

# Problems and Opportunities in Dairy Production Medicine

**Ken Nordlund, DVM**

*Lake Region Veterinary Center, Ltd,  
112 No. Cascade  
Fergus Falls, MN 56537*

## *Production Medicine Programs Have Grown Up*

Dairy herd health programs have grown up in the last ten years. The concept has moved from that of a systematic reproduction program to a broad management assistance program that deals with nutrition, mastitis control, genetics, environment, parasite control, vaccination schedules, and record analysis, as well as reproduction. Production medicine has become the most innovative and exciting segment of our profession.

The concept has grown up.

## *Delivery of Production Medicine Programs Has Lagged*

Development of these programs within practices and delivery of the programs has lagged behind the concept. The primary stumbling blocks appear to be practice management issues:

1. Inappropriate fee structures
2. Exaggerated priority of sick cow services
3. Inequitable time demands on production program veterinarians

## *Solutions To These Problems Are Practice Management Issues*

FEE STRUCTURES must be implemented to accommodate the consultative nature of production medicine programs. Fee structures that do not reward a veterinarian for providing the service will condemn the service to failure.

Our traditional service to the individual sick animal conditions us to place a higher PRIORITY on any such call over management services. We postpone ration consultations because of displaced abomasum surgeries. We reschedule milking machine analyses because of dystocias. We ignore questions about management when the call book is full. With our own priority scheme, we define to our clients our view of what is important and what is not. In doing so, we condemn production medicine services to a secondary role and open the door to others who make them the priority.

Veterinarians who develop production medicine programs often find themselves in an inequitable work situation. Traditional practice is demanding, with stressful days and frequent nights and weekends on call to provide emergency services. With this in the background, a veterinarian may develop a production medicine service. Production services carry with them their own stresses and

emergencies and as these services mature, the veterinarian finds himself doing DOUBLE DUTY. The production service veterinarian is expected to remain in the emergency rotations, yet the traditional service veterinarian is never expected to analyze a milk machine after hours or balance a ration.

## *Restructuring Traditional Practices*

Traditional practices could be restructured to overcome these hurdles. Everyone in the practice needs to distance himself from the situation and look for solutions that will position the practice on a sound basis for the future.

Like other businesses, veterinary practices could establish distinct divisions: MEDICAL SERVICES and PRODUCTION SERVICES. The medical services division would include much of our traditional practice activities like disease diagnosis, therapy, surgery, and emergency services. The production services division would include routine reproductive programs, estrus synchronization programs, embryo transfer, mastitis control, milk machine analysis, nutrition management, genetic counseling, record analysis, and other production consulting.

Some veterinarians would work exclusively in one division or the other, while others might serve mixed duties in each.

Structuring a practice on this basis would remove the problems of emergency priority and double-duty and allow for the development of on-time production services.

## *Critical Mass*

There needs to be an adequate market to justify development and maintenance of a service. In other words, there is a critical mass of clients to support a profitable service. As we look toward the future, we look at declining numbers of dairy cows and herds. We would do well to look to see if we can provide these services to a greater proportion of dairymen, and consider as well other potential clients for these services.

## *Opportunities For Production Medicine Services*

Cows will become fewer and herds will become bigger. Managers will seek more sophisticated consultation services. This is an attractive trend for suppliers of production medicine programs.

We can also expand the market for production services

beyond our dairyman client. We have other potential clients in the form of milk cooperatives, dairy equipment dealers, agricultural banks, legal firms, genetic markets, feed companies, and others.

#### *Marketing Services to Non-Traditional Clients*

Marketing is the current buzzword of the professions. The local dentist, optometrist, physician, and chiropractor are all "marketing." And it appears that veterinarians are determined to market, too. The current fad of marketing approaches is amateur in my view. The current image of veterinary marketing is a shelf of cut-rate penicillin and a two-color newsletter.

Marketing used to be an honorable process of recognizing a need or want and creating a service or product to meet it. It is on that basis that we approach allied groups.

#### *Issues in Providing Services to Non-Traditional Clients*

We need to present information in FORMATS with which each group is familiar. For example, if we were to do a review of a loan for a bank, we need to forget our own professions' assumptions. We cannot communicate effectively by talking superficially in terms of dollars lost per day open. We need to become competent in a technique called PARTIAL BUDGET ANALYSIS. We need to make NPV as much a part of our jargon as BRSV.

We need to be able to deliver in an ON-TIME appointment basis. We cannot beg excuse for a delayed report to a bank because of a tough claving in the night. It works sometimes with dairymen, but it does not fit within the reference frame of other businessmen.

We need to be concerned with QUALITY CONTROL issues. If we provide services to members of a milk cooperative, the management wants to know that the services are uniform and repeatable. We have very little experience in setting up control monitors and testing methods in our traditional practice background.

We need to maintain professional INTEGRITY. An especially insidious situation develops when veterinarians serve as expert witnesses on a regular basis in courtrooms. The attorneys who hire the expert witness seize and praise any findings or comments favorable to their client, and tend to politely ignore adverse findings. Most of us are eager to please and eventually there is a tendency to look for things that will please, rather than for things that are pertinent.

We need to respect a REFERRAL just as if it had come from a colleague veterinarian. If a milking machine dealer asks us to evaluate the milking machine and milking practices of a dairy with problems, the client is the milking machine dealer. If there are problems with the machine, he should be the first to be informed and the matter handled gracefully so that he can satisfy and keep his client.

Finally, we need to realize that "marketing consultants" tend to confuse our profession with salesmen. I believe that practices have to make a very basic choice between a SERVICE or a SALES emphasis, and the more a practice moves towards the sales side, the fewer opportunities there are for work with the emerging non-traditional clients of production medicine services.

---

*Paper presented at the Dairy Herd Health Programming Conference, University of Minnesota. June 1-2, 1988; Dr. James O. Hanson, coordinator.*