Episode 12: The Making of a Leader
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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'm speaking with Rasu Shrestha, who just recently became the Chief Strategy Officer and Executive Vice President at Atrium Health in Charlotte, North Carolina.

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After completing his medical degree from Chaudhary Charan Singh University in Murray, India, in radiology residency and fellowship in informatics from the University of London, he came to the United States earning an MBA from the Marshall School of Business at the University of Southern California. Subsequently, Dr. Shrestha joined the Radiology Faculty at USC's Keck School of Medicine, where he served as informatics director until leaving for the University of Pittsburgh.

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There, he served as Chief of the Division of Radiology Informatics, Vice President for Medical Information Technology, and ultimately as the Chief Innovation Officer for UPMC and Executive Vice President of UPMC Enterprises, the innovation and commercialization arm of UPMC. As Chief Innovation Officer, he focused on transforming UPMC's joint payer-provider organization into a more patient-focused and economically sustainable system.

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As the Executive Vice President of UPMC Enterprises, his team's focused on combining healthcare intelligence, technological expertise, and entrepreneurial drive to develop inventive and commercially successful solutions for complex healthcare challenges. He has recently been recognized as Executive of the Year by Healthcare Dive, number one of the top 20 Health IT Influencers by Healthcare IT Leaders, and one of the top 100 under 50 executive leaders by Diversity MBA.

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He serves on the Board of Directors of HIMSS, the Healthcare Information and Management System Society, and is the chairman of the HIMSS innovation committee and co-chair of Health Datapalooza. In January, Rasu picked up stakes and moved his family to Charlotte to join Atrium Health, a comprehensive not-for-profit healthcare system. In addition to his responsibility for enterprise strategy, within his new role, he will apply his expertise in

innovation to launch new healthcare inventions and ideas to benefit the patients and communities that Atrium serves.
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Rasu, welcome.

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Rasu: Thank you. Thank you so much. It's such a pleasure to be speaking to you today, Geoff.

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Geoff: Delighted to be speaking with you as well. Let's start at the beginning. You were born in Kathmandu. This is a very exotic birthplace. Do you consider yourself Nepalese?

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Rasu: Yes. Yes, I do. I do indeed. I do consider myself Nepalese by birth, sharing this with my two boys. Last year, we were out on a trip back to Kathmandu. We don't go back very often. And one of the things that I talked to the both of them about was, it's important for us to be cognizant of our roots, our heritage. It's important for us to understand who it is that we are and where it is that we've come from, regardless of the ambitions that we set ourselves to achieve, you know, moving on forward.

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And I told them, I said, "Look, you can be the President of the United States if you want to, you can be a rocket scientist if you'd want to, you can be a physician if you'd want to. You can be whoever it is that you so desire to be, a storyteller, an actor, but it's important to be connected to your roots and understand where it is that you've come from. So, for me, that is my heritage. That is my roots, and I do consider myself to be Nepalese.

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Geoff: Fantastic. What was it like to grow up there?

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Rasu: So my parents left Nepal when I had barely started school so memories of my childhood in Kathmandu, Nepal are sort of fleeting. But at the same time, I had the opportunity to go back countless times, and I took the trouble to spend as much time as I could, for example, during breaks in college in medical school, whenever I got the opportunity, even before that in pre-med and other

ways to spend as much time as I could. So that sort of helped shape my memories of my earlier days in Nepal. I was born actually just outside of Kathmandu in a town called Banepa, so it's just outside of the valley.

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So Kathmandu is a big valley in the foothills of the majestic Himalayas, and Banepa is a town pretty close to Kathmandu just right outside of the valley. So the drive is incredible because you get a beautiful view of the valley as you're coming in to Kathmandu. And in Banepa was a Seventh Day Adventist Mission Hospital, and that essentially was where I was born. So my memories go back to Banepa, it goes back to the many interactions that I had with relatives and others in Kathmandu. It also goes back to the opportunities that I had in volunteering my time whenever I'd go back to Kathmandu or to Banepa in that Seventh Day Adventist Hospital, the very hospital I was born in. So, lots of fond memories of that as well.

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Geoff: And so you mentioned that, as a relatively young child, your family relocated from Nepal. Where did you go?

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Rasu: Yeah, so my parents left Nepal and went to Southeast Asia, so they were expatriates in Southeast Asia. Both my parents are academicians, they're lecturers, they're teachers. And my dad got a job in Brunei initially, so Brunei is right at the tip of the island of Borneo, the third largest island in the world. And Brunei neighbors, Malaysia and Indonesia, Philippines to the North, so right in the heart of Southeast Asia. And that's where I grew up, Brunei, Malaysia, Singapore, that part of the world.

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Geoff: So was your family relocating a fair bit during those years?

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Rasu: Yeah. So, basically, they moved in their entirety. I have a sibling, an older brother, it was me and my parents. So, they moved to Brunei, and that was essentially where we established roots. You know, I learned the language, Malay, you know, I built my network of friends, and that was home. That was home for us.

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Geoff: And were both your parents essentially teaching in universities?

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Rasu: Yeah. So my dad is a professor and a lecturer actually of English language and linguistics, and he was teaching there in the schools, the colleges, and the university system as well. My mom was a teacher in the primary school system there in Brunei. It's interesting that Brunei, being as unique and exquisite as it is in a small but powerful Sultanate right there in the heart of Southeast Asia, is also a British protector or was a British protector. So I saw the country gain its independence from the United Kingdom while I was there.

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It's a rare event in this modern age for one to see a country actually gain its independence. And it was, you know, peaceful, and it was beautiful in how they embraced their independence and all of that. But yeah, Brunei does follow the British system of education, and that's what I had the privilege of going through throughout my early years as well was, you know, that type of education. And, that's essentially what my parents were involved in pushing forward as well.

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Geoff: Now, as you were growing up, do you recall what was your first job?

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Rasu: Yeah, yeah. So it's interesting. I had, at least in my early days, a fairly sheltered life in the sense that I was there in Southeast Asia. I was making all sorts of friends from different backgrounds. You know, I was initially in an international school interacting with other kids of expatriates who had come to that part of the world to make a life and living, and then I was part of a school called St. Andrew's school.

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And as I was going through the school systems there, early jobs were jobs that basically may be helped pay a little bit of the pocket money that one would have, whether it was, you know, delivering newspapers or, more memorably, being part of a magazine. So there was a school magazine, and I was the editor for the school magazine. That was a fun job, and that was something that I, you know, carried on as a passion, even through medical school, where I was the editor in chief of our school magazine.

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Geoff: Wow, that's an interesting background. Are there any lessons that you learned from that role that still resonate with you today?

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Rasu: Well, yeah. So, again, these are sort of early ventures into exploring more of my curiosity and letting some of that, sort of, acumen of building and the creative side of, you know, putting pen to paper go wild, so to speak. And I guess the lessons learned from that really were, yes, you know, that's who I am about, so life is not about just going through the rigor morale of life in general and going through the daily grind of everyday living.

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It is about living life to the fullest. It is about telling stories. So, even in the approaches that I've been putting in place around informatics, and analytics, and innovation, and strategy, you know, I talked about how it's important to bring data to life. It's important to bring out facts, but make sure that you're able to illustrate it in ways that resonate with people, that tells stories, that is able to bring visions into elements that people can really understand, and own, and then execute on as well.

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Geoff: Super. I'm looking forward to you bringing some of those stories forward during our conversation. I recall reading somewhere that you were the youngest student at CCS University in India. Is that correct?

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Rasu: I was the youngest student in my college in Malaysia.

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Geoff: In your college in Malaysia. Okay.

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Rasu: I was, yes. It's interesting. I was always in a hurry to get somewhere. That somewhere, I don't know where it was, or is, or will be. I was the youngest there. I did my Cambridge O-Level examinations in Brunei. In the Cambridge O-Level system, for your audience that know the British education system, you have the opportunity to basically sit for those exams either in the middle of the year around June or July or the end of the year, November December timeframe.

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An entire system in the country was geared towards the end-of-the-year exam cycle, and I just, you know, whimsically said, "Hey, I feel ready. I'm going to take it six months earlier." And I did. And I don't want to toot my own horn to say anything, but I performed to the maximum ability that I could, and my results showcase that. So, out of the seven subjects that I sat for in that exam,

seven A ones and, you know, top the country, and it was remarkable. And I thought, you know, "I can't do better than that, so let me save the six months and carry it forward as I ventured into college." And so I ended up in Malaysia.

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Geoff: At what age did you begin college?

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Rasu: Oh, gosh. You're making me think now. That's always dangerous. I think it was 15 or 16. Fifteen.

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Geoff: Yeah. Super, super. Well, it sounds like you were ready, and you went directly from college to medical training?

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Rasu: That's right. I did. I took a little bit of a break as I was trying to figure out the lay of the land and trying to chart my course. And, I had a number of different options for me at that point. When I finished college in Malaysia, I was the college valedictorian, I was the sports captain, you know, I'd done a number of things there to make myself proud. Also, at the same time saying, "All right, I wanna go to med school, and I wanna see if I might be able to use some of the academic capabilities that I've, sort of, achieved to maybe get a scholarship, right?"

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Because med school, as we know, is expensive, regardless of whichever country you go to, so I was trying to get a scholarship to get me to someplace that would really be my next trajectory forward. And long story short, Geoff, I ended up getting United Nations scholarship as part of the Columbia plan scholarship, and that's how I ended up in India of all countries. And I had never been to India at that point or never lived in India, but that's the way of the universe. You know, it works in very magical ways, and I ended up in India and did my initial medical training there before I had additional training elsewhere outside of it.

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Geoff: Wow, what an odyssey. What led you then, through your training in India, to choose radiology and subsequently relocate to London?

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Rasu: Yes. So, India was magnificent in it that I not just ended up with a medical degree, but I also talk about how I went to India to get a medical degree but I really came back with two degrees in the sense that I met my wife, Ruchi, in India. So Ruchi is originally from India, although I can tell you she speaks better Nepalese than I do. So, she's very fluent in Nepalese more than even I am.

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Geoff: Amazing.

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Rasu: We got married right at the tail end of that right after internship while I was working already. And then I decided to really sort of take what I'm good at doing, which is, I'm a very sort of visual person. I was very interested in technology, that was an inherent part of who I am, and I decided to really look at radiology as a career option. So even when I was in Brunei, got deep into radiology and then right after that in London as well, and I had the opportunity to dive deeper into both radiology as well as radiology informatics. And it was there that I really got into the deeper elements of informatics, being involved with an early-stage startup company, being involved with some of the thought leaders that have defined some of the core informatics capabilities that we were so comfortable with today.

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I remember way back being involved with Professor Richard Kitney, Dick Kitney, one of the top biomedical engineers in the world really. He's out of Imperial College, and University of London, and several others as well. These pre-eminent leaders, Dr. Nicholas Strickland, who was really the person who invented the hanging protocol as we know it today, and remarkable leaders such as those that gave me the inspiration to chart my course through, at that point, the as yet uncharted territories of imaging informatics and then subsequently healthcare informatics.

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Geoff: So, even at the stage when you were training in radiology and completing a fellowship in informatics, you were already involved in a startup?

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Rasu: Yes, Yes, I was. So, that was a bit of, I'd say, an unfair advantage in the sense that I got an early taste of what startups go through. But I think that also, in many ways, opened up my eyes to the role that we as physician leaders could play in making ensure that we're able to craft the right strategies bringing our

clinical acumen in the design of IT solutions that would utilize on a day in, day out basis.

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And I noticed, even at that point, stark differences in solutions that were co-designed with clinicians at the helm versus solutions that essentially came out of a more sterile environment where it was only engineers and product managers, sort of, designing what they thought as clinicians actually needed. That's when I really sort of said, "All right, you know, there's a broader calling here." So, instead of treating a patient at a time or a series of images at a time, the opportunity to have a much broader impact at scale was the calling that I heard at that point.

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Geoff: I see. So if I were to paraphrase perhaps the genesis of your, sort of, career trajectory related to what you saw in that startup culture and in that startup environment, and the recognition that clinicians taking the lead in establishing the product definition and product development ultimately would provide what we need to provide the best healthcare as opposed to just leaving it to engineers and people with business training exclusively.

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Rasu: Yes, a little bit more specifically. And, I believe in the power of co-creation. When I think about even in the last almost 20 years throughout this journey of embracing innovation and looking at informatics and strategy really as being sort of the tip of the spear for health systems as they continue to chart the often choppy waters of healthcare, I've talked a lot about and put into place teams where we embrace the notion of design thinking where it really is about a cross-functional team coming together and starting first with empathy and then going through an iterative design cycle where we come up with early iterations, and we move through multiple iterations rapidly, embracing fail-fast methodologies but the goal of trying to find those successes and scaling the successes.

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But it is that co-creation, it is a diverse team with clinicians squarely at the helm but working with designers, working with perhaps data scientists, and product and project managers, and this notion of a scrum team coming quickly around a pain point that we know exists and trying to then find the right solutions and moving through sort of that iterative lifecycle process of getting to those solutions in a tangible and scalable way. That requires a level of coming together that my early experiences really helped formulate.

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Geoff: That's excellent. It sounds like some of your earliest training and exposures were very much multidisciplinary and teaming was fundamental. I wanna return to the topic of teaming in a little bit. But at the moment, as we kind of track your earlier years, you decided to attend business school straight from London. What led you to make that decision and to go to Los Angeles choosing USC and the Marshall school for your formal business training?

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Rasu: So, yeah, great question. And just to clarify a little bit there, my journey from London to Los Angeles was an interesting one in the sense that, remember the startup that I talked about earlier?

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Geoff: Yeah.

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Rasu: So what was happening at that point was USC, the University of Southern California, was essentially implementing that solution, and they needed someone to nurture it and help grow it. And that's how I ended up in sunny Los Angeles and moved from where I was previously. So it was interesting in that transition, and it allowed me to then really go into the heart of a magnificent system based out of Los Angeles. At that point, University Hospital in Los Angeles was the flagship tenet hospital. The LA County Hospital, you know, still today is just a remarkable trauma care center and a tertiary care center that is just top-notch in the West Coast. The LA Children's Hospital of Los Angeles, there's a remarkable number of things going on there.

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And to be involved in the elements of radiology informatics initially and to be able to, sort of, you know, work in an environment where I was able to bring in the learnings of everything that I put together at that point but working with this broader team, working with radiologist and other clinicians to really push forward with the agenda of really going and embracing informatics in a serious way that would impact workflows in a very positive way, that was all remarkable. And it was through that journey as I was going through that journey, as I was realizing sort of the essence of my newer calling in embracing informatics as a career trajectory that I thought I needed more.

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And yes, I had the clinical background, and the training in informatics, and the experience around startup, and all of that, but I felt that I needed more. And that's when I decided to, in my "spare time," pursue a business degree. And while I was working there was when I got my training out of the Marshall School of Business, and it was a remarkable Executive MBA program. And the MBA program at Marshall, even at that point, was top 10 globally, and the opportunity for me to interact directly with other executives from very diverse backgrounds, you know, Deloitte management consultancy side, the entertainment industry.

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Other physicians who were also physician leaders going through this MBA program and many others from the financial sector and whatnot gave me an opportunity to really get a level of schooling well outside of the textbooks and the lecture halls, the Marshall School of Business, into the real-life environment of what it actually means to be an executive, to be a leader, to bring in sort of diverse thinking into the core elements of going from vision to execution. That was just a remarkable experience.

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Geoff: No doubt, no doubt one of the highlights of an MBA program, particularly at the executive level, is the other students, the diversity of their experience and learning from them as much as learning from the professors.

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Rasu: Absolutely, yeah, even to this day, I look back at my time at Marshall School of Business, and I really sort of think about it fondly. You know, one of the other things that I got out of that too was the opportunity to have real-world experience in putting together strategies, putting together business plans, and, you know, understanding the nitty-gritty details of things like marketing and communications, right?

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Things that, you know, we as physician leaders, oftentimes, just assume are traits that, you know, leaders have, but there's a method to the madness. And, you know, there are specific things that we need to, you know, learn as leaders that aren't taught in medical school. And it's those elements in a very real-world environment as I was pulling together the strategies and working on business plans that really sort of chiseled the elements that, you know, I've been able to sort of build upon in the year since then as well.

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Geoff: Any examples, in particular, come to mind?

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Rasu: You know, it was interesting. So, as we were going through multiple exercises, you know, a specific thing that I really enjoyed was around marketing and communications. And we were doing exercises pretending that there was a major outbreak in this health system, and, you know, you were the leader that was put in front of a room full of media outlets with cameras directly faced towards you with mics galore.

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And, it was your task then to essentially help make sense of, you know, that incident that just happened or that catastrophe that just was transpiring around you. And it's those sorts of exercises that really, in many ways, helped bring a sense of reality to where we are right now in, sort of, this pursuit of healthcare, right? Where there's nothing more real and humane than the pursuit of better health and care.

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Yet at the same time, all eyeballs are on health systems as we continue to navigate the choppy waters of healthcare reform and the many everyday elements of managing peace and patient safety and multiple other issues that we look at around quality. And for a leader to be put in that spot, and for them to then be able to talk about any incident that may have happened requires a level of being connected to the why behind the what, and the when, and the how.

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And it's those attributes that I carry forward, even to this day, Geoff, as I look at specific presentations for the board, or in sitting down and talking to my teammates and saying, "All right, you know, here's where we are, here's where we need to be. And yes, we're gonna navigate these challenges, but here's why we need to persevere and move on steadfastly forward." But yeah, this is one example that we could keep talking about the many challenges that we have in healthcare.

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Geoff: Thank you for that example. It's a really good one. Now, help me bridge your years between completing business school and then moving to UPMC. What sort of spectrum of roles were you taking on at USC? How long were you there? Were you in a traditional faculty role within radiology or were you more exclusively in the informatics side?

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Rasu: I had the privilege of being in multiple different worlds together. I was in a track around more of the traditional sort of academic route as an assistant professor and all of that. At the same time, I was squarely in the middle of the informatics efforts that we were driving forward at USC. And then I had the opportunity to then, you know, be squarely in the center of the innovation world as we were co-creating solutions, as we're looking at pushing the agenda forward, whether it's on the research, or the clinical side, and the translational side that would sit right in the middle of that as well. So, you know, really had the opportunity to experience each of those different areas.

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Geoff: Fantastic. So, what was the opportunity at the University of Pittsburgh Medical Center that led you to leave USC?

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Rasu: Yeah, so USC was fantastic, and living in Los Angeles was just refreshingly pleasant, right? And I had started to establish my roots, my grounding in Los Angeles and spent a good number of years there, about seven years or so. And, I wasn't looking to move out of Los Angeles, a remarkable place there. But it was UPMC that came calling, and they were looking for a leader to take charge of imaging informatics and take some of the early successes that UPMC had built in imaging informatics to another level. And it was after a couple of calls that I shared with my wife that she said, it was Ruchi, my wife, who said, "You know, if they're so adamant that you come visit them, maybe you should explore it." Famous last words, right?

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So I did. You know, I pulled the trigger, went to Pittsburgh, visited the city, and it was my first time in the city of Pittsburgh. And even before I landed, I fell in love with the city. It was squarely in the middle of the year, which, as I understood in the 12 years subsequently that I spent in Pittsburgh, is a prime recruiting season in Pittsburgh because you don't recruit someone in the middle of winter. In Western Pennsylvania, you do that in the summertime. But even as I was landing in Pittsburgh in that first time, I looked at the splendor of the greenery that I was surrounded with as we were landing, and I just fell in love with the city.

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And the more I learned about UPMC and, even at that point, how it was emerging into a powerhouse of a peer provider organization, the elements of, you know, the many different educational establishments in the Pittsburgh area,

as well as the emergence of entrepreneurial activities that I could see even back then. I saw, in Pittsburgh, not just a city that was on the verge of blossoming into a tech and an entrepreneurial hub but, in UPMC, an organization that really could be at the helm of re-imagining what it means to embrace value-based care. And, in my career, the opportunity for me to take all of the passion that I've been building, and working on, and really elevating to another level altogether. So that, in many ways, convinced me that Pittsburgh was the next leap forward, and I ended up in western Pennsylvania.

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Geoff: That's marvelous. That's a very mindful approach and terrific that you were ready to disrupt yourself, even though you didn't realize it at the moment when they initially made the call, but it sounds like a tremendous opportunity. And, of course, history has borne that out. So I'd like to talk a bit about innovation in general. How do you define innovation?

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Rasu: Innovation, in my mind, is a mix of looking at something new and novel, but also at the same time ensuring that we're able to generate value. So, it's a combination of looking at something new, but also then being able to generate value of significance that we could then move the needle in a way, whether it's in a small team, or whether it's in an organization, or across the industry as well.

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Geoff: And you, of course, became the Chief Innovation Officer at UPMC. How common is it amongst healthcare provider organizations to identify a chief innovation officer?

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Rasu: You know, the role of the Chief Innovation Officer is one that's evolved quite dramatically, I would say, even in the last 5, 10 years. And back then, it wasn't very common to have a chief innovation officer role or a title. It is a lot more common today than before. But even as this chief innovation officer role is becoming now more mainstream, I question that "I" in the CIO, right? So, is it the chief information officer, innovation officer, the informatics officer?

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And there are multiple different hats that I think, you know, we need to wear as the CIO, the Chief Innovation Officer, the information officer, and I think it's one that's continuing to evolve. And, you know, even in my most recent hub, I was now the Chief Strategy Officer. I see this as a natural evolution in what we

need in the industry. A long-winded answer to basically what I'm saying, which is, the "I" in chief innovation or information officer continues to evolve.

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Geoff: It's fascinating to me that you readily move between innovation and information as you talk about the CIO acronym. When I think about a chief information officer, I envision a completely different role than a chief innovation officer. But do you see them more closely linked?

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Rasu: It is different roles. I know of a couple of chief information officers that are also charged with innovation, but that is more of an exception on the role. So the chief information officer, more traditionally speaking, is more about keeping the trends on track and keeping the trends moving. Whereas, you know, on the innovation side, and I would argue on the strategy side as well, it is more about, "All right, where's this train going? How fast should we be going? And should we be on a train, or a rocket ship, or a hovercraft as we contemplate the journey forward?" So there is a good bit of overlap, however, between the role of a chief information officer and the role of leading innovation strategy.

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Geoff: Yeah, very insightful. And your point about the vehicle, whether it's a high-speed vehicle or something that needs to move a little slower is really a tremendous one as well. Now, do you believe that a chief innovation officer is an important enabler of organizational innovation, or is it possible for a large organization to innovate effectively without designating somebody to oversee that process?

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Rasu: I believe in the power of assigning someone or a group a responsibility, right? Empowering an individual and a group, but at the same time holding them accountable. These are powerful things that an organization can do if they're really serious about leading, for example, with innovation or leading, for example, with strategy. So, I do believe there's a role for that title as well as that role in organizational transformation. But it is more than just about creating a role and identifying a person and giving him or her a title. It is about culture shift, and that, I think, is more critical than even, you know, identifying a person and giving him or her a title.

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Geoff: Sure, sure. In a sense, it also telegraphs the entire organization that innovation is a priority.

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Rasu: Absolutely. Yeah. And what's really interesting is that as we define innovation to be a priority, it is all the more important for us to also get into the specifics of what that means for the organization. There isn't a one-size-fits-all approach to innovation, and that's something that we really have to understand as an industry.

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Geoff: Yes. Now, do you see innovation as being important across the organization? In other words, should housekeeping and dietary prioritize innovation with the same level of vigor as, say, radiology or IT?

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Rasu: So, I'm biased. My opinion is yes. I believe innovation...and I'm not talking about, "Let's make sure that there are an equal number of investments as well as companies that we start up in housekeeping as, say, within radiology or in the realm of interoperability," right? What I'm saying, however, is, you know, when we talk about the culture of innovation, it is important for the entire organization to really get behind this and for them to understand that we are about thinking through challenges, whether it's small or large. We're about being able to embrace change. We're about being able to, you know, cultivate partnerships that will really sort of challenge the status quo and move things to another level. And that's a cultural shift that I believe, if done right, ideally works best when the entire organization embraces it versus one person, or one department, or one area.

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Geoff: Now, you mentioned culture being so fundamental to enabling innovation. How do you create a culture that prioritizes innovation when staff are struggling to just get the work done?

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Rasu: Yeah, it's a really important question because, you know, the mandate in front of us in healthcare, and I'm speaking more broadly, is do more with less. We have challenges galore, cost pressures, pressures from policy, pressures in terms of the things that we're tasked to deliver, and we're fundamentally still in a very volume-based environment of practicing healthcare as much as we talk about and straddle, you know, the other side of value-based healthcare delivery. So, in that reality, when we talk about innovation, and when we talk about

having the freedom to really think maybe outside of the tracks that we're on and implementing solutions and all of that, it's difficult.

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And those conversations can be extremely difficult when an organization, for example, is going through a level of cost-cutting, for example. But at the same time, my argument is, if an organization really wants to fundamentally position themselves as a forward-thinking organization, it is all the more reason for them to embrace this, sort of, the bi-model approach to running their operations, so have the ability to have the sort of the marathon runners alongside the sprinters, right? We're able to look at the everyday running of the health system, but also, at the same time, be able to be nimble, and be agile, and have this innovative methodology in terms of how we look at continuing to challenge the status quo. So, it has to coexist, and it has to coexist harmoniously within organizations for this to be truly successful.

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Geoff: Yeah, that's a fantastic framing. Now, your impact as the Chief Innovation Officer at UPMC stands out amongst academic medical centers. What cultural and structural characteristics intrinsic to UPMC made that possible?

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Rasu: UPMC, I have a tremendous level of respect for the organization. It's an organization that started off essentially as a psychiatric hospital in the Western Psych Institute way back then, and, you know, today has transformed itself into, you know, a leading care provider organization with over 40 hospitals, and I believe the health plan 3.5 million members when I left five, six months ago, even. So, remarkable organization, but the elements of being able to not just provide excellent care on the provider's side but be able to take on risk, and what started off as an experiment years ago in the care space, and today is a very successful health plan, the UPMC health plan. I think that has a lot to do with the very elements of what has defined the success of UPMC through the years. And, I feel very fortunate to have been a part of that journey in the last 12 years that I was there.

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Geoff: You mentioned the word risk, and risk is a characteristic that's not commonly associated with academic medical centers. Are you ascribing the openness to accepting certain levels of risk to the payer side of the relationship at the payer-provider organization?

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Rasu: Yeah, I think it's important for us as healthcare leaders, you know, to really understand the fact that the way that healthcare is run in the United States today and the way that it's evolving into and the embrace of newer care models as we look at payment reform, innovative methodologies around how we provide care across population health and precision medicine and the mix of all of that, at the end of the day, it is about risk. And risk traditionally, has been borne in large parts by the payers, and it's shifting from the payers to the providers, and I would argue from the providers to the consumers as well.

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And so when we have a better understanding of this shift in risk, and we have better capabilities of managing and mitigating risk, perhaps taking on appropriate risk, having the right sets of tools and capabilities to navigate that journey and enable the types of elements that you want to accentuate as you go through that journey of better understanding and managing and perhaps taking on risk, that's when you understand the fundamentals of really, sort of, healthcare transformation. So, that's really important. And that's exactly what I was talking about is this journey that we're in and the balance of risk versus reward even.

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Geoff: Now, one particularly uncommon characteristic of UPMC's innovation strategy is its association with venture arm, UPMC Enterprises. How did UPMC Enterprises come into existence, and what are its essential roles?

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Rasu: UPMC Enterprises, when you look back today, now a remarkable feat in having created that and the success that UPMC Enterprises continues to enjoy today. But it didn't come out of thin air. And, in fact, it wasn't just me, there were multiple other leaders who were involved in, you know, birthing UPMC Enterprises. But it really goes back to the DNA of UPMC as an organization and how it had been innovative right from its early days. I had the opportunity, and this is well before UPMC Enterprises came to be, to be very involved in the interoperability work that we were pushing forward at UPMC and through that at a national level as well.

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We were an early investor in a company out of Israel called dbMotion, and were the first customers for dbMotion in the United States and co-created a set of solutions with them. And dbMotion grew from just UPMC to multiple other customers, large customers, including HCA and 150-plus hospitals, and many

others, and it enjoyed a successful exit. There was a $235 million exit for dbMotion when it got acquired by Allscripts in 2013, and UPMC had a good stake in the company.

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And that was a great windfall moment for UPMC, and there are multiple examples of those types of acumens that really sort of define how UPMC Enterprises then came to be. And all we had to do really was to work together to basically memorialize those capabilities into a team with a set of ambitions to really put our money where our mouth is and have a process around it as well. And, it's that discipline that I'm bringing to the Carolinas here and try to make it uniquely us even at Atrium Health.

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Geoff: So bold. It's fantastic. And clearly, UPMC Enterprises has been wildly successful for UPMC. At the time of your departure, how many companies were in the portfolio?

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Rasu: I forget the exact count, but, you know, I'd say about two dozen or so companies with more yet in the pipeline. But yeah, UPMC Enterprises had some significant successes behind them and hoping more yet for them to come in the next couple of years even.

[00:44:53]
Geoff: Yeah, I mean, that's superb. And just an amazing example of the growth of this venture arm and being able to distribute risk across a portfolio. As you look back on the interaction between UPMC Enterprises and UPMC, what would you say are the synergies that you've seen within the medical center itself that Enterprises created?

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Rasu: Yeah, so this goes to the specifics of culture change. This goes to the specifics of making sure that there's much more defined set of processes in engaging the rest of the organization. It was those things that I was most proud of in being a part of creating at UPMC, was to make sure that, you know, I was able to work hand in hand, for example, with our chief medical or chief science officer, hand in hand with the CIO at UPMC, and the "I" here mean the Chief Information Officer, hand in hand with the clinical leaders and the operational leaders really across the board and being able to create that level of working together and going after these pain points in a much more controlled and purposeful manner.

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Geoff: Do you believe that the opportunity exists for venture arm development at all academic medical centers?

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Rasu: Yes, but at the same time, it's not for everyone, much like it's not for every academic medical center to get into the business of starting a health plan, perhaps. So, it's not for everyone. But yes, if done right, there are models out there that I think are actually scalable.

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Geoff: What would you say are some of the key barriers to establishing a venture arm, and how would you propose to overcome them?

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Rasu: I think it's important for us to understand that when we're thinking about creating a venture arm within a health system, it's important for us to understand who we are and the role that we play ideally in creating those venture arms, right? It's important to, for example, bring in the business acumen, the investment acumen that you'd have in venture capital groups, for example, a private equity group. But at the same time, it's important to make sure that you embrace the core elements of who it is you are as part of a health system and bringing those together in a very strategic way. Oftentimes, in my mind would define the difference between success and failure for these venture efforts.

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Geoff: Yeah, a firm understanding of the mission and vision that is established for the organization and following that, I assume.

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Rasu: Yes, yes. So, in a nutshell, when you're a startup, and it's oftentimes difficult to fathom this, but I vehemently believe that not all monies are equal. And money generally is available out there, but it's really what you get with those investments that you should really be looking at someone in the startup world. And oftentimes, getting into a health system that has a venture arm and you look at this as maybe a strategic investor into the company brings in elements of not just a checkbook, but other elements of working with that health system in a way to better your product and your offerings and then some in terms of perhaps having more of a direct customer, and you need to be

careful when you navigate that space, but also a champion for the set of services and products that venture or that company would push forward with.

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Geoff: Well, and, in turn, I would imagine that for the health system, being able to have this very special relationship with a new venture provides a basis for that health system to help shape the product, help shape the scope of the service and the business, and empowering the organization to not just see ROI based on a financial investment, but perhaps based on operational capabilities through the partnership.

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Rasu: That is correct. But at the same time, I think there are lots of caveats to that as well. I think it's important for health systems to be not completely tied to their babies, to their ideas, right? You know, you have to have the liberty to ask those hard questions and be super critical of yourselves as well as those companies that you may have a footprint or a fingerprint in, or you may have birthed in the scope of the venture efforts across the organization. And at the same time, I think it's important, critically important, this is something that I'm driving forward with a level of vengeance in my newer role here for us to inoculate ourselves against what I call the shiny object syndrome, right?

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When we have operational capabilities to innovate and to put our money where our mouth is with investments and the ability to sort of look at all of these shiny objects that are in front of us, it's important for us to make sure that we have a system and methodology around this. And that's, I think, the biggest value that health systems who get into this, you know, level of sort of strategy formation, that's what they need to, you know, embrace in terms of mindset.

[00:50:12]
Geoff: That's such a learned and mature view. It reminds me of, sort of, the sunk cost dilemma and, you know, chasing after activities that you've committed so much for, even if it might not be the best way forward. I'd like to move to North Carolina and maybe ask you to tell us a bit about Atrium Health. What is Atrium Health, and why did you choose to move there?

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Rasu: Wonderful. So Atrium Health is such a remarkable organization. Atrium Health changed their names in the last year or so, it was previously called the Carolinas Healthcare System. And today, it's rebranded as Atrium Health. And Atrium Health is one of the largest not-for-profit health systems in the country.

You know, the reason I fell in love with Atrium, to be very honest, was Gene Woods. Gene is the CEO and President of Atrium Health, a remarkable leader. He's been here for a little over a year now.

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So I fell in love with Gene and his ability to bring compassionate leadership to bear in the helms of a health system that is forward-leaning and has done a number of things in its illustrious path, but at the same time, is really adamant in reinventing the specifics of how it continues to do business across the regions here in North Carolina, South Carolina now, increasingly in the Georgia market as well. And then, it's also a health system that I believe has the opportunity to really make a tremendous impact in the communities that it serves as a large not-for-profit system that has a mission statement that is as bold as it is.

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So the mission statement of health, hope, and healing for all, that's something that really makes my heart sing, Geoff. So, as I transition into the Carolinas and became a part of the leadership team here at Atrium Health, it has all of those attributes and more. That really excites me about not just where I am today as part of this health system but also where the system can really move forward, and in doing so, take the entirety of the industry forward with it as well.

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Geoff: That's fantastic. It's a very inspirational view. On Atrium's website, the company describes itself as one of the most comprehensive and highly-integrated not-for-profit healthcare systems in the nation. Can you provide our listeners with a sense of what that means, particularly the most comprehensive and highly-integrated aspect?

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Rasu: Yeah, so the fact that we, here at Atrium Health, have a range of services that we're able to provide really across primary care and tertiary care, you know, long-term senior care, acute care, all of the entirety of that continuum, but at the same time be able to do this as a modern academic medical center where we have training programs with residents fellows. But, at the same time, we have physician groups and practices that, in many ways, function like a private practice group does. So back to radiology, where our roots are, even in the conversation that we're having today, I had the privilege of learning more about Charlotte Radiology and the specifics of how they are run.

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And in interacting with Dr. Bob Mittl, who's the Chair of Charlotte Radiology, has really taken aback in a positive way to learn about how the net promoter score for radiology is in the 20s or the upper 20s as is for other systems but really in the 90s. So it's 90%, 91% and increasingly perhaps even more than that. So, it's really remarkable how this integrated delivery system is able to come together in the unique model that we've managed to put in place at Atrium Health.

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Geoff: Fantastic. Now, how would you describe the scope of your role as Chief Strategy Officer at Atrium?

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Rasu: It's a broad set of mandates that I have in my role, and I feel privileged to really enjoy that larger swathe of things that sort of define strategy for a leading system like ours at Atrium Health. And just to go through this very quickly. Innovation is part of this, and we've got a tremendous innovation engine with Dr. Gene, right, as our Chief Innovation Officer and a team of remarkable teammates. So, we call our employees teammates here.

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So if you hear me refer to my colleagues as teammates, that's the reason why. So, we've got the innovation group, the investment fund, so we have a strategic investment fund that I'm really proud of, and I'm working with other leaders in the organization to really sort of have much more defined set of purposes behind it. And, there's more changes yet coming around how we're integrating innovation and investment.

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And then the third area is around strategy. So there's the strategic services group, a remarkable number of teammates that are tasked with a number of different things that we're looking at around strategy, whether it's regulatory, or strategy around partnerships and growth, strategy around our clinical service lines and the market as we look across the board, and partnerships and technologies that we need to be embracing. So, lots of different areas, but very focused around strategy. And one of the things, just to add on to that, that we did in the earlier part of me joining Atrium Health was to also align marketing and communications with strategy.

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So lots of different moving parts. Analytics is increasingly an important part of tying all of this disparate pieces together and aligning it to the strategies that

we're pushing forward at Atrium Health. So, lots of different areas. But at the same time, the common theme here, the thread that pulls the fabric together really is around how we're able to look at data and transform data into insights that would then define the specifics of the strategies that we're pulling together as a health system.

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Geoff: That's very exciting and should be very empowering. How do you see your perspective as a radiologist, that DNA that you carry with you entering into your work at Atrium?

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Rasu: Yeah, so it's an interesting question. And I think, as a radiologist, one of the things that we're able to do well is to connect the dots, right? Look at disparate sort of silos of whether its capabilities, or whether it's opportunities, or whether it's different players, and then to piece them together into a more coherent approach, or a story, or, for a radiologist, perhaps a diagnosis, or a report that we would generate. So, piecing together disparate pieces in busting silos, building bridges, and then affecting the culture of an organization. These are sort of the three core lenses through which I look at the job at hand that I have in strategy at a health system like ours.

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But it does go back to, you know, my roots as a radiologist where, you know, you're able to decipher the signal-to-noise ratio, to use a phrase that we use commonly in radiology, where we're able to create imagery of not just the vision but the path forward towards executing on that vision, and to a point where we're held accountable for delivering and executing on the said vision. So, lots of analogies that I could draw back to sort of the core of what radiologists and imagers generally tend to be good at doing, but it's in articulating that, but it's in actuating that in the specifics of how you are able to push these strategies forward that I'm most excited about.

[00:58:13]
Geoff: Bravo. That's an excellent articulation. Now, when you're coming in as a chief strategy officer, and you've got so much experience, and so many ideas, and such an engaged executive team, how do you approach strategy setting in a manner that balances top-down and bottom-up contributions?

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Rasu: Oh my goodness, great question there. A couple of things, I think, maybe four things. One, I think it's important for us to continue to seek the benefits of

scale and nimbleness. And so, it's important for us to make sure that we're moving fast, but we're moving smartly, right? So, bringing in intelligence into sort of our growth ambitions is important. Secondly, I think it's important for us to continue to provide differentiated services. You know, how do we optimize services to the local and regional market demands, but also, at the same time, look at some of the changes that are happening across the board, augment the access points, create newer digital front doors to the system? Providing differentiated services is important.

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Thirdly, I think it's important for us to look at accessing new capabilities on the value chain, so really looking at the specifics of things like population health, and some of the capabilities that we bring to bear around that is gonna be really important. And then last, but not least, I think it's important for us to experiment with new business models. How do we be more nimble in our approaches to how we look at home visits, for example, or retail medicine, or concierge clinics, or direct employer type of strategies, or looking at virtual care in more innovative ways? So, that's how I look at it, sort of, through those four lenses, if that makes sense.

[01:00:04]
Geoff: Yeah, these are very high-level considerations. I think for a lot of folks who have been engaged in leadership positions in healthcare provider organizations, they're familiar with, sort of, the structuring of strategic implementation through targeted execution that might be articulated through key deliverables listed on a balanced scorecard. Do you see the formalization of a balanced scorecard is something that's a part of your role in setting strategy? Is a balanced scorecard something that you're looking to implement across the organization? And if so, how do you view that? Do you establish core pillars associated with it, or is your model something a bit more fluid than that very formalized structure?

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Rasu: So, I like the concept of the balanced scorecard, and there are multiple iterations in terms of how you take the mission, know the purpose and the vision or what we aspire for, and get into the specifics of enabling as well as measuring those elements of delivering or executing on that vision, right? And so the management tool, that is, the balanced scorecard is a good one. What we need to be doing as an emerging health system is to really sort of look at the specifics of what it means to not just enable the elements of tracking those opportunities on one end of the spectrum and moving it steadily forward to

delivering executing on the right set of priorities because, you know, you can't boil the ocean.

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You can't say yes to everything. You have to, as a system, focus and prioritize. But through all of that are a number of different elements of making sure that you have the right metrics to hold yourself accountable, track success, and create this learning system that continues to learn from both the successes and the failures that you'd have behind you but then steadily move you forward to that state of desirability, and feasibility, and viability, and metrics that would track you towards that end goal as well.

[01:02:15]
Geoff: Sure. Now, you mentioned that the employees of Atrium are teammates, and you spoke at the earlier stages about the importance of cross-functional teaming and working effectively as a team. And, you've been a part of teams across healthcare, engineering, business disciplines. How would you describe your ideal team, and how would you go about constituting it?

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Rasu: You know, it is of utmost importance to make sure that you have the people element front and center to every strategy that you look at. So when I think about the building blocks to do strategy for a health system, number one for me is people. And when I look at the talent and the teammates that I have at Atrium Health, you know, I look at the talent gaps. I look at the opportunities that we have in taking the passion of the individuals that we have, but also the capabilities that they bring to the table. I look at alignment in terms of how do we bring all of the puzzle pieces together?

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What are the tools that we put in place to really capitalize on the coming together of these human beings that are driven towards a common purpose? And what are those processes that need to be in place for teams to really function as optimal teams at the highest performing level that we can get them to be so they can be the best versions of themselves as individuals but more so as groups and as teams sort of coming together? So, lots of different attributes that I look at.

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But first and foremost, really, in all of that is the willingness to have a level of vulnerability, and, to be quite honest, a willingness to just be humble about not just who you are and the talent attributes that you bring to the table. So, you

have to have that level of confidence in your own capabilities, but that level of humility to be able to work with others around you and serve your customers. So that's what I look for in the talent attributes in the teammates that we're pulling together.

[01:04:23]
Geoff: Super. Excellent. Now, while I've got you, I can't not touch upon a specific informatics topic, and that is AI. You've been active with the Society for Imaging Informatics in Medicine and a strong voice on social media and other forms for the use of AI. What do you see as the most likely early wins from AI for healthcare, in general, but radiology, in particular?

[01:04:48]
Rasu: Yeah, artificial intelligence is a big deal for us in healthcare in general and imaging in particular, and I believe that AI is a misnomer in many ways. You and I have talked about this on the stage many times as well, but AI is artificial intelligence. I believe done right, we need to remove the artificialness that technology oftentimes brings to healthcare. And, it impedes the care process in the sense that we need to be creative around technology. We need to find those shortcuts, and that's essentially how technology has played itself out in the last 10, 20, 30 years.

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So artificial intelligence or AI really needs to be augmented intelligence, and I think that's where the opportunity really is. It's in taking these algorithms that are good at deep learning and pattern recognition and help augment the care that we're providing to our patients. And, in radiology, in particular, there are multiple different examples of how AI is already having a direct impact on the ground.

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It's already here, whether it's at the modality level, or we have AI algorithms that are helping us take better images and manage dose and manage the intelligent protocoling to the specifics of...you know, when we're protocoling studies with technologists, we're reading studies and their specific nudges that these algorithms have provided to us, or overreads, or elements of diagnostics that would really aid us in becoming better diagnosticians.

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And then freeing up time, to be quite honest, for us to spend more time with the patient that might be in front of us or with our care team and the collaborators that we need to be having those human conversations with, so the ordering

physicians, the surgeons, the oncologists that need to be part of the care collaborative around the patient and the center. Those are the things that excite me most about AI well beyond sort of the technological capabilities that I know AI is already starting to deliver for us.

[01:06:52]
Geoff: Yeah, empowering the human side of health care. In a recent blog post on Academy Health's website, you spoke about taming the data beast, stressing the criticality of data-driven decisions and support a value-based care, and the challenges of data liquidity and interoperability. You describe a paradigm where data stewards tend to the garden so the clinicians can stop by and pick the fruit when needed.

[01:07:16]
At least that's my summary and interpretation of what you said. My question to you relates the practicality of effectively harvesting the information for clinical decision-making, radiologists and our physician intermediaries essentially to convert imaging data into information. Will we need a physician specialist to serve a similar full-service role as we seek to make decisions for ever-widening data sources and data associations?

[01:07:44]
Rasu: I think we will. You know, as much as there's a lot of rhetoric around, "Run for the hills, the machines are coming," what's happening really, in my mind, is that the field of practicing medicine is evolving in front of our very eyes, and yes, we will need physicians. Our roles, however, will evolve, and I think radiologists will be amongst the first to have their roles evolve in front of their very eyes. I think we're going to be more physician consultants than we are diagnosticians. We need to be a lot more patient-focused and patient-centric than we are right now because today we're more image-centric and interpretation-centric. So, our roles are going to evolve in front of our very eyes.

[01:08:27]
Geoff: Do we need, as radiologists, to broaden the spectrum of information that we contextualize for our referring physician? Should radiologist fulfill that role as informatologist?

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Rasu: I love that term. I believe yes. I believe that's gonna be really important. I think that what's gonna be even more important in that journey is to bring in the right context, right. Context truly is king. So, it's different in one paradigm for

us to look at a chest X-ray or a CT of the head and neck and come up with an interpretation to the best of our ability with the presenting symptoms or the data elements that get presented to us often, and it's limited, right? Reason for exam, headache, you know, rule out pneumonia. So, in one extreme, all we're doing is we're creating a legal document that essentially covers our behinds, and we end up with a document that basically interprets, to the best of our ability, what we've seen on that image.

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On the other extreme, when we bring in context, when we bring in additional data, the data sets that give us a fuller comprehension of not just what we're seeing in those images, but what the patient's journey is all about and who the patient is much more holistically, then we're able to come up with not just a specific interpretation and a differential diagnosis, but we're able to come up with a care plan, and we're able to create an environment where we can truly collaborate with our ordering physicians, oncologists, surgeons and others around the whole being that is that person. So, absolutely yes. I think we need to be veering more towards the right and being able to have more holistic information around the patient.

[01:10:15]
Geoff: Exciting, super exciting. Over 60,000 tweets and 27,000 followers. Amongst the leaders that I have spoken with on our podcast thus far, you have, by far and away, the biggest footprint on Twitter. What do you see as its essential role for healthcare leaders?

[01:10:34]
Rasu: Social media. I think it's important for healthcare leaders to really be where the patients are, where the consumers are. And right now, they're online. They're engaged. They're thirsty for information. They're thirsty and hungry to dive into conversations that are most meaningful to them, and it is with that mindset that I have embraced my online presence. I think the other thing to keep in mind for healthcare leaders as they're contemplating social media, especially Twitter, is you need to be super authentic in the voice that you use online.

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I do all my own tweets. I don't have a team supporting me or anyone else tweeting on my behalf, and I can't tweet all the time and nor should I. But at the same time, whenever I can, I'm online. And, I try to engage, and I try to engage deeply and meaningfully as well. The other element here is making sure that

you're able to add value. So, as much as we talked about volume to value, it holds true for tweets as well. It is not about volume, it is about value.

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So, you know, making sure that what you share online or opinions that you put out there is authentic, but also at the same time adds value. It allows for a level of information to be shared, or facts to be corrected, or some level of collaboration to be started, or some level of inspiration that you can leave out there. So adding value, I think, is really, really important. And when you get to a level of a discipline around that, I think it just naturally becomes an extension to who you are as a leader.

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And that's the way that I see the role of Twitter for me is it's just an extension to who I am in the everyday interactions that I have, whether it's with teammates in person here or online with this broader community at a global level with other like-minded individuals or others that are interested in the elements of healthcare, and innovation, and transformation.

[01:12:46]
Geoff: Yeah, that's great. I mean, if I were to summarize the tone of your Twitter feed, it would be to inspire. It's remarkable, and I want to encourage our listeners to just sort of look at some of your recent posts. A photo of a chain-link fence that its top margin merges into goals on the wing with the statement, "Be stronger than your excuses."

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Another one quotes Einstein, "We act as though comfort and luxury were the chief requirements of life when all that we need to make us happy is something to be enthusiastic about," with a dynamic GIF flashing galactic backgrounds and the text stating "Be inspired." You've articulated who the spectrum of these posts are intended for. I'm curious, just what is your approach to being able to compose all of these really well-crafted posts within the context of a very full professional and family life?

[01:13:41]
Rasu: So, it goes to this not actually spending too much time on it. And, to be quite honest, Geoff, this is how I think, right? The tweets that I send out are just an extension to how I think. I think, to be quite honest, when Twitter had the restriction of 145 characters and today it's 280 characters, it was a discipline. It's a discipline that we as leaders need to carry forward to the boardroom, discipline in articulating complex messages into more succinct and memorable

messages and things that you can really sort of get behind where you're able to bring in sort of the substance, add value to those conversations, but, at the same time, make sure that you're able to really be truly authentic.

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And, it's a discipline. So it's the same skill set that you need to have in a boardroom, to be quite honest, that you need to have in composing a tweet. And to be quite honest, this is how I think to be able to articulate it in a succinct manner that is limited in characters because of the restrictions that Twitter has. You know, it's something that I enjoy doing, and I think we need to have more of those types of conversations online and offline.

[01:14:56]
Geoff: Well, you, sir, are a master. No doubt, and I definitely, I'm gonna reiterate it, I wanna encourage our audience to have a look at your Twitter feed. Now, you have two boys that are high school, middle school. Am I right about those ages?

[01:15:11]
Rasu: Middle school and elementary. But yes.

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Geoff: Middle and elementary, sorry. I'm advancing things a little bit. As a father of five myself, I know how important it is to be available for your family when needed. How do you manage the pressures of your professional responsibilities with family life?

[01:15:26]
Rasu: Oh, my goodness, such an important question. Life is about balance. So whether it's balancing the specifics of the many, many different things that call out at you, or force their attention upon you at work, or the balance between work life and the rest of life, it is about balance. You know, I have the privilege of having two tremendous boys who just get a kick out of interacting with their dad and a wife who just is tremendous in being a part of that family that we have in helping nurture our boys to be the strong leaders of tomorrow that we want them to grow up to be, but also, at the same time, giving them permission to be kids, to be the children that they are.

[01:16:15]
And, again, even in that, finding the right balance. But what I strive to do, and I'm far from perfect, and there's, you know, a lot that I need to continue to work on, what I strive to do, Geoff, is when I'm around my boys, I try to give my all,

and I try to be present in front of them and really engage and encourage them to continue to be curious, continue to ask questions, but continue to just have a good time and lead the best lives that they can as kids. Because, you know, far too often, I think, we try to impose, you know, adulthood and our set of mandates on kids, and I'm not sure that that's right. I think it's important for kids to be kids. So, that's what I try to do with my boys.

[01:17:03]
Geoff: Yeah, so important. Leadership can be stressful. What do you do to unwind and recharge?

[01:17:09]
Rasu: I try to be present, practice mindfulness when I can. I am an artist by background. And in my "free time," I try to express myself artistically, whether it's through photography or any level of painting that I might be able to squeeze out here and there. But trust me, I've not had a time for that for a long, long time. Yeah, those are my key outlets.

[01:17:36]
Geoff: Fantastic. What advice would you give to a young radiologist who is inspired by your journey and would like to pursue a similar type of leadership?

[01:17:47]
Rasu: Find your calling. I think the fact that you're a radiologist is an advantage. You have a lot of different acumens that leaders need, but find your calling. There isn't a one-size-fits-all approach to a radiologist growing into a leader. There are multiple different hats, and I think it's important to spend a good chunk of your time away from what you're most comfortable with. So, step away from the clinical realms into informatics, step away from the informatics realm into business, step away from the business realm into what patients and others are talking about. So, spending a good chunk of your time, a quarter of your time or more and being on the fringes, I think, is really, really important if you're serious about developing yourself as a leader.

[01:18:38]
Geoff: Fantastic. Well, Rasu Shrestha, you are an inspiration for many. What you have achieved in your leadership along the path less traveled has shown many of us new ways that we can potentially contribute to healthcare as radiologists, but also the way you compote yourself as a leader, as an increasingly public figure is truly inspirational. I wanna thank you so much for joining us today on "Taking the Lead."

[01:19:10]
Rasu: Thank you, Geoff. I admire your leadership, and I truly value our friendship. Thank you very much for this conversation today.

[01:19:26]
Geoff: Okay, that's it for this time. Thank you for listening. If you've enjoyed this podcast, I invite you to do three easy things: subscribe to the series so you can never miss an episode, share the link so your peers can listen too, and like or rate every episode, so more people will discover it. And please join me next month to celebrate the one year anniversary of the "Taking the Lead Podcast," when I will welcome back Geraldine McGinty, Chair of the American College of Radiology's Board of Chancellors, and guest in episode eight. Geraldine will serve as a special guest host of the podcast, and we'll be speaking with Dr. Hedvig Hricak, who is the Chair of Radiology at Memorial Sloan Kettering Cancer Center in New York, and past president of the Radiological Society of North America and the American Association for Women in Radiology.

[01:20:20]
The inspiration for this episode was a program entitled "Women in Focus" that was organized by Hedvig and held during the 2019 meeting of the European Congress of Radiology. Over two days, Hedvig convened a diverse panel of leaders to celebrate female contributions to medicine, and explore a variety of issues such as female leadership, mentoring, and generational differences amongst female healthcare professionals. In this episode, Geraldine and Hedvig will discuss both aspects of this very successful ECR program as well as Hedvig's rich career as a leader.

[01:21:00]
"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 RLI and co-producer of this podcast, to Peg Helminski for production support, Linda Sowers for our marketing, Bryan Russell for technical support, and Shane Yoder for our theme music. Finally, thank you, our audience, for listening and for your interest in radiology leadership. I'm your host, Geoff Rubin from Duke University. We welcome your feedback, questions, and ideas for future conversations. You can reach me on Twitter @G-E-O-F-F-R-U-B-I-N or the RLI, @RLI_ACR. Alternatively, send us an email at rli@acr.org. I look forward to you joining me next time on "Taking the Lead."