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?

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Dental pain can make anyone edgy

With Articadent® DENTAL, everyone can sit back and relax

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.

Please see Brief Summary of Prescribing Information on adjacent page.

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

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4% Antacid™ DENTAL with epinephrine 1:100,000
(tartaric hydrochloride 4% (40 mg/ml) with epinephrine 1:100,000)

4% Antacid™ DENTAL with epinephrine 1:200,000
(tartaric hydrochloride 4% (40 mg/ml) with epinephrine 1:200,000)

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

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

Antacid™ is contraindicated for use in deep infiltrating or surgical procedures when improved visualization of the surgical field is desired. Antacid™ is also contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type, or in patients with known hypersensitivity to sulfonamides.

WARNINGS
Accidental Intraosseous Injection may be associated with convulsions, followed by central nervous system depression. In patients with diabetes mellitus, convulsions may be accompanied by a rise in blood glucose. Cardiac arrest may occur. Local anesthetics may accumulate in the blood stream and cause death. Ventricular arrhythmias may be life-threatening.

Accidental subcutaneous injection may be associated with pain, inflammation, and discoloration at the site of injection. Local anesthetics may accumulate in the blood stream and cause death. Cardiac arrest may occur.

Antacid™ contains epinephrine that can cause local tissue necrosis or systemic toxicity. Usually precautions for epinephrine administration should be observed. Unless used for epinephrine metabolism, a subcutaneous injection of epinephrine may cause a cutaneous reaction.

The clinical signs of methemoglobinemia are cyanosis of the nail beds and lips, fatigue and weakness, if methemoglobin does not respond to administration of oxygen, administration of methylene blue 1 mg/kg is recommended. The usual adult dosage is 2 to 5 mg intravenously.

The American Heart Association has made the following recommendation regarding the use of local anesthetic drugs containing epinephrine: Vasoconstrictor agents should be used in local anesthetic solutions for duration of dental practice only if it is clear that the procedure will be short, that the entire dose of epinephrine 1:100000 and Table 21 should be used in any indication and that local anesthetic injection should be taken to avoid intraosseous injection. The minimal possible amount of vasoconstrictor should be used in dental practice. (See Table 21. Color Cardiac disease in dental practice. Davis TWF, American Heart Association.)

PRECAUTIONS
General: Intraosseous injection, oxygen, and other vasoconstrictor drugs should be available for immediate use (see WARNINGS). The lowest dosage that results in effective anesthesia should be used to avoid high blood levels and toxic effects. Repetition of doses may result in increased resistance in tissues with previous treatment. Injections in blood vessels with repeated dose because of possible accumulation of the drug or its metabolites. Tolerance to elevated blood levels varies with the status of the patient. Debilitated patients, elderly patients, acutely ill patients and pediatric patients should be given reduced doses and monitored for signs of systemic toxicity.

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

Local anesthetic solutions, such as Antacid™ containing a vasoconstrictor should be used with caution. Paradoxically, the use of local anesthetic solutions with vasoconstrictor in patients with hyperprolactinemia may cause greater vascular response. Ischemic injury or necrosis may result. Antacid™ should be used with caution in patients with a personal history of angina resulting from spasm of the coronary arteries, since cardiac arrhythmias may occur under such conditions.

Systemic absorption of local anesthetics can produce effects on the central nervous and cardiovascular systems. Observe patients who have received therapeutic doses, changes in cardiac conduction, excitability, refractoriness, contractility, and peripheral vascular resistance are minimal. However, toxic blood concentrations depress cardiac conduction and excitability, which may lead to atrioventricular block, venous arrhythmias, and cardiac arrest, possibly resulting in fatalities. In addition, myocardial contractility is depressed and peripheral vasoconstriction occurs, leading to decreased cerebral oxygen output and increased cerebral blood pressure.

Careful and constant monitoring of cardiovascular and respiratory (apnea/usurping of ventilation) signs is advised and the patient’s state of consciousness should be performed after local anesthetic injection. It should be kept in mind that such remedies as restlessness, anxiety, tremor, dizziness, blurred vision, tinnitus, depression, or drowsiness may be early warning signs of central nervous system toxicity.

In ultra studies show that about 5 to 10% of antacid is metabolized by the human liver microsomal enzyme system, for patients with liver dysfunction, caution should be used in patients with severe hepatic disease.

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

Swallowing or injection of local anesthetic solutions or epinephrine in dental blocks may produce adverse reactions similar to systemic toxicity seen with uninfused intraosseous injections of larger doses. Convulsions, respiration, circulatory collapse, or depression of blood pressure have been reported. These reactions may be due to intra-arterial injection of the local anesthetic with retrograde flow to the lung capillary bed causing severe coronary artery constriction. 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.
- The patient 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 monocular ophthalmic solutions, nonselective beta adrenergic antagonists or tricyclic antidepressant drugs, prolonged sedative hypnotic anesthetics, or narcotics may reduce or reverse the pressor effect of epinephrine. Concurrent use of these agents should generally be avoided in patients with a history of coronary artery disease, as these agents may reduce coronary blood flow and may produce myocardial ischemia (essential).

CONTRAINDICATIONS, MISUSE, IMPAIRMENT OF FERTILITY:

Studies to evaluate the carcinogenic potential of antacid HCl in animals have not been conducted. Five standard mutagenicity tests, including three in vitro tests and two in vivo tests of long-term administration of epinephrine were negative. A genotoxicity test and a maximum mutagenic test with antacid HCl and two test mice murine lymphoid tissue of mice were conducted, no evidence of carcinogenicity was observed. There were no mutagenic effects. No effects on male or female fertility were observed in rats for Antacid™ with epinephrine 1:100,000 administered subcutaneously in doses up to 80 mg/kg/day (approximately two times the maximum recommended human dose on a weight/mass basis) or up to a maximum recommended human dose on a weight/mass basis) or up to a maximum recommended human dose on a weight/mass basis). Therefore, no evidence of carcinogenicity or other adverse effects, including a potential for reproductive toxicity was observed. When antacid hydrochloride was administered subcutaneously to rats throughout gestation and lactation, 80 mg/kg/day subcutaneously is toxic to the male and female rat. In a carcinogenicity study, a single dose of 20 mg/kg on a body weight basis and a single dose of 10 mg/kg on a mass basis caused death and adversely affected passive resistance, a measure of learning, in pigs. This dose also produced severe maternal toxicity in some animals. A dose of 40 mg/kg was approximately equal to the maximum recommended human dose on a mg/kg basis) did not produce these effects. A similar study using Antacid™ with epinephrine 1:100,000 rather than tartaric hydrochloride alone produced no effects, but no effects were studied. There are no adequate and well-controlled studies in pregnant women. Animal reproduction studies are not always predictive of human response. Antacid™ should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: It is not known whether antacid is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Antacid™ is administered to a nursing woman.

Pediatric Use: In clinical trials, 61 pediatric patients between the ages of 4 and 16 years were associated with epinephrine 1:200,000. Among patients treated with epinephrine 1:200,000, 0.5 to 6.6 mg/kg (0.9 to 5.1 mg/l) were administered safely for 51 patients for simple procedures and doses between 0.3 mg/kg and 7.4 mg/kg (0.7 to 17.4 mg/l) were administered safely to 10 patients for complex procedures. However, there was insufficient exposure to Antacid™ with epinephrine 1:100,000 at doses greater than 0.5 mg/kg in children or adults in the current clinical experience. Therefore, these patients were noted in these patients. Approximate 13% of these pediatric patients required additional injections of antacid for complete anesthesia. Safety and effectiveness in children younger than 17 years of age or older required additional injections in anesthetics for complete anesthesia compared with 11% of patients aged 17 and 65 years old who required additional injections.

ADVERSE REACTIONS:

Reactions to Antacid™ 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 intraosseous injection, or slow metabolic degradation), injection technique, volume of injection, hyperosmolality, and local irritation.

The reported adverse events are derived from clinical trials in the US and UK. Table 1 depicts the adverse events reported in clinical trials where 982 individuals were exposed to Antacid™ with epinephrine 1:100,000 and 179 individuals were exposed to Antacid™ with epinephrine 1:200,000.
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 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. If 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.