2016 Access Dental Plan

Child Dental Satisfaction Survey Report

November 2016
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Introduction

Access Dental Plan contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Child Dental Satisfaction Survey as part of its process for evaluating the quality of dental services provided to child Medicaid members enrolled in its dental plan. The goal of the Child Dental Satisfaction Survey is to provide performance feedback that is actionable and will aid in improving overall member satisfaction. This report presents the 2016 survey results for Access Dental Plan at the plan aggregate and county levels.

Key Drivers of Satisfaction

HSAG performed a “key drivers” of satisfaction analysis focused on two measures: the survey respondent’s overall rating of the dental plan (i.e., Rating of Dental Plan) and whether or not the survey respondent would recommend the dental plan to someone else (i.e., Would Recommend Dental Plan). Figure 1-1 depicts the reported satisfaction levels with each of these measures.

Figure 1-1: Measures of Key Drivers of Satisfaction
The key drivers analysis was performed by determining if particular survey items (i.e., questions) strongly correlated with the Rating of Dental Plan and Would Recommend Dental Plan measures. These strongly correlated survey items (or “key drivers”) are associated with higher levels of satisfaction with each of the two measures. Table 1-1 provides a summary of the individual key drivers identified for Access Dental Plan. These are areas that Access Dental Plan can focus on to improve overall member satisfaction.

### Table 1-1: Individual Key Drivers of Satisfaction

<table>
<thead>
<tr>
<th>Rating of Dental Plan</th>
<th>Would Recommend Dental Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents reported that their child’s regular dentist did not always spend enough time with them.</td>
<td>Respondents reported that they did not always receive dental appointments for their child as soon as they wanted.</td>
</tr>
<tr>
<td>Respondents reported that they did not always receive dental appointments for their child as soon as they wanted.</td>
<td>Respondents reported that when their child had a dental emergency they did not get to see a dentist as soon as they wanted.</td>
</tr>
<tr>
<td>Respondents reported that their child’s dental plan information did not help them find a dentist for their child that they were happy with.</td>
<td>Respondents reported that their child’s dental plan’s customer service did not always give them the information or help they needed.</td>
</tr>
</tbody>
</table>

---

### Recommendations for Quality Improvement

Results of the Child Dental Satisfaction Survey can provide useful information for developing targeted quality improvement (QI) initiatives. Below are general QI recommendations based on the most up-to-date information in the literature. Access Dental Plan should evaluate these general recommendations in the context of its own operational and QI activities. More detailed recommendations can be found in the Recommendations Section beginning on page 5-3.

- Increase effective dentist communication with parents/caretakers and child members to improve patient satisfaction and quality of care. Provide workshops for dentists to learn effective communication practices and the importance of effective dentist-patient communication.
- Encourage providers to explore an open access scheduling model allowing for patients to schedule same-day appointments to increase continuity of care and reduce delays in patient care, patient wait times, and number of no-show appointments.

1-1 The key drivers of satisfaction are plan-level key drivers of satisfaction based on the survey results of Los Angeles and Sacramento counties combined.
Executive Summary

- Incorporate an online patient portal to provide members user-specific dental plan and dental health information and perform a periodic review of online dental plan information to ensure accuracy and relevancy.
- Establish plan-level customer service performance measures to address potential areas of concern, such as the amount of time it takes to resolve a member’s inquiry about dental plan coverage.
- Implement a customer service training program to teach the fundamentals of effective communication and a support structure to ensure learned skills are carried out by staff with leadership involvement.

County Comparisons

In order to identify performance differences in member satisfaction between Access Dental Plan’s Los Angeles County and Sacramento County, the results for each county were compared to each other using standard statistical tests. These comparisons were performed on the four global ratings, three composite measures, and three individual item measures. The detailed results of the comparative analysis are described in the Results Section beginning on page 4-4. Table 1-2 presents the statistically significant results from this comparison.1-2

Table 1-2: County Comparisons – Access Dental Plan

<table>
<thead>
<tr>
<th>Los Angeles County</th>
<th>Sacramento County</th>
</tr>
</thead>
<tbody>
<tr>
<td>↑ Rating of All Dental Care</td>
<td>↓ Rating of All Dental Care</td>
</tr>
<tr>
<td>↑ Rating of Dental Plan</td>
<td>↓ Rating of Dental Plan</td>
</tr>
<tr>
<td>↑ Rating of Regular Dentist</td>
<td>↓ Rating of Regular Dentist</td>
</tr>
<tr>
<td>↑ Access to Dental Care</td>
<td>↓ Access to Dental Care</td>
</tr>
</tbody>
</table>

↑ Significantly higher than the comparative county.
↓ Significantly lower than the comparative county.

1-2 Caution should be exercised when evaluating county comparisons, given that population, county, and dental plan differences may impact results.
Executive Summary

Trend Analysis

In order to evaluate trends in member satisfaction, HSAG compared the 2016 CAHPS scores to the corresponding 2015 scores. This trend analysis was performed on the four global ratings, three composite measures, and three individual item measures. The detailed results of the trend analysis are described in the Results Section beginning on page 4-12.

The results of the trend analysis revealed that there were no statistically significant differences between the aggregate’s, Los Angeles County’s, and Sacramento County’s 2015 and 2016 top-box rates.
Child Dental Satisfaction Survey

The survey instrument selected was a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Dental Plan Survey. The CAHPS Dental Plan Survey, currently available for the adult population only, was modified by HSAG for administration to a child Medicaid population to create a Child Dental Satisfaction Survey. Samples of 1,650 eligible Access Dental Plan child Medicaid members in two counties, Los Angeles and Sacramento, were selected for the survey. The parents and caretakers of child Medicaid members enrolled in Access Dental Plan completed the surveys from June to September 2016.

The modified version of the CAHPS Dental Plan Survey (i.e., Child Dental Satisfaction Survey) yields 10 measures of satisfaction, including four global ratings, three composite measures, and three individual item measures:

- Rating of Regular Dentist
- Rating of All Dental Care
- Rating of Finding a Dentist
- Rating of Dental Plan
- Care from Dentists and Staff
- Access to Dental Care
- Dental Plan Services
- Care from Regular Dentist
- Would Recommend Regular Dentist
- Would Recommend Dental Plan

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
Survey Demographics

Figure 2-1 provides an overview of the Access Dental Plan child member demographics.

**Figure 2-1: Child Member Demographics**

<table>
<thead>
<tr>
<th>Child Gender</th>
<th>Child Dental Health Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female 50.0%</td>
<td>Excellent 22.5%</td>
</tr>
<tr>
<td>Male 50.0%</td>
<td>Very Good 27.9%</td>
</tr>
<tr>
<td></td>
<td>Good 34.1%</td>
</tr>
<tr>
<td></td>
<td>Fair 13.7%</td>
</tr>
<tr>
<td></td>
<td>Poor 1.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Race</th>
<th>Child Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other 36.2%</td>
<td>Non-Hispanic 31.9%</td>
</tr>
<tr>
<td>Mult-Racial 4.5%</td>
<td>Hispanic 68.1%</td>
</tr>
<tr>
<td>White 39.2%</td>
<td></td>
</tr>
<tr>
<td>Asian 15.0%</td>
<td></td>
</tr>
<tr>
<td>Black 5.2%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 3 10.5%</td>
</tr>
<tr>
<td>4 to 7 24.7%</td>
</tr>
<tr>
<td>8 to 12 31.4%</td>
</tr>
<tr>
<td>13 to 17 26.0%</td>
</tr>
<tr>
<td>18 to 21* 7.4%</td>
</tr>
</tbody>
</table>

Please note, percentages may not total 100.0% due to rounding.

*Children are eligible for inclusion in the Child Dental Satisfaction Survey results if they were 20 years of age or younger as of April 30, 2016. Some children eligible for the survey turned age 21 between May 1, 2016, and the time of survey administration.*
Figure 2-2 provides an overview of the demographics of parents or caretakers who completed a Child Dental Satisfaction Survey on behalf of their child member.

**Figure 2-2: Respondent Demographics**

<table>
<thead>
<tr>
<th>Respondent Age</th>
<th>Respondent Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respondent Age</strong></td>
<td><strong>Respondent Gender</strong></td>
</tr>
<tr>
<td>Under 18</td>
<td>Male 12.5%</td>
</tr>
<tr>
<td>18 to 24</td>
<td>Female 87.5%</td>
</tr>
<tr>
<td>25 to 34</td>
<td></td>
</tr>
<tr>
<td>35 to 44</td>
<td></td>
</tr>
<tr>
<td>45 to 54</td>
<td></td>
</tr>
<tr>
<td>55 to 64</td>
<td></td>
</tr>
<tr>
<td>65 or Older</td>
<td></td>
</tr>
<tr>
<td>65 or Older</td>
<td></td>
</tr>
<tr>
<td>75 or Older</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondent Education</th>
<th>Relationship to Child</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respondent Education</strong></td>
<td><strong>Relationship to Child</strong></td>
</tr>
<tr>
<td>College Graduate</td>
<td>Grandparent 0.9%</td>
</tr>
<tr>
<td>College Graduate</td>
<td>Legal Guardian 0.7%</td>
</tr>
<tr>
<td>Some College</td>
<td>Other 0.7%</td>
</tr>
<tr>
<td>12.5%</td>
<td></td>
</tr>
<tr>
<td>24.7%</td>
<td></td>
</tr>
<tr>
<td>8th Grade or Less</td>
<td>Mother or Father</td>
</tr>
<tr>
<td>20.4%</td>
<td>97.8%</td>
</tr>
<tr>
<td>Some High School</td>
<td></td>
</tr>
<tr>
<td>12.9%</td>
<td></td>
</tr>
<tr>
<td>High School Graduate</td>
<td></td>
</tr>
<tr>
<td>29.5%</td>
<td></td>
</tr>
</tbody>
</table>

*Please note, percentages may not total 100.0% due to rounding.*
Dental Plan Performance Measures

The Child Dental Satisfaction Survey yielded 10 measures of satisfaction. These measures include four global rating measures, three composite measures, and three individual item measures. The global rating measures reflect overall satisfaction with regular dentists, dental care, ease of finding a dentist, and the dental plan. The composite measures are sets of questions grouped together to assess different aspects of dental care (e.g., “Care from Dentists and Staff” and “Access to Dental Care”). The individual item measures are individual questions that look at a specific area of care (e.g., “Care from Regular Dentist”).

Table 3-1 lists the global ratings, composite measures, and individual item measures included in the Child Dental Satisfaction Survey.

<table>
<thead>
<tr>
<th>Global Ratings</th>
<th>Composite Measures</th>
<th>Individual Item Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating of Regular Dentist</td>
<td>Care from Dentists and Staff</td>
<td>Care from Regular Dentist</td>
</tr>
<tr>
<td>Rating of All Dental Care</td>
<td>Access to Dental Care</td>
<td>Would Recommend Regular Dentist</td>
</tr>
<tr>
<td>Rating of Finding a Dentist</td>
<td>Dental Plan Services</td>
<td>Would Recommend Dental Plan</td>
</tr>
<tr>
<td>Rating of Dental Plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3-2 through Table 3-4 present the survey language and response options for the global ratings, composite measures, and individual item measures, respectively.

### Table 3-2: Global Ratings Question Language

<table>
<thead>
<tr>
<th>Global Ratings</th>
<th>Response Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rating of Regular Dentist</strong></td>
<td></td>
</tr>
<tr>
<td>13. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your child’s regular dentist?</td>
<td>0-10 Scale</td>
</tr>
<tr>
<td><strong>Rating of All Dental Care</strong></td>
<td></td>
</tr>
<tr>
<td>22. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care your child received in the last 12 months?</td>
<td>0-10 Scale</td>
</tr>
<tr>
<td><strong>Rating of Finding a Dentist</strong></td>
<td></td>
</tr>
<tr>
<td>30. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?</td>
<td>0-10 Scale</td>
</tr>
<tr>
<td><strong>Rating of Dental Plan</strong></td>
<td></td>
</tr>
<tr>
<td>34. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your child’s dental plan?</td>
<td>0-10 Scale</td>
</tr>
</tbody>
</table>

### Table 3-3: Composite Measures Question Language

<table>
<thead>
<tr>
<th>Composite Measures</th>
<th>Response Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care from Dentists and Staff</strong></td>
<td></td>
</tr>
<tr>
<td>6. In the last 12 months, how often did your child’s regular dentist explain things about your child’s dental health in a way that was easy to understand?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>7. In the last 12 months, how often did your child’s regular dentist listen carefully to you?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>8. In the last 12 months, how often did your child’s regular dentist treat you with courtesy and respect?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>10. In the last 12 months, how often did your child’s regular dentist explain things in a way that was easy for your child to understand?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>11. In the last 12 months, how often did your child’s regular dentist spend enough time with your child?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>Composite Measures</td>
<td>Response Categories</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>15. In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>16. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating your child?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td><strong>Access to Dental Care</strong></td>
<td></td>
</tr>
<tr>
<td>17. In the last 12 months, how often were dental appointments for your child as soon as you wanted?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>18. If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted?</td>
<td>Definitely Yes, Somewhat Yes, Somewhat No, Definitely No3-1</td>
</tr>
<tr>
<td>19. If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted?</td>
<td>Never, Sometimes, Usually, Always3-2</td>
</tr>
<tr>
<td>20. In the last 12 months, when your child went to an office or clinic to receive dental care, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>21. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td><strong>Dental Plan Services</strong></td>
<td></td>
</tr>
<tr>
<td>23. In the last 12 months, how often did your child’s dental plan cover all of the services you thought were covered?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>24. In the last 12 months, did your child’s dental plan meet all of his or her dental care needs?</td>
<td>Definitely Yes, Somewhat Yes, Somewhat No, Definitely No</td>
</tr>
<tr>
<td>25. In the last 12 months, did your child’s dental plan cover what your child needed to get done?</td>
<td>Definitely Yes, Somewhat Yes, Somewhat No, Definitely No</td>
</tr>
</tbody>
</table>

3-1 “My child did not have a dental emergency in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing).

3-2 “I did not try to get an appointment with a specialist dentist for my child in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing).
### Composite Measures

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. In the last 12 months, how often did the toll-free number, website, or written materials provide the information you wanted about your child’s dental plan?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>29. Did this information help you find a dentist for your child that you were happy with?</td>
<td>Definitely Yes, Somewhat Yes, Somewhat No, Definitely No</td>
</tr>
<tr>
<td>32. In the last 12 months, how often did customer service at your child’s dental plan give you the information or help you needed?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td>33. In the last 12 months, how often did customer service staff at your child’s dental plan treat you with courtesy and respect?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
</tbody>
</table>

### Table 3-4: Individual Item Measures Question Language

<table>
<thead>
<tr>
<th>Individual Item Measures</th>
<th>Response Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care from Regular Dentist</strong></td>
<td></td>
</tr>
<tr>
<td>12. In the last 12 months, how often were you satisfied with the overall care provided to your child by his or her regular dentist?</td>
<td>Never, Sometimes, Usually, Always</td>
</tr>
<tr>
<td><strong>Would Recommend Regular Dentist</strong></td>
<td></td>
</tr>
<tr>
<td>14. Would you recommend your child’s regular dentist to parents who are looking for a new dentist for their child?</td>
<td>Definitely Yes, Probably Yes, Probably No, Definitely No</td>
</tr>
<tr>
<td><strong>Would Recommend Dental Plan</strong></td>
<td></td>
</tr>
<tr>
<td>35. Would you recommend your child’s dental plan to other parents or people who want to join?</td>
<td>Definitely Yes, Probably Yes, Probably No, Definitely No</td>
</tr>
</tbody>
</table>
How Child Dental Satisfaction Survey Results Were Collected

**Sampling Procedures**

HSAG was provided a list of all eligible child Medicaid members enrolled in Access Dental Plan in Los Angeles and Sacramento counties for the sampling frame. A simple random sample of 1,650 child Medicaid members from each county, Los Angeles and Sacramento counties, was selected for inclusion in the survey for a total of 3,300 child members. HSAG sampled child Medicaid members who met the following criteria:

- Must be 20 years or younger and eligible for the California Medicaid dental care program as of April 30, 2016.
- Must have a paid or denied dental claim during the last 12 months of the measurement year (May 1, 2015 to April 30, 2016).

No more than one member per household was selected as part of the random survey samples.

**Survey Protocol**

All sampled members were mailed a copy of the Child Dental Satisfaction Survey in June 2016. HSAG tried to obtain updated addresses by processing sampled members’ addresses through the United States Postal Service’s National Change of Address (NCOA) system. All parents/caretakers of sampled child Medicaid members received an English and Spanish version of the survey. All non-respondents received a second survey, followed by a third survey mailing.

Table 3-5 shows the timeline used in the administration of the Child Dental Satisfaction Survey.

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send first questionnaire with cover letter to the parent/caretaker of the child member.</td>
<td>0 days</td>
</tr>
<tr>
<td>Send a second questionnaire (and letter) to non-respondents 20 days after mailing the first questionnaire.</td>
<td>20 days</td>
</tr>
<tr>
<td>Send a third questionnaire (and letter) to non-respondents 26 days after mailing the second questionnaire.</td>
<td>46 days</td>
</tr>
<tr>
<td>Close the survey field 71 days after mailing the first questionnaire.</td>
<td>71 days</td>
</tr>
</tbody>
</table>
How Child Dental Satisfaction Survey Results Were Calculated

HSAG developed a scoring approach, based in part on scoring standards devised by the Agency for Healthcare Research and Quality (AHRQ), the developers of CAHPS, to comprehensively assess member satisfaction. HSAG combined results from Los Angeles and Sacramento counties to calculate the Access Dental Plan aggregate scores. This section provides an overview of the analyses performed.

Who Responded to the Survey

The response rate was defined as the total number of completed surveys divided by all eligible child Medicaid members of the sample. HSAG considered a survey completed if at least one question was answered. Eligible child Medicaid members included the entire random sample minus ineligible child Medicaid members. Ineligible child Medicaid members met at least one of the following criteria: they were deceased, were invalid (did not meet the eligible population criteria), had a language barrier, refused to complete the survey, or were unreachable due to bad address information.

\[
\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Random Sample} - \text{Ineligibles}}
\]

Child Member and Respondent Demographics

The demographics analysis evaluated demographic information of child Medicaid members and respondents. The demographics are based on parents’/caretakers’ responses to the surveys. Caution should be exercised when extrapolating the Child Dental Satisfaction Survey results to the entire population if the respondent population differs significantly from the actual population of the plan.

Rates and Proportions

HSAG calculated question summary rates for each global rating and individual item measure, and global proportions for each composite measure. The scoring of the global ratings, composite measures, and individual item measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. A “top-box” response was defined as follows:

- “9” or “10” for the global ratings.
- “Always” or “Definitely Yes” for the composite measures and individual item measures.

The exception to this was Question 20 in the Access to Dental Care composite measure. For this question, the response option scale was reversed so a response of “Never” was considered a top-box response.


**County Comparisons**

HSAG performed a comparative analysis of Los Angeles and Sacramento counties’ rates to identify performance differences in member satisfaction between the two counties. A *t* test was performed to determine whether there were statistically significant differences in rates between the two counties. This comparative analysis was performed for each of the global ratings, composite measures, and individual item measures. Statistically significant differences were noted with arrows. If the county performed significantly higher than the comparative county, this was denoted with an upward (↑) arrow. Conversely, if the county performed significantly lower than the comparative county, this was denoted with a downward (↓) arrow.

**Trend Analysis**

A trend analysis was performed for Los Angeles and Sacramento counties’ rates to compare their 2016 scores to their corresponding 2015 scores to determine whether there were significant differences. A *t* test was performed to determine whether results in 2016 were significantly different from results in 2015. Scores that were statistically higher in 2016 than in 2015 are noted with black upward (▲) triangles. Scores that were statistically lower in 2016 than in 2015 are noted with black downward (▼) triangles. Scores in 2016 that were not statistically different from scores in 2015 are not noted with triangles.

**Weighting**

For purposes of the county comparisons and trend analysis, HSAG calculated a weighted score for Access Dental Plan’s aggregate. The CAHPS scores for Access Dental Plan’s aggregate were weighted based on the total eligible child population for Los Angeles County and Sacramento County.

**Key Drivers of Satisfaction Analysis**

HSAG performed an analysis of key drivers of satisfaction for the Rating of Dental Plan and Would Recommend Dental Plan measures. The purpose of the key drivers of satisfaction analysis is to help decision makers identify specific aspects of care that will most benefit from QI activities. The analysis provides information on: 1) how well Access Dental Plan is performing on the survey item, and 2) how important that item is to overall satisfaction.

The performance on a survey item was measured by calculating a problem score, in which a negative experience with care was defined as a problem and assigned a “1,” and a positive experience with care (i.e., non-negative) was assigned a “0.” The higher the problem score, the lower the member satisfaction with the aspect of service measured by that question. The problem score could range from 0 to 1.

For each item evaluated, the relationship between the item’s problem score and performance on each of the two measures was calculated using a Pearson product moment correlation. Items were then
prioritized based on their overall problem score and their correlation to each measure. Key drivers of satisfaction were defined as those items that:

- Had a problem score that was greater than or equal to the plan’s median problem score for all items examined.
- Had a correlation that was greater than or equal to the plan’s median correlation for all items examined.

**Limitations and Cautions**

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. Access Dental Plan should consider these limitations when interpreting or generalizing the findings.

**Non-Response Bias**

The experiences of the survey respondent population may be different than that of non-respondents with respect to their dental care services. Therefore, Access Dental Plan should consider the potential for non-response bias when interpreting the Child Dental Satisfaction Survey results.

**Causal Inferences**

Although this report examines whether respondents report differences in satisfaction with various aspects of their child’s dental care experiences, these differences may not be completely attributable to Access Dental Plan. The survey by itself does not necessarily reveal the exact cause of these differences.

**Lack of National Data for Comparisons**

Currently AHRQ does not collect survey results from the CAHPS Dental Plan Survey; therefore, national benchmark data were not available for comparisons.

**Survey Instrument**

The Child Dental Satisfaction Survey is a modified version of AHRQ’s CAHPS Dental Plan Survey. The CAHPS Dental Plan Survey, currently available for the adult population only, was customized for administration to a child Medicaid population.
4. Results

**Who Responded to the Survey**

A total of 3,300 surveys were mailed to parents or caretakers of child Medicaid members enrolled in Access Dental Plan. A total of 270 and 212 surveys were completed from Los Angeles County and Sacramento County, respectively. The Child Dental Satisfaction Survey response rate was defined as the total number of completed surveys divided by all eligible child Medicaid members of the sample.

Table 4-1 shows the total number of child members sampled, the number of surveys completed, the number of ineligible child members, and the response rates for Access Dental Plan in aggregate (i.e., Los Angeles and Sacramento counties combined), and Los Angeles and Sacramento counties separately.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Sample Size</th>
<th>Completes</th>
<th>Ineligibles</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate</td>
<td>3,300</td>
<td>482</td>
<td>194</td>
<td>15.52%</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>1,650</td>
<td>270</td>
<td>62</td>
<td>17.00%</td>
</tr>
<tr>
<td>Sacramento County</td>
<td>1,650</td>
<td>212</td>
<td>132</td>
<td>13.97%</td>
</tr>
</tbody>
</table>
Child and Respondent Demographics

Table 4-2 depicts the demographic characteristics of children for whom a parent or caretaker completed a Child Dental Satisfaction Survey for Access Dental Plan in aggregate, and Los Angeles and Sacramento counties.

### Table 4-2: Child Demographics—Access Dental Plan

<table>
<thead>
<tr>
<th></th>
<th>Aggregate</th>
<th>Los Angeles County</th>
<th>Sacramento County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 3</td>
<td>10.5%</td>
<td>9.8%</td>
<td>11.4%</td>
</tr>
<tr>
<td>4 to 7</td>
<td>24.7%</td>
<td>26.6%</td>
<td>22.3%</td>
</tr>
<tr>
<td>8 to 12</td>
<td>31.4%</td>
<td>30.5%</td>
<td>32.7%</td>
</tr>
<tr>
<td>13 to 17</td>
<td>26.0%</td>
<td>25.8%</td>
<td>26.2%</td>
</tr>
<tr>
<td>18 to 21*</td>
<td>7.4%</td>
<td>7.4%</td>
<td>7.4%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50.0%</td>
<td>51.9%</td>
<td>47.5%</td>
</tr>
<tr>
<td>Female</td>
<td>50.0%</td>
<td>48.1%</td>
<td>52.5%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>4.5%</td>
<td>2.2%</td>
<td>7.4%</td>
</tr>
<tr>
<td>White</td>
<td>39.2%</td>
<td>41.6%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Black</td>
<td>5.2%</td>
<td>3.5%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>15.0%</td>
<td>11.1%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Other</td>
<td>36.2%</td>
<td>41.6%</td>
<td>29.1%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>68.1%</td>
<td>81.2%</td>
<td>51.2%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>31.9%</td>
<td>18.8%</td>
<td>48.8%</td>
</tr>
<tr>
<td><strong>Dental Health Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>22.5%</td>
<td>23.0%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Very Good</td>
<td>27.9%</td>
<td>33.0%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Good</td>
<td>34.1%</td>
<td>29.1%</td>
<td>40.5%</td>
</tr>
<tr>
<td>Fair</td>
<td>13.7%</td>
<td>13.8%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Poor</td>
<td>1.7%</td>
<td>1.1%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

*Children are eligible for inclusion in the Child Dental Satisfaction Survey results if they are 20 or younger as of April 30, 2016. Some children eligible for the survey turned age 21 between May 1, 2016, and the time of survey administration.*

Please note: Percentages may not total 100% due to rounding.
Table 4-3 depicts the age, gender, education, and relationship to child of parents or caretakers who completed the Child Dental Satisfaction Survey for Access Dental Plan in aggregate, and Los Angeles and Sacramento counties.

<table>
<thead>
<tr>
<th></th>
<th>Aggregate</th>
<th>Los Angeles County</th>
<th>Sacramento County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 18</td>
<td>7.3%</td>
<td>5.8%</td>
<td>9.3%</td>
</tr>
<tr>
<td>18 to 24</td>
<td>2.2%</td>
<td>1.9%</td>
<td>2.5%</td>
</tr>
<tr>
<td>25 to 34</td>
<td>21.8%</td>
<td>19.3%</td>
<td>25.0%</td>
</tr>
<tr>
<td>35 to 44</td>
<td>41.0%</td>
<td>42.9%</td>
<td>38.7%</td>
</tr>
<tr>
<td>45 to 54</td>
<td>22.5%</td>
<td>23.6%</td>
<td>21.1%</td>
</tr>
<tr>
<td>55 to 64</td>
<td>4.3%</td>
<td>5.4%</td>
<td>2.9%</td>
</tr>
<tr>
<td>65 or Older</td>
<td>0.9%</td>
<td>1.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>12.5%</td>
<td>10.8%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Female</td>
<td>87.5%</td>
<td>89.2%</td>
<td>85.4%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th Grade or Less</td>
<td>20.4%</td>
<td>19.8%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Some High School</td>
<td>12.9%</td>
<td>14.5%</td>
<td>10.9%</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>29.5%</td>
<td>31.9%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Some College</td>
<td>24.7%</td>
<td>20.2%</td>
<td>30.6%</td>
</tr>
<tr>
<td>College Graduate</td>
<td>12.5%</td>
<td>13.7%</td>
<td>10.9%</td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother or Father</td>
<td>97.8%</td>
<td>98.8%</td>
<td>96.4%</td>
</tr>
<tr>
<td>Grandparent</td>
<td>0.9%</td>
<td>0.4%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Legal Guardian</td>
<td>0.7%</td>
<td>0.0%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Other</td>
<td>0.7%</td>
<td>0.8%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Please note: Percentages may not total 100% due to rounding.
Rates and Proportions

HSAG calculated top-box rates (i.e., rates of satisfaction) for each global rating, composite measure, and individual item measure. A “top-box” response was defined as follows:

- “9” or “10” for the global ratings.
- “Always” or “Definitely Yes” for the composite measures and individual item measures.

The exception to this was Question 20 of the Access to Dental Care composite measure. For this question, the response option scale was reversed so a response of “Never” was considered a top-box response.

The scoring of the global ratings, composite measures, and individual item measures involved assigning top-level responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-level responses was calculated in order to determine the question summary rates and global proportions. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

County Comparisons

In order to identify performance differences in member satisfaction between the two counties, the counties’ top-box rates for each measure were compared to one another using standard tests for statistical significance. Statistically significant differences are noted in the figures by arrows. If the county performed significantly higher than the comparative county, this is denoted with an upward (↑) arrow. Conversely, if the county performed significantly lower than the comparative county, this is denoted with a downward (↓) arrow. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. For additional information, please refer to the Reader’s Guide Section beginning on page 3-7.
Global Ratings

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care on a scale of 0 to 10, with “0” being the worst and “10” being the best. Figure 4-1 shows the 2016 top-box rates for each of the global ratings for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

![Figure 4-1—Global Ratings: Top-Box Rates](image)

Statistical Significance Note:
- ↑ indicates the county’s score is significantly higher than the comparative county
- ↓ indicates the county’s score is significantly lower than the comparative county
- + If the plan/county had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.
For each global rating question, responses were classified into one of three response categories:

- Responses of 0 to 6 were classified as **Dissatisfied**.
- Responses of 7 to 8 were classified as **Neutral**.
- Responses of 9 to 10 were classified as **Satisfied**.

Figure 4-2 shows the proportion of respondents for each response category for Access Dental Plan’s aggregate scores.

**Figure 4-2—Global Ratings: Proportion of Responses**

- **Rating of All Dental Care**
  - Dissatisfied: 20.4%
  - Neutral: 33.6%
  - Satisfied: 46.1%
  - N = 461

- **Rating of Dental Plan**
  - Dissatisfied: 16.1%
  - Neutral: 29.9%
  - Satisfied: 54.1%
  - N = 463

- **Rating of Finding a Dentist**
  - Dissatisfied: 40.9% *
  - Neutral: 24.0% *
  - Satisfied: 35.1% *
  - N = 82

- **Rating of Regular Dentist**
  - Dissatisfied: 16.8%
  - Neutral: 32.6%
  - Satisfied: 50.6%
  - N = 435

* If the plan/county had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.
Composite Measures

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care, and responses to these questions were combined to calculate composite measures. As previously described, a top-box response was defined as a response of “Always” or “Definitely Yes” for the composite measure, with one exception. A top-box response of “Never” was used for Question 20 of the Access to Dental Care composite measure. Figure 4-3 shows the 2016 top-box rates for the composite measures for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.
RESULTS

For each composite measure question, responses were classified into one of three response categories:

- Responses of “Never/Sometimes” or “Definitely No/Somewhat No” were classified as **Dissatisfied**.
- Responses of “Usually” or “Somewhat Yes” were classified as **Neutral**.
- Responses of “Always” or “Definitely Yes” were classified as **Satisfied**.

Figure 4-4 shows the proportion of respondents for each response category for Access Dental Plan’s aggregate scores.

**Figure 4-4—Composite Measures: Proportion of Responses**

<table>
<thead>
<tr>
<th>Access to Dental Care</th>
<th>Care from Dentists and Staff</th>
<th>Dental Plan Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>47.0%</td>
<td>16.8%</td>
<td>20.5%</td>
</tr>
<tr>
<td>26.6%</td>
<td>27.0%</td>
<td>29.8%</td>
</tr>
<tr>
<td>26.5%</td>
<td>56.2%</td>
<td>49.7%</td>
</tr>
</tbody>
</table>

Proportion of Responses (Percent)

- **Dissatisfied**
- **Neutral**
- **Satisfied**
**Individual Item Measures**

Parents or caretakers of child Medicaid members were asked three questions to assess their satisfaction with the overall dental care provided by their child’s regular dentist, and whether they would recommend their child’s regular dentist or their child’s dental plan to other parents or people. For the Care from Regular Dentist individual item measure, a top-box response was defined as a response of “Always.” For the Would Recommend Regular Dentist and Would Recommend Dental Plan individual item measures, a top-box response was defined as a response of “Definitely Yes.” Figure 4-5 shows the 2016 top-box rates for the individual item measures for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

![Figure 4-5—Individual Item Measures: Top-Box Rates](chart.png)

- **Care from Regular Dentist**
  - Access Dental Plan Aggregate: 55.2%
  - Los Angeles County: 56.5%
  - Sacramento County: 52.9%

- **Would Recommend Regular Dentist**
  - Access Dental Plan Aggregate: 43.5%
  - Los Angeles County: 44.1%
  - Sacramento County: 42.5%

- **Would Recommend Dental Plan**
  - Access Dental Plan Aggregate: 45.5%
  - Los Angeles County: 48.7%
  - Sacramento County: 39.9%
RESULTS

For each individual item measure question, responses were classified into one of three response categories:

- Responses of “Never/Sometimes” or “Definitely No/Probably No” were classified as **Dissatisfied**.
- Responses of “Usually” or “Probably Yes” were classified as **Neutral**.
- Responses of “Always” or “Definitely Yes” were classified as **Satisfied**.

Figure 4-6 shows the proportion of respondents for each response category for Access Dental Plan’s aggregate scores.

**Figure 4-6—Individual Item Measures: Proportion of Responses**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care from Regular Dentist</td>
<td>19.0%</td>
<td>25.7%</td>
<td>55.2%</td>
</tr>
<tr>
<td>Would Recommend Regular Dentist</td>
<td>13.4%</td>
<td>43.1%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Would Recommend Dental Plan</td>
<td>12.2%</td>
<td>42.4%</td>
<td>45.5%</td>
</tr>
</tbody>
</table>

N = 433 for Care from Regular Dentist and Would Recommend Regular Dentist.
N = 464 for Would Recommend Dental Plan.
Summary of Comparative Analysis Results

A comparison of Los Angeles County’s and Sacramento County’s top-box rates revealed the following statistically significant results:

- Los Angeles County performed significantly higher than Sacramento County on four measures: Rating of All Dental Care, Rating of Dental Plan, Rating of Regular Dentist, and Access to Dental Care.
Trend Analysis

In order to evaluate trends in member satisfaction, HSAG compared the 2016 scores to the corresponding 2015 scores. Statistically significant differences are noted with directional triangles. Scores that were statistically higher in 2016 than in 2015 are noted with black upward (▲) triangles. Scores that were statistically lower in 2016 than in 2015 are noted with black downward (▼) triangles. Scores in 2016 that were not statistically different from scores in 2015 are not noted with triangles. Scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.
**Global Ratings**

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care on a scale of 0 to 10, with “0” being the worst and “10” being the best.

**Rating of All Dental Care**

Figure 4-7 shows the 2015 and 2016 Rating of All Dental Care top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

![Figure 4-7—Rating of All Dental Care: Top-Box Rates](image)

- **Access Dental Aggregate**
  - 2015: 45.2%
  - 2016: 46.1%

- **Los Angeles County**
  - 2015: 49.2%
  - 2016: 52.3%

- **Sacramento County**
  - 2015: 37.1%
  - 2016: 35.1%
Rating of Dental Plan

Figure 4-8 shows the 2015 and 2016 Rating of Dental Plan top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

![Figure 4-8—Rating of Dental Plan: Top-Box Rates](image)

- **Access Dental Aggregate**
  - 2015: 53.8%
  - 2016: 54.1%
- **Los Angeles County**
  - 2015: 56.4%
  - 2016: 60.6%
- **Sacramento County**
  - 2015: 48.4%
  - 2016: 42.6%

Proportion of Top-Box Responses (Percent)

- **2015**
- **2016**
Rating of Finding a Dentist

Figure 4-9 shows the 2015 and 2016 Rating of Finding a Dentist top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

If the plan/county had fewer than 100 respondents for a measure, caution should be exercised when interpreting these results.
Rating of Regular Dentist

Figure 4-10 shows the 2015 and 2016 Rating of Regular Dentist top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

Figure 4-10—Rating of Regular Dentist: Top-Box Rates

<table>
<thead>
<tr>
<th>Location</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Dental Aggregate</td>
<td>52.6%</td>
<td>50.6%</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>55.4%</td>
<td>55.6%</td>
</tr>
<tr>
<td>Sacramento County</td>
<td>47.0%</td>
<td>41.7%</td>
</tr>
</tbody>
</table>
**Composite Measures**

Parents or caretakers of child Medicaid members were asked to rate various aspects of their child’s dental care, and responses to these questions were combined to calculate composite measures. As previously described, a top-box response was defined as a response of “Always” or “Definitely Yes” for the composite measure, with one exception. A top-box response of “Never” was used for Question 20 of the Access to Dental Care composite measure.

**Access to Dental Care**

Figure 4-11 shows the 2015 and 2016 Access to Dental Care top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

![Figure 4-11 – Access to Dental Care: Top-Box Rates](image)
Care from Dentists and Staff

Figure 4-12 shows the 2015 and 2016 Care from Dentists and Staff top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.
Dental Plan Services

Figure 4-13 shows the 2015 and 2016 Dental Plan Services top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

![Figure 4-13—Dental Plan Services: Top-Box Rates](chart)

- **Access Dental Aggregate**
  - 2015: 50.7%
  - 2016: 49.7%

- **Los Angeles County**
  - 2015: 49.9%
  - 2016: 51.7%

- **Sacramento County**
  - 2015: 52.5%
  - 2016: 46.3%
**Individual Item Measures**

Parents or caretakers of child Medicaid members were asked three questions to assess their satisfaction with the overall dental care provided by their child’s regular dentist, and whether they would recommend their child’s regular dentist or their child’s dental plan to other parents or people. For the Care from Regular Dentist individual item measure, a top-box response was defined as a response of “Always.” For the Would Recommend Regular Dentist and Would Recommend Dental Plan individual item measures, a top-box response was defined as a response of “Definitely Yes.”

**Care from Regular Dentist**

Figure 4-14 shows the 2015 and 2016 Care from Regular Dentist top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

![Figure 4-14---Care from Regular Dentist: Top-Box Rates](Image)
Would Recommend Regular Dentist

Figure 4-15 shows the 2015 and 2016 Would Recommend Regular Dentist top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

![Bar chart showing top-box rates for 2015 and 2016 in Access Dental Aggregate, Los Angeles County, and Sacramento County.]

Proportion of Top-Box Responses (Percent)

- **Access Dental Aggregate**
  - 2015: 45.7%
  - 2016: 43.5%

- **Los Angeles County**
  - 2015: 48.3%
  - 2016: 44.1%

- **Sacramento County**
  - 2015: 40.5%
  - 2016: 42.5%
**Would Recommend Dental Plan**

Figure 4-16 shows the 2015 and 2016 Would Recommend Dental Plan top-box rates for Access Dental Plan in aggregate, Los Angeles County, and Sacramento County.

![Figure 4-16—Would Recommend Dental Plan: Top-Box Rates](image)

**Summary of Trend Analysis Results**

The results of the trend analysis revealed that there were no statistically significant differences between Los Angeles and Sacramento counties’ and Access to Dental Plan’s aggregate 2015 and 2016 top-box rates.
Key Drivers of Satisfaction

HSAG performed an analysis of key drivers for two measures: Rating of Dental Plan and Would Recommend Dental Plan. The analysis provides information on: 1) how well Access Dental Plan is performing on the survey item (i.e., question), and 2) how important the item is to overall satisfaction.

Key drivers of satisfaction are defined as those items that (1) have a problem score that is greater than or equal to the program’s median problem score for all items examined, and (2) have a correlation that is greater than or equal to the program’s median correlation for all items examined. For additional information on the assignment of problem scores, please refer to the Reader’s Guide section. Table 5-1 depicts those items identified for each of the two measures as being key drivers of satisfaction for Access Dental Plan.

Table 5-1: Key Drivers of Satisfaction

<table>
<thead>
<tr>
<th>Rating of Dental Plan</th>
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<tbody>
<tr>
<td>Respondents reported that their child’s regular dentist did not always spend enough time with them.</td>
</tr>
<tr>
<td>Respondents reported that they did not always receive dental appointments for their child as soon as they wanted.</td>
</tr>
<tr>
<td>Respondents reported that their child’s dental plan information did not help them find a dentist for their child that they were happy with.</td>
</tr>
<tr>
<td>Respondents reported that their child’s dental plan’s customer service did not always give them the information or help they needed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Would Recommend Dental Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents reported that they did not always receive dental appointments for their child as soon as they wanted.</td>
</tr>
<tr>
<td>Respondents reported that when their child had a dental emergency they did not get to see a dentist as soon as they wanted.</td>
</tr>
</tbody>
</table>
Recommendations for Future Study

The 2016 Child Dental Satisfaction study represents Access Dental Plan’s second assessment of its child Medicaid population using the Child Dental Satisfaction Survey. Based on the results of the 2016 study, HSAG recommends repeating the Child Dental Satisfaction study in 2017 using the same survey instrument. Depending on the availability of funds for a repeat study in 2017, HSAG also recommends the following for Access Dental Plan’s consideration:

- **Trend Evaluation:** Repeat a simple random sample of eligible child Medicaid members and continue to trend previous years’ results to the 2017 results to determine if there are significant changes in parents’ or caretakers’ perceptions of their child’s dental care over time.

- **Mixed-Mode Survey Administration:** To reduce the potential for non-response bias, Access Dental Plan may want to employ a mixed-mode methodology of survey administration. A mixed-mode methodology allows parents or caretakers of child Medicaid members two methods by which to complete a survey: 1) mailed survey and 2) telephone interview. The second phase, or telephone phase, would consist of Computer Assisted Telephone Interviewing (CATI) of members who had not mailed in a completed survey. It has been shown that the addition of a telephone phase aids in the reduction of non-response bias by increasing the number of respondents who are more demographically representative of a plan’s population.5-1

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Recommendations for Quality Improvement

The Child Dental Satisfaction Survey was developed using the Adult CAHPS Dental Plan Survey. The survey can be used to identify relative strengths and weaknesses in performance, determine areas for improvement, and track progress over time. Based on the most up-to-date information in the literature, general QI recommendations related to the findings from the survey have been presented below. Access Dental Plan should evaluate these general recommendations in the context of its own operational and QI activities. For additional information, refer to the QI references beginning on page 5-5.

**Dentist-Patient Communication**

Enhancing effective dentist-patient communication can improve patient satisfaction and outcomes. Indicators of good dentist-patient communication include providing clear explanations, active listening, collaborating with patients on care options, and being understanding of patients’ perspectives. Access Dental Plan may want to consider creating specialized workshops focused on enhancing dentists’ communication skills, relationship building, and the importance of dentist-patient communication. Training sessions can include topics such as improving listening techniques, patient-centered interviewing skills, and effectively communicating expectations and goals of dental care treatment. Due to the fact that improved dentist-patient communication may decrease over time, it is important to be given feedback regularly.

**Convenience**

The convenience of availability and ability to schedule an appointment plays a key role in patient satisfaction. One way of accomplishing this is by keeping later hours, opening earlier a couple days a week, and including hours on the weekend. Additionally, Access Dental Plan should encourage providers to explore open access scheduling. An open access scheduling model can be used to match patient demand for appointments with dentist and dental staff supply. This type of scheduling model allows for appointment flexibility and for patients to receive same-day appointments. Instead of booking appointments weeks or months in advance, an open access scheduling model includes leaving part of a dentist’s schedule open for same-day appointments. Open access scheduling has been shown to have the following benefits: 1) reduces delays in patient care; 2) increases continuity of care; and 3) decreases wait times and number of no-shows resulting in cost savings.

**Online Patient Portal**

A secure online patient portal allows members easy access to a wide array of dental plan and dental care information and services that are particular to their needs and interests. To help increase members’ satisfaction with their dental plan, Access Dental Plan should consider incorporating an online patient portal or online tools and services into its current web-based systems that focus on patient-centered care. Online dental health information and services that can be made available to members include: dental plan benefits and coverage forms, online dental health records, and educational information and resources on various dental conditions. In addition, an online patient portal can be an effective means of...
RECOMMENDATIONS

promoting dental health awareness and education. Access Dental Plan should periodically review dental information content for accuracy and request member and/or dentist feedback to ensure relevancy of online services and tools provided.

Customer Service Performance Measures

Setting plan-level customer service standards can assist in addressing areas of concern and serve as domains for which Access Dental Plan can evaluate and modify internal customer service performance measures, such as call center representatives’ call abandonment rates (i.e., average rate of disconnects), the amount of time it takes to resolve a member’s inquiry about dental plan coverage, and the number of member complaints. Collected measures should be communicated with dental providers and staff members. Additionally, by tracking and reporting progress internally and modifying measures as needed, customer service performance is more likely to improve.

Creating an Effective Customer Service Training Program

Access Dental Plan’s efforts to improve customer service should include implementing a training program to meet the needs of its unique work environment. Direct patient feedback should be disclosed to employees to emphasize why certain changes need to be made. Additional recommendations from employees, managers, and business administrators should be provided to serve as guidance when constructing the training program. It is important that employees receive direction and feel comfortable putting new skills to use before applying them within the work place.

The customer service training should be geared toward teaching the fundamentals of effective communication. By reiterating basic communication techniques, employees will have the skills to communicate in a professional and friendly manner. How to appropriately deal with difficult patient interactions is another crucial concern to address. Employees should feel competent in resolving conflicts and service recovery.

The key to ensuring that employees carry out the skills they learned in training is to not only provide motivation, but implement a support structure when they are back on the job so that they are held responsible. It is advised that all employees sign a commitment statement to affirm the course of action agreed upon. Access Dental Plan should ensure leadership is involved in the training process to help establish camaraderie between managers and employees and to help employees realize the impact of their role in making change.
Quality Improvement References

The following references offer additional guidance on possible approaches to QI activities.


RECOMMENDATIONS


This section provides a copy of the Child Dental Satisfaction Survey instrument administered to Access Dental Plan child Medicaid members.
SURVEY INSTRUCTIONS

• Answer each question on behalf of the child listed on the envelope by filling in the circle to the left of your answer, like this:
  ● Yes

• You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
  ● Yes → If Yes, Go to Question 3
  ○ No

Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the dental benefits your child gets. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned your survey so we don’t have to send you reminders.

If you want to know more about this study, please call 1-844-472-4334.

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in the

   <<DENTAL_PLAN_NAME>>

   Is that right?
   1 ○ Yes → If Yes, Go to Question 3
   2 ○ No

2. What is the name of your child’s dental plan? (Please print)

   __________________________________________
   __________________________________________

3. In the last 12 months, did your child go to a dentist’s office or clinic for care?

   1 ○ Yes
   2 ○ No → If No, please stop and return this survey in the postage-paid envelope. Thank you.
Your Child’s Regular Dentist

4. A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?
   1. ○ Yes
   2. ○ No → If No, Go to Question 15

5. Has your child seen his or her regular dentist in the last 12 months?
   1. ○ Yes
   2. ○ No, my child has seen someone else → If No, Go to Question 15

6. In the last 12 months, how often did your child’s regular dentist explain things about your child’s dental health in a way that was easy to understand?
   1. ○ Never
   2. ○ Sometimes
   3. ○ Usually
   4. ○ Always

7. In the last 12 months, how often did your child’s regular dentist listen carefully to you?
   1. ○ Never
   2. ○ Sometimes
   3. ○ Usually
   4. ○ Always

8. In the last 12 months, how often did your child’s regular dentist treat you with courtesy and respect?
   1. ○ Never
   2. ○ Sometimes
   3. ○ Usually
   4. ○ Always

9. Is your child able to talk with his or her regular dentist about his or her dental care?
   1. ○ Yes
   2. ○ No → If No, Go to Question 11

10. In the last 12 months, how often did your child’s regular dentist explain things in a way that was easy for your child to understand?
    1. ○ Never
    2. ○ Sometimes
    3. ○ Usually
    4. ○ Always

11. In the last 12 months, how often did your child’s regular dentist spend enough time with your child?
    1. ○ Never
    2. ○ Sometimes
    3. ○ Usually
    4. ○ Always
12. In the last 12 months, how often were you satisfied with the overall care provided to your child by his or her regular dentist?

1 ○ Never
2 ○ Sometimes
3 ○ Usually
4 ○ Always

13. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your child's regular dentist?

○ 0 Worst regular dentist possible
○ 1
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7
○ 8
○ 9
○ 10 Best regular dentist possible

14. Would you recommend your child's regular dentist to parents who are looking for a new dentist for their child?

1 ○ Definitely yes
2 ○ Probably yes
3 ○ Probably no
4 ○ Definitely no

15. In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work?

1 ○ Never
2 ○ Sometimes
3 ○ Usually
4 ○ Always

16. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating your child?

1 ○ Never
2 ○ Sometimes
3 ○ Usually
4 ○ Always

17. In the last 12 months, how often were dental appointments for your child as soon as you wanted?

1 ○ Never
2 ○ Sometimes
3 ○ Usually
4 ○ Always
18. If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted?

- 0 ○ My child did not have a dental emergency in the last 12 months
- 1 ○ Definitely yes
- 2 ○ Somewhat yes
- 3 ○ Somewhat no
- 4 ○ Definitely no

19. If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted?

- 0 ○ I did not try to get an appointment with a specialist dentist for my child in the last 12 months
- 1 ○ Never
- 2 ○ Sometimes
- 3 ○ Usually
- 4 ○ Always

20. In the last 12 months, when your child went to an office or clinic to receive dental care, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment?

- 1 ○ Never — If Never, Go to Question 22
- 2 ○ Sometimes
- 3 ○ Usually
- 4 ○ Always

21. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?

- 1 ○ Never
- 2 ○ Sometimes
- 3 ○ Usually
- 4 ○ Always

22. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care your child received in the last 12 months?

- 0 ○ Worst dental care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 ○ Best dental care possible
Your Child's Dental Plan

The next set of questions asks about your child's dental plan. For these questions, answer only about your child's dental plan.

23. In the last 12 months, how often did your child's dental plan cover all of the services you thought were covered?
   1. Never
   2. Sometimes
   3. Usually
   4. Always

24. In the last 12 months, did your child's dental plan meet all of his or her dental care needs?
   1. Definitely yes
   2. Somewhat yes
   3. Somewhat no
   4. Definitely no

25. In the last 12 months, did your child's dental plan cover what your child needed to get done?
   1. Definitely yes
   2. Somewhat yes
   3. Somewhat no
   4. Definitely no

26. In the last 12 months, did you try to find out how your child's dental plan works by calling their toll-free number, visiting their Web site, or reading printed materials?
   1. Yes
   2. No → If No, Go to Question 28

27. In the last 12 months, how often did the toll-free number, Web site, or written materials provide the information you wanted about your child's dental plan?
   1. Never
   2. Sometimes
   3. Usually
   4. Always

28. In the last 12 months, did you use any information from your child's dental plan to help you find a new dentist for your child?
   1. Yes
   2. No → If No, Go to Question 31

29. Did this information help you find a dentist for your child that you were happy with?
   1. Definitely yes
   2. Somewhat yes
   3. Somewhat no
   4. Definitely no
30. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?

- 0 Extremely difficult
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Extremely easy

31. In the last 12 months, did you try to get information or help from customer service at your child’s dental plan?

- 1 Yes
- 2 No → If No, Go to Question 34

32. In the last 12 months, how often did customer service at your child’s dental plan give you the information or help you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

33. In the last 12 months, how often did customer service staff at your child’s dental plan treat you with courtesy and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

34. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your child’s dental plan?

- 0 Worst dental plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best dental plan possible

35. Would you recommend your child’s dental plan to other parents or people who want to join?

- 1 Definitely yes
- 2 Probably yes
- 3 Probably no
- 4 Definitely no
About Your Child and You

36. In general, how would you rate the overall condition of your child’s teeth and gums?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

37. What is your child’s age?

1. Less than 1 year old
2. ____YEARS OLD (write in)

38. Is your child male or female?

1. Male
2. Female

39. Is your child of Hispanic or Latino origin or descent?

1. Yes, Hispanic or Latino
2. No, not Hispanic or Latino

40. What is your child’s race? (Mark one or more.)

1. White
2. Black or African-American
3. Asian
4. Native Hawaiian or other Pacific Islander
5. American Indian or Alaska Native
6. Other

41. What is your age?

0. Under 18
1. 18 to 24
2. 25 to 34
3. 35 to 44
4. 45 to 54
5. 55 to 64
6. 65 to 74
7. 75 or older

42. Are you male or female?

1. Male
2. Female
43. What is the highest grade or level of school that you have completed?

1. ○ 8th grade or less
2. ○ Some high school, but did not graduate
3. ○ High school graduate or GED
4. ○ Some college or 2-year degree
5. ○ 4-year college graduate
6. ○ More than 4-year college degree

44. How are you related to the child?

1. ○ Mother or father
2. ○ Grandparent
3. ○ Aunt or uncle
4. ○ Older brother or sister
5. ○ Other relative
6. ○ Legal guardian
7. ○ Someone else

45. Did someone help you complete this survey?

1. ○ Yes
2. ○ No → Thank you. Please return the completed survey in the postage-paid envelope.

46. How did that person help you? Mark one or more.

1. ○ Read the questions to me
2. ○ Wrote down the answers I gave
3. ○ Answered the questions for me
4. ○ Translated the questions into my language
5. ○ Helped in some other way

THANK YOU

Please return the completed survey in the postage-paid envelope to:

HEALTH SERVICES ADVISORY GROUP
P.O. Box 81400
Conyers, GA 30013-9860