

RAND

*Summary of Focus Groups for CAHPS Dental
Care Project*

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PREFACE

Dental CAHPS (or D-CAHPS) is a small-scale effort to develop instruments to capture reports and ratings of consumers' dental care experiences. This research is led by Dr. Jim Crall in collaboration with RAND, and with initial support from the University of Connecticut. The D-CAHPS team's primary goal is to produce a parallel set of CAHPS instruments to be used to assess the dental care experiences of consumers. As with CAHPS, the instruments will contain Core items appropriate for a broad range of consumers and dental care delivery systems. The instruments will include supplemental items relevant to specific populations, insurance, or systems of care.

Our initial item development efforts have focused on a publicly insured population: children who receive dental care via MediCal or the Healthy Families programs (California's Medicaid and SCHIP programs). This population was selected for two reasons. First, out of a general interest in the dental care experiences of children covered by Medicaid. Second, RAND's initial CAHPS development work focused on MediCal/AFDC populations. The current D-CAHPS effort allows RAND to draw from prior experience and expertise with this population. The purpose of this document is to report the key findings focus groups conducted as part of the D-CAHPS effort. The purpose of the focus groups was to affirm the current set of domains, and to determine if key aspects of care were missing from the domains or their associated items.

The focus group participants engaged in a general discussion of dental care experiences to identify the factors that can contribute to positive and negative dental care encounters. This included a discussion of provider selection, access to specialist care, scheduling appointments, types of care, and the level of parental involvement or participation during individual visits for care. Following the general discussion, participants completed and discussed a draft item set.

Two focus groups were conducted in February 2001 to discuss experiences with dental care received through the MediCal program. Group participants engaged in a general discussion of dental care experiences and reviewed and completed a set of draft survey items. A total of 18 women (15 African-American, 3 Latina/Hispanic) participated in the focus group discussions held in Santa Monica, California. These women are the mothers of 40 children under age 13 covered by public insurance (38 MediCal, 2 Healthy Families). Most of these women have several years of experience with public insurance. Participants in group one had an average of 11 years of experience with public insurance. Participants in group two had an average of 5 years of experience with public insurance.

Perception of Providers and Care

Fourteen of 18 participants left their child's last dental encounter feeling positive or satisfied. Factors that contribute to a positive or successful dental encounter include:

- ◆ Not a long wait in waiting room after arriving for appointment,
- ◆ Getting needed or expected treatment during visit,
- ◆ Making a child feel comfortable or less afraid about procedures to be performed during a visit (this includes talking with a child about the procedure and what each instrument is for),
- ◆ Duration of visit is not too long,
- ◆ Child knows dental provider and staff,
- ◆ Provider and staff are friendly,
- ◆ Seeing the same provider each time,
- ◆ Provider is trained to "cater to children,"
- ◆ Not needing follow-up visits for fillings,
- ◆ Provider and staff who can understand and meet a child's needs (including the special needs of an autistic or disabled child),
- ◆ Office or clinic serves clients who are ethnically diverse,
- ◆ Parent can remain in exam room with child if needed,
- ◆ Office or clinic treats lots of children or specializes in treatment of children,
- ◆ Receiving a toy or toothpaste and toothbrush at the end of the visit.

Factors that lead to a negative dental encounter include:

- ◆ Staff or provider unable to adequately address a parent's questions or concerns,
- ◆ Dental assistants who are not adequately trained conducting exams and identifying cavities,
- ◆ Not allowing a parent to accompany a young child in the exam room,
- ◆ Use of boards or restraints during the administration of anesthesia,
- ◆ Delays in authorizations that result in delays in care or extend treatment over multiple visits,
- ◆ Office staff not treating you well because you are on MediCal.

In general, participants report a preference for seeing the same provider across visits, and most participants have one dentist who treats their child. A few participants (roughly four) felt it was not as important to see the same dentist as long as the child was going to the same office or clinic

for care. Participants valued continuity of provider or location because a child is more comfortable if he/she is familiar with the care setting or provider. Parents also perceive that continuity in provider or location promotes better care, as providers are able to get to know a child and his/her needs and dental history.

When asked if their child is treated by a dentist who has special training in pediatric dental care, the vast majority of parents responded "yes." As the discussion continued it became clear that participants identified a dental provider as a "pediatric dentist" because the dentist treated children. Participants had little or no information about specialized training, or certification to allow them to accurately distinguish between dental generalists and dental specialists. In addition, group participants categorized dental providers into just two groups: dentists and dental assistants. As described by group participants, dental assistants took x-rays, conducted initial examinations of a child's teeth, cleaned teeth, prepped a child for a filling or other treatment, and assisted the dentist during a treatment or dental procedure. Participants did not use or recognize terms such as "hygienist" or "dental technician."

General Care vs. Preventive Care

A child's first visit for dental care can occur as early as age two or three, according to group participants. After a child's first visit, the group discussion identified three prompts that lead to a dental visit: a postcard reminder that it is time for a 6-month check-up visit, a visit for continuing treatment that was scheduled during a prior visit (such as follow-up visits to fill multiple cavities), or a child reports tooth or mouth pain that requires a visit. Almost all participants have had a child experience tooth or mouth pain at night or on weekends. Some participants have access to dental care on Saturdays, but none of them have care available outside of "9 to 5" weekday office hours. Participants shared a range of techniques for coping with a child's pain during the night, but clearly would prefer to have after hours care available for children.

In the words of one participant a "routine [visit] within MediCal is when they say it's time for your scheduled [visit]." Participants defined regular or routine dental care to include cleaning, routine exams, x-rays, and other types of care that could be described as preventive care. Participants clearly communicated that a visit for a filling or other treatment of cavities or dental caries was not a visit for regular or routine care. The term most commonly used by participants to describe this type of visit was "treatment." Urgent care visits were identified as visits prompted by tooth or mouth pain, or an injury like a broken tooth.

Parent's Role in Care

Focus group participants report that they play an active role in dental care visits, interacting with dentists, assistants and office staff. However, based on the experiences reported by group participants, most parents are not in the room with their child during the dental exam or treatment. Even for children as young as 4 years old, parents usually remain in the waiting room until the dental exam or treatment is completed, at which time they have an opportunity to talk with the dentist.

General Discussion of Dental Plans

Participants represented individuals enrolled in MediCal dental plans, which limits them to a specific group of providers, as well as individuals who are not enrolled in a MediCal dental plan and not limited to a provider panel. As a result, some individuals hold their dental plan (or HMO if it includes dental care) accountable for access to care and authorizations for care and others hold MediCal accountable for access and authorizations. At least seven participants in the groups reported an unmet need for special services such as retainers or braces, which had been denied by MediCal. When asked about delays in treatment or care while waiting for an authorization participants report delays as short as one week and as long as several months.

Review of Draft Item Set

Personal Dentist and Dental Specialists

The concept of a “personal dentist” is similar to that of “personal doctor” and was endorsed by group participants. As with a “personal doctor” there is doubt about the accuracy of participant response to the question “Is this person a general dentist, a pediatric or children’s dentist, a specialist dentist, or some other kind of dentist?” From the information provided in the dental CAHPS focus groups, and from the information provided in prior CAHPS groups, we know the answer to such questions is based on perception rather than factual knowledge of any specialized training or credentials.

The groups did identify an additional example (periodontist) to include in the description of dental specialists (Dental specialists are dentists like oral surgeons, orthodontists, pediatric or children’s dentists and others who specialize in one area of dental care.). In addition, participants were more familiar with the terms authorization and approval than the term referral. In the general discussion about dental, participants used the word “authorization” to refer to the approval process required for visits to specialists or for special treatments or procedures.

Calling Dentist’s Offices

No problems were identified with these items during the group review. Given the group discussion on the need for after hours (evening) care, additional items on after hours care could be added to this section for testing. (NOTE: there are items from the provider-group level instrument that could be reviewed and adapted for this purpose.)

Dental Care in the Last 6 Months

To be eligible for the group, participants were required to have taken at least one child under the age of 13 for a visit to a dentist or dental clinic during the 12 months prior to the group. The draft survey items on dental care used a 6 months reference period (“in the last 6 months”), which is the standard reference period adopted by CAHPS for Medicaid populations. Seventeen of the 18 group participants had dental encounters within the 6 month reference period and were able to complete items on care received in the last 6 months.

Dental providers are currently defined as “A dental provider can be a general dentist, a pediatric or children’s dentist, a specialist dentist (like an orthodontist), a dental hygienist, or anyone else your child sees for care in a dental office or clinic.” From the review and discussion

it is clear that the term dental hygienist is unfamiliar to group participants. While no one in the group was unable to answer the question, it would be useful to explore the terms individuals use and recognize when referring to dental providers in order to promote an optimal item wording.

The item on regular and routine care captured visits for preventive care (dental cleanings, exams, and annual check-ups), but did not capture visits for fillings, or other routine dental procedures. Participants did not include fillings and treatment of cavities in the same category as x-rays, exams, check-ups and cleaning. As noted above, participants described visits for fillings as “treatment.” Participants defined a “dental problem or injury” as a broken tooth, or a child waking with tooth pain in the night, or a “bubble or sore on a child’s gum.” At least one participant considered a cavity to be a “dental problem or injury.”

In general, group participants endorsed provider communication items as capturing experiences that are important to or that make for positive dental care experiences. In addition, participants were able to come up with a rating of dental care across multiple providers. However many participants included interactions with staff who did not provide care (such as reception staff) in their rating of dental care in the past 6 months.

Dental Plan

In reviewing the items on the dental plan participants report that it is difficult for them to distinguish which types of questions merit a call to the plan and which types of questions merit a call to MediCal. Once they have decided who to call (MediCal vs. plan) participants report difficulty in locating the correct number to call for information about what types of services are covered, or to get an answer to a question about the authorization process.

Ratings of the plan ranged from 5 to 8 (one participant rated the plan a 10 but later reported that the rating was for her dental care). In rating the plan participants took into account delays in getting appointments, delays in authorizations or approvals, and the ease of getting information on coverage and benefits.

Suggested Next Steps for Survey Development

Dentists vs. dental specialists vs. dental assistants. Issues related to the type of care provided (specialist care vs. general care), and the best terms to use to refer to different types of provider can best be explored in a one-on-one cognitive interview setting.

Categorizing types of care. It is surprising to learn that the group participants did not consider fillings regular or routine care. While group participants endorsed the term “treatment” to refer to such visits, it is desirable to test this new term in a one-on-one cognitive interview setting in order to gain a better understanding of how MediCal recipients categorize types of visits and to provide an opportunity to test alternative wording to use in asking about visits for urgent and non-urgent dental care.

Additional topics of interest. Several participants reported problems getting special care such as braces or retainers. While such items may not merit inclusion in a core instrument, these are important indicators of access to special care that might go into a supplemental item set. In addition, there may be topics of interest to potential survey sponsors or stakeholders that should

be explored (for example, pain management is a topic that has been included in surveys such as the RAND Dental Satisfaction Questionnaire developed by Davies and Ware).

Reference period. For surveys of Medicaid populations, CAHPS has set a standard of six months of continuous enrollment. This results in a survey question reference period of the last 6 months. It would be useful to look at utilization rates for dental care to determine what proportion of Medicaid recipients would have a visit for dental care and be able to respond to the bulk of a dental care survey.

APPENDIX: ITEM SET REVIEWED IN FOCUS GROUP

Your Child's Dental Care

February 2001

SURVEY INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ 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 → *Go to Question 1*

No

1. Our records show that your child is now in Medi-Cal. Is that right?

¹ Yes

² No

YOUR CHILD'S PERSONAL DENTIST

The next questions ask about your child's dental care. When you answer the next questions, do not include orthodontic care (like braces or retainers).

2. A personal dentist is the dentist who knows your child best. This can be a general dentist or a pediatric dentist (children's dentist).

Do you have one person you think of as your child's personal dentist?

¹ Yes

² No → Go To Question 8 on Next Page

3. Is this person a general dentist, a pediatric or children's dentist, a specialist dentist, or some other kind of dentist?

¹ General or family dentist

² Pediatric dentist (children's dentist)

³ Specialist dentist

⁴ Some other kind of dentist

4. In the last 6 months, did you go with your child when he/she visited his/her personal dentist?

¹ Yes

² No → Go To Question 6

5. In the last 6 months, when your child visited his/her personal dentist, how often did the dentist talk with you about your child's dental health or dental problems?

¹ Never

² Sometimes

³ Usually

⁴ Always

6. We want to know your rating of your child's personal dentist. (If your child has more than one personal dentist, choose the person your child sees most often.) Use any number from 0 to 10 where 0 is the worst personal dentist possible and 10 is the best personal dentist possible. How would you rate your child's personal dentist now?

0 Worst personal dentist possible

1

2

3

4

5

6

7

8

9

10 Best personal dentist possible

7. Did your child have the same personal dentist before he/she joined Medi-Cal?

¹ Yes

² No

8. Since your child joined Medi-Cal, how much of a problem, if any, was it to get a personal dentist for your child you are happy with?

¹ A big problem

² A small problem

³ Not a problem

GETTING DENTAL CARE FROM A SPECIALIST

9. Dental specialists are dentists like oral surgeons, orthodontists (braces), pediatric or children's dentists, and others who specialize in one area of dental care.

In the last 6 months, did you or a general dentist think your child needed to see a dental specialist?

¹ Yes

² No → Go To Question 14 on Next Page

10. In the last 6 months, how much of a problem, if any, was it to get a referral to a dental specialist that your child needed to see?

¹ A big problem

² A small problem

³ Not a problem

11. In the last 6 months, did your child see a dental specialist?

¹ Yes

² No → Go To Question 14 on Next Page

12. We want to know your rating of the specialist your child saw most often in the last 6 months.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

0 Worst specialist possible

1

2

3

4

5

6

7

8

9

10 Best specialist possible

13. In the past 6 months, was the specialist your child saw most often the same dentist as your child's personal dentist?

¹ Yes

² No

³ My child doesn't have a personal dentist.

CALLING DENTISTS' OFFICES

14. In the last 6 months, did you call a dentist's office or clinic during regular office hours to get help or advice for your child?

- Yes
 No → Go to Question 16

15. In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?

- Never
 Sometimes
 Usually
 Always

YOUR CHILD'S DENTAL CARE IN THE LAST 6 MONTHS

16. A dental provider can be a general dentist, a pediatric or children's dentist, a specialist dentist (like an orthodontist), a dental hygienist, or anyone else your child sees for care in a dental office or clinic.

In the last 6 months, did you make any appointments for your child with a dental provider for regular or routine dental care?

- Yes
 No → Go to Question 18

17. In the last 6 months, how often did your child get an appointment for regular or routine dental care as soon as you wanted?

- Never
 Sometimes
 Usually
 Always

18. In the last 6 months, did your child have a dental problem or injury that needed care right away from a dentist's office or dental clinic?

- Yes
 No → Go to Question 20

19. In the last 6 months, when your child needed care right away for a dental problem or injury, how often did your child get care as soon as you wanted?

- Never
 Sometimes
 Usually
 Always

20. In the last 6 months, how many times did your child go to an emergency room for dental care?

- None
_____ Number of times (*Write in*)

21. In the last 6 months, how many times did your child go to a dentist's office or dental clinic?

None → Go to Question 40 on Page 6

¹ 1

² 2

³ 3

⁴ 4

⁵ 5 to 9

⁶ 10 or more

22. In the last 6 months, how much of a problem, if any, was it to get dental care for your child that you or a dentist believed necessary?

¹ A big problem

² A small problem

³ Not a problem

23. In the last 6 months, how much of a problem, if any, were delays in your child's dental care while you waited for approval from your child's dental plan?

¹ A big problem

² A small problem

³ Not a problem

24. In the last 6 months, how often did your child wait in the dentist's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?

¹ Never

² Sometimes

³ Usually

⁴ Always

25. In the last 6 months, how often did office staff at your child's dentist's office or dental clinic treat you and your child with courtesy and respect?

¹ Never

² Sometimes

³ Usually

⁴ Always

26. In the last 6 months, how often were office staff at your child's dentist's office or dental clinic as helpful as you thought they should be?

¹ Never

² Sometimes

³ Usually

⁴ Always

27. In the last 6 months, how often did your child's dentists or other dental providers listen carefully to you?

¹ Never

² Sometimes

³ Usually

⁴ Always

28. In the past 6 months, how often did you have a hard time speaking with or understanding your child's dentists or other dental providers because you spoke different languages?

¹ Never

² Sometimes

³ Usually

⁴ Always

29. In the last 6 months, how often did your child's dentists or other dental providers explain things in a way you could understand?

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

30. In the last 6 months, how often did your child's dentists or other dental providers show respect for what you had to say?

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

31. Is your child old enough to talk with dentists about his/ her dental care?

- 1 Yes
- 2 No → Go to Question 34

32. In the past 6 months, how often did your child have a hard time speaking with or understanding his/her dentists or other dental providers because they spoke different languages?

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

33. In the last 6 months, how often did dentists or other dental providers explain things in a way your child could understand?

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

34. In the last 6 months, how often did dentists or other dental providers spend enough time with your child?

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

35. We want to know your rating of all your child's dental care in the last 6 months from all dentists and other dental providers.

Use any number from 0 to 10 where 0 is the worst dental care possible, and 10 is the best dental care possible. How would you rate all your child's dental care?

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

36. An interpreter is someone who repeats or signs what one person says in a language used by another person.

In the last 6 months, did you need an interpreter to help you speak with your child's dentist or other dental provider?

- Yes
 No → Go to Question 38

37. In the last 6 months, when you needed an interpreter to help you speak with your child's dentist or dental provider, how often did you get one?

- Never
 Sometimes
 Usually
 Always

38. In the past 6 months, did your child need an interpreter to help him/her speak with dentists or other dental providers?

- Yes
 No → Go to Question 40

39. In the last 6 months, when your child needed an interpreter to help him/her speak with a dentist or other dental provider, how often did he/she get one?

- Never
 Sometimes
 Usually
 Always

40. Reminders from your child's dentist's office or dental clinic, or from the dental plan can come to you by mail, by telephone, or in-person during a visit.

In the last 6 months, did you get any reminders to bring your child in for a dental check-up?

- Yes
 No

41. In the past 6 months, did your child visit a dentist or other dental provider for a check-up?

- Yes
 No → Go To Question 43 on Next Page

42. Did your child get an appointment for that visit for a dental check-up as soon as you wanted?

- Yes
 No

YOUR CHILD'S DENTAL PLAN

The next questions ask about your experience with your child's dental plan.

43. Some states pay dental plans to care for people covered by Medi-Cal. With these dental plans, you may have to choose your child's dentist from the plan list or take your child to a dental clinic or dental center on the plan list.

Is your child covered by a dental plan like this?

- ¹ Yes
² No → Go to Question 50

44. What is the name of your child's dental plan? (Write in)

¹ I am not sure of the plan name

45. Is this the dental plan you use for all or most of your child's dental care?

- ¹ Yes
² No

46. How many months or years in a row has your child been in this dental plan?

- ¹ Less than 6 months
² 6 up to 12 months
³ 1 to 2 years
⁴ More than 2 years, but less than 5 years
⁵ 5 or more years

47. Did you choose your child's dental plan or were you told which plan your child was in?

- ¹ I chose my child's plan.
² I was told which plan my child was in.

48. You can get information about your child's dental plan services in writing, by telephone, or in-person.

Did you get any information about your child's dental plan before you signed him/her up for it?

- ¹ Yes
² No → Go to Question 50

49. How much of the information you were given before you signed your child up for the plan was correct?

- ¹ All of it
² Most of it
³ Some of it
⁴ None of it

50. In the last 6 months, did you look for any information in written materials from your child's dental plan?

- ¹ Yes
² No → Go to Question 52 on Next Page

51. In the last 6 months, how much of a problem, if any, was it to find or understand information in the written materials?

- ¹ A big problem
² A small problem
³ Not a problem

52. In the last 6 months, did you call the dental plan's customer service to get information or help for your child?

Yes

No → Go to Question 54

53. In the last 6 months, how much of a problem, if any, was it to get the help you needed when you called your child's dental plan's customer service?

A big problem

A small problem

Not a problem

54. In the last 6 months, did you have to fill out any paperwork for your child's dental plan?

Yes

No → Go to Question 56

55. In the last 6 months, how much of a problem, if any, did you have with paperwork for your child's dental plan?

A big problem

A small problem

Not a problem

56. We want to know your rating of all your experience with your child's dental plan.

Use any number from 0 to 10 where 0 is the worst dental plan possible, and 10 is the best dental plan possible. How would you rate your child's dental plan now?

0 Worst dental plan possible

1

2

3

4

5

6

7

8

9

10 Best dental plan possible

ABOUT YOUR CHILD AND YOU

57. In general, how would you rate your child's overall dental health now?

Excellent

Very Good

Good

Fair

Poor

58. Does your child have any kind of emotional, developmental, or behavior that affects his/her ability to get routine dental care?

Yes

No

59. What is your child's age now?

- ⁰ Less than one year old
_____ YEARS OLD (*Write in*)

60. Is your child male or female?

- ¹ Male
² Female

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

- ¹ Hispanic or Latino
² Not Hispanic or Latino

62. What is your child's race? Please 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

63. What is your age now?

- 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

64. Are you male or female?

- ¹ Male
² Female

65. 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

66. 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

67. Are you listed as the child's payee or guardian on Medi-Cal records?

- ¹ Yes
² No