March 2013 ADA 9th District Trustee Report
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There’s nothing better than four cold rainy days in Chicago when you have to attend an ADA Board meeting. The following is a recap of the accepted reports and actions the Board of Trustees took for the good of the association, practice of dentistry and quality oral health care.

Our first focus was on alignment of the tripartite and our eroding market share. What is the cause? And how can we, as leaders, show the tripartite a way forward? The ADA ended 2012 with an active membership of 128,524 out of a total market of 194,160, for a membership market share of 66.2%. This represents a small decrease in active members (195) and a market share decline of 1.1 percentage points. Overall dentist membership was up, at 160,117. The number of active members was up in some key member segments, including women, minority, and new dentists, and the ADA saw a modest increase in the minority market share from 53.3% to 53.4%. Looking at members by specialty, the ADA experienced a decrease in the number of general practice dentists of 195 dentists; the number of specialist members in 2012 was exactly the same as in 2011. However, due to the expansion in the market, both GPs and specialists experienced a market share decrease, from 64.6% to 63.5% for GPs and from 78.1% to 76.6% for specialists.

In meetings with the constituent and component executive director communities, there is increasing concern over the future viability of their associations and Tripartite organized dentistry. A team of constituent and component executives are now working with ADA to prioritize nearly 40 recommendations for all tripartite associations to align programs with member needs in high-impact, mutually supportive ways. Final recommendations will emerge from the Management Conference 2013 for either implementation by executive directors or further consideration by leaders as appropriate. The ADA is planning several approaches, given the urgency of the membership market share challenge one
being the formation of a committee of the Council on Membership to look at Tripartite alignment and report back to the June BOT.

Another spoke in our membership wheel is our active life member category. In 2012 the ADA House of Delegates adopted Resolution 51H-2012 Amendment of ADA Bylaws Regarding the Dues of Active Life Members that reduced the active life membership full dues discount from 50% to 25%. This change in dues went into effect beginning with the 2013 membership year.

The anticipated financial contribution as a result of this change is expected to be $1.9M in additional revenue. It is anticipated that approximately five percent or 600 active, life members would choose to discontinue their membership as a result of the change. But until all constituent societies report their year-to-date renewal figures to the ADA after the March 31, 2013 membership cutoff, it will remain unclear what the full implications of the change in the active life membership discount will be.

I believe this change will begin to address the demographic shifts in membership, reduce the overall dues discount rate and could be viewed as more appropriately aligning dues with benefits to this group.

And finally at the Council on Membership’s direction, an association management consulting and market research firm was hired to complete an ADA dues pricing study focusing on the following objectives:

- Identify opportunities for incremental increases in overall ADA dues revenue.
- Recommend changes to simplify the ADA dues rate structure, if appropriate.
- Understand the impact of a dues increase on membership as well as overall revenue.
• Recommend approaches to increase the actual or perceived value of ADA membership in relation to the dues for various member categories.

• Benchmark the ADA against similar associations in terms of dues setting approaches.

Next the Board set direction for the Association on several important topics. It asked the Council on Dental Practice to continue meeting with ADHA about its agenda. The Board recognizes that CDP plays an important role in keeping the ADA engaged on issues raised by ADAHA.

The growth in group practice has been noted as an increasing trend by several ADA agencies with unique perspectives and concerns. CDP’s interest in group practice is in business models and its second annual session forum on current dental topics will focus on the growth of group practice and implications for the profession. Other agencies with an interest in group practice include the Health Policy Resources Center, the New Dentist Committee and the Councils on Membership, Government Affairs, Ethics, Bylaws and Judicial Affairs, and Communications.

In order to open the lines of communication between these agencies, share information and assist each other’s activities when possible, the Interagency Workgroup on Group Dental Practice (IWGDP) was formed by the chair of the CDP Subcommittee on Practice Models and Economics and will include two ADA Trustees.

An important role of the Board is to nominate members of the Council on Scientific Affairs, and the ADA is fortunate to have so many highly qualified candidates willing to serve this important position. The Board reviewed the qualifications of each and nominated the following individuals for CSA:

• Dr. John J. Dmytryk
• Dr. Jeffrey A. Platt
• Dr. Rebecca L. Slayton
• Dr. Robert J. Weyant
Dr. Daniel Meyer, senior vice president, Science/Professional Affairs, and Mr. Jerome Bowman, Chief of Governance and Strategy Management, attended the 5th and final session of the United Nations Environment Program meeting January 13-19, 2013 in Geneva, Switzerland. The meeting concluded without placing any restrictions on the use of dental amalgam. Instead, the treaty calls for a “phase down” approach to dental amalgam by “phasing up” prevention and research efforts. The treaty omits any deadlines relating to these efforts, although the document is subject to amendment at any time.

The treaty will be open for signature at an October 2013 diplomatic conference in Japan. We expect to work with the Division of Governmental Affairs to promote legislation or regulation to implement the treaty.

The AAOS-ADA Clinical Practice Guideline for the Prevention of Orthopaedic Implant Infection in Patients Undergoing Dental Procedures and supporting materials (executive summary, companion editorial, and shared decision-making tool) were simultaneously posted on both organizations’ websites on December 17, 2012. In the March 2013 issue, the Journal of the American Academy of Orthopaedic Surgeons (JAAOS) will publish the summary of the guideline. Additionally, the companion editorial authored by Dr. David Jevsevar and Dr. Elliot Abt will appear in the same issue. It is important every dentist read these and have a serious conversation with their patients as to the pros and cons to pre medication for artificial joints.

Dental Radiographic Examinations: Guide to Patient Selection and Limiting Radiation Exposure report was developed in collaboration with the FDA and is published on both ADA and FDA websites.

In fulfilling our fiduciary duties, we engaged in a discussion with our investment advisor, Elwood and Associates who reported as of Feb. 28, 2013 we have $71.4M in restricted reserves. This is a 12.0% gain from last year (Jan 2012). As of Jan 31, 2013 51% total reserves as a % of 2013 budget expenses and 48% uncommitted reserves as a % of 2013 budget expenses. Following that discussion, we reviewed
our developing budget process, with a focus on how our programs are compared against the universal assessment criteria. It is important that we are all comfortable with the development of our draft budget and I think our meeting helped us in this work.

Contingency fund requests included a Strategic Planning facilitator to work with the Strategic Planning Steering Committee (SPSC) for up to $175,000 and authorization for additional funding of $415K ($233K net after expected incremental revenue) for the CPS $233,000 were approved ( $196,000 remains in the 2013 fund).

Capital fund request to replace 32 year-old Cooling Tower & Condenser Riser due to leak issues which are beyond reliable repair or reconditioning for $139,500 Washington DC Building was made and approved ($90,500 remains in the 2013 capital fund).

ADABEI’s unaudited, net income full-year-forecast (Pre Tax), consisting of actuals through December, are projected to be just slightly above budget by $15,000 or 2.7%. The revenue forecast is slightly above plan and shows 3% growth compared to 2011.

ADA’s unaudited, net royalty income full-year forecast, consisting of actuals through December, is projected to exceed budget by $1,040,000 or 52.8%. The royalty revenues to the ADA from the ADABEI endorsed program are now projected to be significantly ahead of plan by $1,055,000. The key drivers of the variance are the timing of the ADA Budget and better than expected program performance, primarily from the financial products.

The Board considered a detailed report from the Council on Dental Education and Licensure related to the revised Pre-doctoral Dental Education Accreditation Standards, which will be implemented for all dental education programs on July 1, 2013. In particular, the Board had directed the CDEL to review the revised
accreditation standards and make recommendations on addressing the perceived vagueness and variability of several of the standards. The Board voted to accept three recommendations from CDEL, including suggested modification of the intent statements supporting Standards 2-3, 2-4, 2-5 and 4-6; the addition of the ADA’s definition of dentistry to the “Definition of Terms used in the Accreditation Standards;” and suggested modification of the self-study guide for Standard 2-18 to require supportive documentation to show how dental students interact and collaborate with dental specialists.

The ADA is America’s leading advocate for oral health and prevention is the cornerstone and bedrock upon which the Association has built its brand, its image and most importantly, its covenant with the nation to be the most trusted oral health authority. The ADA is convening a Prevention Summit on November 18-20, 2013, at ADA Headquarters.

There continues to be a strong ADA/organized dentistry presence at recent National Oral Health Alliance-sponsored leadership colloquia. Private practice dentists have been embraced, respected and served as key informants in the development of unifying messages. While contributing at the last colloquia, Dr. Roy Thompson, CAPIR vice chair, challenged the participants to frame their discussions and actions to engage more private practitioners and increase the likelihood of collaboration to provide greater access to care for the underserved.

An e-community has been launched as a means for Alliance partners to make connections and learn from one another. It can be an opportunity to get ADA messages out to the many other stakeholders who influence or impact the delivery of oral health services.

After the next two colloquia, which will address financing models (April 2-3, Atlanta) and strengthening the dental care delivery system (June 17-18, Washington D.C.), the U.S. National Oral Health Alliance will be poised to offer a framework for a national oral health strategy, as suggested by Dr. Howard Koh, Assistant Secretary for Health, Department of Health and Human Services. Organized dentistry should continue to participate, share in joint leadership, and provide guidance to assure the success of members throughout their careers, especially in light of the evolving effects of health care reform.
There is a strong correlation between the unifying messages that arise out of the Alliance colloquia and the Call to Action for Oral Health initiatives, especially addressing medical/dental collaboration, prevention and public health infrastructure, and metrics.

At our September 2012 meeting, the Board of Trustees authorized the development and communication of a Call to Action campaign featuring a suite of initiatives designed to address and focus the Association’s resources on oral health prevention, education and access issues.

The ADA Lobbyist Conference in California (November 29-December 1) was devoted in large measure to explaining the Call the Action to the attendees, which included state executives and in-house lobbyists, state legislative chairs, and state outside lobbyists/consultants. The attendees were extremely interested in the various initiatives that make up the Call to Action, so much so that the evaluations of the program were some of the highest on record.

The ADA selected Fleishman Hillard (FH) as the national public relations agency to help meet the reputational, public affairs and communications needs of the Association (Passage of Resolution 75H provided $800,000 in funding for 2013 to hire a firm). FH has extensive experience and expertise across many different businesses, as diverse as Visa and the US Government to our own Missouri Dental Association. We will be working with them on proactive media relations, reputation management efforts, and most importantly, making the Call to Action for Oral Health a centerpiece for effectively advancing our access solutions.

The CDHC final cohort of 16 trainees completed the training program at the end of 2012. Pending approval from the Department of Education, Rio Salado College is positioned to begin training future CDHCs outside of the pilot program in the near future. A CDHC has been selected to travel to NM and demonstrate the potential power and impact of this new member of the dental team working in an FQHC for a period of 4 months. New Mexico also expressed interest in partnering with Rio Salado to possibly bring three New Mexico CDHC candidates into a training program equipping them with tools to be then utilized in their respective
communities. A video has been developed with the intent to promote information surrounding the program to various audiences. The video is posted on ADA.org: http://www.ada.org/4925.aspx. A revised communication kit is under development. Representatives of the Robert Wood Johnson Foundation (RWJF) visited the ADA and a CDHC clinic site to conduct an availability assessment and determine if there is an interest on their part to conduct a comprehensive external evaluation. RWJF provided the ADA with a confidential draft logic model containing a comprehensive overview of the program activities. A decision is expected to be made by March 2013. Project staff and volunteers continue to work on the evaluation of the pilot program. Data collection for cohort 1 has been completed and the last two sets of case studies are currently being drafted. ADA staff continues to develop a model to predict the economic sustainability of the CDHC in the workplace.

On the legislative front, medical device excise tax is being passed on to dentists and the ADA is continuing to lobby for its repeal. Legislation doing that has been introduced in both the House and Senate. Federal agencies are preparing for a massive cut to their budgets when sequestration kicks in March 1. Dental programs alone could see cuts totaling $29.1 million this year. Antitrust legislation is already under consideration on the Hill. Rep. Gosar is, planning to introduce his bipartisan bill by March 1.

The Council on Communications is making an effort to integrate social media into the ADA communications strategy. ADA’s social media properties will now operate strategically under a social media operational plan with the goal of continuing to grow the ADA’s social presence and increasing interactions with social media users. Two social media protocols developed and approved by the Council on Communications with guidance from ADA Division of Legal Affairs were submitted for the Board’s consideration. One protocol relates to staff and volunteers authorized to post on social networks on behalf of the ADA. The other protocol is a “code of conduct” that details the type of user/follower behavior/comments that will and won’t be allowed on ADA social media properties.
MouthHealthy.org was introduced into the market on June 25, 2012 and revenue for 2013 was projected and budgeted at $687,960 based on the estimated levels of traffic and the ability to sell advertising and sponsorships. Based on the current traffic growth the value of the advertising inventory is less than projected, however a reduction in the budgeted revenue is not being made at this time due to on-going efforts to secure advertising and sponsorship commitments. Expenses have been mitigated based on the lag in revenue growth.

The Disaster Grants Committee of the ADA Foundation continues to do a tremendous amount of work, reviewing all of the applications and making decisions on the allocation of funds. To date, they have received 125 applications for the $5,000 disaster assistance grant, and have approved 31 emergency grants of $1,000 each.

The 2012 Give Kids A Smile Gala was very successful compared to prior experience and the Foundation expectations. We had nearly 600 attendees, and the total revenue in excess of expenses was approximately $82,000. In addition, $100,000 that had been designated by the GKAS Advisory Committee to support the Gala was not needed for the event, so the total economic benefit to support the GKAS program as a result of this new model is $182,000.

The Foundation is continuing its efforts to restructure the research team at the Paffenbarger Research Center. Two new researchers were hired in the fall of 2012, and they are already actively involved with the activities of the PRC, including being part of the team that submitted a new grant to NIDCR; one of them is working on a topic that might eventually result in a patentable technology. They will soon be advertising for as many as four new research positions at the PRC, with an emphasis on microbiology and molecular biology, tissue engineering, and our need to strengthen our efforts in clinical research.

This concludes my report. Please address any question to me at engeld@ada.org.