

THE CASE FOR PRACTICAL INNOVATION STRATEGY

A cover letter on behalf of all the
builders and innovators
in veterinary medicine

BY WILLIAM TANCREDI, DVM

Evolution, as Carl Sagan noted, is adventitious and not foresighted. The same might be said of technological advancement, although it doesn't have to be. As veterinary professionals, we stand not at a crossroads but at the edge of a paradigm shift, where the practice of medicine meets the inexorable march of technological progress. The question isn't whether our profession will evolve — it's whether we'll do so deliberately and thoughtfully, or be subject to the violent disruption of change.

The Problem of Inertia

One of the things that happens in the world of veterinary medicine, and many other professional realms, is inertia. The kind of inertia that makes me anxious to consider. The kind of inertia that makes it hard to get started, hard to change direction, hard to move at all.

Many organizations, from the corporate giants to the smallest animal hospitals, are waiting for

someone else to figure it out first. Even one-doctor hospitals like mine, ones that should be nimble, are often too overwhelmed with putting out the proverbial fires to handle managing change. And we all find ourselves treating innovation like a spectator sport, content to sit in the stands while others play the game. This isn't merely short-sighted, it's potentially disastrous in an industry where the experience of veterinary professionals continues to worsen and burnout rates climb ever higher.

A Call to Action

The solution could likely be found in the creation of a dedicated practical innovation strategist. Or a technology lead. Or a Director of Innovation and Technology. Or a Chief Innovation Officer. The title matters less than the responsibility. This person serves as the bridge between emerging technology and practical medicine, evaluating and implementing new tools and processes that demonstrably improve patient care and practice efficiency, scaled appropriately to their organization's size and needs. This can't be something we informally shoehorn into the responsibilities of other roles anymore. This role would look different in different places:

▣ Planetary Pet Healthcare Inc. – Chief

Innovation Officer: “Leads enterprise-wide strategy for identifying, evaluating and implementing emerging technologies and processes to enhance patient care, improve operational efficiency and drive competitive advantage across thousands of practices while maintaining regular hours as a clinician.”

▣ Mid-Market Aggregator Veterinary Partners – Director of Innovation and Technology

Integration: “Bridges the gap between clinical practice and technological advancement by testing, implementing and measuring the impact of new tools and processes across our network of hospitals to improve doctor efficiency and patient outcomes.”

▣ Hometown/Concept/Surname Small Animal Hospital – Innovation/Technology

Integration Lead: “Champions and oversees the practical implementation of new technologies and processes in daily hospital operations while ensuring they genuinely improve patient care and team efficiency rather than just adding complexity.”

I'm not talking about adding another C-suite title for the sake of corporate vanity. I'm talking about dedicating resources to someone who can consistently and dynamically connect emerging technology and practical implementation — someone who understands both the day-to-day realities of veterinary practice and the transformative potential of those new technologies.

What It Takes

This role requires more than just technological literacy or just clinical competence. It demands:

- ▣ Deep and ongoing understanding of veterinary medicine and practice operations
- ▣ Experience with implementation and change management
- ▣ Ability to evaluate and integrate new technologies — without jumping at each and every opportunity that comes across one's desk
- ▣ Understanding of both clinical and business impacts
- ▣ Capacity to translate between technical capabilities and practical needs

How many corporate veterinary groups or independent veterinary practices have someone actively exploring these opportunities? Not just reading about them on somebody's Substack or waiting for the next *Clinic Innovation Guide* to come out, but actively testing, implementing and measuring their impact? The answer is not “zero,” but it's depressingly close.

A Data-Driven Example: AI Scribes

Let's put some numbers to my assertion, because nothing cuts the gloomy fog of uncertainty like the bright, joyful clarity of mathematics.

Consider the example of a mid-market corporate aggregator with 100 full-time veterinarians. Implementation of AI scribe software could save each doctor 30 minutes per day (and that's a wildly conservative estimate from personal experience). Over six months, that amounts to 6,500 hours of doctor time, which is equivalent to adding more than six full-time veterinarians to your workforce. You've just boosted productivity in your clinic by 6% without asking anyone to work harder or faster.

The cost? Based on some AI scribes in the market, about \$90,000 for those 6,500 doctor

hours. Implementation might take a few days, a week at most.

Try hiring six veterinarians in the United States for that amount.

Heck, try hiring six veterinarians.

The Cost of Waiting

While organizations delay, individual practitioners and your competition are already implementing these technologies on the ground level. They're gaining experience, refining processes and building competitive advantages that let them serve clients better, communicate more effectively, achieve higher profit margins and, most importantly, practice better medicine. By the time the spectator organization decides to act, they'll be playing catch-up — and paying premium prices for rushed implementations.

Here's what a practice innovation strategist could be doing right now:

- ▣ Evaluating and testing AI scribes and dozens of other automation tools
- ▣ Developing implementation strategies for new technologies
- ▣ Creating training programs for staff
- ▣ Measuring outcomes and returns on investment
- ▣ Building relationships with technology providers
- ▣ Identifying opportunities for early adoption and competitive advantage

Fortunately, there's a large talent pool of veterinarians and veterinary nurses/technicians



who pair technological fluency with clinical competence.

Return on Investment: More Than a Salary

“But it’s expensive to hire another C-suite executive!” I hear the pained cry, the agony of a budget demand, so let’s do more math to cheer ourselves up.

If a Chief Innovation Officer helps implement just the AI scribe example above, they’ve already justified their salary through productivity gains alone. Add in improved staff retention, better client satisfaction, enhanced medical record quality and reduced burnout — suddenly that salary looks like a bargain.¹

And that’s just one technology. There’s also:

- ▣ AI-powered diagnostic support
- ▣ Automated and/or augmented client communications
- ▣ Predictive analytics for patient care
- ▣ Smart, dynamic inventory management
- ▣ Practice management optimization
- ▣ AI-enhanced radiology assessments

Each of these represents potential gains in efficiency, quality and profitability. But without someone dedicated to evaluating and implementing these technologies, most practices will continue to operate as they always have — until they can’t.

How to Begin Building Bridges

Want to do the job I’m pitching? Want to be the point person in your organization to be blazing trails into the technology wilderness? Do it. It just takes some brains, creativity and curiosity. Everybody has those traits to an extent.

But I will give one additional piece of advice when you start: measure stuff. Start measuring things *before* you implement new technologies.

The Future Is Here

The business of medicine isn’t just changing, it’s being fundamentally transformed. The organizations that thrive will be those that embrace this transformation proactively, not those who wait to see what works for everyone else.

According the National Bureau of Economic Research, the period of 1850 to 1880 saw economic growth and productivity improvements. In particular, steam power accounted for 22% to 41% of the labor productivity growth during that time.² According to a research paper from Harvard Business School and the Wharton School, a group of consultants using AI saw a 17% to 43% enhancement in performance. They completed 12.2% more tasks and finished tasks 21.5% more quickly.³ That’s right! A group of consultants using AI were able to achieve performance and productivity improvements on par with the impact of steam power over a 30-year period of the Industrial Revolution.

An innovation strategist isn’t a luxury — it’s a necessity for any group serious about success. It’s an investment in staying relevant and capable of providing the best possible care for our patients. The question isn’t whether you can afford to create this position. The question is whether you can afford not to.

I’m not sure the view from the sidelines is as safe as it seems. ▣

References

1. Tierney AA, Gayre G, Hoberman B, et al. Ambient artificial intelligence scribes to alleviate the burden of clinical documentation. *NEJM Catal Innov Care Deliv*. 2024;5(3):1-5. doi:10.1056/CAT.23.0404
2. Atack J, Bateman F, Margo RA. Steam power, establishment size, and labor productivity growth in nineteenth century American manufacturing. *Explor Econ Hist*. 2008;45(2):185-198. https://doi.org/10.1016/j.eeh.2007.08.002
3. Dell’acqua F, McFowland III E, Mollick E, et al. Navigating the jagged technological frontier: field experimental evidence of the effects of ai on knowledge worker productivity and quality. Harvard Business School and The Wharton School. September 15, 2023. Accessed May 19, 2025. http://dx.doi.org/10.2139/ssrn.4573321



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Dr. Tancredi is a veterinarian, writer and reluctant futurist who believes the future of veterinary medicine should be shaped by the people who actually practice it. When he’s not elbows-deep in patient care at Old Ridge Veterinary Hospital in Chadds Ford, Pennsylvania, he’s busy translating the world of emerging technology into something useful for clinicians who don’t have time for TED Talks. He serves on the AVMA’s Task Force for Emerging Technology and writes *Doc’s FIRE*, a Substack newsletter about AI, medicine, ethics and innovation.