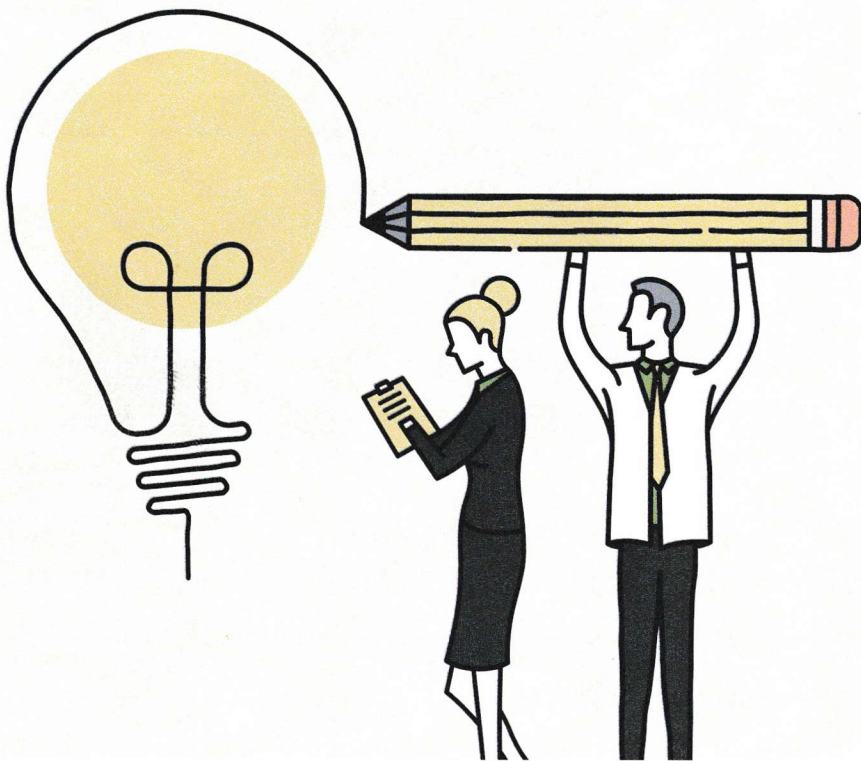


Innovation Leads the Way for Veterinarian Turned Entrepreneur



Innovation is the act of creating a new product, service, technology, or process. It also includes using an existing product, service, technology, or process in a new and different way.

—ADAPTED FROM *ENTREPRENEURSHIP STRATEGY: CHANGING PATTERNS IN NEW VENTURE CREATION, GROWTH, AND REINVENTION* BY LISA K. GUNDRY AND JILL R. KICKUL (SAGE PUBLICATIONS, 2007).

Consider Reaching Underserved Populations with a Unique Business Model

by M. Carolyn Miller

If you asked Peter Drucker, one of America's top business management gurus, what the difference between an entrepreneur and a small-business or small-practice owner is, he would tell you the answer in one word: innovation.

Innovation is the act of creating a new product, service, technology, or process. It also includes using an existing product, service, technology, or process in a new and different way, Lisa K. Gundry and Jill R. Kickul say in *Entrepreneurship Strategy: Changing Patterns in New Venture Creation, Growth, and Reinvention* (SAGE Publications, 2007).

And that is exactly what Douglas J. Spiker, DVM, a partner in AAHA-accredited Bluffs Animal Hospital in Belleair Bluffs, Florida, and his wife, Christine A. Battista, MS, have done.

In September 2016, Spiker and Battista opened a scaled-down version of a veterinary clinic, Essentials PetCare, in Port Richey, Florida. But unlike other clinics, the space is leased from a local Walmart.

The clinic offers exactly what its name implies: essential pet care, including

Vetmedin® (pimobendan) Chewable Tablets

Cardiac drug for oral use in dogs only

Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian.

Description: Vetmedin (pimobendan) is supplied as oblong half-scored chewable tablets containing 1.25, 2.5, 5 or 10 mg pimobendan per tablet. Pimobendan, a benzimidazole-pyridazinone derivative, is a non-sympathomimetic, non-glycoside inotropic drug with vasodilative properties. Pimobendan exerts a stimulatory myocardial effect by a dual mechanism of action consisting of an increase in calcium sensitivity of cardiac myofilaments and inhibition of phosphodiesterase (Type III). Pimobendan exhibits vasodilating activity by inhibiting phosphodiesterase III activity. The chemical name of pimobendan is 4,5-dihydro-6-[2-(4-methoxyphenyl)-1H-benzimidazole-5-yl]-5-methyl-3(2H)-pyridazinone.

Indications: Vetmedin (pimobendan) is indicated for the management of the signs of mild, moderate, or severe (modified NYHA Class II^a, III^b, or IV^c) congestive heart failure in dogs due to atrioventricular valvular insufficiency (AVVI) or dilated cardiomyopathy (DCM). Vetmedin is indicated for use with concurrent therapy for congestive heart failure (e.g., furosemide, etc.) as appropriate on a case-by-case basis.

^a A dog with modified New York Heart Association (NYHA) Class II heart failure has fatigue, shortness of breath, coughing, etc. apparent when ordinary exercise is exceeded.

^b A dog with modified NYHA Class III heart failure is comfortable at rest, but exercise capacity is minimal.

^c A dog with modified NYHA Class IV heart failure has no capacity for exercise and disabling clinical signs are present even at rest.

Contraindications: Vetmedin should not be given in cases of hypertrophic cardiomyopathy, aortic stenosis, or any other clinical condition where an augmentation of cardiac output is inappropriate for functional or anatomical reasons.

Warnings: Only for use in dogs with clinical evidence of heart failure. At 3 and 5 times the recommended dosage, administered over a 6-month period of time, pimobendan caused an exaggerated hemodynamic response in the normal dog heart, which was associated with cardiac pathology.

Human Warnings: Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans.

Precautions: The safety of Vetmedin has not been established in dogs with asymptomatic heart disease or in heart failure caused by etiologies other than AVVI or DCM. The safe use of Vetmedin has not been evaluated in dogs younger than 6 months of age, dogs with congenital heart defects, dogs with diabetes mellitus or other serious metabolic diseases, dogs used for breeding, or pregnant or lactating bitches.

Adverse Reactions: Clinical findings/adverse reactions were recorded in a 56-day field study of dogs with congestive heart failure (CHF) due to AVVI (256 dogs) or DCM (99 dogs). Dogs were treated with either Vetmedin (175 dogs) or the active control enalapril maleate (180 dogs). Dogs in both treatment groups received additional background cardiac therapy.

The Vetmedin group had the following prevalence (percent of dogs with at least one occurrence) of common adverse reactions/new clinical findings (not present in a dog prior to beginning study treatments): poor appetite (38%), lethargy (33%), diarrhea (30%), dyspnea (29%), azotemia (14%), weakness and ataxia (13%), pleural effusion (10%), syncope (9%), cough (7%), sudden death (6%), ascites (6%), and heart murmur (3%). Prevalence was similar in the active control group. The prevalence of renal failure was higher in the active control group (4%) compared to the Vetmedin group (1%).

Adverse reactions/new clinical findings were seen in both treatment groups and were potentially related to CHF, the therapy of CHF, or both. The following adverse reactions/new clinical findings are listed according to body system and are not in order of prevalence: CHF death, sudden death, chordae tendineae rupture, left atrial tear, arrhythmias overall, tachycardia, syncope, weak pulses, irregular pulses, increased pulmonary edema, dyspnea, increased respiratory rate, coughing, gagging, pleural effusion, ascites, hepatic congestion, decreased appetite, vomiting, diarrhea, melena, weight loss, lethargy, depression, weakness, collapse, shaking, trembling, ataxia, seizures, restlessness, agitation, pruritus, increased water consumption, increased urination, urinary accidents, azotemia, dehydration, abnormal serum electrolyte, protein, and glucose values, mild increases in serum hepatic enzyme levels, and mildly decreased platelet counts.

Following the 56-day masked field study, 137 dogs in the Vetmedin group were allowed to continue on Vetmedin in an open-label extended-use study without restrictions on concurrent therapy. The adverse reactions/new clinical findings in the extended-use study were consistent with those reported in the 56-day study, with the following exception: One dog in the extended-use study developed acute cholestatic liver failure after 140 days on Vetmedin and furosemide.

In foreign post-approval drug experience reporting, the following additional suspected adverse reactions were reported in dogs treated with a capsule formulation of pimobendan: hemorrhage, petechia, anemia, hyperactivity, excited behavior, erythema, rash, drooling, constipation, and diabetes mellitus.

Effectiveness: In a double-masked, multi-site, 56-day field study, 355 dogs with modified NYHA Class II, III, or IV CHF due to AVVI or DCM were randomly assigned to either the active control (enalapril maleate) or the Vetmedin (pimobendan) treatment group. Of the 355 dogs, 52% were male and 48% were female; 72% were diagnosed with AVVI and 28% were diagnosed with DCM; 34% had Class II, 47% had Class III, and 19% had Class IV CHF. Dogs ranged in age and weight from 1 to 17 years and 3.3 to 191 lb, respectively. The most common breeds were mixed breed, Doberman Pinscher, Cocker Spaniel, Miniature/Toy Poodle, Maltese, Chihuahua, Miniature Schnauzer, Dachshund, and Cavalier King Charles Spaniel. The 180 dogs (130 AVVI, 50 DCM) in the active control group received enalapril maleate (0.5 mg/kg once or twice daily), and all but 2 received furosemide. Per protocol, all dogs with DCM in the active control group received digoxin. The 175 dogs (126 AVVI, 49 DCM) in the Vetmedin group received pimobendan (0.5 mg/kg/day divided into 2 portions that were not necessarily equal, and the portions were administered approximately 12 hours apart), and all but 4 received furosemide. Digoxin was optional for treating supraventricular tachyarrhythmia in either treatment group, as was the addition of a β -adrenergic blocker if digoxin was ineffective in controlling heart rate. After initial treatment at the clinic on Day 1, dog owners were to administer the assigned product and concurrent medications for up to 56±4 days.

The determination of effectiveness (treatment success) for each case was based on improvement in at least 2 of the 3 following primary variables: modified NYHA classification, pulmonary edema score by a masked veterinary radiologist, and the investigator's overall clinical effectiveness score (based on physical examination, radiography, electrocardiography, and clinical pathology). Attitude, pleural effusion, coughing, activity level, furosemide dosage change, cardiac size, body weight, survival, and owner observations were secondary evaluations contributing information supportive to product effectiveness and safety. Based on protocol compliance and individual case integrity, 265 cases (134 Vetmedin, 131 active control) were evaluated for treatment success on Day 29. At the end of the 56-day study, dogs in the Vetmedin group were enrolled in an unmasked field study to monitor safety under extended use, without restrictions on concurrent medications.

Vetmedin was used safely in dogs concurrently receiving furosemide, digoxin, enalapril, atenolol, spironolactone, nitroglycerin, hydralazine, diltiazem, antiparasitic products (including heartworm prevention), antibiotics (metronidazole, cephalaxin, amoxicillin-clavulanate, fluoroquinolones), topical ophthalmic and otic products, famotidine, theophylline, levothyroxine sodium, diphenhydramine, hydrocodone, metoclopramide, and butorphanol, and in dogs on sodium-restricted diets.

Manufactured by:
Boehringer Ingelheim Vetmedica, Inc.
St. Joseph, MO 64506 U.S.A.

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By eliminating the need for inventory and expensive equipment, Essentials PetCare is able to offer lower prices for services to accommodate the needs of the local population.

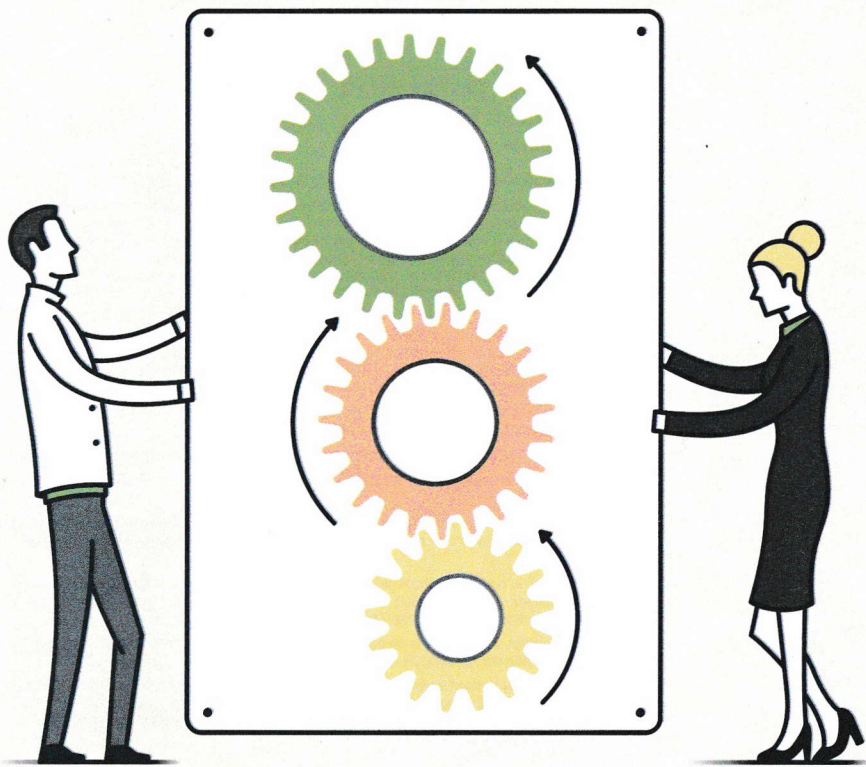
limited feline and canine services such as vaccinations, nail trims, and microchipping. Staff also treat uncomplicated conditions, such as ear infections.

More complex patient needs are referred to full-service veterinary clinics, and emergencies are referred to the nearest animal emergency hospital.

By eliminating the need for inventory and expensive equipment, Essentials PetCare is able to offer lower prices for services to accommodate the needs of the local population.

The clinic has a separate entrance—pets are not allowed in Walmart stores—but patrons can view the clinic through windows in the Walmart.

Should traditional veterinary practice owners be concerned? Not at all. In fact, the goal for Spiker and Battista is not to take business away from local veterinary practices. Instead, they want to help practices grow and expand their client



They drafted a formal business plan, found the right people within Walmart to meet with, and pitched the plan to the corporate office in 2014.

bases by reaching a market that is normally underserved.

“Our future hope is that, through a franchise model we are developing, practice owners will be able to expand their own practices in their communities and reach populations they would not [reach] otherwise. They can then refer more complex cases back to their full-service clinics.”

The clinic is a pilot program. If it is successful, the intention of the partnership between Walmart and Spiker and Battista is to open future clinics on other Walmart properties with the franchise offering.

How It Began

It's a bit of a David and Goliath story.

Several years ago, Spiker was reading the 2011 “Bayer Veterinary Care Usage

Study,” which examined why there was a national decline in companion animal hospital visits. “The study noted that 30–50% of pet-owning families don't seek out veterinary care for their pets,” Spiker said. “And there were two primary reasons: accessibility and affordability.”

Spiker and Battista started talking. From those conversations, they developed a business model that would overcome the two market obstacles of accessibility and affordability. The logical partner for their business model was Walmart.

“We targeted Walmart because we wanted to reach the demographic they serve. Additionally, we wanted to offer the services in an environment that felt safe and familiar and was easily accessible to prospective clients. We also believed in Walmart's mission.”

Spiker and Battista, whose backgrounds include marketing, merchandising design, and product development, set to work. They drafted a formal business plan, found the right people within Walmart to meet with, and pitched the plan to the corporate office in 2014. “They were very excited about it,” Spiker noted.

How is the pilot location going?

“Early results have been gratifying,” Spiker said. “Many of the clients have no veterinary relationship, and often, it has been five years since their pets have seen anyone. They really appreciate being able to come in on nights and weekends with no appointment.”

In fact, the clinic doesn't take appointments. One veterinarian and two support staff are onsite. Clients can also leave their pets for 30 minutes while they shop.

Spiker is still working as a practicing veterinarian at Bluffs Animal Hospital, where he is one of six partners. He is also the founder and president of the board of directors of Essentials PetCare. Battista acts as chief operating officer and is responsible for managing the pilot site and bringing the concept to life. Find them online at essentialspetcare.com. ✨



M. Carolyn Miller is a freelance writer who often writes about “big topics,” such as innovation, big data, bias, and leadership, and how they impact our lives and world.

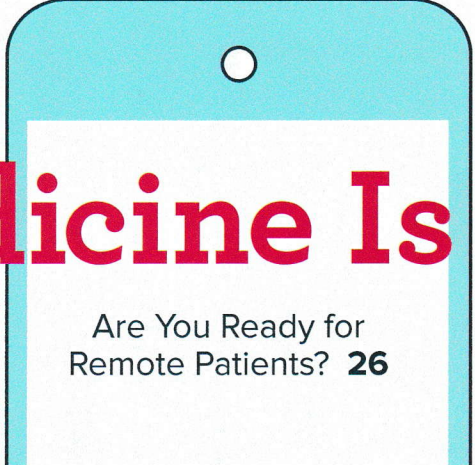
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