



Episode 42: Leading Healthcare
Robert I. Grossman, MD

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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.

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I'm Geoff Rubin. Today, I'm speaking with Robert Grossman, Dean of the New York University School of Medicine, Chief Executive Officer of NYU Langone Health, and Professor of Radiology, Neurology, Neurosurgery, and Physiology and Neuroscience at New York University School of Medicine, which, in 2019, was renamed the NYU Grossman School of Medicine, in his honor.

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Within these roles, Dr. Grossman oversees more than 45,000 employees, students, and non-compensated faculty, across 6 inpatient facilities and over 300 sites throughout the New York region, and in Florida. Between 2007 and 2021, Dr. Grossman oversaw an increase in NYU Langone's revenue from \$2 billion to \$10.2 billion, with more than \$3.9 billion in philanthropy raised. During this time, NYU Langone's National Institutes of Health Research Awards increased more than 288%, and totaled \$500 million in 2021.

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As dean of NYU Grossman School of Medicine, Dr. Grossman led the historic and unprecedented initiative of providing tuition-free medical education for all current and future students in its MD degree program. A tireless innovator, Dr. Grossman has recently led the establishment of medical school curriculum that leads to an MD degree in just three years.

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He has been named one of the 50 most influential healthcare leaders who changed the state of health care in America by "Time Magazine," a living landmark by The New York Landmarks Conservancy, for his leadership in the aftermath of Hurricane Sandy in 2013, and gold medalist of the International Society for Magnetic Resonance in Medicine, and the American Society of Neuroradiology.

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Bob, welcome.

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Dr. Grossman: Thank you. Nice to be with you.

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Dr. Rubin: I'd like to start from your earliest days. Where were you born?

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Dr. Grossman: In the Bronx.

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Dr. Rubin: And did you spend your entire childhood in the Bronx?

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Dr. Grossman: No, we moved to a suburb of New York, Mount Vernon.

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Dr. Rubin: But you were in New York for your childhood?

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Dr. Grossman: Yes.

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Dr. Rubin: And what was your childhood like growing up?

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Dr. Grossman: You know, everybody has a unique childhood, and my childhood was pretty unique. So, we lived in a walk-up apartment, and I slept with my uncle for the first seven years. My mother was an undocumented immigrant. My father came from a coal-mining town in Pennsylvania, where he was one of 10 kids. And he had to leave the house because they didn't have enough food, and he came to New York. And my mother wanted to become a citizen, and in order to become a citizen, in those days, you could marry an American. So that was the marriage.

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Dr. Rubin: And where does your mother come from?

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Dr. Grossman: She came from Romania. This was before World War II.

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Dr. Rubin: Wow. It sounds like a challenging environment for growing up.

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Dr. Grossman: It had its challenges, but I think the positive side of it is you build resilience.

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Dr. Rubin: No doubt. Brothers and sisters?

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Dr. Grossman: I have one brother.

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Dr. Rubin: Okay. Younger or older?

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Dr. Grossman: Younger.

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Dr. Rubin: So, the two of you, together with your mom, your father, your uncle, living in a walk-up apartment, what kind of work did your parents do to support the family?

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Dr. Grossman: Well, my mother didn't work. My grandmother didn't work. My father had a number of jobs here and there when I was growing up.

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Dr. Rubin: I imagine that you probably felt some responsibility to work as well when you were growing up?

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Dr. Grossman: I did. I had a lot of jobs. I think I started working, you know, seven years old, and I used to bring younger kids to school. When I was in

junior high, somebody paid me to have lunch with their kids, because the mom was working. I worked as a dishwasher. I worked stacking foods in the A&P. I worked in a butcher shop, cleaning the walls. I worked as a paperboy. I did construction work one summer. Yeah. So I had a number of jobs.

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Dr. Rubin: Yeah. I imagine that between school and working to help support the family, that occupied much of your time as a child?

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Dr. Grossman: Yeah, it occupied some of my time. I had other time to do other things.

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Dr. Rubin: What other interests did you have?

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Dr. Grossman: I didn't do much. I didn't feel consumed by working. I think one of the themes of my work is I've always been a supporter of the underdog, because I knew what it was like to be on the other side of it.

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Dr. Rubin: That is understandable. And it sounds like you had ample exposure to a diverse set of roles, and probably colleagues within those roles. I am intrigued by the fact that a number of neighbors trusted you to guide their younger children through school, and to spend time at lunch and such. You must have had some elements of your personality that were attracted to them, and they felt you to be a positive influence.

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Dr. Grossman: I think they thought I was trustworthy, probably.

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Dr. Rubin: And at what point in your upbringing did college come into the conversation?

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Dr. Grossman: I never thought about college. Actually, I didn't even know whether I was gonna go to college or not. In my family, we didn't discuss those things. It was more about survival. So, college was, well, if you wanna go to college, you should go to college. But if you wanna go into business, go to business. Don't go to college. You know, something like that. And I didn't know any doctors, so I had no understanding of medicine or anything.

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Dr. Rubin: But you ultimately found yourself in New Orleans, at Tulane.

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Dr. Grossman: Right.

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Dr. Rubin: You know, what led you to leave...

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Dr. Grossman: How did I get there from New York?

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Dr. Rubin: Yeah.

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Dr. Grossman: That's an interesting... So, when I was applying...and I didn't know anything about college, but there was a book, I think it was "Lovejoy's College" book. And I opened it up, and it opened to the Tulane page, and I said, "Hmm. That would be as far away from New York as possible, and I wanna get the hell out of here." And that was it.

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And I went to Tulane. I had never been on a plane. My old man gave me 20 bucks. This was 1965. Our plane gets stuck because of Hurricane Betsy. It gets stuck in Atlanta, and I'm begging the airline to give me money so I can stay in a hotel. I was in the hotel two or three nights. And then I get to New Orleans, and the place is a wreck. But I had a wonderful roommate, whose parents were incredibly decent. And they helped me pick up my trunk at Railway Express, and sort of got me set up.

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And then I remember visiting his parents, he invited me for Thanksgiving because I didn't have enough money to come home. And his parents look at me, his grandfather owned a clothing store, and they said, "Oh, we gotta give him some clothes," because I had t-shirts.

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Dr. Rubin: Sounds like a great roommate.

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Dr. Grossman: It was a wonderful roommate, and we're still friends. He's a really good guy. And it shows you if you're decent to people when they have nothing to offer, there are rewards.

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Dr. Rubin: Excellent point. And so, once you settled in at Tulane, what did you study?

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Dr. Grossman: I studied biology, but I also studied neuroscience, which wasn't a major, but I spent my junior year in England, doing neuroscience and biological science, but a lot of neuroscience, yeah.

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Dr. Rubin: That's an interesting choice, to go abroad for your junior year, to London, given where you had come from. How did that evolve?

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Dr. Grossman: Yeah. So, I have to say, Tulane was a fantastic place. It was totally different culture. So, Tulane was one of the few schools in the United States that had a legitimate junior year abroad program in 1967, where you got to go, really, to an English university for a year. The communications were difficult. You'd be writing letters. But I was a scholarship kid, which also shaped why we did scholarships at NYU.

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And so, I went to England, and in England, they devalued the pound. So the dollar was 27% more valuable, so my scholarships were more valuable, so I was able to travel. It was an eye-opening experience. And I would say my life went from monochrome to technicolor.

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Dr. Rubin: Wow. Can you elaborate on that?

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Dr. Grossman: Well, I got to travel all over Europe. At that point, I became a sponge, and I took art classes at the Slade School of Art, I did neurophysiology. It opened up my life.

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Dr. Rubin: That's phenomenal. Was art an interest for some time?

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Dr. Grossman: Really, they had an excellent Art History program. And of course, you know, if you're in Europe, you were able to see the art history firsthand and things like that. So, it was wonderful, but I also took other courses that were such a change from being in the United States. And it was a very interesting time, of course, the '67, '68, Vietnam War, what was happening in the United States, the racial polarization, the polarization of institutions. Not so much dissimilar to what's happening today. But intellectually, for the first time in my life, I was really stimulated.

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Dr. Rubin: Phenomenal. And amongst the broad spectrum of areas to attract your interest, how were you drawn to the neurosciences? And what was the process of you recognizing that you wanted to be a physician?

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Dr. Grossman: I just inherently thought neuroscience was interesting. At the time, I didn't know that much about it, but there were actually very interesting professors there. One of them, Sir Bernard Katz, who wasn't a Sir, it was Bernard Katz, but he won the Nobel Prize. And I didn't have much exposure to him, but the exposure I had was pretty interesting.

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And just learning about basic science, at a very elementary level, of course. And I didn't know much, but I thought, well, I wanted to be a physician, and I thought, maybe neurosurgery. And I came back late from England, in my senior

year, but I had done well in my courses, and I applied to medical school, and I was pretty successful.

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Dr. Rubin: Yeah. I would imagine. So, straight out of Tulane, you headed to the University of Pennsylvania, for medical school. Were you attracted to Pennsylvania in some way because of your father's roots?

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Dr. Grossman: No. I had no...zero. It was in a different part of Pennsylvania.

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Dr. Rubin: Fair enough.

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Dr. Grossman: It was an excellent school, and they were generous to me in what they offered. And, again, I didn't know much about medical school. I didn't know what it really meant to be a doctor. I remember sitting, first day or two at the University of Pennsylvania, and, you know, at that time, the class was made up of a lot of students whose parents were doctors or were familiar. And I'm listening to the vocabulary, and I'm thinking to myself, "I am dead here." It was so beyond me, in terms of the vocabulary, and what was going on, and I was really concerned that this wasn't gonna work out well.

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Dr. Rubin: Well, good thing you persevered. What was the process for your choice of specialization? It sounds like neuroscience was already on your mind. And neurosurgery was a logical direction?

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Dr. Grossman: Yeah. I didn't know much about neurosurgery, but I thought that was what I was gonna be. I didn't have a very good database, but University of Pennsylvania had a renowned neurosurgeon, who was the chairman of the department, young guy, and very dynamic. So I went to him and said, "I wanna be a neurosurgeon," and I was gonna be his protege.

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But I was interested in all aspects of medicine, I have to say. I had a great physical diagnosis teacher, who wanted me to go into internal medicine. But I

thought neurosurgery was more exciting, and there was something special about it, on an a priori basis, and I decided to do that, and started my career in neurosurgery.

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Dr. Rubin: While in medical school, or even as an undergrad, did you take on any leadership roles?

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Dr. Grossman: So, when was the first time I thought I was a leader in retrospect? I was about 10 years old, and I was at the children's Yom Kippur services. My parents dragged me to these services in the basement of this temple. And I was absolutely unhappy. The last thing I wanted to be is in this synagogue. And there were about 100 kids there, all stuck there, and pissed off.

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And the cantor's wife was leading the service, in the holiest day of the year, and she looks at me, and she said, "Grossman, if you don't wanna be here, get up and get out." And I looked at her, and I got up and walked out. And then, all these kids started laughing. She said, "Anybody else who doesn't wanna be here, follow him." The whole place cleared out. That was the end of the service. So that was the first time, in retrospect, that I exercised some leadership skills.

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Dr. Rubin: So, you headed to Beth Israel Hospital in Boston for a surgical internship, and then two years of neurosurgery residency at Penn. When you went to Boston, did you intend for it to just be a year?

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Dr. Grossman: Yeah, because I was accepted for my neurosurgery residency at Penn, and I was committed there. And then I go to Beth Israel, and they want me to stay at MGH to do the head of neurosurgery. But I had a commitment to the guy in Philadelphia. But I loved my internship. I met my wife during my internship. She was a Harvard medical student. So that worked out great for me.

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But I went back to Philly, and then the head of neurosurgery, who I was committed to, became the vice president and provost of the university. And so,

he didn't quite decamp, but his commitment was not as strong as it was beforehand, so that made it a little bit difficult.

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Dr. Rubin: I see. Well, certainly meeting your wife during your internship, that's fantastic. So, your wife is a physician as well?

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Dr. Grossman: Right. She was a cornea specialist. She was head of cornea at Wills Eye Hospital.

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Dr. Rubin: Okay. So, you go back to Penn, and you're doing two years of neurosurgery, and then you switch into radiology.

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Dr. Grossman: Yeah. So, what happened was, I was in Boston for a meeting, and I saw some of the very first CT images. And I went back home and I remember telling my wife, "These are gonna transform neurosurgery. I'm leaving neurosurgery and going into radiology." And that was crazy, because I was gonna be the chief resident the following year, and my career was all planned out, and everything was hunky-dory in neurosurgery.

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And I had to start from the beginning in radiology, where I really wasn't focused on pulmonary medicine, GI, GU, all the things that you know encompass the spectrum of radiology. So it was really hard. And at that time, we had a kid already. And, you know, you have two doctors working really hard in their training program. This was before anybody had any rights for anything. You can imagine what it was like.

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And I'm trying to read books on the lung, and the GI tract, and bones, and all these things that are interesting, but I didn't have much of a foundation in medical school. So it took me a while to get going in the residency.

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Dr. Rubin: Yeah, quite a pivot. But even with all that exposure to the diversity of radiology, you stuck with the neurosciences, and you pursued a fellowship in

neuroradiology at Massachusetts General Hospital. That must have been right around the time that MRI was entering clinical practice.

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Dr. Grossman: Right. I remember just before I went there, in 1979, hearing Lauterbur talk about zeugmatography. And MGH had a very low-field Technicare scanner, I think, 0.12 or something like that. And I had a research project where I was trying to image experimental allergic encephalomyelitis. And, of course, we tried to do it in the MRI scanner, but there was a lot of pixelation of the images. But that sort of got me interested in inflammation, and in imaging, and the pathophysiology, and being able to understand pathophysiology by imaging.

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Dr. Rubin: Fantastic. Yeah. So, after your fellowship at MGH, you returned to Penn, once again, as assistant professor of radiology, and you were promoted to associate professor and acting chief of neuroradiology in just three years. That's a pretty impressive ascension at an institution like Penn. What accomplishments led to those appointments?

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Dr. Grossman: Stanley Baum was the chairman, and he gave me an opportunity to run the section. I think he didn't think the section was being run properly at the time, so some of it was the political milieu. And I had enough confidence in myself to feel that I could do it. And I had a vision. Of course, I never thought about it as a vision, but I knew what I wanted to do, and I knew where I wanted to take the section, and I had that opportunity.

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Dr. Rubin: You must have also been free in expressing that vision to Stan?

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Dr. Grossman: I was pretty energetic, and I wanted to do a lot of things. And I was much more egalitarian about my approach to education, and to what I wanted to do with the section, and how we were gonna expand. It was difficult. When I started, I was the fourth person in the section, and the three others were professors, and they were interesting people, and they had their ways of doing things.

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And there may have been some pettiness and jealousy. We have this young guy who really wants to do something, and they sort of wanted to narrow my focus. But I understand that in retrospect. You know, it's difficult to be a young person starting out, where you have a group of well-established, famous professors, and all of a sudden, you're their boss.

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Dr. Rubin: Sure. Now, you served as acting chief for a year, and then you were co-chief for two years. That seems like a complicated circumstance.

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Dr. Grossman: Of course, you know, politics are interesting. But I was basically running the section.

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Dr. Rubin: I see. So, after two years, you became the sole chief of neuroradiology at Penn, which is a position you held for 14 years. Looking back, what were some of your key accomplishments from your tenure as chief of neuro at Penn?

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Dr. Grossman: Well, on a education basis, I educated 100 fellows, and they went on to be leaders all over the world. And they're incredibly great radiologists, and you know a lot of the names of those people who I trained and who would say I was a mentor to them. And had a lot of fun. And I love neuroradiology, and I made a lot of interesting relationships, not only in neuroradiology, but in neurology, neurosurgery.

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And we built I thought what was the best section in the United States, honestly. And, you know, we added many people to it, a lot of whose names you know, who are all great. And I think all of them are still friends of mine. I supported, I think, all of their careers.

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And on the research side, we made some pretty interesting discoveries about multiple sclerosis, about hemorrhage, about trauma. And it was always fun,

because I like to read the films. So I thought I was a pretty good film reader, and everybody would sit down in the mornings, and there was a discipline, and, you know, it was pretty competitive who would see what film.

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The atmosphere was excellent, and the training was great, and they were very productive. We had a hugely productive section, and, you know, I have fond memories of that. And, of course, on the research side, at the time, in the '80s, I was probably one of the most funded radiologists in the United States.

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Dr. Rubin: I wanna touch on that for a minute, because you've described a fantastic legacy from your time as chief of neuro, and you deserve to be very proud. But your research career is remarkable and exemplary. I mean, among many accomplishments, you were the principal investigator of two NIH R01s, one which you held for 24 years, and the other for 12 years, respectively.

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What was your primary focus during those intense years of research? You mentioned about inflammation and multiple sclerosis. You know, how would you sort of encapsulate this intense research activity?

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Dr. Grossman: Right. What we tried to do effectively is use biophysical principles to interrogate pathophysiology, and then to quantitate it. You know, in radiology, traditionally, it was "white in the right." You can appreciate that, right. But for us, it was really about quantitation, and specificity, and using MR techniques to enable us to understand diseases better. And whether it was hemorrhage, whether it was multiple sclerosis, inflammation, traumatic brain injury. So there was a common theme to everything we did.

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Dr. Rubin: Yeah, excellent. And in running your research laboratory, and building this large program, were there any particular leadership lessons that you gleaned from that aspect of your career?

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Dr. Grossman: You have to be authentic, and really be yourself, and be somebody who shows up. They have to be your thoughts. You have to have

enough intuition, and some intellect, to be able to express the overarching themes.

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And then, if you have a theme, then you say how am I gonna address getting there? And you break up the project. You know, you look at what is it known in the field, to be able to create your hypothesis, and then you create your specific aims, and then you have to share those. So, being a leader of a team and having a team approach, you can accomplish much more, and then you do parallel processing in all the things you do.

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And you have to be adroit enough at understanding who to ask for what, because you're not gonna be the expert at everything. And there were people who knew far more about physics, far more about pulse programming, far more about contrast media. But to be able to engage those people, and for them to have a dialogue with what you needed and where you're going, and how they could help you, and then engaging your fellows and staff people to achieve those aims.

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And I think that's sort of about management, not necessarily about leadership, per se. But having the big ideas is about the vision, and then being able to get people, and being able to execute, and having deliverables. And that's the secret of leadership, because it isn't only the vision, it's being able to manage the process, execute it, and having the deliverables, because deliverables without the vision is nothing.

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Dr. Rubin: Very well said. Now, you maintained your research funding through your years as radiology chair, as well as 10 years during the time you served as dean and CEO at NYU. With the heavy lift of the transformation that you oversaw, and that we'll discuss in a moment, how and why did you continue to lead those research programs?

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Dr. Grossman: So, what I did...this is good advice for people listening here. So, I became head of radiology here in 2001. And then there was a dean search in 2006. And they asked me if I wanted to be a candidate. And I thought about it,

and I thought I had some interesting ideas, and maybe I'd get an opportunity to see if those ideas work.

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But the odds of being a dean and CEO are very small, especially for a radiologist. And I thought okay, what happens if I don't get the job, which was a high probability. So I renewed all my grants. And I thought, okay if I don't get the job, I still have my grants and everything. And I liked what I was doing. But right after that, I actually gave my grants to people in neuroradiology, who then went on to have great careers.

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Dr. Rubin: So, let's turn then to your move, after 20 years, after beginning your academic career at Penn, you folded your tent and moved back to New York, where you grew up, to become the chair of radiology at NYU. When did you decide that you wanted a bigger leadership role than neuroradiology division chief?

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Dr. Grossman: I love neuroradiology, and I love running the section. And I probably would have been happy being a neuroradiologist and running the section. There were some issues at Penn that came up, and in the end, I thought it was best if I left Penn. And, you know, at the end of the day, it was good for me to leave. And the opportunity came up to go to NYU. I didn't know anything about NYU, actually, but I decided it was best for me to leave Penn.

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Dr. Rubin: I imagine that you were competitive for any number of chair positions in the country. So there must have been something specific that attracted you to NYU.

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Dr. Grossman: You know, the issues at Penn were very complex, so I'm sure I was controversial. And maybe I wasn't getting the job offers that you would have thought, being, you know, incredibly funded, and creating a great neuro section. You understand politics and the way that works. It was funny. I'll tell you an interesting story.

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So, I was a candidate a few years before, at Yale. So I was about 40 years old, and I go up to Yale in an interview. And I told them what I thought of the department. And I came back and told my wife, and she said, "You're not getting the job." And then somebody said to me afterwards, "Bob, you know what happened at Yale? You scared people." But at NYU, I didn't scare people.

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And at NYU, I was incredibly fortunate to come up here. I didn't understand New York or NYU, but there was an openness and a desire to wanna be better than they were. So I came up, and somebody said, "We get pulse sequences from Siemens." And I thought, that's all you get for a show site in midtown Manhattan? And I said, "Well, let's see how much we're worth."

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And they let me do this bakeoff for a single vendor, and the department got an enormous amount from Siemens, and Siemens got an enormous amount from us. This was in 2001. And it propelled the department, and there were great people here. And everybody flowered. And it was really quite an amazing time for a department, and the dynamism of the individuals who sort of felt constricted, all of a sudden, you opened up this well of support, and feeling proud about a place, and being able to be on the cutting edge of things.

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And there were no NIH grants when I came. I got people writing NIH grants, and I was editing all their NIH grants. Even though I didn't know anything about, you know, chest or bone or this or that, but I was editing their grants, and they were getting their grants, and all these things were happening.

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Dr. Rubin: You weren't afraid to get your hands dirty. You were right in there.

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Dr. Grossman: Yeah, no, I was right in there, yeah.

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Dr. Rubin: Yeah. You mentioned you scared some folks at Yale and maybe at some other places, but at NYU, they didn't blink. What was it about NYU? Is it the ethos, the community? Was it your evolving your message?

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Dr. Grossman: I thought it was same message. You know, I said, this is what I wanna do. I wanna be the best radiology department in the world. And this is how we're gonna get from here to there. It was the same thing I said in neuroradiology, interestingly enough, and it was the same thing that I said as the dean. So it was a consistent message, and what it takes to get from here to there. And I don't know if I sent you Haseltine's book, but they have my investiture speech, and I said, "We're gonna be the best in the world."

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Dr. Rubin: Yeah, we're gonna come to that in a moment. And I'm glad that you mentioned the book, "World Class: A Story of Adversity, Transformation, and Success at NYU Langone Health" by William Haseltine. Provides a detailed accounting of the transformation of NYU Langone.

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And I really enjoyed reading the book. It's an excellent case study, a successful health system transformation. And I wanna encourage our listeners to pick up a copy if you'd like to learn more about NYU's remarkable journey. This is a limited period of time that we have to chat, and there's so much richness in it. So I'm glad you mentioned that.

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Returning to this moment in time, as you took over as chair at NYU, set the stage for the institution as a whole. I know that there had been a merger with Mount Sinai, and then that fell apart. You know, give us a sense of where the institution stood.

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Dr. Grossman: Yeah. So, I wrote a paper about that in "Academic Medicine," a small piece about why it failed. But basically, this was well before my time. This is in 1998. Very complicated reasons. I don't need to discuss all the reasons why there was a merger. But one of the things...and there was a demerger, and the demerger started happening shortly after I arrived in 2001.

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And I didn't understand quite all the complexity. But one of the things that's really important, the lesson I learned, why it failed, culture eats strategy, all the

time. And basically, there were two fundamentally different cultures. And there were two boards that weren't gonna work together, fundamentally. And there were two schools who both thought that one was better than the other.

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So that was before my time. It was doomed to fail, but when you demerge, all the systems that you put together have to be rebuilt. And it's a very difficult process. And actually, you couldn't demerge until you got rid of what they call an obligated group, which were the bondholders, which, once you formed an entity, you sold bonds in that obligated group. So it was a little complex from the finance side.

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But the fact was, when I arrived, we were getting demerged, right after that. And by 2002, 2003, it was over when I was in radiology, but NYU was really struggling at that time. And in 2007, when I started, I was confronted. When I figured it out, we had about \$150 million a year structural deficit.

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Dr. Rubin: Yeah. It seems like the late '90s was the merger/demerger period. You know, I lived through the Stanford-UCSF merger/demerger, and one of the things that is most burned into my mind was the financial struggles that we faced after the demerger, and particularly the limitations on a capital budget. You know, when you describe going to Siemens and negotiating this package, you must have had to bring some capital to the table as well, in order to realize...

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Dr. Grossman: We didn't have any capital, but what we had was a show site in midtown Manhattan. And we had some really good radiologists, who actually loved Siemens products.

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Dr. Rubin: Well, it's great that you were able to get the message across there, and to be able to use that as a springboard for much of what subsequently happened. I'm interested, as a chair of radiology, to seize the reins of a negotiation like that, that involved assets and resources both for the scientists and physicians, but also the technical side, what was the perspective and role of hospital management in that process?

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Dr. Grossman: I think they had never thought that somebody would be so bold and audacious to suggest that, and then the chairman of the board really liked it. And here I was, I had never gone to business school. I didn't know a goddamn thing about business, right, but I had an idea. And so, we separated the finance side from the quality side. And all the pieces of equipment were evaluated separately, because the bakeoff was between General Electric and Siemens.

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And then they put three trustees to oversee it, because the chairman of the board, Ken Langone, was on the board of General Electric at the time. Jeff Immelt was the CEO at the time. Jeff had just ascended in 2001, I think. So they put Bill Steere who was the head of Pfizer, John Stewart, who was the head of McKinsey, former CEO of McKinsey, and Tom Murphy, who was ABC Cap.

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So we had all these guys, and these guys were sort of overseeing it, and would bless it. And I got to know all these amazing businessmen in the deal, which was great for me. And I learned a lot. I think they were surprised that this guy who had come out of nowhere wanted to do something that was the largest thing that NYU had ever done. And we did it. We pulled it off, and it worked great.

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Dr. Rubin: It's just such a fascinating set of circumstances. And one aspect that I'm fascinated by is the engagement that the board had with you as chair of radiology in this endeavor. That is an uncommon connection.

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Dr. Grossman: And that actually is one of the wonderful aspects of NYU. The board is actively engaged, and they're not prevented from speaking to people. That's led by Ken Langone, who's the most amazing person I know, by far.

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Dr. Rubin: Now, you were chair of radiology for six years before you became dean and CEO. Looking back, when did you believe that you might step up to a system-wide leadership role, rather than focusing exclusively on radiology?

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Dr. Grossman: So, one thing I would say. I was always focused, I was always in the moment. I was never looking for the next job, okay. And that's when I was neuroradiologist, head of neuroradiology until the last minute, really, wanted to be a chairman. Being a chairman, totally focused on being a chairman.

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And then I got a call from one of the people down in Washington Square, he said, "Would you be interested in putting your hat in the ring to be the dean?" And I was surprised, and I thought about it. And I said, "Sure." Till that time, I was focused on radiology. So I wasn't looking at the next thing. I was in the moment.

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Dr. Rubin: Before we get into some of the details of the work that you accomplished and how you accomplished it as CEO and dean, I wanna just sort of see if you can frame up for us what the state of affairs was at NYU, from your perspective, as you stepped up to this role. Did you see it as a burning platform that required urgent transformation? What was that state of affairs?

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Dr. Grossman: Well, I didn't know all the issues until I started inquiring about them. So, we had a transition period from March 2007 to when I started in July 2007. But when we started looking at what was happening, it was pretty frightening for a lot of reasons, including the merger, demerger, including the state of the hospital, including structure, and how everything was working, or not working.

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We had \$150 million a year structural deficit. Some of that was backed up by, at that time, \$100 million a year in Remicade royalty, which was gonna go away. There was a cliff, because it was going off patent. And the hospital at that time was making between no money and about \$30 million in the best year. So that was an insoluble problem, and there was no information.

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Dr. Rubin: A prerequisite of the search seemed to be combining the hospital CEO and medical school dean positions into a unified role, thus avoiding the

paralyzing circumstance of two leaders at odds and unable to move forward. While the rationale is obvious, why was NYU able to combine these two roles, while so many other academic medical centers failed to do so?

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Dr. Grossman: So, I really wanted that. And I saw firsthand how it didn't work as a chairman, because in 2001, I came up as head of radiology, and I get an office. And when you become a chairman, it was sink or swim. You just came up, "Okay, you're the chairman. Go be a chairman," right.

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So, a pipe burst in the wall of my office, and all this plaster came down. And I'm sitting there week after week, and I'm trying to interview people. And they're coming up and they say, "What the hell is this?" And nothing happened. So finally, I called up the dean, my boss, and I said, "Bob, come up to my office. Look at this. This is terrible. The place looks like shit." And he came up. He said, "Yeah, you're right." And then the hospital and the school had to negotiate who owned the pipes and who owned the wall to pay for the small amount of money.

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And that's really the metaphor, where I wasn't gonna have a hospital and a school. So, when I started as dean, I got rid of the title hospital president. And I thought about what does a hospital president do? They do two things. They do volume and throughput. So I put one person in charge of volume, one person in charge of throughput, and annealed them.

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Dr. Rubin: Tremendous opportunity and platform, that's focused on systemness, and would seem to be an excellent recipe for success by combining the roles of CEO and dean. You weren't the first leader to occupy those combined chairs. What did you learn from your predecessor's performance within the role? And what did you do differently at the outset of your tenure?

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Dr. Grossman: So, he actually had sort of that title, but he didn't utilize it, because he had a hospital president and he had people running the School of Medicine. My predecessor was a decent, good person. And I think he came in extraordinarily difficult circumstances. He came when the hospitals were

merged with Sinai, and under his tenure, they demerged, and they were focused on all of these other issues.

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And the dean before him was an individual named Saul Farber, who I didn't know, but he was an iconic dean of NYU, for whatever reason. So it's hard to follow an iconic dean. And so that was a little bit of an issue, and I don't think he was embraced like perhaps he should have been, or whatever. But I would say it was a very difficult time for him, and the institution wasn't particularly performing well, for a lot of reasons.

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When you start, you have one or two months in your tenure, and by the time a year rolls around, if you haven't done some things, people lose confidence in you. And I think that was a problem which was hard to avoid, given his circumstance.

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So I was an inside-outside candidate, if you look at it. I was here but I was at University of Pennsylvania, and I was at Mass General, and I was at other places. So I sort of understood some of the things, and I knew the people, and I knew what wasn't working. And I just knew what I wanted to do square one, you know, starting right off the bat.

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Dr. Rubin: I mean, it seems evident that you had a strong belief that drastic change was needed. You famously fired the top leadership of the hospital in the School of Medicine within the first five days of your appointment as dean and CEO. And from the 30 of 33 department chairs, they were fired over the next three years. Many of these folks were your co-chairs when you were chair. With such widespread underperformance, as you saw it, what gave you the confidence that you would be able to replace them all with better performers?

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Dr. Grossman: Yeah, that's a good question. Let me give you another side of that. So, the Harvard Business School did a case study of us. So, I go off to Harvard Business School. This was probably 2014. They invite me to come up for the case study. And I'm sitting in the amphitheater, at the top of the

amphitheater, listening to the professor, Rob Huckman, Mike Huckman's son, who did a wonderful job.

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And then, at the end of his conversation with the students, they invite me down, and they say, "Well, what do you think?" And I said, "Well if I would have gone to business school, I would have never done what you've done." Because they were so conservative and timid, and it had an impact on me that, you know, if you're gonna be a leader, you need to change things, because obviously what was happening wasn't working. So you can't sit there. You have to be bold, and you have to know what you wanna do, and then execute it, and not be afraid of the consequences.

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Dr. Rubin: Absolutely. Very well said. And so, an aspect of my question is that in executing, you know, such a rapid transition, what was your plan to fill the vacuum? How did you foresee yourself essentially upgrading the leadership?

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Dr. Grossman: Right, well, I appointed from within people I knew. You know, again, Bernie Birnbaum, the late Bernie Birnbaum, I took him with me to leadership, I think Vivian Lee, and he led that whole group of people, so it was like the radiologists are running the asylum. But I knew all of those people were excellent and smart, and knew that I could work with them. And then there were people in-house. And then I took the school and hospital and really integrated it. So, everybody had appointments in the school and hospital, so I cut out the senior management by half.

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Dr. Rubin: Yeah, I wanna spend a little bit of time focusing on the board. You mentioned Ken Langone in particular. You know, maybe you could describe a little bit more the nature of your partnership with the Board of Trustees, and in particular with Ken Langone as board chair?

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Dr. Grossman: He's the most unbelievable person I have ever met. And I've met a lot of unbelievable people. He is incredibly smart, gifted, in a different way. He's a people person. And he and I bonded because we both came from similar

circumstances. His father was a plumber, his mother worked in the school cafeteria, so he has tremendous humility.

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He and I just thought so similarly about situations. And I said, I probably talked to Ken two or three times, and somebody said, "A week?" I said, "No, a day." He is incredibly supportive. And in actual fact, you know, in the early years, there was heavy lifting to do, and if you're trying to do a transformation, a lot of people don't like it. I say 55% is a landslide. And they're always backbiting and this and that, and Ken was amazingly strong.

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And the going was pretty rough, because I was, you know, taking away laboratory space, I was cutting salaries, I was moving everybody's cheese. And you could imagine, in that atmosphere, they're gonna say, what the hell does this radiologist know about anything? But he's the most generous, the most decent, the most humble person you could ever meet.

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Dr. Rubin: So often in academic medicine, health system boards are populated by a variety of folks with little experience in healthcare delivery or scientific endeavor. How did you luck out to have such an effective board? Did you recruit the relationship yourself?

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Dr. Grossman: Well, Ken had just started in, like, 1999, so he didn't recruit people. He has a huge coterie of friends in politics, business. But also, we created an affinity why you wanted to join our board, because we had the best doctors, the best outcomes, and things like that. And became a self-fulfilling prophecy once we got the flywheel moving.

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Dr. Rubin: When considering the financial crisis of the health system at the time of your start, to what extent did cost-cutting factor into your financial turnaround? And how did you calibrate balancing cost-cutting, debt accumulation, and revenue generation to your turnaround efforts?

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Dr. Grossman: Right. Well, also, I wanna remind you, 2007, 2008, we had the financial crisis. So you had a lot of issues going on. Well, you can't cut your way to greatness. So I prioritized what I wanted to spend our money on, and I focused on IT and data. Because what I said was, when I started in 2007, I was flying...at that time, I used the analogy, 747 with no controls. I was flying it blind. And you can't do that, because you're gonna crash.

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So I invested heavily in IT. We were one of the really early adopters of Epic. We optimized it, and I built this unbelievable dashboard, which was the sole source of truth for the institution. And then I said, I wanna own the quality metrics. I wanna own the quality space. And everything was about quality and efficiency, because efficiency was respect.

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And we went about effecting change through transparency. And we thought that if you could create efficiency, you were gonna create margin. And then, before I started, I did a regression analysis on all the different variables that lead to margin. And the one that had the highest correlation was length of stay.

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Dr. Rubin: You mentioned the emphasis on quality and metrics and such. And one can focus on length of stay in two different ways. One is by really emphasizing quality, doing diagnostic tests, and understanding, and being more active and caring the patient. Or, doing less. Cutting costs, and discharging the patient with less accomplished. How did you balance those two sensibilities? How did you recognize that pursuing quality, essentially, doing more, would reduce the length of stay?

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Dr. Grossman: Yeah, well, I think there's a lot of fat in the length of stay measurement. And so, you can really chop that down without affecting quality. And actually, the quality is there, because if a patient is staying too long, they're gonna get, in fact, you know all the things that happen to patients who stay too long in hospitals. So we felt pretty comfortable. You know, in 2007, when you did the analysis, we looked like a community hospital, even though we were doing some interesting things. And so, length of stay had to come down, and with that, margin started to pop.

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And then on the research side, we put in metrics, our expectations. Before, we didn't have any expectations. And on the education side, I said we're gonna create a curriculum for the 21st century. And why is medical school four years? Could be three years. You know, because at that time, we didn't have a tuition-free medical school. And that happened a little later. But those things were innovative and different and eye-opening because if you don't have the data, you can't manage.

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It took me two-plus years to develop the initial dashboard that we generated. And at that time, when we first got it, I said, the only thing that matters is the dashboard. There are no shadow systems. And that was also a revelation for chairman and everybody. I remember I presented at the chairs meeting, and one of the chairmen said, "Bob, the dashboard you're showing is wrong." And I said, "Leon, it's your obligation to fix it." Because I'd put the monkey on their back, as opposed to being able to shoot at it. And that's very important in leadership.

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Dr. Rubin: Your journey with metrics and dashboards and such is remarkable, and a very emblematic element of your approach at NYU. I wanna encourage our listeners to read more about it in the book. I want to focus though a little bit more on the topic of strategy and culture.

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You mentioned that culture eats strategy for lunch. And during your investiture speech, which is also printed in the book, and is very impressive in the specifics that were included in there and the strategy you laid out, you essentially promise a lot. And you present a lot of strategy. I wonder if you could talk about the cultural transformation that was required in order to get to implementing the strategy?

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Dr. Grossman: Yeah. Very important, because we changed the culture to a meritocracy. I'd say adhocracy, to a highly transparent, aspirational culture. First of all, we put it out there, this is what we wanna do. We communicated it up and down and sideways. We celebrated when things happened, and we

rewarded people for their accomplishments. And all of those things take time to implement, but they actually do move a culture. And today, we have an exquisite culture of transparency, meritocracy, metricize culture that everybody understands.

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Dr. Rubin: You know, a discussion of your journey would be incomplete without some discussion of Hurricane Sandy, which hit in 2012, and was the largest Atlantic hurricane on record. What was the initial impact of the storm on NYU Langone Medical Center?

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Dr. Grossman: Yeah. So, the whole center, everything was shut down for 59 days. And our emergency room was closed for two years. It had an enormous impact because basically, we were the focal center of that storm, right on 34th Street.

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Dr. Rubin: You know, in sort of aggregating the experience from your initial implementation, the command center, evacuating the hospital, finding alternative care, and then the rebuild, what would you say were some of the key leadership lessons that you gleaned from the experience?

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Dr. Grossman: So, I think the first thing is expect everything to go wrong. The backup systems didn't work, nothing worked. The second thing is to be seen. So we moved our command center right to the lobby, so everybody saw us every day. The third thing is to understand what happened. The most compelling aspect of the initial Hurricane Sandy was to evacuate the 320 people in the hospital safely, because otherwise, the narrative would have been totally different. So that was the focus.

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Then, all night, the next day...and the elevators weren't working. And we had to carry patients down and arbitrate with other hospitals where they were going. So that was challenging. Once that was over, I didn't wanna be a victim. I said we're gonna make lemonade, and we're gonna emerge better than ever before.

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And one of the reasons why I knew it, because the hurricane had wiped out all the legacy systems that were put in a flood zone in the basement, all the IT, everything. It was the craziest situation. And I felt comfortable that we were gonna be able to do it. And then we worked like the devil every day. For six months, seven days a week, we were there. Everybody would report. So, command and control, very important.

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And then, executing what needed to be done. And it was a magnificent team effort, because we were operating with the city, state, federal governments, managing that, managing construction projects, managing practices. It was challenging, but I gotta say, you know, it was difficult from the standpoint that NYU was uniquely injured, as opposed to COVID.

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If you look at my crises, and there were four crises, I would say. There was 2007, when we were gonna go out of business, Hurricane Sandy. We had built the new Kimmel Pavilion, and a welder's spark set off of a fire that put us back nine months. And we had hired 1000 people, so we had them on the payroll. So that was a problem. And then COVID is another crisis. And you see one crisis, you seen one crisis, but we did great with COVID.

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And I think managing in crisis, one thing is, in the middle of a crisis, everything looks terrible. So you have to be able to have enough thick skin, gastric mucosa, to be able to manage it. And you have to be confident, because people are looking at you. And what I said was from square one, we're gonna pay everybody, and we're gonna make lemonade, and we're gonna go forward. We're not looking back.

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Dr. Rubin: I appreciate that tremendous perspective and in your recounting the crises. And there's a lot that we can unpack about the COVID-19 pandemic. You know, it's been a profound disrupter to us all. I just wanna ask you one thing about it, and that is, is focusing on its impact on healthcare workers, how have you adapted to the attrition from the field, and shortages in skilled workers?

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Dr. Grossman: So, we think we have a very attractive institution, and we've had some attrition, but basically people have been pretty good. We pay people well. We're not perfect by any stretch, in terms of dealing with specific people. But if you look at our engagement surveys, they're not perfect, but given the atmosphere, they're pretty good. So I think, again, it's about culture, it's about individuals who work at our institutions are proud to be here. They love NYU.

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Dr. Rubin: That's phenomenal. And so what I'm reading into your answer is that there hasn't really been much loss of nursing staff or other technical workers, even, you know, the folks that help with custodial services and folks are all coming?

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Dr. Grossman: Look, like everybody, we've had some attrition, but in general, we have a strong affinity that's kept us doing very well, honestly.

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Dr. Rubin: Very good. Excellent. What sort of activities do you engage in outside of work?

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Dr. Grossman: Well, I like to read. I play golf. I'm a pretty good golfer, which I took up much later in life. I enjoy my wife, my family. I work pretty hard. I like my work. I love my work. Here, my avocation almost approaches my vocation. I like coming to work, and I've always liked it. I'm not that different than anybody else, I don't think.

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Dr. Rubin: I also wanna ask you about the role of mentors in your journey. Clearly, the conversation you shared about your relationship with Ken Langone is a special one. But thinking even more broadly, across your time at Penn and early days at NYU, what role have mentors played in your journey?

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Dr. Grossman: Unfortunately, I'd say I had anti-mentors. I'm one over mentor, where I learned a lot what not to do. Real mentorship, as defined today, I don't think that even existed early on in my career.

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Dr. Rubin: In recognizing that sort of anti-mentor orientation as you described, and what felt like a lack of supportive mentors early on, have you striven to serve as a mentor yourself?

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Dr. Grossman: Yeah. I think I've mentored a lot of people, you know, both informally and formally, and continue to do that. Deans and CEOs and leaders, as well as young individuals. I feel strongly, and we set up incredibly good mentoring programs throughout our institution, yeah.

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Dr. Rubin: I wanna turn back to radiology for a minute and ask you a question about our field. And that is looking ahead, what do you see as the future for radiology? What excites you for young radiologists, young physicians entering the field, and what advice might you have for them?

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Dr. Grossman: So, first of all, I think radiology is a great field. It's an exciting field. It was at the forefront of medicine in the late part of the 20th century, 21st century. It's fun to be able to look at films and make diagnoses. I think radiologists are under a lot of pressure now, because of volume and the way things have changed. But it's still a very interesting field. And you are the diagnosticians in the 21st century. And interventional radiology has played a huge part in decreasing length of stay, and improving patients' quality of life. So I think it's a great field.

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Unfortunately, I would say that radiologists, and medicine in general, has not focused on leadership, to its detriment. And now, you know, in the last couple years, people are focusing a little more on leadership. But you'd go to the RSNA in the '80s or '90s, they wouldn't talk about leadership. They'd give book reports, but they wouldn't focus on leadership. So I think that's been a failure.

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And if you look, there are very few CEOs and deans who are successful leaders from radiology. And that's too bad, because radiologists are smart, they're data-

driven, they have a broad picture of medicine. And I think that's been a terrible failure, and it's been a failure from the top.

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I think it's been a failure because a lot of times, chairs are very short-sighted, and aren't giving others, young people, an opportunity to thrive. And they're also constricted in the constructs of their particular institutions, and they don't know how to get out of it. They're taken for granted, as opposed to really being able to leverage their skills and their abilities. So that is a problem, because if you don't have great leadership in radiology, what happens is radiology just becomes a regression to the mean. It doesn't have the value it should have.

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Dr. Rubin: I think that your recognition that in recent years there has been an increased focus on leadership in our field is a great observation to be made. And the Radiology Leadership Institute that has been established by the American College of Radiology is founded on the principles that you just recognized and espoused.

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And Dr. Robert Grossman, I wanna thank you for taking the time to share such a unique journey, a unique American healthcare leadership journey, and a set of accomplishments that I think serve as a fascinating blueprint and template for people to study and understand how to navigate a complex world and achieve so much, coming from a diverse background. So, we're all better off for the time that you've spent with us and shared your journey, your vision, the conversation. Thank you very much.

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Dr. Grossman: My pleasure. Thank you. You did a great job.

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Dr. Rubin: "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, Meghan Swope, and Debbie Kakol for our marketing and social media. Bryan Russell, Jenn Pendo, and Crystal McIntosh 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 at G-E-O-F-F-R-U-B-I-N, or using the hashtag #RLITakingTheLead. Alternatively, send us an email at rli@acr.org. I look forward to you joining me next time on "Taking the Lead."