



The Biggest Opportunities for Dental Network Quality: Where Provider Performance Varies Most

A White Paper from DifferentKind

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Executive Summary

01

Price transparency drives member satisfaction and reduces administrative burden

With the highest standard deviation across all experience metrics, provider communication about costs and financial information varies dramatically, creating member confusion and increased call center volume for payers.

02

Value perception and access directly impact utilization and retention

Value and ease of access show substantial variation, indicating that network providers excelling in these areas drive higher member satisfaction and appropriate utilization patterns.

03

Shared decision making reduces unnecessary treatments and member complaints

Despite being critical for appropriate care, shared decision making shows high variability across network providers, suggesting inconsistent treatment planning approaches that impact both costs and member experience.

04

Core clinical skills show consistent delivery across networks

Clinical skill, patient consideration, and empathy demonstrate relatively low standard deviations, indicating network providers consistently meet baseline clinical and interpersonal standards.

Understanding Network Quality Through Performance Variability

When dental payers evaluate network quality and member satisfaction, identifying which provider behaviors most impact member experience isn't always straightforward. While traditional metrics focus on clinical outcomes or basic satisfaction scores, our data reveals where network providers create the biggest differences in member experience and consequently, the biggest opportunities for payer intervention.

We analyzed over 100,000 recently completed patient-provided data points across DifferentKind's 14 experience metrics. Rather than examining average scores, we studied standard deviation - revealing where member experiences vary most dramatically across providers.



Why variability matters for payers:



High standard deviation

Indicates significant inconsistency in member experiences across network providers. These areas represent the biggest opportunities for payer intervention through provider education, network management, or benefit design changes.



Low standard deviation

Suggests network providers deliver relatively consistent experiences in these areas. While important for overall satisfaction, these metrics offer limited opportunities for targeted improvement initiatives.

This approach identifies where payers can most effectively improve member satisfaction, reduce administrative costs, and optimize network performance.



Practical Application

Focus network improvement initiatives and provider education on high variability areas where standardizing best practices can create the greatest impact on member experience and plan performance.

Section **02**

Priority Areas for Network Management



Price Transparency: Reducing Member Confusion and Administrative Costs

Price transparency shows the greatest variation across network providers, directly impacting member satisfaction and payer administrative costs. Poor financial communication creates member confusion, benefit misunderstandings, and increased customer service volume.

Impact on payers:

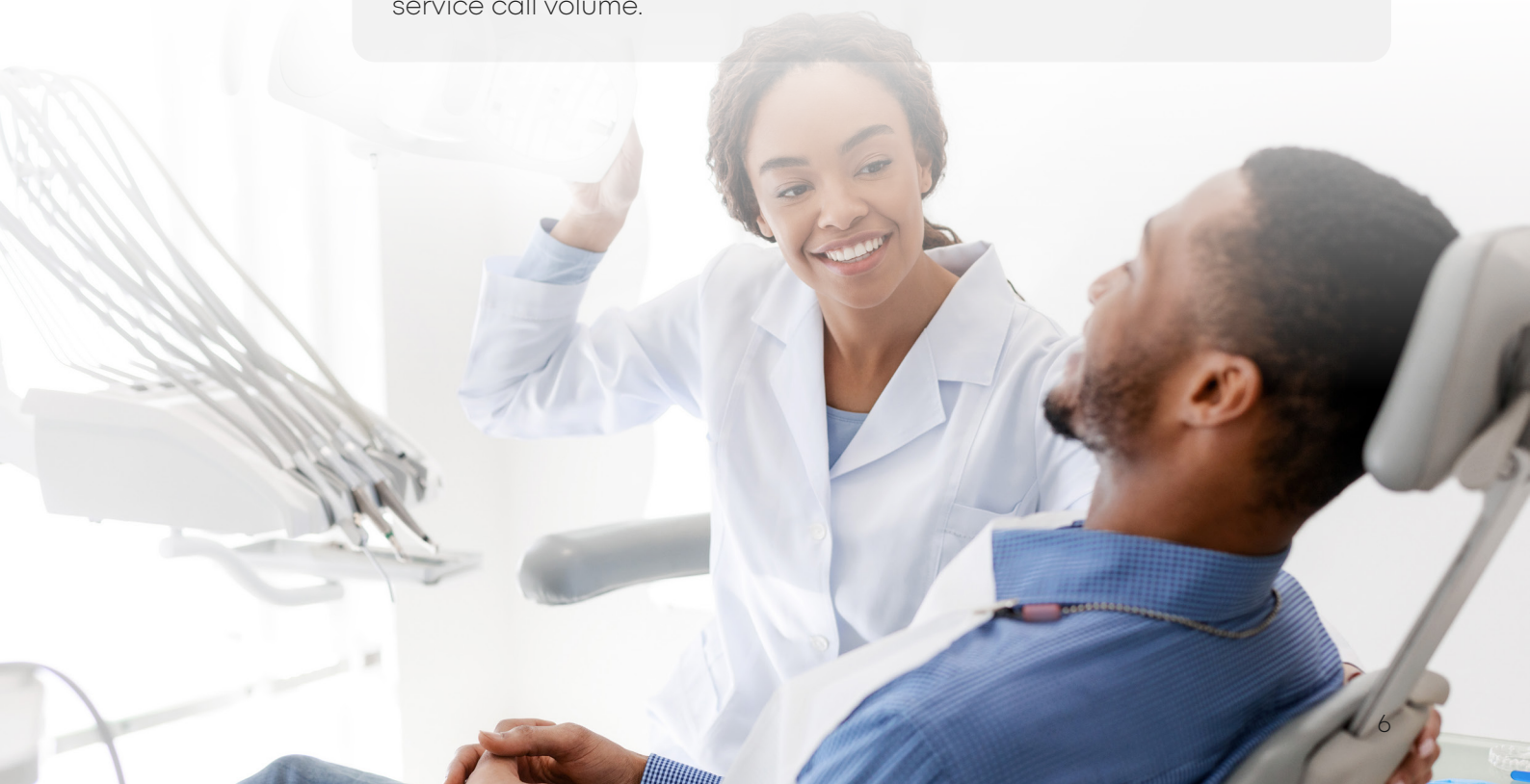
Members who receive unclear cost information generate more pre-authorization calls, benefit inquiries, and post-treatment disputes. They're also more likely to abandon recommended preventive care due to cost uncertainty, leading to more expensive treatments later.

Network providers excelling at price transparency reduce member anxiety, improve treatment acceptance rates for preventive care, and significantly decrease administrative burden on payer customer service teams.

Practical Application



Develop provider education programs focused on benefit explanation and cost communication. Consider real time eligibility tools and standardized cost estimation processes across your network. Track correlation between provider transparency scores and customer service call volume.





Value Perception: Driving Appropriate Utilization

Value perception varies significantly across network providers, directly affecting member utilization patterns and plan costs. Members who perceive high value are more likely to complete recommended preventive treatments and less likely to delay care until emergency intervention is required.

Impact on payers:

Providers who effectively communicate treatment value drive appropriate utilization of preventive services, reducing long-term plan costs. Conversely, providers who struggle with value communication see higher rates of treatment abandonment, emergency visits, and member dissatisfaction that can impact retention.

Practical Application

Identify high performing providers in value communication and scale their approaches across your network. Consider value based reimbursement models that reward providers for patient education and preventive care completion rates.



Ease of Access: Reducing Barriers to Preventive Care

Access varies dramatically across network providers, affecting member utilization of preventive services and overall plan performance. Providers with poor access create barriers that lead to delayed care and higher treatment costs.

Impact on payers:

Network providers with excellent access facilitate timely preventive care, reducing emergency dental visits and more expensive restorative treatments. Poor access providers contribute to delayed care patterns that increase claim costs and member dissatisfaction.

Practical Application

Monitor access metrics across your network and work with underperforming providers on scheduling systems and communication processes. Consider access requirements in network contracting and provider performance evaluations.



Section 03

Moderate Impact Areas - Strategic Intervention Opportunities



Shared Decision Making: Ensuring Appropriate Treatment

Shared decision making variability across network providers affects both member satisfaction and treatment appropriateness. Providers who excel at shared decision making tend to have higher case acceptance for necessary treatments and lower rates of member initiated treatment reviews.

Impact on payers:

Effective shared decision making reduces unnecessary treatments, improves member confidence in recommended care, and decreases post treatment complaints. Poor decision making processes can lead to overtreatment concerns and member requests for second opinions.



Practical Application

Include shared decision making training in provider education programs. Monitor correlation between provider scores in this area and member complaints or treatment review requests.



After Visit Management: Preventing Complications and Rework

Post treatment care varies significantly across providers, impacting both member satisfaction and potential complications requiring additional treatment. Excellent after visit management prevents issues that could result in additional claims.

Impact on payers:

Providers excelling in after visit management have lower rates of post treatment complications and emergency visits. Poor post visit care can lead to preventable complications, additional claims, and member dissatisfaction.



Practical Application

Track correlation between provider after visit scores and rates of post treatment emergency visits or complications. Develop best practices for post treatment communication and share across your network.

Section **04**

Baseline Performance Areas - Monitor but Don't Over-Invest



Clinical Skill: Consistently Meeting Standards

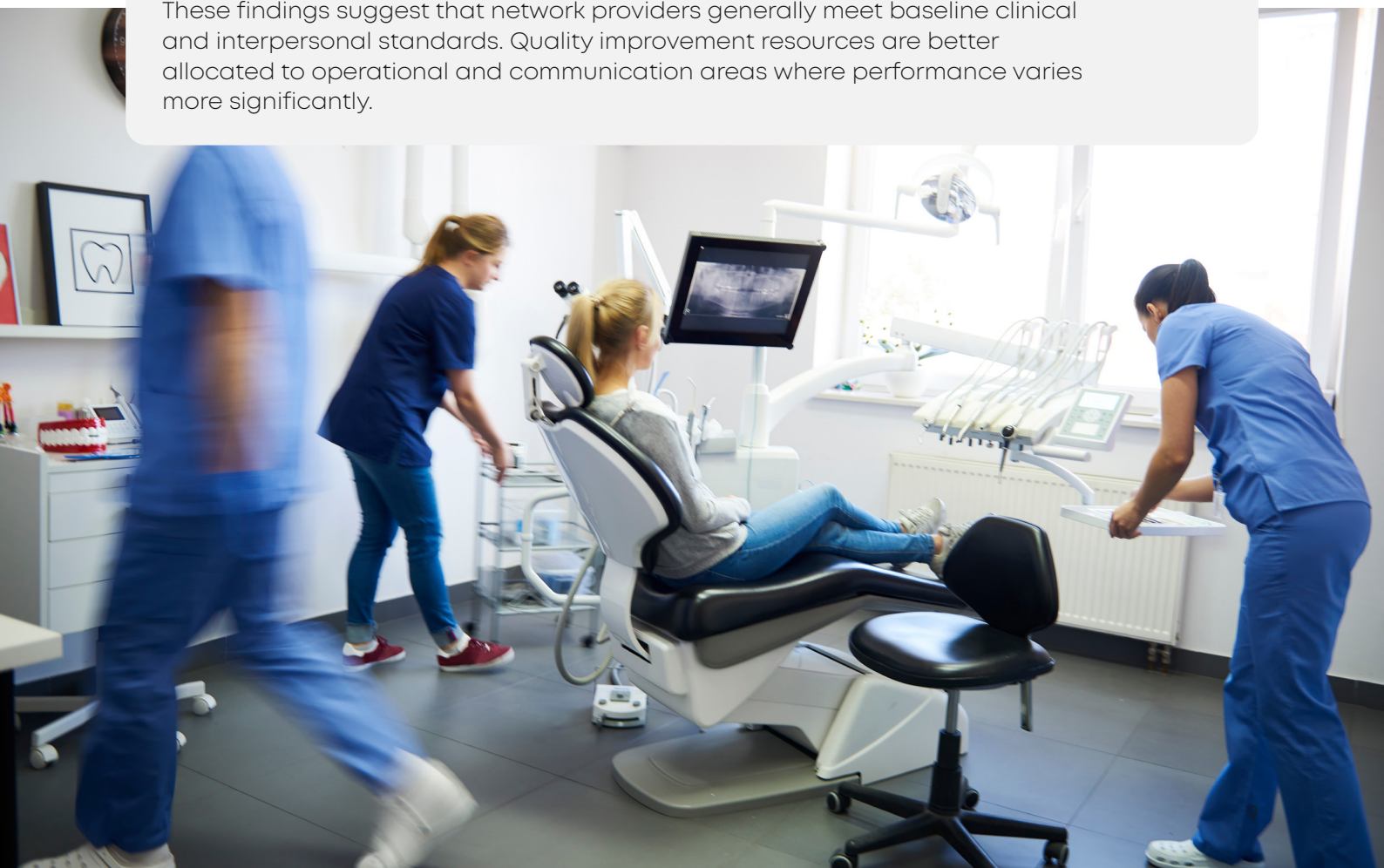
Clinical skill shows relatively low variability across network providers, indicating consistent competency levels. While fundamental to care quality, this area offers limited opportunities for targeted improvement initiatives.

Member Consideration and Empathy: Network Strengths

Patient consideration and empathy show the lowest variability, indicating network providers consistently deliver caring, considerate interactions.

Strategic implication

These findings suggest that network providers generally meet baseline clinical and interpersonal standards. Quality improvement resources are better allocated to operational and communication areas where performance varies more significantly.



Section 05

Strategic Framework for Payer Network Management

The variability analysis reveals a data-driven approach to network quality improvement that can maximize impact on member satisfaction while optimizing resource allocation.

Three-Tier Intervention Strategy:



Tier 1: Maximum Impact (Prioritize Resources Here):

- Price transparency training and tools
- Value communication standardization
- Access improvement initiatives



Tier 2: Moderate Impact (Targeted Programs):

- Shared decision making education
- After visit management protocols
- Wait time optimization



Tier 3: Maintain Standards (Monitor and Maintain):

- Clinical competency verification
- Interpersonal skills baseline
- Office environment standards

ROI Considerations:

Investing in Tier 1 improvements typically yields:

01

Reduced customer service call volume

02

Higher member satisfaction scores

03

Improved preventive care utilization

04

Lower long-term treatment costs

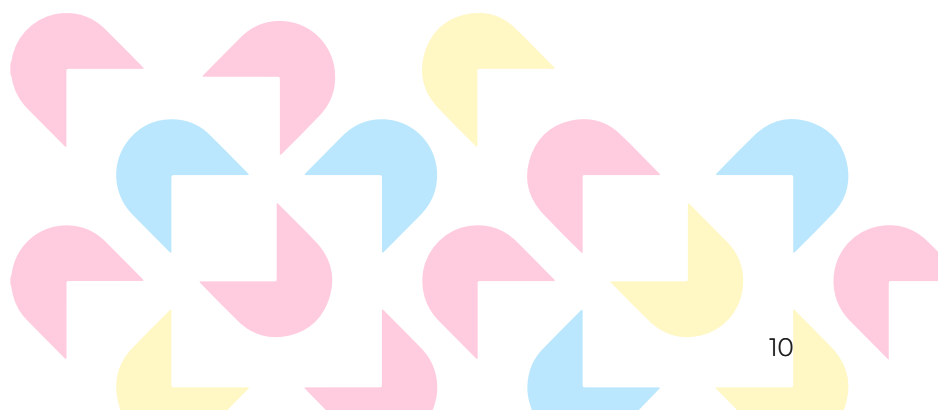
05

Decreased member churn



Practical Application

Allocate network improvement budgets proportionally to potential impact. Focus provider education and support resources on high variability areas while maintaining oversight of baseline competencies.



Integrating Experience Data into Value-Based Arrangements

The variability insights from member experience data create unique opportunities for sophisticated pay-for-performance and pay-for-value contracting that goes beyond traditional clinical metrics.

Performance Based Incentives:

Rather than applying uniform quality bonuses, payers can create targeted incentive structures based on where providers have the greatest opportunity to impact member experience:

- **Price Transparency Bonuses:**
Reward providers who consistently score above network averages in financial communication, reducing member confusion and customer service costs
- **Access Excellence Incentives:**
Provide additional reimbursement for providers who demonstrate superior scheduling flexibility and communication responsiveness
- **Value Communication Recognition:**
Incentivize providers who effectively help members understand treatment value, leading to higher preventive care completion rates

Risk Sharing Arrangements:

Member experience data enables more nuanced risk sharing models that align provider incentives with member satisfaction and appropriate utilization:

- **Shared Savings for Experience Leaders:**
Providers excelling in high variability areas share in the administrative cost savings they generate through reduced customer service volume and higher member retention
- **Prevention Focused Value Contracts:**
Combine clinical outcomes with experience metrics that drive preventive care utilization, sharing savings from reduced emergency treatments

Member Retention Bonuses:

Reward providers whose experience scores correlate with higher member plan renewal rates

Member Steerage Partnerships:

Experience data creates opportunities for collaborative member steerage programs that benefit both payers and providers:

- **Preferred Provider Designation:**
Use experience scores in high variability areas to identify providers for enhanced directory placement, member communications, and digital platform prominence
- **Tiered Cost Sharing:**
Offer reduced copays or enhanced benefits for members who choose providers demonstrating excellence in price transparency, access, and value communication
- **Guided Member Matching:**
Use experience profile data to match members with providers whose strengths align with individual member preferences and needs

This steerage approach addresses a key challenge for both parties: payers gain tools to direct members toward providers who deliver superior experiences and lower administrative costs, while providers receive increased patient volume as a reward for experience excellence.

Practical Implementation

Start with baseline measurements across all 14 experience metrics to establish provider-specific improvement opportunities. Create tiered incentive structures that recognize both absolute performance and improvement trajectories, ensuring all network providers can participate meaningfully in value-based arrangements.

This approach moves beyond one-size-fits-all quality programs to create personalized improvement pathways that maximize both member satisfaction and plan performance.





Ready to Optimize Your Network Performance?

Understanding where your network providers perform consistently versus where experiences vary dramatically can guide strategic investments in quality improvement initiatives. Rather than spreading resources equally across all aspects of care, focus on areas where standardization will create the greatest impact on member satisfaction and plan performance.

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