Why RP? Q&A with Dr. Jason Fox, General Radiologist

Dr. Jason Fox discusses his path to radiology, how the field has evolved and how RP's investment in technology will help shape the future of radiology.

Dr. Jason Fox is a remote general radiologist based in Columbus, Ohio. He joined Matrix at RP in 2021. Outside of work, he enjoys traveling and skiing. We talked to Dr. Fox about his path to radiology, how the field has evolved and how RP's investment in technology will help shape the future of radiology.

When I went through medical school, I wasn't sure what I was going to do. I had a Navy scholarship, so I knew I was going in the Navy. During my internship at Riverside Hospital in Columbus, Ohio, I was in a car wreck with severe injuries that left me temporarily immobile, making it extremely hard to do rounds. During that time, one of the radiologists took me under his wing and after completing a few rotations with him, I realized radiology was the right path for me. The rest is history.

Do you have a subspecialty? If so, what drew you to that subspecialty?

When I was in the Navy, there weren't many mammographers, and there were a lot of dependents to take care of. I was put into the role as a mammographer, got pretty good at it, enjoyed it

and continued in that role.

What are some of the unique features that RP offers that are hard to find elsewhere?

One thing that sets RP apart is the systems we use to read. The AI systems running in the background are extremely helpful – it's sped me up quite a bit.

How has the field of radiology evolved since you first started your career?

There's a limited number of radiologists and programs producing them. Decreased reimbursements for physicians are exacerbating the problem, leading to fewer people entering radiology. We need to enhance our radiologists' workflows with AI assistance and other tools to help us continue to serve our patients well.

I started when we were still hanging film. Then PACS came along, which sped things up because you didn't have to handle physical films. Computer-aided detection (CAD) for mammography, which looks for masses and calcifications, was the earliest type of AI we used and helped us confirm we weren't overlooking calcifications. Now, AI helps with detecting C-spine fractures, PEs, rib fractures and more, saving time and increasing confidence in our readings.

When did you join Matrix at RP?

I joined in 2021. It was a big change from working in a hospital setting to working from home, but it was a good change. With Matrix, I have my own workstation, which I can customize to be more efficient.

Tell me about the committee you are involved in?

We started doing quality assurance with ultrasound, CT and radiology techs. Many of the hospitals we work with are smaller, regional hospitals that don't have a radiologist onsite. We've set up a system to collect examples of studies with artifacts to share with our techs. If a radiologist sees something wrong, they hit a teaching folder button to document, for example, a jewelry artifact or detector artifacts in the study, if there was a reformat problem or the bolus wasn't given. This allows the team to sort, quantify what's going on and track these issues, which has significantly improved compliance and overall quality.

What are some of the unique features Matrix at RP offers that are hard to find elsewhere?

As a radiologist who reads remotely, I appreciate the opportunity for some geographical flexibility. For example, if you prefer to snowbird – and have the proper state licenses – then Matrix at RP could be a great fit for you. In my case, that flexibility allowed me to spend the summer closer to my daughter while working my regular schedule.

Dr. Jason Fox earned his medical degree from Medical College of Ohio; completed his residency at Eastern Virginia Medical School; and served in the U.S. Navy.

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careers page.

Why RP? Q&A with Dr. Myka Veigel, Musculoskeletal Radiologist

Dr. Myka Veigel discusses how RP offers the support network, technology and resources that allow him to focus on patient care while enjoying work-life balance.

Dr. Myka Veigel is a musculoskeletal (MSK) radiologist at Medical Imaging Associates, where he served on the local practice board for the last five years. He and his practice joined RP in 2021. Outside of work, he prioritizes spending time with his wife and kids. Often, they spend time together outdoors in the hills and mountains of western Wyoming, where they live, and enjoy hiking, exercising, sports, fishing and riding motorcycles.

We talked to Dr. Veigel about how he chose radiology to address a need in his small hometown in Wyoming – and how RP offers the network and resources to support his commitment to providing high-quality radiology care to rural communities.

Tell us about why you chose radiology. What inspired you to become a radiologist?

My interest in radiology was based on providing a need in my hometown, where I currently live. It's a small town in western Wyoming with about 10,000 people. At the time, there were no radiologists, and I felt it was needed. After exploring various specialties, I found radiology fascinating and decided it was the right fit. I also thought it would offer a good work-life balance, allowing me to spend time with my family.

What drew you to your subspecialty?

I have a good friend from high school who was just one year ahead of me in training, and he returned here as an orthopedic surgeon. When I was deciding whether to pursue MSK or body imaging for fellowship, I asked him what the hospital needed. He said, "Oh, definitely MSK," which helped me decide. I also love looking at the anatomy of bones, joints and muscles. Being involved in sports and having a lot of interaction with local high school athletes, as well as working closely with the orthopedic surgeon here, made this part of radiology particularly enjoyable for me. As a radiologist, I have a lot of interaction with the patient during their imaging because of the small-town atmosphere. In some instances, I'll discuss imaging results with patients before they follow up with their doctor. It's a unique small-town radiologist dynamic.

Tell us more about your practice, Medical Imaging Associates.

Our practice is based in eastern Idaho but spans into Utah, Montana and Wyoming. We support many small, critical access hospitals. As a subspecialty practice, we provide great service to these areas. We are traditionally partnership-

based, with all radiologists either on a partnership track or already partners. We want our radiologists to be invested in the practice and each other, looking towards the future. We've been able to weather a lot of the storms, and I'm proud of our practice.

What does serving on your local practice board entail? How has it helped you feel more connected to your local practice?

I just finished serving for five years on our local practice board and was involved in the transition to RP. I've been with Medical Imaging Associates for 11 years, and we've seen many great changes over time. What I love most about our practice is the culture and the collegiality of our team. We're not perfect, but no practice is. Our practice faces challenges head-on and believes in very open, transparent and forward thinking, which is why we wanted to be a part of RP.

What excites you about RP? What is most fulfilling about working as a radiologist for RP?

I appreciate RP's support, especially with AI. Having served on the local practice board, I have been closely involved with new technologies where RP is at the forefront. RP has great access to information that can be used to develop and implement AI. We've been involved with rolling out different forms of AI in our practice, and we've been able to see the benefit of RP's focus on the radiologist to try to make it easier for us to practice while enjoying what we're doing day-to-day, despite the increasing demands on radiologists. There are fewer radiologists going into the workforce, and with the demand and imaging utilization that continues to go up, RP makes it so we can enjoy what we're doing. I love the support we've received and look forward to what is yet to come. RP's

network, with so many radiologists, leaders and innovators, offers numerous opportunities. When you bring many minds together, you can develop innovative ways to support the radiologist.

How has the field of radiology evolved since you first started your career, and what does the future of radiology look like to you? In your opinion, how will RP contribute to that?

The biggest change I see is the volume and demand on the radiologist. This can lead to stress and burnout, which can affect any physician. I'm excited to implement the tools being developed by RP because I want a long career where I feel good about my work and make a difference. Radiology will keep evolving, and imaging utilization will keep increasing. Looking back at our decision to join RP, I'm happy with the direction we're going. We're locally led with excellent local leadership and strong national support. As a younger practice in RP, we're seeing the fruits of those labors come through, particularly over the last year.

If you met someone interested in the medical profession, what would you tell them to encourage considering radiology?

While doing a rotation as a medical student, I told a physician I was going into radiology, and he said, "What a shame. Why are you going into that?" Apparently, he thought radiologists just look at a computer all day without interacting with patients. In reality, I do procedures that help people and have a huge impact. When interpreting imaging, there's a person on the other side of that image with something going on in their life. If you know what you're

doing, you may be the only one who will be able to tell that patient or the referring doctor what's actually going on, and you can save people's lives. You will save people's lives. Additionally, the field is so interesting, with amazing technology used to image the body, including MRIs, CT scans, X-ray and ultrasound. Radiology is at the forefront of medicine, and everything revolves around it. I'd be upfront about the challenges, but we need people who care and want to help patients. That part of the job is satisfying because you are truly making a difference for people.

Tell us more about practicing in a smaller or more rural setting.

The great thing about radiology is you can provide care for everyone, regardless of whether you live in a big or small city. If you choose to live in a city, you're probably reading studies for people in small towns, where your read can be very critical, because those patients may need to get transferred somewhere quickly. As a radiologist, being on top of that can make a difference for those patients. I'm in a unique position as a fellowship-trained radiologist in a small town. The hospital system I serve covers a broad region, and the leadership is very forward-thinking and brought in a lot of excellent physicians to help the rural community.

Dr. Myka Veigel earned his medical degree from Kansas City University of Medicine and Biosciences; completed his residency at University of Missouri – Kansas City; and completed his fellowship in musculoskeletal radiology at the University of Iowa.

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X, LinkedIn, Instagram and YouTube. Interested in learning about career opportunities? Visit our careers page.

Why RP? Q&A with Dr. Timothy Diestelkamp, Neuroradiologist

Dr. Timothy Diestelkamp, neuroradiologist at Southwest Medical Imaging, discusses how RP's network of affiliated practices allowed him to find his perfect fit at RP – and how he is enabled to focus on patient care.

Dr. Timothy Diestelkamp is a remote neuroradiologist at Southwest Medical Imaging in Arizona. Outside of work, he and his wife enjoy exploring New York City, where they are based, with their rescue dog, Grace. They also enjoy traveling.

What inspired you to become a radiologist?

In medical school, I originally thought I wanted to go into orthopedics, but I found I was passing out in the operating room, so that was not what I wanted to do at all. The more I looked into radiology and the technology used, I found it interesting. The different applications of physics, a

particular interest of mine, made me delve into it, and when I saw the day-to-day practice, I realized this is what I want to do for the rest of my life.

What drew you to your subspecialty?

Neuroradiology was what I found most interesting as a medical student. I found the anatomy to be the most detailed and interesting to learn. Neuroanatomy tends to use a lot of CT and MRI, and I find the imaging exquisite. I wanted to see the pictures to learn what the different structures were, and I enjoyed the more I got involved. In neuroscience in medical school, there's an exercise called "where is the lesion?" They'll tell you what the person's symptoms are, and based on that, you narrow down where you think the problem is in the entire central nervous system or peripheral nervous system. I found that to be an interesting part of neuroradiology. Now, when I'm taking a stroke code and the clinician explains the patient's symptoms, I'm able to narrow down the areas to look for stroke. I partner with the clinician to play the other half of the detective and tell them if I see anything, which I really enjoy.

Were there any specific experiences or individuals who influenced your decision to pursue this career?

In medical school, a couple radiologists mentored me and allowed me to shadow them. They helped teach me basic things, such as reading a chest x-ray. I was fortunate one of our anatomists was a physician, and he would do the imaging correlate. That's what really got me interested. I would be doing all my dissection and he'd show what it looked like on CT. He'd say, "This is what that is, this is what happens when it goes wrong, and this is what we see." It all made sense, and it really drew me in.

How did you connect with RP?

I had heard about RP from training and colleagues, and what initially made me interested was the flexibility and the number of options. I could express to RP what I was looking for in a job, and they were able to find matches close to that. Honestly, a big thing was geography, and being able to look across several practice sites and finding the fit that worked for me and my family was the first piece of the puzzle. RP was able to pull from different practices and say, “We have this, this, this and this; they’re all slightly different, but they all hit your 1,2,3,4,5 on your checklist,” which was great. When you’re applying and already have a choice between your top three options or your requirements are already met, and you get to pick between the details, it made it so RP was the most flexible.

What excites you about RP? What is most fulfilling about working as a radiologist for RP?

What originally excited me was the flexibility. RP has so many different local practices, so I could find what was tailored to me. Now what I’m finding, especially being part of the practice, is that the tailored approach continues, and it’s a lot deeper than I really understood when I was interviewing. We run our local practice and make decisions based on what works for us. It’s individualized to what works for me as a radiologist and what works for the practice I’m involved in. We get to find what works best for us.

What are some of the unique features RP offers that are hard to find elsewhere?

What I’ve been most surprised about is how effective the support teams are. I don’t think I could ever make a request

to make my job any easier. The onboarding process was incredibly simple. Now, scheduling, making calls while I'm working, if a study needs something fixed – all of that is so easy. I'm astounded at how easy my minute-to-minute job is when it's just practicing radiology. Everything else is handled by our support teams. All I'm doing is looking at the images and creating a report, which allows me to be effective, efficient and focused – something I highly value. I have been incredibly impressed by that.

In addition, everyone was conducive to me starting and getting me up to speed: checking in with me, giving me feedback on how I'm doing, telling me the milestones we want and how that's going, developing a plan, staying in touch, etc. It doesn't feel like I'm out on an island. I work for a practice in Phoenix, and I live in New York City – so, literally, I live on an island. It would be easy for them to not ever reach out, just expect the work to get done and leave me on my own, but I've been impressed with how much, how well and how often they communicate to me. We work together, and even from thousands of miles away, it makes me feel like a team where we're all right next to each other working together. Also, being part of this team, you've got a myriad of people with different expertise, and we can all help each other, which is great.

Now that you are a practicing radiologist at RP, what are some of the misconceptions people might have about our practice?

There are definitely misconceptions. I was initially told "We have a whole crew who finds the doctor you need to talk to, makes your life easy, tracks down the tech to get the correct images sent and does all the legwork, so you can spend your time being the radiologist and making your time efficient." That was great to hear, but I didn't necessarily expect it,

and now that's exactly what I have. I had this conception of getting told the pitch or ideal scenario, and I didn't realize how true that would be to my actual experience. It makes me happy to work here with that kind of support.

What does the future of radiology look like to you? How will RP contribute to creating that future?

Radiology is a prominent part of medicine, while it was traditionally thought of as an auxiliary part of medicine. As a physician, you learn to take your history, do your physical exam, diagnose and treat. Radiology is intertwined between each of those steps and becoming an even more integral part of that entire chain of events. Personally, I think the future of radiology hinges on getting medical schools and medical students to know that radiology is that involved in the continuum of care. Ideally, getting radiology more integrated in medical school curriculum can help people become more familiar and make it more tactile.

Dr. Timothy Diestelkamp completed his medical degree at Rowan University, residency at Westchester Medical Center and fellowship in neuroradiology at Mount Sinai Hospital.

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Why RP? Q&A with Dr. Jason Poff, Body Radiologist

Dr. Jason Poff discusses the unique opportunities and supportive environment at Radiology Partners that foster personal and professional growth and how RP is helping shape the future of radiology.

Dr. Jason Poff is a body radiologist based in Greensboro, North Carolina. As director of innovation deployment at Radiology Partners (RP), he works with RP's clinical artificial intelligence (AI) team to identify and deploy the latest clinical AI models and other innovative technology to support RP radiologists in providing high-quality patient care. Outside of work, he enjoys being involved with his sons' sports, spending time with family, long-distance jogging and reading. He joined RP in 2019.

We talked to Dr. Poff about the unique opportunities and supportive environment at Radiology Partners that foster personal and professional growth and how RP is helping shape the future of radiology.

What inspired you to become a radiologist?

I studied engineering as an undergraduate, and I still think

of engineers as “my people” to this day. That’s how I process the world—I think like an engineer. When I was in college, I had an influential person in my life who was a physician. I was in chemical engineering specifically, which is all about building oil refineries and factories, and while I appreciated the problem-solving nature of it, it wasn’t as inspiring to me as taking care of people. It became clear to me in the middle of college that I wanted to go to medical school. I knew I wanted to pursue the field of radiology quickly, because it’s so adjacent to technology. Radiology feels like a frontier that’s moving the practice of medicine forward. It’s a dynamic field that’s always changing, and there’s always an opportunity to do something novel. I also really like the breadth of radiology and the fact that it touches every part of medicine – it’s not just one organ or just one type of malady. You need to be flexible with your knowledge and be able to have conversations with so many different types of physicians and patients.

What drew you to your subspecialty?

I did an abdominal imaging fellowship, but colloquially I say I’m a body radiologist. During training, my favorite thing about abdominal imaging was that I interacted with many different types of specialists. For me, I love to preserve flexibility in my career and have optionality. I appreciated that I could work with GI specialists, urologists or general surgeons. There are so many different directions, and I like the challenging aspect of having to master a variety of conditions. When I joined Greensboro Radiology, they actually hired me as a thoracic chest specialist, but they gave me the opportunity to learn on the job in an almost mini-fellowship with a former academic thoracic radiologist, Dr. Dan Entrikin, at Greensboro. I was fortunate in the kind of position I had at the time and the support I had to grow my specialty area.

How did you connect with RP?

I joined Greensboro Radiology in 2016, and Greensboro Radiology partnered with RP in 2019. We've had a lot of wonderful leaders in our practice who have been involved in RP from the beginning, and I've been able to learn from and see how their participation in RP benefited them and their careers. I am so appreciative of the personal growth I've experienced by becoming a leader at RP. RP has truly invested in me in a way that has allowed me to get out of my comfort zone. I love being a radiologist, but one of the things I really value at RP is being part of this team of people with a lot of different backgrounds. In addition to radiology, I work with people in creative branding, data scientists, IT experts, project management and people on the business and strategy side. It's such a unique environment to be able to learn from all those people.

What's most fulfilling about working as a radiologist at RP?

Number one, I've always felt RP was in a unique position to invest in the future for radiologists in a way that not many organizations or practices can do. With the expansive network of practices and the number of different domain experts RP invests in, that is difficult to find elsewhere in medicine, and the fact that it's Radiology Partners—not just your hospital where you have to collaborate with many different stakeholders to make decisions about how to get new technology in your workflow—we're just focused on radiology. That is such a unique position to be in, and it allows you to cut through red tape a lot of others face. We see that when we're speaking with representatives from other institutions. Being at RP is just so unique, with its network, ability and intent to invest in transforming radiology. I see it as a once-in-a-career opportunity for me.

I also really value RP's continued investment in physicians. I've benefited, but I've seen many people benefit, and it's a huge range of opportunities. It's one of the things I love to tell people about. RP will support you with everything from how to balance your career work-life balance to how to fight against burnout, and there are so many wonderful leaders who you can model yourself after. I think personally about Dr. Nina Kottler, associate chief medical officer for clinical AI, but also many people in leadership positions who you can emulate and grow with and from. When you're drawing from a pool of talented people from the entire country, you are connected with some outstanding people to learn from.

What do you share with trainees when they ask you about working at RP?

It's important to have the desire to seek out opportunities for growth as one of your primary career objectives. You're always supposed to be one percent better than the person you were yesterday, right? To achieve that, you need opportunities, and RP provides so many ways to seek out those growth opportunities. It can be anywhere from the subspecialty leads to the culture and radiologist experience side; the business and strategy side to the sales side; the technology side. You can literally pursue anything that excites you or interests you in your career. It's a special practice, and I've been able to learn from a lot of people with different expertise.

Talk about your role as director of innovation deployment at RP and how that applies to what you're passionate about.

I feel fortunate in my role as a director in the AI space at RP. I was in the right place at the right time and found a wonderful mentor in Dr. Kottler and the other colleagues on my

team. I don’t have a background in informatics. I’m just an engineer who loves radiology, and I’m persistent and keep showing up. I call myself an “AI junkie.”

But how does AI tie into abdominal imaging?

To me, AI is just an opportunity or a tool we arm ourselves with to be a better version of ourselves. That’s how I fundamentally think about AI. A lot of people have this fear of AI taking away our jobs, or they fear what it could potentially represent, but I see it differently. Just like we used the PACS system to move into the digital realm or like we used the dictaphone and voice recognition to get away from analog and move to digital, AI is another tool that levels us up as radiologists. It’s enabling us to take better care of our patients but also to do so in a way that makes the practice of medicine more sustainable and more enjoyable in an environment where we’re all extremely busy and have a lot of people who need our help.

What does the future of radiology look like, and how will RP contribute to that?

I am excited about the future of radiology because I think we’re at a pivot point now, in this place where there are many people who need our care. Imaging is helpful to people, and that’s why the demand increases every day. That’s not going to change, because in this environment where resources are limited, not just in radiology but in every medical specialty and throughout society, there’s a limitation on expertise and people who are well trained. Imaging is just going to grow in importance. That’s the reality, but there’s an opportunity now to shake up the paradigm. Personally, I think it’s a call to action. If we don’t define what the future of radiology is and carve that path through the challenges, someone else will. I see this as a huge opportunity. It’s a time where we need to

apply ourselves, be creative and think about how technology can help us solve the challenges we face now.

What would you say to radiology trainees with that pivot point in mind?

I'd tell somebody who has 30-40 years of their career ahead of them to be thoughtful about joining an organization, practice or group of people that is committed to investing in the future. They need to be explicitly looking at addressing these challenges with unique solutions, and that's going to involve technology and novel approaches to workflow and clinical solutions. Also, look for places that are dynamic and have a nimble mission statement. One of the things I love about Radiology Partners is that right up front, at the very top, they say they're going to transform radiology. That is meaningful, because it's literally setting the precedent that you should expect change, and that change is going to be essential to providing a high level of patient care and remaining a successful practice in the future. I like how it's the very essence of the practice and the core theme. Change is not just an idea; it's essential, and I think that's only becoming more evident as we enter this dynamic where there's this imbalance between capacity and demand of radiology services. In my opinion, the organizations committed to a culture of change are going to thrive.

With burnout being such a prevalent topic in medicine at large, do you have any observations on how do we confront burnout in the radiology space?

To me, burnout means you are lacking inspiration, so look for ways to feel inspired. Maybe inspiration is related to a sense of control over your environment. If you're doing the same thing day in and out, that work just gets harder, and if you

feel like you didn't participate or aren't connected to the decision-making process, that can manifest as burnout. Also, I would encourage you to seek new challenges or shake up your career in some way. Look for something different or for a new group of colleagues. They will help you to explore your interests and help you to understand why you were in that position that was leading to those feelings of burnout. Personally, this has given me a lot more energy in my career.

Anything else you'd like to share about your experience at RP?

I'm just thankful. RP is a unique practice. I've never been in a place where I could access people with such different backgrounds and grow as a person from it. I don't have a business or strategy bone in my body, but I've been able to pick up things by being around others who work in those areas. It makes you look at the world in a way that makes you more creative and more flexible when challenges arise. Being able to connect with so many types of people is a real strength of RP.

Dr. Jason Poff earned his medical degree from Columbia University; completed his residency at the Hospital of the University of Pennsylvania; and completed his fellowship in abdominal imaging at the Hospital of the University of Pennsylvania.

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Why RP? Q&A with Dr. Jennifer Hill, Neuroradiologist

Dr. Arthy Saravanan, associate chief medical officer for recruitment at Radiology Partners (RP), recently spoke with Dr. Jennifer Hill, neuroradiologist and practice president of Renaissance Imaging Medical Associates (RIMA).

Dr. Hill discussed the transformative partnership with RP and explored leadership, technology and work-life balance in radiology. Read excerpts from their discussion below and watch an extended version here.

Dr. Saravanan: How did you join RP, and how has your experience been so far?

Dr. Hill: Our practice, RIMA, is based in Los Angeles and has been around for over 20 years. We grew into a sizeable regional practice and, at one point, were the fourth-largest practice in the country. By 2016, we realized we were ready to take our practice to the next level. Even though we were a multi-subspecialty practice, we knew we could benefit from better infrastructure, support and partners. So, we began

looking for the right partner and eventually found RP. We joined them in 2018. They shared our same vision, mission and values, so we knew it would be a good fit. Like us, RP believes radiologists should be in key leadership roles in the practice and that patients always come first.

Can you share your leadership roles and how RP has supported them?

I was named practice president shortly before we found a partner and have continued in that role since then. RP values the local structure, so day-to-day operations have stayed mostly the same, except now, I have a big team supporting me from behind the scenes. One of the things I didn't realize when I joined RP was the extensive resources available to us. For example, I joined the Clinical Value Team's neuroradiology advisory board for a couple of years, which was a great opportunity to work with top-notch neuroradiologists from across RP and elevate our neuroradiology services.

Isn't it amazing how those subspecialty boards work? Before, we didn't have access to radiologists across the country, and now we can exchange ideas freely. I can send cases to colleagues in the Northeast even though I'm based in Texas. It's an amazing opportunity.

I think we can become so focused on our regional practices. For example, discussing how to handle code stroke with someone in Texas, likely from your group, is both supportive and informative. This collaborative aspect is a great perk that, I admit, I didn't fully appreciate when we first joined.

Now that you've been with RP for a few years, are there other perks that may have stood out to you during and after the transition?

One thing we were excited about was the access to advanced technology, particularly AI. I know it's a buzzword, but it's true. As radiologists, we want to be at the forefront of utilizing that technology. While AI won't replace us, having access to cutting-edge tools and the expertise of so many smart people with RP helps us lead the way and move forward effectively. That's been a fantastic benefit.

I'd love to hear about your interests and hobbies outside of work.

Work is a big part of my life. I inherited a bit of a workaholic gene from my father. Medicine is very important to me, but my family and friends are even more so. I've found you can always make time for what truly matters. The more time you make for family, friends and working out, the better you can manage stress and stay balanced across all areas of life. For me, staying active is key. I try to work out whenever possible and spend quality time with friends and family. I love hiking and am currently learning to play golf, which is quite challenging. I used to play soccer, and all three of my children are soccer players. My oldest is married to a Brazilian who is an excellent soccer player, and his brother is on Brazil's national team and is famous worldwide. So, soccer is huge in our house, and having a Brazilian family connection has made it even more exciting.

What is your workout of choice?

Honestly, I'm addicted to Peloton and cycling. I like to run, but my knees are not too happy when I do that. I got really

into cycling during COVID. One of my colleagues suggested, “You know, Jen, you need to get a Peloton.” So, I bought one right before the rush hit, and I haven’t gotten off since.

You’re an exemplary leader in your practice and have a busy life outside of work. How do you manage to excel in both areas?

I think it comes down to a can-do attitude. I’m comfortable managing many things at once. However, I focus on being fully present whenever I’m at work or with family or friends. When I’m working out, that’s my time, and I don’t like to be disturbed. Balancing work, family, friends and exercise makes me happy, and finding time for all of them is when I’m most satisfied.

What has been your experience as a female leader in radiology? Do you have any tips or insights on being a woman in this field and how you manage that role?

As a female leader in radiology, I’ve learned the importance of getting involved and finding mentors who appreciate what you bring to the table. You might face some obstacles, but don’t let that discourage you. RP is very supportive. During meetings, make sure to sit at the table and speak up—your perspective is valuable and can make a difference. Over time, you’ll see that your voice matters. So, women, make sure to take your place at the table.

Can you provide an example of how RP has helped promote or enable your female

leadership style within the organization?

I was fortunate to have the founder of our practice be very supportive of me, and it was based on my abilities rather than my gender. My 15+ years in that environment made me think this was the norm. However, attending medical executive committee meetings showed me that that's not the case everywhere. When I first joined RP, I was unsure what to expect. I felt accepted and valued from the start—and I still do. I believe RP is increasingly committed to being inclusive and supportive of women. COVID has significantly impacted work-life balance, bringing it to the forefront not just at RP but globally. We've adjusted our schedules and made accommodations that benefit everyone, not just women. RP has supported and encouraged these changes. Additionally, outside of RIMA, RP offers a great wellness and support network for those seeking more or wishing to engage in broader collaborative efforts.

We're dealing with a physician shortage nationally, and more and more radiologists are complaining of burning out. How do you personally manage burnout?

Working out is my number one through 10. I can always tell when I haven't worked out enough and need to get back on that bike. Along with exercise, I've also started incorporating meditation into my routine, which has been very beneficial. I practice it on my own, though some might prefer group settings. The key is finding that quiet space in whatever way works for you. Sometimes, it's a hike or a walk around the hill. It's also important to connect with colleagues, check in on them and have conversations beyond reading cases. Make sure we're all connecting on a human level, and do not forget to take time for yourself—even if it's just for a few seconds. Taking those moments is essential.

Dr. Jennifer Hill earned her medical degree from the University of California, Los Angeles (UCLA); completed her residency at UCLA; and completed a fellowship in neuroradiology at UCLA.

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Why RP? Q&A with Dr. Ramesh Gopi, Diagnostic Radiologist

Dr. Arthy Saravanan, Associate Chief Medical Officer for Recruitment at Radiology Partners (RP), recently spoke with Dr. Ramesh Gopi, diagnostic radiologist and practice president of RP Silicon Valley.

Dr. Gopi discussed the benefits of RP's support network, technology and resources – and how the support and flexibility allow him to maintain work-life balance. Read excerpts from their discussion below, and watch an extended version here.

Dr. Saravanan: How did you learn about RP, and what made you want to join?

Dr. Gopi: I did most of my training in Southern California, and Radiology Partners is headquartered in El Segundo. When I trained at UCLA, many of my colleagues ended up taking positions at RP practices, so I had some great feedback from them when my practice was scouting for groups to partner with. They had great things to say about RP regarding leadership, technology and operations, which really compelled the decision to look at RP seriously. We ended up partnering with RP in November 2020.

Now that you've been in the partnership for a couple of years, what was that transition like for you as a practicing radiologist before and after joining RP?

RP has a tremendous number of resources, including a large team of integrations specialists who help you think through the different steps of merging your practice with a larger entity. There's literally a spreadsheet with 100 items on there and teammates who walk you through every single item because they've done this before. That makes the process very smooth. Each local practice has a practice director to help coordinate and orchestrate the entire process. Having never done something like this before, I can tell you single-handedly, we couldn't have accomplished it, but as a team with RP, we were able to do it successfully over a few months.

Are there any significant things that stand out about being an RP radiologist?

RP brings so much to the table with its supportive network and access to resources. With so many radiologists, RP can still do an IT implementation in a week. They have their own

teleradiology practice. They have many AI tools that can be implemented on-site and on-demand. They have partnerships with many other companies to help you implement a go-live very quickly. That came to bear two years after we merged with RP, when we expanded into another area where we took over a hospital contract. We saw how smoothly that process went.

How did you get into your role as practice president of RP Silicon Valley? Do you feel like there is support from the larger RP network to guide you in this leadership role?

I have a very interesting story. I started out as an engineer in Southern California and then decided to pursue medical imaging. After training, a colleague and I, as young radiologists, started a private practice in the San Francisco Bay Area and were able to assume the reins of a hospital contract in Silicon Valley. It was an exciting experience, and we learned a lot. We had to immediately grow into a leadership role to interface with hospital administration, billing companies and many other factions of people and resources, which lent itself to an organic development of leadership. RP has been great about honing that leadership in a more definitive way. As soon as we merged with RP, I got several calls from individuals in RP asking me to lead some AI initiatives, which led to me form relationships with these individuals, learn a lot about these technologies and ultimately bring those to our hospital. I'm very grateful to RP for being able to take this to the next level and help us improve our existing leadership capabilities.

What are your hobbies?

My real passion is coffee. I have a coffee bar at home, and I roast my own beans, make my own coffee and experiment a lot

with that. We started this little cooperative with the technologists and hospital personnel and created a coffee bar inside an imaging center. Some of the technologists have learned how to become baristas. I also enjoy hiking. We live in a great neighborhood with ancient redwoods near us, so we can get there within a short period of time. I enjoy having people over; I grew up in a joint family in India, and that experience of being social really stayed with me.

How do you maintain your work-life balance, with your hobbies and your leadership roles at RP?

It is a challenge, but RP makes it easier by giving you the ability to work remotely. My mother recently had knee surgery, and I needed to keep an eye on her. I still wanted to work the daytime shift, so RP installed a workstation in my parents' house, allowing me to read studies and check up on her. On the work front, RP has meetings and events throughout the year that help you mingle with other radiologists and get ideas from them. RP has really built a community around the whole concept of a large practice, which is great.

Talk to me a little bit about flexibility and burnout. With increasing volumes, radiologists are feeling a lot of pressure to read and keep up. How do you manage and deal with that?

I think we all go through it in different phases. All of us have exposure to events and things that make it a high-pressure environment. My whole philosophy is that happy radiologists will read films well. You have to find ways to de-stress and compensate for that pressure, and I think a lot of that comes down to having supportive colleagues – a great

team, support teammates, practice directors and the backbone of an organization that can support you. RP offers Coaching Circles, which provide a way to share your thoughts in a forum and get life coaching on how to decrease stress levels. We have an associate chief medical officer, Dr. Chris Mattern, who is deeply involved in this. I often refer to his material in the hopes of improving the morale in our hospital. For example, during the pandemic, one local practice would get all the radiologists together and celebrate events like graduations and birthdays, just so that they had a chance to meet, even in a social vacuum. Things like that are really important, and we've tried to implement that, both with our own radiologists and also with support teammates and hospital partners. Those things help take the edge off the stress.

Dr. Ramesh Gopi earned his medical degree from the University of California, Irvine; completed his residency at UCLA Medical Center; and completed a fellowship in magnetic resonance imaging at the University of California, San Diego.

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Why RP? Q&A with Dr. Steven Craig, Interventional

Radiologist

Dr. Craig shares his journey to interventional radiology and how his military career helped prepare him for his leadership role with RP’s SEAL Team.

Dr. Steven Craig is an interventional radiologist and retired U.S. Army Colonel based in San Antonio, Texas. He is president of the RP SEAL Team, which provides on-site support to new practices that join RP, to ensure smooth integration and stabilization of services. Outside of work, he enjoys running, mountain biking and being on the water with his family. As the parents of two college athletes, he and his wife spend a lot of time traveling to watch their children compete. He joined RP in 2022, after a 24-year career in the U.S. Army.

We talked to Dr. Craig about his journey to interventional radiology (IR) and how his military career helped prepare him for his leadership role with RP’s SEAL Team.

Why did you choose radiology?

I had an amazing high school science teacher whom I credit with pushing me into medicine. I was in advanced placement anatomy or science in high school, and we had an anatomy lab. That’s what started my love for this type of work. Radiologists are basically anatomists. We’re doing the same thing, but instead of using a knife, we’re using a CT scanner or an X-ray machine. Fast forward to when I was in medical school, I had an excellent radiology professor. He made things interactive and exciting, and he instilled in us that

radiologists are the doctor’s doctor. So, if a doctor means teacher, we’re the doctor’s teacher. When the other doctors have questions, they need answers – and they come to us. We can provide those answers. That was really cool to me.

What led you to choose the Army? How did it shape your perspective on what you’re doing now?

I did not come from a military family, and it wasn’t really on my radar. I got married young and did not come from a family with a lot of money, and I was introduced to a gentleman who said he could help me pay for college. I joined ROTC, intending to do my four years and get out, since I needed help paying for college. I quickly realized this is absolutely something I enjoyed and was good at, and I liked being part of something bigger. The military is a large organization, and being part of something bigger than you is kind of satisfying. Fast forward, I took them up on the offer to pay for medical school, and I became a doctor while I was in the military. Every time the military offers to pay for school, they ask for more time, and I was glad to give it. By the time I was done with paying off the time I owed for my school, I was a colonel, and I was ready to retire. During the path along the way, I had so many leadership jobs and opportunities to go to different parts of the world.

What drew you to IR?

I can pinpoint the exact moment when that happened. I completed a couple of surgical rotations and was starting to question whether I should be a surgeon or if I was going in the right direction. Then I had an interventional radiology rotation, and on the first day, we did a groin access. We accessed somebody’s leg, put a catheter through their body and embolized an aneurysm in their face. That was my first day, and I was immediately like, “This is so cool. This is what I’m

going to do for the rest of my life.”

How long have you been an interventional radiologist at this point and how do you find it now?

I had a career in the military before going into medicine, so I got a late start in medicine. I did my training in the military and became an interventional radiologist in 2015. I spent several years at Brooke Army Medical Center, which is a large level one trauma center, treating trauma, a lot of interventional oncology (I really love the interventional oncology side), teaching residents and occasionally teaching fellows and medical students. I think that set me up well for when I left the military, then I jumped right into the RP SEAL team and immediately into a leadership role. Now leadership is about half of what I do, and IR is the other half. I do miss the high-end IR work I was doing five years ago – I’m not doing nearly as much now, but I think it’s a good balance. I’m enjoying the leadership side and get to do a little bit of both.

The military had some influence on the RP SEAL Team when it was developed. Tell as more about that, as someone who has served in the military.

At RP, SEAL stands for “secure, engage, align and lead,” and we focus primarily on operations and integration. I initially didn’t like that we were calling ourselves the SEAL team, but we did get buy–in from some high-ranking Marines who said, “Don’t just steal our name; it needs to mean something.” And it does mean something. We call ourselves the integrations team and special ops, which also has a military connotation. That’s how we see ourselves. When we partner with a local practice new to RP, it’s our SEAL Team radiologists who are

there to offer the practice stability and continue providing high-quality patient care. We set the stage to make it easier for those who come behind us. That's the same thing the U.S. Navy SEALs do. They're the first ones in to do the hard work, and they set the stage for those who are going to come behind them.

Talk about your journey to joining RP and ultimately becoming president of RP SEAL.

In the last couple years of my military career, I was using my vacation time to practice through a locums agency. In 2019, I was reading on a diagnostic locums shift for an RP practice in El Paso, Texas, and Dr. Byron Christie, who founded the RP SEAL team, walked in and introduced himself. He told me about the SEAL team, and I thought, "that sounds like exactly what I'm looking for." After 24 years in the Army, I wasn't necessarily looking to sign a contract where I had to go to the same place to work every day. Immediately I said yes, but I still had two years left in the Army, so I took his phone number. A year later, I called him, and he said, "Yes, we still have a position for you." I joined RP in 2021 as a SEAL member six. Six people wasn't enough, so six became 10, 10 became 20 and so on. Now we've got more than 60 members. A few months ago, I stepped into the president role. My leadership training in the military has helped me in this role, and it's been a good fit. I'm enjoying it.

What are some of the unique features RP offers that are hard to find elsewhere?

All RP-affiliated practices are unique. For somebody from the outside looking for a job, we have something for you. No matter what it is you're looking for, RP has it. You want to be in a tiny practice in a rural area? We have that. You want

to be in a large city and work in an academic institution? We have that. You want to work remotely? You want to work on-site? Whatever it is you want to do, RP does all those things.

What excites you about the future of radiology at RP?

At RP, we can invest in things affecting the entire industry. Right now, there are not enough radiologists in general, and there are not enough doctors to do the work. RP has invested in ways to enhance our workflows so we can better serve our patients and referring providers. A lot of that revolves around IT and AI. There are some amazing AI tools we've invested in, and they make our jobs easier. I don't think the technology is going to replace us; it's just going to make us better.

Dr. Steven Craig earned his medical degree from Uniformed Services University; completed his residency in diagnostic radiology at Brooke Army Medical Center; and completed his fellowship in vascular and interventional radiology at UT Health San Antonio.

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Why RP? A Q&A with Dr. Josh Heck, Musculoskeletal Radiologist

Dr. Heck shares how RP's expansive network of practices provides a unique opportunity for RP radiologists to collaborate with subspecialty experts nationwide and gain insights from local practices about healthcare delivery in their communities.

Dr. Josh Heck is a musculoskeletal radiologist and president of Radiology Alliance in Nashville, Tenn. As chair of the Presidents Council at Radiology Partners, Dr. Heck assists in leading the group of presidents across RP-affiliated practices in their efforts to drive quality, support clinical value and represent their radiologists' perspective towards advancing our practice. Outside of work, he enjoys reading, playing chess and tackling construction projects. He also serves as a youth group leader and coaches his children's sports teams. He joined RP in 2021.

We talked to Dr. Heck about the benefits of being part of a nationwide network and how RP is contributing to the future of radiology.

Tell us about why you chose radiology. What inspired you to become a radiologist?

Going into medical school, I wasn't sure what I would be. If you had asked me then, I probably would have gone into emergency medicine or orthopedic surgery, but throughout my training, I liked the breadth that radiology offered. It covers the full spectrum of medicine, and it sits in a central position within medicine at this point, so there are few patients that you don't see. The knowledge base is broad, meaning we see everything from infections to trauma to cancer. There's not really an aspect of medicine we don't interact with.

Did you have any specific experiences or individuals that influenced your decision to pursue radiology?

A lot of it was just interacting in medical school, running through the clinical services. We didn't get a ton of exposure to radiology in general, but going down into that dark room and seeing people looking at images to help make the diagnosis and the impact they had on the patient's care was probably one of the larger reasons I went into it. Being that "doctor's doctor," where you're consulting with the clinician and making a difference on the treatment plan.

What drew you to musculoskeletal radiology?

I would say I'm trained formally in musculoskeletal radiology – that's what I did my fellowship in – but I spend about half my time doing women's imaging. With MSK, it had a lot to do with my predisposition to emergency medicine and orthopedic surgery. I liked the bones. Our environment had a lot of good

teachers where I trained, so some of it was the culture and the people I met within the MSK reading room, and then some of it was the pathology that affects this patient.

What excites you about RP?

The vision and the future of what radiology looks like. It's exciting to be part of a practice really focused on providing high-quality care to our patients and excellent radiology services to our client partners, all while examining how we can address the shortage of radiologists and still make an impact as a specialty.

What is most fulfilling about working as a radiologist for RP?

As a radiologist with RP, you have access to a lot of radiologists and experts, as well as the support of a large organization. If we don't know something, there is somebody within RP that does. I frequently reach out to members across the organization nationally to get those answers, so it's being able to get in touch with experts pretty quickly. That's been a huge educational benefit to me.

What does the future of radiology look like to you?

For me, when I sit down and think about what I want radiology to look like in five years, I think the tools and programs we are continuing to use and launch are a big component of that. Locally at our practice, we talk about making it easier for radiologists to do their job well – removing all the barriers. All radiologists want to do a good job and take care of patients. That is harder than most people realize, whether it's access to information, IT systems working well or knowing that there are guidelines. I look forward to having the ability to open a study, look at it, come up with a diagnosis,

trust those recommendations and feel confident I'm not missing something. It's easier to do than it's ever been. My vision is that radiologists can do their jobs very well with evidence-based guidelines, and in a way, that takes care of the patients in an efficient manner and satisfies the referring clinicians. The tools we're developing are what enable that.

How will RP contribute to you being able to help that vision you just described?

When I sit down and read a case right now and see a pulmonary nodule or renal cyst – previously, I would have to have a whole library of articles on my computer and reference them each time. It would take a long time and slow me down. Now, with the tools being developed, whether it's AI tools or best practice recommendations, it's all right there. As soon as I mention one of those things, that evidence-based recommendation is a click away. It makes it so much easier for me to make sure, one, that I remember to make the appropriate recommendation, and two, that I give the appropriate recommendation – and it's not slowing me down. Even with AI that is also helping me know I'm not missing things, now I have a second set of eyes that are looking at it with me. When I sign off and say there are no rib fractures, my degree of confidence is much higher.

Tell us more about being a practice president and the role of the Presidents Council.

Being a practice president is an interesting role. You deal with a lot of things that practices deal with, such as clinical issues. You're still practicing as a radiologist for the most part and solving all the problems that arise in health care. I view my role as a practice president as reducing the red tape and administrative burden that affects

physicians today so that they can focus on taking care of the patient and do their job well. I think RP's focus has been a lot on that. RP's easier to practice initiatives are focused on making it easy for our radiologists to not just do their job but do it really well.

We have more than 70 individual practices within RP and each one of those practices has a practice president. As a national practice, we have a President's Council comprised of all those practice presidents. We have the opportunity to meet monthly as a group remotely and then get together in person annually or semi-annually to review how the national practice is performing, discuss what issues the practices are seeing and set the course for the next year, as far as which direction we want to go and what clinical tools we want to invest in.

When you get a chance to meet in person as a group of practice presidents, what are some of the takeaways that you experience?

Day to day, a lot of our practice presidents are dealing with the difficult environment of healthcare in the United States. This meeting is always an opportunity to commiserate with common challenges but also see there are people who have come up with innovative solutions to solving it and hear about the great programs they're running in their practices. We can then take those ideas home and use them in our practice to make our local environment better. It's exciting to hear some of the ideas people have.

Outside of RP, how easy would it be for you as a practice president to gather those ideas or hear about those ideas?

There are not a lot of options nationally to meet with as many

leaders in radiology as we have at RP. The only other organizations I can think of where you can meet with radiology leaders are the Society of Chairs in Academic Radiology, Radiological Society of North America or American College of Radiology; however, that's a small group, and the breadth of experience that our radiologists have is probably unparalleled because they come from all different backgrounds, from academic centers to small, five-person local practices. That is one of the benefits of RP. It is one of the largest gatherings of leaders in radiology who are all pulling in the same direction, meaning we're aligned, we understand the environment we're working in, we have the same goals from a broader perspective on the direction we're trying to go with radiology, and we're getting ideas and sourcing it from people who have done it really well in other parts of the country and able to bring that home. We're incentivized to help each other do well.

Dr. Josh Heck earned his medical degree from Vanderbilt University in Nashville, and he completed both his residency in diagnostic imaging and his fellowship in musculoskeletal imaging at Vanderbilt University School of Medicine.

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Why RP? A Q&A with Dr. Susan O’Horo, Interventional Radiologist

Dr. O’Horo discusses her journey in radiology, the evolving role of women in the field and her experience at RP.

Dr. Susan O’Horo is a practicing interventional radiologist (IR) on RP’s SEAL team and serves on RP’s patient safety committee. Based in the coastal community of Hingham, Massachusetts, she balances her professional life by enjoying gardening, reading, participating in community activities, socializing with friends, exploring national parks and spending time with her three children.

We spoke with Dr. O’Horo to learn about her IR journey and advocacy for women in radiology.

Tell us what inspired you to become a radiologist.

My path to radiology was somewhat serendipitous. I initially pursued surgery in medical school, but the demanding hours caused me to reconsider. We worked about 125 hours a week, with 24-hour shifts often stretching to 30, which took its toll. I was seeking a change, and a friend introduced me to radiology’s appeal: a wide variety of interesting and diverse cases, frequent collaboration with other physicians and a healthier work-life balance. I was captivated by the intellectual challenge and my affinity for visual interpretation, prompting me to make the transition.

Fortunately, I secured residency, smoothly transitioning from a surgical internship to radiology.

How did you choose IR as your specialty?

IR is a unique combination of imaging, procedures and direct patient care. The intersection of imaging, innovation and technology offers a dynamic environment where I can make a tangible difference in patients' lives. I'm particularly drawn to the opportunity to treat some of the most complex cases in the hospital, where traditional treatments have often been exhausted. Whether pioneering new procedures or refining existing ones, the ability to positively impact patient outcomes is incredibly rewarding to me.

How did you connect with RP?

I connected with RP through my role as co-chair for the Massachusetts Radiological Society Quality and Safety Committee. We hosted a quarterly conference on quality and safety, where Dr. Nina Kottler, RP's associate chief medical officer for clinical AI, was invited to speak on AI's applications in clinical practice. Following her presentation, I approached her about potential opportunities within RP. She introduced me to Dr. Byron Christie, who was then president of the SEAL team at RP and has since become RP's associate chief medical officer for operations.

You are a member of the SEAL team at RP. Can you explain what the SEAL team is and its role?

The SEAL team stands for "stabilize, engage, align and lead," focusing primarily on operations and integration. When new practices join RP, the SEAL team provides on-site support to ensure smooth integration and stabilization of services. This includes offering radiology services to hospitals and patients during transition. Our goal is to facilitate a seamless integration process until the practice is fully integrated with RP, assisting with technology and regular radiology

services as needed.

Being part of the SEAL team has been truly remarkable. While traditional radiology offers exposure to the best cases in one hospital, as a SEAL team member, I have the privilege of encountering top cases across the country. This role has provided valuable insights into diverse healthcare landscapes, enhancing my focus on quality and safety. This experience has deepened my understanding of delivering high-quality radiology on a national scale, fostering shared learning and improvement across practices. My responsibilities vary: I travel to our managed sites about one week per month, while the remainder of my time is dedicated to remotely supporting sites with diagnostic needs. This hybrid arrangement allows me to actively participate in interventional and diagnostic radiology, which is incredibly fulfilling professionally. Moreover, the outstanding work-life balance afforded by this position has been a game-changer for me, whether at home or on the road.

How have you observed the evolution of female representation and mentorship opportunities in IR throughout your career?

Few women were represented when I began my career in radiology, particularly in interventional radiology, and mentorship opportunities were scarce amidst prevalent biases. However, I've witnessed significant positive changes as more women enter various radiology specialties. Today, women in IR are breaking barriers, leading research, innovating techniques and advocating for diversity.

What advice would you give to encourage young female physicians to pursue a career in IR?

It's important to recognize the increasing presence of women in IR, enriching the specialty with diverse perspectives and contributions. I would emphasize the intellectually stimulating nature of the work, the visually compelling

practice and the abundant leadership and professional growth opportunities available. Aspiring female physicians should seek mentors who provide guidance and support, helping them engage in networks that promote collaboration and advocacy.

RP is committed to fostering a supportive and inclusive workplace where women radiologists thrive and make meaningful contributions. We actively encourage women to assume leadership roles, leveraging their expertise to influence decision-making. RP provides robust resources for professional growth, promotes a healthy work-life balance and cultivates networks where women radiologists can connect and mentor one another, creating a positive work environment. Moreover, we advocate for gender diversity and equality, ensuring equitable opportunities for women to succeed and excel in their careers.

How has your work/life balance changed since joining RP?

Since joining RP, my work/life balance has significantly improved, especially regarding my love for travel. Exploring national parks has long been a passion of mine, aiming to add two or three new ones each year. Traveling and working on-site at various hospitals has allowed me the opportunity to access additional parks. Each visit has been spectacular, from Mammoth Caves in Kentucky to Mount Rainier in Washington. Yosemite remains my favorite, closely followed by Mount Rainier.

What excites you about RP? What are some unique features you can’t find elsewhere?

My experience at RP has exceeded my expectations. I adore my team at RP. We’re incredibly cohesive, collaborative, and flexible, making our work environment enjoyable. It’s genuinely the most harmonious team I’ve ever been a part of. Our leaders are exemplary, guiding us all towards shared goals with positivity and clarity. I value RP’s physician-led approach and its leadership’s intelligence and emotional

intelligence, which have enriched my experience here immensely.

Additionally, RP offers unique opportunities for radiologists with diverse interests and passions. In my previous roles, I couldn’t explore avenues like providing care in underserved areas or teaching residents abroad. At RP, I have the chance to make meaningful contributions both locally and globally. Whether teaching residents in Tanzania or assisting patients in hospitals across West Virginia, Kentucky and Appalachia, there’s a profound sense of fulfillment in delivering high-quality care where it’s needed most. This aspect of RP was a pleasant surprise, opening doors to opportunities I had previously only dreamed of.

How do you see RP contributing to the future of radiology?

In my opinion, the future of radiology hinges on the collaboration between radiologists and the technologies at our disposal, whether existing platforms or those yet to be developed, all aimed at enhancing patient care. These advancements are transformative. RP is a key player in reshaping radiology due to its vast resources, expansive reach and visionary leadership. The leadership team’s focus on patient care is paramount in addressing the growing demands on radiologists. With the current patient volumes surpassing the available radiologist workforce, innovative approaches are essential to efficiently meet patient needs. Burnout remains a significant concern among radiologists, but RP excels with its physician-led model, significantly improving outcomes for radiologists and patients. Efficiency and time management are my top priorities, especially as a mother of three. Thanks to advancements in AI and IT platforms, I can now care for more patients while maintaining a healthy work-life balance.

Are there any other experiences you’ve had working at RP that you would like to share?

What stands out to me is how radiology operates as a team effort, reminiscent of my college experience on the crew team. While individual contributions are crucial, our collaborative spirit propels us forward. Guided by exceptional leadership, we navigate challenges together, each member fulfilling their role with professionalism and dedication. This cohesive atmosphere is evident, with everyone working seamlessly towards shared objectives.

Dr. Susan O'Horo (LinkedIn) earned her medical degree from the University of Vermont College of Medicine and completed her residency in diagnostic imaging and fellowship in interventional radiology at Rhode Island Hospital/Brown University.

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Why RP? A Q&A with Dr. Matthew Kay, Diagnostic Radiologist and Major, U.S. Air Force Medical Corps

Dr. Anand Singh, musculoskeletal radiologist at Radiology Partners (RP) and U.S. Air Force veteran, recently spoke with Dr. Matthew Kay, an active-duty U.S. Air Force radiologist, who began moonlighting with RP in 2023.

Dr. Kay shared how moonlighting with RP provides the flexibility he needs to gain valuable experience, maintain his acute care skills and earn extra income, while fulfilling his military duties and prioritizing his family. Read excerpts from their discussion below, and watch an extended version here.

Dr. Singh: Tell us about your journey. Why did the military appeal to you? Why did you decide to pursue radiology?

Dr. Kay: When I was in high school, I took the Armed Services Vocational Aptitude Battery (ASVAB). I always had military service in the back of my mind, but at the time, it wasn't right for me. Eventually, I decided I wanted to become a physician, and after undergrad, I applied for a medical school scholarship through the military, ultimately choosing the Air Force. I was fortunate enough to get the scholarship, because at the time, it was competitive between the different branches.

My journey through medical school changed things dramatically. During the first month of school, my newborn son had a significant intraventricular hemorrhage requiring an extended hospital stay. That not only changed how I approached medical school but also how I approached family. My family needed to

be a priority, and I needed to select a specialty that allowed for that. When I started rotations, my first one was radiology.

Not only are you in the medical corps, but you also have enlisted with extra responsibilities above and beyond your clinical duties. Tell us a little bit about that.

I'm stationed at Luke Air Force Base in Phoenix, Arizona, and our department has a smaller clinic. There are about 12 enlisted staff here, between sonographers, mammography techs, radiology techs, CT and MR. Officers in the radiology department mentor the enlisted staff, providing feedback on the work they do, helping them navigate careers outside of the military with skills they learn in the military, and helping them learn about various pathologies – often *why* we ask for certain additional images or views. We are also in charge of the administrative items from a radiology standpoint, such as computer-based training for healthcare- and military-related topics, as well as ensuring credentialing is up to date. We have different teams for disaster response, and I'm part of a decontamination team. For example, for a big airshow event at the base, if there was a plane accident or a jet fuel spill, we would mobilize to decontaminate. In addition to coming to work every day and practicing radiology, we have a day each week when we assemble as a team to practice setting up the decontamination tent, donning and doffing decontamination suits, clarifying responsibilities for each station we're manning and understanding how the different teams work together to respond to a threat or emergency.

How did you connect with RP?

For radiologists in training, it's common to pursue fellowship training after residency. However, the military projects their needs and allot a certain number of spots for different fellowships, which means you're competing to fill those spots based on your desire to do a fellowship. The caveat is if you

do fellowship training in the military, it incurs longer years of service. While I've enjoyed my military service, I didn't want a commitment longer than my service commitment for my medical school scholarship. During my last year of residency, I began looking for a moonlighting job. Knowing I would have military commitments, I was looking for a practice that understood my need for flexibility and that my military service and the stipulations with that come first, as well as an option for remote work. Knowing I was coming to Arizona, I looked at the RP jobs posted for the area and learned one of my co-residents was looking around the same time. We talked to a few different practices, and a lot of practices were asking us to sacrifice two weekends a month, working 40 hours for them and going through the process of getting the license and equipment. To me, that seemed like a big sacrifice, knowing that I'd be spending most of my time as a military service member. I talked to RP, and they understood my situation. They were flexible in negotiating this contract where, as a PRN contractor, I'm able to commit to as much or as little as I'd like. My routine right now is I'm able to get up a little bit earlier than my family, read for an hour or two, get the kids in bed, read for another hour—kind of piecemeal. I'm also able to help cover the trauma hospitals in the area, where I'm committing to four- to eight-hour shifts when I get off work or on the weekends. I really love the flexibility with RP.

Tell us the difference between your daily clinic load at the base versus what you see with RP.

Clinic is all outpatient. So for example, say the patient is on the flight line working on the jet – they stand up and hit their head, and they're worried about a brain bleed or a skull fracture. Those are not cases we have the capacity to handle, so we send those off base. If there's a concern about pulmonary embolism, we send those off base. At the base, we have case complexity, but we don't have case acuity. RP serves hospitals with level one or level two trauma centers, so

reading those cases helps me in my mission readiness to go work where the Air Force currently deploys. I'm able to read those cases, which prepare me for imaging related to ballistic injuries or traumatic Humvee accidents.

You talked about flexibility—the importance of being there for your family but also the flexibility in the event you get deployed overseas. You'd like a practice that understands that. Talk to us about how that fit into your calculation.

It was important knowing a job would be there when I came back. I was on the short list for deployment to go out in April, and having a job with flexibility – in terms of understanding I may be gone for six months at a time and knowing they'd still be able to carry on their workload – is so valuable. If I were in a smaller group practice, they may be a little less understanding. It's important to be part of a good team of radiologists who won't be out to pasture without me.

You could have chosen a lot of different places. What are some unique features RP offers?

These are little things, but I have one coworker here who's with a group that required him to furnish his own equipment. There are some practices that furnish the equipment, but if you break contract early, you owe a lot of money for the equipment. For me, it was great to have RP say, "We will furnish this equipment for you, and when you're finished working, we'll come and pick it up." That was important to me coming out of residency. My family had to move cross-country, and I wanted to keep my start-up costs relatively low. Again, I always emphasize the flexibility. That was the most important thing. I didn't want to have to work this many shifts or this many hours every week.

You've just started your career, but what does the future look like for you five to 10 years from now? Where do you see

radiology?

Given the mode of practice I'm doing now, being able to work remotely is appealing to me. People ask all the time, "What are you going to do when your service commitment is up? Do you see yourself staying in Arizona?" There are still a lot of unknowns there, but knowing the situation I have now, where I'm working with a great practice that I'll be able to go pretty much anywhere with, that is encouraging. I could separate tomorrow or stay in the military and retire in 20 years, and I can still work with the same great group.

For radiology in general, I think AI initiatives will continue to get better. There are some promising studies going on and vendors developing high-quality products for assisted detection, second-read type things. I certainly don't think the demand for imaging is going to lessen. If AI is able to make it easier for us to help detect problems and offer it in a quantifiable way – radiomics – we can also provide value the patients didn't even know they were getting in that study. For example, you're getting a chest CT, and there's an applet in the background that's able to pump out a calcium score on this while we're doing your lung screening – that's a beautiful thing, right? The more of these things we have to help us, we're going to practice safer, and we're going to help more patients. That's where I see radiology going in the future.

You sound positive about the experience, and you must mention this to other radiologists. What do you tell them?

It's funny you mention that. Before I had even opened a study to dictate for RP, I was already telling other co-residents I work with about it. Now there's a cadre of us from my residency program who are all with RP. I tried to get both of my coworkers here on board; one already signed a contract with a different group, but my other coworker was looking for a job with the same kind of flexibility, and he's going through the onboarding process now with a different RP group in the

Phoenix area. He’s excited to get started, and he’s been happy with his experience so far.

You have all these responsibilities. What do you do for fun?

Being in the military and at a base that’s mostly a clinic, I work out pretty much every day, which I enjoy. I’ve got four kids ages 1-9, and that’s my whole life; I love my kids. Between three kids actively in soccer, I’m at the soccer fields at least two nights a week. They’re all doing swimming lessons, with one kid in swim team. A lot of it is being in the throes of parenthood. I love cooking, so most nights when I get home, I’m able to make a meal, but on the weekends, I’m able to flex and cook different things. I got a set of golf clubs, so I’m able to enjoy some of the amenities on the Air Force bases by doing some golf.

For those who choose not to continue their radiology career with the military after they complete service, the transition to civilian life can be difficult. You’ve been in the military for a while. How easy do you think that transition will be?

I don’t know because this is all I’ve ever known. By the time I’m done, it’ll be almost a decade of my life in the military. That is one of the reasons why I’m happy to be in the position I’m in with RP, because I get to see what that’s going to be like on the outside. I remember in residency at Portsmouth, there was a dive officer who was also a radiologist who would give lectures occasionally. He told us, “When you get into your staff years, I recommend finding different ways of practicing radiology that you see yourself doing, whether that’s remotely, going to a brick-and-mortar shop, going to a hospital or doing more procedures like IR-light type of stuff. Get in a situation where you practice in the way you want to practice when you’re finished with your military career.” I took that to heart, and that’s why I’m doing what I’m doing. I’ve worked in-person. I’m able to work remotely. I’m able to get into some procedures. With RP, I get a little glimmer of

what civilian life in radiology looks like, while also balancing my military responsibilities. That said, I don't know what it's going to be like to do it full-time.

Is there anything else you want to mention we haven't touched on today?

I just feel lucky to be in this situation. If this is seen by residents, I want them to know there's light at the end of the tunnel. It gets better. It doesn't always get easier, but it does get better. I do feel very lucky to be where I am, from a personal and professional standpoint. I'm in a really good spot.

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