

**KENTUCKY DENTAL ASSOCIATION
EXECUTIVE BOARD MEETING**

Hyatt Regency Hotel
Louisville, Kentucky
March 8, 2012

1. **CALL TO ORDER. Dr. B. J. Moorhead** called the meeting to order at 1:00 p.m. The following members of the Board were present:

Mr. Brian Bishop	Dr. Julie McKee
Dr. Garth Bobrowski	Dr. B. J. Moorhead
Dr. Michael Christian	Dr. Terry Norris
Dr. John Creech	Dr. Stephen Robertson
Dr. Barry Curry	Dr. John Roy
Dr. Ansley Depp	Dr. John Sauk
Dr. Don Heine	Dr. John Thompson
Dr. H. Fred Howard	Dr. Kevin Wall
Dr. Theodore E. Logan, Jr.	

Dr. Cindy Beeman represented the University of Kentucky College of Dentistry, Dr. John Lowe represented Kentucky Mountain and Dr. Karen Nation represented the Louisville Dental Society. Guests present were Dr. James Allen, Dr. J. D. Hill, Dr. Mike Johnson, Dr. James Murphy, Dr. Jonathan Rich, Dr. Ken Rich and Dr. Susie Riley. Staff members present were Mr. Michael Porter, Ms. Judy Brown and Mr. Todd Edwards

2. **INVOCATION. Dr. Theodore E. Logan, Jr.** gave the invocation.
3. **RECOGNITION OF SPONSOR. Dr. B. J. Moorhead** thanked **Anthem Blue Cross-Blue Shield** for providing refreshments at today's meeting.
4. **APPROVAL OF MINUTES.** The minutes of the November 12, 2011 meeting of the Kentucky Dental Association's Executive Board were approved.
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, 2011.
6. **REPORT OF THE PRESIDENT. Dr. Kevin Wall's** report follows:

Last year when I assumed the reins of the KDA from John Creech, one of my best friends asked "how does it feel to be the president of the state dental association whose state ranks last in dental health?" I chuckled and said "The bar is not set very high so I can't screw up too badly. We can't get any worse." The truth is we can keep sliding backwards. We have had some great successes the past year, but we have also had

some obstacles. We have striven to stay true to our mission statement by being the advocate for the dentists of the state and by trying to improve oral health for the citizens of Kentucky.

We seem to be fighting an uphill battle in changing the perception of Kentuckians by others, but it is a fight we are going to have to get involved in. The "Turtle Man" is just another example of what the general American population thinks of Kentuckians with his toothless grin and country speak. Apparently he has signed a contract with his network promising he will not get his teeth fixed because it will negatively affect his persona. We need to reach our patients and increase the oral literacy in our state. Through education and public service we can make a difference.

This year we finished the regulations to support the changes made in the dental statutes and we ended with changes that should not cause too much hardship for the members. Dr. Creech and Dr. Johnson worked very hard to protect our interests and I feel like we can live with the changes that were made. Dr. Creech continues to work with the Board of Dentistry in working out the details of the Public Health Dental Hygienist.

We also started using CAPWIZ this year in communicating with the membership and I foresee this being a great tool in the future. I feel like the communication with membership has improved, but there is still much room for improvement. I would like to see our website updated more and utilized more. If there were valuable information posted on the website frequently, it would be accessed more.

The KDA was fortunate this year in securing grants submitted by Dr. Jonathan Rich to improve our membership numbers. We had programs in Louisville and Lexington for our New Dentists as we continue to work towards again making the New Dentist Committee an integral part of our organization. We had programs at both dental schools where we introduced organized dentistry to the students in the hope that we can get them to join after graduation. This coming year we again applied for grants from the ADA and we were awarded money for four projects so our efforts for recruitment and retention of members can continue.

Our greatest obstacle this year has been the state's revamped Medicaid program. When the state decided to get out of the Medicaid business and turn it over to the managed care organizations, everyone was worried how it could work. Three of our members, Dr. Garth Bobrowski, Dr. Carla Rodriguez, and Dr. Al Pelphrey, worked tirelessly in trying to negotiate with the MCO's on behalf of our members. I have awarded the three of them a presidential citation because of their hard work. We are still not completely happy with some of the Medicaid policies and we continue to work to improve the MCO manuals.

We have also been very involved with legislation this year, especially the non-covered services proposals. For three years now, we have tried to get a bill passed prohibiting insurance companies from setting fees for non-covered services. It has been frustrating to say the least, but I think with perseverance we will get this passed.

We are also constantly monitoring all legislation to protect our members and our profession. Our KDPAC has not been very strong recently. Dr. Mike Johnson has stepped up to lead our PAC and make it more of a presence. I want to thank him for taking on such a huge project.

We have continued the planning meetings that Dr. Creech started last year and this should allow for a smooth transition from year to year and president to president. The House is voting this year to change the nomination process from the general assembly to the House and to rename the offices of the officers. These changes should help to make

the association run better and more efficiently.

Dr. B.J. Moorhead, who is the scientific chair for this year's annual meeting has done a tremendous job in putting together a wonderful program. I want to thank him for all of his hard work this year and all of his help. I would also like to thank Dr. Fred Howard for all of his support this year. I would like to also thank Dr. Terry Norris for all of his help and support, and I wish him well as he steps up to lead us next year. I want to thank all of you for your kind words, your help and support in making this year a great and memorable time for me.

*Sincerely,
Kevin Wall*

7. REPORT OF THE PRESIDENT-ELECT. Dr. Terry Norris' report follows:

I had the opportunity to attend the President Elect's Conference at the ADA building on January 22 to 24. All but one of the 53 President Elects were in attendance. This conference was much more informative than I had expected. One logistical element I feel the KDA needs to do is to send the President Elect and the President Elect-Elect (soon to be the First and Second Vice President, respective) to the conference in 2013. After then only the Second Vice President would attend. The reason for this is there are yearlong webinars and conference calls for the President Elects.

I will stay involved with this group even though I am only a president elect for two months after the conference. Many of these president elects do not take office until the fall. This would be a great learning experience to bring the soon to be Second Vice President up to speed. The impact on the budget would only be a onetime expense in 2013.

I have been assured by Mr. Porter that we will be doing monthly drafts for dues in 2013 via credit cards for anyone choosing to take advantage of this program.

At the time of this submission I have not had time to speak to the deans about the opportunity and availability for juniors or seniors to take part in the RAM clinics. I will update this verbally at our meeting.

*Sincerely,
Terry L. Norris*

- **MOTION: Dr. Terry Norris** moved that the KDA President-Elect and the Second Vice President for the year 2013 attend the 2013 ADA President-Elect's Conference. Additional funding will be taken from the Reserve Fund. In following years, only the KDA Second Vice President will attend the ADA President-Elect's Conference. The motion was seconded by Dr. Steve Robertson.

- **ACTION: ADOPTED**

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

The 2012 Legislative Session has been proceeding slowly due to the ongoing debate and legal battles concerning re-districting. This process has delayed many important pieces of legislation that will be decided in the waning days of the session.

House Bill 98, our non-covered services bill has not moved forward due to the “compromise” offered by the Insurance Industry. However, the same KDA language in HB 98 has been inserted into the soon to be introduced Patient Protection Bill. At the time this report this report was prepared, State Representative Tommie Thompson was prepared to introduce the bill. All healthcare provider groups are supportive of the legislation and we are optimistic on its’ passage.

House Bill 228 was introduced by Representative Bill Farmer. The bill created pilot projects to improve access to Medicaid child dental services. I would compensate Medicaid providers the difference between the Medicaid reimbursement rate and the prevailing market rate as determined by the Department. Unfortunately, the bill is headed to defeat.

House Bill 4 and Senate Bill 100 were introduced. HB 4 is sponsored by House Speaker Greg Stumbo and co-sponsored by the House Leadership. This is an Act relating to controlled substances. There are many issues that the KDA does not agree with. All dentists would have to access the KASPER system prior to prescribing a controlled substance. In addition, the dentist must complete a medical history and conduct a physical examination, make a written treatment plan stating the objectives of the treatment and discuss the risks and benefits of the prescription. All prescribing provider groups are working with House and Senate Leadership to correct the issues in the Legislation. Senate Bill 100 is very similar to HB 4 with our same concerns and talking points.

The KDA has been meeting regularly with the Medicaid Managed Care Organizations. While this change has been difficult, it appears that many of the issues are being corrected. The main areas of dentist concern have been prior authorizations, denial of claims and lack of payment. The KDA continues to meet with the MCO’s and intervene for members when necessary.

The KDA has received a request from UK School of Dentistry for Sponsorship during its’ 50 year celebration. The Sponsorship levels requested are Platinum - \$25,000, Gold - \$15,000m Silver - \$10,000 and Bronze at the \$5,000 level.

LEGISLATIVE ALERT
February 17, 2012

The KDA can finally report to the membership recent activities and legislative bills of concern that impact dentistry. While the Legislature convened in January, little has been accomplished at this point in time. The re-districting battle continues and truly has slowed the entire Legislative process. While both the House and Senate are hearing bills in Committee, very few have advanced to another chamber. It has been so slow that for the past three weeks the Legislature has not even convened on Friday. However, we expect the pace to pick up and to see a final rush to adjournment.

The following bills are of interest or concern to the KDA.

HB 98 – This bill is sponsored by Representative Mike Denham and has been assigned to the House Banking and Insurance Committee. This bill is our previously introduced non-covered services bill. While it was introduced early in the Session, opposition from the Insurance Industry came early and strongly. The KDA has had numerous meetings with their representatives to discuss a proposed compromise to our language. The KDA Executive Board has studied the new language and has found it to be unacceptable. At this point, HB 98 is posted in Committee and waiting our direction whether to move forward or not. More on this bill and non-covered services language are discussed in the

soon to be introduced "Patient Protection Bill."

"Patient Protection Bill" – For the past month, the KDA has been meeting almost daily with all other provider groups, (Hospital, Medical, Pharmacy, Mental Health, etc.) to draft legislation that brings all managed care/Medicaid and Limited Health Services Plans under existing Patient Protection laws. The KDA has been successful in getting our non-covered services language into this legislation. The bill is going to be introduced next week and sponsored by Representative Tommie Thompson. You will be receiving considerable information on this next week. Obviously, the KDA will strongly support this legislation.

HB 228 – This bill was introduced by Representative Bill Farmer. The bill created pilot projects to improve access to Medicaid child dental services. In addition, it would require Dental Medicaid Providers to be compensated the difference between the Medicaid reimbursement rate and the prevailing market rate as determined by the Department. Unfortunately, the bill sponsor felt that the fiscal impact of the state budget would prohibit its passage. As a result, a Committee Sub was passed which took all funding out of the bill and directed the Department of Medicaid Services and Public Health Departments to seek grants and other funding. The bill was reported favorably and placed on the Consent Calendar. Unfortunately again, HB 228 was recommitted to the Appropriations and Revenue Committee. This action generally indicates that the bill will not pass. HB 228 is not scheduled for a hearing in A&R next week.

HB 4 – This bill has serious problems and implications for dentistry. The bill was introduced by Speaker of House Greg Stumbo and co-sponsored by the entire House leadership. This is an Act relating to controlled substances; however, it does much more. Prior to the initial prescribing or dispensing of a controlled substance to a patient, the doctor must complete a medical history and conduct a physical examination, make a written treatment plan stating the objectives of the treatment, and discuss the risks and benefits of the use of controlled substances with the patient. The bill also would require each prescribing doctor to access KASPER prior to prescribing any schedule 2, 3, 4 or 5 drug. It provides incredible oversight and input by the Attorney General's office. The bill at this point appears headed for passage in the House; however, there will be major revisions to the bill. It is our belief that due to incredible comment from all providers, House leadership is taking a strong look at the bill. HB 4 could have been heard in Committee this past week but was not. The KDA is working with other health care provider groups to "clean this bill up." PLEASE.....go to the LRC website and download HB 4. It is 50 pages long and takes some serious reading. After reviewing the bill, PLEASE contact your legislators and provide them information about how this would impact your practice and patients.

Now that things are starting to move in both the House and Senate you will be receiving weekly updates and as needed. Please contact me if you have questions concerning any of the legislation that we are following.

Mike Porter
Executive Director

Mr. Porter has been in contact with Frost Arnett Company. He explained that the company is involved in the collection of dental fees. The Executive Board directed Mr. Porter to bring detailed information in order to assist the Board in its determination of a request for KDA endorsement. This information should be presented at the next Executive Board meeting.

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

Student Admissions: Diane Foster

a) *DMD Admissions - ULSD received 3,027 applications in the 2011-12 cycle. The deadline for applications was January 1. We began interviewing on August 29 and have interviewed 393 applicants (113 KY and 280 non-residents). We sent first round offers on December 1. For the first time, 183 decision letters and acceptance forms were sent out electronically and tuition deposits were payable online by credit card. Deadline for responding to December 1 offers was January 1.*

b) *The contract with CERTIPHI for criminal background checks was approved and all incoming students will be screened.*

c) *Early Admission Program (ULEAD) and Upper Division Pre-Placement Program (UPP) - Now accepting applications for ULEAD and UPP.*

d) *Dental Hygiene Admissions - Now accepting applications for the Dental Hygiene program and we are exploring the use of an electronic database system similar to the one used for processing DMD applications.*

e) *MS Oral Biology Admissions - Six applications for Spring 2012 were processed. One was admitted, one was denied, and four are incomplete.*

f) *Financial Aid - Laurie O'Hare's proposal for a 10-hour financial literacy series has been approved for incoming freshmen during their summer schedule.*

Continuing Education: Dr. Daniel Fadel

a) *A new "real-time" online registration system is now installed and operational.*

b) *All registration fees are due by the registration deadline, otherwise registration will be onsite.*

b) *Surveys and verification of attendance forms are now accessible online.*

d) *There are new registration/cancellation policies.*

e) *The 2012 CE calendar of courses has been finalized. The Student Convention is scheduled for February 8.*

f) *A meeting was held with the Kentucky Board of Dentistry and approval to re-vamp the Coronal Polishing Course was acquired. The new format was taught on December 3, 2011.*

g) *The DADD (Dental Assisting Delegated Duties) course participation size was increased from 24 to 30 participants.*

Community Service: Dr. Lee Mayer

The ULSD Community Service program remains actively involved in over 90 initiatives annually. Monthly, ULSD faculty, students, and staff make over 6,000 community contacts based. Students generally are willing to do oral health education work at health fairs and do other self-formulated outreach activities over and above community service requirements. Based on a UofL Community Engagement Office report, ULSD faculty, staff and students had over 770,000 interactions with the public last year.

This quarter's oral health service and activities with participant numbers include:

- *Paducah and Henderson AHEC Children's Free Clinics - 57 patients, 1 staff, 5 students, 2 faculty*
- *Smile KY, 2010, Give Kids a Smile (GKAS) Steering Committee -17,000 children, 8 faculty and staff*
- *Blackerby Foundation Board of Directors - 5 faculty, 8 students, 1 staff*
- *CHC Free Dental Clinic, Bowling Green - 47 patients, 1 faculty, 1 staff*
- *Alpha Omega Beat the Pumpkin 5K Run - 371 participants, 2 faculty, 1 staff, 55 students*
- *Kentucky Dental Health Coalition Board of Directors - 1 faculty, 1 staff*
- *ULSD Ad Hoc Committee on Diversity - 2 faculty, 3 staff*
- *Home Depot Health and Safety Fair, Elizabethtown – 2,000 attendees, 1 faculty, 6 students*
- *Annual Freshman Halloween Project – 4,282 children, 1 faculty, 1 staff, 120 students*
- *North Central AHEC (Feria de Salud) Hispanic Screening, Erlanger, KY - 48 patients, 4 faculty, 10 students*
- *Redeemer Lutheran Church Block Party and Health Fair - 200 participants, 3 students*
- *Strathmoor Presbyterian Church Gift Packs for Soldiers - 100 soldiers, 2 students*
- *Family Scholar House Tooth Brush Distribution - 72 recipients, 1 staff*
- *Susan B. Komen Walk - 6 students*
- *Make a Difference Day (Smile KY Screening), Lebanon, KY - 1 faculty*

The Ninth Annual ULSD Freshman Halloween Project simultaneously impacted over 4,200 children in six Jefferson County schools on October 28. The NW AHEC, Proctor & Gamble, Delta Dental, Louisville Water Company, and ULSD collaborated successfully again this year on this project. A special thank you should be given to the freshman class president and community service representatives and the Blackerby Foundation for making the event a true success.

*The 10th Annual Smile Kentucky, Give Kids a Smile 2012 treatment day was mainly held in the ULSD clinics on February 3, except for the Bullitt County children who will be seen in private dental offices. Another treatment day in March at ULSD will be devoted to the Newcomer Academy children. Patient selection was completed on November 12 by a workgroup of Louisville Dental Society volunteers, ULSD faculty, and 12 senior dental students. Volunteers registered in advance with copies of active licenses and malpractice insurance. Over 850 children were invited to the treatment days. Usually, about 40% the qualified patients participate. **This event was just completed and was a great success!***

Paper data from the 2011 and 2012 Smile Kentucky! screenings and treatment days will be digitized by Dr. Darren Pease, a Pediatric Resident. He plans to do a longitudinal study of this ten year project. Dr. Mayer has been meeting with Information Technology in order to develop a paperless means to collect patient data. Tele-dentistry will be included in the proposal. A cost breakdown has been completed so funding for the project can be

sought. An informational DVD is being produced that will help in attracting a donor to convert the endeavor to e-record format.

Students from the Central High School Magnet Dental Assisting Program continue to shadow at ULSD.

As in 2011, half of the DMD students will be in the ULSD clinics during each AHEC. Students have chosen a wide variety of clinical settings for their rotations. The student choice of an out-of-state site places more responsibility upon the student to assist in his/her placement. National Health Service Corps, rural Kentucky, and Indian Health Service sites are in greater demand this year due to the downturn in the economy and job search opportunities. There will be an emphasis on rural, underserved Kentucky locations. Most of the preceptors have been through an extramural program themselves and are able to give our students solid educational experiences.

The AHEC preceptor manual and course manuals for the DMD and Dental Hygiene extramural rotations have been updated. The Dental Hygiene extramural rotation will remain a "capstone" or culminating undergraduate experience and embraces the University's requirement that all undergraduate programs incorporate critical thinking skills to address real world problems, aka "Ideas to Action" or i2a. The Paul-Elder critical thinking methodology has been adopted by the University and has been incorporated into the ULSD extramural activities. The CODA requirement for the incorporation of evidenced-based dentistry into courses has also been included in both the Dental Hygiene and the DMD extramural classes.

The Kentucky Clinical Community Service Scholarship is in the form of a tuition reduction for five senior DMD students to provide clinical care in the ULSD affiliated AHEC clinics in Henderson, Paducah, Bowling Green, and Elizabethtown locations. Each student is required to work monthly at all of these clinics on an average of 2.5 days per month for a total of eight months. All clinics have paid faculty preceptors, provide each of the students with similar experiences, and this year the opportunity to obtain endodontic experiences and some pediatric competencies. These scholarships are competitive and are based upon demonstrated interest in public health, grades, and recommendations of instructors. Housing, travel expenses, etc. are arranged and reimbursed by the clinic operators whose financial support comes from the Ryan White grant and the AHEC centers.

ULSD students met with the U.S. Public Health Service representative, Deputy U.S. Surgeon General, Rear-Admiral Christopher Halliday on November 4. Externship and career opportunities in the Indian Health Service and other U.S. Public Health Service facilities were presented.

The UofL/West Louisville partnership is part of the Community Signature partnerships in the Office of Community Engagement. The attempt is to not only identify neighborhood needs but also to include education and outreach in a more effective way. The partnership includes UofL, the YMCA, JCPS, the FQHCS in West Louisville, and the corporate and private sectors of the project. As funds become available, an interdisciplinary medical-dental training facility will be included in the plan for a combined UofL and YMCA facility at 18th and Broadway.

The Sixth Annual HSC Cultural Competency Symposium, which is a means to enhance the curriculum and diversity training of the student body, faculty, and staff was held on November 3. ULSD freshman DMD students, Junior and Senior DH students, and all new residents participated. There are Blackboard pre- and post-tests and the class is suitable for application to the new CODA standard 2.16, which is related to that portion of our educational program. Students were involved in the planning of the event which made it much more contemporary. The keynote speaker was Admiral Halliday.

Ms. Jennifer Osborne and Dr. Lee Mayer represent the ULSD DH program on the University's Ideas 2 Action (i2a) Committee. The i2a is an effort to include critical thinking skills and application across the university curricula. These skills will be used to solve "real-life/disciplinary" problems. Capstone/culminating activities are required by all UofL General Education degree programs. Modification and upgrading of our community service classes and the DH externship program satisfies the needs of our college in this endeavor. Several of our faculty received advance training in critical thinking methodology as members of i2a faculty learning communities or by attending conferences sponsored by the Delphi Center.

The 2011 Kids Count Data Book, which came out on November 29, points to poor oral health as a major problem in Kentucky. Fifty-seven percent of Kentucky's children have carious teeth and over 300,000 are on Medicaid. Medicaid managed care predictions did not promise much hope for improvement of access.

10. REPORT OF THE DEAN OF THE UNIVERSITY OF KENTUCKY COLLEGE OF DENTISTRY. Dr. Sharon Turner submitted the following report:

*Accomplishments of the College of Dentistry
2011*

- Successful reaccreditation of the DMD program, the post-graduate programs in Periodontics, Orthodontics, Pediatric Dentistry, and General Practice Residency by the Commission on Dental Accreditation. There were no recommendations indicating failure to meet accreditation standards in any program.*
- Successful initial accreditation of the post-graduate program in Orofacial Pain by the Commission on Dental Accreditation. Ours was the first program to complete an accreditation site visit with no recommendations for mandatory improvement at the time of the site visit and one of the first two Orofacial Pain Programs in the country to be accredited.*
- Increased clinical charges by 6.9% for FY 2010-2011 as compared to FY 2009-2010. Net clinical income increased 12.2 % in this same period. This allowed the College to absorb cuts in state appropriations/general fund allocation without elimination of faculty positions. The College clinics experienced 124, 982 patient encounters.*
- The College's outreach program service over 10,000 Kentucky children all over the state. We provided \$583,393 worth of uncompensated care for children not covered by Medicaid or KCHIP but who were not able to afford dental services.*
- Implant Quality Assurance Program (IQAP): The College completed analysis of patient-centric outcomes of the Implant Training Program for predoctoral students for the cohort of patients treated from 2000 through 2006. Implant survival was in excess of 98% and patient satisfaction was 95%, which exceeded benchmarks established by experienced*

clinicians. UKCD was one of the first dental schools in the country to include implant restoration as a mandatory part of pre-doctoral education.

- Recruited 11 new faculty members which included three new division chiefs to enhance mid-level leadership at the College. Three of these faculty members are dual degree holders DMD(DDS)/PhD.

- Faculty published 113 peer reviewed articles, 32 abstracts, 26 book chapters and 8 instructional manuals.

- Secured 3000 square feet of additional space in the Kentucky Clinic to decompress the Dental Sciences Building. Conducted a feasibility study for renovation of this space and began the process of RFP for an external vendor to implement the plan. This renovation will cost approximately \$1.5 Million Dollars which will be completely borne by the College of Dentistry.

- Initiated a feasibility study for the major renovation of D-611, the only preclinical simulation laboratory that the College has. In conjunction with this study, began negotiation with the Provost to put together a funding plan to accomplish this renovation once the feasibility study is completed. The College is funding the feasibility study completely and hopes to work with the Provost and the President on a funding plan once the feasibility study is complete.

- Won a national award for vision and innovation in dental education by the American Dental Education Association's Gies Foundation for our collaboration with the Trover Clinic in Madisonville on a project to reduce the incidence of low birth weight, premature babies by eliminating oral infections.

- The third year students (Class of 2013) achieved a 100% first time pass rate on Part I of the National Board Examination in Dentistry with an average score two percentage points above the national average.

- Graduated 53 new DMD, 22 (41.5%) of whom were accepted into highly competitive post-graduate programs. UKCD graduates continue to be extremely competitive for post-graduate programs.

- Admitted an outstanding and diverse class of 57 DMD students from a total applicant pool of 1672.

- Student organizations raised over \$14,000 for various charitable organizations such as Bluegrass Domestic Violence and Mission Lexington Dental Clinic.

- Developed and piloted a new and unique comprehensive examination for competency evaluation at the end of the third year of the pre-doctoral curriculum. The exam is an OSCE case- based and computer administered examination designed to enhance our assessment of student learning outcomes as well as better prepare our students for licensure examinations and the independent practice of dentistry.

- Developed and distributed a Faculty Advisor Manual to inform faculty of the expectations of the faculty role in advising so as to improve advising and make it more consistent among advisors.

- Finalized development of a well controlled international Interprofessional clinical service-learning elective and recruited faculty to participate.

- Secured a grant from the Appalachian Regional Commission to study the feasibility of developing a partnership with Morehead State University and the University of Pikeville for the distributed delivery of portions of the pre-doctoral curriculum.
- Established a partnership with Keeneland to enhance student educational experiences and outreach services to an underserved population in the community.
- Continued the development of our fully electronic patient health record by discontinuing establishment of any new paper charts for new patients as of July 1, 2011. We implemented a fully electronic standardized informed consent process. Our efforts in this endeavor have placed us in a position to receive as much as 1.3 million dollars from the American Reinvestment and Recovery Act (ARRA) which is available to practices which have at least 30% of services delivered to Medicaid patients and which use software that is certified by the federal government and working towards “meaningful use” of electronic patient records.
- Participated for the first time in the American Dental Association’s “Give Kids A Smile” program and provided free dental care to children in the Lexington area who could not otherwise access dental care.
- Sponsored and organized 31 Continuing Education programs which were attended by 2110 dental professionals.
- Developed and recruited staff personnel into two new positions, Compliance Officer and Director of Marketing. This occurred despite a budget cut by reallocating resources within the College to shift resources to more productive endeavors. We anticipate that the Compliance Officer will ensure continued compliance with an increasing environment of regulation, and the Marketing Director will help us increase our patient visits, and improve the College’s image through enhanced communication and better web presence.
- Recruited a new Director of Development when our former Director was hired by the College of Fine Arts at a higher salary level and classification. Our current development director is by far the most seasoned and sophisticated of the three development officers that we have had to date.
- Developed a new faculty performance evaluation format with is more metrically driven and aligned to the DOE. This instrument will be implemented for the 2012 faculty evaluation cycle.
- A UKCD predoctoral dental students received a national research awards from the International Association for Dental Research. These were awarded from over 100 national applicants. Another student won first place at the ADA/Dentsply Student Research Award, selected from among 60 national competitors.
- The UKCD College Research Day was fully integrated into the spring conference for the Center for Clinical and Translational Sciences. This has enhanced collaborative interactions of UKCD faculty in research with other colleges at UK.
- Received and expended 2 HRSA directed American Reinvestment and Recovery Act (ARRA) stimulus grants. One delivered a \$400K new fully equipped mobile dental van that will be tethered to our fixed clinic and outreach program in Madisonville, KY. The second upgraded electronic technology for lecture capture and distance learning for 2 primary dental lecture halls, as well as D132 small group conference room. Additionally, provided resources in support of faculty development program to train faculty to effectively use these new tools.

•Investigators competed successfully for an international award from GlaxoSmithKline for a technology grant to develop point-of-care salivary diagnostics.

•Investigators at UKCD received the first grant from NIH to help develop a genomics/genetics core research activity. Initial focus is targeted to hypodontia and ovarian cancer linkage.

11. REPORT OF THE ADA SIXTH DISTRICT TRUSTEE. Dr. Ken Rich gave the following report:

To each of you on the sixth district delegation my most heartfelt thanks for your time , efforts and expertise

Your dedication to our profession and the association are what makes and keeps us the ultimate authority on Oral Health.

in the past three years we have truly come thru some difficult times that have been and are being compounded by a less than favorable economy. Your dedication and efforts have been essential in guiding us thru these troubled times. Even though there will be obstacles ahead I feel confident that we have put together the most honest and qualified team possible to guide us through these challenges. Working together I have great confidence that we can not only maintain our status and influence in the world but also improve it.

In the coming year we will continue to face challenges in the areas of finances and unwanted intrusions on the way we deliver health care.

The affordable Health Care act will have a lasting effect and forever alter what we do even if it is not totally implemented or is rescinded . The changes that will and have been made in the area of regulation will forever alter the way third parties are reimbursing for health care. CMS is attempting to transition from a payor of health care services to "health care plan" There is a high probability that these changes will become at the very least part of the standards adopted by the private payers.

Midlevels will continue to be a great concern that will consume large amounts of both our humane and monetary resources. These issues,for the most part be played out on a state by state bases

Of a more global concern is the ever evolving issue that seems to drive all the others " how to improve the oral health of our country with inadequate resources"?

To my knowledge only PEW and Kellogg are promoting midlevels many others are developing risk assessment and disease management approaches to impact oral health. Some of these show great promise in reducing the disease of the test population. Widespread use of these concepts will require major systems changes in the way we deliver and are reimbursed for care. If we have the resolve to move our profession in this direction and retake ownership of the "How does one improve oral health" conversation not only do we show the world a better way but we minimize less palatable and less effective options. We have the tools and talent to accomplish this but we need the vision and commitment. I believe it is our responsibility and opportunity

Thank you for affording me the opportunity to serve in this position and thank you for your dedication commitment and effort

Our profession is better because of you.

Dr. Rich introduced KDA members who are members of various ADA Councils.

Council on Ethics, Bylaws and Judicial Affairs – Dr. Barry Curry
Council on Governmental Affairs and Federal Dental Services – Dr. Fred Howard
Council on Communications - Dr. Mike Johnson
Council on Membership – Dr. Jonathan Rich

Each of the Council members briefly described recent activities of their Council.

12. REPORT OF THE STATE DENTAL DIRECTOR. Dr. Julie McKee's report follows:

Community Fluoridation:

January 2011 and Ongoing: In January of 2011, the federal Health and Human Services Secretary announced that federal regulations that recommend the optimal level of community water fluoridation are undergoing revision to lower the amount from a range of .8 to 1.4 parts per million (Kentucky water systems target and adjust systems for .9 to 1.0 parts per million) to a single concentration recommendation of .7 parts per million. After years of study, this recommendation is being made to avoid the mild fluorosis seen in children over the past few years. The original levels were set in 1962, before the advent of wide-spread usage of fluoridated pastes, rinses and supplements. Although HHS's target date for finalization was mid-June of 2011 then November 2011, nothing has been published or announced and no target date for publication has been mentioned. When and if this happens, Kentucky will change their regulations to reflect the new federal recommendations. The Kentucky Dental Association Executive Committee has passed a resolution supporting community water fluoridation.

ABCD Workforce Training Grant:

Continuing: The federal grant for training general dentists in more effective pediatric technique is continuing, although slowly. Dr. McKee has spoken to several of the KDA component societies with mixed results. The curriculum which includes free CEUs for the participants (and cash incentives for Appalachian-located dentists) is being finalized for the Spring 2012 with the first seminar on April 6th in Lexington. Introductory modules are now available on <https://ky.train.org> for preparation to attend the seminars.

Medicaid Managed Care:

Through her position with the Department for Public Health, Dr. McKee has no involvement in the shift of Medicaid to a managed-care model, although she is receiving many contacts as to frustrations by both dentists and Medicaid beneficiaries. Access to care for the beneficiaries is dwindling weekly as Kentucky dentists are choosing not to participate in this program.

Smiling Schools Project:

August 2011 through August 2012: The Appalachian Regional Commission and Governor Beshear have unwritten a pilot project in the ARC counties that provide fluoride varnish to school-aged children and public health messaging to influence parents of the value of teeth, both deciduous and permanent.

Kentucky Dental Act Implementation:

February 2011 and Ongoing: Work continues on the development of an amendment to the dental hygienist regulations that fleshes out the Public Health Registered Dental Hygienist that was created in the Dental Practice Act of 2010. The committee's work resulted in a draft that will be sent to the Kentucky Board of Dentistry for consideration to begin the regulatory process at their regular meeting in March. The consensus of the

committee is that education to dental providers and policymakers was key for thorough understanding of the intent of the regulations and their implementation. The current committee is made up of representation by the KDA, the KBD, the KDHA, Public Health and private dentistry.

Workforce Assessment:

The Department for Public Health continues to seek funding or other vehicles to underwrite a survey on oral health workforce in Kentucky as the distribution of dentists and accessibility to dental care will be issues in the coming years for those seeking dental care in the state.

Respectfully submitted,

Julie Watts McKee, DMD
State Dental Director

13. NOMINATION/ELECTION OF EXECUTIVE BOARD CHAIRMAN. Dr. Terry Norris nominated Dr. B. J. Moorhead to serve as Executive Board Chairman. The nomination was seconded by Dr. Ansley Depp. Dr. Moorhead was elected by acclamation.

14. REPORTS OF COMMITTEES. Dr. Garth Bobrowski gave a detailed report. It follows:

Medicaid MCO Committee

Many dentists, staff and other people have worked many hours to help the process of changing Medicaid to Managed Care Organizations (MCO's). This has not been easy and I want to personally THANK everyone who has gone to meetings, participated in phone conference calls, phone calls to the MCO's and legislators. The MCO's admit that usually it takes an average of 18 months to be ready to move into a new state. They just had 3-4 months to be up and running. We understand their dilemma and we dentists, who participated in the Medicaid Program, were quite used to the "old" ways of dealing with the program. Changes always create tensions and headaches.

A negotiating committee was formed and through the KDA this committee continues to work with the MCO's/Medicaid. At the present time our committee consists of Dr. Beverly Largent (PEDO), Dr. John Gray (OS), and Dr. Garth Bobrowski (GP). Individual dentists and orthodontists have also worked with us with their contacts.

We have made many great advances and improvements to the transition process: listed below are just some of them:

1. got the FMX requirement removed to be able to clean a pregnant ladies teeth(code D4355),
2. some prior authorizations have been removed or refined,
3. some paperwork requirements have been cleaned up or clarified,
4. a comment from one MCO; "Oh, we didn't think about that.",
5. got the filling requirement changed from once a year per surface per tooth to once every 6 months per surface per tooth with Avesis.

We are still working on many issues: listed below are just some of them:

1. prior authorizations for wisdom tooth removal,
2. final PA x-ray to show pin placement on molars (Unnecessary radiation exposure to our patients),
3. some MCO's require prior authorizations for primary tooth removal if not abscessed,

4. numerous narratives that have to accompany your claims,
5. one MCO added in a new exam code and also decreased their payment(some dentists have quit this MCO over just this one change).

Others problems with coding arise that is not explained in any of their manuals: i.e. If you do a prophylaxis on patients age 14-21 you have to use an adult prophylaxis code but you use the child fluoride code for the age 14-21.

Patients can switch MCO's, but they have a lot of problems doing so, then it creates billing problems for our staff.

By contract the dentist has to respond to the member patient within 24 hours. If the patient calls your office by a certain time that day, you have to see them. You can't deny them treatment, if they can't pay their copay.

There remain lots of paperwork problems:

1. determining eligibility
2. accumulator detail sheets now won't tell you what the patient has had done at your office or any dental office, so you don't know if you do the treatment, will you get paid or not,
3. some MCO's have copays, some don't.

When you call the customer care representatives, we still get one answer from one rep. You file the paperwork the way you were instructed to do, then it comes back as incorrect. You call a customer care representative and you get a different answer or way to file. Or when you call the MCO you get the standard answer, "We will review it or we will consider it."

What slows the process down is that all changes have to be approved by the MEDICAL MCO first, and then approved by the DENTAL MCO.

As you can see, it seems there are more problems to work out than there are positive accomplishments. We still try hard to work for our patients and the dentists that serve the Medicaid population. There is much more work to be done, but many times it becomes frustrating and one feels like we are not getting anywhere. Members have come and gone with our negotiating committee. We have worked with the Medicaid staff in Frankfort, state legislators, and Dr. Ken Rich (state Medicaid dental director).

A consideration: The Medicaid Technical Advisory Committee (TAC) is undergoing reorganization. Would this group have any better successes (luck) than our negotiating committee?

Respectfully submitted,
Dr. Garth Bobrowski
Chairman, MCO/Medicaid negotiating committee

Dr. Jonathan Rich reported for the New Dentist Committee. The Committee has been somewhat resurrected and has been very active during the past year. His report follows:

New Dentist Committee Report

The Membership Committee and the New Dentist Committee have been making great headway in planning events and putting to use the MPG grants obtained by from the ADA. The following document contains an update on each of the ADA.

Resident Grant:

To date events have occurred with both U of L and UK residents. The U of L school had a reception with over 70 residents in attendance. UK had a dinner with over 50 residents in attendance. Both events gave opportunities for KDA representatives to speak on membership and value. The grant is approximately \$3000.00 under budget and both schools have been contacted in hopes to have further outreach opportunities. This is unchanged since that last report.

Faculty Grant:

U of L and UK have been contacted and agreed to allow a reception for their faculty in hopes to promote membership to non-faculty members. I have had some scheduling issues with UofL in finding a time that works for me and them. I have worked with UK to help combine this grant with a Winter Ball they are having that will coincide with student signing day events. Publications for the SPI (Special Promotional Incentive) for non-member faculty are being created.

New Dentist Grant:

Many programs are underway within this grant. The LDS and Bluegrass had their first New Dentist Socials in November. They were well attended with almost 60 people total in attendance. Many dentists were curious and excited about further involvement in organized dentistry. An event is planned in February for the Northern Kentucky Dental Society new dentist and the final event will be held right after the alumni reception at the Sport and Social Club at 4th St Live during the annual meeting. Approximately 35 non-member new dentists have gone to local society meetings as part of the free CE and dinner part of the grant.

Student Lunch and Learn Grant:

President Dr. Kevin Wall is planning on speaking to UK students in November for which lunch will be provided through this grant. The remainder of the grant will be used in conjunction with each school's ASDA conventions or similar event in order to promote Student Signing Day. (Student Signing Day is a program encouraged by the ADA Council on Membership to get 100% of all Senior students to apply for membership before graduating.) The rest of this grant money will be used in conjunction with UK's signing day and Winter Ball.

Three new grants were awarded through the MPG program of the ADA. They should continue to help increase membership and raise awareness of organized dentistry within the state.

Local CE and Dinner Grant: \$2500.00

This program is an expansion of a MPG program started last year that has proven successful. Last year it was part of the New Dentist Grant and was only offered to non-member new dentists. This year, after getting feedback from local societies, it has been determined that a greater market share can be reached by offering this program to all non-member dentist, as a one-time offering. The specifics of the program allow the local societies to invite non-member dentists to their local meetings for free dinner and CE in order to network and show the value of membership.

New Dentist Grant: \$8000.00

In a previous MPG grant received last year broad terms were given under the New Dentist Grant. The New Dentist Committee is established now and the grant can become more focused on what is needed to make the program most successful. There has been great success with having socials for both member and non-member new dentists. Proof of this can be seen in the metrics of past events. The events that have been held thus far have proven to be well attended with a great number of attendees asking how and where they can be involved in organized dentistry. New members have joined as well due to

these efforts. We have been working on receiving sponsorship from local vendors to help supplement the costs of the events. While this has proven to be successful it is not enough to cover the entire costs. The future goal will be to become less dependent on MPG grant funds and have established sponsors to support these events.

Student to Member Transition Grant: \$6000.00

The goal of this program will be to make a smooth transition of Student Dentists to Active Member Dentists in the tripartite. This will be accomplished in multiple ways. Through social activities with new dentists and junior and senior dental students. Also lunch and learns at the dental schools given by members of the new dentist committee explaining the importance of membership and benefits of being a member. A student signing day event will also be held. This is not to be staff led but instead Member led. These funds will be used above and beyond the Student Block Grant funds which are already used for the students ASDA convention. Due to the conversion numbers being just over 50%, we feel that targeting the schools can have a long term effect on recruitment.

Louisville: As of July 2011, there were 365 enrolled students with a student market share of 92.88%. The conversion rate for the class of 2009 at EOY 2010 was 56.6% (below average)

Kentucky: As of July 2011, there were 229 enrolled students with a student market share of 83.41%. The conversion rate for the class of 2009 at EOY 2010 was 51.7% (big drop from year before)

My goal, as well as the goal of the committees, is to see continued growth in membership and involvement as we move forward in 2012.

Jonathan Rich
Chair

Dr. John Thompson, Editor of *KDA Today*, reported for the Journal Committee. The Journal has maintained its positive balance sheet. It has actually contributed to the balancing of the KDA budget. Most of the positive cash flow is due to successful marketing of Journal advertising.

Dr. Thompson also alerted the Board of his retirement intentions. His letter follows:

February 6, 2012
Kentucky Dental Association
Executive Board

Re: Editor for the Kentucky Dental Association

Dear Colleagues:

I am in my fifth year as Editor for *KDA Today* and other publications of the association. When I assumed the post I had said that I would be willing to serve up to five years as your editor. I have tremendously enjoyed the opportunity and my working relationship with this board and especially the staff at the KDA offices. Melissa is an incredibly talented publisher and her relationship with our advertisers has been a source of sustained and growing revenue during the worst recession of our lifetimes. Melissa Nathanson is the glue that holds our publications together.

I write this letter not as a resignation, but as a call for the board to begin cultivation and recruitment of a successor in this position. I am increasingly spending time in South Carolina and that means I am actively withdrawing from the practice of dentistry. Editor is a wonderful opportunity for a member to serve and express opinion that stimulates both action and controversy. It is appropriate that the position be held by someone actively engaged in day to day practice and affected by the nonprofessional forces that challenge the profession. That is to say that the KDA needs a younger and more engaged individual and not the observer that I am becoming.

When the board has done its duty in identifying a new editor, I will be available to assist that transition over an appropriate period of time. My objective is that this might be a rather different process than when I assumed this editorship. It would be my hope that the committee that has oversight would become active in making this happen or be dissolved and the board takes on the direct responsibility of securing a replacement. There are many issues before this KDA Board that will take precedence and I fully understand that this will not be a high priority at present, but I do not want a transition to be a surprise to anyone in leadership. Again, I cannot thank the board enough for the opportunity to serve that has been afforded me.

Sincerely and respectfully,

*John A. Thompson, D.M.D.
Editor, KDA Today*

15. COMMITTEE APPOINTMENTS.

Budget and Finance Committee

Dr. John Roy

Journal Committee

Dr. Glenn Blincoe

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

Dr. Garth Bobrowski – South Central Dental Society
Dr. Bill Collins – Kentucky Mountain Dental Society
Dr. Andy Elliott – Kentucky Mountain Dental Society
Dr. John Gray – Blue Grass Dental Society
Dr. K. Wayne Lose – South Central Dental Society
Dr. Martin Moore – Northern Kentucky Dental Society
Dr. Susie Riley – Louisville Dental Society
Dr. Neil Rush – Blue Grass Dental Society
Dr. Lora Sitton – Purchase Dental Society
Dr. Randy Travis – West Central Dental Society
Dr. Kerry Woolum – Southeastern Dental Society

17. 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:

Green River Dental Society recommended Dr. Mark Moats
Northern Kentucky Dental Society recommended Dr. Kevin Wall

18. 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:

Southeastern Dental Society recommended Dr. Robert Ballou
Pennyrile Dental Society recommended Dr. Steve Robertson
Northern Kentucky Dental Society recommended Dr. Bryan Turner

19. PROVISIONAL APPOINTMENT OF CHAIRMEN.

Council on Annual Session – Dr. Terry Norris
Technical Advisory to Kentucky 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. Joe McCarty
Journal Committee – Dr. Glenn Blincoe

20. SPECIAL REPORT. Dr. James Murphy updated the Board regarding his project of creating DVD's consisting of interviews with historically influential KDA members.

21. EXECUTIVE SESSION. Dr. Fred Howard moved that the Executive Board go into Executive Session for a discussion of matters involving personnel. The motion was seconded by Dr. Heine.

22. UNFINISHED BUSINESS.

- ADA New Dentist Committee
MOTION: Dr. Steve Robertson moved that a continuing line item be included in the KDA budget to provide for funding of up to three members of the KDA New Dentist Committee to attend the annual ADA New Dentist Committee meeting. The motion was seconded by Dr. Fred Howard.

ACTION: ADOPTED

- KDA Standard Operating Procedures Manual
MOTION: Dr. John Creech moved that the KDA Executive Director present a final draft of the revised KDA Standard Operating Procedures Manual at the next meeting of the KDA Executive Board. The motion was seconded by Dr. Ansley Depp.

ACTION: ADOPTED

- Medicaid Managed Care Organizations Committee

This ad hoc committee of the Board has finished its purpose. The Chairman has determined that there is additional monitoring and engagement indicated with the present MCO's. His recommendation is that this continued work be carried out by the Kentucky Medical Assistance Technical Advisory Committee.

MOTION: Dr. Ansley Depp moved that the Medical Managed Care Organizations Committee not be reappointed. The motion was seconded by Dr. Mike Christian.

ACTION: ADOPTED

- Endorsement

Mr. Mike Porter recommended that the KDA endorse Frost Arnett Company who performs dental professional fee collections.

MOTION: Dr. Mike Christian moved that the Executive Director present a detailed formal proposal from Frost Arnett for the purpose of endorsement at the next meeting of the Executive Board. The motion was seconded by Dr. Barry Curry.

ACTION: ADOPTED

23. NEW BUSINESS.

- State Insurance Exchange

The Patient Protection and Affordable Care Act of the Obama Administration requires states to set up Insurance Exchanges for the provision of health insurance to uninsured citizens and possibly even group insurance plans. Without objection, Dr. Fred Howard was appointed to Chair a committee of the Board to study and evaluate the State Insurance Exchange as it develops. Dr. Howard will select the members of his committee.

- KDA Dues Structure

The Board directed Dr. Fred Howard, Speaker of the House of Delegates, to research the KDA dues structure as it pertains to new members and report his findings at the next meeting of the KDA Executive Board.

- Kentucky Dental Foundation

Dr. Steve Robertson, President, Kentucky Dental Foundation, requested the Board to appoint a member of the KDA to fill a vacancy on the KDF Board.

- **MOTION: Dr. Steve Robertson** moved that Dr. Andy Elliott be appointed to the Kentucky Dental Foundation Board for a term of three years. The motion was seconded by Dr. John Lowe.

ACTION: ADOPTED

Dr. Robertson also requested the Executive Board to consider the addition of a line item allowing for a voluntary contribution of \$50.00 to the KDA dues statement.

MOTION: Dr. Steve Robertson moved that a line item allowing for a voluntary contribution of \$50.00 be added to the KDA dues statement. The motion was seconded by Dr. Fred Howard.

ACTION: ADOPTED

24. **ADJOURNMENT.** The meeting adjourned at 5:35 p.m.

Respectfully submitted,

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