



Background

- ❑ Patient-centered care (PCC) has gained recognition as a fundamental element of quality healthcare.
- ❑ The Institute of Medicine defines PCC as “providing care that is respectful of and responsive to individual patient preferences, needs, and values ensuring that such values guide clinical decisions”.¹
- ❑ The use of PCC is particularly important in pediatric care,² given that at least one in ten children is significantly affected by dental fear and anxiety.³
- ❑ It is important for clinicians to engage patients and parents in evaluation of their system of care.
- ❑ Patient experience surveys can help determine experience of families in dental settings, increase provider accountability, and bolster efforts to improve the quality of their practice.⁴
- ❑ Rather than asking patients about their overall satisfaction, it is critical to utilize survey tools that measure specific aspects of a patient's experience.⁵
- ❑ Our study assessed patient experiences at the Pediatric Dental Center at Children's Hospital Colorado.

Methods

- ❑ Our study assessed the patient experiences through a 14-question survey presented to parents.
- ❑ The survey evaluated several domains of patient- and family-centered care: active listening, after-visit management, clinical skill, ease of access, empathy, office, patient, price, privacy, shared decision-making, value, and wait time.
- ❑ Willingness to recommend served as an outcome measure to determine which domains affect the parent's experience, either positively or negatively.

Results

- ❑ A total of 97 parents were surveyed, and every question has been answered.
- ❑ A reliability test for the internal consistency of the survey was done before conducting the statistical analysis. Cronbach's Alpha was calculated to demonstrate how well the survey works on our study population.
- ❑ Uni- and multi-variate logistic regression models were run using penalized maximum likelihood method to evaluate the relationship between independent factors and the outcome variable (willingness to recommend).
- ❑ The model showed that at willingness to recommend was associated with clinical skills (OR=18.1, CI=3.9,83.9, $P=0.000$), cultural sensitivity (OR=7.1,CI=1.6, 31.9 $P=0.009$), and price transparency (OR=10.2,CI=1.2, 81.2 $P=0.030$).
- ❑ A standardized Alpha of 0.95 indicates a very high internal consistency.

Effect	Point Estimate	95% Confidence Limits		P Value
Active Listening, 5 vs. <5	1.2	0.1	9.3	0.877
After Visit Management, 5 vs <5	3.1	0.6	17.3	0.188
Clinical Skill, 5 vs. <5	3.7	0.4	31.9	0.232
Cultural Sensitivity, 5 vs. <5	2.3	0.3	18.2	0.427
Ease of Access, 5 vs. <5	0.9	0.1	6.4	0.953
Empathy, 5 vs. <5	1.8	0.1	35.9	0.713
Office Environment, 5 vs. <5	3.3	0.3	38.0	0.341
Patient Consideration, 5 vs. <5	0.7	0.1	10.4	0.828
Price Transparency, 5 vs. <5	7.8	0.7	87.3	0.096
Privacy, 5 vs. <5	0.6	0.0	7.6	0.679
Shared Decision Making, 5 vs. <5	1.1	0.2	6.1	0.917
Value, 5 vs. <5	1.1	0.2	7.0	0.948
Wait Time, 5 vs. <5	1.8	0.3	11.4	0.514

Table1: Penalized Maximum Likelihood Estimates

Conclusions

- ❑ Overall, clinical skills, cultural sensitivity and price transparency are the independent factors that determine whether a parent will make recommendations of their dentist/hygienist.
- ❑ A parent who rates a dentist/hygienist as a 5 on cultural sensitivity or price transparency is 25 times more likely to make recommendations compared to parents who rated those below score of 5
- ❑ A parent who gives a rating of 5 for price transparency is 16.3 times more likely to make recommendations compared to parent giving a rating below 5 for price transparency even when adjusting for clinical skill and cultural sensitivity.
- ❑ A parent who gives a rating of 5 for cultural sensitivity is 8.7 times more likely to make recommendations compared to those who give a rating below 5 while adjusting for the clinical skill and price transparency.

Conclusions

Our findings suggest that practices focused on improving patient-centered care have the potential to maximize efficiency by prioritizing clinical skill, office environment, and cultural sensitivity of staff.

References

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4. Price, R.,et al (2014). Examining the role of patient experience surveys in measuring health care quality. Med Care Res Rev, 71(5), 522-554.
5. Karimbux, N. et al (2023). Measuring patient experience of oral health care: a call to action. J Evid Based Dent Pract, 23(1s), 101788.