

**KENTUCKY DENTAL ASSOCIATION
EXECUTIVE BOARD MEETING**

Hyatt Regency Hotel
Louisville, Kentucky
March 7, 2013

1. **CALL TO ORDER. Dr. B. J. Moorhead** called the meeting to order at Noon. The following members of the Board were present:

Dr. Garth Bobrowski
Dr. Ralph Beadle
Dr. Barry Curry
Dr. Ansley Depp
Dr. O. Andy Elliott
Dr. Don Heine
Dr. H. Fred Howard
Dr. Theodore E. Logan, Jr.

Dr. B. J. Moorhead
Dr. Terry Norris
Dr. Dennis Price
Dr. Steve Robertson
Dr. John Sauk
Dr. John Thompson
Dr. Sharon Turner
Dr. Kevin Wall

Dr. Billy Millay represented the West Central Dental Society. Guests present were Dr. Jim Allen, Dr. J. D. Hill, Dr. Mike Johnson, Dr. Beverly Largent, Joshua Masters, Dr. Jonathan Rich, Dr. Ken Rich and Dr. Susie Riley. Staff members present were Mr. Michael Porter, Ms. Judy Brown, Mr. Todd Edwards and Mrs. Janet Glover.

2. **INVOCATION. Dr. Theodore E. Logan, Jr.** gave the invocation.
3. **APPROVAL OF MINUTES.** The minutes of the November 3, 2012 meeting of the Kentucky Dental Association's Executive Board were approved.
4. **INTRODUCTION OF GUEST. Dr. B. J. Moorhead** introduced Dr. Mark Zust, Sixth District Trustee.
5. **REPORT OF THE SECRETARY-TREASURER. Dr. Theodore Logan** reviewed the Kentucky Dental Association, Inc. and Affiliates Consolidated Financial Statements for the year ended December 31, 2012.
- The Kentucky Dental Association 2014 Revenue and Expenditure Budget was reviewed. This budget was previously sent to the 2013 House of Delegates for action.
 - The Kentucky Dental Association General Fund Revenue and Expense Budget Performance Report for the 12 months ending December 31, 2012 was reviewed. Line item abnormalities were discussed. It was noted that \$39,151.00 was allocated to the Reserve Fund. This represents the amount that revenues exceeded expenditures.
 - The summaries of the Journal, Legislative and Relief Funds were reviewed.

6. REPORT OF THE PRESIDENT. Dr. Terry Norris' report follows:

In response to the instruction of the Executive Board for the president to appoint a committee to respond to a proposed dental school in Pikeville I have asked the following members to join me on the committee. They are:

*Fred Howard, Harlan
David Narramore, Pikeville
Mike Porter, Executive Director*

I am still waiting to hear the result of the feasibility study by Carl Hayden for University of Pikeville with regards to the proposed dental school. We have a number of questions already in mind to deal with once we see the outcome of the study. As of now we are waiting for the study.

The KDA did put on a 7 hour CE course for the Pennyrile Society on Jan. 25th. HB1, KASPER and OSHA were the course topics. We had 25 in the morning session and 45 in the afternoon session. We would have had more attend had it not been for the ice storm the prior night and that morning. Thanks go to Dr. Moorhead for his assistance. I have made myself available to Pennyrile to aid them in organizing their meetings.

I sent out an e-mail blast in February as a fact finding mission on mobile dental clinics. I have received around 15 responses and will compile them and talk with DMS and KBD to see how to handle the misuse of Medicaid monies.

This has been a busy time with choreographing the timing and strategy for SB70. More information will be available when we meet on the 7th.

I will have personal remarks to relate to the Board and will have them out at our meeting.

*It has been a great year,
Terry L. Norris, President*

President Norris also offered additional comments:

You have my report before and I would like to add some personal thoughts and acknowledgements. I remember the words of Keith Murnigan of the Kellogg School of Business at the president elects conference in Chicago, January of 2012. He said do not try to do anything unless you have at least a 50% chance of being successful. We took some chances and were able to get our NCS language attached to HB497. Later we did the same and were able to get SB70 out of the senate. We are still working the House and Rep. Greer has been a stalwart friend.

Thanks go to the entire staff for their assistance. It has been a productive year and one without any conflict. I have had a great time working with Mr. Porter. He has really fought hard for us in Frankfort and we have made considerable progress.

Thanks go to B.J. Moorhead as he did a lot of leg work for me and kept me on schedule especially this second half of the year. I do not know where he gets his energy and time to do what he does. Garth Bobrowski is getting in the loop and has added sound advice during our conference calls. Learn from B.J. this year and the sky is the limit.

Thanks go to the deans. I have enjoyed talking and working with them. There is a reason they are where they are. I know they have helped to point me in the right direction in dealing with certain issues so that I might make the best use of my time. I will listen to their expertise as I finish up a couple of projects.

*Thanks go to John Thompson who was very encouraging as I wrote my articles this year. Your input and critique was very well received. John has a certain **wisdom** about him that speaks volumes.*

I have even had a good time with Grumpy. He said he would do anything that was needed to help me this year and he kept his word. He could tell how I value people and things have gone smooth this year.

Most of all I would like to thank you, the Executive Board, for your acceptance of me and willingness to work with me. I am one of the few presidents to not have had any Executive Board experience and had to learn as I went these past two years.

In closing I would like to list some things that were accomplished this year as a result of you, the staff, your leadership and the Board of Dentistry. These are in my last Presidential Message which has not been published yet.

- 1. Passage of our Non-Covered Services Bill as part of HB497 after three years of work.*
- 2. Streamlining Executive Board Meetings through early submission of reports.*
- 3. Successful goal of raising money through KDPAC.*
- 4. Updating and revamping the KD Foundation and the addition of two non-dentists as members.*
- 5. Ongoing contact with Department of Medicaid Services with the intent to have the KDA play a majority role in administering the dental Medicaid portion.*
- 6. Formation of a committee to respond to the possibility of a private dental school in Pikeville.*
- 7. Restructuring of the KDA Vice Presidents to begin leadership two years out instead of one.*
- 8. Lobbying to obtain a 3 day exemption for Schedule III narcotics under HB1.*
- 9. Favorable regulations by the Kentucky Board of Dentistry in the implementation of HB1.*
- 10. KDA sponsorship of a free CE course and providing assistance to that component society in their restructuring.*
- 11. Renewed relationship with the Board of Dentistry and its new director.*
- 12. Enactment of a monthly credit card dues payment program.*
- 13. Placement of a dentist on the Health Care Exchange and the KDA Executive Director being placed on one of the subcommittees on the Exchange.*
- 14. Identified 6 new members to choose from for Scientific Chairs for the Annual Session.*
- 15. Expanded the Exhibit Hall for the first time in a decade.*
- 16. Increased attendance at the Annual Meeting after a five year decline.*
- 17. Implemented a networking program for junior and senior dental students with prospective retiring dentists as part of the wine and cheese party.*
- 18. Procurement of additional funds for the new dentist program from the ADA.*
- 19. Procurement of SPA monies from the ADA for PR work in helping to defend dentistry with the legal fight on the recoupment of monies from oral surgeons in the Medicaid system.*
- 20. Hired new lobbyists, McCarthy Strategic Solution, and the implementation of bi-weekly conference calls with the Executive Director and the KDA President.*

I wish we could have done more to fix Medicaid, but that will take time and we have MCO's and Frankfort to deal with. Good luck to Mike Porter and Andy Elliott. I also wish the OMFS recoupment would have been settled by now, but that is in the hands of the courts.

I appreciate each and every one of you and consider it a privilege to have been able to lead and work with each of you. From my heart I can honestly say there is not one person in this room that I would have any reservation working with in future years.

*God Bless,
Terry L. Norris, President*

7. **REPORT OF THE KDPAC CHAIRMAN. Dr. Mike Johnson** reported that contributions to the KDPAC are increasing. He strongly encouraged contributions from members of the Executive Board. One hundred percent of the Executive Board became Millennium Club members.
- Washington Leadership Conference
The Washington Leadership Conference will be held May 13-15, 2013. Dr. Johnson recommended that Kentucky be represented by the President, KDPAC Chairman, KDA Executive Director, a member of the New Dentist Committee, the Speaker of the House and an at-large member of the KDA.
8. **REPORT OF THE SIXTH DISTRICT TRUSTEE. Dr. Mark Zust** brought greetings to the Executive Board from the American Dental Association's Board of Trustees.
9. **REPORT OF THE FIRST VICE PRESIDENT. Dr. B. J. Moorhead** reported the following:

Garth Bobrowski and I were privileged to attend the ADA President-Elect Conference January 27- 29. The conference was most insightful, and we've had several planning sessions since to organize our plans for the next year. One area discussed in Chicago is the potential for disconnects between the levels of our tripartite organization. Three years ago, Dr. John Creech outlined membership reports showing continued downward trends in the percentage of dentists that are KDA members. We have realized that if we fail to act, the organization we value will no longer have the voice needed to serve us. We also have realized that although Jonathan Rich has been doing an excellent job in Membership, he is only one person who cannot have time alone to make connections across the state.

For these reasons, we see the need for action now. We are first recommending that the Executive Board establish a new position for membership recruitment and retention, someone that will travel the state and work our Societies, our New Dentist Committee and our Chair of the Council on Membership. In addition, I request that you allocate funds to send Garth Bobrowski to the ADA Membership Recruitment and Retention seminar in April with Jonathan Rich. We also recommend that we use the Fall Leadership Conference as an opportunity to bring two members from each Society who are willing to concentrate on membership at the local level, and use a portion of the Conference addressing recruitment and retention.

Our Executive Board has discussed and has concerns about the issue of mid-level providers. The ADA feels that the best way to take control of the issue is to position ourselves as the public's advocate for oral health. We have received a challenging report outlining eight areas to consider toward this effort:

- Long Term Care Program - making dental Care available in nursing home facilities)
- Emergency Room (ER) Diversion Programs
- Helping Expand Medicaid Coverage for Children and Adults
- Community Water Fluoridation Efforts
- Involving Elected Officials in Give Kids a Smile (GKAS) and Mission of Mercy (MOM) Events (similar to RAM projects)
- Increasing the number of Community Dental Health Coordinators (CDHC) Being Trained
- Encouraging Federally Qualified Health Centers (FQHCs) to Contract with Private Dentists
- Increasing Collaboration with Other Medical Professionals

The ADA defines an "initiative" as an effort that is powerful enough issue to change the debate (over mid-level providers). The initiative must be a bold goal, measurable, and must provide a

value to our member dentists. To consider such initiatives, we must take ownership of the initiative and be willing to publicly promote it. In addition to telling our story to the media and the public, we also want to inform our own members and our legislators. Our President's Committee recommends we place our initial efforts during the next year on initiatives for ER Diversion and Long Term Care. We will also continue our efforts, with publicity, in GKAS and RAM projects, and make special efforts to involve elected officials in our events. With the present problems with Medicaid MCOs in our state, we feel it would be best to delay our efforts at expanding Medicaid to time with Dr. Elliott's efforts to achieve a carve out at the end of the existing three year Medicaid MCO contracts.

For both our membership efforts and our need to keep our membership informed on our initiatives, I am asking the Executive Board to authorize the purchase of equipment to establish a video web portal for the KDA. During our Executive Board meeting, I will show you an example from the Kansas Dental Association. Melissa Nathanson is willing to learn these skills. She has informed me that we have already budgeted for a new computer which will be capable of video editing. We already have a new website that has also been designed with video in mind. It will be necessary to purchase a new SLR camera with HD video capability, a green screen, lighting, and computer editing software.

Additionally for our membership retention, Melissa and our web designers have created a new web presence for us with Facebook. We will make efforts during the coming year to ask our members and Societies to share the dental news via our KDA Facebook page.

I'm excited about the coming year and look forward to serving as your President. I appreciate the hard work and dedication from the members of our Executive Board. All of your help makes the decision to serve as President a very easy decision. Thank you.

Sincerely,
B.J. Moorhead

10. REPORT OF THE EXECUTIVE DIRECTOR. Mr. Michael Porter submitted the following:

The 2013 Kentucky Legislature began on a cordial note and quickly turned into business as usual. This year saw the introduction of numerous bills dealing with Medicaid, Pill Mills and Insurance issues.

At this time, Senate Bill 70, sponsored by the KDA has been passed out of the Senate Banking and Insurance Committee and is waiting on passage by the full Senate. SB 70 is our efforts to further define what a covered service is. In 2012 the KDA was successful in passing HB 497 which prohibited Insurance Companies from setting fees for non-covered services but found that the Department of Insurance had no definition in either statute or regulation and defined such a service. As in the past, the Insurance Lobby was against our legislation, most strongly, Delta Dental of Kentucky. Due to adverse lobbying, House leadership requested that SB 70 not be called for a hearing. The Department of Insurance will now be promagating a regulation defining covered services.

Issues with the Medicaid MCO's continue to be a frustrating and difficult issue. The Executive Office has heard from numerous members that due to slow payment, outright denial of claims, patient issues and general difficulty in dealing with the MCO's that they were resigning from the program. These issues have been addressed with the Cabinet Secretary, Medicaid Commissioner and even the Governor to no avail. Due to the many problems, House Speaker, Greg Stumbo introduced House Bill 5 which will provide even stronger prompt pay laws. The KDA is supporting this legislation.

11. REPORT OF THE DEAN OF THE UNIVERSITY OF LOUISVILLE SCHOOL OF DENTISTRY. Dr. John Sauk submitted the following:

Ms Diane Foster

DMD ADMISSIONS

- *During the current application cycle ULSD received 2,972 DMD applications with 408 of those applicants being interviewed. The current incoming class is being assembled and should be completed by spring.*

Dr. Gary Crim

ACADEMIC AFFAIRS

- *Preparation continues for the next accreditation Self-Study although the actual site visit is spring 2015. Dr. Crim attended a CODA workshop on the new standards. There seems to be a significant amount of confusion regarding how compliance will be achieved and assessed. Special attention needs to be given to the following to mention a few: a) "The school MUST carefully define "scope of general dentistry" and competencies; b) schools must have policy/procedures for introducing new materials into clinic; c) Schools must define & defend definition of "diverse patient population*
- *UofL continues to perform well on Part II of the NBDE with a 94% first time pass rate.*

Ms. Melissa Atkinson

Other Business/Announcements

- *Planning, Design and Construction has alerted the school that a federal grant that will be used to move power lines near the school underground. The project will consist of cutting through the streets to bury the power lines; however, they have been alerted not to interrupt the service to the building due to patient care.*
- *New signage has been installed on the building.*
- *The university's Minors on Campus Task Force has evolved into lengthy policies and procedures are being developed. It will involve anyone with contact with individuals under the age of 18.*

Dr. Daniel Fadel

Continuing Education Report

- *There have been two KASPER courses to date. The first course was held December 14, 2012 by Dr. Wendy Hupp (Pharmacology: KASPER and the Addicted Patient). The second course occurred on February 15, 2013 by Dr. John Firriolo (Analgesics in Dental Practice: KASPER and Alternatives to Narcotics). Dr. Fadel reported that the new online registration software is working well and there have been no real complaints. The 2013 CE course schedule has been posted; however, a few additional courses will be added to the schedule as the details are finalized. Alumni Day is scheduled for Friday, September 27, 2013. Dr. John Sauk will be the presenter at the 2013 Wolfe Cancer Symposium.*

Dr. Wood Currens

ALUMNI RELATIONS

- *The ULSD's Alumni and Friend Reception will take place at the Hinman.*
- *Dr, Theresa Mayfield was presented with the **University of Louisville President's Distinguished Faculty Award for contributing to the community, commonwealth and region.** That honor was presented at a*

University-wide annual celebration of Faculty Excellence ceremony during which **President James Ramsey** and **Provost Shirley Willihnganz** honored faculty for their scholarship, research, creative activity and teaching. They presented President's Distinguished Faculty Awards, the President's Multicultural Teaching Award and the Community Engagement Award. They also honored new endowed faculty and a new university scholar and faculty and staff whose work resulted in U.S. patents, licenses or options. **Dr. Donald Demuth** was honored for his **patent** for novel peptides that inhibit and destroy oral biofilms, specifically *P. gingivalis*. The compositions are well-suited for topical administration in dental applications, and could be delivered through toothpaste, mouthwash or chewing gum.

- **Dr. Wendy S. Hupp**, assistant professor of oral medicine, is the first woman to become the **National President of the Psi Omega Dental Fraternity**. This also is the first time that a child of a previous president has been installed. Dr. Hupp's father, a retired dentist in the Philadelphia area, was President in the 1980s. The University of Louisville School of Dentistry has the Omicron Chapter of Psi Omega, chartered in the 1900s.

Dr. Lee Mayer

COMMUNITY SERVICE

- The 10th annual DMD Freshman Halloween Project was held on October 26, 2012. This event impacted 3,300 children in six area elementary schools.
- Screenings for Smile Kentucky! have been completed. Treatment day was scheduled for February 1, 2013 at ULSD. An additional treatment day will be devoted to Newcomer Academy students. Unfortunately Smile Kentucky was cancelled because of weather. The children will be treated at the school on Fridays during February and March.
- The new DMD AHEC schedule has been approved by the Curriculum Committee. Essentially, in 2013 the DMD extramurals will run from late May through the week before Thanksgiving.
- The annual HSC Cultural Competency Symposium was held on September 27, this symposium is a way to enhance both the curriculum and the diversity training. Freshmen dental students, junior and senior hygiene students, and all new residents attended.
- The Kentucky Oral Health Coalition Board of Directors met twice and held two teleconferences this quarter. Access to care dominates this group's concerns but they have limited manpower and resources.

Dr. Sauk

GOALS

- The School's Development and Advancement team will continue working diligently to obtain support for endowed professorships that will attract and retain outstanding teachers and clinicians, who will ensure the education and training of excellent clinicians.
- The partnership with the Department of Pediatrics in the School of Medicine is fostering an interdisciplinary clinical facility in association with the Autism Center and with Kosair Charities.
- The research portfolio will be enriched by evolving relationships with the Speed School of Engineering.

- *Recruitment of academic-clinicians with national and/or international prominence.*
- *Our relationship with the Home of the Innocents will be strengthened to provide additional experiences for our dental students and pediatric dental residents.*
- *The interprofessional education and patient care initiative with the School of Nursing's Nurse Practitioner Program will be expanded and similar cooperative efforts with the Schools of Medicine, Public Health and Social Work will be identified and instituted.*

ULSD Welcomes New Faculty Members

Dr. Merila Atarodi

Dr. Atarodi completed her dental training at Azad University in Tehran, Iran. She then completed her AEGD Residency and Pediatric Dentistry Residency at Eastman Dental Center, University of Rochester in New York. Since June 2012, she has been a full-time Assistant Professor in Pediatric Dentistry in the Department of Orthodontics, Pediatric Dentistry and Special Care.

Dr. David Maddy

Dr. Maddy graduated from the University of Louisville with a Bachelor's Degree in Biology in 1977 and the University of Louisville School of Dentistry in 1981. The summer after graduation, he married Barbara and moved to Bradenton Florida. He spent the next 31 years in solo private practice with an emphasis on restorative and TMD procedures. Dave and Barb have two children, Trisha and Drew. He is excited about the opportunity to serve the students at ULSD and considers this new opportunity a blessing.

Dr. Eiad Elathamna

Dr. Elathamna completed dental training at the College of Dental Surgery in India. He completed both a graduate prosthodontics residency and Master of Oral Science at University at Buffalo, New York. He also worked as a Clinical Instructor at University at Buffalo before joining the University of Louisville School of Dentistry as a full-time faculty member in the Department of Oral Health & Rehabilitation.

UNIVERSITY ISSUES

THE 21ST CENTURY UNIVERSITY INITIATIVE was established by Provost and University leadership.

To advance the aims of the 21st Century University Initiative, the Provost has commissioned a Steering Committee and Four Content Area Committees to broadly engage campus stakeholders in a series of discussions about the future of the University of Louisville. Each of the four content area committees will lead an effort to provide perspectives about key questions facing the university in addition to offering suggestions for moving the University forward, and each content committee is composed of a "core" set of committee members, as well as an advisory group that will further break into subcommittees. Each of the four committees will organize itself into subcommittees for more focused deliberations on specific topics and issues. The Committees will supplement the subcommittees with additional campus stakeholders as appropriate. The four Committees and their respective charge and scope are as follows:

- 1. The Technology, Demographics, and Engagement Committee – Marcia Hern, Dean, Nursing, CHAIR. This committee is charged with examining four critical questions and issues facing the University:***

- *What is the appropriate role and use of technology and on-line learning at the University of Louisville over the next 10 years?*
- *What is the appropriate size and composition of student enrollment (including professional, undergraduate and graduate) at the University of Louisville over the next 10 years, paying special attention to a changing, more diverse demographic?*
- *What is the appropriate size, composition and role of international programs and initiatives at the University of Louisville over the next 10 years?*
- *What is the role of "engagement" as it pertains to the teaching/learning environment at UofL?*

2. The Academic and Research Priorities Committee- Chris Doane, Dean, Music, CHAIR . This committee is charged with examining several critical questions and issues facing the University:

- *What strategies, activities, investments and resources are necessary to enhance the University's academic reputation?*
- *What are the most effective process and approach for identifying the academic programs, initiatives, and efforts that have the greatest potential for national and international distinction and prominence?*
- *What are the University's best opportunities for academic prominence?*
- *What are the most effective process and approach for identifying the research programs, initiatives and efforts that have the greatest potential for national and international distinction and prominence?*
- *What are the University's best opportunities for research prominence?*
- *What are the two or three 'big' research ideas or opportunities?*
- *What are the most effective ways of measuring and evaluating "non-traditional" academic performance at the University of Louisville (e.g., commercialization and innovation, scholarship of engagement, others)?*

3. The Financial Health Committee - John Sauk, Dean, Dentistry, CHAIR . The committee is charged with examining several questions and issues aimed at improving the financial health of the University:

- *What is the most effective and efficient model for budgeting campus financial resources?*
- *How can the University deliver its core business services (HR, IT, accounting, etc.) in the most effective and efficient manner possible?*
- *How can the University better leverage its physical assets?*
- *How can the University better leverage its purchasing power?*
- *How can the university continue to benefit from the 501c3 structure without undermining governance?*

4. The Culture of Excellence Committee- Blake Haselton, Dean, CEHD, CHAIR The committee is charged with examining several questions aimed at improving how people work, live and learn at the University of Louisville, and to explore ways to ensure diversity and that the values of shared governance are modeled across all University entities and affiliates.

- *What barriers or challenges exist that may limit a culture of excellence in support of the 21st Century Initiative?*
- *What are the attributes of the desired workplace culture at the University of Louisville?*
- *What are the strategies and initiatives necessary for achieving cultural transformation and diversity and creating a culture of excellence in support of the 21st Century Initiative?*
- *What cultural barriers or challenges exist that limit student success?*
- *What are the strategies and initiatives necessary for achieving a culture of excellence and success among students?*
- *What are the existing models and practices of governance across the university?*
- *How can the University support and model the values and principles of shared governance in an era of expanding partnerships and affiliations?*

12. REPORT OF THE DEAN OF THE UNIVERSITY OF KENTUCKY COLLEGE OF DENTISTRY. Dr. Sharon Turner reported the following:

College of Dentistry Goals for 2012

Progress Towards Goals & Other Accomplishments Noted in Red

Administrative & Financial Affairs Goals for 2012

1. *Develop clear measurements of financial performance, including clinical financial performance, updated monthly reporting documents, and other budgetary and performance metrics. Provide education and feedback to mid-level managers and strategically engage them in planning and measurement activities to enable informed decision making.*
This goal has been met and changes have been significant. Feedback indicates that the changes have been well received. Additional changes are in process and will be included in the FY 14 budget planning cycle.
2. *Enhance College's revenue profile by identifying opportunities for improvement in billing/collections/registration process and creating measurable outcomes through staff activities and effort.*
Numerous opportunities for enhancement have been shared with faculty and staff in all units during the year. There is still much work to be completed regarding registration and update of patient contact and billing information to improve customer service and collections of amounts owed for services provided. Collections of payment at the time of service, including past due amounts, current and expected balances, continues to be a huge opportunity for us to improve performance. The reorganization and additional efforts of the financial counseling staff and increased use of payment plans should continue to pay dividends.
3. *Reinvent Staff (and Faculty) new hire orientation process to ensure appropriate information is disseminated to new employees, and that employees feel welcomed in their new role.*
A new hire orientation process was developed and has been conducted twice. Feedback from staff has been positive. Additional modifications of the structure and information provided are currently being evaluated. Future faculty participation will be important to the program's success. Most new faculty members begin their employment in July however and we have had no new faculty hires since the inception of the orientation program.
4. *Solidify and begin implementation of planning for IT network upgrade and VOIP project.*
While much planning has gone into the network upgrade and VOIP project implementation, the project has turned out to be much more expensive than originally predicted because of the age and condition of the Dental Sciences Building. Significant planning went into implementation for the first floor with the idea that one or two floors could be completed per year until the entire facility was converted to VOIP. This planning identified the need for a very expensive electrical upgrade. The major renovation of the pre-clinical simulation

laboratory on the sixth floor will allow for an expanded data closet and electrical upgrades there which may help with this project for the sixth floor. We will continue to review opportunities for use and roll out of this technology when possible.

5. *Partner with Faculty to begin E.H.R. meaningful use/incentive process and secure maximum available dollars in a cost-responsible manner.*

Much effort was put into this project and the College closely partnered with personnel in the College of Medicine who had received external funding for the statewide implementation of the associated federal legislation authorizing incentive funding. After a lot of analysis and discussion with officials in Frankfort at the Medicaid Office, it was determined that under the current structure it is unlikely that UKCD would receive enough financial incentive to make this project possible. This is unfortunate as we believe that UKCD is the single largest provider of Medicaid dental services in the Commonwealth and yet we still cannot qualify for access to this funding.

6. *Continue to identify and advocate for additional space and market space needs tied to necessary growth of the clinical enterprise to meet programmatic requirements. Work with OMFS to develop plans for space being vacated by Orofacial Pain.*

Significant discussion has been undertaken with UK HealthCare and the Provost's Office regarding our critical need for improved quality and quantity of space. A very small amount of new laboratory space (~300 SF) was obtained for Oral and Maxillofacial Pathology by trading space in the Kentucky Clinic occupied by Pediatric Dentistry. The Pediatric Dentistry Residency Study Space and Program Director's Office were moved to a different location in the Kentucky Clinic rather than in immediate juxtaposition to the clinic. While the "space swap" allowed us to meet the dire need for our Oral Pathology Biopsy Service, the largest of its kind in the country, it came at the expense of convenience for the Pediatric Dentistry residents and program director. Obtaining space for Oral Pathology was our first priority on our space needs list.

Additional discussions with UK HealthCare Facilities personnel regarding additional space allocation in the Kentucky Clinic have been promising regarding the allocation of additional space in that facility to the College of Dentistry long term. Use of such space will require significant funding for renovation and retrofitting to make it suitable for use as a clinical dental educational facility. Transfer of the space to Dentistry will also be contingent on the access to funding availability with UKHC/UKCOM to meet their facility needs.

Planning for external practice sites for Oral and Maxillofacial Surgery and Orthodontics has proved promising and we are currently soliciting potential leased space for these divisions. Renovation of the space which will be vacated by the Orofacial Pain Program upon its move to newly renovated space in the Kentucky Clinic in March of 2013 has been put on hold as the location of off campus space for Oral and Maxillofacial Surgery and Orthodontics has higher priority and is likely to prove a better investment than the costly renovation of the very small space that will be vacated when Orofacial Pain moves. The College will have exhausted all internal funds available to meet facility needs with these projects. Any future building projects will require funding available from outside the College or access to debt financing.

7. *Review and analyze UK Dental Care operation; evaluate financial performance and calculate financial impact of this product on the College. Develop strategies to strategically market and grow this product, measure satisfaction with service levels and ensure appropriate financial performance.*

This goal has been partially achieved. Evaluation of financial performance, as well as a multiyear plan to improve the performance of this product has been undertaken. This includes achieving a reduction in payments to clinics/faculty for certain procedures in order to make the loss ratios such that the product is sustainable. Measurement of patient satisfaction and marketing to increase the market share of this plan will be undertaken in 2013.

8. *Implement the new faculty performance evaluation format.*

This goal actually came under the purview of the two department chairs rather than the Administrative and Financial Affairs unit. A new system was developed which is intended to

measure both quantity and quality of work in each of the mission areas as represented by the distribution of effort which each faculty member is assigned. The idea was to enhance productivity and accountability as the Deans were charged to do by former Provost Subbaswamy. A manual was developed to accompany the new format and it is being piloted this year. Faculty are quite wary of the new system and have already discovered a way to manipulate the teaching rating to a level of "Exceeds Expectations" by varying the denominator based on hours worked listed on the DOE. Our plan is to evaluate the outcomes this year and make adjustments as we discover weaknesses. The Deans/Chairs Group will be used as a standardization group. All faculty who receive an overall "Exceeds Expectations" will be reviewed by this group and compared for accomplishments against others in the group rated similarly. Only those who clearly rise to the top in such a review will be deemed to have exceeded expectations from an overall prospective.

9. *Reassess and revise the College Strategic Plan to be compatible with current BlackBoard format for outcomes reporting.*

The Strategic Plan was modified and simplified to meet the structure dictated by the BlackBoard format mandated by the UK Institutional Effectiveness Office and the Southern Association of Colleges and Schools accreditor. The plan is in appropriate format and outcomes have been reported for two successive years.

Other accomplishments:

We have devised a financial plan to finance a \$5 million dollar renovation to the pre-clinical simulation laboratory and received approval from the President's Office. The Faculty of the College of Dentistry also approved the increase in enrollment at the College by eight additional out-of-state students per class in the DMD program. We are currently working with campus facilities personnel in the design and contracting for this project.

We have successfully initiated and nearly completed the \$1.5 million dollar renovation of 3000 square feet of space in the Kentucky Clinic for the Orofacial Pain Program. This area is located in close proximity to our Pediatric Dentistry and General Practice Residency Programs and thus the nexus for continued development and program migration from the Dental Sciences Building to the Kentucky Clinic has been established. The Kentucky Clinic location also allows the Orofacial Pain Program to strengthen long-standing collaborative teaching with other clinical programs and to more easily establish new collaborative learning opportunities for residents by increasing the proximity and visibility of the clinic to those programs.

We launched a significant revision of the College webpage to enhance communications across the college and to the general public. The new webpage should be rolled out in April of 2013.

We spent \$255,330 on minor office renovations and \$166,855 on clinical equipment replacement or enhancement funded entirely by non-recurring sources.

2012 Goals – Academic and Student Affairs

1. *Establishment of an Ambassador Program to enhance the applicant pipeline. Student dentists will visit KY middle and high schools and deliver educational information to enhance oral health and introduce K-12 students to dental careers. This program will transition into an elective course for student dentists (most likely approved for 2013 after piloting in 2012).*
 - *Future outcomes measurements:*
 - *Number of student dentists engaged in recruitment activities*
 - *Number of pre-health professional students receiving exposure to oral health information and careers*
 - *Number of applicants to UKCD*

Documentation and presentations for training, specific presentations and surveys for stake holder to provide feedback have been developed. The focus this year was to train current

students to represent UKCD and provide information about the profession of dentistry and the dental school admissions process at UKCD. The focus was on underserved high schools mainly in eastern and southern Kentucky. This past spring, there were 13 visits to schools which current students in the Ambassador Program. These students interacted with 70 prospective college students and over 205 high school students.

2. *Development of a Proof-of-Concept course to enhance online delivery of education material.*

- *Through the use of tested instructional design approaches, specific, measurable and attainable learning outcomes will be identified based on the goals of the curriculum and explicit course level objectives.*
- *Focused, engaging, and interactive digital content will be created using multimedia development tools (e.g., Echo 360, Camtasia, html, Javascript, CSS, iBooks Author) to ensure learners successfully achieve the intended learning outcomes.*
- *Learning activities and assignments will be designed to promote active learning and critical thinking and ensure meaningful student to student and instructor to student interactions.*
- *A standard Blackboard course shell will be used throughout the curriculum to provide learners with a logical, consistent, integrated and efficient online learning experience. An assortment of collaboration tools (e.g., Adobe Connect, Yammer, Skype, Google Apps) will be employed to provide students a means to engage in productive group work. Assessments aligned with course objectives will be deployed throughout the online learning experience to encourage learning and to measure the attainment of intended learning outcomes.*
- *Assignments will be designed to engage students in the method of seeking scientific evidence to support learning and the practice of dentistry.*
- *Expanded use of e-portfolios by students (available to instructors at all sites) to allow them to gather artifacts of representative evidence of achievement and mastery of skills.*

This goal has been partially met. The proof-of-concept online course is almost completed, and modules were delivered to the 1st year dental class. The course director conducted focus group sessions and the input from students is positive, with constructive comments to improve the final version of the course. All core curriculum courses (and some elective and postgraduate courses) have Blackboard shells, which underwent a campus-wide upgrade late in 2012. Faculty are responding to student focus group and course evaluations requesting the increased use of ECHO 360, however, rooms equipped with this technology are limited and we are beginning to see competition for those lecture theaters. There has been a significant reduction in orders for hardcopy manuals and books, and students are receiving digital materials through Blackboard. There is progress towards implementing some of the other goals, but no measurable outcomes at this point. A faculty member is currently working with the Associate Dean on student e-portfolio development as part of the fulfillment for a fellowship in which the faculty is participating.

3. *Establish a New Curriculum Task Force to begin implementation of recommendations of the 2010 Task Force report.*

- *Steering committee to consist of Academic Dean, Division Chiefs and Chairs and select Faculty*
- *Review current curriculum management review process, and develop new evaluation method*
- *Prioritize recommendations of the task force*
 - *ODM longitudinal curriculum*
 - *Ethics curriculum*
 - *Geriatric curriculum*
 - *4th year – Clinical (Alter the fourth year to include increased opportunities for community based clinical experiences, research opportunities, specialty experiences, inter-professional education)*

Much progress has been made related to this goal. The Ad Hoc Curriculum Committee met biweekly during Fall Semester of 2012, and developed themes in which curricular content will be organized. The curriculum management review process was reviewed and deemed ineffective, and will be replaced by eCurriculum database management system, which was acquired by the College in December 2012. The course syllabi, which contain goals, student learning outcomes, linkages to College and CODA competencies, etc. are being entered into eCurriculum, and the system will be rolled out to the Curriculum Committee in February. Training of the Curriculum Committee and course directors on the use of eCurriculum is planned for Spring Semester of 2013.

4. *Enhance the current student course evaluation process by reducing costs and increasing student acceptance of the process.*

- *Survey students about preferred evaluation methods*
- *Identify alternative software and methodology for conducting course evaluations*

This goal has been achieved. Based on student feedback, use of CoursEval software was discontinued in Fall Semester of 2012, and the fall curriculum was evaluated using hardcopy scantron methodology. Course evaluation sessions were conducted over lunch hours with each class cohort, thereby ensuring 100% participation in the evaluations. Formerly, students were expected to complete evaluations within 2 weeks of course completion, but response rate was very low, and very often months would go by before being able to close out the surveys. Based on the success of this change, and on feedback from students and the Curriculum Coordinator, future evaluations will be conducted in a similar manner but in a computer lab, using Qualtrix software. A formal survey to evaluate and compare the course evaluation methods has been developed and will be conducted this Spring Semester of 2013.

5. *Complete the transition to digital calendars that was started in 2011*

- *Transition planning of schedules in digital format*
- *Availability of course schedules in Google (if UK provides instructors and students with g.uky accounts in Spring 2012)*

This goal has been achieved. Student schedules are exclusively available on Google, and all students, faculty and staff have been instructed on how to access these using their g.uky accounts. This project has increased efficiency of scheduling and enhanced mobile access to the calendars.

6. *Complete the ARC Feasibility Study and determine if there is faculty support, financial sustainability and pipeline support to move forward towards implementation planning.*

This goal has been achieved. The results of the feasibility study were reported to the Faculty in November 2012, and the Faculty voted in November 2012 to support implementation planning. The final report on the ARC Feasibility Study is available for review if requested.

Other Accomplishments:

The College of Dentistry has a 99% ten year retention rate over the years 2004 to 2013 with virtually the same percentage of four year on time graduation rate. Virtually one hundred percent of our graduates are employed in the profession of dentistry. Over fifty percent of the members of the Class of 2012 were accepted into competitive post-graduate advance general practice or specialty residency programs. Given that there are significantly fewer of these positions than there are graduates of dental schools in the United States, this is a very impressive figure. Our annual survey of post-graduate program directors from programs attended by our graduates also reinforces that our graduates are of high quality relative to their peers from other dental schools.

Student Affairs has also revised the admissions process slightly to enable the recruitment of eight additional out-of-state students. Historic data was used to identify a strategy for the cycle. Sixty-one additional applicants were interviewed in one fewer day than in the past and the costs were held the same as in previous years.

YouTube videos were created to enhance student recruitment. This required learning and utilizing new technologies and involved current dental students.

Diversity initiatives in the Office of Academic and Student Affairs included the formation of a Diversity Committee tasked with creating a mission and strategic plan for ways to enhance diversity initiative and cultural competence in the College through co-curricular means. This group created a diversity calendar that includes major holidays with descriptions and information about location of additional information. The Committee hosted five events, sent four college-wide awareness building e-mails, guided participation in a survey of all students in collaboration with the College of Health Sciences, and surveyed the College community about the efforts and activities it had conducted.

The College was successful in competing in the funding opportunities offered by "Women in Philanthropy" in procuring \$14,851 in the Spring Semester of 2012 for scholarships for students from underserved populations, those expressing an interest in public health dentistry and academic dentistry. Two additional proposals to the same group were developed in the Fall Semester of 2012 and one of them was selected for presentation as a finalist. If selected to receive funding, the money will be used to fund our "Saturday Morning Clinics", free clinics for children that are held six times each year.

Students planned and carried out ten fund raising events for several external organizations such as the Blue Grass Domestic Violence Shelter, The Fistula Foundation, Mission Lexington Dental Clinic, prostate cancer and oral cancer. One of the annual student fund raising events also raises money to support a memorial scholarship in honor of a former Assistant Dean of Student Affairs. The students raised over \$20,000 last year in these combined efforts.

2012 Goals for Clinical Affairs

1. *Recruit and orient a new Associate Dean for Clinical Affairs*
Advertising, screening of applicants and first round telephone interviews have been completed. We anticipate having an individual in place by July 1, 2013 to August 1, 2013.
2. *Enhance patient intake process in the pre-doctoral clinical program*
Under the new system, patients receive an initial screening assessment by faculty who make a determination as to the suitability of treatment in the pre-doctoral teaching clinics versus a graduate level program or the faculty practice depending on the complexity of treatment needed. The faculty member also determines the most significant treatment needs of the patient so as to match the patient with students who needs such educational experiences. Previously, patients were simply randomly assigned to students without regard to treatment need or complexity. This caused a great deal of wasted time on cases which were too complex and shuffling of patients among dental students which was inefficient for students and inconvenient for patients.
3. *Develop an electronic implant/implantable device treatment record*
No progress has been made toward this goal this year. Dr. Mark Thomas was the driving force behind this goal and with his untimely death in June of 2012 we are reevaluating the priority of this goal.
4. *Enhance communication feedback loops from Incident Reporting Team and Compliance Committee to Quality Assurance Committee*
Some progress has been made towards this goal, but it is still a work in progress. Discussions about trend analysis and report design have begun. New Crystal Reports will have to be designed to extract the data from our electronic health record software. Discussion as to how to communicate between the Pre-Compliance Committee and the

Compliance Committee related to the Account Adjustment Request (AAR) which accompanies the need to redo a restoration or procedure are also on going as another mechanism to trap the necessary data. This will be an ongoing goal for next year.

5. *Establish mechanism to determine clinic chair utilization for each clinic and monitor*
Significant effort has been expended this year in setting parameters for measuring chair utilization. A common methodology for calculating utilization has been adopted and the draft report exists. Currently, this draft report is being tested with data for one small clinic to ensure that the underlying data tables and assumptions are accurate. Once this is complete, the report will be rewritten in a more user-friendly format (Crystal Reports), retested, and shared with the end-users in each clinical area.
6. *Develop strategies for enhancing chair utilization for each clinic*
Discussions regarding increased use of dental operatories have been undertaken this year in a number of clinical units/divisions. In OMFS, a limited number of faculty practice patients were moved from certain days to better utilize the clinic on Wednesday afternoons when residents are undergoing didactic instruction. In Orthodontics, the graduate clinic added an additional half day of clinical practice per week. Discussions regarding maximization of the Orthodontic Faculty Practice productivity/chair utilization have been ongoing. In Periodontics, the summer schedule for residents was altered to allow for the possibility of additional patient care time. However, we are suffering from a shortfall of patients in this area which is likely related to economic factors given the expensive nature of this treatment. In Faculty Practice, an additional clinical title position was added to make better use of our existing chairs. Multiple discussions regarding the Pediatric Clinic have been undertaken this year, however, achieving buy in of key stakeholders has been very slow. There has been a very significant utilization of the operatories in the pre-doctoral dental clinics subsequent to the new leadership provided by Assistant Dean for Pre-doctoral Clinical Operations, Dr. Joe Parkinson, who joined the faculty in May of 2012.

Other accomplishments:

There has been an increase in number of appointments, procedures and production for the DMD clinic. From Fall Semester 2011 to Fall Semester 2012, the number of patient visits has increased 2.6%, the number of procedures accomplished has increase 0.6% and the net revenues have increased 15.9% (\$83,674). A portion of this increased revenue is related to decreasing the number of unapproved completed treatments or missing or incomplete chart entries.

We have implemented the use of the Treatment Plan Module in axiUm, the software product which supports our electronic health record (EHR).

We implemented a new model of clinical education for better comprehensive care of patients. This model is known as the "Generalist Model" and is more patient-and-student-friendly, and more similar to private practice dentistry as well as the prevailing standard at dental schools in the United States. The major difference is that it breaks down the barriers between divisions and permits more faculty to be involved with teaching more simple diagnostic, preventive, treatment planning and restorative procedures. Over time, strategic hiring to fill vacated faculty positions will enhance this model further.

With the implementation of the "Generalist Model," patients are scheduled for diagnostic, periodontal, operative dentistry and fixed prosthodontics procedures in one location in with a "Team" of faculty members from multiple divisions working primarily

with the same team on a consistent basis. This is in contrast to the previous model, where patients had to schedule in different areas of the clinic for each discipline. Therefore, if a student is able to provide care in multiple disciplines, patients don't have to be moved to another chair in a different area of the clinic. This increases efficiency in scheduling and creates a sense of "home", where patients go to the same area of the clinic with the same faculty.

Simultaneously with the implementation of the "Generalist Model," College of Dentistry staff began scheduling patients for pre-doctoral students, instead of students performing their own scheduling of patients. This change prevents "selective scheduling" of patients by students, and improves timeliness of care and thus overall quality of patient care.

We developed an Implant Board to create standard written policies, procedures and teaching protocols for dental implant treatment planning, placement and restoration. This effort was also intended to be part of an increased emphasis on quality assurance.

We have increased the efficiency in utilization of EHR (axiUm) through the provision of training for faculty.

We have developed Quality Assurance Indicators for each clinical discipline and begun patient chart audits directed specifically at quality of care.

We have implemented a protocol for the new state law governing the use of the Kentucky All Substances Prescription Electronic Registry (KASPER).

We provided a day long training program on the management of medical emergencies in the dental office which included both didactic and clinical simulation components.

We have enhanced infection control through the installation of Sterisil water filters on each dental unit.

Net clinical revenue declined by 1.4% to \$12,695,114. This is attributed to the continuing slow economy influencing the selection of higher end dental procedures and the transition to managed care Medicaid which has been extremely difficult and costly. Additionally, the administrative processing required has increased substantially making it more costly to comply with each management company's rules. Also, we did not receive the full amount owed in PSP payments from Medicaid due to the transition. Had we received those payments, our clinical revenue would likely have been flat.

A Director of Marketing was hired to assist in preparation of materials for the 50th Anniversary Celebration, the redesign of the webpage, and targeted marketing to increase the number of patients seeking services at the College of Dentistry.

The University of Kentucky Dental Care Board, the clinical policy making and oversight group for the College has worked diligently to enhance policy and improve compliance and quality improvement. The following policies or actions were approved or are in review:

- 1) Policy on Patient Account Turnover- approved*
- 2) Policy on Patient Payments- approved*
- 3) Practice Plan Addendum for Faculty Consultation Activities- approved*
- 4) Policy on Coding and Documentation for Audit for Professional Billing and Services Rendered- reviewed*
- 5) Policy on Credentialing Dentists who are Graduates of Commission on Dental Accreditation-Accredited Schools- approved*

- 6) *Policy on Credentialing Dentists who are Graduates of Non-Commission on Dental Accreditation-Accredited Dental Schools- approved*
- 7) *Protocol for Tracking of Radiographs in the Electronic Health Record-under review*
- 8) *Policy on Delineation of Clinical Privileges- under review*

Research Goals - 2012

1. *Complete research space renovation for research faculty (MN348)*
This renovation has been completed and enabled the relocation of laboratory space for Dr. Saran Huja from the Division of Orthodontics. This enabled the development of a bone research activity that has generated 1 successful grant, and 2 pending grant applications to both a foundation and NIH. Additionally, minor reorganization of space for the bone research and oral pathology programs was accomplished.
2. *Link predoctoral dental students and dental residents into the expanding CCTS programs*
The engagement of dental students in the research program varies from year to year depending upon the interests of the students in the various classes. Generally, research time is primarily available during the 1st year of the dental curriculum and additionally during short summer breaks. We continue to provide 6 annual fellowships for dental students and undergraduate students to engage in research, with the majority of the research projects leading to competitive abstracts and presentations at national/international dental research or specialty meetings. Some also result in co-authored publications, with students and residents as co-authors on 13 abstracts and/or publications during the 2011-2012 year. Dental resident program include Periodontics, Orthodontics, and Orofacial Pain with M.S. degrees, and Pediatric Dentistry with a research project. Additionally, the General Practice Residency Program and Oral and Maxillofacial Surgery Program also have residents engaged in research. The support for their research projects is an investment from the Associate Dean for Research based upon salary reimbursement dollars. Since the majority of the dental projects are clinically oriented, most fall within the context of the CCTS activities at UK. In 2011-2012, we had 1 dental student engaged in the CCTS fellowship program, along with a faculty member from OMFS. Additionally, 10 students and residents presented their research at the CCTS spring conference. Three residents' projects were linked to the CR-DOC and laboratory core support activities of the CCTS. One resulted in a peer-reviewed publication.
3. *Hire at least 1 research emphasis tenure-track faculty member (there are various potential scientific areas, and we plan to work in combination with other colleges/units to identify optimal research focus to enhance collaborative opportunities)*
The past year was spent evaluating the optimal research targets for recruiting into this position. The considerations were based upon: (1) the evolving new strategic initiatives of the NIDCR (Pain, Health Services Research, Disparities Research, Human Microbiome); (2) opportunities for a collaborative nucleus of researchers at UK; and (3) overall needs within the UKCD for clinical research expertise. These deliberations were affected by 3 important changes during the 2011-2012 year. First, an important contributor to our research enterprise, leadership in research in evidence-based dentistry, and Chief of the Division of Periodontics, Dr. Mark Thomas passed away. Second, the Director of the Delta Dental of Kentucky Clinical Research Center, Dr. John Novak retired unexpectedly. Third, Dr. Judy Skelton a leader in research development within the Division of Public Health Dentistry also retired. Dr. Skelton's position was eliminated as a result of the budget cuts for 2012-2013. Both Drs. Novak and Skelton had funded grants that remained at UK. Thus, we have spent a considerable effort in transitioning these grants and fulfilling the existing commitments. We have analyzed information from a variety of sources attempting to best focus our limited research hires to develop a short-term transition and long-term evolution of the Center for Oral Health Research in the UKCD. During this year, we have hired multiple faculty members with dedicated research time. Additionally, we have linked one to research mentoring with a Department of Biochemistry professor, and a second one as a fellow in the CCTS program. We are actively identifying and recruiting into two research emphasis positions in clinical and translational sciences.

We have identified a husband and wife team who are currently employed at Forsythe Institute in Boston and who have expressed significant interest in relocating to UK. Both of them hold PhD degrees in addition to Board Certification in Periodontics and have significant funded research at present. They will be having an “unofficial” visit in February to tour the facilities and determine what preparation would be necessary for them to transition their work to UK with a minimum of disruption.

4. Maintain current levels of external funding to the college

*The number of grant submissions has increased from 17 to 22. This activity reflects an overall faculty responsibility with a major requirement for direct contact hours in clinical teaching. Thus, the College currently has only six full time faculty with greater than or equal to 50% Distribution of Effort for research. This number is a more accurate reflection of the number of faculty who are routinely available for developing competitive proposals for external funding. An additional eight faculty members have 20 to 40% Distribution of Effort that primarily reflects clinical faculty who are engaged in collaborative clinical and translational research, but generally limited to foundation or industrial grant applications. The dollar value of grant submissions has increased from \$4,518,318 to \$8,674,860. Importantly, these grand applications routinely represent collaborative grants with multiple colleges at UK (**nine*** other colleges and the Center for Interprofessional Research and Education) as well as **five**** other academic institutions. Despite significant grant submission activity, external funding amount was 92.38% of the previous year at \$4,185,430. Our strategic plan metric was to maintain research funding at 90% of the baseline in this difficult external funding environment. Funding from industrial projects increased from \$72,573 to \$98,997, an increase of 36%.*

**College of Medicine (Internal Medicine, Micro/Immunology, Physiology, Pediatrics, Neurology)
College of Public Health (Biostatistics)*

College of Nursing

College of Pharmacy

College of Arts & Sciences (Statistics, Clinical Psychology, Chemistry)

Center for Interprofessional Education

Graduate Center for Clinical Nutrition

College of Business and Economics

College of Engineering

***University of Puerto Rico*

Javieriana University, Bogota, CO

University of Louisville

Tufts University

University of Minnesota

5. Identify opportunities for existing faculty to develop scholarly contributions

This area of emphasis has been developed with a four pronged approach. First, multiple clinical faculty have been engaged in funded grant projects with research intensive faculty leading to peer-reviewed publications. Second, multiple faculty have been linked into editorial board manuscript review activities for various research journals. Third, multiple faculty developed pilot grant proposals at UK, as well as some receiving pilot grant funding to develop research projects. Finally, we have extended the role of more dental faculty in participating on thesis committees for dental residents, thus, increasing their opportunity to contribute directly to research and scholarly activity.

Additional College of Dentistry Accomplishments in 2012:

Fundraising

The amount of money raised from annual appeals was \$88,086, which represented an increase of 58.9% over previous year. The number of donors from annual appeals was 383, an increase of 40.29% over previous year. The number of contacts made was 151, an increase of 65.9% over previous year.

The number of face-to-face visits made: 111, an increase of 79% over previous year. The monetary value of proposals made was \$635,000, an increase of 468% over previous year. The value of proposals accepted was \$236,500, an increase of 386.4% over previous year. Additionally, we procured a \$250,000 pledge to establish an endowment for the Division of Periodontics in December which was a roll-over IRA from an alumnus who passed away in early January of 2013. This amount is not recorded above as it will not be “booked” until 2013.

Alumni Affairs

We planned and executed a highly successful 50th Anniversary Celebration event. More than twice the usual number of alumni who attend the annual alumni weekend attended. A video, poster and history book were designed and produced for the event. The Dean traveled over the entire state, making presentations at component dental societies in almost every region.

We hosted successful events including: Golf Tournament, Bourbon Tasting, Reception at the KDA Annual Meeting, and participation in the student White Coat Ceremony for first year students. The Alumni Association is a significant financial sponsor for the purchase and personal monogramming of the white coats for the students.

Faculty Recruiting

Dr. Craig Fowler, Oral and Maxillofacial Pathology (01/01/2012)

Dr. Joseph Parkinson, Restorative Dentistry and Assistant Dean for Pre-doctoral Clinic Operations (05/01/2012)

Dr. Juan Yepes, Pediatric Dentistry, (07/01/2012)

Dr. Lori Morford, Orthodontics, (07/01/2012)

Dr. Gitanjali Pinto-Sinai, Restorative Dentistry, (07/01/2012)

Dr. Kelli Romond (07/15/2012)

Dr. Paula Caskey, Restorative Dentistry, (08/01/2012)

Dr. Kenny Nusbacher, Oral Diagnosis/Oral Medicine/Oral Radiology (01/01/2013)

Dr. Vladimir Leon-Salazar, Orthodontics (07/01/2013)

Currently recruiting for the following positions:

Oral and Maxillofacial Surgery

Oral Diagnosis/Oral Medicine/Oral Radiology

Pediatric Dentistry, Post-graduate program director

Endodontics

Restorative Dentistry

2 Research Intensive Faculty

Associate Dean for Clinical Affairs

Department Chair, Department of Oral Health Practice

Faculty Awards/Accomplishments

Dr. James Hartsfield, Center for Clinical and Translational Science Mentor Award, UK

Dr. Jeffrey Ebersole, Center for Clinical and Translational Science Special Recognition for service as President, American Association of Dental Research

Dr. Sarandeep Huja, President-Elect of the Craniofacial Biology Group of the International Association of Dental Research/American Association of Dental Research

Dr. Juan Yepes, Best Grand Rounds Presentation, UK College of Medicine, June 2012

Dr. Reny de Leeuw (DDS, PhD), Received her Master of Public Health degree

Dr. Reny de Leeuw, Accepted in the Executive Leadership in Academic Medicine Fellowship

Dr. Ken Chance, Outstanding Chairman Leadership Award, New Jersey Dental School (he was former Department Chair there)

Dr. Ken Chance, Legacy of Leadership Deans' Award, Meharry Medical College, School of Dentistry (he was formerly Dean there)

Dr. Ken Chance, Discovering the Future of Dental Medicine Major Donor Award, Case Western Reserve University, School of Dental Medicine (he is an alumnus of there)

Dr. Ken Chance, American Dental Education Association Gies/American Association of Dental Research Academic Dental Careers Fellowship Program Mentor Award
 Dr. Dolph Dawson, Chair of the American Dental Education Association Section of Periodontics
 Dr. Pinar Huja, Obtained the American Board of Periodontology Certification
 Dr. Mohanad Al-Sabbagh, Accepted in the American Dental Education Association Leadership Institute Fellowship
 Dr. Mohanad Al-Sabbagh, Completed a three year Tarrson Fellowship Award from the American Academy of Periodontology
 Dr. Pinar Huja, Selected for participation in a six week training program for clinical research at the University of Washington
 Dr. Mel Kantor, Editor's Recognition Award, Radiology (Published by the Radiological Society of North America)
 Dr. Larry Cunningham, Promoted to Full Professor
 Dr. Nikki Stone, Promoted to Associate Professor, Clinical Title Series

Faculty Publications

Faculty at the College of Dentistry had 78 peer reviewed publications, 29 abstracts, 32 textbook chapters, and 6 instructional manuals published. They presented 235 presentations, many of them international. The College of Dentistry has 78.22 FTE faculty of which 10.42 FTE (45 persons) are part time, 17 are Clinical Title Series and 9 of which were vacant positions for the majority of 2012. Considering this information, the publication rate of the faculty is commendable.

Faculty Development Activities

In addition to those faculty listed above who are participating in or have completed formal degrees, fellowships or special training programs, we hosted six faculty development sessions for faculty.

Outreach Activities

•Division of Dental Public Health School and HeadStart Outreach Activities: The Division of Dental Public Health provides dental services to thousands of Kentucky's children through its outreach activities. The program utilizes four dental mobile vans and portable equipment that take services to schools and head start programs in areas of Kentucky that children would otherwise not have access to care. In the year 2011-12, the program saw 7,742 children in 44 counties throughout Kentucky and provided 42,123 dental procedures.

The programs see children ages 2-12 years old and cover a variety of services including strictly public health services (oral disease prevention), school-based sealant programs, and mobile van-based comprehensive care dental programs offering a full range of dental services. In addition, the programs all work hard to match children with local dentists who can provide a permanent "dental home" for the children.

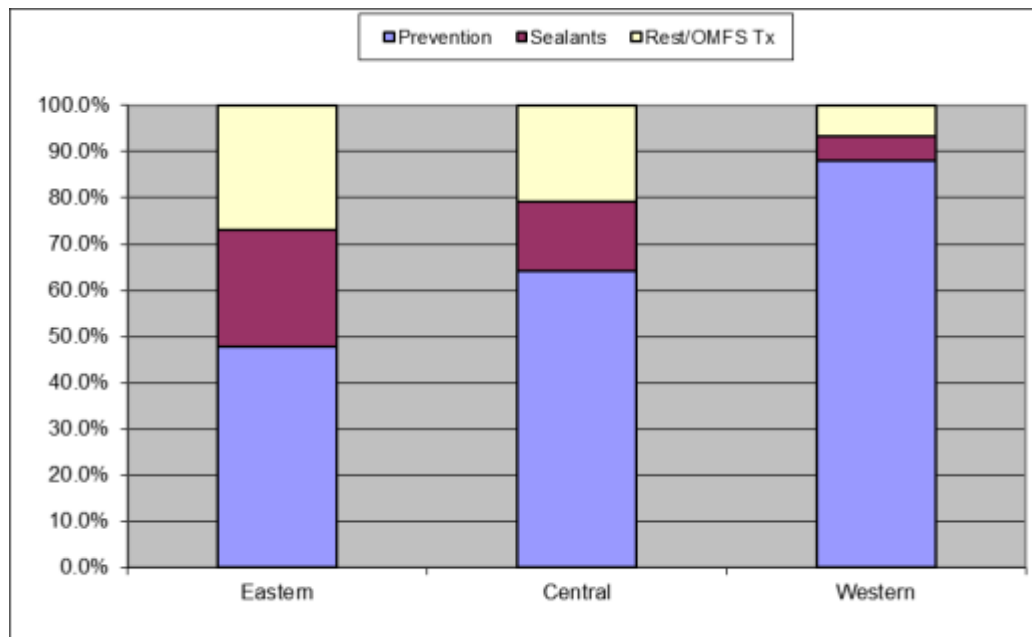
The ethnicity of the children were:

Caucasian:	67.3%
African-Amer:	16.5%
Hispanic:	7.7%
Multi-racial:	7.0%
Other/Unknown:	
Asia:	0.6%
Amer-Indian:	0.2%

The age of the children were:

0 -2 years old	1.8%
3-5 years old	30.9%
6-12 years old	67.3%
	0.9%

The following table shows the types of dental services provided in each region of the state:



The programs see children ages 1-12 years old and cover a variety of services including strictly public health services (oral disease prevention), school-based sealant programs and mobile van-based comprehensive care dental programs offering a full range of dental services. In addition, the programs all work hard to match children with local dentists who can provide a permanent “dental home” for the children.

In 2011-12, the dental outreach programs provided \$436, 927 worth of unreimbursed dental care to poor children.

•In March 2012, the UK North Fork Valley Community Health Center’s mobile dental outreach program responded to an on-line request from the Robert Wood Johnson Foundation (RWJF) to identify promising and innovative workforce practices that increase access to and availability of preventive oral health services. The program submitted their nomination under the category of **dental providers in non-dental settings**, and highlighted the successes of their Head Start and elementary school outreach programs that have been operational since 2005. To date, this dental outreach program based out of Hazard has provided over 20,000 preventive dental visits to over 11,000 children in a four-county service area in rural southeastern Kentucky. Baseline data indicated the children in this service area have the second highest rates of untreated tooth decay in the nation. Successes include a 16% drop in decay rates, urgent dental needs have been cut in half, and treatment completion for Head Start children with urgent dental needs has increased from a baseline of only 8% to nearly 70%. The RWJF selected 25 practices nation-wide for a site visit described as an evaluability assessment (EA). The site visit was performed by ICFI, an independent consulting firm charged with further assessing the potential effectiveness of each practice and determining its readiness for a formal evaluation, noting the importance of programs suitable for implementation and replication in similar settings or populations. A team of evaluators spent two and a half days in September 2012 on-site with the mobile dental

outreach team, observing the program in action, and conducting interviews with program partners, stakeholders and administrators as well as staff. The ICFI evaluators then prepared and presented a comprehensive 21-page report on the program's implementation, data availability, intended outcomes, and staff capacity. In consultation with an expert panel, the evaluation team also offered ideas for program improvement and evaluation design.

In February 2013, the expert panel will convene and review reports from all 25 programs. Practices found to be promising may be recognized by the RWJF or other organizations and some may be considered for a comprehensive evaluation funded and conducted by RWJF.

- *"Give Kids a Smile"- February 2012- 51 children were treated who received 169 procedures for a value of nearly \$5000 of dental care. Fourteen faculty, 13 staff members, 3 residents and 54 pre-doctoral students served as volunteers. Health literacy information was provided for all patients and their parents. This is a nationwide program run in conjunction with the ADA.*

- *Remote Area Medical Teams Expedition- September 2012- Somerset, KY. More than 60 dental students and 12 supervising faculty joined 10 residents and 3 other licensed staff members to provide dental care in conjunction with a contingent from the University of Louisville and local health care worker volunteers. During the two day period, more than 650 dental patients were treated and received nearly 1600 dental procedures. The value of the unreimbursed care delivered by all types of health care providers at this event was more than \$440,000.*

- *Shoulder to Shoulder in Ecuador- Six rising fourth year students and two faculty members joined the many other volunteers in the brigade that traveled to Ecuador in August of 2012. Our students took a mandatory interprofessional didactic instruction course during the Spring Semester of 2012 to learn about the culture of the region and the health care status and beliefs of residents in the area.*

- *Keeneland Christmas Party Event for children sponsored by Blue Grass Farm Workers Charity. The majority of these children are Hispanic and we use this event as a patient recruiting event for our Twilight Clinic for Children where our pre-doctoral students treat these children.*

Compliance

We created a position for a Compliance Manager to focus on needed improvement in the areas of record keeping, billing, coding, security, and privacy. Our staffing is so lean that no one person had the time to devote to this activity to develop a College Compliance Plan, prepare annual reports, provide training for providers, oversee policy development and review, and perform periodic internal chart audits. Given that the College experiences over 100,000 patient encounters per year, this is no small task. A compliance plan was developed, a comprehensive report was prepared detailing the current status of activities, a chart audit policy was developed and adopted, and internal record audits began in October. Several training sessions were held with faculty and residents to improve understanding of the requirement for documentation and coding, especially for medically coded procedures. After our first audit of Medicare billing and coding was conducted by KMFS in October, we reallocated resources to hire a certified coder to

assist with providing coding education/consultation for faculty and residents, performing pre-submission claims reviews, adding technical expertise in our billing office, and providing technical expertise in internal chart auditing. This has been a challenging year as new personnel and procedures were introduced. The interface between UK HealthCare Corporate Compliance and the College of Dentistry has not always been smooth or productive, but the College is committed to continued adherence to standards for all aspects of compliance.

13. **REPORT OF THE DENTAL DIRECTOR, DEPARTMENT OF MEDICAID SERVICES.** Dr. Ken Rich gave a brief update of the activities of the Department of Medicaid Services.
14. **NOMINATION/ELECTION OF EXECUTIVE BOARD CHAIRMAN.** Dr. B. J. Moorhead nominated Dr. Dennis Price to serve as Executive Board Chairman. The nomination was seconded by Dr. Andy Elliott. Dr. Price was elected by acclamation.
15. **REPORTS OF COUNCILS AND COMMITTEES.**

Technical Advisory Committee to Kentucky Medical Assistance Program: Dr. Susie Riley, Chairman, reported the following:

The Dental TAC met on December 13, 2012. We still have no comprehensive report of the activity of the MCOs for the first 12 months of operation. Rudimentary reports for the quarter ending 9/30/2012 are being formulated, and 2 were presented by Wellcare/Avesis and KY Spirit. Wellcare was woefully inadequate compared to the request; KY Spirit was more compliant with the sample request. We continue to work with them and the State to get the numbers and statistics to be able to adequately analyze success or failure of the MCO mandate.

On January 1, 2013, Region 3, which had been serviced by Passport, became Region 31 and was divided among 4 MCOs – Passport, Humana, Wellcare, and CoventryCares. Avesis is the third party dental administrator (TPA) for Passport, CoventryCares, and Wellcare. Humana uses Caresource for claims and MCNA for prior authorizations. As usual, all bugs had not been ironed out on January 2, when the system went live; all provider manuals were not in place; so providers were left scrambling for details, with TPAs making up the rules as they went along. Much disinformation was distributed!! And in some cases that continues. Humana uses the patient Medicaid ID number for prior authorizations at MCNA, but uses a unique Caresource patient ID to process routine claims. Most computer practice management systems can only handle one patient number, so at least one of the claims may have to be generated on paper. Our challenges continue! Most offices are strongly encouraging their patients to call the designated phone number and request to be returned to Passport. Physician's offices are doing the same.

CoventryCares has announced a fee reduction beginning March 1, 2013. The reduction will be 10% in general dentistry and orthodontic fees and 5% in oral surgery fees. Many on the dental TAC feel that the reduction will result in lowered access, but Avesis representatives noted in a January conference call that no dentists had withdrawn from the Coventry network due to the reduction. Many oral surgeons have contacted the TAC members stating that they will not accept the lowered fees. Either they have not sent official letters of withdrawal or they have withdrawn and executed separate letters of agreement (LOA) to continue to see the Coventry patients.

Some orthodontists have contacted the Dental TAC stating that their specialty has been slighted by the TAC, since none of the TAC members are orthodontists. Since the MCOs seem to be changing their orthodontic criteria frequently, they feel that they can be more responsive if they are represented by one of their own. In addition, with the inclusion of an additional MCO, it would be helpful if the TAC had more active and engaged participants to establish more of a committee structure to address complaints or concerns with an assigned MCO on an ongoing basis.

In closing, I finally received the formal appointment from the Governor to the Medical Advisory Committee as the Dental representative (it's only been a year). At the December meeting, I successfully had a motion passed at the MAC that came from the Dental TAC (Andy Elliott's suggestion). That motion was to establish a non-reimbursed code for "no show" across all MCOs that can be used to track effectiveness of the MCOs using gift cards to encourage patients to attend their dental exam and preventive appointments. When I contacted the MAC president for follow-up, I learned that he had not been re-appointed by the Governor. I hope it's not back to square one. The next MAC meeting is scheduled for March 21, 2013; so the Dental TAC will meet then as well.

Respectfully submitted,

Dr. Susie Riley, Acting Chairman

Council on Annual Session: Dr. Terry Norris, Chairman, submitted the following report:

There are only three items to report:

Mary Oldfield has replaced John Rakutt as Scientific Chair for 2016.

We also have a list of 5-6 other individuals to screen for future scientific chairs as a result of our e-mail blast in January.

The Council will be meeting on May 10th at 10 AM at KDA Building.

*Short and sweet,
Terry L. Norris, Chairman*

Council on Membership and New Dentist Committee: Dr. Jonathan Rich, Chairman, submitted the following:

The Council on Membership and the New Dentist Committee have still been actively working to increase and maintain current members.

There are three basic categories that are being targeted.

The first is the New Dentist:

Multiple events are being planned, or have occurred, for the new dentists. The first was an outing including tailgating and racing at Keenland on Oct. 13th. There were approximately 30 new dentist who attended. A event is also being planned for the annual KDA meeting. It will be held immediately following the university receptions at Against the Grain. A new ADA/MPG grant has been submitted for the 2013/2014 year. It requested \$4000.00 to continue events for new dentists.

The second is non-member dentist:

Each society, with prior approval, was able to bring non-member dentist to their local meetings. The ce and meal will be reimbursed through a grant. To date the Bluegrass, Louisville Dental and Northern Kentucky societies have taken advantage of this program. We have worked in conjunction with the dental schools to bring students to meetings in areas in which they are interested in working. I would like to express my great appreciation especially to the Louisville Dental Society for promoting this and having at least 6 new members join the association. The grant has just ended for the 2012/2013 year. A new ADA/MPG grant for the 2013/2014 year has been submitted. It requested \$3000.00 to continue these efforts. For questions or approval (due to limited funds) please contacts Jonathan Rich @ (859)816-9702 or jwruofl@gmail.com

The third is transitioning students to active dentist members:

Each school has been contacted and programs are being put together. The main program will be the student signing day where students are encouraged to sign up for membership prior to graduation. UofL and UK are both holding student signing day at there schools prior to there school ASDA conventions. Lunch is being provided and the students will be given ample time to fill out membership forms. Last year over 90% of all students filled out forms. Our goal is 100% this year. They were filled out at the ASDA conventions themselves and information was hit and miss. We hope by having it done at the school this year we will get more precise information in which to contact students. We have a drawing for those who pledge to become members at the ADSA conventions. Prizes include ipads and ipods. The 2013/2014 ADA/MPG grant has been submitted for students as well. It requested \$3000.00 to continue these efforts. If there are any other questions suggestions or ideas please contact me.

Update: Feb. 22, 2013:

I wanted to inform you that we applied once again for grants as part of the MPG program at the ADA. Three grants were applied for and we were awarded all three grants at the amounts we requested.

They are as follows:

New Dentist Grant - \$4000.00

Local Society Non-Member Recruitment Grant - \$3000.00 Student Signing Day and Student Member to Full Member Conversion Grant - \$3000.00

These grants are very similar to the grants we have had the last two years and will be used in similar ways.

Thank you for the opportunity to serve.

Jonathan W. Rich DMD

Chairman Membership Committee

Chairman New Dentist Committee

- 16. REPORT OF THE KENTUCKY DENTAL FOUNDATION. Dr. Beverly Largent,** President, reported that the Kentucky Dental Foundation Board of Directors is currently “reinventing” the Foundation. The Foundation has been somewhat inactive over the last several years. Dr. Largent is attempting to inject new motivation and energy. The Foundation Bylaws have been completely re-written. A policy manual has been developed. A work group has been established for fund raising. A second work group has been established for special projects.

17. COMMITTEE APPOINTMENTS.

Budget and Finance Committee

Dr. Barry Curry

Dr. Steve Robertson will fill the remainder of Dr. Dennis Price’s term.

Journal Committee
Dr. Steve Robertson

18. TECHNICAL ADVISORY COMMITTEE TO THE KENTUCKY MEDICAL ASSISTANCE PROGRAM. The Executive Board elected the following:

Dr. Matt Akridge – Louisville Dental Society
Dr. Wayne Lose – South Central Dental Society

19. COUNCIL ON GOVERNMENTAL AFFAIRS AND FEDERAL DENTAL SERVICES. The terms of two members of the Council have expired. The Executive Board proposes the following names for consideration by the House of Delegates:

Dr. Mansfield Dixon – Southeastern Dental Society
Dr. John Mattingly – Louisville Dental Society

20. COUNCIL ON ETHICS, BYLAWS AND JUDICIAL AFFAIRS. The terms of two members of the Council have expired. The Executive Board proposes the following names for consideration by the House of Delegates:

Dr. Matt Milliner – Purchase Dental Society
Dr. Karen Nation – Louisville Dental Society

21. PROVISIONAL APPOINTMENT OF CHAIRMEN.

Council on Annual Session – Dr. Terry Norris
Technical Advisory Comm. to KY Medical Assistance Program – Dr. Susie Riley
Council on Governmental Affairs and Federal Dental Services – Dr. Kevin Wall
Council on Ethics, Bylaws and Judicial Affairs – Dr. Robert Ballou
Journal Committee – Dr. Glenn Blincoe

22. UNFINISHED BUSINESS. There was no unfinished business.

23. NEW BUSINESS.

- **MOTION: Dr. Dennis Price** moved that the previously established Student Mentoring System be re-activated at ULSD and UKCD. The mentors will be chosen from the Louisville Dental Society and the Blue Grass Dental Society. Co-ordination between mentors and schools will be handled by KDA staff. The motion was seconded by Dr. Andy Elliott.

ACTION: ADOPTED

- **MOTION: Dr. Andy Elliott** moved to appoint a Work Group to investigate the establishment of a For Profit Division of the Kentucky Dental Association. The initial

purpose of the Division is to enable group buying and to negotiate insurance reimbursement.

ACTION: ADOPTED

- **MOTION: Dr. B. J. Moorhead** moved that up to \$10,000 be allocated from the Capital Expenditure Fund to acquire the necessary equipment to produce computer generated videos. The motion was seconded by Dr. Steve Robertson.

ACTION: REFERRED TO THE NEXT MEETING OF THE EXECUTIVE BOARD

- **MOTION: Dr. B. J. Moorhead** moved that a Work Group be established to study long term care in Kentucky as it relates to dentistry.

ACTION: ADOPTED

Dr. Moorhead appointed Dr. Pamela Stein and Dr. Bob Henry to the Work Group.

- Emergency Room Diversion
Dr. Moorhead directed the subject of diverting dental patients from hospital emergency rooms into dental offices be referred to the Council on Governmental Affairs and Federal Dental Services.

24. **EXECUTIVE SESSION.** The Board met in Executive Session to discuss legal matters.

25. **ADJOURNMENT.** The meeting adjourned at 5:20 p.m.

Respectfully submitted,

Theodore E. Logan, Jr., DMD
Secretary-Treasurer