Building a succesful interventional practice

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INTERVENTIONAL VASCULAR NEUROLOGY
PERSONAL AND HISTORICAL PERSPECTIVE

• 1996 – 2000 BASIC NEUROLOGY TRAINING
  Neurologists trained by few cardiologists and neurosurgeons

• 2000-2002 STROKE FELLOWSHIP/CLINICAL RESEARCH TRAINING
  4 other practicing interventional vascular neurologists

• 2002 -2004 NEUROINTERVENTIONAL TRAINING/VASCULAR NEUROLOGY STAFF
  SVIN founded (currently 240 members)

• 2004-PRESENT NEUROINTERVENTIONAL AND VASCULAR NEUROLOGY STAFF
  approx. 80 practicing interventional neurologists

• 2010- PRESENT DIRECTOR UPMC STROKE INSTITUTE (Head of vascular neurology division - 7 vascular neurologists, 3 NP’s, 5 research coordinators)

• 2013- PRESENT DIRECTOR UPMC CENRTER FOR NEUROENDOVASCUALR THERAPY (4 NI’s , 2 neurologists and 2 neurosurgeons)
INTERVENTIONAL VASCULAR NEUROLOGY
WHAT DO WE BRING TO THE TABLE ??

• ACCESS TO PATIENTS
• Most comprehensive training in: neurological assessment, cerebrovascular pathophysiology, medical management of diseases treated
• Best understanding of the natural history of disease treated (benefit of long-term follow-up)
• Eliminate the “middleman” (direct referral from PCP, general neurologists, etc.)
PRACTICE MODELS

• Fully integrated practice within one department (neuroscience ?) patients shared regardless of background one single cost center - THE GOOD

• Joint practice with emphasis according to background (hemorrhagic stroke neurosurgeon, ischemic stroke neurologist) on call cross coverage – THE BAD

• Independent practice (each doing “their own thing” within their department) - THE UGLY
MEDICAL SCHOOL AND DEPARTMENTAL POLITICS: SVIN 2006

Percent Hired By Different Department

- Neurology
- Neurosurgery
- Radiology

Courtesy of Dr. Sam Zaidat
CASE VOLUMES UPMC NEUROENDOVASCULAR PRACTICE

• 2004 – 900 cases (30 ischemic strokes, 100 aneurysms, 5 carotid stents)
• 2014- 2114 cases (160 ischemic strokes, 160 aneurysms, 100 carotid stents)
• PERSONAL CASE VOLUMES
ADVISE FOR THE JUNIOR INTERVENTIONAL NEUROLOGIST

• Be fully integrated within the local neurology department/stroke service- that is where growth occurs
• Be a clinician, not just a technician
• Cultivate your referring physician
• Choose your partners well
• Emphasize on safety and don’t take on crazy cases
• When you have complications be transparent about it
• Don’t hesitate to seek advise and help from senior colleagues – it is viewed as strength not weakness !!!
• Make data based arguments to administration for support
• Try to balance work and life outside of work
IT’S A JUNGLE OUT THERE !!!!