Stroke and Vascular Neurology Section Member Spotlight

Interview with Dr. Jose Biller, member of the Stroke Section

By Michael Schneck, MD, FAAN, Communication Work Group Leader

In the past two years, we have published interviews of stroke neurologists with each semi—annual newsletter. With the advent of the web-based format to the section newsletter, we are hoping to increase the frequency of our various articles. For the member spotlight section, we hope to profile members more frequently. If section members have any interview suggestions, please email me at mschneck@lumc.edu.

This quarter, I have submitted questions to Jose Biller, MD, FAAN, FACP, FAHA. Most of you in the Stroke Section are familiar with Dr. Biller. He is an eminent stroke neurologist who has been active in the subspecialty on many levels. He is also a leading educator in neurology and a past director of the ABPN, vice-chair of the ABPN Vascular Neurology certification exam and chair of the UCNS (United Council of Neurologic Subspecialties) certification committee. He is also my department chair, mentor and friend. In this article we explore with Dr. Biller the impact of certification on stroke neurology.

Dr. Michael Schneck (MS): Dr. Biller, Vascular Neurology was the most recent of the ACGME approved neurology subspecialties. What led the ACGME to approve this subspecialty?

Dr. Jose Biller (JB): In 2003, the American Board of Psychiatry & Neurology (ABPN) established a Committee on Certification in the subspecialty of Vascular Neurology in order to officially establish the field of Vascular Neurology as a sub specialization in neurology and child neurology, and to provide the means to identify properly trained and experienced vascular neurologists. Also in 2003 the ABPN received approval from the American Board of Medical Specialties (ABMS) to issue subspecialty certificates in Vascular Neurology. In addition, the Accreditation Council for Graduate Medical Education (ACGME) approved and endorsed the fellowship training in Vascular Neurology. The first examination in Vascular Neurology was administered on May 9-13, 2005, and 225 neurologists received their certification. These certificates are valid for a 10-year period.

(MS): Despite the recent ACGME certification of stroke fellowships and ABPN vascular neurology certification exam, there continues to be a shortage of certified stroke specialists. Yet, an estimated 1/3 of stroke fellowships go unfilled. What do you think is the basis for the shortage and how can we reverse it?

(JB): After 2009, only those neurologists who have successfully completed an ACGME-accredited program in Vascular Neurology will be eligible to become certified in the subspecialty. In the interim, applications are accepted from those ABPN-certified neurologists or child neurologists who have had training in a non-ACGME accredited stroke fellowship or who spend at least 25% of their practice time on the diagnosis and treatment of patients with cerebrovascular diseases. A complete neurology residency requires 48 months of training but in a
previous survey conducted by the Association of University Professors of Neurology (AUPN), 75% of graduating neurology residents sought to enter fellowship training in order to develop further subspecialty expertise. One thing seems certain: well-integrated multidisciplinary teams available around-the-clock, seven days a week, are needed to address the needs of patients with stroke. I am pretty realistic about this.

(MS) Yet, after all, most stroke patients are treated by general neurologists (if they are treated by a neurologist at all). Why do you believe it was important to have a separate certified subspecialty of Vascular Neurology?


(MS) You have been an advocate of specialized stroke centers for most of your career. What do you believe are strengths and weaknesses of the current primary and comprehensive stroke center models?

(JB): I am an advocate of evidence-based medicine, and the application of such evidence (when available) to the individual patient. I am also in favor of organized multidisciplinary care aiming to achieve long-term success in improving outcomes. As such, I am in favor of specialized stroke units, staffed by individuals specifically trained and certified to treat stroke patients with the best and latest care, at all stages of the patient's progress. The Brain Attack Coalition's "Recommendations for the Establishment of Primary Stroke Centers", and the American Stroke Association have previously addressed major aspects of acute stroke care and these initial steps have been successfully implemented by the Joint Commission on the Accreditation of Hospital Organizations (JCAHO). The self-congratulatory proposition "we are a Primary Stroke Center" is a good initial step, but only half true, because many decisions apparently involve a combination of factual concerns and political aspects. As yet, a critical appraisal assessing outcomes from different interventions from primary stroke centers is lacking. Every decision will require knowledge gained from properly validated scientific evaluation.

(MS): Most JCAHO primary stroke centers do not have a certified stroke neurologist. In fact, having a stroke neurologist is not mandated as part of the stroke center requirements. Should this be modified or required only for comprehensive stroke centers? Also what do you think should be the staff requirements for comprehensive centers?

(JB): Yes, I am a firm believer that certification in Vascular Neurology should be a requirement. Subspecialty certification should be the minimum requirement and demanded by the public. I also believe future certification of Primary Stroke Centers and Comprehensive Stroke Centers will require proper validation, and will preferably be driven by organized neurology and their umbrella organizations currently accrediting neurology subspecialties. The current recommendations for Comprehensive Stroke Centers proposed by the Brain Attack Coalition are a good initial step. Comprehensive Stroke Centers should be able to provide extensive experience in the management of ALL cerebrovascular disorders for ALL age groups, including
medical and surgical treatment of ischemic stroke and transient ischemic attacks (TIAs), intracerebral hemorrhage, aneurismal (clipping, coiling) and non-aneurismal subarachnoid hemorrhage, and comprehensive management (endovascular therapy, microsurgery, stereotactic radiosurgery) of a variety of central nervous system (CNS) vascular malformations. I would also add the importance of weekly multidisciplinary vascular conferences, active research and educational programs. The pursuit of scientific knowledge is a communal endeavor. Comprehensive Stroke Centers need staff with expertise and critical skills in Vascular Neurology, Neurosurgery, Neuroradiology, Interventional (Endovascular) Neuroradiology, Neurocritical Care Specialists, Cardiologists, Hematologists, Physical Medicine & Rehabilitation Specialists, Speech and Occupational Therapists, and Social Workers, physician extenders, and obviously, access to other medical and surgical staff specifically trained to evaluate and treat stroke patients.

(MS): As a member of the ABPN you have been involved in the broader efforts of neurology within the American Board of Medical Specialties (ABMS). Now you are involved in the UCNS, which is independent of the ABMS. How do you describe the relationship between the ABPN and the UCNS? And, between the UCNS and ABMS?

(JB): The United Council of Neurologic Subspecialties (UCNS) currently offers certification examinations in Behavioral Neurology & Neuropsychiatry, Headache Medicine, Neurocritical Care, Neuro-Oncology, Neuroimaging, Clinical Neuromuscular Pathology, Geriatric Neurology, and will be offering certification in Autonomic Disorders. The UCNS should not be looked upon as a negative force by the ABPN or the ACGME. Actually, I forecast that as many of these subspecialties mature further, they will be encouraged by the UCNS to proceed to certification through the ABPN (ABMS).

(MS): Some have argued that the creation of the stroke specialty is a fragmentation of general neurology and that the creation of the UCNS was a further step in this fragmentation. In relation to your leadership role in the UCNS, what is your perspective about the general versus subspecialty debate?

(JB) We must always promote what is best for the patient, keeping in mind that health care resources are limited, and health care costs are extraordinarily high. It is not surprising that in the US, the trend has been toward subspecialization. However, I would still argue that the highest level of the pyramid is the seasoned and morally engaged General Neurologist.

(MS): Related to this specialty debate is the issue of neuro-hospitalists. At Loyola we have debated this issue to a fair extent and currently our stroke neurologists are providing hospitalist coverage as well. Should there be a separate neuro-hospitalist subspecialty? Alternatively, since a large component of inpatient care relates to cerebrovascular disease, should all neuro-hospitalists be certified in vascular neurology?

(JB): I am a proponent of a Scholar Neurohospitalist Service (24/7/365 - with a proper work-hour cap and without a conflicting outpatient office practice). As an emerging field, a multidisciplinary team of adult and pediatric neurohospitalists may provide the best option for continuity of care and improved outcomes (efficient, cost effective, reduced length of
hospitalization, etc) for inpatients in the Neurology Service. I would encourage all neurohospitalists to train and certify in Vascular Neurology. However, besides the long-term sustainability of such a Neurohospitalist model, the main question should be: What complex hospitalized patients want from neurology services and who are better suited to look after them?

(MS): What do you see are the greatest challenges to the growth of the vascular neurology subspecialty in the near future?

(JB) Although progress may sometimes be slow, we are making progress!

(MS) Finally, I know it is an important issue for you and I have closed with this question in previous interviews. What advice would you give to young neurologists interested in a career in Vascular Neurology?

(JB): You are about to embark on an exciting and rewarding lifetime tour. Enjoy it.

Jose Biller, M.D., FACP, FAAN, FAHA
Professor and Chairman
Department of Neurology
Loyola University Chicago
Stritch School of Medicine
2160 S. 1st Avenue
Bldg. 105, Room 2700
Maywood, IL 60153
phone: 708-216-2438
fax: 708-216-5617