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? How do patients feel when they call a practice that is committed to excellence? How is the team involved in carrying out the practice culture that the dentist wants to create?

Once the broad-brush concepts are identified, take an honest look at how your team currently handles specific systems. Don’t sugar coat it.

Then ask your employees for their input. What do they see as...
Dental pain can make anyone edgy

With Articadent® DENTAL, everyone can sit back and relax

4% Articadent® DENTAL (articae 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 cardiovascular 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.

Please see Brief Summary of Prescribing Information on adjacent page.
4% Articadent™ DENTAL with epinephrine 1:100,000 (artieaine hydrochloride 4% [40 mg/ml] with epinephrine 1:100,000)

4% Articadent™ DENTAL with epinephrine 1:200,000 (artieaine 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. Articadent™ with epinephrine 1:100,000 is recommended for operative or surgical procedures when improved visualization of the surgical field is desirable.

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 soya bean lipase.

WARNINGS
Accidental Intravascular Injection may be associated with convulsions, followed by central nervous system depression, respiratory depression, and cardiovascular collapse, with a possible fatal outcome.

Articadent™ is contraindicated in patients with uncontrolled arterial or venous hypertension, or in those with known hypersensitivity to any component of the formulation. Arterial or venous puncture or arterial or venous cannulation should not precede local anesthetic administration. Intravenous local anesthetics should be avoided in patients with uncontrolled hypertension or coronary artery disease.

Articadent™ contains epinephrine, which can cause local tissue necrosis or systemic toxicity. Various precautions for epinephrine administration should be observed.

ADVERSE REACTIONS
The maximum recommended human dose on a mg/kg basis) did not produce these effects. A similar study using Articadent™ with epinephrine 1:100,000 rather than artieaine hydrochloride alone produced marked cardiovascular effects but no effects on the respiratory system. There are no adequate 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 artieaine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Articadent™ is administered to a nursing woman.

Pediatric Use: In clinical trials, 81 pediatric patients between the ages of 4 and 16 years received Articadent™ with epinephrine 1:200,000. Among all patients, 0.5 mg/kg to 6.65 mg/kg (0.9 to 5.1 mL) were administered safely to 51 patients for simple procedures and doses between 0.5 mg/kg and 7.49 mg/kg (0.7 to 10.0 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 0.8 mg/kg in children. In general, Articadent™ is considered safe in children. No unusual adverse events were noted in these patients. Approximately 13% of these pediatric patients required additional injections of anesthetic for incomplete anesthesia. Safety and efficacy have not been established in children 17 years and older.

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 65 and 75 years, doses from 0.43 mg/kg to 4.76 mg/kg (0.9 to 15.1 mL) were administered safely to 50 patients for simple procedures and doses from 1.06 mg/kg to 4.27 mg/kg (1.3 to 6.8 mL) were administered safely to 10 patients for complex procedures. Among the 11 patients 75 years and older, doses from 0.78 mg/kg to 4.56 mg/kg (1.3 to 11.1 mL) were administered safely to 7 patients for simple procedures and doses of 1.22 mg/kg to 2.17 mg/kg (1.3 to 5.1 mL) were safely administered to 4 patients for complex procedures.

No overall differences in safety or effectiveness were observed between elderly subjects and younger subjects, and other reported clinical experience has not identified differences in responses to Articadent™ in the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. Approximately 5% of patients between the ages of 65 and 75 years and none of the 11 patients 75 years of age or older required additional injections of anesthetic for complete anesthesia compared with 11% of patients 17 and 60 years old who required additional injections.

ADVERSE REACTIONS
Reactions to Articadent™ are characterized by 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 overdosage, unintentional intravascular injection, or slow metabolic degradation), infusion technique, volume of injection, hypotension, or anaphylactic reactions.

The reported adverse events are derived from clinical trials in the US and UK. Table 1 depicts adverse events reported in clinical trials where 862 individuals were exposed to Articadent™ with epinephrine 1:100,000 and 179 individuals were exposed to Articadent™ with epinephrine 1:200,000. The most frequently reported adverse events are italicized. As with epinephrine 1:100,000, 1:200,000, and 1:500,000, these adverse events were generally associated with higher concentrations of epinephrine or with large volumes of local anesthetic solution.

Table 1. Adverse Events in controlled clinical trials with an incidence of 1% or greater in patients administered Articadent™ with epinephrine 1:100,000.

<table>
<thead>
<tr>
<th>Event</th>
<th>Number of Patients (1%)</th>
<th>Number of Patients (5%)</th>
<th>Number of Patients (10%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>25 (3%)</td>
<td>33 (4%)</td>
<td>36 (5%)</td>
</tr>
<tr>
<td>Nausea</td>
<td>16 (2%)</td>
<td>21 (3%)</td>
<td>24 (3%)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>12 (2%)</td>
<td>16 (2%)</td>
<td>17 (3%)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>8 (1%)</td>
<td>11 (1%)</td>
<td>12 (2%)</td>
</tr>
<tr>
<td>Pruritus</td>
<td>7 (1%)</td>
<td>9 (1%)</td>
<td>10 (1%)</td>
</tr>
<tr>
<td>Hypotension</td>
<td>6 (1%)</td>
<td>7 (1%)</td>
<td>8 (1%)</td>
</tr>
<tr>
<td>Palpitations</td>
<td>5 (1%)</td>
<td>6 (1%)</td>
<td>7 (1%)</td>
</tr>
<tr>
<td>Syncope</td>
<td>4 (1%)</td>
<td>5 (1%)</td>
<td>5 (1%)</td>
</tr>
<tr>
<td>Paresthesia</td>
<td>3 (1%)</td>
<td>4 (1%)</td>
<td>4 (1%)</td>
</tr>
</tbody>
</table>

The following list includes adverse and intolerant 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**: A whole (abdominal) pain, accidental injury, asthma, back pain, injection site pain, burning sensation above injection site, melaena, rectal pain.
- **Cardiovascular System**: Hypersensitivity, myalgia, syncope, techecopa, elevated blood pressure.
- **Diaphragmatic System**: Congestion, cataract, dyspnea, glossitis, gum hemorrhage, mouth ulcers, nasal congestion, tongue, oral allergy.
- **Ear**: Tinnitus.
- **Eye**: Edema.
- **Gastrointestinal System**: Eructation, nausea.
- **Genitourinary System**: Anosmia, kidney, spermatic swelling.
- **Integumentary System**: Anaphylaxis, angioneurotic edema.
- **Musculoskeletal System**: Arthralgia, myalgia, myositis, osteomyelitis.
- **Nervous System**:难睡, 难醒, 难安眠, 难解, 难解困.
- **Pulmonary System**: Pneumonia.
- **Respiratory System**: Pharyngitis, rhinitis, sinus pain, sinus congestion.
- **Skin and Appendages**: Pruritus, skin disorder.
- **Special Senses**: Ear pain, taste, vision.

Urological System: [opathy]

Persistent parasthesiae of the lips, tongue, and oral tissues have been reported with use of artieaine hydrochloride, with, in one case, the retropalatal. These symptoms in some patients reported chiefly nerve blocks in the mandible and have involved the trigeminal nerve and its branches.

OVERDOSE
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 solution (see OVERDOSE, PRECAUTIONS, General and Management of Local Anesthetic Emergencies).

MANAGEMENT OF LOCAL ANESTHETIC EMERGENCIES
- **The first consideration is prevention, best accom- plished by the trained anesthesia staff. The second consideration is state of consciousness after each local anesthetic injection. At the first sign of change, oxygen should be administered immediately.
- **The first step in the management of convulsions, as well as hypovolemia, consists of immediate at- tendance to the maintenance of a patient airway and assisted or controlled ventilation as needed. The secondary step to resuscitation should be instituted if the patient is unresponsive. If the patient is responsive, but support- treatment with appropriate anticonvulsant therapy is indicated. The practitioner should be familiar, prior to the treatment of local anesthetics, with the signs and symptoms of cardiovascular depression and appropriate treatment of intravenous fluids and, when appropriate, a vasopressor. If convulsions occurred immediately, both the anesthetic and carotid cerebrovascular depression, the carotid or carotid arrest should occur, standard cardiopulmonary resuscitation techniques should be instituted.

HOW SUPPLIED
Articadent™ (artieaine HC 4% with epinephrine 1:100,000 or 1:200,000) is available in 1 mL ampules, 5 mL vials of 1 mL and 10 mL vials of 1 mL. Articadent™ with epinephrine 1:500,000 is available as 2 mL and 5 mL vials of 2 mL. Articadent™ with epinephrine 1:1,000,000 is available as 5 mL vials of 5 mL. Articadent™ with epinephrine 1:5,000,000 is available as 2 mL vials of 2 mL and as 10 mL vials of 10 mL. Articadent™ with epinephrine 1:10,000,000 is available as 10 mL vials of 10 mL.

Manufactured for:
DENTSPLY Pharmaceuticals
Novo Nordisk Pharmaceuticals, Inc.
Cranbury, New Jersey 08512-0141

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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 systems 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 working 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.

When you lump 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 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.

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide. She is also editor of The Dentist’s Network Newsletter at www.thedentistsnetwork.net; the e-Management Newsletter from www.mckenzie_mgmt.com; and The New Dentist” magazine, www.thenewdentist.net. She can be reached at (877) 777-6151 or sally@mckenzienmtg.com.