state-local-issues/duties-veterinary-technicians-and-assistants>).

In Illinois, a certified veterinary technician may perform these tasks under direct supervision of a veterinarian ([https://casetext.com/regulation/illinois-administrative-code/title-68-professions-and-occupations/part-1505-certified-veterinary-technicians/section-150560-certified-veterinary-technicians-functions#:~:text=f\)%20A%20certified%20veterinary%20technician,5\)%20bandage%20application%3B%206](https://casetext.com/regulation/illinois-administrative-code/title-68-professions-and-occupations/part-1505-certified-veterinary-technicians/section-150560-certified-veterinary-technicians-functions#:~:text=f)%20A%20certified%20veterinary%20technician,5)%20bandage%20application%3B%206)):

- Anesthesia induction, anesthesia endotracheal intubation, anesthesia maintenance, and anesthesia monitor signs
- Perform local nerve blocks
- Splint application

Certified veterinary technician duties under indirect supervision of a veterinarian in Illinois:

- Administer chemotherapy
- Administer non-rabies vaccines
- Humane euthanasia of animals

Create guidelines for technician/assistant appointments. Put a technician column in your schedule just as you have columns for doctor appointments. Designate which inpatient or surgical technician(s) will handle appointments each day. If no technician appointments are booked, employees continue their treatment or surgical duties.

Sample guidelines for technician/assistant appointments

Length of exam	Type of appointment
10 minutes	Anal gland expressions Blood draws for drug monitoring, heartworm/tick screening, preanesthetic testing Feline leukemia/FIV test Intestinal parasite screen Microchipping Level 1 nail trims (cooperative patients) Suture removal Booster vaccines that don't require a doctor's exam (i.e. Bordetella, Lyme, Leptospirosis) Weight checks for pets on weight-management programs
20 minutes	Change bandages Clean ears Level 2 nail trim (Patient requires two or more nurses/assistants) Administer subcutaneous fluids Collect urine Laser therapy after initial session
30 minutes	Bird grooming Scheduled follow-up radiographs

Set hours when technician appointments are offered, avoiding the chaos of walk-in technician appointments. Imagine that you're a surgical technician prepping this morning's patients and three clients walk in for nail trims. If you step away for 30 minutes to do three nail trims, surgery will start late (and you will likely infuriate the doctor). If inpatient or surgical technicians will handle these appointments, offer appointments after surgical procedures are done. For example, have technician appointments between 1:30 to 3:00 p.m. and 5:30 to 7:00 p.m.

How to charge for technician appointments and show value to clients

Why you should charge for technician appointments

Having clients pay for technician appointments makes sense because:

- Personnel is your practice's top expense, and credentialed technicians earn higher wages than assistants.
- You'll utilize technicians like physician assistants (I guarantee that your physician will charge you for a physician assistant's time and expertise).
- Just like physician assistants or nurse practitioners in human medicine, technicians will get patients' vital signs, ask brief history questions, update medical records, and deliver care.
- You're offering valuable medical services and can serve clients faster (yes, pet owners will pay for convenience).
- You're letting technicians work at the top of their license, improving job satisfaction and employee retention.

To help clients understand the difference between duties performed by a veterinarian and technician, choose different names for the service. Use "exam" when a veterinarian performs a physical exam. Use "health assessment" when a technician or assistant evaluates patient health. The term "health assessment" applies in the human nursing profession.¹¹ Veterinarians should write a protocol for which patients will need health assessments for technicians and assistants appointments.

A health assessment performed by a technician or assistant includes four services:

- 1) Get patient's vital signs (i.e., temperature, pulse, respiration, weight)
- 2) Ask history questions
- 3) Update medical record
- 4) Deliver care and/or services

Which patients will need health assessments for technician or assistant appointments?

Yes: Perform and charge a health assessment

- Change bandages
- Clean ears
- Anal gland expressions
- Administer subcutaneous fluids
- Laser therapy after initial session
- Booster vaccines
- Weight checks
- Suture removal

No: Health assessment not necessary

- Nail trim
- Collect urine
- Blood draws for lab tests
- Intestinal parasite screen
- Microchipping

What to charge for technician appointments

You can price technician appointments based on a percentage of the doctor's exam fee or calculate a per-minute rate based on technicians' average hourly wage including benefits.

Option 1: Percentage of doctor's exam. Your exam fee is \$60. Charge half the doctor's rate if a licensed technician provides the health assessment or \$30. If a veterinary assistant delivers services, charge a third of the doctor's rate or \$20.

Option 2: Create a per-minute rate. You will need to identify three figures:

- **Average hourly wage:** The 2022 average hourly pay for a technician was \$19.60, according to the U.S. Bureau of Labor Statistics.¹² Veterinary assistants average \$16.58 per hour.¹³
- **Benefits:** Benefits are typically 32% of an employee's wage.¹⁴ Benefit costs include all costs associated with health, dental, worker's compensation, and other insurances; retirement benefits; the owner's portion of employment taxes; uniform reimbursement; continuing education; discounts or allowances for veterinary services; and paid vacation, holidays, and personal days.
- **Staff costs as a percentage of revenue:** Total support staff expense with benefits in a financially healthy hospital is 23% to 25% of revenue or less.¹⁵ Support staff includes all non-veterinary employees, managers, and custodial personnel. About 16% to 19% of income is allocated to staff wages while 5% to 8% is for benefits.

Here's the per-minute formula: Take the average per hour with benefits (\$19.60 technician hourly wage + 32% for benefits = \$25.87 per hour) and divide by 23% staff costs as a percentage of revenue. A technician will need to generate income of \$112.48 per hour to meet profit goals. Divide \$112.48 income per hour by 60 minutes for a per-minute billable rate of \$1.87 for technician time. Use a similar calculation to determine a per-minute rate for services that veterinary assistants will deliver.

Rather than the tedious task of setting a stopwatch every time a technician sees an appointment, set fees in blocks of 10, 20, 30, and 40 minutes with a minimum amount charged. For example, a 10-minute technician appointment is \$18.70. If the task only takes 5 minutes, still charge the 10-minute technician fee because it's the minimum amount and starting point for fees.



Here are examples of technician appointment fees based on blocks of time:

Length of technician appointment	Health assessment fee
10 minutes	\$18.70
20 minutes	\$37.40
30 minutes	\$56.10
40 minutes	\$74.80

Host a staff meeting before implementing fees so you may explain the “why” behind the charge to employees, and they may answer clients’ fee questions with confidence.

Truly leveraging technicians may cause you rethink your doctor vacancy. Some practices see four or more hours of technician appointments daily. If staff see appropriate appointments, you might just need a part-time rather than full-time doctor, or you might be able to hire two technicians instead of a veterinarian.

Which goals will you implement from this training?

1. _____
2. _____
3. _____

Facilitator's Guide: Solve Your Doctor Shortage

Choose a facilitator to lead your team's discussion. Create plans to implement goals you learned in this training program.

1. List the types of appointments you could shift to technicians and assistants. (Important: Consult practice act guidelines.)

2. What will you charge for technician and assistant appointments?

3. What improvements will you make to your schedule? What is the timeline for implementation?

References for Solve Your Doctor Shortage with Strategically Scheduled Exams

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