Call to Order: Dr. Nancy R. Rosenthal, chair, called a regular meeting of the Commission for Continuing Education Provider Recognition (CCEPR) to order on Thursday, April 25 at 8:45 a.m. in the Executive Conference Room of the ADA Headquarters Building in Chicago.

Roll Call

Commissioners present: Dr. John D. Ball, Dr. Jeffrey D. Bennett, Ms. Karen Burgess, Dr. Monica H. Cipes, Dr. Maria Cuevas-Nunez, Dr. Barry Hammond, Dr. Karl Keiser, Dr. David M. Kim, Dr. Mitchell J. Lipp, Dr. Steven E. Parker, Dr. Marcus K. Randall, Dr. Susan G. Reed and Dr. Arpana Verma.

Dr. Gary M. DeWood and Dr. Mitra Sadramelli were unable to attend.

In addition, Dr. Susan Becker Doroshow, Eighth District Trustee, Board of Trustees liaison, attended the meeting.

Commission staff: Ms. Mary Borysewicz, director; Ms. Kelli Cousins, coordinator.

ADA staff present for all or portions of the meeting: Dr. Anthony J. Ziebert, senior vice president, Education/Professional Affairs; Ms. Paula Tironi, Esq., senior associate general counsel; Ms. Cathryn Albrecht, Esq., senior associate general counsel; Mr. Ricky Dixon, senior director, Membership Planning & Data Analytics; Dr. Kathleen O’Loughlin, executive director.

Preliminary Business

Adoption of Agenda and Disclosure of Relationships: The Commission approved the agenda and authorized the chair to alter the order of agenda items as necessary to expedite business.

Dr. Rosenthal directed the Commission’s attention to the ADA Conflict of Interest Policy and reminded commissioners of their obligation to make disclosures as appropriate. Commissioners disclosed the following affiliations during the course of the meeting:

<table>
<thead>
<tr>
<th>Commission Member</th>
<th>Affiliation Disclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeffrey Bennett</td>
<td>Former faculty member at the University of Connecticut; lecturer for the Indiana Dental Association</td>
</tr>
<tr>
<td>John Ball</td>
<td>Faculty at the University of Missouri Kansas City</td>
</tr>
<tr>
<td>Mary Cuevas-Nunez</td>
<td>Member of the Hispanic Dental Association</td>
</tr>
<tr>
<td>David M. Kim</td>
<td>Faculty at Harvard University</td>
</tr>
<tr>
<td>Markus (Ken) Randall</td>
<td>Graduate of University of Kentucky</td>
</tr>
<tr>
<td>Susan G. Reed</td>
<td>Grant recipient from the National Institute of Dental and Craniofacial Research</td>
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Fiduciary Duty and Other Legal Topics: Ms. Paula Tironi gave a short presentation regarding topics such as fiduciary duty and conflicts of interest.
ADA Code of Professional Conduct and Prohibition Against Harassment: Ms. Albrecht reviewed the ADA Professional Conduct Policy.

Consent Agenda: A consent calendar was prepared to expedite the business of the Commission. Dr. Rosenthal reminded Commission members that any report, recommendation or resolution can be removed from the consent calendar for discussion. The following reports were accepted by the Commission on consent.

- Finance Committee Report
- CERP Provider Education and Outreach Update
- Appointments to the Commission
- Appeal Board Appointments
- Results of Spring 2019 CERP Applicant Survey
- CERP Participation and Approval Data
- Future Meeting Dates

Approval of October 2018 and January 2019 Meeting Minutes: Drafts of the minutes of the Commission's October 4-5, 2018 meeting and a special meeting on January 8, 2019, were circulated to Commission members for review.

Action: The Commission approves the minutes of its October 4-5, 2018 and January 8, 2019 meetings.

Reports from Other Agencies

ADA Board of Trustees Liaison: Dr. Doroshow thanked the Commission for its efforts in support of the profession, noting that CCEPR conducts a significant volume of work and considers issues that impact the profession.

ADA Executive Director Report: Dr. O'Loughlin provided an update on the ADA’s current strategic plan, Members First 2020. The ADA continues to face the challenge of declining revenue from member dues which has resulted in part from a proliferation of discounted rates. In addition to reviewing the dues structure, the ADA is working to increase membership numbers by helping to build capacity at the state level. The new strategic plan, Common Ground 2025, will continue to focus on these goals, and will also include the goal of supporting the advancement of the health of the public and the success of the profession.

Dr. O'Loughlin also discussed the fiduciary role of the ADA Commissions, noting that it differs from that of the ADA Councils, which report directly to the House of Delegates. The Commissions are agencies of the ADA, however their governance structures permit them to make their own decisions with respect to their areas of oversight. As standards-making agencies, the Commissions have a responsibility to serve the best interest of the public, and Commission decisions should be made independent of politics.

Overview of the ADA Commissions: Dr. Ziebert presented a detailed overview of the purpose and history of the four ADA Commissions created under ADA Bylaws to help support the profession and protect the public through the establishment of standards and quality assurance programs for accreditation, licensure examinations, continuing education recognition and specialty recognition. The Commission structure helps ensure that the agencies are semi-autonomous, with the authority to develop standards and administer programs within a defined scope, free from bias and conflicts of interest.

Meeting of U.S. Healthcare Accreditors Group: The Commission received a verbal report from staff who attended a meeting of the accreditors for continuing education in the health professions, in conjunction with the Alliance for Continuing Education in the Health Professions annual meeting in
January 2019. The accreditors’ group meets twice a year, providing an opportunity to discuss commonalities and differences and explore best practices in CE accreditation. The next meeting of the group is scheduled for July 31, 2019 at the Accreditation Council for Continuing Medical Education offices in Chicago.

Commission Business, Administration and Governance

Joint Accreditation Committee Report: Committee chair, Dr. Mitchell Lipp, reported that as a result of its review of the Joint Accreditation Standards and a draft agreement outlining financial terms and administrative responsibilities, the Committee believes that the Commission should consider participating in Joint Accreditation as an associate member. The Committee noted that this would provide an opportunity for dentistry to connect with other health care professions and support team-based care. The Commission concurred, noting that competencies in interprofessional education (IPE) have been advanced by ADEA, and incorporated in CODA accreditation standards. Providing a pathway for CE providers to achieve multiple accreditations through a single pathway could help foster the expansion of interprofessional continuing education (IPCE), an area of growing interest and need.

The Committee reported that the cost to participate in Joint Accreditation under the terms outlined in the draft associate agreement would be minimal, and could potentially be offset by fees paid by providers applying for CERP recognition through Joint Accreditation.

In conducting a comparison of the CERP Standards and the Joint Accreditation Criteria, the Committee observed that the Joint Accreditation Criteria place greater emphasis on changes in learners’ knowledge, performance and practice and improvements in healthcare. In comparison, ADA CERP requirements have a more regulatory focus. However, the Committee was satisfied that Joint Accreditation criteria and requirements meet or exceed CERP criteria with two exceptions related to CERP Standards on Publicity (XI) and Patient Protection (XIII). With respect to publicity requirements, the Committee noted that as part of the Joint Accreditation application process providers are required to submit program files, including publicity materials, for nine CE activities. The Committee suggested that although the Commission may wish to retain publicity requirements in the CERP Standards for those providers applying directly for CERP recognition, it may not be essential for those applying for Joint Accreditation.

With respect to provisions for patient safety, the Committee noted that Joint Accreditation does not include specific patient protection requirements in the event that a provider offers courses in which patients are treated. The Committee has requested that staff obtain more information on the Joint Accreditors’ and the Accreditation Council for Continuing Medical Education’s policies and procedures for ensuring patient safety in CE activities, and will explore options with the Joint Accreditors for addressing any differences.

Finance Committee Report: The Commission received an informational report (on the consent calendar) on current year revenues and expenses through March. A positive variance of actual revenue over budgeted amounts is projected for year end. This is due to the fact that the budget was developed in 2017 and revenues were projected based on the CERP fee structure in place at that time; a revised fee structure for CERP providers was approved by the Commission in 2018 and implemented in 2019. The 2020 budget prepared by the Commission in October 2018 is based on the new CERP fee structure, and projects net revenues of $84,000 over direct expenses.

Technology Update: The Commission received an oral report from staff on the status of the project to develop an online CERP application platform and review portal. Funding for the project was approved in the 2019 ADA technology budget. Beginning in January 2019, CCEPR and IT staff have met regularly with developers to outline the functional requirements for the project. The first phase of the project will focus on building, transferring data and testing a new CERP database in Aptify. The second phase will
entail designing and testing a web-based portal linked to the database that will support online submissions and reviews.

Revisions to ADA Bylaws, Governance and Organizational Manual, and Standing Rules for Councils and Commissions: Dr. Ziebert reported that the ADA Board of Trustees was considering proposing revisions to ADA governance documents in order to help ensure consistency in the governance and operations of the four ADA commissions where appropriate, and to help ensure that the commissions have the authority to administer their responsibilities with appropriate autonomy.

**Action:** The Commission supports the Board’s preliminary proposal to revise the ADA Bylaws, Governance and Organizational Manual and Standing Rules for Councils and Commissions in order to help ensure consistency in the governance of ADA commissions and to help ensure that the commissions have the authority to administer their responsibilities with appropriate autonomy.

Planning and Assessment Committee Report: Dr. Rosenthal presented a draft of the CCEPR Self-Assessment Report for review and approval prior to submission to the ADA Board of Trustees, pursuant to Res. B-99-2018 and 6H-2014 (Trans. 2014:466), and to the House of Delegates, pursuant to Res. 1H-2013. Dr. Rosenthal noted that the draft report presented would be updated in two places to reflect the Commission’s support of the Board’s preliminary proposal to revise ADA governance documents related to the Commissions, as well as the Commission’s review of its strategic plan, both agenda items discussed in the course of this meeting.

**Action:** The Commission approves the CCEPR Self-Assessment Report (Appendix 1) and authorizes the Chair and Director to amend the report to reflect the Commission’s discussions during the April 25-26, 2019 meeting, and transmit the finalized report to the ADA Board of Trustees Governance Committee.

As a result of its self-assessment, the Commission concluded that it is fulfilling its Bylaws responsibilities and that the ADA CERP program is expanding. However, the growth has resulted in an increase in the workload of Commissioners and staff and is taxing the Commission’s resources.

**Action:** The Commission requests the Planning and Assessment Committee to explore options for reducing the number of CERP applications assigned to Commissioners for review, or reducing the amount of time Commissioners need to complete their reviews, with a report for the Commission’s review at its October 2019 meeting.

In light of the Commission’s review of its Bylaws duties and the Commission’s composition, as well as information received regarding proposed revisions to ADA governance documents, the Commission expressed support for the addition of a public member to the Commission. In preparation for any such change to its composition, the Commission determined to develop criteria for the process of appointing a public member.

**Action:** The Commission authorizes the Chair to appoint an ad hoc committee to develop criteria for selection and appointment of a public member and report back at the October 2019 meeting.

CERP Provider Education and Outreach: The Commission received an update (on the consent calendar) on past and future educational presentations for CE providers, including workshops during the ADA annual meetings in 2018, 2019 and 2020, and a webinar delivered in November 2018. A recording of the webinar is posted on the Commission’s website.
Appointments to the Commission: The Commission was informed (on the consent calendar) of three new appointments to the Commission, as listed below, to complete the terms of Commissioners who had previously resigned prior to completing their terms.

<table>
<thead>
<tr>
<th>Commissioners Resigning</th>
<th>Appointing Organization</th>
<th>Commissioners Appointed to Complete Term</th>
<th>Term Ends</th>
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</thead>
<tbody>
<tr>
<td>Dr. Elizabeth Bilodeau</td>
<td>AAOMP</td>
<td>Dr. Maria Cuevas-Nunez</td>
<td>2021</td>
</tr>
<tr>
<td>Dr. Bertram Hughes</td>
<td>ADA</td>
<td>Dr. Marcus K. Randall</td>
<td>2020</td>
</tr>
<tr>
<td>Dr. Joseph J. Speicher</td>
<td>AADB</td>
<td>Dr. Arpana Verma</td>
<td>2019</td>
</tr>
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The Commission also received information on appointments to the Commission to replace the Commissioners whose terms will end in 2019, as listed below.

<table>
<thead>
<tr>
<th>Commissioners Completing Terms September 2019</th>
<th>Appointing Organization</th>
<th>Newly Appointed Commissioners 2019-2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Jeffrey Bennett</td>
<td>AAOMS</td>
<td>Dr. Daniel J. Meara</td>
</tr>
<tr>
<td>Dr. Barry Hammond</td>
<td>ADEA</td>
<td>Ms. Carol Trecek</td>
</tr>
<tr>
<td>Dr. Mitchell Lipp</td>
<td>AAO</td>
<td>Dr. Carla A. Evans</td>
</tr>
<tr>
<td>Dr. Nancy Rosenthal</td>
<td>ADA</td>
<td>TBA</td>
</tr>
<tr>
<td>Dr. Arpana Verma (completing Dr. Speicher’s term)</td>
<td>AADB</td>
<td>Dr. Arpana Verma</td>
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Dr. Rosenthal’s replacement will be nominated by the ADA Board of Trustees and selected by the ADA House of Delegates in September 2019. All new Commissioners’ terms will begin with the close of the ADA House of Delegates meeting in September 2019.

Consultant Appointments: The Commission appointed consultants to the Commission for 2018-2019. Consultants have previously served on the Commission and will participate in the CERP application review process.

Action: The Commission appoints the following consultants to participate in the CERP application review process in 2019-2020: Dr. Brian Beitel, Dr. Jeffrey Bennett, Dr. Elizabeth Bilodeau, Dr. Hardeep Chehal, Dr. Debra Dixon, Dr. Joseph Fiorellini, Dr. Barry Hammond, Dr. Timothy Kirkpatrick, Dr. Mitchell Lipp, Dr. Eugene McGuire, and Dr. Nancy Rosenthal. Appointments are for a one year term beginning with the close of the 2019 ADA House of Delegates.

Appeal Board Appointments: The Commission received an informational report (on the consent calendar) regarding appointments to the CCEPR Appeal Board. The Appeal Board provides a mechanism for CE providers to appeal adverse actions taken by the Commission. The composition of the CCEPR Appeal Board is defined by the CCEPR Rules. Current Appeal Board members’ terms will expire in September 2019. The organizations represented on CCEPR have appointed the individuals listed below to serve a 4-year term on the Appeal Board beginning in September 2019. Information on the remaining appointments will be provided to the Commission at its October meeting.
Current Appeal Board Members  
(2015-2019)

Mr. William Oliver Butler (ADEA)  
Dr. Laurie C. Carter (AAOMR)  
Dr. Jeffrey G. Chaffin (AAPHD)  
Ms. Carol J. Dingeldey (ASCDE)  
Dr. Alan L. Felsenfeld (AAOMS)  
Dr. Ralph L. Howell, Jr. (ADA)  
Dr. John H. Kobs (AAP)  
Dr. Mario E. Ramos (AAPD)  
Dr. Harold S. Seigel (AADB)  
Dr. Denise A. Trochesset (AAOMP)  
Dr. Kenneth J. Zucker (AAE)  
Dr. Robert Binder (AAO)

New Appointments to Appeal Board  
(2019-2023)

Ms. Janice Gibbs-Reed (ADEA)  
TBD  
Dr. Mary Tavares (AAPHD)  
Mr. Conor McNulty (ASCDE)  
Dr. Jeffrey D. Bennett (AAOMS)  
Dr. David T. Brown (ACP)  
Dr. Julie Ann Barna (ADA)  
TBD  
TBD  
Dr. Brian Betiel (AAPD)  
TBD  
TBD  
Dr. Timothy C. Kirkpatrick (AAE)  
Dr. Mitchell J. Lipp (AAO)

Election of 2019 Officers: In accordance with the Rules of the Commission for Continuing Education Provider Recognition, the Commission elects a Chair and Vice-Chair who are active, life or retired member of the American Dental Association. The officers’ terms will be effective beginning with the close of the ADA House of Delegates in September 2019 through the close of the House of Delegates in October 2020.

Action: The Commission elects Dr. Monica Cipes to serve as its Vice Chair for 2019-2020.

Election of the Commission chair for 2019-2020 was deferred. A special meeting by conference call will be planned for July or August 2019.

Acknowledgement of Service: The Commission acknowledged the following Commissioners whose terms will expire in September 2019 and thanked them for their service: Dr. Jeffrey Bennett, Dr. Barry Hammond, Dr. Mitchell Lipp and Dr. Nancy Rosenthal (chair).

Future Meeting Dates: The Commission received an informational report listing the Commission’s next meeting dates, scheduled for April 24-25 and October 3-4, 2020 (on the consent calendar).

ADA CERP Standards, Policies and Procedures

Standards Revision: Dr. Rosenthal indicated that the process of revising the CERP Standards will resume in the third quarter of 2019.

CERP Eligibility Committee Report: Committee chair, Dr. Jeffrey Bennett, presented the Committee’s comments and recommendations to the Council. The following summarizes the items discussed and the Commission’s actions.

The Committee reviewed comments from the communities of interest in response to the Commission’s October 2018 call for comments on a proposal to revise the CERP Eligibility Criteria so that commercial entities would no longer be eligible for recognition. The Committee noted that 74 written comments were submitted by a variety of organizations and individuals, both supportive and opposed to the proposal. In general, those who identified themselves as dental educators were supportive of the proposal, whereas the dental materials or equipment companies were not. Based on its review of the comments that were responsive to the call for comments, as well as the accreditation criteria and policies for continuing
education in other health professions, in particular those of the Accreditation Council for Continuing Medical Education, and literature regarding commercial conflicts of interest in medicine, the Committee recommended that the Commission revise the CERP Eligibility Criteria such that commercial entities would no longer be eligible for CERP recognition. The Committee recommended further revisions to the Eligibility Criteria to clarify the types of organizations and affiliations that would make a provider ineligible for recognition.

The Commission noted that accrediting agencies for continuing medical, physician assisting, pharmacy, nursing, and optometry made similar changes to their accreditation requirements ten or more years ago. The changes were designed to reduce potential conflicts of interest in continuing education that could compromise objectivity and impact the quality of patient care, and to better align with guidance from the U.S. Food and Drug Administration regarding separation of education from marketing. Noting the growing interest in integrated health care, the Commission also acknowledged the importance of aligning standards for continuing dental education with those of other healthcare disciplines. As a result of its deliberations the Commission took the following actions.

Action: The Commission resolves that commercial entities should no longer be eligible for recognition as CERP providers.

Action: The Commission approves revisions to the CERP Glossary definition of Commercial Interest as shown below (additions underlined; deletions stricken through):

Commercial Interest/Commercial Entity: (1) Any individual or entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients. (2) an individual or entity that is owned or controlled by an individual or entity that produces, markets, resells, or distributes health care goods or services consumed by, or used on, patients. Providing clinical services directly to or for patients (e.g., a dental practice, dental lab, or diagnostic lab) does not, by itself, make an individual or entity a commercial interest. The CCEPR does not consider providers of clinical services directly to patients to be commercial interests.

And further,

Approves editorial changes to the CERP Recognition Standards and Procedures by replacing the term “commercial entity” with “commercial interest” throughout.

Action: The Commission approves revisions to the CERP Eligibility Criteria as indicated in Appendix 2.

Action: The Commission approves revisions to the CERP definitions of Joint Provider and Joint Providership, and the CERP Joint Providership Policy stipulating that commercial interests may not be joint providers, as shown in Appendix 3.

In considering a timeline for implementing the revised CERP Eligibility Criteria, the Commission took into consideration currently published information about CERP recognition terms, as well as comments from those providers that would be considered ineligible under the revised criteria.

Action: The Commission approves implementation of the revised CERP Eligibility Criteria effective July 1, 2023.
To identify whether a provider meets the CERP Eligibility Criteria, the Commission will develop a CERP Pre-Application questionnaire to assess whether a provider meets the definition of a commercial interest, or is owned or controlled by a commercial interest.

**Action:** The Commission approves the development and implementation of a CERP Pre-Application Eligibility form to identify providers that meet CERP Eligibility Criteria.

The Commission also noted that the revision of the CERP Recognition Standards will resume, including a review of CERP Standard V to assess whether any corollary changes are needed to further clarify the role that commercial interests may have with respect to CE activities.

**CERP Reviewer Discussion and Calibration Exercise:** The Commission participated in an exercise and discussion to help calibrate CERP application reviews.

**ADA CERP Provider Recognition**

**Extended Approval Process (EAP) Update:** Ms. Burgess provided an update on CERP EAP, a voluntary process by which ADA constituent (state) societies and ADA recognized specialty organizations that have been granted ADA CERP recognition may extend ADA CERP recognition to their local societies. For the May 2019 –June 2020 approval period, 15 CERP approved providers (four specialty societies and 11 ADA constituent societies) report that they will be extending approval to a total of 102 component societies.

**Spring 2019 Recommended Recognition Actions:** The Commission considered 8 new applications for ADA CERP recognition, 74 applications for continued recognition, 17 progress reports, three requests for reconsideration of intent to withdraw and four reports of substantive change. The Commission granted initial recognition to seven providers of continuing dental education, and continued recognition to 71 providers. The Commission postponed action on one application, and issued six notices of intent to withdraw recognition. The Commission discontinued recognition of seven providers at the request of the providers and withdrew one provider for failure to meet program requirements. Including the Commission’s April 2019 actions on recognition, 469 CE providers are currently ADA CERP recognized.

**Action:** The Commission grants recognition or continued recognition to a total of 78 providers of continuing dental education. The Commission’s April 2019 actions regarding ADA CERP recognition are summarized in Appendix 4, a confidential section of these minutes.

**Results of Spring 2019 CERP Applicant Survey:** The Commission received an informational report summarizing survey results from providers submitting applications in Spring 2019, along with results from previous application cycles (on the consent calendar).

**CERP Participation and Approval Data:** The Commission received an informational report tracking annual data on program participation, submission types and acceptance rates (on the consent calendar).

**Miscellaneous**

**Review of CCEPR Strategic Plan:** The Commission reviewed progress on the 2017-2020 strategic plan in a discussion facilitated by Mr. Dixon. The Commission noted that the time line for accomplishing several objectives will be extended into 2020 as some projects are continuing. These include completion of the comprehensive revision of CERP Standards (Objective 1), and development of an online application platform in Aptify (Objective 3). Development of mechanisms to expand the Commission’s ability to monitor and audit providers (Objective 4) represent a separate phase in the development of a
new database for CERP. This is not within the scope of the current Aptify solution; the Commission will therefore defer this objective until the next CCEPR strategic plan.

The Commission noted that it has made progress in simplifying the CERP billing process and, through a restructuring of provider fees, increasing program revenues (Objectives 2 and 7). The Commission’s self-assessment survey, conducted as part of its self-assessment, revealed concerns about volunteer and staff capacity to support the current and future work load (Objective 5). The Commission noted that this may be partially alleviated in the near future by the expansion of the Commission to include a member appointed by a newly approved dental specialty and a public member.

The Commission anticipates beginning on its next strategic plan by the first quarter of 2020.

**New Business:** In its review of the proposed revisions to the ADA governance documents that are being considered by the ADA Board of Trustees the Commission noted the proposal that Commissions be granted the power to adopt their own Rules. In the event that this proposal is adopted by the ADA House of Delegates, the Commission will need to review its Rules and update accordingly to ensure that they are compete. In addition, the Commission may wish to identify and develop policies and procedures to assist with consistent operations of CCEPR business.

**Action:** The Commission authorizes the Chair to appoint a committee to recommend policies and procedures, with a report to the Commission in October.

**Adjournment:** 12:00 noon, Friday, April 26, 2019