

The Evolution of the Veterinary Teaching Hospital

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Where have we been?

Where are we headed?

“It is not the strongest of the species that survive, nor the most intelligent, but those most responsive to change.”

C. Darwin

The unique challenge of the Veterinary Teaching Hospital is to

- remain financially viable

to enable

- teaching and
- clinical research

while

- providing public service

within the veterinary medical services market.

Evolutionary Forces – Market

Demand

- Economic prosperity
 - Income and wealth
- Human / animal bond
- Increasing willingness-to-spend

Supply

- Improved technology
- More specialists available

Evolutionary Forces – Institutional

- Shrinking state support for higher education
- Increasing costs of operation
 - overhead – health insurance
 - technology
- Inefficiencies
 - administrative
 - operations
- Graying professoriate
- Inertia – resistance to change

Evolutionary Forces – Veterinary Medicine

- Incomes lagging other professions
- Inefficient delivery systems
- Challenges in clinical training
 - species focus
 - primary vs. secondary vs. wellness
 - entry-level graduate competencies
- Lack of diversity
- Manpower shortage

Where does that leave us now ?

- Increased financial constraints in the VTH?
- Loss of "cutting edge" facilities and equipment?
- Shrinking referral caseloads?
- Losing faculty to private practice?
- Faculty searches with small applicant pools?
- Finishing residents headed for private practice?
- Frustrated faculty and staff that remain?

Where does that leave us now ?

- Inadequate critical mass of specialists?
- Changing nature of the caseload?
- Need to improve quality of service?
 - communication, timeliness
- Need to enhance diversity?
 - faculty, staff, clientele

Is this an ideal situation for training students and residents?

Faculty Comments

- Most schools are not even close in the salaries...
- Used to be that universities were the only place where advanced equipment could be found...
- The love of teaching ... can be met in practice
- Plenty of space, multiple exam rooms, procedure rooms, ... thousands of square feet
- Biggest reward in practice is ... control ... less red tape

Faculty Comments (cont.)

- Present faculty can be terrible role models
- In a specialty practice, fewer bottlenecks
- Inefficiencies of VTHs and bureaucracy of universities...
- Don't have to take exams home to grade at night
- More control over scheduling
- Too much time wasted by committee work and paperwork
- Not everyone can do the triple threat

Faculty Comments (cont.)

- Reasons to stay in academia:
 - teaching residents
 - research
 - vacation and holiday time
 - good benefits

Where to go from here ?

Not all doom and gloom – great opportunities exist!

Need to take charge of the VTH evolution !

Summary of discussions and progress to date...

Background – KPMG (Mega) Study, 1999

- Economic health of the profession is not good
- Incomes: lagging and compounding debt load
- Creating demand: unprecedented and unmet
- Inefficiency of healthcare delivery system
- Skills, knowledge, aptitude, and attitude (SKAs)

Scientific, technological, and clinical skills and knowledge are necessary but not sufficient to produce successful veterinarians.

Also need:

Business expertise, interpersonal and communication skills, teamwork, cultural sensitivity, leadership

Background – NCVEI



- Established in 2000 to follow-up on the Mega Study.
- Funded by AVMA, AAHA, AAVMC, and Founding sponsors



Sponsors



SKA Projects

- Core competencies for success in veterinary medicine (PDI Study)
- Careers in veterinary medicine -- beliefs and values of potential applicants
- Model curriculum for non-technical SKAs
- The veterinary teaching hospital business model
- Leadership needs in veterinary medicine

(note funding sources)

*Is it possible to model good leadership
and management practices in the
Veterinary Teaching Hospital?*

Objectives

- Develop and publish an ideal VTH business model using the expertise of academicians, private practitioners, and consultants; provide benchmarks to assess VTH management and target areas for improvement

Non-Faculty Focus Groups

- VTH administrators
- AAHA practitioners
- AVPMCA consultants
- AABP practitioners
- NAVCA administrators
- AAEP practitioners

Faculty Focus Groups – 2002

- November 12 – University of Minnesota
- November 13 – University of Wisconsin
- November 15 – The Ohio State University
- November 18 – University of California, Davis
- November 20 – Washington State University
- December 2 – University of Florida
- December 4 – North Carolina State University
- December 6 – University of Illinois
- December 12 – University of Missouri
- December 13 – Tufts University
- December 19 – Michigan State University

Results

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Why is this topic important ?

- VTHs face key management challenges
 - changing market structure
 - recruitment and retention of faculty
 - maintaining an adequate caseload for teaching
 - financial pressures – "...the VTH is a business and it needs to make money."
- Student training in the VTH
 - importance of first impressions
 - perceptions of the importance of good management
- Improved practitioner relationships

Balancing the Mission – Issues

- Differential emphasis on research (vs. teaching, service) can lead to burned-out clinical faculty
 - results in poor service and a poor model for students
 - drives clinical faculty out of academia
- Need balance within the teaching caseload
- Difficult for individual faculty members to achieve an appropriate balance on their own
- Ad hoc decisions can be counterproductive

Balancing the Mission – Suggestions

- Strong, effective leadership is needed
 - Have a clear vision
 - start in the Dean's office
 - Structured strategic planning and management are strongly recommended
 - focus on what's best for the college – maybe not all colleges need to provide every program
 - maintain a global view, remain flexible
 - include faculty input
 - Reward system is crucial
 - clinical track vs. tenure
 - Utilize outside consultants

Management Topics

- Finance

- Cost accounting
- Budgeting
- Reporting
- **Benchmarks**

- Pricing

- Setting prices
- Adjusting prices

- Legal/Ethical

- Human Resources

- Faculty issues
- Staff issues

- Marketing

- Referring veterinarians
- Clients/public

- Operations

- Efficiency
- **Benchmarks**

Recommendations

Across Schools

- Communicate the VTH Business Model results to all the schools
 - include both administrators and faculty
- National dialogue on “Balancing the Mission”
- Enhance networking among VTH Directors and administrators
- Develop VTH management benchmarks
 - financial performance
 - operations

College-level

- Actively engage in strategic planning and management
 - clearly define the vision/mission of the VTH
 - carefully consider each management topic
 - be progressive in setting goals
 - actively monitor progress toward goals
 - engage outside expertise

Subsequent Discussions

AAVMC – AAVC – NAVCA

Joint Discussion – March 2004

- A single model is not feasible
- Two main thrusts exist:
 - strategic
 - operational
- Recommendation – separate strategic from operational for follow-up

AAVMC – AAVC – NAVCA

Recommendations: Strategic

- Modify agenda of AAVMC annual meeting to have the VTH as a regular discussion topic
- Start discussion with a forum at 2004 AVMA meeting in Philadelphia
 - articulate the threats
 - broaden the question
 - How will we provide clinical training in the future?

AAVMC – AAVC – NAVCA

Recommendations: Operational

- Initiate NAVCA and AAVC benchmarks discussion
 - Coordinate at NAVCA meeting in fall 2004
 - Invite a core group from AAVC
- Develop an answer for the question:
 - “What do we want to teach students about leadership and management in the VTH?”

AAVMC Forum – July 2004

- Strategic issues
 - Clinical training of veterinary students
 - What is an entry-level skill set, and how do we develop it?
 - Training clinical faculty and specialists
 - Don't lose sight of clinical research
- Operational issues
- Consensus
 - Don't lose the academic mission
 - Need to heighten awareness of faculty

AAVMC Forum – July 2004

- Action steps
 - Identify definition of entry level graduate
 - Regional Centers for excellence
 - Inform faculty
 - Continue to share successes and failures
 - Identify benchmarks
 - Explore partnerships with private sector
- AAVMC leadership (with AAVC) – task force
 - Facilitate AAVMC - AAVC - NAVCA networking
 - Modify agenda of AAVMC annual meeting to have the VTH as a regular discussion topic

NAVCA Meeting – September 2004

- What benchmarks would be useful for managing the VTH?
 - Financial measures
 - Operating measures
 - Developing definitions
- Recommended follow-up
 - Take NAVCA list to AAVC for prioritization (top 10)
 - Return to NAVCA with AAVC feedback
 - Append to (amend?) comparative data report
 - First report based on FY 2005

NCVEI Board Meeting – February 2005

approved funding for travel to veterinary schools /
colleges to engage in SKA dialogue



Where do we go from here ?

Breakout Group Discussions #1

- Share your best practices
 - Balancing the mission
 - Recruitment / retention of faculty
 - Maintaining / enhancing caseloads
 - Enhancing management and operations
- Select group leader
 - Report back
 - Panel discussion over lunch

Breakout Group Discussions #2

- Where do we go from here?
 - Maintain momentum
 - Continue dialogue
 - Engage AAVC and NAVCA with AAVMC