

# How We Have Applied Production Medicine Techniques In Our Practice

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I have a surprise for you all today. When Dr. Darrel Johnson asked me to participate in this program, I am sure that he thought that if I accepted, that I would be in the position of AVMA President-Elect. My surprise this afternoon is that following the election in Boston, I am not President-Elect, however Dr. Johnson was gracious enough to allow me to remain on the program!

Today, the buzz word is "Production Medicine". The concept as I understand it, is both challenging and frightening, particularly to one educated in the '50's, also know as "BC" ie. "before computers". Since that time, I have seen veterinary practice progress from (a) traditional veterinary medicine, to (b) preventive medicine or herd health medicine, and now we see both of the above types of practice combined with a new focus on Production Medicine. Each of us will have our own definition. Mine would be "the practice whose goal is to make production units more efficient and thus more profitable". That goal can be accomplished by raising the awareness of our client as to the medical and managerial factors that stand in the way of genetic potential, and how these factors can be minimized. In this sense, production medicine is nothing new--except that now we are trying through modern technology to measure and manage it more effectively.

Winston Churchill once said "If we don't take change by the hand, it is going to grab us by the throat". I believe that what he was saying was that change is good and change is inevitable, but to allow it to occur uncontrolled or undirected will lead to disaster. Certainly that possibility exists in food animal practice, if we fail to "take change by the hand".

Dr. Andy Johnson will be discussing some of the problems he encounters in delivering this type of service, so in my discussion of how we apply production medicine in our practice, I will be careful not to steal his thunder. I suspect the problems we encounter in our practice in Buffalo, Minn. and those encountered in Seymour, Wisconsin are not much different.

To illustrate my comments today, I would like to invite you to ride with me on 3 country calls

in Wright County Minnesota, about 40 miles northwest of here.

Our first call is Rollie's farm. Upon opening his barn entry, I am confronted by a shiny new yellow wooden box fastened to the wall, with a slot on the top, a pad of paper and a pencil attached. Lettered on the front of the box is "suggestions and complaints". Now here is an innovative young man! So, as most of you would do, I pen a short note of suggestion to him, fold it carefully, slip it through the slot, and to my surprise, my note falls through the box (because it has no bottom), and falls directly into the trash can sitting under the box. What is Rollie telling me? I believe he is telling me that he is quite content with his production unit, and that if he needs my help beyond my expertise as a diagnostician and provider of prevention and therapy, he will be likely to ask for it. And I find his logic hard to refute, because Rollie and his wife Lynn:

- 1) Have their farm paid for.
- 2) Have a very comfortable large farm home.
- 3) Keep their farm and dairy equipment up to date and in good repair.
- 4) Own a pickup truck much newer than mine.
- 5) Own the biggest Honda Gold Wing motorcycle.
- 6) Have a well satisfied hired hand, who enables them to have relief from working 365 days/year.

And all of this is done off a production unit of 55 very good cows. In short, Rollie is well satisfied with his level of work, income, and mental effort required for his operation. He is a "B" client.

Our next stop is to Jerome's where it is obvious that he is not making a good living, that his husbandry and management practices are poor, that his production is marginal, due to a combination of what we all recognize as the limiting factors to economical, efficient production. Jerome needs help, but does not want it because his farm is worth plenty for a future housing development. That future is of more concern to him than any of my drivel about

increased production and increased income. A “C” client for sure!

Call number 3 is to Duane’s farm. When asked if he is satisfied with his dairy today, he brightens up and we have a good visit about how he dreams of his expansion to 80 from 40 cows, and his concerns of how to make dairying attractive to at least one of his sons. And although clients such as Duane are a minority in our practice, I see them as the ones for us to concentrate upon and attempt to lead in their expansion plans. These are our “A” clients.

**For our practice to be effective in influencing the direction of our “A” clients, we must have demonstrated our ability as:**

1) A practitioner with the ability to identify problem areas that limit maximum production of the farm.

2) A practitioner with the technical skills with which we can gain the confidence of our client. I have often said that a dairy practitioner will be judged by his client on how well he can solve the problem of an injured or improperly milking teat, how well he can find and carve out a foot abscess and shape the offending foot, how well he can successfully perform routine major surgery on individual animals, or how rapidly and accurately he can determine pregnancy and/or reproductive abnormalities by rectal palpation. The common denominator here is individual cow medicine. The client must see and make his judgement of our abilities before he will entrust major parts of his operation into our care.

3) A practitioner able to relate to his client and his problems--one who has the ability to “walk in his client’s moccasins”.

4) A practitioner willing to continue to upgrade his education beyond his DVM and to keep abreast of new production technology.

So how do we implement production medicine in our practice?

1) Identify our “A” clients and expend our best energies on them, not losing sight of the possibility that we may have misjudged some B and C clients who, with care, may become “A” clients.

2) Recognize that we cannot be experts in all fields, but that we can identify limiting factors

of management and disease, and can handle them through the use of qualified consultants, if necessary.

3) Allow individuals within the practice that have interest and expertise in specific areas, to have their input into the program. For example, I have a particular interest in housing, handling facilities, and environment, and make many of the decisions relative to changes in this area. One of my partners is better qualified to make decisions relative to reproductive health and performance management.

4) Bring in outside veterinarians and consultants with expertise in specialized production areas. Our clients look forward to these C.E. sessions. The expert with slides and a brief case often can sell clients in 4 hours production techniques that we have been trying once or twice a month to implement almost forever!

5) Actively participate in open houses, dairy tours in our own locality many times sponsored by extension and agribusiness.

6) Finally, our role as a consulting veterinarian in a production medicine mode must be clearly defined. Our job is to help our clients form realistic expectations based on what we see in the client’s records and what we see in similarly managed enterprises operated at maximum efficiency. We must offer a team approach to health management. Until the time we are confident that we can do better than a specialist in another field, we owe it to our client to orchestrate a team effort using the expertise of nutritionists, financial advisors, engineers, milking machine service people, and other specialized consultants.

**It has been said that “If you can’t measure it, you can’t manage it”. I see this as a soft spot in our practice, and one we need to address. We have the technology in place in our computer system and need to bring it more effectively into use. Conversely, I hope that we never get to the place where we rely solely on computers to provide production medicine service. We must not forget the human side of veterinary medicine. We need to remember that health oriented services are the nucleus of our training, and should help us to remain what we are--Doctors of Veterinary Medicine.**