I am happy to submit a recap of our May Board of Trustees meeting. May and June are busy months as trustee since 5 of our 6 states hold their annual meetings during this time frame. As Trustee, I am making every effort possible to attend each state meeting and I am honored and pleased to do so. As a result, my report is a little delayed in reaching you!

 If you have any questions on the information below, please feel free to contact me.

The Budget and Finance Committee is providing direct oversight to the business model study being conducted by Frog Design. We are part-way through the study and more work remains to be done. Frog agreed that the ADA is well positioned to undertake this project because we are doing so from a position of strength, rather than in the midst of a crisis.

The study aims to identify a financially sustainable and member-focused strategy for the future. Member needs is central to this work. Much of the research conducted so far focuses on younger dentists and students, although Frog will address the needs of mid-career dentists as well. Frog started its work with an "immersion" process, a deep dive into the current ADA. Workshops, interviews and phone interviews with national and state representatives as well as a review of existing ADA research on membership were all employed. This is a start, but not the end of the study.

Frog will now begin to finalize and synthesize its research. It will extract common themes and draw insights from them. These will be brought to us later in the summer and we look forward to seeing the results of this study.

The ADA and ADEA have a joint task force dealing with licensure. That task force has made three recommendations:

1. Achieve universal acceptance of a psychometrically sound non-patient based licensing examination that protects the public.

2. Urge acceptance of the portfolio style licensure examination, using competencies cited in the Accreditation Standards for Dental Education Programs to document students’/graduates’ clinical experience.

3. Establish the ADA/ADEA/ASDA Coalition for Reform in Dental Licensure.

The Board voted to support these recommendations and the work of this joint task force and we look forward to this work continuing.

The Governance Committee brought forward a recap of governance improvements undertaken by the ADA in recent years. This is a recap of some of the proposals contained in the 2012 governance study, as well as other changes undertaken to improve our governance. The Association should be proud of its commitment to continuous improvement and we hope the House's consideration of this report will draw attention to those efforts.

Our Diversity and Inclusion Committee met before this Board meeting. The committee will develop a toolkit for state and local societies addressing diversity. The committee also selected, and the Board approved, the next class of the ADA institute for Diversity in Leadership. 16 applicants were chosen from a pool of 40 and I am thrilled to announce that our own, Janis Moriarty, MA was chosen to be a part of this class. I encourage anyone that might be interested in this institute to consider applying, and the application process begins in the spring of each year.

The Task Force to Evaluate the Business of the House of Delegates has completed its work and submitted its report for the 2017 House. The task force proposed a resolution to reduce the number of late resolutions by requiring a two-thirds vote to introduce resolutions within fifteen days prior to the opening of the House. The Board expressed concern that some districts did not meet in time to work effectively with this new deadline and the resolution would penalize those districts. For that reason, the Board is proposing a Board substitute, to require a simple majority vote to introduce new business within fifteen days of the opening of the House. The Board believes this strikes the appropriate balance.

We received an update from our Washington office by Mr. Graham. The American Health Care Act is now before the Senate where we expect it will undergo substantial revisions. We will be working with the Senate to assure that issues of concern to dentistry are addressed. Work also continues on McCarron Ferguson, which we hope will be considered in the Senate in the coming months. We are pleased that funding for NIH funding has been preserved and even increased for the rest of this year.

The Board considered the first resolution from a district at this meeting. Illinois State Dental Society proposed a resolution calling for the ADA to investigate an ADA sponsored health care plan. We thank ISDS for submitting a proposal early in the process. Although the Board appreciates the work of ISDS, it does not support the proposal. It would involve significant risk as well as potentially place the ADA in competition with several state societies.

We heard an update at this meeting on the communications campaign. Much work has been done on the Find-A-Dentist site (finda[dentist.ada.org](http://dentist.ada.org)). Better search capabilities and more robust dentist profiles are part of this work. Now, we are in the midst of a push to get members to update their profiles and participate in this program. Our stretch goal is 50,000 profiles by the end of the year. Our progress is slow, but there is progress. A new video to use with our members is now available. As we increase the number of dentist profiles, we will roll out paid advertising, probably in August. We will also offer some matching funds for state and local advertising by state societies. Please encourage all members to participate.

Our staff briefed us on some mid and long-term planning currently underway. This is a better practice than planning through the budget process. The planning is not based on division, but on four interrelated teams, linked by portfolio. Each team identified a five year vision and, based on that, asked, what must be done in three years to realize that vision. Then, the teams asked what needs to be included in the 2018 operating plans to be ready to meet the three year goals. 5-3-1 is the short hand for this effort. The four teams are: Member value for dentists; client services for state and local societies; stakeholder (outside ADA, such as the public and regulators) engagement; and non-dues revenue.

Some ideas from the five and three-year visions include expanded practice management assistance (a practice management institute), service-level agreements between ADA and the state societies, enhancing policy-related data, and more high-stakes testing outside the dental world (revenue source). Of course, these are visions and we are limited in resources. Nevertheless, this planning work will be used to help inform budget proposals on the one-year time frame.

IT is a key support for most of what we do at the ADA. We need to collect, analyze and protect data and we need to meet the expectations of our members in delivering value to them. IT is the foundation for all of this. The credentialing program and our support for the commissions are all examples of technology-dependent work. We were briefed at this meeting on the ADA's technology strategy. Technology is expensive and, often, invisible. But it is necessary. We carefully monitor our IT spending to stay within an appropriate range. We will continue to do so and constantly consider all our options.

I have finalized nominations to ADA councils for our district and they are as follows:

Council on Communications - Steve Ptimon, VT

Council on Dental Practice - Jeffrey Berkley, CT

Council on Members Insurance and Retirement Programs – Dr John Ahern, NH

I am also submitting names for consideration for CODA and CCEPR

CODA:

Paula Friedman, MA

Morton Rosenberg, MA

Martin Rutt, CT

CCERP:

Brian Shuman, VT

The decision for appointments to these 2 commissions are decided upon by the BOT at our August meeting.

Thanks for all your efforts on behalf of our profession and I look forward to seeing everyone at the state meetings.

Judi

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