



Episode 7: Leading to Make a Difference
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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 am Geoff Rubin. Today, I am speaking with Van Moore, [00:00:30] a radiologist from Charlotte, North Carolina. Van has served radiology in many leadership roles, including leading Charlotte Radiology as its president for 16 years and serving the ACR as a delegate to the American Medical Association for over 20 years and is ACR president in 2009. When Strategic Radiology was founded in 2008 as a consortium of private radiology groups, Van became its founding chairman, and for the [00:01:00] past seven years has also served as a CEO. Today, Strategic Radiology, which focuses on improving clinical quality and operational efficiencies, encompasses over 1,100 private practice radiologists, providing service to more than 250 hospitals across 40 states. Through his leadership roles with Strategic Radiology, Van has been a tireless advocate for practices to remain independent, controlling their own destinies, and [00:01:30] deciding their own paths toward innovation and growth within a current environment where capital-rich private equity is an attractive alternative to many groups feeling increasingly burdened by the rigors of self management. Our conversation explores his formative experiences as a nuclear engineer in the U.S. naval submarine service, including perspectives on leadership in the military as compared to those of a radiology practice president, and then ultimately a [00:02:00] CEO of a largely volunteer organization striving to build a haven for self-governance where radiology groups can continue to flourish as majority owners of their practices. Van, welcome.

Van: Hey, good morning, Geoff. [00:02:30] Hey, thanks very much for the opportunity to discuss leadership experiences I've seen in radiology and medicine. Leadership is, you know, I feel is a critical component for our profession in this rapidly changing landscape and I'm looking forward to our conversation.

Geoff: As am I. Thanks for joining us. You were born and raised in Arkansas. Can you tell us a little bit about your family and your family life during those early [00:03:00] years?

Van: Yeah. Geoff, growing up in Arkansas was really a unique experience. My big epiphany was when I was driving through the Bronx one day, going from one duty station to the next. And I reflected on the time that there were probably a lot of individuals that had grown up in the Bronx and had really never left the Bronx. And I thought how lucky I was to have the opportunity to grow up in a place where there are a lot of [00:03:30] wide open spaces, a lot of interesting things to do as a individual growing up. My parents made a choice of about staying in one locale for a long period of time, and as a result I had to

have an opportunity to grow up in a community and watch the community evolve as I went through the public school system and by law.

Geoff: Are there any early [00:04:00] experiences or lessons that you recall from your family life that have served to guide your leadership approach through your subsequent years of professional service?

Van: I think that looking at what my parents did, both were committed to the community and growing the community, being productive leaders in the community and contributors to what was going on. And so as a result I got to be instilled in what [00:04:30] community was all about and learned that how to be a part of that. Watching my parents and the other leaders in the community helped evolve and foster the community along. So, I got to learn that, yeah, no matter who they are, each person is an individual in addition to having sometimes great responsibilities, but they all put their pants on one leg at a time and they're all very [00:05:00] human. They make mistakes like everybody else. So it was a unique insight to me in seeing the social fabric of leadership and community from that perspective.

Geoff: You attended the University of Mississippi under a U.S. Navy ROTC scholarship, earning a bachelor of science in chemical engineering. Among the branches of the military, as a kid [00:05:30] growing up in a landlocked state, what attracted you to the navy?

Van: Great question. I don't know. For some reason I was a navy buff as a kid and enjoyed reading navy history. Probably, one of my favorite sets of books during that time was the "Captain Horn Board" set of books, and I really read the whole series from cover to cover for the whole thing. And that really led to me a sort of fascination and interest [00:06:00] in not only the navy but the navy leadership and then the navy itself is something that if I was going to do a military...have a military career, that the navy would be a pretty neat thing to do. So probably the books helped and there were a lot of other pieces that I have read about and watched over the years and just thought that the navy would be a neat place to be.

Geoff: That's terrific. Did you have [00:06:30] a military service in your family?

Van: I had some cousins that were in the military, but there's not a big history of military service in my family. I know that dating way back, my relatives were in the military, various stages throughout the history of the country, but nothing that has really drove my desire to choose the navy over others.

Geoff: During your senior year as an [00:07:00] undergrad, you served as student body president of the engineering school. What led you to seek that office?

Van: Well, you know, again, part of the leadership sort of process, I was lucky to be chosen as the overall commander for all the ROTC units at Old Miss on my senior year. And I just felt that there needed to be some leadership within the School of Engineering, and they decided to [00:07:30] have a student body organization and I stood for the election...for the president election and actually won. It was a fun time because I got to represent the student body to the faculty at that point in time and graded interchange between discussions, between what the needs of the student body were, the needs of the engineering school, and I thought it was a pretty neat experience.

Geoff: That's fantastic. In our second episode I spoke with [00:08:00] Judy Yee who was also her student body president as an undergrad, a really interesting connection and telltale sign of future leadership. So after college, you spent five years in the navy focusing on nuclear reactors in the submarine service. Can you tell us a bit about your years of service?

Van: Whoa, it's interesting. Initially I was going to be a navy pilot, but my career was changed in the last part of my senior [00:08:30] year at Old Miss. Admiral Rickover and his team asked me to come to Washington for an interview and, at that point in time, my whole career was changed because there was a significant need for officers to serve in the submarine service. And so, it was either automatically volunteer they grafted into the submarine service, which from my perspective, it turned out to be [00:09:00] a phenomenal experience for me. The program that they put you through, which was a nuclear power school and then reactor training and then subsequently submarine school, it was a phenomenal program probably similar to, in some respects, to the program that they put the astronauts through, as what they go through with the cramming and full of knowledge. Throughout that entire time, just a constant treadmill being [00:09:30] in classes and learning, preparing you to go out and serve on the submarines and do the things that you need to do to run a nuclear power plant under the ocean.

Geoff: Yeah. Sounds remarkable. Did you spend much time at sea?

Van: I spent several years. It's a...we would be mostly underwater when we would go to sea, typically for a couple of months at a time, you would go out and then come back and replenish and go out again. [00:10:00]

Geoff: Within the highly confined and presumably stressful environment of a nuclear submarine, I would imagine that your superiors exercised a command and control approach to leadership. How did your exposure to this type of leadership influence your approach to leadership later in your career?

Van: Well, it was different. If you look at the military, [00:10:30] obviously, it's very hierarchical and the commanding officer is basically king. Any vessel in the navy, just like any military service, has a hierarchy, the boss is the boss, he or she has the final word. What you do learn is command and control piece and how to be not only learning about leadership from those above you, what you like, what you don't like, what you think if you were in their shoes, [00:11:00] what you would change, what responsibilities are that they have is a exercise, or, you know, taking the group through a process or problem that you have at the current time. But I think that what it does is it gives you insight into the workings of other organizations that have participated in the past many years, and how that's different in how you have to cope [00:11:30] and look at other ways to lead. Leadership is, I think, a couple things. There's leadership and there's followership. And so, my thought has always been that you need to know what it is to be a good leader. And if you choose not to lead and what you have is and the experience of what you need to be a good follower, and how a good follower can make a leader down the road enhance the organization to be a [00:12:00] positive attribute towards growing.

Geoff: Did you find that you needed to unlearn some aspects of leadership that were effective in the navy but not in civilian medical practice?

Van: I think the only thing that you need to learn is that if you give an order in the navy or any branch of service, the order is the order, and those are subsequent to your control or your management, [00:12:30] and that's what you do. You say, "Aye, sir," and go forward. Whether you're taking the order or whether you give them. What you do is respect of more of leading organizations, especially organization positions. The thing, I think, that's key is that as a leader you need to work. You could give an order or you can make a request, but...and looking at it, [00:13:00] you really...to be able to get the buy in that you need to create the culture that you need in our organization, it's really leading about what you're trying to do and getting them to want to do what you're suggesting, not just doing it or accepting it because you said it so, but because part of what needs to happen in order to advance the organization or the patient care just going forward. There's a bit of a different culture in [00:13:30] medicine, a contrast of the way the military works.

Geoff: Certainly an important distinction. After investing so much in learning how to serve on a nuclear submarine and managing a nuclear reactor under the

sea, what led you to disengage from that life after five years and pursue medicine?

Van: Good question. I always felt that navy career was something that was a [00:14:00] possibility, but that would I enjoy it and doing that as a career for the rest of my life. I'd always, as a child, respected physicians that I knew in the community, in what they were doing and how much they were a part of the community in terms of not only patient care but in having the well-being of the community at hand. And so, I made the decision, you know, not even when I was leaving. Not to even think about [00:14:30] going into a career of engineering, which is sort of what I thought that I would do when I was 18 and I made the decision to choose an engineering career instead of an appointment in Annapolis. But the difference was I think it just felt right, not sure how to explain it any differently in that. It was something that I felt that I could do well for people, something I'd be interested in. And then with my career in [00:15:00] the navy learning so much about no nuclear engineering and all the others, the things that go on there, nuclear medicine was an up and coming field and radiology at the time. And I felt that, you know, this would be an opportunity to take what I've already learned, spent bunch of time learning in the navy and practicing it and then apply that in a constructive manner to a new career in medicine.

Geoff: That was well considered and certainly important [00:15:30] to listen to your inner voice when making these critical life decisions. You started medical school six years after graduating from college with your naval service in the middle. I imagine that you are one of the older members of your medical school class. Were there are many other veterans starting medical school with you?

Van: No, it was an interesting time. You know, it was during the Vietnam era. I was the only vet in my class at the time. And, yeah, [00:16:00] with all the goings on with respect to Vietnam and whatnot, it was a little bit of a tension related to, you know, being a vet. But I think the experience that I had in the the navy, especially in nuclear power school, being in medical school was a totally different experience. The part about engineering school is that you would take a problem and you would approach and solve the problem and come with a solution. I remember one of [00:16:30] my chemical engineering professors would come in and they do the class and would give a problem. And so, the next four hours during the examination you would go through and you would come up with what your solution was, to how that you would solve the problem that we did.

And a lot of times the problems would be very complex and at the end of four hours you should be more pulling your hair out but you know you had to come

up with an answer. The thing that I learned the most from that professor [00:17:00] was that at the end of that four hours, we had another four hours the rest of the day. He came in and he said, "Okay, now what I want you to do is, as a team, I want you to come up with the solution that you think is best for what you want to try to solve." And probably the biggest lesson that you learned there is that while as an individual you may have good ideas, you know, as a team, pulling together [00:17:30] and working through a solution by exchanging ideas, the solution that we came up with as a class was far better than any individual solution that any of us had at the end of the day.

And so, it was a...engineering school was more of a problem solving process. What I've found medical schools to be was really more get much knowledge as you can learn, but there was never really a premium placed on the use of that knowledge and how that... [00:18:00] how you go about applying the knowledge to solve problems, whether they're are simple or complex. You'd go through some of that, the clinical beers, but it's a long time before you get to the point of where you really take a problem-solving approach to some of the issues that, I think, are important in diagnosing medicine.

Geoff: Yeah, no doubt. I think that in medical education, [00:18:30] even today, we still struggle with opportunities to bring team-based ethos to problem solving. It's an ongoing challenge. Beginning your residency in 1974, your choice of a career in radiology must've been made around 1972, which was prior to the introduction of CT and MRI, and when diagnostic sonography was in its infancy. What led you to choose a career in radiology at that moment in time?

Van: I had [00:19:00] thoughts of actually doing a couple of things. One is I had an interest in orthopedic surgery. I would go with my hands. It was orthopedic surgery is problem solving in the way that you approach orthopedic problems, whether injuries or congenital or whatnot. And with the background that I had in nuclear medicine or in nuclear engineering, I thought that that could apply that and have a sort of a double [00:19:30] level of interest with respect to nuclear medicine and combining that into more of a double-boarded specialty where I could have the best of both worlds in using that to treat patients and advance medicine. That became relatively clear after a while that we really can't be a slave to two masters, and I felt that with the advent of CT coming on, there were some new stuff that was coming on, [00:20:00] an ultrasound that what I would really like to do and more fit with my persona long-term was to take a career in radiology, interventional radiology, which wasn't what we called it, what we were doing was really basically the angio service where we did a lot of the things there, but that was a unique

opportunity, to use some of the tools that you do use in radiology, but to also have a lot of patient interaction and [00:20:30] patient care up to...

Geoff: So interventional radiology, even in those early years, was a major attractant for you?

Van: Yeah, absolutely.

Geoff: After spending a few years in the faculty at Duke, you transitioned into private practice with Charlotte Radiology where you've practiced for the past 35 years. Based on everything that followed, it seems to have been a great decision. What led you to make it, meaning to go to Charlotte [00:21:00] Radiology from Duke?

Van: It was interesting, Geoff, at that point in time I was looking at what did I want to do for the rest of my life, it was in radiology. And I looked at a lot of private practices, a friend of ours, Carl Raven, interested in me staying at Duke. And there was opportunities for careers in academic. And almost gotten to the point where I was making the decision to stay in the academic practice, but I got the opportunity to [00:21:30] come to Charlotte and visited a practice which was then called Charlotte Memorial Hospital. And there was a phenomenal group of radiologists there that when I looked at what they were doing critically over the visits that I made prior to making the decision to come, they were practicing radiology at level that was equivalent to what was going on in Duke.

They were academically oriented. Several were academic refugees, if you will, and they [00:22:00] really were focused on quality in medicine, patient care, but bringing the best practice of medicine. In fact, one of the interesting things that was there is that Charlotte Memorial Hospital at the time got the first MRI unit in the state of North Carolina, a couple of years before Duke got one. And just as an attribute to what they were trying to do in practicing medicine, they had an academic faculty at Charlotte [00:22:30] Memorial and they also had a residency training program though didn't have one in radiology. And so I made the decision to give it a shot to see what I could do there and I didn't think I was burning any bridges because of the quality of the medicine that they were practicing in radiology. As a result, I was able to be the first interventional radiologists in Charlotte. I was able to drive that service and grow that service in not [00:23:00] only Carolinas but now, but in the city and it has been a great experience. I mean, there was a lot of things that I was simply able to do because...so I took the initiative. Innovation was encouraged, taking things to the next level, and you had the opportunity to really grow into the practice and help be instrumental in what the practice was trying to accomplish and help be a part of setting the vision for that. [00:23:30]

Geoff: Sounds like a very exciting time and a great opportunity. How large was Charlotte Radiology when you joined and how large is it today?

Van: I was the 13th radiologist to join Charlotte Radiology. So 13 has been a lucky number for me for a long period of time. Charlotte Radiology now is close to 100 radiologists today. So we were able to not only grow through the growth of [00:24:00] the hospital system, which was Carolinas health care system, Charlotte Memorial, the leader there was a fellow named Harry Nurkin who also came from Duke, but had a vision of growing not only the hospital, but becoming a regional powerhouse in terms of bringing together other hospitals within the Carolinas Healthcare system. And his vision laid the platform and the groundwork for growing into a substantially large regional [00:24:30] health care network over time. So he's one of the first people that had that vision.

And as a result, we were able to grow Charlotte Radiology along with the footprint of what Carolinas was doing, especially in the region. So that was a good opportunity for Charlotte Radiology. And as a result, the practice was probably one of the first private practices in the country to sub specialize early. Really had dedicated neuroradiologists only reading neuro cases, [00:25:00] interventional radiologists do the AIR and not just having everybody do it. Body trained radiologists, nuclear medicine, though, the whole nine yards. So not only did we grow in terms of the larger footprint, but we were able to then grow our subspecialty expertise. And one of the goals that I had was the hyper sub-specialized to the extent that was possible and really developing specialty niches within the practice that would help cover [00:25:30] the growing footprint that we have. So the small community hospital in Wadesboro, North Carolina that we covered, we get the same subspecialty expertise available as a patient and radiologists that they would get at Carolinas Medical Center.

Geoff: Yeah. That's an important vision, and appreciate how well articulated it is. One point that I don't want to lose track of is that it appears that you had great alignment with the leadership [00:26:00] of Carolinas Health from an early stage and that a lot of the opportunity for growth in Charlotte Radiology came about because of that alignment.

Van: Absolutely.

Geoff: Terrific. Now there's been some big changes in healthcare delivery in Charlotte. For many of your years with Charlotte Radiology, including your leadership service, Charlotte Radiology grew to be one of the largest practices in the country. And I imagine that's in no small part [00:26:30] owing to the

fact that it was essentially an anchor tenant of Carolinas Health. Of course, Carolinas Health is now Atrium Health. As you look back on your years with Charlotte Radiology, do you see distinct periods with clear strengths and opportunities for the practice and the health system? Or is it sort of blur into one continuous art?

Van: I guess it's more of broad career. Carolinas was one of the early hospitals [00:27:00] systems that actively purchased primary care practices in the city, which go...a competition between the system now that's known as Novant within Charlotte and Carolinas or now Atrium, but we were concerned and wanted to remain, maintain independence during that period of time. And you have such a large piece of what you're doing, it being [00:27:30] income derived from one hospital system, it's an area that you need to work through and problems that you need to work through as expected, being a good partner to the hospital system that you're working for and being responsible for the care of the patients. You know, my philosophy was always that there were problems there.

I wanted to have the ability to go to the hospital systems and say, "Well, this is the problem that we identified and this is how we [00:28:00] solved it. If you have any issues or questions in terms of how the process is or any feedback or so that we can address those issues." But I didn't want the system to say that, "You've got this problem and please solve it." I felt that we need to be proactive in taking care of all business and practice issues.

Geoff: In the course of achieving the growth that you described for Charlotte Radiology and the expansion of [00:28:30] Carolinas Health, there has evidently been a fair amount of consolidation in western North Carolina to bring practices into alignment, to bring hospitals into the system and such. Any issues related to that? What approach did you take as the leader of Charlotte Radiology to help to integrate other practices, if that [00:29:00] was something that you are needing to do?

Van: What we did is it made sense, as Carolinas grew, we would talk, to have discussions with various practices that were at hospitals that Carolinas had gone into. And at that point in time there was not a need identified by the hospital to integrate the radiology practices to have more...we're single radiology provider within the area looking at [00:29:30] the local radiology groups that provide the local care. And as a result there was no real driver for increasing consolidation within the system itself locally within South Central Piedmont, if you will. We were able to bring practices together that were a part of the system and even have several hospitals that were not part of Carolinas. [00:30:00] Some of them became part of Carolinas going forward that we do provide practice coverage for us and recovery, I think 14, hospitals now, the largest being Carolinas, the

smallest being a hospital in Wadesboro. And we do that through Teleradiology network so that, even though we'll have a radiologist on site, the radiology care, it's the same subspecialty care that we're providing throughout the enterprise, so we're load balancing it.

We've got virtual sections throughout [00:30:30] the system. The largest practice that became part of Charlotte Radiology was Kerberos Radiology, which is at the NorthEast Hospital in Concord, but we've undergone an integration with them, especially in the nighttime services, owning the services together, and it's been a good fit for, I think, the hospitals that have joined us and also for the Charlotte Radiology as a whole.

Geoff: So, [00:31:00] Van, what is Strategic Radiology?

Van: Strategic Radiology is a group of practices across the country that are collaborating. They really have an interest in maintaining their independence as it relates to not be employed by hospitals or not going a corporatization route that some of the private equity firms and publicly traded companies have been offering. They're interested in working together to help raise the water level for all of the ships [00:31:30] as we go forward. We've got a radiology specific patient safety organization in the country. We've developed our business intelligence operations and data sharing and doing a lot of data sharing with respect to best practices, aggregating and comparing data. So that if there's something that we need to do together that we can pull together and be able to aggregate and pull that data going forward. We participated in our experiences with the [00:32:00] college in coming to CMS on various issues going forward. We're working together to combine our resources as it relates to contributing to the RNE foundation and established the first SR-RSNA research team. And so those are things that we're able to do working together that none of us could do really individually. And in addition, we just received our first grant looking at research message for direct patient communication events [00:32:30] and radiology findings that are seen in emergency health care system. So there are a lot of things that we find that we can do together, but it's a real challenge and test of how do you develop the teamwork that's needed, how do you develop the culture when you have different cultures in different geographies across the country.

Geoff: Sure. What led to its founding? How did the founding of Strategic Radiology come about?

Van: Well, it's an interesting story, Geoff. Early [00:33:00] on when Paul Berger was still with Nighthawk, he had the idea that we would come and meet together and using the platform that he was developing within Nighthawk to

have the practices come together and share the platform, but also start sharing and growing a national practice through that and that Nighthawk would facilitate making it happen. As a result of that meeting, I think the practices that were [00:33:30] there felt that this is something that we don't really necessarily need Nighthawk to organize for us, we can do it ourselves. And so, the various leaders of the practices got together. We had a couple of formative meetings and founded what was called National Radiology Group Network at the time. And as the network came together, they put together its by-laws and operating agreement. They felt that they wanted to [00:34:00] have officers, and I stood for election for being the chairman of the board at the time. And that's how I was brought into the leadership from that point in time.

Geoff: And what year was that?

Van: That was in 2008.

Geoff: So Strategic Radiology initially came about because of the interest of Paul Berger and building a national teleradiology service and then a number of leaders [00:34:30] of large radiology practices coming together and saying, "We don't need Nighthawk to lead us through that. There's a lot of things we can do together and let's start working together." Is that a proper summary?

Van: It's a proper summary. Yes.

Geoff: And so, as you mentioned, you stood for election and became chairman of the board of managers and then subsequently became the Chief Executive Officer in 2012. How did the elements of those [00:35:00] roles differ and why wasn't there a CEO from the start?

Van: Well, we actually did have a CEO from the start. We had a couple of them that were in the leadership early on and did evolve at the end of the tenure of the second CEO, the board felt that they wanted to have a physician CEO instead of a business manager type practice administrator, CEO. I did the role as an interim CEO for a [00:35:30] while, bridging the gap until we made the decision. By doing it and then at that point in time, the board felt that a physician CEO was something that they wanted to put in place and I was moved from the interim because of the CEO, the active CEO at the time.

Geoff: That's terrific. It shows a lot of confidence that the board had in you. What were the main factors that led the board to decide [00:36:00] that they wanted to transition from a non-physician CEO to having the physician leader?

Van: The idea was really more of you needed to have a team. And as the board chair I was in fact the physician leader of Strategic Radiology, but it didn't have really an official role within the organizational infrastructure. And so the way that we structured it at the [00:36:30] time was that we wanted to have a CEO, to be a part time position, would have a full time chief operating officer, who was a practice administrator type or someone that was experienced in managing and evolution of the groups, which after realized is that we had a ton of extremely seasoned, experienced practice leaders. The administrators within Strategic Radiology, they had a very active network [00:37:00] talking to each other. And so it wasn't for a lack of experienced CEOs that we had because we had a ton of experience.

It was...we really needed someone to help organize the business, help coordinate the business activities going forward, and be the liaison on the business side. So, much of the success that I had as being the leader at Charlotte, was the fact that you've got to have good [00:37:30] people that work for you, and there's no way that as the physician leader in a medical practice that you're going to come in with all the knowledge and expertise and experience that you need to have in running the business side. So, it was really a team effort that we developed the COO that we have, depending upon the experience of all the medical practice leaders within the group. So, [00:38:00] it really was more of a team approach in terms of position. And then an administrative leader. And the administrative leader we picked was someone that had built his own business. He actually sold his business. And so really had the knowledge and experience of how to do a lot of these things from the bottom up, which was very helpful.

Geoff: Sure. But you could have picked a model where you had the practice administrator as the CEO and the physician leader as the chief medical [00:38:30] officer as opposed to having the physician leader as the CEO and the practice administrator as the COO? Can you just help us understand the nuances between those two possibilities and why the group felt more comfortable with physician CEO and COO practice manager.

Van: It's interesting to say that because you're getting to the point of where you started to talk about titles. [00:39:00] And I take the opinion or have the opinion that you're really looking at a lead administrator or a non-physician type and the lead physician, or whether you call them the COO, the CEO, the CMO, whatever. It's really how well those individuals work together and complement each other and the roles and the experience backgrounds. And so we'd really look at it more of a generic [00:39:30] this is part of the side. You know, whether you're the COO or CEO is not necessarily as important as the functions that you're trying to make happen for that. As you go back and you look at team

building and you look at lessons that you learned in the military, especially when we look at the sea navy seals, what do you want to do is they want to have individuals that are a good part of the team.

You want to have clear sets of objectives and expectations and [00:40:00] each team member's got to have different skills. They had diversity and team makeup is going to be important. And so, when you bring somebody in, you know, you listen to him, you're not expected to necessarily make all the decisions. But if the good decision just come through and you're comfortable with it, then you need give them the latitude to be innovative and creative in what they're doing and encourage that. So I think that's important in any sort of a team where the individual [00:40:30] has a very important role.

Geoff: Yeah, fair enough. So, team Trump's title, if I were to summarize.

Van: Yes.

Geoff: When considering the Partnership Model of Strategic Radiology, what dynamics did you observe when you got all the leaders of these big successful private practices together in a room? Was there jostling for position? Did some try to dominate or was there an ethos of cooperation [00:41:00] and one for all, all for one from the start?

Van: It was a mixture. I think and what I talk about in the leadership that we have is that when you come into the boardroom, you take off your group hat and you put on your SR hat. And while you may have group thinking in the background, is that what we want to have here is SR thing. As we grow [00:41:30] SR, then we need to have the combination of as you have group thing then you need to have SR thing in the background and all the decisions that you make in terms of what is it? How does the group think on the impact SR think and vice versa? But how do you and you as a culture, as a team, a collaborative practices develop a culture where you have both concepts operating in the [00:42:00] background is part of the ethos as you say going forward.

Geoff: Yeah. This really hearkens back to what you mentioned before about followership. Did followership come naturally to this group of leaders and if not, how are you able to encourage it?

Van: Followership is something that I think that you have to learn, the big question is, are leaders born or are they made? I think that certain people have the ability to be a leader, [00:42:30] but I honestly more believe that there are made rather and than born. So it's a concept of going from a transactional sort

of a process to really more of a process where you're looking at the total, the overall good and what you're trying to accomplish, in that recognizing that working together as a team, that you as a team member will succeed as the team succeeds. And so evolving a [00:43:00] culture of all the practices together, working together, it's a challenge. And how do you separate the economics necessarily and the transactional nature from the concept that if you look at Game Theory, do you say, "Okay, there's a finite game and then the infinite game"? Well, it's my view that radiology and medicine as a profession is really in an infinite game that has been going on for centuries and will continue to go on, and [00:43:30] we're playing in a more of an infinite game.

So the challenge is, is how do we as leaders, and this is why I think leadership is so important to radiology or to the Radiology Leadership Institute, put it your number one up there. But nonetheless, it's so important to developing a culture within our profession. We understand that this is not related back to a transactional saying, or it's sort of a finite game idea that, [00:44:00] okay, will you do this and you won, and then you pack up your bags and you go home. Well, there you're moving on to a different phase in the game, if you're looking at the infinite game type theory part. So developing cultures follow with the key piece that I think is there, and that's a real challenge and I think it's not only just developing it within a corporation, but we as a profession need to develop that amongst all of our members, young and old. [00:44:30] And especially need to bring the young radiologists and physicians coming into medicine a part of learning this process. Well, you and I've had the discussion before. One of the biggest deficits I saw in medical school was it's absolutely no focus on leadership, whereas the reverse was true in my training as a naval officer is the very first week I was in the program, we started having weekly classes [00:45:00] on leadership and it persisted throughout the entire time. You never stop learning about leadership, just a continuum. So, how do we develop that philosophy within medicine?

Geoff: It's an ongoing process, no doubt. Thank you for being such a strong voice in favor of supporting leadership training and leadership education. Clearly very, very important. Now, when looking at the Strategic Radiology website, [00:45:30] there are eight practicing radiologists listed as executive committee members and what appears to be a rich collection of committees that are reporting up to the executive committee. With a corporate structure that's defined as a coalition and the recognition that every one of the leaders in Strategic Radiology has clinical and local leadership responsibilities, what steps do you as the CEO take to keep the team on track and accountable for getting things done [00:46:00] for SR?

Van: Well, that's the key to have a good team that works together, and you can assign a responsibility to others for making the things happen. They got to be people that are dedicated. They have to understand the mission of what you're trying to do, but also responsible and understand the accountability. So you set goals and then they're responsible for locking those goals out. [00:46:30]

So I'm comfortable with the leadership team that we have in that we set the goals that, if there's a problem accomplishing the goals, that's what I'll hear about and that can make the assumption that the goals are being accomplished unless I hear something different. So, again, it's about getting good people, about listening to them, about giving them responsibility, giving them the latitude to be innovative and creative in what they're trying to [00:47:00] accomplish such that the overall product, I believe, is going to be much better. Then I would try to be prescriptive in what I thought it would do. Now if they ask my opinion, I'm more than happy to give it and try to give guidance as to what, if it were me, what I would be doing? But I think it's again about having a good team and relying on your team members to be good leaders and good followers.

Geoff: Yeah, I mean, within [00:47:30] the context of what essentially is a volunteer organization amongst the leaders, it seems that you really have to rely on the intrinsic motivation of those leaders to want to work and contribute because there really isn't a mechanism to provide extrinsic motivation. When you consider, for example, alternative models, some of the private equity supported, consolidated [00:48:00] practices that we're increasingly seeing, where there's a lot of funding to support an administrative structure, do you think that that offers some unique benefits to being able to compensate people for the time they contribute to their leadership responsibilities, or do you feel that at least amongst the leaders that you have at SR that the intrinsic motivation, the [00:48:30] drive within the volunteer culture is sufficient to get things done effectively?

Van: That's a good question. I think that if the compensation model where you bring people in and you give them defined responsibility and you certainly reward them to have their specific job, which are paid. I think the expectation is there's got to be certain results and the results are dictated or mandated by what the leadership wants to have happen. [00:49:00] Shortly, there clearly is an advantage to being able to have a big pocket book to be able to fund those activities. But I think distinguishes the team that we have together is that they value the local and regional presence that they have and what they're doing and the local control of their practice and not basically becoming employees of a multi or a national organization, and then the [00:49:30] organization really owning the practice. And you're simply a physician practicing within the

ownership where you may have an ownership stake. But in most instances, if not all, physician ownership component is less than that, the equity company or a corporation, if you will. So, what I see is Strategic Radiology is developing the backbone and the infrastructure for all of the practices to [00:50:00] pool resources where we grow that infrastructure together, like the things we talked about, the PSO, looking at the laborious things, about revenue cycle management and whatnot, and develop best practices within that so that we can all learn from each other.

But that, really, the practices will provide the tools for the practices to grow locally and regionally, to become stronger in their own right and not necessarily need [00:50:30] the access to capital going forward. Cheryl Proval, our marketing director, talks about sphinx-like problem that we have, is how do you compete in a changing environment when you've got private equity funds that are pouring hundreds of millions, if not billions of dollars, into aggregating these practices, and were more working together to be able to solve those [00:51:00] issues with the existing infrastructures that we have and building an infrastructure gradually. Over the long run, there's no real driving mechanism to have a national practice. There's no national contracting like you're seeing with some of the consolidation in the insurance business and whatnot. And it may never be, you never know, but that all of our practices are benefiting from the collaboration that we have. And in the end, should there become a national driving force, like [00:51:30] bloviation of the interstate banking laws that cause them the massive rapid consolidation in the banking industry or the deregulation of airlines, which caused the airlines to consolidate, that Strategic Radiology practices are involved with us. We'll build the trust, we'll be in the process of building the culture such that we can become that platform down the road.

Geoff: That's great. Understood. What would you say have been Strategic Radiology's [00:52:00] biggest wins to date?

Van: Well, I think it's all the things that we talked about earlier. Got a fair amount of trust in what we're doing. I think that we're looking at playing the long game. We've established the patient safety organization and a lot of business intelligence type stuff, best practices, the data sharing, the collaboration in a lot of different areas. We've had 7 practices in the last 12 months that are from 14 to 43 radiologists that we have and now we've got several others [00:52:30] that are interested in becoming a part of Strategic Radiology. So, if you look at the alternatives out there, to a degree, it really is a strong alternative to those practices who prefer not to sell their practices and remain independent, and this gives them the opportunity to not only remain independent, be able to grow locally and regionally. You give someone a lot of

resources they'd never be able to handle themselves. [00:53:00] And doing such not only makes them better, but we look to make each other better.

Geoff: That's terrific, and congratulations on all that success. Reading some of the early news articles following SR's founding, the focus seemed to be on taking things slowly, picking the low-hanging fruit, and trying not to bite it off too much. How do you view those sensibilities through the lens [00:53:30] today of so much activity with private equity? Do you think that that's been the right approach, to take things slowly, pick the low-hanging fruit?

Van: The practicality of it is that we'll be able to do it in any different way. I think had private equity not entered the picture where they had the large amounts of money that they're putting out there for offering some, especially some of the the large practices, then I [00:54:00] think we would have had a different outcome or a different sort of a medical landscape at this point in time, but I think best practices made shortened decisions. Some blogs practices have said, "Yeah, we don't want to go that route. We want to stay independent and do it ourselves." Others, it felt it like, "Well, we want to take the money and the risk off the table and do a different type of transaction." So I don't see that we could have done in any other way, to be [00:54:30] honest, not that I didn't try to go much faster.

It's sort of a evolution process within medicine as we look at where do we want to be as a profession 5 and 10 years ago is selling your practice to a private equity company or someone else? Is that in the best interest of your practice? Is it the best of your patients or you community? What about the radiologists that are not attuned to your career but want [00:55:00] to have a 30-year or 40-year horizon going forward? One of the things that I want to see and a way of paying it forward, if you will, is, I really would like to see the radiologists that are coming into medicine today or the people coming into the medicine today. Just radiologists to have the same abilities, to have the same opportunities that I have had. I think having a strong...a group of independent practice, especially high quality practices, that was something that the [00:55:30] profession needs long term and to be in practices that develop and encourage innovation and not innovation killers necessarily. Not that these practices are killers, but that I hear more people talking about frustration, being able to innovate in a big practice where there's a large managerial hierarchy than there are when you have leadership, understand and encouraging.

Geoff: Yeah. That clearly speaks to the [00:56:00] value proposition that you've tried and sought to establish Strategic Radiology. So it sounds like from your perspective, Strategic Radiology has gotten the pace of development right, and

that it hasn't been too slow to grow or to innovate, that it's happening at the pace that it needs to happen at.

Van: I'm not a pusher, and want make things happen at a different pace, but I always classify the difference between a target and a leader, [00:56:30] sort of how far in front of the group that you get. If you get so far, if one of the group that there's a big disconnect, then you tend to become more of a target. If you're a leader, then you think you need to be far enough ahead that you continue to have traction and pulling the group with you, or they may go kicking and screaming. But those are the things that you need to bring forward. And so, a good leader has got to be, in my view, has always got to be [00:57:00] advocating for change and for innovation and for doing things differently. And again, it goes to the difference between being a good follower and a good leader, is if you're not going to lead, then you'd have to understand what it needs to be a good follower and facilitate what the leader is trying to do.

Geoff: After serving in the leadership of Charlotte Radiology for 22 years, 16 as President, founding Strategic Radiology with Charlotte Radiology as an anchor tenant, [00:57:30] Charlotte Radiology recently dropped out of SR and joined with Welsh, Carson, Anderson, and Stowe, a private equity firm with 22 billion in capital, that found U.S. Radiology Specialists. What are your thoughts on that transition?

Van: Well, I've got mixed thoughts, Geoff. I felt that I would much rather see Charlotte take a greater leadership role, and the current leader is going forward to not go the private equity route [00:58:00] and to really look at putting a lot of their energy and to help more Strategic Radiology. It's not necessarily a difference of opinion that we had, but we respect what the leadership and the group is wanting to try to do, certainly it's not going to be an easy road by any stretch of the imagination and who knows as to what the long term outcome is going to be.

I think that certainly going to be up for grabs. That said, I think that they're trying to do some of the right things and develop a little bit of a [00:58:30] different model, but with respect to the way that they're constructed, the door will be told, and we'll know in 5 or 10 years whether it was the right thing to do or not. And there may be no right thing or wrong thing in the process. But again, my preference would have been that they have not made the transition, but they did.

Geoff: That's a very gracious response to a tough question. How was the news of Charlotte [00:59:00] moving on to this new private equity relationship taken within Strategic Radiology?

Van: Oh, there's a lot of disappointment. Charlotte was an anchor group for a long period of time, in part because of, I was President Charlotte Radiology leader felt radiology at the time as well as the leader of Strategic. And Charlotte was a key member of the group, helping grow a lot of the infrastructure that we put in place over the time. So we developed a lot of friends and they'll still be our friends going forward. We hope things go well with the [00:59:30] transition. But that doesn't mean that we don't want to work as hard as we can in helping Strategic Radiology succeed.

Geoff: Yeah. Have you been able to use this news to strengthen, resolve amongst the remaining Strategic Radiology members?

Van: Remaining members are making the decisions for themselves, looking at the pluses and the minuses of whether they think that that's actually direction that they want to go in. It's a really a question of conviction. You now, if you look at the military and if [01:00:00] you look at other organizations, one of the things that you have to have is you have to have the members of the organization really be committed and it'd be all in. And so the group that we have, folks that we have now are putting much those that are really dedicated to what they want to do, to remaining independent and looking to grow and locally and regionally and using Strategic Radiology as a platform to help them accomplish their local and regional grows, learn from best practices from [01:00:30] others, and in the end maintain their goal of staying independent and making things happen in their own communities and really keeping their patients first.

Geoff: Yeah, I noticed the Diversified Radiology in Colorado, which was also a founding member of strategic and still identifies their relationship with strategic radiology on their homepage is now listed as a founder of U.S. [01:01:00] Radiology Specialists as well. How can a coalition of private groups compete against billions in capital? I mean, is that the challenge in a nutshell?

Van: It's the, as you will, the solving the problem speaks, your question speaks for that. How do we do that? And I think you really do depend not just like the colors, though. It depends on a lot of volunteer hours. A lot of people committed to the vision of what the college is doing and what the ROI is doing and [01:01:30] sees it as something that's important to accomplish. We have a lot of good friends in Diversified, a lot of friends in Charlotte Radiology, and that doesn't mean that we're not going to continue to pursue our goals. The practices in Strategic are going to continue with their goals of wanting to go and collaborate together.

Geoff: Great. Yeah. Recently, Strategic Radiology provided funds to the RSNA's research and education fund to support a [01:02:00] seed grant recipient. You mentioned this a little bit. That's an uncommon investment for a professional practice. Of all the applications for Strategic Radiology's resources, why choose that one?

Van: Well, I think it's, again, sort the process of paying it forward, investing in a profession after credit. Greg Carnegie, who actually came up with the idea of pooling our resources together, but once we did that, then we [01:02:30] put together, committed to an \$800,000 grant to the RSNA for a SR funded grant program in our name. The idea would be that what we want to see is programs by the RSNA that would necessarily look at the independent practice radiology or developing leadership in terms of how can leaders be developed over the years and really focus on radiology and medical professionals, really having a greater [01:03:00] role in the leadership of our profession, and not delegate those responsibilities to others that are not professionals, that don't have the same idea. So it was our idea of paying it forward and I think the team feels pretty good about it.

Geoff: As you should. That was a fantastic step, and it makes me think back to our first episode when I talked to Bill Thorwarth, and he has attempted a [01:03:30] campaign over the years of convincing private practices to support investment in research and in academia and such. And it's great to see the embodiment of that realize through Strategic Radiology, so congratulations for that. It's fantastic.

Van: I think that Bill's idea of 1% is a good one. That goes back to the leadership piece, again, which I feel is so critical to long term survival of the medical profession, but [01:04:00] investing in our profession and investing in sort of the culture of what our profession is. Are we really doing enough to be able to ensure that we have a continuum that will continue for centuries to come? I think that's going to be important.

Geoff: Absolutely, at least some decades before those centuries. You have been a tremendously active supporter of the American College of Radiology, 11 [01:04:30] years on the Board of Chancellors, you are awarded the gold medal from the college. During your ACR presidential address in 2009 you focused on change as a theme. In fact, I recently reviewed the manuscript that was written and there are multiple sub headings in the main script, but they're all the same. They're all the word change. Thinking back to that address and the issues facing the college then, [01:05:00] what do you see as the most important changes that radiologists should be attending to?

Van: Well, I think we're doing a pretty good job looking at the technical aspect of the profession, but I don't think that we're paying enough attention as a profession, from medical school all the way up. By the time they get to residency or finished residency, you had such a long period of time. There's a lot of things are already set. But I really think that we need to pay attention to [01:05:30] focusing on developing leaders early on, developing a culture of what we think, you know, medicine should be keeping our patients first and foremost in what we're doing and being in parts of the communities that were involved in helping provide the best care possible. I want to see the money that's coming into medicine, either go to patient care or supporting providers, and to add others into the mix is a concern for me because then [01:06:00] we started looking as a profit mentality, if you will.

Than not say the professions are good, but how do you go about making it happen and understand you need capital to do some of these things and whatnot. So, it needs to be a good balance. But the challenge is, how do we develop the culture? Then radiology, starting day one or the radiology residency, but it's sort of like if you go to a board meeting, one of the things I do is board [01:06:30] meetings as I remind people of our mission-vision statement, envisioned future. So did you have that as a focus? What do radiologists get....a radiology residents get on the first day? You're still what's the expectation and you're entering into a profession long term, is this where were look to be and what we're trying to accomplish. And I'm not sure that that's necessarily happen. So we, as a profession, I think need to develop a culture of that embodies sort of a mission and vision [01:07:00] of what we feel is the profession needs to do going forward and then work that end to the training that we have, and then till the way that we conduct our day to day business and operations as practicing physicians.

Geoff: Yeah. You've been a part of the ACR's delegation to the American Medical Association for, what, 20 years?

Van: Yes.

Geoff: What do you see as some of your biggest wins and biggest frustrations in that association? [01:07:30]

Van: I think they're mostly wins. Over the years have we've built a good coalition within radiology and have a good reputation in respect of the house of delegates going forward. I think we've got, you know, respect a lot of the state medical delegations and as well as the other specialty societies there. We've gotten some good wins as it relates to mammography, and looking at that and

looking at the screening part and colonography [01:08:00] and lung cancer screening, and several other things. We've had some belly bumping as it relates to the self-referral issue. I think that we've been able to work through all of those issues over the years and certainly much less of an issue that there are now. But that does come to the forefront every once in a while. But I think that we've been able to have the AMA be a sounding board to listen to some of the other problems that our colleagues in other [01:08:30] medical specialties have.

And certainly we have our issues. But, you know, some of the specialties have issues are far greater than ours and they can help put the problems that you have or we have as a specialty into perspective is what we all have together and how do we work together to solve new problems for all of us going forward. And I think that's the biggest advantage of what we're doing in the AMA today.
[01:09:00]

Geoff: Do you feel that the AMA has the same strength of platform and the same strong voice that it had 20 years ago or is its voice being diminished by other factors in the healthcare economic marketplace, in the extended world when Berkshire Hathaway and Amazon and Goldman Sachs can come together and form a health care provider network when payers are consolidating into [01:09:30] larger entities?

Van: Yeah, I think AMA is, you know, certainly from my perspective they get it right as it relates to putting patients in the profession first in what we're trying to accomplish. And I think they certainly had that right. Are there parochial interest within that? Yeah, just like any diverse organization, anytime you get together, you work together making sausage, if you will. They [01:10:00] probably are less important. And the message that they have, not because they don't deliver the message well because it's so many more groups out there competing for the same limited amount of attention points that the legislators have and whatnot is in congress. And so just like you're saying with the 24-hour news cycle, you could get all sorts of different views, whereas 30, 40 years ago you had 2 or 3 news [01:10:30] channels that had the news and that's what you depended on. Just one of many voices. And how well they articulate things is going to depend upon the message that the members and the house of delegates wanted to deliver. I do think that it will have an increasingly important voice if the corporatization model continues, but it may be a different perspective in terms of health physicians are [01:11:00] represented. So that story is not out yet, I don't think.

Geoff: What would you say have been your most rewarding moments as a leader in radiology?

Van: When you look at leadership it's not all good and bad, but it's about challenges. And addressing the challenges in being successful or if you fail, what do you learn from those mistakes, so that the next time you come up with the same [01:11:30] kind of issue that you'll be more likely to succeed going forward. But I think growing Charlotte Radiology from practices and having several mergers and getting it to be a large practice, one of my goals was to have Charlotte Radiology have a level of, I would call it, hyper self specialization to the point that our practice was equivalent to or better than a lot of academic [01:12:00] practices that are out there. There'll be some that will be better than we are, but it's certainly we as a private practice would be in the mix in terms of the level of clinical care and patient care that we'd had.

So, the challenges of being able to have the opportunity to do that, the challenges of growing not only in the state ACR but national ACR and having the opportunity to be able to have the privilege of tackling those challenges and [01:12:30] working through the problems. And hopefully making where we came up with, that the organization is going to be better. You know, a couple of things I think I'm proud of is changing some of the culture and the leadership to be more team-oriented, but also we did some great things. So we started the leadership educational center and got that off the ground. And, you know, I started, my very first forum that I had his board chair was to look at [01:13:00] leadership development and what we have the first task force was on what the college needed to do with respect to leadership going forward. And so doing that, being able to work with a lot of great people at the AMA. And lastly, the privilege of working with you and some of the other folks on the RLI board. That was a special opportunity to be able to make a difference and deal with the challenges that we face. So, yeah, [01:13:30] it's...for me it's all good. You get your problems, you know, and that comes with the territory. But having a career along opportunity to make a difference in medicine and radiology, I think was a real privilege.

Geoff: That's fantastic. You've been tremendously successful and accomplished so much. Looking back, is there anything that you wish you had done differently?

Van: That's a good question. [01:14:00] No. I mean, there's some minor things that you say, you know, I wish I'd attack that problem differently or this problem differently. If I'd done that, what would've been there a different outcome? But I think now I'm pretty satisfied with what I've done. I just got made the true decision to stay in radiology, but done the orthopedic path. Who knows what happened? I ended up in flight school and not in sovereign, where would I be today, but all those decisions have been [01:14:30] good. I just feel like I've been able to make a difference in some things. That's kind of what I

think as a kid. You ask the kid about growing up and what influenced me, I think, well, I saw my parents make a difference going forward and they had the opportunity to make a difference going forward too. I think it's just a lifelong process.

Geoff: Satisfaction in what you've accomplished is a great thing to achieve. That's marvelous. One last [01:15:00] question. That is, as looking ahead, what excites you the most about radiology? If you had a room full of young medical students, people that are just starting in the profession, what would you tell them is the most exciting things you look forward to for the field?

Van: I think the field can have no boundaries in what radiology can do going forward. I think that the key thing to [01:15:30] be able to do that is to develop a culture of teamwork and collaboration and learning how to work together not only to make yourself better but to make the team better. And then the end result is that yeah, patients and our communities be the beneficiary of that. Even if you're looking at the nation as a whole or even the entire world as a whole, I think.

If I could be the king, you know, there'd be a lot of things that I would do, [01:16:00] would do differently and, you know, just to be able to give the order and make it happen. But, yeah, I think the message I would again was, man, there's a huge bright future out there. The key thing is to take charge of the profession, provide the leadership that you need to do and work together, and the professional whole, no bounce. It's a great profession. Then both medicine and radiology, and there's a lot that needs to be done. [01:16:30]

Geoff: Well, Dr. Van Moore, thank you so much for the many contributions you've made to our field, to the tremendous innovation you have brought, to leading radiology practice and for taking the time to speak to us today.

Van: Oh, you're more than welcome, Geoff. It's had been delightful. I hope folks will get stuff out of it and I appreciate the opportunity to talk. [01:17:00]

Van: Please join me next month when I speak with Geraldine McGinty, 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 100-year history. She rose to this position after a broad and deep pallet of ACR service anchored by her nine years on the Economics Commission serving the final four as his chair. [01:17:30] Dr. McGinty came to the U.S. from her native Ireland following the completion of her medical degree, 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 [01:18:00] center while also earning an MBA at Columbia University.

She subsequently joined NRAD Medical Associates, a multi-specialty medical group rising to the role of managing partner where she oversaw operations and strategic direction that included NRAD's acquisition of 19 medical practices, electronic health record selection and implementation, and a corporate restructuring including replacement of NRAD's entire executive team. Five years [01:18:30] ago, she returned to academia joining the Faculty of the Weill Cornell Medical College, where she recently became the chief strategy and contracting officer for the more than 1500 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 health care leadership programs. As an avid communicator on social media, Geraldine is one of radiologists' top [01:19:00] influencers and a tireless advocate for patient centered care and the role of women in radiology and healthcare leadership. Taking the lead as a production of the Radiology Leadership Institute and the American College of Radiology, special thanks go to Anne Marie Pascoe, senior director of the RLI and co-producer of this podcast, to Peg Helminski for production support, Megan Giampapa for our marketing, Brian Russell for technical support, and Shane Yoder [01:19:30] for our theme music. Finally, thank you, our audience, for listening and for your interest in radiology leadership. I'm your host, Geoff Rubin from Duke University. We welcome your feedback, questions, and ideas for future conversations. You can reach me on Twitter @geoffrubin or the RLI @rli_acr. Alternatively, send us an email at [01:20:00] rli@acr.org. I look forward to you joining me next time on "Taking the Lead." [01:20:07]