



A Decade of Advancing Patient-Centered Care:  
**The 10th National CAHPS® User Group Meeting**




## CAHPS Dental Survey

Development of the  
Dental CAHPS Child Survey


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**About the CAHPS Child  
Dental Care Survey**



Pediatric Dental CAHPS (or PD-CAHPS) was a small-scale effort to develop instruments to capture reports and ratings of consumers' pediatric dental care experiences. Dr. Jim Crall led this research in collaboration with RAND, with support from the University of Connecticut and the Agency for Healthcare Research and Quality.



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## Research Objectives



- Produce a set of core and supplemental items to assess consumer experience with pediatric dental care.
- Follow the CAHPS design principles by developing measures suitable for a broad range of consumers and dental care delivery systems.

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## Instrument Development Process



- Draft an initial set of domains and topics to capture consumer reports and ratings of pediatric dental care.
- Conduct focus groups to explore consumer perceptions of positive and negative dental care encounters and to pretest survey content.
- Refine survey content based on focus group findings.
- Conduct cognitive interviews to elicit data on comprehension of key terms and concepts.

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## Initial Survey Domains



- Getting Needed Care
- Getting Care Quickly
- Provider Communication
- Experience With Dental Office Staff
- Experience With Dental Plan
- Overall Rating of Provider
- Overall Rating of Care
- Overall Rating of Plan



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## Key Findings From Focus Groups



- The initial set of domains and their associated survey items capture key, relevant care experiences for parents of children on public insurance.
- Parents can not reliably distinguish between dental generalists and specialists.
- Parents do not include visits for fillings or other treatment of cavities or dental caries in reports of "regular or routine" dental care.

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## Example from Focus Group



### Item reviewed in focus group:

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

### Finding from group:

This item captured visits for preventive care (dental cleanings, exams, and annual check-ups), but did not capture visits for fillings, or other routine dental procedures.

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## Key Findings from Cognitive Interviews



- Focusing items on a single dental provider (referred to as “personal dentist”) resulted in missing data as some participants did not have a single dental provider.
- All participants had a usual place of dental care (such as a dental office or clinic).
- Varying levels of knowledge of the types of dental providers visited.
- Fillings or treatment of cavities are not perceived as regular or routine dental care.

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## Example from Cognitive Interview



### Item tested in interview protocol:

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?

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## Example from Cognitive Interview



### Revised item based on cognitive findings:

We want to know your rating of your child's dentist.

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

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## What is currently available?



- A set of core and supplemental items to assess consumer experience with pediatric dental care.
- A set of composites to use to report consumer experience with pediatric dental care.
- Recommendations for sampling and data collection procedures.

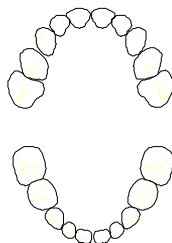
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## Want more information?



For more information about Pediatric D-CAHPS or to request additional copies of the item set, contact:



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