

HEALTHCARE'S CHANGING LANDSCAPE

A Talk with Two Rising Star Medical Leaders

Photography by Catie Viox

The healthcare profession has always been a challenging one to negotiate for those stalwart individuals who wanted a career in medicine. Dr. Vincent DiNapoli, a neurosurgeon with Mayfield Brain & Spine, and Dr. James Bruns, a pain management specialist with TriHealth, recently met with John Dovich, president and founder of John D. Dovich & Associates, LLC, to share their insights as medical professionals in the 21st century.

John Dovich: Thank you for meeting with us today, and congratulations on your past recognition as a Rising Star Medical Leader honoree. As you know, this is the time of year we recognize the newest class of Rising Star Medical Leader honorees. It's great to catch up with both of you to hear about your experiences thus far within the field. Before we dive into more specifics, will you give a brief background of your experience, along with your practice and specialty area? Dr. Bruns, let's start with you.

Dr. James Bruns: I am a physician specializing in outpatient pain management. My patients are anyone who is dealing with pain – anything from headaches to back issues and everything in between. I treat a wide range of patients in terms of age. I trained as an anesthesiologist and completed a fellowship in pain medicine. I did all of my training at the University of Cincinnati and graduated from their College of Medicine.

Dr. Vincent DiNapoli: I am a neurosurgeon. I'm from West Virginia and graduated from West Virginia University, School of Medicine. I have a doctorate in neuroscience. I completed a fellowship in Houston and have been at the Mayfield Clinic just over two years. My practice is about 70 percent cranial surgery, but I also see patients with skull-base and spine disease.

John Dovich: What made you both decide to study medicine and become physicians, and why did you choose your specific specialty areas?

Dr. Vincent DiNapoli: I actually started out with an architecture major. I took science classes and became really interested in biochemistry. My junior year I took a class in neuroscience and decided to pursue medicine. I believe neuroscience is the last frontier in medicine in some ways, as we are just beginning to understand the intricacies of the brain. I also knew I wanted a job where I could help people. My dad is a dentist and my mom is a dental hygienist.

Dr. James Bruns: My dad is a radiologist and I originally thought I wanted to study that field, as well. During my senior year of high school, we did an internship and through that experience I also realized I wanted to help people. I ended up in pain management because people tend to have chronic pain as they get older. As physicians, we want to find non-opiate based pain management protocols to help our patients.



John Dovich



Dr. Vincent DiNapoli



Dr. James Bruns



Left to right: John Dovich, Dean Johns, Dr. Vincent DiNapoli and Dr. James Bruns

John Dovich: Do you feel there is enough focus on patient care and your relationship with your patients, versus the business side of driving revenue and/or managing costs?

Dr. James Bruns: Looking at the business side of medicine is crucial for hospital systems. Fortunately, we have financial analysts and business professionals within the hospital who study the costs that are reimbursed by either insurance payors or by patients. While an independent practice might be able to write off a lot of expenses, a hospital can't readily do that. The insurance reimbursable expenses are very important and the business and financial professionals within our organization tell us what makes sense financially. Unfortunately, that's not something that's taught in medical school. It's been a bit of a bad joke among doctors in that we know we're taught how to take care of patients, but when it comes to the business side of things, that's not typically our expertise. That's something we learn on the job, where we cobble it together through our experience. If you, as a physician, don't take any interest, though, in the business end of things, that's not good either. In today's world, medicine and healthcare is a business and we all need to pay attention to that fact.

Dr. Vincent DiNapoli: I don't deal with this too much within my specialty. True, it's a question of whether a procedure needs to be done or not, but when you're dealing with a life-threatening brain tumor, there's not a lot of options. I can't let business decisions dictate the care of my patients. We take care of the needs of the patient, and the rest follows, in terms of the business end of things. That doesn't mean we don't keep an eye on expenses and such, but it doesn't dictate our course of patient care.

John Dovich: Fifty years from now, you're done practicing medicine. What does the health care system look like? Single-payer system?

Dr. Vincent DiNapoli: This is a tough problem, I think America is a difficult type of place to find a solution. We have a large country with a very heterogeneous patient population. Differing cultures and priorities make socializing medicine very difficult. I think that a mix of government backed healthcare for emergencies and life-saving care will probably be mixed with the private insurance market we have now. That will be an expensive model to maintain, but I think it's all about priorities. Our population needs to focus on preventative medicine and place a higher value on contributing to our health system.

Dr. James Bruns: I believe we'll end up with a hybrid system of healthcare in that catastrophic coverage will always be available for things such as life-threatening surgeries. But through the use of high-deductible insurance plans, patients are now much more cost conscious. The days of everyone running to the doctor with a runny nose are over. Because in past decades, with the older types of insurance coverage, patients didn't have to pay hardly anything for an office visit, but now with so many high-deductible plans in play, these decisions are thought out much more carefully.

John Dovich: Was the debt you incurred to go to medical school and become a physician a huge burden to getting started in this career field?

Dr. Vincent DiNapoli: I was fortunate in that I was in a program where I completed two years of med school, then completed my PhD, and then finished my final two years of med school. That program provided me with a stipend which means I did not have any debt when I finished school. I was also in school for 18 years before I started working as a doctor. Some of my colleagues, who have recently graduated, have hundreds of thousands in student loans they are struggling to repay. It's a huge burden if they didn't receive any scholarships or have family help when they were in college. A lot of young doctors get out of medical school and want to get married, buy a home and start a family, and the stress of that financial situation is crushing.

Dr. James Bruns: I didn't have a lot of debt, but I also have colleagues with significant student loans. I think the best advice is to truly appreciate what that loan note is before signing it and only take what is really needed. If you take out all those loans, you spend all that money and then you have to pay it back. It can really hamper your life and career once you graduate. A dollar of loan today can cost you four and five dollars of repayment after you graduate.

John Dovich: What's the best memory you have, thus far, relating to your work with patients?

Dr. James Bruns: My most satisfying moment as a physician had to do with a 17-year-old female patient. I was able to do a few interventions to help her with specific problems. She responded well to treatment and eventually stopped seeing me. Four years later I started seeing her mother as a patient. I learned from the mom that her daughter was able to finish school and work. That was satisfying for me because I could take care of her and help her. She was able to live the life she was meant to live.

Dr. Vincent DiNapoli: When you can help someone with a life-threatening illness or problem, those are the most gratifying experiences. You meet with these patients, and meet their families and treat the patients, oftentimes helping them get their lives back. I've had patients who've taught me a lot about how they deal with these situations and sometimes, terminal illnesses. I've learned a lot from them because it's a different way to think about what your patient is experiencing. As their physician, you want to help them maximize their lives.

John Dovich: You both have spent lots of training to get where you are. Has medical technology in your specialty evolved or is it revolutionary?

Dr. Vincent DiNapoli: Yes, definitely. There are areas where medical technology has dramatically changed our profession. It used to be a grave risk to just get into someone's brain and then get out. The use of intraoperative navigation has allowed for more precise operations, minimizing trauma to normal tissue. I think the field of immunology and genetics will advance greatly during our career, hopefully allowing for more effective treatments of cancer and other diseases.

Dr. James Bruns: I believe technology is more evolutionary today as opposed to revolutionary. For instance, gene therapy has undergone a huge increase over the past years and we look for more developments in the future. Because of the complexity of that field, I don't think there will be as many revolutionary advances in the future – not when compared to evolutionary advances on the horizon. All the “low hanging fruit” is pretty much gone. That's why research is becoming so much more difficult.

John Dovich: Both of you deal with patients with debilitating pain. Where do you think we're going with the epidemic of pain medicines being misused?

Dr. James Bruns: The meds we are using right now – the opiates – are old technology. There's a lot of compounds currently under study. We're not sure how many of these compounds will be effective or not, but in my opinion, using opiates is not a good long-term solution. There's a lot of work that needs to be done in terms of studying safety and efficacy. When you look at where the epidemic started, it was because medical professionals wanted to do the right thing for patients, but it wasn't the right path. Now we're seeing where doctors are pulling back on the use of the opiates, and of course there are a lot of regulations in terms of how they are used with patients. It's an interesting time, actually, because every six months we see regulations changing. I look to see real changes taking place in this area over the next 10 years.

Dr. Vincent DiNapoli: As a surgeon, I don't see the chronic pain aspect, but we as medical professionals must be diligent with what the patient is experiencing. Should we prescribe a 30-day supply of narcotic medication when they are only really taking the meds for seven days? We, as surgeons, have to manage their expectations in terms of what the post-op pain will be like for them. I think it's better for our patients to minimize the amount of pain meds they take. It's all about managing this in our pre-operative counseling, to set the expectation so that patients believe, “OK. I can do this.” We don't want patients to be “drugged up” for two weeks after surgery. We want patients to get functional post-operatively as soon as possible for their own benefits. They will heal better and faster.

John Dovich: One last question for both of you ... well, it's a two-part question. First, if you had not gone into medicine, what was your back-up plan of study AND if you had the chance to do someone else's job for a day, what would you like to do?

Dr. Vincent DiNapoli: Great questions! If I hadn't gone into medicine, I would have liked to have been a Formula One pilot. In fact, I used to race cars when I was younger. And, yes, I would want to be a driver for sure.

Dr. James Bruns: I knew early on I wanted to study medicine, but if it didn't work out, I would have gone into the education field. I would have liked working as a high school football coach – the teen years are very important!



Dr. Vincent DiNapoli, left, and Dr. James Bruns.

John Dovich: I'm not sure if you know this, but I've been in business for 30 years. Some of my very first clients were physicians, and as I was young and just starting out in my career, some of my physician clients were also young and just starting out in their career field. I've always had a special interest in people who choose medicine as a career. In fact, one of the reasons my firm sponsors the Rising Star Medical Leaders award is our small way to help give back to the medical field, and the rising stars that young physicians often are with their work. Both of you are past Rising Star Medical Leader honorees. On behalf of my firm and Venue Magazine, please accept our congratulations to you on this honor. We all so appreciate the time you've spent with us to chat about your chosen profession – your calling, really. We also appreciate your providing insight into the work you do with your patients, as well as sharing guidance with the next generation of medical practitioners. Our city is richer because we have professionals such as yourselves working to care for us. Thank you for your compassion, dedication and talent, and really, for all that you do for us. ❖

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