



Episode 33: Leading for a Bright Future
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Dr. Rubin: 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 Dr. Lawrence Muroff, adjunct clinical professor of radiology at the University of South Florida. He has continuously held major leadership roles within the American College of Radiology for the past 42 years, including within the council, Board of Chancellors, and the Boards of the Neiman Policy Institute and the Radiology Leadership Institute.

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He served as president of his 45-member radiology practice, president of 7 additional professional imaging organizations, including the American College of Nuclear Physicians and Educational Symposia, Inc., and was chairman of the board of Radiologics when it became a publicly-traded company. A highly sought-after professional practice consultant, Dr. Muroff has advised over 100 radiology groups on practice management and provided mentorship and guidance to countless radiology leaders.

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Our goal in creating the "Taking the Lead" podcast is to support your leadership journey. And with that in mind, I'd like to tell you about a new sponsor, the Isenberg School of Management Graduate Programs at the University of Massachusetts Amherst. Isenberg graduate business programs prepare you to advance your career on your terms. And their online and on-campus degrees are tailored to your schedule and timetable. Learn more at isenberg.umass.edu/followyourdrive.

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Larry, welcome.

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Dr. Muroff: Well, thank you very much for having me. I've been looking forward to chatting with you.

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Dr. Rubin: As have I. Now you were born in Philadelphia, what was life like for you growing up there?

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Dr. Muroff: Well, life was very, very interesting. My grandparents had a nursing home, and the first two years of my life, I actually spent a lot of time in their nursing home. And then my parents, when I was two years old, opened a nursing home right on Drexel Fraternity Row in Philadelphia. My mom was a general practitioner, and my dad was a pharmacist. And I spent the next 10 years of my life really around patients. And it was almost a foregone conclusion that I would go into medicine.

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Philadelphia was a different city than it is now, it didn't have the diversity of restaurants. I grew up and spent most of my time in a very diverse neighborhood outside of the Drexel Fraternity Row. The neighborhood was very diverse, and I had friends of different races, of different religions. It was a very unusual, I think, upbringing at my stage or for my age.

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Dr. Rubin: Yeah, it sounds like you spent a lot of time in the nursing home, which would suggest to me that, you know, you were spending a lot of time with elderly folks. Is that right?

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Dr. Muroff: I spent a lot of time with elderly folks, although I certainly felt that when I became elderly, which I guess I am now, I would just assume not be in a nursing home. But all in all, I spent a lot of time with patients. My mom, when she was making her rounds, would take me around. So I had a very early exposure to medicine.

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Dr. Rubin: It's really certainly a unique upbringing and experience. Can I assume that you got to do normal kid activities outside of helping out at the nursing home too?

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Dr. Muroff: Oh, yeah. You know, it was again a different era. My parents probably now would be locked up by social services. But every morning I walked seven blocks to a trolley car...to get on a trolley car to go to grade school and walk through some pretty sketchy areas. I played in the streets when I came back from the school. Basically, we played stickball and basketball. And we had some rotations where we had boxing matches in the streets. It was a totally different era then than it is now.

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Dr. Rubin: Now, when you think back to your time as a child growing up and spending time in the nursing home, are there any particular interactions or patients that have stuck with you through the years?

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Dr. Muroff: Well, I think the most memorable and probably the most embarrassing situation is, I was two and a half, three years old, maybe, and I was walking around in a bathrobe. My grandfather, when he came, emigrated to this country, opened a bathrobe factory. And a little elderly nursing home resident said, "Are you a little boy or a little girl?" And she picked up my bathrobe and said, "Ah, a little boy." So that probably is something that never leaves one's memory.

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Dr. Rubin: Certainly not. I mean, the fact that it's still with you from the age of two or three, certainly is a strong indication of the impact it had. Wow. And so can I assume that, you know, when you reached the age to have your first job that you were actually working in the nursing home as well?

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Dr. Muroff: Well, actually, when I truly had the age to have my first job, my parents, again, even though we were middle to upper middle class by income, I always worked. And when I was 12, I printed business cards for babysitting, snow shoveling, lawn mowing. And that year, and the next year, I spent doing

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those activities. Then I worked for the township as a janitor for a couple of years and worked tarring roads. So I've been working in the real sense from the time I was 12, and before then I was helping out in the nursing home.

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Dr. Rubin: It's interesting, the printing of cards for these odd jobs sort of suggests an entrepreneurial bent. But then working tarring roads is a little bit more of working for the man. How did you view that balance in those days?

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Dr. Muroff: Well, working for the man certainly paid a lot more and it was a lot steadier an income for a summer job than mowing lawns. But, you know, hard work, I think, instilled in me a sense of what it takes to earn money and the work necessary to do a job well.

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Dr. Rubin: Any brothers and sisters?

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Dr. Muroff: I have a brother and he just retired. He's six years younger. He was a general practitioner in the Philadelphia area, and just retired and moved out to LA to be with his only daughter and her young child. So one brother.

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Dr. Rubin: Got it. So medicine is really fundamental in your family. Do you recall your first experience as a leader during your time growing up? Did you ever take on any leadership roles in school?

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Dr. Muroff: Yeah, I think my first leadership role was in the sixth grade, I was captain of the safety patrol. And again, I don't know what motivated me because I love sports. I love participating in sports. And the alternative to being captain of the safety patrol, which was for a sixth-grader, a difficult job, not as much fun as playing sports, the alternative was joining a group of kids that played sports. So I chose leadership over sports in the sixth grade, although I played sports in junior high school, in high school.

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Dr. Rubin: Terrific, and no need for a lead apron at that stage.

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Dr. Muroff: No need for a lead apron. Although probably I'm one of the few people on your interview list who has fluoroscoped with red goggles and also who has performed a pneumoencephalogram in his varied career.

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Dr. Rubin: Well, let's see if we can unpack that in a little bit. Let's move forward gradually though, and maybe explore a little bit about your education. Starting with college, you went to Dartmouth, what did you study there?

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Dr. Muroff: Interestingly enough, I felt that I would be more rounded if I did not major in science. I took all the prerequisite science courses obviously, but I majored in sociology. And I specifically focused on propaganda and public opinion and things that would probably be construed as marketing or changing the way people thought.

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Dr. Rubin: That's really interesting. I'm assuming that upon entering college, you had an inkling that you wanted to practice medicine.

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Dr. Muroff: Well, I didn't know what I wanted to practice. My parents obviously thought that medicine was an outstanding career. But I thought very seriously about the law. And in fact, later after residency, I had an opportunity to go to law school on a Picker Foundation...well, what would have been a Picker Foundation grant had I done it, but things just didn't work out that way. But I was interested in medicine, but also interested in a lot of other things.

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Dr. Rubin: So your decision to study sociology and, you know, garnering the sort of market approach to the world was not a sort of carefully laid out plan for the future, but really just what interested you at the time.

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Dr. Muroff: Yeah, right. But public opinion, propaganda shaping thought still is a strong interest of mine. And I'm glad that I had the opportunity to get into that area when I did.

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Dr. Rubin: I mean, it's a really interesting counterpoint to studying the sciences, which most people who go into medicine do. As we begin to practice medicine, we increasingly appreciate that there's a lot more to treating a person than the biology of their disease. Excellent. And so at some point amongst this study of propaganda and sociology, you decided that you were gonna go to medical school and you enrolled at Harvard. How did you like Stanford of the east?

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Dr. Muroff: I guess you're right in that characterization. Everybody thinks that they are the best in terms of educational opportunities. But actually, I first went to Dartmouth Medical School. One of the reasons I went to Dartmouth College over other options was they had the three-two program. And even though I came from a rural high school where half the kids didn't go to college, I let myself be seduced by the recruitment spiel that maybe you will be lucky enough to get into medical school after your third year of college, which, indeed, I was lucky enough. And therefore my senior year of college was also my first year of medical school.

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Dartmouth only had two years of medical school at that time. And of the 48 of us, 36 went to Harvard. And the ones that didn't want to go there, they went to other places, Columbia, McGill, Cornell, a lot of other places. So all in all, it was a great two years because the professors all knew you. It was a wonderful setting just having 48 in each class. And then Harvard certainly had the hospital capacity to absorb those students and it worked out very well. In fact, I did better at Harvard Medical School than I did at Dartmouth, although I did reasonably well at Dartmouth too.

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Dr. Rubin: Yeah, that's a really interesting arrangement. So at Harvard, you were there for just two years then and did your clinical years?

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Dr. Muroff: My two clinical years.

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Dr. Rubin: Yeah. All right.

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Dr. Muroff: I had my internship on the Harvard surgical service of Boston City Hospital.

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Dr. Rubin: Got it. And during that time, when did you get the inkling that radiology was your future?

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Dr. Muroff: The government made me a radiologist by accident. I trained during the Vietnam War and I had no objection to going but I wanted to go trained. And from the time I can remember, I always wanted to be a pelvic cancer surgeon. And I had done some cancer research at Harvard with Judah Folkman, and it was pretty innovative stuff that he was doing. But in any case, I applied for the Berry Plan in OB and I had already secured residency at the Boston Lying In, and that time they took people every two months. So I had the coveted, for want of a better word, July start, and was all set to be a pelvic cancer surgeon.

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But I didn't get the Berry Plan in any of the three-arm surfaces. Because of the research I had been doing, one of the fellows that was an intern at the Mass General, when I had my student rotation, said, "You ought to come down to the Bureau of Radiological Health." That time it was the National Center for Radiological Health. "You can do your research there, we really like to have you join us." And I said "Radiology, I mean, who wants to do that? I wanna be a pelvic cancer surgeon." And he said, "Well, you know, a lab is a lab, what does it matter?" So I went down, but there was a fair amount of exposure opportunities, at least, to radiology.

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And in fact, one of the guys in my building was in nuclear medicine at the NIH and he kept inviting me to see what he was doing. Nuclear medicine really

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intrigued me, so literally at the last minute I applied for radiology residencies. At that time matching was in its infancy, most programs had both match opportunities and slots that they can give you. And I accepted a slot at Moffitt U Cal San Francisco, and this same guy who got me down to the Bureau of Radiological Health was now at Columbia. And he said, "Oh, you've gotta come to Columbia, it's the best." Well, my wife said, "If you don't go to the best, you'll always wonder."

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So I turned down the Moffitt slot, I went to Columbia. And of course, by the time I got there, he said, "Oh, this guy left and this one was leaving." But it worked out phenomenally well for me and, you know, all in all, I couldn't have asked for a better opportunity.

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Dr. Rubin: That's fantastic. Could you maybe explain for listeners who are not familiar with the Berry Plan, what is that or was that?

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Dr. Muroff: Berry Plan was a residency deferment, and it was granted based on a lottery. I would imagine if you had political connections, you could have gotten accepted. But basically, it said that we will defer your going into the service until after your residency. But at that point, you will be obligated for your two years. I had very good recommendations. I've had very good grades at both Harvard and Dartmouth but I wasn't selected.

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Dr. Rubin: But, as you say, you spent your two years with the United States Public Health Service and the Bureau of Radiological Health. What was your experience like doing that? It sounds like you were already involved in some research, maybe, you know, tell us what that was about? But what was the day-to-day like contributing in the United States Public Health Service back then?

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Dr. Muroff: Well, at the Bureau of Radiological Health shortly after I got there maybe I was bad luck, but they then condensed it and went from a national center to a Bureau of Radiologic Health, but the labs were the same. Interestingly enough, this fellow who was a couple of years ahead of me went

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into radiology. Barry Pressman was able to join me at the Bureau of Radiological Health. So, we had a very bright group of individuals there.

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My only publication out of that happened not to be on any of the research that I was brought down to do, but on an engineering paper called "Prolongation of Life in an Ultrasound Field." Basically, we showed that a lot of the microwave...it was microwave, not ultrasound. But most of the effects, if not all of the detrimental effects of microwaves, were heat-related. So you could keep a rat, for example, alive almost indefinitely by just cooling him down while he was in this field.

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Anyhow, that was my first opportunity to publish a paper. And then when I went to Columbia, I was able to publish also. But nowhere near as many papers as some of the residents that you and I assess when we're looking at RLI scholarship candidates. My gosh, those residents are phenomenal.

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Dr. Rubin: So true. So it sounds like this experience was really somewhat fluid and research-based, you weren't in a production environment, you weren't really expecting to, like, you know, dig holes or do any kind of work that, you know, you would normally think about national service in the setting of a national draft.

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Dr. Muroff: Right. This was all laboratory-based, but a very low-key type of environment. Very low-key.

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Dr. Rubin: And obviously very influential for you. So you mentioned you went to Columbia, and you finished your residency, essentially, at a time that was just before the introduction of CT and certainly before the introduction of MR. What was radiology training like in those days? Maybe kind of give us a window into you know, how it was different from training today.

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Dr. Muroff: Well, I think it was much different than training today. Obviously, everything was film-based, that's one major difference. In my chief residency year, my senior year of residency, the group from Hammersmith came to the Neurologic Institute in New York, and showed us these wonderful 64 by 64 images of the brain, and everybody thought that was miraculous. I wonder how it could ever be improved upon. And MR was not even in existence at that time. Ultrasound, I remember Don King, who was the ultrasound instructor came running into noon conference one time and said, "I've got this phenomenal image."

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And Walter Burton, who was a pediatric radiologist, a very quick...when Don King says, "What do you think?" Walter said, "I think there's a low-pressure area for Manasquan to Cape May because the image was very crude, at best." Again, nowhere near the images that we enjoy. So we were taught by, I think, some giants in radiology, Frieda Feldman in bone, Bill Seaman, the chair of GI. But I think that what was more remarkable was the fact that I had people in my residency class and also junior attendings who later went on to, I won't say bigger and better things, but for want of an alternative description, bigger and better things.

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Bill Casarella who had a distinguished career at Emory was our junior attending in angiography, Bruce McLennan, who has had an outstanding career in GU radiology was the junior attending in GU, Quencer, Bob Quencer who was chair at Miami Forever, and a neuro giant in his own right was third-year resident when I was a first-year resident. I already talked about my medical school roommate, Barry Pressman, who was the president of the college and a gold medalist, and Richard Taxin who has held many offices or positions in the college. All these people were in the same little group and it was a very stimulating group of people.

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Dr. Rubin: That sounds like it. What a privilege to work with such a talented group. That's fantastic. I'm sure that at no moment in time did you miss the notion of having gone to San Francisco to train.

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Dr. Muroff: No, and interestingly enough, I think the person that took that slot was Faye Laing who herself is a giant in ultrasound, they probably got a far better deal than Columbia got with me. So all in all, it worked out well for everybody.

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Dr. Rubin: Now, I see that you were Chair of the American Association of Academic Chief Residents in Radiology A³CR² in '72, '73. What led you to seek that leadership position?

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Dr. Muroff: You know, I didn't seek it. It was pretty much the way the RSNA is today and the way the college used to be. And that is the people that were there before picked the people that follow them. And I was very fortunate our program sent the chief resident in waiting. In other words, the year before you're chief residency to the A³ meeting, and there were probably a dozen such people, and I was fortunate enough to be selected.

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And it was super experience. We had Marty Lipton and Herb Abrams as our two teachers. And I will not forget Herb Abrams was in the process of recruiting when I was the chair of the A³CR². And he said, "Oh, you've got to come to Harvard." He said, "There are people that are, you know, walking the hallways that could be professors elsewhere, and we don't promote people the same way that other people..." I'm thinking, "This guy is recruiting me and telling me that, you know, you can walk the halls for the rest of your life and never get anywhere." But it was a fun teaching experience. And, again, the group that was there, those chief residents were very, very intellectually stimulating.

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Dr. Rubin: Yeah, I mean, what a great opportunity early in your career. And I mean, you mentioned that you were lucky, but I'm sure luck really only had a small amount to do with it. Clearly, you were distinguishing yourself at that point as somebody to lead radiologists.

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Dr. Muroff: Well, you're kind. You know, what do they say? That luck is when preparation meets opportunity.

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Dr. Rubin: There you go. Beautiful. So you spent a year after residency as an instructor at Columbia Nuclear Medicine, was that akin to like doing fellowship training, or were you a junior faculty role at that point?

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Dr. Muroff: Well, as I said, Columbia presented some unique opportunities to me. Dr. Seaman, the chair, when I applied, said, "I see by your application that you have an interest in nuclear medicine." And during my chief residency year, the head of Nuclear Medicine, Phil Johnson, developed a medical issue that kept him out for, I guess, six months or so. And Dr. Seaman called me into the office and said, "Would you consider instead of finishing your residency with the normal slots, joining the staff? I mean, we'll still pay you as a resident."

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In fact, I was an NIH fellow, which meant I made \$5,000 less than the residents. But I did get to go to one meeting a year. "But would you want to do that?" And I said, "Sure." So really, I became a junior faculty member and one of the only faculty members in nuclear medicine while I was still a resident. I ended up spending a lot of my time teaching other residents while I still was a resident.

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Dr. Rubin: So after 11 years of honing an Ivy League vibe, you made your way to Tampa, Florida. That seems like quite a pivot, was that your plan all along?

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Dr. Muroff: I wish I could say I had a plan at that time. I was happy at Columbia, but my wife was, I guess, about six months pregnant and she didn't want to bring up a child in New York. And a friend of mine, the guy who had been head of the Nuclear Medicine at the NIH, the fellow that introduced me to nuclear medicine, ended up also at Moffitt. And he said he was reading JAMA...and I don't know of any resident who reads JAMA but I guess some

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do. And he said, "There's this advertisement for a nuclear radiologist, and it's in Tampa, Florida." And I said, "Tampa?"

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I knew about Miami area and Fort Lauderdale. And I knew there was the rest of the state, but I knew nothing about it. So he said, "Why don't you send your CV down? Can't hurt." So I sent my CV down on a Monday, on a Wednesday they called and said, "Can you and your wife come down to Tampa this Friday, spend the weekend with us?" Well, it was October and it was still kind of dingy in New York. And they were very smart because they flew my wife down with me. And October in Florida is beautiful. Nobody tells you about heat or humidity or palmetto bugs or anything else, just gorgeous.

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And they took me around to the facilities and showed me where they wanted me to work. And it was a no-brainer. Now when I went back to Columbia before I accepted, I spoke to the chair, Dr. Seaman. He said, "Well, let me check." And he checked and he...his sources told him the group was an excellent one. But the head of Nuclear Medicine, Dr. Phil Johnson, took me aside and said, "You know, you have a promising academic career. If you take this job, you'll never be heard from again."

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And I think he was trying to be kind and honest, that was his view. Because just like or almost as much as the people at Mass General think that the sun rises and sets on Fruit Street. The faculty at Columbia thought that if you didn't stay there, there was something horribly wrong with you. So it was very sobering for me, but I still decided to take the job in Tampa, and professionally, was the smartest thing that I ever did.

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Dr. Rubin: I mean, yeah, taking that leap is really remarkable, especially the advice you received. And of course, how silly to think that you would never be heard from again. When you say it was, you know, the greatest decision you've made, you know, help us understand that. I mean, after the perspective that the years have provided, looking back, what would you characterize as the outcome of that decision that just made it ideal from your perspective?

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Dr. Muroff: Well, it was ideal from many perspectives. First of all, the hospital was gracious enough to provide equipment and a computer a system that was better than the one that I was used to working with at Colombia. So I had equipment even in a small community hospital that was better than in my academic center.

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The second thing that made it very exciting was the fact that since we were the smaller of the three hospitals, the smallest of the three hospitals, we were turned down, initially, for a CT scanner. At that time, there were certificates of need in Florida and we did not qualify. And I had the opportunity to then work to get us qualified, and was able to get the first body scanner at our facility, the first body scanner in the area. It was very interesting, it took two and a half minutes to rotate around the patient and generated two slices, but, boy, I thought that was terrific.

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And so I got involved in CT early on because I was willing to serve on the countywide health planning board. And then similarly, I got involved in MR the same way. So all in all, I was able to get early exposure to CT and MR that I otherwise would not have had in a different setting.

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Dr. Rubin: Fantastic, and certainly very fortuitous, and a real interesting story of the pivot from academics to private practice. Now, during these years, you were serving as director of nuclear medicine for 20 years at university community hospital. And you did stints as director of CT and MR as well in clinical faculty appointments at the University of South Florida, I see.

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During these years, you were also very active in leadership both within your practice on committees and as president, within your hospital and medical staff committees, and then with a bunch of professional societies. So before we get into that ladder set of activities, help us understand what led you to volunteer for so many leadership roles.

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Dr. Muroff: Well, as I said, when I came to the safety patrol in sixth grade, I always had a desire to serve, for want of, again, a better word. And I was willing to do the work, to do the tasks that were assigned, to volunteer for other tasks that perhaps were not assigned, but not thought about. So all in all, private practice gave me that opportunity, but only if I did it on my own time. For example, I spent a little over 20 years as an examiner for the American...guest examiner for the American Board of Radiology, but that week was vacation.

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And similarly, Board of Chancellors of the ACR or the activities that I had with national, and regional, and state societies all came out of vacation time. Although, to be fair, the vacation time was very generous. So the private practice group permitted me the opportunity, but, again, did not encourage it. And I think that's true, unfortunately...

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Dr. Rubin: How much vacation time were you afforded back then?

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Dr. Muroff: Well, when I started, I think it was six or seven weeks that's vacation and education. But I think that it went up when I became a partner, which was pretty early, about a year and a half after joining the practice. It was about 10 or 11 weeks, so there was very generous amount of time. But as generous as it was, I still...when you look at the state, regional, and national activities, pretty much gobbled up in that vacation time with radiology service.

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Dr. Rubin: Yeah, sure. I mean, I imagine a number of your partners were spending a lot of time out on their boats.

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Dr. Muroff: Right. Exactly. Well, it's a very interesting story about vacation allocation, as I'm sure you're gonna wanna talk about, at some point. I was one of the founders of Educational Symposia, which started as a town-gown initiative. And we branched pretty early on into international meetings because none were being held at that time. And we had a meeting in San Moritz, and I think for that week, I had fifth choice on the calendar. And we had four people

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that said they're gonna go to the meeting, I said, "Guys, if I don't go, there isn't going to be a meeting."

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But in general, those are the types of vacation discussions that had to be made. But to be fair, the group was pretty good about training. But again, spending a week examining candidates for the board, which, as you know, is not the most enjoyable of tasks, but one that I think gives us a feeling that we're paying back the specialty. In order to get that, you'd have to trade or I would have to trade with somebody just to have that opportunity if I didn't have vacation priority.

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Dr. Rubin: Yeah, understood. Interesting dynamics of arranging for vacation within a group practice. And yes, I look upon my days examining in Louisville fondly through the retrospective scope. Now, take us back to life as a radiology group president, in particular, in the mid-1980s, and tell us about the job and how much time you dedicated to that role of being group president.

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Dr. Muroff: Well, I dedicated a lot of time that was not understood or appreciated by those in the practice who had not served in that position. I think the same thing is true up till today that radiologists in private practice don't understand or appreciate the amount of time that the president spends. I remember being...we talked about the San Moritz meeting, I remember being in San Moritz on vacation and getting five or six calls a day from the practice manager because, you know, the buck stops with the president, and decisions have to be made.

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I thought that the president should be compensated. And there are only two ways you can compensate a radiologist, and that's time or money. But my partners did not agree. The president who followed me finally had that opportunity, made them understand that you really can't pay back the time expenditure that a private practice president makes in a growing practice. Now, when I joined my group, I was the ninth member. When I left my group, there were, I think, 45-plus men and women radiologists. So we were growing, we were, at that time, one of the biggest practices in the country, certainly, in the southeast. Now 45 people are chump change.

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Dr. Rubin: Now, you're president for two years, what were the big issues of the day? You know, what started stands out as some of the more thorny challenges?

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Dr. Muroff: Well, I think for many practices, the idea of knowing that your contracts can be taken away from you, I think that's something that many members of a practice don't understand, that you have to service contracts appropriately. So all in all, basically, that was, I think, not even developing because the people before me had done that. But perpetuating a culture of service, as the group grew much larger, was one issue.

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The second issue was that I firmly believe that radiology, in a sense, if you look at it from your business school perspective, is a declining asset, depreciating asset. Our reimbursement continues to drop and our expenses continue to rise. So that if you are going to maintain and grow your financial position and your quality of life, I think you have to diversify your income sources.

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And I was able to set up a very satisfying, professionally satisfying and financially rewarding expert read medical-legal practice. Also set the seeds in place for a purchasing consortium which, after I left the group, the partners were able to sell and do very well. I set up a workman's comp MRI network for my practice. And, you know, these are some of the things that, I think, add to the stability and tenure of a practice.

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Dr. Rubin: You know, it's an interesting perspective on business development to establish new lines of business as opposed to, you know, a market competition approach where you're gonna go out and just compete to expand the geography and coverage and do the same things but just more broadly at other sites. Was that something you considered particularly and...?

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Dr. Muroff: Yeah, I think that after I was brought into the group, the group continued...I was the first, I think, sub-specialist, for want of a better word. But we then brought in people with, I think, with the idea that they had strong sub-

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specialty expertise. So service, sub-specialty expertise, relationships. We had a guy in our practice...actually had a couple who were terrific in just interacting with referring physicians, with socializing with referring physicians.

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And I'll never forget one of the members of our practice who wasn't so skilled said, "Well, wait a minute, so and so is taking this guy out to dinner, he's having a dinner on the practice, I should get bonus the amount that he's spending." I said, "Wait a minute, he's building the practice. You have to understand that relationships are key." And I think, again, groups today, many groups don't understand how important relationships are in assuring tenure in their practice. So all those...

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Dr. Rubin: Absolutely.

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Dr. Muroff: ...were challenging. Diversification of income, growth, service. Those are things that I've heard people say, "Well, we're great radiologists, that should be enough." It's not enough. In fact, the definition of a great radiologist to a hospital administrator is somebody that doesn't give that administrator trouble. If they don't hear at all from their, you know, complaints about the radiologist, that's great.

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Dr. Rubin: Now, you remained as president for two years, that seems like a relatively short term. Was the group rotating presidency every two years? And was that the right model from your perspective?

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Dr. Muroff: No, I think that's a horrible model. And if you rotate your president, two things happen. One is that you make the business executive the de facto president of the group because two years is nothing. Hospital administrator knows that if you're gonna be gone in two years, he or she can wait you out. So I think it's a very, very bad model. And, of course, the third problem with that model is that being president demand certain skillsets, just like being a good cardiovascular radiologist does. And the fact that one is good clinically doesn't necessarily mean that they are good administratively.

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Now, the reason that I only served for two years is I was pushing for things that the group didn't necessarily agree with, and radiology practices in private practice are democratic. You know, everyone has their vote. Unlike the more hierarchical academic type of structure, which doesn't mean that the chair of a department doesn't have problems with his or her division heads or faculty members, but at least there is a more defined hierarchy in academics. In private practice, my vote is the same as the next person's vote.

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Dr. Rubin: Could you recall what some of the more controversial initiatives that you sought to pursue that were less popular with the group?

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Dr. Muroff: Well, again, I think that time, academic time or administrative time, whatever you wanna call it, for the president was very important. And at some point, I felt it was something worth fighting for. It wasn't the first time I fought for something that I thought was right, that cost me, politically, the same thing happened in the college. So all in all I think if you believe something is right, and you can accomplish that change by stepping aside, then your ethics demand that you step aside.

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And, you know, I could have kept being president forever, I guess, but certain things needed to be done. And I also knew that the individuals that would follow me were well trained to do a good job in the position. So being a president, in my particular situation, was a title but I could exert just as much influence on the board, for example.

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Dr. Rubin: Yeah, I understand. I mean, the politics of these roles are unquestionably a delicate balance. And, you know, being reflective about your position and your effectiveness and being able to accomplish what you're striving to accomplish is obviously very, very important. Because you're making some critical decisions when you pursue initiatives that are unpopular, and, you know, think down the line to the consequences, you have to be willing to, you know, essentially, you know, fall on that sword, as the adage goes.

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Dr. Muroff: But as I said, you know, it's not the first time, probably won't be the last time, so all in all.

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Dr. Rubin: So now during the same years, you had many, many positions with the Society of Nuclear Medicine, including the Board of Trustees member, and Southeast Chapter president, you're president of the American College of Nuclear Medicine, a member of the board of directors of the Society of Magnetic Resonance Imaging, president and an active committee member, including 14 years in the executive committee of the Florida Radiological Society, and a whole boatload of roles with the American College of Radiology.

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Let's hold off on the ACR for a moment. And let me just ask, you know, once again, why such a broad palette? I mean, nuclear medicine, MRI, Florida Radiology, just huge, huge breadth. Did you, at any point, feel like you're spreading yourself too thin?

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Dr. Muroff: Well, I guess the simple answer is no because if I felt that I was spreading myself too thin, I would not have done that. I think the more embarrassing answer is I think that breadth of service impacted my family, and my wife was a saint, is a saint to have put up with it. But I missed some of the childhood milestones that, in retrospect, I probably would have preferred not to miss. So I think it was my family that was sacrificed to an extent. Although I've been married now coming up on 52 years and I have 2 terrific children, so, all in all, maybe they did better without my constant supervision.

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Dr. Rubin: Would you advise a young radiologist interested in leadership to pursue a similar path?

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Dr. Muroff: Yeah, I mean, to me, it was extraordinarily satisfying being able to mentor people that followed you, being able to set policies that impacted in a positive way the specialty of radiology in its global form. I think it's been...I've been very fortunate and certainly have found it professionally satisfying. By the

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way, I need to make one small correction so that I don't get hammered after if this interview was ever posted. But I was president of the American College of Nuclear Physicians. There is an American College of Nuclear Medicine, at that time, they were two separate organizations.

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Dr. Rubin: Well, thank you for that clarification. It must have been hot to be a nuclear physician.

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Dr. Muroff: Well, when I started, you know, it was the only thing to be if you were somebody who wanted to be on the cutting edge. Although, you know, now people jokingly say unclear medicine instead of nuclear medicine. But I think nuclear medicine has contributed a group of leaders to the college, American College of Radiology, and to radiology in general. So, all in all, being able to pal around with those guys and girls was very satisfying.

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Dr. Rubin: Now, amongst all the efforts that you put forward on behalf of the sub-specialty societies, as well as the state society, what stands out as your proudest moments?

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Dr. Muroff: Well, I think the things that are most satisfying are the time which is continuing to the present, that I spend with the Florida Radiological Society. Because these are the people that are your peers, they're your neighbors, they're your colleagues. And reimbursement and other policies are state-based. So you have to take care of your state first if you want to make sure that radiology survives and thrives.

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And by the way, I should clarify that because our mutually good friend Paul Ellenbogen always throws back at me a quote that I made in 2010 and, by the way, he's right to keep bringing it up. And that is, I said in 2010 that, "The future for radiology is bright, the future for radiologists is far less certain." And I think that's even true today. I would emphasize that point by showing a slide of Hugh Laurie, who is the actor who played "House." Did you ever see that TV series?

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Dr. Rubin: I did see it, yeah.

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Dr. Muroff: Well, I would say to the audience, "What role does radiology play on 'House?'" Of course, everybody would say, "It doesn't play any role." I'd say wrong, it's central. Radiology was central to every episode of "House." In fact, I can't think...I binge-watched all of the episodes again just to be sure. I can't remember an episode that doesn't have an MRI, a CT, an angiogram, image-guided biopsy. Problem is they're all done by House's fellows.

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Charlie Williams, again, a close friend, and someone I'm sure you know, one time said he wishes that half his partners could do as much as House's fellows. Because they ran the equipment, they did the studies, they interpreted the studies. So if we want to survive as a specialty of radiologists, we have to make sure that we can do it better than other folks, other specialists who...

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Dr. Rubin: It's good to have that fire under us, it pushes us forward.

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Dr. Muroff: Well, you know, otherwise, the neuroscience people would take the neural imaging. In many instances, the cardiologists have taken a lot of our nuclear studies and peripheral angiography. So I think the challenge for all of us is to provide the service, provide the skill that cannot be matched if we want to thrive as the specialty of radiology itself will thrive.

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Dr. Rubin: Yeah, a driving force with a need to innovate, it's all good. Let's turn to the ACR for a moment. You've had major roles in the ACR continuously since 1979. That's 42 years, I just like to let that sink in a moment, 42 years, that's really remarkable. I'm not going to recite all the roles that you've had, but rather ask you to help us see the high points of those 42 years through your eyes.

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Dr. Muroff: Well, the high points, of course, were just getting started. I was asked by my chair, Dr. Seaman, if I would be willing to serve on a committee that was comprised at that time of RSNA and ACR members, and it had some strategic emphasis to it. And I was honored to do that. And I thought that all I did was do my job within the time frame allocated to do the job. At the end, a couple of people came over and said, "We've gotta get you into organized radiology. What would you like to do? Would you like to serve the ACR or the RSNA?"

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So I said, since I was an NIH fellow each year I had gone to the RSNA meeting, "I think I'd like to serve the RSNA." And somebody else said, "No, no, you're in private practice, you should serve the college." So, okay. So I was able to sit on a couple of committees. But by being president of the American College of Nuclear Physicians, I was able to get that organization recognized by the college and awarded a council position. So I was able to serve on the council for the ACNP.

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And then, two years later, I was appointed to the Board of Chancellors. I was the youngest person, at least, Bill Bradley tells me I was the youngest chancellor. I don't know the member of the Board of Chancellors. I don't know if that's true or not. I think that I was far too young to have served effectively. And as I said before, about fighting for things that needed to be done sacrificing your own advancement, that was my first lesson in it.

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In '82, I was approached to serve as secretary-treasurer and my group gave permission. And then when the announcement was made, they announced somebody else in that position. And the chair, Jack Harris, who had initially appointed me, said, "Well, the vice president said that you favored contracts and over his dead body will there be an officer in the college that favored contracts." I said, "Well, I didn't exactly say I favored contracts. What I favored was the fact that about half of our members, at that time, had contracts with their hospitals, maybe a little less than half, totally different era."

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But I said that the college ought to have in-house counsel to deal with issues that arise and impact the membership, hospital contracts being one, but a whole host of other issues for hospital-based radiologists. And while it cost me my ability to be an officer at that time, certainly, within a year or two, maybe somebody else was more persuasive than I and more tactful than I, and Tom Greeson was hired. So things that needed to be done got done, I just think that I was too inexperienced to be as effective, let's say, as I might have been later in my career.

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Dr. Rubin: Talk us through this principle of tact in leadership, particularly in a politicized environment, such as you're describing. And, you know, how would you explain it to somebody who's new to leadership or somebody who is struggling to advance and you suspect it's because they're not as tactful as they should be?

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Dr. Muroff: Well, I think that patting your head against the wall or against somebody else's head ends up giving you a headache, but does not necessarily, in the most efficient way, get done what needs to be done. I think that just like in every other area, in order to get something done appropriately, you have to do your homework. And I like to think now that within reason, every time I walk into a meeting where there's going to be a vote, I will have known the result of that vote before it happens.

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In other words, you need to talk to the principals, listen to the principals. If you disagree with these opinion leaders, then you've got to, in a quiet, respectful way, express to them why you feel differently. And I think that is the way that things get done most rapidly. But also gets done most rapidly if you can...the people in the audience are not all in leadership positions, sometimes you need to be a follower, or you need to learn how to lead from behind.

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And one of the best and most effective ways is to convince somebody that your idea is really their idea and have them advocate for that position. You don't get the credit but most people that are effective leaders aren't in it for the credit, they're in it to get things done in an appropriate manner.

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Dr. Rubin: Great lessons. So if all of this activity that we've been talking about wasn't enough, you also founded Educational Symposia in 1975, which you mentioned briefly, you served as its president and CEO for 26 years. You described Educational Symposia as a town-gown initiative. Help us, you know, understand your perspective on that and what led you to found it.

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Dr. Muroff: Well, it's been my belief, from the very start, that things work better if you can forge academic private initiatives of a variety of sources. And unfortunately, there are few and far between. But we were approached by what was then Squibb Diagnostics with a modest grant to run a radioimmunoassay meeting. And the reason we were approached...when I say we, I'm talking about the hospitals in Tampa and the medical school, was that it was a very unique environment at that time.

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Radiology not only controlled the imaging, but they also controlled the imaging aspects of nuclear medicine, but they also controlled the laboratory aspects. In our departments, we were doing acid drug assays, a variety of different hormonal assays. So we agreed to do that. When I say we, the four hospitals and the medical school. The problem was when it came time to run this meeting, only two of us did the things that we were assigned to do.

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So when we started the meeting, for example, we're an hour out from starting, we found out that the person who was supposed to bring the audiovisuals hadn't brought the audiovisuals. And there were similar things. So we scurried around, got that taken care of. And the meeting was modestly successful, with covered expenses, and I think made a few dollars, not very many dollars for the participating groups.

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Then, however, the next year, we were asked to do the same thing. And all of the hospitals dropped out, except Ed Eikman, a wonderful nuclear medicine guy at the medical school. And I said the two of us would do it. Well, I said, "I'm sorry, I'm not gonna work with people who don't wanna do it. If they wanna do it, fine." So the other half group said no, so the two of us ran the meeting.

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What we were fortunate enough to do was invite a lady named Rosalyn Yalow to be a keynote speaker. And shortly after the meeting, or actually, before the meeting was held, she was designated as a Nobel laureate. So here we were having with, you know, just a couple of guys, or we're running a meeting, having a Nobel laureate speak at the meeting. And it became a reasonably popular meeting. Then we were offered the opportunity to do it again, which we did.

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And then we were asked by a couple of the scientists at the meeting, they said, "We wanna form a clinical radioassay society. Can we take over the meeting?" We said, "Fine, good." You know, we're not in the meeting business, we tried to do something nice for town-gown relations but didn't seem to work out. And we thought we would fold up our tent when one of the imaging companies said, "Could you run a nuclear medicine meeting?" And we ran a very successful nuclear medicine meeting. And it's sort of built from there.

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Our big home run was digital radiology. We had, probably in the first couple of meetings, over 800 people. And our exhibits weren't quite RSNA caliber. But the RSNA at that time wasn't big in the way of exhibits. So we had a pretty impressive meeting. And then it went from there to CT, and CT to MR. So we were always introducing new technology and that became the focus of the meeting.

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And then I just felt after 26 years enough was enough for me. And while we could have sold it on the open market for far more, we were able to turn it over to staff who had gotten some funding. And everybody kept their job and ran the meetings the way we wanted them run. And our philosophy was to have the best faculty that we could get and keep the tuition in the lower quartile. You needed corporate support to do that, and a variety of other things. But all in all, it was a formula that worked very well.

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Dr. Rubin: And you've described your role leading Educational Symposia as being amongst your most rewarding. What would you point to to help us understand what it was about that...?

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Dr. Muroff: Well, what we were able to do because of the philosophy of the best available faculty, unlike let's say a medical school meeting, which is obligated to use some at least if not most of their own intrinsic faculty, we're able to bring a lot of young people to the podium that had not been given that extensive opportunity before. The faculty when I was involved are now the who's who or the who, once were who of radiology.

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I mean, Bill Bradley cried on a couple of occasions that his career was launched by Educational Symposia. Now, he's was a very close...or he was my best friend. So I told him he was full of horse manure, he would have been fine without that. But he was an early faculty member when MR was in its infancy. People like Manny Kanal, who is if not the best teacher in the world is one of them in MR safety and physics. Ruth Ramsey in neuroradiology, Jeff Ross, neuroradiologist, Mike Modic, Mike Brant-Zawadzki... I mean, there are probably 50 to 100 people that now or in the immediate past were chairs of departments who spoke at these meetings.

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And I remember a long time ago "Diagnostic Imaging," when it was a premier print journal, did a cover story and I was on the cover. They called me the impresario of imaging economics, I think, they called, or something similar. I said, "Impresario sounds like an Italian dry cleaner." But they wrote this article about the educational economic meetings that we had been running.

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And Manny Kanal and several other radiologists wrote a letter to the editor, saying that that was not the most important thing, the most important thing was the mentoring of young people, giving them an opportunity where they would not have had an opportunity before. I think, again, that's overly generous, but certainly satisfying.

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Dr. Rubin: Yeah, very, very nice. Clearly, your leadership of Educational Symposia over all of those years led to a lot of learning by a lot of radiologists who undoubtedly are grateful. In 1994, you left your practice and founded Imaging Consultants, serving as president and CEO from its founding through today. What is Imaging Consultants?

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Dr. Muroff: Well, Imaging Consultants basically was set up as a company to provide consultative services mainly to radiology groups, also to some hospitals, occasionally, to companies. But what had happened was, I was one of the few private practitioners on the Board of Chancellors at the college. And if there were an issue that came up, I would end up being asked to comment and did. And I think still till today, I am asked if a problem is sent to the college and do it as pro bono work, basically.

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And then we ran these economic symposia, national economic symposia, and practice leaders that came there started talking about their problems and say, "Could you come to our practice and help us resolve that?" So again, fortuitous, satisfying, but fortuitous.

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Dr. Rubin: Now, did you leave your practice entirely to pursue consulting?

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Dr. Muroff: I left my practice because they wanted to do something that I didn't think was right. It had nothing to do with medical skills, it had to do with one of the employees. And I said, "If you do this, I will leave." And I discussed it with my wife and she said, "If you don't leave, I would be disappointed." And so they proceeded thinking nobody would walk away from a big paycheck, and our paycheck as a private group was pretty substantial. And I submitted my resignation. So all in all, I left and never looked back and never regretted it.

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Now a part of the Imaging Consultants was the expert read practice that I had set up, and some of that came with me. So it wasn't that I was out on the street with a sign saying, "Will work for food." I had Educational Symposia, I had consulting opportunities. I was involved at that time with Radiologics. So my

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plate was pretty full, in addition to the organizational work that I was doing with the college.

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Dr. Rubin: I mean, it sounds like there was a bit of a push as well as a pull, and that whatever was that transpired in the practice was just one piece. So maybe it was just the straw that broke the camel's back?

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Dr. Muroff: Well, you know, I guess. Again, I want to stress that it had nothing to do with the quality of radiology that they were able to practice. But it was something that I felt better about leaving. I think you have to treat your employees the way you would wanna be treated and realize that they have families, and they have people relying on them for their livelihood, their ability to earn, and you can't take that lightly.

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Dr. Rubin: I'm gathering that this was a circumstance of employees losing their jobs and you didn't abide by that. I mean, to the extent that it's kind of fundamental as a small business owner that, you know, your employees are really...more than employees oftentimes. Appreciate that sensibility.

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So upon final founding Imaging Consultants, what was the scope of the consulting practice? I mean, it sounds like you kind of, you know, describe the fact that you had this sort of unique channel or access to leaders around the country because you had been on the Board of Chancellors to the ACR. People admired your expertise and brought questions to you and such. But, you know, what was sort of the natural evolution of the consulting practice and how did the kinds of engagements change over time?

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Well, as I said, it was more than the ACR. In fact, I think this was one opportunity that had a lot less to do with the ACR, it had more to do with the meetings that Educational Symposia ran. But, you know, all in all, it started as a combination of visiting practices and also doing some medical-legal. Although, early on, I turned that over to a subgroup at the medical school who've done a

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very good job. I think that's one area where medical schools can bring extra income if they know how to do it and do it right.

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So we started in that realm. I did things for some companies. I was, for example, chair of the Teach the Teachers or Train the Trainer Program in MRI that GE had. And certainly and not because of my MR knowledge, I was probably the least knowledgeable MR guy in the room. But because I knew the people through other opportunities and had the ability to tell somebody, you know, enough or sit down, let somebody else talk, where the company, obviously, would be horrified if they broke into somebody's rambling or going off point.

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So did some of that for a couple of companies, and occasionally a hospital would ask to deal with their radiology problem, as they would put it, but I would not take that kind of consulting opportunity unless the radiology group invited me as well. So if the hospital wanted to fix something, I wanted to make sure that the radiology group was on board and was amenable to whatever fix was suggested. I mean, if money were the...

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Dr. Rubin: Yeah, that's laudable.

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Dr. Muroff: ...whole criteria, I would have done a lot better just dealing with hospitals because they're more used to dealing with consultants and paying consultants.

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Dr. Rubin: So I'm curious what commonalities and differences are you seeing with respect to the issues that your clients are facing, you know, when you look across the spectrum of clients that you've had over the years?

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Dr. Muroff: Well, I would say that 75% of the practices that I visit were outstanding practices, were what one might call platform or trophy practices. They were looking to have someone look over their shoulder and perhaps give

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them some broad experience as to how other groups were handling it. And 25% were practices in trouble. One would logically think it would be just the opposite, it would be 75% of practices would be in trouble.

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But unfortunately, a lot of practices that are in trouble tend to be embarrassed about it and not want to get the help that they need. Or they say, "Well, so and so can provide the consulting services at 25% less than you're providing them." Radiologists are very peculiar folks. When it comes to paying another radiologist, it becomes more problematic. So groups that need help tend not to get it or not to get it from the individuals that they should get it from.

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Dr. Rubin: And of those that need help, how would you categorize, you know, sort of the most common types of issues that they're facing?

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Dr. Muroff: Well, I think, obviously, losing your contract is the biggest problem that a radiology group can face. And I've been involved in a couple of those type...well, I've been involved in several of those types of situations but they usually center around a few things. The first is hospitals threatening to get rid of the group. And the group will bring me in and we'll meet with administration and we'll devise an appropriate plan to keep the group in place.

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The second and more difficult scenario is when the hospital has already sent out an RFP, request for proposal, for radiology services. In other words, they say, "Your contract is now gone and we'll let you respond but others can respond as well." And so far, I've been successful in defending groups in that position. It's a very intriguing problem because you have to convince the hospital that the group is not what the hospital thinks they are. Because the hospital has already made the decision to get rid of them. So they've come to a conclusion, you've got to alter that and reverse that conclusion so that the group can successfully keep their contract.

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So these are intellectually challenging and satisfying problems. Of course, the other problem is groups that have interpersonal relationship issues and they're

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far more... I mean, most practices throughout the country, private practices have personality conflicts. And the thing that is more difficult for radiology groups is that everybody has the same voice vote and income stream. So you're, again, trying to deal with two people who think that their point of view is equally valid.

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Dr. Rubin: Is there a best practice for group governance from your perspective, best practice model?

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Dr. Muroff: No, I think there is. I think it's the corporate model where you have the president of the practice, a small but diversely or demographically reflected Board of Trustees, and then the shareholders. And there should be at least three committees, whether they should be finance, operations, and marketing new business. Some groups break operations down to quality and safety and personnel. But the three umbrella committees are, I think, fundamental.

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And if you have a board member that chairs each one of those committees, then you facilitate communication. The shareholders, I believe, should be obligated to serve on one or more committee, and therefore they provide input. The chair of the committee is a member of the board of directors, and that board interacts with the president.

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Dr. Rubin: I'm interested in your thoughts on the emergence of private equity as a major force toward consolidation of radiology practices.

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Dr. Muroff: Well, you have an excellent group of podcasts. One that I listen to, Jim Thrall said that five years ago, he would have thought corporatization was the biggest problem. Now, he thinks that private equity-funded groups are. To me, they're the same thing, or at least by common usage, they are the same. And I think that they could have a profound impact on the practice, particularly on young people, because although all of the entities are different, the common

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thread is they exchange an upfront check, amount of money, or check and stock for cash flow.

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So let's say they say to you, Geoff, you're the president of XYZ radiology group, we're gonna give you \$5 million per shareholder. In return, you're gonna drop your compensation package by \$250,000. Well, that's all well and good for the shareholders, perhaps. And I'm not saying it is well and good, but they're getting a lot of upfront money. But for young people, all they see is no upfront money, but a compensation ceiling that has been substantially lowered. So that's one problem that I see with VC-funded entities.

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The second problem is I think it's gonna have a profound impact on the college, right, and other organizations. Right now, a college, I don't know, is happy, but certainly is more than willing to accept these overtures from the companies who will say, "Well, let's work together, let's share data, let's do this. And then we'll force all of our radiologists to be members." So let's say they're 2,000 members of this entity, that's \$2 million in extra dues money that suddenly the college can realize.

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But I think once a tipping point, if a tipping point is ever reached, these companies will be able to hire people with no upfront money because it's the norm, not the exception. Emergency room physicians went through this already so we have a template. And they will need the college or at least the pillars of the college will be dramatically altered.

[01:28:13]

Dr. Rubin: Those are stark predictions. Do you see any positives?

[01:28:17]

Dr. Muroff: Well, it's not worked before and there's no reason to think it's gonna work now. I mean, the business school spiel of medicine is a fragmented specialty and it's very inefficient. That rings true with potential investors and it's, I guess, true, true but unrelated to their situation because none of these companies have integrated radiology.

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I mean, if you really wanna integrate medicine, you have Kaiser as a model, you have Geisinger as a model, you have perhaps, to a lesser extent, the Mayo and the Cleveland Clinic as models. But you need to control the patient, the provider, the hospital, and the insurance instrument, then you're providing some efficiency. But to just buy a bunch of groups is ludicrous.

[01:29:24]

And some of these entities have not been able to survive under the crushing amount of debt that they've incurred. And quite frankly, I don't see how any of them will survive in the long haul. Now, they could do a heck of a lot of damage before the market punishes them but, you know, this is one man's opinion.

[01:29:51]

It's interesting, a faculty member at the Practice Leaders Forum, the ACR RBMA meeting, said, "How can you fault a person for accepting a \$4 million, \$5 million check?" And I said, "I'm not in a position to fault anybody. I just believe that there will be a negative impact on the specialty and a very negative impact for young radiologists." And indeed, Daniel Ortiz and a couple of others did a survey of the resident and fellow section and the young physician section, and think it was 83% of them had very negative views of corporatization.

[01:30:42]

Dr. Rubin: Switch gears, how do you unwind? Do you have any hobbies or activities that you pursue outside of work that re-energize you?

[01:30:52]

Dr. Muroff: I have too many outside activities. I'm a poor golfer but a golfer not nonetheless, which is an interesting sport in and of itself. Somebody far wiser than I said you can really tell the character of somebody by playing golf with them because it's a self-policing type of situation. I play Duplicate Bridge, although I have not done that in the last year because I don't like online Bridge. But I played a fair amount of Duplicate Bridge.

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I love sports, particularly professional football and ice hockey to watch. And I am addicted to a tad more television than I should be. So all in all, I have a lot

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of things going. And I read probably a book every week and a half, but, again, escape stuff.

[01:31:48]

Dr. Rubin: That's great. What are you watching these days?

[01:31:52]

Dr. Muroff: Well, I watch the various..well, now "Law and Order," there's only one that survived, the SVU, but now they're bringing back a character from the past so there'll be a spin-off. I watch the "Chicago Med," law, and "PD." I watch "Bull." Have you ever watched "Bull?" Watch "NCIS." Again, as I said, too many things.

[01:32:22]

Dr. Rubin: Too many choices. So looking ahead, what excites you the most about radiology?

[01:32:29]

Dr. Muroff: The thing that excites me about radiology is what excited me from the moment I decided to become one, and that is the technology is always evolving. It's changing and new things are coming that probably that we haven't even thought about. How to effectively harness AI to make it best for the patient, best for the department, best for the radiologists, all of these things. The caliber of individual going into radiology is impressive, although, to me, I think that that could take a hit down the road if compensation were dramatically lowered.

[01:33:13]

I am bothered by what I call academic malaise about corporatization because people are, "Look, it's not our problem." But it is your problem because you train people and you want the highest quality of candidate. And I think that academia needs to voice its opinion no matter what that opinion is. But I'm very excited about radiology. I will urge anybody to go into radiology. And I don't think we're gonna be replaced in the short term or medium term.

[01:33:55]

Dr. Rubin: Well, Larry Muroff, it has been a pleasure to explore your rich and illustrious career with you. You've contributed so much to our field and are

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continuing to do so today in very unique ways. I want to thank you for joining us today.

[01:34:18]

As we close this episode, I want to once again thank our newest sponsor, the Isenberg School of Management Graduate Programs at the University of Massachusetts Amherst. Isenberg graduate business programs prepare you to advance your career on your terms. And their online and on-campus degrees are tailored to your schedule and timetable. Learn more at isenberg.umass.edu/followyourdrive.

[01:34:42]

Please join me next month when I speak with Amy Patel, medical director for Women's Imaging at Liberty Hospital in Liberty, Missouri. Partner of Alliance Radiology, assistant professor of Radiology at the University of Missouri, Kansas City, and chair of the Young and Early Career Professional Section of the American College of Radiology.

[01:35:02]

Since finishing a post-residency fellowship in breast imaging less than four years ago, Dr. Patel has committed herself to numerous leadership roles within the University of Missouri, the Kansas City chapter of the American Cancer Society, the Missouri Radiological Society, the American College of Radiology, the American Association of Women Radiologists, and the Society of Breast Imaging.

[01:35:25]

A tireless advocate for women's health, Dr. Patel successfully partnered with the Missouri State Senator to pass legislation guaranteeing breast cancer screening coverage for women 25 years and older who are at high risk. When the WWE or World Wrestling Entertainment teamed up with Susan G. Komen to celebrate Champions of Hope, patients, doctors, and breast cancer advocates who have gone above and beyond in the search for a cure, Dr. Patel was named a top five finalist.

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A proud advocate and trailblazing leader, Dr. Patel has set an inspiring example for how radiologists just a few years removed from their training can make a huge impact in advancing healthcare both locally and nationally.

[01:36:07]

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

[01:36:33]

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

[01:37:04]

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