Episode 38: Leading the Radiology Community
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Dr. Rubin: Hello and welcome to "Taking the Lead," a podcast from the Radiology Leadership Institute that profiles radiologists as leaders, seeking insight and inspiration from a variety of perspectives and experiences. I'm Geoff Rubin. Today I'm speaking with Howard Fleishon, Associate professor at the Emory School of Medicine and chair of the Board of Chancellors of the American College of Radiology. In Arizona and for most of his professional career, Dr. Fleishon was a partner in Valley Radiologists Ltd., and North Mountain Radiology Group, serving on the medical staff of several community hospitals in the Phoenix Metropolitan Area over a 20-year span. He held a number of leadership positions including group president, medical director, and vice-chair. An active member of the Arizona Radiological Society, Dr. Fleishon held a number of leadership positions, including chapter president. His leadership at the state level was an entree to many national roles with the American College of Radiology including a 5-year term on the council steering committee and 12 years of continuous service on the Board of Chancellors, culminating in his current role as chair beginning in 2020. Six years ago, Dr. Fleishon brought his experience and expertise in community radiology practice to Emory University, joining the radiology department as division director for Community Radiology Specialists. Our goal in creating the "Taking the Lead" podcast is to support your leadership journey. And with that in mind, I'd like to tell you about a new sponsor. The Isenberg School of Management Graduate Programs at the University of Massachusetts Amherst. Isenberg Graduate Business Programs prepare you to advance your career on your terms, and their online and on-campus degrees are tailored to your schedule and timetable. Learn more at isenberg.umass.edu/follow-your-drive.

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Dr. Rubin: Howard, welcome.

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Dr. Fleishon: Thank you, Geoff. Thank you for having me.

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Dr. Rubin: So, we like to start by uncovering your early days. Tell us a little bit about where you were born, and what life was like growing up for you?

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Dr. Fleishon: Well, I was born and raised in the outskirts of Philadelphia, in a neighborhood called Overbrook. My mother and father were both teachers. I went to a local elementary school there, all my activities were combined in my neighborhood, so I really had a big focus, a local focus in the Philadelphia area. That's where most of my fondest memories are growing up in the big city. Went to high school in Philadelphia and then decided I really wanted to experience a different part of the country for college.

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Dr. Rubin: So born and raised in Philadelphia. Was your family in Philadelphia for generations before or are you a first-generation Philadelphian?

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Dr. Fleishon: So, I'm a third-generation American. My grandparents came over through Ellis Island, and they came through New York, but they settled in Philadelphia. My grandfather set up a little grocery store in Mars town. So, basically, coming from Europe, my family made their roots in Philadelphia. Several other European immigrants came over as part of the family, so, I really, had my central nucleus family centered in the Philadelphia area.

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Dr. Rubin: That's great. And brothers and sisters?

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Dr. Fleishon: I have one brother. My brother is living the good life of retirement in Sun Valley, Idaho right now, and had a sister, our sister was...very fond memories, but unfortunately, she's no longer with us.

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Dr. Rubin: Oh, I'm sorry to hear that. Your parents being both teachers you mentioned, where did they teach and what did they teach?

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Dr. Fleishon: So my mother was an English teacher for most of her career, and then she migrated to be a guidance counselor. My father, similarly, was an English teacher for a large part of his career, then he became a vice principal and subsequently a principal. So there was a large educational influence while I was growing up. My mother and father divorced when I was 13. So there was a bit of separation there. My mother became probably the dominant influence in my life. Her experience in education was foundational to my development.

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Dr. Rubin: So growing up, was it the Phils, the Eagles, the Sixers, who dominated your thinking as a kid?

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Dr. Fleishon: Yes, yes, and yes, but you left out a very important component, the "Broad Street Bullies," the Philadelphia Flyers. I was a big hockey fan. A lot of people that I grew up with were hockey fans. As a matter of fact, we used to rent ice rinks on Saturdays at 2:00 in the morning. I remember those very fondly. About 20 of us, we'd get together and we'd play ice hockey along with street hockey as well. So, that was a big part of my growing up rooting for these "Broad Street Bullies."

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Dr. Rubin: Wow. Do you still strap on the skates every now and then?

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Dr. Fleishon: Nah. That's sort of gone by the wayside. You know, there's not much ice in Phoenix. They tend to melt pretty quickly. We did adopt the Roadrunners when they were in Phoenix, now the professional hockey team as well go there occasionally, but it's just different when you try to go to a professional hockey game when it's 105 degrees outside. Just a different flavor.

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Dr. Rubin: It is a different flavor. And you mentioned you played a lot of sports, was hockey the dominant one?

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Dr. Fleishon: I played a lot of sports, but I didn't excel in any one sport, didn't play high school sports or college sports, but basketball was real big, especially going to the local elementary school. That was typically where I met all of my

friends, and we hung out, played a lot of basketball, played Little League, but I was a terrible hitter. I had terrible hand-eye coordination. I could not get ahold of... I think a decent fielder, or a decent second baseman, a decent centerfielder, but just could not hit that thing to save the life of me. Hockey became a real big thing and football was also a big part of my life as well growing up.

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Dr. Rubin: So was it all sports for you or were there other hobbies that you had?

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Dr. Fleishon: It was mostly sports. Between that and academics filled up most of my time.

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Dr. Rubin: Did you take on any leadership roles in high school?

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Dr. Fleishon: No, I did not. I was very much a middle-of-the-road type of student and went with the flow, joined a couple of clubs, like a debate club, did a lot of intramural sports, but I didn't take much of a leadership role. Again, I didn't excel particularly in sports as well. So, no, I did not.

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Dr. Rubin: Now you mentioned that you attended Bates College in Lewiston, Maine, and that it really was a positive experience for you. What led you to that small liberal arts college?

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Dr. Fleishon: Well, New England was a big attraction. One major theme was skiing for me. I wanted to experience more of winter, be in more of a skiing environment. I took up skiing very early, about 13, 14 years old. There weren't much opportunities in the Philadelphia area. I remember taking my first lesson at a small place called Ski Mountain in Pine Hill, New Jersey. It had a auspicious vertical drop of 90 feet. It was basically snowmaking on top of, for lack of a better word, on top of the trash heap. My mom used to take me there for skiing lessons. She actually took skiing lessons with me for the first few but then she could not get up off the snow after she fell. So, that sort of fell by the wayside. Then went up to the Poconos. And I remember Camelback Mountain

in the Poconos, standing in lift lines for 45 minutes for a 3-minute ski adventure with a 450 vertical drop, so I really wanted something a little more rigorous, more adventure. So, that was part of the attraction along with just the academic attraction of New England. So many great schools up there. So many great experiences. My brother had gone up there, he had gone to Boston, had a great time. So a lot of my friends were migrating up to New England. So that was a big attraction. I focused on mostly smaller schools, wanted a smaller environment, couldn't see huge like UMass or similar environments, so I really focused on the small liberal arts schools and Bates came up. They provided me a lot of financial support, had a great program for me, and it proved to be a really great experience.

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Dr. Rubin: What did you study? And at what point did you decide that medicine was your future?

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Dr. Fleishon: So I was a chemistry major and for longest time I was gonna be a chemical engineer. It was relatively late to the game that I directed myself to medicine for a variety of reasons we can talk about, but Bates really did a great job of preparing me for pre-med and also presenting my credentials in a very positive and proactive light at the medical schools that I applied to. So they did a great job for me.

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Dr. Rubin: Yeah, excellent. Any leadership roles in college?

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Dr. Fleishon: Actually, no. I, again, was very much middle of the road, concentrating on academics, took a variety of jobs to work my way through college. So I didn't have the opportunity to take very many leadership roles. I must admit I wasn't really motivated or highly attracted at that point. Interestingly, you brought that up, I hadn't thought about that in a long time. But no, there were no leadership roles there.

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Dr. Rubin: You mentioned that you took a number of jobs working through college. What job stands out as the most intriguing or interesting?

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Dr. Fleishon: Well, I had a bunch of summer jobs, which, I mean, what I remember specifically is when I was back in Philadelphia, I was working at this treatment plant. They used to treat lumber for fire retardant, so I was the guy dipping my hands in the fire retardant solvent, so I remember that and shivers up and down my spine thinking if I ever get cancer, that's gonna be the reason. And I remember specifically the person who owned the company. He asked me what I wanted to do. I said, "Well, lately I've been thinking about going to medical school and becoming a doctor." And he just shook his head, he said, "There's no way that's ever gonna happen." So, I was fortunate to prove him wrong. But on campus, it was mostly employed by the college. I was mostly manning the reception center in the alumni hall. So that was the main job that I had. Also another interesting job that you can identify with being up in Maine, I befriended a person on the Maine coast that actually harvested seaweed. So I would bale seaweed for him and process seaweed. So that was another weekend job that actually paid really well. But that was an interesting sideline. It turned out seaweed is used in several industries, including the toothpaste industry. So there's a big harvesting industry, especially up in Maine.

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Dr. Rubin: So, for medical school, you're back in Philadelphia at Temple. And then did your internship at Penn and residency at Einstein, all in Philly...was it a strong sense of wanting to be close to your family that drew you back to Philly for those eight years?

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Dr. Fleishon: I think it was very attractive opportunities opened up for me. Temple was a very good medical school experience for me. I had always been inclined towards clinical medicine and that was a heavy emphasis at Temple. Their clinical rotations especially were very, very good in the Philadelphia Metropolitan Area. They were great experiences. As far as internship, internship was...I considered rounding out my medical school experience. Really, I felt I really needed it to be in a position of primary responsibility, making decisions, and really cementing those fundamentals that I learned in medical school. It was Presbyterian University of Pennsylvania, I went into a flexible internship. And that was also a great experience. Presbyterian had a great system set up for those rotations, so able to experience many different facets of medicine, going from surgery, to medicine, orthopedics, the various other specialties. So, it really helped me solidify and become much more

confident as a physician. It was rigorous. It was the type of thing where you were on every third night on all night, and then working the next day, but met a lot of great people. As a matter of fact, that's where I met Wally Curran. Wally Curran and I actually did our internship together and we met up again at Emory. Again, several of the people that I did my internship with are still lifelong friends. One of them actually has a place in Colorado and we ski every year together. So, a very worthwhile experience. As far as Einstein, Einstein is a little bit longer story that we can talk about. That was a small program, again, very clinically based as far as radiology is concerned but, again, another one that was pretty much an immersion. There were no fellows, it was all residents. So residents really were fundamental to the program. So a lot of really good clinical experiences.

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Dr. Rubin: Great. And at what point did you decide to become a radiologist? And what led you to the field?

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Dr. Fleishon: This is the longer story I was referring to earlier in the interview process. So, especially, when I was growing up, I met a lifelong friend, Don Ostrum, and his father, Bernie Ostrum, was actually the chair of Einstein that I ended up matriculating. He became a father figure for me. Very important figure in my life. Very important in guiding me in lots of ways. That's one of the fundamental reasons why I ended up going into radiology and an important reason why I matriculated at Einstein. So, he continued to be an important figure in my life until his untimely death a few years ago.

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Dr. Rubin: How was it that he captured your imagination to pursue radiology? Was he just very enthusiastic about the field?

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Dr. Fleishon: Well, he was an enthusiastic person to begin with, but especially, about radiology. And even as I became more and more attracted to medicine, and as I rotated through different specialties in medical school, I became much more attracted to radiology. I became enthralled by the diagnostics, being a doctor's doctor, the tools that we can use, the different applications, the different modalities, the intellectual curiosity, the growth of the field. There were many aspects of radiology that really attracted me along with being set up

along the road there by Dr. Ostrum. So, yeah, radiology has proven to be everything that I had anticipated and it has proven to be a fantastic career.

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Dr. Rubin: Did you pursue any interests outside of medicine during those years? Or were you completely locked in on your studies?

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Dr. Fleishon: I was very, very locked in. I found medical school to be pretty all-encompassing. I mean, I did have the pressure valve relief of sports and doing other things, had odd jobs every now and then to get myself through medical school, but medical school I found pretty encompassing. I remember, as a matter of fact, my second year, it was after our pathology final, I remember being in a bar with a friend in South Philadelphia, and we were drinking, and we had lots and lots to drink, and we were trying to plan about how we were gonna tell our parents that we were dropping out of medical school after going through pathology and thinking that we flunked pathology. So, yeah, I found medical school to be quite rigorous. At least the first two years, the first two years, it was a very classic education. The first two years being didactic. The second two years, rotating through the different specialties I found actually a lot more energizing, a lot more interesting, a lot more clinically based. It was really intriguing. And actually, there were several specialties within medicine that I was very attracted to. First, I was going to be a neurosurgeon and cardiothoracic surgeon. So, I seem to be attracted to things as I was rotating through them. So, the second two years was hard. They certainly consumed a lot of energy and time, but I also found them invigorating.

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Dr. Rubin: Upon finishing your training, did you want to settle down to practice in Philadelphia?

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Dr. Fleishon: I certainly took a look at Philadelphia. I certainly had a lot of longstanding ties there, especially with extended family and friends. But I really wanted to explore a different part of the country. I felt like I had experienced the East Coast, life was short and just seeing other parts of the country. I had a very small immediate family, so there was some attraction to family, much more attraction of friends that I had established in the Philadelphia area and along the East Coast. But the intrigue of exploring a different part of the

country, especially the west, I thought I would end up in California, but really wanted to spread my wings a little bit and see what else was out there. So I did take a look at several jobs in Philadelphia, had several job offers there that were very, very attractive, but it was really wanting to explore other parts of the country that were the ultimate motivation.

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Dr. Rubin: What brought you specifically to Phoenix? It seems almost the opposite of Philadelphia in so many ways.

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Dr. Fleishon: I like to think of it as different as you can get while still remaining in the United States, especially as far as geography, but in some ways philosophy too. So, the way I got to Arizona was a former resident, someone who had been in my residency program for five years beforehand, Richard Burns. I was at Valley Radiology, the practice that I ended up joining. He ended up being a very good friend as well. But the practice was expanding, looking for additional people. I was fortunate to get good recommendations coming out of my training program. So they brought me out for an interview. I went to Phoenix, interviewed in the middle of October. And of course, the weather was paradise, palm trees all around. It was 85 degrees, absolutely gorgeous. The desert was beautiful, was an attraction for me. The practice was amazing. It was a growing practice doing mostly clinical work, which I really wanted to do. So I signed up. And I remember this, and you can appreciate this being in Arizona now, so I took an overnight flight from Philadelphia on July 1st, I arrived at 6:45 in the morning, and it didn't have the connection to the plane, so they ended up emptying out on the tarmac. They opened up the door and a student on top of the stairs of the airplane, and all of a sudden, you realize it's 95 degrees outside and it was still early in the morning. I looked at myself and said, "What the heck did I do?" But ended up being a fantastic career in Phoenix, established a lot of good friendships. It's still home for me. Met my wife there. My extended family is there. It is still the focal point of my social activities. So it ended up being a great move. I fell in love with the desert, do a lot of activities in the desert. It's a very, very special place.

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Dr. Rubin: I agree. Was it challenging settling in so far from home? Did you have an adjustment period? Was it all difficult or it just was natural for you?

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Dr. Fleishon: There were some challenges. I met some very close friends in the practice very early. So the...that part of the adaptation was easy. The metropolitan area was very different looking for a house, the culture was different. So there were some growing pains there. I can't say it was difficult. I really didn't have many regrets moving there. I didn't have the temptation to move back at all. I didn't really look to return to Philadelphia at all. So there were some growing pains. But overall, it was a successful transition. It was something I needed to do and, you know, and looking back, it was a successful move.

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Dr. Rubin: Across 30 years in Phoenix, you affiliated and worked in multiple facilities and professional groups, it seems. Help us make sense of your career arc during those years. Were you changing jobs or was the healthcare market changing around you and so organizations were changing their name, and you were largely staying at the same place?

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Dr. Fleishon: So the bulk of my career in Phoenix was with Valley Radiology. When I arrived in Phoenix, the dominant practice model was independent practice or private practice. There were maybe five or six large groups. Most were fairly territorial and respected their territories. Phoenix was on a huge growth spurt, so everybody had plenty of opportunity and everybody was busy. It was a very congenial type of environment. And it was in Valley Radiology that I think my leadership career started. It was three years of partnership, so after I became partner, shortly after that, I was tagged to be on our executive team or executive committee, and matriculated on to the exec committee and in about 1994, 1995 was actually tagged to be one of the managing partners of the practice. So that sort of paralleled my career in the ACR leadership trajectory as well. But as far as the practices were concerned, Valley Radiology was well positioned, also was a very good practice. So we actually expanded rapidly. I joined the practice in 1987, and by the time we separated in 2000...well, I should just say about 2004, because that started another period in the history of Valley Radiology, but we had grown to...from 15 radiologists to 50 radiologists. We were practicing at seven hospitals. We had grown to 11 offices. So it became quite a large enterprise, mostly because of the practice model. I think we provided very good services, but also it reflected the growth in the Phoenix Metropolitan Area and the opportunities that we had.

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So in 2004, myself and the managing partner for Scottsdale Medical Imaging, Rod Owen, began conversations about synergies in our group. And actually, it was our common affiliation with the American College of Radiology that facilitated these conversations, along with a good friend, a radiation oncologist, who was also in the ACR, John Dover, he became our intermediary, if you will, or mediator if you will. So, Rod and I started taking a look at the synergies of our practices, actually common cultural elements as well. Rod was with Scottsdale Medical Imaging, more on the east side of the valley. Valley Radiology was more on the west side of the valley. We started taking a look at what commonalities were, what we could do together. And so, to make a long story short, it was a long journey, a very interesting journey, lots of bumps along the way, but we ended up merging our practices to form Southwest Diagnostic Imaging. So, when you take a look at my CV, you'll see that I made a transition in 2005 to Southwest Diagnostic Imaging, but that was more an extension of the merger. We still maintained an identity as Valley Radiology, because we had established a reputation and there was a certain comfort of our hospital administrator partners maintaining that identity, our referring physicians, but we functioned as a joint entity at that time, Southwest Diagnostic Imaging. When we formed Southwest Diagnostic Imaging, it was the largest independent practice in the southwest at that time.

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Dr. Rubin: How many...you mentioned you had about 50 radiologists in the latter stages of Valley Radiology when you merged, then how many more radiologists joined the new entity?

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Dr. Fleishon: We had 95 radiologists.

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Dr. Rubin: Ninety-five, yeah. And let me just rewind a little bit and ask you about those years on the executive team with Valley Radiologists. And particularly, you served six years as president of the group. What do you recall were some of the thorniest issues that you and your executive team were dealing with during those years in the '90s and early 2000s? What stands out?

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Dr. Fleishon: Well, a couple things. Number one was growth. So we had a series of growth opportunities. There were two hospitals on the west side of the valley that approached us and wanted us to take over services. We had long and hard debates about whether we, as a practice, were prepared to extend our services and extend ourselves to the far west side of the valley, and also whether we wanted to take on those hospitals. Those were interesting conversations and we ended up declining to expand the practice despite the temptation just to get larger, in some ways it was larger just to get larger, it wasn't necessarily a diversification because we already had a footprint in that healthcare system. There was another opportunity that stands out in my mind. There was another healthcare system that actually had six hospitals spread across the valley that came to Valley Radiology and said they were having trouble maintaining services, and they wanted Valley Radiology to take over the professional services for the entire enterprise. And that was also a long and difficult debate within our partnership. It was extremely tempting because we did not have a footprint with this particular healthcare system. There were pros and cons about taking on this expansive practice. We felt like it would extend our services more than we wanted to. There were some debates whether this was the right cultural fit for us. So in the end, despite the temptation to have a commanding footprint in the Phoenix Metropolitan Area, we ended up declining that expansion opportunity as well. Very interesting times to manage through.

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Dr. Rubin: Yeah, I mean, I can't help but reflect on the notion that you describe growth opportunities as the topics that were some of the more challenging to deal with, as opposed to threats. It doesn't sound like at that time, practicing in Phoenix presented many threats to the practice. It was really just a matter of deciding how big you wanted to be, in order to maintain the nature of the practice that you wanted to pursue, and just considering opportunities as they came, accepting or rejecting.

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Dr. Fleishon: Yeah, and the challenges to the practices I wouldn't even call as threats, because there were management issues, certainly, there were interpersonal issues, but we had a very congenial group. For the amount of time that we spent together, and that was not much of a problem as far as the melding of different priorities of the group, we managed those quite well, the other issues that we had dealt with were some transitional issues, some

investment issues in order...in other words, going from playing films to PACS. That was also another very interesting transition. We were relatively slow...I don't wanna say slow, but we waited for the technology to mature, if you will. We weren't early adopters of PACS. But you can imagine the investment of not only money, but also time and energy of making that transition, especially, in a practice that had a large office contingent. So those kinds of management issues were interesting, but I would not call them threats. Again, it was an expanding metropolitan area with lots of opportunities.

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Dr. Rubin: Yeah, yeah. I mean, that's sort of...my point is, is that there just didn't seem to be many threats. And I mean, when you think about sort of the four dimensions of a SWOT analysis of the condition that a firm might find themselves in, at different points in time, private practices have been dominated...the issues have been dominated by threats, external threats, whether it's a heavily competitive external market, whether it's, you know, pressures with declining reimbursements, whether it's turf battles, you know, all of these sorts of things that have been more on the threat side. And it's just striking to me that as you describe the nature of the period of time when you were leading, that a period that many people refer to as a golden period of radiology, that those threats just didn't seem to be present, that it was really a matter of opportunity.

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Dr. Fleishon: I think it was an attractive time. I still think the golden years of radiology are in front of us. But for instance, I was fortunate that we had a group of radiologists that were very like-minded and we're moving together. For instance, there was another practice in Downtown Phoenix, they were in the largest hospital, in the largest hospital system in the valley, yet the hospital system decided to send out a unsolicited RFP because they were not, as a practice, performing well. And again, we were called in, we were asked to take over the practice, and we took a look at it out of respect for the existing radiologists. Along with demographics and some other factors, we decided to decline that opportunity as well. But, you know, it was a performance factor as well. And I felt very fortunate that we had a set of radiologists who were all dedicated to working hard to making the practice successful.

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Dr. Rubin: Yeah, I mean, what an important point about culture, organizational culture, enabling competitive advantage and excelling effectively and, you know, being a place that attracts good people to work. During your years of leadership for the group, what sorts of things did you do to encourage the development and persistence of that culture?

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Dr. Fleishon: So I was extremely fortunate, I had some mentors coming into the practice. The practice was well established on a very solid culture of working hard. We also were very generous with our time off. And, you know, our downtime, time with family, there was a very, very strong culture that I came into. When we were recruiting people, we made it clear what our culture was. We were very transparent about that. We made it clear that culture was not for everybody. But for those people who are attracted to those types of philosophies that this practice had been consistent, and was very strong, and going forward with that type of philosophy. Our number one priority was to provide for our patients, to provide quality, but not only quality, but also to provide service. It was a very service-oriented type of culture. And we realized that that's...was the basis of our success, but not only success, but also our professional satisfaction. So that was strongly embedded throughout. And I can only say that during my years that I was given the opportunity to lead the group, I continued that philosophy. We made it a bit more sophisticated as far as our business practices, our recruiting practices, but we continue to build on that very basis, that very culture, the very strong culture upon which the group was founded.

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Dr. Rubin: You mentioned recruiting practice. Maybe talk a little bit about your approach to recruiting new radiologists and how you determined whether they would be a good fit?

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Dr. Fleishon: So it's very interesting you say that, because in retrospect, I think, I or we could have done a better job, but I'll give you some basis about the philosophies that we had. So, when we were expanding, we wanted to recruit based on the needs that we had, the subspecialty needs that we had. But we always maintained that everybody in the group had to have a broad range of skills in order to provide services. At that time, when I was with Valley, interventionists were still doing a lot of diagnostics, everybody was expected to

contribute to the general work pool. So that was one of the basis of our screening tools. When we brought people in for interviews, all the partners, actually everybody in the practice, interviewed the candidates. They went around to all of our centers, all of our offices. We also asked our administrators to interview the people to see if they would be a good fit. We had them go around to real estate agents, because one of the sensitivities of Phoenix, if you will, as we talked about previously, is very different than other parts of the country, so it had to be a good fit for the candidates as well. So we wanted to make sure that people were comfortable with the practice that they were coming into, but also in the environment and the area that they were possibly choosing as well. My approach to interviewing, actually, was even before the interviews took place, I took care to actually ask our support personnel about how candidates responded to scheduling interviews, how they treated them, what they thought of the candidates, so it wasn't just the partners making the decision, it was the whole practice, especially our support personnel who had a role in the interview and selection process.

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Dr. Rubin: Yeah, and it's a great point. I mean, our administrative support often are the ones that spend the most time in communicating with candidates, and many times have great longevity with the organization and probably provide a perspective that is really unique. And it's great to hear that you recognize that and took advantage of those perspectives.

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Dr. Fleishon: But if I had to do it in today's market, I'd probably get a much more professional input from consultants about what the interview process could be like. But it's a very interesting approach and philosophy that several people take. But one thing that I felt that perhaps we could have done better, but we were just stupid lucky, probably because the people who came into the practice were great contributors. And we ended up having, I thought, a very successful practice.

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Dr. Rubin: Yeah, well, you make your own luck, no doubt. But you mentioned the idea of bringing in consultants, which is a really interesting perspective. I'm curious, in those years, in private practice in the Phoenix Metropolitan Area, did you ever engage consultants in any decision making?

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Dr. Fleishon: We had consultants come in, in a variety of levels. I remember one time we had computer consultants come in, because we had this dream of automating all of our processes and basically having proprietary software to automate everything that we did. That was, I must admit, a huge waste of time, a huge waste of money and ended up being a complete bust. While we were going through our merger, we had several facilitators come in to guide us through the process, the pros and cons as we were contemplating whether this was a good idea or not, and they were extremely valuable, both in the machinations, of course, of our lawyers and the legal consultants, but also, we had several facilitators come in who were instrumental in creating the momentum that was necessary to really move the process forward. While we could create a certain business case internally for making such a huge investment and commitment, it was really the outside facilitators that provided the motivation and the perspective for us to really embrace the philosophy of moving forward with the concept.

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Dr. Rubin: You were also active at John C. Lincoln Medical Center for a number of years. After 2008, it seems that your activity there really started to increase including a 2-year stint as chief of medicine. Is that right?

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Dr. Fleishon: So, in 2008, I separated, along with several other people, separated from Valley Radiology. I just felt like my career was going in a different direction. I had established a relationship with many of the medical staff at John C. Lincoln North Mountain. So my career took a different path, ended up taking a staff position with John C. Lincoln. At that time, with the administration, they were trying to develop a strong staff model ACO, if you will, and we were pursuing that model. So I was no longer with Valley Radiologists at the time. I was on staff at John C. Lincoln. So I was the medical director of radiology. And radiology had always participated in the Department of Medicine. One of my long-term partners, John, maybe particularly had a very high profile in the Department of Medicine, but I felt like it was important for radiology to maintain if not increase its profile within the medical system, within the medical staff, so I became more and more engaged and eventually became the chief of the Department of Medicine for a while.

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Dr. Rubin: That's a big pivot, going from leading Valley Radiologists for so long, then seeing that merger to form Southwest up to 95 partners, and then becoming essentially employed at another health system in the city. You know, talk us through...you mentioned you saw your career going in a different direction. What do you mean? I mean, that's a big, big pivot.

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Dr. Fleishon: Valley Radiology was becoming a big concern, a big part of Southwest Medical Imaging. And I was at the midpoint, latter point in my career, so I just saw myself going in a different direction. It was a very, very difficult decision but one in which it was intriguing seeing how John C. Lincoln was going, a lot of very good friends, a lot of very well established, long-standing relationships at John C. Lincoln. So again, my life was going in a little bit different direction, a very, very difficult decision but it was time to pursue some different interests. I actually had some long-standing relationships with the administrators, established what I considered a very promising and interesting trajectory, as far as direction in medicine, direction of where that health system was going, and sort of an experimental stage of integrative medicine, if you will. So I made that jump at that time.

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Dr. Rubin: Gotcha. Gotcha. Yeah. So it was really the notion of integrated healthcare within the context of, at the time, and what might have been described as a ACO type model. And I'm gathering that the notion of having a leadership role in a more matrixed healthcare delivery environment was the characteristic that you found attractive?

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Dr. Fleishon: Yeah, that's a very good way to put it, the matrixed organization of doctors really taking primary responsibility for the direction of medicine and having an administration that was supportive of that model and that philosophy. Yeah, I continue to be a very strong believer that nobody knows medicine as well as doctors. That can be taken to radiology as well. But I continue to believe that doctors need to take on primary responsibility not just for taking care of patients, not just for professional services, but the entire paradigm of medicine. There was a U.S. News and World Report survey of the top-performing hospitals in the United States. This was probably like 5, 10 years ago, and a disproportionate number of the top 100 were...the CEOs were physicians. So the John C. Lincoln opportunity, I saw, as a way for doctors

really to take an influential position in the delivery of healthcare within that system. That was very attractive to me.

[00:39:42]

Dr. Rubin: Now, radiology practice has seen so much change in the recent past with market consolidation of radiology practices, healthcare providers, and payers. With your many years of leadership experience in Phoenix, would you help us see these market dynamics through your experiences in the city?

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Dr. Fleishon: So on the macro economics, on the macro scale, as you know, Phoenix is a great example of the transition radiology has experienced in recent years. So, as I mentioned, when I came to the Phoenix market, it was almost all independent practice. Those were the most influential players for delivery of radiology in the Phoenix marketplace and probably the Arizona marketplace as well. There was a dominant practice in Tucson and also a very influential practice in Flagstaff, which are the major metropolitan areas in Arizona. So it's very much a doctor-run independent philosophy if not only the metropolitan area, but throughout the state. Accelerate forward, in today's marketplace, the dominant model in the Phoenix Metropolitan Area is corporate radiology. So the transition has been relatively rapid, and has been a, I think, a case study of radiology practices throughout the country, and the transition of different practice models. What the pros and cons are I think we have yet to see. Ironically, I think the early career radiologists and trainees might be most concerned and involved with how these practice models will determine their future. But I would turn around and say that it's actually they who have a significant role to determine the success of these different business models. And I say that because right now, radiologists are in demand. The way the marketplace is right now there's a high demand and need for radiologists. So it's actually going to...in my mind, the new people coming out of training, the people who are transitioning from different jobs, who are going to determine who's gonna be successful in recruiting the current workforce, because that's gonna determine success going forward.

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Dr. Rubin: Maybe drilling just a little bit more specifically on the world of radiology in Phoenix in the mid 2000s to the world today, you discussed the fact that there were several large groups that were essentially respecting one another's territory, the city was growing, everything was going very well for

those groups. What happened to those groups? And where are they today? And you mentioned, you know, that the dominant model is corporate radiology, but maybe unpack that a little bit more. I mean, how...if you were to sort of, you know, lay out a pie chart of where are people working now, and where did they work before, help us see that transition.

[00:42:40]

Dr. Fleishon: So, in short, several of the independent practices in the Phoenix Metropolitan Area, quite frankly, weren't successful. So we talked about one dominant practice in downtown area, in the largest hospital in Phoenix. As we talked about, they were not successful. And the healthcare system transitioned that particular facility from a independent practice to a staff model a long, long time ago. The SDI facilitated the transition to a larger practice. The model was developed as a spoke and wheel model. So it was expandable, it was scalable, which proved to be true. There was another dominant group in the East Valley Diagnostic Imaging, which became part of Southwest Diagnostic Imaging. There was also a significant group in the West Valley that became part of that model as well. Southwest Diagnostic Imaging entered into negotiations with a corporate model. And they ended up having a successful transition from independent practice to a corporate model. They still have local control, but they are part of that corporate model. So a large part of the marketplace did transition once that transaction was finalized. There were a couple of islands of independent practice in the metropolitan area. One independent practice I was associated with at my time with John C. Lincoln Hospital, that proved to be an unsuccessful model, unfortunately, and they ended up disbanding. So the last man standing, if you will, the most successful model right now is the corporate model.

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Dr. Rubin: And what do you see as the principal gains and losses associated with this change toward the corporate model?

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Dr. Fleishon: The principal gains I think are still the radiologists who had established the independent models, they are still...in the corporate models, in very many ways, they still have local control, so they are still providing services. They retain the relationships with the healthcare systems that they had built for many, many years. So those relationships are still in place. I think what's been sacrificed are the opportunities for new radiologists coming into the

practice and having autonomy, participating in the governance structure, participating in an independent practice, if you will, having more local control. The national corporation is now the dominant controlling factor. There are some local controls, there are some local responsibilities that people contribute to, but it's not the classic independent model that is the dominant feature in the Phoenix Metropolitan Area anymore. Having said that, there are other places in the country where independent practice is still thriving. There are many independent practices that have taken a look at the marketplace, they've decided that they're very secure in their relationships, they see a lot of opportunities in maintaining their autonomy, maintaining their independence. So there's still lots of opportunity for people taking a look at jobs, especially early career radiologist trainees coming out of training to pursue those independent practices. It's just in the Phoenix Metropolitan Area, those opportunities are limited, similarly to...I think the Houston area is very similar, and parts of Florida feel like they're going in that direction as well.

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Dr. Rubin: Now, if a relatively young radiologist who wants to lead in the practice of radiology in Phoenix called you up and asked you for advice and said, "Hey, you know, I'm part of one of these practices that is operated by a corporation," what advice would you provide them to successfully transition from the generation of leaders that essentially founded those relationships and were able to carry them through into the corporate model, so that they can continue to have the effect and influence as opposed to feeling like a cog in the wheel?

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Dr. Fleishon: I think an individual has to go in with quite a bit of due diligence and be very aware individually about what their priorities are, what their goals are, and how they see the trajectory of their careers. So they have to be realistic about what the leadership pathways are, both on a local scale, and on a national scale because certainly there are opportunities. I think they're different than they were for an independent practice and how they'll be defined in the future. I think that story has yet to be told. But I think they need to really do their due diligence, and be very introspective about what their expectations are, and really do their homework about if this is the right fit for them, if they are willing to take on the responsibilities and what their expectations are. So I think that's a very difficult conversation, and somewhat conjecture as well, because

we...you know, how this will play out, I think there's significant uncertainty there.

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Dr. Rubin: Do you have any theories as to why Phoenix and Houston and parts of Florida have gone the way they have, whereas other metropolitan areas have maintained the dominance of independent radiology practices?

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Dr. Fleishon: I think it's very much that there were some very well-regarded, influential leaders in radiology who decided that this was the practice model that they wanted to ascribe to. So they led their practices and also the regional radiology models towards these corporate models. And there's certainly some attractions there, some centrality, the attraction of state of the art technology, certainly with the introduction or promise of AI, there's just different practice models out there. It is going to be very interesting how these experiments, if you will, or these case studies will evolve. And I think you and I are gonna be students looking at this going forward. And again, I think it very much had to do with local leaders feeling this is the direction. It also was the hospital systems as well. And what that interaction is, I think is very particular to the different metropolitan areas, what that partnership was, what that relationship was about, how the healthcare system and the radiology services will evolve.

[00:49:05]

Dr. Rubin: Now, after almost 20 years in practice, you sought and earned a master's in medical management degree from USC. What motivated that?

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Dr. Fleishon: So that was an individual motivation, individual decision. I had been on a leadership trajectory for a number of years. And it was a maturation process for me. I felt like there was value in more of a didactic approach, going to a formalized educational master's process and really learning the fundamentals, and some of the things that I was learning during my leadership experience provided value for me. It was an extraordinary experience for me, going through these didactic sessions of things like accounting, statistics, leadership, entrepreneurialism. As much as anything, it brings a different perspective of what we're doing. We're all doing radiology, but bringing these business perspective, these different disciplines to how we're managing ourselves and even how we're interacting as a practice, I found to be a huge

transformation for me. One of the biggest things I think, in my training, especially was just the idea of running a corporation, running a large practice, but the whole concept of teamwork, because as physicians, we are either...the way our attraction to medicine or in a lot of ways, it's how we are trained, we're trained as independent thinkers, whereas in business, especially business school, is much more of teamwork, of case-based study, of really working together, problem solving. And the contrasts were really stark for me. So it was invaluable information and invaluable experience. And the radiologists that I run into that had their MBAs that have similar training, it's amazing how we talk about our different experiences, is how synergistic it is. So there's a lot of commonality there. So for me, it was extremely valuable. Other very, very successful, other very talented radiology leaders, radiology entrepreneurs, did not have to go through this process but for me, it was extremely valuable.

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Dr. Rubin: I can completely relate to what you're describing. Are there any specific aspects of the program that you feel have been most impactful to you that you would call out?

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Dr. Fleishon: Well, again, the teamwork philosophy, that just the different orientation, the different philosophy, the different priorities of working together, recognizing that we're all successful when the organization is successful. Again, how to work together in teams, what critical roles, it's not just the leaders that are taking a critical role, but it's also the rank and file that are supporting the organization, supporting the team, supporting the leadership. Certainly, having a system in place where there's rotations with leadership, that works with some organizations, other organizations have a long-standing leadership in place. So, I think that teamwork, the philosophy, certainly, components in radiology, such as the Radiology Leadership Institute are introducing those concepts, really promoting those concepts, but I think it's key to our success going forward.

[00:52:22]

Dr. Rubin: I wanna turn to talking a little bit about your role in professional organizations. And maybe starting with the observation shortly after arriving in Phoenix, you began about a 6- to 7-year period, where you were very active with the Arizona Radiological Society, culminating in your becoming president

from '94 to '96. What drove you to engage so quickly and deeply in that chapter?

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Dr. Fleishon: Well, first of all, the culture and philosophy of contributing, of paying it forward, of the importance of organized radiology was indoctrinated in me during my residency. It was something you did, something that was vitally important, not only to you as an individual, not only to your practice, but to the entire profession. So, I bought into that, I continue to be a firm believer, and feel like it's instrumental in everybody's training. So when I came to Phoenix, to Arizona, there was opportunity. So I was coming into a smaller chapter. I was coming into a situation where my practice had not had much exposure, or experience, or contributed much to the ACR chapter. And so, when I started contributing to meetings, there was a great interest in the leadership at that time to really engage me as a representative of a large practice on the west side of the valley. So I remember walking into my fourth or fifth meeting, if memory serves me, Jack Crowe, a really good friend, was the president at the time, and as I walked in, and he basically said, "Howard, congratulations, you've been voted to be our new secretary-treasurer." So that actually in a lot of ways was the basis of my trajectory, certainly, in the Arizona chapter.

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I really embraced the opportunity, became very involved, especially, with advocacy. There was a fairly small footprint with the radiology chapter at the state advocacy level. I also became involved with the Arizona Medical Association, became close friends with the executive director. He's still a very, very close friend. He got me involved and I became involved in government relations, not only with the Arizona chapter, but also with the Arizona Medical Association. So, learned a lot of lessons, cut my teeth at the state level, became president of the Arizona Radiologic Association, and also continued my involvement in the Arizona Medical Association. And so, that led to certainly my interest in the American College of Radiology. At that time, the annual meetings were rotating to different cities, and during my term as president, I actually came to Phoenix, at the Phoenician. So, we were the host chapter for one of the ACR meetings, It certainly piqued my interest when I saw the entry at the council level, and really captivated my interest, and really accelerated my interest in being part of the college.

[00:55:14]

Dr. Rubin: That's fantastic. In light of our discussion of the evolving healthcare market in Phoenix, how was the Arizona Radiological Society able to participate in influencing this course? And what do you see as the role of the state chapter in helping to shape the radiology marketplace in Phoenix?

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Dr. Fleishon: I think the marketplace is a very, very powerful force. And I'm not sure the chapter can influence it as much as be a convener and continue to be a platform where people have conversations, have an opportunity to network, have an opportunity to work together, be synergistic, to keep moving radiology forward, to keep servicing our patients, to maintain the profile of radiology, to be the spokesperson for the profession overall. It's important... I think, some overriding issues such as commoditization, as far as training the future workforce, there are so many other issues that we need to work together to make the profession successful for all practice models out there. And I think that's the real role of the chapters. The chapters, smaller chapters, even smaller chapters than Arizona, sometimes are resource strained, so we rely a lot on the volunteerism and the expertise of our volunteers. But that's, I think, where the national organization has a critical role to play as well to make sure that all chapters have the capabilities to maintain the interests and profile of radiology for the benefit of the entire profession.

[00:57:01]

Dr. Rubin: So after that intense period of ARS engagements, you mentioned your focus shifted to the national organization in the American College of Radiology. And you provided a nice vignette as to how that exposure occurred. It's really impressive how wholly you have engaged in leadership roles within the college for 20 years. You've been involved in many committees and task force chair positions. As you look back, I wanna drill specifically into the Board of Chancellors, in the Council Steering Committee. But amongst the other committees and task forces, were there any in particular that you would call out that you found most interesting and rewarding?

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Dr. Fleishon: I would call out being a councilor because sitting in the council, being a part of the conversation, listening to debates, learning national perspectives is invaluable because it really expands your experience and your perspectives. You understand, or you get to understand how your little piece of the world is only your little piece of the world, and there are so many other

interests and other considerations. For instance, I was practicing an independent practice in Arizona, but had very little exposure to academia, had very little exposure to a multi-specialty practice such as Mayo, which subsequently obviously came into Arizona, but other practice models. So, obviously, being engrossed in my practice, being a leader in my practice, I had a given set of priorities. But listening to other people come to the microphone, express what their experiences are, what their priorities are, what their concerns are, is expanding. It expands your perspectives in a very necessary way. It makes you much more educated in your decision-making, especially, when you're voting on the council level. So, those types of experience, those types of relationships that I built on the council, I think were probably the most instrumental and probably the most valuable during my career in the ACR.

[00:59:09]

Dr. Rubin: Fantastic. Now, you have deep experience, both with the Council Steering Committee and with the Board of Chancellors. Perhaps you can explain to our listeners the nature of these two governing bodies within the ACR and how they interact?

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Dr. Fleishon: So I spent a lot of years in the Council Steering Committee. I was the vice speaker and the speaker. The way our governance structure has been created and maintained is that the council creates policy for the college. And let's be clear of that, and I'll repeat it, the council makes policy for the college. The college is somewhat unique in radiology in that particular perspective. So it's really a grassroots...you'll hear me say many, many times it's a membership-driven organization and that's the basis, it's through the council. The Council Steering Committee represents the council and between annual meetings, it creates and facilitates the annual meetings, it represents the council's perspective during board meetings as well so it has a very, very important role to play. The Board of Chancellors is the executive branch of the college, if you will. Their role is to implement programs that are consistent with policies in the college. It's very, very active. The commissions that form the basis of the Board of Chancellors are the...fuel the engine that really creates opportunities for volunteerism, and really creates a lot of programs, a lot of accelerators, a lot of incubators within the college. It forms the basis of staff and volunteer positions working together, and is, as I said, the executive function of the college, and really the basis of many of the programs, that the

college delivers a lot of value, a lot of the member value, a lot of the public-facing programs that the college provides.

[01:01:02]

Dr. Rubin: You became chair of the Board of Chancellors in May of 2020, just as the COVID-19 pandemic was becoming a global phenomenon. How has the pandemic shaped your term as chair?

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Dr. Fleishon: Well, it was foundational in the beginning. It was priority number one, when I took on responsibilities. Our primary focus was sustainability of the college especially, financially, because of the impact of COVID, and the impact of COVID on our members, several of the...many, many of the programs. One thing that I think about all the time is that COVID basically changed everything. So we turned to redefining or reimagining the college because we were thinking the college pre-COVID was gonna look very, very different than, you know, how would we emerge post-COVID. So we took towards a philosophy of taking a look at all of our programs, the entire palette of the college, seeing how it would look during COVID and after COVID. So the first scope of business was taking a look at our financial sustainability. So we were reimagining the college, what the programs would look like, what our workforce would look like. It became a facilitator, if you will, to eliminate waste, to make sure that we were running as efficiently as we possibly could, in terms of lean leadership, if you will, eliminating waste, taking look at our processes, eliminating waste and doing it all over again and making sure we were as efficient as possible.

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It became quite clear early in the COVID experience that we would be fine, the college was gonna be sustainable, that it would not impact our revenues significantly to outrun our expenses. So, we quickly became confident that we would be a financially sustainable organization. That same reimagination process quickly morphed into a much more functional, much more looking forward type of philosophy. It gave us a chance to really take a look at all of our programs, the value that we're providing, the value that we felt would be necessary in the post-COVID era, but also break down any silos within a college, make sure that we were really focusing all of our available resources to provide products of the highest quality and highest value to our members. And that philosophy continues today. We continue to evolve and we've made great

strides, but the post-COVID college will, in very significant ways, probably look very different than we were pre-COVID, specifically, our workforce. The majority of our workforce is now working from home. So it's also become working for multiple states. So, not only looking at the Washington workforce or as far as recruiting people from Washington, but also having us taking a look at a national perspective about recruiting employees for the college.

[01:03:58]

Dr. Rubin: It sounds like there's been some restructuring going on behind the scenes in response to the introspection on value proposition associated with programs and breaking down silos. Have you been doing some organizational realignment?

[01:04:13]

Dr. Fleishon: Well, it's more philosophical, it's more making sure that we have solid communication between our dyads. When I say dyads, I mean the volunteer physicians and the staffs of the different commissions. We also had several instances where there was overlap of the work of the different commissions and we made great strides, as far as improving the lines of communication between the different commissions to make sure that those overlap responsibilities have been aligned, there's closer alignment. So, I think there's much more synergy among the commissions, there's much more communication, and I think it's a much more streamlined process. But there's also an expansion of volunteerism, making sure that we're taking advantage of all the experience and energy within the membership that we can. It's made the college...I think it will continue to make the college a lot stronger.

[01:05:09]

Dr. Rubin: Now you've also assumed this leadership role during a period of remarkable polarization in American culture. How has the political climate in the United States, particularly through the run up to the 2020 presidential election and its aftermath influenced your work as chair?

[01:05:24.809]

Dr. Fleishon: Well, it's provided focus. It's provided focus in that the role of the American College of Radiology is to promote the profession, it's to promote and provide value to our members. Our role is not to be a social megaphone. Our role is to be accountable to the members, to facilitate cooperation, to facilitate collaboration, and again, to focus, to focus on our role as providers,

and to be a spokesperson for our members, and for radiology. There has been tremendous pressure on the college to be vocal and to take positions on multiple social situations on what happened on January 6th, multiple different situations, different political polarized issues within the country that we're dealing with right now. And we have tried, and I think mostly successfully, to focus ourselves as radiologists, as physicians, as vanguards for the profession, and as providers for our patients, to be vanguards for our patients, to try to avoid...not avoid, but at least address the polarization in a proper way. To be focused on what we do as a membership-driven organization, and try to focus on what is common between us, try to focus on what unites us, what aligns us, rather than that which polarizes us. It's been difficult. It's still a very, very fine line. I can't say it's been easy. There's been lots of pressures, lots of criticisms on both sides of the aisle. Unfortunately, I think a lot of conversations have become difficult because of anger that's crept into the polarized nature of our society. But we continue to dedicate ourselves on the college side to maintain our focus, maintain our alignment, and to focus on things that are common, and that we really need to dedicate our resources on things like AI, things like reimbursement, things like the changing workforce, things like focusing on the transition from volume to value, things that are critical for the profession moving forward.

[01:07:53]

Dr. Rubin: You've been an active member, including as chair of the Future Trends Committee, and I suspect we could spend an entire podcast exploring all the various aspects of what's coming out of the Future Trends Committee, but I did wanna follow up on one topic that we've actually been able to talk about fairly thoroughly, and that relates to the task force on corporatization that you led, and the publication that resulted in the Journal of the American College of Radiology which very nicely summarized the state of affairs. The question that I wanted to ask you relates to private equity as a enabler of some corporatization practice, and the structure of private equity results in an expectation on the part of the general partners that there'll be a payout on their investment, which ties up large sums of their money without any liquidity until the company is sold or goes public. What do you anticipate will be the natural history of private equity owned radiology practices as they are sold from one private equity group to the next with profitability as a core driver for investment?

[01:08:54]

Dr. Rubin: Well, the short answer to your question is I don't know. I think there are several fundamentals in place where it'll sure be interesting to see how they play out. Number one, the current investments by private equity concerns, they've committed themselves to have longer holding periods. Typically, with private equity in the classic sense, they tend to want to see payouts or turnovers in five to eight-year timeframes. And certainly in radiology, it seems like the holding periods have been longer than that. Some have professed to be in for the long haul without any definite time period, others are talking about 15 years. We'll have to see how that plays out, that commitment plays out. Certainly, there is the concern that in the interplay between patients, healthcare systems, and providers, there's now another entity, the investors and the private equity systems. How that plays out, whether there'll be facilitators or there'll be tension, as far as profitability is concerned, I think that's gonna be variable. I think the different entities are going to have different business practices. So we'll just have to see how the individual systems and individual philosophies play out.

[01:10:08]

Are we all concerned that the drive for profitability will...how that balance will be, as far as innovation and investment, how that will play out. I think we are all cautious. But, especially, in the experience with the task force... I got this from Bob Still, Bob Still is the executive director for RBMA, I don't think it's for me or for other people to say if this is good or bad. I think it is, I think the market is very powerful. And there are people involved in the marketplace coming into radiology, seeing that there's opportunity, opportunity for growth, opportunity for improvement, opportunity to tweak business models. So, I think it's an opportunity for us within the profession, even within independent practices, to identify what those opportunities are, and improve our practices, improve our delivery systems, improve the models that we have. So, I don't think of it as good or bad. I think of it as there are opportunities there, that outsiders are taking a look at our profession. And I think these are very intelligent people, and we need to listen to what they are saying, and the models that are being developed out there. I think it's an evolution of the profession. It's not for me to say if it's good or bad.

[01:11:36]

Dr. Rubin: I wanna go back a moment to an aspect of your career that we haven't touched upon yet, namely, your move from Arizona to Georgia, to join

the faculty of Emory University in 2015. That's a major professional disruption. What led you to it?

[01:11:49]

Dr. Fleishon: So a couple things. So the idealistic model that we had at John C. Lincoln when I joined, unfortunately, it fell apart. The healthcare system underwent a merger and the new board, let's just say it didn't recognize the model of the physician-driven system that we had bought into. So that philosophy, unfortunately, suffered with that transition. I had mentioned that I was assimilated or became affiliated with another private practice group in Phoenix that proved to be unsuccessful. That was not a pinnacle of my career, let's just put it that way. So, I was looking for other opportunities. It was interesting, actually, through my relationships that were built at the American College of Radiology, this opportunity at Emory came up. Carolyn Meltzer is obviously identified as one of the finest leaders in academic medicine if not radiology. She and I had a...had met at the level of the Board Chancellors actually. So Emory was undergoing this transition where they were acquiring community hospitals. Obviously, that was part of my sweet spot in the history of my career. Long discussions with Carolyn, long discussions with Rich Duszak, other people in the Emory system and also in academia. As we had discussed earlier in this webcast, I actually had never experienced academic radiology. So basically, Emory gave me a very attractive package. Luckily, my wife Shawn, was very amenable to an adventure, sabbatical, if you will. So, you know, we took the plunge, went to Atlanta, was embraced by the Department of Radiology. I had a great division, really, really fine people. And it was a very interesting transition for me who had always been a clinical radiologist, just to do this immersion into this...you know, one of the most highly respected academic radiology departments in the country.

[01:13:44]

Dr. Rubin: So after 30 years in private practice, what are your...some of your observations about academic medicine?

[01:13:49]

Dr. Fleishon: A couple of things. Number one, we practice radiology, but in some ways we practice very, very differently. The priorities are different, the programs are different, the implementations are different, particularly in academic medicine, you have to think about the triple aim. It's not only clinical practice, providing, you know, obviously, world class care, but also research

and training as well. So that is certainly part of the implementation process. Also, compared to my time in independent practice, the autonomy is quite different. You mentioned the word matrixed organization. When you come into a place like Emory, it's an extremely complex, highly matrixed organization. So those types of relationships, those types of business practices are much, much different with a multi-layered impact to the organization that has to be considered. So, it's a different world. I will say that one thing that was very different than my years as an independent practice, it was highly a subspecialized department, especially in the university center, I was more in the community center which is a little bit more...not as highly subspecialized, but it was, with all that I saw, the level of expertise of these world renowned radiologists, it was just inspiring to see the level of care. Also the way they embraced me, I mean, I'm just a general radiologist. But the way they really respected the attempt to take on the breadth of radiology that, like general radiologists do, but also when I would call them for help with a particular case or something, the way they dropped everything and really guided me through the case, helped me with the differential diagnosis, but also just I would show them these esoteric cases, and just the breadth of their knowledge was just inspiring. And they'll say, "Oh, this is another case of, you know, such and such. There's 50 cases in the world report or something." So their knowledge base was tremendous. So again, different ways of doing things, expanding my experiences, it was a great opportunity for professional growth for me personally.

[01:16:02]

Dr. Rubin: You took on the role of leading the community division within the department. Can you tell us about that division? How many members were there? Where did they practice? And how did their practice differ from members of the traditional academic divisions?

[01:16:16]

Dr. Fleishon: There were two facilities which my division had principal responsibility. These were community hospitals which through different circumstances, Emory became the major, if not sole owner of the concerns. Since then they've expanded and taken on more community facilities. And of course, Emory isn't alone in this. There are many academic centers that are taking on community hospitals. But, traditionally, these had been run...the larger one was run by an independent practice, had long-standing relationships with the providers out there. So, partly, because of the circumstances, the way

that these evolved, there were still expectations of multi-specialty practice, not the highly subspecialty practice. I mean, certainly the kind of expertise was expected given the Emory brand name, but the local, on-the-ground administrative responsibilities, especially, were more suited towards a multi-specialty practice. When a referring physician came down into the reading area, he didn't have the luxury of just practicing within your particular subspecialty, and certainly, had to provide interpretations for multiple subspecialties.

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So, it was a little bit greater depth, more multi-specialty practice in these community hospitals than at the mothership or at the university center. So that was one of the characteristics of our community practice. And it was clear that was the expectation in our division. And we were successful in recruiting fellows at Emory and others across the country who were more interested in a broader, you know, a broader practice rather than a focus of highly subspecialized practice. That was my division. Many of them, all of them had subspecialty training. They were references for the rest of us about very tough cases. But it was very cooperative. We all worked together. There was a lot of camaraderie. And we had a very strong philosophy and tight bond among all of us. So it was a very satisfying experience. I am still part of the division, no longer administrative responsibilities, and I'm somewhat removed from them, but still stay in touch and still consider all of them very close friends.

[01:18:30]

Dr. Rubin: Earlier you described the culture at Valley Radiologists as one that supported working very hard, but also substantial time away, and just that it was a very functional culture. How would you describe the culture in the community division? How does it sort of differ from the culture in Valley?

[01:18:49]

Dr. Fleishon: The chief difference is autonomy. So at Valley Radiology, as a partnership, we can make that determination internally. We could decide our priorities. When you go to a highly matrixed organization, I think any academic center, but any multi-specialty practice, or any organization where there is a much more hierarchical organization, I think you have to more buy into what's the established practice there, rather than having the belief you can influence in changing those priorities. So it's more identifying with an existing culture rather than participating in any potential change in the culture.

[01:19:28]

Dr. Rubin: How do you unwind? How do you spend your time away from radiology to recharge your batteries?

[01:19:34]

Dr. Fleishon: It's interesting you say that because this has been a difficult learning process through my career. When I was a managing partner with Valley Radiology, I basically had two jobs, and I spent a lot of time with radiology, I spent a lot of time with the practice. And thank God for Shawn and my support system because they were instrumental in providing that resilience, providing that...what downtime I had, it was highly valued and let me unwind. Today, I have a little bit different philosophy, especially on this side of my career. Certainly, being older, I highly prioritize my free time. So, environments have a lot to do with that unwinding. Certainly, Phoenix, I have a lot of great friends. It's an outdoor recreational environment. So I do a lot of biking, a lot of hiking, spend a lot of time in the desert, especially, with my nephews, and nieces, and brothers-in-law. So really enjoy that downtime with them. With them, I'm not a radiologist, I'm just part of the family. So, a lot of really close relationships there. A lot of the year, six months of the year I spend in Colorado, where I am right now. Part of my delayed gratification from medical school, and residency, and practice was skiing. Skiing is a huge relief for me. So, I really enjoy the time...spending more and more time in my later stages of my career, later stages of my life skiing. So, really lucky to be able to enjoy that. And I'm in a situation in Colorado where we have a lot of really close friends, a lot of people who have established themselves in their career. So, people with really fantastic stories enjoy that diversity and just, we all are focused on enjoying ourselves, enjoying the outdoors, and enjoying the mountains, enjoying the wonders of Colorado. So I spend a lot of time up here again, hiking and biking, playing a lot of golf, really enjoy skiing, really enjoying the outdoors, getting into fishing. I have a close friend who's a fishing guide, he built me a fishing rod for my 50th birthday. So looking forward to spending more time putting that rod into the water. So, really enjoying these close personal relationships and spending more time with my wife and my friends.

[01:21:43]

Dr. Rubin: That's fantastic. It sounds like you have a lot to do and a lot to look forward to. Looking ahead, what excites you most about radiology?

[01:21:51]

Dr. Fleishon: I think the future of radiology is in front of us and radiologists are the key to that. The people that I've met in radiology are amazing individuals, amazing professionals. I think we tend to focus on some of the negativism, some of the commoditization, some of the potential job displacements. During my career, what has made radiology successful has been innovation. For instance, when I was a resident, going through my interventional training, I did quite a bit of interventional training and had some great experiences with Constantin Cope, one of the fathers of interventional radiology, probably 75% to 80% of what we did was vascular stuff. And, obviously, a lot of that has been embraced, if you will, by cardiologists, and vascular surgeons, yet interventional radiologists now as busy or busier than they were beforehand, because of the different modalities, the different applications that they've either embraced or in many ways invented.

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Think of interventional oncology at this point, and how that has blossomed. And when you think about minimally invasive surgery, minimally invasive interventions, what the future of that looks like, I think there's so much in front of us, so much innovation that's gonna propel what we do, the sciences that we're trained for, I just think the future is in front of us. And I'm very, very optimistic about where radiology is, the increasing role we're going to play in patient care. I think AI is not gonna be a threat, but, actually, is gonna be a facilitator. There's so much information in the data that we gather, that we're just beginning to unlock the promise of not only the anatomic information, but the functional information, the metabolic information, and AI is gonna be an accelerator to that. And I see that radiologists are going to be central to not only the discovery, but also the implementation of that value, the value not only to radiologists, but to patient care. We're gonna be more foundational and primary in patient care. So I'm very optimistic.

[01:24:07]

Dr. Rubin: Well, Howard Fleishon, I can't thank you enough for joining us today, sharing what has been really a remarkable career arc. So much richness, so many insights. Thanks again for taking the time to speak with us today.

[01:24:21]

Dr. Fleishon: Geoff, thank you very much for the opportunity. It's great to be with you.

[01:24:35]

Dr. Rubin: As we close this episode, I want to once again thank our newest sponsor, the Isenberg School of Management Graduate Programs at the University of Massachusetts Amherst. Isenberg Graduate Business Programs prepare you to advance your career on your terms, and their online and on-campus degrees are tailored to your schedule and timetable. Learn more at isenberg.umass.edu/follow-your-drive. "Taking the Lead" is a production of the Radiology Leadership Institute and the American College of Radiology. Special thanks go to Anne Marie Pascoe, senior director of the RLI and co-producer of this podcast, to Port City Films for production support, Linda Sowers, Megan Swope and Debbie Kakol for our marketing and social media, Bryan Russell, Jen Pendo, and Krystal Macintosh for technical and web support, and Shane Yoder for our theme music. Finally, thank you, our audience for listening and for your interest in radiology leadership. I'm your host, Geoff Rubin from the University of Arizona College of Medicine in Tucson. We welcome your feedback, questions, and ideas for future conversations. You can reach me on Twitter @GeoffRubin or using the #RLITakingTheLead. Alternatively send us an email at rli@acr.org. I look forward to you joining me next time on "Taking the Lead."

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