

SPRING 2007

FROM THE DESK OF DR. JEFF BUNN

Well here we are at the start of another spring and the composition of my biannual newsletter. I've been dragging my feet a little with this chore, but the time has come to get on with it. As the saying goes, the only constant in life is change and we are no exception. Many things have changed in our office, especially with our staff. Dr. Elena Richmond has left Equine Medical to pursue other opportunities, so we will be attacking the busy season with one less veterinarian. We have recently hired 2 new employees. Christy DeYoung is a 2006 honors graduate of Purdue University's Veterinary Technician program. Christy spent her externship at Blue Ridge Equine, a very well respected and busy equine practice located in Virginia. She has a sound educational foundation (which is difficult to admit as I am an MSU grad) and great skills which I'm certain she will sharpen as she gains more experience working at Equine Medical. Christy's primary responsibilities will be to provide primary patient care and assist doctors with all aspects of providing diagnostic, surgical, and supportive care for our patients and clients. Our other new addition is Dixie Harvey. Dixie will be assisting Joyce at the front desk with customer service responsibilities. She will be scheduling appointments, directing calls, and helping clients with whatever issues they may have. Dixie comes to us with years of customer service experience in the manufacturing business sector. She has owned and ridden horses for some time and I'm sure you will find her every bit as pleasant as our "Super Star", Joyce Hofman!

Speaking of Joyce, she will be "foaling" the first part of April with her second child. We wish her the absolute best. That being said, we ask for your patience while scheduling your appointment in the months of April and May while Joyce is gone on maternity leave. Both Dixie and my "Super Star" veterinary assistants, Erin Weaver and Lindsay VanOtteren, will be answering the phones and doing their best to handle your concerns as expeditiously and professionally as possible!

On another note, I would like to thank everyone who attended our annual client appreciation seminar we offered in January! Again this year it was well attended by approximately 200 people. I would like to extend our thanks to Joyce for all of her hard work in organizing the event. I also need to thank all of our vendors that graciously donated door prizes. As always, it's great fun to visit with our clients when the meeting does not entail a sick horse or business transaction.

THE PHONE SYSTEM

In my efforts to shore up our defenses while Joyce is gone on maternity leave, I took it upon myself to change our office phone system. Let me tell you, there was more than one instance where I thought there was going to be a mutiny! I have installed a third line to ring into our office (my staff almost threw me into the street for this one). We had received a few complaints last year in regard to client's inability to get through when calling to schedule an appointment, thus the change. I also wanted to have phone messages transferred to the doctors in a more direct manner to ensure that the message from the client was as accurate as possible and handled in a most expeditious manner. Often times, and not to criticize my staff, it's difficult to accurately write down an owner's concerns on a 2"x 3" message card. So now, when you call with a question for a doctor, your phone call may be forwarded directly to the doctor. If the system is busy, you will be asked to leave a message in the doctor's voice mail box. I dislike voice mail boxes as much as anyone and am always concerned with whether or not the other party truly received my message. When a doctor receives a stored voice message in their respective mail box, the system is set up to call out to the doctor's personal cell phone every 15 minutes until they call in to retrieve it (I didn't make any friends with the doctors either!). If you would still like

to have my staff write down your message for one of us, they will still honor your wishes and ensure that we receive that message in a timely fashion. The other new attribute to our phone system is the “auto attendant”. If any of you have had to call a phone company, computer company, doctor’s office, or any small business, you have had the pleasure of dealing with an “auto attendant”. I hate them too, but in order to make life easier for the front office staff, it was a necessary evil! Saying that, my staff is going to make every effort to answer your phone call before the “auto attendant”. However, if they are busy serving other clients, you will have the opportunity to use our “auto attendant”. This will enable you to direct your call to the person or service of your choice. Our current “Emergency Service” uses this technology and I believe that it’s worked quite well! The jury is still out as to whether or not the new system is a success or just something to keep Dr. Bunn busy during the slow time. Please let us know when we’re out at your farms this year, what your opinions are of the phones and any suggestions you may have.

As many of my regular readers are aware, I often use the power of the pen to poke fun at one of my colleagues, most often Dr. Rubie. However, this time I’m afraid that I have to turn the brunt of my jokes to myself, and since we are on the subject of phones I felt obligated to share my story. This winter, my family went to a local ski area to enjoy a few days of skiing. In addition to my family, my sister and her family were also enjoying the winter weather. Conveniently, her room was located at the base of the hill, which we took full advantage of for occasional warming, eating, and relieving of bodily fluids. It was on one such occasion that I found myself in a most precarious position. I had just finished using the “facilities”, by which I was about to send “said contents” down the drain, when without warning, the cellular communications device clipped securely (so I thought) to my bibs, let go of its clench, and in what appeared to be slow motion, committed suicide by drowning! Being the medical professional that I am, I know from years of experience and education that the “solution to pollution is dilution”, so quickly I rinsed off the cell phone in the sink. Needless to say, I believe that I provided the fatal blow to my cell phone at that very moment. My warped thinking told me that if I allowed it to dry for a few days, that maybe, it may come back to life. As it turned out, it did not matter. You see, often times I need other staff members to answer my phone while I’m performing other more important duties, like driving! I was informed by no uncertain terms, that **NO ONE** would be answering my phone ever again. So the next time you see me, be sure to ask how I like my new phone!

WHAT’S NEW

Probably the biggest news item in the equine world is the recent outbreak of the neurologic form of Rhino (Herpes) among horses in Florida. A hand full of farms in southern Florida experienced a few cases of this dreaded disease by which horses develop neurologic signs, similar to West Nile or EPM. The horses lose motor function of their rear limbs, become recumbent, and often times never rise to their feet again! There is no effective treatment! The sad thing is that there is no method to prevent this disease. The current vaccines that we use are effective in preventing the respiratory or the abortion form of the disease, but they are unable to protect from the neurologic form of the disease. Some researchers believe that the neurologic form is a mutation of the respiratory form of Herpes. More research needs to be done to unravel the mystery. The one attribute our current vaccines do provide is the reduction of viral shedding by the carrier host. In simple terms, by immunizing your horses properly against Herpes virus (Rhino), if they should become infected, the amount of viral organisms by which they could infect other horses would be greatly reduced, thus decreasing the spread amongst the equine population. A new product that has recently become available is an immune stimulant manufactured by Pfizer: “Zylexis”. This product was developed to help the horse’s immune system better defend itself when challenged with a viral organism such as equine herpes virus. The product, to be effective, must be given *prior* to potential exposure, in a series of injections. The initial reports of this product are promising! For further information on this and other diseases, check out our web site www.equinemedical.com and go to either “The Horse” or “AAEP” links.

This brings us to the question: “What exactly should we be immunizing our horses against?” Vaccinations still remain an important aspect of good equine health management. Based upon the latest information, we’ve decided to keep our recommendations the same as last years (including the cost!). All horses one year of age or older, and that have received their primary series of inoculations appropriately, should receive the following:

1. Complete annual physical exam.

2. Fecal exam for parasites annually.
3. Eastern, Western Encephalomyelitis with tetanus toxoid combination vaccine, annually.
4. Potomac Horse Fever with Rabies vaccine, every six months.
5. West Nile Encephalomyelitis vaccine, annually.

Horses that are traveling, are in training, or boarded should also receive the following:

6. Strangles vaccination, every 6 months.
7. Influenza and Rhinopneumonitis, every 6 months.

Pregnant mares and foals are exceptions to the above vaccination schedule, and should be tailor made with you and your veterinarian. I would also like to take a moment to speak a little about the importance of the “physical exam”. We treated a lot of horses this fall and winter for diseases related to sand ingestion! Often times we can diagnose this potentially fatal, if not expensive disease, at the time of the annual physical exam. This allows us in most circumstances, to institute corrective measures early enough to prevent that dreaded call in the middle of the night!

DR. BUNN'S SOAPBOX

Now for my soapbox, which I enjoy so much as you all know! I would like to discuss technology in today's equine veterinary practice and what the implications of technology are to you. As many of you know, I love technology and firmly believe that it allows us to work more efficiently with fewer errors. For example, we were the first practice in West Michigan to have lap top computers in all of our ambulatory vehicles, the benefits of which are huge. We can accurately and precisely acquire client and patient information at the farm and eliminate previous pricing and billing inconsistencies amongst doctors for any given procedure. The other advantage with medical technology is that as our MD counterparts advance to newer technologies, we can often purchase last years now obsolete “state of the art” technology for a fraction of the cost. However, being a little old fashioned, I believe that we must be careful as to how much emphasis we put on new technology, for fear of losing the clinical skills necessary to accurately diagnose disease. My Dad, a State Trooper, once made note of this concern years ago, when patrolmen received their first radar guns. His opinion was that by using radar to find speeders, patrolmen would quickly loose the skills he had learned to clock motorists, read the physical behavior of a speeding vehicle, finding inconspicuous hiding spots, etc. Like radar guns in law enforcement, medical imaging technology has changed the way in which medicine is practiced. A few examples would be CT scans, MRI, nuclear medicine (bone scans), etc. One such technology is Digital Radiography. Digital radiography is a technology which captures the bony image on a radiation absorbing, electrical plate, and then transfers that image, either remotely or immediately, to a computer so that it can be enhanced and stored as a digital record. More and more digital radiography is being used in all of the medical professions, from the local dentist office to the big hospital downtown. Currently there are still a number of medical professionals, including us, that do not have this technology. We recently explored the possibility of adding digital radiography as an additional service to our practice and I became acutely aware of many issues of which I will expound upon. First, I would like to say, the technology is absolutely wonderful in producing quality images almost instantaneously, of which you can digitally enhance with appropriate software for better diagnostic quality. The technology also allows the practitioner to attach the images to the patients medical records, send them electronically to fellow colleagues, and make copies on digital media, such as a CD. The down side is the products (and we looked at all of them) that consistently produce excellent images cost \$70,000.00 – \$90,000.00, not including the annual warranty and software upgrades that must be purchased. A lot of money by any standards! The other down side is it's availability to multiple doctors in a practice such as ours. It's only available to one doctor at a time. Since we are not able to rely on insurance company's to help offset the expense of this technology, good business practice dictates that the consumer would have to bear the cost in radiographic expense. I'm just not convinced that the improvement in quality over our current analog radiographs justifies a doubling in expense per exposure for a single radiographic picture (X-Ray). In light of my fathers comment, the foundation of any lameness workup is in the exam and our clinical skills; not in the imaging. How does the patient move? How does the patient react to certain diagnostic tests? Are there any conformational defects that may play a role in this lameness? To quote one of my instructors at school “Radiographs (X-Rays) alone, can not be used to make a diagnoses, but should be used to support your clinical diagnoses!” Because this new technology is considerably more expensive for the client to utilize, I'm also afraid that if given the choice, the client may opt for fewer

radiographs (X-Rays) in a study or decide against them altogether! I heard one salesman exclaim that because of the improved quality and ability to enhance the images of a digital radiograph that one would not need to take as many pictures (views) of a specific area. This is simply untrue. Whether or not the radiograph is digital, it is still a two dimensional image which requires at the very least 4 to 5 pictures be taken at different angles, such that a true evaluation can be made! So what does all of this mean? Until the price of digital radiographic technology is such that the average client in Michigan can afford it, I believe that we can do a better job of evaluating a patient's limb with multiple views using our current radiographic techniques! Our practice has decided to continue to invest in improving our current radiographic techniques, while still maintaining our current pricing. This will make it easier for our clients to afford a full series of radiographs, and obtain more information with the additional views! We've also invested in a "Digitizer". Simply put, this is nothing more than a digital camera in a light controlled box that can capture a digital photo of a radiograph, allowing us to make copies, burn them to a CD, send them electronically to fellow colleagues, or attach them to the patients records in our veterinary software. We can also use enhancement software to improve our images. In short, this is a "poor man's" answer to digital radiography, but allows us to be consistent with our goals of providing excellent veterinary service at an affordable cost.

HOUSEKEEPING

Most of our "farm call" prices within 30 miles of our clinic have been reduced to be more aligned with distances which are traveled. As mentioned previously, we have also kept our vaccine prices consistent with last year's prices. Another value that I think is worth mentioning is our "Wellness Program". We offer one year's worth of preventative services, which we manage, at about a 10% discount. Our program also offers a 10% discount to those enrolled horses that may require hospitalization at our clinic for either a medical or surgical colic treatment! This discount alone can potentially be \$500-\$800. The "Wellness Program" is paid for up front, so no matter what happens to prices throughout the year, i.e. increase in fuel prices, state mandated 2% tax on services, etc., the price stays the same! For further information, contact our office, or visit our web site at www.equinemedical.com.

In an effort to go "green" in our office, we would love it if you would share your email address with us. We would use your email only to send receipts, newsletters and patient reminders. You may email your address to Dixie at dkharvey@equinemedical.com.

Thanks for the time you've taken to read my letter and for your continued support of our practice! May you never get rained on, and may your horse never stumble!

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Linne Bunn	Dixie Harvey	Joyce Hofman	Lindsay VanOtteren	Laura Paullin