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FROM WEST POINT TO WINE: SUCCESS IN CAREER & RETIREMENT, WITH DR. PAT ST. PIERRE

David Mandell:

Hello, this is David Mandell, host of the podcast. Thanks for joining us either here on video on YouTube or, for most of you, probably still on the audio formats, thanks for listening. We've got a really interesting guest. Someone I've known for a number of years and I think we have some good topics to cover as well. Let me tell you about Dr. Pat St. Pierre and then we'll bring him on.

So, Dr. St. Pierre is a graduate of the United States Military Academy at West Point, we're going to talk about that, and the Uniformed Services University of Health Sciences in Bethesda, Maryland. After completing his orthopedic surgery residence at Madigan Army Medical Center, he completed fellowships in medical research at the Walter Reed Army Institute of Research and in orthopedic sports medicine at West Point. He retired from the Army as a colonel after 24 years of service. He is certified in the American Board of Orthopedic Surgery and an active member of the American Academy of Orthopedic Surgery, the Arthroscopy Association of North America, the American Orthopedic Society of Sports and Medicine and the American Shoulder and Elbow Surgeons.

He is involved in sports medicine and shoulder research, he's been recognized with several national and international research awards, he's developed several implants and techniques for shoulder and knee surgeries and is currently one of six design surgeons worldwide developing the Mako computer assisted shoulder replacement surgery to be released in late 2024 when we're recording this. So, maybe it's out, Pat can tell us. So, Pat, welcome to the program.

Pat St. Pierre:

Hi. Nice to see you, David.

David Mandell:

Yeah, nice to see you too, thanks for joining us. So, we're going to cover a couple of topics today including pre-retirement, something that you and I have talked about even a while back before I even launched the podcast years ago. We said this is something that more docs should be thinking about and we'll get there. But first, let's start with the same question I ask every single doc who's on the program which is where'd you grow up, what made you become a physician and, specifically for you, orthopedic surgery?

Pat St. Pierre:

Well, it's a convoluted story. So, my dad was in the Air Force and he had a career in the Air Force. I traveled around, well, I lived in Japan and Hawaii and Alabama...

David Mandell:

Military brat.

Pat St. Pierre:

There we go. A military brat. And actually, I thought about medicine prior to even going to West Point. And my mom had heart disease and eventually died at a very young age of 53 and so she really motivated me to study medicine and, for a long time, I was going to be a cardiologist and I gave up that dream when I went to West Point because, right at the same time that I entered, they stopped the medical school program. But then, in my junior year at West Point, they restarted it and so I switched my electives, which weren't many at West Point, it's a pretty core curriculum type place, but I switched enough so that I could get into medical and I chose that but then I also just decided that I was, I don't know, a lot of ... It's a leadership place. West Point's all about leadership and a lot of my mentors were saying, no, you need to go in the Army, you need to be a leader, you need to help this country and the Army service.

So, I went in the infantry initially and went to Korea, combat patrols in the DMZ, I was airborne ranger pathfinder, so very infantry oriented and that's where my focus was. But I eventually just decided that that wasn't going to be my long-term career and that I wanted to go into medicine. So, then I applied to the military medical school and took my MCATs while studying on the DMZ in Korea.

David Mandell:

Oh, man.

Pat St. Pierre:

It's interesting.

David Mandell:

Yeah.

Pat St. Pierre:

I was one of three people in the room in Seoul, Korea taking it. But eventually got in and then the infantry let me switch branches and I went to the Medical Service Corps for medical school and then eventually became an orthopedic surgeon. I was always very interested in cardiology and, really, what did it is I set up a couple of electives in medical school. So, I went to West Point to do sports medicine and orthopedics for a month and then I went to Walter Reed to do cardiology and had a much better experience at West Point – it really was what interested me.

And I think, back in that time which was late '80s, cardiology was just evolving all the catheterization and the invasive cardiology which would've excited me as a surgeon, that's where I would've been drawn. But the director of our cath lab was, I think, 35 or 40 years old and was smoking cigarettes in his office and it just wasn't a good environment to motivate me. So, I made the right choice because I definitely believe I'm doing what I was put on earth to do and went and did the sports medicine thing, a lot of sports medicine in the military and then eventually did some research and evolved more into the shoulder and elbow work.

David Mandell:

Yeah. Yeah, it's interesting, when I ask this question, there's folks who have an interest as you did from family history or for whatever reason and a key thing is the people running the program who ... I know, my father, he didn't really have a predisposition to radiology but, the woman who was running that, he really connected with at the time, there weren't many, I think, women doing that and it really made an impact on him to follow that specialty. My brother is a cardiologist actually and I think the same

thing that it was somebody in residency, it was ... The people as much as the topic, I guess, is what I am saying.

Pat St. Pierre:

Absolutely. I think the mentors and the personalities of the people you meet going through those, you really fit into wherever your personality works and you've interviewed all kinds of different specialists. So, the sports world, orthopedic world is very hands-on, outgoing sports guys and that was attractive. And I think I would've probably fit in well with cardiology, just I found the right path.

David Mandell:

So, obviously not a traditional college, med school, residency, fellowship career path, how ... As you then moved into medicine and then, eventually, at some point, you can tell us when that was, started to look at jobs outside of the military and get on more of a private practice path, how did you approach that? And was your thinking through being the military training where you're saying, hey, I'm just trying to find the right place clinically, did finances come into your picture at all, was it more about specialty or part of the country? How did you make that first career decision as you were shifting from training and military to private practice?

Pat St. Pierre:

Yeah, it was really more of a family decision because I had recently been married and my wife Linda had grown up in Virginia all of her life. And we had ailing parents that we wanted to be on the East Coast because I was still in Fort Lewis, Washington in Tacoma and helping with the residency program there and so we decided that it'd be better to go to the east coast. So, I was able to convince the Army that was a good thing for them to ship me to Fort Belvoir, Virginia, right outside of Walter Reed, which is now part of the Walter Reed program, and that got me to the East Coast and I started working with Bob Nirschl who's well known for the Nirschl lateral epicondylitis surgery and taking care of that. So, started working with him and he would send his fellows to me because I was seeing a lot more of instability shoulder stuff than they would see in the civilian practice which still is true, instability as a young person's problem.

And so, his fellows would start rotating with me and we did that for several years so then, when I got out of the military, it was just an easy transition to go and join him. And that worked out for a while but it really wasn't where I wanted to be and so eventually started looking elsewhere. And it's interesting story because I had FAI in my hips and so I was developing impingement, having more and more problems and then I started watching all the guys on developing hip arthroscopic procedures so I would go ... Every academy meeting, I would go to at least one hip lecture and I'd watch them do it and, initially, I could see all the early learning curve and then, finally, they got really good at it. And a good friend of mine, Carlos Guanche who's in Los Angeles at SCOI, the Southern California Orthopedic Institute. So, we were talking, he's a hip arthroscopist so I decided one December to come down and have my hips operated on.

Right. So, I met Carlos Guanche and we decided to do my hip surgeries and so went to the Christmas party with him for SCOI, of course I know a lot of people at SCOI and had a great time but got on to bed and we did my hip scopes. But because I was on the West Coast, I didn't want to fly right home because of the risk of DVT. So, I wanted to stay on the coast for about a week and a good friend of mine, Dr. Ben Rubin, offered his place in Palm Desert that they had just purchased so we came out here and stayed for a week and flew back to Virginia and the headhunter called me and said, "Hey, I got this perfect job for you," and it's Palm Desert in Rancho Mirage, California and it's exactly where I was. So, we thought God was sending us a message and so we took the job and here we came.

David Mandell:

Yeah. And you're still the same practice.

Pat St. Pierre:

Still at the same practice.

David Mandell:

So, you've been there now how many years at the practice?

Pat St. Pierre:

17 years.

David Mandell:

17. So, over that time, and I can attest this, I was speaking at a different kind of conference in Palm Springs last year and I'm driving around and I'm seeing ... Was it Palm Desert Ortho is it PDOS? What's the actual name of your practice?

Pat St. Pierre:

It's Eisenhower Desert Orthopedic Center.

David Mandell:

Desert Orthopedic, so DOS. And I saw a bunch of the offices as my wife and I were driving around. So, you guys have grown a bit since I've been there last.

Pat St. Pierre:

Yeah. Well, it's a beautiful facility and Eisenhower is a great story in itself because it started, really, by ex-presidents Gerald Ford, Reagan was here. And Eisenhower lived here until he passed away as did Gerald Ford and it's just a beautiful community. A lot of retirees, a lot of people who've done very well and where, I think, they say that a sixth of the nation's wealth has a home here and comes here in the wintertime, tons of golf courses, it's just a beautiful winter.

It gets a bit hot in the summer, we can get up to 115, 120 degrees in the summertime so that's a good time to get away and do something else but it's really worked out very well for me. I was recruited to become the sports medicine guy here, the guy who'd previously been here had left the group and was going somewhere else. So, I came in and one of the big attractions here is the BNP Paribas Tennis Open, so it's the fifth largest tennis tournament in the world and so I stepped right in to take care of that and I've taken care of the world's best tennis players for the last 16 years.

So, that was exciting and then, in the sports medicine world, we took care of our junior colleges and high schools but we also just got an AHL hockey team, so we're the farm team for the Seattle Kraken. And so, that started two years ago, we're in our third season now but we went to the Calder Cup finals two years in a row, had a great team, great following out here so that's very exciting. But as I transitioned into

my second or third retirement, I'm turning that over to my junior partner who's going to be taking it and I'm going to help out for the next year or so while I'm still here.

David Mandell:

So, yeah, you've been able to be part of also an area and a practice and just a general population that's growing. Just talk about finances for a second then I want to get into the industry and then talk about retirement. So, what have you seen, if you were talking to a younger doc, if you were talking to yourself from 20 years ago, just maybe one or two points just on the financial piece. Finding the right advisor or avoiding something that some of your partners got involved in or that you wish you had gotten involved with that you did. Any top of mind lessons just being a successful private practice doc around financial issues?

Pat St. Pierre:

Well, I think you touched on it, you need to have mentors and you need to have people with some experience to look over your contract, make sure you do things. And things are different in different parts of the country, there are certain parts of the country that there are great incentives for ancillary products like owning a surgical center and owning an MRI and physical therapy and doing that type of stuff and that is very important. And then there are other areas of the country where managed care is more involved, it's harder to do that and cost of living. So, I'll tell about our group.

So, our group started out, prior to me getting here, grew from a group of four guys and now we have over 20 surgeons and 20 PA that we really dominate the whole area. But our finances, our overhead was skyrocketing. We're in Southern California, the personnel costs are high, their costs were going up, our taxes were high and our overhead at one time was 70 to 75%. So, it's hard to do well when you're having to give up 75 cents on the dollar for everything that you're doing.

So, we ended up selling and becoming a clinic of the hospital, similar to Scripps and some of the other places, and that reduced, so they took over a lot of our overhead costs and really reduced it down. And then we figured a way to become more involved in co-management and other ways that you can get ancillary money from

our participation hospital. So, we've been involved with our hospital and the really great thing is we have a very good relationship and we've had with our previous CEO who just retired a couple years ago and with the new administration as well and our hospital is very ... Realize that communication with doctors is very important. So, it's not an antagonistic thing, we really do try to work together, we have incentives that get everybody to do it and it's really made it a very easy and pleasant place to work in and so there has ... But every single situation is different.

So, for the young guy, don't be afraid to ask questions when you're going for interviews, make sure you have a mentor in medical school or residency who's going to look at your contract. And then because, as I'm sure you've discussed with many other guests, a lot of people go someplace and they stay for two or three years and then they have to go somewhere else which may not be a bad thing, I had to change, but you really want to try to figure it out. And then family is really important. If you're married and you have kids, you really need to look at that because, if your wife's not happy where you're located, you're not going to make it. And we've had that situation in our group is ... We're in the desert so we're a little bit isolated so, if family and support for your wife, because we all work long hours and do a lot of different things, you need to make sure that your family's happy.

David Mandell:

Yeah, yeah, that's good stuff. I do want to keep it moving for time but a couple of things I want to call out there. One, you noted that you had to get rid of some overhead to grow, at least financially, to be more financially profitable. So, sometimes, and I've had other consultants on the program who talk about sometimes you have to get smaller to get larger. And that's a common business concept but a lot of physicians hadn't heard that before and your story of figuring out that you needed to unload some overhead and then do some things that are more profitable without adding a lot of overhead, it's an example of that.

The second thing I wanted to call out was you mentioned the importance of, especially folks coming out, having someone look at the contract. We've had on, and full disclosure, I'm a partner in this venture with two orthopedic surgeons, Matt Provencher and Sanjeev Bhatia, called the doctor's agents and we have an AI tool

that we've developed to ... You can put in a medical contract and it'll basically spit out to you at least what it's saying and where you might be able to negotiate. It's not a substitute for hiring an attorney, I would say that as an attorney.

But to your point, there's too many docs taking jobs so, at least their first job, hopefully they've learned when they change jobs, without spending a couple of dollars to understand what they're getting into and what it says. And that's worth doing whether it's with this venture or hiring an attorney right from the get-go. And this is a multimillion dollar decision when you're taking a new job because you're planning on being there for a number of years so treat it that way. And it's hard for fellows who might be listening or residents to think of that because they don't have any dollars in their pocket so, to spend anything, it's hard, that's why we developed this AI tool that's quite inexpensive. But your point of make sure you have some review of it rather than just signing because, as Dr. Provencher says, everything's negotiable. They want you, you can't ask for triple the salary but, on the margins, you can get some things that you might not have asked for.

I want to keep it moving, you, in the bio, I mentioned that you're one of the design surgeons for the Mako robot. Tell us a little bit about your experience in industry and, again, broaden it to docs who might be in the younger generation and want to do something like that. What's a lesson or an insight from there?

Pat St. Pierre:

So, industry involvement is very important and there are people that will take to both sides. They say, well, doctors shouldn't be talking to industry, you're going to get influenced, you're using implants just so you make some money and that type thing put a bad light on it. But industry doesn't know how to grow and do things that we need unless we collaborate with them. So, I think nobody should get paid for just using somebody's implants and that came down 15, 20 years ago and I totally agree with that but we need to have physician involvement with industry so that they can make the right decisions and do things. But if you're going to be involved, you need to get paid for the time and effort that you do so there's also contracts in that area and schemes.

David Mandell:

Right.

Pat St. Pierre:

And for me, my desire has always been to be on the ground floor and I've had a couple projects that have been involved with. The BioWick rotator cuff anchor, they put together six or seven of us and we started with animal studies, putting these anchors in sheep in Colorado, University of Colorado and sending them off and doing all the analysis and then developing it and that, for me, is really fun. And then, of course, what happens oftentimes is those small startup companies that you get to be really involved with get sold to bigger companies and then you lose a little bit of control but it's still just a great experience to be involved in that. And the most recent one is the Mako Robot as you mentioned, so working with Stryker and Mako and everybody knows the Mako Robot has been doing knees and hips for many years but we've been developing the shoulder robot. And the timing is perfect, we just got approval from the FDA last week-

David Mandell:

Oh, congratulations.

Pat St. Pierre:

... so we are working on contracts with the hospital and, hopefully, we'll be doing those by the end of December or early January. So, when this podcast comes out, we'll be doing robotic shoulders. And the way I look at the robot, because in GI surgery and stuff like that, the robot does a lot of the work and the guy is just toggle sticking it. But we do the surgery still, you still have to expose the shoulder, you go in but the robot plans how much bone you're going to take and where you're going to put your screws and things like that.

And so, for me, for all those who are golfers, we've all been there, we've been at the tee and we're lined up and we think we're aiming right down the fairway and we're actually aiming into the woods and we hit the ball in the woods. Well, the robot, by planning everything on a CT scan the week or so before and you teach the robot exactly what you want to do, the robot's going to keep you aimed down the fairway so that you will know that this is what you had planned and what your outcome is going to be.

So, I'm very excited about it. My collaborators, Joaquin Sanchez-Sotelo who's now the current ASCS president and Mark Mighell, Brett Ponce in Alabama but we also have Sam Antuña in Spain, George Athwal in Canada and I think I mentioned everybody. So, that's our team that we've been working and it takes time. It's been three and a half to four years of working with engineers and going to the labs in Fort Lauderdale and doing this but we're excited. I think, if it's anything like the knee and the hip, it's going to take off because, for shoulder surgeons, the glenoid especially, if there's bony deformity, is not a big piece of bone and we want to be as accurate as we possibly can.

David Mandell:

Awesome, yeah, really exciting stuff, very cool. Last topic which I want to give a good five, seven minutes on before we wrap is retirement. Because you and I, we were at an orthopedic meeting, we were talking at the booth maybe seven years ago and you were already saying, "You know, I'm just thinking about where to go post-career and talking about it with some of my colleagues." And a lot of my colleagues maybe aren't thinking about it as much as they should be, what's the next phase and, certainly, on this podcast we had my dad on a couple of seasons, beginning of last season.

We had another doc who was on the end of last season, end of season four, for those of you watching and listening, who was in Georgia and had a lot of his career in the military and teaching and then retired. And we've had a couple others who have had a little bit of a challenge with that because they go from being the man and teaching and patients and staff listening to them to the next day, what am I doing, so that's not ideal. And you've been thinking about this so tell us how you're approaching this. And I really liked what you wrote me which was the idea of retiring *to something*, not just retiring from medicine or surgery. So, tell us about that.

Pat St. Pierre:

So, I think that's very important and I think it generated back when ... I looked at some of my mentors and leaders in the industry and they had a tough time letting go because what we do is ego-satisfying. When a patient comes in and, "Doc, you saved my shoulder and I could play golf, I could do all this kind of stuff and you're the

best," it's very hard to replace that. And we've all had great experiences like that and that's one of the reasons it's hard for people to let go. So, you need to retire to something, you need to have a plan and my plan started 15, 20 years ago. So, you know the story but I'll ...

Pat St. Pierre:

So, I started studying wine. It was another mentor from the Air Force Academy, actually, who had done all his Air Force stuff, he was big in the industry and starting companies, CEO and he started studying wine. And there are different pathways, there's a master of somm pathway and then there's a master of wine pathway and I chose the master of wine which is through the Wine and Spirits Education Trust. And I started studying and taking tests and there's four levels and, just a couple of years ago, I completed the fourth level and there's only 11,000 people who have done level four in the world since 1969 and we've got more orthopedic surgeons in the country than that.

And actually, as far as I know and I've tried to find out, I'm the only active surgeon who's been able to do that and the study and the intensity of it is pretty complex. I had both my hips replaced, we talked about FAI before so I had the scopes done and so, eventually, got replacements but the scopes actually bought me 13 years. So, had my replacements done and I really timed it so I could take three months off, study 10 to 12 hours a day for wine to be able to pass the test.

So, I had that and I'm continuing to work on that. So, we have a group in the area, it's an international group about Burgundy, it's called the Chevalier de Tastevin and there are chapters throughout the world and we set up dinners that'll be five course dinners and we pair it with a certain wine. So, I'm the seller master so I ... In fact, a few weeks ago, I purchased 30 something thousand dollars of wine that we won't drink for 10 or 15 years, we'll just store it and then we'll bring it out.

And for the dinners this coming season, and we have one coming up, we could go to a certain place and the chef picks this dinner and I then pair the wines and then we'll have members of our group get up and talk about the wines and how to pair them and everything like that and that's great. And then, the next step, now I just signed a

contract to become the wine director at the Wine & Cheese Shop on El Paseo. So, we have a new store that's opening up and I'm going to be purchasing wines and pairing it with cheeses so now I've just got my level one certification for cheese to really help this project.

So, obviously, these are all things I'm going to be doing and, when you retire to something, you have to have that going on. And obviously, I'm going to be involved with Mako and Stryker as well and that'll be a big component of it for the next few years as we take off. So, I don't really sense that I'm retiring, I'm not going to be seeing patients or doing operations in another year or so but I'm still going to be playing busy with these things. And when you retire from something, I've had partners who have done that, it's just so hard to just be on the internet or play golf every day or try to do something when we've been so involved in something that's very important and rewarding.

David Mandell:

Yeah, I totally agree. It is a common problem, I think, with type A, very successful people to go from black to white. Of course that's not going to be successful for most people because they're used to being busy and in command and making decisions and being relied on and being thanked and, to the next day, just puttering around.

Pat St. Pierre:

And I also think ... I'm going to add one more thing, Dave.

David Mandell:

Yeah.

Pat St. Pierre:

I think it's important to change genre. If you think, oh, I'll just go help out and do orthopedics again and just keep doing the same thing, that doesn't challenge your brain as much as learning a new instrument, studying a new language, going into wine or something that's different than what you're already doing. So, I think it's very important for us to challenge our brains until the day we die so I'm going to try to learn as much as I can for the rest of my life. So, I enjoy these challenges and you

can't let the old man in, you got to just keep competing with the younger people and trying to do the best you can.

David Mandell:

Yeah, I think that there's probably a couple of reasons for that and one being, if it's in the same field and you were at the top and now you're a middle person, doesn't mean you're still not helping patients but you're going to compare, oh, I used to be that guy if you're still in the hospital, whatever and now I'm not. And that doesn't mean not everybody could accept that but, when you're in a completely different field, hopefully it re-energizes you, obviously it has for you. Wine is a great thing because it's social but there's also a science to it, you can go really deep into ... People study it their whole life, it's not something that you can learn in a year, it's an ongoing lifetime challenge.

Pat St. Pierre:

Yeah, the level four was five tests and a paper, it is like getting a master's degree. So, I had to study viticulture and the vine management and then what you do in the cell or to do it and then you have to learn the business of the industry as well. And there are so many changes, wine is changing the whole thing all the time. And with climate change, how that's going to affect everybody, there's just so much to learn. And you do have to set your expectations a little bit differently though. So, if you're going to pick up, I'm going to probably start playing the piano, I am not going to become a concert pianist, there's just no way I can learn that that well. So, my goal is, if I can learn some songs and play and have fun, then that's great. So, I think you set goals and you want to achieve those goals, you don't want them to be ridiculous. You don't have 25 more years to accomplish them so you have to do something that you can accomplish and seems reasonable. But I'm excited about seeing what's next.

David Mandell:

Yeah. Well, I look forward to attending one of your dinners and learning from you about Burgundy or any other area of wine, we drink a bit of it ourselves. So, Pat, thank you so much for being on. Really interesting, I'm sure our audience learned a lot. Thank you for taking the time today.

Pat St. Pierre:

Thanks a lot, Dave, I appreciate it.

David Mandell:

And for all you watching or listening, if you enjoy this kind of content and you can give us a five-star review, that's always great. If you can follow us on the platforms which we're on, video YouTube, if you're listening, obviously we're on Apple and Google and Spotify and all that. We are close to, if not, by the time this airs, up to 50,000 downloads, maybe even more than that. So, there's a lot of you out there who are enjoying this and let your colleagues know, let your partners know. And as always, we'll be on in another two weeks with another episode. Thanks for tuning in.