

EXECUTIVE DECISION

THE COLLEGE'S NEW CEO IS POISED TO TAKE THE REINS WITH BOTH HANDS.

William T. Thorwarth Jr., MD, FACR, sat down with the ACR Bulletin to discuss his years as ACR's economics chair, his relationships with other societies, and why he chose to give up clinical practice to become the College's new chief executive officer.

Q: Is becoming ACR's new CEO a major change for you?

A: A huge change, and one I have not taken lightly. I have continued to very much enjoy the clinical part of practice, but over the past couple of decades, I have found that my involvement in organized radiology and organized medicine has really been a tremendous source of professional stimulation for me. Serving in the ACR, with my state chapter or at a national level, has increasingly become a highlight of my radiology life. When I first became involved in the economic side of things, back in the mid-1990s, it really sparked my interest in, as my wife called it, "my non-paying second job." That interest has continued for the past two decades.

Aside from the ACR, having the opportunity to serve in other major organizations, first on the RSNA Research and Education Foundation Board of Trustees and then more recently on the Board of Directors, has given me a global view of our specialty, the profession, where we are, and where we need to be going. So when the opportunity came along to succeed Harvey L. Neiman, it really was too tempting to pass up. Despite the fact that it was going to end my clinical practice, it really looked like a fantastic opportunity to continue the momentum that he's established, to work with a terrific staff and organization, and hopefully to continue to improve radiology as a specialty and profession.

Q: When you were chair of the CPT Editorial Panel of the AMA,

was the perception of radiology mostly positive or negative?

A: There were people who didn't understand well enough what we do and how we as a specialty and profession do more than simply perform procedures and interpret imaging studies. I think that we were able — and our current leadership continues to be able — to convey the importance of radiology as a cornerstone in overall quality health care delivery. That's really an important part of what we need to do, not only within our communities, hospitals, and medical staffs, but also on a larger scale in forums like the AMA House of Delegates.

It's very important that we don't operate in a silo. Just as we say we want to convey to other specialties the importance of what we bring, we need to have respect for what they bring as well. That information and respect has to go both ways. Having the opportunity to realize that and get to know leaders in other specialties personally and see how committed they are to the quality of patient care really helps us understand and respect what other specialties bring.

Q: As a former chair of the ACR Commission on Economics, what do you think we need to do to mitigate the misconceptions of some policymakers?

A: Well, even though people may look back to the 1980s and 1990s as "the golden years," in a lot of ways, quite frankly, the perception of radiologists was not as favorable as it is today and we weren't considered as integral

to health care as we are now. For example, in the 1990s, radiologists were not allowed to use the findings that we made from imaging studies as clinical history to get paid for what we do. Prior to 2001, health care law prohibited radiologists from using clinical findings, meaning we had to rely entirely on what we were provided by the ordering or requesting physician or other provider. So if they didn't give us a reasonable history, we had a hard time getting paid for what we did.

We were able to convince policymakers between 1999 and 2001 to allow radiologists to use clinical findings. Policymakers recognized the fact that we could be even more specific than the clinical history we might be given. From there, radiologists became providers of more specific diagnostic information. Even with the various payment reductions that have come about, I think that we have been able to convince the payer community and the regulators that we have more to offer than simply a name on the bottom of a report.

Unfortunately, the problem has been that the regulators have used old systems that were applicable to other specialties and extrapolated them to radiology. When it comes to the multiple procedure payment reduction, this has led to cuts that were disproportionate to the smaller efficiencies that might have existed. Our biggest challenges are to show what's unique about what we do and explain why rules that might apply to other specialties should not be extrapolated to radiology with the expectation that the results will be anywhere near accurate. This is particularly true in the case of the professional component of radiology.

Q: In view of the current economic climate and the ACR's advocacy efforts, what advice would you give to a typical radiologist?

A: I think that individual radiologists need to understand that they've got a terrific team of leaders in the ACR, including the economic world, working on their behalf. Geraldine B. McGinty, the current chair of the Commission on Economics, and her team in the commission have a very thorough understanding of the history and the challenges we're facing. Our Board of Chancellors has set out an excellent and proactive direction for us to go. Imaging 3.0™, as initiated by Bibb Allen Jr., is that road map. But we have to be sure that all of our members engage themselves, understand the process, and realize that they can have major impacts in grassroots movements.

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Q: How do you feel about following in the footsteps of Harvey L. Neiman?

A: I had the good fortune of overlapping with Harvey on the Board of Chancellors. He served as chair of the Commission on Economics before me. He went on to lead the College in a very long-term, visionary way through his time as vice chair, then chair of the board, and finally as CEO for the last decade.

You could go through each of the College's pillars and find significant achievements during his tenure in every one. Their value is beyond measure. The College and, as a result, the profession have benefitted so much from his dedication. All of us in radiology should be hugely appreciative of his contributions. //

