

**KENTUCKY DENTAL ASSOCIATION
EXECUTIVE BOARD MEETING**

KDA Headquarters Building
Louisville, Kentucky
August 8, 2015
10:00 A.M.

- 1. CALL TO ORDER.** Dr. Bill Lee called the meeting to order at 10:05 a.m. The following members of the Board were present:

Dr. Ralph Beadle	Dr. Ted Logan
Dr. Garth Bobrowski	Dr. Robert Millay
Dr. Vaughn Brummer	Dr. Matt Milliner
Dr. Andrew Burt	Dr. David Narramore
Dr. Bill Collins	Dr. Dennis Price
Dr. Barry Curry	Dr. Angela Shelton (representing
Dr. Margaret Hill (representing Dr. John Sauk)	Dr. Karen Nation)
Dr. H. Fred Howard	Dr. Greg Zeller (representing
Dr. Beverly Largent	UK Dean Stephanos Kyrkanides)
Dr. William Lee	Dr. Alex Marti (ULSD Student)

Guest: Dr. B J Moorhead. Staff members present were Mr. Todd Edwards, Mrs. Janet Glover, Mrs. Melissa Nathanson and Mr. Richard Whitehouse.

- 2. INVOCATION.** Dr. Ted Logan gave the invocation.
- 3. CONFLICT OF INTEREST.** Mr. Richard A. Whitehouse commented regarding the importance of transparency regarding conflicts of interests and dualities in any organization. He noted the policy contained in the KDA Bylaws as well as the disclosure each board member signed upon election to the KDA Board. He referred to the agreement of board members at the last meeting to incorporate a declaration of any conflicts or dualities into the opening of each official meeting. Chairman Lee called for board members to declare any conflicts or dualities. Those who expressed conflicts were: Dr. Beverly Largent, Chairman of the KDA Foundation, Dr. Bill Collins, a board member of Avesis, and Dr. Ted Logan, his daughter works for Nelson Insurance/KDAIS.
- 4. APPROVAL OF MINUTES.** The minutes of the February 28, 2015, April 25, 2015, May 5, 2015 and May 27, 2015 meetings of the Executive Board were corrected to reflect that the May 27, 2015 meeting was a meeting of the Executive Committee. All minutes were approved as corrected.

NOTE: All reports are presented in the minutes as they were submitted by their authors. No editing in the form of spelling or grammar has been attempted.

- 5. CONSENT CALENDAR.** The Consent Calendar was established.

Treasurer's Report #2
UK Report
U of L Report
Dental Director's Report.

These items were presented for information and required no discussion.

- 6. REPORT OF THE SECRETARY-TREASURER.** **Dr. Ted Logan, Jr.** discussed the *KDA General Fund Revenue & Expense Budget Performance Report* for the six months ending June 30, 2015. It was pointed out that the revenue from the Annual Session was severely below budget and is expected to become worse as final expenses are remitted. The shortfall is expected to be approximately \$78, 000. Forty thousand dollars have been taken from the co-mingled investment funds to meet cash flow requirements. Some \$38,000 will be needed to meet expected expenses. The remainder of the budget performance is within normal performance as of June 30, 2015.

KENTUCKY DENTAL ASSOCIATION
GENERAL FUND REVENUE & EXPENSE
BUDGET PERFORMANCE REPORT
For the Six Months Ending June 30, 2015

	Year to Date Actual	Annual Budget
REVENUES		
Budgeted Revenues		
KDA dues	358,091.20	364,536.00
KDA Assessment	97,030.10	104,000.00
Annual Session net revenue	1,898.32	60,000.00
Interest Income	1,358.18	2,500.00
Rental Income-	29,063.76	55,000.00
Rental Income-LDS	0.00	4,725.00
I. C. Systems Income	0.00	500.00
ADABEI (ADA)	15,941.92	30,000.00
association gloves	3,964.16	0.00
Officite	650.60	6,000.00
KDA Insurance Services	15,000.00	50,000.00
ADA Dues Rebates	0.00	500.00
Label Sales	0.00	500.00
SMILE KY income	19,000.00	0.00
Other Revenue	826.83	3,000.00
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Total Budgeted Revenue	542,825.07	681,261.00
 Non-Budgeted Revenues		
Gain/Loss on Investments	5,432.00	0.00
Journal Fund Expenses	0.00	74,415.00
ADA Grants	12,000.00	0.00
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Total Non-Budgeted Revenue	17,432.00	74,415.00
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	\$	\$
TOTAL REVENUE	560,257.07	755,676.00
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	Year to Date	Annual
	Actual	Budget
EXPENSES		
Budgeted Expenses		
A. Fixed disbursements over which the HOD has no control but must have approval		
Utilities & Maintenance:		
	\$	\$
Telephone	4,088.65	7,500.00
Gas, Electric & Water	12,939.72	20,000.00
RENT	42,314.64	84,630.00
Maintenance Expense	13,702.62	20,000.00
Janitorial Expenses	416.38	3,000.00
Total Utilities & Maintenance	73,462.01	135,130.00
Audit & Accounting Services	0.00	13,000.00
Attorney Fees	0.00	4,000.00
Insurance	1,940.57	13,000.00
Printing and Postage	1,278.32	3,000.00
Miscellaneous	11,019.25	500.00
	\$	\$
A. TOTAL	87,700.15	168,630.00

B. Items Controlled by the House Of Delegates

General Administrative Expenses:

	\$	\$
Equipment Maint & Rent	4,987.26	12,000.00
Technological Support	1,546.69	10,000.00
Membership Dues & Subs	167.00	750.00
Support Staff Expense	1,757.34	4,500.00
Office Supplies	2,278.84	5,000.00
KOHC Membership	300.00	0.00
Presidents Expense	20.00	5,000.00
1st Vice President's Expenses	2,057.09	2,000.00
Fall Meeting Leadership Conf.	0.00	4,500.00
Executive Board Expense	806.94	2,000.00
ADA Delegates Expense	1,100.00	34,000.00
Ex. Dir. Discretionary Expense	0.00	750.00
SMILE KY program expense	379.76	0.00
Auto Expense	919.50	3,000.00
Total Administrative Exp.	16,320.42	83,500.00

	Year to Date Actual	Annual Budget
Council/Work Group Expenses:		
Council on Annual Session	154.95	0.00
Council on Ethics, Bylaws		
Council on Governmental Affairs		
Budget & Finance Committee		
Long Range Planning Committee		
Membership Steering Work Group	0.00	2,000.00
Travel and Lodging	0.00	1,000.00
New Dentists Committee	1,039.96	3,200.00
General Council Expense	0.00	250.00
UK-UL-KSDS Support	0.00	1,000.00
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Total Council/Committee/Work Group Steer	1,194.91	7,450.00
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B. TOTAL	\$ 17,515.33	\$ 90,950.00
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	Year to Date Actual	Annual Budget
C. Disbursements Annually Approved and Controlled by the House of Delegates		
	\$	\$
Executive Directors Expense	8,684.88	12,000.00
Secretary - Treasurer Expenses	0.00	5,000.00
Salaries-Executive Staff	177,243.35	371,527.00
Executive Staff Benefits	17,691.75	28,079.00
Retirement Plan Contributions	7,547.40	41,490.00
Personal Payroll Taxes	14,012.24	32,000.00
	\$	\$
C. TOTAL	225,179.62	490,096.00
	\$	\$
Total Budgeted Expenses	330,395.10	749,676.00
D. Fund Contributions		
	\$	\$
Capital Expenditures	0.00	5,000.00
	\$	\$
D. TOTAL	0.00	5,000.00
E. Non-budgeted Expenses		
	\$	\$
ADA Grant Expenses	8,043.80	0.00
Investment Fees	808.00	1,000.00
	\$	\$
E. TOTAL	8,851.80	1,000.00
	\$	\$
TOTAL EXPENSES	339,246.90	755,676.00

KENTUCKY DENTAL ASSOCIATION
INVESTMENT ACCOUNT BALANCES
June 30, 2015

General Cash Operations	(4,351.54)	
Stifel Nicolaus Money Market	20,178.86	
Stifel Managed Funds	<u>137,929.78</u>	
Total General Fund		153,757.10
CAPITAL PROJECTS FUND		
Stifel Managed Funds	<u>45,553.21</u>	
Total Capital Projects Fund		45,553.21
JOURNAL FUND		
Stifel Managed Funds	<u>101,931.77</u>	
Total Journal Fund		101,931.77
LEGISLATIVE FUND		
Stifel Managed Funds	<u>70,855.84</u>	
Total Legislative Fund		70,855.84
RELIEF FUND		
Stifel Managed Funds	<u>36,287.74</u>	
Total Relief Fund		36,287.74
RESERVE FUND		
Stifel Managed Funds	<u>278,973.04</u>	
Total Reserve Fund		278,973.04
WILLIAM MARCUS RANDALL MEMORIAL FUND		
Stifel Managed Funds	<u>43,492.67</u>	
Total William Marcus Randall Memorial Fund		<u>43,492.67</u>
Total Investments		730,851.37

7. REPORT OF THE PRESIDENT. Dr. Dennis Price submitted the following report:

President's Report for August 8, 2015 Executive Board Meeting

In the few months that have passed since the last Executive Board Meeting and the KDA Annual Session I continue to be impressed with the outstanding professionalism of our Executive Director, Rick Whitehouse as well as his staff, the Assistant ED Todd Edwards, Meeting Planner Janet Glover, and Communications specialist and Journal editor Melissa Nathanson. The KDA office appears to be running as smoothly as ever, despite the fact that we have postponed desired plans to replace our previous Membership coordinator. Dr. Ted Logan also continues to provide much history, support and financial planning expertise as our Executive Secretary/Treasurer.

Efforts of several Councils, Committees and Workgroups continue to work in the background providing services and support to our membership that often goes unnoticed by the general membership. There have been some interesting happenings and events in the last couple of months that, I think, bear worth noting. First, the Healthbeat writer for Louisville's Courier-Journal newspaper, Laura Ungar, provided a front page article about Dentistry and some of the issues with access to care and dental Medicaid in Kentucky. Much of her reporting seemed to be somewhat factual, but my concern was that her article included no interviews with anyone representing the KDA. From my perspective, she did a respectable job of bringing some attention to the state of dentistry in Kentucky, but very little to truly address any of the complicated issues of access to care or to dental /oral health education.

Rick Whitehouse, as KDA Ex. Dir. wrote a very nice letter to the editor as a follow-up to Ms. Ungar's article and attempted to address some of the missing issues in her reporting. His letter was published in the newspaper. Regardless of any factual validity to the Courier-Journal story, we felt that a front page story in Kentucky's largest circulated newspaper about dentistry could possibly open doors for more public discussion of oral and dental health in our state. Our efforts to educate the general public, as well as the elected and appointed officials in Frankfort, concerning the "real story" about dental care and access to that care, will hopefully gain momentum from follow up to that Courier-Journal front page news.

A second significant event more recently which is worth noting was the Governor's announcement of a "trial" program for Dental Student Loan Reimbursement. This program will offer up to \$100,000 of student loan repayment/forgiveness over a two year period for two dental graduates from each of our state Dental Schools. These loan repayment programs are intended to attract and help dentists to operate dental offices in parts of Eastern Kentucky with limited access to care. Although a program like this, in and of itself, will not solve our access to care issues, it is encouraging to see that possibly some of the efforts of our hard-working Medicaid Workgroup and TAC Committee,

under strong leadership of Drs. Bobrowski and Riley, may be reaping some dividends. It seems that our communication with leadership in Frankfort is improving continually and that our ability to help direct effective dental programs in the future has some reason for hope. Certainly this can be seen as a very important member service (as well as non-member service) benefit.

NOW, more than ever, we must all redouble our efforts to spread the word about what the KDA and ADA have been, and will continue to do, to promote dentistry in Kentucky. I am asking all current members of Organized Dentistry to become involved in Membership and Recruitment for our Local, State, and National organizations. This job of Member Recruitment is too large an undertaking for any one person, or even for a small committee of people to enact on their own. I am asking every member of the Kentucky Dental Association to recruit one new member (or to reactivate a former member who has become a non-member) by the end of 2015. This would double our current membership and move us to 100% membership of licensed dentists in the Commonwealth. Lofty goal? Absolutely! Probable? Probably not. But a long shot possibility. I think so.

We ALL stand to gain by increased membership. And even though they might disagree, I think that the non-members have more to gain than ANYONE. I may be preaching to the choir once again, but I truly believe that we, as dentists, are still in control of our own destiny. Government and insurance companies have been trying to control us and to change how we operate as a profession. However, I still maintain that no one person or group of people can better design, develop, and implement better oral health and dental care delivery programs than the ADA, KDA, and our Local Societies.

Respectfully submitted,
Dennis R. Price, DMD

8. REPORT OF THE FIRST VICE PRESIDENT. Dr. Bill Collins submitted the following report:

First allow me to express my sincerest gratitude to all those on the Executive Board that are giving me this opportunity to learn and serve the KDA. There are several things I want to bring before the Executive Board and if approved would like to form a committee to further explore these items.

First, Dr. Price has done a fantastic job initiating “themed forums”. Seeing the success of the Women’s Forum, I think the KDA could possibly gain greater participation with similar forums but maybe with a different twist. I would like to form a committee to oversee and investigate the possibility of doing “Themed Forums”. I think the possibility of an Outdoor Forum has great possibilities. The locations need discussion but with the possibility of moving the meeting yearly or hold it at the Marriott Griffith Gate in Lexington. We would try to solicit Cabela’s or Bass Pro sponsor this two day event starting on a Friday and ending on Saturday evening or night. I would like to see speakers such as Ted Nugent, Bill Dance etc. The event would consist of Boating, Fishing,

Hunting, Hiking, Four Wheeling, etc. We would have one class related to dentistry, no more than two. The exhibitors would be those associated with outdoor projects. We would have one dental class at the meeting and other items would be the keynote speaker, and other areas of interest. I have discussed this in minor detail with Dr. Fred Howard and mentioned it to Dr. Andy Elliott. We would invite non-members and if they paid their dues at the event we would eliminate the registration fee (which would be determined by the committee). We need to publicize this and have it either in May or in October, just before hunting or fishing season begins. Also, I want a legislative component for this, to be done in the evening if possible, we need both state and US legislators to attend. Open for discussion.

Next, I have been in contact with Dr. Julie McKee on the new Student Debt. Forgiveness purposed by the Governor. I am not sure what forgiving the debt of 5 students to go to Eastern Kentucky for 2 years is going to accomplish except setting students up for failure. There are no requirements currently, being from Appalachia, I fail to see how this is to help the people of the mountains, there are no requirements to stay after 2 years. Practices are already failing with new dentist because they cannot thrive on Medicaid and due to the current administration, the coal business has been literally destroyed, commercial insurance is almost non-existent. We know we are a one resource economy, until there are jobs for the community, all the debt forgiveness in the world will not create a growing practice. Here again, the people of Appalachia were not consulted, who else knows the problems of the area but those that reside there. One consideration should have been to practicing dentist with established dental practices, such as tax relief or increase in Medicaid fees. I think things like this should have been involved with the Medicaid Workgroup which has become a terrific addition to the committees. Which leads me into my next topic.

I would like to see the Medicaid Workgroup becoming a standing committee. I would like to see 6 members on this committee, one nomination from each society and the Executive Board to decide from those nominations the six to serve on the committee. The chairperson would be elected by the committee. The committee would serve for 2 years. I would like to see a 3 prong approach, this committee working with the TAC and KDPAC. We need everyone on the same page to be effective. It is very important since this committee reacts with legislators, they should be knowledgeable what the desires of the members are. I also think this committee needs to retain the two representatives from the two schools. However, the individuals from the Universities and the KDPAC would be exoficio members. This was a tremendous idea when Dr. Thompson formed this, Garth has done a terrific job, and there is no reason to lose ground or allow this committee to die. The chairperson and the committee member should not have to worry every year if the president is going to continue with this committee. With the ACA and the tremendous amount of new Medicaid patients, this committee needs to be on solid ground.

I have spoken with Dr. Raynor Mullins. There is a push to form an Appalachian Oral Health Network and Dr. Mullins would like our blessing and support. I think this is a

great thing because it is likely to interact with the SOAR program. At this time I don't know a lot about this but it is in the works and I wanted everyone to be aware.

Last, I have learned there is a study that is possibly going to be implemented by The Pew Research Group and there are members in Frankfort that are pro Dental Therapist. I have also learned that Tom Burch may be heading back to the denture grounds again. This time with adequate information to aid the Denturist. Obamacare has done one thing well, it has created a lot of edentulous people. Those people are complaining to Medicaid and legislators they have no teeth and are unable to function. I am not sure there is any way to head this off but to be able to put young individuals without dentures back into the workforce is what Frankfort is looking for. It would be nice if the state would assist volunteer dentist doing dentures, we could control the amount and the guidelines for the denture access. I have spoken with Dr. McKee on the possibility of the state assisting and forming some kind of relief for these patients. I think we need to give Dr. McKee adequate time to give some insight about this issue.

This concludes my report. It has been a hectic summer and I want to wish everyone a happy and successful rest of the summer.

Bill Collins DMD
1st Vice President

9. REPORT OF THE EXECUTIVE DIRECTOR. Mr. Richard Whitehouse
submitted the following report:

**REPORT OF THE
EXECUTIVE DIRECTOR
July 17, 2015**

MEMORANDUM

To: KDA Executive Board
From: Richard A. Whitehouse, Executive Director
Re: Executive Director's Report - August 2015 meeting
Date: July 17, 2015

The following is the KDA Executive Director's report for the period from February thru July 2015.

ADMINISTRATIVE MATTERS

New Meeting Protocols

Consent Agenda – Officers of the Board are required to submit and present periodic reports to the Board. The Board should continue the new practice of establishing a consent agenda for the reports of its officers. These reports should be timely submitted to the KDA office and distributed in advance of the meeting. It is presumed that all board members will have reviewed these materials, thereby allowing more meeting time to be focused on the business of governing. However, any member may request an item or issue contained in an officer's report be taken off the consent agenda and discussed before the full board.

I am continuing to explore a means to electronically deliver and archive board materials.

Meeting Minutes – The meeting summary and recommendations of duly appointed working groups, task forces, committees, or councils, is appropriately reported through its minutes. In the past, chairs were allowed to deliver personal reports. The issuance of reports lies solely within the province of corporate officers.

Board Meeting Day

If we return to the practice of conducting our board meeting on Friday rather than Saturday, it would curtail the use of employee overtime.

ACTION REQUESTED

- Vote to move executive board meetings to Friday. (Recommendation: Approve)

New Position

At our last meeting, I expressed the need to create a new position for membership and general administrative support. I have found many examples of boards using such a position as a membership concierge, to enhance our ability to serve members and provide support to our component societies. However, due to budget constraints, I am placing these efforts on hold. I am hopeful that we will be able to incorporate the new position in the budget for next fiscal year.

Endorsement Protocol Guideline

Also, at our last meeting, I shared my concern regarding the need for a clear process for endorsing products. After consulting with Dr. Price, I am presenting a protocol that anticipates evaluation on the part of the executive director with approval based upon board-established criteria and subject to board ratification. The proposed guideline is set forth in Attachment A.

It is clear that endorsement implies a relationship rather than a scientific evaluation of a product. The proposed policy identifies criteria for approval and establishes levels outlining KDA sponsorship expectations and benefits for endorsees. I believe such a policy would provide more sound and stable financial arrangements between our organization and endorsed vendors.

On a related note, I am also reviewing the performance of our KDAIS program to determine whether the current model for providing insurance coverage as a member

benefit is a viable model for us to continue or whether it is time to consider alternatives or modification to the current program.

ACTION REQUESTED

- Vote to adopt new endorsement guidelines.
(Recommendation: Approve)

Dentaquest Donation

I am pleased to announce the receipt of a \$19K grant from Dentaquest for the KDA Foundation to support Smile Kentucky!

ADVOCACY

The good news is we survived the short 2015 legislative session with no losses on public policy issues or incursions into the practice of dentistry. The bad news is that many of the issues that pose a threat to our members and their patients are unresolved. These challenges seem to begin and end with the question of access to oral healthcare.

As we prepare to meet new public policy challenges, we will need allies in Frankfort. Accordingly, we continue working to identify key contacts with legislators. We are also continuing to assist component boards and inform members of how to work within the political system.

On May 21st, Dr. Price and I met with our lobbyists John McCarthy and Libby Milligan to assess where we are and begin a conversation regarding the formation of a legislative agenda for 2016. That conversation will be ongoing with our lobbyists during our regular telephone conferences, the ADA, and our Government Affairs Committee. I will keep you apprised of these developments as we move forward. But, I want to provide some information in this report relative to two particular issues.

Medicaid

Medicaid is undoubtedly the number one subject I am asked about when I pick up the phone, visit a component, or attend a meeting. Much of our response to the question of what we are doing to address that issue is reflected in the report of the Medicaid Workgroup chaired by Dr. Bobrowski. But, I want to share a few items related to establishing relationships and developing data to better prepare us in our lobbying on this issue.

On July 10, Libby Milligan and I had a private meeting with Medicaid Commissioner Lisa Lee. Overall, I would say it was constructive and we agreed on the need to continue good communication between the department and providers. Our meeting was extended as a nearby tornado touchdown forced us to move to the basement. But, we used the additional time to express the concerns of members. She agreed that change would be driven by the available data. She also suggested that our Medicaid workgroup continue working closely with the Medicaid Technical Advisory Committee to develop data that can be used to shape policy. She also expressed a willingness to ensure MCOs provide the information we may request regarding the issues of reimbursement and access to care. University of Kentucky - Dr. Raynor Mullins of the University of Kentucky has told me that he would be providing us with current data regarding the state of Medicaid providers

in Kentucky. Reports of managed care organizations suggest a stable number of providers after the sharp increase that came with the expansion of the Medicaid program a couple years ago. We have a good deal of anecdotal evidence suggesting the low reimbursement rates may not support an adequate number of providers. Further, concerns persist regarding the use of emergency departments for untreated dental issues and the unavailability of or length of time to see dentists or oral surgeons in many areas of the state. But, Dr. Mullins suggests that the data may not actually show an exodus of dentists from the Medicaid programs.

Unfortunately, if what is happening is a reduction of activity by individual dentists in terms of the percentage of their practice devoted to Medicaid patients, his data may not be helpful, as it would fail to illustrate true fluctuation in the level of providers available. We may have a stable or increasing number of dentists simply doing less Medicaid work, in which case, more would certainly be less in terms of increasing access to oral healthcare.

ADA Study - On June 24, 2015, Dr. Price, Dr. Bobrowski, Dr. Ken Rich, and I met with Krishna Aravamudham, Director of the Center for Dental Benefits, Coding and Quality with the ADA Practice Institute. She has selected Kentucky as the only state in the nation in which they will contract with researchers to analyze the efficacy of managed care organizations in the delivery of state dental services. The third party research consultant will offer recommendations for improving administration, provider participation, and beneficiary utilization. After a consultant is selected, we can expect to see a final report in the spring of 2016.

KOHC/Pew Research - In addition, I have been asked to participate as a member of a research advisory committee sponsored by the Kentucky Oral Health Coalition and conducted by the Pew Children's Dental Campaign to conduct study on Kentucky's oral health workforce and access to care. That process begins in August.

On the surface, this seems like pretty dry stuff. But, we have gotten a little attention and now we have some people working for us to generate the data we so badly need to deliver our message to elected officials and policymakers.

Proposed Medicaid Regulations - Based upon the work of the KDA Medicaid Workgroup led by Dr. Bobrowski, we will submit comment to the proposed new Medicaid regulations by the end of the July.

Access to Care in the News - Finally, in the June 28th Sunday paper, *The Louisville Courier-Journal* published a story (front page and above the fold) regarding increased visits to emergency rooms due to dental problems. The article, reproduced partially in *USA Today*, included a reference to our KDA Access Summit. I wrote a letter to the editor expressing our views on the matter and it was published July 7th. Both were picked up in the *ADA Huddle*.

Denturity

At the Kentucky Board of Dentistry meeting on July 11th, the board decided to respond to a request from Rep. Tom Burch to meet regarding denturity by sending Executive Director David Beyer to Frankfort to listen to his proposal. There was much discussion on this issue. I made clear that our association has been historically opposed to this perennial topic on the basis that it is the illegal practice of dentistry and poses a threat of harm to patients, generally, and the most vulnerable of our citizens in particular.

MEMBERSHIP

The ADA Membership Report for June 2015 provides comparative and trending data over the last five years. We continue to lose market share and currently stand at 51.9% membership of licensed dentists licensed in Kentucky.

Although we could point to extraordinarily slow renewals this year, clearly we are continuing to feel the slow bleed that many others are experiencing. Again, the data suggests we need to improve in virtually every area. But, we especially have done poorly in recruiting and retaining women and minorities. And, we are overall losing more and more new dentists sooner and sooner in their career. Our membership strategies must be aligned to stem these losses and begin to reverse this trend by providing greater membership value. This will require us to create new programs as well as improve (or re-examine the need for) current ones. We will also have to find new and better ways to promote and articulate the value of KDA membership.

New Dentists / Membership Committee

New Dentist Chair Lindsey Willoughby is moving to Chicago for about eighteen months and Membership Chair Jonathon Rich is stepping down to become NKDS representative to our board. We appreciate the service and dedication of these two important young leaders. But, this leaves a vacuum in an important part of our organization. The good news is that we have two young dentists (Rachel Gold and Olivia Faulkner Estes) who have expressed a willingness to step up and become involved in organized dentistry. I would propose we merge the new dentist and membership committees to serve as one body. There is a good deal of overlap in these areas and enough to do to justify creating a co-chair arrangement.

ACTION REQUESTED

- Vote to merge the New Dentist and Membership Committees and appoint Rachel Gold and Olivia Faulkner Estes as co-chairs. (Recommendation: Approve)

Large Group Practice Update

I have continued to meet with leadership of large group practices to persuade them to become more involved in organized dentistry. My progress is set forth below:

Mortenson Family Dental Center – I have met several times with owner, Dr. O. Wayne Mortenson and Regional President and Clinical Director, Dr. Phil Schuler. There is a keen interest in working together to address the challenges common to organized dentistry. They are additionally interested in collaborating on education and professional development opportunities. They have expressed interest in creating a large group practice committee to further explore ways in which KDA can bring value to large group practices. Currently, they are working to provide a list of their non-member dentists in order to determine the cost of bringing them on board. Dues will be charged to the practice.

Kool Smiles – I have met and corresponded often with Ronnie Coleman of Benevis who is in charge of government relations with Kool Smiles. They also have a great interest in working with us on public policy issues – particularly Medicaid. I have toured one of

their downtown clinics and participated in a conference call with a group of their dentists to talk about the value of membership. We have identified ten dentists at the practice who are not members. We have been asked to provide applications for these members and an invoice for the practice to pay their dues.

KDA Leadership Academy

One of the major challenges we have is the sharp drop-off of members early in their dental careers. There are a variety of reasons for this. But, it basically represents the notion that we don't create enough value to keep them. At the same time, I often hear about the interest of these young professionals in leadership development, mentoring, and involvement in social/professional issues.

Accordingly, I have been exploring the possibility of developing a leadership program for new dentist members. I think such a program could recruit and retain a new generation of members and better prepare them to lead the profession in the future. This idea has sparked the interest of another state association potentially interested in partnering with us. In addition, two organizations have also expressed interest in sponsoring and developing the program. I would envision a program nine to eighteen months in length involving monthly modules in areas relevant to professional development, leadership, political engagement, public speaking and communication, office management, customer service, Medicaid, and various other healthcare topics, etc.

Continuing Education and Components

I am exploring the possibility of working with a sponsor to provide continuing education for our component societies.

ANNUAL MEETING

Our 2015 annual meeting was held in downtown Louisville despite the aftermath of one of the worst snowstorms in fifty years. Only the decision to press on despite this storm kept the meeting from becoming a complete loss. As it was, we suffered an approximate \$80K budgeted loss as a result of the meeting. Of that, \$30K can be attributed to refunds arising from registrants unable to attend the meeting. This suggests that we would have likely still lost at least \$50K on this meeting if weather had not been a factor. In my mind, this should cause us to ask fundamental questions about this meeting and whether we are offering programs that meet the needs of Kentucky dentists.

The budget shortfall has adversely impacted my ability to adequately staff the office and provide a higher level of service to our component societies. So, I think for now we have to say no to some ideas that may even be good ones. But, I am convinced that we can work together to control our cost and still create a better meeting by focusing on the fundamentals.

Council on Annual Sessions Meeting

I raised the above questions at the meeting of the Council on Annual Session on April 11, 2015. There was much discussion regarding issues related to the annual meeting. Much

of that discussion centered on the need to re-imagine the meeting, attract more attendees, and makes it profitable again. During the meeting, four recommendations were made for the Board to consider. The Council on Annual Sessions agreed that all motions – particularly those with budgetary implications – must be reviewed by the KDA Executive Board and approved only after appropriate discussion and deliberation. The motions in question are set forth below:

MOTION 1: That the Board consider creating an “opt in” button on the online pre-registration that would give exhibitors contact information of the attendees so the exhibitors can contact the attendees by mail or e-mail.

MOTION 2: That the Board consider having staff investigate barcoding on badges and scanners being provided to exhibitors as lead retrieval opportunities.

MOTION 3: That the Board consider changing the number of voting members making a quorum of this council to five (5) instead of six (6).

MOTION 4: That the Board consider providing the Council on Annual Session Chairman a complimentary sleeping room for up to three nights.

I recommend that none of these motions be approved. The first, second, and fourth motions involve the potential expenditure of resources and monies that we cannot support at this time. The substance of these motions are primarily administrative in nature and are not questions of governance the board needs to vote upon. The third involves a recommended change to the by-laws that already exists.

Annual Meeting Budget

On May 27th, after considering the minutes of the Council on Annual Session and conducting a full discussion, the Executive Committee decided to move our meeting to French Lick Resort for 2017 and 2018. The Executive Committee also decided to move the date of the meeting to August.

The proposed budget for our 2017 annual meeting is submitted for your review and approval. It has been presented to the Council on Annual Sessions for their recommendation. In addition, I have submitted a proposed revised budget for 2016 to the council for their information and to you for action. Questions relative to establishing a budget are clearly within the board’s purview as the governing body of this organization. I urge you to seriously consider the changes I have recommended for these meetings. For additional perspective on the reason for austerity relative to the fiscal aspect of these decisions, consider the fact that we continue to raise dues every year to balance our budget. Consider also that in FY7, FY8, FY9, FY10, FY11, FY13, and FY14, we had to liquidate some of our investments to meet obligations. If I appear to be acting with a strong hand in making decisions, it is because I am trying to turn this trend around. Moreover, these actions are critical to the long-term economic viability of this

organization. It is imperative that we better consolidate the business decision process of these and other activities to create a more accountable and transparent infrastructure. I propose simple reductions and changes in certain line items for both 2017 and 2016. Our losses at the last meeting were not the result of weather, alone. In my view, we need to fundamentally change many of the assumptions we have operated under in planning this meeting. Some changes have been forced upon us by the loss of our downtown venue in 2017 and 2018. But, if we are to turn this situation around, we need to impose other changes that will make the meeting more relevant to Kentucky dentists. We need to find ways to generate more revenue and eliminate unnecessary expenses, starting right now. My proposals will begin to do that.

By taking other steps to increase traffic in the exhibit hall and presenting an appropriately sized and member-centric CE program, we can begin to revive our meeting. We have already made great strides for 2016 by cutting the course offering in half and placing limits on honoraria and encouraging greater sponsorship of speakers and events. But, I know we can't just cut our way out of this problem. We have to build a program that will draw people who have never attended before. That will take more time. It starts with efforts to welcome new dentists to the profession at our new dentist reception. It continues with the addition of an opening session welcoming members to our meeting and sharing with them our efforts and plans to advance organized dentistry in the commonwealth.

We are already somewhat ahead of the game by moving to French Lick and cutting our CE program in half. But, additional savings can be derived from the proposed cuts in select line items that are highlighted in the proposed 2017 budget.

ACTION REQUESTED

- Vote to adopt the (Attachment B) 2017 Annual Session Proposed Budget
(Recommendation: Approve)

Based upon those proposed changes, I am asking the Board to similarly amend the budget that had been approved for 2016.

ACTION REQUESTED

- Vote to adopt the (Attachment C) Proposed Changes to the 2016 Annual Session Budget
(Recommendation: Approve)

STRATEGIC PLAN

At our strategic planning session in April, we crafted a new strategic plan. The Board chose at that time to wait before voting to formally approve and adopt the plan. It is set forth below:

Mission: Helping Member Dentists Succeed and Serve

Vision: Advancing the Profession of Dentistry While Improving Oral Health

Goal 1: Advocate For Dentistry In The Commonwealth

Goal 2: Serve and Support the Needs And Success of Members

Goal 3: Promote Oral Health Through Community Service And Public Relations

Goal 4: Lead The Profession Through the ADA Tri-Partite Structure

ACTION REQUESTED

- Vote to approve and adopt the proposed strategic plan (mission, vision, and goals). (Recommendation: Approve)

On May 5th, the Executive Board reviewed the report of the facilitator from our strategic planning session. Based upon the concerns expressed by members, all reference to the KDA Foundation and KDPAC have been struck from the document and will not be referenced in publication of the plan to members.

Moving forward, we must ensure that we prioritize our activities and our budget to key strategies. But, work remains regarding the development of associated strategies and metrics. Additionally, we must determine the appropriate committees to charge with responsibility over achieving these results. Before simply adopting the final work product of the facilitator, I would like to fine-tune these items. A working draft of my ideas are set forth in Attachment D. I would be interested in hearing from every board member before presenting that product to the board for approval.

MEETINGS ATTENDED

Significant Events/Meetings Attended

- ADA Management Conference
- ADA Membership R&R
- ADA Washington Leadership Conference
- Center for Healthcare Strategies: Engaging Stakeholders to Improve Dental Coverage and Access for Medicaid-Enrolled Adults
- CHFS Information Session on Telehealth
- ED Superutilization Workgroup
- Kentucky Cabinet for Health and Family Services State Innovation Model (SIM) Model Design Workgroup
- KOHC Medicaid Workgroup
- KOHC/DQF Regional South Southeast Southern Regional Oral Health 2020 Convening
- Ky Health Information Exchange

- KYNECT
- Medicaid TAC
- Tennessee Dental Association Annual Meeting

Upcoming Events

- KDA Women's Forum (Aug 21)
- Component Leadership Conference (Oct 2-3)
- Sixth District Caucus (Oct 16-17)
- ADA Annual Meeting (Nov 5-10)

Visits to Component Societies

The following dates have been set for our upcoming fall tour of component societies. Dr. Price, Dr. Collins, and I will be making the rounds and listening to member concerns. I will also work to better articulate the value of membership, recruit new legislative contacts, and increase component involvement in our advocacy efforts.

- Blue Grass (Sept 8)
- Eastern (Sept 16)
- Louisville (Sept 17)
- South Central (Sept 18)
- Southeastern (Oct 8)
- Northern KY (Nov 17)
- Green River (Feb?)

OTHER ITEMS

I was recently elected by other private and non-profit executives to serve a three-year term as a director on the board of the Kentucky Society of Association Executives.

Finally, I will be on vacation from July 29th thru August 6th.

Respectfully Submitted,
Richard A. Whitehouse
Executive Director

ENDORSEMENT POLICY & PROTOCOL

Vendors seeking Kentucky Dental Association (KDA) endorsement shall submit written proposals that address the following criteria relative to their company, product, and/or services:

- Quality
- Reputation
- Discount for KDA members
- Share of profits to KDA from member sales

All proposals for endorsement shall be submitted to and reviewed by the executive director. Those deemed to meet the requisite endorsement criteria should be approved by the executive director and presented to the executive committee of the KDA Board for ratification via e-mail or phone conference. Subsequent endorsement shall be in effect for one year. If good cause is shown that the terms or criteria below have been breached or are not being met, endorsement may be terminated without notice.

The endorsement relationship shall be expressed in terms of levels set forth below:

PLATINUM LEVEL ENDORSEMENT (\$12K+)

- Sponsor Speaker / Exhibit Hall Activity
- Sponsor Event (large \$3K)
- Exhibit Space
- Sponsor Material (list)
- Advertisement (6 x full page)

GOLD LEVEL ENDORSEMENT (\$10K)

- Sponsor Event (large \$3K)
- Exhibit Space
- Sponsor Material & Items (list)
- Advertisement (6 x full page)

SILVER LEVEL ENDORSEMENT (\$5K)

- Sponsor Event (small \$1500)
- Exhibit Space
- Sponsor Material & Items
- Advertisement (6 x ¼ page)

BRONZE LEVEL ENDORSEMENT (\$2500)

- Exhibit Space
- Sponsor Material & Items (list)
- Advertisement (2 x ¼ page)

SPONSORED PRODUCTS

- Exhibit space

2017 Annual Session Proposed Budget

	Adopted Budget 2016	6-8-2015	Proposed Budget 2017
REVENUES			
Exhibit Space Rental	110,000.00	99,937.50	110,000.00
Tickets Registered Clinics	115,000.00	90,060.00	115,000.00
Donations	3,500.00	3,500.00	3,500.00
Special Events	3,000.00	2,348.00	3,000.00
Non-Member Registration Fees	1,000.00	0.00	1,000.00
 TOTAL INCOME	 232,500.00	 195,845.50	 232,500.00
 I. EXHIBITS EXPENSE			
KICC Room Rental	9,900.00	1,000.00	0.00
French Lick Room rental			2,250.00
Room Rentals/Exhibit Committee	2,000.00	1,176.00	2,000.00
Printing & Postage	500.00	279.00	500.00
Security Service	3,000.00	0.00	3,000.00
Wine & Cheese Reception	5,000.00	4,113.00	0.00
New Dentist Reception			5,000.00
Exhibitors/Members Hospitality	10,000.00	10,206.00	10,000.00
Set-Up	15,000.00	15,929.00	15,000.00
Miscellaneous	100.00	0.00	100.00
 I. TOTAL	 45,500.00	 32,703.00	 37,850.00

II. ADMINISTRATIVE EXPENSE

Operations	12,000.00	15,246.00	12,000.00
Alliance to KDA	350.00	350.00	350.00
Printing & Postage	20,000.00	19,907.00	17,500.00
Badges	750.00	500.00	500.00
Awards	2,200.00	2,399.00	2,200.00
Meeting Scouting Trip	7,500.00	4,142.00	5,000.00
Support Staff Expense	300.00	230.00	400.00
Miscellaneous	250.00	0.00	250.00

II. TOTAL	43,350.00	42,774.00	38,200.00
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	Adopted Budget 2016	Year to Date	Proposed Budget 2017
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III. SCIENTIFIC SESSIONS EXPENSE

KICC Room Rental	9,900.00	1,000.00	0.00
French Lick Room Rental			2,250.00
Speaker Honoraria	60,000.00	38,150.00	30,000.00
Speaker Expenses	10,000.00	23,589.00	10,000.00
Signs	750.00	495.00	750.00
Meeting Room Mgmt/Audio Visual	32,000.00	38,173.00	15,000.00
Printing	2,500.00	2,876.00	2,500.00
AGD Approval	625.00	250.00	625.00

III. TOTAL	115,775.00	104,533.00	61,125.00
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IV. TABLE CLINICS AND HOBBY SHOW EXPENSE

Printing & Set Up	100.00	165.00	100.00
Clinical Awards	350.00	350.00	350.00
Hobby Awards	350.00	200.00	350.00
Research Awards	350.00	350.00	350.00

IV. TOTAL	1,150.00	1,065.00	1,150.00
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	Adopted Budget 2016	Year to Date	Proposed Budget 2017
V. SPECIAL EVENTS			
Fees & License	240.00	300.00	240.00
	240.00	300.00	240.00
Opening Session			5,000.00
Randall Lunch			
Dinner	5,000.00	4,950.00	5,000.00
Printing	100.00	65.00	100.00
	5,100.00	5,015.00	5,100.00
President's Reception	6,000.00	4,380.00	6,000.00
Past Presidents' Lunch			
Meals & Entertainment	500.00	808.00	500.00
V. TOTAL	11,340.00	10,503.00	11,340.00
TOTAL EXPENSES	217,115.00	191,578.00	149,665.00

Proposed changes to the 2016 Annual Sessions Budget

	Adopted Budget 2016	Proposed Changes to the 2016 Budget
REVENUES		
Exhibit Space Rental	110,000.00	110,000.00
Tickets Registered Clinics	115,000.00	115,000.00
Donations	3,500.00	3,500.00
Special Events	3,000.00	3,000.00
Non-Member Registration Fees	1,000.00	1,000.00
TOTAL INCOME	232,500.00	232,500.00
I. EXHIBITS EXPENSE		
KICC Room Rental	9,900.00	9,900.00
Room Rentals/Exhibit Committee	2,000.00	2,000.00
Printing & Postage	500.00	500.00
Security Service	3,000.00	3,000.00
Wine & Cheese Reception	5,000.00	0.00
New Dentist Reception	0.00	5,000.00
Exhibitors/Members Hospitality	10,000.00	10,000.00
Set-Up	15,000.00	15,000.00
Miscellaneous	100.00	100.00
I. TOTAL	45,500.00	45,500.00

II. ADMINISTRATIVE EXPENSE

Operations	12,000.00	12,000.00
Alliance to KDA	350.00	350.00
Printing & Postage	20,000.00	17,500.00
Badges	750.00	500.00
Awards	2,200.00	2,200.00
Meeting Scouting Trip	7,500.00	5,000.00
Support Staff Expense	300.00	400.00
Miscellaneous	250.00	250.00

II. TOTAL	43,350.00	38,200.00
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Adopted Budget 2016	Proposed Changes to the 2016 Budget
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III. SCIENTIFIC SESSIONS EXPENSE

KICC Room Rental	9,900.00	9,900.00
Speaker Honoraria	60,000.00	30,000.00
Speaker Expenses	10,000.00	10,000.00
Signs	750.00	750.00
Meeting Room Mgmt/Audio Visual	32,000.00	15,000.00
Printing	2,500.00	2,500.00
AGD Approval	625.00	625.00

III. TOTAL	115,775.00	68,775.00
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IV. TABLE CLINICS AND HOBBY SHOW EXPENSE

Printing & Set Up	100.00	100.00
Clinical Awards	350.00	350.00
Hobby Awards	350.00	350.00
Research Awards	350.00	350.00

IV. TOTAL	1,150.00	1,150.00
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	Adopted Budget 2016	Proposed Changes to the 2016 Budget
V. SPECIAL EVENTS		
Fees & License	240.00	240.00
	240.00	240.00
Opening Session		5,000.00
Randall Lunch		
Dinner	5,000.00	5,000.00
Printing	100.00	100.00
	5,100.00	5,100.00
President's Reception	6,000.00	6,000.00
Past Presidents' Lunch		
Meals & Entertainment	500.00	500.00
V. TOTAL	11,340.00	11,340.00
TOTAL EXPENSES	217,115.00	164,965.00

- DISCUSSION DRAFT -

KDA STRATEGIC PLAN 2015-18

Mission: Helping member dentists succeed and serve

Vision: Advancing the profession of dentistry while improving oral health

GOAL 1: ADVOCATE FOR DENTISTRY IN THE COMMONWEALTH

(Government Affairs)

Strategy - Maintain working relationships with elected officials and policymakers

Metric: Legislative Day(s) attendance by members and legislators

Metric: Key Legislative Contacts

Metric: Legislative Events (Meet & Greets, Candidate Nights, etc.)

Metric: Periodic conversations with key members of the Administration

Metric: Testimony on legislation and regulations affecting organized dentistry

Strategy – Develop a common story of KY dentistry

Metric: Draft KDA White Papers on important issues

Metric: Draft KDA Talking Points on important issues

Metric: Collect anecdotal stories from members willing to share them

Metric: Develop data-driven analysis of important issues

Strategy – Develop better data to support public policy agenda

Metric: Increase compliance reporting requirements of MCO

Metric: Access state data

Metric: Collaborate with dental schools

Metric: Collaborate with ADA

Strategy – Ease Medicaid provider burden

Metric: Easing the administrative burden on dentists

Metric: Improve reimbursement rates

Metric: Streamline and standardize the process between MCOs

Metric: Level of dentists who are providers in terms of number and percentage of practice devoted to Medicaid population

GOAL 2: SERVE AND SUPPORT THE NEEDS AND SUCCESS OF MEMBERS

(Budget & Administrative Affairs)

Strategy - Increase members by better articulating the value of KDA membership

Metric – Create more members-only content

Metric - Earn 65% of the market share per ADA quarterly report

Metric – Establish a “but for KDA” campaign

Strategy - Create a subsidiary to deliver business service to members through a DSO model

Metric: Develop a business plan

Strategy – Develop a “Kentucky Class” Annual Meeting

Metric: Provide State of KY Dentistry Opening Session

Metric: Profit / Sponsorship /

Metric: Number of attendees (by type), vendors

Metric: Satisfaction survey

Strategy – Develop a social media strategy

Metric: Create a bi-weekly e-publication

Metric: Develop a Facebook strategy

Metric: Develop a Twitter Strategy

Metric: Provide information/training via YouTube, Vimeo, etc.

Metric: Develop a KDA mobile app

GOAL 3: PROMOTE ORAL HEALTH THROUGH COMMUNITY SERVICE AND PUBLIC RELATIONS

(Government Affairs)

Strategy – Leverage resources with other stakeholders

Metric: Attend and participate in meetings and conferences

Strategy - Maintain position as the thought leader in oral health and hygiene

Strategy – Establish key contacts for all state legislators

Strategy – Pursue free media

Metric: Create a press package regarding KDA organization and key issues

Metric: Encourage/orchestrate letter to the editor

Metrics: Contribute editorials

Metrics: Establish PSA campaigns

Strategy – Develop a common story (see goal 3 also)

Metric: Draft KDA White Papers on important issues

Metric: Draft KDA Talking Points on important issues

Metric: Collect anecdotal stories from members willing to share them

Metric: Develop data-driven analysis of important issues

Strategy – Promote a soda tax

Metric: Identify a sponsor

Metric: File language

GOAL 4: LEAD THE PROFESSION THROUGH THE ADA TRI-PARTITE STRUCTURE

(Executive Committee)

Strategy - Revise organizational structure eliminating House of Delegates

Strategy - Maintain active involvement with available ADA programs and conferences

Strategy - Assist component societies in sponsoring CE for their meetings

Strategy - Provide staff with professional development opportunities

Strategy - Establish a Membership Concierge position to support component societies.

Strategy - Establish a KDA Administrative Services Division

Strategy - Establish a KDA Leadership Academy

Strategy - Conduct Board Member Orientation/Training

KDA Dashboard

Net Worth

Member Marketshare %

Marketshare % +/- over last year

Endorsement \$

Advertising \$

Annual Meeting Dashboard

Annual Meeting attendance (by category)

Annual Meeting profit

Paid exhibit space

Courses offered

Sponsorship

Honoraria

Overall satisfaction survey

EXECUTIVE DIRECTOR REPORT MOTION GUIDE

ACTION REQUESTED

Vote to move executive board meetings to Friday. (Recommendation: Approve)

ACTION REQUESTED

Vote to adopt new endorsement guidelines. (Recommendation: Approve)

ACTION REQUESTED

Vote to merge the New Dentist and Membership Committees and appoint Rachel Gold and Olivia Faulkner Estes as co-chairs. (Recommendation: Approve)

ACTION REQUESTED

Vote to adopt the (Attachment B) 2017 Annual Session Proposed Budget
(Recommendation: Approve)

ACTION REQUESTED

Vote to adopt the (Attachment C) Proposed Changes to the 2016 Annual Session Budget
(Recommendation: Approve)

ACTION REQUESTED

Vote to approve and adopt the proposed strategic plan (mission, vision, and goals).
(Recommendation: Approve)

OTHER MATTERS: I recommend the following motions not be approved.

MOTION 1: That the Board consider creating an “opt in” button on the online pre-registration that would give exhibitors contact information of the attendees so the exhibitors can contact the attendees by mail or e-mail. (Recommendation: Do Not Approve)

MOTION 2: That the Board consider having staff investigate barcoding on badges and scanners being provided to exhibitors as lead retrieval opportunities. (Recommendation: Do Not Approve)

MOTION 3: That the Board consider changing the number of voting members making a quorum of this council to five (5) instead of six (6). (Recommendation: Do Not Approve)

MOTION 4: That the Board consider providing the Council on Annual Session Chairman a complimentary sleeping room for up to three nights. (Recommendation: Do Not Approve)

10. REPORT OF THE UNIVERSITY OF KENTUCKY COLLEGE OF DENTISTRY. Dr. Greg Zeller presented the following report:

**Kentucky Dental Association Executive Meeting
August 2015
University of Kentucky College of Dentistry**

Clinical Affairs:

- Summer DMD Clinics at the College are underway for the first time in order to increase continuity of care for College patients. In conjunction with the opening of Summer DMD Clinics, the Fourth Year Externship Rotations are now extended over the six month period from June to November instead of over the months in June and July as in previous years.
- Comprehensive group practice teams in the DMD clinics continue to emphasize the School focus on interdisciplinary management of patient care to achieve successful clinical and educational outcomes.
- Issues relating to Medicaid dental treatment, safety net care, and public health outreach by the College continue to be actively addressed by the School in conjunction with other stakeholders.
- The College continues to implement new clinical technologies. In addition to the introduction of electric dental handpiece technologies into the College clinics, a CAD-CAM scanning, design, and milling system has been added for clinical use and enhanced per-clinical instruction.
- The opening of the Turfland Mall satellite faculty practice location in Lexington is projected for September 2015. This location is on Harrodsburg Road in the new UK HealthCare facility. Oral health services offered will include oral and maxillofacial surgery, orthodontics, and general dentistry. Corresponding with the opening of the Turfland facility, the current general dentistry clinic in the Kentucky South UK HealthCare facility on Harrodsburg Road will close as this practice moves to the new location.
- The College is in the final stages of opening a clinic in the new Public Health Department Building in Benton, Marshall County. This partnership with Marshall County will complement the current College outreach activities in Western Kentucky.
- The addition of a maxillofacial radiologist to the College faculty offers increased radiology interpretation and consultation services to complement existing image acquisition services, including cone beam computed tomography (CBCT) imaging.

Oral Health Practice

New Faculty:

Vaughn Hoefler, Restorative Dentistry
Rowida Abdalla, Restorative Dentistry
Susan Bishop, Restorative Dentistry
Galal Omami, Oral Diagnosis
Suniti Bhattarai, Oral Diagnosis
Harmeet Walia, Endodontics

Retired Faculty:

Harold Laswell, Restorative Dentistry

Resigned Faculty:

Paula Caskey, Restorative Dentistry
Joseph Parkinson, Restorative Dentistry

Awards:

Kutkut, Ahmad M. (Assistant Professor)
UKCD Research Day, 2nd Place Graduate Award, University of Kentucky,
College of Dentistry. (July 2014 - June 2015).
UKCD Research Fellowship, University of Kentucky, College of Dentistry.
(July 2014 - June 2015).

Oral Health Science

New Faculty:

Isabel Moreno Hay, Orofacial Pain

Retired Faculty:

Alan Kaplan

Deceased:

Harold Lester, Public Health Dentistry (Adjunct Faculty)

Promotions:

Octavio Gonzalez – to Associate Professor
Thomas Kluemper – to Professor
Pam Stein – to Professor

Awards:

Damm, Douglas D. (Professor)

2014 Distinguished Alumnus Award, Louisiana State University School of
Dentistry, Service, Professional, Recognition Award. (September 2014 -
Present).

Stein, Pam S. (Professor)

Presidential Citation Award, Presented by the Kentucky Dental Association for outstanding contribution to the Kentucky Dental Association and the dental health of Kentuckians., Kentucky Dental Association, Recognition Award, State, Presented by the Kentucky Dental Association for outstanding contribution to the Kentucky Dental Association and the dental health of Kentuckians. (February 2014 - Present).

Development:

- University of Kentucky College of Dentistry is in the process of having 11 regional meetings around the Commonwealth. A top administrator provides a short update on UKCD and then the rest of the meeting is a facilitated discussion on the concerns of dentists and how UKCD can improve its impact on oral health in the state by working with local dentists. Four meetings have been held to date: Pennyryle, Purchase, Southeastern and South Central.
- Two new endowments have been established at UK College of Dentistry.
 - **Craig Q. Adams Scholarship for Academic Excellence** – This endowed scholarship goes to a student in the top 10% of his/her class who demonstrates a commitment to service as demonstrated by volunteer hours and an excellent work ethic in clinical and didactic course work.
 - **Dr. Gene P. Lewis Fellowship Fund** – The fellowship, in memory of Dr. Lewis, will be awarded to students and/or junior faculty in, but not limited to UK Colleges of Dentistry, Public Health, and Medicine, to support the fellowship holder's research projects that have the potential to make an impact on oral health issues that confront underserved and/or economically depressed populations and regions.
- Three new awards have been established at UKCD
 - **Dr. Robert G. Henry Geriatric Dentistry Award** – will be awarded to a 4th year student dentist, who has demonstrated a commitment to improving the oral health of older adults.
 - **ASDA Student Volunteerism Award** – will be awarded to a 4th year student who has demonstrated a strong commitment to community service.
 - **Comprehensive Patient Care Award** – Established in honor of Dr. Hal Laswell, this award will be awarded to a student who has demonstrated exceptional care for his or her patients.
- Director of Development has visited with alumni in Orlando and Tampa, FL, Lexington, Danville, Campbellsville, Greensburg and Cincinnati, OH.

Academic Affairs

Curriculum Revision Update:

- First Year Changes Implemented:
 - Cariology course taught in the Spring Semester
 - Oral Diagnosis and Treatment Planning course taught in Spring Semester
 - Course change approved – combining two restorative courses (pre-clinical amalgam and composite first year courses) was approved by Curriculum Committee and Health Care Colleges Council and will be taught as a combined course in the fall/spring 2015/2016
- Second Year Changes Coming this Fall:
 - Preclinical Prosthodontics complete denture course pre-clinical will meet twice a week instead of once a week in starting Fall 2015 to get students prepared to enter the clinic sooner to treat denture patients.
- Third Year Changes Implemented:
 - OPT 840 (Pathology) reduced hours because of redundancy and taught in third year this past Spring Semester. This completes the oral pathology curriculum prior to the summer between third and fourth year when students take National Board Exam Part II and should assist the students in their preparation for this exam.
 - CDS 846 (Dr. Okeson's advanced facial pain course) was moved from fourth year and instead taught in the Spring Semester of third year. This should also assist students in their preparation for the National Board Exam Part II.
- Fourth Year Changes Implemented:
 - This year our student dental clinic remained open throughout the summer and rising fourth year students provided care for their patients and the patients of other students when needed. This benefits our students by increasing their clinical experience and benefits our patients by providing continuity of care.
 - This change necessitated a change in the externships. This summer fourth year students will rotate out on externships June through November instead of just June and July
 - All rising fourth year students will still have one month of vacation in June or July

Admissions Status:

- Our class is full with 65 incoming students. 20% are from an Appalachian county, 26% are first generation college students, 27% are considered from a low socioeconomic background. The class is comprised of 31 men and 34 women. Once again, the metrics for these students (Grade Point Averages and DAT Scores) are very strong and have outstanding records of service.
- Our admissions office hosts monthly admissions information sessions, are available to answer questions at Saturday morning clinics and will host our annual admissions workshop in the spring.
- The current admissions cycle is underway and we will start interviewing in late August.

Student Updates:

- Denise Adegoke, a current 2nd year student, was chosen as an ADEA Student Diversity Leadership Program Intern this summer. She will be interning for ADEA in Washington DC and attending the National Dental Association conference and the Hispanic Dental Association Conference and Expo.
- All students will be coming back to the College on Monday, August 3rd. Our first year students will start the week prior with our PREP and Pre-Enrollment Programs.
- The White Coat Ceremony for our first year class is scheduled Friday, August 21, 2015 at 6:30 p.m. in Memorial Hall.
- The AAWD Fall Fashion Show is scheduled for Friday, September 11, 2015

RESEARCH:

New funded grant activities focusing on host responses in periodontitis. Novel aspects of these studies are related to delineating how the healthy commensal microbial ecology works at a molecular mechanistic level to help prevent chronic inflammation and deleterious tissue changes that hallmark the disease.

- (1) Continued progress on implementation of the Appalachian Regional Dental Education Project (ARDEP), with MSU. Both in developing the pipeline for future dentists from this region, but also implementing improved oral health to the student population and developing and delivering improved oral health literacy to the population.
- (2) Collaborative grant with the University of Pennsylvania focusing on JC virus (a type of human polyomavirus) that is the causal agent of Progressive multifocal leukoencephalopathy (PML) a rare and usually fatal disease characterized by progressive damage of the white matter of the brain at multiple locations.
- (3) Service of multiple faculty on NIH study section review groups.
- (4) Appointment of research faculty member to Editorial Board of the *Journal of Dental Research*
- (5) 4th year DMD student awarded first place in Dentsply Student Clinical Research competition.
- (6) An array of peer-reviewed publications:
 - a. Does altering the occlusal vertical dimension produce temporomandibular disorders? A literature review.
 - b. The nasal lift technique for augmentation of the maxillary ridge: technical note.
 - c. Dental pain in the ED: costs that hurt patients and EDs.
 - d. Evolution of occlusion and temporomandibular disorder in orthodontics: Past, present, and future.
 - e. Osteoporosis and bisphosphonate-related osteonecrosis in a dental school implant patient population.
 - f. Estimation of the rate of tooth wear in permanent incisors: a cross-sectional digital radiographic study.

- g. Comparison of Levels of Salivary Cytokines in Diabetic and Nondiabetic Puerto Rican Children: A Case-control Pilot Study.
- h. Immune system transcriptome in gingival tissues of young nonhuman primates.
- i. Persistent neuropathic pain influences persistence behavior in rats.
- j. Trigeminal Inflammatory Compression (TIC) injury induces chronic facial pain and susceptibility to anxiety-related behaviors.
- k. Apical lesion of mandibular bicuspid. Apical lesion of maxillary molar. Cemento-osseous dysplasia. Cementoblastoma.
- l. Simultaneous Removal of Third Molars During a Sagittal Split Does Not Increase the Incidence of Bad Splits in Patients Aged 30 Years or Older.
- m. Genetic and treatment-related risk factors associated with external apical root resorption (EARR) concurrent with orthodontia.
- n. Comparison of sequential drug release in vitro and in vivo.

11. REPORT OF LOUISVILLE SCHOOL OF DENTISTRY. Dr. John Sauk
submitted the following report:

**Kentucky Dental Association Executive Board report
University of Louisville School of Dentistry
August 2015**

Student Affairs and Admissions- Dianne Foster

**DMD PROGRAM:
Enrolled Class of 2019 averages:**

GPA	3.54
BCP GPA	3.43
DAT BIO	20
OCHEM	20
READING COMP	21
PAT	20
ACAD AVG	20

University of Louisville School of Dentistry-First Year-Class of 2019



D1 Start Up Orientation:

The DMD Class of 2019 will begin three days of orientation activities and transitioning into professional school on July 8th in the CTR. July 9 and 10 will commence in the dental school, Room 131 lecture hall. The 120 members will also cruise down the Ohio River on the evening of July 8th as the ULSD Welcomes our newest DMD students into our dental family.

Early Admission Programs (ULEAD and UPP):

DMD (ULEAD)

This admissions cycle had a total of 19 ULEAD applicants apply for admission for the Dental Class of 2023. Eighteen candidates interviewed; all were accepted and are enrolled at UofL for Fall 2015. The 17 Kentucky residents come from Lewisport, Henderson, Murray, Bardstown, Louisville, Hartford, Harrodsburg, Newport, Richmond, Cecilia, and Benton. One candidate is from Bartlett, IL near Chicago.

DENTAL HYGIENE PROGRAM EARLY ADMISSION PROGRAM (UPP):

DH reviewed application for UPP, its early admission program. Numbers have increased.

DH Admissions Committee accepted students for the following classes:

- Class of 2018, currently 7 offers extended, with 1 possible alternate. This leaves 10 students admitted for this DH Class.

- Class of 2019, currently 5 offers extended, with 3 possible alternate. This leaves 5 students admitted for this DH Class. Because of strong qualified applicants, the DH Admissions Committee voted to establish an alternate list, granting additional consideration to those who continue to meet the established admission criteria for the UPP Program.

DENTAL HYGIENE PROGRAM:

Dental Hygiene Program:

Currently there are 130 students in the Dental Hygiene Program, of which 60 are in the Upper Division. The DH Admissions committee just completed admission for the DH Class of 2017, selecting 30 qualified applicants and developing a list of very strong alternates.

The DH Living Learning Community (LLC) on Belknap Campus continues to accommodate freshmen and returning students who wish to continue their experience. LLC Participants receive supplemental tutoring and intentional, increased opportunities to interact with HSC faculty, staff and students. These efforts are to aid and increase success of student participants towards their graduation degree plans.

DH Upper Division Class of 2017 Statistics:

Gender: 28 females & 2 males

Ethnicity:

Caucasian – 23

Asian – 2

Black – 3

Hispanic – 1

Two or more – 1

States represented: Kentucky – 28, Indiana – 2

Overall GPA: 3.51

Science GPA: 3.61

Average ACT: 21.52

DH Admissions

The Committee is currently working with targeted high schools and collegiate institutions to intensify strategic recruitment of well-qualified applicants. This includes on-site campus visits, on-site advising days and ULSD Visit Days (including DH Open House).

MASTERS IN ORAL BIOLOGY ADMISSIONS:

For this quarter, we processed 8 applications:

In progress: 4

Accepted applicants: 4
Withdrawn: 0
Denied: 0

FINANCIAL AID- Barbara Dagnan

- Awarding student financial aid and scholarships for the 2015-16 academic year is ongoing.
- The Blackboard organization page for the incoming Class of 2019 has been established to ensure financial aid information has been posted and updated the information as necessary.
- This office has continued to meet with incoming students to discuss student loans and financing options.
- The Scholarship Committee has continued to evaluate scholarship opportunities for incoming D1's.
- Assistance has been provided to several students in their applications for the National Health Services Corps.
- All indebted graduates from the Class of 2015 have received Loan Exit Counseling.
- Counseling is ongoing for current students on student loan debt, and repayment strategies.

Special Events:

- ULSD Convocation was held at The Palace on Saturday, May 9 at 4:30 p.m. It was attended by more than 1300 guests.
- The D1 Welcome Social Event will be a cruise on the Belle of Louisville on Wed., July 8 and the 2015.
- White Coat Ceremony will be held at Southern Baptist Theological Seminary on Aug. 22, 2015 and reception will once again be held at the School of Dentistry.

INCLUSION AND DIVERSITY RECRUITMENT- Dr. Babbage

The 3 summer pipeline programs are continuing:

- SMDEP (rising college sophomores and juniors) has 79 scholars from all over the US interested in Health Careers. Twenty students have a dental focus with dental interest from others.
- PEPP (rising college freshmen) has 20 students all from Kentucky with a focus in health care. These students will shadow at the dental school. They will also have presentations on admissions and hands on activities.
- MCAT/DAT are college junior and senior students ready to apply to medical and dental school. From the group of the 31 students, 10 have chosen dentistry as a career choice. These student will be individually advised, have hands on activities and shadow in the DMD clinics.

- UofL Schools of Medicine and Dentistry were awarded a \$1.48 million Robert Wood Johnson (RWJ) grant providing a summer (SMDEP) program for 60 pre-med and 20 pre-dent students from underserved areas.

COMMUNITY SERVICE- Dr. Mayer

- The ULSD Community Service program remains actively involved in over eighty initiatives annually, which do not include those that are part of “Dental Extramural Education Program,” required community service events, or the unreported projects.
- ULSD faculty, students, and staff average over 4,000 community contacts monthly.
- The 2013-14-School of Dentistry had 103 individual partnerships, second only to Kent School with 211. The total for the entire University was 889.
- The 2015 HSC Cultural Competency Symposium is November 10. Registration and the mandatory post-test will again be on Blackboard. All Freshman DMD, all RDH students as well as all first year dental residents will be released from clinics and classes to attend from 8:00 am until 4:00 pm.

PUBLIC RELATIONS AND MARKETING

- A 30-minute weekly UofL radio show is being developed that will showcase university researchers, faculty, students, etc.
- USA Today and Courier-Journal medical writer Laura Ungar is working on a story regarding people going to hospital emergency rooms for dental care. Continuing Education Report

CONTINUING EDUCATION- Dr. Fadel

- Alumni Day is October 9, 2015 at Shelby Campus. Dr. DeWitt C. Wilkerson is the speaker.
- The office of Continuing Education (CE) successfully hosted Straumann Italia visitors May 21 and 22, 2015.
- Due to last year’s successful LASDA sponsored “Introduction to Dentistry” course, it has been scheduled once again this year. This is a hands-on course for pre-dental students.
- There is a huge amount of interest in the development of an “Insurance Coding” course as well as a “Websites” course so this possibility is being investigated.

MEDICAID SERVICES- Dr. Theresa Mayfield

Dr. Mayfield presented the University’s perspective on Teledentistry to the Cabinet for Health and family Services Department of Medicaid Services. June 24, 2015. The following are summary of the presentation:

Opening remarks: Teledentistry is a tool that can potentially lead to increased access to care, coordination of care and specialty consultation for the citizens of the Commonwealth. Telemedicine is already a viable option for many health providers, however there is a gap in coverage and reimbursement for dental care.

Three examples of benefits that could be realized using teledentistry:

1) School-based Oral Health Examinations

The University of Louisville School of Dentistry currently has a memorandum of understanding to provide screenings to the children enrolled in the Jefferson County Public School System. Children are transported by bus to the School of Dentistry for an initial examination, preventive care and a comprehensive treatment plan for acute and chronic conditions. This has been a major improvement in access to care however, transportation is still a major barrier for the many children in the system needing examinations. In addition, children spend most of the day away from school in order to have a 30 minute diagnostic appointment. More importantly, the many children that cannot be seen due to limitations in time and transportation have acute conditions that are undiagnosed and causing pain. Teledentistry could provide a mechanism for gathering diagnostic data to more children on site to identify the acuity level for each child in consultation with a pediatric dentist. A treatment plan could be formulated, parents notified, and care coordination arranged for children needing immediate care. Children with preventive care needs could be treated on site with less time away from school.

2) Management of Emergency Department Visits for Preventable Dental Conditions

Emergency Department visits for preventable dental conditions are costly and potentially life threatening. A number of studies based on individual hospitals and cities have reported an increase in dental related ED visits. Patients presenting to the ED would be better served in a dental office/health home due to the availability of definitive care and continuity of care. ED visits and admissions for inpatient care can cost tens of thousands of dollars. Teledentistry could provide a mechanism for gathering diagnostic data, identifying acute care needs and providing care coordination to an appropriate dental facility so that definitive and preventive care can be provided in a timely manner.

3) Urban-Rural Gaps in Specialty Consultation and Care

Transportation and workforce shortages create gaps in care for persons living in the more rural areas of Kentucky. As an example, patients may travel 90 miles or more to receive specialty consultation and care. Teledentistry would decrease the barriers to care and consultation for such specialties as oral medicine and oral pathology. Diagnostic data could be shared with the specialist to create a treatment plan and coordinate care. This would decrease transportation costs and time between appointments while enhancing efficiencies during the follow-up specialty care appointment.

Now is the time to explore a new model for increasing access to care, care coordination and specialty consultations. We are poised to take advantage of teledentistry due to the advances in digital radiography, secure messaging systems and electronic health records. While electronic dental records and medical health records are not currently compatible there is great potential in the use and further development of the Kentucky Health Information Exchange for dental records. The University of Louisville School of Dentistry is committed to working with the Cabinet for Health and Family Services, Department for Medicaid Services and the Kentucky Medicaid Managed Care Organizations to advance teledentistry as a viable service for care to our patient population.

ACADEMIC AFFAIRS- Dr. Crim

- The CODA Self-Study will be submitted on July 1, 2015 and the review will take place on September 1-3, 2015.
- UofL continues to perform well on Part I and Part II of the NBDE with a 96% first time pass rate on both sections.

John J. Sauk, DDS, MS

12. REPORT OF THE STATE DENTAL DIRECTOR. Dr. Julie McKee submitted the following report:

Kentucky Dental Association Report

August 5, 2015

Update on Department for Public Health Activities as Reported by Dr. Julie McKee

Community Fluoridation:

Ongoing: In January of 2011, the federal Health and Human Services Secretary announced that federal regulations that recommend the optimal level of community water fluoridation are undergoing revision to lower the amount from a range of 0.8 to 1.4 parts per million (Kentucky water systems target and adjust systems for .9 to 1.0 parts per million) to a single concentration recommendation of 0.7 parts per million. In April, 2015, the CDC released the official recommendations for community drinking water at 0.7 ppm. The Kentucky Department for Public Health has filed regulations that adjust the rate and range by which the Community Water Fluoridation Specialists regulate public water systems to reflect the CDC's recommendations. The public comment for the administrative period does not close until July 31, which is after this report is filed. The Department expects to receive comments and will reply to each comment after the public comment period closes. Both the collected comments and the Department's responses will then go to the Legislative Research Commission's Administrative Regulation Review Subcommittee. Representatives of DPH or others

could be requested to speak at the meeting, or they may be voted upon without comment depending on the wishes of committee members. If the regulation is rejected by this committee, it dies and the result is that Kentucky continues to fluoridate water at the previous level of 0.9 to 1.0 ppm, which is higher than the federal recommendations. Dr. McKee will keep the Association up to date on activities relative to this issue. Continued support by the Kentucky Dental Association is greatly appreciated and will be counted on as the new state regulations move through the regulatory process that will result in compliance with federal recommendations.

Kentucky Dental School Loan Repayment Program

New: On July 20th, Governor Steve Beshear announced a pilot program that involves the Cabinet for Health and Family Services, the University of Louisville School of Dentistry and the University of Kentucky College of Dentistry to offer up to five awards of \$100,000 to recent dental graduates that agree to practice in Appalachian Kentucky. Priorities are given to those that will locate in economically distressed counties and eastern Kentucky natives that return to the area for their dental career. There are other stipulations that are being finalized between all parties. If you have any questions or would like more information, please contact Dr. McKee at JulieW.McKee@ky.gov. This effort is a one-time project that may catalyze the establishment of a more sustainable program to place new dentists in underserved areas.

Kentucky Oral Health Coalition:

Ongoing: The Coalition's annual meeting is November 20th at the Crown Plaza in Louisville. This year's conference showcases Dr. Michael Glick, Dean of the SUNY Buffalo Dental School and the editor of the Journal of the American Dental Association. He is the author of four books and over one hundred articles on dentistry and oral medicine. There are CEUs offered for this event. Visit the website for details for this very affordable event. The Kentucky Oral Health Coalition continues to seek additional dentist members. Interested dentists can log on to www.kyoralthcoalition.org for more details and membership information.

Kentucky Public Health Dental Hygiene Program:

Ongoing: Five dental hygiene programs continue to provide services under the new sections of KRS 313.040 and associated regulations: Jessamine County (also serving Mercer County), Lawrence County (also serving Martin County), Lincoln Trail District Health Department, Pike County and Purchase District Health Department (also serving Calloway and Graves County). For this fiscal year, Lewis County and Clark County were also awarded funds to establish a dental hygiene program under the laws of the Board of Dentistry and the protocols of the Department for Public Health. The Oral Health Program expects to award up to three more health departments to expand the footprint of the public health registered dental hygienist program. The Kentucky Department for Public Health continues to work with the MCOs and the DBAs to secure a stream of

funding for their services to add to their sustainability beyond the life of the start-up funding.

To oversee this program, Babette Southard, RDH, MSAH, has joined the Oral Health Program and is working through all aspects of this new venture. Her background includes private practice, charitable dental clinics, teaching hygiene and assisting and quality improvement programs in dentistry. Her email address is Babette.Southard@ky.gov.

I welcome comments and questions about the content of this report. I will not be attending this meeting, but would be happy to answer your questions. Thank you for the opportunity to have a seat at this table.

Respectfully submitted,
Julie Watts McKee, DMD
State Dental Director

13. REPORT OF THE DENTAL DIRECTOR, DEPARTMENT OF MEDICAID SERVICES. Dr. Ken Rich submitted the following report:

The new dental regulation has completed the public hearing phase and DMS is in the process of responding to the suggestions. Hopefully it will go into effect by December.

It seems that daily we are understanding more about the intent and complexity of health care reform. The whole system is about moving to a payment system that pays for improved outcomes not procedures. This will put a new level of responsibility on the provider. The system also brings a new level of accountability on all involved. The providers will be audited as well as the MCO, and the state. The audits will look for not only fraud and abuse but also for compliance to the regulations and such things as code definitions.

Presently one in four Kentuckians have a card. KY spend approximately 9 billion dollars per year on healthcare for the Medicaid population.

Presently there are two entities attempting to analyze our Medicaid program. One is Pew and the other is NASOHP The National agency for state oral health policy. It is felt that NASOHP would have a stronger voice and potential for positive change than PEW and there for it is hoped that the KDA will support this proposal. Right now the main obstacle appear to be funding for the project.

14. REPORT OF THE COUNCIL ON ANNUAL SESSIONS. Dr. B. J. Moorhead
submitted the following report:

**REPORT OF THE COUNCIL ON ANNUAL SESSION
APRIL 11, 2015**

The Council on Annual Session met on Saturday, April 11, 2015 at 10:00 am in the KDA Building with the following members present: Drs. Terry Norris, Charles Montague, John Lowe, Burton Young, Michelle Story and B.J. Moorhead, Chairman. Guests present were: Drs. Mike Mansfield, Harold Laswell, Fred Howard, Ken Remmers, Mary Oldfield, Dennis Price, Mark Moats, Bill Collins and Randy Ransdell representing the Louisville Dental Society. Staff members present were: Rick Whitehouse, Janet Glover, Melissa Nathanson and Todd Edwards.

1. The meeting was called to order by Dr. B.J. Moorhead, Chairman at 10:25 a.m.
2. Dr. B. J. Moorhead gave a wrap up of the 2015 Scientific Session. Todd Edwards reported we would most likely take a \$70K loss from this meeting after all the bills were paid (based upon a budgeted profit anticipated of \$60K). Although the snowstorm was only partially responsible for this loss, the potential need to obtain catastrophic insurance was discussed. This would need to be looked into further by the staff and referred to the Executive Board as a budget item.
3. Rick Whitehouse addressed the group with concerns about the perceived value of this meeting by our members. He cautioned that we must begin to focus on the big picture to become more successful. He suggested many changes to the group and much discussion followed.
4. Dr. Dennis Price, KDA President, also addressed the group with concerns and possible changes that could be made.
5. Brainstorming/Discussion regarding several aspects of the meeting which included:
 - a. Social activities, family friendly activities, and events should be created to provide members with the total "KDA Experience".
 - b. Venue – brief discussion about the change in venue for 2017 and 2018 – The Galt House seemed to be the preferred location of this group. All proposals will be reviewed and recommendations for an alternate venue will be submitted to the Executive Board for a site selection.
 - c. Speakers – It was determined that we should have less speakers on the program and that speaker honoraria should be set at a maximum of \$3,000.00 all-inclusive for a full day program. Expenses for

speakers not receiving honoraria should be capped at \$1,000.00. Concerns were raised regarding free booth space provided to exhibitors who sponsor speakers.

- d. Exhibitors – our biggest concern is how to get traffic on the hall floor. The Wine and Cheese Reception does not accomplish the desired result. Continuing education opportunities in the hall were also discussed.
- e. Lanyards and Banners were discussed as advertising opportunities for our exhibitors – Staff will further investigate with meeting venues what rules and regulations are involved with allowing this. Exhibitors would be responsible for all costs involved.
- f. Time of year – It was asked that the staff investigate a possible August date.
- g. Volunteers – The meeting needs more volunteers. Student re-engagement was discussed and a suggestion was made that the deans of both dental schools be approached.
- h. Speaker Interviews – It was decided that interviews on the website were not being looked at enough to justify the time and cost to post them. The interviews will be discontinued.
- i. Wm. Marcus Randall Memorial Dinner – The council discussed changing the Randall event to a luncheon on Thursday from Noon – 2:00 p.m.
- j. Dr. B.J. Moorhead asked Dr. Michelle Story to serve as Vice Chairman of this group for a trial period. If it is decided that this position is necessary as a permanent position on this council, it would require a Bylaws change.
- k. A two-tier cost structure should be considered. One tier would continue the current practice “a-la-carte” approach. A second tier may involve bundling of classes or a single registration fee that would include an array of courses and activities.
- l. A “General Session” should be used to unify attendees around the meeting theme and inform them of the Board’s work on behalf of members. A keynote speaker should be used.
- m. A “carnival atmosphere” should be established within the exhibit hall to increase traffic for vendors.
- n. Better metrics need to be created in order to better understand what’s working, what’s not, and why. Other metrics might identify demographic data of attendees and provide a means to better target our audience.
- o. The meeting needs to revolve more around members.

These discussions included the following motions that will be presented to the Executive Board for consideration:

1. **MOTION: Dr. John Lowe** moved that the Board consider creating an “opt in” button on the online pre-registration that would give exhibitors contact information of the attendees so the exhibitors can contact the attendees by mail or e-mail. **Dr. Mark Moats** seconded the motion.

Since this motion allows e-mails to be shared, it will have to be approved by the KDA Executive Board.

MOTION APPROVED.

2. **MOTION: Dr. Terry Norris** moved that the Board consider having staff investigate barcoding on badges and scanners being provided to exhibitors as lead retrieval opportunities. **Dr. Michelle Story** seconded the motion.

Since this motion allows e-mails to be shared and has budget implications, it will have to be approved by the KDA Executive Board.

MOTION APPROVED.

3. **MOTION: Dr. Burton Young** moved that the Board consider changing the number of voting members making a quorum of this council to five (5) instead of six (6). **Dr. John Lowe** seconded the motion.

MOTION APPROVED.

4. **MOTION: Dr. Terry Norris** moved that the Board consider providing the Council on Annual Session Chairman a complimentary sleeping room for up to three nights. **Dr. Burton Young** seconded the motion.

The Council on Annual Session is an advisory body. Accordingly, it was agreed that all motions – particularly those with budgetary implications - must be reviewed by the KDA Executive Board and approved only after appropriate discussion and deliberation.

MOTION APPROVED.

5. **Dr. Terry Norris** moved to adjourn. **Dr. Burton Young** seconded the motion. **Meeting adjourned.**

Respectfully submitted,
Dr. B. J. Moorhead, Chairman of the Council on Annual Session

- The four motions in the Council on Annual Sessions report were submitted to the KDA Executive Board. Much discussion was heard. None of the motions were brought to the floor for action.

15. REPORT OF THE COUNCIL ON GOVERNMENTAL AFFAIRS. Dr. David Narramore submitted the following report:

GOVERNMENTAL AFFAIRS COMMITTEE
Report to the KDA Executive Committee
August 8, 2015
Dr. David A. Narramore, DMD, Chairman

Good Afternoon Members of the Executive Committee. I wanted to take a few minutes this afternoon to discuss the direction that each of you feel is appropriate for the Governmental Affairs Committee to take. We have been waiting for the Strategic Plan to be formally adopted and also for the Medicaid Advisory Committee to provide information from their meetings with the cabinet secretaries and MCO's officials in Frankfort.

I want to openly discuss the issues so that this presentation can be more interactive and I can get feedback, both good and bad, in real time.

- I want these discussions to be transparent in nature and any conflicts of interest fully disclosed.
- I want the resolution of the issues to be decided by the consensus of the executive committee
- Finally the development of these issues is completed in a manner that provides an appropriate direction for the KDA.

In April 27 - 29 there were seven of your members attending the ADA Washington Leadership Conference. They Were:

Fred Howard and his wife Cindy
Mike Johnson
B. J. Millay
David Narramore
Dennis Price
Susie Riley
Rick Whitehouse

They did an outstanding job meeting with the Kentucky Delegation In their Washington Offices. The ADA selected three issues for us to lobby and promote on their behalf while we were there:

- Insurance annual carryover for your employees
- Student Loans Financing
- CDC Grants that would permit language so that a wider range of Non-profits might apply and receive funding.

HR-3323

Yesterday, Tuesday, August 4, 2015, immediately prior to the beginning of Congress's summer recess, Rep. Buddy Carter (R-GA) introduced the Dental and Optometric Care Access Act – HR 3323 (or "the DOC Access Act," as he has nicknamed it), legislation the AOA and the American Dental Association (ADA) have been working on with him since earlier this year.

Targeting ERISA and other plans beyond the reach of state law, the HR 3323 represents a national counterattack on the abusive policies of health and vision plans. As you know, these policies threaten optometry practices across the country as well the profession's historic independence and expanding role in health care.

The DOC Access Act (HR 3323) seeks to:

- Ban forced discounts on non-covered services
- Ban the practice of forcing doctors to participate in a vision plan as a condition for participation in a medical plan
- Ban restrictions on a doctor's choice of a lab

Both the AOA and the ADA have provided quotes that will be included in a press release Rep. Carter is preparing to issue:

“Rep. Buddy Carter’s leadership in Congress and his determination to expand access to the essential eye health and vision care doctors of optometry provide will make patients healthier and insurers and plans more accountable,” said American Optometric Association President Steven A. Loomis, O.D. “The DOC Access Act—which the AOA is proud to support – was written to ensure that doctors and patients, not insurance and plan executives, are again at the center of important, personal and personalized health care decisions.”

“I am thrilled,” said Maxine Feinberg, D.D.S., president of the American Dental Association. “And I speak on behalf of the ADA’s 158,000 members in thanking Rep. Carter for introducing this legislation, which would prohibit dental insurance companies from interfering in the doctor-patient relationship by dictating prices for services they don’t even cover. State after state have passed similar laws, but federal action is necessary in order to apply the prohibition to all health care coverage products.”

With this bill now introduced after our months and months of prep work, we’ll be using Congress’s August recess to strategize with Rep. Carter and the ADA on how best to build awareness and support, while doing more than ever before to put health and vision

plan abuses in the spotlight on Capitol Hill. In the meantime, please let me know if you have any questions about the bill or I can provide any further information.

SUMMARY OF REP. CARTER'S DENTAL AND OPTOMETRIC CARE ACCESS ACT

The above referenced proposal would amend Title XXVII of the Public Health Service Act and specifically that portion of the Act aimed at improving coverage for patients. This provision will be included under the "Individual and Group Market Reforms" which also contain the Harkin provider nondiscrimination provision.

The legislation contains an expansive set of protections, as described below, for both the doctor and patient when dealing with a group health plan or insurance company including those that offer limited scope vision and dental benefits. The enforcement provision contained in the proposal is also of critical importance. That is, the legislation would give the doctor a "private cause of action" in a federal court to seek injunctive relief as well as penalties of \$1000 per day, plus attorney's fees and costs, for each day a plan or insurer is found to be in violation of the protections outlined under this legislation. This private cause of action is in addition to any enforcement remedy available to the state under existing law.

The protections provided under the proposed legislation are as follows:

1. A participating doctor is free to charge plan participants his or her regular rate for uncovered items or services.
2. A plan or insurer must pay a reasonable amount and not a minimal or de minimis amount for any covered item or service.
3. The terms of any agreement between a plan or insurer and a participating doctor may only be changed pursuant to a subsequent agreement signed by the doctor.
4. Any limited scope vision or dental benefit agreement between a doctor and a plan or insurer may be no longer than two years.
5. A plan or insurer may not deny plan participation to a doctor who fails to accept the terms and conditions for any ancillary service or procedure.
6. A plan or insurer may not require that the doctor participate with or be credentialed by any specific plan or insurer offering limited scope vision or dental benefits as a condition for participation.

ACTION: Fred Howard informed the members of the KDA Executive Committee that the Capwiz System could be used by our membership to encourage all SIX members of the U. S. House of Representatives to get on-board with this important piece of legislation and become co-sponsors of HR-3323.

Moving forward The Governmental affairs Committee will have a face to face meeting of its five members on Friday October 2, 2015. We want to meet and develop talking points for the following Five Issues that you have presented today. The issues are as follows:

- Medicaid Issues (Increased re-imbursements on fee schedules/ Addressing an ever increasing edentulous population in KY)
- Non Covered Services by asking all of the KY House Delegation to sign on as co-sponsors of HR3323.
- Student Loan Forgiveness
- Pew Institute and PREVENT Dental Therapy from becoming established in KY)
- Soda Taxes (seeking other Health care professions to join and collaboratively lobby to bring this about with the taxes going back into the DENTAL and other professions to bridge the gap on currently non-covered services).

Respectfully Submitted,
David A. Narramore, DMD

16. REPORT OF THE TECHNICAL ADVISORY COMMITTEE TO KMAP. Dr. Garth Bobrowski submitted the following report:

**KDA DENTAL TAC REPORT
EXECUTIVE BOARD MEETING
AUGUST 8, 2015**

Historically this report is the minutes from the last KDA DENTAL TAC meeting. Due to staffing changes in Frankfort at the Medicaid offices the minutes from the March TAC meeting have not been prepared. The minutes from the June TAC meeting have not been received yet either. These meetings are recorded by Ms. Terri Pelosi, court recorder.

Each MCO has multiple representatives at these meetings. They provide reports on dental usage, number of providers, etc.

One main topic that we have been dealing with the last two meetings is the mobile vans/clinics. We have received numerous complaints from dentists about the mobile units and even the MCO's are admitting serious problems with the use of the mobile units. As chairman I formed a committee of a representative from each MCO and a dentist from the TAC. They met via teleconference . One MCO has dental regs ready to go to the LRC, but the group felt it was better to handle

the mobile units through internal policy within the MCO. The TAC will be following this situation and plan to receive more information from the MCO's at our next TAC meeting in September.

Respectfully submitted.
Dr. Garth Bobrowski
Chairman, KDA DENTAL TAC

17. REPORT OF THE KDA MEDICAID WORKGROUP. Dr. Garth Bobrowski

submitted the following report:

KDA Medicaid Workgroup
Report To The KDA Executive Board
August 2015

We have added new members. One is Dr. Joe Petry, an orthodontist from Somerset, Ky. area. Dr. Joe has already been helpful with drafting wording for the orthodontic section of the Medicaid regs and prior guidelines. One is Dr. Phil Schuler from the Mortensen Dental Group in Louisville, KY.

At a recent Medicaid Forum on 8-5-15 they announced that the ADO (Annual Disclosure of Ownership Form) would no longer be required. There will be less paperwork in the credentialing process. For the Medicaid Fee for Service population (124,000) the state is increasing the reimbursement rates 25% on the diagnostic and preventive codes. These have come about because of our efforts through this workgroup and followed up with the KDA TAC.

Rick Whitehouse, Mr. John McCarthy of McCarthy Strategic Solutions (Our Lobbyists), and myself met with Sen. Alvarado and discussed Medicaid issues and also to offer our support in his efforts to improve Medicaid and work with the MCO's. Sen. Alvarado is the Chair of the Health and Welfare Com.

Our workgroup has worked many hours to develop a KDA Response to the proposed Medicaid Regs. This Response is enclosed and in it is a formula to increase reimbursements to the Medicaid providers. Our response will be evaluated and brought before the committee in Frankfort in the next few months. They will do a "Consideration" that is due by Oct. 15th, 2015. There was no particular format to this Response. They just wanted our thoughts, concerns, and ideas. For instance, we requested a standardized format and criteria that the FFS Medicaid and the MCO's to use for authorizing orthodontic treatment.

The ADA contacted Rick Whitehouse and myself about developing a pilot project with the KDA to work on Medicaid issues. We met with Dr. Ken Rich and Krishna Aravamudhan from the ADA. We would be the only state to be involved with this project. But they have just come back to us and there is a \$160,000 price tag to do this project. The KDA does not have that kind of money. But we will continue to work with the ADA as best as we can.

In dealing with the folks in Frankfort and our legislators we have to have accurate data to present. Even Medicaid Commissioner Lisa Lee made a comment at a recent meeting that

as projects come forward, “We have to develop data to be used to shape policy”. It is ok to tell our stories, but we have to have solid data to back ourselves up.

It has been suggested to us that the KDA develop an IPA (Independent Professional Association) to deal with the MCO’s and Medicaid. We will have to look into this.

At a recent Medicaid Forum the folks from Frankfort discussed Behavior Management. We were hoping to place more emphasis on improving behavior management with the missed/failed/broken appointments at the dental office. It appeared that their take on the issue was that drug abuse caused most of these missed appointments and they needed to focus on drug abuse.

Respectfully Submitted,
Garth Bobrowski, DMD
Workgroup Chair

18. UNFINISHED BUSINESS:

- Tele-dentistry Work Group

Dr. Garth Bobrowski announced that Drs. Julie McKee and Jason Ford had been appointed to the Tele-dentistry Work Group.

19. NEW BUSINESS:

- **BACKGROUND:** The Treasurer reported that cash flow problems are certain to arise before completion of the 2015 Fiscal Year.

MOTION: Dr. Ansley Depp moved to reimburse the KDA delegation to the American Dental Association at 70% of the budgeted amount in the 2015 Budget. The motion was seconded by **Dr. Dennis Price**.

ACTION: ADOPTED.

- **MOTION: Dr. Ansley Depp** moved to grant authority to the KDA Treasurer extract up to \$40,000.00 from co-mingled investments to facilitate cash flow for the fiscal year ending December 31, 2015. The motion was seconded by **Dr. Barry Curry**.

ACTION: ADOPTED.

- **MOTION: Dr. Dennis Price** moved to adopt the Mission statement, the Vision statement and the Goals of the *Kentucky Dental Association Strategic Plan*. The motion was seconded by **Dr. Ralph Beadle**.

ACTION: ADOPTED.

- **MOTION: Dr. Fred Howard** moved to support, in principle, the efforts of the ADA in studying Kentucky Medicaid Analyses in conjunction with the National Agency For State Oral Health Policy. The motion was seconded by **Dr. Dennis Price**.

ACTION: ADOPTED.

- **MOTION: Dr. Fred Howard** moved to table discussion regarding the Membership Steering Committee until the next KDA Executive Board Meeting. The motion was seconded by **Dr. Barry Curry**.

ACTION: ADOPTED.

The KDA President and Chairman of the Board will research the make-up of the Membership Steering Committee and report to the Executive Board by its next meeting.

- **MOTION: Dr. Fred Howard** moved to make the Medicaid Workgroup a committee of the KDA Executive Board. The motion was seconded by **Dr. Barry Curry**.

ACTION: ADOPTED.

- **MOTION: Dr. Price** Moved to adopt the 2016 Annual Session Budget as amended. The motion was seconded by **Dr. Ralph Beadle**.

ACTION: 2016 Annual Session Budget Adopted as amended

2016 Annual Sessions Budget

	Adopted Budget 2016	Proposed Changes to the 2016 Budget
REVENUES		
Exhibit Space Rental	110,000.00	110,000.00
Tickets Registered Clinics	115,000.00	115,000.00
Donations	3,500.00	3,500.00
Special Events	3,000.00	3,000.00
Non-Member Registration Fees	1,000.00	1,000.00
TOTAL INCOME	232,500.00	232,500.00
I. EXHIBITS EXPENSE		
KICC Room Rental	9,900.00	9,900.00
Room Rentals/Exhibit Committee	2,000.00	2,000.00
Printing & Postage	500.00	500.00
Security Service	3,000.00	3,000.00
Wine & Cheese Reception	5,000.00	0.00
New Dentist Reception	0.00	5,000.00
Exhibitors/Members Hospitality	10,000.00	10,000.00
Set-Up	15,000.00	15,000.00
Miscellaneous	100.00	100.00
I. TOTAL	45,500.00	45,500.00

II. ADMINISTRATIVE EXPENSE

Operations	12,000.00	12,000.00
Alliance to KDA	350.00	350.00
Printing & Postage	20,000.00	17,500.00
Badges	750.00	500.00
Awards	2,200.00	2,200.00
Meeting Scouting Trip	7,500.00	5,000.00
Support Staff Expense	300.00	400.00
Miscellaneous	250.00	250.00
II. TOTAL	43,350.00	38,200.00

Adopted Budget
2016

Proposed Changes to
the
2016 Budget

III. SCIENTIFIC SESSIONS EXPENSE

KICC Room Rental	9,900.00	9,900.00
Speaker Honoraria	60,000.00	30,000.00
Speaker Expenses	10,000.00	10,000.00
Signs	750.00	750.00
Meeting Room Mgmt/Audio Visual	32,000.00	15,000.00
Printing	2,500.00	2,500.00
AGD Approval	625.00	625.00
III. TOTAL	115,775.00	68,775.00

IV. TABLE CLINICS AND HOBBY SHOW EXPENSE

Printing & Set Up	100.00	100.00
Clinical Awards	350.00	350.00
Hobby Awards	350.00	350.00
Research Awards	350.00	350.00
IV. TOTAL	1,150.00	1,150.00

	Adopted Budget 2016	Proposed Changes to the 2016 Budget
V. SPECIAL EVENTS		
Fees & License	240.00	240.00
	240.00	240.00
Opening Session		5,000.00
Randall Lunch		
Dinner	5,000.00	5,000.00
Printing	100.00	100.00
	5,100.00	5,100.00
President's Reception	6,000.00	6,000.00
Past Presidents' Lunch		
Meals & Entertainment	500.00	500.00
V. TOTAL	11,340.00	11,340.00
TOTAL EXPENSES	217,115.00	164,965.00

- **MOTION: Dr. Dennis Price** moved to adopt the 2017 Annual Session Budget.
The motion was seconded by **Dr. Ralph Beadle**.

ACTION: ADOPTED.

2017 Annual Session Proposed Budget

	Adopted Budget 2016	6-8-2015	Proposed Budget 2017
REVENUES			
Exhibit Space Rental	110,000.00	99,937.50	110,000.00
Tickets Registered Clinics	115,000.00	90,060.00	115,000.00
Donations	3,500.00	3,500.00	3,500.00
Special Events	3,000.00	2,348.00	3,000.00
Non-Member Registration Fees	1,000.00	0.00	1,000.00
 TOTAL INCOME	 232,500.00	 195,845.50	 232,500.00
 I. EXHIBITS EXPENSE			
KICC Room Rental	9,900.00	1,000.00	0.00
French Lick Room rental			2,250.00
Room Rentals/Exhibit Committee	2,000.00	1,176.00	2,000.00
Printing & Postage	500.00	279.00	500.00
Security Service	3,000.00	0.00	3,000.00
Wine & Cheese Reception	5,000.00	4,113.00	0.00
New Dentist Reception			5,000.00
Exhibitors/Members Hospitality	10,000.00	10,206.00	10,000.00
Set-Up	15,000.00	15,929.00	15,000.00
Miscellaneous	100.00	0.00	100.00
 I. TOTAL	 45,500.00	 32,703.00	 37,850.00

II. ADMINISTRATIVE EXPENSE

Operations	12,000.00	15,246.00	12,000.00
Alliance to KDA	350.00	350.00	350.00
Printing & Postage	20,000.00	19,907.00	17,500.00
Badges	750.00	500.00	500.00
Awards	2,200.00	2,399.00	2,200.00
Meeting Scouting Trip	7,500.00	4,142.00	5,000.00
Support Staff Expense	300.00	230.00	400.00
Miscellaneous	250.00	0.00	250.00

II. TOTAL	43,350.00	42,774.00	38,200.00
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Adopted Budget 2016	Year to Date	Proposed Budget 2017
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III. SCIENTIFIC SESSIONS EXPENSE

KICC Room Rental	9,900.00	1,000.00	0.00
French Lick Room Rental			2,250.00
Speaker Honoraria	60,000.00	38,150.00	30,000.00
Speaker Expenses	10,000.00	23,589.00	10,000.00
Signs	750.00	495.00	750.00
Meeting Room Mgmt/Audio Visual	32,000.00	38,173.00	15,000.00
Printing	2,500.00	2,876.00	2,500.00
AGD Approval	625.00	250.00	625.00

III. TOTAL	115,775.00	104,533.00	61,125.00
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IV. TABLE CLINICS AND HOBBY SHOW EXPENSE

Printing & Set Up	100.00	165.00	100.00
Clinical Awards	350.00	350.00	350.00
Hobby Awards	350.00	200.00	350.00
Research Awards	350.00	350.00	350.00

IV. TOTAL	1,150.00	1,065.00	1,150.00
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	Adopted Budget 2016	Year to Date	Proposed Budget 2017
V. SPECIAL EVENTS			
Fees & License	240.00	300.00	240.00
	240.00	300.00	240.00
Opening Session			5,000.00
Randall Lunch			
Dinner	5,000.00	4,950.00	5,000.00
Printing	100.00	65.00	100.00
	5,100.00	5,015.00	5,100.00
President's Reception	6,000.00	4,380.00	6,000.00
Past Presidents' Lunch			
Meals & Entertainment	500.00	808.00	500.00
V. TOTAL	11,340.00	10,503.00	11,340.00
TOTAL EXPENSES	217,115.00	191,578.00	149,665.00

20. ANNOUNCEMENT: Dr. Lee announced that the biannual Leadership Conference will be held in conjunction with the next meeting of the Executive Board. The Conference will begin on Friday evening, October 2, 2015 and continue at 8:00 AM on Saturday, October 3.

The Executive Board meeting will begin at 11:00 AM.

21. ADJOURNMENT. Dr. David Narramore moved to adjourn. The meeting was adjourned at 4:00 PM.

Respectfully submitted

Theodore E. Logan, Jr. DMD
Secretary-Treasurer