

Implementation of a Feedlot Medicine Program

G. K. Jim, D.V.M.

D. T. Gulchon, D.V.M.

Feedlot Health Management Services

Okotoks, Alberta, Canada

Introduction

The word implementation is defined as "to put into effect: to carry out."

The critical areas which must be considered in the implementation of a successful production medicine program include identification of appropriate clientele, acquisition of extensive industry knowledge, a fundamental change to the veterinary-client relationship, the establishment of a framework for program evaluation, and a well constructed action plan.

Identification of Appropriate Clientele

Much has been written about the implementation of a herd health program by both practitioners and academics in recent times. However, the market for production medicine programs has been dramatically overestimated by institutions and individuals who have theorized extensively but have practiced these concepts vicariously. It is of paramount importance to point out that not everybody in agriculture is ready for a production medicine program. Unfortunately, there are several barriers to involvement of producers in more sophisticated veterinary programs. In brief, these barriers include size of the production unit, inconsistent producer goals and expectations, lack of financial resources, inability to grasp agribusiness concepts, differing philosophies, and the desire to be traditional. As a profession we have to be realistic in accessing the capabilities of clients. Remember the axiom that "you cannot make a silk purse out of a sow's ear." Select your clients carefully and objectively, and do not think that your veterinary missionary zeal will elevate your clients to unsurpassed levels of economic success. In addition, it is important for a sufficient concentration of appropriate clientele to exist in a serviceable geographic radius. As with any specialized service business, a certain "critical mass" is necessary to ensure long term viability.

Acquisition of Extensive Industry Knowledge

It should be obvious that one cannot implement a cost-effective production medicine program without a comprehensive understanding of the cattle feeding sector. A veterinary consultant cannot be oblivious of the factors which

influence the economics of feedlot production. As part of the management team, the veterinarian must be conversant with day-to-day feedlot operations such as procurement of cattle, marketing strategies, allocation of personnel, milling procedures, political issues, performance parameters, commodity future markets, etc. Whether justifiable or not, inferences regarding your veterinary skills will be made from your ability to discuss various facets of the feeding industry. Therefore, the veterinarian must develop complete familiarity with the complexities of the feedlot in order to inspire the necessary level of client confidence. Moreover, the veterinarian needs to understand day-to-day operations because advice and recommendations must fit the feedlot system. For example, a treatment duration of five consecutive days may be rational from the veterinary medical viewpoint, but such a treatment protocol does not recognize the logistical constraints of hospital space during the fall run of calves in Western Canada. The veterinarian must learn to integrate knowledge of medicine and animal husbandry into a dynamic agricultural enterprise.

Changing the Veterinary Patient-Client Relationship

The cornerstone of a feedlot production medicine program is established when the veterinarian can initiate a fundamental change in the traditional veterinary-client relationship. Ironically, the standard veterinary approach of a "fee for service" and a "mark-up on drugs" is a basic conflict of interest situation. The principal objective of a feedlot health program is to reduce death loss and drug expenditures. However, under traditional arrangements the veterinarian's "best case" scenario from a profit viewpoint is the situation where there is high morbidity and mortality. Undeniable, the veterinarian engaged on a fee for service basis with a mark-up on pharmaceuticals is receiving financial gain for a highly undesirable feedlot situation. A viable business relationship will not emerge unless both parties have compatible goals or a vested interest in success. The solution to this basic conflict of interest situation requires that the veterinarian devise a fee structure based on cattle numbers such as occupancy or a flat head charge. In summary, the veterinarian should be innovative enough to develop a system whereby both the feedlot owner and the veterinarian have reason to smile on the same day.

Establishing a Framework for Analysis

After a working relationship has been established with the feedlot, it is imperative that the parameters used to evaluate the veterinary program are clearly established to the satisfaction of both parties. Obviously, the bottom line death loss and treatment costs are important, but the path to the bottom line is equally important. For example, circumstances can arise where death loss increases because different types of cattle are fed or because of the emergence of non-preventable diseases such as interstitial pneumonia or hemophilosis. Treatment costs can increase when the therapy drugs become more expensive and less efficacious—such as occurred when chloramphenicol was banned. The veterinarian must emphasize rational thinking and scientific evaluation. Avoid the dangerous precedent of using cursory observations to support your case or taking credit for events which may be the result of fate rather than good strategy. If you routinely engage in conclusion jumping and support unsubstantiated judgments, then you will inevitably be a victim of flawed logic. That is, a situation will arise where the veterinarian appears to have made the wrong decision from the bottom line analysis, but is actually correct if the proper analytical method is utilized.

Action Plan

The details of an action plan can be summarized under two categories: task-orientated and consultative.

A. Task orientated

1. Regulatory
2. Individual clinical examination
3. Surgical procedures
4. Necropsy
5. Abortion program
6. Residue avoidance program
7. Management of drug inventory
8. Supervision of various feedlot procedures

B. Consultative

1. Record analysis and data accumulation
2. Health management strategies
3. Education of crews
4. Administrative
5. Customer relations
6. Research and development
7. Political
8. Feeding program

