

POPULATION MEDICINE NEWS

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Production Medicine, Computer Applications in Vet Med

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SUCCESS IS NOTHING

How do we market production medicine when the goal is "nothing"? We have to acquire the vision of white collar professionals so that we can see "something" and show it to our clients.

"Plans are only good to the moment of execution, then you have to start making changes." Colln Powell, reminiscing about Desert Storm on the 1st anniversary of its onset.

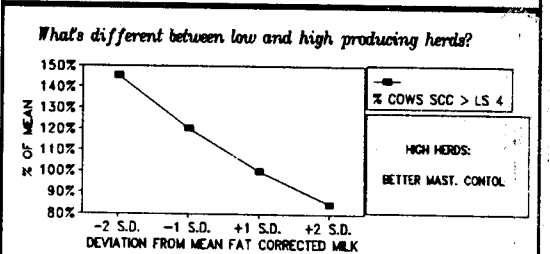
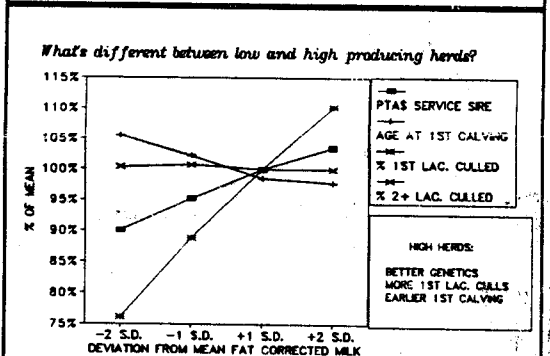
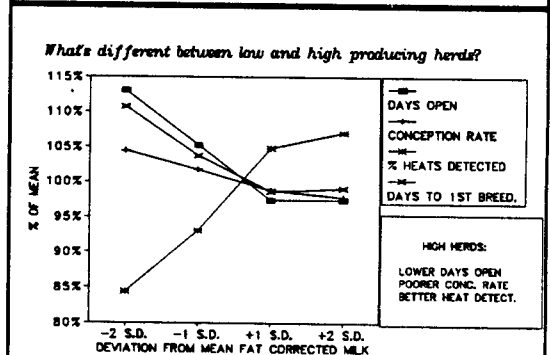
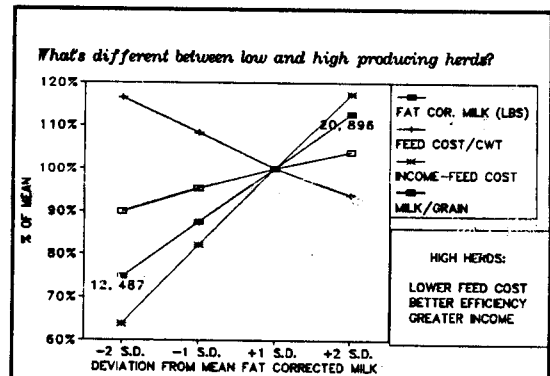
The veterinary student, on vacation in the early 70's, was riding with a veteran practitioner. Making conversation, the green, young fellow asked about "herd health" that was being talked up at vet school. The old timer launched into a long diatribe on the exaggeration of opportunities in "herd health" by those ivory tower eggheads. Why, once a program was defined, nothing more was needed; no more advice to give, no more fees to collect. Perfect health and productivity would extend, our naive student imagined, into eternity with no need for monitoring or adjustments. And the income from the dispensing of this god-like wisdom would never provide a financial basis for a "herd health practice." Indeed, the potential rewards were minuscule compared to, say, the dispensing of home-brew mastitis concoctions. Anybody who had to earn a living instead of drawing a gov't paycheck would know as much without having to be told.

The scene passes to the early 1990's. The former student, now an egghead himself, was listening to the post-seminar comments of a food animal faculty member from another university. The seminar had emphasized a problem oriented approach to production medicine centering on the identification of suboptimal health and productivity statistics. [By this time, "production medicine" had become the replacement for "herd health," the latter having been hijacked in the 80's by folks who thought it ought to mean assembly line therapy for reproductive diseases.] We shouldn't need "problems" to market production medicine, the esteemed colleague asserted. All this talk about "problems" is really damaging to the potential marketing of veterinary services. Clients are already too geared to think of vets as people to call only when there's a

disaster. What we need to develop in our food animal practice—destined students is the ability to market proactive programs, not problem solving.

These 2 different viewpoints, separated in time by 20 years, seem to be flip sides of the same coin. If production medicine is a one-time listing of generalities and platitudes, then the old practitioner was correct—we cannot market it. Such advice can be had free of charge in extension bulletins. It's only by tailoring the program to the problems that exist in a herd that we can market it; and every herd that is not already perfectly efficient has production problems. Developing the ways in which we can identify production problems must surely, then, be central to marketing and planning production medicine.

Yet, even when the specific problems of a herd have been identified, it is the height of naivete (or arrogance) to think that we can sit at our computers and map out the solutions. For problems as diverse as high cell counts in a dairy herd or half a million Iraqi soldiers in Kuwait (q.v., Powell quote), solutions are achieved by a process of convergence involving initial planning and implementation followed by monitoring and changes, more monitoring and changes, etc., until a workable solution is found. The successful program may or may not resemble the initial concepts. John Ferry, a production medicine practitioner from New York, tells producers up front that "they are joining me in a great big experiment...I may have to change my mind." Indeed, for a practitioner to claim otherwise seems borderline



Based on data from 4085 Minnesota herds reported by Pecsok, et al; JDS 75:317-325, 1992.

Monitoring current repro management

(similar to method described by Charles Gardner)

1. All services are listed in chronologic order.
2. X's are drawn through service dates of cows that are serviced again.
3. On exam day, a line is drawn under the most recent cow that can be examined (e.g., 30 days since bred).
4. Open cows are circled.
5. Conception rate is computed by dividing the number pregnant by the total number serviced (among cows examined on the current visit).
6. An index of heat detection efficiency is computed by dividing the number of cows serviced again (X's) by the number of cows presumed to have come into heat again (sum of X's and open cows).

they have too much inertia). To Gardner, his charts are clearly more than nice records of progress, they are a marketing and an educational tool: "This is my hook, this is what I need to convince him that he needs my service in his herd." Once the problems are identified and agreed upon with the client, the steps involved in solving them are much easier to market and implement. Gardner puts his major emphasis on client education—"right on the farm"—and includes farm employees in these efforts.

The inspiring message this writer absorbed from Gardner and Ferry's presentations was that there is nothing to keep a practitioner who is doing routine "repro" exams from monitoring a few key parameters and pointing out problems to clients. For some herds this can slowly develop into a full-fledged production medicine program, the producer and veterinarian learning the techniques together. The process might be speeded along by monitoring the outcome of, say, retained placentas or severe metritis cases. If you can demonstrate substantially poorer fertility in such cows, this can provide a basis for a wider involvement in herd management. Many veterinarians have begun monitoring condition scores as part of repro exams to much the same purpose. Donald Klingborg, a California veterinarian tracks metritis rates, especially in dystocia cases, as a monitor of dry cow and maternity pen management. Klingborg is well aware of the problems with sensitivity and specificity of post partum exams, but in a sentinel mode this is not nearly so much of a problem as it is for therapeutic purposes. Using exam data in this manner seems like an idea that would require very little extra time yet would go far to convincing a client that he or she needs production medicine services.

But can you charge for production medicine? Ask Gardner or Ferry or Klingborg; ask just about any swine or feedlot veterinarian. A more relevant question is: "Will there, in 10 years time, be a place for food animal practitioners who haven't made at least a partial transition to production medicine?" One egghead is betting that the answer is no.

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Cow	Date	Examined
381	5-2	
294	5-4	
543	5-11	Examined 7-12
340	5-12	
310	5-18	
514	5-20	
710	5-21	
272	5-23	
692	5-26	
191	5-30	
310	6-1	CR = 6/15 = 40%
123	6-5	HD = 6/9 = 67%
319	6-6	
397	6-6	
244	6-6	
381	6-2	
266	6-10	
788	6-13	
222	6-15	

pompous and unnecessarily restricting.

This ability to manage implementation so as to converge on solutions seems more marketable than the feigned wisdom of Solomon since most clients will sooner or later recognize bluster. Also, marketing implementation keeps on paying for years in contrast to dispensing absolute edicts. Where is the herd that has solved all of its production problems and has perfect productivity?

But, how do we make the transition from traditional veterinary services to production medicine? We can't just say to our clients, "Now we're going to do production medicine in your herd." Clients have to be convinced of the need for production medicine even before we can begin to persuade them of our qualifications to do it. A 1-day symposium on this subject, organized by Lawrence Hutchinson, was held at Penn State University last November. The featured speakers, Charles Gardner and John Ferry, provided a contrast of style and emphasis. Yet, they did have one very interesting element in common. Both of them placed great importance on the monitoring of selected performance and

health statistics, but neither routinely used computers for this purpose. Both used hand constructed graphs on pre-made templates. A great deal can be said for the efficiency and flexibility that computers offer, but, based on the experiences of Gardner and Ferry, a solid production medicine program can be run without computerization. In fact, Ferry was very skeptical of production medicine programs centering solely on computer analyses: The corner stone of production medicine is "not what we do with computers but how we help the farmer take care of his cows....If we're trying to influence production through ration balancing and ignoring cow comfort, our efforts are destined to fail."

Gardner depends on DHIA reports; "I can't imagine practicing without it." He has learned which of the DHIA Herd Summary statistics to trust and monitors 10 or so of them (or functions of them) on custom graph templates. He also monitors a few statistics he collects himself such as conception rate and heat detection efficiency (shown in the inset at the top of the page) for which he feels the DHIA equivalents do not give an accurate picture of current conditions (ie,