



Dynafios x Middlesex Health

LEADERSHIP SPOTLIGHT

October 2026

Leadership Spotlight with Dr. Brandon Prioreshi

When Brandon Prioreshi, MD, joined Middlesex Health in 2022, he brought a distinctive combination of advanced clinical training, military leadership, engineering and process-improvement experience.

An engineer by undergraduate training, Dr. Prioreshi completed orthopedic residency at Dartmouth-Hitchcock Medical Center and an adult reconstruction fellowship at Cleveland Clinic. His career also included more than a decade of service in the U.S. Navy, including four years as an active-duty orthopedic surgeon and leadership as a Lieutenant Commander. In 2021, he was named Provider of the Year at Naval Medical Readiness Command Bremerton.

He joined Middlesex as a fellowship-trained adult reconstruction surgeon specializing in advanced hip and knee care. Since then, his clinical practice has grown to include more than 500 Mako robotic-assisted joint replacement procedures.



Dr. Prioreschi also entered an orthopedic and spine program with an established shared-governance and co-management structure—one that brings physicians together with nursing, operational and executive leaders around the performance and direction of the service line.

Over four years, his involvement has expanded from joining that structure as a newly recruited surgeon to becoming a key physician leader within it. But his experience raises a broader question for health systems investing significant resources in physician recruitment:

What Happens After a Patient Arrives?

Health systems invest significant time and resources in recruiting highly qualified physicians. Recruitment may bring clinical expertise, experience, and leadership potential into an organization. But recruitment is only the beginning.

What happens next depends in large part on what the organization creates around the physician after arrival.

Are physicians given opportunities to contribute beyond their individual clinical practices?

Do they develop meaningful relationships with nursing, operational and executive leaders?

Are they invited into the places where the work actually happens?

When they identify an opportunity for improvement, are they heard—and does anything happen as a result?

And, ultimately, are they given a meaningful voice in the direction of the service line?

Dr. Prioreschi's experience at Middlesex provides a compelling example of what can happen when the answer to those questions is yes. His story is not simply one of a physician assuming a formal leadership role. It is about the progression from recruitment to participation, participation to ownership, and ownership to system leadership.

It is also a story about *culture*.

In this Physician Leadership Spotlight, Dr. Prioreschi repeatedly returned to the same themes: nurses who are empowered to focus on patients; leaders willing to listen; physicians invited into the operational details of care; teams without ego; an organization nimble enough to act on opportunities for improvement; and a shared understanding that no individual—not even the surgeon—creates an excellent outcome alone.

Dr. Prioreschi also reflects on joining that established governance model, working alongside hospital leaders, learning to see the service line beyond his own surgical practice, and how his relationship with Middlesex has evolved both inside and beyond the operating room. Ultimately, his experience offers an important lesson for health systems:

Recruiting the right physician matters. What an organization does after that physician arrives may matter just as much.

The Conversation

When you were considering Middlesex, what attracted you to the organization beyond the clinical opportunity?

Dr. Prioreschi: One of the things that stood out to me was the emphasis Middlesex places on nursing care. Nurses here are still allowed to care and to be nurses. They can focus on providing excellent care to the patient rather than feeling like their primary responsibility is checking boxes or making sure they are working the computer correctly.

That says a lot about the leadership model and the culture of the organization.

Under the leadership of Vincent G. Capece, Jr., President and CEO; Kelly M. Haeckel, Chief Nursing Officer and Vice President of Patient Care Services; David Cosentino, MD, Chief Medical Officer and Vice President of Quality and Patient Safety; and Victoria Reed, Director of Business Operations for Surgical Services, there is a real commitment to building great clinical teams.

They aren't simply trying to fill positions. They are looking for the right people—people who care about patients, care about their teammates and want to be part of something.

The nurses feel respected, and there is a symbiotic relationship between nursing and physicians. Everyone understands that we are here for the same reason:

The patient is at the center.

Middlesex is also nimble. Having trained and worked in larger health systems, I have seen how difficult that can sometimes be. Middlesex has enough structure to support excellent care without so much structure that it prevents people from improving it.

That combination—excellent nursing, strong clinical teams, accessible leadership and a genuine commitment to patient-centered care—was very attractive to me.

“We are able to recognize something that needs to change and adapt in real time. Leadership can make decisions and pivot quickly when necessary.”

You came to Middlesex with leadership experience from the Navy, an engineering background and process-improvement training. How have those experiences influenced the way you approach your role?

Dr. Prioreschi: I probably came into medicine looking at things a little differently because I'm an engineer by training. Engineering teaches you to look at systems and processes—to evaluate what is happening, understand why it is happening, and determine how it can be improved. My experience in the Navy and my Lean Six Sigma training reinforced that.

One of the most important things I've learned is to first try to understand. Before you react, you listen. You look. You evaluate. Sometimes you have to open your ears and shut your mouth.



That's also why going to Gemba—the place where the work actually happens—is so important. If something isn't working, the first question shouldn't be, who failed? It should be, where did the process fail, and what can we learn from it?

I think about leadership almost like flying an airplane.

There are times when you need to be at altitude. You need to see the horizon, understand where the organization is going, and maintain a strategic view. But you can't lead effectively from 30,000 feet all the time.

Sometimes you have to land the plane.

You have to get down on the ground and understand what is happening with a loaner set, a preference card, or a workflow in the operating room. Those details matter because ultimately they affect the patient.

The Navy also taught me humility.

The purpose of process improvement isn't to prove somebody else was wrong. It's to recognize that every one of us—and every process—has an opportunity to improve. The strongest organizations never stop doing that.

That's something I appreciate about Middlesex. We can keep our eyes on the horizon and think about where orthopedic care needs to go in the future while still being willing to land the plane and work on the smallest details of care delivery.

Even a mature, high-performing orthopedic program should never stop asking:

How can we make this better?

When did you first recognize that physicians at Middlesex had a meaningful voice in how the orthopedic and spine program was run?

Dr. Prioreschi: Probably my second week.

It became evident very quickly through the conversations I was having with Kelly, Vicki, and Dave that this was different. They weren't just telling me how things worked. They were asking me what I was seeing.

What are you noticing? What could we do differently? What could we improve?

And then things actually changed. The speed of improvement was incredible. Having operational leaders working directly with physicians makes an enormous difference.

There is true collaboration and discussion. Everyone is focused on the patient, and there really aren't egos in the room.

That's important.



There isn't a "Who moved my cheese?" mentality or a "We've always done it that way" response when someone brings forward an idea.

Instead, the conversation is:

What is the opportunity? How can we improve it? How do we move it forward?

No idea is automatically a bad idea.

When physicians realize their input is genuinely being heard—and that operational leaders are willing to work alongside them to turn good ideas into action—they become much more willing to participate. I saw that almost immediately at Middlesex.

How has working directly with operational and executive leaders influenced the way you think about the service line beyond your own clinical practice?

Dr. Prioreschi: It makes you realize very quickly that the world is much bigger than your individual perception.

As a surgeon, when I am operating, my responsibility is to that patient. But the success of that patient's surgery depends on far more than what I do in the operating room.

There is a nursing team. There are people in central sterile processing. There are team members of environmental services. There are people scheduling the procedure, preparing equipment, and coordinating care. There is a medical assistant in the office making sure orders are entered and information gets where it needs to go.

Every one of those people contributes to that patient's outcome.

Leadership has helped me see the service line as an interconnected system rather than a collection of individual practices or departments.

Every person who touches the patient's care should understand how their work contributes to the outcome.

That's when you stop thinking only about my patient, my surgery, or my practice and start thinking about our program and our patients.



Was there a point when you felt your role had shifted from participating in the work to helping lead it?

Dr. Prioreschi: I don't know that there was one moment because it has always felt collaborative.

One of the things I believe strongly is that everyone is equally important. Whether you are the surgeon operating or the person cleaning the floor between cases, your work matters to the success of the program.

There is a well-known story about President Kennedy visiting NASA and encountering a janitor. When Kennedy asked what he did at NASA, the man reportedly responded that he was helping put a man on the moon.

That's the mentality.

Every person involved in our orthopedic program should understand that they are helping us accomplish the mission.

Our results don't happen because of one surgeon. They happen because an entire team is aligned around the patient.

That's how a program sustains high performance against orthopedic standards.

It's how patient-experience scores reach the top decile. It's how a successful same-day joint replacement program is built.

Nowhere is that more obvious than in the operating room.

The surgeon is one piece of the process. I depend on the person handing me the instruments. I depend on the people who cleaned and sterilized those instruments. I depend on the nurses caring for the patient. I depend on the medical assistant in my office. And it isn't just me—the patient depends on all of those people.

Every one of those people has a role in the outcome.

That's also what physician leadership and co-management have reinforced for me.

Leadership means understanding how all of those pieces fit together and helping the entire team succeed.

“I'm not special because I'm the surgeon. I'm part of the machine—part of an inseparable system”

What has Middlesex done—or what already existed here—that allowed you to become more involved in leadership?

Dr. Prioreschi: Physicians are empowered to be part of the change.

That doesn't mean physicians are brought into a meeting after a solution has already been developed and asked to approve it. It means they are actually involved in the work.

Sometimes that means getting into the weeds.

I sit on the trauma set subcommittee, for example. Physicians can work alongside operational and clinical leaders on issues such as procedure and preference cards, instrumentation, equipment, and other processes that directly affect how care is delivered.

Having physicians at the table, working alongside the team, is what makes it valuable.

You can't fully understand a process from a spreadsheet or a conference room. You have to understand what is happening where the work occurs, and you have to involve the people doing it.

Middlesex has created an environment where physicians can participate at that level. You aren't limited to giving an opinion about the clinical piece. You can help understand the process, work alongside the operational team, and participate in developing the solution.

That creates ownership of change rather than simply compliance with change.



What makes physicians willing to remain engaged in this work when their clinical demands are already significant?

Dr. Prioreschi: About six months after I started, Dr. Martin White said something to me that I didn't really understand at the time.

He told me that he didn't want to be remembered for joining Connecticut Orthopaedics. He wanted to be remembered for being a Middlesex physician.

I remember thinking, what are you talking about?

At the time, I didn't completely understand it.

Now I do.

I want to be a Middlesex doctor.

It's become my home. It's my hospital. It's my family. These are my patients.

I think that's ultimately why physicians remain engaged.

You can recruit a physician to an organization. You can give someone an operating room and build a clinical practice. But engagement becomes something different when physicians develop a sense of ownership and belonging—when they feel they aren't simply practicing at a hospital but are genuinely part of it.

That's what happened for me at Middlesex.

Once you feel that way, leadership isn't simply another responsibility added to your clinical work.

It's taking care of something that belongs to you, too.

If you were advising CEOs and orthopedic leaders about recruiting physicians who could eventually become broader organizational leaders, what would you tell them?

Dr. Prioreschi: Starting before you recruit them, I would give them three recommendations.

1. Don't become overly impressed by publications and academic bravado.

A surgeon can look great on paper and still not be the right surgeon for your organization.

Publications, training programs, and academic credentials tell you something about a candidate, but they don't necessarily tell you how that person functions as a surgeon, colleague, or member of a team.

2. Talk to the people who actually work with them.

Don't just talk to mentors and supervisors. Talk to the surgeon's immediate supervisors. Talk to the OR charge nurses and other charge nurses. Talk to the techs. Talk to the medical assistant in the office. Talk to nursing leadership.

Talk to the people who see how that surgeon behaves when the schedule is difficult, when something goes wrong, or when another member of the team raises a concern.

Those are the people who can tell you what it is actually like to work with that physician. Culture matters.

If someone isn't going to fit the culture you are trying to build, it doesn't matter how impressive the CV is.

3. Find out whether they are genuinely interested in process improvement.

One of the questions I would ask a surgeon is:

"Tell me about your last three complications."

Then listen carefully to the answer.

Can the surgeon identify what happened? Can they identify something they could have done differently? Can they talk openly about what they learned and what they changed afterward?

If someone can't identify anything they did wrong—if every complication was someone else's fault—that tells you something. If your organization's goal is excellence, you need physicians who are humble enough to examine their own performance and ask: What could I have done better?

Technical skill matters enormously. But if you are recruiting someone who you eventually want to help lead an organization, you also need curiosity, humility, accountability, and a willingness to improve.

Looking ahead, where do you see the greatest opportunity for physician leadership to shape orthopedic and spine care?

Dr. Prioreschi: Some of the biggest challenges ahead of us are bigger than Middlesex.

Health care is changing rapidly. Medicare policy, reimbursement, and the continued movement of orthopedic procedures into the outpatient setting are changing the environment in which every orthopedic program operates.

Hospital leaders can't bury their heads in the sand and wait for those changes to arrive.

And they can't move at a snail's pace.

CEOs and physicians need to become more engaged together at the national level.

Hospital executives and physicians understand different pieces of what changes in Medicare policy and health care regulation ultimately mean for patients and health systems. We need both voices involved in those conversations, including advocacy at the congressional and policy level.

As reimbursements go down and privately insured patients move to outpatient facilities, hospitals risk being left with budget deficits that can limit their ability to invest in process improvement, adopt innovation, and ultimately provide the level of patient care they want to deliver.

At the organizational level, we also must be willing to look at what is coming and start building for it now.

Total joint replacement is a good example.

The continued movement toward outpatient joint replacement requires programs to rethink how care is delivered. Organizations that aren't seriously developing their outpatient capabilities risk finding themselves behind clinically, operationally and financially.

That requires investment in people. It requires improving efficiency. And it requires building systems capable of supporting a different model of care. This is where physician leadership and co-management become extremely valuable. Leadership can come to physicians and say:

“This is where health care is going. This is the problem we have to solve. The destination may not be negotiable, but how we get there is something we need to figure out together.”

We experienced some of that at Middlesex as the total joint program evolved.

Initially, there was hesitation. People had concerns about changing established practices and moving patients through care differently. But as physicians and clinical teams became involved in the process, the program evolved, and people became increasingly comfortable with the change while developing a shared mental model of the process and its goals.

That's how organizations need to approach the challenges ahead.

Bring physicians to the table. Bring nursing to the table. Bring operational leaders to the table. Bring the people who understand what actually happens at the bedside, in the operating room and throughout the patient's journey.

Clearly define the problem and then work together to solve it.

The pace of change in health care is only accelerating.

Successful organizations will be the ones that recognize what is coming, bring the right people together quickly, and turn strategy into action without losing sight of the patient.



From Recruitment to Ownership

Dr. Prioreschi's experience illustrates an important distinction for health systems: Recruiting an accomplished physician and developing an engaged physician leader are not the same thing.

The first is a recruitment **strategy**.

The second requires **culture**.

It begins with selecting physicians not only for what appears on their CV, but for how they work with others, respond to complications, examine their own performance, and approach improvement. It continues after recruitment by creating structures that give physicians a meaningful role in the work of the organization.

At Middlesex, physicians don't only discuss strategy. They can participate in the operational details that determine whether strategy succeeds. They work alongside nursing, operational, and executive leaders. They help identify problems.

They participate in developing solutions. And through shared governance and co-management, they have an opportunity to influence the future direction of the service line. The progression is clear:

- Recruit the Right Physician
- Create a Meaningful Voice
- Engage Physicians in the Work
- Build Ownership
- Develop System Leaders

The result is more than physician participation. It can create physician ownership.

Perhaps the clearest evidence of that transformation isn't found in a performance dashboard or surgical volume report.

It is found in the way a physician describes the organization four years after being recruited to it: "I want to be a Middlesex doctor. It's become my home. It's my hospital. It's my family. These are my patients."

That may be one of the most meaningful measures of physician engagement an organization can achieve.



About Brandon Pioreschi, MD

Brandon Pioreschi, MD, is a board-certified, fellowship-trained orthopedic surgeon with Middlesex Orthopedic & Spine Associates and Middlesex Health, specializing in advanced hip and knee care and adult reconstruction.

An engineer by undergraduate training, Dr. Pioreschi completed orthopedic residency at Dartmouth-Hitchcock Medical Center and an adult reconstruction fellowship at Cleveland Clinic.

His background includes Lean Six Sigma process-improvement training and more than a decade of service in the U.S. Navy, including service as an active-duty orthopedic surgeon and Lieutenant Commander.

Dr. Pioreschi joined Middlesex Health in 2022 and has completed more than 500 Mako robotic-assisted joint replacement procedures. He is an active physician leader within the orthopedic and spine shared governance and co-management structure.



About Kelly Witters, RN, MSN, CLC, CNE

Kelly Witter has over 25 years of healthcare experience, including two decades in senior leadership roles. Renowned for her strategic vision and operational acumen, Kelly has successfully led initiatives to standardize clinical operations, evaluate provider compensation models, streamline onboarding processes, and build high-performing physician teams. In past roles, her leadership was instrumental in establishing a formal Physician Leadership Council, advancing organizational alignment and physician engagement across networks.

Recognized as a subject matter expert in oncology, palliative care, hospice, women's health, pediatrics, hospital medicine, and provider network development, Kelly brings this expertise to engagements. In addition to her consulting work, she serves as a university faculty member, teaching nursing and health science programs and mentoring the next generation of healthcare professionals.