‘Help! Things have got to change!’

Sally McKenzie, CEO

You want to change your practice. You know that you need to change the culture, the systems, perhaps even the staff. You have the desire, but desire alone doesn’t prepare you for the climb when you are standing at the base of what seems like Mt. Everest.

Singlehandedly achieving real change in the dental practice can be a truly Herculean effort. Team dynamics, history, patients, practice culture and technology all play significant roles in the transformation efforts, and each can erect seemingly insurmountable barriers to achieving the goals unless outside help is brought in to effectively and constructively remove those barriers.

Most likely, what you really want is not just change, but excellence. Excellence can be an intimidating concept. After all, an entire industry has been built searching for it since Tom Peters released his best-selling book in 1982.

With all the guides, books, formulas and motivational speakers who have dedicated countless pages of wisdom and endless hours of inspiration, we’ve learned this: Achieving excellence comes down to hard work, commitment and, most importantly, leadership.

At the root of excellence — or even just “very good” — is change. Change in any organization, be it a corporate giant such as Microsoft or your own dental practice, is a huge undertaking. In fact, studies have shown that 60 to 90 percent of the efforts to change the way things are done never come to fruition.

Why? It’s because the culture of most every business is “hard-wired” from the top down. In other words, if those driving the train don’t change course, everyone else is just another cart on the same track, along for the same journey, and on their way to the same destination yet again.

Creating change begins with you

The beauty of the dental practice is that if you, Mr. or Ms. Dentist, are not satisfied or don’t like the direction of your practice, you have the power to change it. In reality, only you have the power to change it. Yes, you need your team to be actively involved, but real change begins with you.

From there comes the development of the plan, which involves asking a few fundamental questions, starting with: What’s your vision for your practice? What does a really good dental practice do differently? How do we get there?

Next is fact finding. Talk to your patients about their experiences. You don’t need to conduct a formal survey, although it’s helpful if you can. At a minimum, ask how your practice can do things better.

Just remember that only a handful will be honest with you. Those who share less than stellar comments are doing you a huge favor in offering their candid opinions.

Studies indicate that if one person complains, at least seven others have had the same negative experience and each of them has told nine others about the problem. This means that at least one negative comment about your practice has been shared with 63 others in your community. Thus, this is not exactly the word-of-mouth marketing you want circulating.

Begin to assemble the building blocks of practice excellence by examining each individual system and how it fits into the vision of the office that you have chosen to create.

What does the new patient experience involve in a practice that is dedicated to setting itself apart from others in the community and how it fits into the vision of the office that you have chosen to create?

What does the new patient experience involve in a practice that is dedicated to setting itself apart from others in the community and how it fits into the vision of the office that you have chosen to create?

What does the new patient experience involve in a practice that is dedicated to setting itself apart from others in the community and how it fits into the vision of the office that you have chosen to create?
Dental pain can make anyone edgy

With Articadent® DENTAL, everyone can sit back and relax

4% Articadent® DENTAL
(articaine HCl 4% with epinephrine 1:100,000 injection)
The confident choice for comfort

Articadent® is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. Articadent® with epinephrine 1:100,000 is preferred during operative or surgical procedures when improved visualization of the surgical field is desirable. Reactions to Articadent® (pain and headache, for example, or convulsions or respiratory arrest following accidental intravascular injection) are characteristic of those associated with other amide-type local anesthetics. Articadent® contains sodium metabisulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. Accidental intravascular injection may be associated with convulsions, followed by central nervous system or cardiorespiratory depression and coma, progressing ultimately to respiratory arrest. Dental practitioners and/or clinicians who employ local anesthetic agents should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen, and other resuscitative drugs should be available for immediate use. Articadent®, along with other local anesthetics, is capable of producing methemoglobinemia. The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness. If methemoglobinemia does not respond to administration of oxygen, administration of methylene blue intravenously 1-2 mg/kg body weight over a 5-minute period is recommended.

For more information, call 800.989.0826, or visit www.dentsplypharma.com

© 2010 DENTSPLY International, York, PA 17404
Articadent® is a registered trademark of DENTSPLY International and/or its subsidiaries.
PhA07-0810-2
4% **Articadent™ DENTAL with epinephrine 1:100,000**
(arvicanthine hydrochloride 4% (40 mg/ml) with epinephrine 1:100,000)

4% **Articadent™ DENTAL with epinephrine 1:200,000**
(arvicanthine hydrochloride 4% (40 mg/ml) with epinephrine 1:200,000)

**BRIEF SUMMARY.** [See Package Insert For Full Prescribing Information]

**USE**
Articadent™ is indicated for local, infiltrative, or conductive anesthesia in both simple and complex dental procedures. For most routine dental procedures, Articadent™ with epinephrine 1:200,000 is preferred.

**CONTRAINDICATIONS**
Articadent™ is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type, or in patients with known hypersensitivity to isocyanate metabolites.

**WARNINGS**
Accidental Intravascular injection may be associated with convulsions, followed by central nervous system depression and respiratory depression. Convulsions may be due to rapid systemic absorption of local anesthetic and arrest. Dental practitioners and/or dentists who employ local anesthetic agents should be well versed in the management of symptoms of Emergency equipment, oxygen, and other resuscitative drugs should be available for immediate use.

Intravascular injections should be avoided. To avoid intravascular injection, aspiration should be performed before Articadent™ is injected. The needle must be restimulated and no return of blood can be dilfed by aspiration. Note, however, that the absence of blood in the syringe does not guarantee that intravascular injection has been avoided.

Articadent™ contains epinephrine that can cause local tissue necrosis or systemic toxicity. Usual precautions for epinephrine administration should be taken.

**PRECAUTIONS**
General: The anesthetic equipment, oxygen, and other resuscitative drugs should be available for immediate use (see WARNINGS). The lowest dosage that results in effective anesthesia should be used to avoid toxicity. Maximal local anesthetic effects may result in increases in blood levels with each repeated dose because of possible accumulation of the drug or its metabolites. Tolerance to elevated blood levels varies with the status of the patient. Delirious patients, elderly patients, acutely ill patients and pediatric patients should be given reduced doses because of their altered cardiovascular and physical status.

Articadent™ should be used with caution in patients with heart block.

Local anesthetic solutions, such as Articadent™, containing a vasoconstrictor should be used cautiously. Patients with hypertension or cardiovascular disease may have exaggerated vasoconstrictor responses. Ischemic injury or necrosis may result. Articadent™ should be used with caution in the following conditions: patients with severe hypertension, patients with cardiac arrhythmias which may occur under local anesthetics. Systemic absorption of local anesthetics can produce effects on the central nervous and cardiovascular systems. Resuscitative equipment should be available for use in patients with cardiac dysfunction. Caution should be taken with patients with severe hepatic disease.

Articadent™ should also be used with caution in patients with impaired cardiovascular function since they may be more susceptible to functional changes associated with the prolongation of action produced by these drugs.

Swelling of the mouth and tongue may occur following injection in dental blocks may produce adverse reactions similar to systemic toxicity seen with unintentional intravascular injections of larger doses. Convulsions, respiration depression, cardiovascular depression, or death may occur. Depressor reactions should be reported.

Resuscitative equipment and personnel for treating adverse reactions should be immediately available.

Dosage recommendations should not be exceeded (see DOSAGE AND ADMINISTRATION in package insert).

**Information for Patients:**

- The patient should be informed in advance of the possibility of temporary loss of sensation and muscle function following infiltration and nerve block injections.
- Patients should be instructed not to eat or drink until normal sensation returns.

**CLINICALLY SIGNIFICANT DRUG INTERACTIONS:**
- The administration of local anesthetic solutions containing epinephrine to patients receiving monoamine oxidase inhibitors, nonselective beta adrenergic antagonists or tryptophan may result in a synergistic increase in peripheral vasoconstriction and, prolonged hypertension. These effects may reduce or reverse the pressor effect of epinephrine. Concurrent use of these agents should be avoided.
- Should an arterial line be used, the use of epinephrine should be avoided.
- When local anesthetics are administered subcutaneously at rates greater than 3 mg/kg/hr (100 mcg/kg/min) convulsions may be produced (see WARNINGS).

**OVERDOSAGE**
- Acute emergencies from local anesthetics are generally related to high plasma levels encountered during therapeutic use of local anesthetics or to unintentional intravascular injection of local anesthetic solutions (see WARNINGS, PRECAUTIONS, General Information). Management of Local Anesthetic Emergencies: The first consideration is prevention. The second consideration is treatment of convulsions or respiratory depression.

**DOSAGE**
- Adult: 1.0 mg/kg IV in 1000 ml of D5W over 10 minutes. The maximum recommended dose of epinephrine in patients 17 to 65 years of age or older required additional injections of anesthetic for complete anesthesia compared with 11% of patients 75 years or age or older required additional injections of anesthetic for complete anesthesia compared with 11% of younger patients and 75 years or age or older required additional injections of anesthetic for complete anesthesia compared with 11% of patients 75 years or age or older required additional injections.

**ADVERSE REACTIONS**
- Reactions to Articadent™ are characteristic of those associated with other amide-type local anesthetics. Adverse reactions to this group of drugs may also result from excessive plasma levels (which may be due to overdose, unintentional intravascular injection, or slow metabolic degradation). Injection technique, volume of injection, hypodermic needle size, and patient factors also influence the incidence and severity of these reactions. The reported adverse events are derived from clinical trials in the US and UK. Table 1 displays the adverse events reported in clinical trials where 882 individuals were exposed to Articadent™ with epinephrine 1:100,000 and 179 individuals were exposed to Articadent™ with epinephrine 1:200,000. The incidence of 1% or greater in patients administered Articadent™ with epinephrine 1:100,000 and Articadent™ with epinephrine 1:200,000 is provided in Table 2. The following list includes adverse events and serious events that were recorded in 1 or more patients, but occurred at an overall rate of less than one percent, and were considered clinically relevant.
- **Body**
  - As a whole: abdominal pain, accidental injury, asthma, back pain, injection site pain, burning sensation above injection site, malaise, neck pain.

**Skin and Appendages**
- Pruritus, rash.

**Systemic Side Effects**
- Nausea, vomiting.

**Urogenital System**
- Anosmia.

**PREGNANCY**
- Teratogenic Effects/ Pregnancy Category C

**NURSING MOTHERS**
- It is not known whether articaine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Articadent™ is administered to nursing women.

**Pediatric Use**
- In clinical trials, 61 pediatric patients between the ages of 4 and 16 years received Articadent™ with epinephrine 1:200,000. Among patients aged 4 to 16 years, doses of 0.75 mg/kg to 6.55 mg/kg (0.9 to 5.1 ml) were administered safely to 5 patients for simple procedures and doses between 0.3 mg/kg to 7.49 mg/kg (0.7 to 5 ml) were administered safely to 10 patients for complex procedures. However, there was insufficient exposure to Articadent™ with epinephrine 1:100,000 at doses greater than 7.5 mg/kg in children in order to make a conclusion.

**GERIATRIC USE**
- In clinical trials, 54 patients between the ages of 65 and 75 years, and 11 patients 75 years and older received Articadent™ with epinephrine 1:100,000. Among all patients aged 65 and 75 years, doses from 0.43 mg/kg to 4.76 mg/kg (0.9 to 11.5 ml) were administered safely to 20 patients for simple procedures and doses from 1.8 mg/kg to 4.27 mg/kg (1.3 to 6.6 ml) were administered safely to 10 patients for complex procedures. Among the 11 patients 75 years old, doses from 0.78 mg/kg to 5.19 mg/kg (1.3 to 11.5 ml) were administered safely to 7 patients for simple procedures and doses from 1.12 mg/kg to 2.17 mg/kg (1.3 to 5 ml) were safely administered to 4 patients for complex procedures.

**ADVERSE EVENTS**
- There are no adequately and well-controlled studies in pregnant women. Animal reproduction studies are not always predictive of human response. Articadent™ should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
- **NURSING MOTHERS**
  - It is not known whether articaine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Articadent™ is administered to nursing women.

**Adult Dosage**
- Articadent™ with epinephrine 1:100,000 is preferred for most routine dental procedures. For complex procedures, Articadent™ with epinephrine 1:200,000 is preferred.

**Contraindications**
- Articadent™ is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type, or in patients with known hypersensitivity to isocyanate metabolites.
the strengths and weaknesses of practice systems and protocols? What changes would they recommend to improve them?

What protocols could be developed to reduce stress and improve the critical experience, practice productivity and the total culture of the office?

Develop your plan for each area and put it in writing. Focus on the specifics of each practice system and create a timeline for addressing individual areas.

Remember, keep it manageable and establish realistic goals. Change efforts frequently fall short because businesses attempt to take on too much too soon and quickly become overwhelmed. Some system changes can be implemented in a few weeks while others may require up to a full year.

When to seek additional help

Face the reality of your individual situation. In other words, recognize that there are many dental teams that simply cannot make the necessary changes on their own. Some dentists can successfully direct true system and cultural change in the practice on their own.

However, most don’t have the time, the energy or the mental fortitude to push through when seemingly everyone else is pushing back.

Often, dentist and staff are too close to the situation to be able to objectively consider what is truly required and what needs to be corrected.

Tough decisions become clouded by personalities, turf wars and tenure. In those circumstances, it’s critical to seek outside help from a professional.

Nevertheless, how do you distinguish between those that can deliver results and those that can’t? Like dentists, there are excellent consultants, good consultants and, unfortunately, bad consultants.

For example, lumping all practice management consultants in the same category, I suggest you conduct a simple evaluation. Consider the following questions.

First, is the practice-management consulting firm you are considering endorsed by a credible outside organization, such as your state dental society?

For example, McKenzie Management is the only national practice management company endorsed by the California Dental Association.

Does the company or consultant you are considering come to you or must you and your team go to them?

Certainly, it’s valuable for your team to go off-site for a team retreat and continuing education, but there is no substitute for what happens on-site, day-after-day in your practice.

If you are trying to make major changes to critical systems, a consultant cannot make effective recommendations until he or she stands in your office, witnesses the challenges you face, understands your goals and vision, studies your practice data on-site, evaluates the demographics and psychographics of your community and stands alongside the team that makes or breaks your success.

Does the company have a record of proven success? You want numbers, you want data and you want references. The credible companies and consultants will not hesitate to share this information with you.

Can this company tailor its recommendations to address the specific needs and uniqueness of your practice? Perhaps yours is a specialty practice or maybe you have certain economic challenges in your community.

Possibly yours is an HMO office or maybe your practice is in a rural setting. Certainly, there are management systems that every practice must implement — such as scheduling, collections, production, etc.

Yet, no two practices are exactly alike. You want a consulting company that has the experience and breadth of knowledge to address the uniqueness of your practice.

What type of follow-up will this company or consultant provide? Is this a once-and-done operation? Does the company representative spend a day or a few hours with you, hand you a manual to follow and leave you to implement the recommendations on your own?

In most cases, that’s a strategy for failure. The dentist cannot make major changes in his or her practice single-handedly.

Alternatively, are the consultants on-site for as many days as the dentist would like? Regardless of the number of onsite days, it is imperative that you have a partner walking through the change process with you and your team for a full 12 months.

Ultimately, you want to work with a consulting firm that is prepared to provide individual attention and specific assistance to your practice over the long haul.