



# WEALTH PLANNING FOR THE MODERN PHYSICIAN

EPISODE 6.11 | FEBRUARY 4, 2026

## FROM ACADEMIA TO INNOVATION: REDEFINING PAIN MEDICINE WITH DR. PETER STAATS (PART 2)

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### **David Mandell:**

So, on the medical societies, in the bio that I read, there's World Institute of Pain, there's ASIPP, there was the North American Neuromodulation Society, the Vagus Nerve Society. I think you played different roles in those, and I think even Vagus Society, I think you found it. So just tell us about, over the years, your involvement in various societies, why you did it and what you've got out of it. And again, with the idea that people listening might be, I'm thinking about getting more involved or I've always thought about it, but I haven't because I wasn't really sure if it was worth it or what I get out of it or what the right approach is. So, you've done a bunch of this, so I want to delve into that for a minute.

### **Dr. Peter Staats:**

Yeah, look, I think the various societies I've been part of have been different.

### **David Mandell:**

Let's hear about it.

### **Dr. Peter Staats:**

There's one of the sayings that I'm frequently credited with is your patient is the north star and that is your mission, but no money, no mission. And ASIPP was founded by a guy Laxmaiah Manchikanti, a force of nature, how hard this guy works and what he's done for our field over the years. He recognized that

physicians needed to get reimbursed for the care that they're delivering or patient access would be very limited. And as I was in private practice, I really saw the stressors from running a practice much more so than I saw in academics. And I'm not saying I didn't see it in academics because I did, but I was asked to be president-

**David Mandell:**

Lived it when you got to private practice.

**Dr. Peter Staats:**

Yeah, I was living it.

**David Mandell:**

Saw it before, but then you lived it.

**Dr. Peter Staats:**

There's a lot of effort that goes on with meeting with Congress and working on reimbursement strategies and all kinds of things. And I was involved really since its inception, but ... sometime when I was in private practice, I became president of that organization. And it was really an advocacy organization for physicians who do what I do, interventional pain. NANS was a different organization. I was involved with that almost from the outset of that one as well. That was really a scientific organization that was putting my passion of understanding how electricity affects the body and disease processes. It really was trying to advance the science of the whole field, and it's morphed into needing to care about reimbursement and those types of things as well. But when I was president back in the early 2000s, it was more of a scientifically based organization, trying to improve access to care for these wonderful therapies that we have from intrathecal therapy to spinal cord stimulator, to peripheral nerve stimulators, to Vagus.

All of these things, this was a home base for all of us. And again, it allowed us to talk among specialties. The ophthalmology people who are creating artificial vision had a home to talk with the ENT people, to talk to the

neurosurgeons, to talk about DBS, to talk about pain. And all of this, we could learn from each other and what we're doing. And I still think it's an absolute wonderful organization to try to bridge these silos of medicine there. The World Institute of Pain, I was president most recently of that organization. It's a very different organization.

If you take a look around the world, the care that's being delivered for patients with chronic pain is extraordinarily different, extraordinarily different. If you are in certain parts of Indonesia, you're going to get this kind of care. If you are in Russia, you're going to get this kind of care. If you're in ... Ukraine, you get this kind of care, the Americas, this kind of care, China and other, and this organization was intended to elevate the standard of care of physicians around the globe, just to elevate everybody up. And I think the Americans learned a lot from things our Brazilian colleagues who were doing things that didn't need FDA approval for this. At that point, they just did it and they were aggressive and really great doctors.

Physicians in the US may be a little bit more afraid, but the developing world really didn't know what they were doing, to be honest. That's not very nice. So, we created an examination process for the developing world and everybody else to say, "You have a basic level of understanding of chronic pain, what it is and how to treat it." And that doesn't mean that we're all going to use the same algorithms, but there was a basic ... platform that we could all agree on, that this is how we manage chronic pain. And that was, I think, more so than any of the other organizations, a way to give back to the world of physicians who really needed training.

And I was chairman of the Board of Examination, and we trained physicians, we examined physicians, much like the ABA does, but with a cadaver and written and oral examination. I was chairman of the board of that, and then I became president and pushed the mission forward, developed chapters in Asia so we could embrace our Asian friends. So that was, I consider, more

charitable work than I'm academically interested or I'm trying to improve physician reimbursement. This was really pure charity.

**David Mandell:**

Yeah, and it's a global mission.

**Dr. Peter Staats:**

Yeah, global effort.

**David Mandell:**

The last one I want to talk about before we move to industry, Vagus Nerve Society.

**Dr. Peter Staats:**

Yeah, so ...

**David Mandell:**

Sounds more academic and science to me, but maybe I'm wrong.

**Dr. Peter Staats:**

Yeah, it's a little bit different in that one of the things, we should probably do this differently, but in 2004, I also co-founded a company called electroCore.

**David Mandell:**

Let's go there. Let's go there right now.

**Dr. Peter Staats:**

Okay. Then we'll come back to Vagus Nerve Society.

**David Mandell:**

Let's talk about. We can always come back to Vagus. So that was what I wanted to talk about next anyway in industry. So, talk about that. Yeah. How did you found the company and tell us about it?

**Dr. Peter Staats:**

Yeah, so I worked with some really smart people, a few spine surgeons in particular, Gordon Donald, Tom Errico. J.P. Errico was a previous founder of SpineCore and K2. And they sold their last companies, made a lot of money. And likewise, founded Vagus Nerve and I founded Vagus Nerve because I was thinking about strategies to solve my son's peanut allergy at that time. This is 20-some years ago. I had seen the great science of what was happening in the neuromodulation space, with improving cardiac perfusion for someone with angina. How could you do that with the electrodes and electricity? And I wondered, could we do that with airway reactivity? And worked with some really smart people there as well, and founded a company based on non-invasive Vagus nerve stimulation.

**David Mandell:**

And that was electroCore? Was that the-

**Dr. Peter Staats:**

That was electroCore.

**David Mandell:**

ElectroCore. Okay. Yep.

**Dr. Peter Staats:**

And while we were studying airway reactivity, we learned that patients' headaches got better. A quick review of the literature found that implanted devices can help with migraines. And we did large-scale, double-blinded, randomized controlled trials looking at cluster headaches and migraine headaches. Since this is a business platform, we got FDA approval. We did an IPO, listed on NASDAQ and have faced trials of reimbursement with insurance companies, access to care issues, have gone through what I call the valley of death. I don't think I coined that term, but it's called the valley of death where you've got FDA approval, everything looks so bright, but we have to get the insurers to cover the therapy.

And automatically they say investigational, experimental. They don't look at the data. They are dishonest, to be fair, and they call everything investigational, experimental. So, I've lived through a small company raising money, trying to sell, not having insurance coverage, continuing to work on areas. We've got very good coverage in the VA and NICE, or the UK government looks at the therapy for our cluster patients, and they've found it to be cost dominant, meaning it saves money if you use these therapies compared to conventional therapies. So, they cover it in the UK, but here in the US, we still are challenged ...

**David Mandell:**

Still fighting that.

**Dr. Peter Staats:**

On the best care. And this is 21 years ago that we've been fighting this battle, and it just takes a long, long time. And so back to the Vagus Nerve Society, part of what I wanted to do was create an awareness of bioelectric medicine, that we can cure diseases that we used to think was solely chemical diseases, rheumatoid arthritis, for example. We used to say that is a chemical disease. We need to use drugs to treat the inflammation. Turns out we can probably solve rheumatoid arthritis as good or better with electricity of the vagus nerve.

There's therapies with epilepsy that people all know about, but they also got approvals for major depression, drug-resistant major depression. Post-traumatic stress disorder is an area that I'm working on right now. So, I think we're just on the cusp of recognizing how important bioelectric or the use of electricity is on a whole host of diseases that I'll say everything from cancer to Alzheimer's disease. Our ability to harness electricity and target different tissues is going to revolutionize how we think about this.

**David Mandell:**

Yeah. If we were a medical podcast, I'm very interested in this. We would go down that road. I would probably even know what questions to ask. But back

to the business. So, there's so many docs or have an entrepreneurial idea or they're doing work and they see that, hey, this could potentially be commercialized. There's some patient need; there's some patient treatment that they're working on that isn't commercialized in a way. And your story is an interesting one because it's a real one that you can have success, but it still means a challenge, meaning what you've developed worked.

There are countries that are using it and paying for it, but you're still up against it 21 years later in the main market that you were going for. So, you're talking to some fellows or younger docs or docs in practice who have some ideas. What are the things you would tell them to say, "Hey, this is a red flag," or, "This is something you really got to be thinking about," or "These are the kind of people you want to start talking to." Just some advice on that area of your experience and what you've learned.

**Dr. Peter Staats:**

First, I would say ideas are cheap. I got this great idea, doc, I'm going to change how we use AI in delivering healthcare. Okay, great. You might be right, but the second level beyond that is, can you protect that idea? And that's what a patent is. Get a patent, and those aren't cheap. You've got to hire an expensive lawyer, like yourself, to file these patents and prosecute the patents and get it there. Then you have to have somebody who's willing to take that patent, and it could be you, and develop it to a product that can be sold. Along the way, there are enormous number of pitfalls and partnerships that you will need of expertise that you don't have. So, there's a lot of ways to be successful, but I would say if you have a great idea, get a patent and consider then what do you want to do with that patent? You could potentially license it. Like I did with Qutenza. I licensed to a small company that later sold the assets to Averitas, which is part of Grunenthal, and I get royalty checks every periodically.

**David Mandell:**

Just to pause on that for a second. So that unrelated to electroCore, you developed a patent, you did what you just described. Did you do that on your,

you said, "I have an idea. I will self-fund it. I will pay for a patent and go do it." Or did you have a partner? Let's just drill into that for a second.

**Dr. Peter Staats:**

Yeah, that was a little bit different. I had a fellow who left and went to UC San Francisco, and she filed the patent with both of our names and the third person's name on it, started a company. We had a little bit of a disagreement on the ownership. We worked through all that kind of thing, and they agreed to pay me a nice chunk of change and a royalty stream. So, my work with that, after the original idea, was relatively limited, so somebody else carried the ball forward.

**David Mandell:**

But just by your 15-second description there, it sounds like that could be a whole episode, meaning that there was multiple partners, there was some disagreement, there might have been some negotiation or some kind of working it out and then-

**Dr. Peter Staats:**

You just give the services.

**David Mandell:**

[inaudible 00:15:00].

**Dr. Peter Staats:**

[inaudible 00:15:00] was involved and then they weren't involved and UC San Francisco was involved and then there weren't. And then there was a company and then there was another patent. So, it was all these different things that complicated the story.

**David Mandell:**

Right. And that is typical business. Why? Because typically with business, you have goals, there's stress, there's financial, and there's people. And when you start to have different people, you have different goals, you have different

personalities, and it doesn't always work like it's supposed to in the textbook, and that happens. So, I'm sensitive to time. I want to talk a bit about Spine and Pain Centers, the practice itself. So, when we left off back talking about your practice before we got into the societies and then industry, is this Spine and Pain Centers the practice that you left Hopkins to join and you've grown it since then, or is this a totally different practice?

**Dr. Peter Staats:**

So, for clarity, I left Hopkins and started Metzger Stott's Pain Management with my fellow and I. We wanted to expand it, and I didn't personally think it was best to have his name or my name be the title because then nobody wants to see anybody but us. So, we hired other doctors and I felt like we needed to brand it like the Cleveland Clinic kind of thing. It's just a different approach. It could have been Mayo, but Mayo is now no longer the Mayo Brothers. It is the Mayo Clinic. And so, we branded Premier Pain Centers, and we grew that practice to be about pain and anesthesia practice that was very, very successful. We had a number of-

**David Mandell:**

This was in New Jersey? Is that-

**Dr. Peter Staats:**

New Jersey.

**David Mandell:**

Just the location, where was it? Okay.

**Dr. Peter Staats:**

That's right. New Jersey.

**David Mandell:**

And you went from one location; did you grow to other locations or tell us about that?

**Dr. Peter Staats:**

Yeah, so we did one location and then we moved to six locations within New Jersey, covering three different counties. I think three, maybe four counties. And then we merged with another practice there. They also had about four or five practices and also had anesthesia contracts and pain contracts that are similarly structured than us. And then we were at a certain size that I thought would be of interest to the private equity world. I met with several private equity people, and we eventually were acquired by National Spine & Pain Centers, which was a already private equity backed.

**David Mandell:**

Okay, that's-

**Dr. Peter Staats:**

So, they became the platform and I became the chief medical officer for that organization. And I think at our peak, we had 130 or so physicians and were across 18 states. Don't quote me on that, but that's about where we were. We were really growing rapidly and finances are tough, running a big practice like that is tough, and now it's been scaled back a little bit.

**David Mandell:**

So, in that process that you just outlined, which totally, I get it, makes sense. Thanks for backing me up on that. You obviously, just by the way you're talking about it, but I just want to confirm and have the listeners understand, you were doing more than just clinic work, meaning you were more than a physician, and I won't say there's anything wrong with this, but you were doing, it sounds like, some executive work in addition to being clinicians, seeing patients every day. You were making some of the decisions, you were part of the team that was figuring out, "Hey, do we expand? Do we merge? Do we talk to private equity, et cetera?" So, either you were on a committee who did that or it was a dictatorship or a couple of you guys. So, tell us about what you were-

**Dr. Peter Staats:**

Yeah, look, when it was Premier Pain, when we were considering the acquisition, there were really six of us, of which three of us were the majority stakeholders, and nothing could be done if three of us didn't agree.

**David Mandell:**

Got it.

**Dr. Peter Staats:**

And there were many more of us, but there were six of us who were real stakeholders in this, and we didn't always agree. That's a challenge. That's a challenge. And if I were to do this again, I'd want to be a benevolent dictator. Again, for me, it's not about the money because it really wasn't about the money, but it's about being able to make decisions quickly and looking out for everybody's best interest, but I don't think everybody had the same views and perspectives, so that really can slow things down.

**David Mandell:**

Yeah, for sure. That makes sense. And so-

**Dr. Peter Staats:**

And I still want to stress, these are all very, very smart people. All of them potentially could have done it without me too. So, I don't think that I was special, per se. I may have had more touch with different people because of my background, but the challenge is going in and having other people make decisions for you. You got to be really, really trusting of their ability to make decisions.

**David Mandell:**

Right, right. I get it. And you could have two or three really smart people, really ethical people, but still have different goals. I want to do it this way, and you want to do it that way. And you're smart and you're ethical, you're not doing it for the wrong reasons, but still don't see it the same way.

**Dr. Peter Staats:**

That's right.

**David Mandell:**

That happens.

**Dr. Peter Staats:**

And the other aspect of that is the times of everybody's career.

**David Mandell:**

Right. That's right.

**Dr. Peter Staats:**

An end stage physician ... end stage, that's the wrong word. End of career physician may want to accept something that a younger physician won't want to accept. So, it does create some challenges that young physicians should really think about when they're joining a practice that might be acquired.

**David Mandell:**

Yeah. Well, that's a great point. And when that's come up in other episodes on this podcast. In fact, I can think even earlier this season with Jason Grace, an attorney out of Chicago who advises practices on how to structure things. And young docs today are much different in a lot of their goals than docs were before. They may have more interest in lifestyle choices or balance in a way that docs didn't as much. And a practice that's thinking about acquiring and even going the other way, trying to attract young docs better to think about that because you can't just do it the way you always did it because that's not of interest as much.

**Dr. Peter Staats:**

And look, I grappled with that exact issue and started, because what the market [inaudible 00:22:42] paying people a very high base salary to join us. And I realized that that doesn't always work for some people. Everybody wants

a very high salary, but you got to make your salary somewhat. And I morphed to paying a high salary the first year, lowering the base and increasing incentives. So that would allow people to work less, make the soccer games, work out, do things that they need to do, but not be a drag on the people who really want to make a lot more money and are willing to put in the time to do it.

**David Mandell:**

That's right. Yeah. So, you saw it from the employer or the manager executive point of view, and he was making this point as a lawyer advising practices, especially. So, I think we've hit a good time. I think we've covered a lot. I'm sure we'll have you back in the future again, but you got a lot of things to say. You've done a lot, I mean, really excelled in so many areas. If you're in front of, and again, we met because you were speaking. So, you're in front of a group of younger docs and someone says, "Hey, you were so successful in the way you did things," meaning academics, organizations, the business of medicine, et cetera. No one hits 1,000, but you did extremely well. "What's a piece of advice? Big picture, not in any of the areas. How do I approach being a successful doc today and trying to get out of it what I want and help patients and make the career the way I want to?" What nugget might you give them?

**Dr. Peter Staats:**

Yeah, I would say that the one nugget that I would have on that topic is your patients always, always, always have to be your north star, always have to be your north star. And within that, the only thing that you can lose and never get back is your integrity. So always be honest, always treat your patient like you would treat your mother or your father or your sister or your brother, assuming you like them. And it's not all about the money. You need to make a living at the end of the day. You need to follow the numbers. But I can tell you, I didn't ever really take a look at, Mrs. Smith has this insurance so I can only do three epidurals and then I'd have to do this. I never looked at it that way.

At the end of the year, I made a good living. I was blessed to make a great living with one sole focus, which is take care of people. That's a real honor to

me to be able to say, "I made a pretty good living taking care of people." Not trying to make money, but just it happened along the way. So that would be my one message to people. The people who want to make a lot of money quickly can get into a lot of trouble quickly too. So be very careful and circumspect about chasing the dollar.

**David Mandell:**

Yeah. I mean, what I've said, and this is obviously right on track of your point of view, which is, and I've used this in articles and books, et cetera, is do well while doing good. So, the doing good is helping patients. Doing well is being smart about the business of medicine. And if you have the right ethical approach, then you can do both. You don't have to let the pursuit of finance diminish your clean perspective for doing the right thing for your patients.

**Dr. Peter Staats:**

It's funny you say that. I love that. There's a saying in Hawaii about the missionaries who came to Hawaii who came to do good and ended up doing very well.

**David Mandell:**

Yeah. Well, I'm hoping that our conversation, people listening to it in our podcast, it plays a small role in that. So, Peter, thank you so much for coming on. I really appreciate it. I know you and I are going to speak again together in the future and really thanks for being here.

**Dr. Peter Staats:**

True honor. Thanks very much. I appreciate you having me.

**David Mandell:**

To everybody watching or listening, if you like this content, be sure to leave us a five-star review or a five-star rating and then a review, I guess is the right way to put it. Tell your colleagues about us and in another two weeks we'll have another episode. So, thanks for being with us."

***Find part 1 of this episode in episode 6.10., released on January 21, 2026.***