



Episode 44: It's the Little Things That Count
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Dr. Rubin: Hello, and welcome to "Taking the Lead," a podcast from the Radiology Leadership Institute, that profiles radiologists as leaders, seeking insight and inspiration from a variety of perspectives and experiences. I'm Geoff Rubin. Today, I am speaking with Robert Still, executive director of the Radiology Business Management Association, or RBMA. Bob has been involved in the organization since 1992, serving as past president, member of the board of directors and Federal Affairs Committee, and in 2013, receiving the organization's highest honor, the Calhoun Award, for contributions to radiology business management, and the association. For 22 years, Bob was practice manager of Lancaster Radiology Associates, a 30-physician radiology practice.

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More recently, he was chief executive officer of Brain Orthopedic Spine Specialists, an 8-physician multi-specialty neurosurgical, orthopedic, neurology, and interventional pain management practice in Central Pennsylvania. He also served as chief clerk, the chief administrative officer of Lancaster County, Pennsylvania. Bob has an extensive background in community service, having served in the Delaware State Senate from 1986 to 1990, as president of the Hempfield School District Board of School Directors, past president of the Rotary Club of Lancaster, and on numerous boards of community organizations. In early 2020, Bob launched his own podcast, "A Word With Bob." In it, he shares insightful conversations with various leaders and changemakers in radiology and healthcare at large.

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Bob, welcome.

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Robert: Thanks, Geoff. It's great to be with you this morning.

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Dr. Rubin: We like to get a sense of where our guests came from in their formative years. And so, I'd like to start at the beginning, and ask you where were you born and raised?

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Robert: Well, I was born in Fort Wayne, Indiana, and raised there. I am a native and proud Hoosier. I graduated from Indiana University after kind of a misstart at University of Maryland. But I met my wife, Barb, at the University of Maryland when I was a freshman there, and we fell in love and got married four years later. And I grew up in a very large Irish Catholic family. My mother was a Kelly, so, you can imagine how many cousins I have and still keep in contact with many of them.

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Dr. Rubin: That's fantastic. How about brothers and sisters? How many of them did you have?

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Robert: There were seven kids in our family. I was number five. My parents, maybe...it was pretty typical, kind of had four kids right after the war. And then there were several years and had three more. And I'm the oldest of the second crew, four girls and three boys. And we've all been close. Most are back in the Midwest. I'm the only East Coaster, and there's five of us left, and you get closer after you lose one. We lost our sister this past year, and it seems to drive you a lot closer.

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Dr. Rubin: Yeah. I imagine it was a busy household growing up with all these kids and such. What did your parents do for a living?

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Robert: Well, my parents were both teachers. And my father grew up in southern Indiana, on a farm. First person, and I think the only person in his family to go to college. And his older sister convinced him to become a teacher. He went to Evansville College, which is now Evansville University, and got a teaching degree. And then he and two other guys heard there were jobs way up in Fort Wayne, way at the tip of the other side of the state. And they went up there and that was, like, 1939, and met my mother, teaching junior high school. And there's word was they were in a teacher's skit or something, and he kissed her during the skit, and that was the big deal. So, kind of a cool love story.

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Dr. Rubin: That was the moment that brought them together, huh?

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Robert: Yeah. Yeah. So, mom didn't teach while she was raising all of us in his big family, and then went back to teaching after everybody was out of the house, and taught home economics.

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Dr. Rubin: You mentioned that you attended Indiana University, and you earned a bachelor's degree in education. Having two parents who are teachers, was that in your mind at that moment, that you wanted to go into teaching?

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Robert: Well, what's interesting was I originally was a major in a new school there, called Public and Environmental Affairs. What's fascinating is our youngest son went to Indiana University, and he majored in School of Public and Environmental Affairs, so, it really grew since then. But I've always had this interest in non-profit management and service. But, for me, it just clicked, the School of Education, and the desire to teach and walk around. I mean, I came out of IU, Barbara and I got married. We lived outside of Baltimore. Barb is from Baltimore. I have three siblings that were in education. My brother was a college basketball coach and administrator then, later in his career, and actually, three sisters now in education.

So, everybody is teaching. We have a daughter that's a school administrator in Fairfax County, Virginia, an assistant principal, elementary principal. Her husband's a teacher. We're really proud of her that she's a fourth-generation teacher, so it's really...some gene in there, that we like to stand up and teach.

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Dr. Rubin: So, thinking back, as deep back into your childhood as you can imagine, what do you recall was your first experience as a leader?

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Robert: Oh, wow. You know, I took piano for several years. And growing up, it'd always be that piano recital. For leaders, I think it's important that you're able to stand up and lead. That's one of the ways I overcame my fear of getting up in front of people and doing something, speaking with the piano. That was one. With classmates and such, I served on student council and those types of things. In high school, I was in an organization called Key Club, which is, at the time, just a boys, men's Kiwanis Club. I became governor of the state of Indiana of Key Club, the district. So, I've just always aspired to say, "Hey, I think I can do better than that other person that's leading," and step up and volunteer. Volunteering was a big aspect of our lives. My parents always volunteered, and they were inspirational in that way.

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Dr. Rubin: No doubt. Their volunteerism served as a great example for you. And there's an adage that leaders are born, and then there's other people who will say, "No. Leaders are not born. Leaders are trained." What is your perspective on that? Are you a born leader?

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Robert: I think I have some attributes of leadership that I was born with. I really do. My grandfather and great grandfather Kelly, in Fort Wayne, were business and community leaders. And in my extended Kelly family, we have folks that have led in a lot of different levels, so I find that interesting. There must be something in our genes. I have a cousin that's a state representative in Indiana. He's currently the minority leader in the state of Indiana. Phil GiaQuinta is his name. I have another cousin, Molly Kelly, who was a state senator in New Hampshire, and then ran for governor. I was a state senator. We have a lot of family that have been on boards, and leaders in what they did. My brother was a division chair at his college. I can go down the list. So, yeah. For me, it points to you're kind of born to be a leader, but...

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Dr. Rubin: Well, yeah. Either that, or perhaps just being around a lot of leaders when you were growing up rubs off. And that's fantastic. So, once you graduated IU, what did you start doing right after graduation?

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Robert: I taught sixth grade social studies in Randallstown, Maryland, in a small Catholic school, back in 1976. And I had this theory, and I asked a retired superintendent about this. I said, "Look it, during the Vietnam War..." which I was on the tail end of. I had a draft number, but they stopped drafting for men that were born in 1953. So I didn't have to experience that. But you could get a teaching deferment. And I said to this retired superintendent, I said, "Look, you were in the war. You went..." "Yes." I said, "Now, did you have a lot of friends who became teachers?" He goes, "Yes." I said, "And then you became an educator, an administrator." I said, "How were they later in their career?" He said, "They were miserable. They never really wanted to be teachers, but it was the way out of Vietnam." So, in '76, there were no public school teaching jobs. They were just full. I was fortunate enough to get a job at the Holy Family School. I was the only male teacher in eight grades, so that was quite an experience. I immediately became a leader, for no other reason than I was the only male there. So, if there was a fight on the playground, guess who they called? And other things, but I enjoyed it.

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And then, three years later, I was recruited, but I had an opportunity to go work for the Archdiocese of Baltimore at what we professionally called the "power tower" in downtown Baltimore. And I became part of the Office of Youth Ministry. And I was one of five people that developed youth programs in Catholic parishes around the Archdiocese of Baltimore. But my real job was I was, like, the commissioner of CYO Athletics. So, that was a big deal. Every Monday morning, I had to weigh in on disputes from the games over the weekend. But it was a great job.

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Dr. Rubin: It sounds like it would be fun. You enjoyed getting involved in athletics and sports?

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Robert: Yeah. Oh, yeah. I mean, I grew up in the '50s and '60s, a great, heady time. There was always a baseball or basketball game or a football game in the front yard that we were doing. So, for me, it was kind of a natural thing. And I worked on this team of, all men at the time, but they were just a great team. There was a priest that ran the retreat house, a gentleman that was kind of a social service guy on the team, an organizational development guy, myself, and then the leader. And we would go around and train parish youth groups, both the kids and the adults, on how to run a good organization. I learned so much about organizational development at the time. So it was a really good, formative thing. And then, just a couple years later, I had a friend in the association management business, and he worked for an organization called Associated Builders and Contractors. He was their national membership director. And he recruited me to go to work for them at one of their chapters in Michigan. So I did.

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Dr. Rubin: Interesting pivot. I mean, here you are in education, you're working with youth, you're getting to engage around sports, and you're the commissioner. And then it just seems like a 90-degree turn. What was the attraction?

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Robert: Well, the attraction was probably double my salary. You know, working for the Catholic Church, your reward is in heaven. The opportunity to go back to the Midwest for a bit, Barb wasn't too excited about it, but she was ready for an adventure. And I really enjoyed the broader kind of non-profit management. That is the thing, to me, that was kind of exciting. You know, working for a board of directors directly, that was challenging, but I've done that really my whole career, and served on boards.

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Dr. Rubin: What is it about the non-profit sector that you found particularly attractive?

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Robert: I think there's opportunities there to really turn on your creative genius. And the other thing, for me, I really enjoy the people. I found for-profit sometimes, when you're a leader, it can be somewhat isolated. But in association management, there's always meetings, there's always conferences, committees to manage, and groups of people, probably because I grew up with a group of people around the dinner table every night, really do something for me.

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Dr. Rubin: Do you think that the sense of mission that is associated with non-profit organizations takes on a greater level of importance for folks when compared to a for-profit organization?

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Robert: No. I think it does. I knew what my role was with Lancaster Radiology Associates. It was two things. I wanted to make sure those radiologists, when they were sitting at that reading station, were focused, and didn't have to focus on anything else. So I always thought one of my roles was to make sure I can clean up all the litter around them, so that they're focused on that study, no matter, whether there was a two-view chest X-ray or of a complicated CT. And then, at the end of the month, we had to make sure there was enough money for everybody to get paid. So, those two things were the two most critical things, because in radiology, when your billing goes bad, you got a real problem. You find out real quick what your mission is.

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But in non-profit management, to me, one of the most invigorating things for me is to sit with a board and do some blue-sky and strategic planning. I really love that, because it's really interesting, when you remove all the shackles, what may come out of that. You know, what do we want to look like in five years? What's our real mission? Those types of things.

So, it's pretty exciting. And the other thing, and I have seen this throughout my whole career, there's opportunities to really be inspirational to people in association or non-profit management, which, I mean, obviously, there are inspirational leaders in for-profit sector, but I have found that opportunity as a leader to do that in non-profit to be really exciting.

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Dr. Rubin: I'm gathering that you enjoy school, because I've noticed that you enrolled in university educational programs in each of four consecutive decades.

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Robert: Oh, yeah.

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Dr. Rubin: I wanna ask you about them in turn, as we work through our conversation, starting with the fact that four years out of your bachelor's degree, you attended Notre Dame University for an organizational management program. And then, couple years later, you were at the University of Delaware as well. And what were you studying there?

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Robert: I was thinking about that this morning. That was a program sponsored in the '80s and '90s. I don't think they still carry it. But the U.S. Chamber of Commerce and the American Society of Association Executives had what they called the Institute for Organizational Management. They held them at University of Delaware, Notre Dame, and I think University of Colorado. It was a one-week summer program. You went in residence. And it was a six-year program. I completed three years of it, but it was very inspirational, very formative in my association experience. And you were put into a class, the class of whatever, and you got to know those people. And it was a great networking opportunity, but also just a really good basic training for just not only of how to run a meeting, you know? How to run a conference, to governance and ethics. And it was really a great program.

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Dr. Rubin: What led you into it? And at what point in this journey were you there?

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Robert: I attended my first one when I was working for ABC in Michigan. And then, when I moved to the Delaware chapter of ABC to start that organization, I obviously went a couple years at the University of Delaware. So, it must have been 1980 I was at Notre Dame, and in the next couple years, I was in Delaware.

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Dr. Rubin: Of course, ABC is Association of Builders and Contractors, not Alcohol Beverage Control.

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Robert: Yeah. Associated Builders and Contractors. They're an organization, still obviously around, growing strong, founded back in the late '60s, as an alternative to Union Commercial Construction. So, our members were non-union contractors. I got to be involved in some interesting labor disputes and scenes that no one would ever think you would be involved with. The building trade unions back in the day could be pretty mean. And I've had an opportunity to be escorted through picket lines, and have had eggs thrown at me and things like that. But I probably have come around to think probably more like the building trades than I did back then. But, for me, it was a job, it was a career, and I loved these contractors who all got up every morning, and their lives depended on bid day. Could they sharpen their pencil enough? They were just great entrepreneurs. And I've stayed connected with many of them over the years. And I'm really proud that ABC of Delaware just had their 40th anniversary, and I started the organization. That was just a lot of fun, very interesting leadership opportunity for me. When I started in Delaware, in 1981, there were 10 members of the organization. They all put in \$1,000. They had this kitty, and they were paying me \$35,000 a year. So I knew what I had to do. And when I left, 13 years later, 14 years later, there were 200-and-some members, and they're still going strong.

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Dr. Rubin: That is fantastic. You were elected to the Delaware State Senate for a four-year term back in 1986. What led you to seek political office?

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Robert: Well, Governor Mike Castle did. When the governor asks you to go to breakfast at the green room in the Hotel du Pont, you know you're in trouble. I was, like, 31 years old. And when Pete du Pont was governor of Delaware, he served his two terms, and so it's an open seat. So, I said to our board of ABC, I said, "You know, guys, you should get involved in this election." And Mike Castle, who was the lieutenant governor, you know, I think he's gonna win. And I had some connections with my Mike Castle's chief of staff, whose wife was real involved with ABC. We had done a project. ABC is built around chapters that feed into a national organization. And at the time, they assessed every chapter a per-member number, and our number was \$40,000. So, we built a house in 10 days, and sold it, and made \$40,000. And it was a big project. It was called the house that skill built. And it was a big deal. A lot of good press. And the local power company, Delmarva Power at the time, I don't know what they're called now, but they very much supported it. So, I got to meet and connect with the governor's chief of staff, and one thing leads to another. So, I said to our board, I said, "You know, we should have a fundraiser for Mike Castle." "Oh, how would we do that?" I said, "Well, we'll have a breakfast, and we're gonna sell 100 tickets at 50 bucks a piece and raise him \$5,000." "Okay."

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So, in Delaware, you can raise corporate dollars for state elections. It's really easy to raise money. So, sold 100 tickets, what's the big deal? It's just another breakfast. Two years later, the seat where I lived opened up. The senator retired, and told everybody, "You're not gonna be able to elect a Republican, because that's useless, because the Republicans don't control the Senate." And he was a Republican. So, I was recruited by the governor to run for this

seat. That's a pretty heady experience. I had no idea what I was getting into. And they went all out, the governor's team. It's basically, "Hey, we gotta win this seat, and still can raise money." So, the test for any candidate is, can you raise money? Can they bring money to the table? I could. I had these builders. And boy, we're gonna like the non-union kind of guy. We're gonna fight the unions. So, we have this huge battle. The unions hated me. Even though I was such a nice guy, they hated me. In Delaware, you go door to door. Went door to door with the governor all summer. You knock on doors, you go to parades. My poor kids went to more festivals, to the point, they got tired of going. "No more balloons, dad." And Barb was a wonderful campaign leader. We had a really good volunteer team. And we won by 111 votes.

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Dr. Rubin: Oh.

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Robert: And so, all the talk nationally of "oh, you know..." I can tell you it's all baloney. The year I won, we're all nervous. Is there gonna be a recount? And I remember the governor's chief of staff, Mike Ratchford, said, "Oh, don't worry. You weren't the closest race." In Delaware, there are very close elections, unless you're around for redistricting, which, the end of the story is four years later. But unless you're around for redistricting, you can't draw your safe district. And I had an evenly split Democrat-Republican district. So, it was a really phenomenal experience. And I was kind of adopted by the governor's team, and helped put in key committees.

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Dr. Rubin: It sounds like you had some wind at your sails.

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Robert: I did. I did. And just really loved every minute of it, and that was the first Bush administration term, so I got to meet people that everyday Joe doesn't get to meet. Four years later, the unions woke up. There was pretty much a union holiday in and around Wilmington, Delaware and Philadelphia to beat me, and I lost by 400 votes.

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Dr. Rubin: Oh, my gosh. Wow. Wow.

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Robert: At one time, I was gonna be the next governor of Delaware in my leadership career, but that didn't work.

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Dr. Rubin: And then the rest is history.

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Robert: And the rest is history. So, when people lose elections, I'm like, "Yeah. I know what they're going through."

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Dr. Rubin: Yeah. It sounds like you did. So, I wanna ask you a little bit about some of what you did while you were in the Senate. Amongst your committee work for the state, you served on the capital budget committee, determining the capital budget for the entire state. Having served on capitol budget committees at three academic medical centers myself, I'm fascinated by how differently this critical topic is approached from organization to organization. I'm curious, how were decisions made in the state senate, and what was the magnitude of requests relative to available funding?

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Robert: In Delaware, the two key financial committees are there's a Joint Finance Committee, which is the budget committee. They call it the bond bill committee. They are joint Senate-House committees, and they are split according to party majority. So, when I was there, the Senates had a strong majority in the Senate, so I was in a minority party. The House was controlled by Republicans. So, there were 12 members of the committee, evenly split. So, you had to be very bipartisan. The glory of Delaware, I mean, we've all heard it with President Biden. Well, it's Delaware politic. Well, that is true. I experienced it.

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So, yeah. Deciding priorities. So, first of all, the Department of Transportation drives all of that, because it's all about highway funding, and dollars that are flowing from the federal government, Highway Trust Funds, etc. So, that's one of the things that really drives it. And then, in Delaware, at the time, is every cabinet secretary would make pitches, and the governor's office really were the drivers of both the budget and the capital budget in terms of, "Well, we need a new building for children and youth services." "Why do you need that?" Blah, blah, blah. That's really how it all came together. The legislators were all given a certain amount of money that they could use in their district for curb and gutter, drainage, sidewalks, little projects in a neighborhood. And I actually think that's probably a pretty good way to do it. I know in a lot of states, everybody's, "Oh, that's terrible. That's a slush fund." Well, you know what your district needs, because you should be there walking around and driving around. And there are needs that otherwise may never percolate up if it was all one system.

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Dr. Rubin: Yeah. In a sense, it sounds like you're giving the districts an allowance, as opposed to having everybody compete their favorite pork-barrel project.

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Robert: Oh, yeah. So, I understand this infrastructure conversation that we're having nationally. And it is and can be very, very political. But there are certain things you can't deny. Sooner or later, you gotta replace your roof, and you better be prepared to do it.

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Dr. Rubin: 1989 saw you negotiating a budget compromise where revenues fell to \$35 million. \$35 million for the entire state. There were almost 700,000 people in Delaware in 1989. That's \$50 per person. What happened? In today's dollars, a 40-radiologist practice would easily clear that revenue value [crosstalk 00:22:47]

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Robert: Yeah. Delaware had a commission form of government until fairly recently. So, Joe Biden beat Governor Boggs in 1972, by 1,100 votes. Everybody liked Senator Boggs. He was the most popular politician in Delaware, and he was governor. So, back when he was governor, it was a commission form of government. So, there was a transportation commissioner, who was, like, the czar of all the roads. And that's really how that ran. It was almost a volunteer thing. The governor didn't have really as much power as governors do today. So, I served 14 years later, so they were still kind of coming out of that commission form of government. There was a senator I served with. Great guy. His dad was the transportation commissioner. So he still looked at his district as kind of this fiefdom, you know?

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Dr. Rubin: How does that lead to there being such a low amount of state revenues for allocation?

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Robert: You know, Delaware's a very small state. It's three counties. Small state, small needs. In the Senate, we had 21 senators, eight Republicans. Our caucus was basically a room with a bunch of partitions. We had one staff person. So, that gives you an idea of the size of the government at the time. And Delaware, the state really controlled all of the salaries of state employees, but also teachers. Even though there was a lot of payroll, it's a small government, very controllable.

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Dr. Rubin: I assume that taxes must have been very low at the time.

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Robert: Well, the income tax is high in Delaware compared to states around it. When Pete du Pont was elected governor, state income tax was 19%. So, as soon as you retire from the DuPont Company, you moved out of the state of Delaware. That was the deal. Revenues were dropping. It was Pete du Pont that developed the Financial Center Development Act that attracted all of the credit card companies to Delaware. So, if you look on your credit card, it's Wilmington, Delaware. And it was Pete du Pont that thought of that deal. South Dakota was just starting down that track, but everybody knew nobody wanted to go move to South Dakota. So, there was a huge influx of Chase Bank, Morgan Stanley. All those banks came down to Delaware to run their credit card operations. And it was a huge boon to the state. And that had just developed when I was elected to the state senate.

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Dr. Rubin: So, looking back on your time in the state senate, are there any leadership lessons in particular that you take away from that?

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Robert: My seatmate, Andy Knox, an older senator, he said, "You know, Bob, you always gotta dance with the woman that brought you to the dance." And when elected officials become leaders, to me, I marvel at those that have been leaders for a long time, because that means they're still in touch with the folks back home. And you have to do things when you're a leader that maybe your constituency don't like. So, that's an important lesson. How you are able to continue to connect with the woman that brought you to the dance is really important. And I think there's lessons there for everybody.

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I never forgot, when I was managing Lancaster Radiology Associates, that, "Hey, it's all about those doctors." When I started with them, I don't think I could spell radiology, but I told them, I said, "Look, I'll be down every Tuesday or Thursday at lunchtime, and I'll have lunch with you." "Oh. Well, why would you do that?" I said, "Because you're all here, and I need to know about what your issues are." And that was my way, even in that way, to stay in touch with the folks that I was answering to. And it's always been important in my career in leadership to do that. I need to be at our chapters. It's a lot easier now with Zoom than it was two years ago. But that, to me, is a critical lesson in leadership. And it spans all different levels of leadership. An interesting story about Ronald Reagan, that I learned when I toured the Reagan Library... Have you ever done that, Geoff?

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Dr. Rubin: I have not been to the Reagan Library.

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Robert: Well, first of all, the Reagan Library, the first half of it is all about how single-handedly, Ronald Reagan defeated communism, which, maybe not single-handedly. But that's kind of funny. There's, of course, no mention of his first family. Of course, we never hear about that. But one of the really interesting things about, they really get into detail of his life as an actor. When General Electric sponsored him, they basically said, "Hey, we want you to go around to our factories and be inspirational." He says that's when I really got turned on to, "Oh, this would be interesting to do as a career." Who does that? Oh, politicians do that.

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Dr. Rubin: Yeah.

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Robert: You know, he'd take the train and talk to the GE factory in Fort Wayne, Indiana. That's very interesting to me. And that's all about touching people. You can do that in some careers. You get a real chance to do that.

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Dr. Rubin: That's a great point. Yeah. After leaving the Senate, you became the director for Government and Community Relations at the Medical Center of Delaware. I imagine that you could have had any number of positions with your experience at that point. What led you to healthcare?

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Robert: They had a position open. By the way, in Delaware, when you're elected to the state senate, you immediately get on the payroll. And when you lose, you immediately drop off the payroll. So, I was still working for Associated Builders and Contractors at the time, but I just felt the need to expand my career, expand in a different field. And I really had to decide, was I gonna stay on the political track? Run again? There were people encouraging me to run again. It's pretty hurtful to lose, and lose as close as I did. Then this opportunity came along, the Medical Center of Delaware, which is a very large institution. Thousand beds, three hospitals. And they were developing their position. It would be their first time they ever had a lobbyist and a government relations person. And it sounded very interesting to me, and I was inspired by their president. So, I was recruited and took the position. It was pretty cool. And I thought I should work for a large organization, to get to know what that's like to work for a really large organization.

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Dr. Rubin: Even bigger than the state of Delaware.

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Robert: Oh, yeah. It was. It really was. Yeah. And probably more political.

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Dr. Rubin: How big of an enterprise was the medical center of Delaware?

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Robert: You know, Geoff, I don't remember what their annual operating revenues or budget were at the time. But, I mean, you can imagine 1,000 beds in their main hospital, tertiary care center, trauma center. They had two other hospitals that had a rehab hospital. I mean, it was big. They weren't buying physician practices at that time, but there was a very large residency program in family practice. You know, they had residencies in a number of different areas. So, big organization. And I was in the Marketing, Public Affairs, and Development office.

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Dr. Rubin: What were some of your more consequential activities?

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Robert: Back in the early '90s, the big debate in healthcare was around uncompensated care and hospitals. So, there were a lot of initiatives, both federal and state, around how could we somehow compensate hospitals for uncompensated care? And in the state of Delaware, my former colleagues came up with this scheme. The idea is all Medicaid is a federal-state sharing of dollars. And so, for every dollar the state puts in, the Feds match, it might be 50 cents or something like this. So, I got real involved, obviously, with our system president and the Delaware Hospital Association. The state of Delaware wanted to initiate a tax on hospitals for probably per bed. I forget the formula. But it would essentially raise X dollars that would be put into Medicaid, and then the Feds would flow with more dollars. Makes sense, right?

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Except for one thing. I said to the president of our hospital, I said, "You know, a tax is a tax is a tax." You can't trust that if everybody agrees to a tax on a non-profit, non-taxable 501(c) institution that they won't raise it. So, I organized a campaign to fight the tax. And it was a real basic thing. Get postcards, go down to the hospital cafeterias throughout the state, get employees to fill out a postcard as they're coming in, and we're gonna send them. I'll never forget my former colleagues were like, "Stop it. Stop the postcards." So, it was successful. They never did it. It was an interesting time, as I reflect back. That was really at the height of the AIDS epidemic.

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The Medical Center of Delaware had a big AIDS clinic. A very inspirational physician led that, trying to get dollars for that, you know, federal dollars. Nobody knew where that was going. It was really scary. We had a very large public health clinic, a family practice clinic there, and you get involved with federal dollars there. So, it was a really great experience. And, you know, anytime a legislator, or some official, something happened to him, guess what? I was the guy that had to go visit him. My favorite story there was there was a bank robbery one day at noon, at lunchtime, downtown Wilmington, and a cop got shot, right in the neck. They rushed him to Christiana Hospital. And I said, "Well, I'm gonna go down there. I'm going down here now." Somebody said, "Why?" I said, "Because every politician in the state of Delaware is gonna come and check on this guy. And every cop is gonna be around, and I need to be there." And sure enough, every politician in the state of Delaware came to the ER that day to check on this guy, you know. And the guy survived. He was very lucky.

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Dr. Rubin: That is an amazing story.

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Robert: Yeah. You know, you get to behind the scenes, meet some people, and kind of direct things. So, yeah.

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Dr. Rubin: Clearly, you figured out how to be impactful in that role. That's fantastic. Now, after two years, though, you pivoted to become practice manager at Lancaster Radiology Associates, a 32-physician practice. After administrative roles in large organizations, what led you to downsize into such a focus role.

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Robert: Well, I was frustrated with the large organization, because I didn't like playing the politics. But I'll tell you what led...

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Dr. Rubin: Not like you were good at it.

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Robert: I was fairly good at it. My wife's brother was a radiologist, John Gareis. Their practice, which was pretty large back then, it was, like, 15 or 16, which I still claim is the right size for a physician practice. But he called me one day, he said, "How do you like your job?" And I knew I was in trouble. Their business manager had decided to leave. And her responsibility was to manage the business affairs. They did their own billing, they had hospital contract at Lancaster General Hospital, and an imaging center that they had just opened. So, it just intrigued me. And what I found out, and the story has been told a lot, is that I had to go through probably a four or five-month process of interviewing. And my brother-in-law, who was a behind-the-scenes leader in the practice, but never an elected leader, the imaging center was directly across the street, and it was a partnership with the hospital. But the imaging center was across the street from a just-announced building of a hospital outpatient campus. And the hospital came to the doctors and said, "You'll sell us that imaging center, right?" And the doctor's like, "Hmm. I don't think so. Why would we do that? We're making good money here."

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So, they decided they need somebody that could negotiate. They knew I could learn revenue cycle management and the other things, but they decided...and my brother-in-law tells the story, he says, "I went to my partner," says, "I've got just the guy." And one of the partners knew me, and he goes, "I know who you're talking about. The state senator." I go, "Yeah." So, I had to go through a pretty rigorous interview process, because they wanted to make sure that if it went south, my brother-in-law wouldn't...he had to be neutral on this. You know, we had a very good professional and personal relationship, but he always stayed out of that. So, I started working there the day after election day in 1992. So, yeah. I went to work in radiology. Knew nothing about physician billing, or radiology for that matter, except, yeah, you go in and you get an x-ray, or a scan, or whatever it is. Yeah.

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Dr. Rubin: Now, you were with Lancaster Radiology Associates for 22 years. That's quite a commitment. What kept you there over that long?

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Robert: I think the continuing challenge. I built trust. As I told you, I'd go where the physicians were, and I could kind of carve out the position, which was important to me. And I was challenged with the opportunity to manage that vital relationship with the only customer they had, Lancaster General Hospital. It was just the right size for me. I was inspired by managing the business office staff, who were great. I mean, the average staff person there had been there for 13 years. They were really dedicated and loyal people. So, it kept me inspired. Barb and I had four kids, so the return on investment there was great. They all grew up in and around Lancaster, Pennsylvania, and a couple of them went to Penn State, and one to West Virginia, and the youngest to Indiana University. So, we were able to provide a really nice life for them in Lancaster, PA. And practice kept growing, you know. By the time I left, there were 32 physicians there. I'm not a science guy. I love to read about it, but I didn't study it very well. But to stand in the interventional radiology lab is just one of the most interesting things I think one can do. I'd be down at the hospital, and I'd go into CT or go into MR. And we owned the MR business, so I got to know how to buy and install an MRI machine. But to go into the IR lab and observe studies is really fascinating to me.

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Dr. Rubin: Based upon your extensive experience in running the radiology practice, and working with a lot of radiologists, no doubt, what were some of the most consequential competency gaps that you observed in radiologists? And if you could, how would you revise radiologist training to help them overcome them?

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Robert: Boy, that's really a good question. I think one of the most important things for radiologists and physicians is that they need to focus on the things they were trained to do, and trust, they need to find the person or the people that they can trust are handling the business side of it. I know that a lot of physicians today would say, "Well, I gotta go get an MBA because I need to understand why X plus Y equals Z. One of the things that I respect about physicians so much is their ability to learn, and talk about lifelong learners. But you had asked, "Boy, 22 years? That's a long run." I ago, "Yeah." And part of it was because those original 17 radiologists that hired me trusted me. And we went through some really tough situations, probably because I didn't know what I was doing, but I figured it out, and figured out that to be good at what I did, I had to have a staff that was really good behind me, and not be afraid to hire people smarter than yourself in a given area.

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And I kind of learned that from one of our former chairs of our radiology group, was that he was never afraid to hire physicians that were smarter than he was, and he always said that. There is a lesson learned there. I don't need to be the smartest guy in the room. I just need to be the person to figure out how do I connect this person with that person. And I also looked at my role as being the critical person to maintain and grow the relationship with Lancaster General Hospital. The doctors need to grow that by being really good clinicians, but there's a business and administrative side of that, that ultimately, the hospital president, vice presidents, and others may want to call me before they call Dr. Smith.

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Dr. Rubin: From your perspective, it sounds like you really see a substantial separation between the management administration of the practice and the practice of the practice. In other words, I'm not hearing a lot of support for physicians that take on more aspects of the management.

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Robert: Probably not, from me. I just think part of it is, in my mind, physicians need to be really good physicians first. Granted, there are physicians like yourself who have taken on very broad administrative duties, but one of the things I saw from 1992 to 2014 was that not every physician could be a hospital administrator here, folks. And what I saw at Lancaster General Hospital, and I think throughout the country, we saw that, is, my gosh, they started paying docs to do administrative stuff, and they need to be doctors. They can't all be senior vice president of medical services for a particular product line. I've often thought about that, and I might be on the other side of that equation than some of the folks like yourself, Geoff, but it's a real balance we need to balance. And part of it is I probably served in that leadership role at a time when doctors saw that dichotomy. "Hey, we're here to be doctors. Bob's our guy. Call Bob. He'll handle that." I love nothing better than a doctor to say that. "Call Bob Still. He'll handle that."

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Dr. Rubin: I would say that the level of trust that you have described, that you've been able to establish with your docs, and them knowing that you had their backs and were there to allow them to be doctors, plays as much of a role in their being able to comfortably pursue the clinical side of things. And I think some of the pressures that come to bear on physicians seeking to step up to leadership roles is when non-medically trained administration isn't able to deliver the quality and the clinical environment that's best to serve the patients.

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Robert: Yeah. We were blessed in Lancaster that every administrator I worked with saw the value of capital investment. There wasn't a machine that they weren't willing to buy to help clinically. I think that's a tradition at Lancaster General Hospital. It was a place where they would invest in capital for physicians. And there was a great respect there. I got to be part of that through the advancements of MRI and other things, yeah.

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Dr. Rubin: Yeah. Now, what was the structure, the practice governance? Were you working with a new practice president every couple of years, or was the board and the executive of the group pretty fixed over an extended period of time?

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Robert: Yeah, it was probably an older model, but we had a shareholder meeting once a month. Every shareholder had a vote. And it was a lot of power invested in the president of the practice, who was also the department chairman. They don't have that model anymore, but they had that model for years. So, during my tenure, there were five presidents in 22 years, and the longest-serving was nine years. And one of those presidents went on to

become president of the medical staff. So we had a unique opportunity with leadership within the hospital to be leaders. So, there was a lot of power. We didn't have many committees. As I was leaving, they were developing an executive committee structure, because the practice was getting bigger, and that was a move in a lot of practices to do that, where you'd put more power in executive committee, so to speak. That really was the structure.

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Dr. Rubin: Now, when a new president was getting ready to step into the role, how would you seek to prepare them for that?

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Robert: First of all, the first conversation is, "Hey, I've got your back." And they knew that. And the preparation really would be the walkthrough with the senior administrators at the hospital, so they could be reassured and know that person. I discovered over the years that the worst thing in the world for hospital administrations is a shake-up with a major group, like a radiology group, where they have an exclusive contract. That really makes them nervous. So, one of my key roles was to allay those fears and say, "Hey, this is a great doctor." So, kind of be that person to open the door. I think that's important in continuing that relationship. They wanna make sure there's stability in a medical practice like that, and to show them that there is stability. So, that's important. And then, also, to orient a new leader who may or may not be familiar with the complicated revenue cycle management process, which is a lot more complicated than a lot of the physicians might understand. So, to bring them over, and orient them to that process, so they understand how does a bill go out? How does the cash come in? How do you apply the cash? How do physicians get paid?

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When I started, in the '90s, people thought, well, those two ladies in the back room do it all. Well, it's a little more complicated than the two ladies in the back room. Yeah.

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Dr. Rubin: You're describing a lot of nuts and bolts, bringing folks up to speed on a lot of the business processes, but I'm curious, from a leadership perspective, were your practice presidents always ready to step up to the responsibility, to the stewardship, to the politicking, the communication? Did you need to engage and redirect and prepare anybody?

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Robert: They all wanted to be leaders, so they were prepared for that. I don't think they were prepared for the politics that 30 physicians can have on the table. And I would be like a chief of staff advisor to them. And we would have once-a-week sessions. They were given two administrative days a week. So I would have a morning that I would be in there and meet with the chair, or meet with the president. And a lot of our conversation was the politics of the group. The president would say, "I wanna do something. Who do you think's in the way?" That type of thing. So, those were very critical conversations.

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Dr. Rubin: Now, during these years with Lancaster, you went back to school twice. The first was to earn a master's in management, focused on healthcare administration. That was after six years of running Lancaster Radiology, and many years of experience running other organizations. What did you seek to gain from graduate school at that point?

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Robert: Well, I thought I needed that degree. I'm a big believer in having that credential. And my wife went back and got her master's of nursing, and she said, "Now you have to get your master's." So, she challenged me. And the doctors wanted me to get it, and they were very willing to pay for that. And they did. They were very generous.

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Dr. Rubin: Did you find that after all this practical experience and the work that you had done, that there were things yet to learn?

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Robert: Oh yes. Absolutely. And it probably made me a better student. I'm a big believer... I think that's the Harvard model. You don't get your master's right outta college. Go to work for a while. You're gonna be a better student. You're gonna know maybe where your weaknesses are and your strengths. That really probably cemented me into that practice, in a number of different ways. Learning statistics and the importance of data, I mean, those were the things that, in the master's program, really helped. It also really helped me expand some of my understanding of healthcare policy. There were a lot of hospital administrators in that program, so it helped me understand the finances of a hospital better. So, just the exposure to other folks is always informative and educational.

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Dr. Rubin: That really rings familiar for me. I went back to get a master's in business administration after having 25 years of leadership experience and such, and I just found, sitting in class, having all these epiphanies, reflecting back on circumstances where, wow, I didn't quite think of it that way.

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Robert: Yeah. And, "Could I have done that differently?" Or, "Geez, tomorrow I have a meeting. Maybe I'll apply this." I got to be close to a couple of professors there in marketing and in leadership, the study of leadership, various types of leadership. That was really one of the most fascinating things in the program.

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Dr. Rubin: Now, the second stint came six years later, when you went to Harvard Law School, for a program in negotiation, and after negotiating the Delaware state budget, and undoubtedly, many other contracts and business relationships.

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Robert: It was one of the most fascinating three days I've ever had. It was taught by the authors of the book "Getting to Yes." And there were, like, 500 people in this room, and they would break us into groups of three, and negotiate these three-way strategies. It was great. So, it really cemented some of the things that I had done. And I wish I had known that before I had served in the Senate. Some of the theories behind negotiation, and the whole objective of everyone not just getting their piece of the pie, but how do you make the pie bigger for everybody? It's not just, "Well, I get 25%, but you're gonna get 60%. I don't like that." It's increasing the size of the pie for everybody. And geez, did that help me in the relationship that I was building with the hospital. Everything that came before us, opportunities, I always anchored back to that program on negotiation. How do we take this and make the pie bigger for everybody? And there were plenty of opportunities to do that with cardiologist, over cardiac CT and cardiac MRI. And we developed all these interesting partnerships. That program really made me think that way, which was fascinating.

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Dr. Rubin: That's really marvelous that it was essentially pursuing the integrative approach to negotiation. And it's generally held that reconciliation through alignment of interests produces higher mutual satisfaction than one based on legal rights or power. And it's intriguing to me that a program centered in the law school focused on the interests.

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Robert: One of the guys I sat with, I go, "What do you do?" He goes, "I work for a company where someday you're not gonna need to have your house appraised. You'll be able to go online and figure out what your house is worth." It was a long time ago. It was early Zillow, but I'm like, "Oh, wow, that's pretty interesting." And "Here, that's all we do. What's my house worth?"

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Dr. Rubin: And stressing the point that a big part of participating in these programs is the people that you meet, and the conversations you have. A very, very important part of it.

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Robert: Right. I recall one of the most serious situations any medical practice is when there's a doctor that needs to leave, for whatever reason. And we got to that point. And that program of negotiation helped me mediate that separation. It was not a termination. It was a separation. And to be able to sit down with him and advise him in a way that got him to where, I think, a really good separation, and advise our physicians. And I used some of the techniques and skills that I learned there to do that. And I'll never forget saying to this doctor, "You do not want your partners to take that vote, because that vote's not gonna turn out in your favor, and that's not gonna be good for your career. So let's figure out a way for them not to take the vote." People say, "What's one of your successes?" I say, "Well, I would consider that to be a success." But I can't be at that table without the doctors trusting me that I go represent them. And I think that's important for all of our RBMA members and leaders

in physician practice management, that they get to the point where they can do that, be that person to go do that. And to be able to say to the hospital, "Hey, we got this covered. We'll take care of you here." And we did.

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Dr. Rubin: After 22 years with Lancaster, you became CEO of Brain Orthopedic Spine Specialists, which seems like quite the tongue twister until collapsed to "BOSS." So, you were the boss of BOSS.

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Robert: I guess. Yeah.

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Dr. Rubin: What led to that gig, and why such a brief one-year engagement?

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Robert: Well, I thought it was time for me to maybe explore other subspecialties. And the two neurosurgeons that were involved in that practice were friends, and done some consulting work for them, and they pretty much recruited me and I thought, "Oh, this will be the great end of my career. I'll spend five years here." It didn't turn out too well in the end. There were a lot of issues in that practice that led me to leave there, but it was quite an experience. And I wanted an experience where I was actually managing a clinical practice, patients coming in every day. I thought that was interesting. So it led to that. It was a very interesting experience. They think very differently than radiologists, I can tell you that.

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Dr. Rubin: Was the challenge. Just being able to reorient?

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Robert: Yeah. That was a big challenge. There were very strong personalities in the practice that were a challenge to manage. And surgeons have a certain way of doing things that are a lot different than radiology. That practice has since gone separate ways. The orthopods went one way, and the neurosurgeons went another. And so, maybe they weren't destined to be together for very long, but in concept, it really was a great concept, yeah.

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Dr. Rubin: Now, after BOSS, you went back to government, and you served as the chief clerk for Lancaster County. You were the chief non-elected official responsible for county government functions, with a budget of \$270 million, 1800 employees, supervision of 21 department directors. That's a load.

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Robert: It's a load.

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Dr. Rubin: How did that opportunity come about?

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Robert: Well, I always kept involved in politics, and I was on the school board in Lancaster County for nine years, which is an elected position. So I always had this connection. One of the commissioners, I actually was his campaign chairman when he first got elected, and this position was open and I was available, and they wanted a chief clerk for not a long period of time. And this particular commissioner was going to not run again, so I knew it wouldn't be a long stint, but again, they wanted somebody that could work with them and negotiate some things on behalf of the county, with a stadium authority and some other things. And one thing leads to another, and I'm the guy. So it was a really interesting experience. And again, the county administration in Pennsylvania, the counties own prisons. I didn't run the prison, but the prison director reported to me, the warden reported up through me. They run all the social services, which is fascinating. They run department of aging, and then the court system. The court system is managed separately, but there's a court system. You get to know judges, you get to know prison wardens.

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Dr. Rubin: It really sounds like a huge enterprise to oversee. Any tales in particular from that gig?

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Robert: Oh, gosh. There's always interesting tales that come out of the prison. A prisoner dies, terrible tragedy. What happened? Probably one of the biggest challenges, we had a sheriff, an elected official, sheriffs are elected in Pennsylvania, who was on the sexual harassment scale maybe higher than others. So, I was really involved with the investigation of that, and all the tales around that. But again, I served with three elected commissioners, so I serve at their pleasure, and that's a challenge, because they've all got different ways of looking at things. The enormity of a \$270 million budget, in a county where the commissioners don't really raise taxes ever, and it's pretty much dependent on federal dollars and state dollars that are pass-through costs, so, a lot of county budget are pass-through. So, in terms of direct control, it's much less than \$270 million, because so much of it is social services, is coming through from federal and state, and they know where that money's gonna be spent. So it's fascinating. But it was a neat experience for a year and a half.

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Dr. Rubin: No doubt. So, a year and a half, and then another pivot to your current role as executive director of the RBMA. Essentially downsizing your budget by about 99%. Was it your love for radiology, your frustration with the government? What led to that pivot?

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Robert: Well, my stint as chief clerk, we agreed that it was gonna be an interim thing, and it was coming to an end. So, RBMA had a change in management at the time, and nobody at

RBMA realized that I had this background in association management from the '80s, early '90s. And I was looking around for the next situation. I was actually trying to decide, should I just retire, or should I keep working? Five years ago. And again, I made a call. I called one of the leaders of RBMA. I said, "Hey, tell me about this. What's going on? And did you know that I was in association management years ago?" He was like, "You were?" I go, "Yeah." So, decided to apply, and went through the process. And for me, it was my enjoyment, and recollection of enjoyment, and leadership in the nonprofit world, the association world, and the ability to go nationwide. And that was really, for me, the desire at the time. And of course, the familiarity with radiology was... I didn't have to learn how to spell radiology, or understand what our members were going through every day.

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So, it really gave me a lead from the other candidates that they had interviewed that I knew every day what our members go through with physicians and all those challenges, so it was kind of cool.

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Dr. Rubin: I'd like to talk a bit about the Radiology Business Management Association. You have been a member for 30 years, past president of the association, recognized with the Calhoun Award for outstanding contributions. Now executive director. For our listeners, would you tell us a bit about the RBMA and its mission?

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Robert: So, actually, Dr. Calhoun was one of the folks from the ACR that started RBMA. And RBMA's history dates back to 1968, an interesting year. Group of physicians met in Chicago, at The Drake, and said, "You know, we can do our own billing now, but nobody knows how to do it." So they had these office managers, most of them were female. One of the things I found interesting in our history, and we did a little video on that for our 50th anniversary, was that predominantly male physicians hired strong women to manage their business offices. I've always found that fascinating. So, basically, RBMA was formed so that the members could teach each other how to bill and collect independently. What is coding? What is revenue cycle management? If you talk to our early leaders, they will tell you that. And our motto was "Progress Through Sharing." So, to come together, at that time, it was on a regional basis. Have meetings, teach each other about how to do this. Since that time, we've grown dramatically in programs and services, including advocacy. We never were involved with government relations until I was appointed the first chair of the federal affairs committee, back in probably 2007 or '08.

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And why? Because Bob was a state senator. He must know about this. But we've always been tied at the hip with the College. In fact, in our bylaws, the American College of Radiology appoints a radiologist to serve on our board, a voting member. That now is Dr. Elaine Lewis, in Reading, Pennsylvania. She serves on our board of directors. We work very closely with the College in a lot of different areas, not the least of which is in advocacy. And we're proud to bring some things to the advocacy table from the business side that I think are

really, really helpful. So, we were really proud to celebrate our 50th anniversary four years ago.

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Dr. Rubin: Congratulations.

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Robert: Well, thank you. Yeah. That's a long time for anything. And we continue to grow in unique areas.

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Dr. Rubin: How many active members?

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Robert: We have about 2200 active members. That's in about 800 radiology practice. So we've got room to grow. And for your listeners, if your manager or administrator are not part of RBMA, they really, really should be. And I know the leaders in the College are very strong advocates of that. Bill Thorwarth and I are very, very close. He talks about Dixie Harris, his administrator in Hickory, North Carolina. If Dixie said it was true, it must be true. That kind of thing.

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Dr. Rubin: So, what is the state of radiologist and College collaboration with the RBMA at this point? With independent radiologists, do you see much engagement by radiologists being members, and participating?

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Robert: Yeah. We do. We see a growing engagement, maybe more on our virtual programs that have grown dramatically. We have this jointly sponsored Practice Leaders Forum each year, in January, with the College and RBMA, that is originally designed to bring teams of leaders from practices in, for a weekend of training. And that registration, participation has stayed pretty steady over the years. We get 120, 140 folks for a weekend of, you know, hear lectures, and we have a joint planning committee, etc. So, we're really excited about it. In fact, we're talking about maybe changing the name slightly to "leadership," as opposed to leaders, so it's reflective of the growing body of leaders. And the growing interest in learning about leadership is just critical. The other area of growth for us is in the focus on young professionals. Getting people, like I was when I was 39, 40 years old, to think about a career in radiology management. I think that's critical.

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We have an aging leadership population in radiology, and we know that the next generation needs to be there. And we're very much focused on where do we find new leaders. We have our recently-appointed diversity, equity and inclusion committee now. It was a task force last year. The board's moved it to committee staff. And one of the reasons is we need a more

diverse body of leaders to come into radiology, to lead the next generation. So we're really focused on that. That's pretty exciting.

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Dr. Rubin: What would a radiologist stand to gain by joining the RBMA? If a radiologist came up to you and said, "You know, I've thought about maybe joining your organization, but why should I do it?" What would you tell them?

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Robert: I would tell them, number one, you're going to meet a group of people that have been involved in the daily operations of a practice, and you're gonna learn things from them and learn from other practices that probably you're not gonna have that opportunity anywhere else. The College and the Radiology Leadership Institute offer fantastic opportunities, but with RBMA, here's a chance to meet non-physicians in an environment where you can really network well. You may not get your five CME credits for everything you go to, but it's a way to maybe get that MBA without getting an MBA, you know, having to make that kind of investments. I would say that.

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Dr. Rubin: I have attended the RBMA PaRADigm Meeting, and found it very worthwhile. I'm curious, what has been the impact of practice consolidation and the emergence of large national companies on RBMA membership, and in job opportunities for its members?

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Robert: Sure. First of all, RBMA has always employed a big tent theory to membership, and where we clearly see the value of independent radiologists, the fact that a group is affiliating with a larger organization, there's real value there. We see real value in those organizations utilizing some of what we've learned over 50 years to apply to that organization. The fact that some big money, private equity money is out there reorganizing radiology, and medical practice, for that matter, it doesn't mean they know everything. I've always said this in terms of associations, especially of advocacy. The National Auto Manufacturers Association, there aren't many companies that make cars in America. It's less than 10. Now, they've got all those suppliers that are members. You got Ford, GM, the Japanese guys, and Tesla and Chrysler, Mercedes-Benz. So, small association, but very powerful. I see RBMA as being able to provide the base of business knowledge, management acumen, advocacy in radiology, those maybe larger radiology organizations need to listen to, and participate in. And they have participated, and they've been very generous, and we very much appreciate that.

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Dr. Rubin: Excellent. So, it sounds like there's synergies, the organization is pivoting to meet the needs of the large corporate entities, the corporate entities are happy to engage.

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Robert: Yes. One of the things we're really excited about is, a year and a half ago, when we were all fighting the cuts to radiology in 2020, we were working very closely with the College on a strategy to fight these cuts. The College is so good in terms of their government relations work, what I call the inside-The-Beltway play. We felt strongly that we need to develop a grassroots approach, and energize the folks across the country to send the messages to, not really the right time to be cutting physicians. So, we developed a website, dontcutdocs.com. We hired a PR firm that got some articles published nationally, and then now have formalized that. We call it our Radiology Patient Action Network. So, we continue that grassrootsy approach that enhances what the College and other organizations are doing inside The Beltway. And we think that combination really is working. We meet regularly with Cindy Moran and Josh Cooper and Ted Burnes and the College's GR team. They meet regularly with us, with RPAN, and the synergy back and forth has really been beneficial.

[01:00:58]

Dr. Rubin: That sounds really synergistic. That's terrific. Beyond advocacy, what issues would you say are top-of-mind for your members these days?

[01:01:05]

Robert: Well, again, I spoke briefly about the diversity, equity, and inclusion issue. We have a big initiative there in terms of focus on training our board and other leaders in that area. That has a lot of growth. Just the continuing educational programs. We have a strategic education advisory committee that's charged with looking long range, and we have three education subcommittees, a program education subcommittee, which really is the committee that develops all of the sessions at PaRADigm and our other conferences. We have an advanced education subcommittee that's looking at, is there opportunity to develop a thing like a master's degree just in the business of radiology, and then a virtual education subcommittee, that's just done a wonderful job the last few years expanding our virtual educational programming. Our webinars are legal, cybersecurity, I mean, I could go through the list, but they're very, very well-attended throughout the year. So, that is a real opportunity for practices to train management and administrative folks for a very reasonable rate. So we're really excited about that.

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And as I said, our young professional group, and advocacy. Those are probably our biggest areas of focus. And then, part of my role is in collaboration. So, looking for areas to collaborate both with the College and other organizations. A small example is I help develop an organization called the Medical Imaging State Coalition, and a gentleman named Patrick Hope, who's the executive director of MITA, the Medical Imaging and Technology Association. He and I developed this. It's a real informal organization. We meet twice a month, just to share what's going on in state governments related to radiology. The college is involved, ASRT, the Society of Nuclear Medicine, all these organizations. And we just talk about issues in state government, and where we maybe need to focus in state government, which is a huge deal in medicine.

[01:02:52]

Dr. Rubin: Among the many activities associated with your executive directorship, you picked up a microphone and started a podcast called "A Word With Bob."

[01:03:00]

Robert: We'll have to have you on, Geoff.

[01:03:02]

Dr. Rubin: I would love to join you. I particularly enjoyed a recent episode with Pat Kroken, "More Guts Than Brains," a lot of cool insights packaged in a wonderfully engaging conversation. What led you to start the podcast?

[01:03:15]

Robert: Well, I had this idea before I came to work for RBMA. I said, "Yeah, I need to start a podcast." This was six years ago. I sat down and I opened my notebook, and I wrote a list of, like, a hundred people I could interview. And I thought, "Well, in my spare time, I'll start a podcast." Well, I haven't worked my way through that list of a hundred people, but started with RBMA, and I said, "This is just a great way to share some stories." I find these stories, like Pat Kroken's story, how did she get into radiology? And that's really the key question. How'd you get into radiology? And everybody has a different story. A lot of the women I've interviewed have been just fascinating stories of women that were single moms, or something critical happened in their personal life, and they thought, "I could do this billing thing." And they did it. And they grew companies and became leaders in radiology business. That's fascinating to me how someone does that. And we've really expanded it. Two years ago, in 2020, in March 13th, when the world shut down, we sat around as a staff and said, "What are we gonna do? And we can't have a live meeting."

[01:04:12]

And I said, "Well, everybody has huge questions about what to do during COVID." So we started "A Word With Bob Live," and we went six straight Thursdays, and just Payroll Protection Plan. What is it? How do you get money? How do you apply? We had an insurance broker talk about, if you're not going into your office, you should be going to your insurance broker and saying, "I need some credits, because I don't have any risks. No one's coming in." So, things like that, of how to protect cash, because everybody was afraid of that during COVID. How to get more cash, Payroll Protection Plan. And that kicked it off. And now we do "A Word With Bob Live" once a month, and have the recorded, longer version. So, it's really a lot of fun.

[01:04:52]

Dr. Rubin: What has been your biggest surprise from the endeavor?

[01:04:54]

Robert: To me, the biggest surprise is that there are 50, 60, a hundred people on a Thursday afternoon that'll sit and listen to me. You might have the same thing. I've said to other people in podcasts, "Oh, you know, I get 50 listeners." And people say, "Oh, that's really good." I

go, "Really?" So, that's been the biggest surprise. That, and people like to share their stories. For our 50th anniversary, we did a series of videotapes around six themes of RBMA history. And I hired a video crew, and we went to the Practice Leaders Forum in Arizona, in Phoenix that year, and sat and interviewed all different kinds of folks that have been involved with RBMA and really, the stories that came out of it were great. I'm so glad we have that archived. So, those verbal stories are just fantastic. And like I said, to have that archived forever is really a good thing.

[01:05:43]

Dr. Rubin: It's a dimension to share that is often inaccessible, and being able to have people sharing their stories, such as you've done with us today, Bob, is a real gift. I noticed that last year you served as the president of the Lake Wynonah Property Owners Association. Bob, do you do anything for fun other than running organizations?

[01:06:05]

Robert: Besides spending a lot of time with my wonderful wife, and visiting grandkids and such, I've taken up bird watching here at the lake. I've turned into this bird watcher, which is interesting. I've figured out apps, how to keep track of birds. And my staff laughs at me, but I've gotten fascinated with the migration of birds. So I'm looking forward, over the next month or so, when they start moving north. So, spend a lot of time with family. And yeah, I seem to get into an organization and people say, "Oh, you should be our leader."

[01:06:31]

Dr. Rubin: Well, it's great that you focus and get to spend a lot of time with your family. And so, you have your kids and grandkids nearby to connect with?

[01:06:39]

Robert: Well, yeah. They're all within three hours of us. We have a daughter, as I said, lives in Alexandria, Virginia, about three hours from here, with a couple of little grandsons down there. She and her husband are both in education. And then we have a daughter and her husband live in Allentown, about an hour from us, and they have a granddaughter and a son in Allentown, and then a son and his wife live in New York City. So we get to go to neat places and visit. Try to do that a lot. And I find it... I may be dad, but I don't have all the votes that I need at times. My wife can get many more votes than I can, and I'm pretty good at counting votes. It was a lot easier to get 10,000 votes than it is to get five. That's always been my story.

[01:07:16]

Dr. Rubin: I hear that. Looking back on this incredibly rich blend of leadership and management activities, what stands out to you as your most rewarding moments as a leader?

[01:07:30]

Robert: I get very humbled when I see my kids that want to be leaders, or they've said to me, "Geez, we're really proud of you, dad." Those, to me, are really big moments. Not so much to

do, you know, you do some great thing, the "Bob Still Bridge" or something like that. It's not that. I think it's more just some of the small things you do through your career, and the moments you think about that were maybe inspirational to some kids or to some young leaders. I very, very much enjoy my role mentoring our young staff at RBMA. A few years ago, I was at RSNA, and there were five physicians there from Lancaster Radiology Associates who I was involved in hiring. And now they're all leaders of that practice. I said, "Geez, I feel like your grandfather." So, that's rewarding to me. It's those little things through a career that are rewarded. And I'm gonna tell you a Joe Biden story. You know, coming from Delaware, everybody knows Joe. So, Joe and I were leaving a Christmas function at some club back in the '80s, and I was going to a neighborhood association meeting, which, in the state senate, Delaware, you gotta do that.

[01:08:32]

So, we're leaving, and chatting a little bit, out in the coat room. I said, "Hey senator, why don't you go to the Cranston Heights Civic Association, and I'll go to your next hearing? We'll trade." And Joe has this big brother...I mean, he really is charismatic. Maybe not so much when he's 79, but he sure was when he was 49. He said, "Bob, you are at the heart of politics. That's really what it's all about." And he said this, he goes, "Nobody cares if I have a hearing about the Soviet Union." He says, "Nobody could care if I went to Russia." How prescient is that today? But he said, "Going to a neighborhood association, that's where it's at." And, you know, that is true. I mean, that was just true. That's the lesson about leadership. It's all about those one-on-ones, or you run into the hospital president and have that conversation. You have that conversation with that physician that's having some issues, maybe personal issues or whatever it is. And you just try to redirect that so that they can, again, focus on what it's really important that they do, which is read an image and offer the best diagnosis or best read they can offer on behalf of the patients.

[01:09:34]

That's my recollection of leadership all the years. It's those little things that count.

[01:09:39]

Dr. Rubin: Beautifully stated. And Bob, I really have enjoyed hearing about your amazing career and life. You've contributed so much, and such great perspectives. I can't thank you enough for joining us today on "Taking the Lead."

[01:09:52]

Robert: Well, thank you. And we'll have you on "A Word With Bob Live," and talk about your career, or other things. Sometimes other things are more interesting.

[01:10:08]

Dr. Rubin: Please join me next month, when I speak with Richard Duszak, professor and vice chair for health policy and practice in the Department of Radiology and Imaging Sciences at the Emory University School of Medicine in Atlanta, Georgia. Dr. Duszak began his career as a diagnostic and interventional radiologist with West Reading Radiology Associates in West Reading, Pennsylvania, rising to practice president and chief executive officer just

eight years after joining the group out of fellowship. After a three-year term, he moved south to practice in Memphis, Tennessee, before going all in with an academic career at Emory University in 2014. In 2012, Dr. Duszak was named founding chief executive officer of the Harvey L. Neiman Health Policy Institute of the American College of Radiology, transitioning to the role of chief medical officer after one year. Most recently, he has served the College as council speaker and chair of the Commission on Leadership and Practice Development. Just a few weeks before recording our conversation, the public was informed of Dr. Duszak's upcoming move to the University of Mississippi, where he will serve as chair of the Department of Radiology.

[01:11:17]

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