**Episode 45: Leading Health Policy and Practice**
**Richard Duszak Jr., MD, FACR**

April 28, 2022

American College of Radiology, through its Radiology Leadership Institute (RLI), offers this podcast as one of a series of educational discussions with radiology leaders. The podcasts reflect the perspectives of the individual leaders, not of ACR or RLI. ACR disclaims liability for any acts or omissions that occur based on these discussions. Listeners may download the transcript for their own learning and share with their colleagues in their practices and departments. However, they may not copy and redistribute any portion of the podcast content for any commercial purpose.

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'm speaking with Richard Duszak, professor and vice chair for health policy and practice in the Department of Radiology and Imaging Sciences at the Emory University School of Medicine in Atlanta, Georgia. Dr. Duszak began his career as a diagnostic and interventional radiologist with West Reading Radiology Associates in West Reading, Pennsylvania, rising to practice president and CEO just eight years after joining the group out of fellowship.

[00:00:56]

After a three-year term, he moved south, to practice in Memphis, Tennessee, before going all in with an academic career at Emory University in 2014. In 2012, Dr. Duszak was named founding chief executive officer of the Harvey L. Neiman Health Policy Institute of the American College of Radiology. Most recently, he has served the College as council speaker, and chair of the commission on leadership and practice development. Announced just a few weeks before recording our conversation was news of Dr. Duszak's upcoming move to the University of Mississippi, where he will serve as chair of the department of radiology.

[00:01:49]

Rich, welcome.

[00:01:51]

Dr. Duszak: Thanks, Geoff. It's an honor and pleasure to be here.

[00:01:52]

Geoff: So, let's start at the very beginning. Where were you born?

[00:01:56]

Dr. Duszak: I was born outside of Philadelphia, Pennsylvania, a town called Meadowbrook, Holy Redeemer, Catholic hospital, which, interestingly, my family moved out from Philly into the suburbs when I was in grade school, and we wound up living about two miles from that hospital. And it turns out as well, our younger daughter, Kate, was actually born at that same hospital while I was a fellow at Penn.

[00:02:22]

Geoff: Wow. That's great to have that continuity. So, you spent your entire childhood in that suburb of Philadelphia?

[00:02:29]

Dr. Duszak: I did, yes. In the northeast of the city until part of grade school. And then yeah, I lived in Philly straight through college.

[00:02:35]

Geoff: All right. Excellent. And what were your parents doing for a living as you were growing up?

[00:02:40]

Dr. Duszak: My parents were both kids of immigrants from Europe. Grew up in very working-class families. My dad was the first person, sort of, from that whole generation to go to college. Worked his way through college. He was an accountant. Worked his way up through a partner at then one of the big eight accounting firms, Peat Marwick, now part of KPMG. My mom worked for a few years as a secretary, and basically became a stay-at-home mom after I was born.

[00:03:05]

Geoff: Oh, got it. And you mentioned that they were immigrants. Where were they from?

[00:03:08]

Dr. Duszak: Well, their parents were immigrants. Both of my dad's parents came over from Poland, about age 18 or somewhere thereabout. Now, they came over separately, and met in the States through some of the Polish community. My mother's parents, pretty similarly, she came over from Ireland, he came over from England and met here in the States.

[00:03:30]

Geoff: Very nice. And brothers and sisters?

[00:03:32]

Dr. Duszak: I'm the oldest of four, Geoff. My sister, Mary, is about a year and a half younger than me. She works in human resources, lives in the Philadelphia suburbs. My next-in-line brother also is in the Philadelphia area. He's a commercial Realtor, Mark. And my youngest brother, who's about 13 years younger than me, is a optometrist within the VA system out of Wilmington, Delaware.

[00:03:57]

Geoff: So, most all have stayed in the northeast?

[00:03:59]

Dr. Duszak: Yeah. I'm the only traveler. Everybody else is, you know, within probably an hour drive of where my mom still lives.

[00:04:05]

Geoff: So, what sorts of activities did you do outside of going to school when you were growing up? Were you involved in sports, or any particular hobbies or pursuits?

[00:04:15]

Dr. Duszak: I was, I must admit, a bit of a bookworm. I was definitely not a sports kind of person. You know, wound up doing a lot of photography. Was a photography editor for my high school newspaper, actually, then for my college newspaper. Was engaged in a lot of things like yearbook and newspaper. You know, and then wound up being just a bit of a computer geek as well, way back in the days when Radio Shack came out with their TRS-80. I worked my way through the summer, you know, as a dishwasher, just to buy one of those computers, just to be one of the early adopters back then. So, yeah, a bit of a bookworm.

[00:04:48]

Geoff: All right. Well, we need our bookworms. So, how about your first job growing up? What was that? Outside of the home?

[00:04:54]

Dr. Duszak: Yeah. First job growing up, age 14, summer job. I was dishwasher at a restaurant at one of the barrier islands along the Jersey Shore, a place called 10 sisters [SP]. And, you know, I got paid minimum wage then, which I thought was just wonderful. I think it was, like, about $2.35 an hour. I think I made 800 bucks for the whole summer. But learned the value of two summers of that, because before you were 16, it was pretty hard to get working papers to do much else. And, you know, really learned the value of hard work and just, you know, earning it yourself.

[00:05:26]

Geoff: Yeah. Absolutely. I remember the $2.35 minimum wage days. So, any lessons in particular from that early dishwashing job that you carry with you, that you think has helped you on your journey?

[00:05:39]

Dr. Duszak: Yeah. You know, I think there's a few lessons from that. One of the lessons was there was a waitress at the place named Florence. She was probably 60-ish or so then. And I remember Florence sort of saying, you know, on one of these just crummy days where the place was busy. She's like, "You know what? This is a reminder. Work really hard in school, because you don't want to have to have a job like this for the rest of your life." The other piece as well is in that job, sort of the pecking order of being the dishwasher, lowest person on the totem pole, and people treat you quite differently when you're there. And, you know, even in the restaurant, there's a hierarchy, as we have in medicine and a lot of other professions and industries do. And it really made me aware of thinking about, you know, the people that were "below my pay grade," and just always saying hello to, you know, the maintenance people, the people that come empty the trash in my office, they're real people who serve really important roles within our institutions. And so, you know, having been on the other side of that has really informed my approach to interacting with other people across our institutions.

[00:06:44]

Geoff: Yeah. That's a fantastic lesson to impart. What do you recall was your first experience as a leader? Anything from childhood pop to mind?

[00:06:54]

Dr. Duszak: You know, probably was much more in high school. Wound up being editor of our college newspaper, and dealing with some of the interactions. I think the sort of childhood vision is, "Oh, I'm the leader. I'm in charge now," right? "Everybody's gonna do what I say." And realizing that, you know, people didn't make good on their assignments, I wound up having to fill a lot of gaps. And, you know, I think, again, as I look back through my journey of leadership, there's certainly a lot of things I would've done quite differently in that role. I mean, my solution at that point was basically it needed to get done, and just did it myself. But yeah, I think that's probably the first recollection I have in a role such as that.

[00:07:31]

Geoff: Yeah. Quite a lesson to learn early on about whether you step in to get things done for other people or whether you find a way to get them to do it.

[00:07:39]

Dr. Duszak: Yes. Indeed. Indeed.

[00:07:41]

Geoff: So, after high school, you went straight to college, to La Salle. How did you select La Salle as your destination, and what did you study there?

[00:07:50]

Dr. Duszak: So, I went to La Salle College High School, the high school run by the same Christian Brothers order. Wound up getting a scholarship to La Salle, then college, turned to university while I was there. You know, explored some other places as well. And that's about the time where my father was starting to do a lot better professionally. But, you know, we grew up a very modest means. And I do recall the conversation about, you know, at that point, as somebody who'd always been interested in health policy, and sort of the intersection of practicing medicine, and sort of what goes on in D.C., being really interested in going to Georgetown. They had programs. I could have dual majored in that space. Got accepted, early decision there. But, you know, it was crazy expensive, certainly by our family standards.

[00:08:38]

And, you know, La Salle was sort of one of these, "Hey, it was free." And I remember having that conversation with my parents, you know, "Hey, you could go to this great place." It's like, "Yeah, but, you know, I hate to impose that upon you." And it wound up being great for me being, you know, big fish in a small pond. But it also, again, the very sort of parochial nature of the families, that's where my dad went to college. That's where he earned his way.

My sister and my youngest brother also went there. So it was a little bit of a family rite of passage.

[00:09:06]

Geoff: Fantastic. And free is good. And obviously, your success down the line validates the choice. I'm curious though, you mentioned that you were at that point interested in government affairs and health policy, as a high school senior? Tell me about that.

[00:09:20].

Dr. Duszak: I was sort of a junkie from a point of view of reading the newspaper, you know, cover to cover every day. That being said, was very shy as a kid, you know, never ran for offices and did things like that. And I think that's why some of that wound up coming out in me a little bit later. But I've always had this fascination between the intersection of what we do as physicians, healthcare is delivered, and the broader influences on how we practice, and the constraints and opportunities and challenges that are placed upon us by people who know very little about what it is that we do.

[00:09:55]

Geoff: You know, again, I'm just struck by the fact that here is 17-year-old self, or maybe 18-year-old. And these are the things that are going through your mind. At what point did you think you wanted to pursue medicine?

[00:10:04]

Dr. Duszak: You know, it was one of those things, a bit of a sort of math and science kid all along. It was sort of just the thing to do. Now, admittedly, you do have a lot of pressure put on you as a kid. Particularly, dad was the first person who went to college. And, you know, Richie was gonna be the first person that, you know, was gonna be the doctor in the family. Now, obviously, I made that decision on my own, but there was a little bit of sway, but always being much more inclined in the sciences. I just took sort of the cookbook course of do pre-med and go to medical school and set up a shingle somewhere near where I grew up. Obviously, the latter pieces didn't play out.

[00:10:40]

Geoff: You essentially started college knowing that medical school was where you were headed thereafter.

[00:10:43]

Dr. Duszak: Or at least thinking it was. Yes.

[00:10:47]

Geoff: Excellent. And so, you moved to Hershey, Pennsylvania for medical school. What attracted you to Penn State?

[00:10:52]

Dr. Duszak: You know, at that point, Geoff, even though I'd grown up in and about the city, went to college in the city, really just wanted to get away from home. And again, with a family that's still largely living in the Philadelphia area, a two-hour drive. I mean, that was far away from home. And, you know, some of that was also, as well, from a point of view of getting out of the city. But also, what really impressed me there is I looked at largely local and state schools, was the sense of community. I mean, Penn State, at the time I was applying to, it was probably only 10 or 12 years old as a medical school. It was small. Everybody knew each other. And, you know, as I even look upon my next move, moving from a big place to a much smaller place, that sense of community has always been something that has been good for me. I mean, certainly aside from professionally wound up being a good decision, but also, you know, where I met my wife, who grew up in Hershey, Pennsylvania.

[00:11:48]

Geoff: Fantastic. How did you guys meet?

[00:11:49]

Dr. Duszak: You know, it sounds sort of silly, but we met at a bar. Now, admittedly, through mutual friends. A good friend of mine from college, she grew up in Hershey, Pennsylvania. And so, when I moved to Hershey, you know, the first week, my phone's ringing. Maureen calls and says, "Hey, I'm going out with some of my friends. Do you wanna meet somebody?" And Maureen turned out to be a high school classmate of my wife, Debbie. Introduced me there. I mean, we were just friends for a couple years before we started dating. But yeah, sort of interesting how the world happens.

[00:12:18]

Geoff: Yeah. Beautiful serendipity. While in medical school, did you pursue any leadership roles?

[00:12:24]

Dr. Duszak: I did. Obviously, the time available to pursue leadership roles was far less. But yeah, I actually wound up being very engaged in our student government. It wasn't a mega-size student government, even though, you know, it was Penn State, the medical school's in Hershey. So we had 88 folks in our class plus the other three classes. And then there were Ph.D. programs as well. But was engaged in the student government, was treasurer my junior year, president of the student government, senior year. And that wound up working out okay, because your fourth year medical school, you have a bit more time to do that.

[00:12:56]

Geoff: What led you to pursue those offices? Was there something you wanted to accomplish?

[00:13:00]

Dr. Duszak: Yeah. You know, I think some of this gets back to that earlier aspiration of the intersection between what we do in the broader political and economic ecosystem, if you will, in which we do what we do, recognizing as well the considerable authority gradient that's there between the students and the faculty. But on the other hand, when you're president of the student body, obviously, it's not massive influence, but, you know, you have access to the Dean, to various chairs. And so, it was a really good opportunity to participate in a lot of committees where they needed students. So, it was really about sort of implementing change and making a difference, if you will.

[00:13:38]

Geoff: Anything come to mind in particular of a difference or a change that you were able to implement at that stage?

[00:13:44]

Dr. Duszak: It may sound a little bit petty, but one of the cool things about going to Penn State is everybody had these, like, cubicles. There were mini offices then, and it was actually one of the selling points they had. You had your own space, and that way, you could sort of study there, and your apartment can be your own space. And they were going through some expansion, and ultimately said, "Oh, we're gonna tear down the cubicle." We fired up. We got the petition. I think we managed to save the cubicles, at least for my time. I have since been back and visited as a visiting professor, and they're all gone. But I guess my claim to fame is I helped save the cubicles for a year or two. Until this troublemaker, Duszak left, and then they found somebody else that they could roll over.

[00:14:24]

Geoff: And what led you to decide to pursue radiology?

[00:14:25]

Dr. Duszak: Yeah. Radiology is an interesting piece there. I mean, again, you know, if I had continued along the course that I was, I would've been an anesthesiologist. Again, always sort of a bit of the math nerd, physiology. You know, I did two weeks of anesthesia as a third-year medical student. Did my fourth-year rotation in anesthesia in the summer, figuring that's my chance to get exposed, get my letters of recommendation, you know, the geekiness of calculating doses and the pharmacology was just fascinating. And so, I was actually well on my way in my fourth year of medical school, applying to anesthesia residencies, and September was gonna be my year that, "Oh, this is where I need to do a lot of my travel coordination." So I was just gonna take a really easy month. Like, that's the month to do radiology. And so, I got a week into it. I'm like, "Gee, this is actually pretty good." A second week, I'm actually like, "This is really good. I need to take this seriously." And by the end of the rotation, I remember going back, talking to my then medical school advisor. It's sort of like, "Okay. I know it's a little late. Can we do this all over again?" So, it's October, my fourth year, a bit of a compulsive planner, who had all my applications in way early, had a

bunch of interviews lined up. I'm like, "Okay. Starting all over again." So I was a little late to the game, but it worked out okay.

[00:15:39]

Geoff: Yeah. So, what grabs you about radiology at that point?

[00:15:42]

Dr. Duszak: I think it was, the piece there was the opportunity to make a difference in the care of patients. Back in the days, I mean, this was pre-digital, people would come down into the reading room. You know, I've got a tough case, and what do you guys see? And I was watching these radiologists. You know, the doctors' doctors. People were asking for their opinions. They were really making a difference in diagnostic dilemmas, and thinking, "Gee, this is cool." And at the time, as well, I mean, CT was just coming on the horizon. You know, it was one sheet of film for probably all the windows of a head CT. But it was like, "I mean, literally you can look into the brain. I mean, this is cool." So I think it was that geeky part of me, the technology, but also the interaction with people broader, making a difference in patient care. And obviously, that's advanced quite a bit, our impact on patients. You can hardly do anything anymore without getting a scan on somebody.

[00:16:37]

Geoff: So true. Now, you finally left Pennsylvania when you went south to Duke for your radiology residency. What led to that move?

[00:16:45]

Dr. Duszak: Yeah. A lot of that, I think, was, Geoff, looking at a variety of programs, really stretched our limits of saying, "You know what? Maybe we could look a little bit bigger in our horizon." My wife was always intrigued by the South. You know, from travels of, "Oh, it's nice." And so, I think Philadelphia was as far north as I looked, and looked as far south as Charleston, South Carolina. Sort of hugged the I95 corridor, and maybe led a little west to look at University of Pittsburgh. But a few things. I mean, obviously, you spent a good bit of time at Duke, although after me. But, you know, it was obviously big, brand-name place. Amazing reputation of the department. But also, again, that sense of community, nice people. I mean, I felt like I could really connect with these people and work with them outside of the hustle and bustle of a city. I mean, this mega-academic place that's doing all this great stuff. But Durham at the time was a bit of a sleepy town. It was just great. And, you know, again, my wife has since, I mean, certainly, as I've been looking at subsequent jobs, one of the big pieces for us is small Southern town moves way up on our family list of places to consider.

[00:17:50]

Geoff: Is your wife in medicine or?

[00:17:53]

Dr. Duszak: No, she's not. Her background is in hotel sales and marketing. So, she worked for Marriott, and actually was the opening director of sales of the Residence Inn in Durham when they moved in Research Triangle Park. So, she was in that space. Actually, our younger daughter's got some developmental disabilities, so Debbie has been a stay-at-home mom since, you know, basically just getting Kate into a position that works for her. And she's in a good position now. So, she's going through a little bit with my career transition coming up, of sort of, "Oh, we're in a good place. What are we going to do?" She actually is, sat for, and, you know, became a licensed Realtor in Georgia, just in time for me to move to another state. But we'll see where that goes for her, too.

[00:18:33]

Geoff: Now, during your residency, you were awarded the J.T. Rutherford Government Relations Fellowship from the ACR. What led you to seek that fellowship at that time?

[00:18:43]

Dr. Duszak: Yeah. You know, again, it's just, like, random stuff. I remember opening up the ACR Bulletin. You know, there was nothing digital at the time, and we really had nobody at Duke at the time that was really engaged at the faculty level of the college. I mean, certainly, some institutions were early adopters in that space. I think Duke was a later adopter of getting faculty engagement there. And yeah, I just saw this thing, you know, a page in the ACR Bulletin, which I was sort of like, "I love this ACR Bulletin thing". It's like, "Wow, what's going on in Washington?" And it's basically, "Hey, do you wanna spend a couple weeks and learn how this happens?" So I was like, "This is cool. I'm gonna send it off." Now, the tricky piece there was nobody had ever done it before. I remember having to go to Carl Raven, then the chair of the department, and ask for his permission to do this.

[00:19:29]

And sort of, you know, it was an interesting reaction from a few people. I was a fourth-year resident. Nobody really needed you on service. You know, everybody was disappearing, studying for boards back then as well. But you know, a few people were like, "Why would you wanna do something like this? We've got all these cool toys here." But it turned out to be an amazing opportunity. I guess one of my claims to fame is I was the first-ever Rutherford Fellow of the college.

[00:19:51]

Geoff: That is an amazing accomplishment. And what a great start to that program. Tell us about your experience during the time that you were a fellow, and what did you take away from it?

[00:19:59]

Dr. Duszak: Oh, it was amazing. I mean, it was one of the funnest two weeks of my entire residency. At the time, the College did not have the big government relations team that's D.C.-based, as it currently does. Had a director government relations based in Reston, Gary Price, at the time. And almost all of their lobbying was outsourced to a guy named Don

Lavanty, and the fellowship's since been named the Rutherford-Lavanty Fellowship. Don, just an amazing guy, from whom I learned so much. You know, I just love these sort of pick you up by your bootstraps kind of stories, partly, maybe because of my upbringing. But, you know, Don worked his way through law school as a Capitol Hill cop. Relationships were everything. I mean, he knew... You know, certainly, senators stick around a little bit longer, and House members knew Don when he was a Capitol Hill cop by first-name basis, when he was working his way through law school. And so, he came with all these amazing connections.

[00:20:53]

And I think, you know, the piece there, I remember a couple lessons from him early along. The first day, met with him and we're going through security, which was pretty lame back then, going into the Capitol, a couple pieces he'd advise. Number one, take your cues from me. Speak when you're spoken to. What you say matters here. And it wasn't in a dismissive, patronizing sense. It was just, "Hey, you're in my world now, and take it all in." The other piece that he had to say here is, "You know what? I don't really know what your political views are. This is D.C. Politics are everything. Our mission is, number one, it's radiology, radiology, radiology. And our goal of our lobbying is to make radiologists as successful as possible. So if you wanna save whales, you can save whales. If you wanna buy guns, you can buy guns, but we're not allowed to talk about any of that stuff here."

[00:21:40]

And then the third piece was the relationships matter. You can come in and give a quick sell and probably do some hand waving, and get what you want today. But if you really want to make a difference, and certainly this is advice that works on Capitol Hill, and I think it works in our jobs as leaders as well, trust matters. What you say matters. And, you know, if you tell somebody a fib to get what you need today, you may win today, but you won't have a chance another day. So they were a few of the stories, and, you know, got to meet some amazing people. And just the interaction back then of being able to, before 9/11, take the underground subway, and just, you know, sit on one of those little underground trolleys and just chat with some random senator. I mean, I wish I had an iPhone and could do selfies back then, because I would've had some great ones.

[00:22:27]

Geoff: So, after four years at Duke, you went back to Pennsylvania, this time to the University of Pennsylvania, for an interventional radiology fellowship. Why IR, and why Penn?

[00:22:39]

Dr. Duszak: Yeah. A couple pieces. So, number one, IR just intrigued me from a point of view of being able to use imaging, but again, you know, make a difference in patient care. Do procedures. I mean, I didn't even know IR existed when I was a medical student at Penn State and applying to radiology. And so, it was just this cool, new thing. Again, you know, the new sexy toys. And so, that was part of it. I think Penn, obviously, you know, great place.

I mean, Stan Cope was there at the time. I mean, one of the true founding fathers of interventional radiology. One of the nicest people you could ever meet, and just this amazing innovator from a point of view of just being able to do some cool things. And the other piece as well is we were thinking, you know, "Gee, we both grew up in Pennsylvania. We may be heading back to Pennsylvania." And, you know, recognizing that relationships and connections are local, figuring this sort of gets us back somewhere near my parents, or Debbie's parents, and gets us connected within that job world.

[00:23:35]

Geoff: And after completing your fellowship, you joined West Reading Radiology Associates, in West Reading, Pennsylvania. And other than the proximity to the family, were there any other attributes of that practice that led you to make that your first stop after fellowship?

[00:23:51]

Dr. Duszak: Yeah. I think a few pieces, you know, that sort of small-town sense of community. You know, at the time, Reading Hospital was about a 500-bed hospital. Even though it was an open medical staff, it functioned as a closed medical staff. There were three hospitals in town, and there were the Reading Hospital docs. And so, you got to know everybody. Most of the physicians all lived in this small area, about two miles from the hospital. And so, the people that would call me 3:00 in the morning, "You know, I need your help with a case," are, you know, people who lived down the street from me, or across the street from me. So, you know, a lot of it was just really relationship-driven, and the ability to interact with the medical staff, people you knew personally and not transactionally, really made the day so much more fun, and made the job so much more worthwhile.

[00:24:36]

Geoff: It's interesting, after being at larger places like Duke and Penn, that you've had this real sense of wanting to be in a much smaller community. Where do you think that sense came from?

[00:24:50]

Dr. Duszak: Some of it is just inherent. Some people like to be out there, know everybody. I mean, I'm inherently an introvert. Dealing with lots of new people exhausts me. And I don't say that in a bad way. You just have to know your own limits as well. But I think also perhaps some of my upbringing, where it was very family-oriented. You know, every Sunday, we were going to one of our grandparents' houses, and there was this broad sort of extended family, and communities, and, you know, living in neighborhoods where people actually did those things that people did in the '70s of, you know, you had picnics, and you had your neighbors over, and you played horseshoes out back and stuff like that. So, yeah, maybe it's just wanting to get back to the old way of growing up.

[00:25:27]

Geoff: What was the size and scope of the practice when you joined it?

[00:25:30]

Dr. Duszak: When I joined, Geoff, I was the 14th partner in the group. By the time I left, I guess around the end of 2006, we were up to 24. Which was, you know, getting to be reasonable size at that point. I mean, certainly not mega-group by today's standards. But we went through a lot of growth during that period of time.

[00:25:48]

Geoff: Now, you were with West Reading for 11 years, serving three as treasurer and another three as president and CEO. What led to your ascension to these major leadership roles so early in your career?

[00:25:59]

Dr. Duszak: You know, some of it, I think, is just being present, being interested, being willing to do things. Some of it also, I guess, as well, was aside from the fact that yes, you know, my primary job, as a both diagnostic and interventional radiologist, was to look after our patients. But also just, you know, thinking about, you know, our group has to maintain this relationship with the 800-pound gorilla health system in town. How do we do that well? The radiology recruiting market has had its ups and downs. And we went through a couple tough periods of recruiting then, thinking about, you know, how do we make sure that our salaries are as competitive as possible, our group is as competitive as possible, from a point of view of recruiting? And, you know, I also learned very quickly is that everybody at a partners meeting has ideas, they wanna spout off about stuff, but, you know, most people don't actually wanna do anything about it. And so, if you actually dig in and say, "Hey, let me take a look at that. I'll get a proposal. Let's do some stuff," all of a sudden you can make a difference. And my peers started saying, "Hey, we'd like you to do this. We'd like you to do this." And, you know, I tended to say "yes" a lot.

[00:27:01]

Geoff: Not an uncommon refrain. Just stepping up, being there, and delivering is a great pathway. What were some major issues that you dealt with as a practice leader in that group?

[00:27:11]

Dr. Duszak: You know, I think one of the toughest issues, and we wound up working it out pretty well, was probably somewhere around 2003, where there was clearly a huge financial difference, from a point of view of providing professional-only services and having your own technical component. Now, obviously, with site-of-service neutrality for payments, that gap has gone away. But, you know, to be competitive in that job market, to be able to recruit the best and the brightest to, you know, a home of the Reading Railroad on your monopoly board, this de-industrialized steel and railroad town, we had to be very competitive on a salary basis. And so, really had a lot of push from my partners to say, "We need to ramp up our incomes." And, you know, a lot of it wasn't as much from a point of view of, "We all need to make a lot more money." We were never one of these million-dollar types of groups. But a lot of it was from a point of view of sense of the sustainability of the practice.

[00:28:05]

So we started doing some due diligence. Actually, our contract, our professional services agreement with our hospital, did not preclude us from having a competing imaging center. So we started doing some of that due diligence. Now, that being said, once we started doing some of that due diligence, word got out. Once you start retaining, you know, Realtors and other people like that, and started having some really interesting discussions with the leadership of the hospital from a point of view of, "Oh, you can't do that." "Well, yes we can." And figuring out what that relationship looked like. So, that strained our relationship quite a bit, but also, you know, did put us in a really good position from a point of view of working things through, that we wound up actually supporting the hospital and its growth of outpatient imaging centers, and wound up really securing our relationship through not only our professional services agreement, but also a management services agreement, where we actually, you know, got paid to run the center. Made a convincing argument, we're the radiologists, and we know what it takes.

[00:29:04]

And that had a lot of dollars on the table. This is really sort of early pay-for-performance, where patient satisfaction surveys came back into what we got paid as a bonus from our hospital. Referring physician satisfaction surveys, turnaround times, you know, we started some very rudimentary quality metrics. You know, a lot of things that were really predecessors of some of the things we're still struggling with right now. And certainly, as a practice leader, it was very helpful from a point of view of motivating my partners to actually have some skin in the game. We all have partners who are not always the most hospitable people to the referring physicians that come down. But when they knew there's dollars on the table, their metrics, you know, they're being scored for these things, it was a very powerful lever, as a leader in the practice, to help drive people towards the type of behavior we wanted as a group to really execute this patient-oriented vision that we had.

[00:29:55]

Geoff: Yeah. And so, to clarify, the outpatient imaging expansion seemed to be a major thrust, and an area where you were able to have some synchrony with the hospital. Was that achieved in a manner that allowed the group to develop its own independent imaging centers, as well as to allow the hospital system to develop imaging centers, and you were essentially managing them both, or was this a joint venture structure? How did you find that equilibrium?

[00:30:21]

Dr. Duszak: Great question. Ultimately, we wound up, like a lot of health systems, I think the leadership wanted their control, they wanted their equity. We did talk about some joint ventures. So it started getting into some regulatory things, and they were a non-for-profit. Ultimately, the hospital bought those facilities, and we managed them. So, we were never in competition with them. But I forget, it's been so long, the details of the management services agreement and the professional services agreement. But, you know, it almost had a bit of a poison pill in there, that if we were no longer running it, something had to happen. And it

actually was a lot of the discussion with the partners from a point of view of, "Yes, look at the dollars, but also look at the security of this relationship, and what it does for not only us, but the next generation of radiologists that we'll be hiring in the group."

[00:31:07]

Geoff: After completing your term at the helm of the group, you left the practice and moved to Memphis, Tennessee, initially, with MidSouth Imaging and Therapeutics and Baptist Memorial Hospital. What led to that move?

[00:31:20]

Dr. Duszak: I guess a few things with that. Number one, you know, was in a really good position in a really good group. We still had that piece in us about, you know, wanting to move south and, you know, loving sort of the Southern culture, and also the Southern weather as well. My wife's got pretty bad right now, so, you know, going outside in the winter pretty much didn't happen. And so, it just wound up being an interesting opportunity. A friend of mine from a year ahead of me at residency, Rob Optican, ran into it in a meeting, and Rob's like, "Hey, what's going on? You know, our Baptist system's building this brand new big hospital. We need somebody to help sort of serve in this medical director role with us, to help build up the IR presence, and, as well, you know, the stuff you're doing in the coding space, that could be some really valuable skills for us."

[00:32:05]

And it turned out we were going out to dinner just to chat. And what I realized is about the time the cocktails came out, that this was a recruiting dinner. So it was sort of like, "Hey, we'll take a look at it." And again, just wound up being a wonderful place. I mean, the Memphis suburbs were just a wonderful place to live. I mean, a lot like where we'll be living outside of Jackson in a couple months from now. You know, the other piece as well, you know, the payers were much more friendly than they were in the Philadelphia market. The cuts on the payments came at the coasts and started working their way inland, had a ton of time off that also allowed me to really spend a lot more time in the volunteer service with the College that had become increasingly a passion of mine, and ultimately opened the door to me getting on the CPT editorial panel through that service, and saying yes.

[00:32:50]

Geoff: Now, several years into your position in Memphis, you began an affiliation with the University of Tennessee, as well as a role as director of radiology research with Baptist Memorial Care Corporation. It seems like this is a measure of a pivot toward academics. What led you to gravitate in that direction?

[00:33:08]

Dr. Duszak: Yeah. I think there's a couple of pieces. So, first of all, the academic appointment with UT. I'm not sure that was something that I as much really aspire to as much as, you know, Baptist entered into this relationship with UT, and one day, you know, my inbox. I mean, obviously, I'm simplifying and joking a little bit. You know, there's this email,

like, "Hey, if you're Baptist and you participate in education, and you want an academic appointment, check here." I mean, obviously, it was more than that. So, yeah. Coming in as voluntary assistant professor, it was sort of, "Can you fog a mirror?" Yeah. I did. So I got it. I think the other piece, though, is I was, about that time, getting engaged in the JCR. You know, was writing a column for that. Spent a lot of time talking with Bruce Hillman, who, you know, I think was one of those people like Dave Levin that just got a real passion in my belly for saying, "How do you take this interest in sort of policy and economics and make a true scholarly career out of doing that?"

[00:34:00]

So, I was doing a little bit of dabbling in some stuff that I look back now, and you're like, "Oh my gosh, people were really publishing that." But that was also around the same time as the ACGME and Radiology Review Committee were imposing these new sort of scholarly activities on residencies and residents. We had a community hospital-based residency, and I think, like a lot of other community hospital-based programs, really, nobody was doing anything in the scholarly area. So, it was sort of, "Hey, Rich, can you keep doing this? Can we lean on you to mentor some of our residents?" And some of them, you know, again, I look back at my CV, and some of this stuff's almost embarrassing, the things that got accepted as abstracts back then. But I think that's also a good reflection on how we've advanced as a specialty. And I was starting to realize, gee, some of this stuff is actually more fun than my day job, as much as I love my day job.

[00:34:51]

Geoff: Why do you suppose that you didn't pursue an academic career right out of the gate? You've articulated, you know, the sense of family, and the small community, and such. But was it ever a consideration, because it seems like you really do have a passion and, you know, you just gravitated increasingly toward a greater academic identity.

[00:35:11]

Dr. Duszak: Yeah. You know, I do recall when I was at Penn, Mike Pentecost, who passed away last year, was our chief of interventional radiology. Mike knew that I was interested in some of this stuff. And I remember him talking to me early in the year, that would I consider fellowship at the Leonard Davis Institute, which is, you know, a pretty prestigious joint venture, if you will, between the medical school and Wharton. You know, at the time, maybe I was just too stupid to realize, "Gee, this was a really great opportunity." I think the other piece as well is, you know, second kid on the way, I couldn't defer my student loans anymore, was being courted by a private group with money that, you know, I'd never seen before in my life. So, yeah, I guess, you know, it's one of those things had I had the opportunity to do it over again, that would've been the obvious career accelerator for me. I think the other thing that went into the equation, as much as I tolerate living in the city, my wife really does not like living in the city. And so, "Gee, wait a second. You're gonna do two more years here in Philadelphia?" Because I'd be doing a one-year fellowship at LDI, split half-time as faculty in IR at Penn, and so it's two more years? Oh my god. I'm not sure we can do this and have a kid in some little apartment in town.

[00:36:20]

Geoff: Looking back, what advantages would you ascribe to your path through private practice before arriving at academic radiology?

[00:36:28]

Dr. Duszak: I think, you know, you go back and you look at it and you say, "If I could have done it over again, I mean, where would I be?" Who knows? But, I'll tell you, Geoff, you know, having spent 18 years in private practice, been in community settings, been in private practice leadership roles, been on medical staff executive committees, things that I'm not sure I would've had the opportunity to do that much. I mean, most people in academics don't do a lot of that stuff until they're the chair of the department. So, I came in with that amazing perspective, and I think it fueled some of my passion for us thinking outside of our academic silos, why a lot of my work of late has really been on the sustainability of the radiologist workforce, you know, how we fill the radiology deserts. I think when I'm in my day job, it's really easy for me to look at sort of Emory and its associated hospitals, the data, and I presented this at AUR a couple weeks ago, academic radiologists provide only 10% of the radiology services across this country, and we wield disproportionate influence, whether it's ACR, RSNA, ABR, all the other organizations on what our specialty looks like.

[00:37:35]

So, I think it's allowed me the opportunity... And I have to tread carefully with this, because I potentially am calling out elephants in living rooms, to saying, "Hey, y'all. Did we really think about this perspective?" You know, as we collectively, as a society, are going down our diversity and inclusion journey, to say, "You know, are we really that inclusive when we've got a board of an organization that's got 28 out of its 30 members are all in academic practice?" The important voices aren't being heard. So, I think it's been helpful for me in helping to push some of that change. And certainly, in formulating a lot of the research questions, I don't think I ever would've come up with had I not been there in that sort of real-world type of experience.

[00:38:18]

Geoff: Now, you were in Memphis for seven years before moving into your first full-time academic position at Emory University in 2014. But before we explore your time at Emory, I'd like to explore your substantial commitment to professional organizations within radiology. Shortly after joining your first practice out of fellowship, you engaged with the Society of Interventional Radiology on government relations, and in particular, the Medicare Carrier Advisory Committee. Was that activity inspired by your work as a Rutherford fellow?

[00:38:50]

Dr. Duszak: It was. It was. I remember, you know, it was this, essentially, kid showing up at my perhaps first SIR meeting, and, you know, talking with some people like Anne Roberts, who I think was then the SIR president, and a few other people like Matt Morrow just wound

up being these people who helped open some doors. And she said, "Hey, I'm interested. You know, I did this Rutherford thing." And, you know, that was so bizarre at the time in some people's eyes, but also so unique in some people's eyes, that it was like, "Oh, well, you know, Rich knows all about this stuff. Let's make him in charge of this." And I'm thinking, like, "Oh my god, well, you know, what do I know?" But, you know, a lot of this stuff also is that the ACR was building up a Medicare Carrier Advisory Committee at the time. That's where I got to know Bibb Allen quite well, who was chairing that effort. And, you know, trying to figure out ways of doing that collaboratively rather than competitively, and I think that started opening some doors as I was working with the college more, of me pivoting much more into my ACR role. So, yeah, again, I think it's just sort of that present and saying "yes" stuff that we talked about earlier.

[00:39:51]

Geoff: Fantastic launching of a really productive phase of your career, and so much benefit to our field. What do you recall were some of your earliest substantial contributions that gave you the sense that, "Hey, I'm really getting things done here."

[00:40:05]

Dr. Duszak: I think at that point, I mean, you know, you gotta go back. I mean, this seems like it was so, so long ago. But we're talking well over 20 years ago. And you look at the advancements of arterial stenting. I mean, at that point, Medicare carriers were having debates over, "Are we going to cover stents?" You know, none of the stents were approved for arterial use. You know, you're using these big biliary Palmaz stents for iliac. And basically, at that point, the Medicare carrier medical directors, and again, back to the Don Lavantys, get to know these people. I got to know, you know, quite well Andy Bloschichak, who was the Medicare carrier director for Pennsylvania at the time, who's since marched up the career ladder in the Blue Cross Blue Shield system, of, you know, just going to Harrisburg and talking with him, and saying, "Here's what these do. Let me show you some. Let me give you a couple. Here, let's play with them." Helping to sort of build those relationships.

[00:40:57]

And at the time, we worked very closely with the ACR, because the carriers were looking for information to create a model local Medicare carrier policy for this, where it was, you know, balanced, it had references, and sort of being the good steward of information, not this lazy sales pitch. Again, going back to the Don Lavanty advice. And, you know, our state, like a number of other states, basically said, "Hey, this is great," they made a few minor changes and adopted it. And I think that was sort of one of the success stories of, "Wow, boots on the ground. You can really start making a difference." And I think that helped inspire both SIR in continuing to advance that, but also ACR, for things like chest x-rays. I mean, you know, pre-op chests weren't getting paid, and it's like, "Okay. Let's create some model policies and start distributing these. We can make a difference." So, it's starting with small steps. It's just celebrating the small successes and building upon them.

[00:41:50]

Geoff: Terrific. Now, during those years, in the late '90s, as you've already alluded to, you began engaging with the American College of Radiology. And it looks like your initial entree was via appropriateness criteria. Was that a direct link from SIR support of appropriateness criteria, to partnering with ACR in that initiative?

[00:42:10].

Dr. Duszak: Yeah. Actually, it wasn't quite there, although that would seem to be the logical connection. I mean, at the time, there was a little bit of competition between the SIR and ACR from a point of view of who should own these types of things. Some of this is all, you know, just the long-term relationships. Mike Pentecost, who was my program director at Penn, at that time was chair of the commission on cardiovascular and interventional radiology for the ACR. The ACR was launching this thing, and, you know, he needed somebody to help co-chair this thing. And I think Mike saw me as a bright up-and-comer, who said yes and delivered on stuff, and asked me if I'd be willing to participate. So, yeah, you look back and you say, "Boy, aren't there some amazing people who just open some doors." And I obviously can't thank him at this point for doing that. All you can do is pay it forward. So, that was actually much more from my relationship with Mike, of opening that door.

[00:42:59]

Geoff: So, since that time, since your initial interactions with the ACR, you've held many, many roles within the college, including a position on the Board of Chancellors for the past five years, two years as council speaker, and most recently as chair of the Commission on Leadership and Practice Development. Take us through your journey of the many roles and committees within the ACR, and help us to appreciate how your engagement, and your perception of that engagement, evolved over time.

[00:43:29]

Dr. Duszak: I had a really interesting experience, as we talked about, with my Rutherford fellowships, making me think, "Gee, this college is doing just these amazing things. The impact, it's living at this intersection where I wanna live my life, between the practice of radiology and the external world." So it was fascinating when I finished my Rutherford Fellowship and then sort of, you know, reached out to somebody at the North Carolina Radiological Society as a resident, and they're like, "Oh, we really don't have spots for residents." This was way before we had a resident fellow section. You know, started practice in Pennsylvania, and sort of showed up at a PRS meeting. You know, talked to a few people, you know, "Hey, can I get involved?" And nobody actually said it this way, but essentially the message is, "Hey, you gotta be around here and have some gray hair and, you know, pay your dues before we'll get you involved in some stuff."

[00:44:17]

So, my journey up through some of the College really wound up being some interesting doors that have been non-traditional, opening, part of the reason why I've been so passionate about, really, you know, supporting, engaging the resident fellow section, the young

professional section of the ACR and helping those folks to not have to break those doors. I think I got on ACR's radar doing the CAC network for the SIR. And after some conversations, what I learned later, one of my then private practice partners, president of the group at the time, Gordon Perlmutter, who chaired the ACR's Committee on Coding and Nomenclature, you know, talked with a couple of other people. I think Bill Thorwarth's name came up in my recollection of Gordon's conversations. John Patti, a couple people who were chairs of the Commission on Economics, about, you know, "Hey, this guy would be really good. I'd love to get him on my committee. But is this gonna be perceived as poaching talent from the SIR?"

[00:45:10]

You know, people were very sensitive to the politics of that. And so, you know, I wore a couple of those hats, but ultimately broke into Coding and Nomenclature. And again, you know, going back to, I think some of those principles that we've talked about already, saying yes, doing stuff, building the relationship, don't go for the quick win, go for the long term. You know, the infinite game, if you will. After a few years, you know, I'm chairing Coding and Nomenclature, and I'm invited to be vice chair of the Commission on Economics, with the plan of ascending into that role. You know, and taking on a bunch of other things at the time, you know, encouraged, I think people saw, "Gee, this guy's coming somewhere. He's gonna be at the board at some point. You know, let's figure out a way to encourage him to be on the council steering committee."

[00:45:53]

I wound up throwing a little bit of a monkey wrench into that, because at the time we were thinking about transitioning from potentially vice chair to chair of the Commission on Economics, I was having a little bit of my midlife crisis, said, "Gee, I'm gonna do academics. And I don't have the time to be doing some of this stuff. I really wanna be doing the pivot." So, you know, I stepped off of that escalator and took a pause, did some other things. And, you know, it wound up all working well, which is getting on the AMA's radar, but still building, I think, trust and relationships at the College. So, again, I think the story has been to network, find sponsors, find mentors, and say yes.

[00:46:28]

Geoff: Amongst all the roles that you've held in the College to date, and I'm sure there's more to come, what would you say have been your most rewarding?

[00:46:37]

Dr. Duszak: I think, actually, it's sort of funny. My wife and I were just talking about this at dinner a couple days ago. Being ACR Council Speaker. It was amazing. I do remember when I was elected vice speaker. Just typically, you elected a vice speaker. And historically, although there's no bylaws requirement, you know, nobody ever runs against the incumbent vice speaker. And so, you're signed up for a four-year track. I remember Bill Herrington, then the Speaker, congratulating me and said, "You know, being Speaker is great." He says, "The only thing though, better than being Speaker is being past speaker." It was drinking

from an amazing fire hydrant. But it was just this absolutely wonderful opportunity that suddenly I'm planted on the College's budget and finance committee, on its audit committee, on its executive committee, overseeing, you know, all of our practice parameters and technical standards, helping to moderate some really contentious debates on things like non-physician practitioners, having to do a really dramatic learn, from things like parliamentary procedure, thinking about how do you run meetings.

[00:47:34]

Obviously, there's a lot of things, as somebody who's highly self-reflective, you say, "I would do this all again." But just sort of jumping in almost headfirst into the deep end of the pool, and so many of those things just wound up being an amazing learning experience. I think I grew a lot professionally, got to learn a lot about myself, about interacting with other people. Because the last thing you want as Speaker is to have, you know, a food fight, figuratively, certainly not literally, on the Council floor. And how do you sort of build that trust? How do you build those relationships? And that was obviously challenged even more by the fact that my two years as Speaker were during the pandemic. So I had to run all of that virtually, which I am so glad I did it, but I'm also so glad it's over.

[00:48:17]

Geoff: For those who may not be familiar with the structure of the Council, maybe just give a few words, to help people understand the scope and spectrum of engagement across the Council, and the diversity of voices that you are coordinating.

[00:48:32]

Dr. Duszak: Yeah. Great question. You know, one thing that I think is amazingly unique about the ACR is, even though the day-to-day operations are run by our staff, run by our board of chancellors, our commission chairs, committee members, if you read the college's bylaws, policy is determined by the Council, which is essentially our legislature, it's our house of delegates in each state chapter. And then there's some other bodies as well that do it, elect the councilors that go to the ACR annual meeting every May, this year, it'll be April, just because of some scheduling stuff, and really make the college's policy. And it's getting those diverse opinions, and the board then has to follow those. Now, sometimes the council doesn't take things on, but I think that makes us very different from some other organizations. And I certainly don't want to in any way disparage, but you look at big organizations that we all look up to. The ABR, the RSNA, the Roentgen Ray. I mean, they don't have this inclusive, you know, sort of sausage-making process as well. And it is highly troublesome. You know, suddenly you have this plan, and all these people that call themselves members, that pay dues, wanna actually have a say, and, you know, rain on your parade. But I think it makes us better and stronger as an organization.

[00:49:45]

Geoff: Great. I wanna ask you about the Neiman Health Policy Institute. You became the founding CEO in 2012. Tell us about the Institute, how it came into existence, and how you became its founding CEO.

[00:49:56]

Dr. Duszak: Yeah. You know, everything's got a story. One of the pieces that, again, sort of always the guy who wants to call out elephants in the living room. When I was very engaged in the Commission on Economics, where we were thinking about advocacy, advocacy, advocacy. But I had started my journey. I was a few years into my time on the CPT editorial panel. So, serving ostensibly as a policymaker, approving codes, people coming to lobby us, and realizing, you know, how much of the lobbying, the testimony we heard, was all eminence-based. You know, "I'm the director of whatever at Harvard, and therefore I've got gospel truth." And how much of it was devoid of evidence? So, when we started having some of our strategic planning sessions for the Commission on Economics, one of my pitches was, "You know, we tend to be reactive, and we do what we need to do, which is important, but is there an opportunity for some of us to spend some bandwidth, figure out what we predict will be some of the issues down the road, and start creating that evidence."

[00:50:59]

And I'm not talking about doing it in a fishy, sleazy way. I'm talking about rigorous research, to be able to get good information that we think may help us later down the road, so that we can be honest brokers. Again, going back to, you know, some of that work that wasn't our research, but on iliac stents, that was so successful getting Medicare Regional Carriers to adopt a policy that we wanted. And so, we started, for a trial basis, for a year or two, something called the Committee on Imaging Policy and Economics Research. I was chair of it. There were a few volunteers. We had one staff member. And what we realized is when we started that, like, we just opened the fire hydrant. The demand was incredible. I don't even remember, it's been, you know, quite a while, what a couple of our early data collection exercises were. But they were viewed as highly valuable.

[00:51:48]

And so, I think that got noticed. I do recall in May of 2012, Paul Ellenbogen was chair of the Board of Chancellors of the College, and came up to me at one of the receptions and said, "Hey, this work you're doing is great. The College just decided we're gonna dip into our capital reserves to start this thing called the Policy Institute." At that point, it wasn't yet named after Harvey. And I said, "Wow, this is great. Wonderful. How can I help?" And he said, "I want you to start it." Again, like, "Oh, wow. What am I getting myself into?" So, I naively said yes, went half-time in my private practice, wound up being way more than a half-time job, of splitting my time between Reston, starting it up, helping to build the team, get us onto the map, starting to build the infrastructure, helping to work with our advisory board from a point of view of where our vision is, and, you know, what our plan will be. And, you know, even though I've stepped out of those administrative roles, it's really cool. Here we are. We're coming up on the 10th anniversary, and it's still there, and I would like to think still very relevant for our specialty.

[00:52:46]

Geoff: Yeah. That's an amazing story and a phenomenal Institute. And no doubt its stability and longevity is thanks to your launching it off on the right footing. What would you say were your principal goals for the Institute at its founding?

[00:53:02]

Dr. Duszak: I think there were a few pieces there is, you know, sort of our mantra was to help study the value of radiologists and radiologist. So, it was both, in evolving healthcare delivery and payment systems. I may be a few words off, but we spent a lot of time thinking about our short, pithy statement for that, which I think is still quite true today. One other piece that was incredibly important was that we were going to be the honest brokers of information. And at that point, I didn't do any RADPAC, I wasn't on the trenches doing any lobbying at that point, because we needed to maintain arms length from a point of view that our work was really credible. And I do remember as well, starting it up, you know, in some of my conversations when I was working in Reston with Harvey Neiman, about the piece there that, if you're doing this, this means that we're not going to pick questions for, research questions, that are gonna be ones that Medicare will come up with anyway, and make radiology look bad.

[00:54:00]

But if we pick upon a question, you've gotta follow it through, and you're gonna have to navigate the political process of our membership, saying, "You know, why did you publish that?" But from a point of view of ethical research, once we embarked upon it, we're not gonna fudge the findings, we're not gonna withhold the findings. I think we've been pretty thoughtful about picking some topics that have always been relevant for us. But I think those were a couple of the themes of maintaining, again, that sort of long-term trust. Don't go for the short sell, and sell your brand.

[00:54:30]

Geoff: Thinking through your time leading the NHPI, what do you identify as your major accomplishments?

[00:54:37]

Dr. Duszak: I think the accomplishment is, I joked around with people my first year, and people said, "You know, Rich, what's your definition of success?" Is it a decade from now, you won't need me anymore. From the point of view of setting out a vision, setting out an infrastructure, building an awareness within the radiology space, that a decade ago, other than the JCR, which had it not been there, I'm not sure where we'd be published, but, you know, the gray journal, the yellow journal would never be publishing the kind of stuff that we're doing, that clearly is highly relevant. I mean, society is very interested in this space. And so, my running joke was that, you know, we would in, over the course of a decade, build a cadre of rising star investigators. We would start developing methods, we'd start developing approaches. We'd do some building block research that other people would be able to continue to expand. And that a lot of radiology departments over the country would

have people that are interested in doing this stuff rather than just the Neiman Institute in Washington.

[00:55:40]

So, I'd like to look back, if that was a reasonable definition of success, I'm actually gonna be rotating out with my new job. You know, hopefully, it's just a temporary pause of not continuing my funded research. I'm just gonna be having enough other priorities. But it'll be almost at the 10-year mark, and we'll see if it continues. And I think it will. There's great people doing it, and a lot of interest. And that's just really exciting.

[00:56:01]

Geoff: Yeah. I mean, I think it's fair to say that the Neiman Health Policy Institute has changed the way health policy research is done, at least for radiology. And that really, the initiatives that you have led, with other great leaders and colleagues, have elevated our performance and the quality of what's being done. So, thank you and congratulations for that. You know, so much of health policy is influenced by politics and government inertia. What are your perspectives on the influence of data generated through formal scientific investigation within the context of those politics and government inertia, to actually change health policy?

[00:56:42]

Dr. Duszak: It's a balance. I do remember going back to, you know, the first day, I was talking with Gary Price during my Rutherford Fellowship, and talking about, "Okay. You're in our sort of evidence-free world now. And just from a point of view of how to talk to Congressmen, how to talk to senators as well." And, you know, one of his comments was, "One wheelchair at a committee hearing trumps 17 scientists." There is a lot of emotions, there's a lot of politics as well, and the data alone will never make your case. And so, you know, when I talk about some of our success stories of things like the MPPR, the Multiple Payment Procedure Reduction, you know, that really was a joint effort. It was RADPAC getting the ears of Congress, to fix something that Medicare should have addressed, because they weren't following their own rules, but also going armed with their goodies bag of a couple of our papers, saying, "Had Medicare actually done its research the way it should have when it was required to, these are the findings you would have."

[00:57:40]

So, we didn't win the day, but we were a piece of that. And I think that's how it's gotta be looked at. You know, in D.C., they're not gonna be reading the JCR, or JAMA, or whatever, other than some random headlines. I think it's gotta be a really coordinated strategy that's a piece of a broader policy-making puzzle.

[00:57:57]

Geoff: As radiologists, we understand the profound impact of medical imaging on patient care. And yet many organizations continue to view medical imaging as ancillary infrastructure. Let's focus for a moment on the question of inpatient care, and the attribution

of DRG-based hospital revenue to radiology. I've heard some very bright hospital leaders espouse the notion that revenue is attributed to the admitting service, and radiology may as well be viewed as a system-level expense, that, depending on its effectiveness, influences length of stay. What are your thoughts on that topic?

[00:58:32]

Dr. Duszak: I'm humbled you're asking me that, because you're the guy who's written about all the cost accounting and micro-costing in this space. So I'm way out of my pay grade talking with you. But I think some of it's got to be at least making the message that there's not one way to look at these things. And I think those are the conversations we have as leaders within our health system of where does the attribution go? I mean, you know, you don't wanna say that radiology's doing at all, because we've got great surgeons, or internists, or people like that. I think it's gotta be looked at holistically. But I think the value that we provide has to be part of that as well. Doing the attribution is just so darn hard. I mean, that's always been sort of the holy grail of stuff that I've wanted to do. And there's just so many darn confounding things that happen downstream to us doing our interpretations, that make it so hard to measure our value.

[00:59:23]

But there are some data, it's not as strong as it could be, or I believe should be, looking at early imaging impacting length of stay. And so, I think some of this has gotta be making that broader story that, you know, it's not just a numbers game, particularly when we're also talking about things like readmissions. I mean, that's one of the pieces there is, you know, I'd still like to crack that nut on the inpatient side. I mean, and everybody's still struggling with how do we measure the value of radiology? I mean, if we figured it out, we would've already had the great papers that are out there. But it's an important question, and I think we just need to continue to have a seat at the table and make the case then. You know, clinical decisions. Go back to when I was a fourth-year medical student. What inspired me? It was those conversations coming, into the private practice radiologist that I just really admired at the time, Tom Balsbaugh. And, you know, like, Tom telling, you know, this surgeon something, and the guy's like, "You changed my approach to this patient." And so, I think some of it's gotta be data, but some of it's also gotta be just us showing it time and time again in our day-to-day practice.

[01:00:21]

Geoff: Well said. I mean, ultimately, establishing the value of medical imaging, which is such a multidimensional construct, you know, breaking it down to the individual workstreams, is, you know, essentially like a unified field theory of health policy research. And I appreciate your articulating how challenging it is. But I agree, it still has to be a principal focus of our goal. Let's return to your day job now, and talk about your move to Emory. That was eight years ago. What prompted your full transition to Emory and academic practice?

[01:00:54]

Dr. Duszak: I think at the time, with my first couple of years at the Neiman Institute, just got this bug of doing health policy research, and doing it well. Doing it in a multidisciplinary manner. I mean, my long-term, you know, has now become personal friend, but collaborator, Danny Hughes, who's a health economist, to be able to figure out how to talk with people coming from different perspectives, rather than talking over them. It's hard to do, but it just made the work so much more exciting. And so, it really intrigued me from a point of view of, "Wow, you know, what am I gonna do at then, almost age 50-year old guy?" Our girls were finishing high school, so we were moveable, thinking, you know, hey, this transition into academics and, you know, where I was working half-time for the Neiman Institute, sort of being leased out by my group, could I do that in an academic center? And, you know, I was very fortunate that Carolyn Meltzer, I ran into her... Debbie and I ran into... She and Ken at a Georgia radiological society meeting, at the cocktail reception. We were just talking about that, and all of a sudden we're at dinner, and I'm realizing deja vu all over again. This just turned into a recruiting dinner.

[01:01:58]

Yeah. And the persistence, and just the help of somebody who's been immensely successful in an academic setting about saying, "Hey, this is a logical pivot. You know, you will find success in this environment." Because it was a big risk. I mean, it was like most people. I remember talking with Jim Thrall around the time, and him saying, "You know, everybody, Rich, at your age is going the other way, leaving academics, going private practice. You're swimming upstream, man. You need to think about this." And it was wise advice. And Jim, in his way, was congratulatory a year later that I was managing to pull it off. But yeah, there really was no roadmap to doing that.

[01:02:30]

Geoff: After your years in private practice, what surprised you the most about practicing medicine at Emory?

[01:02:34]

Dr. Duszak: I think the piece that surprised me the most was the sort of very insular way in which a lot of academics, and I certainly don't wanna broadly stereotype, look at the world. Sort of, you know, here's how we do it in our ivory tower. And I don't say that in a disparaging way. It's just, we practice in ivory towers. And that should be generalizable to the world more broadly. I remember when I came in at Emory, I was, for a while, an interim division director of community radiology before we recruited Howard Fleishon into that role. And I remember one of our chest radiologists complaining about some of our protocols, and said, "Well, you know, you just need to tell the pulmonary service, here's how they need to do it." And I'm like, "You don't understand. I'm in a private hospital. There is no pulmonary service. There's eight different private groups, and they're not monolithic. They don't all have one approach. And so, you know, it's far more complicated to bring about change." Not that it's easy in an academic center, but when you're really out there in the wild west, which is how a lot of medicine is practiced.

[01:03:36]

Geoff: Now, your initial appointment included Vice Chair for Health Policy and Practice. What were some of the priorities and activities that you pursued within that role?

[01:03:46]

Dr. Duszak: Yeah. This was, many thanks to Carolyn, you know, new title, new position created for me, that really had roles across all three of our missions. So, a few pieces, of course, is that I'd be able to bring my work from the Neiman Institute, along with my extramural funding, with me. And so, 50% of my position was to continue to advance our scholarship in that space. And of course, whenever opportunities arose to mentor junior faculty residents in that space, so that we could put ourselves on the map. Across our sort of clinical and operational mission, you know, having been president of a private group, shared compliance committees and the like, it was, "Can you be our point person working with our practice administrator and, you know, the dyad relationship for sort of all that revenue stuff that none of our docs want to do?" Building that relationship with our revenue cycle team, helping us move forward in structured reporting, to improve our computer-assisted coding. So, you know, I was involved in that mission.

[01:04:41]

And then the other piece, as well, again, back to sort of just filling a gap of the residency review committee, there were the new milestones then in economics and health policy. And it was sort of like, "Okay, we need to do something. Can you make a curriculum?" And so, building that curriculum, building that lecture series was sort of my other part of my job. And so, yeah, I actually went from private practice. I dialed down to 50% when I was starting the Institute, and then 20%. I've been, you know, a day or week clinical for eight years now. So there's certainly a lot of IR I've given up. They're just perishable skills.

[01:05:13]

Geoff: Tell us about your enterprise-wide value acceleration project to improve medical imaging quality and efficiency across the health system.

[01:05:22]

Dr. Duszak: Yeah. This project was an enterprise-wide project at Emory, that was probably shortly after I came on board. And we're starting to realize as a health system, you know, we need to cut costs, we need to identify opportunities to enhance revenue. And there were some targets that came from on high, from a point of view, and I forget exactly what those numbers are. It's been quite a while. "We want you to sort of improve your bottom line by X," and doing it, at the same time, the charge was not sacrificing quality, and ideally improving quality there. So, you know, it was one of these, like, "Ooh, wait a second. Is this even doable?" And I remember Carolyn saying, "Hey, can you do this and work with our then practice administrator as part of the leadership for this team?" So, you know, it was a real great opportunity to think a bit out of the box.

[01:06:11]

I mean, as our health system was growing, we had, you know, seven or whatever different hospitals, all independently purchasing contrast, all independently purchasing devices and supplies for IR. We did not have a cohesive enterprise-wide strategy towards negotiating with GE or Siemens for our capital purchases. And so, a lot of this was really low-hanging fruit, that having the authority from up on high to say, "You know, all of our sites, you're all gonna change this, and we're going to have decision-making committees," you know, not only saved us a lot of money, but also really helped, I think, move us towards our standardization journey, which obviously is one of the fundamental steps of moving towards a quality and safety system as well. I forget exactly what our goals were, but we well exceeded those with a lot of stuff that you say, "Gee, this was really common sense, except, you know, nobody had done it before."

[01:07:07]

Geoff: It must have been really rewarding to bring that impact so quickly.

[01:07:09]

Dr. Duszak: It was fun. It was fun. Yeah.

[01:07:11]

Geoff: Yeah. Absolutely. I also see that you led, and you mentioned this briefly, about the integration of separate community hospital practices into a cohesive community radiology division. Tell us about that project. What was unexpectedly easy about it and what was unexpectedly hard?

[01:07:28]

Dr. Duszak: I'm not sure there was anything unexpectedly easy about that one. When I was being recruited to Emory, this was the summer 2013, was talking with Carolyn about my clinical duties would be at a hospital that's part of our system, that's got the Emory name it, Johns Creek Hospital. We had a small community division. I think it was five or six radiologists. And it was about 20 miles or so from the university. So, you know, in Atlanta commute, that's 90 minutes. But I'm like, "You know, a day a week, I'll do that." And that's sort of where it was gonna be my academic home. Another Emory-branded hospital, the private group there wound up folding, or starting to fold, around November, before I came. And so I remember the call from her that, you know, "Hey, do you mind this other place being your primary clinical site?"

[01:08:13]

And so, we wound up actually having to build up a community practice presence at that place, in essentially real time with, a few people that were from that old private group, hiring some of our other people, new to the practice, pulling some of our academics in there, but also putting it under the umbrella of this community group, which was small, you know, it had its own little culture. And all of a sudden, like, it grew more than two times its size. And some real growing pains of, "Oh, I don't wanna work there. I don't wanna work there." The big challenge was developing our new sort of homeostasis, if you will, of, you know, what

this group looks like, who was gonna stay, what the new culture was going to look like. Wound up being, you know, a pretty painful transition, as I talk with colleagues elsewhere about academic places bringing on community hospitals. It's never easy.

[01:09:01]

I mean, there's a massive cultural, operational, administrative change in there. We lost some people in the process that just weren't gonna be good fits. We brought up some people that were in the system, really mentored them up, you know, figured out who would be the good change agents for us, and went through a massive recruiting period to build at least what was then, I think, getting a lot of attention as sort of one of the big community radiology practices. I think other groups have grown faster than us since that period, but being at the bleeding edge wasn't necessarily fun. But, you know, I still practice in the community division as a proceduralist. I basically do biopsy drainage, so lower-end IR stuff. And, you know, it's a great, great group of people. And, you know, I just love practicing in our community-based hospitals, which are much more about collectively, what can we do for the patient, rather than, "Oh, gee, this is an interesting case, we should write it up."

[01:09:50]

Geoff: Another one of your activities at Emory was guiding annual iterations of the radiology faculty incentive program. What are some key takeaways for you from that activity?

[01:10:02]

Dr. Duszak: You know, I participated in our incentive program in my former private practice, particularly as I talked about earlier, and it wasn't at the individual level, it was at the group level. So, you know, both of my radiology private practices were very similar to most other private practices, where, you know, it's largely sort of socialized. You have a pool of dollars, and if you pick up extra shifts, you might get paid more for that. We had a longstanding annual faculty sort of performance scorecard, and our school of medicine, as part of their funds flow overhaul, just completely blew it up in the last year or two. So, you know, it really doesn't stay, but we tried to figure out what metrics we had that were meaningful across all three of the missions. It was a lot of work that went into this, so, you know, it was great work by Carolyn and other people that preceded me, from a point of view of you'd have your three missions, there's a bunch of metrics in each of these, and then they would be weighted based upon your percent effort in those spaces.

[01:11:00]

So, you know, if you were externally funded, your expectation for research would be much higher than somebody who's just got their token academic day a week. And that being said, you know, we wound up tweaking it a little bit over time. I forget exactly what the iterations were. There was some modifications to a citizenship score, there were some modifications about turnaround time metrics. One of our big initiatives, which was a lot of work between a few of our vice chairs, our vice chair for clinical affairs, informatics, quality, and safety, and me, was moving us towards structured reports across our department. We wanted to do it to have uniformity with regard to what our brand looked like, our deliverables looked like. We

wanted to set ourselves up to be successful in a machine learning world. The more structured the report, the better.

[01:11:45]

It also helped us a lot to move to computer-assisted coding. And so, what we did is we put in some metrics in there, for example, because we had a bunch of people that, you know, everybody's report was their own work of art, their own Picasso. You know, to move them in that scenario of percent of reports that you used a department-wide structure. So, those were some of the interesting pieces. You touched these pieces that nobody wants to do. I forget what it was. I mean, it was like 1% of your bonus, which was 5% of your salary. I mean, we're talking peanuts here, but it was interesting. Once you put it into the scorecard, boy, performance went way, way up with that. You know, no doctors want to be scored below average. It was an interesting exercise in the fact that, you know, just tiny little things listed, even though they don't have a lot of dollars, can be real assists for behavioral change where you want to go as an organization.

[01:12:38]

Geoff: Did you share the performance of the individuals in the department, collectively, with the members of the department, or was that information kept confidential?

[01:12:48]

Dr. Duszak: You know, even in my private groups, we shared some RVU productivity, which was really the simple metric of that. I've always been a big believer, you don't wanna publicly shame people with this. So, nobody saw Rich Duszak's scorecard, but people did see where they fell on the overall, you know, sort of bell curve distribution of the department, which I think is much more helpful. Now, a small group of leaders actually got to see individual scores. You know, the division directors, the section chiefs saw their own faculty, so they could use it as information to help guide those individuals from a point of view of where they need to be potentially improving, or also figuring out where our metrics just failed because they didn't capture good people. But, you know, we shared it as a general level, but did not share specifics. When people are doing such different things, I think that can have some really bad unintended consequences.

[01:13:39]

Geoff: When speaking about incentives and motivation, a lot of people tend to refer to the work of Daniel Pink and his book "Drive," which essentially highlights the principle of intrinsic motivation and the drive to do things that arise passion and, you know, underscore an individual's mission in their professional life, versus extrinsic motivation, which is essentially pay to play. Within the context of your perspective, having been involved in physician incentive compensation, how do you view the intrinsic versus the extrinsic? And when do you try to leverage one versus the other?

[01:14:18]

Dr. Duszak: Yeah. You know, there's no one size fits all. Admittedly, I may not necessarily be the best person to ask, because I took a pay cut going from private practice to academics eight years ago. And so, you know, certainly, for me, the intrinsic means a lot more. Now, that being said, I'd been in private practice for 18 years, so I'm certainly not slumming it. I think everybody's a little bit different. I tend to think that the dollar corridors that we have within our system, and I'm increasingly hearing this from other people, there's not the wide latitude of the chair to sort of have haves or have nots. And so, I think that sort of wiggle room we have from a point of view of differential payment is far smaller than it might be, for example, in a private practice setting. I think, you know, and I may be wrong here, and it's not one size fits all, people who choose to go into academics probably are more driven by some of the intrinsic things, because we do these things that don't pay.

[01:15:12]

And again, when we came up with our balance scorecard, for some of this stuff, you know, yes, there was some point system, if you like, to do resident conference, but there was also point systems for things that, you know, we're already recognizing in our promotions committee of national lectures, because it's different people do different things. And, you know, I'm trying to get a good enough smorgasbord that everybody could at least check boxes. Because that's one of the pieces of doing some of these systems, is that if you're really a good player, and we don't have boxes for you to check, these scorecards can be demoralizing. But I'm increasingly a believer in the intrinsic motivation, just talking with people, I mean, I've already started, admittedly it's hard because I still have my job here at Emory, but, you know, starting to have one-on-ones with some of the faculty in my new department. And, you know, one of my standard conversations is, "What gets you up in the morning? What do you like doing? Where do you wanna be in five years?"

[01:16:05]

Always with the caveat, I can't necessarily promise you that we're gonna get you there, but at least if I know what it is, I can keep my eye on opportunities, as we're thinking what a balanced department looks like, to get you there. As a general rule, people, I think, seem appreciative when you have those types of conversations with them. And it always is surprising. Some people will come up with some things that you're like, "Oh, wow. I never would've thought of this person as the phenotype of somebody who would be interested in doing that. That's great. Let's start talking, or let me connect you with somebody who can."

[01:16:39]

Geoff: So, big changes are afoot for you this July, as you begin your tenure as chair of radiology at the University of Mississippi. Congratulations. You must be very excited. How are you preparing for this role?

[01:16:51]

Dr. Duszak: I'm gonna be drinking from a fire hydrant with this. I mean, I think a few pieces are number one. I think the preparation, in my mind, started a few years ago, when I started having conversations with Carolyn that, "You know, I'm thinking about doing something

different. Emory's been great, but the big city's not quite the place for us," and exploring some of these. Talking with colleagues who've been in those roles, little shameless pitch for some of the work we do through the Radiology Leadership Institute. You know, really paying attention to a lot more of other people's stories and journeys. Reading a lot of books. I mean, a few years ago, Daniel Pink's book that you mentioned isn't on the list. But, you know, I mean, I've been going through the Collins books, "Good to Great," you know, "Built to Last," you know, Stephen Covey, "The Speed of Trust." Things like that, where there's just some of these amazing stories that I've been doing as audiobooks, and just thinking about some of that stuff.

[01:17:42]

And, you know, some of the preparation is taking on increasing roles in my own department. Obviously, between now and July, there's only so much I can do within that period. You know, I need to sell the house, I need to buy a new house. I'm working on credentialing paperwork today. The mundane always gets in the way of the aspirational. But I'm really trying to be deliberate about, you know, reaching out to people, you know, starting to have conversations. You know, really sort of planning what my first 90 days is gonna look like. Which, at least for me, my biggest priority's gonna be doing a listening tour. Having grown up in Philadelphia, also respect the fact that moving back to practicing in Mississippi, right away, I'm recognized by the way I talk as an outsider, and I don't wanna be that "damn Yankee," bull in a China shop there.

[01:18:26]

So I really do need to be careful I don't break a lot of the good things that I saw about the department and the institution, figuring out where there's opportunities for improvement, and figuring out where things are working, as well. You know, already starting to identifying, you know, what will be some of the priorities for the department. What needs to get fixed? What can you just leave as it is? And what do I wanna build upon? And also figuring out, sort of the Jim Collins, you know, the right people in the right seat on the bus is, are these people in these roles the right people to doing things? I'm certainly not planning on doing any major changes up front, but, you know, figuring out, do people want to be doing the roles they have, but also who are the best people? And maybe there are some other roles as well. So a lot of it is a bit pie in the sky and abstract. And I also always realize as well, you know, after you have everything decided in the abstract, reality will smack you in the face, so I'm fully prepared for that come July 1st.

[01:19:18]

Geoff: Tell us about radiology at Ole Miss, and what led you to pursue this particular opportunity?

[01:19:26]

Dr. Duszak: Yeah, the radiology department there is just, it's a great department. It's a really special institution. And getting back to some of my, sort of...you know, it's about the relationships, it's about knowing people. University of Mississippi Medical Center, so it's

based in Jackson. It's not in Oxford, where the rest of the so-called people see the so-called Ole Miss there as well. So, it's in the state capital. It's the only academic medical center in the entire state of Mississippi. You know, a state of 3 million people. So, really interesting perspectives, you know, as I just sort of look at what's my role, what's my job? How do I comport with reality there? Three million people is half the population of the Atlanta Metro area, where I currently live. The landmass of Mississippi is actually bigger than the state of Pennsylvania. It is truly a state of haves and have-nots. You know, it's the poorest state in the nation with regard to number of people that are below the federal poverty line. It's the fattest state in the nation, with a number of obese people. It's the sickest state in the nation, with the shortest life expectancy. It truly is a state of haves and have-nots. The area where we're buying a house is just a wonderful gated community suburb, then you go 20 miles from there and there's places that I'd be surprised if they have running water. It's really intensely mission-driven. And I think one of the pieces there is, you know, as we're all talking about disparities, you know, I'm gonna be in a department where we're living disparities.

[01:20:46]

Back to what got me interested. You know, the people in the department, the people in the medical center, are truly driven by the mission. You know, we can't fix it all, but where are we gonna prioritize? Where are we gonna make a difference? And I think the priorities, as well, as much as, you know, my transition from private practice into academics, has really been built on health services research. Clinical is a really important mission there. Education of the secondary, if you will, missions is far more important than the scholarship. And that's not to say the scholarship's not important, but it's gotta be getting enough docs, getting enough non-physician providers, to take care of the people in this state. And, you know, I also look at it as well, again, you know, I've been having some conversations with the interim Dean of the school population health sciences. They have a relatively new school there.

[01:21:34]

I mean, you know, the opportunities for doing some of the workforce and disparities work that I've done, I think are gonna be just countless. Obviously, I need to settle in from a point of view of the department before I can do that. So, I think, you know, certainly the institution's capital resources didn't sell me. You know, it's a state institution. They live or die by what the state legislature gets to them. They take care of lots of uninsured. So, they're not gobbling in the money. We're gonna be working, you know, in a very austere department, saying, "You know, how long can we run a 16-slice scanner? What can we use that for as well?" You know, making some hard decisions there, but the commitment, the people there are what really got me just saying, "Wow. This is a place where I wanna work. These are people I wanna spend the rest of my career with."

[01:22:17]

Geoff: Well, it sounds like you have your finger on the pulse of the mission, which is really terrific. And being in a state where disparities are so highlighted, and having your background and skillset, I think is a fantastic opportunity for the institution and for your leadership. I'm very excited to see what comes of it. I'm sure great things.

[01:22:38]

Geoff: Well, thanks.

[01:22:39]

Geoff: Among your many hats, you are also a security threat and contraband imaging consultant for the United States Department of Homeland security. How did you hook up with the DHS, and what has been some of your activities within that role?

[01:22:54]

Dr. Duszak: You know, it's one of those things, Geoff. You got a copy of my CV, and you know how we play in academics. Everything you do, you have to list on your CV. It's neither a sexy or a big a role as it sounds. Somebody called me up, somebody sent me an email kind of thing, like, "Hey, do you wanna do this stuff?" So, really, what it is is they needed a radiologist to look at images that are scanning, you know, all these trucks coming across the borders, and saying, "You know, do you have drugs? Do you have guns?" and things like that. But at the same time, not do anything that impedes upon the privacy of the overwhelming majority of people who cross the borders, who are honest, hardworking people, who have a right to privacy, just like you or I. So, a lot of it is just really sort of mundane regulatory review of images to say, "Am I seeing hip prostheses? Am I seeing tattoos?" Am I seeing things that potentially could allow somebody to be identified separately from them showing their credentials to the border agent? So, some of it is a little mundane, but the cool part of it, and obviously you've done this kind of work, you've got the non-disclosure agreement, is seeing the pictures of the kind of stuff that we can do, and say, "Wow, man. We should feel pretty safe out there. This is cool stuff." It's almost scary stuff as to what we can visualize in this role. But it's not a big job. It's a couple hours here and there on an ad hoc basis.

[01:24:12]

Geoff: Anything in particular that you've seen in those images that you were like, "Whoa. I was not expecting to see that."

[01:24:20]

Dr. Duszak: No. Not really, because they were actually, as part of the process, they used volunteers for this. So I wasn't seeing actual contraband and stuff. Now, I saw stuff that's, you know, sort of in the storage compartment or under the truck that I'd probably be breaking some federal law by telling you, but you sort of look at that and you're like, "Ooh. I think I know what that is." But that's somebody else's case to review.

[01:24:41]

Geoff: Now, you also served as healthcare fraud and liability litigation consultant for the U.S. Department of Justice. Do you have anything juicy to serve up from that gig?

[01:24:53]

Dr. Duszak: You know, when I was on the CPT editorial panel, so I was in the weeds, I knew all the coding stuff. I mean, now I'm getting a little rusty with that. I have to cheat. I can't give you a five-digit CPT code off the top of my head anymore. Used to chair the ACR's Committee on Coding and Nomenclature, so did all of our Q&A for our members as well. Participated in a lot of cases where, you know, basically in a lot of these, by the time the government's retaining somebody like me, they've already pre-qualified that there's some bad actors that are doing some stuff, and they're really trying to focus their case. Yeah. I think the patterns that I saw with that are, you know, it's sort of that stuff of like swim straight and just play fair here. People that were double billing, people that were churning fake patients, people that were billing for contrast for non-contrast studies.

[01:25:38]

So, yeah, a lot of it is just sort of common sense of, you know, almost all of those cases I saw, I mean, there was one that was a kickback case, and the doc is emailing, you know, somebody else and saying, "I'm giving you this money, but we need to keep this secret because the government would not like this." And not realizing, like, emails are all discoverable. So, a lot of it was just almost amusing stupid human tricks, but also looking at it through the lens of, you know, everybody's innocent until proven guilty. And, you know, I had to help, which actually was the fun part, FBI and HHS agents sort of say, "Here's how to look at this case. You know, here's how to think about it. You're telling me this and it's checking the boxes, but I think this is a smart doc. I think what she or he is doing is this. Why don't you take a deeper dive here?" So it was a little bit of almost Colombo, part time for a radiologist. It was a lot of fun, but serious stuff.

[01:26:33]

Geoff: Leadership can be stressful. How do you unwind and recharge?

[01:26:38]

Dr. Duszak: I'm, as I mentioned earlier, an introvert. You know, reading books, reading HBR articles, you know, ROI things. You know, I used to think introvert is somebody who's shy. And I used to be real shy as a kid. But I think a lot of it is sort of just somebody who likes my quiet time. I mean, my last round of interviews at University of Mississippi, I mean, I interviewed with, like, 30 people over two days. I mean, I just wanted to, like, do nothing the next two days. I just needed to get my brain together. So I think that informs a lot of what I do to unwind, which is a lot of quiet time. We work crazy hours. I have a home gym down in the basement, and I just put on some old album from high school and, you know, do some resistance or go on my rowing machine. Love to do road cycling, just ride my bike. Unfortunately, living in town Atlanta, that's highly dangerous, so I'm really looking forward to being about a mile from the Natchez Trace when we move in a couple of months, and being able to ride my bike.

[01:27:37]

So a lot of it's just quiet stuff. And even a day like today, where we've had movers come into the house, bringing our stuff from Hilton Head to here in Atlanta, and my wife's been

packing all day, you know, we'll just go for an hour-long walk tonight. I'll be too tired to do anything more than that. But a lot of it's just enjoying quiet, just getting my head together so I can recharge and deal with people again the next day. Which I think is fun, but it's exhausting for me.

[01:27:59]

Geoff: How about family life? Do you spend much time with your family?

[01:28:02]

Dr. Duszak: We do. We really have a really good situation. Our daughters both live very close to us here in Atlanta. Our older daughter is 29. She's a second-grade teacher in one of the suburban school districts. She lives in an apartment about four miles from here. So, every Sunday, the girls come on over. Abby just randomly stops by after school sometimes. Kate is our younger daughter, is 27. She's got some developmental disabilities, but works in the gift shop at the children's hospital right across the street from me. You know, Debbie and I talk about every kid with challenges having their superpowers. And, you know, her superpowers are just connecting with kids. I mean, she's just an amazing ambassador in a children's hospital where people are sick. But she lives about a mile from here. She doesn't drive, but she's on the Emory bus route and can take the bus to work. But she's essentially on my commute to work, so I can stop by or we can pick her up. And, you know, she'll come over here a couple evenings a week, and certainly Sunday dinner. We definitely connect with the girls. Obviously, Debbie's family's still in Pennsylvania. My family's still in Pennsylvania, so connecting other than phone with more distant family is harder.

[01:29:06]

Geoff: Will either of your daughters likely relocate to Mississippi?

[01:29:11]

Dr. Duszak: Kate, I think, will move with us. I mean, she's in a pretty good situation now. Bus ride, she lives across the street from a grocery store, and she's, you know, pretty independent with a little bit of distance support. But the plan is, I think after we settle in, I start July, you know, maybe September, somewhere thereabout, look at finding her a spot where she could be in a similar situation. She loves working in a children's hospital. Gives me some time to see what kind of opportunities might be there or elsewhere. You know, Abby's doing her thing right now. She's loving her job, and I think has a great friend base here. But I must admit, living close to the kids is great, and have said to her, you know, "Hey, if things aren't really working out well, mom and dad are gonna be living in a really good school district. So, you know, we'll be glad to help make some connections for you."

[01:29:54]

Geoff: Do you recall any failures or difficult times that set the stage for later success, or taught you something that later on had great value to you?

[01:30:05]

Dr. Duszak: You know, if you wanna call it a failure or a challenge, as much as we've had some amazing success stories, I believe, and it's all been part of the team with the Neiman Health Policy Institute, our first year starting up was very difficult. I told you a little bit about Paul Ellenbogen approaching me and saying, "Hey, here's how it's going to be." And then it was basically, "Go talk to Harvey Neiman," who was then the CEO of the ACR. He and I were meeting on a pretty regular basis, talking pretty frequently about what this vision would be like. Because I think the vision, you know, my initial title was CEO of this, but it wasn't a separate organization. But the vision that we talked about was, you know, setting this up and having it be a separate 503(c)... I'm blanking on whatever the number is after that. You know, the non-for-profit, that would basically be, you know, ACR funds going there to maintain that arms-length relationship.

[01:30:56]

Obviously, you know, Harvey got quite sick, they went into an interim situation. You know, wound up being an interesting challenge in a fiercely democratic organization. Without that sort of focal person there, suddenly, you know, I had a lot of bosses. You know, bosses from staff, bosses from volunteer leadership, that all wanted to sort of, you know, as a few people said, play in this brand new sandbox called the Neiman Institute. And, you know, we had these sort of clear marching orders. And to be honest, you know, I'd be lying if I didn't say a few times I was ready to throw in the towel. I mean, it was hard. We had this clear vision of what Danny Hughes and I wanted to do, and then all these other people who claimed to be bosses, but nobody to protect us. And I didn't have the authority. You know, I had this title, which really meant nothing because we hadn't separately incorporated.

[01:31:47]

So, it was a real learning experience, a few pieces of learning how to manage stakeholders who think they have influence but really don't. But also, as well, of, you know, some of the negotiation of where we're going. And I trusted Harvey, we had great conversations. If I had to do it over again, I would've included a broader group of people to, you know, memorialize those conversations. And I don't say doing it from a contractual perspective and lawyering up, but to have a collective corpus of people who understood that, because once he got sick and passed away, it was really Rich saying, "Here's what Harvey wanted to do." And it's sort of like, "No, we don't think so." Or, you know, "He's not in charge anymore." So I think we would've gotten a lot more done a lot quicker had I sort of thought about the transition a little more proactively and thoughtfully. I mean, we got there, but it was a pretty painful process for a year or two.

[01:32:43]

Geoff: Yeah. Real valuable lessons. Thank you for sharing those. What advice would you give to a young radiologist who's inspired by your journey, and would like to pursue leadership?

[01:32:53]

Dr. Duszak: Number one, first of all, you know, there's a lot of people that are concerned about radiology as a specialty. "Oh my god, there's not enough radiologists." I mean, a few years ago, we had the president of the United States saying AI was gonna put the radiologist outta business first, and now we have more work than we can deal with. I don't see radiology going away. I see it's always going to be incredibly valuable. So, I think, number one, it is a good and worthy, noble, but will be very productive and meaningful profession. I think from a point of view of doing other things, I mean, I think part of my success, although sometimes it's gotten me into trouble, is to ask good questions. Think about the world a little bit differently. Challenge conventional wisdom. We were talking about books a few minutes ago. One of my favorite books, Daniel Epstein, "Range: How Generalists Thrive in a Increasingly Subspecialized World."

[01:33:50]

And just sort of about the piece there about the value of being more mile-wide rather than mile-deep. And there's a balance in there. Again, I think some of that goes back to my experience in private practice before pivoting to academics. And so, you know, I think the advice from some of that stuff is don't necessarily narrow down. If you're absolutely sure you know what you wanna do, run with it. But if you're not, life's a journey. It's a long journey. And I've had multiple sort of mini-careers along the way. And you can pivot. I think you gotta think out of the box. Don't necessarily just accept conventional wisdom. Ask good questions. Find good mentors and sponsors to help you navigate the process. And also, find peers. The final piece with that is, you know, you're never too young to mentor and sponsor other people. You know, I have people that say, "Thank you. I learned so much from you." And it's like, "No. I learned so much from you, just seeing the world through the eyes of people who are still rookies." And I say rookie in a good way, that they're not locked into some of the conventional wisdom that you and I are. So, you mentioned Pink, and the intrinsic motivator. Figure out what your intrinsic motivator is and run with it.

[01:34:59]

Geoff: Well, Dr. Richard Duszak, it has been so energizing and exciting to hear your journey today, and to just track along with what has really been a very unique path that you have carved through our field and have contributed so much uniquely that we benefit collectively from, as well as individually, from all the words of wisdom that you've shared with us today. I can't thank you enough for joining us on "Taking the Lead."

[01:35:26]

Dr. Duszak: Thanks, Geoff. It's truly been my pleasure.

[01:35:37]

Geoff: "Taking the Lead" is a production of the Radiology Leadership Institute and the American College of Radiology. Special thanks go to Ann Marie Pascoe, the senior director of the RLI, and co-producer of this podcast. To Port City Films for production support. Linda Sowers, Meghan Swope, and Debbie Kakol for our marketing and social media. Bryan Russell, Jen Pendo, and Crystal McIntosh for technical and web support, and Shane Yoder

for our theme music. Finally, thank you, our audience, for listening, and for your interest in radiology leadership. I'm your host, Geoff Rubin, from the University of Arizona College of Medicine in Tucson. We welcome your feedback, questions, and ideas for future conversations. You can reach me on Twitter @Geoffrubin, or using the hashtag #RLITakingTheLead. Alternatively, send us an email at rli@acr.org. I look forward to you joining me next time on "Taking the Lead."