KSN 2020
FULLY VIRTUAL MEETING

Abstract Submission No. : IL-9138

Post Training in the U.S.

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As a practicing Interventional Nephrologist and a Partner of a nephrology group for the last 10 years in the US, I would share my personal experience.
Before application to the residency program, it is important to start with the right visa to avoid hassle after training.
Reputation build-up (getting good recommendation) and networking is also an important aspect of landing to a dream job post-training. In the US, showing interest and taking actions such as visits, phone calls, and follow-ups are considered as sincerity than just applying CV alone.
Practicing in the US has the benefit of a healthy doctor-patient relationship, multiple career opportunities, the better quality of life, family life balance along with less social pressure for kids education compared to Korea. However, taking care of younger kids as a working-mom could be a challenge with minimum available help and extended family.
Post fellowship training options include Academia, Private Practice, Hospital Employed physician, Pharmaceutical company, NIH or FDA leadership role, and hospitalist.
Various Private Practice models include Solo Practice, Group Practice, Multispecialty Group Practice, Hospital employed Nephrologist. Currently, Group practice is the most popular model for US graduates.
The difference between US and Korea in the Nephrology Private Practice world would be that practitioners are able to practice Broad and various scope of Clinical Care including Hospital consultation, Outpatient clinic, Dialysis center, Teaching residents, and fellows, along with ongoing collaboration with other consultants. While clinical care scope is close to that of a university hospital setting there is no burden of research nor publication duties.
Dialysis units are owned by bigger companies (FMC, Davita, DCI, Renal Care, etc) and doctors use these facilities to care for their dialysis patients. Recently Joint venture business model became available for doctors to become the owner of the units.
The average Nephrologist income is reported to be $315K a year but it varies by work setting, work situation, and location. It can vary from $150K to $900K.
Private Group Practice Partner income includes patient fee collection, medical directorship from dialysis units, Hospital administration, teaching collections, dialysis unit Joint ventures, Interventional nephrology suite incomes, Office building real estate income minus overheads (staff salary, malpractice insurance, rent, benefits, continuing education cost). Profits are either evenly divided or distributed by the productivity models.
Interventional Nephrologist performs interventional procedures on managing dialysis access dysfunction such as AVF/AVG angioplasties, Thrombectomies, stent placement, Tunneled dialysis catheter placement, and exchange.
Interventional Nephrology Training can be obtained by a formal fellowship training program or company based at an outpatient access center setting. Training program duration varies from 6 months to 3 years.
Most Interventional nephrologists alternate interventional procedures and general nephrology patient care weekly or daily. Also many are involved in teaching and training renal fellows.
Interventional nephrologist usually earns a higher income than general nephrologist but the number varies depending on the practice settings.
The emergence of Interventional nephrology has improved the quality of dialysis access management, providing prompt treatment to dialysis patients, and decreasing the rate of hospitalization related to access issues. It also retained income-drain from nephrologists to other specialties. The number of physician office-based access center has increased vastly with the above reasons.

However, a recent decrease in reimbursement rate per procedure from the government and increased regulations are pausing threats to thriving interventional nephrology practice.
Two Devices have been developed to create an AV fistula percutaneously, Clinical trial data looks promising but due to requirements of surgical expertise and training and requirements to upgrade procedure rooms to surgical operating room environments,
only few centers started implementing this new technique so far.
In Summary,
The US is still a land of great opportunity. If there is a will there is a way, especially for the hard-working and talented Korean physicians I believe that everyone would land in their dream job successfully. Instead of competing in Korea, I urge that many of you will consider moving to the US.