

# Creating Partnerships Workshop

# Partnership Pathways:

Establishing a Veterinarian-Client Patient Relationship (VCPR)

**STUDY GUIDE**



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## ONLINE RESOURCES

Scan this QR code with your device camera, or go to [tx.ag/partnersresources](https://tx.ag/partnersresources) to access workshop materials and online resources.



Browse links to handy guides and information on topics including:

### ANIMAL HEALTH

- Cattle Handling Tips
- Cow Mineral Supplementation
- Supplies on Hand to Prep for Calving
- Livestock Fact Sheets
- Animal Health Advisories
- Beef Cattle Short Course
- Animal Sciences Resources

### DRUGS & FOOD

- Minor Use/Minor Species | FDA
- Veterinary Feed Directive (VFD)
- OTC Antimicrobials Changing to Rx-only
- ELDU and Withdrawal Time | FARAD
- Dairy and Beef Drug Residue Prevention
- Antibiotics in Feed
- Veterinary Feed Directive Overview

### BIOSECURITY & VACCINES

- Biosecurity in Livestock & Poultry Production
- Antimicrobial Resistance FAQs
- Injection Site Demonstration
- AAEP Vaccination Guidelines
- Keeping Vaccines Cool
- CVM Animal Health Vaccination Strategies
- Recommended Vaccinations for Large Animals

### VETERINARIANS & PRODUCERS

- Veterinary Vitals
- Texas Farm Bureau Radio Network
- USDA-APHIS Continuing Education
- Veterinarian Client-Patient Relationship (VCPR)
- Telehealth & the VCPR
- AVMA Veterinary Resources
- Agriculture & Livestock Resources



# THE VETERINARIAN-CLIENT-PATIENT RELATIONSHIP (VCPR)

is the basis for veterinary care –  
and is critical to the health of your animal



### **Establishing this important relationship requires all of the following:**

1. The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient(s) and the need for medical therapy, and has instructed the client on a course of appropriate therapy.
2. The veterinarian has sufficient knowledge of the patient(s) to initiate at least a general or preliminary diagnosis of their medical condition.
3. The client has agreed to follow the veterinarian's recommendations.
4. The veterinarian is readily available for follow-up evaluation, or has arranged for emergency or urgent care coverage, or has designated continuing care and treatment to another licensed veterinarian who has access to the patient's medical records and/or can provide reasonable and appropriate medical care.
5. The veterinarian provides oversight of treatment.
6. The veterinarian has performed a timely physical examination of the patient(s) and/or is personally acquainted with their keeping and care by virtue of medically appropriate and timely visits to the operation where they are kept.
7. Patient records are maintained.

Adapted from guidelines provided by the AVMA:

<https://www.avma.org/resources-tools/pet-owners/petcare/veterinarian-client-patient-relationship-vcpr>

# Communication: A Vital Role in Establishing a Viable Relationship



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## Objectives

- Rules of Engagement
- Rapport
- Your Five Needs
- Five New Communication Methods
- Conflict Resolution



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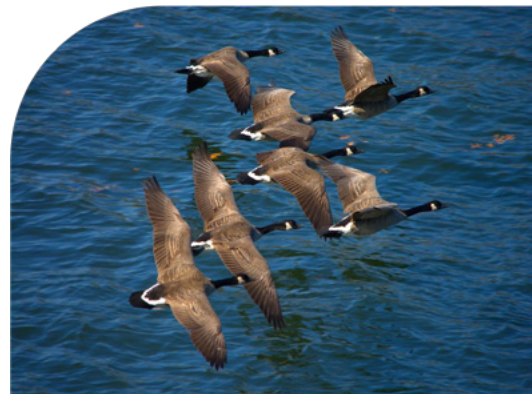
Everyone and every opinion has value.



## Rapport



One of the most important features or characteristics of subconscious communication. It is commonality of perspective: being "in sync" with, or being "on the same wavelength" as the person with whom you are talking.





What makes a  
good producer?




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What makes a  
good veterinarian?



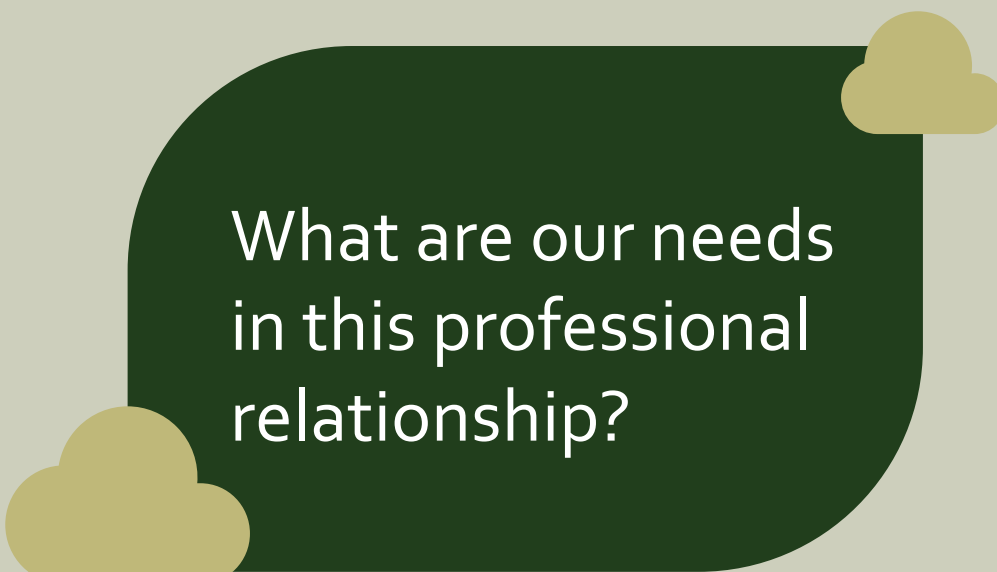
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What are our needs  
in this professional  
relationship?




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*“Our objective in  
life is to make each  
other better”*



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# Five New Communication Methods



1. Clarifying the Conversation e.g. *"What I hear you saying"*
2. Conversation Dynamics e.g. *Listen without preparing a response and then think (debate in my head) and then respond (6<sup>th</sup> grade debate and volleyball)*
3. Conversation Delivery e.g. *Shot put vs. Frisbee*
4. Continuing the Conversation e.g. *when you feel the conflict, address early in the relationship*
5. Relationship Building e.g. *No Zing Zones*



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*“It’s simple but transformative:  
Clear is kind. Unclear is unkind.”*

— Brene Brown

Adapted from *Dare to Lead*



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# Conflict Resolution



## The Adobe Method

Awareness

Discovery

Opportunities for compassion

Boundaries

Extend the system



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# Conflict Resolution



## The Adobe Method

**A**wareness

**D**iscovery

**O**pportunities for compassion

**B**oundaries

**E**xtend the system



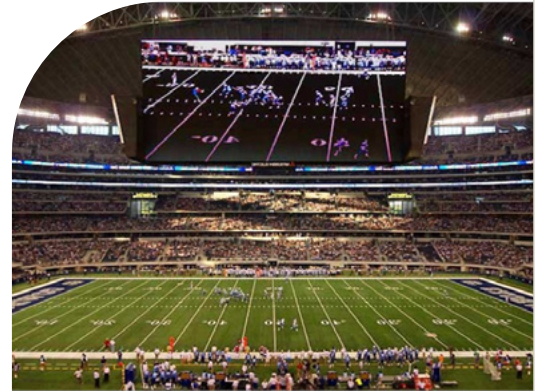
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# Awareness

ADOBE



## Acknowledgement



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# Awareness

ADOBE



Once you are aware of the potential issue or conflict?

1. Avoidance
2. Competition
3. Adaptation
4. Cooperation



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# Awareness

ADOBE



Once you are aware of the potential issue or conflict?

1. Avoidance
2. Competition
3. Adaptation
4. **Cooperation**



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# Discovery

ADOBE



Interests (animal) versus Positions

Yes...but to

Yes...and



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# Discovery

ADOBE



Just Say No...to "Yes, but..."



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# Opportunities for Compassion

ADOBE



Everyone listens for opportunities to express empathy



Everyone verbalizes or demonstrates empathic responses



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# Boundaries / Barriers

ADOBE



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# Extended Systems

ADOBE



Who Needs Help?

What Kind of Help?

Is It Me or Who Can Help?



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# Sharpening Our Communication and Relationship Abilities



- Practice makes perfect – Dr. John Pipkin
- Different tools for different jobs
- Experience and self-assessment (video rewind)
- Different personalities use different methods



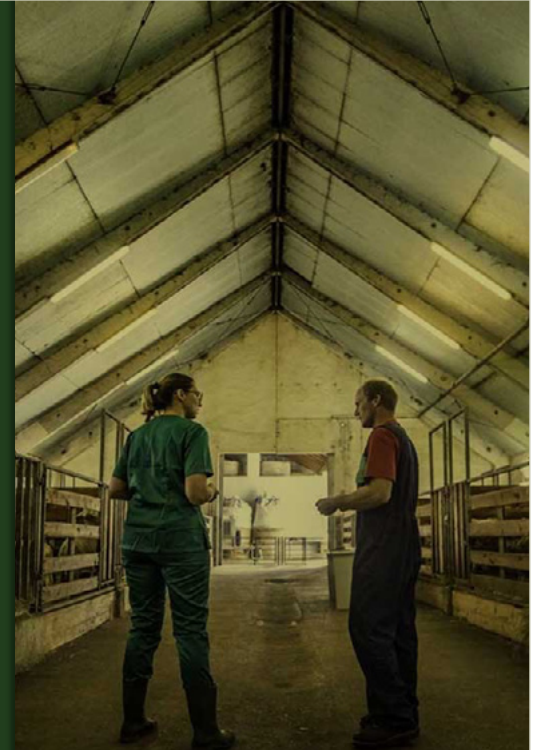
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## Takeaways

- Rapport is important in building relationships
- Your needs are important
- Practice the new communication methods
- Conflict Resolution is a skill that you can/must master




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# The Veterinary-Client-Patient (VCPR) Relationship Mystery



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## Extended Systems



A screenshot of a news website. The top navigation bar includes 'Open Access', 'Review', 'OXFORD ACADEMIC', 'Journals', and 'Books'. The main content area features several headlines: 'Rational Pharmacology: Drug Residues in E...', 'Special Report: Powerful antibiotic for cows often misused by farmers', 'Los Angeles Times: Cheating Scandal Grinds Up Image of Junior Livestock Shows: Morality: Young competitors' methods include drugs, dyes, glue, plastic surgery, even brutality. Youths beat lamb to harden its flesh. Boy force-fed water to a hog to boost weight; it died.', 'FSIS Issues Public Health Alert for Ground Beef Products That Tested Positive for E. Coli O157:H7', 'Illegal Drug Food Safety', 'Rural Nourishment LLC Recalls Beef Burger Patty Products Without Benefit of Inspection', and 'Sampling, Testing and Other Verification under the National Residue Program for Poultry Products - Revision 3'. The website also has a sidebar with 'Food Safety' and 'Recalls &amp; Public Health Alerts'.

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# Why Do I Need to Set Up a VCPR?



- State/Federally Mandated **and** Consumer Demanded
  - DVM licensure jeopardized with non-compliance
  - Antimicrobial resistance
  - Food supply residues from withdrawal non-compliance
  - Industry(ies) expectations
  - Interest group(s) expectations
    - Veterinary oversight for animal health, well-being, and wholesome food supply
      - *An individual to hold accountable*
    - Consumer confidence ("*wheels of the industry*")
    - Local, regional, global marketing



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# What is a VCPR?



- Foundation for interaction among DVMs
- DVM/client/animal(s) bonded to diagnose/treat medical conditions
  - Clinical judgments
  - Accept responsibility
- Knowledge of the patient(s) means
  - Timely visits to facility where animals live
  - Examining representative animals and/or
    - Medical records (yours)
    - Diagnostic results (baseline/subsequent)
    - Production records
    - Consults with personnel providing care



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# What a VCPR Isn't



- Established solely via telephonic, virtual, or telemedical platforms
- Texas State Board of Veterinary Medical Examiners website post:  
*"The statute and rule on telemedicine allow for veterinarians to provide care via telemedicine to existing patients. **However, a veterinarian client patient relationship may not be established solely through telemedicine.** There is no written guidance on how often a veterinarian must see an animal to maintain the valid client-patient relationship. During these times, we encourage our licensees to use their best judgment and use telemedicine where they can to meet the needs of their clients and patients."*



# Return on Your Investment (ROI)



- Access to services offered by your veterinarian requiring a VCPR
- United relationship growing into a partnership allowing veterinarian to help improve profitability
- VCPR commitment states the DVM is readily available to provide or has provided follow-up medical care in the event of an adverse reaction to or a failure of the regimen of therapy provided by the veterinarian
- "Not a relationship that disappears with the taillights of the vehicle"



# VCPR Starter Checklist



- A VCPR exists when your veterinarian knows your animal(s) well enough to justify to him/herself, you/your business, and DVM regulators reasons for diagnosing or treating medical conditions
- Your contribution allows your veterinarian to take responsibility for making clinical judgements about animal health and well-being
- What to expect with a VCPR
  - Might require on-site visits
  - Might require asking questions to ensure shared understanding of pertinent topics concerning animal health and following your veterinarian's recommendations (compliance piece)



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## Be Candid



- Scheduling site visits require clear and direct dialogue for Vet inventory stocking, daily scheduling, and the VCPR relationship
  - *"I just figured you always carried xyz in your truck, Doc."*
- Depending on your location, it might be an advantage to establish a VCPR with more than one veterinary practice
  - *It's okay to disclose with your primary-care veterinarian your intent to establish a Plan B relationship.*



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## What is My Veterinarian Looking at When Setting Up a VCPR?



- Purpose of initial premises visit
  - Emergency assistance
  - Non-emergent assistance
  - Requested prescription for suspected individual or population illness
  - VCPR-focused
  - Other
- Experience of personnel
  - Compliance
  - May require modification of preventive or therapeutic recommendations to achieve compliance



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## Premises Assessment



- Animal husbandry
  - Biosecurity
  - Preventive health
  - Nutrition
  - Housing
  - Stocking density
  - Confinement space
- Facilities
  - Processing/restraint
  - Isolation/treatment



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# Understanding the Operational Goals



- Primary/supplemental income
- Merchandising strategy of product
- Integrated status of production
- Property tax benefit
- Recreational
- In some situations, writing a standard operating procedures and routine drug orders for your farm inventory



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# True Stories



*Goats died after receiving 10X recommended dose of Multimin (injectable vitamin labeled for use in cattle) prescribed by a DVM to client with a valid VCPR. The goats were owned by another party that the VCPR client shared the product. The product was originally prescribed to the client 3 years prior to the event.*

*DVM had an established VCPR with a client and provided a Certificate of Veterinary Inspection (CVI or Health Certificate) on some livestock, without recent inspection of the consigned group, for interstate shipment. On arriving at the destination, the animals were recognized as diseased. Resulting litigation impacted the VCPR client and the DVM. Oh, the disease was confirmed to be zoonotic which is a potential threat to both animals and humans.*



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# True Stories



*DVM on premises performing vaccinations for heifer calves of VCPR client. The steer mates to the heifers in adjoining pen of the corrals caught the attention of the veterinarian. The DVM is very familiar with client and livestock enterprise, well-established relationship over time. DVM provided CVI five days later for these steer mates consigned to a feedyard without returning to examine the consignment. The VCPR relationship provided the veterinarian's recent visual assessment of the steers while on the premises. The familiarity/trust/competence level of the client and livestock management capabilities ensured confidence for the DVM providing the CVI.*

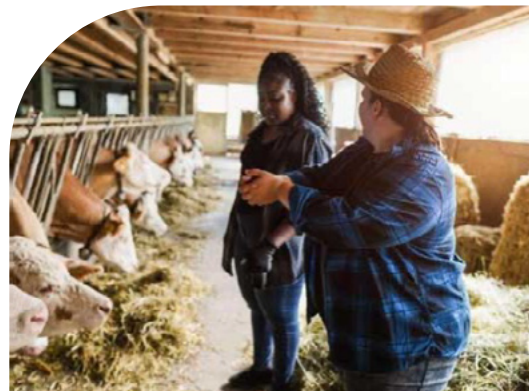


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# True Stories



It's all about the relationship and trust between parties. You might have relationships with people you trust to loan tools handed down from your parent. Other folks you know you wouldn't be comfortable loaning a crowbar. You might feel comfortable loaning your cookware or dressy clothes to someone you know. Others might not return it in the same condition or might not return the items at all. You probably trust and follow advice from some relationships more than others. **This is how the VCPR performs.**



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# As You May Know



- The FDA will change the status of most antimicrobial drugs from over-the-counter (OTC) to prescription (Rx) use only
- June 12, 2023
  - *Guidance for Industry #263 goes into effect*
  - <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/cvm-gfi-263-recommendations-sponsors-medically-important-antimicrobial-drugs-approved-use-animals/>
  - ***If you have a valid VCPR, you will be able to get a prescription from your veterinarian to purchase antimicrobials from them or a distributor***
    - Many of these products have long been available at your local co-op and farm supply
    - Applies to all food supply species and horses, pet rabbits, backyard chickens
  - Included: penicillin, sulfa-based drugs, boluses, intramammary mastitis tubes
  - LA-200, Bio-Mycin, Terramycin among others



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# State/Federally Mandated, Consumer Demanded



- According to the Centers for Disease Control and Prevention (CDC), in the United States alone, at least 2 million people become infected annually with bacteria that are resistant to antibiotics. At least 23,000 people die each year as a result of these infections. The non-therapeutic use of antimicrobial drugs in animals that enter the food supply contributes to this problem, the CDC says.
- The FDA supports judicious use of medically important antimicrobials in all settings. "Labeling changes as a result of GFI #263 are one example of how we can assist farmers and ranchers to strengthen their stewardship efforts when using these drugs," FDA notes. (Learn more here: [GFI #263: Frequently Asked Questions for Farmers and ... - FDA](#))



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# Things to Consider



- Some products will remain available for OTC purchase
- Some anti-parasiticides
- Injectable and oral nutritional supplements
- Oral pro/prebiotics
- Topical non-antibiotic treatments
- If you have a VCPR you're unlikely to notice much of an impact on livestock management practices



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## Questions?



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# Benefits of a Veterinary-Client-Patient Relationship (VCPR) for the Use and Accessibility of Drugs



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Up until now, you could obtain drugs like LA-200 and Penicillin at the local feed store.

Why did this stop?

- So veterinarians could make more money?
- A scam between the veterinarians and drug companies?
- Another government micromanagement tool?

**NONE OF THE ABOVE!**



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## Two Predominant Reasons For this Change

1:

Prevent  
residue in  
our food  
supply



2:

Prevent the creation  
of bacteria and  
diseases in humans  
that are resistant to  
antibiotics used in  
human medicine



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## Residues in Our Food Supply



Penicillin in our steaks?



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# Am I Eating an Antibiotic in My Burger?

- Residues are a small amount of drug that remain in the body until they are eliminated
- If animals go to harvest too soon these residues are still in the body and can be consumed
- If you are allergic to penicillin, consumption of these residues may be deadly!!!



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## Resistant Bacteria

Remaining residue is not strong enough to kill all the harmful bacteria, some of which cause significant disease in humans

Many, if not most of the antibiotics we use are also used in human medicine

The bacteria that survive grow and multiply

Each population of bacteria become more and more resistant to the antibiotic

The end result may be a bacterial infection in a human that can't be killed by ANY antibiotics!



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## Still Not Convinced?

- Veterinarians are required by law to inform you of any withdrawal time on any drug that that you administer to a "food animal"
- Pets? Still the law!
- Veterinarians can legally use and PRESCRIBE FOR YOUR USE some drugs in an extra-label manner
- Higher dose, frequency, and different disease
- All drugs have established withdrawal times on the bottles, even the ones you used to be able to get over the counter
- A VCPR ensures you are going to use these drugs appropriately in the extra-label fashion and not have violative residues!



## Examples



### Penicillin

label use and  
withdrawal time



### Oxytetracycline

has a withdrawal time  
but NOT FOR SMALL  
RUMINANTS



### Flunixin

has a withdrawal time  
but NOT FOR SMALL  
RUMINANTS





- Allows your animals to be treated with the most appropriate drugs
- Can't diagnose things by telephone
- If we have an established VCPR, as veterinarians, we can sometimes prescribe drugs based on what you are telling us, without actually seeing the animal
- Even enhanced today with videos and pictures!
- We have to trust you know what you are doing, and will follow directions especially when we prescribe something "extra-label"



## What are some of the most common residues?

### Penicillin

Remember our example?  
On the label using that  
does..... 10 day WT

When we use it "extra-  
label" ..... It's 30 days!!!

### Oxytetracycline

### Desfuoylceftiofur

(Exceed, Excenel, Naxcel)





## What's at Stake?

- Fines!
- Paying for others milk!
- Training!
- Reputation – repeat offenders list!
- Lost markets



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## Residue Risks

### Milk

- Receive a notice and can't sell their milk until it is cleared
- Have to pay for all milk lost
- Have to take residue training and meet with inspectors

### Meat

- Receive a warning and a visit!
- More than 2 violations within 12 months
- Repeat offenders list
- Alert livestock markets to warn them these producers are at a higher risk for residues
- The USDA can limit and stop sales!



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# 5 R's of Residue Avoidance

Number one of the 5 R's:

**RELATIONSHIPS!!**

Establish a Veterinary-Client-Patient Relationship!

1. Relationships
2. Responsible Use
3. Recordkeeping
4. Respect
5. Remove Doubt

*University of Minnesota*



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How Do I Get One of These?

- Contact a local veterinarian
- Farm visit
- Look over herd/flock
- Examine vaccine schedules, records, goals, nutrition
- Sick animal
- DON'T WAIT!!!!!!!
- Some practices don't provide after-hours services for non-established clients



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# Questions?



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## Utilize the Veterinary Feed Directive and Additional Guidelines in Establishing a VCPR



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# History of Medicated Feed



1940s — 1950s

Antibiotics started being added to feeds  
(*Journal of Applied Animal Nutrition, Vol. 4; e3*)

1962

Kefauver Harris Amendment

- Required drug manufacturers to provide proof of effectiveness

1968

Animal Drug Amendments

- Ensure that animal drugs are safe and effective for their intended use
- Do not result in unsafe residues
- Clearance for use of a drug in a medicated feed

1996

Animal Drug Availability Act

- Provide new flexibility to get new animal drugs and medicated feed to market  
(<https://www.fda.gov/about-fda/fda-history/milestones-us-food-and-drug-law>)



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# History of Medicated Feed



FDA instituted current Good Manufacturing Practices (cGMPs) for feed in 1965  
(*JFScheid in Animal Feed Contamination, 2012*)

Second Generation of Medicated Feed Rules

- **Category I** – no withdrawal time
- **Category II**
  - Withdrawal time- the time required after the administration of a drug needed to assure that drug is eliminated from the body.
  - Zero tolerance for residues
- **Type A** medicated article– Regulate as new animal drug
- **Type B or C** medicated feed – Regulate as animal feed containing drug
- **Category II Type A** products must be licensed (Medicated Feed Application)



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# cGMP Guidelines



## FDA licensed feeds

- Minimum requirements
- Not precise instructions
- Flexibility for various types of feeds, equipment, facilities.
- Handling and proofreading labels

## Non-FDA licensed feeds

*'Labels shall be received, handled, and stored in a manner that prevents label mixups and [ensures] that the correct labels are used for the medicated feed. All deliveries of medicated feeds, whether bagged or in bulk, shall be adequately labeled to [ensure] that the feed can be properly used.'*



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# History of Medicated Feed



1996

## Animal Drug Availability Act

- Feed mill licensing
- Veterinary Feed Directive
- Substantial evidence of effectiveness
- Feed use combinations of new animal drugs

2013

## FDA Industry Guidance

- Remove all medically important production drugs from feed use in 3 years
- Only use drugs for therapeutic purposes



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# Veterinary Feed Directive



## Animal Drug Availability Act 1996

- Final Rule – December 8, 2000
- Code of Federal Regulation, Title 21, Chapter 1, Subchapter E, Part 558

## Veterinary Feed Directive (VFD)

Written (nonverbal) statement issued by a licensed veterinarian in the course of the veterinarian's professional practice that orders the use of a VFD drug (or combination) in or on an animal feed.



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# Veterinary Feed Directive



## VETERINARIAN'S ROLE

### §558.6 (b)

- Licensed veterinarian in the course of professional practice and in compliance with all applicable requirements.
- Must be in the context of a veterinarian-client-patient relationship (VCPR) as defined by the State or §530.3(i)
  - Veterinarian assumes responsibility for medical judgements
  - Client agrees to follow the instructions of the veterinarian
  - Sufficient knowledge to initiate at least a general or preliminary diagnosis
  - Veterinarian is readily available for follow-up
  - The veterinarian has recently seen and is personally acquainted with the keeping and care of the animal(s) by virtue of examination of the animal(s), and/or by medically appropriate and timely visits to the premises where the animal(s) are kept.



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# Veterinary Feed Directive



## FEED MILL/PRODUCER ROLE

§558.6(c): The distributor is only permitted to:

- Verify the VFD has all required information
  - Veterinarians will ask for information from producers, and feed mills will verify that the information was obtained.
- Distribute an animal feed containing a VFD drug or combination VFD drug only if it complies with the terms of the VFD and its label
- Must keep VFD feed manufacturing records for 1 year



**ALL parties must keep a copy of the VFD for 2 years.**



# Medicated Feeds



Why are medicated feeds used?

- Prevent diseases
- Treat diseases
- Control diseases
- **Improves growth rate – not allowed for 'medically important'\* antibiotics**

VFD and prescriptions for medications in water

- Regulate the use of medically important antibiotics\*

*\* Medically important antibiotics are those that are used in human medicine as well as veterinary medicine.*



# Medicated Feeds



## When are medicated feeds used?

- Treatment
  - 10% incidence in one day
  - 25% incidence in 3-5 days
- Prevention
  - Highly infectious disease (i.e. Bovine Respiratory Disease)
  - High incidence of disease (i.e. Bacterial enteritis)
  - Seasonal/climate risk
- Control
  - Low prevalence of disease
  - Pathogen that survives well in the environment (i.e. Anaplasma)



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# Medicated Feeds



## MEDICATIONS THAT DO NOT REQUIRE A VFD

(not medically important)

- Amprolium
- Bacitracin
- Bambermycin
- Decoquinat
- Fenbendazole
- Laidlomycin
- Lasalocid
- Melengestrol Acetate
- Methoprene
- Monensin
- Morantel
- Poloxalene
- Ractopamine
- Tetraclovinphos

(<https://bqa.unl.edu/veterinary-feed-directive>)



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# Medicated Feeds



- Like other pharmaceuticals, withdrawal times still apply to medicated feeds.
- Any medication added to the feed cannot be used in an extra-label manner.
- Requires a VFD if “medically important”
- Requires a prescription if administered through the water



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# Growth Promotion



- Related to interactions with intestinal microbes
- Improved:
  - Feed efficiency
  - Average daily gain
  - Nutrition
  - Genetics
  - Understanding of the microbiome



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## Effects of the VFD – Medically Important Drugs



### 2021

- 64% of antimicrobials sold were VFD
  - 55% of fed antimicrobials were of the Tetracycline class

### 2012 – 2021

- Huge increase in prescription and VFD drugs
- Net decrease in overall antibiotic usage by 33%
- 35% decrease in fed tetracyclines
- 72% decrease in fed sulfonamides
- 50% decrease in other fed drugs



*(2021 Summary Report on Antimicrobials Sold or Distributed for Use in Food-Producing Animals)*



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## Effects of the VFD – Medically Important Drugs



### 2014 – 2019

- Tissue Residue Study
  - 36% reduction in odds of finding sulfonamide residues
  - 24% reduction in odds of finding tetracycline residues



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# Effects of the VFD – Medically Important Drugs



Net 16% decrease in sales

INDICATIONS	% TOTAL
Production Only	3%
Production/Therapeutic	77%
Therapeutic	20%
Total	100%



**Production:** increased rate of gain or improved feed efficiency  
**Therapeutic:** treatment, control, or prevention of disease



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# Further Guidelines



## FDA Guidance for Industry #263

- Facilitate voluntary change for over-the-counter drugs to prescription
- Focus on medically important antimicrobials
- Final implementation June 11, 2023



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# Takeaways

- The VFD has been successfully accomplished its purpose:
  - Reducing the use of antibiotics
  - Promoting the judicious use of antibiotics
- Guidance #263 seeks to continue to enhance judicious use
- Created an avenue to strengthen the bond between veterinarians and producers



Creating Partnerships

## References



- Journal of Applied Animal Nutrition, Vol. 4; e3
- Milestones in U.S. Food and Drug Law | FDA <https://www.fda.gov/about-fda/fda-history/milestones-us-food-and-drug-law>
- JF Scheid in Animal Feed Contamination, 2012
- Animal Drug Availability Act 1996 - Code of Federal Regulation, Title 21, Chapter 1, Subchapter E, Part 558
- FDA Guidance for Industry #209
- FDA Guidance for Industry #213
- Veterinary Feed Directive | Beef Quality Assurance Program | Nebraska (unl.edu) <https://bqa.unl.edu/veterinary-feed-directive>
- FDA Guidance for Industry #263
- 2021 Summary Report On Antimicrobials Sold or Distributed for Use in Food-Producing Animals (fda.gov) <https://www.fda.gov/media/163739/download>



Creating Partnerships

# Distance Animal Care



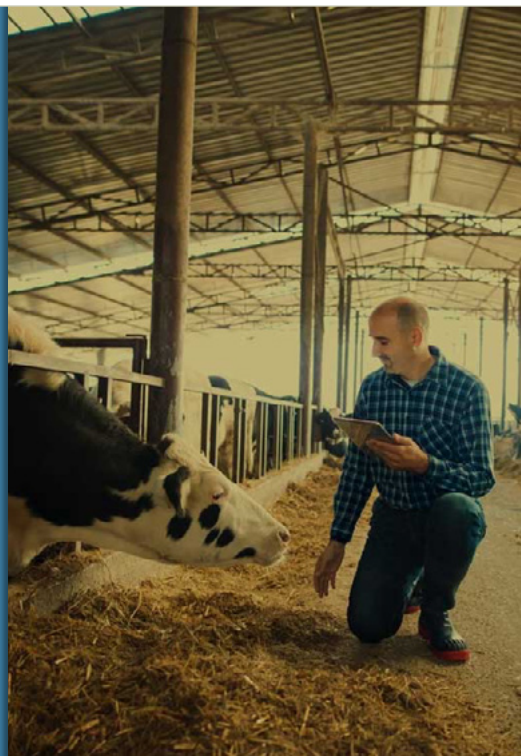
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## Agenda

- Start with the Reason Why?
- Reminders
- Definition: What are we talking about?
- Discussion on Advantages & Disadvantages
- Skill building – Pictures & Videos
- Let's train – Scenarios



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Always start  
with the why?



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## Why?



What are some reasons to explore distant animal care with your veterinarian?

1. Process of establishing better relationships
2. Better care
3. Finding solutions faster
4. Management of current cases
5. Reduces stress
6. Better understanding of the operation



Creating Partnerships

# How? Establishing the VCPR



**REMINDER:**  
A VCPR may not be established solely  
by telephone or electronic means.



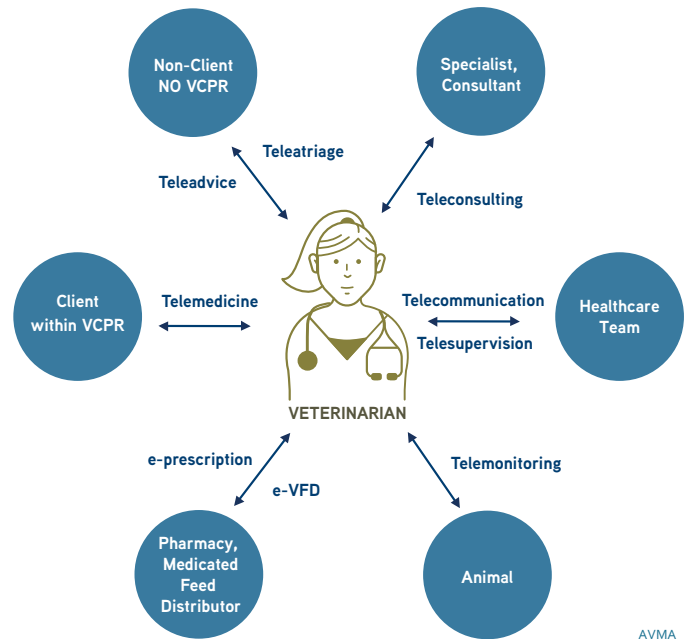
How Do I Get  
One of These?



**VETERINARY  
CARE**



## DEFINITION



Creating Partnerships

## Advantages & Disadvantages of Distance Care



Facilitated Open Conversation –  
White Board 5 MINUTES

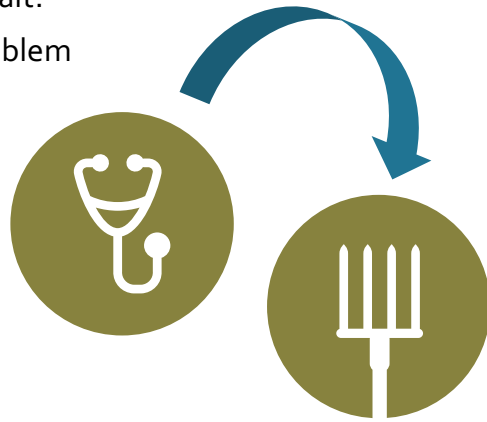


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# What Does the Producer Need From the Veterinarian?



- Advice – “is this an emergency or can it wait?”
- Help to discover possible cause of the problem
- Find solutions to the problem
- Availability
- Price



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# What Does the Producer Need From the Veterinarian?



- Primary problem
- Symptoms that you are seeing
- Time frame – for how long?
- Condition – critical?
- Team work – producer answer questions and vet does the same



Creating Partnerships

# Support of Distance Care



## The Good, The Bad, & The Ugly

- Pictures
- Video



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# Building Good Photo Skills



1. Practice Photography - This is not easy and it is especially hard to take photos of a moving object that you can't ask to stand still!
2. Patience - Taking photos takes time.
3. Persistence - I find time to watching cattle (animal) behavior and be an observer.
4. Perfection - Never acquired, but we all improve with effort.
5. Pursue - Important in disease detection



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# Photo/Videos



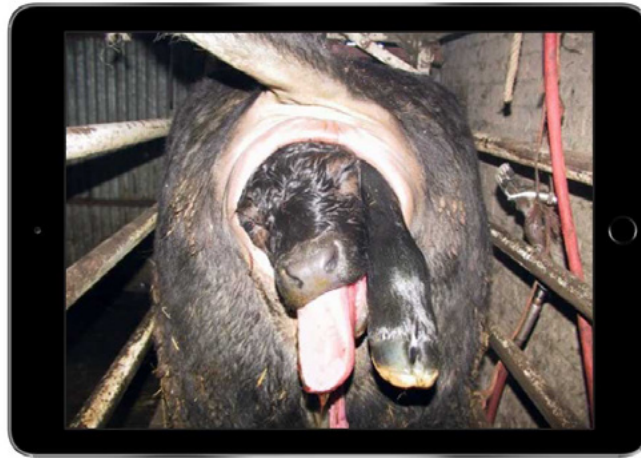
1. Define what you are trying to show - tell us
2. Get the right distance to show perspective
3. Get down on their level
4. If you are showing a problem; start away and move in to get the best images or video
5. Check your steadiness of hands - everyone shakes but there is technology to help
6. Check before you send.



Let's  
Practice



# Scenarios – Let's practice Telemedicine



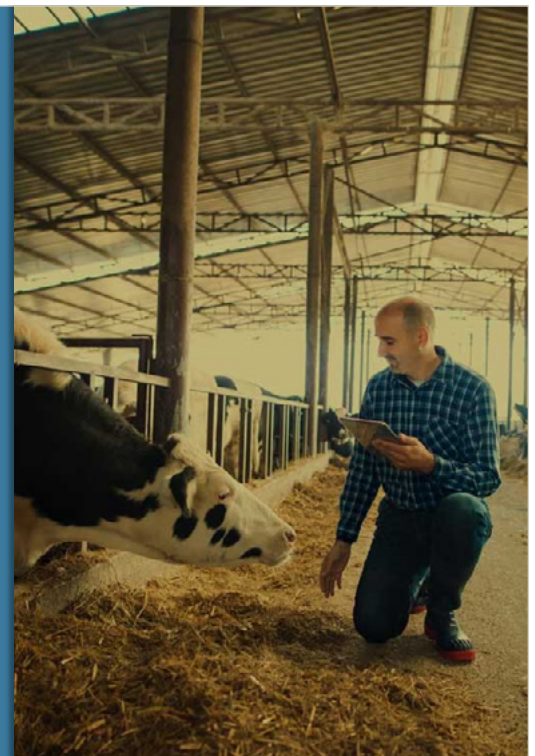
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## Summary

- Explored the reasons why
- Different types of telecare
- Pictures & Videos skill building
- Let's train – Scenarios



Creating Partnerships





# Creating Partnerships Survey for Producers

## RESULTS AT A GLANCE



### SURVEY GOALS

**Explore** challenges rural producers face in sustaining their operation.

**Understand** rural producers' current relationships with veterinarians.

**Recognize** rural producers' perspectives on creating partnerships with veterinarians.

### WHO RESPONDED?

Total Number of Responses

**58**

69% Male

31% Female

Participants' Average Age

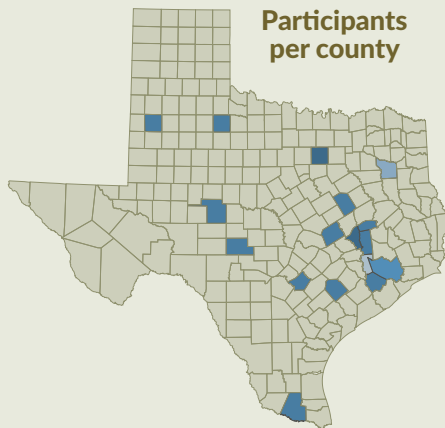
**53**

Ranged 19-75

Average Years of Experience

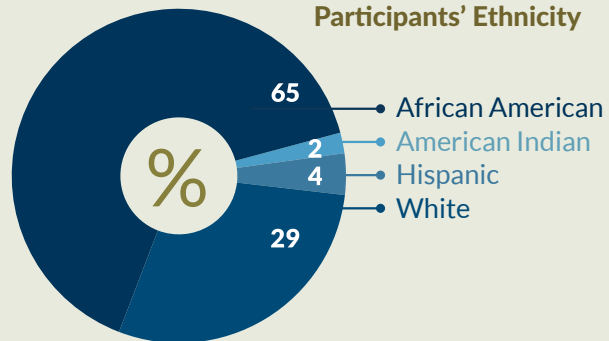
**26**

Ranged 2-65

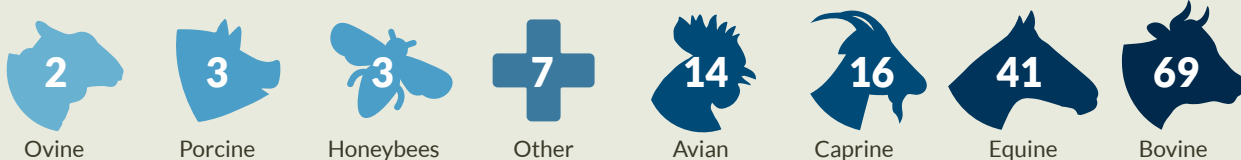


Brazos	2
Fort Bend	1
Grimes	1
Guadalupe	1
Harris	4
Hidalgo	1
Hockley	1
Kimble	1
King	1
Lavaca	1
Limestone	1
Madison	1
Milam	1
Smith	9
Tarrant	2
Tom Green	1
Waller	10

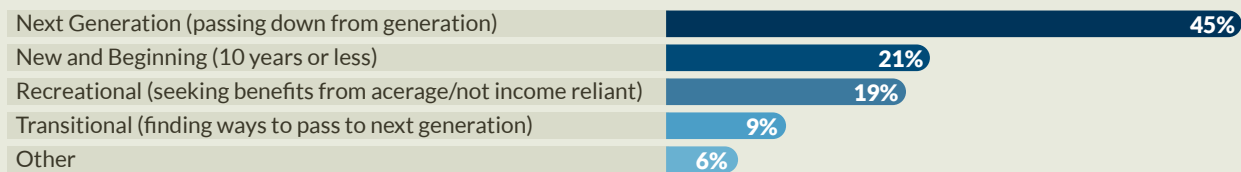
### Participants' Ethnicity






### Percentage of Operations Producing this Species



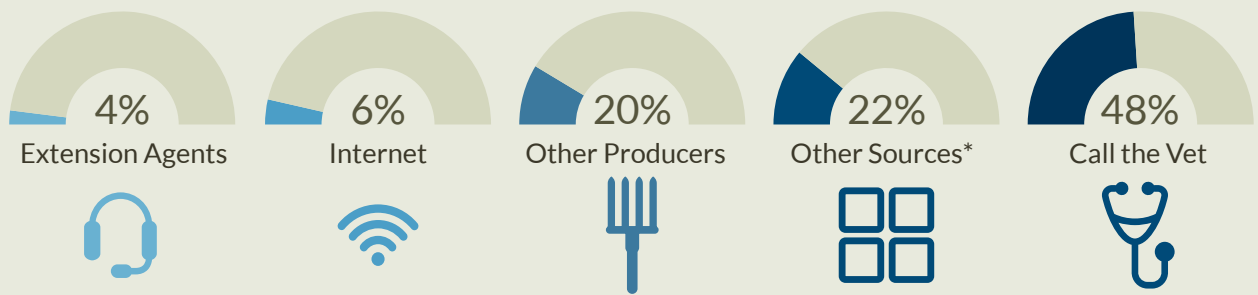
### Description of Self as a Producer



## PRODUCERS' WILLINGNESS TO CREATE PARTNERSHIPS BY SCENARIO

	UNLIKELY	SOMEWHAT UNLIKELY	NEITHER LIKELY NOR UNLIKELY	SOMEWHAT LIKELY	LIKELY
 For Healthcare	4%	4%	2%	33%	57%
 For Livestock Operation Growth	12%	6%	12%	25%	45%
 For Goal Achievement	6%	6%	8%	31%	49%

## PRODUCERS' SOURCE OF INFORMATION REGARDING ANIMAL HEALTH OR LIVESTOCK OPERATION



\*Other responses included "My own knowledge", "Extension resources", and "Combination of all sources".

## TOP CHALLENGES TO MAINTAIN AND SUSTAIN LIVESTOCK OPERATIONS

#1 Operational/  
Overhead Expenses

#2 Equipment and  
Infrastructure Maintenance

#3 Grazing  
Management Plan

#4 Recordkeeping/  
Producer Reports

#5 Animal Health  
Care Plan

#6 Response to  
Natural Disasters

## PRODUCERS' SELF-ASSESSMENT OF KNOWLEDGE AND INTEREST IN CONTINUING EDUCATION ACROSS TOPICS



Knowledge  
of Topic



Interest in  
CE for Topic

	Knowledge of Topic					Interest in CE for Topic		
	NONE	VERY LITTLE	SOME	APPROACHING MASTERY	MASTER/TEACHER	NONE	SOME INTEREST	VERY INTERESTED
Development of Animal Health Plan	2%	18%	34%	28%	18%	4%	21%	74%
Recordkeeping/ Documentation and Monitoring	4%	20%	26%	32%	18%	4%	17%	78%
Operation Biosecurity	14%	30%	28%	18%	10%	13%	22%	63%
Herd Health Security	6%	22%	44%	18%	10%	2%	22%	76%
Animal Husbandry Practices	10%	18%	43%	20%	10%	3%	22%	76%
Disease Reduction and Control Plans	10%	21%	33%	21%	15%	0%	27%	73%
Transboundary Animal Diseases	23%	28%	26%	13%	10%	5%	30%	65%
Financial Management	5%	23%	28%	23%	13%	3%	16%	81%
Vaccination	3%	15%	43%	30%	10%	3%	16%	81%
Conducting Welfare Assessments	5%	18%	35%	30%	13%	5%	19%	76%

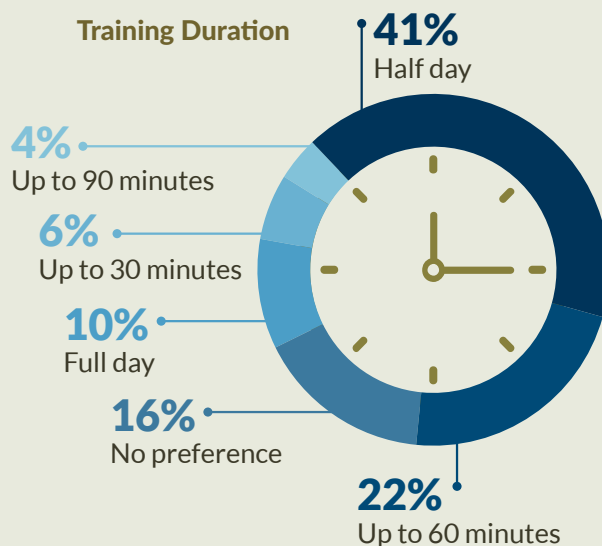
## LEARNING PREFERENCES

### Training Styles

Participating in an in-person learning community (e.g., monthly, or quarterly)
Workshops to apply learning/complete an activity at session
Workshops to address challenges
Presentation(s) followed by discussion
Workshops to work on projects (e.g., group or individual)
Online facilitated modules
Participating in an online learning community (e.g., monthly, or quarterly)
Online self-paced modules
Informal discussions on designated topics
Online sessions using collaborative meeting software



### Training Duration



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# Creating Partnerships Survey for Veterinarians

## RESULTS AT A GLANCE

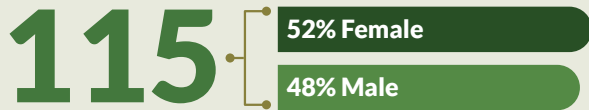


### SURVEY GOALS

- Explore** challenges rural veterinarians' face in sustaining their practice.
- Understand** rural veterinarians' current relationships with producers.
- Recognize** rural veterinarians' perspectives on creating a partnership with producers.

### WHO RESPONDED?

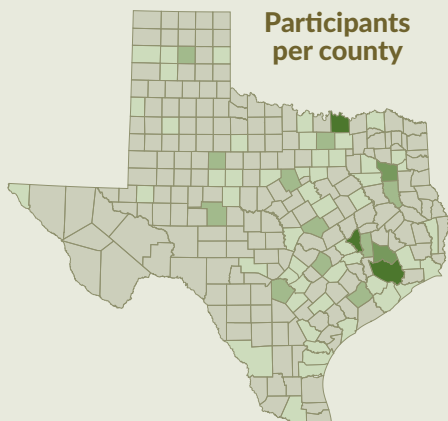
Total Number of Responses



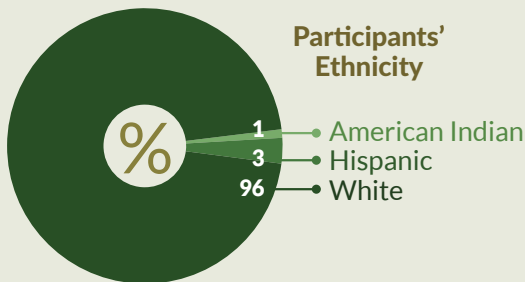
Participants' Average Age



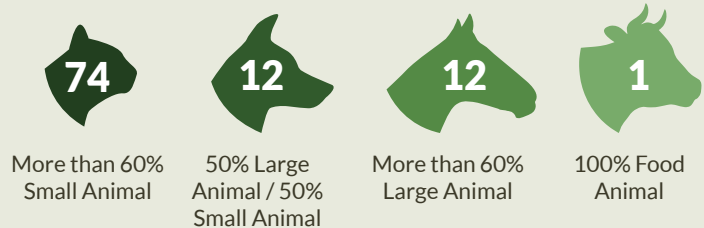
Average Years of Experience






Anderson	1	De Witt	1	Hays	1	Oldham	1
Bailey	1	Denton	2	Henderson	1	Potter	1
Bastrop	2	Eastland	1	Hidalgo	1	Randall	1
Bee	1	Ector	1	Hood	1	Runnels	1
Bell	2	El Paso	1	Jasper	1	San Patricio	1
Bexar	2	Erath	2	Jefferson	1	Smith	3
Bosque	1	Fayette	1	Johnson	1	Tarrant	1
Brazoria	1	Fisher	2	Kerr	1	Taylor	1
Brazos	4	Fort Bend	1	Kleberg	1	Tom Green	2
Burleson	1	Freestone	1	Lamar	1	Upshur	1
Burnet	1	Galveston	1	Liberty	1	Van Zandt	1
Calhoun	1	Grayson	4	Lubbock	1	Washington	1
Carson	2	Gregg	1	Mclennan	1	Webb	1
Cherokee	2	Grimes	2	Montague	1	Wharton	2
Collin	1	Guadalupe	1	Montgomery	3	Wheeler	1
Comal	1	Harris	4	Nolan	1	Wilson	1
Dallas	1	Haskell	1	Nueces	1	Wise	1



### Percentage of Practice Types Operated by Veterinarians



## PRODUCERS' WILLINGNESS TO CREATE PARTNERSHIPS BY SCENARIO

	UNLIKELY	SOMEWHAT UNLIKELY	NEITHER LIKELY NOR UNLIKELY	SOMEWHAT LIKELY	LIKELY
 For Healthcare	15%	4%	15%	39%	28%
 For Service Expansion	25%	8%	17%	33%	16%
 For Goal Achievement	15%	4%	15%	39%	28%

## VETERINARIANS' VIEW OF WHERE PRODUCERS SEEK INFORMATION REGARDING ANIMAL HEALTH OR THEIR LIVESTOCK OPERATION





## TOP CHALLENGES TO MAINTAIN AND SUSTAIN VETERINARY PRACTICES

#1 Cost of Operations

#2 Availability and Accessibility to Care

#3 Market Fluctuations

#4 Weather

#5 Labor Shortage

## VETERINARIANS' SELF-ASSESSMENT OF KNOWLEDGE ACROSS TOPICS AND IMPACT OF CE ON TOPIC TO VETERINARIAN-PRODUCER RELATIONSHIP



Knowledge of Topic



Impact of CE on Veterinarian-Producer Relationship

	Knowledge of Topic					Impact of CE on Veterinarian-Producer Relationship		
	NONE	VERY LITTLE	SOME	APPROACHING MASTERY	MASTER/TEACHER	NONE	SOME IMPACT	GREAT IMPACT
Development of Animal Health Plan	4%	18%	34%	28%	18%	33%	58%	9%
Recordkeeping/ Documentation and Monitoring	2%	9%	47%	26%	17%	43%	52%	5%
Operation Biosecurity	8%	13%	50%	19%	10%	41%	50%	9%
Herd Health Security	8%	8%	45%	27%	12%	33%	49%	18%
Animal Husbandry Practices	4%	6%	35%	31%	24%	24%	58%	18%
Disease Reduction and Control Plans	4%	4%	27%	43%	22%	24%	51%	24%
Transboundary Animal Diseases	7%	26%	43%	13%	11%	56%	35%	9%
Financial Management	8%	23%	46%	13%	10%	53%	40%	7%
Vaccination	2%	0%	29%	31%	39%	21%	42%	37%
Conducting Welfare Assessments	9%	9%	47%	19%	17%	40%	43%	17%

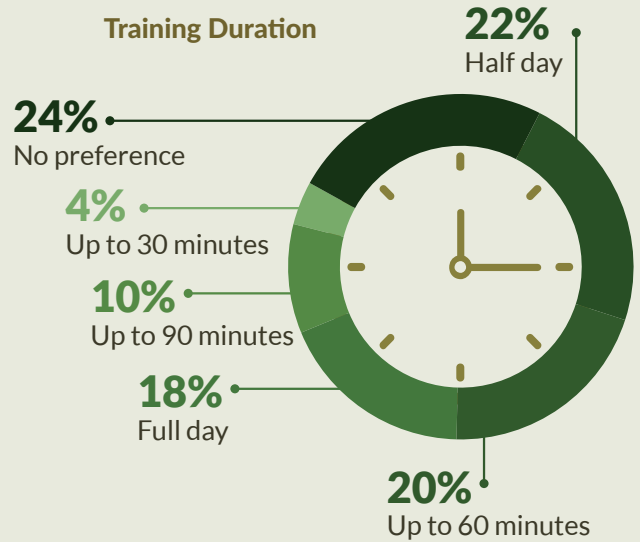
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### Training Duration



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