

Ep #279: Dr. Mike Burgdorf - How You Can Differentiate in a Commoditized Marketplace



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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. Today, I've got a special guest, Dr. Mike Burgdorf. Mike is a cosmetic surgeon out of Nashville. He's got a really interesting backstory, and then also really how he has evolved through his practice, through his life, through how he markets, and certainly, there's some adjustments he's had to make, as everybody has, through the COVID-19. So a lot of good things to talk to Mike about today, and I love to bring people from outside our industry. Mike, I'll get you in here in a second, but I have a lot of professional practice owners, probably more dentists than anybody, but we get affiliated health practitioners and we get entrepreneurs, and I think it's always good for us to hear from outside the industry. I know that's what you've done in your life when you've looked at, how do I bring some new things to my practice and model? So let me just first say, Mike, thanks for being here today.

Mike Burgdorf: Yeah. Thanks for having me, David. I'm really excited about this, and you hit the nail on the head. I think we all learn the best lessons by looking outside of our own individual niche.

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So I appreciate you letting me on and letting me spout my wisdom here, if there is such a thing.

David Phelps: Absolutely. So a little bit more about Mike. Dr. Michael Burgdorf is the owner, president of Music City Plastic Surgery. So you might guess where that might be, Music City, Nashville, and founder of Burgdorf Business, an actual knife-in-hand, plastic surgeon-run coaching and consulting company. Originally from New Jersey, he... Notre Dame, played linebacker under legendary coach, Lou Holtz. Living life with a commitment to excellence has been a consistent theme in Dr. Burgdorf's life. During medical school at Tulane University in New Orleans, he concurrently earned his master's in public health degree from Tulane School of Public Health and Tropical Medicine. Making Nashville his home, Dr. Burgdorf has created the most state-of-the-art plastic surgery practice available with respect to technology and personalized patient care. He's never been concerned with being the most popular plastic surgeon, only the best for his patients.

Since starting his 100% cosmetic plastic surgery practice, he's become a two-time number one, Amazon bestselling author... there's something to keep in your notes or keep in your head a little bit... with his books, *The Mommy Makeover: Restoring your Body after Childbirth*, and *The Daddy Do Over: Boost your Confidence in the Boardroom and the Bedroom*. Outstanding topics. We can maybe talk a little bit about that, but that's really good. He can add recording artist to his list of accomplishment, after spending time in Dolly Parton's studio, where he recorded the audio version of his *Mommy Makeover* book, which can be found on iTunes. And he was the recipient of the coveted Mom's Choice Silver Award, just behind Pampers.

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He's received the Doctors' Choice Award and multiple Patient Choice awards, even so far as to have his accolades displayed on the jumbotrons in Times Square. He's been featured on major television shows like The Doctors, Headline News, and HLN Morning Express, been interviewed on international radio stations, been quoted in The Wall Street Journal, New York Daily Times, New York Daily News, Fox News, New York Post, Cosmetic Surgery Times, The Week magazine, among...

Dr. Burgdorf has been a long-time board member of A Vintage Affair, a wine tasting charity organization where close to \$2 million has been raised for women and children in need in his hometown, and even has his very own personal wine label called Perfect Profile. So Mike, that's a lot, but what I know about you, number one, you're very humble. People can't see your face like I can today, but you're a very humble person, yet you've done a lot. You do a lot, you've done a lot and we... on, really, a lot of your backstory.

I think that's interesting, because when I interview people... You've done some really interesting and great things. I think they'd like to know a little bit more about you, so give us some of the other aspects of your backstory that brings you up to date, some of the things that you had to do. A big part of your backstory, which I think everybody's interested in today, is having to pivot. How to make changes when things happen in the environment or the marketplace like we're dealing with it right now. The mindset of being able to pivot and make changes... start up, or start over, or reset is the word today. So give us some of that, and then we'll dig into some deeper topics.

Mike Burgdorf: Yeah, absolutely. I think that that pivot term is really important, and that's been... We had a meeting just this week

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with my team, and I said, "Look, the new normal is the constant change." We're faced with all these different things going around, and we think we have a plan and somebody throws a wrench in it, and how do we adjust to that? I mean, I remember learning that early on in football. You can't necessarily prevent what's going on in front of you, but you can prevent how you react to it. So I've always tried to take that way forward in my outlook. So yeah, I mean, I can bring it back.

Like you said, I played football at Notre Dame. I actually went out there for academics and actually tried to walk on for lacrosse and made it through the last cuts, and they decided they're not taking anybody. I said, "Well, man..." This is the first time I ever was faced without being on a team, and I said, "I'm going to give it a shot." I always loved football. That's my first love, and I don't want to live with regrets of, "Gosh, was I big enough, fast enough, strong enough? The only way I'll know is to go through." So, made it out there, but I get into the whole Rudy scene, because I was a walk-on, and the movie Rudy came out that same year. So I made the decision. Then Rudy came out and I'm like, "Oh, boy. There's going to be 300 idiots out here running around and banging heads." And there were, and they took about five of us.

So I was happy to do that, had a great experience, got into Tulane for medical school after being told that football was going to be a detriment to me, it was actually a real big positive to help me get in there, and then was making my way through general surgery down at Tulane, hurricane Katrina hits. I had about a day and a half... I really had about seven hours once the hurricane hit, and I was notified, "Hey, the residency is no longer. You got to find a new place to go and here are your four options," of which none were really attractive to me at that point.

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I had in-laws that lived in Mississippi. I had a small kid at that point, and my wife and I were married. So I said, "How about I can talk to these guys at Mississippi?" And I worked my way in to there and had to pivot my way to start over, start afresh, and then worked my way into the plastic surgery program there, which was outstanding.

Then made it up here to Nashville, joined up with a guy in his practice, and he had no idea about marketing, no idea what business sense was. We basically came to the mutual conclusion that within a month I was going to leave and start my own practice. So had to do some real aggressive pivoting there and changing and starting new. That was in 2009, so in the perfect storm of the awful recession, awful economy, but realize, "You know what? I think my gut instinct is good here." I was smart enough to know where I was incompetent, and I got around people who knew a heck of a lot more than me. That's where my whole excitement to the marketing and practice growth and entrepreneurship really started with this.

Ever since then I've been up and running and really trying to not take myself too seriously, looking for lessons, again, outside the industry and figuring, how can I be different? I think that's helped with all this changes here right now, because falling into the-sky-is-falling mentality right now is a mistake. That's one of a way I can be different, and we can talk some more about that as we go on.

David Phelps: Yeah, absolutely. I'm interested... One month joining up with your "partner," now, were you actually in a partnership? Did you actually form a... or was it something that was supposed to evolve over a period of time?

Mike Burgdorf: Yeah. I guess in your world I would be an associate. So I was with him, and the deal was I could have gotten a salary or

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not. And I said, "You know what? I believe in myself and my abilities. I'm going to eat what I kill, and I'll just give you..." And I think, I mean, I gave him 50% of everything I brought in, and that was decent, but then he wasn't ever promoting me. There was no excitement for getting me busy, which made zero sense to me. If I'm the business owner and I got somebody who's hustling, let me feed that dog, let me let him go. He was stealing cases from me, and I just said, "This is not necessary."

David Phelps: Yeah. So with everything you had to do to go through school and residency, where did you start to develop the mindset about more of the business aspects of being in practice and certainly the marketing? Were you doing that offline on the side, or was it just a sense you had that there's a better way to do it than what you were finding in that first associateship position?

Mike Burgdorf: Yeah, yeah. So it was definitely that sense that something else was missing. Let me be clear, I was with that guy for about two and a half years, and then we came to a decision, and it was like, "Well, you got to go within a month." In fact, he shut me out of the medical records and was like, "Beat it." And I said, "Wait a minute. I still got cases on the books. I got to find a place to go." So it was at 30 days that I really made that transition. Unfortunately, in medical school and residency, and I would assume it's a little bit like this in dentistry, you learn a lot more of what not to do than what you should be doing. I mean, I was dealing with guys in academics, and they're in academics for a reason. I'm very happy and thankful they were there, but they couldn't make it to save their life for a day in private practice.

David Phelps: Exactly.

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Mike Burgdorf: So I knew there was something different, something missing. I knew I wanted to stand out and I knew, starting out, I think... One of my big strong points, and it was hard for me to say my strong points, but I do think that my bedside manner is superior. We had patients that were very positive and gave great reviews, so I knew I was doing something right. I knew I had to work off of that foundation, that reputation that I was building, and I needed that to stand out differently. I was not going to be the guy to gather these patients because of my longevity in the career, the numbers of surgeries I've done. I didn't have any local ties, so I had to find something different. That was one thing I could start with, was my reputation and my bedside manner.

David Phelps: All right. So yeah, I definitely want to continue on this, and I think we can take it from two standpoints. I mean, obviously, in 30 days you had to make this big pivot from being in practice, having a run rate, you've got a family you're responsible for, you have income and you've got a certain amount of lifestyle that you've got to maintain, and all of a sudden it's like the door is shutting in 30 days. That's a really quick pivot, not unlike a lot of businesses and doctors, professionals, right now that got shut down by the government and-

Mike Burgdorf: Absolutely.

David Phelps: ... said one day, "You're done. Just call your patients and reschedule, and we'll tell you when." So having to make the big pivot and go back and figure out how to run. I think some great lessons can come from what you learned back then, and then, obviously, what you're doing now. Maybe combine some of that. But where did you start to determine... I mean, obviously, innately, you decided, "I need to be different, not just the letters after my name, not," like you said, "number of surgeries and all

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the things that, historically, we've tried to benchmark as how we lead. You knew you had to be different.

Where did you start learning some of the things that... Because he you created credibility and authority through authoring your books. That obviously came a little bit later, but what started your movement in that 30 day pivot you had to make and say, "Okay, I've got to be different." A lot of things have to happen there, just like right now, the thought process going on. A lot of things are happening right now. How did you keep it together and stay focused on, "Okay, important things first, but I've got to be doing this and this, and I've got to expand everything that I'm doing." There's a lot. I just threw a lot at you. You pick apart what you want to.

Mike Burgdorf: Yeah, yeah. No. There's a lot of great things we can talk on with that. I think one point that's really strong that you hit on it, and I was facing when I had that 30 days, and I've been facing this last 30 days, is not just operating sequentially, but operating simultaneously, doing multiple things at once. But I'll take a step back and say, you eat an elephant one bite at a time, so you have to be focused in that, and you can't be just taking a bite out of 20 different elephants. Maybe you do, but maybe you take down a big meal, you take seven or eight bites in one direction, then pivot and go back a different direction, and have some things going all the time.

I always feel like I've got seven or eight balls floating around or juggling in the air, and that may be good or bad, but I think if you can do it in a focused manner and really say, "Okay, you know what? I'm going to devote these next two hours for this project, and then I'm going to switch gears and I'm going to go to this project, and then move my way through." That, I think, is more helpful than taking all the bites at one time and trying to

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figure out which one to go to next. Well, I kind of talked myself in a circle there.

David Phelps: No, no. That's good. No, that's good. That's good. That's good. Well, so let me pick up there. Doing a lot of things simultaneously, still having a focal point, how do you get a focal point? I mean, back then, did you have any mentors? I mean, obviously, I know you're reading books and you're taking in things, but did you have any group that got you focused or did you just have to figure it out? And then the second part of that question is, putting together a team, outsourcing, delegating, not trying to do it all yourself, some things there that I think is a lot of what's in us. I'm talking about people that go through a lot of higher education is, "I got to do it all myself. I got to be the smartest one in the room, so I got to figure it out. Nobody else can." Can you help us with some of that?

Mike Burgdorf: Yeah. That's taken me a long time, and I still struggle with that because, like we're taught in medical and dental school, the buck stops with you. You want something done, you got to do it yourself, you can't rely on anybody else. And I've kind of pivoted to, "Okay. Trust, but verify, and give it a little bit of rope through here and there to let either them hang themselves or do great things with." That did and does take a lot of effort to let that control go. Yeah. You asked about groups and who... I guess I had some innate desire that this has got to be different. So I struggled around, wandering around in a wilderness and bumping into things and trying things.

That gets into the whole marketing aspect of failing, and using that as a test and not getting down on yourself that, "Oh my gosh. I made a mistake." So I always looked at things of, "Okay..." I'm not a risk taker. I don't have tolerance to lose a bunch of money. If I can take a small risk and it'll pay off or it

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won't pay off, then I can pivot there. I didn't make any giant mistakes. So I started out with, "All right. A thousand dollars is my initial tolerance." And then it's like, "All right. Now, maybe up to 10,000." I haven't had any major disasters really beyond that. I haven't dropped a hundred grand, like I've heard people, and I've listened, I kept my ears open a lot to see, "Okay, you know what? This one made that mistake, this one made this other mistake."

But then I got into looking at some of the business mentors and really figuring out, "Okay. Hey, it's good to market and to fail fast, and to move forward and not get so bent out of shape about that and really get down on yourself, and really try then to trust your staff." I went through a whole transition of who I trusted and who I didn't. I didn't touch on this in part of my background. It was about five years ago now, in 2015, I had gotten where I was starting to trust one real close staff member. She was my patient coordinator and my marketing director, and she was great, but very hard to manage. So she was all over the place, but she really had some great ideas and I let her run with some things.

Well, one weekend she had a tragic drowning accident and the rest of the staff got crummy, and they said, "Well, we're the only people who know anything of what's going on, so you owe us a 50% raise." And I was like, "Forget it... Start all over." So I went back to the true solo practitioner, where I was back doing it all myself again. Once I'd done that for the second time... I started my practice in 2012, and then this is 2015 where I had to start again. And I said, "I need more people, and I can't depend on one." A good friend of ours, Dan Kennedy, talks about one being the loneliest number, and I learned that the hard way. I realized, "You know what? That one became me pretty quick, and I don't want to do that."

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I used to have a joke in the operating room that, "Man, my office manager sucks and needs to be fired." "Well, who's your office manager?" "You're looking at him." That's awful. So I learned that I had to give better instruction on the front end, and then I could feel more confident that somebody would understand what the goal I was trying to project was.

David Phelps: So starting over 2015, again, I'm just relating to what people are dealing with in businesses today in going back online. You mentioned a few minutes before we actually started recording, Mike, that the lack of efficiencies that we all get used to, or have to a certain degree, and the lack of efficiencies, because you're not bringing everybody back at once. You can't afford to you. You've got to build up steam. So now you go back to work and our dentists are facing the same thing. They're bringing some staff back on and it's a mishmash, and protocols have changed because of PPE and what has to be done, mandated, or even just on a practical basis, what you want to do to protect all of your people.

So it's changed all that, and I think that there's a lot of similarities right now. Some of our folks are having to have those tough conversations with staff, not so... And some of them, Mike, you've heard, I don't know if it's affected you so much, but some of them don't want to come back right now because they're getting some pretty hefty unemployment money. So now you've got some that won't come back because of that. You've got some that maybe, legitimately, in their mind... and I'm not going to fault them... have fears, and maybe they've got somebody at home that they don't want to expose. So there's some legitimate fears about some not coming back.

Then you're trying to figure all this out. You've gone through this several times. Any words of wisdom about having discussion

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with staff, and when is there a go, no-go point? I mean, how much consideration do you give before you say, "Okay, it looks like..." I wouldn't say it this way, but kind of, "We're done here." I mean, free up their future. Because it's hard to do. I mean, we care about people. You have someone who's been faithful, but all of a sudden things have changed, and now you're trying to figure out, "Well, how much do I bend?" Give us some help there, because I think that's hard for a lot of us to deal with.

Mike Burgdorf: Oh, yeah. It's a whole new world. I mean, you want to be compassionate. I'm a people pleaser. I like to be liked, and it hurts my feelings, it hurts me badly, when people don't like me, and that's gotten in my way of being an entrepreneur of a business person. I forget who it was in this last couple of months had said, "Listen, your primary goal is you've got to maintain and maintain the viability of your practice. That's your primary goal. Your secondary goal then becomes staff, and patients, and your own salary, and things like that. But you got to make sure that your practice is going to make it out alive. So you got to look at that as your baby, and then you can then filter in, "Okay, who is indispensable? Who is that..."

We talked about, you don't want to rely on that one person, but I started there like, "Okay, this one is my A player, and this other one's my A player." I got a couple that can go either way, and they're showing their true colors here during this. So, I'll be honest, I ended up getting rid of somebody who I knew needed to go, but I really like this individual. She's a really sweet lady. We get along personally very, very well, but she wasn't doing her job up to par, even before this. I had an inkling that it's probably time for her to go, and I just couldn't find a good excuse.

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So fortunately, unfortunately, I mean, this was a time where I said, "Hey..." I had everybody write out their job description, and I had written job descriptions, but I wanted it from their perspective, "Hey, here's what I do on a day-to-day." Then I looked and I said, "Well, who can do multiple jobs?" So the one I fired was a receptionist. And I'm thinking, "Well, shoot. The phone's not ringing as much. She can't do patient coordinator stuff. She can't schedule a surgery. She can't do nursing and clinical duties or esthetician things. She's a dispensable. The other ones can do that."

In fact, I listened to phone calls, which gets into a whole nother thing about tracking and making sure you're, again, trusting, but verifying, listen to phone calls. We pivoted and went to virtual consultations. We were going to do it on a Tuesday, and I heard phone calls from say Thursday through the weekend, and she didn't once mention we're going to do virtual consult. The other people answering the phones, who were not receptionists, not in charge of doing all that stuff, were saying, "Hey, we're going to get virtual consults going, probably Tuesday of next week. Let me put you on for Wednesday. We should have the kinks worked out by Wednesday, if not, Thursday. We'll call you back if need be. How would you like to do that?" Booked people, I mean, booked appointments, which is... I'm like, "That's fantastic. That's the people I need in my organization. The other one, it's time for her to go, and the writing is on the wall."

It was a difficult conversation, and one of these conversations I had to have virtually because everything was shut down. I said, "I'd like to tell you this in person, but I can't." So we've pivoted with that, and you talked about some of the efficiencies and being frustrated with staff and with not moving through. So what I've done, and maybe this is a tip that you guys can do, I think

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maybe some of your listeners are doing virtual consults, is I'm staggering virtual consults with in-person consults, because of all the new PPE and all the new cleaning protocols and all that stuff. That takes time.

So if I can get my staff to do that cleaning, and then I can go back with another staff and get on another consult with a patient, now I'm seeing patients back-to-back. I feel a little bit more of a rhythm and I'm not as frustrated. Because, to me, it's very much... Music City, right, is the music capital. It's very much of a rhythm thing with me, and if I get out of rhythm, boy, I get pissed off, and I get irritated and grumpy. So if I can retweak my rhythm and keep it going, that's better versus a stop, start. Where is everybody? What are we doing? We're walking around and pacing around and I'm no good for anybody.

David Phelps: Yeah. It drives you crazy. It drives you crazy. All right, let me go down... One more piece, and we touched on it a little bit, but I think, again, it's a good thing for a lot of my listeners. Being specialized in cosmetics, you don't rely, or your patients also don't rely, very often, maybe sometimes, but I don't know what percentage, on insurance to cover procedures. Maybe there are some, but for the most part, not, right?

Mike Burgdorf: 0%. Yeah, zero.

David Phelps: 0%? Okay, zero.

Mike Burgdorf: I'm 100% cosmetic, yeah.

David Phelps: All right. For a lot of my colleagues that have, unfortunately, through many years of iterations and sometimes just being complacent, we all... Insurance has dominated a great deal of our colleagues and, unfortunately, is also allowed,

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or I guess we have allowed, a lot more commoditization. You mentioned very early on about being different. One of the first things you said is, "I got to be different." So, again, we could spend a day on marketing, but what are a few tips that you can give on using marketing and differentiation so that... Because a lot of our colleagues need to adopt, I believe, very proactively, starting to disconnect from insurance. I think you would say the same thing, but it's a hard thought to get through their heads because you get dependent on something. You think, "That's my lifeblood and if I cut it off, I can't survive." But I'd say it another way, if you stay on it, you're not going to survive. You said earlier-

Mike Burgdorf: Absolutely.

David Phelps: ... you've got to keep your practice viable. So give us some of that thinking, because this is the way you've lived your whole practice.

Mike Burgdorf: Yeah. And it is, it's scary, and certainly now. This last month was a little bit scary as well, because that pipeline has been shut off. The faucet is turned off completely, and so that gets a little scary. You look back at people back in '08, '09, and everybody in my world, they pivoted back to insurance, back to doing reconstruction, as a safety net. Once I went out, I learned probably within a couple of months, I can make more doing little things of cosmetic than I can with insurance. So I kind of stair-stepped it, and I was probably 50/50, and then I dropped it down to 20% insurance. I really looked at how much I was making, and I'm like, "Man, I can do some more Botox or a couple more cases of cosmetic and far outpace what I'm making doing insurance and working longer and harder. So I need to work smarter."

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So I did that for a couple of months, just stair-stepped, and then it was, once I got below 20 or 10%, then it was a no-brainer. But it does take a little bit of marketing effort and differentiation. One of our core values is, don't be vanilla. Vanilla is vanilla ice cream. It's the standard, the stable. It's boring, right? Everybody's a vanilla. So you got to stand out some way, and that's helped me get the right patients in my sights. So I've been turned off only because the government said, "You can't operate." I've got a backlog of patients. I've got patients who are still working through this and new patients coming in, saying, "I'm ready to go." And I'm trying to be sensitive about, "Okay, well, how is the finances?"

We do all our stuff up front. I take 100% payment upfront, so there's no payment plan. I don't have the ability of leaving the braces on. I can't go and repossess the breast implants or stick fat back in, so I charge them all up front, and we haven't had people balk. That, I think, is because of the people that are magnetic to me, to my marketing, to my message. I am branding myself as a higher end practice. Certain things that I do, send out a bunch of stuff ahead of time. Whereas other practices will send out maybe an email confirmation or maybe a one-page brochure. I'm sending out both my books in a big, giant black envelope, and it's a pre-selection process where people say, "Wow, it's got some thud factor. It hits it." And they either say, "Wow, this guy is expensive. Not for me." Great. Don't waste my time. That's great. That's worth my \$7 package.

Or they say, "Wow, this guy has his stuff together. I'm going to see him. Look at all this stuff versus what the other practice gave me. If he sends this in the beginning, imagine the experience and the care and the expertise he's going to devote to me when I'm in his care." So that's served us well. The book, I think, has been an unbelievable home run for us. You

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mentioned the title, The Mommy Make over and The Daddy Do Over. I'm not the guy who invented these procedures. They're just, basically, a combination of procedures, but I'm the one who grabbed that title and said, "I'm going to write the book on this."

It gets into some psychological stuff. So people say that, and they can talk to their friends and enter that cocktail party conversation of, "Yeah. Well, my guy wrote the book on this. I know your guy probably does that, but look, I got the book on it from this guy," The conversion factor or the sales process is almost nonexistent, because these people come in with the book in hand, which is a great sign for me, and then they quote me back to me about what they want, and I'm like, "Okay." So it's not a matter of, are we going to negotiate price? It's a matter of, when can we get you done?

David Phelps: Exactly. Yeah.

Mike Burgdorf: So that's how everything is done. Yeah.

David Phelps: Yeah. You've changed the whole dynamic of the sales conversion process.

Mike Burgdorf: Absolutely.

David Phelps: They want it more than you want it, and that's what you want. You want people to want to come and see you. When did you author and publish those books?

Mike Burgdorf: That was 2015... no, 2013 and '15. So I did them two years apart and, I mean, it was within that first couple of months I well-earned my money back and have been exponential on the ROI.

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David Phelps: To your knowledge, does anybody else in your specialization, or any other professional practice owners, do what you do in terms of that differentiation, author books, send out the thud factor package, invest? Do you know of anybody?

Mike Burgdorf: No. I think there's a couple that do a folder once somebody comes in for a quote, and they put in some of that stuff. Honestly, it's all garbage, because their thud factor is made up of industry brochures, right? I don't use any of them around my office. I'm not promoting Allergan and their implants, or Mentor or their implants, and Botox, and all... Yeah, I'm going to talk about, "I do those procedures," but who am I promoting? Me.

David Phelps: You. Yeah.

Mike Burgdorf: I'm not putting out their stuff. They're not paying me to send their stuff out. So I think that stuff is just crap and it just gets thrown in the garbage like it should.

David Phelps: Really good, really good. On your business and consulting side, obviously, you're focusing on professional practice owners that are in your realm, but I'm thinking that a lot of what you're teaching and what you discovered over the years is applicable outside, or-

Mike Burgdorf: Oh, yeah.

David Phelps: Right? Yeah.

Mike Burgdorf: Yeah. I mean, especially for your group. I mean, I spent a lot of time with orthodontics too, and I change boobs for braces, same thing. I mean, it's the same target market. I'm hitting young moms who have young kids, that's me. I'm hitting the dads who are getting later in years. I mean, the good news is,

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most people in America have teeth, so that's kind of everybody, right? And I'm sure each practice has to specialize or find the niche that's important to them. That's another big tip, I would say, as well. You can't just be the dentist for everybody out there. I don't want to be the plastic surgeon for everybody. I want to hit the higher end. I want to hit those young moms and the guys that are kind of me, I mean, in the 30s to 60s, own a practice, own a business, can't afford to take a bunch of time away, but still want to look good and feel good. So that's kind of my market too.

David Phelps: Yeah, exactly. Exactly. Mike, what's the best website for people to connect with you, just to engage at some level?

Mike Burgdorf: Yeah. Music City Plastic Surgery is the best one. I think that's probably the one that we keep up with the most, we tweak here and there. You can see how we designed that to be different than just every other website out there for plastic surgeons. I mean, there's a lot of nice pictures on these plastic surgery websites, but there's no focus, there's no direction of where we go. So that's probably the easiest one, and I can put out my email, it's drmike@musiccityplasticsurgery. It's probably the best way to get in touch with me. On the consulting side, we have the info at Burgdorf Business, which Burgdorf can be a little bit difficult to spell, so we give the alternative of Dr. Mike, but it's B-U-R-G-D-O-R-F, Burgdorf Business. Yeah, we're into the aesthetic space, we're into the dental and orthodontic space, professional practices in the medical world, I guess. I don't want to do too much in lawyerville. I don't have much experience there.

David Phelps: Okay. All right.

Mike Burgdorf: Thankfully.

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David Phelps: All right. We'll leave that right there. All right. Hey, great talking with you today. You gave some pearls. I know we could do this probably every day of every week and go down some virtual rabbit holes, but really, I think, a great overview and just great tips on pivoting and differentiation, restarting, resetting, having the conversations with staff. So many elements that are playing out right now, and I think this interview will be very applicable to a lot of our listeners. So, Dr. Mike Burgdorf, I thank you very much.

Mike Burgdorf: I appreciate the time and it's an honor to be with you, David. Thank you.

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