



Episode 1: From Hickory to DC, Rising to Lead the ACR
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Geoff: Hello, and welcome to "Taking the Lead," a podcast from the Radiology Leadership Institute that profiles radiologists as leaders, seeking insight and inspiration from a variety of perspectives and experiences. I'm Geoff Rubin. Today, I'll be talking to Dr. William Thorwarth, [00:00:30] Chief Executive Officer of the American College of Radiology. We discuss his early influences, what led him to join a five-person practice in rural North Carolina, and how that practice's commitment to supporting him in a variety of leadership roles early in his career shaped him as a leader. With the patient as his true north while leading as radiology chair, medical staff chief, hospital board chair, and ultimately as CEO of the ACR, [00:01:00] Bill discusses the importance of having good mentors and how relationship building is key to his effectiveness in representing radiology both locally and nationally. He reflects on the changing priorities of the college and his leadership evolution from a time when self-referral and turf battles were a primary concern to today's focus on team and value-based care. [00:01:30]

Bill, welcome.

Bill: Thanks very much, Geoff. It's really a pleasure to be here and I appreciate the opportunity to speak with you.

Geoff: We're delighted. It seems that your career has come full circle. Since your birth in Washington, D.C. you've returned. Did you grow up in Washington?

Bill: No. Actually, my father was in medical school at Georgetown [00:02:00] when I was born, and soon thereafter, he went to Boston City Hospital for his internship, and then subsequently, his residency at the University of Pennsylvania. And I grew up outside of Philadelphia, living in the suburb as he completed his residency, and he joined the practice in the suburban Philadelphia area, Chestnut Hill Hospital.

Geoff: And what was your family life like growing up?

Bill: It was a terrific experience, honestly. It was kind of a small suburban community. Many of [00:02:30] you have heard of King of Prussia, Pennsylvania, because of the huge mall that's there. When I moved there, it was one stoplight in Valley Forge Park. So really, we saw a tremendous change in that environment. But it really was a terrific place to experience childhood. Got a good education through the public school systems there before my folks moved closer to my dad's work, and then I went off to college.

Geoff: Sounds like a great upbringing. Do you have brothers and sisters?
[00:03:00]

Bill: I do. Three siblings, one of whom still lives in Pennsylvania, but the others have moved a bit more afar, one in California. And my older sister actually is retired now, married to a French chef and they retired to France, actually living in the north end of the Loire Valley.

Geoff: Sounds like a nice visit to make every now and then.

Bill: Exactly.

Geoff: So what lasting influences do you attribute to your mother and father [00:03:30] growing up? How do you see, you know, their example, their approach in your upbringing, coming to bear on the man that you are today?

Bill: Honestly, one of the major messages my parents always expressed was if you're going to do anything, do it well. In other words, don't take things on that you don't intend to dedicate yourself to, be sure that you prepare yourself [00:04:00] for and then follow through. So they were both very good inspirations in that light. I mentioned my father was a radiologist. And interestingly, he really only went into his office kind of one time in my teenage years. He wasn't really promotional of radiology as a career, but I certainly saw the enjoyment that he experienced from it. And I suspect that had a lot to do with my decision in career choice. [00:04:30]

Geoff: After graduating medical school at Dartmouth, you actually trained in internal medicine working for four years as an emergency room physician in New Bern, North Carolina before entering radiology training at the University of North Carolina. Before I ask you about your time as an ED physician, I'm curious what led you to Eastern North Carolina and a town of 14,000?

Bill: Well, I decided to do the internal medicine training in significant part because when I was in [00:05:00] medical school, I was impressed that the radiologists I met...and I did do a summer internship in the department, basically to confirm my career choice. But I was impressed that the radiologists who had done clinical medicine seemed to be able to relate and consult more effectively with the referring physicians. So I thought I would get that background in clinical medicine. I had signed up in medical school with the National Health Service Corps. And so either owed them [00:05:30] time or money and took the position in the ER in Eastern North Carolina fundamentally to pay off those educational loans. My chief resident where I did my internal

medicine training had gone into practice in New Bern, and actually was the contact that led me to that choice of locations. It was a great experience, honestly, one I wouldn't trade for anything. When I did return to radiology residency, it was a great background to [00:06:00] bring to that new educational experience.

Geoff: So it was your intent to go into radiology all along?

Bill: I was very convinced after that summer internship during medical school that I was looking at radiology, not just out of inertia, you know, because of my father's career, but because it really was a specialty that excited me that I saw great interaction of being the, [00:06:30] if you will, kind of at that time, we called it the doctor's doctor where you were a problem solver for referring physicians and their patients and gave me, likewise, a broad exposure across all of medicine. You know, at that time, of course, most radiologists practiced in a less sub-specialized fashion than they do today.

Geoff: And yet you served as an ED physician for what? Four years?

Bill: Yeah, I went down there with the intent of probably staying too. Met my [00:07:00] wife and we had several children so that by the time I was going back to radiology residence, I figured it was better to spend a little more time and save some money so I could get through the three years of radiology residency with my family.

Geoff: Yeah, that's marvelous. So thinking back to your years in the emergency department, is there anything that you carry with you today in terms of lessons that help you to be a great radiologist or a leader? [00:07:30]

Bill: Yeah. As I said, it really prepared me with a broad clinical background. So when I came to radiology, I had spent four years whether it'd be calling physicians at night and explaining to them why we needed to admit their patients. We were taking care of patients with everything from pediatric to neurosurgical problems. By the time I got back to radiology or got into my residency in radiology, I felt very well equipped to understand what was really clinically [00:08:00] important. And as importantly, I think, how best to evaluate radiologic findings, but at the same time, make sure you knew what the clinical context was because one without the other really wasn't the best way to take care of the patient.

Geoff: I've had an opportunity to look at a lot of CVs. And one thing that struck me as unique about your CV was that you specifically recognized Dr. James

Scatliff as being the Chairman during your residency at the University of North [00:08:30] Carolina. Was there anything that he taught you that you continue to carry to this day?

Bill: He was really a terrific influence. Dr. Scatliff was Chair at the University of North Carolina, I believe, for about 25 years, and I felt very fortunate to be there during his tenure. He, likewise, was very committed to a patient-centered care approach. The University of North Carolina, at that time, did not have any...only had a very [00:09:00] small number of fellows, I should say, in imaging, meaning nuclear medicine, CT, and ultrasound, and no fellows in any other subdivision. So as a result, the residents got a lot of experience. Dr. Scatliff's oversight of the department was very, very clinically oriented, and that really served me well in my anticipated practice career. Also, I think that he had set a tone. There was never any [00:09:30] undue pressure on residents, there were certainly expectations. But he was very much a positive influence throughout the department and remains a role model for me today.

Geoff: Sounds like he was a terrific mentor. How have you turned to mentors to guide you throughout your career? And do you still turn to mentors or colleagues for advice today?

Bill: Oh, absolutely. There's really no substitute. And [00:10:00] maybe in a little bit, we'll get to talk about my good fortune when I joined the practice in Hickory, North Carolina that the senior member of the department was very involved with the American College of Radiology. But yes, even till today, and even when I was considering accepting this position as CEO for the college, contacted a number of people that I had come across over time and asked their opinions about that second career choice. And even now, when [00:10:30] I have challenges, have a number of folks that I can tap into for advice, and hopefully, a number of the people that I've had the chance to work with, particularly say in ACR economics feel that I've been able to mentor them as well.

Geoff: Now, two years after completing your radiology residency at UNC, you were named Chairman of Radiology at Catawba Medical Center. How did that come about?

Bill: Yes. Our practice covered two hospitals, Catawba [00:11:00] Valley Medical Center and Frye Regional Medical Center. Honestly, one of my senior partners, not the one I mentioned earlier, had been Department Chair there for some time. And, you know, he approached me about becoming his Vice Chair soon after arriving. He felt it was a good time for transition. And so, you know,

pretty early on, I got cast into that position. But it was really a good experience, somewhat of a trial by fire, [00:11:30] somewhat remarkably. At the same time, I was approached by members of the medical staff at Frye Regional Medical Center to be a member at large on their executive committee. So at the one time, I was serving on the executive committees of the two competing hospitals across town, which was, as you imagine, an interesting experience.

Geoff: I can well imagine, and I can also imagine that you were probably one of the most junior members, both of your radiology [00:12:00] practice as well as on the medical staff. How did you sort of gain credibility and establish yourself as a leader at that early stage?

Bill: I think a large part of it had to do with being an effective listener. Obviously, I had a lot to learn within the community, both the medical community and the community as a whole. So I think that during the first couple years, [00:12:30] with the practice, I really made a distinct effort to reach out to those that were medical staff leaders to kind of learn the dynamics, the interactions with the administrations, and I think, you know, likewise, within my practice group, tried to tap into each of the individuals. It was only a five-person practice when I joined it, but each of them and kind of their respective talents, their contacts within [00:13:00] the medical community and I think that probably the listening component, more than anything else, I think was the major factor.

As a result, I think when I did, you know, speak up and make comments, usually, they were seen as in the context of the practicing community and not seen as some young whippersnapper who was just stepping up and trying to change things.

Geoff: Did you have any challenges whatsoever that you can recall with senior members who [00:13:30] tested you in your role as a leader?

Bill: There were several people who...I think it wasn't so much, I think, a test. I think it was a reasonable challenge, whether it'd be being appointed to committees within the medical staff, and taking on additional responsibility. I think that we had actually a significant test of that leadership because soon after I became Department Chair [00:14:00] at Catawba Valley Medical Center, actually, we had a person in our radiology who kind of splintered off and formed a second radiology practice within the hospital. And you can imagine the challenge of those dynamics that lasted for a number of years. And we had to kind of resolve the interworkings and how that was going to be sorted out. So

yeah, it was that more than an individual that was probably the largest challenge that I had during that time as Department Chair. [00:14:30]

Geoff: That does sound challenging, what was your ultimate resolution?

Bill: Fundamentally, our practice was very committed to kind of 24/7 personalized service to the referring community. And fortunately, for us, the other practice was not of the same not mindset. And so over time, it became apparent that it was not, as I said, at that time, if we were going to have competition, that was the kind of competition we wanted to have. So [00:15:00] in essence, we just made sure that we remained committed to the well-being of the patients in support of the hospital and medical staff, and it sorted itself out kind of organically over time.

Geoff: In a sense, it seems like the competition really allowed you to differentiate yourselves and to give the folks at the medical center a sense of the value that you were bringing relative to the alternative.

Bill: That's exactly right. [00:15:30]

Geoff: So serving as a member of the medical executive committee, and ultimately as the chief of staff and board chair at Frye Regional, how did you approach balancing the needs of the medical center or diverse medical staff with those of your partners in radiology?

Bill: Our practice was committed to those leadership roles, and I think that's really a key message. I think if I were to convey to any of the listeners, be sure that you're supporting [00:16:00]...if you're not doing this type of work yourself, that you're supporting your partners who are because integration into the medical staff and being seen as a resource to both medical staff and administration and as a leader in those roles, I think it stands your practice in very good stead. Let's say it was a good experience to me, particularly it was my first, if you will, venture to a multi-specialty position. So as I [00:16:30] became chief of staff, I had to balance the needs and not have a parochial interest in radiology. I think that going forward and we'll probably talk about this later is when I got involved say with the AMA CPT editorial panel, having the background of being able to understand the perspectives of different specialties became a critical element.

Then when I advanced on to the Board of Trustees and subsequently became chair, it was really, [00:17:00] I think, in large part the ability to...there, you had, obviously, several other medical staff members on the board. But you also

had the lay community leadership in the room. So it was very important to develop relationships with them, understand their businesses and perspectives, and then again, show them that you were going to be a resource on behalf of the entire medical staff. And I think when I became board chair, then obviously, on behalf of the entire [00:17:30] hospital organization.

Geoff: Now fast forwarding today where you're sitting as the CEO of a major medical college representing the specialty of radiology, to what extent do the sensibilities carry forward to your interaction with other medical specialty colleges and academies? Are you similarly sort of collaborating in a cross-specialty manner with other colleges, and how does this collaboration potentially advance [00:18:00] the ACR's mission?

Bill: Fortunately, there is a very strong network of the CEOs or Executive Directors of numerous medical societies. There is an organization called the Council of Medical Specialty Societies that includes membership of 43 societies, each of which the CEO or Executive Director is a participant in what is called the CEO Component Group. So that, when I stepped into this role, without, [00:18:30] you know, any background in this type of...kind of particularly management of a relatively large organization, became a real resource. At the same time, there's a sub-segment of that group that also has a listserv, and several times a week, we'll have a question posed by one of the CEOs about something they're dealing with in their organization to tap into the experience, and potential solutions that may have been discovered by others. So it really [00:19:00] is a very helpful and tight-knit network. In that group, I would say, the non-physician CEOs are about 60%, 65%, physician CEOs, the remainder. So you get a lot of different perspectives. And it's a really helpful group to have, kind of support group to have.

Geoff: It sounds like it's really tremendously collaborative and supportive. I think that, you know, oftentimes, when we think about some of [00:19:30] the cross-specialty tensions that develop, and, you know, different priorities, I think some of us might imagine that there might be tensions between different medical colleges and such, but it doesn't sound like you are experiencing that, at least in this forum.

Bill: No, that's really true. And one of the...when the ACR created its...or revised its strategic plan [00:20:00] in 2014, one of the six goals established was external relationships. And I think this not only goes for relationships with other radiology societies, but goes across the entire house of medicine, and of course, even beyond that to groups like patient advocacy groups who are government agencies, etc. So it is an expressed part of our strategic plan to

maintain and optimize our relationships with the other societies. Are there [00:20:30] issues, turf issues that exist between different specialties? Absolutely, and whenever we can, I think we try to work collaboratively keeping the patient care as the focus to make sure that we're, you know, all working on that as our kind of true north or primary goal.

Geoff: So, Bill, it's been 20 years since you first served on the ACR Board of Chancellors. Maybe you might share with us what were the principal concerns [00:21:00] for the specialty at that time, and how have they evolved to the point we're at today?

Bill: Yeah, it really was a very different world. My first involvement with the ACR nationally was actually at the time of the beginning of the...what were then called standards, then eventually called guidelines and now called practice parameters. So I was on a committee for general and pediatric radiology in developing practice standards. [00:21:30] And at that time, the emphasis really was on trying to make sure that the specialties stood up for the optimization of the care that was delivered through this. And it's, of course, now developed to our commission on quality and safety. And I think has become a cornerstone of the accreditation programs that exist out there that have come to be over time, and of course, in 2008, became federally mandated.

There were a lot of [00:22:00] other physicians and practices trying to get into imaging in their outpatient offices and the like, and the college took a very strong stance that if people were going to do this, they were going to have to step up to a level of quality that was optimal for the patients. And so I'd say that at that time, the standards was the important piece that was going on. Soon [00:22:30] thereafter, however, the concept of appropriateness became a real cornerstone. And under the leadership of K.K. Wallace, who was chair of the board, the ACR began to develop the appropriateness criteria, and now we're talking kind of mid-90s. And that has become, again, the fundamental building block of the now legislatively mandated consultation for appropriate use criteria for advanced diagnostic imaging [00:23:00] services that will go into effect...the mandate will go into effect January 1st, 2020.

So we went through a time there where development of the appropriateness criteria was really key. My particular area of focus, as you mentioned earlier, was in the economics of radiology. And that's been obviously a key component of what our membership expects of us. Once I took that turn and began to participate in the coding, the reimbursement [00:23:30] structure through the resource-based relative value update committee recommendations to Medicare, to CMS, that really became my major, if you will, kind of area of interest and

contribution. And there, again, going back to what we talked about earlier, there, we were dealing with, you know, all these different specialties in the fora of the CPT process, and the so called RUC, resource-based relative value system update committee [00:24:00] process. And I think that has been continued to be a focus even till today.

Fast forward to the present, obviously, we've got the move toward value-based care, and the mandates of the macro-legislation, which I think is going to be driven in large part by the Quality Payment Program from CMS. I think we've just now evolved towards putting a lot of effort and resources toward demonstrating the [00:24:30] value of radiology as a key member of the healthcare team.

Geoff: When you became CEO, you stepped into some very big shoes. Harvey Neiman was CEO for what? About 10 years?

Bill: Just about 10 years. That's right.

Geoff: And once you learned that you would be the next CEO of the ACR, what did you do to prepare?

Bill: Well, going back to the mentorship, I was fortunate to have been on the [inaudible 00:24:55] of the college's Board of Chancellors at the time that Harvey [00:25:00] was chair. And so we had a number of years of overlap there. And I learned an awful lot from him. When I, you know, was considering this position, obviously, the first person I called was Harvey to find out what the job was all about, how he perceived it, how he made the transition from, you know, his clinical practice into the role of association executive. And even until...oh, geez. Even after I accepted the position, I had [00:25:30] the chance to sit down and visit with him. There was a time during his illness, I got a chance to talk with him and get guidance from him about, you know, getting started and how best to interact with this incredibly talented staff. So again, going back to the mentorship concept, even until what? A month before I started, I was looking for that advice.

Geoff: Now, when you think back to the leadership strategies and [00:26:00] competencies that you had developed and applied when you were the ACR board chair, what differences were required as you became CEO? How did you need to evolve your essential strategies or develop new competencies?

Bill: Yes. I actually served as ACR president and not as board chair, but from the leadership role as a volunteer to the leadership role as CEO, there is a very

[00:26:30] different, obviously, set of requirements, a very different set of aspirations. And I think that the interworkings of staff leadership and our volunteer leadership is really the key to, I think, the success of the organization, though I've been extremely fortunate to...when I started, Paul Ellenbogen was finishing his term as chair. Bibb Allen stepped into that role for two years. Jim Brink then [00:27:00] for two years, and now, of course, Geraldine McGinty as the first woman chair of the Board of Chancellors. I've been extremely fortunate to have volunteer leadership with whom I have a great relationship, but as importantly, I think we have kind of common vision of where the college is going. And of course, that vision is considerably guided by the strategic plan.

Geoff: But from the standpoint of your responsibility [00:27:30] and role to the college as the CEO, has it required you to reconsider some of the strategies that you bring to bear on a daily basis or certain competencies that you've needed to get that you didn't have before?

Bill: Oh, just a question as I say, I was in...when I left the practice, an 18-person practice, with really no significant, say, human resources, or budgeting responsibilities, [00:28:00] and all of these were skills that I had to acquire, become comfortable with, and quite frankly, understand how delegation of those, you can't do everything for everyone, delegation of those responsibilities to our extremely talented and dedicated Executive Vice President group. If you will, the concept of managing an organization that now is approaching 475 employees [00:28:30] was not at all in my background. And there was an awful lot to learn and a pretty steep learning curve, because I wanted to get up to speed as quickly as possible.

Geoff: Do people treat you differently now that you are CEO?

Bill: I would hope not. One of my major objectives when I came in was that I have all the staff fairly well convinced that they can comfortably call me Bill. I do think that the people see you as a guide to accomplishing the strategic [00:29:00] plan. I think that the main message I had from day one till now is that we're all working towards a common purpose. And if as a leader, as a staff leader, I can be sure that all of our staff understand that they may have their specific individual project or a team that they're working on, the fact of the matter is, is all of this aggregates to this common purpose. There's an expression that says people will show [00:29:30] up for a paycheck, they'll work for a person, but they'll dedicate themselves to a purpose. And I think that's really very true. And I'm proud to say that the college staff is fully committed to that. And I see every day, individuals at every level in the organization, demonstrating that understanding.

Geoff: Do you think regularly about the importance of continuing to articulate that purpose and laying [00:30:00] out that mission for everybody to remain aligned?

Bill: Absolutely. It's got to be a commitment from the top leadership to continue to convey that message. As an example, I have a breakfast every month with the employees whose anniversary it is for as far as their ACR employment that month. And so we've done this now for four years. And I pick kind of a theme each year to do, but before I [00:30:30] get into talking to them during those breakfasts, we go around the table and everyone introduces themselves. Oftentimes, there are people there that haven't met just because they work in different areas of the college, describe what they do, and then take a minute or two to describe something else that's going on interesting in their lives outside the college. And by doing that, I think we've really been able to build a sense of camaraderie, a sense of kind of knowing each other, and knowing the [00:31:00] other segments of the college.

But the first year, actually, my theme was talking to them about a day in the life of the radiologists because though we have many folks on the staff who are former technologists and the like, we have a number of folks who didn't have medical background experience. And the second year, we talked about the college's programs and projects and how that contributes to the care that's delivered on an everyday basis. Things like appropriateness criteria or [00:31:30] practice guidelines or our practice parameters, or the RADS reporting system, those types of things. And then most recently, I've given them to talk about the history of the college so that they have an understanding that where they are in this point in time is standing on the shoulders of people all the way back to our beginnings in 1924. So as I say, those kinds of things give a leader the opportunity, I think, to convey to the staff, continue to convey the purpose, reinforce our [00:32:00] core purpose statement in our strategic plan and make sure everybody feels like they're contributing to that.

Geoff: As you have evolved in your role as CEO, and thinking back again to your days as president of the board, do you view the ACR's essential role differently?

Bill: No. I think you have...the college has to be nimble because the environment in which radiologists practice and our organization tries [00:32:30] to empower them changes. So I do think that if I were to look back and say I was president of the college in 2004, and there was a whole different set of dynamics. So as many will recall, that was a time when the self-referral and turf

battles and all was a really high profile portion of what the college was concentrating on. I think our advocacy efforts and other things at that time were very focused on that.

By the time I became CEO, the environment was quite [00:33:00] different. I think the evolution towards team-based healthcare and the need to be sure that we're not, you know, parochial, we certainly are here to serve our members and empower radiologists but we know that we're going to be existing in an environment that I think requires those kinds of organizational and inter-specialty relationships. So yeah, the organization has to stay [00:33:30] nimble. It's a very, very dynamic time. There's a great quote in the end of Jim Collins' most recent book on "Great by Choice" where he says there is no new normal, these are...times are going to be changing continuously and fundamentally, just get used to it. And I think we have to be sensitive to that fact.

Geoff: Now, of course, working with the board chairs and the rest of the Board of Chancellors that is a group of folks that are [00:34:00] elected and are changing on a regular basis, you're a constant. How do you see your responsibility to advance the ACR's priorities relative to the members of the Board of Chancellors and the chair in particular?

Bill: Well, it is an interesting role. And, again, this is something that the CEO component group I was talking about earlier constantly discusses [00:34:30] because we are very fortunate, I will say, in the ACR to have had leadership that is completely dedicated, despite obviously having to keep up with their day jobs. When they step into the Vice Chair role, and then subsequently into the chair role, they know that they're making a major commitment. I do think that with the design and implementation of the strategic plan in 2014, and then it was recently [00:35:00], you know, reviewed and updated in 2017, that that in addition to the senior staff CEO and senior staff leadership maintain the constancy and keep us away from a sinusoidal wave of this chair comes in and has this particular, you know, goal or set of priorities and this, then you go to the next one and you move in a different direction.

Our leadership has been really terrific about using the strategic plan [00:35:30] and setting their respective priorities. So they may be subtly different, they still have this common thread that's built on that plan. And again, I think that the CEO's role and the senior staff's role is to make sure, and quite frankly, even the key staff people working with each of the respective commissions are to be sure that we guide that process, not to constrain new ideas. We certainly want new and innovative ideas to come forward with new leadership, [00:36:00] but make

sure that they, again, are implemented within the framework of the strategic plan.

Geoff: Writing in the JACR in 2006, you asked if our profession was worth 1%, challenging every radiology practice through practice level or individual radiology contributions to allocate 1% of net revenues to support research, education, and political advocacy. [00:36:30] Are there signs that the profession has listened?

Bill: If I have any frustration in my career subsequent to that, actually, in JACR when there was a column that was started, my best idea and my worst idea, I cited this proposal. Again, I still feel very strongly that radiologists are extremely fortunate to practice in what I think is the most exciting specialty, I think we get to do great things in the support of patient [00:37:00] care. But we need to support those infrastructure components. And the fourth component of that article was local service. And that's something I presume all radiology practices and academic departments strive to do, but support of, you know, those three elements, I think, are going to be critical, and they do require money. There's no question about it. I think that private, particularly private practice radiologists, of which I was my entire career, need to understand that their new partners all come from academic [00:37:30] training programs, that the education that they are able to tap into to keep current comes largely out of the academic community. I think that political advocacy is key here, there's no question, we work in a regulated industry, and to be able to support political leaders who will be decision makers, I think is going to be...it will continue to be critical throughout all of our practice career.

So, you know, I [00:38:00] think I would espouse to all radiologists to reconsider that. It did not get the traction, quite frankly, that I hoped it got. I used to use the analogy of, you know, I paid more than 1% of my net income for disability insurance. This is just kind of professional insurance by investing in those three areas. I would love to see that catch hold and become more widely accepted. We have a very significant [00:38:30] hardcore of contributors, whether it'd be to our political action committee RATPAC, whether it'd be to our foundation, or the R&E Foundation for RSNA, Roentgen Fund, or some of the sub-specialty societies. I think you have to look for where you want to put, but if we were to accomplish that, you know, we would have over \$100 million a year, coming at a very, very small cost per individual, to help us advance the specialty, the profession, and of course, healthcare in general. [00:39:00]

Geoff: Shortly after your appointment as CEO, you spoke of apathy as one of your greatest concerns for the specialty. What do you see is the danger to the field?

Bill: Yeah, it's certainly not a new problem. I think there's a large component of, you know, kind of radiology community and the radiologists in particular, that have a sense that new modalities will continue to, you know, be developed and that it'll all come about just naturally and they don't need to become [00:39:30] active participants. I think we've seen this with the evolution of...in the Imaging 3.0 campaign, the strategy that the ACR sees as optimal for radiology in the future. We still see practices that aren't as forward thinking and want to kind of practice the same old way. So I do think that apathy has the danger of allowing either individual practices or the profession to drift behind [00:40:00] what is a rapidly advancing healthcare environment. So I do think that that still exists. If I were asked the same question again, as far as what keeps me up at night, I think that's still in the top two or three. I do hope that radiologists and leaders in radiology in practices and in academic departments will continue to, you know, understand that change is going to be necessary, though hard. And I [00:40:30] think that we're going to be best served by not sitting on the sidelines in an apathetic mode.

Geoff: So what do you see as our key strategies or remedies to address this?

Bill: Again, I mentioned the Imaging 3.0 strategy. I think that radiologists need to understand that they need to be interactive, they need to be more than a report. If we are nothing but report generators, the things like artificial [00:41:00] intelligence and machine learning can potentially replace us or interpretations from elsewhere. If we're not seen as an integral part of the team, I think that we're not going to garner the respect that we frankly deserve as major contributors. And that, again, I think, is probably going to be the major challenge because we're kind of trying to fix the plane while we're flying it. [00:41:30] You know, there's still the huge demand as far as productivity both to satisfy the clinical requirements, but also I think practices, unfortunately, cling to the emphasis on RVU or relative value unit productivity. And I do think that that's going to really create a problem if we don't let go of that, and, you know, accept the fact that we're moving towards alternate payment and alternate delivery systems. And we want to be leaders in [00:42:00] that change, not pawns, and taken along kicking and screaming.

Geoff: In an era where large radiology practices are traded as public companies or owned and managed through private equity, how does the ACR continue to engage all radiologists setting the standard for our profession?

Bill: This is a real challenge. And in fact, we recently talked to Jim Brink appointed and Dr. McGinty continues to support [00:42:30] a task force that's examining this question. We, that is the ACR, feel like we are the representatives of all radiologists regardless of their employment model, regardless of, you know, what situation they're practicing. And so we need to make sure that we have a value proposition in each of those spheres, they'll be different as we obviously attract membership of individual radiologists. That's a different [00:43:00] message and a different approach than if we're talking to the CFO of a company that employs hundreds of radiologists. I do think that the core functions of the college, and particularly in the advocacy and economics realm, and our involvement in integration into the systems that exists make us the only organization that can do that in an effective and efficient way. So I think that we will continue to push to make sure that we demonstrate that value [00:43:30] and create a compelling message to those leaders, whether they'd be radiologists, or business people of the value of the college.

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

Bill: Oh, no. Again, most of this somewhat happened organically. I had no roadmap or plan. I think that [00:44:00] one thing I guess all folks who are in leadership positions look back and say geez, whether it'd be, "Did I pay enough attention to family and other matters outside work?" I'd say sometimes, I would have a couple of things I wish I might have done a little bit differently there. But from a professional standpoint, I think I've been very fortunate and feel like I've had the opportunity to work with multiple [00:44:30] great organizations, of course, the college being first and foremost as far as my experience. But the time I spent with the RSNA both on their Research and Education Foundation Board of Trustees and the Board of Directors, the time I spend with the AMA working with the CPT coding group, all of them have been very positive experiences. I wouldn't change any of those stepping stones on the way to where we are today and look forward to where it goes from here. [00:45:00]

Geoff: What would you consider your most rewarding moment as a leader?

Bill: Oh, boy, that's a hard one. I think recognition by your peers is always incredibly rewarding. So I think that the receipt of the gold medal from the ACR as a recognition of contributions during my volunteer years, as far as a single professional moment, [00:45:30] was the most rewarding.

Geoff: One final question. What advice would you offer to young leaders and leaders in the throes of complicated environments, what advice would you offer them to maintain balance and perspective?

Bill: Yeah. I think first, you know, look for opportunities to get involved in the things that excite you [00:46:00] professionally, you know, whether it'd be within your local medical staff, whether it'd be within organizations, make sure that you're choosing things not because you think it's got some kind of award or reward at the end, but because it's something that really gets you up in the morning excited and with a smile on your face. And take the time to smell the roses, because it's important [00:46:30] to be able to step out of your working mode and enjoy things on the outside as well. Oftentimes, you may be able to get involved in things within your community, or obviously with your family. But be sure you ensure that from the standpoint of your own kind of personal health and well-being, that you're integrating those two. People talk about a work-life balance, I think it's really more a work-life integration. We know that we spend probably more time at work than we do in any other [00:47:00] single endeavor in life other than maybe sleep. But I think that making sure you integrate the two to a level...to a balance that you're comfortable with is going to be the critical thing.

Geoff: How do you unwind, Bill?

Bill: Honestly, family is a major factor. Now, of course, our kids are grown and gone. We have eight grandchildren, so that keeps us busy, and then doing some traveling to just literally physically get away I think is a real good thing. You have to be able to turn off [00:47:30] the electronic leashes that we all have periodically and refresh.

Geoff: Dr. Bill Thorwarth, thank you very much for your leadership and dedication to our specialty and taking the time to speak to us today.

Bill: Geoff, it's been a real pleasure. I really appreciate the opportunity.

Geoff: Please join me next time when I speak [00:48:00] with Judy Yee, who after 25 years at the University of California, San Francisco, 14 as chief of the San Francisco VA, has returned to her native New York in the Bronx to chair the Department of Radiology at the Albert Einstein College of Medicine. We discuss her cross-continental transition and how cultural variations influenced her leadership approach between the two institutions. We also explore her engagement [00:48:30] in ELAM, a program dedicated to leadership training and mentorship for high level women leaders in healthcare. Finally, we discuss

her ongoing national leadership advocating for acceptance of and reimbursement for CT colonography.

"Taking the Lead" is a production of the Radiology Leadership Institute and the American College of Radiology. Special thanks go to Anne Marie Pascoe, Senior Director of the [00:49:00] RLI and co-producer of this podcast, to Brian Russell for technical support, Megan Giampapa for our marketing, and Shane Yoder [SP] for our theme music. Finally, thank you, our audience, for listening and for your interest in radiology leadership. We welcome your feedback, questions, and ideas for future conversations. You can find us on Twitter @rli_acr, [00:49:30] Facebook, at Radiology Leaders, or you can send us an email at rli@acr.org. I'm your host, Geoff Rubin, from Duke University, and I look forward to you joining me next time on "Taking the Lead."

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