

**Practice Model Redux - Living Your Vision Without the  
PPO High Volume Model - Dr. Ron Schefdore: Ep #394**



**Full Episode Transcript**

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**Dr. David Phelps**

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Welcome to the Dentist Freedom Blueprint, a podcast about freedom—freedom from expectations of society and the traditional path to success that has been ingrained in us from our early years, I'm joined by mavericks, renegades, and non-conformers to discuss an anti-traditional path to financial freedom, freedom of time, relationships, health, and ultimately freedom of purpose. My name is Dr. David Phelps. Let's get started.

David Phelps: Good day, everyone. This is Dr. David Phelps of the Freedom Founders Mastermind community and the Dentist Freedom Blueprint Podcast.

Today, we're going to have a really fun, and I think a very interesting conversation with a gentleman in our industry, a doctor, practiced many years as I did, and really the learnings that he had during his evolution as a dentist, a practice owner, and so many things I believe are applicable to today, whether others want to believe them or not.

I think it's always important that we listen to other opinions, other experiences, and these are real life experiences, not theoretical. This is actually someone who's actually done what he's done and figured some things out.

So, without further ado, I'm going to bring on our guest today, Dr. Ron Schefdore. Ron, how are you sir?

Ron Schefdore: Hey.

David Phelps: Right. Yeah. Big applause, everybody up on your feet. Let's bring him in with a big applause.

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So, Ron, we had a time to catch up a few weeks ago and like a lot of things. I'm involved in the communities of dentistry, just because like you, like I love to see what's going on if I can add any value somewhere.

You do the same thing and I picked up on some of your threads in this last year, and you've talked a lot about a model that really goes against the grain of the dental industry, and that is a no-hygiene model.

And you've taken a lot of flack, a lot of haters on your back for coming out, something that most people say, "Oh my gosh, that's radical." Dentistry, you must have a hygienist, you must be allowing periodontal issues to occur.

There's no way you can do that doctor. You can't scale teeth, you weren't trained to do that. And I get that side, but it's all what we've been taught to believe in life and many things that aren't true. So, that's what we're going to get into today.

But before we do that, Ron, we got to get a little bit of background because not everybody's going to know who you are. And I think that's important to know how you came up kind of through the ranks, and really this model that you started to develop came out early because you were in school and your dental training, you like got your requirements done like a year early.

And that allowed you to do some things that most of us in dental school didn't get to do. So, do you want to start there a little bit for us?

Ron Schefdore: Yeah, absolutely. So, I finished a year early. They didn't know what to do with me and they said, "We're not graduating

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you, the state's given us money. So, figure out what do you want to do." Always follow the money.

So, I go, "Well, there was no such thing as cosmetic dentistry, but I liked making peoples smiles look better, making the tissues healthier."

And so, they go, "Okay, well, you just go with the prosthodontics, and do full mouth rehabs." So, here we go, there was a clinic, a GPR clinic, an advanced thing across the street, little collage set up.

And so, they go, "Okay, we'll stick you in there." And there was only a couple of students at that time. There wasn't a real popular program. So, there's plenty of room and plenty of time to work with a younger doctor like myself.

So, me and the prosthodontist worked on full mouth rehabilitations my whole senior year, and I had so much fun. But there was a hygienist there and there was an assistant there and we worked at like a private office.

And checking people, in between doing full mouth rehabs, I thought this was the craziest thing ever embedded. I go, it's taken all my concentration, I'm pooping my pants doing this stuff.

Why would I want to get interrupted to go do a minute hygiene check, which I wasn't even focused on? And I knew I was going to miss dentistry because of it, because I wanted to give back to what I was doing.

David Phelps: Of course.

Ron Schefdore: So, the prosthodontist says, "Well, truthfully, in my office, I really don't do many of those hygiene checks either." So, when

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I get out of school, it just seemed logical why don't they just treat one patient at a time? And even on the hygiene checks, a dental assistant can help us with that.

They could polish, they could do the sealants, they could do home instructions. There's so much that they can do too, I just have to be in part on the diagnosing side. And so, I could use an ultrasonic or a sonic cleaner. I like sonic because I think it's stronger and take pictures along the way. I'd had an intraoral camera very early in my career when they first came out.

So, I would take pictures, people love pictures. And I'd show them pictures diagnosed, they'd accept the treatment, I'd find work, and then I'd send it off to the assistant.

So, I found always right from the beginning, a ton of work to do. And I never did more than maybe four cleanings a day. People say, "Oh, no, all I'm going to do is clean teeth." If that's all you're doing, you got way too many patients.

There are plenty of patients for us, it's just some of them are hogging it. They think they need 3,000 patients. No, you don't. I never had (this is going to blow people away) over 320 patients in my practice, and I always did a million, million two and brought home half, and dentists think I'm lying about it, but it is what it is.

I've converted so many dentists now since I've retired in the last three years over to this system, every one of the doctors is finding more work. They're much happier. They're slowing their pace down and they're making more money.

David Phelps: You actually sent me a video of one of the doctors that you have been working with. I think just in this last year, maybe this year alone and she was formerly a hygienist, became a

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dentist and she said, "I'm working with Dr. Schefdore and boy, it sounds like I'm really going against my culture of hygiene."

Obviously, any dentist, and certainly hygienist, we care the foundation and so much disease can be picked up there. But to your point, we're trained to run-and-gun, to have the skates on trying to keep up with PPO dentistry and volume.

And you think about if you're going in for surgery, if you or I or anybody listening is going in for just maybe some endoscopy, knee surgery or let alone, maybe some cardiac surgery, do we want to think the doctor is ... when we're laced in ties, doctors maybe jumping in and out of our case three or four times, how would we feel about that?

So, yeah to your point, why do we do that in dentistry? Well, we've built this model that says "That's what we're supposed to do." Listen, I ran that model. So, I'm saying I felt the same angst and I think today, more so than ever, but even wherever we started in dentistry, that what you've created, what you have found and delivered and shown the results, it just makes sense.

And we're not demeaning hygienists here. We are not at all saying that we don't appreciate what great hygienists do and certain models, but I would just say to your point, the fact that we think that hygiene becomes a nuisance when that's where rapport, connection, the ability to actually find disease and spend some time because we're trying to get in and out, because we got to get back to the big case, it's so counterintuitive.

What's the biggest — besides mindset, it's probably the biggest one; when people come to you and say, "You know, Ron, I've been listening to you, I've been watching your blog post, and I know a lot of people are just stabbing you in the back and

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saying, you're crazy, man. But you know what? There's something in your message just resonates.”

What are the biggest obstacles or gaps in helping a doc go from a current model, which I'm sure a lot of them are just on roller skates, to your model. That seems like a big bridge to cross, especially if you've got a lot of debt and you built up a big chair, mini chair operator, how do you make that conversion? I'm curious.

Ron Schefdore: Pretty easy. It took a while to figure it out. It's Michael Jordan made basketball look easy too. It just only took him 20 years. And in dentistry is like that too. At the end of your career, you're going, “Geez, I'm pretty good,” but it took you 30 years to get there.

So, what I found working with dentists is there's two things that are running them into PPOs and getting them to overwork and not make what they are getting burned out. Two things, that we focus on and I help them with their confidence and their purpose.

And we work on that, in getting their heart straight first. Did you go into dentistry and have this opportunity? Did God supply this opportunity for you to be able to jump through and see how many patients you could see and drill as many teeth as you can during the day? For what, for 30 or 40 years of doing that?

No, I'm here to be happy. And what makes me happy is interacting with the patient, getting to know the people that I care about. They're not my next paycheck. I'm there actually to help them. When I do that, my fees are already set that no matter what I do, I'm going to make a good living.

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So, I don't have to worry about the money ever. And that's the problem. They're setting their fees so low because the insurance company's setting their fees that they have to worry about the money.

I never did, I never had to. If I was doing a cleaning, I was making at least \$600 an hour, with a 50% overhead. If you run those numbers, that's a \$480,000 take-home income pace. Why wouldn't you do a re-care visit?

David Phelps: But also, because you didn't run at a frenetic pace, you could do same-day dentistry, which is ideal for everybody.

And so many docs, they might diagnose something in that quick hygiene check, but no place to put them on the schedule and how often those patients just drift off and back at the next re-care and nothing happened in between. So, lost opportunity, lost prevention, is just the whole thing is twisted.

Ron Schefdore: It is just twisted. And I just don't understand how we got into this, but it's getting worse and worse and worse. And it seems like, well, there's no other way. So, I just said bullshit on everything.

I said, there's always another way. And that way is going to be to make me happy, and to make me satisfied because we're only here for a few years. This is a short life, and what are you going to be miserable for 30 years? I'm going to go through eight years' worth of school to be miserable? I could have stayed into factory in Chicago Heights, that's what all my friends did.

And no, like I said, I'm getting out of this. I'm not going to be miserable the rest of my life. Dentistry is the best profession. It was so good to me and my family. In my opinion, there's no

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other professional left that can give you the freedom and the happiness that dentistry can if you do the correct business model that's good for you.

Now, I'm not saying you have to work without a hygienist, but if you do have a hygienist, maybe we can modify that. I'm working with some dentists where we're keeping the hygienist busy doing productive things, not re-care. The doctor and the assistants doing a re-care because that's where things are found, that's where rapport is built.

Patients love their hygienist. Why? Because they talk with them. And you know what? They're going to love me now because I'm going to talk to them. Let the hygienist be very, very productive.

Well, if you're talking, you're not making money, really? That makes no sense in the world because you have to make people to understand what you're doing, there's a recipe that we use, if you will, to present treatment to people, to try to help them to make them understand and show them how they can afford quality dentistry. That takes time to do, and it takes a professional to do.

Now, a doctor has to learn that if you want to be an out of network doctor, you have to learn to communicate and be comfortable with people and even talk about money.

I go through that with the doctors, how to get comfortable talking about money. And most of the doctors have trouble with money themselves, and that's what the problem is. So, I got to get them through that because somebody at our skill level, and that many years of school of what we know, is going to be costly.

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I don't care where you go, it's just not us. You don't have to feel guilty about charging patients. Everything's expensive if you want our skill level.

David Phelps: That same limiting belief about what I do is costly, well, if that's the doctor's attitude, then it's also going to be the staff's attitude. And the whole thing becomes a self-sabotage model. And so, back to purpose, and I know you can spend a lot of time right there, that one and culture, and having the right team.

But neat thing is you didn't have to have a big team. We know that all problems multiply when you had more people to whatever you're doing. The big model, the big practice is you got to hire an HR, office manager, and it's still not impossible but it's difficult.

And your model was, I think you talked about the fact that your wife was very adamant in helping you make the decision to make this change when you created a list of questions, and it probably comes back to confidence, purpose, the same thing you're teaching now.

And then you said, well, basically just, we changed the model, and I had one person up front, I had two in the back to help me assist. That was the extent of my big team, and I didn't need to have all these auxiliary people that people coming to have these big, massive morning huddles in the morning. And they're looking at 10 rows of operatory chair time. And they're, "Well, Mrs. Jones get her to get that crown." And it's just like, oh, it's nuts.

Ron Schefdore: Why would somebody put themselves through that? And that goes with the confidence because they're not confident enough. And I don't mean arrogant, there's no room for arrogance.

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But you got to be confident in your abilities and know that you're delivering something really good for this patient, and you're skillful to do it if you take your time. Why would you put yourself through that when you don't have to?

Just help another human being and make your fees so you do make a good living that you want, and show the patient how they can afford it. Forget care credit and all those, they charge a doctor too much, they reject things. There's better alternatives today. Supplies are getting crazy. They show doctors how to save on supplies. There's ways to cut your overhead without affecting quality at all.

Doctors waste so much time. You can't believe how many doctors call me, and they've got maybe a few hundred patients and they've got six, seven operatories paying \$8,000 a month. It's like, well, there you go. There's \$6,000 or \$5,000 a month wasted right there.

I was with a doctor yesterday, I found a hundred thousand dollars for him that he's just wasting money, he didn't even realize it. Put that in your retirement account and do that for 15 years, game over.

David Phelps: That's right. Your wife is an accountant, she does numbers. That's her background. So, she obviously was help to you when you were making these decisions and really helped mold you.

I want to go back though to the confidence factor. You were very propitious in your dental training. You finished all your requirements with a year left over, you were provided this great opportunity and what a great opportunity.

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You talked to me about, how this prosthodontist would grab your hand and go, “We’re prepping 10 teeth.” And you’re like, “We’re doing what?” But it’s like anything. You just got to do it.

So, let’s face it. You came out ... I mean, it was like a GPR for you. You came out this great opportunity. You took it, you deserved it, and you came out with a lot of confidence. Who wouldn’t, if you’d spent a year with a prosthodontist?

So, you came out with a level of confidence. For most docs who don’t get that, should they be going to a GPR? Where do they get the confidence to do what they do? Because a big part, you’ve already said it, is communication, relationship-building with people, but also, I got to have the skills.

And if I just come out with my four years in dental school, I don’t really have those skills to really ... so, now, I’m thinking, well, I just got to turn and burn and do one tooth dentistry until someday, maybe I’ll take enough CE but, in the meantime, I’ve gotten bogged down cause I’m taking managed care dentistry, because got to fill the chairs and pay off the student loan debt. So, is this typical young doc? How do you help them start out, Ron?

Ron Schefdore: I’ve gotten through a few of them now with that, and what we do is we do baby steps. So, even when you get out of school, well hopefully, when you get out of school, you know how to do a crown, you know how to do a filling, you know how to do a denture, you know how to scale a tooth (we had to do that with the boards), you know how to clean someone’s teeth, you know the basic dentistry that most people need.

So, all I do is work with them and I go, “For the next six months, we’re going to get really good at the stuff that you already know.” After six months, we’re going to start to diagnose a little

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bit more and maybe do quadrant dentistry; not one tooth dentistry and be a one-tooth wonder. Then we'll move the half mouth dentistry.

If I can get them to do half mouth dentistry for the patients there, one to three hours, holy cow, and they're not getting interrupted at all, they're making a thousand dollars an hour or more doing that type of stuff.

And if you want to then say, okay, let me take some implant training and just start with one or two a month; nothing huge, and start working that up. It's going to take them a few years to bring home 5, 6, \$700,000.

But even a dentist that's coming out of the school, has the skills to come home with \$250,000. It's a good start. They're not getting rich, but it's enough to pay off their loans, survive, pay their taxes, and it's a good, solid base to go from.

And every year, they're going to see an increase of being a little bit faster. They're going to time things and learn how to become faster. There's a great series of short videos to teach doctors how to get faster.

There are people ... there is another doctor that's been around for 40 years, Tom Hughes, I don't know if you know him but he comes out with a wonderful set. He's just a gift for dentistry.

David Phelps: And that's Tom Hughes?

Ron Schefdore: Tom Hughes. You got to look him up, Masters and Mentors. I'm telling you this doctor, with his own money, made these videos and spent a lot of money on this, and a lot of time. What a gift he gave dentistry to show us how to do things better and faster.

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I don't know anybody else that's done that. And nobody even knows about it. And it's just a shame. Just go there and check him out and just talk to him. You'll have a hell of a good conversation with him. He's such a nice man, such a giving man, and he's given us such a gift.

Even I got him now to get some CE on it because he didn't have CE. So, he got the CE, he priced it thousand bucks for nine CE or something. It isn't much money at all. But boy, what he gives you, he'll save a dentist an hour a day.

So, we get the younger dentist to look at these videos and say, "Look, we don't have to do this tomorrow, just step by step. Every week, we're going to get a little stronger." And at the end of the year, they're faster, and we get them to do more procedures and move up and that's how they become really good.

David Phelps: Yeah, It's the compound effect. Little steps at a time builds to the goal. Ron, with you gaining your experience, not only for yourself, but also working with dentists around the country, whether it's urban, suburban, rural, would you say that is it possible for a dentist to have the kind of model you're talking about and be fee for service as you have been?

Any location or are there any demographic geographical considerations that would make it more difficult or easier to do the model that you represent?

Ron Schefdore: I was in a very competitive area in a Western suburb of Chicago. Very, very competitive. There was, oh my goodness, 20 dentists within a very short walking distance than me. And I did really, really well there, but all of them decided to run to the bottom and I did the opposite.

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So, my clientele was looking for something else. They weren't rich, there was rich areas around me, but I showed them how to have quality care. They wanted doctor time, they wanted the doctor to explain it and make them understand choices, ask questions. And then I basically showed them how they can afford it. And we do things even in stages.

So, in a competitive area, you have to do that. Now, I'm finding in semi-rural and rural areas, it's much easier to do this, much easier. You'll be busy from day one because the next closest doctor that's any good is maybe an hour away.

People ain't going to go an hour away. So, even if your fees are a little bit higher, their time and the gas and everything that they got to go to the doctor an hour away, they're not going to go to most of the time. There's no reason for a doctor to be in all these network plans if you're in a semirural or rural area. Why? Where are they going to go?

Just have the best office, looks good, smells good, demonstrate it doesn't hurt, and it's going to last, and you're nice to them. You take your time with them. If you do that, you could be successful anywhere. It's just a little bit easier in the rural and semi-rural areas.

David Phelps: So, because most of the models today that are taught or at least dentists feel compelled to take on, requires an influx of a lot of new patients. I don't know I hear numbers like you got to have X number of new patients per doctor, and you said your base was about 325.

So, you didn't need some big marketing campaigns throw a bunch of dollars out there to campaign. I assume then that the predominant source of new patients was internal referrals.

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Ron Schefdore: You know you would think so; it used to be. Today, things are digital. People are not listening to their neighbors who's the dentist. They're just going online. They're seeing your reviews.

Starting six years ago, is the first time in my career that I was getting more new patients digitally, than I was from word of mouth. Word of mouth, I saw go down, digital go up.

So, marketing today is a lot different. So, my marketer kept me out of all network plans the last six years. Thank goodness.

David Phelps: So, then you had to have a digital presence, like you have website and Google reviews?

Ron Schefdore: Yes, and new patients. So, new patients in competitive area, like Chicago, for me, I needed between 15 and 20 new patients a month.

Now, if you talk to most PPOs, they need double that. They're 40, 50, 60. And trying to get those patients ... well, the only way in my opinion, they're going to come in, isn't because you're the best doctor in town, it's because you're the cheapest. Why else are they flocking to your office?

"I need dental work done. Well, I don't have much money or I don't want to pay much money because I don't see much value there because doctors never trained them on what the value is."

So, they're going to flock offices like that. Well, I was the most expensive in the area. They're not going to flock to me. So, I didn't want to handle more than 15 or 20 patients because I really couldn't meet with them, interview them and find out what was important. I mean, it was just too much.

So, it's a much slower pace. You don't need a lot of patients. If we just got rid of PPOs, we would all have plenty of patients.

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And I know that sounds kind of weird, but if you just slow it down and show people how they can afford to pay for it; most people can afford a hundred, \$200 a month for dental work, most people at work.

So, if you do a hundred or 200 a month, they have some sort of dental insurance, let's say it's a thousand, well, okay, let's say 150 a month, they can afford; it's 1,800 plus a thousand, that's 2,800 and do half of it this year, half of it next year, you're selling a 5, \$6,000 treatment plant. That's a lot of work to get done.

And the masses, I find that the masses of people that are 45 and older, it's not uncommon to need 5, \$8,000 worth of work. So, I did that all day long and it was very easy to sell.

I never had to sell, just explain it to them, and people were grateful that I did that because the last guy said, well, it was X amount of dollars and then left or wouldn't talk about the money and-

David Phelps: Yeah, well again, you're developing rapport and you're being transparent with your patients. And when you don't feel like you need to force a treatment plan, the validation there that, I'm here to help but we're not trying to oversell you on a bunch of stuff you don't need.

That comes across when you spend the time with people. If you're in and out in the quick hygiene check and you leave it to again, capable and trained assistance, I get it.

But there's just something about, "The doc was here and you saw me for two minutes and now they gave me this treatment plan that's this long, and I'm missing some connection here."

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It's like, I'm going to be reticent too. Maybe I liked you, but I only saw you for two minutes and hey, I'm not quite bought in yet, don't know you well enough. And that's where so much is lost.

As you say, you're just leaving so much on the table where you could be helping people.

I got to ask you this, obviously, you've practiced many years and you certainly went through a lot of the normal business cycles.

Ron Schefdore: Oh yeah.

David Phelps: We're in a cycle right now. We're talking about the fight against inflation potentially, into a recession. So, talk to us a little bit about recessions that you went through in the past and how did that affect your practice model, if at all?

Ron Schefdore: It did. 37 years. So, we were through a few cycles and having this model, having a low overhead, what I saw in my practice, during the really tough years, yeah, there were more cancellations. There's more people that kind of held things off, but really at the end of the year, my income wasn't affected that much. Obviously, the office didn't grow.

But I really didn't want it to grow that much. It really is almost recession proof. And I know people are calling bullshit on that, but they got the numbers to back it up. Back in 2007 or 2008, 2009 with all the crap that was going on, I'll bet my income didn't fluctuate more than 5%. But it did slow down a little bit, but when the overhead isn't that high, when my rent isn't that high, I don't have a bunch of employees-

David Phelps: You can absorb it.

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Ron Schefdore: It's not really all that bad. So, I got to drink an extra cup of coffee. I was really kind of enjoying it, to tell you the truth.

David Phelps: Well, and after 37 years of practice, not all, but I'd say a great percentage of our colleagues, they're bent over. They got neck problems, they got carpal tunnel, we didn't even talk about that today, but there's longevity of practice.

Dentistry is physically demanding as it is, minimally demanding, and the physical toll that it takes when you're trying to run the conventional model after day, that's another thing that young docs won't appreciate until a little bit further down line when they can't continue that model.

Ron Schefdore: Well, I'm always saying this to all dentists and it's like I'm hearing crickets. It's like they've got this model, like this is Walmart, like we're selling widgets.

It's great to sell a thousand widgets. But on the service business, you don't want to see massive. Maybe the guy that owns it does, the corporate does, but the guy that's actually doing the work, and right now, dentists still own practices, the majority of practices are owned by individual dentists still.

Most of us, why would you want to see masses? It's too hard. You're going to wear yourself out. I don't have any physical problems, none. And I really think a good part of that is one, not seeing a high volume.

Number two, being able to see a few re-care patients during the day. It was a needed break. It was a rest from the hard dentistry that we do.

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And it was fun. You got to have some fun during the day. If you don't like people, then sit behind the computer. What the hell did you get into dentistry for if you don't like people?

I heard a conversation, there's these Facebook gurus on there that they can't even stand people. And they're bragging how they got this big PPO practice. They never talk to patients, they know how to wiggle insurance companies for every dime that they're worth.

And that's great to go down that route, but why did you go into dentistry if you don't like talking with people, you don't care about them, and you're not there really to want to help them? It just confuses me. Most of us got into this because we enjoy helping people.

David Phelps: Yeah. Totally get it. Well, Ron, lots of wisdom in a short period of time. What's the best way for people to connect, find you, learn more about what you're doing and what basis are you doing that today?

I really get from you that, as you said, you love helping people. You help patients for many, many years. You like me, if there's people who want to listen to a different way of doing things, how do people connect with you? And what basis do you work with potential?

Ron Schefdore: I work with about four or five offices at a time. That's all I want to work with. I only ... yeah, I'm retired. I'm a retired guy and I'm still doing this about 18 hours a week. So, I do block off about 18 hours a week to help people, most of this for free.

In fact, I had two consults with doctors today, getting them on the right path. I gave them a lot of really good advice on how to

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look at this, and they were very grateful about looking at things different, because nobody's talking about this model.

And so, I'll help you as much as I can for free. But if doctors want me to help them for a few months, there's no contracts or anything. You fire me anytime you want. But within two to three months, I could get any doctor everything they need to do this model for the rest of their career.

Don't sign up with this consultations or guys that coach you that have never actually been successful being a dentist. That drives me nuts. They're charging these dentists 50 to 150,000. They're a businessman, never did general dentistry. There's periodontists telling general dentists how they should practice, and what's good for them.

There's something about general dentistry when you do it that changes you. I just had this conversation with two other doctors just about last week, it's hard, it's all consuming and it can change you. And you have to know to look out for those changes and not go down this dark hole.

Dentistry, general dentistry can do that. And I don't know why it can do that. So, when you start working too much, seeing too many patients, doing too big a numbers, I'm telling you're going to get goofy and you're going to get hurt, and you're going to go down a rabbit hole that you ain't going to like very much. I just know it.

So, I wanted to look up Tom's thing too. Anybody, if you type in \$300, Tom will give you \$300 off. Just use that code, what Tom use. But go there, its Mentors and Masters.

And I think he's got a couple of samples that you could even look at some of these videos. But if you're a younger doctor,

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you don't want to fly the CE and pay a lot of money for CE, but you really want to learn something that's really valuable, this would be a great place to start. And it's again, it's just not a lot of money.

David Phelps: Okay. So, the code is to type in the number or the letters \$300?

Ron Schefdore: \$300. Just the numbers, \$300.

David Phelps: Okay. Okay.

Ron Schefdore: People can get a hold of me by going to [pharmaden.net](http://pharmaden.net). It's a nutraceutical company. Basically, it's a supplement company; I learned by doing a lot of perio that a lot of my patients were nutritionally deficient.

We did a lot of research and developed a very high absorbing high-quality nutrient that was part of the perio issues. If you just ask people how they eat or eating habits are awful most of the time.

And then we went to Loma Linda, did a double-blind study and approved it reduced pocket depth, bleeding and plaque. So, you can go there to Loma Linda study and it was published in companion and peer-reviewed.

So, that's that site if you go there, it's not a mistake. Just look at the calendar and you could schedule with me.

David Phelps: Great. Alright. Well, Ron Schefdore, we really appreciate the time. I enjoyed the conversation. I think you're very authentic and I think a lot of docs would do well to at least open their eyes and ears to a different way of doing things, particularly before they get too far down that rabbit hole, as you said, and then they lose all the joy and the vision for why they

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got in dentistry in the first place. And that's the real tragedy. No one's served in that case. No one's served.

Ron Schefdore: I agree. Thank you for having me.

David Phelps: My pleasure, sir. Talk to you again soon.

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