

Accurate data is key to practice progress

Friday October 17, 3.30pm, Holstein Room

MORE data recording and improved accuracy will benefit practices, providing insights into income sources and caseload, according to a director at Synergy Farm Health.

Jon Reader looked at caseload analysis in first opinion practice after receiving a grant from RCVS Knowledge, which wants to gain a realistic idea of what is happening in the sector.

It's crucial for practices to adapt to changing conditions in the industry, with data helping managers chart expansion or contraction in different areas of the business. As part of this, the report calls for an easy-to-use on-farm tool to accurately record data and caseload.

Mr Reader believes this would be of great benefit to the industry, helping practices to focus resources better, while not becoming reliant on a single source of income.

"I think there would be a huge benefit to not only the surveillance side, but also a commercial advantage to the practice because it can identify the areas of

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Jon Reader

the business it is focusing on and potentially where it should be focusing.

"You would get better recording of stock control, better accuracy with time – not all of us are terribly good at charging appropriate amounts for time on farm."

The report benchmarked data with and without TB figures. Mr Reader thought the TB income percentages might be higher, but suggested practices could use the data to ensure they don't become reliant on TB income.

"Synergy has TB income, but we don't want to rely on it," he said. "There will be some practices that rely on TB income, possibly at the detriment of other clinical work, whereas we feel TB is one aspect of our business. I'm sure you can find practices where TB is 50 per cent of turnover on the farm animal side and they do a little bit of clinical work."

"We try to ensure we free up our vets to push forward other clinical preventive work in other areas of farm cattle health."

"If you look at our turnover, 10 per cent of the whole practice

turnover came from Defra TB – which is routine TB testing and is different to pre-movement TB testing. It's 10 per cent of our total turnover, but if you look only at professional fees, specifically the beef sector, TB is 47 per cent."

Mr Reader advised practices to look at where their turnover was coming from, as it may lead to further opportunities.

He explained: "The percentage of holdings on our books for dairy is 16 per cent, yet the turnover derived from dairy is about 79 per cent. It's something to highlight; if you want to analyse your practice you need to be looking at where the turnover comes from."

"We are predominantly a dairy practice, but I think it highlights an opportunity to do more with our beef clients. On the dairy side, when you look at the professional fees from our dairy clients, fertility is still the number one source of income – routine fertility visits are still the driving force behind turnover."

One trend picked up in the report was medicine use in respiratory problems,

where there appeared to be a big gap between reported signs and dispensing.

Asked whether this was an issue, and if there was an explanation behind the figures, Mr Reader suggested more preventive work could be done, but said a mismatch in recorded advice and work carried out may be responsible.

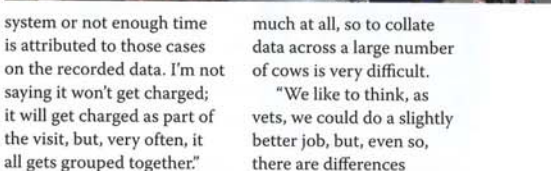
Dispensing disparity

He said: "There is quite a lot of dispensing of medicines where the professional advice doesn't match that level [of dispensing] – there's potential for us to do more discussing of medicine use with clients on the beef side. Maybe we can do more preventive respiratory work – we have strict dispensing laws in place, so all farms have to be visited on a six-monthly basis at least and any abnormal usage of medicines will be questioned by the dispensary and passed on to the vet."

"It suggests a lot of dispensing of medicines. This drug use has all been agreed by the attending veterinary surgeon, but it is a large sector of medicine use and the professional fees don't match that medicine spend."

Mr Reader agreed different vets recorded farm visits differently, leading to less accurate reporting.

He said: "Vets, and I'm guilty of this myself, tend to be called out to see some sick cows, or cows are presented at a fertility visit. Then, at the end of the visit, they might say 'can we look at some calves that have pneumonia?' and those either don't get logged on the practice management



system or not enough time is attributed to those cases on the recorded data. I'm not saying it won't get charged; it will get charged as part of the visit, but, very often, it all gets grouped together."

Accuracy and technology

Collecting data is a key part of evidence-based veterinary medicine, even if it only serves to highlight where the knowledge gaps are. Equally important is accurate data. Mr Reader noted accuracy and reliability of data needed to be more consistent in farm animal practice, but there is huge potential for further data analysis.

He said: "Even on our system [Synergy], which we like to think is quite up to speed, the report required a huge amount of time to put together. You would have thought all that data would be readily available, but that isn't the case. We're a relatively forward thinking practice and perhaps have more data than most."

"Farmers record things in lots of different ways. Some people will record in great detail and others not very

much at all, so to collate data across a large number of cows is very difficult.

"We like to think, as vets, we could do a slightly better job, but, even so, there are differences between practices – we even struggle within our own practice on definitions of what some people have put down for various items."

"If you go on a farm and are looking at sick cows with mastitis and you end up giving a couple of hours' consultancy on the back of that, does that go down as a sick cow or under consultancy, or advisory or health planning? Nothing is right or wrong, but if you're trying to benchmark the industry it is very difficult."

Looking ahead, Mr Reader agreed technology had a big role to play in helping farmers and vets record more data, but, crucially, record more accurately.

"It's the next step. There have been various trials by drugs companies, but there is no well-recognised system for collating this data on farm," he added.

"We've found you need to keep the choices to a



Evidence-based medicine and big data are key phrases often held up as the way forward in science and medicine. *Congress Times* speaks to **Jon Reader** about caseload analysis and the benefits reviewing data can have, in advance of his presentation at congress.

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bare minimum, because the more choices you have, the more potential for interpretation you have and then the data gets skewed.

“The next step is to have a proper recording system that’s used on farm, immediately recorded and is uploaded to a national database – or even a better practice database would be a start. None of this data is being collated properly on a national basis. Data on individual clinical conditions is lacking. This is our first attempt to see what we could come up with. This is just a

snapshot from one practice.”

Andrew Bradley, a European specialist in bovine health management and director at Quality Milk Management Services, which developed the TotalVet software in collaboration with SUM-IT, agrees a unified system is ideal in principle, but noted it would be a huge challenge.

Mr Bradley said: “It’s easier said than done. It’s important to get the top level recording of conditions correct in the first place – we need to get farmers (and vets) recording the basics first. It’s striking a balance between allowing sufficient

flexibility without tying down data capture in such a way as to make it unwieldy. Things can also fall apart with the simplest mistakes such as spelling errors.

“This whole area poses a real challenge – I have been involved with a working group at the International Committee for Animal Recording (www.icar.org/pages/working_groups/wg_functional_traits.htm) where we have been trying to address the issue of disease recording. There are internationally agreed ‘keys’, but these are still quite unwieldy, though they do allow flexibility.

“A unified system would be nice. I think the task is huge (even for a limited number of animal diseases) and even more difficult when you get into vets’ notes and less definitive diagnoses.”

Cattle health specialist James Breen believes slight differences in recording notes is a big hurdle to overcome.

“It is a huge task, particularly when trying to analyse herd-level data, which requires the correct animal ID and a standardised event – ‘displaced abomasum’ and not ‘twisted gut’ for example – as well as a date the event happened relative to a cow’s stage of lactation.”