



## Q1 2025 Veterinary Advisory Board Meeting Takeaways, Action Items & Follow-Ups

### Key Takeaways

- **New client growth is a top priority.** Declines in new client visits are compounding and we're underperforming vs. the industry. We must focus on attracting, retaining, and better serving clients to grow sustainably.
- **Culture matters—at every level.** From how we train CSRs to how DVMs approach scheduling and mentorship, practice-level culture has a major impact on visit volume and client experience.
- **Mentorship and training are crucial.** New grads need support and structured development to build confidence and efficiency. This includes DVM mentorship and better cross-training for CSRs and techs.
- **Team Medicine is working.** Practices in the pilot report stronger engagement, better client feedback, and DVMs finishing on time—all without added stress.
- **Communication must improve.** DVMs want earlier, more direct communication—especially before changes are rolled out. There's a desire to be informed, involved, and part of the solution.
- **Shared resources can be powerful.** We need better ways to share best practices across hospitals, from scheduling and hiring to pricing and training.
- **Co-Preferred Pharma Strategy is underway.** We'll start with generics in a pilot approach to test savings and gather feedback. Our Veterinary Leadership Team is leading on this to find the most optimal solution for clinics.
- **We're building infrastructure for long-term growth.** From new PIMS and training programs to more defined MD roles, we're aligning structure and support around hospital success.
- Plans are underway to develop an **optimized lab panel list**—modeled after the pharmacy approach—while ensuring it meets medical standards and hospital needs.
- The goal is to balance **clinical autonomy** with **enterprise-level value**, allowing practices to maintain high-quality care while benefiting from network-wide efficiencies.

### Action Items for the Leadership Team

- Launching more structured **mentorship and development** for DVMs, plus PM leadership programming, and technician/CSR training.
- Improving **communication cascades** so DVMs and MDs hear key updates early and clearly.
- Enhancing **CSR and staff training** with a focus on client communication and service, not just systems.
- Rolling out **Team Medicine Phase 2** across 75 additional hospitals.
- Preparing hospitals for the **new PIMS implementation**, including code harmonization, training, and infrastructure support.

- Piloting the **Co-Preferred Pharma** strategy, starting with generics and engaging early adopters for feedback. We will start with an opt-in generics pilot to test savings and gather feedback.

### What We're Following Up On

- Building out and defining the **MD role and expectations** more clearly—especially in communication and hiring.
- We heard from DVMs asking for clarity on whether the **new client promotion affects their production**. This [New Client Promo info packet and FAQ](#) has insights that address this.
- Developing a consistent **communication strategy** for new initiatives, tested with the VAB and led with a veterinary lens.
- Exploring **lab optimization** and expanding savings strategies beyond pharmaceuticals.
- Improving **transparency in hiring, onboarding, and communication** between RMDs, MDs, PMs, and ODs.
- Creating a stronger **feedback loop with the VAB**—including better use of tools like Teams and regular touchpoints between meetings.
- The **medical team is leading the development of a unified, streamlined code list** for the new PIMS to ensure it's intuitive, practical, and aligned with how care is delivered in our hospitals, and that it's easily understandable & readable by clients.
- This work is grounded in **clinical input and usability**, not top-down decisions, and VAB feedback will help shape the final list. A code mapping guide will be provided to support a smooth transition.