Brian Forsgren, DVM
professional life history

• St. Ignatius HS 1967 /Georgetown University 1971
• The Ohio State College of Veterinary Medicine 1977
• Cleveland APL 1980-1999
• Gateway Animal Clinic 1999-2013
• Vetcor purchase 2013 – today . . . here in Kansas City
Current veterinary efforts

• Consultant Stanton Foundation
• Access to Care Coalition U of Tennessee College of Social Work (why not the vet school?)
• Petaid Colorado Coalition
• Basically retired from clinical practice . . . but I do go in when I can
• Everything I say is my opinion

The biggest challenge in animal welfare today

• Problem: access to veterinary care
• The ‘reality’ of care deserts and underserved populations
• The pet population numbers? I am skeptical of the population date (23M)
• “Above all do no harm”
• Ignoring the basic health care needs of a huge number of animals is HARM
• Veterinary medicine’s failure to respond to the needs – why is this so difficult? Follow the $$$
Trying to appreciate the veterinary medicine problem in access issue

• Multiple factors
• Understanding the factors can help develop a possible solution
• Consider the following factors in the veterinary profession

Reflections on the Culture of Veterinary Medicine

• Socioeconomic discrimination – not some evil plot... just the outcome of the business models – follow the money
• Demographic changes within the profession
• 1950s/1960s - 1980s/1990s and now
• Cultural changes:
  – suburban flight ($ driven / some place nicer)
  – agricultural changes
  – HAB intensification (amplifying as we speak)
Flux in veterinary education

- Loss of state funding
- Amplification of financial needs met by research and grants (research a priority)
- Increasing student enrollment to meet costs
- Faculty of ‘specialty approach’ prioritization (no idea what a GP does)
- Tuition /student debt – AVMA article on wisdom of investing money rather than going to school

Generational and gender issues

- 1973 class 20% women / 2018 +90% women
- 30% of the male students in my class came from agricultural backgrounds – a very nice mix of reality in animal care needs teaching experience
- It may be seen as unfair BUT the males had a huge advantage in the work force in that era (1977 and shortly thereafter)
- Dynamic of post grad female DVM

Issues within the educational process

- Lack of respect or knowledge of the GP role in society
- Gold standard – no exceptions or it’s malpractice (seeds of paranoia planted)
- Effective care – typically learned once one was in practice…taught by a generation of clinic owners focused on care and problem solving…those type of individuals are dwindling (retire or death)
- Post grad mentoring and CE – complex process
The results of all this tumult . . .

• New grads are not particularly practice-ready
• Traditional SA GP practices are becoming dinosaurs
• Corporate models aren’t necessarily evil, but their vision is focused primarily on financial self-interest
• Case management flow charts: cookbooks!

Don’t quote me on this . . . but . . .

let me go on a rant!

• We live in an era driven by one-dimensional, self-interest forces
• Technology can mesmerize people leaving them with minimal ability to assimilate facts and problem solve . . . (Trust the Force Luke)
• We live in an era of ‘the death of common sense’
• Such attitudes permeate all levels of our culture
• The capacity for accepting societal responsibility and true empathy seems to not be in our current DNA . . .
• What happened to leadership?

Understand the new grad veterinarians

• Value free time
• 35 hour work week (or less)
• Massive debt: +$160K
• Work / life balance . . .
• Part-time / relief vet
• I feel fortunate for the advantage of having been raised in a much different environment
My advantages developmentally

• Professors had practiced as GPs
• Post graduate mentoring at first job – enlightened boss
• ‘Solve the problem’ attitude with no other options than me
• Immersion into humane society operation and ghetto clinic operations (1980)
• The correct ethical and moral mindset

So given these thoughts . . .

• Can WE create a veterinary health care system that covers all levels of the health care needs of our pet populations?
• WE = multiple players within such a system

A ‘Spectrum of Care’ is needed

• Four models of vet care givers
  – High-tech, high-cost emphasis on specialty $$$$ 
  – Visit-intensive models: wellness, vaccines, dentals and marketing $$
  – Non-profit s/n and vaccine operations $
  – Fourth way – GP-driven, problem solving community and individual animal care and welfare-focused model $$
  – ‘Effective care’ – the domain of #4
Clinical examples: effective care

Solve the problem / protect the HAB
Appreciation of the HAB and the VCP relationship

• The importance of the Bond is well documented
• The role the GP plays as care giver to the human involved in the HAB is not emphasized within the context of the professional mindset (VCPR: an intense relationship)
• The GP is the gatekeeper
• The veterinary profession should be the ultimate caretaker of the HAB

Constructing a veterinary health care delivery system

• That is what access is all about
• There are well recognized areas of need that are ignored by the economic drivers of clinic distribution
• Players: private GPs / corporate practices / academia / humane groups
• Collaboration would benefit all – ALL!
• Maybe we need some visionaries out there
How Gateway Animal Clinic survived and thrived

• $600K to $4.3 million in 10 years
• Attitude reflected in operational mode
  – Walk-in clinic / no appointments (except surgery)
  – For profit, no screening (Let them in)
  – Skillset / willingness to deliver vast array of medical and surgical needs – an ‘effective care’ MO
  – Built in a non-threatening area (the ghetto) to local vet population . . . no other vets around!
  – 17% profit vs. 23% - no big deal - $ was not the priority issue

Appreciating the GAC as a community asset

• A ‘needs’ based operation
• Created and fed into an environment of caring first
• Fierce staff loyalty to empathy-driven leadership – you cannot measure the impact of that on the mental health and wellbeing of staff
• “I love animals”... that’s why they work here
Is there any hope?

- Recognize the problem
- Create a financially sustainable model
- Allow ‘patience in the process’ for the development of a multi-level collaborative effort

Public opinion and the ‘social ethic’ will drive this vehicle if leadership truly appreciates the three dimensional aspect of the care delivery system

Thoughts on what worked for me

- Leadership – mission driven
- Financial sustainability
- Appreciation of the ‘effective care’ approach
- Understanding community needs vs. profit centers
- Epidemiology of community needs must be appreciated
- The right minded care delivery system will provide for the needs throughout the life cycle of the pet and HAB

Epidemiology

- Preventive care – vaccines / parasite control
- S/N / reproductive health care
- Sick animal care / emergency needs – this is the area of most complexity and skillset demands
- End of life care / euthanasia
- Providing effective empathetic care throughout the life cycle of the pet – not just s/n and vaccines
- Institution that becomes a caretaker of the HAB
FACT: The current model of veterinary care delivery is . . .

- Missing an opportunity to live up to their ethical responsibilities
- Within that vacuum, there exists an opportunity
- Finding veterinary doctors willing to enter this crucible can be difficult
- The difficulty of a task does not absolve a profession from being responsive to the problem (Anyone ever take an ethics class?)

Find a new model

- Collaboration
- Remarkable teaching opportunity for academia
- Involve social workers, human medicine and humane groups
- These models are taking shape:
  - Evolution of Petaid in Colorado to Solutions Veterinary Hospital

Access to Care Coalition

- Michael Blackwell DVM
- Concept
Why now?

• Veterinary changes in ownership of clinics
• Vet demographics: not old school 1950 attitude / anti-Humane society knuckleheads
• Corporate can be massaged to get it
• The obvious: public opinion on the side of solutions, not fiefdoms
• All the tumblers of fate have realigned toward providing care . . . What a concept!!!

We can see: an Opportunity

• Appreciate the complexity
• Appreciate the simplicity
• Do something
  – Create dialogue
  – Understand each shareholder’s fears, risks, attitudes
  – Be statesmen and stateswomen
  – This is not a financial opportunity for a failing humane group to stay operational*

If I were 20 years younger . . .

• Clinic op in midtown
• Unemployment map
• Map of Cleveland area vets
• Gateway to University Circle
• Close to a police station
• Proximity to poverty
• Coalition with APL, animal control, ‘willing’ local practices and The Ohio State College of Vet MED
Veterinary cultural shift?

• AVMA Journal Sept 15, 2018

• Characteristics of clients and animals served by high volume stationary nonprofit spay neuter clinics

• Conclusion: “Nonprofit s/n clinics served predominantly low-income clients and animals lacking regular veterinary care”