Arkansas Mission of Mercy Honorary Chairs, the Honorable Jonesboro Mayor Harold and Susan Perrin
Endorsed by the Arkansas State Dental Association
Regions Insurance proudly presents the following programs:

- Professional Liability
- Property/General Liability
- Individual Disability Income
- Business Overhead Disability
- Acc. Death & Dismemberment
- Hospital Indemnity
- Long-Term Care
- Term Life

Please contact Regions Insurance soon for more information and a quotation:

- Dwight Callaham
dwight.callaham@regionsinsurance.com
  501.661.4956

- Vernon Dutton
vernon.dutton@regionsinsurance.com
  501.661.4999

- Denise Turner
denise.turner@regionsinsurance.com
  501.661.4954

- Holly Schieber
holly.schieber@regionsinsurance.com
  501.661.4951

© 2012 Regions. Insurance products are not FDIC insured, not a deposit, not an obligation of or guaranteed by Regions Bank, its affiliates, or any government agency, and may lose value.

Green Dental Laboratories, Inc.
Contact Green Dental Laboratories, Inc. at 800.247.1365 for our exclusive ClearFrame solution!

partial to blending in...

...a partial that blends in ClearFrame™
For patients who want a comfortable partial that blends more naturally into their mouth.

Take A Closer Look
At Your Insurance Coverages
Don’t Let Your Patients Go “Tooth-Less”

Our quality speaks for itself.

501.352.6580
800-656-1113
North Little Rock, AR
“I’ve put my old workhorse out to pasture!”

Thanks to Bruxir® from R-Dent, I now have a new workhorse!

For as long as I can remember, I have been placing PFM restorations on posterior teeth. PFMs have been my “workhorse” restoration for molars, especially second molars where porcelain failure is greater. However, since we do so many cosmetic smile make-overs in my office, I have found that patients do not want any metal in their mouths. Due to the increase in demand for more cosmetic restorations, I had to find a restoration that provides both esthetics and strength. Enter Bruxir® from R-Dent Labs. Patients love these Bruxir® restorations because they look so natural. I love them not only because they are aesthetic, but because my chances of having chips or fractures with these are almost non-existent! These restorations fit great and adjustments are made easy with the custom burs that R-dent supplies. R-dent works one-on-one with our office to discuss any difficult situations and they are always easily reached. Bruxir® zirconia restorations from R-Dent Labs is my new workhorse and I suggest these crowns to any patient requiring posterior crown work.

Todd Higginbotham, DDS
Higginbotham Family Dental
Office in Jonesboro, Blytheville, Trumann, Leachville, & Paragould

Bruxir® is a monolithic solid zirconia crown or bridge restoration. Virtually chip-proof, Bruxir® Solid Zirconia crowns & bridges are the ideal restoration for bruxers, implant restorations and areas with limited occlusal space. Bruxir® crowns & bridges are backed by a seven-year free replacement warranty.

For A Limited Time Only!!

$99.00 Per Unit

R-Dent Dental Laboratory, Inc.
Toll Free - 877-RDENT4U
www.rdentlab.com

Join us on Facebook and Follow Us on Twitter! Facebook
www.facebook.com/R-DentLabs
www.twitter.com/R-DentLab

n

CONTENTS

Volume 84, Number 1 • Spring 2012

FEATURES:

19 Joy and Sadness
The Office of Oral Health has come a long way since 1999
By Dr. Lynn Mouden

23 Delta Dental’s Affiliation Plans for the Future
By Ed Choate

26 A Funding Alternative for Long Term Care Expenses
By Dwight Callaham

28 Incorporating Minimal Oral Sedation Techniques into the Arkansas Dental Practice
By K. David Stillwell, DDS, MAGD, FAAHD

33 A Kinder and Gentler Time in Dental Education
By Judith A. Ross, DMD, MS, Laura Darnell, DMD, PhD, Janet Harrison, DDS and Timothy L. Hottel, DDS, MS, MBA

DEPARTMENTS:

From the President: By Jim Phillips .................. 9
From the Editor: By Terry Fiddler ................... 13
Volunteer Opportunities ......................... 16
From the Executive Director: By Billy Tarpley ....... 17
Dental Schools ..................................... 31
District Dental Society News .................... 36
Associate News .................................. 43
Obituaries ....................................... 46

Cover photo by Joey Glaub
Accadia Court is nestled in private green spaces with quiet wooded views. It’s also just down the street from J.Crew.

For information on available commercial property in Chenal Valley, contact:
Brandon Rogers, Commercial Broker 501-821-9105
Rebecca Catlett Cate, Commercial Broker 501-821-9107

The New Destination For Health Care in Little Rock.

Lease space available from 1,200 to 9,000 square feet.

Homegrown Dental Education,
Time to Plant the Seed?

An unprecedented opportunity to partner in developing dental education is on the horizon for ASDA. Specifically, we are being asked to help establish a “blueprint” for post-graduate dental education here in Arkansas.

Asked by whom? The Chancellor of the University of Arkansas Medical Sciences, Dr. Dan Rahn has approached ASDA to establish a collaborative pathway to initiate post-graduate education at UAMS.

What might this mean for Arkansas dentists? Initially, development of a General Practice Residency would be centered in Little Rock. This training program would follow established GPR guidelines and might consist of only a couple of residents in the beginning then expand as required. For those of you who are not familiar with a GPR curriculum, the following is typical:

Length of program: 1 year

Number of positions: Flexible

Financial arrangement: salaried

Rotations:
Hospital dentistry, including comprehensive patient care of the medically, physically, and psychologically challenged patients; restorative in the O.R.; conscious sedation techniques for general dentistry; “on call” for the emergency room and inpatients. Typical rotation is 7 months.

One (1) month on oral and maxillofacial surgery.
One (1) month on anesthesia
One (1) month on medicine where the emphasis is assessing a variety of medical conditions.
One (1) month on Pediatric dentistry.

A partial month rotation in periodontal practice.

Obviously, all criteria for a GPR are already in place at UAMS. Initiation of a program merely takes the desire to begin.
The next step might possibly be the incorporation of all or a part of the UT Pediatric Dentistry Residency (both 24 and 36 month programs) into the UAMS system. As most Arkansas Dentistry readers know, the current clinical setting of the resident training program is located at the Crittenden Regional Hospital in West Memphis. It seems a logical step to incorporate this training program into UAMS with rotations not only at Little Rock but also the Arkansas Children’s Hospital. Establishment of these training programs would also not be significantly problematic; UAMS has complimentary programs in nearly every other surgical subspecialty. Obviously all it takes is a desire and funding.

Another way UAMS and ASDA might partner is in the realm of dental continuing education. How about an annual head and neck dissection course for those who want to sharpen their skills; or how about pathology lectures featuring the State’s Board Certified oral pathology. Telemedicine/distance learning already encompasses many UAMS departments. How about CE teleconferenced from Little Rock to all areas of the State? Availability of dental specialists has always been a problem in rural areas. In the future, teledentistry may offer the possibility of reducing professional isolation.

How convenient would it be to certify your dental assistants in nitrous oxide analgesia right in your own facility? This is a working reality: ASDA and the Arkansas State Board of Dental Examiners have approved the concept as presented by Dr. Lindy Bollin of the UAMS School of Dental Hygiene. You would be able to go online through a secure site and have your staff complete the didactic portion through teledentistry. ‘Hands-on’ training would be done under the dentist’s direct supervision. After successful completion, the Board would issue a permit. This process would standardize the educational process across the state.

On July 5, 2007, Senator Jack Critcher, Chair of the Senate Interim Committee on Public Health, Welfare and Labor, and Representative Eddie Cooper, Chair of the same Committee in the House, requested from the Arkansas Center for Dental Education a permit. This process would standardize the didactic portion through teledentistry. ‘Hands-on’ training would be done under the dentist’s direct supervision. After successful completion, the Board would issue a permit. This process would standardize the educational process across the state.

The results of this interim study proposal (ISP 2007-173) which was also authored by Ann Bynum, EdD, Gene Jines, DDS, FICOI, Robert Jolly, DDS, James Koonce, DDS, MSD; Susan Long, EdD, RDH, and Lynn Mouded, DDS, MPH, FICOI, FACI, are available through ASDA. Two initial steps were suggested: 1) establishing a component within UAMS named the Arkansas Center for Dental Education which would report directly to the Chancellor; 2) instructing the Center for Dental Education to develop a comprehensive plan for a UAMS College of Dentistry.

At the present time, only step one has been completed. If you noticed on the recent ASDA manpower survey, one of the questions asked was that, ‘If you, the practicing Arkansas dentist, thought a dental school was necessary, I know what the general dentists in Jonesboro would vote – I can actually see 12 dental offices out my front window!’

If you read the interim study, it makes a compelling argument for a dental school in the future – but probably far in the future. Certainly not in my practice life and most likely not the traditional model that we see at the University of Tennessee.

In conclusion, dental education across the nation is changing. Discussions of access to care, cost of educating our new dentists, mid-level providers, curriculum, etc. are being discussed at the highest levels of state and federal government. We have a singular opportunity to partner with UAMS led by a chancellor who is vitally interested in dental education. It is time to harvest this bounty.

Jim Phillips, DDS
President
Arkansas State Dental Association

GET THE MONEY YOU NEED WITHOUT TYING UP THE MONEY YOU NEED

Arvest can help you get the equipment you need with a simple financing process.

- 100% financing is available
- Faster turnaround than many loan options
- Proven solutions
- Flexibility in payment structure
- Overcome budget limitations
- Preserve existing lines of credit
- Won’t tie up your working capital

For more information contact Bill King, NMLS #564301 at (501) 379-7256 or bking@arvest.com.

arvestleasing.com
Arkansas Dentistry is owned by the Arkansas State Dental Association and published three times a year by Matthews Publishing Group. For subscription information, please contact ASDA at 501-838-7600.

PUBLISHER
Jennifer Matthews Kidd
Matthews Publishing Group
Jennifer@matthewspublishing.com

ART DIRECTOR
Jon D. Kennedy
The Freelance Co.
freelanceco@comcast.net

COMMUNICATIONS DIRECTOR/ MANAGING EDITOR
Kelly Cargill Crow
kcargill@matthewspublishing.com

EDITOR
Terry Fidler, DDS

MANAGING EDITOR
Billy Tarpley

COPY EDITOR
Joyce Fidler

ADVERTISING QUESTIONS?
For advertising information, please contact Jennifer Matthews Kidd at 501-907-6776.

THE FINE PRINT:
The Arkansas State Dental Association and Arkansas Dentistry disclaim and are wholly free from responsibility for the opinions, statements of alleged facts, or views therein expressed by contributors to the publication unless such statements have been adopted by the Association. Manuscripts and news items of interest to ASDA are invited. All communications intended for publication should be electronically mailed to Billy Tarpley at billy@asda@comcast.net. We prefer communications intended for publication to be something I want to vote for or against?

Q&A for Provider Meetings on Delta Dental of AR Affiliation with Renaissance

Q. What is RHSC and how long have they been in business?
A. Renaissance Health Service Corporation is a non-profit holding company made up of seven other Delta Dental member companies (also non-profits): Tennessee, Kentucky, North Carolina, Michigan, Ohio, Indiana and New Mexico. The initial alliance by Tennessee, Michigan, Ohio and Indiana was formed about seven years ago. The other companies have joined in the last three to four years.

Q. Will providers continue to work directly with DDAR or will we interact with Renaissance?
A. Arkansas providers will continue to work directly with DDAR - you will have no or virtually no interaction with Renaissance. Providers will continue to contact Dr. Hurd, Edie Arey or our provider service staff in Arkansas as needs or questions arise. Perhaps most importantly, DDAR will continue to set provider reimbursement fees for our participating providers in Arkansas.

Q. Since Tennessee has been part of Renaissance for several years, what do their providers think about the affiliation?
A. The Delta Dental of Tennessee management team and their board are very happy with the affiliation. I cannot speak for the providers but would encourage you to contact your dentist friends there and ask their opinion. However, since that transaction occurred several years ago, they may not recall or recognize Renaissance since they only interact with Delta Dental of Tennessee.
Renaissance requires that all member companies name them as corporate member and all other participating companies have done so. Renaissance’s role as corporate member is to provide a structured, collaborative process to make decisions on how the affiliation will invest in technology and achieve operational efficiencies.

Q. What do we “give up” as a corporate member if we approve the changes to the DDAR Articles of Incorporation?
A. As the DDAR corporate members, participating providers have three rights: 1) vote on DDAR board members - you may vote “for” or “withhold” your vote; 2) amend the DDAR Articles of Incorporation - requires a majority vote of corporate members and a majority vote of the DDAR board of directors (both must approve exactly the same language); and 3) amend the DDAR Bylaws - requires at least two-thirds of corporate members in person to vote in favor of a change to the bylaws or at least two-thirds of the DDAR board of directors in person to vote in favor of a change in the bylaws (a higher standard is required since the bylaws can be changed by either party).

Q. Some of your dentist directors have served for a long time. How can we be assured there will be an election of two new dentists directors within a reasonable time?
A. If the Affiliation is approved, we will add a new dentist to our board in 2012. The process will begin in April with a goal of electing the new director in time for our board meeting on July 20. The DDAR board is carefully evaluating term limits and has encouraged long-term dentist directors to consider early retirement from the board to create an opportunity for providers to elect a second director in 2013.

Thinking of Going Digital?

CREATE FAST, ACCURATE IMPRESSIONS

Acquire precise optical impressions for instant feedback with CEREC® AC powered by Bluecam. Seamlessly transmit impressions to the laboratory with CEREC® Connect, the world’s largest digital dental network.

Digital impression technology offers faster laboratory turnaround times, shorter seating appointments and better fitting restorations – all without the mess of conventional impressions. That means a better experience for your patients and increased productivity for your practice.

For more information, contact your Patterson representative or your local branch.

TAKE IMAGES WITH CONFIDENCE

Digital radiography can eliminate the need to store, handle and dispose of chemicals and reduces radiation to a fraction of the amount given off by conventional X-rays, providing a safer environment for your staff and your patients. And taking X-rays has never been faster or more accurate, with full-screen, adjustable images ready in just seconds.

Schick offers a full line of intraoral and extraoral digital X-ray products, including wireless sensors, panoramic imaging systems and digital pan retrofits to provide a solution for every dental imaging need.
Volunteer Opportunities – A Chance to Give Back

Why not volunteer your dental services once or twice a year in the community that provides your livelihood? Volunteer dentists, hygienists, assistants and staff are needed.

Some of the volunteer dental clinics in central Arkansas and their times of operation are listed below. A contact person is included to answer questions and set up a time to volunteer.

Harmony Clinic
201 East Roosevelt Road
Little Rock, AR 72206
Contact: Eddie Pannell
301-373-9490
Hours: day and evening clinics, Monday – Saturday
www.harmonyclinicar.org

Interfaith Health Clinic
314 West Faulkner
El Dorado, AR 71730
Contact: Charlotte Ellen, 870-864-8010
Hours: 8:00 a.m. – 5:00 p.m., Monday through Friday
www.interfaithhealthclinic.org

Northwest Arkansas Free Health Center
10 South College Avenue
Fayetteville, AR 72701
Contact: Moriska Fischer-Masse, 479-444-7548 or mfischerm@arkansasusa.com
Hours: Thursdays start between 4:00 and 5:30 p.m.
for about 2.5 hours; Fridays start between 8:30 and 9:00 a.m.
for about 2.5 hours
Clinic makes accommodations for the volunteer
dentists’ schedules.

Jonesboro Church Health Center Dental Clinic
200 West Matthews Ave.
Jonesboro, AR 72401
870-972-4777

Contact: Kae Wissler at Dr. Richard Phelan 501-778-7129
Hours: The 2nd and 4th Tuesday of every month
6:00 p.m. – 8:00 p.m.
www.bentoncareclinic.com

Christian Community Care Clinic
2200 W South St.
Benton, AR 72015
Contact: Kae Wissler at Dr. Richard Phelan 501-778-7129
Hours: The 2nd and 4th Tuesday of every month
6:00 p.m. – 8:00 p.m.
www.bentoncareclinic.com

Charitable Christian Medical Clinic
133 Arbor St.
Hot Springs, AR 71901
Contact: Millie Lopez, 501-318-1153

Shepherd’s Hope Clinic
2404 S. Tyler
Little Rock, AR 72204
Contact: Pam Ferguson
501-614-9323
Hours: 8:00 p.m. – 9:00 p.m. every Tuesday
www.shepherdshopclinic.org

Interfaith Health Clinic
1321 East Washington Ave.
No. Little Rock, AR
Contact: Carol Ezell
501-376-6694
Hours: 8:30 a.m. – 4:30 p.m.,
seven days a week
www.rivercityministries.org

Arkansas Health Care Access
Little Rock, AR

Arkansas Donation Dental Services
Little Rock, AR

Volunteer Opportunities

There’s a Change in the Wind

When I was hired as your Executive Director in 1993, the new concept of “managed care” was just making its arrival on the health care scene. Managed care was a totally new model of delivery based on the theory that the care of a group of patients could actually be managed. From the outset, we knew that managed care was actually managed cost. For dental patients, little provision was made within the managed care model for the essential dental services that you provide your patients every day.

As managed care permeated the health care delivery model, a new term arose: quality of care. In other words, providers, payers and employers all questioned whether the quality of patient care would suffer if providers were forced to function in a manner that requires management of cost. To borrow from Asian philosophy, we find that after two decades of extensive analysis the prevailing concept of quality of care has become yin to the managed care yang.

So, who really determines the quality of care? Is it the provider, who has taken an oath to utilize his or her best judgment and skills in a manner that will produce the best outcome for the patient? Or is it the insurance company and payers, who have contracted with an employer or group to create a network of providers who supposedly will provide an optimum schedule of procedures at a minimum cost? Perhaps it is the patient, who in a perfect world would utilize the myriad resources to achieve and maintain optimum health in the interest of enjoying a better quality of life and, ultimately, save his or her employer the burden of excess premium costs.

To this point, we have become so steeped in the existing health care delivery system that we may have overlooked other available options that require a new way of thinking, a new point of view. Already we are hearing of the coming shortfall in state Medicaid funding when an additional 250,000 Arkansans enter the eligibility rolls in 2014. We hear daily about the threats of PPACA (Patient Protection and Affordable Care Act, or ObamaCare). We are inundated with reports about the lack of dental care for the working poor and indigent population who seek treatment in hospital emergency rooms for dental related maladies, not to mention the efforts from national foundations who promote the acceptance of mid-level providers as a logical solution for dentally underserved areas.

ASDA has its collective eyes wide open as we analyze the coming changes to health care. In an effort to provide you with firsthand knowledge of the current status of proposed changes, we encourage you to attend the “Health Policy Panel Discussion” during the ASDA annual session at lunchtime on Friday, April 20 in the Statehouse Convention Center in Little Rock. We have assembled a panel of leading policy makers to discuss the current challenges and proposals in Arkansas. Lunch will be provided, and we encourage you to attend.

Meantime, ASDA is working for you. Stay tuned.
The Office of Oral Health in the Arkansas Department of Health has been in existence since 1999 when Dr. Fay Boozman brought me to Arkansas to develop a state oral health program. It was his foresight and the subsequent leadership at the Department that have led to so many victories for oral health in our state.

With no staff support, no funding and no infrastructure, the early days were a challenge. Managing to beg, borrow and steal enough to start driving around the state with a portable exam light, 2000 saw Arkansas’ first statewide oral health needs assessment. Of course it only proved what we already suspected – some parts of the state were horribly underserved and caries was virtually rampant among some populations. But that early survey led to successful applications for support funding from both the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA). With those grants, the Office of Oral Health began to grow and mature.

So, what’s changed since 1999?

Arkansas has a vibrant oral health surveillance system. To a private practice dentist, that may not mean much. But with our responsibility for all Arkansans, it’s just as important as doing initial and follow-up exams on an individual patient. The results of that data collection and analysis are published each year in what the CDC calls a “burden document.”

Arkansas has what is arguably the best and most active state oral health coalition in the country. In 2000, Billy Tarpley, representing the Association, joined me and individuals representing dental hygienists, Head Start, the General Assembly, and the Governor’s Office at the National Governors’ Association Policy Summit. That workshop, with input from various national experts gave impetus for more efforts in Arkansas. The passion of those six individuals quickly grew to what we now have with almost 50 agencies and organizations in the Arkansas Oral Health Coalition, Inc. with the slogan of “SMILES: AR, U.S.”

Our Coalition works in areas of prevention, access, education and policy, and has so many projects that it meets every month – a feat unduplicated in any other state oral health coalition in the country.

Arkansas has a statewide dental sealant initiative, “Seal-the-State.” Beginning with a grant from the Daughters of Charity Foundation, Seal-the-State began in 2007 in two schools. Now partnering with Arkansas Children’s Hospital, Seal-the-State reaches almost 2,000 children each year providing dental sealants in the school setting.

Community Water Fluoridation has long been proven as the single most effective and efficient method to prevent caries in a population. However, in 1999 only 49 percent of Arkansans enjoyed the benefit of fluoridation. Working with individual communities and water systems, we were able to move that to as high as 69 percent. But anti-fluoridationists were able to convince a few water systems to stop providing this important public health measure by using totally-unfounded scare tactics, including that age-old story that fluoridation is a Communist plot.

In one of my favorite city council hearings, I was called both a Communist and a Fascist in the same evening. Needless to say, those claims were not offered by someone with a degree in political science. Another infamous evening had a 3-2 vote in favor of fluoridation which the mayor declared as a defeat to the motion.

The ASDA led the charge in 2005 to move a fluoridation requirement forward in the Legislature. The bill, introduced by Dr. Tommy Roebuck during his House tenure, passed the House of Representatives two-to-one, but was killed in a Senate committee. Senator David Johnson (D-Little

In private practice I had about 5,000 patients. As Arkansas State Dental Director, I’ve had 2.9 million patients. As CDO, I can affect the oral health of more than 31 million patients!
In one of my favorite city council hearings, I was called both a Communist and a Fascist in the same evening. Needless to say, those claims were not offered by someone with a degree in political science.

19¢ is all it takes to reach 3,000 customers

This half-page ad would only cost 19¢ per reader!
Advertise in the one magazine that make dollars and sense. With a readership of more than 3,000 dentists, dental students, hygienists and business owners, your ad in Arkansas Dentistry is viewed by either your customer, your potential customer or someone who can refer you to a potential customer, so not a single cent of your advertising budget is wasted. Call Matthews Publishing Group today to begin promoting your business in Arkansas Dentistry.

Rock’s introduced SB 359 in the 2011 session. With the help of the Coalition, the ASDA, Delta Dental, the Pew Charitable Trusts and others, we did get the fluoridation bill through both houses and was signed into law by Governor Beebe as Act 197. The law requires fluoridation in all water systems that serve 5,000 or more customers. When fully implemented, it will bring our fluoridation rate to an incredible 87 percent. Frankly, both the passage of the bill and the realization of such an achievement would not have been possible without the pledge from the Delta Dental of Arkansas Foundation to support the purchase of fluoridation equipment in the amount of at least $2,000,000!

So, why sadness to go along with the joy? Because it’s been my pleasure to be leading the Office of Oral Health since its beginning, but now, 12 years later, an incredible opportunity has arisen for me. By the time you read this, I will be just outside Washington, DC in the role of Chief Dental Officer (CDO) for the Centers for Medicare and Medicaid Services (CMS). CMS, part of the Department of Health and Human Services, is possibly the largest non-defense agency in the Federal government with an annual budget near $800 billion. As CDO, it will be my pleasure to help direct oral health policy that affects so many Medicaid and CHIP patients across the country. Building on what I’ve said in the past: in private practice I had about 5,000 patients. As Arkansas State Dental Director, I’ve had 2.9 million patients. As CDO, I can affect the oral health of more than 31 million patients!

Dr. Mouden is now the former Director, Office of Oral Health in the Arkansas Department of Health and currently Chief Dental Officer at CMS. You can contact him at mouden@swbell.net.
With what appears to be eminent health care reform on the horizon and soaring health care costs, Delta Dental of Arkansas (DDAR) has been exploring a number of strategies that would help to ensure our long-term viability in an uncertain market. Protecting our business priorities to offer excellent products, service and rates were key considerations in this process. We believe we have found the best solution to help secure our priorities.

After careful thought and consideration, the DDAR Board of Directors unanimously voted in support of our affiliation with Renaissance Health Service Corporation (RHSC), a family of companies made up of seven other Delta Dental member companies, specifically those in Tennessee, Kentucky, Michigan, New Mexico, North Carolina, Ohio and Indiana. These companies combined cover over seven million people and represent over $2.5 billion in revenue— one of the largest providers of dental benefits in the nation. This opportunity will enable DDAR to spread its administrative costs across RHSC companies while gaining access to industry-leading technology and world-class service.

In order for this transaction to move forward, the current Articles of Incorporation of DDAR must be revised to permit RHSC to serve as the sole corporate member of DDAR. RHSC also serves as the sole corporate member as stated below.

The current language in Article VII reads as follows:

Every ethical dentist, optometrist, or ophthalmologist, duly licensed under the laws of the State of Arkansas, and whose license is valid and unrevoked, shall be eligible for membership in Delta Dental Plan of Arkansas, Inc., and upon the signing of the applicable Participating Agreement, and approval by the Board of Directors, shall become a qualified member thereof.

An annual meeting of the members of the corporation shall be held in accordance with the By-Laws for the election of directors and for the transaction of such other business as shall come before the meeting.

The current language in Article VII would be replaced by:

The sole corporate member of the Corporation shall be Renaissance Health Service Corporation (the “Member”), a nonprofit corporation exempt from taxation pursuant to section 501(c)(4) of the Internal Revenue Code of 1986, as amended.

In mid-March, you received an invitation to a Special Membership Meeting and a proxy to vote on this issue. Dr. Herman Hurd, DDAR’s Dental Director, and I have been attending the most recent ASDA Dental District Society Meetings to share this affiliation process in more detail with you, to gather your feedback and answer any questions you have. In addition, we have also shared with you DDAR’s plans to adopt a new provider election process.

The officers and Board of Directors of DDAR believe this affiliation represents an excellent opportunity for the organization, its participating dentists and policy holders, and we strongly recommend your approval.

Thank you again for your participation in Delta Dental of Arkansas. We sincerely value our relationship with you and look forward to working with you in the years to come to improve the oral health of the citizens of Arkansas.

Ed Choate is president of Delta Dental of Arkansas.
DENTAL IMPLANT TRAINING PROGRAM

WITH LIVE SURGERY

(PATIENT PROVIDED*)

Are you seriously and earnestly considering placing dental implants in your practice?

By taking this course you will receive all the knowledge you need to successfully place implants: didactic knowledge, hands-on training and LIVE SURGICAL EXPERIENCE.

Our goal is to put these skills in your hands so you can effectively treat your patients with the best techniques dentistry has to offer.

This course is taught using distance learning, group sessions, invited speakers, and intensive educational experiences including hands-on LIVE SURGERY with PATIENT PROVIDED.* Call us today for more information.

(205) 532-1861

Instructional Session 1
Phoenix, Arizona
Aug. 23-25, 2012
Venue TBA

Instructional Session 2
LIVE SURGERY (Patient Provided)*
Birmingham, Alabama
Sept. 27 or 29, 2012
(choose one day)
Lecture (required)
Sept. 28, 2012

Instructional Session 1
Dallas, Texas
Venue TBA

Instructional Session 2
LIVE SURGERY (Patient Provided)*
Birmingham, Alabama
Nov. 29 or Dec. 1, 2012
(choose one day)
Lecture (required)
Nov. 30, 2012

$4,950.00
36 CE credit hours

For more information or to sign up for a course please call
205-532-1861 or 256-797-1964.
You can also submit inquiries by emailing
info@alabamaimplanteducation.com
A Funding Alternative for Long Term Care Expenses

BY DWIGHT CALLAHAM
Guest Writer

While I am not naive to think everyone who picks up Arkansas Dentistry reads my article, I am confident you are reading this now. So let me give you an excuse not to read further. If you are under age 50, you may want to turn the pages and find another article to read. But if you are over 50, I challenge you to continue to read.

For those of us past age 50, our thinking about life (family, friends, retirement, and mortality) has become even more prominent than when we were younger. Back in our 30s and 40s it was time of survival...surviving the creditors, the child(ren) needs, the marriage concerns, among many things. For those of you who have survived and have been able to reflect now on family (grandkids particularly), friends (dear ones), retirement (will I or can I) and mortality (when is it coming) I would conclude your thinking about one’s inability to take care of oneself both mentally and physically has become more serious in these areas now. In the area of retirement I would like to talk to you about how best to pay for expenses associated with one’s inability to take care of oneself both mentally and physically.

As many of you already know, the cost of long term care is high ($3,000 - $5,000 per month). For those of you who have done serious financial planning, you have found this is a real exposure that you probably addressed. In doing so, you probably already purchased long term care insurance but I challenge you to read on since there may be a better way. For those who have not addressed this challenge, I strongly encourage you will continue to read. That said, let me tell you a true story.

A few months back after reading an article in Dentaltown, I received a call from one of my dentist clients inquiring about long term care insurance. After visiting with him, I recommended that he take a serious look at a relatively new product that has been designed to assist in paying for long term care expenses...among other things. After a few weeks of discussions, he decided to fund the product as recommended and he made this statement: “Why would anyone not want to do this?” The only answer I had was that people just do not know about it. As a result of his comment and my disappointing answer, I want to let you know about this product.

Simply put...If you reposition your assets (not spend) and place an amount into this product you are guaranteed:

1. An amount will be paid to you to assist in funding your long term care expenses up to 5 times the amount you paid into the product.
2. If you die before using up the long term care benefit or even if you never use the long-term care benefit, a death benefit or a combination of death and long-term care benefit will be paid to you that can be significantly greater than the amount you paid into the product.
3. If you need the money you paid into the product you can receive that payment back in full guaranteed.

Let me tell you why I believe this approach is the more practical way to go. You have basically three ways to fund long term care expenses: 1) Self insure; 2) Buy conventional long-term care insurance, and 3) Buy the new product.

Self Insure: If you self insure, you will need to “set aside” assets to be used for potential long-term care expenses. Those assets should not be touched for retirement income needs and ideally should be very liquid in nature. The amount of future long term care expenses are unknown and thus the amount of assets allocated to long term care will need to be increased thus taking more away from retirement income.

Conventional long term care Insurance: This approach is the “peace of mind” approach that insurance offers. If you need long-term care the policy will pay the defined benefit to help fund those expenses. For that “peace of mind” you pay an annual cost (premium) into the policy. But what if you never need long-term care? The premium paid is lost. You or your estate receives zero if you die before using any of the benefits.

New product: In essence you are self insuring but allowing the insurance company to take the risk that could mean significantly greater money paid than the amount you allocated into the product. Instead of keeping your money in a certificate of deposit (with minimal interest credited) or an equity account (stock market) that has been historically volatile, you re-allocate your money into this product.

If you need to access the account for long-term care you can do so up to 500 percent of the amount you put into the product. If you die, before incurring long term care expenses, a death benefit significantly greater than the amount you allocated into the plan will be paid. If you need the money for more urgent needs such as income, you are guaranteed to receive the amount you allocated into the plan back. If you are like me, I prefer to read about a product before I invest a lot of my time and the “promoter’s” time plus written word allows me to better understand since I can read it again and again. Feel free to contact me at: Dwight.Callaham@Regions.com, Dwight.Callaham, PO Box 3398, Little Rock, AR 72203 or call me 501-661-4958 and I will be glad to direct information your way.

Now for those of you who are under age 50 who read this article I commend you since at some point in the future you will be over age 50 (God willing) and what you have read could be helpful to you.

For all...enjoy your day!
Reducing stress during the dental appointment allows for improved cooperation, safety and clinical efficiency. There is an increased need for dentists who are able to confidently and competently render care to these patients.

BACKGROUND AND EVOLUTION OF AMOS

As the adult segment of the U.S. population continues to grow and age, there is an increased need for dentists who are able to safely and routinely render sedative dental procedures to these patients. Standards of care continue to evolve as new evidence on sedative agents and technique is reported. This has recently prompted most state dental boards to revise their regulation of the enteral (oral, sublingual, rectal) administration of sedatives to be consistent with the American Dental Association’s 2007 Guidelines for the Use of Sedation and General Anesthesia by Dentists.4

Expanding the capabilities of a practitioner to safely implement and provide outpatient sedation hinges upon the individual’s willingness to seek out appropriate and frequent continuing education courses and to dedicate sufficient time, resources, and training within the office environment. In general, minimal sedation training should include updates in patient evaluation, informed consent, monitoring, discharge criteria, documentation, facilities, equipment and personnel. The treatment environment must be properly equipped with redundant suction devices, physiologic monitoring equipment, a positive pressure oxygen delivery system, and emergency drugs including the benzodiazepine reversal agent, flumazenil.

In-office protocols for the delivery of dentistry under sedation must be developed to include assessment of recovery for home readiness and activation of emergency management services (EMS). Training programs for staff should be held at frequent intervals and documented in order to maintain compliance with regulatory agencies.5 AMOS can be safely rendered by more practitioners once these training programs are completed, additional equipment is obtained, and office procedures are modified to incorporate all of the defined regulatory requirements. Before governing the administration of anesthesia in the state of Arkansas, the American Dental Practice Act, Chapter 17-82-101. Arkansas dentists considering the use of in-office sedation techniques should carefully review all rules and regulations related to additional training and education, issuance of permits, and requirements for administration of oral conscious sedation, particularly Article XIII, Definition #A7 (minimal sedation), #A11 (titration), #A15 (incremental dosing) and #A16 (supplemental dosing). Arkansas’s rules and regulations have been standardized to the 2007 ADA Guidelines, so each dentist should review and understand any differences in terminology that may currently exist.

CONCLUSION

In the U.S., 80 percent of dentists are generalists; less than 10 percent are other oral surgeons or dental anesthesiologists. These statistics indicate that there are not enough anesthesia-trained dentists to treat all of the patients who desire to receive treatment under sedation.6 It is important to encourage more dentists to strive to incorporate an efficacious in-office sedative technique in order to assist this underserved portion of the population. A growing volume of research and clinical experience has shown that the administration of adult minimal oral sedation (AMOS) by properly trained providers can provide a safe and effective means for treating many special needs patients in an outpatient dental setting. This allows a population that has historically had limited or no routine dental care a much needed opportunity to access treatment that will improve their health and quality of life. As part of our practice’s AMOS technique, we utilize limited incremental oral dosing. Also known as titration, re-dosing is an example of a commonly employed off-label practice which has grown in popularity. Quarnstrom and Donaldson2 employed oral triazolam in 270 cases over a course of 15 years in a dosage range of 0.125-0.3mg and only resorted to supplemental doses for 17 (9.3 percent) of their 188 patients, yet achieved a published success rate for a satisfactory level of sedation of 98.4 percent. They concluded that the justification for using intravenous agents for patients requiring sedation was difficult when oral medication could provide such an excellent alternative. In particular, light in the increased cost of malpractice insurance and the difficulty and expense involved in obtaining IV sedation certification. Some controversy remains regarding titration when employing the oral sedation route. Repeated oral administration of a benzodiazepine like triazolam has been reported to result in that medication reaching a constant blood-level after it is administered over the course of three to five half-lives (which achieves a steady-state condition) when the amount of drug that is accumulated equals the amount that is eliminated.7 Many feel that this phenomenon produces the intrinsic safety mechanism of the benzodiazepine class and allows for safer administration of two smaller doses over time based on observation of patient response rather than reliance on one large dose at the onset. However, there is a delay in drug equilibration between the plasma and the effect site which can predict possible overdose if additional doses are administered only on the basis of periodic intraoperative reassessment of the patient’s anxiety level, since the plasma concentration may still be rising after the prior dose. Certain key attributes of the benzodiazepine class suggest that administering additional amounts of the drug at time points less than one hour on the basis of the patient’s sedative response can result in additional dosing while the central effects of the original dose still are increasing. This can lead to overdose. This consideration has accounted for our AMOs protocol to include a single supplemental intraoperative dose at hour two of the procedure, to limit operating

Training programs for staff should be held at frequent intervals and documented in order to maintain compliance with regulatory agencies.

Incorporating Minimal Oral Sedation Techniques into the Arkansas Dental Practice

BY K. DAVID STILLWELL, DDS, MAGD, FAAHD
Associate Professor and Assistant Director, University Hospital General Practice Residency, University of Alabama at Birmingham

The author has no proprietary, financial, economic, commercial, professional, or other personal interest of any nature or kind in any product, service and/or company that could be construed as influencing the position presented in this article.

ABSTRACT

Phobic, elderly, physically disabled, or emotionally challenged patients present unique challenges in the dental operating environment. Reducing stress during the dental appointment allows for improved cooperation, safety and clinical efficiency. There is an increased need for dentists who are able to confidently and competently render care to these patients. Adult oral conscious sedation at the minimal level is a valuable and reliable adjunct to our current employment in a hospital-based general practice residency program. We currently employed in a hospital-based office environment. Reducing stress at the minimal level is a valuable and reliable adjunct to our current employment in a hospital-based general practice residency program. We

Incorporating Minimal Oral Sedation Techniques into the Arkansas Dental Practice

CONTINUATION

In the U.S., 80 percent of dentists are generalists; less than 10 percent are other oral surgeons or dental anesthesiologists. These statistics indicate that there are not enough anesthesia-trained dentists to treat all of the patients who desire to receive treatment under sedation.6 It is important to encourage more dentists to strive to incorporate an efficacious in-office sedative technique in order to assist this underserved portion of the population. A growing volume of research and clinical experience has shown that the administration of adult minimal oral sedation (AMOS) by properly trained providers can provide a safe and effective means for treating many special needs patients in an outpatient dental setting. This allows a population that has historically had limited or no routine dental care a much needed opportunity to access treatment that will improve their health and quality of life. As part of our practice’s AMOS technique, we utilize limited incremental oral dosing. Also known as titration, re-dosing is an example of a commonly employed off-label practice which has grown in popularity. Quarnstrom and Donaldson2 employed oral triazolam in 270 cases over a course of 15 years in a dosage range of 0.125-0.3mg and only resorted to supplemental doses for 17 (9.3 percent) of their 188 patients, yet achieved a published success rate for a satisfactory level of sedation of 98.4 percent. They concluded that the justification for using intravenous agents for patients requiring sedation was difficult when oral medication could provide such an excellent alternative. In particular, light in the increased cost of malpractice insurance and the difficulty and expense involved in obtaining IV sedation certification. Some controversy remains regarding titration when employing the oral sedation route. Repeated oral administration of a benzodiazepine like triazolam has been reported to result in that medication reaching a constant blood-level after it is administered over the course of three to five half-lives (which achieves a steady-state condition) when the amount of drug that is accumulated equals the amount that is eliminated.7 Many feel that this phenomenon produces the intrinsic safety mechanism of the benzodiazepine class and allows for safer administration of two smaller doses over time based on observation of patient response rather than one large dose at the onset. However, there is a delay in drug equilibration between the plasma and the effect site which can predict possible overdose if additional doses are administered only on the basis of periodic intraoperative reassessment of the patient’s anxiety level, since the plasma concentration may still be rising after the prior dose. Certain key attributes of the benzodiazepine class suggest that administering additional amounts of the drug at time points less than one hour on the basis of the patient’s sedative response can result in additional dosing while the central effects of the original dose still are increasing. This can lead to overdose. This consideration has accounted for our AMOs protocol to include a single supplemental intraoperative dose at hour two of the procedure, to limit operating

Training programs for staff should be held at frequent intervals and documented in order to maintain compliance with regulatory agencies.

Incorporating Minimal Oral Sedation Techniques into the Arkansas Dental Practice

CONTINUATION

In the U.S., 80 percent of dentists are generalists; less than 10 percent are other oral surgeons or dental anesthesiologists. These statistics indicate that there are not enough anesthesia-trained dentists to treat all of the patients who desire to receive treatment under sedation.6 It is important to encourage more dentists to strive to incorporate an efficacious in-office sedative technique in order to assist this underserved portion of the population. A growing volume of research and clinical experience has shown that the administration of adult minimal oral sedation (AMOS) by properly trained providers can provide a safe and effective means for treating many special needs patients in an outpatient dental setting. This allows a population that has historically had limited or no routine dental care a much needed opportunity to access treatment that will improve their health and quality of life. As part of our practice’s AMOS technique, we utilize limited incremental oral dosing. Also known as titration, re-dosing is an example of a commonly employed off-label practice which has grown in popularity. Quarnstrom and Donaldson2 employed oral triazolam in 270 cases over a course of 15 years in a dosage range of 0.125-0.3mg and only resorted to supplemental doses for 17 (9.3 percent) of their 188 patients, yet achieved a published success rate for a satisfactory level of sedation of 98.4 percent. They concluded that the justification for using intravenous agents for patients requiring sedation was difficult when oral medication could provide such an excellent alternative. In particular, light in the increased cost of malpractice insurance and the difficulty and expense involved in obtaining IV sedation certification. Some controversy remains regarding titration when employing the oral sedation route. Repeated oral administration of a benzodiazepine like triazolam has been reported to result in that medication reaching a constant blood-level after it is administered over the course of three to five half-lives (which achieves a steady-state condition) when the amount of drug that is accumulated equals the amount that is eliminated.7 Many feel that this phenomenon produces the intrinsic safety mechanism of the benzodiazepine class and allows for safer administration of two smaller doses over time based on observation of patient response rather than one large dose at the onset. However, there is a delay in drug equilibration between the plasma and the effect site which can predict possible overdose if additional doses are administered only on the basis of periodic intraoperative reassessment of the patient’s anxiety level, since the plasma concentration may still be rising after the prior dose. Certain key attributes of the benzodiazepine class suggest that administering additional amounts of the drug at time points less than one hour on the basis of the patient’s sedative response can result in additional dosing while the central effects of the original dose still are increasing. This can lead to overdose. This consideration has accounted for our AMOs protocol to include a single supplemental intraoperative dose at hour two of the procedure, to limit operating
time to four hours, and to avoid multiple incremental dosing techniques. There is fairly strong opinion that the oral route is inherently the safest and most practical route for drug administration. Protection is provided against foreign substances by the vomiting mechanism, first-pass elimination and a muted anaphylactic response. The relatively slow absorption reduces distribution influences and allows for recognition of deleterious trends and the possibility to prevent further absorption. The oral route also avoids local damage associated with needle puncture, ischemia from intra-arterial injection and venous irritation leading to thrombophlebitis. The use of an orally administered drug also avoids exacerbating anxiety in patients who are fearful of venipuncture. The cost of care also is substantially less for an orally administered agent compared with that involving a parenterally administered sedative. When employing AMOS in the context of appropriate standards of care, the interests of the public and the profession are well served by providing a cost-effective service that can be made widely available.

Dr. Stiwell maintained a general dentistry practice in Marion County, Arkansas until 2003, when he began full-time teaching at the University of Missouri-Kansas City. He has been affiliated with the University of Alabama Hospital General Practice Dentistry Residency in Birmingham, Alabama.

EDITOR’S NOTE: Due to space limitations sections of this article were omitted. The article in its entirety with charts and tables are available on the website. www.arkansasdentistry.org

Sections omitted from this publication include:

- Patient Evaluation and Risk Assessment
- Preoperative and Intraoperative Responsibilities
- Strategically Selected Sedative Agents (The Amos Armamentarium)

There is fairly strong opinion that the oral route is inherently the safest and most practical route for drug administration.

There is fairly strong opinion that the oral route is inherently the safest and most practical route for drug administration.

Anxiolytics
Hydroxyzine (Atarax, Vistaril) Dosing
Benzodiazepines
Midazolam (Versed®) Dosing
Triazolam (Halcion®) Dosing
Lorazepam (Ativan®) Dosing
Non-Benzodiazepine Hypnotic: “Z-DRUGS”
Zolpidem (Ambien®) Dosing
Zaleplon (Sonata®) Dosing
Respiratory Support and Supplemental Inhalation Analgesia
Recovery and Reversal of the Amos Patient
Discharge and Postoperative Management of the Amos Patient

References
Appendix

Table One: Evaluation of Preoperative Health Status Prior to AMOS

Figure One: Continuum of Sedation and Anesthesia

Image One with Legend: Reclined Patient Under Sedation

Table Two: Drug Armamentarium for AMOS Procedures since 2005

REFERENCES
11. Terano MG, Stuart Huntsman, Jeff Schott, Russ Noles, Katie Evans and Stuart Huntsman, gave a synopsis of the trials, tribulations and rewards of each year. The dental students emphasized the importance of staying focused, working hard and not giving up. Additional dental students helped with the hands-on demonstrations of chalk-carving and waxing. Tours of the school were also provided by dental students.
12. Second-year dental student Colten Ducote gave an overview of freshman operative dentistry. “I talked to several students from smaller school such as Louisiana Tech, University of Louisiana at Monroe, and Nicholls State who were very appreciative for a conference of this nature because their schools do not have large pre-dental societies. I think this conference will continue to be a great asset to pre-dental students for years to come. It’s a great career education program.”

APPENDIX

Table One: Evaluation of Preoperative Health Status Prior to AMOS

Figure One: Continuum of Sedation and Anesthesia

Appendix One with Legend: Reclined Patient Under Sedation

Table Two: Drug Armamentarium for AMOS Procedures since 2005

DIFFERENCES: Evaluation of Preoperative Health Status Prior to AMOS

ASSESSMENT


The second pre-dental conference at the LSU School of Dentistry attracted 193 students from 15 universities, including two from out-of-state, several who were exploring dentistry as a second profession and two students who are still in high school. All were eager to learn what it takes to become a dentist or dental hygienist and how to be accepted into the LSU School of Dentistry. Fifty-seven attendees were pre-hygiene students.

The event, entitled “Pre-Dental 101: A Thrust-Up on Dentistry” was held all day on Saturday, February 4, 2012. “When we first planned this event, we expected 25 students to attend,” said Dean Henry Gremillion in his opening remarks. “Looking at your curious faces validates the tremendous respect that dentistry enjoys in our society.”

The conference was comprised of 17 hours of instruction, including a special three-hour track for pre-hygiene students. A major emphasis was placed on interaction between current dental students and the pre-dental students. First-year dental student Brent Benoit gave a detailed account of the admissions application, right down to what kind of recommended letters are important. He told his own dramatic story of his acceptance, including mistakes he made and how he was the last student to be accepted into his class. His advice to the students was “apply early, apply early, and apply early.”
A Kinder and Gentler Time in Dental Education

If a student comes in with a negative attitude and states “I can’t do it,” the student will not be successful in remediation. Students must know they can succeed even if it takes a little longer at the beginning of their dental education.

BY JUDITH A. ROSS, DMD, MS, LAURA DARNELL, DMD, MS, JANE HARRISON, DDS AND TIMOTHY L. HOTTEL, DDS, MS, MBA

COLLEGE OF DENTISTRY, UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

Dental education is a kinder and gentler profession these days as compared to years past. The heavy handed, step on your wax pattern, or crushing your wax only is a thing of the past. Dental educators in general have realized that teaching styles need to change with each generation. The core curriculum for dental education has remained the same for the most part. However, dental technologies and products are always changing as they are improved; therefore, teaching methods and additions to the curriculum must keep up with the times.

As late as the 1980s and early 1990s, many dental schools had the philosophy that there was “no wiggle room” for a student who needed extra help. Dental students lived in fear of failing pre-clinical dental courses and having to repeat the year or worse being asked to leave. Unfortunately, dental educators had the belief that the younger generation of dentists could not be par with the dentists of generations past.

Traditionally, curricula in dental schools emphasized memorizing facts and gaining the technical skills needed to practice dentistry without having the student understand the process or use of reasoning in the clinical setting. The pre-clinical/clinical areas inhibited this integration and it resulted in students viewing the pre-clinical phase as a “hurdle to be overcome.” The traditional curricula failed to make the student responsible for learning but rather focused on the responsibility of the faculty in teaching the students.

There has been an evolution in dental school teaching methods in the last few years. Remediation is now a recognized part of dental education and is valuable tool to many dental students and practicing dentists. Throughout the dental curriculum, students are expected to meet specific competency standards. When a student fails to demonstrate competency, remediation is implemented to correct deficiencies in specific skills. Students who are struggling academically but performing marginally in the clinical setting will benefit from a clinical remediation program.

The program should identify such students and provide one-on-one or one-on-two instruction in the clinical setting in order to improve their clinical performance. Remediation is also important for students who are having trouble passing the state dental boards and for dentists who need a refresher course for the renewal of their licenses. It is also a valuable tool in the pre-clinical setting with students who have failed one or more pre-clinical dental courses. Hutton and Krull Sutherland state that the advantages of remediation programs are that they (a) provides intensive instruction at the clinical site, (b) allows additional attention for marginal students without compromising educational needs of other students, and (c) increases retention rates without lowering standards of competency. An additional benefit is that students and faculty acquire another opinion about the student’s clinical performance.

Many of the students who need remediation have a sincere desire and strong drive to be dentists. However, all do not have the basic skills to improve without extra help. Remediation is a proven avenue that will help most students achieve their dream of being dentists if the students are successful in mastering the basic hand skills needed to pass the pre-clinical courses. Students who have had a hard time mastering a new set of hand skills need to know they should not be ashamed about their past performance. The student will start fresh with remediation and hopefully will be able to master the hand skills with the extra one-on-one help. When students need extra help it is very important that they realize it is not how they start a project but how they finish it. If a student comes in with a negative attitude and

Spring 2012, Arkansas Dentistry

Arkansas Dentistry, Spring 2012
states “I can’t do it,” the student will not be successful in remediation. Students must know they can succeed even if it takes a little longer at the beginning of their dental education. If one truly tries his/her best, that is all that can be expected. Self deprecation never leads to a successful outcome. The technique for remediation at an early age is simple. The beginning skills should be evaluated with a pre- test. Using the results of the test, a custom plan for remediation can be established. Specific remediation plans based on individual academic performance are important for ensuring success. Feedback from the faculty should “guide students in self-evaluation to facilitate psychomotor skill acquisition and maintenance of competent performance.”

The strategies used in remediation must meet the specific needs of the student. Some basic exercises can be used initially so the student can be somewhat successful. This allows the faculty member to find some good aspects of the students work that can be criticized in a positive way. Areas in which the student did well can be emphasized followed by what was not done as well. An individual tutoring program for each student must meet the needs of each student. Students who have a variety of problems with hand-eye coordination often need remediation in order to continue their dental education. Identifying these students with problems early in their dental education is important for their success. Generally, these students require more one-on-one instruction and repeated exercises. Many dental schools have found that the use of dental simulators such as the DentSim dental operatory is ahead of the power curve and is working hard at having an excellent dental school tempered with a caring, supportive faculty who go the extra mile to help teach students who need some extra attention. The environment for teaching and learning at our College is outstanding, and we are fortunate to have an administration that recognizes the need for a remediation program. The administration has provided the faculty with opportunities to work with those students who need extra help with hand skills so they can fulfill their dreams of becoming dentists. The combination of proper experiences, repeated exposure to standard techniques and appropriate evaluations, will reduce the need for students to spend additional years in dental school or even face dismissal. Remediation has allowed our faculty to help students who need extra help to be successful. We are producing great dentists, and faculty at the University of Tennessee is kinder and gentler in 2012.

Dr. Judith A. Ross is from the Department of Restorative Dentistry, College of Dentistry, University of Tennessee Health Science Center

References:
Vaughn Atkinson of Little Rock. Some of you know Chris as he works for Heartland Payment Systems, a company endorsed by the Arkansas Dental Association to manage payroll processing. He provides these services in several Arkansas dental practices. Ethan has a rich dental heritage. His aunt is Jamie Hazlewood who currently practices hygiene at the Air Force Base in Jacksonville. His paternal great grandfather is Jim Atkinson, a retired dentist who practiced in Magnolia for many years. As is apparent from the photo, Ross is a proud granddad!

Dr. Robert Beavers from Beebe and Jennifer Daniel to their practice. Jennifer started with Dental Designs in December 1, 2011. Sam is single and excited about the opportunity to practice with Howard Family Dentistry on a full-time basis. His office is located in the Faulkner Artnkson of Little Rock. Some of you know Chris as he works for Heartland Payment Systems, a company endorsed by the Arkansas Dental Association to manage payroll processing. He provides these services in several Arkansas dental practices. Ethan has a rich dental heritage. His aunt is Jamie Hazlewood who currently practices hygiene at the Air Force Base in Jacksonville. His paternal great grandfather is Jim Atkinson, a retired dentist who practiced in Magnolia for many years. As is apparent from the photo, Ross is a proud granddad!

Dr. Robert Beavers from Beebe and Jennifer Daniel to their practice. Jennifer started with Dental Designs in December 1, 2011. Sam is single and excited about the opportunity to practice with Howard Family Dentistry on a full-time basis. His office is located in the Faulkner

A few offices in Central District have new associates coming aboard. Dr. Gene Howard of Bryant is proud to welcome Dr. Sam Wright into his practice. Sam is a native of North Little Rock and got his undergraduate degree from Florida State University in 2005. He received his DMD degree from the University of Alabama-Birmingham Dental School in 2009. Sam practiced for 2 years at Healthy Connections, Inc. in Mena, AR before starting with Howard Family Dentistry on December 1, 2011. Sam is single and excited to be back living and working in central Arkansas. Also, Dental Designs Family Dentistry in Conway is proud to welcome Dr. Jennifer Daniel to their practice. Jennifer joins the practice of Drs. J. Anthony Smith, Leo Crafon, Jennifer Weaver, and R. E. Hambuchsen. Jennifer is a native of Newberry, AR and did her undergraduate education at Lyon College and then continued her training for a master's degree in Preventative Dental Health at the University of Tennessee. She married her dental school buddy, Dr. Mike LaBonte, and they have two kids, Teanna and Jordan. The family resides in Little Rock and are excited to be a part of the Central District.

Spring 2012, Arkansas Dentistry

Arkansas Dentistry, Spring 2012
Greetings to everyone from the Northeast District. We hope that all of our colleagues have started the new year off with enthusiasm and good health. Our annual Winter District Meeting was held at Arkansas State University February 2-4. Approximately 230 were registered including over 70 doctors in attendance. We also had 23 vendors displaying the latest from implantology to new anesthesia techniques. I was particularly intrigued that will anesthetize the maxillary anteriors without injections! I believe everyone would welcome that—especially our patients.

District President Dr. Robert Carter opened our meeting. Dr. Bill Parneck gave a high-tech video presentation of what ArMOM is all about. As most of you know, ArMOM will be held in the Convocation Center at Arkansas State University April 27-28. We already have over 50 doctors signed up to participate! Everyone is really excited about ArMOM coming to Jonesboro for 2012.

The main speaker was Dr. Harald Heymann, past Chairman and Graduate Program Director of the Department of Operative Dentistry at the University of North Carolina School of Dentistry. His very interesting and informative talk centered on esthetic and adhesive dentistry. Kat Warren, who is a professor in the Department of Dental Hygiene at UAMS in Little Rock, gave two lectures on Saturday. She gave us an update on infection control and followed by a discussion on digital radiography. Also on Saturday, Dr. John Vaselanelly lectured on risk management in the dental practice. He is the National Director of Dental Risk Management for CNA Healthpro and the Professional Protection Plan. The information he presented is something we all should hear every year. Billy Tarpkey, Executive Director of ASDA, Ed Choate from Delta Dental, Dr. Gene Jines, and Dr. Herman Hunt were also present to give us updates on various issues facing us in the coming year. There was a lengthy discussion on the proposed changes facing us in the coming year. There was a lengthy discussion on the proposed changes in Delta Dental. Last but not least, Dr. Steve Modelevsky helped to get several dental assistants certified to monitor nitrous oxide in our practices. Dr. Model, as he is known to us, has been doing this course for free every year for over 25 years! Thanks, Steve.

New officers were also elected and approved. They are as follows:

President: Dr. Cindy Landry

Vice President: Dr. Katy Wagner

Secretary/Treasurer: Dr. Mike Thompson

State Executive Council Members:
Dr. Robert Gardner
Dr. Stotts Isbell

District Executive Council Members:
Dr. Bryan Copeland
Dr. Chris Beller
Dr. April Buffington
Dr. Robert Copeland

Representative to the Arkansas State Board of Dental Examiners:
Dr. Robert Carter

AFTCO is the oldest and largest dental practice transition consulting firm in the United States. AFTCO assists dentists with associationships, purchasing and selling of practices, and retirement plans. We are there to serve you through all stages of your career.

Call 1-800-232-3826 for a free practice appraisal, a $2,500 value!

AFTCO TRANSITION CONSULTANTS

Helping dentists buy & sell practices for over 40 years.

WWW.AFTCO.NET
We recognized the tireless efforts of Dr. Scotts Isbell, our immediate past president, with a plaque. A special thanks goes out to Dr. Jim Phillips, who is the current president of the Arkansas State Dental Association. I do not know how he gets as much accomplished as he does around the state and keep his oral surgery practice running at full tilt in Jonesboro.

Lastly, I would like to recognize Dr. John Sanford of Jonesboro, who retired in early 2012. Dr. Sanford began practicing dentistry in 1960 and kept going strong for 52 years! He has been very active in our district and typically sits on the front row of all the meetings. He plans to still attend the NEA District Conferences and hang around Jonesboro. We all wish him and his lovely wife, Joy, all the best.

Mrs. Billy Spades and Jay Fergus just opened their brand new high-tech dental office. I know they and their staff are enjoying their new building. It is always nice to practice in a state-of-the-art facility.

I truly hope everyone has a productive and safe 2012. I look forward to seeing all of you at ArMODM, April 27-28.

Northwest District News

BY DR. WES BORENGASSER

Dr. Bryan Bishop has assisted the Magazine school district in opening a dental clinic within the Magazine Wellness Center run by Director Donna Robinson. Magazine was the recipient of a $500,000 grant spread over five years by the Arkansas School Based Health Center (SBHC). The SBHC grant is a competitive application process made possible and supported by Arkansas Governor Mike Beebe and the Arkansas Tobacco Excise Tax. The funds are to be used to promote health, wellness, and academic achievement in Arkansas public schools. The program is a collaboration of the Arkansas Department of Education, Office of Coordinated School Health, Arkansas Department of Health, Arkansas Department of Human Services, Arkansas Center for Health Improvement, and Arkansas Children’s Hospital. The Wellness Center consists of two dental operatories with dental chairs donated by UAMS and C.U.R.E. In addition to the dental clinic, the Wellness Center consists of medical, optometry, and psychiatry examination rooms. The Center is currently serving students and staff but will open up to the public in August.

Superintendent Mrs. Sandra Beck, Dr. Bryan Bishop, Ms. Donna Robinson Wellness Center Director.

On Saturday December 17, 2011 Dr. Charlie Liggett held his 3rd Annual Free Extraction Day at the UAFS Hygiene School. Over 175 people were seen for over 200 extractions. Many local dentists, hygienists, and staff joined Dr. Liggett, including Dr. Mark Bailey, Dr. Wes Borengasser, Dr. Mike Curry, Dr. Neil Treece, Dr. Steve Kilpatrick, Dr. Jim Saviers, Dr. Mike Liggett, Dr. Kris Liggett, Dr. Ward Cleenmore, Dr. Brad Becker, Dr. Bill Pickard, and Dr. Aaron Forrest.

Donations were given by Kool Smiles, Dr. Ward Cleenmore, Dr. Kris Liggett, Dr. Ward Cleenmore, and the Arkansas Dental Hygienists’ Association. Dr. Bailey, Dr. Liggett, Dr. Saviers, Dr. Kilpatrick, Dr. Forrest, and the other dental personnel to come see the UAFS Hygiene School, the Wellness Center, the Wellness Center Director, Mrs. Sandra Beck, and Ms. Donna Robinson.

Dr. Charles G. Liggett, DDS, PA www.parklanedental.com

Robbie Orthodontics hosted an Open House on December 30 in their Har-ber Meadows location in Springdale, AR. Dr. Robbie and his staff wanted to use this opportunity to invite friends, family, and other dental personnel to come see the office and learn about the newest advancement in his practice – the new Cadent Dr. Rich Kasten and Dr. Susan McBean.

Dr. Kilpatrick and Dr. Borengasser.

Paragon is proud to have represented all parties in these Arkansas transactions.

Stephen C. Fisher, D.D.S. has acquired and merged the practice of Danny Blaine Leeds, D.D.S.

Stephen C. Fisher, D.D.S. & James R. Cook, D.D.S. have entered into a co-ownership arrangement

Clarksdale, Arkansas

Paragon is proud to have represented all parties in these Arkansas transactions.

Contact us at 866.898.1867 or info@paragon.us.com

Paragon is proud to have represented all parties in these Arkansas transactions.

Stephen C. Fisher, D.D.S. has acquired and merged the practice of Danny Blaine Leeds, D.D.S.

Stephen C. Fisher, D.D.S. & James R. Cook, D.D.S. have entered into a co-ownership arrangement

Clarksdale, Arkansas

Paragon is proud to have represented all parties in these Arkansas transactions.

Contact us at 866.898.1867 or info@paragon.us.com

Paragon is proud to have represented all parties in these Arkansas transactions.

Stephen C. Fisher, D.D.S. has acquired and merged the practice of Danny Blaine Leeds, D.D.S.

Stephen C. Fisher, D.D.S. & James R. Cook, D.D.S. have entered into a co-ownership arrangement

Clarksdale, Arkansas

Paragon is proud to have represented all parties in these Arkansas transactions.

Contact us at 866.898.1867 or info@paragon.us.com

Paragon is proud to have represented all parties in these Arkansas transactions.

Stephen C. Fisher, D.D.S. has acquired and merged the practice of Danny Blaine Leeds, D.D.S.

Stephen C. Fisher, D.D.S. & James R. Cook, D.D.S. have entered into a co-ownership arrangement

Clarksdale, Arkansas

Paragon is proud to have represented all parties in these Arkansas transactions.

Contact us at 866.898.1867 or info@paragon.us.com

Paragon is proud to have represented all parties in these Arkansas transactions.

Stephen C. Fisher, D.D.S. has acquired and merged the practice of Danny Blaine Leeds, D.D.S.

Stephen C. Fisher, D.D.S. & James R. Cook, D.D.S. have entered into a co-ownership arrangement

Clarksdale, Arkansas

Paragon is proud to have represented all parties in these Arkansas transactions.

Contact us at 866.898.1867 or info@paragon.us.com

Paragon is proud to have represented all parties in these Arkansas transactions.

Stephen C. Fisher, D.D.S. has acquired and merged the practice of Danny Blaine Leeds, D.D.S.

Stephen C. Fisher, D.D.S. & James R. Cook, D.D.S. have entered into a co-ownership arrangement

Clarksdale, Arkansas

Paragon is proud to have represented all parties in these Arkansas transactions.

Contact us at 866.898.1867 or info@paragon.us.com

Paragon is proud to have represented all parties in these Arkansas transactions.

Stephen C. Fisher, D.D.S. has acquired and merged the practice of Danny Blaine Leeds, D.D.S.

Stephen C. Fisher, D.D.S. & James R. Cook, D.D.S. have entered into a co-ownership arrangement

Clarksdale, Arkansas

Paragon is proud to have represented all parties in these Arkansas transactions.

Contact us at 866.898.1867 or info@paragon.us.com

Paragon is proud to have represented all parties in these Arkansas transactions.

Stephen C. Fisher, D.D.S. has acquired and merged the practice of Danny Blaine Leeds, D.D.S.

Stephen C. Fisher, D.D.S. & James R. Cook, D.D.S. have entered into a co-ownership arrangement

Clarksdale, Arkansas

Paragon is proud to have represented all parties in these Arkansas transactions.

Contact us at 866.898.1867 or info@paragon.us.com

Paragon is proud to have represented all parties in these Arkansas transactions.

Stephen C. Fisher, D.D.S. has acquired and merged the practice of Danny Blaine Leeds, D.D.S.

Stephen C. Fisher, D.D.S. & James R. Cook, D.D.S. have entered into a co-ownership arrangement

Clarksdale, Arkansas

Paragon is proud to have represented all parties in these Arkansas transactions.
year of dental school at Kansas City, and she will be doing an externship in Barrow, Alaska, inside the Arctic Circle. Dr. George Morgrey of Pine Bluff will participate in a medical-dental mission trip to Honduras February 25-March 3rd. Looking forward to seeing those pictures.

George’s son, Patrick, was presented his Eagle Scout award recently at a Court of Honor ceremony at First Baptist Church in Pine Bluff. Photos are of Patrick at the Eagle South Court of Honor and of Patrick pinning an Eagle Scout Mom Pin on his mother, Carolyn. Way to go, Patrick.

Dr. Ray Colclasure’s office had a good time getting into the Halloween spirit this year. The office staff and all their patients enjoyed the holiday tickets to Las Vegas for her own 50th Birthday Bash. Everyone was excited, and Caesar’s Palace will never be the same. Terri took her son Cole and two of his friends to the Cotton Bowl Classic. Her other son, Drue, a Big Buck Classic. Her other son, Drue, a birthday party.

Beth Rippy, RDH, and Sissy Harvey, RDA, at Dr. Terri Eubanks’ Christmas party

Dr. Ray Colclasure’s office staff at Halloween

Dr. Terri Eubanks and Beverly Bradshaw at Dr. Terri Eubanks Christmas party

Dr. Ryan Hanry’s Relay for Life Team’s Valentine Raffle

Lance Harvey, Sissy’s son, and his buck

Sissy Harvey, Terri’s assistant, shares that her son Lance killed a 24-point buck this season scoring Boone and Crockett 204. He plans to take it to the Arkansas Big Buck Classic. Her other son, Drue, a senior at Star City, has committed to play football for the University of Arkansas at Monticello Bobweevils. Drue was recently named All-District, All-State, and All Star in football. Congratulations, Drue.

Southwest News

BY DR. WENDELL GARRETT

The SWDDS Annual Meeting will be held June 8 and 9, 2012 in Hope, Ark. at the Hope Country Club. The traditional Golf Tournament will be held on Friday afternoon. The Golf Awards and Supper will be held on Friday evening. Details of the Saturday Lectures will be sent soon.

Charlotte Pratt was the grand winner of Dr. Ryan Hanry’s Relay for Life Team’s Valentine Raffle. Kayla Foster presented Charlotte a gift certificate for dinner and a movie for two. She, also, was given a half dozen Valentine Day roses. Although not confirmed, someone in El Dorado commented that Ryan’s wife Stephanie was seen with an equally beautiful half a dozen Valentine Day roses.

Looking forward to seeing those pictures.

This year we added Franklin Elementary School to our list of Community Service Projects. We have been providing fluoride varnishes at Bale, Stephens and Tiffany at Children’s International do all of the leg work and our students get to place the varnish on the children’s teeth. It is great to see hygiene students working placing sealants on the kids teeth as we do the varnish. Our students love the opportunity to work with the children.

February 6 was the first day for clinics. They do four, three week, rotations. One rotation is a specialty of their choice. We are very appreciative of our dentists and staff that help us out with completing our students’ education.

We will be setting up new competencies for our students so that they can check off on being proficient at placing sealants. The Arkansas Board of Dental Examiners voted on Article XI under Dental Hygiene, to remove sealants as an exclusive function for hygiene only. We want our student to be proficient at placing sealants should they be called upon to do so.

As we close one year we prepare to welcome the next class of students. We have been taking applications since September. The class is full and there are students on the alternate list. Letters will go out in May requesting their acceptance and before we know it we will start all over again. Our goal is to graduate competent dental assistants and enable them to be employed in the field of dentistry.

It is coming up soon on the end of the year for our Dental Assisting Students. Twenty two will graduate on May 10 at Verizon Arena.

Pulaski Technical College

DENTAL ASSISTING PROGRAM

DEANNA DAVIS

This year we added Franklin Elementary School to our list of Community Service Projects. We have been providing fluoride varnishes at Bale, Stephens and Tiffany at Children’s International do all of the leg work and our students get to place the varnish on the children’s teeth. It is great to see hygiene students working placing sealants on the kids teeth as we do the varnish. Our students love the opportunity to work with the children.

February 6 was the first day for clinics. They do four, three week, rotations. One rotation is a specialty of their choice. We are very appreciative of our dentists and staff that help us out with completing our students’ education.

We will be setting up new competencies for our students so that they can check off on being proficient at placing sealants. The Arkansas Board of Dental Examiners voted on Article XI under Dental Hygiene, to remove sealants as an exclusive function for hygiene only. We want our student to be proficient at placing sealants should they be called upon to do so.

As we close one year we prepare to welcome the next class of students. We have been taking applications since September. The class is full and there are students on the alternate list. Letters will go out in May requesting their acceptance and before we know it we will start all over again. Our goal is to graduate competent dental assistants and enable them to be employed in the field of dentistry.

It is coming up soon on the end of the year for our Dental Assisting Students. Twenty two will graduate on May 10 at Verizon Arena.

GRADUATE HOME TOWN

Tiffani Brown Little Rock

Sarena Nash North Little Rock

Penny Everett North Little Rock

Jennifer Fason Conway

Lindsey Peterson Little Rock

April Holber North Little Rock

Tyler Rivers Conway

Angela Johnson Little Rock

Maghan Slater Clarksville

Shalonda Jordan Little Rock

Jackie Smith Bryant

Rachel Langley Benton

Karla Strickland Bryant

Shanna Lonadier Austin

Heather Martone Hensley

Rapheal Williams Little Rock

LaTara Morris North Little Rock

Lauren Williams Mabelvale

Tyler Rivers Conway

LaTara Morris North Little Rock

Rapheal Williams Little Rock

Tiffani Brown Little Rock

Penny Everett North Little Rock

Jennifer Fason Conway

April Holber North Little Rock

Angela Johnson Little Rock

Shalonda Jordan Little Rock

Rachel Langley Benton

Please send your news and journal information to Dr. Wendell Garrett at drwendell@earthlink.net.
The spring semester brings great excitement as the seniors prepare for graduation. The seniors are fitted for caps and gowns, and the juniors began providing care to “real patients” in the Dental Hygiene Clinic after months of practicing their skills on each other in the fall. The seniors are now busy observing in dental offices to learn the administrative aspects of dental practices and developing policies & procedure manuals specific to the office in which they observe, presenting table clinics, and completing community service hours. They are also preparing for the National Board Dental Hygiene Examination that they will take later this spring and the SRTA (Southern Regional Testing Agency) clinical exam that will be offered at UAMS on April 27-28. All of our soon-to-be 2012 graduates and their hometowns are listed below:

SERVICE continues to be a very valued component of the departments mission. Each October and February, the department offers a “free sealant day” in recognition of National Dental Hygiene (October) and National Children’s Oral Health (February) months. Students participate in Children Internationals school-based sealant project where mobile dental equipment is set up in Little Rock elementary schools for the purpose of placing dental sealants for the month of February. During the event, our students provide approximately 250 hours of service during which over 1,000 sealants are placed for nearly 350 children. The junior class is planning on participating in AMOM in Jonesboro in late April. The department anticipates 30 to 35 students and faculty volunteering for the event. In the spring, faculty and students will participate in “Safeguard Tobacco Prevention Night” at the Arkansas Travelers’ baseball game sponsored by the Arkansas Department of Health, Office of Oral Health. Children are given t-shirts and other prizes for signing pledges not to use tobacco products and in “Special Olympics, Special Smiles” at Harding University in Searcy where participating athletes receive oral health screenings and referrals to local dentists for unmet needs. Throughout the year, the department receives numerous requests to participate in community events and to speak to a variety of community groups. Students are required to complete a minimal number of service hours while enrolled in the dental hygiene program; however, many students exceed that requirement.

In 2011, the faculty had three peer-reviewed publications, written a textbook chapter, and had case studies accepted by the Joint Commission of the American Dental Association for use on the National Board Dental Hygiene Exam. Faculty have made nine invited presentations and made two poster presentations. The department submitted five grant applications of which two were funded and a third is still under review. Dorothy Hampton successfully completed the requirements of the Arkansas State Board of Dental Examiner to become a Registered Dental Assistant (RDA). Susan Long was reappointed by the Joint Commission of National Dental Examiners to the Dental Hygiene National Board Test Construction Committee. Rhonda Sledge was selected to serve as a judge for the undergraduate Student Table Clinics and Research Poster Sessions at the American Dental Hygienists’ Association’s 88th Annual Session in Nashville, Tennessee. In 2012, the department will be offering continuing education courses in the administration of nitrous oxide and digital dental imaging (to include cone beam CT) available very soon. We also have several web-based, independent study CE courses. Please make sure to check our webpage or call the Department for more information (www.uams.edu/cheridentalhygiene or 501-886-5734).
He was a member of the Arkansas State Dental Association Executive Board and was the State President in 1972-73. He was the secretary-treasurer and the president of the Southwest Arkansas Dental Society, The Texarkana Dental Society and the Ark-La-Tex Dental Association.

Dr. Sitzes graduated from Gurdon High School and then attended Ouachita Baptist College earning a Bachelor of Science Degree at Baylor University. He completed his studies at St. Louis College of Dentistry in 1956 and entered the United States Air Force serving as a Captain stationed at Maxwell Air Force Base in Montgomery, Alabama.

While in dental school Dr. Sitzes married his high school sweetheart from Richwoods Barbara Ann Smith. They had one son Lester III during the last year of dental school and twin sons Donald and David in Alabama during Dr. Sitzes’ tour of duty.

Dr. Sitzes and family then returned home to Gurdon to practice dentistry. In March 1963 Dr. Sitzes moved his practice to Hope. For the next 28 years he served the area full time and another four on a part time basis. Dr. Sitzes and his family have been members to this day. He served as the assistant and interim song director of the church for many years.

Dr. Sitzes served on the Hope City Board, was president of the Gurdon and Hope Chamber of Commerces and the Rotary Clubs.

He was a member of the Arkansas State Dental Association Executive Board and was the State President in 1972-73. He was the secretary-treasurer and the president of the Southwest Arkansas Dental Society, The Texarkana Dental Society and the Ark-La-Tex Dental Association. He was a selected member of the Delta Sigma Delta dental Fraternity, the Pierre Fauchard Society, The American College of Dentistry Society, The Texarkana Dental Society and the Arkansas Dental Association. He was the secretary-treasurer and the president of the Southwest Arkansas Dental Society, The Texarkana Dental Society and the Ark-La-Tex Dental Association. He was a selected member of the Delta Sigma Delta dental Fraternity, the Pierre Fauchard Society, The American College of Dentistry Society, The Texarkana Dental Society and the Ark-La-Tex Dental Association.

He was the Founding President of the Arkansas State Dental Association Political Action Committee.

Dr. Sitzes was appointed by Governor Winthrop Rockefeller to serve on the Arkansas State Dental Association Executive Board and was the State President in 1972-73. He was the secretary-treasurer and the president of the Southwest Arkansas Dental Society, The Texarkana Dental Society and the Ark-La-Tex Dental Association. He was a selected member of the Delta Sigma Delta dental Fraternity, the Pierre Fauchard Society, The American College of Dentistry Society, The Texarkana Dental Society and the Ark-La-Tex Dental Association.

He was preceded in death by his parents, his sister Erselle, his wife of 55 years Barbara Ann Sitzes and his daughter-in-law Cathy Sitzes.

He was born March 4, 1930 in Beirne, Arkansas to Lester Milam Sitzes Sr. and Myrtle Wooldridge Sitzes.

He was married his high school sweetheart from Richwoods Barbara Ann Smith. They had one son Lester III during the last year of dental school and twin sons Donald and David in Alabama during Dr. Sitzes’ tour of duty.

Dr. Sitzes was appointed by Governor Winthrop Rockefeller to serve on the Arkansas Governmental Efficiency Study Action Committee.

He was the Founding President of the Arkansas State Dental Association Political Action Committee.

Dr. Sitzes was appointed by Governor Winthrop Rockefeller to serve on the Arkansas Governmental Efficiency Study Commission and by Governor David Pryor to serve on the Arkansas State Health Coordinating Council eventually serving as President of the Council. He was a long standing member of the First National Bank Board of Directors advising his good friend Tom Ed Hays Jr. Dr. Sitzes was an avid fisherman, outdoorsman and tree farmer. He and his wife Barbara were long time supporters of the Boy Scouts in Hope and Governor Mike Huckabee.

He is survived by his sons Dr. Lester Sitzes, III and Marilyn of Hope; Dr. Donald Sitzes and Denise of Nashville; Arkansas and Dr. David Sitzes and Rhonda of Bella Vista, Arkansas. He leaves nine grandchildren: Dr. April Brown of Boerne, Texas; Jessica Jungerman of Nashville; John Sitzes of Hope; Bryan Sitzes of Fayetteville; Drew Sitzes of Russellville; Evan Sitzes of Osaka, Japan; Jordan Sitzes of Mineral Springs; Jenae Sitzes of Bella Vista and Tristan Sitzes of Hope. He also is survived by three great grandchildren: Wesley and Landon Jungerman of Nashville and John David Sitzes of Mineral Springs.

Funeral Services were held March 27 at First Baptist Church of Hope. Interment followed at Memory Gardens Cemetery.

The family wishes for memorials to be made to the Boy Scout Troop 5 building fund or First Baptist Church of Hope.
The Future

is here for your claim payments with
Delta Dental Direct Deposit.

Direct Deposit from Delta Dental is safe, convenient, dependable and available right away! Signing up is quick and easy and you can receive payments within 24 hours of claim adjudication!

Receiving payment has never been faster.

Please contact Professional Relations at 800-462-5410 for more information.