



Episode 2: Serving Vulnerable Populations From Coast to Coast

Dr. Judy Yee

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Geoff: 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 will be speaking with Dr. Judy Yee, [00:00:30] a radiologist who after 25 years in San Francisco at UCSF, 14 of them as San Francisco VA Chief has returned to her native New York in the Bronx to chair the Department of Radiology at the Albert Einstein College of Medicine.

We discuss how her early leadership influences gleaned a student body president at Barnard College have influenced her approach to issues that she has faced as a department chair today. We also discuss how the principals of social [00:01:00] justice and a desire to care for vulnerable populations have guided Judy's career choices, including longstanding advocacy for the clinical adoption and reimbursement of CT colonography. Finally, we learned about her perspective on unique aspects of Radiology leadership as a woman, and the role of the ELAM program, as well as a network of mentors for leadership growth and support. [00:01:30] Judy, welcome.

Judy: Thank you. It's a pleasure to speak with you.

Geoff: You've recently returned to the Bronx after many years away. What was your life like growing up in New York City?

Judy: I'm thrilled to be back. And I grew up really in the heart of New York City. [00:02:00] And it's a dynamic place to grow up in. I, as a teenager, we moved into Riverdale, and I attended the Bronx High School of Science.

I think that that had a major impact on my life, in that it instilled in me curiosity and creativity. And those have been two lasting mantras in my career. [00:02:30] After attending that high school, I realized that I really wanted a career in the sciences. Living in Manhattan is an experience. I think you experience both, as I mentioned, the dynamic aspect of living in a city that truly never sleeps. And there is interaction with multiple cultures and the court for creativity.

Geoff: Judy, [00:03:00] what aspects of your family life can you tell us about that might have influenced you growing up and that continue to influence you today?

Judy: Well, I come from a working-class family. So, my parents, there were five kids. So, my mother spent most of her time at home taking care of the kids. My father worked in the restaurant business. He owned a restaurant, actually.

And I would say that from the [00:03:30] two of them I gained, really the hard work and achieving through having goals and working hard to get to your goals.

Geoff: Thinking back to your days at Barnard College, what led you to seek office and subsequently serve as President of Student Government while you were in the midst of preparing for medical school?

Judy: Well, as I was a biology major, I found that I could easily have let the rigger of a [00:04:00] pre-medical education take over all the time that I had. And I really wanted to, having been in New York City to experience and to work in an environment where I could have extracurricular activities. And so I became involved in sort of smaller activities and clubs at college. And I was elected early on as an officer [00:04:30] for the student government, and that continued.

And as a senior, I became President of the Student Government. It was really an exciting time. This was during the period where Barnard College was considering merging with Columbia College. As it turned out, that didn't happen. I also had the chance to really work with the President of Barnard College at the time, Ellen Futter, who was an amazing role model [00:05:00] for me. She's a lawyer and currently serves as the President of the American Museum of Natural History. But she was President of Barnard College during the entire time that I was there. And watching her, and having her as a role model and interacting with her was an experience I'll never forget. I learned a lot.

Geoff: Sounds like an inspirational relationship. What lessons do you carry from that experience that [00:05:30] very early experience in working with somebody in such a substantial leadership position as an undergrad?

Judy: What I observed and learned was a lot of the art of negotiation and being a good listener. And it's only in being a good listener that you can make I think, the best decisions in difficult situations. Ellen was an amazing role model [00:06:00] in that she had a very even tone. Never became ruffled in tough situations. And to this day, I still remember our conversations and observing her interactions.

Geoff: Is there a particular interaction that you recall, particularly around a negotiation that really exemplifies, you know, what you're referring to in terms of her leadership style?

Judy: The negotiations that she [00:06:30] carried on with Columbia College, her negotiations with students and her interactions with students. The student

government can sometimes be very vocal and somewhat difficult. And she had the ability to really, as I mentioned, listen to us and listen to what the issues were, and help guide us in the right direction. So it made us feel as if we did have a true voice, and that [00:07:00] we had a say in student life.

Geoff: Have you found yourself in a position where you have been working with people similar to you as an undergrad in trying to help calm a for perhaps an angry or upset group and have called upon her negotiation style?

Judy: Absolutely. As a chair and even here at Montefiore, but prior to this as a vice chair, and as a chief [00:07:30] of really my own department out in San Francisco, you experienced that fairly often, I would say. There is issues that come up frequently that require negotiation, that requires I think, listening skills and really trying to understand in order to get to the root of the issue. And it's not always easy because...and in particular when there is multi-disciplinary [00:08:00] issues that arise or different groups of people who come together who have differing opinions that could be diametrically opposed and you're the deciding entity. You have to really listen to I think the two bodies and decide what's best.

Geoff: Is there a particular negotiation, a particular issue that stands out in your mind that you might describe?

Judy: I would say that this has come up in [00:08:30] the setting of some of the turf battles that we've had to deal with in radiology as a group, but more locally, in dealing with issues such as with surgery, and in dealing with some of the interventional procedures that traditionally had been under radiology that surgeons now are performing. And coming to an agreement, as to the best in terms of [00:09:00] patient care, who's the best to perform the procedure and who is appropriately trained and best trained, as well as dealing with all of the downstream financial issues that arise. So, that seems to come up. It has come up both on the West Coast and the East Coast.

Geoff: Those are thorny issues, no doubt. It's a rare experience to return to your radiology training program as department chair. If you think back to your residency [00:09:30] rank list, what attributes of the Albert Einstein College of Medicine in Montefiore Medical Center did you find most compelling?

Judy: Well, I would say that the location in the Bronx and the fact that Montefiore Einstein serves a vulnerable population. There's a real commitment to social justice and working to take care of a population who perhaps has [00:10:00] a lot of difficulty in obtaining healthcare or resistant to obtaining healthcare. And there are parallels in my experience out on the West Coast, in

that, as Chief of Radiology, the VA, we also dealt with a very, I think, vulnerable population, and a challenged population. And so in coming back to Montefiore Einstein, I felt that I could have impact here [00:10:30] and I felt that we could really make a difference in taking care of a population that is, I think, sometimes more difficult to help.

Geoff: It sounds like treating than addressing vulnerable populations is particularly important to you.

Judy: It really is. And I think that that comes back to the root of the fact that I went to Albert Einstein College of Medicine. And I remember rotations on the wards, [00:11:00] my clinical rotations, working with the patients. Seeing how deeply grateful they are to the care that they received. I wanted to bring some of the excellent training that I also experienced from UCSF and the San Francisco VA, back to Montefiore Einstein. And, as I mentioned, it really is having impact.

Geoff: And so if you think back to those days when you were a resident, how would you characterize [00:11:30] the Department of Radiology specifically during the days of your residency?

Judy: During the days of my residency, it's very different now, I would have to say, in that, obviously, we have expanded. Montefiore Einstein has grown in size. And there are multiple sites at this point. We had, I think, during residency, we had a tight-knit community. And to a certain extent, now that we've gotten larger [00:12:00] it's more challenging.

I think that one of my challenges as the chair really is to assure and to make sure that we provide outstanding care at all of the sites. And we have four hospitals and 10 outpatient imaging centers and we're growing. And though it really is...and a lot of this is new. Whereas before, when I was a resident, we only had two hospitals and very few outpatient imaging sites. [00:12:30]

Geoff: Managing all that growth, I'm sure is a tremendous challenge and exciting opportunity. I'd like to discuss your time at Montefiore in just a few minutes. But maybe we can talk about UCSF a little bit. After medical school and residency at Einstein, you headed all the way across the country to UCSF for a one-year fellowship. And immediately thereafter you were appointed Chief of CT and GI Radiology at the San Francisco VA. Now, UCSF [00:13:00] was probably the cradle of clinical CT development in the late '70s and '80s. And how was it that you jumped to the head of the line for what must have been a coveted chief position right out of fellowship?

Judy: Well, I had an outstanding experience as a fellow. And I worked really hard to gain the best possible experience as a fellow. And when you start your fellowship, you don't know where you're going to land as an attending, but I so enjoyed my experience, and [00:13:30] I had great interactions with the attendings that were there.

I learned under Alex Margolis, who was another mentor of mine, recently passed it to know. But I remember so fondly, the direct interactions that I had with Dr. Margolis. And I did well during that year. I think I showed my enthusiasm, my interest, and my ability, and I was hired right away. I did want to point out that the move from [00:14:00] East Coast, originally to West Coast was because I had gotten married.

And my husband is from the Bay Area. He's a dentist. And so I moved out to San Francisco from New York because of him. And currently he is still in San Francisco, but in the Bay Area, but he will be moving out to the East Coast. And I'm fortunate that I do have a supportive spouse, and that he's making the move [00:14:30] now for me to New York.

Geoff: It must have been hard to consider going across the country when you had lived in New York all your life. All things being equal, would you have preferred to stay in New York following your residency?

Judy: I would have. And although I have no regrets in making the decision to do my fellowship at UCSF, obviously, a very top-tier institution, but all of my support [00:15:00] network was in New York. And I didn't know anyone [inaudible 00:15:05] my husband in the Bay Area. So it was a big leap for me. But I have to tell you that I felt so welcome and supported during my time as a fellow at UCSF, and grew to really enjoy the city and to love another institution. So it was a great experience.

Geoff: Sometimes taking that chance on the roadless [00:15:30] traveled, the one that you didn't think was the obvious road ultimately surprises and delights, doesn't it?

Judy: Yes, for sure.

Geoff: Now, those early days as a freshly minted attending and Section Chief, what was that like for you?

Judy: So as you know, a first year attending, I think we are all trying to prove ourselves as an attending and that your abilities as a clinician as well. [00:16:00] I think that interested in research and finding enough time to do

everything was challenging. Back then we didn't have formal mentoring. So did I make mistakes? Definitely. I think it made me a better person. I learned from mistakes I made as an Assistant Professor and have tried to pass that on, as I mentor junior faculty at this point, both here out on the East Coast [00:16:30] as well as when I was chief as the VA in San Francisco and at UCSF.

Geoff: Thinking specifically about your role as Chief, immediately following your fellowship, can you recall any instances where your leadership was tested or where you found it particularly challenging or a phenomenal opportunity early on to exercise leadership?

Judy: I think [00:17:00] it was coming into a department where there was already an established leadership team and developing, I think, a team that would support you in moving forward. So, I had to really, I think, work with the team that was already there to develop some of their skills in allowing us to move forward. And we all deal with, I think, challenges [00:17:30] in personnel and having appropriate support systems. And, in the VA system, it can be challenging, but we were able to work through that and to hire appropriately. I was supported by UCSF also, and we were able to bring in I think appropriate help.

Geoff: As one of the largest and most prestigious departments in the country, how did your chair coordinate [00:18:00] activity across the major clinical sites within the UCSF program?

Did you feel like you were on an island at the VA or were you always in the tight orbit of the mothership?

Judy: So I think that Ron Arenson, who was the chair during my tenure at UCSF did a great job in evolving the ability to lead across a growing enterprise, but also across multiple sites. [00:18:30] Teleconferencing became, I think, standard and assuring that all sites were involved.

He personally monthly would visit each site and meet with the residents and the faculty at each of the sites. And that really, I think, allowed for faculty who were at the offsite to have a voice and to participate.

He also, at the same time, [00:19:00] during the meetings would talk about what was happening at Moffett and at the other campuses. So it kept, I think, everyone informed and allow direct interaction with the chair on a monthly basis. So I don't think you know, as we grew, I don't think that there was significant issue in having availability and interfacing with Ron.

Geoff: So, Judy, some faculty tend to bounce between [00:19:30] hospitals over time within a multiple hospital healthcare system, but you stayed steady at the VA for 24 years. What was it about the VA that kept you there?

Judy: I'm gonna go back to the fact that I really felt that I was having significant impact initially as a faculty member, but then later in particular, as chief at the San Francisco VA in building an academic department, having the ability to bring [00:20:00] the VA up in terms of having the best possible equipment.

We installed a seven Tesla magnet. We had state-of-the-art CT. And in every section, we were able to advocate for, I was at the table, to advocate for the San Francisco VA, and was effective, and bought the department really state-of-the-art. So again, it was having the support around me to have impact to see [00:20:30] that we were providing the best possible care to the veteran population.

Geoff: Sounds like a very rewarding environment and that you were really given a great runway to grow the program and exercise your leadership skills. Oftentimes we think of the VA is a place that is challenging for innovation. To what you tribute the San Francisco VA as being such a special place that you were able to accomplish so much.

Judy: I think that a large [00:21:00] part of that would go to the outstanding executive leadership in terms of the Chief of Staff, in particular, as well as the various directors. And there were several of them during my tenure there. But there was a lot of support for radiology. I'm always told that radiology is the most expensive department because of the equipment needs.

And we were, but I think that they saw the bigger picture. And [00:21:30] the fact that we supported multi-disciplinary teams, and our excellence echoed to the other departments as well. So, I think it was really having excellent executive leadership, who saw the value of imaging and radiology. And this was both at a very local level at the hospital itself, but in the VISN, and that stands for VA Integrated Service Network, which are [00:22:00] larger regional entities for the VA.

Geoff: That's phenomenal. I'm sure that many of our listeners can relate to the challenges sometimes when hospital administration doesn't always understand the value that radiology brings to the health care system and is hesitant to invest.

Judy: But at the same time, I think that we showed our value. And that's important. And on the other side of the equation, you have to be [00:22:30]

convincing in your advocacy, backed up by data, obviously, to show that imaging should be supported. And so I think we were able to work well together. And the fact that I had a long tenure there was very valuable and I think helpful in showing the effects of supporting radiology.

Geoff: It's interesting that you call upon your long tenure as an important [00:23:00] element of your leadership there. I wanna return to that a little bit later when we talk about your time in New York. But let me ask you a couple of other things about San Francisco. After 10 years at the VA, you added additional responsibilities serving as vice chair of the UCSF department for the next 14 years. How was your leadership empowered by adding that additional role?

Judy: It was an incredible experience. I was integrated [00:23:30] into the leadership team, and we met weekly. During a kitchen cabinet where all the vice chairs came together with the chair. And we served basically as the executive advisory board to the chair. And again, this is where I think it was so important to really listen to the multifaceted issues that would come up at the different campuses and be able to contribute to problem-solving and to learn [00:24:00] from each other, I think, was an incredible experience.

And you're learning from the best and was having a voice as well. And with evolving myself as a leader, was becoming more confident in my abilities and in my knowledge and being able to contribute in a meaningful and significant way to UCSF radiology in the bigger picture outside of the VA. So I was tasked [00:24:30] to take on some of the issues outside of the VA that touched all the different radiology departments at the different hospitals as well, such as resident education and medical student education. And it allowed me to grow, and I think that it had a positive impact outside of the VA.

Geoff: And now that you are the chair of a department, how does your time as vice chair at UCSF [00:25:00] inform your approach to your current vice chairs?

Judy: Well, the structure currently at Montefiore Radiology, we have hospital chiefs and division leads. And we don't have a vice chair structure. But I would say that the ability to work collaboratively and as a mentor too, to the leadership team here at Montefiore has been wonderful. They're such great faculty and already great leaders here. But it really is bringing, I think, [00:25:30] a different perspective from another institution that perhaps is not even a better way but a different way of doing things has helped, I think, to increase the productivity, the academics. And we have already embarked on multiple new initiatives with strong support from executive leadership but also

from within the leadership team that I have in radiology here at Montefiore Einstein.

Geoff: It's been about a year so since you made the [00:26:00] big move, returning to Einstein, taking over from Steve Amos after he was chair for 26 years. Did it feel like returning home or had the years and evolving radiology practice make it seem more foreign than expected?

Judy: I'd say yes and no. It definitely was coming home in that I was familiar with the physical structure of the department, even though it has expanded and grown. I still recognized the buildings and parts of the department that had [00:26:30] been more static over the years. I would have to say, though, that Steve did an amazing job in moving the department along over the years. I'll say some of the faculty who were here when I was a resident are here, and so that was comforting to see familiar faces as well. So, there's a lot that's the same, but I would say that this is a modern day, current academic radiology program. [00:27:00]

Geoff: What early steps did you take upon arriving to help achieve a smooth transition, or even in advance of arriving?

Judy: It's interesting that you ask that because before I arrived, I pulled together a strategic equipment planning committee. And even during the process of negotiations, I learned about the faculty, some of their interests, who might be good to contribute to such a committee. And that committee was [00:27:30] formed when I landed here. And we hit the ground running. And so I started last year in September, and I celebrated my one year anniversary just this past weekend. But we were able to start right away in developing a strategic plan for equipment upgrades and replacements and new equipment.

It's a five-year, three phase plan. In the first phase already, we [00:28:00] have ordered multiple high-end equipment for the department and some have already been installed. So that's really going very well. And again, I have to credit the health system and the executive leadership for their support in allowing us to do this. Because as you can imagine, it's a costly endeavor, but needed.

You know, the Montefiore initiative of Montefiore doing more, that's sort of the logo, and that's [00:28:30] the overriding mantra for Montefiore. And when I started, I realized that in developing patient-centered radiology, which is a real interest of mine, we developed a radiology doing more initiative, and really developed separate buckets of areas that we wanted to focus in that would help us with becoming more patient-centered.

Geoff: The idea of developing a strategic planning committee [00:29:00] and this process, even before you arrived is terrific. And I wonder if you might comment on the composition of the team that you pulled together. Was it exclusively people from within the department? Or what approach did you have to reaching beyond the department to assure that the priorities developed would be acceptable across the institution?

Judy: So, yes. We have multiple sites. And so I have the hospital chiefs from the various [00:29:30] sites, but also, we have participants who demonstrated their ability to understand and might have recently been hired but who have used equipment at other institutions. We have IT on the team, and it actually is a very functional group. We have some site managers as well. So, that includes some of the lead technologists are also on the committee. So we really wanted to have [00:30:00] representation and at multiple levels, and to get the input of those who are on the front line as well as those with the expertise.

Geoff: How about clinicians, do you have any of them on the committee?

Judy: We do not, and that's an interesting thought. I think that in the first round of this, we wanted to really have it more radiology-focused. But I actually liked that idea of having non-radiologists clinicians on the committee. [00:30:30]

Geoff: Judy, what was the role of mentors in easing your transition and informing your strategies early on?

Judy: I truly believe that one should have multiple mentors. And we make the differentiation between mentors and sponsors. And throughout my career, I've had multiple mentors, probably fewer sponsors. But I actively seek the advice of executive leadership here. And I think that that's [00:31:00] another thing that I think has made my transition really, fairly smooth is that I had meetings with the COO every two weeks when I first landed, and that happened for three months. And then after three months for the next six months, it was at monthly intervals, then now, it's every three months.

So it's sort of a graded plan in making sure that I had enough support and who I could go to with questions. [00:31:30] But I reached out to my fellow chairs out here at Montefiore Einstein.

And I have to say that they are the best. They have given me advice, often unfiltered, which has been very, very helpful in my first year. And I owe them a lot of gratitude, but it's been great networking. I feel like we have been able to start some specific initiatives because of the great interactions that I've had [00:32:00] with my fellow chairs that touched the different departments. So, I am constantly looking for and seeking advice of both mentors and sponsors.

Geoff: Yeah. It's terrific, and terrific that you recognized early on the value of reaching beyond the field and beyond people who have advised you in the past and recognizing that sometimes reaching out laterally and developing those relationships with the other chairs can be so [00:32:30] important in helping to both increase your familiarity with the institution but to help to move your agenda forward.

Judy: Yes. And I would add that in specific situations that are really more pertinent to radiology chairs, I have also reached out to fellow radiology chairs from across the country. A lot of them, I have had great relationships with, and are friends with from across the country. And when I have a particular [00:33:00] issue that is more amenable to I think, a radiology care than a radiology issue, I have reached out specifically to other radiology chairs from across the country to bounce the issue off of them, and to see how they would deal with a particular issue. I joined Scared [SP] and have found some of the...there's an email list where you can send in issues. I've looked at all of the issues [00:33:30] that have arisen that, I think as chairs experience in common, and that's been also very helpful.

Geoff: Yeah. No doubt. The sense of community is really important and having the availability of all the chairs through Scared [SP] can be very helpful. You recently completed the ELAM leadership training program at Drexel University. Can you tell us a bit about what that was like?

Judy: Well, actually, I haven't completed it. I'm actually embarking on it, but we've already started. [00:34:00] And for those of you who don't know what ELAM is, it's an acronym that stands for Executive Leadership in Academic Medicine that's run out of Drexel University. And it's a fairly intense year-long fellowship of leadership training, specifically for senior women in academic medicine and some of the other health fields. And it's geared towards helping to continue to, I think, enhance and develop your [00:34:30] skills to assume potentially other executive leadership positions.

So, I have been already impressed by the rigor that the program requires, and there are three weeks where we meet face to face, as well as additional assignments throughout the year.

There is coaching, tremendous networking, the availability of mentoring, [00:35:00] and these are really sort of lifelong, I think, relationships that you develop using the ELAM program.

Geoff: After years of leadership experience in a variety of roles in organizations, what led you to seek additional training, and why now?

Judy: I think we should always be continuing students. I am always up for learning something new. And I think that I always look at [00:35:30] where you can have increased self-awareness, developing and strengthening your leadership skills, developing new leadership skills. And this is an opportunity where...actually it was a competitive process to be selected for the ELAM program because they only choose about 50 candidates from across the country each year.

But the tremendous networking opportunity and being able to [00:36:00] really interact with, and they have deans and associate deans as well as other chairs. And it's not just radiology but it's from all different health fields I think is a really unique opportunity to continue to learn how to be the best leader that you can be. And I was fortunate in that Montefiore Einstein is completely supportive. There are other female chairs here that have taken advantage of this opportunity. And I wasn't going to let this one by. [00:36:30]

Geoff: Excellent, excellent. I know several other radiology leaders who've completed the ELAM program, and they continue to rave about it. Can you convey the value to you of participating in a program specifically dedicated to women leaders?

Judy: Yes. So, I think this stems back to my experience having attended Barnard College, which is an all women's college, in that, when you work in an environment or [00:37:00] when I attended a college where it was predominantly a female-student environment, although we did have interaction with Columbia College, I think it sets you to be very focused.

There is competition, but it's in, I think, in a very healthy way. You have female role models. And the networking, as I mentioned crosses hospital lines, it crosses departmental lines, it crosses state lines. So, this really is more of a national networking [00:37:30] with very top-tier already women leaders. And I think that having the ability to learn directly in the time that you have is very focused. And there's tremendous support amongst the women for each other in that environment. You can, I think, express yourself in a way that others can easily understand having often experienced it themselves. [00:38:00]

Geoff: You know, as a man, it's difficult to fully appreciate the challenges that women might experience as leaders. Do you perceive that as a woman, you face specific leadership challenges that differed from those of a man? And can you give one or two examples?

Judy: Absolutely. And I can say that, you know, and this is irrespective of institution, that women leaders, although, it's [00:38:30] interesting that even though there are a larger number of women who enter the health field, and by example, the percentage of women who now attend medical school, women are still significantly underrepresented in executive leadership in medicine. So, you know, just ballpark numbers when you look overall at assistant professor level, about 50% are women. However, when you rise to Associate Professor level, [00:39:00] that decreases to closer to about the 30% level and then continues to fall to 20% and lower at the full professor level.

When you look at the percentage of chairs who are women, that number falls even more to about 12%. So, it continues to be a challenge. I think that diversity and inclusion is definitely an important area for myself, as well as for [00:39:30] many chairs, currently, male or female. Diversity, I think brings increased and different perspectives to the leadership table, and it increases creativity. And that's demonstrated not only in medicine but in all fields.

In terms of having experiences, you know, it's interesting that you asked that question because I've always sort of continued on my leadership path being very focused and [00:40:00] not think, "Oh, I'm a woman. And I should do it this way." I tend to be a very direct person but to do what I always think is best, irrespective of being a female or a male leader.

I think that sometimes what I have experienced is that the perception is that when a woman leader is a strong leader, that they may be viewed by others and in particular, potentially males as [00:40:30] being potentially too tough, or potentially that they may be harder to work with, which is not the case. So it's the perspective, I think, of others. I try to do what's right, irrespective of being a male or a female leader.

Geoff: Judy, you are speaking about the challenge in seeing women attaining leadership positions as one progress is in academia. And you particularly called out [00:41:00] the number of women chairs of radiology departments as well as full professors as being under representative of women in academia in general. To what do you attribute this problem?

Judy: I think it's a multi-faceted problem. I think that women don't have as many female role models at the highest levels of academia. And so there is, I think, less ability for them to see that [00:41:30] they can do it too. I think that we can do better in proactively mentoring and in particular, sponsoring women who want to move to the highest level to help get them there. And that's where I think that's the value of I think, ELAM and other programs that are still needed.

I hope someday that we won't need them. But for now, I think that they're absolutely important in helping us to move the needle [00:42:00] in having women interested in moving to the highest levels of leadership in academics and to provide the support and the networking to get them there.

Geoff: Be they men or women, what advice do you have for academic radiologists elsewhere looking to move into a leadership position at another university?

Judy: I would say, do your due diligence and speak to many people [00:42:30] who are at the institution as well as outside of the institution that you're thinking about going to, to really get a sense of at all the different levels, the advantages, and perhaps some of the limitations. I think that you really need to go to a place where you will be supported by that next level up, so that would be the executive leadership, who will ultimately support you in being able to fulfill [00:43:00] your vision to move into another institution.

Geoff: Amongst your many accomplishments, your work in CT colonography has been exemplary, from developing its scientific foundations to its clinical implementation and advocating for its widespread acceptance and reimbursement, you are in many ways the leader of the movement for the mainstream adoption of colon screening with CTC. When thinking back to the CTC pioneers who have mostly moved on [00:43:30] to other things, why do you suppose that you've stuck with it after all of these years?

Judy: It's something that I'm passionate about. And we all still see the cases on imaging of colorectal cancer that could have been prevented. And this is where, I always talk about this, which is that colorectal cancer is very different from other types of malignancies, in that, we know the precursor [00:44:00] lesion. And it's just a matter of getting people in to get screened and we could prevent colorectal cancer from ever occurring. It's a devastating malignancy. It's a costly malignancy. And I think that the ability to really globally and it's not just a national effort, it's a global effort to provide a less invasive way of screening for colorectal [00:44:30] cancer that might be more appealing to different patient cohorts, particularly in vulnerable populations in the underserved, as well as now in younger patient.

There's been documented significant increase in colorectal cancers in younger patients, those who are under the age of 50. And in fact, American Cancer Society just lowered the screening age from 50 [00:45:00] down to 45. And the U.S. Preventive Service Task Force and the American Cancer Society all concur that we need more screening options. And this is where offering and making available a less invasive test that is more appealing to certain patient

populations is critical. And I really think that we need to move the needle on this devastating malignancy. [00:45:30]

Geoff: It's been a long road and a tough road to get acceptance, particularly reimbursement from CMS. How have you maintained your enthusiasm when there have been so many hurdles put in your path?

Judy: Because I think the science is there. I think that for various reasons, the CMS has at times, I think, moved the bar. And I would like to see CTC created as some of the other colorectal cancer screening tests [00:46:00] have been treated. It's interesting that the USPSTF under its umbrella A-rating for colorectal cancer screening includes CTC as a valid option. All the other options are reimbursable by CMS except for CTC, and it really doesn't make sense.

So, we have moved the needle, I would say, though, in terms of USPSTF, but also the FDA approves CTC as both a safe and effective [00:46:30] test. The five largest private payers in this country all reimburse for screening CDC at this point. So, there's so much in favor of CTC. And I think that we've done a great job of moving all the sectors except we need CMS. And if you think about it, CMS applies to the age 65 and above. And again, that is, you can consider a vulnerable population in that they have a higher [00:47:00] incidence of colorectal cancer. So, it really makes sense for CMS to support screening CTC.

Geoff: Judy, I understand you recently testified before Congress in support of a bill for CTC. How was that experience?

Judy: That's right. It was, and this is what keeps me invigorated. So, last week, Wednesday, actually a group of CTC experts, as well as patient advocates, and ACR, American [00:47:30] College of Radiology staff members convened, and we carried out a congressional briefing that I think was very successful. As a result of that, a Senate bill was just dropped yesterday. And so now, there's a bill both in the House of Representatives and in the Senate, supporting CMS reimbursement for screening CT colonography. So, I think it was impactful. The engagement [00:48:00] was wonderful. And the outcome was great. And we continue to look for additional co-sponsors of both bills now.

Geoff: That's a marvelous milestone. What has been your most rewarding moment as a leader?

Judy: Wow. I think there's more to come. But I would say that most rewarding would be becoming chair here at Montefiore Einstein. It has been [00:48:30] coming home in many respects. And to come back to a place where I think

already in my first year, I've been able to have impact and to be so supported has been tremendously rewarding. And I continue on a path forward where I feel that I have significant support at multiple levels. So, I'm extremely...you know, at the end of the day, you have to be happy coming to work. [00:49:00] And I have to say that I am happy coming to work.

Geoff: Judy, you have accomplished so much and been so successful. Looking back, is there anything that you wish you had done differently?

Judy: I think that it's because I so enjoy being a chair if there's one thing that I could have done differently would be to have explored the option earlier on in my career potentially. And to be able to have impact [00:49:30] at another program earlier on in my career. And don't get me wrong, I mean, I loved my time at UCSF, and it was a great experience. I just so enjoy the role that I'm in now that sometimes I wish that I had started that earlier.

Geoff: Well, it's certainly fantastic to arrive at a place where you feel so good about what you're doing. So, what do you do to unwind? Are there any [00:50:00] hobbies or outside activities that you find yourself returning to recharge your batteries?

Judy: That's a really good question. And I have to say that my daughter is currently a senior at Barnard College, which as you know, is where I attended. And I only have one daughter, one child. And so when I was in San Francisco and my daughter left to start at Barnard, it was a different experience. It was a bit of the empty [00:50:30] nest, and I missed her dearly.

I would have to say that I very much enjoy spending one-on-one time with her. And the lack of that was hard for me. And coming back to New York has allowed me to see her on a much more frequent basis. And if there's one thing I love and being able to unwind, it's to see her. We're able to do things in the city together. We love each [00:51:00] other's company. So, that is, I would say, what helps me in unwinding.

Geoff: Judy, you have been a tremendous example to radiologists around the world, through your advocacy, for your focus on vulnerable populations, and for your exemplary leadership. Thanks very much for joining us today on, "Taking the Lead."

Judy: It's been such a pleasure. Thank you, Geoff. [00:51:30]

Geoff: Please, join me next time when we look back at the traumatic breakup of a 90-year relationship between radiology associates of Sacramento and Sutter

Health. The ensuing three-year struggle to maintain cohesion among the 76 physicians in the group and the ultimate purchase of radiology associates by Sutter Health Foundation, resulting in the transition of 60 shareholders into employees.

I will be [00:52:00] speaking with Jonathan Breslau, the final President and Board Chair of Radiology Associates of Sacramento, and the current Chief of Sutter Imaging for the past four and a half years. We discussed the conditions that led to the dissolution of one of the country's oldest and most prestigious community radiology practices, the leadership challenges of maintaining the group after losing a large and long-standing hospital contract, and Jonathan's approach to reconciliation through an employment relationship [00:52:30] with Sutter Health. Finally, we explore the challenges and advantages of leading radiologists as employees of a large community health system as compared to partners in an independent private practice.

"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 Brian Russell, for technical [00:53:00] support, Megan G. Papa for our marketing, Pakal Minsky [SP] for production 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 Duke University. We welcome your feedback, questions, and ideas for future conversations.

You can reach me on Twitter @geoffrubin or the RLI [00:53:30] @RLI_ACR. Alternatively, send us an email at rli@acr.org. I look forward to you joining me next time on, "Taking the Lead."