Making Emergencies Suck Less: Addressing a Significant Obstacle to Retaining Veterinarians in Rural Mixed-Animal Practice

Abstract

Veterinary practices in rural areas face unique challenges that can impact their efficiency, profitability, and ability to retain staff. This paper examines a common obstacles faced by rural mixed-animal veterinary practices-after hours emergencies

Keywords: rural veterinary practice, emergency care, veterinarian retention, mixed-animal practice, rural challenges

1. Introduction

Rural mixed-animal veterinary practices are vital for maintaining animal health in less populated areas. However, these practices face several obstacles that can affect their efficiency and ability to retain veterinarians. Working during non-scheduled office hours is a common complaint of associate veterinarians. This paper aims to explore this obstacle and provide some ideas of how the profession might overcome it.

1.1Review of obstacles to retaining veterinarians

1.11. Salary and benefits vs. student debt

1.12. Lack of mentorship and slower competency development

1.13. Standard of care, ethical standards, and community trust

1.14. Isolation and spousal employment

1.15. Injury and health concerns

1.16. After hours and over-scheduled workloads

2. Case study: rural mixed-animal practice

2.1. Practice overview

Our practice operates two clinics across two counties, covering an area of 1,800 square miles. The practice includes five veterinarians (four full-time equivalents) and seventeen support staff. The population served includes approximately 20,000 and 5,700 people, respectively, with around 15000 beef cows.

2.2. Emergency call data

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The practice handles approximately 160 emergency calls per year, generating an average of $275 per call. Although emergencies constitute 1.8% of total income, the actual number of emergency calls answered is significantly higher due to additional phone calls managed by the emergency group. The majority of emergency calls are small animal-related, with less than 10% involving large animals. We have very few small producers in our area, but small producers constitute over 90% of our large animal emergency calls.

2.3. Emergency group structure

Our emergency group, established in 1988, consists of six veterinarians across three clinics. We coordinate emergency services with reasonable driving distances and swap weekends and weeknights. Our rules include hauling in only non-client cases, requiring payment at the time of service, and referring small animal emergencies to an emergency clinic after 10 PM.

Larger clients have the ability to contact us directly, but rarely ever do. If a technician has to be called in, they are compensated with a flat fee plus overtime pay.

3. Addressing the challenges

3.1. Enhancing financial compensation

We offer a compensation model that includes 50% of revenue collected on after hours emergencies. This model is favorable for new graduates and provides additional income potential. For more experienced veterinarians, calculating compensation based on both a percentage of revenue collectedin addition to an emergency fee may offer a higher income to the associate.

Compensation for after-hours calls may cut into clinic profits but it may be money well-spent to make emergency duty more satisfying for associates.

3.2. Improving mentorship and professional development

Developing structured mentorship programs for after-hours emergencies is likely critical for less experienced veterinarians. Support and back-up for the early veterinarian may need to be available for an extended period due to slower competency development.

3.3. Addressing community integration

Veterinarians new to the practice should be informed and aware of special clients.

3.4. Implementing efficient emergency care Systems

Utilizing answering services and triage systems can streamline emergency care and reduce the burden on veterinarians. Ensuring that emergency calls are managed effectively and providing adequate support during peak times can help manage workload and improve job satisfaction.

Joining together with other practices can ease the burden for all involved.

4. Other obstacles to overcome

4.1 Smalllivestock producers

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Piers, et al (Piers, 2019) found that 76% of backyard livestock producers had less than $10,000 annual income from their farm and that 43% of those producers had not sought veterinary care in the last 12 months.

Ward, Vestal, et al (Ward, 2008) found that 70% of Oklahoma cow calf producers were employed either full time or part time off the farm or ranch, 68% of producers had cow calf operations of less than 100 head, and 76% depended on their cattle for less than 40% of their income.

It seems likely that small producers make up a significant portion of rural veterinary emergency calls.

After hours calls from small livestock client may be diminishing due to reducing numbers of both small beef cow herds and beef cows in small herds. (See Table 1)

US Beef Cows	2017	%	2022	%	Difference	% Difference
All Beef Cows	31722039		29214479		-25027560	-8
All Beef Cow Herds	729046		622162		-106884	-15
Cows<100	13990092	44	11535196	39	-2454896	-18
Cows>100	17731949	56	17678683	61	-53266	-0.3
Herds<100	657146	90	557075	85	-100071	-15
Herds>100	71900	10	65087	10	-6813	-9

Table 1: 2017, 2022 USDA Census of Agriculture

4.2 Disassociation from other practices

Veterinarians may be reluctant to refer their better clients to another practice.

Practices may be reluctant to share after hours calls with other practices which do not diligently follow ethical guidelines. Practices or veterinarians who improperly utilize medications, dispense medications without a valid client/patient relationship, have poor medical record keeping or cut corners in patient care may find neighboring practices reluctant to share after hours calls.

5. Conclusion

Rural mixed-animal practices face unique challenges that can impact veterinarian retention and overall practice efficiency. Addressing issues related to afterhours emergencies may improve veterinary retention in rural mixed animal practices.

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7.References

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