



Episode 8: Leading with Mindfulness and Inclusiveness
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Geoff: Hello and welcome to "Taking the Lead," a podcast from the Radiology Leadership Institute that profiles radiologists as leaders seeking insight and inspiration from a variety of perspectives and experiences. I'm Geoff Rubin. Today, I am speaking with Geraldine McGinty, [00:00:30] a radiologist from Manhattan, New York who is the current Chair of the American College of Radiology's Board of Chancellors, and the first woman to hold this highest office of the ACR in its one hundred year history.

She rose to this position after a broad and deep palette of ACR service anchored by her nine years on the economics commission, serving the final four as its chair. Following the completion of her medical degree in Ireland, Dr. McGinty settled in the U.S., [00:01:00] completing her radiology residency at the University of Pittsburgh followed by fellowship in women's imaging at Massachusetts General Hospital.

Within one year of fellowship completion, she was appointed Director of Ambulatory Imaging at Montefiore Medical Center in the Bronx, where she oversaw a doubling in outpatient volumes through the planning and development of a new multi-modality imaging center while also earning an MBA at Columbia University.

She subsequently joined [00:01:30] EMRAD Medical Associates, a multi-specialty medical group rising to the role of managing partner where she oversaw operations and strategic direction that included EMRAD's acquisition of 19 medical practices, electronic health record selection and implementation. And corporate restructuring including replacement of EMRAD's entire executive team.

Five years ago, she returned to academia, joining the faculty of the Weill Cornell Medical College where she recently became [00:02:00] the Chief Strategy and Contracting Officer for the more than 1,500 member Weill Cornell physician organization, and the founding academic director of the joint Weill Cornell and Johnson School of Business Executive MBA and masters in healthcare leadership programs.

As an avid communicator on social media, Geraldine is one of radiology's top influencers and a tireless advocate for patient-centered care and the role of women in radiology and healthcare [00:02:30] leadership. Through the RLI's "Taking the Lead" podcast, we strive for conversations that revealed the journeys and lessons of radiology's top leaders.

Our goal is to support your leadership journey and, with that in mind, I'd like to tell you about a new sponsor, the executive MBA, Master of Science in

healthcare leadership program at Cornell University. Cornell offers a two-year dual-degree executive MBA/MS in [00:03:00] Healthcare Leadership designed for high achieving professionals aspiring to leadership in the healthcare arena. We'll put a link on the page for this episode, so be sure and visit to learn more.

Geraldine, [00:03:30] welcome.

Dr. McGinty: Thank you very much for having me, Geoff.

Geoff: I'd like to first get oriented to your upbringing from the beginning. now, you're of course Irish, but you were born in the English Midlands, how did your family come to be in Birmingham at that time and at what age did your family move back to Ireland?

Dr. McGinty: So my parents were economic migrants from Ireland to the UK, and that was a very well traveled emigration path for Irish people, [00:04:00] but specifically, there was a shortage of nurses in the UK after the war. So recruiting drives were held in Ireland and that enabled both of my parents. Neither of whom had access to a high school education enabled both of my parents to pursue a professional career, so my parents met in the east end of London, training at Hackney Hospital in the early '60s, and we spent the next 16 years after I was born in 1964 in the UK mostly around Birmingham.

Geoff: Oh, I see. [00:04:30] So most of your life as a child and growing up in school was in England?

Dr. McGinty: I will say yes, but I think it's important to know that the Irish community was quite close. My mom is from a big family, so I think that we very much remained close to that Irish community.

Geoff: Terrific. And so then, was your first location in Ireland proper in Galway at the beginning of university? [00:05:00]

Dr. McGinty: I finished my last two years of high school in Ireland and then went to university there, yeah.

Geoff: Terrific. And, you know, I suspect that many of our listeners have never visited Galway. Can you tell us a bit about Galway, and what life was like there?

Dr. McGinty: Galway is a very special place, of course, I'm a little bit biased. It is a market town and has been a trading town within an international trading traffic for hundreds and hundreds of years. It was a walled city [00:05:30] in

medieval times, and some of those walls still exist. It is the home of a lot of art and culture and has just a wonderful buzz about it, the very vibrant educational culture as well, not just the university where I studied, but also several other educational establishments. And it's really part of one of the most prominent Irish speaking parts of Ireland, so it's still not uncommon to walk along the street in Galway and hear people speaking Irish.

Geoff: Do you speak Irish?

Dr. McGinty: Not [00:06:00] at all. I mean, I only moved to Ireland when I was 16, so I have a couple of words [foreign language 00:06:07], things like that.

Geoff: Excellent. It's important to stay in contact with your roots though, and it sounds like you certainly do with pride. Are there any early life experiences or lessons that you think about from time to time that encouraged your interest in pursuing leadership and management roles?

Dr. McGinty: Well, I mentioned [00:06:30] that both of my parents trained as nurses. My dad, like a lot of men in nursing at that time, started moving up the ranks in administration. So by the time I was an early teenager, he was essentially managing the operations at a very large hospital in Birmingham. And it was very hard work. He worked a lot on evenings and weekends, but I could see how much he loved having that ability to really impact patient care. So I had that role model at home.

Geoff: Oh, terrific, and brothers and sisters? [00:07:00]

Dr. McGinty: I have a younger sister who is a speech pathologist.

Geoff: So after university, you left Ireland to train on another continent. That was a big decision, what led to that choice, and did you expect that you would soon return to Ireland at that point or did you realize that you were heading off for good?

Dr. McGinty: Remember that, we go to medical school in Ireland straight out of high school. So I graduated from medical school at 24, and [00:07:30] got married the day after I finished. And my husband and I had decided that we wanted to try and train in the U.S. which was no small feat as international medical graduates as you can imagine. I don't know that we really looked that far ahead. We knew we wanted to pursue the best training that we could. And for us that was in the U.S., and I don't think that we were thinking much beyond that.

Geoff: What were some of your biggest surprises upon coming to Pittsburgh and engaging in the U.S. medical system as a radiology resident? [00:08:00]

Dr. McGinty: So the hospital where I did my internship which was our university hospital, did not have a CT scanner, so that was sort of the extent of the sophistication of the imaging, you know, a lot of X-ray and barium studies and a little ultrasound. So, imagine arriving at the University of Pittsburgh at a time when the liver transplant program under Dr. Tom Starzl was at its height, and having multiple CT scanners running 24 hours a day, multiple MRI scanners, [00:08:30] I was just blown away.

Geoff: I can understand how that's quite an inflection point, amazing. Just a year out of fellowship, you took on the role of Director for Ambulatory Imaging at Montefiore Medical Center. How did that opportunity come about for you?

Dr. McGinty: I received a call from Montefiore to ask if I was interested in interviewing for the job, and they talked about the fact that they were losing out patient volume [00:09:00] two competitors in the area, because the combination of in and outpatient volume was really impacting their ability to deliver customer service. So they wanted to create something that looked and felt like a private practice, but was obviously under the Montefiore umbrella. And I was really excited about the possibility, I put a lot of thought into the interview, asked a lot of questions about how things would work operationally. And I guess they decided to take a chance on me. I was literally thrown in [00:09:30] at the deep end in terms of attending construction meetings, hiring staff, thinking about billing. Now I had a lot of great support, most importantly, from Steve Amos [SP] who was the chair at Montefiore at the time, but also the administrative team in radiology at Montefiore, but it was a wonderful opportunity.

Geoff: That is fantastic. And I'd like to just kind of unpack some of that a little bit. Because, here you are, you've just completed a fellowship in breast imaging, and you've been [00:10:00] in the United States for all of about five years, and you decide to apply for this position that was posted or did someone from Montefiore actually reach out to you?

Dr. McGinty: I had not taken down my listing on the ACR's Career Center, and I think they saw it and decided to give me a call.

Geoff: When you think about the spectrum of people [00:10:30] that might be considered for a role like that, including folks who had been at Montefiore for a while, who had experience in developing imaging programs and such, what do

you think it was that led them to sort of skew those experienced people in favor of taking somebody so freshly trained as yourself?

Dr. McGinty: It's a great question. I certainly think there was an idea that [00:11:00] despite all of the really terrific faculty that were at Montefiore, that they wanted somebody who was really going to be focused on the customer service aspects and the delivery of a different type of workflow and care for the patients. So I think that probably was a sense that somebody outside of the current organization might be able to bring that perspective as to what it was that made them think that somebody was fresh out of fellowship could do this. It's a great question, but I'm very glad [00:11:30] that they did.

Geoff: Yeah. And so I'm gathering that the posting that you had placed on the ACR job board or forum was one that articulated your interest in leadership and management opportunity.

Dr. McGinty: I don't think so. I'm trying to remember, gosh, it's a long time ago. I think I obviously had some metrics around leadership. I had been chief resident at the University of Pittsburgh, and I had been inactive in the chief resident organization, but I don't think [00:12:00] there was any opportunity at that point to offer a personal statement on the site.

Geoff: Well, it is a fantastic statement both about where you were at that moment in time and where the organization, Montefiore and Steve Amos was to be providing that opportunity for you.

Dr. McGinty: I think it began a relationship with Montefiore and certainly with Steve, where he acted on a number of occasions as a really important sponsor for me. And probably most importantly [00:12:30] as my sponsor in getting involved with the ACR.

Geoff: Yeah, terrific. What did you do to prepare yourself for the role once you knew that this was what you were going to do?

Dr. McGinty: Well, I think I really went into it with a huge amount of enthusiasm and energy. And some of the principles were really more about what I thought was the right thing to do, and how I felt I would want to be [00:13:00] treated as a patient, and how it would feel I would want to be served as a referring physician. I wasn't necessarily constrained by thinking that I had to do things the same way. I did also understand the need to connect with colleagues. I obviously had to work collaboratively with the faculty in radiology as well as the administration across the organization, but I think that got me so far. And [00:13:30] eventually, I think that was where the decision to

pursue an MBA came from. Because I had a lot of energy and I had a lot of enthusiasm, but I really needed tools like financial management. Accounting. I really needed to understand some of the principles of leadership and strategy. So, you know, it was a natural evolution I think to thinking, "Okay, this is as far as I can get on my own with this, I really now need some skills."

Geoff: And so that was a observation that [00:14:00] you came to on your own or did you have mentors and colleagues that helped you also realize the benefits of going out and getting a formalized education in business?

Dr. McGinty: We had a terrific department administration in the department at that time who'd done her MBA at Columbia. So that began a conversation, and obviously it was important that Dr. Amos was supportive. So, there was some issues around timing, we were [00:14:30] moving the imaging center to a new much larger space. So we had to be thoughtful about when I would do the program but, yes, we started to have a conversation about when would be appropriate once Dr. Amos was supportive.

Geoff: Thinking back to your time in Business School, what would you say was your favorite part?

Dr. McGinty: Well, I always say that my favorite course was negotiations, was a real game changer for me. There were many things that were incredible. I made terrific friends [00:15:00] working together in study groups was something that I hadn't done in medical school, and I found that really, really satisfying. Just learning new skills was really meaningful.

Geoff: Now, after building this outpatient imaging center and growing the volumes, it sounded like things were really going terrific at Montefiore, and you've got a brand new MBA degree, [00:15:30] you decided to leave and join EMRAD Medical Associates, a Multi-specialty Medical Group. Would you tell us a bit about what led you to that decision?

Dr. McGinty: It was actually a couple of years after I graduated. And I think that I really wanted to be in the situation where I was in a practice where we were making our own purchasing decisions. I absolutely loved working at Montefiore and it remains very dear to me. But as [00:16:00] a radiology department within a larger medical center, the decisions that you make about purchasing, about strategy are always in the context of the larger organization. And I wanted to be closer to the decisions around equipment purchases and strategic decision making that I thought I would find in a private practice.

Geoff: I see. And when you joined EMRAD were you put into a position where you had an opportunity to influence those decisions?

Dr. McGinty: Eventually, [00:16:30] yes.

Geoff: And how many physicians were in the group at that time that you joined? How many were radiologists, what was the general complexion of the practice?

Dr. McGinty: When I started with the practice, it was about 40 physicians, perhaps three quarters of those were radiologists and the remainder were radiation oncologists and a couple of cardiologists.

Geoff: Oh, I see. Okay. So, it was a principally imaging-based image driven or guided therapy-based [00:17:00] practice.

Dr. McGinty: Correct.

Geoff: I see. Okay. Now, about eight years after arriving in EMRAD, you rose to become the managing partner, overseeing operations and strategic direction including the acquisition of medical practices, electronic health records selection, implementation, corporate restructuring including replacement of the entire executive team. That sounds like a very exciting role. Can you tell us about your approach to growing within the organization [00:17:30] during the eight years prior to that appointment?

Dr. McGinty: Again, I think it goes back to some of the principles around building stakeholders, and building stakeholders not just within the organization, but also externally. As we were evaluating people for partnership and leadership roles in the organization, it was always important that they were very collaborative and functional member of the internal team, but that they were helping to grow the business and build the practice externally. So making sure that we maintain [00:18:00] connections with the referring physician community who were so important to us.

Geoff: The acquisitions that you were participating in as a managing partner involved sourcing and managing acquisition of primary care, breast surgery, and orthopedic practices. You just described the scope of the practices being imaging, can you help bring the recruitment of primary care and surgical practices into focus? [00:18:30]

Dr. McGinty: Sure. I mean, this is an incredibly competitive marketplace with a couple of large health systems really growing and expanding their primary care

footprint and changing referral patterns in many cases. So understanding how the group could remain relevant in this very competitive marketplace, I mean, I think that drove a lot of the acquisition strategy.

Geoff: And so it seems that that is a [00:19:00] major inflection point basically having a radiology practice that is going to begin providing outpatient clinic visits and having primary care, as well as a surgical practice. Can you speak a little bit more about that major decision? Was it really sort of a little bit of an existential consideration where as a pure radiology group, it just wasn't sustainable and you needed and thought [00:19:30] expanding into multiple other specialties was the key to the long-term? I think there was a sense that the landscape for radiology practices was perhaps changing and that this would provide a scale and a scope that would allow for a different conversation with payers and a different conversation with some of the large health systems.

Geoff: And so, at that point, how many physicians did you recruit [00:20:00] that were non-radiologist that essentially would be considered refers?

Dr. McGinty: We almost doubled the size of the group.

Geoff: Wow, that's tremendous. What were some of the key characteristics that you saw in new practices as you evaluated them and made the decision to bring them in?

Dr. McGinty: Well, I think this is common to many health systems and practices who are seeking to increase their size. There are a certain number of practices who are closely aligned in terms of culture [00:20:30] and who seemed like an obvious fit. Certainly, in our marketplace in New York, there are fewer and fewer physicians who are aligned. So the idea that a health system or a practice that is looking to expand can always have a completely proactive decision as to who they'd like to include in their practice, I don't think that's realistic. Because fewer and fewer practices remain on the line, so it's a question of deciding of who is still out there in the marketplace potentially willing to align who is the best fit? [00:21:00]

Geoff: Yeah. And I imagine a certain assessment of the quality of care that they provided was an important element as well.

Dr. McGinty: Always.

Geoff: Yeah. Well, thank you for providing all that orientation for us. Let's turn to more present day. You're currently both the Chief Strategy and Contracting Officer for the Weill Cornell Physician Organization. And I have questions

focusing on both of these roles. But first, I'd like to understand the scope [00:21:30] of the Weill Physicians Organization. It seems that everyone connected with Weill Cornell Medicine ultimately reports up to the dean, and there are roles for example for Senior Associate Dean for clinical affairs, and Associate Dean for building and compliance that don't appear to be encompassed within the physician organization. So, could you provide some context for what is and isn't a responsibility of the physician organization and the degree of independence that it has from the School of Medicine in the health system? [00:22:00]

Dr. McGinty: The physician organization is essentially under the umbrella of the Medical College. And, yes, we have a dean and we have academic departments, both clinical and non clinical, but all of the physicians who provide clinical services are within the physician organization. And that physician organization has its own administrative structure with backend billing and credentialing and revenue cycle functions. And we have a CEO for the physician organization who is [00:22:30] typically one of the academic chairs who right now happens to be the Chair of radiology. So, my radiology chair Dr. Rob Min is also my boss as CEO of the physician organization.

Geoff: Okay. And what is the scope of the responsibility that the physician organization oversees?

Dr. McGinty: So the physician organization essentially oversees the delivery of care, although clearly the academic chairs are responsible for their [00:23:00] faculty and the executive committee of the physician organization is comprised of a subset of the academic chairs.

Geoff: Okay. And the health system or, you know, hospital clinic management where does that sit in this organization?

Dr. McGinty: We are one of the two medical schools that's aligned with New York-Presbyterian Hospital, which is a \$7 billion health system with multiple hospitals. So, as a radiologist, I have my hospital privileges [00:23:30] at New York-Presbyterian, but I work for Weill Cornell Medicine.

Geoff: Aha. Thank you. I gotcha. Let's start with strategy a little bit. How would you articulate the Weill Physician Organization strategy?

Dr. McGinty: Well, I think Weill Cornell Medicine is not unlike many successful academic medical centers, and Tom Lee and Michael Porter [SP] have written about this, where it hasn't been critically important to have the kind of strategy that you might expect for a corporate entity. [00:24:00] This is

a group of committed physicians who have provided excellent care and done really important research. And that has really sustained the organization. And, of course, it's the core of what we do, but the idea that we will have to really think about who we are in the marketplace and how we do things differently, I think is a relatively new focus for many academic medical centers. Now, we've certainly had large strategic planning efforts in the past, but mostly [00:24:30] focused around a particular building or research effort. Now, I think you find us really much more aware of what the future needs to look like.

Geoff: In your role as the Chief Strategy Officer, would you say your primary role is visioning and establishing a strategy or implementing that strategy by assuring that the organizational decisions are made in service to the strategy?

Dr. McGinty: I [00:25:00] think a little of both and possibly something else as well. I see this strategy officer as enabling strategic decision making by the organization. Obviously, I'm also de facto part of that decision making, but for me, it's about making sure that our leaders have the data and the market intelligence that they need to make smart decisions.

Geoff: Certainly, the first step in helping the institutional [00:25:30] leadership to make the right decisions that align with the strategy is the articulation and definition of the strategy, and as you were describing, it's an evolving construct and there is opportunity to own the strategy with an eye toward the future. What steps are you considering to help sort of move the needle for the organization in developing a more defined strategy and a process to [00:26:00] review and evolve that strategy?

Dr. McGinty: Well, we're in the middle of a college wide strategic planning process right now, and it's been very important to make sure that we are informing all of the stakeholders in that. And by that I mean the physician organization, the dean's office, our partners in Ithaca, and our overseers, our trustees to inform their process with data, and to really be [00:26:30] quite structured, I think, in how we decide on what programs to pursue. So, we've done a lot of stakeholder research. We've created fairly structured templates for helping those stakeholders think about what it is that we should do, and how we match that up against the institution's core values and our goals for the future.

Geoff: I see. Do you see a part of the clarification [00:27:00] of the strategy as being something that ultimately gets documented and formalized in, you know, a set of guidelines so that when data are presented, as you mentioned, there is essentially a guidepost for the organization to look to and say, "Ah, this data helps move us in this direction for our goals." Or is it a little bit more of kind of

a holistic sense where there are not specific elements [00:27:30] that get formalized and written down, if you will?

Dr. McGinty: Last year we implemented a balanced scorecard for the organization. And I do think that that's a very powerful tool for helping the organization look across multiple metrics. And I think it's been very important as we've thought about things like where we make improvements, so where we change our approach to access, for example, and understanding how that is tied to finances. So I find the balanced scorecard [00:28:00] to be a very useful tool in that regard.

Geoff: Yeah. No, that's terrific. And with respect to the development of that balanced scorecard then when it was initially being put together, were their key principles that were on the table, on the wall and the idea was, say, let's build a balanced scorecard that is attentive to those, or did the balanced scorecard essentially just develop in and of itself?

Dr. McGinty: I would say that there are some metrics that are obvious. So it was important to know [00:28:30] how you're doing with revenue, but I think as we thought about some of the metrics around customer service, patient access, it was really important that there was buy in from the departments and the stakeholders who were going to be measured. And I think the other thing that's important with the balanced scorecard is a governance and a maintenance process that really looks at measures and makes decisions on where to set the benchmarks and when there are measures that CMS [inaudible 00:28:56] are topped out and we're doing so well on this, that we want to maintain [00:29:00] that, but perhaps we need to focus now on another part of our workflow.

Geoff: Yeah. Now you mentioned about the buy in of the clinical departments and such, and sometimes in the interest of developing a standardized scorecard, it can be challenging to implement and apply across the breadth of medical specialties. Can you describe a little bit about the give and take considerations that you bring to bear with clinical department chairs and the extent to [00:29:30] which you seek standardization versus more flexibility when you look at the balanced scorecard?

Dr. McGinty: I think we do try to roll measures up so we get a sense of how the institution is doing. But as you point out in an academic medical center, there are individual variations to what makes for a successful performance by a department. So we absolutely have to be sensitive to those and make sure that departments are getting their data at the department level and at an individual physician level.

Geoff: Super. [00:30:00] Now, you mentioned Rob Min, a great leader and a good friend of mine as well. And the fact that he's currently President and CEO of the Physician Organization, and also Chair of Radiology, so you're reporting to him both from a departmental perspective and from the physician organization roles. How do the two of you achieve balance between these roles particularly when there may be competing interests?

Dr. McGinty: You know, I would say that one of the most inspiring things about Rob as a leader is that he is [00:30:30] absolutely able to balance that. He has a successful history of partnering with our hospital on our outpatient joint venture. He is a very generous and supportive leader as people in his department move on to roles outside of the department. He sees that as a success, not a loss. So he has a very system view and I think he has been able to achieve great strides around customer service and [00:31:00] patient-centered care in radiology and he's really just looking to implement those to the extent possible across the entire organization. So it doesn't feel like...that there's any kind of conflict there.

Geoff: It must be rewarding and fun at some level to be able to engage with him from these two different perspectives, the departmental as well as the organizational.

Dr. McGinty: Well, I think that clearly, we're somewhat dedicated to our own department, but obviously [00:31:30] making sure that we're taking that hat off in making system decisions. And a lot of this happened before I joined the department. I'm very proud of the work that we've done. So it's nice to be able to fly the radiology flag in a broader setting.

Geoff: Absolutely. Now, being the lead negotiator for managed care contracts, which is sort of the other hat that you wear for the physician organization, seems like a fascinating window into areas of healthcare that most physicians never see. [00:32:00] Can you orient us the scope of managed care encompassed in these contracts that you are engaging in?

Dr. McGinty: Sure. I would say that the majority of our revenue comes from commercial insurance. And these contracts are with a number of payers but probably four or five large companies with whom we negotiate group agreements for our physicians. And these names will be familiar to listeners, [00:32:30] Cigna and United, and they've just lectured our fourth-year medical students yesterday on this. And the ability to negotiate with these payers, it's not like Medicare, where there's a set fee schedule, it is indeed a negotiation. And what I need to ensure is that our physicians are being reimbursed in a way that

allows them to provide the care that we know that they can for the patients that we serve.

Geoff: Terrific. Now, you have spoken of the power of teams [00:33:00] and the importance of working collectively as a team, recognizing that no one knows or can do everything, and the physicians because of their training are often challenged to have the background to build effective teams. What is your approach to constituting a team for these negotiations both in the preparation and at the negotiating table?

Dr. McGinty: Well, I will say that I was fortunate to walk into an existing very high performing team. [00:33:30] And obviously, when you negotiate these agreements, there's essentially two threads. There's the contract language and policies and there are the rate. So I have two wonderful colleagues who lead on both of those who know the organization very well and know the history of the organization very well.

We have a team of analysts that help us with the very important work that we do after the contract's been negotiated, which is to make sure that we're getting paid according to the terms of the contract. And then we interface with [00:34:00] a number of other departments in the hospital, whether it's the revenue cycle, whether it's our finance team. So one of the things I stress with my core team is the importance of building those relationships and networking. It's also very important for us to maintain contact through the negotiations with our clinical departments, because we base our negotiations on the Medicare fee schedule, and the Medicare fee schedule changes over time, which can have implications for departments as we negotiate rates.

So [00:34:30] making sure that everyone is aware of how things are going and where we may need to make adjustments. So those are relationships that we have to maintain as well. Our core team has a great set of functional skills. And then it's important to us to maintain not just the relationships internally, but then we have to maintain relationships with the payers, just because we're on opposite sides of the table around these negotiations doesn't mean that we mustn't develop a [00:35:00] collegial relationship.

Geoff: Yeah. That's important, especially given the fact that these are not one time negotiations, you know you're gonna be seeing these folks time and again as you continue to evolve the contracts.

Dr. McGinty: Exactly. And for most of our pay agreements, now we have some component of a value-based payment. So those are agreements that have to be

actually maintained on an ongoing basis as we are monitoring performance and determining bonuses and shared savings.

Geoff: Now, [00:35:30] I know that oftentimes, particularly at academic and quaternary care centers, a payer will have some priorities in terms of a contract. For example, maybe solid organ transplantation is something that is not available to them at as many provider organizations. And so they may be willing to pay more of a premium for certain services, whereas other services they're gonna be locked in [00:36:00] to Medicare fee schedules and such. To what extent, do you involve clinicians from key specialties in the negotiations, when these kind of special elements come up? And how do you engage them in a way that maintains the balance that you believe is needed across the entire basket of services that are encompassed by the contract?

Dr. McGinty: That's a great question. One of the things that I find very powerful is when I can bring data so that I'm not just saying our [00:36:30] doctors are better even though I firmly believe that they are, but I'm bringing data that proves that. So, for example, our neurosurgeons participate in the national N2QOD registry. So I know that they do less surgery than their peers. I know that their patients have lower length of stay and better patient reported outcomes, and that's incredibly powerful.

So those are the kinds of things that I like to bring to the conversations with the payers. New York is an interesting market. A, it's extremely competitive. You know, we've got four academic medical centers, [00:37:00] five medical schools on the island of Manhattan. And it's also a marketplace where we still have a reasonable amount of volume of patients who are prepared to pay out of network, are prepared to pay even though the physician doesn't participate with their insurance. So that definitely impacts the way our negotiations are structured.

Geoff: Thank you. It's terrific. Now, you mentioned that there is some value-based care now entering into the contracts. And I assume [00:37:30] that that implies some level of risk that Weill Cornell is taking on in association with the contracts.

Dr. McGinty: Well, I think I can share, we are like many academic medical centers, we have a Medicare ACO, and we have similar programs with the commercial payers. But we are not accepting downside risk.

Geoff: Okay. To what extent are you involved in the negotiation of care bundles?

Dr. McGinty: We really don't have a significant exposure [00:38:00] to bundled payments. And remember, we're negotiating separately from our hospital, so if that were to be something that we wanted to pursue, that would be something we'd have to navigate around.

Geoff: I see. Do you see that as something coming soon or do you feel that there's not an urgency around developing an approach and competencies there around bundles?

Dr. McGinty: Obviously, we do have some transplant and some other cardiovascular bundles that are historic with some of the payers, but I think that we've [00:38:30] explored the Medicare bundles, and we'll continue to do that. You know, again, through giving excellent care and with that reputation, it's not something we've had to pursue. But I think what we try to do is stay ahead of where these things are going so that we're not catching up that we can be proactive. So it's definitely on my radar.

Geoff: Great. And given your remarkable experience and expertise around this, maybe, we could just explore a couple of aspects [00:39:00] around some issues that might emerge as bundles become more prevalent. I mean, taking on risk for a health system is a big deal. What tools and expertise would you anticipate using to assess risk, and then establishing when a particular deal is better than your BATNA, for example? In other words, when you're conducting a negotiation where there is no downside, how you view a walk away point [00:39:30] I imagine it would be different than when there is this uncertainty. What are your thoughts around how to bring data and organized approach into risk-based contract conversations?

Dr. McGinty: I think they have to be approached with extreme caution if you're thinking about downside risk. And frankly, I'm not sure that with the way that they typically are structured these days that any physician group should go there. What you need to know is in great detail what your experience with this particular [00:40:00] population has been. I think you need to have a really strong sense of who the population is for which you're going to be held accountable, what is their risk profile. And I think one of the most difficult concepts to get around is that there's very little appetite from anybody to really control where patients get care. And yet, if you don't do that, you really leave yourself open to unexpected costs and perhaps care that's not provided at the same level of quality, so historic [00:40:30] data but the ability to control that for which you're accountable is important.

Geoff: And if you think about sort of the internal perspective on care bundles, and the notion that there are a number of participants within the health system

and the physician organization around a bundle of care, what's your perspective on how revenue generated through the delivery of care bundles is then allocated across [00:41:00] the participating departments?

Dr. McGinty: I think that's relevant not just for care bundles, but for shared savings distributions, right? I mean, how the conversations that an organization has to have about who has contributed to shared savings. And clearly there is a very significant role for the primary care physician who has probably been the first line of managing the patient, but the role that specialists who don't provide an appropriate care or really work to provide the most cost-effective [00:41:30] care, the role that they play on how they should be rewarded, and I think that these are conversations that many organizations are just starting to have.

Geoff: Do you have any suggestions or guidelines or dos or don'ts around this initiative that you might share?

Dr. McGinty: You know, I've encountered it a couple of times. And I think what's successful is when you align physicians around organizational goals so that those shared savings [00:42:00] are applied in a way that brings physicians in closer alignment with organizational goals and supports those organizational goals. But I think, at the end of the day, you do have to think about rewarding individual physicians for their contribution. And I'm not trying to evade your question, but I don't think that there's a one size fits all on that.

Geoff: Yeah. No, and it doesn't seem like an evasion at all. It's a tough question I know. And, especially, I mean, if we just put on our radiology hats [00:42:30] for a moment, there's many elements of shared savings where radiologists don't necessarily directly participate in influencing the metrics that are being looked at, but at some level ultimately do contribute. And how the organization decides to distribute revenue associated with those shared savings is complicated.

Dr. McGinty: Yes, it is. It provokes some very robust discussions.

Geoff: With no doubt, no [00:43:00] doubt, excellent. Now, around the same time that you took on upper leadership roles with the physician organization, you also participated in the founding of a new program, Executive MBA, Master of Science, and Healthcare Leadership with Cornell's Johnson School of Business, serving as its academic director. What motivated this endeavor?

Dr. McGinty: It was something that came looking for me, and it was something that I agreed to do because I [00:43:30] clearly realized how important it is to train physicians and other healthcare professionals in leadership on the science of healthcare delivery. I will say that with great regret, I stepped down at the

end of last calendar year. I'm remaining on this faculty. In fact, I just told the students last week, but it's a project that I really believe is incredibly important. So I was delighted to do it for a year and a half.

Geoff: Yeah. I imagine. Was it just a matter of your plate being [00:44:00] just too full with so many things?

Dr. McGinty: Yes, absolutely. And that was not an easy thing to admit to myself, but it was an important choice to make.

Geoff: Yeah, understood. But it must have been very exciting to be participating at the founding of this initiative.

Dr. McGinty: You know, I will say it took me back to starting at Montefiore, because I was again thrown into areas that were completely unfamiliar to me like curriculum development, and faculty management, and admissions and student experience. [00:44:30] And again, great team. We've essentially now built a much more robust team on the Weill Cornell side, but great team at Johnson that worked with us actually interviewing students and being able to talk to them about how important my MBA was in my career journey. The first class is graduating this May. And watching them go through the two years has just been so satisfying to see their development.

Geoff: That's really marvelous to hear. What [00:45:00] would you prioritize as the main competencies that you hope all the students within the program will master?

Dr. McGinty: I mean, I think that there are many. Clearly there are the very solid MBA topics, accounting, finance. What I say is nobody can hand me something in a meeting that's gonna scare me. You know, I'm not gonna ever be scared of a business plan or a spreadsheet. So those are some of the core competencies on the...we'll say that traditional MBA side. I think that some of the things I took away from my MBA [00:45:30] were a different approach to problem solving than I think we get in medical school. Perhaps it's a little bit more of an ability to think in a divergent way before coming to a conclusion or to assess problems in a different way.

Negotiations is also a key point. And then some of the things that we've tried to include in the course that really adapts to where we are in healthcare now, so things I didn't learn around machine learning and design thinking, being very responsive to where healthcare is going. [00:46:00]

Geoff: Yeah. That's fantastic. And many of the things that you say resonate with me in terms of what is gained by an MBA education and thinking differently, it's absolutely true. Now, as a healthcare leader experienced across a breath of organizations and roles you work with and four physician executives, who have had no formal business training. And understanding that there is tremendous diversity and aptitude among all leaders. [00:46:30] What are some of your general observations on leaders and managers who have gone to business school and earned an MBA versus those who have not?

Dr. McGinty: It's clearly not a magic bullet, but I think that I will say that Rob, my boss has an MBA from Columbia like I do. I think that pursuing some type of leadership training to understand the aspects of your practice or the [00:47:00] underpinnings of what will enable you to be successful can be very empowering. I just interviewed as part of a panel yesterday, one of my colleagues has set up a leadership fellowship here at Cornell. So we were interviewing applicants for that and it's a year-long program.

And the consistent theme was really bright clinicians who've seen a clinical problem but are searching for how to [00:47:30] impact that, how to enable change. And I think that, whether it's an MBA or not, and there are a number of other things that you can do now, and I think they all have different values and different things to bring. But understanding the skills that you'll need, the relationships you need to build to get you where you need to go, I think that's how physicians can benefit from leadership training.

Geoff: And how do you advise a medical student or a young physician regarding [00:48:00] attending Business School? Is there an optimal career stage when you think this training is best?

Dr. McGinty: Well, we've decided that we would like people to have about five to seven years of post graduation from their most recent degree or training. And we'd like them to be in some sort of management role. And that's important in an executive MBA, I think. Because you want people to...and our students are taught on the weekends, you want people to go to work on Monday and be able to apply some, at least of what they've learned on Saturday [00:48:30] and Sunday. I think I could look back on my own MBA and think that I would like to have been a couple of years further out when I did it. It was great when I did it, but few more years under my belt would have been nice. So I think that that's a key piece of advice that I give. Now, I know that there are people who do MBAs in medical school and I think there's a lot to be said for that too.

Geoff: You are a passionate promoter of patient centricity and physician focus on the patient experience. [00:49:00] Cornell is known as having one of the, if

not, the top school of hotel management in the country. Have you sought to tap into expertise in hospitality to teach physicians and other healthcare professionals about service?

Dr. McGinty: I don't know that we've specifically tapped in. I'm thinking, I did a project when I started with Rob in the Radiology Department, where we looked at workflow in our Breast Imaging Department, and we worked with colleagues from the biomedical engineering program to really, [00:49:30] you know, do process flow analysis. And we definitely have some overlap with some of our MBA courses with those faculty, but I think that's a great idea.

Geoff: First woman to serve as chair of the ACR Board of Chancellors in the organization's almost one hundred year history. I just want to emphasize that, because it is an unparalleled advance for our college and knowing the person that you are, I take particular delight that is you [00:50:00] Geraldine. We could focus our entire conversation on your approach to this role, but a beg yours and our listeners' indulgence that I really, I'm gonna just focus one question about your service as chair right now. If you would articulate just one goal for your term in office, one goal that is most important to you, what would that be?

Dr. McGinty: I'm pausing.

Geoff: Take as much time as you like.

Dr. McGinty: You're [00:50:30] the second person that's asked me that this week, and I'm asked it a lot. I think if I had to drill it down, it would be to ensure the long-term success of the organization. And I see us doing that by making the organization more inclusive and more reflective of the patients we serve.

Geoff: Fantastic. You know, it seems that for a number of leaders the consideration is about some enduring [00:51:00] element that folks can look to and say, "That person created that piece, whatever it is, whether it is a program or whether it's an organizational unit that is delivering on a certain mission." But what you've articulated is essentially something that is really about sustaining and enhancing the overall scope of the organization. [00:51:30] I think that says a lot about how you view your leadership in service to the organization and its mission as a whole.

Let's turn our discussion to social media. With over 10,000 followers on Twitter and 19,000 tweets, you are in rarefied air amongst radiologist influencers. How does your social media engagement support your other missions?

Dr. McGinty: I think I really [00:52:00] started thinking about Twitter as an advocacy medium, because as a breast imager, it was clear that we were not successfully getting the message to our patients about the science that supports mammography screening and we didn't have the ability to connect with patients through the popular press. You know, the New York Times would never publish anything from us and wasn't necessarily reasonable to think that our patients weren't gonna see the peer reviewed literature. So it felt to me like a way to directly [00:52:30] connect with patients, so I saw Twitter as an advocacy platform. And then secondarily it became a community building tool and connecting with radiologists, and to my great joy connecting with trainees and medical students.

Geoff: And do you have a sense of how much time you spend tweeting and reading other tweets during the course of a day?

Dr. McGinty: You know, it doesn't feel like a productivity time sink. [00:53:00] You know I have a bus ride to work, so that's an opportunity to do a little. I mean, as I'm reading the journal for example, it's easy to tweet the articles. People say, "Oh, my gosh, how do you have the time to do this?" I think it is an important part of what I'm trying to do as an advocate and a leader of the organization so I find the time.

Geoff: And how do you balance your social media activity? Do you ever say to yourself, I need to put some guide posts around [00:53:30] it?

Dr. McGinty: It's very clear to me who I am on Twitter. I don't want anything on Twitter that my employer wouldn't find comfortable or that the ACR wouldn't find comfortable. I assume that everything I do on social media is public. So I have an Instagram account, which is more personal, but still, I'm thoughtful about what I put there. But it's a little bit more fashion and food focused. But, you know, I have a clear sense of who I am on social media. By that [00:54:00] I don't mean that I'm not being authentic, but I focused on topics that are around the issues that are clearly important to me patient-centered care, the importance of organized radiology, making our organization more inclusive. I think I stick to those topics.

Geoff: Yeah. That's a very mindful approach to social media. Do you have any advice to folks that you see [00:54:30] engaging in social media in a less organized fashion or somebody who comes up to you and says, "You know, I've never been on Twitter at all, I'm thinking of doing it. What advice do you have for me?"

Dr. McGinty: What I say to people is you can set up a Twitter account and just lurk and follow radiology ACR. If you're a trainee, follow the #RadRes, and it'll just give you a window into the community. You don't have to post until you're comfortable. [00:55:00]

Geoff: But from the standpoint of posting, I mean, I think your advice about easing in is a really good one. From the other end though, sometimes when reading folks' posts you start to wonder, what is their sort of online strategy? Have you ever found yourself engaging in a conversation with somebody in helping them to refine and hone in on what might be productive or unproductive communication?

Dr. McGinty: People have reached out [00:55:30] I think as they've been considering implementing a social media strategy for themselves. And there certainly have been some people who've tweeted things that have been less than helpful, that we've tried to reach out and say, it probably didn't have the effect that you were hoping for.

Geoff: One of the fun aspects of Twitter is going to essentially the homepage of anybody's account and there's a header photo there. And [00:56:00] I love sort of seeing what folks' header photos are. Yours is a colorful painting in a street art genre with very clearly #RADxx dominating the foreground. What is RADxx?

Dr. McGinty: That's a great question, Geoff. It's really, at its core it's a hashtag. The notion was that I wanted to encourage more women [00:56:30] to think about imaging informatics. We clearly have a journey in terms of making the profession more gender diverse in general. But when you look at imaging informatics, artificial intelligence, which I see is perhaps the most exciting facet of radiology, representation of women, and let's not even begin to talk about underrepresented minorities, those representations are much, much less than in the profession as a whole.

So the question is, what could we do to open up that [00:57:00] community and, you know, that's not to say that there are any structural barriers. The community is very collegial and I think welcoming, but the reality is that, you know, I have gone to a couple of dinners hosted by tech companies or other organizations, and been one of only one or two women in the room. So this question is how can we bring more women into this conversation? There's no corporate structure, there's really no governance, there's no membership, anyone can belong. You can be [00:57:30] RADxx, you can be a RADxy. In fact, we're actually having a great conversation now prompted by one of our radiology trainees from Mass General saying, I think maybe you need to think a little bit

more inclusively about gender. Can you think about the hashtags in that context? So there's really no structure to it, but the idea is, the door is open, please come and be part of the community.

Geoff: Fantastic. It aligns very well with the broader sense that [00:58:00] you are an avid supporter for women in diversity in general and leadership through social media posts, and through your support of a variety of initiatives focused on developing leaders, and in particular in developing women leaders. What do you see as some of the biggest barriers affecting the development of women leaders?

Dr. McGinty: Well, I think that, you know, we talk a lot about the importance of role models, and seeing people who are in leadership roles is important. [00:58:30] I think having mentors and sponsors is also very important. People who will, as I said, to quote Hamilton, get you in the room where it happens. And then I think there's the well known concept of imposter syndrome that perhaps women and I would not by any means say that imposter syndrome applies only to women, but a sense of lack of confidence about being able to lead.

Geoff: And what is your view on some of the social [00:59:00] pressures, "particularly when physicians have finished their training and they are, you know, looking to start families and to raise families and such. How do you see just the general cadence of life for so many people being an aspect that hinders or can somehow be engineered, if you will, [00:59:30] to help allow and not hinder women's access to leadership roles?

Dr. McGinty: Well, I'll start by saying that I don't have kids. So I'm not speaking from the perspective of having gone through that. But I actually think it's important to take a much more diverse viewpoint of why it's important to have flexibility in the workforce and why it's important to create structures and leadership structures that include diverse groups of people. So, yes while [01:00:00] typically women are still the parent that needs the most flexibility after childbirth, I think it's really important to recognize that the other parent is equally in need of flexibility. I think, whether it's personal health issues or as I'm starting to deal with aging parents, we all need flexibility. And I think that it would encourage us to think about providing flexibility in the workforce from that point of view.

I think that also being thoughtful [01:00:30] about how we create leadership opportunities, and in a way that can include people. And we've talked a lot about how we can increase the pipeline of leaders more diverse leaders to our state chapters, and we've got a terrific initiative to create diversity committees

in the state chapters. But should we still be thinking about meetings that require face to face? Should we still always have our meetings on a Saturday when there are some members who are never going to be [01:01:00] able to come on a Saturday because of their religious obligations or vice versa on a Friday or Sunday? So how do we make sure that the abilities for leaders or the opportunities for leadership are inclusive?

Geoff: In a sense, it sounds like it really boils down to the organization's recognizing the clear benefit in having diverse representation at all levels of activity, at all levels of [01:01:30] decision making and governance. And if that is a principal goal and value, then the organization would need to create the opportunities for people to participate. And so in some respects, we're needing to see a greater recognition and evolution in our organizations to allow a more flexible access for people across, you know, a diversity of lives that they [01:02:00] lead outside of their profession.

Dr. McGinty: I couldn't agree more.

Geoff: Super. You know, I've read your observation that women may be over mentored and under sponsored. How do you recommend rectifying that? In other words, what can women do to recruit and secure sponsorship?

Dr. McGinty: Well, I recognize that that may be a personal perspective. And I will say that my own style, both in terms of what I've appreciated [01:02:30] as the recipient, but also how I like to support my colleagues, has tended more towards sponsorship. It feels more comfortable for me to think about opportunities and match people up with those opportunities. But I do think that there is evidence out there that women may sometimes be the recipient of well meaning advice about what they should do rather than having people who offer them opportunities to actually do. And I think that [01:03:00] certainly for me, those have been really foundational in my career.

Geoff: Is there anything that you can think of that, not only women, you know, men as well might do in order to recruit sponsorship? It's one thing to approach somebody and say, "Gee, you know, I'd love to get your advice around one thing or another," but it's a little bit different to say, "Can you help me to find the next step?"

Dr. McGinty: Right. I and I think honestly that is [01:03:30] probably not gonna be successful a lot of the time. I go back to the importance of building a network, and I think that's really the foundational piece of this. That if you start building a diverse professional network with whom you maintain contact then, if there's a particular interest you have or a particular organization that you'd

like to be part of, you start to build the connections that will allow you to ask that question with a much more [01:04:00] greater degree of success. So, growing and maintaining your network for me is the first principle of developing then an effective group of mentors and sponsors.

Geoff: Excellent, excellent advice. Now, of course, social media is not just limited to Twitter. You mentioned about curating an Instagram account and the ACR curates the engage platform. And based on the digest that I read this morning, yesterday was a bit [01:04:30] of an intense day for online conversation. In particular, there were some heart wrenching stories of physician burnout, in your very busy days, interacting with so many different people, where do you seek and where do you find joy?

Dr. McGinty: Wow. I do a few of the things that you see out there about making sure that I think carefully about what I'm grateful for [01:05:00] and what does bring me joy. I will say that this sounds a little bit lame, but I truly love what I do. And my work provides me an enormous amount of joy. But beyond that, I do try to be very thoughtful about making time for friends and family and doing activities with them that enable us to spend time together. Time is probably [01:05:30] the most precious resource that I and many other busy people have, so spending that time is I think a real statement of what's important.

Geoff: Yes, yes. And if you encounter someone who's struggling to find joy in the day, what advice do you provide? Is it essentially aligned with some of the approaches you just articulated for yourself?

Dr. McGinty: Possibly. I mean, I think it is important to talk about where [01:06:00] we go with this from a profession level point of view. Because when I talk about ensuring the success of our organization as the ACR, why is that important because it enables us to then effectively advocate for the kind of practice conditions that I think can facilitate the joy in practice that so many physicians are perhaps feeling that they're losing. So, I think that making sure that we have an effective voice as a community is where I get to perhaps support [01:06:30] other physicians who are struggling.

And I think it's heartbreaking when I hear stories of people having RVU clickers on their PACS workstations, and this is not restricted to one type of practice or other. I've heard those stories from different types of practices. This is something that we need to take ownership on as a community and say is not acceptable that we owe it to ourselves to be able to practice in a way that is autonomous [01:07:00] and enables us to deliver the best care. And we need to send a very clear message to the other stakeholders whether its policymakers

payers to say that it's not acceptable for us to be expected to practice any other way.

Geoff: Yes, excellent. You're juggling so many big jobs. How do you maintain control of your schedule as opposed to your schedule controlling you?

Dr. McGinty: Oh, Geoff. [01:07:30] I'm not sure I have a good answer for that. I have a wonderful team that I work with. In terms of how I try to make sure that I'm prioritizing things, I have a task management tool that I use. And I do try to step back every so often and make sure that I'm aligning my effort with the priorities, that I'm resisting the temptation to get a few small things off the list when the really important thing is sitting there. It's an ongoing challenge.

Geoff: Yeah. [01:08:00] Yeah, it's interesting though that you talk about having some piece of technology to help you with that. Does your task manager solution also help you with these bigger picture questions of, "Am I working on the right things, am I spending my time in the right ways?"

Dr. McGinty: To a certain extent. I know there are different products out there. I think that the one I have is a little bit perhaps too transactional, but I'm embedded in it now, and it's easy. I think that where I need to do that is every so often just need to [01:08:30] step back and say, "Okay, what are the things I'm doing and how are they aligning with where I want to go?" For example, the very difficult decision to step down as Academic Director for the MBA. I knew I loved the teaching aspect of it, so I was able to keep that as faculty.

But there was an opportunity cost, there's a lot of administrative work to do in a role like that. By stepping back, I wasn't able to provide a leadership opportunity for another faculty member and also [01:09:00] was able to have the organization recognize the incredible development of one of our administrative team so to expand her role. So I was able to, I hope, create a little win-win out of it. But I think it was just saying some of this work is not necessarily aligned with my longer term goals, so I think I have to focus.

Geoff: Yeah. That's great. Now, do you have any tricks or techniques that you can share for carving out time for yourself and for [01:09:30] time with your husband?

Dr. McGinty: Well, I love a long plane flight to catch up in a couple of movies, although, a lot of times now that there's Wi-Fi on the planes, which is a good and bad thing that doesn't end up happening. We're big fans of a sit down at the end of the week and debriefing, just catching up over a cocktail. He's my best

sponsor and my best advisor, and my favorite person to talk to. [01:10:00] So there's great incentive to make that time.

Geoff: That's super. You know, you really highlight how personal relationships can be so valuable in helping us make sense of and navigate our busy professional lives. Now, for about five years, you have been a Director for IDA Ireland, which I understand is responsible for the attraction and development of foreign investment [01:10:30] in Ireland. What aspects of that opportunity compel you to say yes amongst all of the considerations of what you decide that you can do and can't necessarily do?

Dr. McGinty: Sure. Well, that one definitely feels perhaps a little different from other activities. There's a number of things. The first is Ireland is the country where my family live and a country that obviously I remain deeply attached to, despite being a very proud American, I'm also still an Irish citizen. [01:11:00] So I'm clearly invested in the success of Ireland and given the connections that Ireland has with U.S. I think there's good alignment there. So it feels like important work. And it's also a great learning experience about corporate governance, and corporate governance in a different world than I get to experience through the ACR. And I definitely think that in my future, I'd like to think that that's something I could do some more when I transition out of other roles in the future.

Geoff: Yeah. That's fantastic. [01:11:30] And I don't want to lose sight of what you just said, which is the idea of doing something in order to prepare the future that you might envision. And it's a very mindful approach to how you use your time. It's not all about delivering for the present.

Dr. McGinty: Right. I'd like to think that I've brought a unique perspective to the board, because some of the biggest companies investing in Ireland are MedTech companies, pharma. [01:12:00] So really for me to be able to talk about what I know about healthcare delivery in the U.S. and the market for those products, I think has been a unique contribution to the board.

Geoff: Geraldine, what would you say have been your most rewarding moments as a leader?

Dr. McGinty: Let me see. I think that when I see people that I have [01:12:30] connected or events that I've been able to enable at the ACR Quality and Safety meeting in Boston last fall. We did a dinner, we called it a RADx dinner, but there were plenty of men and women invited, and we brought together all the trainees that were at the meeting some of the faculty and we created a panel with faculty member from MGH and her collaborator from MIT. And really to

talk about the importance of the collaboration between [01:13:00] engineering, computer science, and medicine.

And I left that room and tucked away in the corner with two faculty members from Montefiore who work on liver imaging with the MIT faculty Regina Barzilay, who's a MacArthur Genius Grant awardee. And I think I saw the way in which I've been able to convene that event and potentially enable a new collaboration [01:13:30] between people who might not have met otherwise. It's those moments that feel incredibly rewarding to me.

Geoff: Yeah, super. You've been tremendously successful and have accomplished so much. Is there anything looking back that you wish you'd done differently?

Dr. McGinty: I don't really deal much in regret. And you have just said something very [01:14:00] nice about being very thoughtful about preparing for maybe the next stage of my career. I think that I've been extremely lucky. I started off with amazing parents who despite not having great educational opportunities themselves, really believed in that for me. I married an amazing guy who's just been a terrific partner in my career. We didn't talk about the fact that I've been here for two years as a resident on a J-1 visa and my husband got a green [01:14:30] card in the lottery. So that enabled us to stay.

I've benefited from incredible sponsors and mentors along the way. And have there been things that perhaps I wish had gone differently. I could spend time thinking about that, but I think I'd rather dwell on all of the opportunities I've been given. And perhaps just think about where I need to take those and do even more.

Geoff: Marvelous. Looking ahead, what excites you [01:15:00] the most about radiology and its future?

Dr. McGinty: Wow. I mean, I have to say I'm looking at all the residents matching all the photos, and I'm a little jealous that they're starting now. I am so excited to think about what radiology is going to look like when we have tools, machine learning tools to really amplify what we do and is it going to be disruptive? I think quite possibly it is and quite probably it is. [01:15:30] But I have this vision of a radiologist. I hope they're standing up for a start because enough of this sitting at PACS workstations, right.

I have a vision of this radiologist with computer screens and being this incredible curator of information. And I think that's the future that's ahead of the people that just matched last week. So I'm excited to see what that means

for diagnosis of disease. I'm excited to see what it means for the expansion of global health. I think we're [01:16:00] at a very, very pivotal and exciting time in radiology.

Geoff: Fantastic. Geraldine, is there anything that you'd like to...any comments you'd like to make in parting, anything that we didn't touch upon that you think might be important?

Dr. McGinty: Oh, gosh, so much. Thank you. This has been wonderful, Geoff. You talked about the discussion on Engage yesterday, and I do feel as if our community despite [01:16:30] some of the negative comments that were there yesterday is coming together in an important way around important issues like burnout, around important issues like inclusion, and enthusiastically around where the technology and innovation is going to take us as a profession. So I'm incredibly optimistic about where we're going as a profession. And I just welcome the opportunity to talk about it today and really appreciate you considering me for the podcast.

Geoff: Oh, [01:17:00] well. Geraldine, you are a tremendous example of leadership for our entire specialty. Your approach that you've articulated today, very well considered, very mindful, rooted in both formalized business principles but also in clearly a very heart-driven approach and a very strong sense of optimism that we all need to hear on a daily basis. [01:17:30] I can't thank you enough for joining us today.

Dr. McGinty: Thank you, Geoff.

Geoff: As we close this episode of the RLI's "Taking the Lead" podcast, I wanna once again thank our new sponsor, the Executive MBA/MS in Healthcare Leadership Program at Cornell University. Cornell offers a two-year dual-degree Executive MBA/MS in Healthcare Leadership [01:18:00] designed for high achieving professionals aspiring to leadership in the healthcare arena.

To learn more, please be sure to check out the link that will be available on the page for this episode. And please join me next month when I speak with Jim Thrall, a distinguished Juan Taveras professor of Radiology at the Harvard Medical School. Dr. Thrall's service to radiology spans over 40 years, leading academic departments of radiology in both national and international professional [01:18:30] organizations.

His former roles have included five years as the Chairman of Diagnostic Radiology at Henry Ford Hospital followed by 25 years as radiologist-in-chief at the Massachusetts General Hospital. Among his many accomplishments as

chair at MGH was the establishment of research programs that led to the highest level of extramural funding among all academic radiology departments in the United States. And a number of firsts in bringing sophisticated management [01:019:00] systems, information technologies and marketing approaches to the practice of radiology.

He has served as president and chairman of the Board of Chancellors for the ACR, President of the American Roentgen Ray Society, Chair of the Search Committee for the inaugural director of the National Institute for Biomedical Imaging and Bioengineering as well as numerous other influential leadership and strategic roles. He has been a member of a variety of Corporate Boards of Directors, and currently [01:19:30] serves as Chairman of the Board of Directors for both WorldCare Limited and Mobile Aspects Incorporated.

While it's easy to get lost in all of the titles and roles what makes Dr. Thrall unique has been his vision and commitment to advance the science and practice of radiology. By forging new capabilities, he has distinguished his organizations time and again, achieving success through creative and at times contrarian approaches.

Our conversation will touch on a wide array of topics [01:20:00] including the evolving nature of business and technology expertise that is fundamental to leadership and radiology, the coming revolution in artificial intelligence, and the critical competencies of talent recognition and retention in support of a culture of world class excellence and innovation. Taking the lead is a production of the radiology leadership institute in the American College of Radiology.

Special thanks go to Anne Marie Pascoe, Senior Director of the RLI [01:20:30] and Co-Producer of this podcast. To Peg Helminski for production support, Megan Giampapa for our marketing, Brian Russell for technical support, and Shane Yoder for our theme music. Finally, thank you, our audience for listening and for your interest in radiology leadership.

I'm your host Geoff Rubin from Duke University. We welcome your feedback, questions and ideas for future conversations. You can reach me on Twitter [01:21:00] @GeoffRubin or the RLI, @RLI_ACR. Alternatively, send us an email at rli@acr.org and look forward to joining me next time on "Taking the Lead."

[01:21:17]

[music]

