Oregon Dental Association

Strategic Thinking Process
Wilsonville, OR – September 25, 2015
(Sept. 30, 2015 Draft)

Core Value Development*

With existing operational values previously identified, the leadership team might revisit these perspectives based on the most recent dialog. A potential recommendation would be to refine and/or develop 4-5 operational values with a short descriptive behavior statement next to each value. The descriptive state would message how these values are relevant and will guide ODA dynamically forward.

- Integrity, honesty, ethics
- High standards and quality care based on scientific principles and clinical judgment
- Lead, represent and provide service to the profession and the public; patient advocacy; promote the value of health
- Education

(*) Facilitator Note: With the newly identified core values, we recommend for the mission/vision statements to be reviewed to ensure relevance and consistency.

Purpose Statement*

“To advance the dental profession and to promote the highest standard of oral health and oral healthcare.”

(*) Facilitator Note: With the core values being reviewed and new Key Issues developed, we recommend for the mission/vision statements to be reviewed to ensure relevance and consistency.

Key Issue Areas (2015 to 2018)

Process Overview: With the intent to capture and maximize the group’s feedback in an accelerated time; participants were divided into five (5) small groups reviewing the results from the four (4) Train Whistles as well as the SOAR Framework to distill the Key Strategic Issues moving forward. The group has initially developed two (2) general strategic themes to guide the ODA’s strategic future direction which are: Engagement and Trusted Leader.

Engagement Related Words – Engagement & Outreach; Value; Support; Value; Engagement “Team”; Enhanced Member Experience; Membership Engagement; Community & Support

Trusted Leader Related Words – Leaders in Collaboration; Education; Quality of Care in relation to patient reimbursement models; Trusted; Leadership; Modalities of Practice; Communication; Proactive

Key Issue Areas (2015 to 2018)
1. Engagement – *ODA member engagement adds valuable support and enhanced experience for our community.*

**Objective(s):**
A. Improve member recruitment and retention with a goal of 67% market share by 2016 year-end
   1. Establish personal contact whenever possible
   2. Develop benefits that enhance a dentist’s ability to do their work and manage evolving career paths
B. Expand communication modalities
   1. Explore additional electronic communications methods (e.g. emerging) to enhance member experience
C. Encourage member participation and invest in development of future leaders
D. Explore and develop a more diverse set of ad-hoc volunteering opportunities
E. Build and develop collaborations with partners for additional insight and data to accurately measure member participation and benefit usage
   a. Continually engage partners like component dental societies, ADA, Moda, DFO, etc.
   b. Establish metrics to benchmark and measure member engagement, predictive analytics and loyalty levels.
F. Advance quality oral health
   1. Promote evidence based dentistry.
   2. In coordination with stakeholders, develop a mechanism to study patient satisfaction.

2. Awareness – *ODA is the trusted leader in oral health.*

**Objective(s):**
A. Encourage ethical practices.
   1. Create relationships with OBD and communicate ODA code of ethics and educational needs
   2. Coordinate with partner organizations that promote ethics (ACD, SPEA, etc)
B. Build and enhance relationships with legislators and policy makers
   1. Promote additional participation in DOPAC and grassroots network
C. Advance and expand dental education.
   1. Provide high-quality, evidence based education for all members of the dental team (e.g. Oregon Dental Conference)
   2. Develop new and emerging forms of education delivery
D. Expanding participation of the dental team in education and community offerings
   a. Oregon Dental Conference
   b. Dental Foundation of Oregon
   c. Oregon Mission of Mercy

3. Organizational Capacity & Resources:

**Objectives:**
1. ODA must ensure it has the human and financial resources to sustain existing programs and member service at an exceptional level, before embarking on new initiatives.
2. Continually monitor and evaluate utilization and value of existing programs and services.
As the Oregon Dental Association refines the future strategic direction, the three (3) core goals of the American Dental Association may provide helpful touchpoints for the Oregon Dental Association. These three (3) are:

- Membership Goal
- Finance Goal
- Organizational Capacity Goal

Change Catalysts/Train Whistles Data Collection Process

Process Overview: With intent to capture and maximize individual perspectives, the group was divided into multiple random small groups with the task of identifying general change catalysts affecting the Foundation. For the purpose of this activity, change catalysts are defined as: society/culture; government/legislative; technology; and economy via a timed round-robin brainstorming technique. Each individual was given (9) nine dots to place next to comments/ideas/concepts they perceived as the greatest priority for the organization. The key for the dot urgency index was: red (r) – top priority/1-12 months; green (g) – second highest priority/13-24 months; and blue (b) third highest priority/25-36 months.

SOCIETY/CULTURE

September 2015

a) Diversification of practice models (3b;4g)  
b) Diminishing value of society memberships (1r;3b)  
c) Flouride/distrust of science/professional credibility (1r;3b)  
d) Entitlement thinking (3g)  
e) Fragmented families/values (1r)  
f) Recreational drug use  
g) What is a profession? Technician or expert  
h) Online reputation management – reviews  
i) Patient satisfaction measures  
j) Don’t care if appointment missed  
k) Truth doesn’t matter  
l) Instant gratification  
m) One hour problem solving  
n) Small world/Glocality  
o) Consumer driven healthcare choices

TECHNOLOGY/VIRTUAL

September 2015

a) Data breach risks (2r;2g;1b)  
b) Tele-dentistry (2r;2b)  
c) Electronic health records (1r;1g;2b)  
d) NFC technology influence – loyalty/ID data mining (4g)  
e) Staying relevant with technology (3g)  
f) Mobile culture (2b)  
g) Virtual meetings (1r)  
h) Digital tech in the office  
i) texting to communicate with constituents
j) HIPAA
k) Online CE
l) Tech → loss of personal contact; miscommunication
m) Online reviews

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**LEGISLATIVE/GOVERNMENT**

**September 2015**

a) Mid-level providers (2r;2g;1b)
b) Changing payment models – outcomes not procedures (2r;2g;1b)
c) Licensure (1r;1g;3b)
d) Performance measures mandated (2g;3b)
e) Government regulations (3r;1g;1b)
f) Practice ownership (3r;1b)
g) Fluoridation (4b)
h) Oral health literacy (2g;1b)
i) Government payors (1r;1g)
j) Insurance reimbursement (1r;1b)
k) Loan repayment (1g)
l) ACA
m) Eroding doctor/patient relationship
n) BOD
o) Capitation
p) Electronic health records

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**ECONOMY/FINANCES**

**September 2015**

a) ↓ Membership = ↓ $ Revenue (8r;1g)
b) Education debt (3r;4g;2b)
c) Corporate model affecting membership (2r;1g;2b)
d) Busyness problems (2r)
e) Debt influencing treatment & ethics (2g)
f) Private practice expectations (1r)
g) Independent practice – mid level providers (1b)
h) Insurance dictating tx
i) Increasing overhead to achieve standard of care
j) Changing practice models
k) Who owns the dental practice
l) Technology expenses/student loans
m) Association – ADA & ODA – blamed for economic woes not fixed
n) MODA/Insurance reimbursement
**SOAR Framework Data Collection Process**

*Process Overview:* With intent to capture and maximize individual perspectives, the group was divided into multiple random small groups with the task of identifying the four elements of the SOAR Framework – Strengths; Opportunities; Aspirations; Results via a timed round-robin brainstorming technique. Each individual was given (9) nine dots to place next to comments/ideas/concepts they perceived as the greatest priority for the organization. The key for the dot urgency index was: red (r) – top priority/1-12 months; green (g) – second highest priority/13-24 months; and blue (b) third highest priority/25-36 months.

### September 2015

**STRENGTHS**

- a) Electronic communication (2r;1g;4b)
- b) Diversity in leadership – leadership development (5b)
- c) Staff & Leadership (3g)
- d) Positive reputation – leaders in oral health; role with OR coalitions (2r)
- e) Presence in legislative process (2r)
- f) Strong partnerships – MODA/OHSU/ODA (2g)
- g) DOPAC (2b)
- h) Core committed volunteers (1g)
- i) Endorsed programs (1g)
- j) Contact with new members (1b)
- k) Contracted partners/consultants
- l) Technology
- m) Fun group of people
- n) BOT attendance & involvement
- o) ODC & other continuing education
- p) OrMOM
- q) Financially stable

**OPPORTUNITIES**

- a) Membership growth (13r)
- b) Improved communications/channels (1r;3g;3b)
- c) ODA/DFO work – oral health screening initiatives (2r;1g;2b)
- d) Student involvement (1r;3g;1b)
- e) Education of society/other health professions of importance of oral health for overall health (2g;1b)
- f) ODA as a national leader in governance & outreach initiatives (3b)
- g) Personalization with members (2g)
- h) Legislative changes (2b)
- i) Tooth Taxi (1g)
j) Increase communication through tech
k) Remove barrier to tx
l) EBD leader
m) All practice dental involvement
n) Corporate dental involvement

ASPIRATIONS

September 2015

a) Engaged membership & component leadership (4r;4g)
b) 100% membership (2r)
c) Fluoridated water (1r;1b)
d) Effective communication with all dentists & dental teams (1g;1b)
e) Valid measures of patient outcomes/community and population health (2b)
f) Remove any barriers for access to oral health care (1b)
g) Positive impact on all Oregonians (1b)
h) Support of all practice models – economic, financial, education
i) Pass all legislation
j) Positive volunteer experience
k) Voice of dental health in Oregon
l) Improved patient outcomes – reaching more patients
m) Unified practices – corporate/private
n) Removing barriers to membership

RESULTS

September 2015

a) Increase leadership; produce more; have contested elections (4g;3b)
b) Market share (4r;1g;1b)
c) Market penetration of group practice (4r;1b)
d) HOD attendance (1r;2g;1b)
e) # personal contacts with non-members (1r;1g;1b)
f) Benefit usage/engagement (1r)
g) Legislative results/goals achieved (1g)
h) State wide water fluoridation (1b)
i) ↑Non dues revenues (1g;2b)
j) ↑Survey response
k) Digital response
l) Website hits
m) % state legislators w/ODA liaison dentist
n) Loyalty benchmarks
o) Charity care -- $
p) Media impressions
q) ODC attendance
r) ODC satisfaction
s) Patients served at OrMOM