

**Ep #277: Dr. Steven Wingfield - Your Dental Practice
Post-COVID - What You Should be Doing Now**



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David Phelps: Good day, everyone. This is Dr. David Phelps of the Freedom Founders Mastermind Community and Dentist Freedom Blueprint podcast. Really pleased and honored to have a special guest with us today and that gentlemen is Dr. Steven Wingfield. Steven, how are you, sir?

Steven Wingfield: Great, David. It's good to be here. Thanks for having me.

David Phelps: Well, Steven, you have quite a background and history and I could spend probably the entire podcast going over all of your accomplishments. You're a very humble person. I know that by fact. We've had a chance to meet and talk at different places. You're very humble, but I want people to get a sense of your level of experience, and also I believe your dedication to our industry, dentistry. Certainly, we'll talk today about what we're all dealing with as a nation, as business owners, as individuals in the dental industry with the mandated shutdown, the coronavirus situation. We'll talk about that, but let me give people a bit of your background, because I think it's important for people to know.

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So Steven Wingfield specializes in general cosmetic and implant dentistry at Buckhead Smile in Atlanta, Georgia. He attended the University of Louisville School of Dentistry graduating with the title of Academy of Operative Dentistry's student of the year award and his Doctor of Dental Medicine degree. Dr. Wingfield launched his career with the Navy Dental Corps serving in Operation Iraqi Freedom. Thank you, sir, for your service. Seriously, we really appreciate that. You were awarded a Navy Commendation Medal and two Navy Achievement medals. Dr. Wingfield has also served as the managing partner and a clinical director for a large national group dental practice. Today besides operating, managing, and partnering in his current practice there in Atlanta, he was also the managing partner and chief dental officer at Dental Whale.

He's also a dental industry key opinion leader and lecturer. Steven is a sought after speaker, consultant and educator. He's spoken nationally and locally with Zena Pharmaceuticals and now DenMat on the soft tissue management program, as well as served as a consultant for 3M's Council for Innovative Dentistry. He's worked with dozens of dental practices to improve their team relations, delivery of care models, implementation of a comprehensive periodontal program. Additionally, Dr. Wingfield uses metrics to analyze business systems and clinical data to ensure efficiency in all aspects of the dental practice.

Really, really great to have you here, Steven. You're very accomplished. You have a lot of experience and I think that's really what people are looking for today is where do we go from here? We know that every dental owner practice, staff member, patients are, right now, all very much affected by the virus and the shutdown. Closures, practices like yours and many others are definitely being essential in treating emergency patients to

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still maintain that care, keeping people out of the hospitals, very, very, very critical aspect of being frontline, in this sense. You've been frontline before, so you get this. This is what your background is. You're a frontline guy. We know we're all going to get through this.

We know the old saying this too shall pass. We're going to get through this. We're going to live through this. But I think a lot of our industry colleagues, Steven, kind of want to know a little bit of forecast of kind of what's on the other side of this. Again, you can read anything you want to in the media today about how this might be as bad as the great depression of the '30s or other people say, "Well, as soon as we kind of get things back to business, we'll have this new shape upward trend, and we'll be back to business as usual." I don't know where you stand in that. I think we could certainly talk a lot of different scenarios, but let's talk about really some tactics and strategies that no matter what it's going to be the future, how can we use this time to our best advantage? Let me just stop there.

Steven Wingfield: Well, first of all, I think what we have to recognize is that we really have two choices in this scenario, right? One is to let fear and anxiety take over and let your mind take control or to get really, really focused. You've got to be focused. You've got to have logic. You've got to be collaborative with people who are forward- thinking and it's going to take work. I think we will come out on the other side of this as good as we've ever been, but I will tell you that I think it's going to take time and it's going to take very intentional effort for us to push aside the fear and anxiety, and really focus on process and focus on putting the patients first for us to thrive in this time.

David Phelps: Right now, patients and consumers all over are having to take a step back from business and life as usual as normal and

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certainly healthcare, for any of us, rises to the top of the spectrum. When we have a need, an urgent need, an emergency, if you will, we want it taken care of. Unfortunately in this country, we have access to really good care across the board. Right now, that's being somewhat limited, quite a bit limited, in fact, to really only emergency care. So you talked about focusing on our patients. So certainly there's things that you and others we've talked about already in the past about how to focus and maintain relationships there to let them know that we're there for them, really, really important to be doing that.

So I hope our listeners are doing that today. Let's talk about when we get to come back, when the green light's on to go back and start resuming practice. Again, what do we expect back there? Do we expect a lot of pent up demand, initially? Then, how should we as a practice manage that because we've got probably emergencies. We've got cases that haven't been completed yet. What do we do there to kind of plan that and not have some people be upset with us again, because they couldn't get in when they want to get in?

Steven Wingfield: Yeah. We've got all this downtime right now. So the reality of the situation is, is now's the time to go through all of your cases that are sitting back because all of your cases should be back from the lab at this point. Let's go ahead and make lists of the patients we need to get their cases seated, and let's plan for that, right? As soon as we can, we need to balance the seats with the production. Obviously, what we've began to do is we began to look at our marketing plans post-COVID now, and we are incorporating into our marketing campaigns, the crisis and patient's perceptions associated with it, right? What are we going to do to keep our patients and our

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team members safe? What's going to protect these patients from the next COVID or from COVID that could recur?

We feel like that the messaging is going to have to emphasize the importance of dentistry and total health. We know that that's been a buzzword, total body wellness has been a buzz word in the dental space, particularly in many of the soft tissue management perio protocols that we put in place in the general dental practices of total body wellness and the oral systemic link. We feel like this has never been a more important time to talk about total body wellness than now, particularly in your marketing, how important it is to educate your patients and the public on this oral systemic connection and be talking about that even doing quick Facebook videos right now and posting those or doing lives right now and talking about that. If your goal is to be prosperous when you open back up, you've got to look at what you're doing from an infection control perspective now.

Do you have hand sanitizer stations throughout everywhere? Have we removed the magazines, removed all the stuff that can cross contaminate now so that when we come back, we've got those things in place? Make a list of what you've done and go ahead and get that out there in front of patients. We're getting ready for you. We're preparing for you. There's never a better time right now than to put a perio protocol in place in your practice. If you've had a practice and believe me, I've worked with thousands of practices over the last 20 years. So many of us don't have a strong perio protocol in place. Now is the time to do it. Get the protocol. Get the help you need to get it done and then come back and let patients see you're doing something different. There's never been a better time to do that than now, in my opinion.

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David Phelps: Because everybody's aware now. Everybody's cognizant of the situation and no doubt there's any kind of a health situation, whether it's dentistry or otherwise who maybe got caught in the middle and they're wishing, they're thinking in retrospect, that they had been better stewards of their own health, take the advantage. So you're right. I think the message can be not to punch them in the face with it. Of course, we don't want to do that, but to let them know that they like for all of us, put yourself as the doctor or the owner, the staff members, hygienists, put yourself in a similar place. We all got caught off guard. You could not plan for this.

So I think if you put in the perspective that, "Hey, we're all kind of in this together, but here's what we, in our dental practice, are doing to help you better prepare so you, that you don't get caught again in something that is uncomfortable like this." Your total body wellness, as you said, Steven, I think this is perfect opportunity to bring that conversation to the forefront. So you talked about marketing and I'm just like you are. I'm a huge fan of marketing, marketing the right way, the right message. What forms of marketing do you use or do you advocate dental practices that you consult with utilize? Like there's a whole band we can use, but what some of the key areas those could be utilizing right now in this downtime?

Steven Wingfield: Well, I think if you, and it's such a buzzword, sometimes it's overused, the social media, whether it's Instagram or Facebook, particularly where we're seeing the biggest return on investment are the lives whether it's, you're going live with your team or you're doing a Zoom live or a Facebook live or an Instagram live. Getting on and answering the questions you think patients want to know right now and those are, when are you going to be coming back? And if you don't know, say, "We're listening to what the local authorities

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are saying. When the shelter in place goes off, we're going to go back to work. We're going to be here for you," and certainly answering questions. Even if it's as simple as saying, "Look, let's review how to take care of your teeth right now. You can't get in, your overdue, let's review brushing and flossing, let's review electric home care instruments.

Let's talk about what we can do to lower your risk of tooth decay right now, or what do you do right now, if you have a toothache? Do you go to the emergency room?" Talk about it. Being on social media and trying to stay connected through social media and through some of the SAS products that plug into your practice management software, whether it's Solutionreach or RevenueWell, or which one of those, Lighthouse 360, with those programs that are out there are great ways to stay in touch. We're doing weekly touch-ins with our patients through ... we use Solutionreach. So we're using Solutionreach to plug directly into our patients, text messages and emails every single day. That is marketing. Staying in touch. There's never been a more important time, in my opinion, to stay in touch.

I know for our team members that are working, we're having them pick five patients a day, and these are not five patients on the schedule. These are just five patients a day that they know, and they're reaching out to them and just checking in, "David, how are you doing? Is everything okay? Are you feeling okay?" Particularly, older patients that don't have a lot of folks checking on them, we're reaching out to them as part of just doing the right thing. Really what we're finding during these times is the more value we can create, whether it's for our employees, for our team members, for our customers, for even our vendors. We're reaching out trying to create value and see how we can

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create value for each and every one of those people. But from a marketing perspective, social media, definitely.

We have suspended our direct mail right now. Once we find out when we're going back, direct mail is going to be a big part of our marketing strategy. We talk always our direct mail into our website, so we make sure those two things are talking and saying the same message. Then we like to tie that into social media, Facebook and Instagram. Some people are now even doing TikTok, but we're trying to tie these messages in together and I can assure you our message when we come back is we're here for you. We're prepared for you. We've put more stringent infection control. We're following all the latest in infection control.

Listen, when you come back, you're going to notice a focus on total body wellness. We're going to be taking your blood pressure at each visit, which we always have, but not everybody does. We're going to be taking your blood pressure at each visit. We're going to be taking your temperature at each visit. You're going to see an upgrade in how we're treating and spending more time with you to make sure one, that we keep you healthy, but two, that we recognize this oral systemic link exists and we're here to take better care of you.

David Phelps: Outstanding. Steven, do you think that teledentistry will have a place, somewhat of a place, limited place going forward at this time now that we are using one of the technology to, as you said, connect with patients doing lives and Zooms, will there be a place for it? I know in ortho, they're maybe having a little bit more of an opportunity to utilize it. What do you think in the general practice realm overall?

Steven Wingfield: You said teledentistry, correct?

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David Phelps: Yes sir.

Steven Wingfield: Well, listen, I think that there's never been a better time to embrace teledentistry platforms and there are a lot of them out there. I've kind of surprised how many of them come out of the woodwork over the last 45, 30, 30, 45 days. There are a lot of teledentistry platforms out there and I agree. I think orthodontics is a fantastic way. I know our orthodontist is using the teledentistry platform to do their check-ins right now in the states that we can. In our Texas offices, we can't use teledentistry. The Board of Dentistry has come out and said, "You can't do it at all in Texas." But in Michigan, we're able to, in Georgia, we're able to, and in Virginia and some of the other states we're in, we're able to use the teledentistry platforms.

Look, I think that having every tool in your toolbox is the right thing to do. What this crisis has shown us is that you've got to be prepared to move fast. You've got to be prepared to react fast. From a screening perspective, teledentistry has been very good for us. We've been able to screen patients before they come in. As I mentioned, our practices, about 80% of them are still open right now, treating emergency in an urgent dental care only, but the ones that are open, we have marketed the fact that we're open and we're part of the dental ER, program where we're trying to keep patients out of the emergency room. So using teledentistry has been a great way for us to screen the patients. The front office is doing a lot of it. They're talking to the patients via FaceTime.

They're letting them know, "Hey, listen, when you get here, I want you to stay in your car, that we can come out, get you your temperature, get you to fill out a consent form that you're coming into the practice, a COVID consent form." Get the vitals before they come in, so we know they don't have a temperature

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and we're not potentially exposing anyone. So teledentistry has worked great from a communication perspective for us. What's it going to be like in the future? I think a lot of that depends, in my opinion, on where you sit. If you're in a rural area, I think teledentistry is fantastic. It's an opportunity for you a lot at patients before you go there to know what's going to be there before you get there. There's a lot of benefits in rural environments. Most of our practices that we own are in metropolitan areas where really we've used teledentistry just to screen the patients and to line them up so we know what's coming in.

David Phelps: I think, again, there's such a great connection there that you're making a connection and the likelihood of that patient who is not a connection with a doctor or staff member, hygienist, front office, whoever, the opportunity there to build that trust and on a front end, before they come in is just, I think, it's huge. It's a huge opportunity for us to use today.

Steven Wingfield: I'll tell you, I believe that relationships and the personal touches are going to be more important now than they've ever been, David. I feel like that the fact that we've relied on things like Solutionreach, Revenuewell, Lighthouse 360, Smile Reminder, whatever. We write in those things, almost exclusively from a confirmation perspective, we're going to have to pick up the phone and call people now. It's not that you still can't text and you still can't email, but I don't think there's ever been a more important time to say, 'Hey, listen, we're going to do the seven-day confirmation via whatever, Solutionreach. In that two day, doggone it, we're going to pick up the phone and we're going to call every single person we're going to reach out to them and we're going to let them hear our voice."

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I think that that type of relationship building, particularly because we don't know what the run rates are going to be when we come back, right? If you look at our European colleagues who I've been on several webinars with folks that are managing DSOs in Europe. They're saying that after three months, their run rates are around 50% of what they were doing before. If that's the case, then we're going to have to be very proactive in how we're addressing and getting patients in the door, making them feel comfortable that we're doing everything, creating the value for them, and obviously to get them to move forward with treatment, we're really going to have to focus on those relationships. That's going to be a huge part of the comeback. The people who are more focused on relationships are going to do better post-COVID.

David Phelps: I would agree 100%. So that's interesting about the European DSOs being out in front of us and finding that three months out or three months back that they are around 50%. Did they give you any indication, did they have any feel for what the primary causes were? Is it fear on the part of patients? Is it lack of going back to habits? Is it monetary? Is it fiscal problems? Is it a combination? What are some of the thoughts there?

Steven Wingfield: I think obviously, it's a combination. A lot of folks were out of work and we're going to face the same thing. We're going to have to get creative with how we're financing patients. We're going to have to get creative and having a very yes mentality, green light mentality is I like to call it. But the biggest fear that they talked about was the fear of the patients coming back in and being scared that they might catch something in the dental practice. So that's why I think I started this conversation with, we're going to have to market that and we're going to have to make sure our teams are doing it.

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If you look at dentistry, we've been doing a lot of these things for many, many years to keep our patients safe. We've been dealing with aerosols since we've been doing this, right? Since we've had high speed hand pieces, since we've had Cavitrons, we've been dealing with aerosols when a lot of other medical professions don't have to, and especially not to the extent that we've been doing it. I've been very pleased to hear that very few, if any, cases of dentists or assistants catching the virus that they think happened from a patient. It's just not much of it's happening. I think that just goes to show that we're doing a really, really good job of our PPE and being prepared and dealing with aerosols, we always have. So our hope is that we can keep that momentum going.

David Phelps: It speaks well for dentistry. You're right, Steven. It will be interesting to see if the current stats, whatever they are, regarding reported dentists or staff potentially having been affected by a patient. If that holds up-

Steven Wingfield: We don't know-

David Phelps: We don't know yet. We don't know. Right, we don't know, but gosh, if it does, that will speak really, really well. I think it will help obviate some of that fear. If you can say, well, in a dental office where people potentially believe and perceive that there's these aerosols and if people, like your practices and others have been seeing emergency patients and no one's affected, keep our fingers crossed or very few would be affected that would speak well. That's all I'm saying is that hopefully that trend persists. We'll see where it is obviously, down the road a little bit, but that'd be great if it does.

Steven Wingfield: I hope so.

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David Phelps: So in terms of choreography, we talked a little bit about lining up your cases in advance and talking about those, having to slow things down, because stepping up the game and some of the personal protective equipment that's going to be used to whatever extent we see that it's going to be, but certainly gown changes and some kind of shields in the masks and just breaking from one patient to another, which is a lot of practices are used to doing that and the doctor will find a break point in treating a patient they'll hop over and check a couple of hygiene patients and back to the chair again.

Imagine that in the past, what does that look like in the future? So we talked about that's one constraint. The other one is patients come in and don't have a lot of money, so they might be more in tune with, " Could you just patch it up, doc? Can you just fix it?" Not really cost effective for anybody to do that. So that kind of intertwines with what you said about having to create some financing options. Are you able to kind of put those two things together right now, the choreography and the financing options to see if we can make that work?

Steven Wingfield: Listen, I think what we need to plan to do, first of all, is to get used to unlearning and relearning, right? We're going to have to unlearn bad habits of running room to room, not washing our hands, whatever the case may be, checking hygiene, running to the next room. We're going to have to slow it down. I think our schedules are going to have to reflect that. We're not going to be able to work if you're one of the groups that's been able to do 40 minute pro fees and just move people through. I don't see that happening anymore. I think we're going to have to slow down, at least for the foreseeable future, slow down enough that we can keep our employees healthy, right? We talk about how good we've been doing. I think a lot of that

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may be because we've been slowed down and we've been really focused on those things.

We're going to have to unlearn bad habits. We're going to have to relearn new habits and certainly, we're going to have to get our personal and professional expenses under control. We're going to have to really be focused on let's come back with a skeleton crew. Not everybody, let's come back with your A players, right? Bring your top folks to the game and acknowledge the fact that some of that's going to be painful because you're not going to be able to bring everyone back at once. You need to bring your top performers. You need to come with your A game so that you all can develop the system and process that you're going to use to hopefully scale this. And the demand will determine where you sit. If it's a practice that had 10 hygienists and we're humming and drumming. Like I've got one in Michigan with 11 hygienists.

This practice is a huge practice. We're not going to come back with 11 hygienists or four or five, six doctors. We're going to come back with one and we'll come back with one doctor and one hygienist and see what it looks like and how can we scale it and then maybe add another hygienist and see if doctor can do it. The question really that we'll have to determine is how fast can one doctor go from room to room? How fast can one doctor, if we have to change all that PPE, we're just going to have to see what the guidelines come out and say. I think a lot of it's going to be determined by can we do testing in the dental practice? If we can, in fact, test for this quickly whether it's a saliva test or quick finger prick, hopefully it's a saliva, test that we can have results in five or 10 minutes, then wow, would that not change ... we'd know exactly how we would operate them.

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But until we have that, we're going to have to operate on the side of slowing down. We're going to have to operate on the side of knowing that the demand could be only at 50% when we go back. That's what we, our team is banking on the fact that we'll only get about 50% run rate when we start back. So we may not be opening 12 hours a day in some of these practices that have been open 12 hours a day, right? We're not going to bring every associate doctor back right away. That's the kind of thing I think we're going to have to look at because we've got to unlearn these bad habits, relearn new habits, new ways of doing things, and certainly be willing to have a skeleton crew of your A-plus people to come back in and build the process and system that going to then scale by. I think those will be the things that you have to figure out really, really quickly when you come back in.

David Phelps: Steven, do you think this is a time in our nation's history, not just for dentists and dental teams, but for entrepreneurs and business owners in general, do you think this is a time because we do have to reevaluate, we're going to have to change the dynamics of how we do business? We have to look at our overhead costs, as you said, and deal with the perception or lack of buying habits that the consumers may not come back with from previous. This is a time in our history where we maybe need to adjust our sights on what we're really chasing because seems like this last eight years, the economy has been strong.

It's been exuberant and businesses with good metrics. We're in growth mode, growth mode, growth mode, maybe not always profitable, but just certainly about a growth mode. Now we're kind of seeing this big shift. It doesn't it have to be a bad shift, but I'm just wondering, do we need to set our sights a little differently and reevaluate what's important to us and not chase

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that elusive top line revenue profits bigger, bigger, bigger, and maybe look for more quality time that people are having right now?

Steven Wingfield: Listen, I think you have to do what's important to you. I know for me, the slow down has been really good. I've been able to kind of refocus on priorities that I've needed to refocus on because we're growing, growing, growing and going, going, going all the time. There has been some good things brought by this. I think what we'll have to do is we'll just have to see how when people come out of this, how they feel. So the sales process that happens at the office is not going to be this, in my opinion, is not going to be this transactional sales process that we've had in the past where it's just like, "It's \$50. Did you want to do it? It's \$50. Did you want to ... ?"

We're going to have to sit down and listen to what's important to the patients and none of this is new in dentistry. We used to call it hot buttons, but you have to listen. Is health the most important thing? Because if it is then obviously, we can say, "This is the reason to do this dentistry or not." But I think just as I said, relationships are going to become even much more important. For those of us who live in more of a private practice type setting where we're treating fee for service and/or PPO type patients only. To continue a practice growing, I think you're going to have to really focus on the relationships and you're going to have to listen to what's important to your patients and ask those questions.

What's important to you? Is it time, is it fear, is it money? And take that information and use those hot buttons, if you will, to be able to help the patient get the dentistry that they want and need. The reality is, is that, I don't want to say cosmetic dentistry is dead. It never died in 2008, 2009, 2010, but it really

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slowed down. The practices that we saw thrive in that time and I was in a group practice that grew every single year during the 2008, 2009, 2010 is because we did slow down and we focused on hygiene and the relationships with the patients and the hygienist and the doctor. We really listened to what people had to say and we changed our hours. I know that a lot of our folks out there they may work Monday through Thursday, 8:00 to 4:00, 9:00 to 5:00.

We were open 8:00 AM to 8:00 PM. We were working on Saturdays and some of our groups, we were working after church on Sundays. You're doing what you have to do because the people who had money were the people who were working. People who were working, were working 8:00 to 5:00 jobs. So I think we're going to have to think about all that stuff again and sort of be prepared if it's important to us to continue to grow, sustain, or even keep our income. Because listen, I think there's a lot of dentists out there who will see a decrease in income for the whole rest of this year.

At least for the whole rest of this year, just simply because there's no way with a slowing down the way we're going to have to slow down when we first go back that we're going to be able to maintain the top line numbers. But we always say no margin, no mission. Listen, right now is the time to dig through every P&L, every line item on your P&L and just figure out what you need and what you don't need and stop spending, right? Just stop spending on things that aren't important, that aren't driving the bottom line of your business.

David Phelps: That's super important, Steven. Last question for you. It takes us back to something you said at the very outset, you talked about focus and collaboration. Speak a little bit about the collaboration side. What are you saying there?

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Steven Wingfield: Well, it's been really interesting. I have a ton of friends who are just in private practice that aren't involved in any type of groups or DSOs or any type of group practice who have been reaching out to me during this time, because they know I am part of the group and part of a group associations and those types of things, who have just felt very lonely and who had felt like, "I feel like I'm on an island by myself. I have no idea what to do, please, please just tell me, how do I get involved?" I think the reality is, is that collaboration is becoming more and more important. Just like your group collaborates, have an impressive group, same thing we're doing, same thing, lot of the other really good DSOs that are out there doing it and even some of the groups that bring private practice dentists together.

The collaboration is hugely important to kind of hear what's working and what's not working, whether it's with our group or whether it's with several groups and then being able to say, "All right, well, they've got a plan. Why don't I just follow this plan to kind of see if we can't move along and take better care of patients? In my opinion, there's never been a more important time to collaborate in dentistry than there is right now. We have to help each other. That's going to be what, as I think, the thing that helps us get over this line and move forward to profitability and move back to quasi the way that things were before.

David Phelps: Quasi back to the new normal. So I think you're absolutely right. I think that the hard thing for a lot of us, I'll speak for myself, collaboration wasn't something I really wanted to do when I was younger in life. I wanted to do it all myself. I wanted to control everything. I wanted to have my own place where I called all the shots. As I grew older, I started to realize that had I seen a name on it, whether we were in a recession or not, that had a ceiling.

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It didn't mean again, ceiling about growing so much or I'm having so much money or so much assets. It was just really, I started to see other things in life that are more important to me than just put more money, that's important. So the collaboration is something that I had worked myself into. I think you're, I don't think, I know you're absolutely right that we have to learn how to collaborate better and that's an art and a science, and you're someone who's learned to do that very well. So I'd recommend people follow you. What's the best way to stay in touch with you if our listeners want to stay connected, Steven?

Steven Wingfield: Sure. LinkedIn is a great place. Steven Wingfield on LinkedIn. I'm probably the only Steven Wingfield on there except for maybe a singer. So the only dentist you'd see on LinkedIn, that Steven Winfield would likely be me. Of course, you can always check us out on dentalwell.com. You can see all the stuff that we're working on and collaborating on. A big part of what we do is helping private practice dentists. So we'd love to have folks reach out to us and sort of take a look at what we're doing and if there's any way we can help or that I can create value for you, you've always got that. All my information's at LinkedIn. Happy to help.

David Phelps: Well, you created an enormous amount of value today. Thank you, Steven. I appreciate you.

Steven Wingfield: Thanks, David. Thank you.

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