

Case Study: Face-to-Face

An Atlanta interventional radiologist advances treatment of women's health in an independent IR clinical practice.

By Linda Sowers

Key Takeaways:

- A world-renowned authority on uterine fibroid embolization established an independent IR clinic focused on women's health.
- The clinical practice provides an effective alternative treatment to surgery for benign uterine fibroids and focuses on top-quality longitudinal care for patients.
- A critical success factor is educating both patients and referring clinicians about minimally invasive treatment options, as well as mentoring medical students.

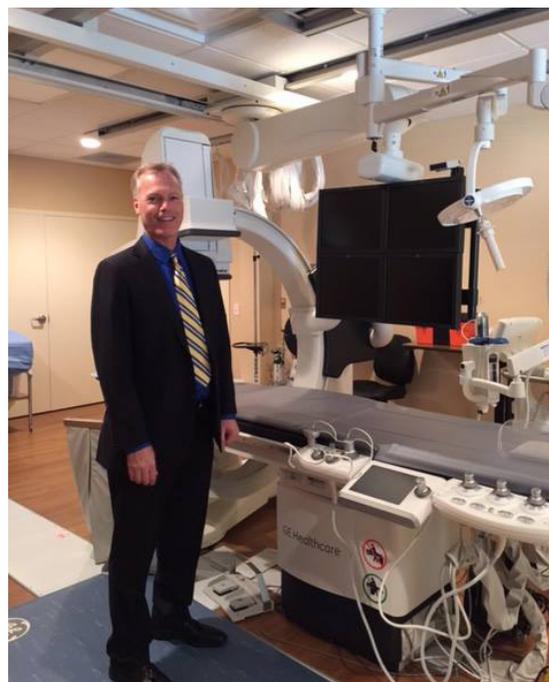
Every year, an estimated 600,000 women in the U.S. undergo a hysterectomy. Most of these surgeries are performed on women under age 40, with as many as a third done to treat benign uterine fibroids.¹ Some women's health experts believe that a majority of the hysterectomies performed annually in the U.S. for non-life threatening conditions may be unnecessary. And they point to minimally invasive techniques — such as uterine fibroid embolization (UFE) — as a better option to treat many uterine fibroids and minimize the impact on patients.

One such expert is John C. Lipman, MD, FSIR, founder and medical director of the Atlanta Interventional Institute, who has performed more than 5,000 UFE procedures in his career. "Not only are many women having unnecessary surgery," he says, "there are also as many as a million women that we consider the 'silent sufferers.' These are women who don't want a hysterectomy, so they put off treatment for years and suffer in silence with a condition that makes their lives miserable. Women with benign fibroids need to know that they may have an outstanding treatment option besides surgery."

Spreading the Word

Embolization of uterine arteries has been used for more than 20 years, and the outcomes for UFE are impressive. According to the Society for Interventional Radiology, 85 to 90 percent of women experience relief from their symptoms.² What's more, studies show that 82 percent of patients were satisfied with their treatment.³ With UFE, patients also experience shorter hospital stays and recovery times and have fewer major complications than with surgery.⁴

Despite these proven outcomes, Lipman believes that many women don't hear about UFE because it is performed by interventional radiologists (IRs) rather than by gynecologists. That's why a critical aspect of Lipman's mission involves educating the public about fibroids and UFE. Equally important, he teaches other physicians about the minimally invasive embolization treatment and the importance of informing women about their options.



John C. Lipman, MD, FSIR, in the center's state-of-the-art angiographic suite.

"I spend many, many hours speaking about fibroids at community events, churches, and women's groups," he says. "I'm also a frequent lecturer at physician meetings, gynecology conferences, and leading medical centers. It's important to communicate with physicians to dispel the urban legends about UFE — for example, that a patient has too many fibroids or the fibroids are too big for UFE. I talk about which women are good candidates for UFE and which are not. I'm constantly educating my audience, both patients and physicians."

Lipman also volunteers as an adjunct assistant professor in the department of OB-GYN at Morehouse School of Medicine in Atlanta, teaching residents and fellows about fibroids and UFE. "They are the next generation of gynecologists, so it's imperative to educate them about these successful treatments early in their careers," he explains. "Beyond that, it's important for all of us as radiologists — both diagnostic and interventional — to mentor medical

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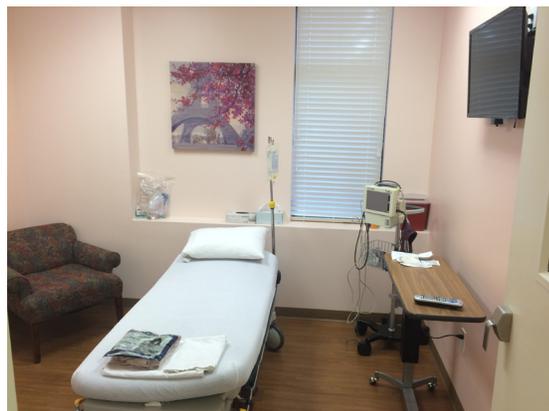
students as they learn about various specialties. We have a great field and a terrific story to tell. Unfortunately, medical students may not have much exposure to radiology during their rotations. We want the best and brightest in our field, and mentorship is critical for us to continue the specialty. My mentors were committed enough to help me, and now I can help the next group."

Responding to a Clarion Call

One of those mentors emerged when Lipman was a second-year medical student at Georgetown University, and he took an interventional radiology elective with Barry T. Katzen, MD, FACP, FACC, FSIR. "I knew right then that I wanted to be an interventional radiologist," Lipman says. "Although I began my career as a diagnostic radiologist, and eventually rose to become a partner, I knew from the start that I wanted to bring a clinical approach to the private practice setting."

In 2005, Lipman's dream of providing longitudinal patient care was finally realized thanks to a timely encounter with a visionary CEO of an Atlanta health system. "The smallest hospital in the system had recently closed its ER, and it was trying to find an identity," Lipman recalls. "I convinced the CEO that an interventional radiology clinic could be exactly what the health system needed to set itself apart. At that time, I didn't have hard data or metrics to make a true business case. He had to go on my pitch. It was a leap of faith."

The leap paid off. With the CEO's backing, Lipman set out to transform the ER into a state-of-the-art IR clinic specializing in women's health and UFE. Over the course of several years, Lipman hired a team and built the IR clinical practice into a renowned center of excellence, ultimately earning the highest customer satisfaction rating ever achieved in the health system.



Patients receive one-to-one nursing care in one of four private recovery rooms.

In 2008, however, the health system underwent a regime change. Lipman seized the moment as an opportunity to move his IR practice to a new hospital and then, eventually, outside of the hospital setting altogether and into a standalone women's health center. "I realized that the patient experience was of paramount concern, so I built the center to be comfortable, convenient, and completely accessible," he explains. "Each patient has a nurse whose sole responsibility is to care only for that patient until she leaves the center. We place a major emphasis on customer service, and people trust us. It's a privilege to care for our patients. We don't take that lightly."

To optimize patient care, Lipman works collaboratively with family physicians, internists, and other women's health specialists, especially gynecologists. "We commonly refer patients to each other," he says. "Working in a cooperative environment allows women to know all of their treatment options and benefit from the expertise and talents of more than one physician. A number of patients will need treatments offered by both the IR and the gynecologist. Ultimately the choice of treatment for uterine fibroids rests solely with the patient after a thoroughly informed consent. The quality of care to these women is highest when physicians work together."

Carlos I. Alarcon, MD, an obstetrician-gynecologist at Marietta OB-GYN Affiliates, agrees. "What really sets John apart from other radiologists is that he takes full responsibility for the patient before, during, and after the procedure. He's committed to providing excellent care to his patients, and he works collaboratively with the gynecologist. If he has a patient who needs my care, he calls me directly to discuss how we can work together to the patient's benefit. Similarly, if I have patients I believe will benefit from UFE, I call him." Alarcon goes on to say that "Working together, we've developed an innovative 'combined procedure,' where he performs the uterine fibroid embolization, then I do a minimally invasive hysteroscopic resection of the fibroid. It's providing great outcomes for patients who previously might not have been good candidates for UFE."

Connecting with Patients

Lipman stresses the importance of clinical practice for all radiologists — especially in today's evolving health care landscape. "My genesis was in diagnostic radiology, but I've always wanted to care for patients," says Lipman. "Now more than ever, radiologists must get out of the war room and talk to patients. We need to be the physician and conduct longitudinal follow up where appropriate. Even in a diagnostic setting, when you may not see a particular patient again, you still have that moment in time where you connect

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with the patient and care for them. That's an important relationship. It's why we went into medicine in the first place."

Lipman believes forging that relationship is more important than ever before because many, if not most, patients don't understand what radiologists do. "With patients, radiologists are probably one of the least-recognized medical specialties. With an interventional radiologist, there's even less understanding. It's a big challenge for us: We have to educate patients about how we can help them. If the patient doesn't know to ask for our opinion, we're left out of the loop entirely. That's why having a clinical presence is so important," he says.

"With Imaging 3.0, we are transitioning from volume to value. But how will the radiologist be valued if people don't know you or know what you do?" Lipman continues. "In fact, many clinicians may have never even met the radiologist. All of the tools that make a radiologist's life more efficient shouldn't come at the price of our relationships with referring physicians. To succeed and survive into the future, radiologists must have strong relationships with both clinicians and patients."

Next Steps

- Understand the growing importance of clinical practice to all of radiology (not just IR), and consider how to incorporate patient interaction and longitudinal patient care into your practice.
- Look for opportunities to educate patients about the value radiologists bring to their care and to collaborate with referring physicians in a consultative role.
- Understand that mentorship is critical to the field of radiology and become a mentor to encourage the best and brightest medical students to join the specialty.

Endnotes

1. Office on Women's Health, U.S. Department of Health and Human Services
2. Society of Interventional Radiology, *Uterine Fibroid Symptoms, Diagnosis and Treatment*, "UFE Efficiency."
3. Popovic M., Berzaczky D., Puchner S., Zadina A., Lammer J., and Bucek R.A. "Long-term quality of life assessment among patients undergoing uterine fibroid embolization," *AJR Am J Roentgenol*, 2009; 193: 267–271

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A patient poses with her son who was conceived after uterine fibroid embolization.

4. Jun F., Yamin L., Xinli X. et al. "Uterine artery embolization versus surgery for symptomatic uterine fibroids: a randomized controlled trial and a meta-analysis of the literature," *Arch Gynecol Obstet*, 2012; 285: 1407–1413

Join the Discussion

Want to join the discussion about how an Atlanta interventional radiologist has advanced treatment of women's health in an independent IR clinical practice? Let us know your thoughts on Twitter at #imaging3.

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