Private Practice Cardiology Practice with Fellowship: The Best of Both Worlds

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Cardiology/Electrophysiology
The Mason City Clinic
Mason City, IA
Can you have your cake and eat it too?
My Non-Traditional Path

- U.S. Naval Academy – 1995
- Navy HPSP – University of Iowa – 1999
- Family Medicine Internship – 2000
- Flight Surgery – 2000-2005
- Internal Medicine Residency – 2005-2008
- Cardiology Fellowship -- 2008-2011
- EP Fellowship – 2011-2013
Military Cardiology

Pros
• Early Financial Security
• Contributing to a Larger Mission
• Leadership Opportunities
• Collegiality
• Pension/Retirement
• Involvement in GME

Cons
• Reduced Salary Growth
• Decreased Emphasis on Specialized Medical Skills in Favor of Military Needs
• Deployments
• Moving
• Juggling Administrative and Clinical Responsibilities
What I was Looking for in a Practice

- Geography/Stability
- Compensation
- Teaching/Academic Life
- Balanced Lifestyle
- Growth – Will I be supported? Am I valued for my individual talents vs. my ability to generate RVU’s?
- Collegiality – Working alone vs. with others
The Mason City Clinic

- 6 General Cardiologists, 3 EP’s, 3 Interventionalists
- Currently in a PSA with Mercy One, North Iowa
- Supports Mercy North Iowa Cardiology Fellowship as Primary Faculty
  - 3 General Fellows per year (9 Fellows)
  - 1 Interventional Cardiology Fellow
Work/Academic Balance

• Primary priority is workload based (RVU production)
• Additional priority to teaching and supervising fellows and residents
  • Inpatient teaching weeks
  • Afternoon fellow clinic proctorship
  • Cath/EP/Echo lab supervision
  • Morning report and lectures
  • Simulation teaching
  • Research/Quality Improvement Projects
• Call every 8th weekday or weekend for general/EP Cardiologists
Lifestyle

• Allows high productivity and compensation while still maintaining ability to teach and participate in an academic setting

• Occasionally goals of productivity and teaching conflict, but usually can be balanced by good time management
  • Fellow/Resident productivity helps offset some workload inefficiencies

• Small Town Environment fosters strong collegial bonds between faculty and between faculty and trainees
  • Fewer distractions to teaching and learning

• Less pressure to maintain academic and research productivity
Pros & Cons of Hybrid Practice

Pros
• Higher compensation than pure academic position
• Fellow/Staff Collegiality – Shared Sense of Mission
• Daily ability to be involved in teaching and mentorship
• Clinical Autonomy

Cons
• Challenge finding time in schedule for teaching, research, and academic prep
• Limited ability to be involved with larger clinical research
• Less of an Academic Focus
• Need to maintain clinical productivity
Questions?

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