The American Board of Orthodontics

Strategic Plan
from
2014 to 2020

The American Board of Orthodontics
401 N. Lindbergh Blvd., Suite 300
St. Louis, MO 63141
314-432-6130
www.americanboardortho.com
Welcome to our Strategic Plan. This document is the dynamic blueprint for the growth of The American Board of Orthodontics (ABO) throughout the next five years. It is the product of intensive discussions by the Board of Directors and ABO administrative leadership. Dr. Drumm McNaughton from The Change Leader was our planning consultant and facilitator.

The ABO and the orthodontic profession are at a crossroads. Baby Boomers are retiring and being replaced by a new generation known as the Millennials. This new generation’s perception of board certification varies greatly from that of the Baby Boomers. The Baby Boomers obtained certification for the purpose of benefiting the general public and for their own self-satisfaction in this accomplishment. Often referred to as the “Rambos,” these individuals do not want to adapt to the changing social climate and are opposed to making the certification process easier. Conversely, The Millennials place more emphasis on how certification will increase their appeal to the public and their colleagues. They desire membership in multiple organizations while displaying their memberships proudly on their professional websites as well as social media. A less stringent exam process than that of the “Rambos” is more inviting to the Millennials. These value variances need to be taken into consideration while planning for the future of The ABO.

Historically, only 19-22% of the members of the AAO were ABO certified. With the implementation of the Gateway program, the percentage of Diplomates increased to 50%. Unfortunately, only 1/3 of the individuals fully completed the Gateway process. A significant loss of Diplomates, and subsequent revenue, occurred when the Gateway program ended. As of today, 39% of the members of the AAO are ABO certified. The ABO is currently operating with a deficit.

During the strategic planning process, personal biases were set aside. We now have an assessment of the current environment, a five year roadmap to our desired destination, and a set of criteria to measure our progress. We have defined the values that outline our mission and developed a list of strategies and priorities to move us from the current environment to the desired destination.

The future is uncertain. We will always be faced with change, so we need to manage change and be proactive rather than reactive. This planning process has provided us with a system to lead, manage, and change in a well-planned, integrated manner based on our strategies. This approach also provides a management process that will change the way we operate on a daily basis. The priorities from the plan become the priorities for our annual budgets, assuring that we focus our resources in those areas that move us toward our vision.

The Board and supporting staff are to be commended for their imagination, dedication, and perseverance throughout this process. The Core Planning Committee consisted of Paul T. Castelein, Eladio DeLeon, Jr., Steven A. Dugoni, Chun-Hsi Chung, Larry P. Tadlock, Nicholas D. Barone, Valmy P. Kulbersh, David G. Sabott, Marvin C. (Buddy) Kastrop, Christine Eisenmayer and Carole Newport.

A plan is of little value by itself. Implementation and our core values are key in this process. This document is the first step toward increasing the value of the ABO. These steps will ensure a high performance organization that will benefit all of our key stakeholders including directors, staff, emeriti, examiners, educators, residents, AAO/ADA/CODA/CDABO leadership, current Diplomates and the general public. I encourage each of you to take part in making our future happen.

Signed/Dated by:  
President
VISION

Our vision statement describes ideally where and what we want to be in the year 2020. These are the future hopes, dreams, and aspirations (our “Guiding Star”) for the ABO.

Vision

♦ The American Board of Orthodontics is the global leader in orthodontic board certification and sets the standards of care for excellence in orthodontics and dentofacial orthopedics.

MISSION

Our mission statement outlines the purpose towards which we commit our work life. These are the reasons for our existence in 2014 and it clearly describes who our customers are and what we produce as outcome benefits for them.

Mission

♦ The mission of The American Board of Orthodontics is to elevate the quality of orthodontic care for the public by promoting excellence through certification, education and professional collaboration.

Core Values

Our core values describe how we should act in order to accomplish the tasks leading to achieving our mission. They create our desired culture, as they are the principles that guide the behaviors of all members through 2020.

Core Value #1  VALUE
Core Value #2  PEOPLE
Core Value #3  Fiscal Responsibility
Core Value #4  Integrity and Excellence
Core Value #5  Respect
Core Value #6  Service above self
Core Value #7  Trust and Teamwork

TAG LINE:  VALUE PEOPLE FIRST
# Metrics

## #1 Creating Value for Board Certification/ #4 Growing Diplomates:

**Measures:**
- # of Diplomates (Goal: 5000 by 2020)
  - Components
    - # new Diplomates
    - # renewing certification
    - # returning to / completing certification process
    - Annual Survey of Diplomate Satisfaction Index
      - Should contain questions around:
        - Fees
        - Ask about board certification
        - How publicize businesses
  - Intermediate / trends / methods
    - # inquiries about board certification
    - # applicants taking written
    - # applicants taking clinical
    - # inquiries about Certification Renewal
    - # of Diplomate Digests opens / reads
    - # Banked cases completing process
- Value of professional development
  - # of attendees of symposia, training events and conferences
  - # people attending for CE courses
- Percent of AAO that are Board Certified
- Number of brochures purchased
- Look at # of graduates completing ICE by school
- Track Advocacy visits
- Number of members who renew due to campaign to reach out to non-dues payers

## #2 Raising Public Awareness

**Measures**
- # of articles touting board certification published in mainstream publications, e.g., *Parents magazine*
- Website metrics
  - Click-throughs to board certified orthodontists in their area
  - Track number of people who come to office because of verification and education by ABO website (close the loop)
#3 Protecting the Public

Measures
- # of schools who adopt standards of care as part of their curriculum
- # attendees at Standards of Care symposium early next year

Professional Collaboration

Measure:
- Engagement of members
  - # of attendees of symposia, training events and conferences
  - # people attending for CE courses
  - # of Diplomate Digest opens / reads

#4 Growing Certification Participation is Included with #1

#5 Becoming World Ambassadors

Measures:
- # of countries who have set up / adopted ABO processes and standards
- # of international Diplomates who renew their membership

Fiscal Integrity

Measure:
- $10M in reserves by 2020
  - Things to watch for:
    - Positive cash flow
    - Growing cash reserves
## Current State Assessment (SWOT)

### Current Internal Organizational Assessment (S–W)

<table>
<thead>
<tr>
<th>Strengths (To build on)</th>
<th>Weaknesses (To eliminate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• People</td>
<td>• Perceived Value by Profession and others</td>
</tr>
<tr>
<td>• Organization/Staff</td>
<td>• Clear Direction</td>
</tr>
<tr>
<td>• Educator Connection</td>
<td>• Too Few Diplomates</td>
</tr>
<tr>
<td>• Ethics</td>
<td>• Certification Process Itself (Clinical Not Reliable)</td>
</tr>
<tr>
<td>• Good $ Reserves</td>
<td>• Examiner preparation and training</td>
</tr>
<tr>
<td>• Certification Process</td>
<td>• Lack of Recognition</td>
</tr>
<tr>
<td>• Intellectual Capital</td>
<td></td>
</tr>
</tbody>
</table>

### Current External Assessment (O–T)

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increased # of candidates US and Globally</td>
<td>• Consumerism</td>
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<tr>
<td>• ABO exams accepted by government entities</td>
<td>• Value systems of Generation Y</td>
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<tr>
<td>• Setting standards of care</td>
<td>• Direct advertising/marketing</td>
</tr>
<tr>
<td>• Gateway resuscitation</td>
<td>• Lack of renewals</td>
</tr>
<tr>
<td>• Insurance</td>
<td>• No clear standards of care/no standards/no acceptance</td>
</tr>
<tr>
<td>• Increase relationship with AAO and educators</td>
<td>• Legal issues/decisions</td>
</tr>
<tr>
<td>• Corporate Practices and certification</td>
<td>• Technology</td>
</tr>
<tr>
<td>• Lack of global accreditation and bodies (franchise)</td>
<td>• Changes in modality of practice</td>
</tr>
<tr>
<td>• New paths for certification</td>
<td></td>
</tr>
</tbody>
</table>
Future Environmental Scan

(SKEPTIC)

S-Socio-Demographics/Employee Changes:
- Boomers...phasing out...Millennials are here...Generation “WE”-
- More women in work force...fewer babies? And having families later in life...
- More government intervention, regulation, socialized medicine issues, taxes
- More corporate dentistry / corporate orthodontics
- ICE in deep debt and therefore not willing to spend on Certification
- New graduates are joining “Group practices”
- No standard of care and more general dentist doing orthodontics

K-Competition Plans/Actions:
- Increasing numbers of dental schools and dentists = supply and demand
- Increase numbers of corporate practices= less incentive for ABO certification
- Government sponsored health plans
- Support for increase numbers of health care practitioners, supply and demand, less incentive for ABO
- Economics make for multi doctor practices
- Insurance companies/third party payer influence
- Consumer direct advertising, effects of advertising (OTC products, aligner companies, over the counter now)
- General dentistry – doing orthodontics
- Rise of non-recognized specialties
- Rising cost of production
- Third parties influence of TX decisions
- Greater role of accrediting bodies
- Globalization

E-Economic Conditions / Environmental Issues:
- Student debt
- Technology cost
- Regulatory cost
- # of orthodontic programs
- Ortho programs used as dental school cash cows
- Increased # of public assistance cases spread of entitlement attitudes
- Diminished size of middle class families
- Rise of situational ethics
- Rise of patient directed care
- Influx of GPs
- The debt a new orthodontist would promote joining an established practice
- High number of a retiring orthodontists
- High cost of technology
- Educator crisis, too many orthodontists not enough patients
P-Political and Regulatory Climate:
- Expect regulation, more government involvement, more taxes, more socialized medicine
- Society wants to be taken care of…lack of personal responsibility, more people on disability…more people of government food stamps
- Models will almost all be by intraoral scanner, 3D printers will allow in-office aligner or appliance fabrication, increase in clear aligner treatment and clear braces or lingual (behind the teeth) braces
- Bracket (braces) companies will increase development of digital orthodontic setups like Invisalign so that more and more GPs will get involved with braces
- More orthodontists will be in corporate or group practice
- Some corporate practices owned by hedge funds that manipulate state legislatures and bully state boards, which are supposed to regulate dental practices
- Increase in HIPAA and the Federal Trade Commission rules (dental hygienists or anyone with a license related to dentistry be able to take impressions and deliver clear aligners (The FTC is related to restraint of trade and they do not want to see anyone left out)
- AAO splintered by recent issue (taking ABO off) may worsen with more ICE
- Obamacare changes
- Political – Economic conditions affected by political pressure through regulation
- Covers orthodontics for those determined “medically necessary”, but currently leaves the definition of medical necessity to each state
- Medical device tax
- State boards being sued, limiting their powers

T-Technology Projections:
- Technology driving our profession
- Orthodontist paying significant amounts to purchase technology
- Ortho fees increase to pay for the technology or practices net less $ due to increased overhead
- Orthodontist buying more technology to remain competitive
- More dependence on technology and less on diagnosis and treatment planning
- Technology pushed in practices without evidenced based research
- A need to develop Standards of Care
- DDS doing orthodontics because technology makes it easier for them to move teeth with braces and aligners

I-Industry Changes:
- Too much influence of Industry and Suppliers on the profession
- No evidence based research on most of their claims
- Industry and Suppliers advertising directly to the public
- Industry and Suppliers determine the future of orthodontics
- Providing their own CE courses with their own speakers w/o evidence or biased evidence
- Industry and Suppliers setting standards of care
- Industry establishing orthodontic graduate programs
- Industry training general dentists or the public to do orthodontics
- Industry making decisions based on economics decisions that drives technology- thus dollars based and not patient care based
- 3d trends
**C-Customer Changes:**
- Number of ABO certified orthodontists could increase if state and professional associations support board certification
- Increase in numbers of orthodontic residents (more dental schools and more residents in existing ortho programs)
- CODA requires orthodontic educational programs to teach to ABO standards and uses ABO certification as outcome assessment

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**Critical Issues List**

- Ethics and legal issues (ethics violations on exams) (Govt. regulations/HIPAA) (False advertising)
- No continuity with Strategic Plan and written values
- Value proposition (promote/convince orthodontists on value of BC) (Diplomates need value)
- Public awareness of board certification (general dentists doing orthodontics)
- Financial deficit (investment philosophy)
- Maintaining Diplomates
- Keeping up with technology changes
- Lack of defined standards of care (quality of care and standards of care are low)
- Increase certification
- Unable to support that the CE is reliable from a legal standpoint (Subjective testing method)
- Total support from parent organizations - AAO, CODA, ADA
- Defining the process of certification and recertification – need new pathways to be more inclusive of all orthodontists, redefining recertification so that we do not lose those current members (globalization)
- Relationships with educators/programs
In terms of ensuring overall success during the next year, the following are the top priority action items for each core strategy which need to be accomplished.

<table>
<thead>
<tr>
<th>Core Strategies</th>
<th>Who is Accountable?</th>
<th>When Done?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Strategy #1: Creating value for board certification</strong></td>
<td>Nick Barone and Marketing/PR/Branding Committee</td>
<td>May 13, 2015</td>
</tr>
<tr>
<td>1. Insurance discounts for ABO certified</td>
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<tr>
<td>2. Number of ICE and publish school ratings on website; number from each school (not immediately)</td>
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<tr>
<td>3. Continuing education with CE credits toward certification (possibly at AAO annual session)</td>
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<tr>
<td>4. Member recognition initiatives on website</td>
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<tr>
<td><strong>Core Strategy #2: Raising public awareness</strong></td>
<td>Steve Dugoni and Marketing/PR/Branding Committee</td>
<td>May 13, 2015</td>
</tr>
<tr>
<td>1. New website/SEO</td>
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<tr>
<td>2. Marketing plan and beginning to execute</td>
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<tr>
<td>3. BC Marketing Tool Kit (news releases and info telling how they can advertise)</td>
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<tr>
<td>4. Your Smile is in Good Hands brochure or equivalent (go to GD and Pedio)</td>
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<tr>
<td><strong>Core Strategy #3: Protecting the public</strong></td>
<td>Eladio DeLeon and Standards of Care Committee</td>
<td>May 13, 2015</td>
</tr>
<tr>
<td>1. Standards of Care (framework, elements, people)</td>
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<tr>
<td>2. Collaboration list (educators, organizational leaders, AAO, ADA, ADEA, CDABO, AJODO, Diplomates and legal)</td>
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<tr>
<td>3. Review Code of Ethics (bring a representative from AAO to serve on task force; fault to the highest standard)</td>
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<tr>
<td><strong>Core Strategy #4: Certification growth/Advocacy</strong></td>
<td>Chun-Hsi Chung and Membership/Advocacy Committee</td>
<td>May 13, 2015</td>
</tr>
<tr>
<td>1. Oversee advocacy visits to ortho programs</td>
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<tr>
<td>2. Develop advocacy for non-certified practitioners and those who need to renew certification</td>
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<tr>
<td>3. Outreach to non-dues paying Diplomates</td>
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<tr>
<td><strong>Core Strategy #5: Becoming world ambassadors</strong></td>
<td>Valmy Kulbersh and Membership/Advocacy Committee</td>
<td>May 15, 2015</td>
</tr>
<tr>
<td>1. Reinstate non-dues paying international Diplomates</td>
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<tr>
<td>2. Establish outreach program</td>
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<tr>
<td>3. Work with WFO</td>
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</table>
Core Strategies

Our core strategies are the primary means and methods we will use to move the ABO from today to our vision through 2020.

Core Strategies are the primary ways we “close the gap” between today and our desired Future Vision. Thus, they are also the “glue” and “organizing framework” for all parts of the organization. They replace the obsolete concept of separate department goals. These are those goals; the same for each department.

1. Value: Create unparalleled value for board certification
   1. Create a library of board cases for ABO members, ethical information (in process now)
   2. Excellence in orthodontics discount with vendors
   3. Active presence at AAO and constituency meetings

2. Public Awareness: Raise public awareness
   1. Magazine Advertising (Parent Magazine)
   2. Google ads, Facebook, Linked In, Twitter, other social media
   3. Public Website: Ask the Expert and Video testimonials
   4. Focus groups with young parents to ask and learn from them on how we can do public awareness
   5. Government outreach

3. General Public: Protect the public / standards of care
   1. Ethics – Legal issues and Ask the Expert/Ethics Corner/FAQ
   2. Written values and what we stand for

4. Certification Growth/Advocacy: Growth and advocacy
   1. Beginning banking to apply to one case with no restrictions
   2. Allow a candidate to take and pass the BCOE without showing any cases and bank the BCOE
   3. Allow flexibility to case types
   4. Mentorship during various meetings to accept cases
   5. Associate diplomate status
   6. Assistant diplomate status
   7. Corporate certification

5. World: Become World Ambassadors
   1. Site visits to foreign boards
   2. Host educators at AAO meetings (Ketcham)
   3. Increase web content for foreign members
   4. Multi certifying pathways (next year)
   5. Surveying and getting the pulse of the international members what do you like the best
## Yearly Comprehensive Map

<table>
<thead>
<tr>
<th>Date</th>
<th>Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. August 5-10</td>
<td>Review Strategic Plan / Implementation Plan Through New Committees</td>
</tr>
<tr>
<td>Clinical Exam</td>
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<tr>
<td>2. Sept. 5-9, 2014</td>
<td>Conduct Plan-to-Implement/ Develop Annual Work Plans/Budgets/Measurements</td>
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<tr>
<td>Fall Retreat</td>
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<tr>
<td>3. Feb. 23-28, 2015</td>
<td>Q1 Committee Review Session</td>
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<tr>
<td>Clinical Exam</td>
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<tr>
<td>4. May 15-19, 2015</td>
<td>Q2 Committee Review Session (Re-analyze desired outcomes, measurement</td>
</tr>
<tr>
<td>AAO Annual Session</td>
<td>systems and SWOT)</td>
</tr>
<tr>
<td>5. Sept. 16-19, 2015</td>
<td>Q3 Committee Review Session</td>
</tr>
<tr>
<td>Clinical Exam</td>
<td></td>
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<tr>
<td>6. 2015 Retreat</td>
<td>Q4 Evaluate Plan’s Year #1 Success / Develop Updated Annual Department</td>
</tr>
<tr>
<td></td>
<td>Plans/Budgets (re-analyze future environment and current processes)</td>
</tr>
<tr>
<td>7. 2016 Clinical Exam</td>
<td>Q1 Committee Review Session</td>
</tr>
<tr>
<td>8. April 29-May 3, 2016</td>
<td>Q2 Committee Review Session (Re-analyze desired outcomes, measurement</td>
</tr>
<tr>
<td>AAO Annual Session</td>
<td>systems and SWOT)</td>
</tr>
<tr>
<td>9. 2016 Clinical Exam</td>
<td>Q3 Committee Review Session</td>
</tr>
<tr>
<td>10. 2016 Retreat</td>
<td>Q4 Evaluate Plan’s Year #2 Success / Develop Updated Annual Department</td>
</tr>
<tr>
<td></td>
<td>Plans/Budgets (re-analyze future environment and current processes)</td>
</tr>
<tr>
<td>11. 2017 Clinical Exam</td>
<td>Q1 Committee Review Session</td>
</tr>
<tr>
<td>12. April 21-25, 2017</td>
<td>Q2 Committee Review Session (Re-analyze desired outcomes, measurement</td>
</tr>
<tr>
<td>AAO Annual Session</td>
<td>systems and SWOT)</td>
</tr>
<tr>
<td>13. 2017 Clinical Exam</td>
<td>Q3 Committee Review Session</td>
</tr>
<tr>
<td>14. 2017 Fall Retreat</td>
<td>Q4 Evaluate Plan’s Year #3 Success / Develop Updated Annual Department</td>
</tr>
<tr>
<td></td>
<td>Plans/Budgets (re-analyze future environment and current processes)</td>
</tr>
</tbody>
</table>