

Implementing Expanded Services or Working Outside the Box

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Practitioners are faced with several dilemmas when trying to expand their services. The first is making the decision to add to the current services offered, the second is making time to actually perform those services, and the third is getting compensated for the new services.

As a group, veterinarians are very motivated by the opportunity to learn and have a desire to be challenged. It probably goes back to the selection process in college and the types of individuals selected by the veterinary schools to become veterinarians. However, sometimes in our career, we become stuck in situations that thwart our desire for challenge. This is best explained by a 2 x 2 box as described by Fetrow and Jones¹ (Figure 1). Box 1 is where somebody is not good at what he or she does, but likes to do it. Box 2 is where a person is good at what they do and they like what they are doing. In box 3, a person is good at what they do, but no longer likes doing it. And in box 4, a person no longer good at what they do and they don't like doing it. When we start out in a veterinary career, most likely we start in box 1. We

are filled with trepidation and uncertainty about our abilities and skills, but are enthusiastic and excited about the prospects. As our skills develop, we then move into box 2 where we still have enthusiasm for the work we are doing. Here a person is content and satisfied. However as the routine of the days start to wear on us, we first lose our enthusiasm (box 3) for our work and if we continue, we also lose our skills relative to others in the profession as we stop learning. This is the "bitter old veterinarian" stage (box 4). Box 2 is where the majority of people feel most comfortable. They feel competent and they are excited when they get up every day about the day ahead of them. In box 3, they still feel competent, but they are losing their enthusiasm for the task at hand.

It is important to recognize that when we are in box 2, (or especially in 3), it is time to start looking for new challenges, either inside or outside veterinary medicine. Many veterinarians make the move from private practice into industry, into owning their own livestock facility, or into a completely different career. However, more and more veterinarians are finding their way back into boxes 1 and 2 while staying in private practice by expanding services that also provide them a challenge. For example, veterinarians have added services in nutrition, milk quality, employee training, program implementation, protocol development, and clinical trials to the more traditional aspects of practice.

There are many issues though that keep others from moving back into those challenging roles. One such impediment is termed "suffering from success".² This is simply being so successful in the current routine that to undertake change and risk a decrease in compensation, or time with family and with pursuits outside veterinary medicine, even a temporary decrease, is a daunting prospect. While these are important aspects to consider when looking at expanding services, staying put, so to speak, can also cause one to miss opportunities that can increase monetary return and free time.

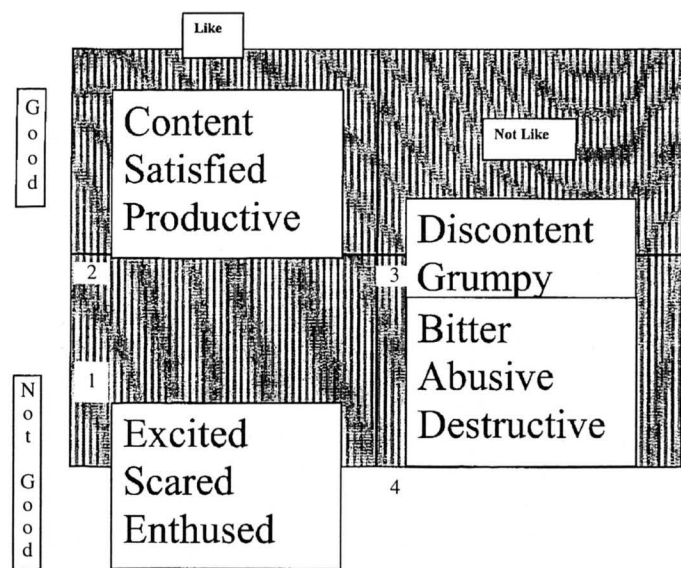


Figure 1.

Another hurdle to adding or changing services offered is the level of comfort that veterinarians get accustomed in their routine while practicing. While we feel very comfortable in our current day to day routine, expanding services requires us to step out of that comfort zone to add some skill sets - perhaps learning how to coach employees and how to better market ourselves. Taking that step back into box 1 is exciting. However as we lose the bloom of youth and become more risk averse, it also invokes greater trepidation and uncertainty.

After, or while, making the decision to expand services, a veterinarian needs to also decide how to make room in the busy day to provide these services. One option is to hire an associate who can help, either by providing some of the services being reduced on or by actually providing some of these new services. The time and monetary investment into an associate, especially a new graduate, will be quite large, so any ideas of providing expanded services should be put on hold until the associate has their feet firmly on the ground.

Another option is to “cull” some clients, either to a new associate or another veterinarian in the area. Most veterinarians have clients that they provide services to that don’t appreciate their added input. A new veterinarian with a different personality and approach may click better with that individual producer. That veterinarian may be able to persuade the producer to start adopting the things that the previous veterinarian had unsuccessfully recommended to the producer. “Culling” clients has to be performed with some delicacy as there is potential for hurt feelings and wounded pride. There are times that it may be possible to create a situation so that it becomes the client’s idea to change veterinarians. This needs to be done without angering the client so that the resultant word of mouth does not lead to a negative reputation in the practice area.

Another option is to merge with a similar practice in the area. This can allow for a greater client base to expand the particular service(s) and allow for more rapid expansion of many services, depending on the wants and desires of the veterinarians in the practice. It is very important that the wants and desires of each person involved in the merger is expressed and understood. It would be very wise to go through a strategic planning session similar to that advocated during an AABP seminar.³ In such a session, each individual should express their personal and professional goals for the practice and for themselves. It is important that everyone be open and frank in these discussions and committed to the final practice vision. Just like a marriage requires regular and open communications, so does a large practice, therefore input

and honesty need to come from all members of the practice. Another concern is the increased management duties on the operations side of the practice. The idea of sharing management duties sounds very noble, however, like communism, it often works better in theory than in practice because of the people factor. It is preferable to compensate individuals for providing each management duty (managing drug inventory, personnel management, overseeing books, managing externs, etc) so that if (or when) a great deal of the management falls on the shoulder of just one or two individuals, they are compensated for their time and hard feelings are avoided. It will also help make all members of the practice realize the importance and time requirements of each duty if they are spelled out and a value applied to them.

For those individuals who are looking for less commitment, forming alliances with other individual and small practices might be another possibility. Each veterinarian can remain independent, practicing in their own style, but have some of the benefits of a larger practice with shared calls as well as having daytime emergencies and vacations covered. This requires a mature approach to practice in that there cannot be the worry that someone is going to steal another person’s client. It, too, requires open communication, but not as regularly as in a group practice. Informing a veterinarian that one of his clients was visited on the weekend and what the problem was, is of great benefit. Of further help is informing the primary veterinarian of the topics discussed or of the management and handling practices observed during the visit that might be of concern. Another possible obstacle in such an arrangement is the fee schedules of various veterinarians. Most calvings, prolapses and other emergencies are unique enough that a different charge from one practitioner versus another is not noticed. In at least our experience, charges have not been of significant concern for the client to call it to the attention of the primary veterinarian.

Another option that has worked very well for us, but has not been utilized by many practitioners while practicing bovine medicine, is the utilization of a technician. We started using a technician in response to a desire to enhance the beef quality of our client’s career change dairy cattle by moving our injections from the higher priced cuts in the rear quarter into the neck. An unexpected benefit was increased efficiency that a technician has provided as we save 15-20 minutes per hour of vet check, so that now what used to be a three-hour vet check has been reduced to 2 hours.

When we arrive at the dairy, the technician does the preparatory work (mixing vaccines and loading syringes), while I start palpating. I chalk cows using a two-color chalk coding system that indicates which

animals need to be injected and with what vaccine or hormone, so that the technician does not have to be right with me while I check the cows. Therefore, along with doing the prep work and injections, she collects samples from the feed bunk to run through the particle separator, body condition scores the dry cows, close-up cows, and early fresh cows, and checks urine pH on close-up cows on an anionic program. She also collects the data for the BreakThrough Management programs we monitor. She marks heads for us when the head marker is behind (or if there is no designated head marker) and she takes over recording palpation findings on the vet checklist when the owner or herdsman is distracted with people on the dairy or with the phone. If she is working with us (not off doing one of the many of things already enumerated), she will indicate how many cows to skip to move us along faster. This works especially well with the client who has a hard time finding the next marked cow, recording results from the last cow, and carrying on a conversation all at once.

Before our technician came to work for us, we were perplexed by conception rates on the day of vet check being the lowest of all the days of the week. Now with a technician, vet check day has similar conception rates as other days. Our observation is that before using a technician, we were releasing the cows from the headlocks, not the breeder (i.e., the breeder was finished with a pen before we were). Now it is the breeder who is releasing the cows like all other days of the week. Therefore, cows are not locked up any longer on vet check day than on any other day.

The technician has been instrumental in our ability to conduct field trials effectively and correctly. When serving as a test site on FDA approval field trials, the paper work and attention to detail are critical and can be a challenge. Our technician has been able to help with data collection, trained observations, and with the training of the dairy personnel that was required for some of the trials, all reducing the burden on the veterinarian.

When developing treatment protocols for a dairy and training personnel on proper implementation of these protocols, we have found that it is best to start from scratch, rather than trying to use a template from another facility or another veterinarian. Our technician has aided us in this aspect by taking notes during the development of the protocols and typing up our rough notes into usable and readable protocols. Furthermore, it becomes important to monitor the effectiveness of the treatment protocols and the technician can help in this endeavor as well by collecting data associated with re-treats and cures.

Other things the technician has done in our practice include routine collection of bulk tank samples

for culture, bleeding cows for metabolic profiles, monitoring refrigerator temperatures, monitoring silage temperatures and pH's, monitoring drug inventories on livestock facilities, and helping with milking equipment checks. Her job description has been limited only by our imagination.

In our opinion, a technician should be a Certified Veterinary Technician (CVT). As a CVT, a technician has been trained in pharmacology, anatomy and physiology, sample collection, infectious diseases, microbiology, parasitology, etc. This eliminates the need for a lot of training, and for detailed explanations in many cases of why certain procedures are important. The technician should also be someone who is comfortable around cattle and has cattle experience. For developing protocols, doing clinical trials, and when monitoring employees and BTM programs, it is important that the technician also has good computer skills. Obviously personality and work ethic also play a big role in the suitability of an individual as a technician. It is an added benefit to find a person who can see what needs to be done, has initiative, and a good head on his or her shoulders.

We charge the dairy for technician time at about 20% of the veterinary charge, but it still returns the livestock operation at least a 2:1 return on their money when compared to paying a veterinarian to provide those services. Having a technician has created a profit center for our business and it has not reduced my personal income as I now have more time and opportunity to provide other services and consultations.

Another opportunity for veterinarians may exist by providing services to a livestock operation in the role of a "Bovine Practitioner Technician". This service could provide temporary relief for under employed operations or provide routine services like those provided by the semen companies in the way of AI technicians. In Table 1 is a list of possible roles for a technician with or without a veterinarian present, in the context of a traditional veterinary technician role, or in the role of contracted labor for the livestock operation. This list was the result of a brainstorming session of several veterinarians and is certainly not inclusive, nor are all the things there necessarily appropriate for a technician to perform, but it is provided as food for thought.

There are many opportunities for bovine practitioners to become excited again about their careers without leaving practice, while providing services that help the clients become more profitable. It requires that a practitioner find the necessary time to provide those services and to step out of his or her comfort zone and expand knowledge and skills. Like everything else in life, there are some risks, but the rewards can be great and practice CAN become fun again.

Table 1. Possible roles of bovine practitioner technicians.

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- Dry cow therapy
 - Vaccinations
 - BST injections
 - Reproductive program injections for timed breeding programs
 - Culturing - Bulk tanks
 - Individual cows - fresh
 - clinical
 - whole herd
 - Fresh cow temping and treatment
 - BTM facilitation
 - Record systems – data entry
 - Action lists
 - Disease monitoring
 - Program compliance
 - Results summaries
 - Program measurement
 - Feed samples - sampling for lab analysis
 - TMR samples for Particle Separator Box
 - Silage analysis - temp
 - pH
 - dry matter
 - Blood samples
 - Urine samples
 - Drug inventory management and delivery
 - Body condition scoring
 - Urine pH of close up cows
 - Calf dehorning
 - Spraying feet for foot warts
 - Flaming udders
 - Docking tails
 - Routine milking machine evaluation
 - Hospital management - record keeping
 - nursing care
 - treatments
 - monitoring response
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References

1. Fetrow J, Jones GA: Personal communication.
2. Hansen T: Personal communication.
3. Gavzer K: How to Manage for Success in the 90's. Seminar 25, 26th Annual Conference of the American Association of Bovine Practitioners, 1993.

Micotil® 300 Injection

Tilmicosin Phosphate

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

HUMAN WARNINGS: Not for human use. Injection of this drug in humans may be fatal. Keep out of reach of children. Do not use in automatically powered syringes. Exercise extreme caution to avoid accidental self-injection. In case of human injection, consult a physician immediately. Emergency medical telephone numbers are 1-800-722-0987 or 1-317-276-2000. Avoid contact with eyes.

NOTE TO THE PHYSICIAN: The cardiovascular system appears to be the target of toxicity. This antibiotic persists in tissues for several days. The cardiovascular system should be monitored closely and supportive treatment provided. Dobutamine partially offset the negative inotropic effects induced by Micotil in dogs. β -adrenergic antagonists, such as propranolol, exacerbated the negative inotropy of Micotil-induced tachycardia in dogs. Epinephrine potentiated lethality of Micotil in pigs.

For Subcutaneous Use in Cattle Only. Do Not Use in Automatically Powered Syringes.

Indications: Micotil® is indicated for the treatment of bovine respiratory disease (BRD) associated with *Pasteurella haemolytica*. For the control of respiratory disease in cattle at high risk of developing BRD associated with *Pasteurella haemolytica*.

Description: Micotil is a solution of the antibiotic tilmicosin. Each mL contains 300 mg of tilmicosin as tilmicosin phosphate in 25% propylene glycol, phosphoric acid as needed to adjust pH and water for injection, q.s. Tilmicosin, USP is produced semi-synthetically and is in the macrolide class of antibiotics.

Actions: Activity — Tilmicosin has an *in vitro* antibacterial spectrum that is predominantly gram-positive with activity against certain gram-negative microorganisms. Activity against several mycoplasma species has also been detected.

Ninety-five percent of the *Pasteurella haemolytica* isolates were inhibited by 3.12 µg/mL or less.

Microorganism	MIC (µg/mL)
<i>Pasteurella haemolytica</i>	3.12
<i>Pasteurella multocida</i>	6.25
<i>Haemophilus somnus</i>	6.25
<i>Mycoplasma dispar</i>	0.097
<i>M. bovirhinis</i>	0.024
<i>M. bovoculi</i>	0.048

*The clinical significance of this *in vitro* data in cattle has not been demonstrated.

Directions — Inject Subcutaneously in Cattle Only. Administer a single subcutaneous dose of 10 mg/kg of body weight (1 mL/30 kg or 1.5 mL per 100 lbs). Do not inject more than 15 mL per injection site.

If no improvement is noted within 48 hours, the diagnosis should be re-evaluated.

Injection under the skin behind the shoulders and over the ribs is suggested.

Note — Swelling at the subcutaneous site of injection may be observed but is transient and usually mild.

CONTRAINDICATION: Do not use in automatically powered syringes. Do not administer intravenously to cattle. Intravenous injection in cattle will be fatal. Do not administer to animals other than cattle. Injection of this antibiotic has been shown to be fatal in swine and non-human primates, and it may be fatal in horses.

CAUTION: Do Not Administer to Swine. Injection in Swine Has Been Shown to be Fatal.

WARNINGS: Animals intended for human consumption must not be slaughtered within 28 days of the last treatment. Do not use in female dairy cattle 20 months of age or older. Use of tilmicosin in this class of cattle may cause milk residues.

CAUTION: The safety of tilmicosin has not been established in pregnant cattle and in animals used for breeding purposes. Intramuscular injection will cause a local reaction which may result in trim loss.

How Supplied: Micotil is supplied in 50 mL, 100 mL and 250 mL multidose amber glass bottles.

Storage: Store at room temperature, 86°F (30°C) or below. Protect from direct sunlight.

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