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E-098 Optimizing utilization of nurse practitioners and addressing practice barriers in neurointerventional surgery

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Abstract

The recent success of mechanical thrombectomy in the treatment of large vessel occlusions, as well as the increased demand for minimally invasive endovascular procedures has created new workflow gaps in the field of neurointerventional surgery. Additionally, the recent recommendation to temporarily suspend neurointerventional fellowship programs has further stressed practice. Nurse Practitioners (NPs) have taken on specialized roles in the field in an effort to meet evolving demands. In doing so, they are being faced with several barriers for providing the highly specialized and procedure driven care that neurointerventional patients require. Despite the call for support of expanded NP practice by the Institute of Medicine and the Federal Trade Commission, training opportunities for NPs in interventional neuroradiology are severely limited, and fragmentations of privileging processes contribute to a practice environment where NPs must navigate hurdles without established interventional neuroradiology specific precedent. Increased procedural mentorship, standardization of fluoroscopy laws and regulations with regard to NPs, and development of role consistency across states is imperative for NPs to reach optimal utilization and practice at their fullest capacity. NP cerebral angiography performance has the capacity to reallocate interventionists’ time to more complex procedures, while “incident to” billing can generate revenue at a significant cost savings to departments. This makes NPs uniquely qualified to meet the evolving demands of practice. Efforts to overcome procedural, clinical, and legal barrier should be a priority to the field. Discussion surrounding manpower and NP utilization is an exciting opportunity for future neurointerventional practice development.

Disclosures

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