

An International Working Definition for Quality of Oral Healthcare

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Appendix

Definition of the term ‘patient’

For the purpose of the present study and leaning on the Cambridge Dictionary’s definition of the term ‘patient’ (<https://dictionary.cambridge.org/>), a patient is defined as a person who is receiving oral healthcare or who is cared for by an oral health care professional when necessary.

Literature screening

To identify relevant aspects of quality of oral healthcare, a literature screening was conducted in December 2017 using the electronic database MEDLINE (via PubMed). All searches were conducted by one researcher (AR). Leaning on the NAM framework for quality of care (see above), six separate search strategies were used to identify previously published items relevant to quality of oral healthcare with respect to: patient safety, patient-centeredness, equitability, efficiency, timeliness, and effectiveness. The search was restricted to articles published in the last 5 years (January 1st 2013 to December 31st 2017).

Appendix table A.1. PubMed search strategy used for literature screening to inform moderators when establishing the starting list of items

Domain	Search strategy PubMed	Search results
Patient safety	((((((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND ((("Quality of Health Care"[Mesh]) OR quality[tw])) AND (((("Safety"[Mesh:NoExp]) OR "Safety Management"[Mesh:NoExp]) OR "Patient Safety"[Mesh]) OR "Patient Harm"[Mesh]) OR safety[tiab])) Sort by: Author Filters: published in the last 5 years	146
Effectiveness	((("Comparative Effectiveness Research"[Mesh] OR Effectiv*[ti]) AND (((((((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND ((("Quality of Health Care"[Mesh]) OR quality[tw])) Sort by: Author Filters: published in the last 5 years	109
Patient-centeredness	((((((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND ((("Quality of Health Care"[Mesh]) OR quality[tw])) AND (((Patient-Focus*[tiab]) OR patient oriented[tiab]) OR (((Patient-Centered Care"[Mesh:NoExp]) OR "Patient Navigation"[Mesh]) OR patient centered*[tiab])) Sort by: Author Filters: published in the last 5 years	84
Timeliness	((((((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND ((("Quality of Health Care"[Mesh]) OR quality[tw])) AND (((("Time-to-Treatment"[Mesh]) OR (timeliness[tiab] OR timely[tiab])) OR Time-to-Treatment*[tiab])) Sort by: Author Filters: published in the last 5 years	41
Efficiency	(((((Efficiency"[Mesh]) OR efficienc*[tiab])) AND (((((((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND ((("Quality of Health Care"[Mesh]) OR quality[tw])) Sort by: Author Filters: published in the last 5 years	78
Equitability	(((((Health Status Disparities"[Mesh] OR disparit*[tiab] OR equitab*[tiab])) OR inequit*[tiab])) AND (((((((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND ((("Quality of Health Care"[Mesh]) OR quality[tw])) Sort by: Author Filters: published in the last 5 years	302

Initial list of topics

After careful consideration, the expert moderators involved in the planning of the World Café agreed to provide World Café participants with an initial list of topics based on the existing literature. Based on the studies identified through literature screening and extensive discussions among the moderators about relevant items and existing frameworks defining quality of care (see table A.2), this “starting list” was developed (see table A.3). The moderators agreed to categorize the items according to the six NAM domains and, dependent on the dynamics of the World Café discussions, to allow flexibility for how the domains should ultimately be defined.

Appendix table A.2. Oversight of domains mentioned in existing frameworks defining quality of care

Donabedian, 1990	Maxwell, 1992	O’Leary and O’Leary, 1992	Health Services Research Group, 1992	Campbell, 2000	NAM, 2001	WHO, 2006
					Patient safety	Patient safety
					Timeliness	
		Patient perspectives	Patient-centeredness	<i>User evaluation (as a component of effectiveness/access)</i>	Patient- centeredness	Patient- centeredness
Equitability	Equitability			<i>Equitability (as a component of access)</i>	Equitability	
Efficiency	Efficiency	Efficiency	Efficiency		Efficiency	Efficiency
Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness
	Accessibility	Accessibility	Accessibility	Accessibility		Accessibility
			Continuity			
			Comprehensiveness			
Legitimacy						
Efficacy		Efficacy				
Acceptability	Acceptability					Acceptability
	Relevance					

References

1. Donabedian, A. (1990). The seven pillars of quality. Arch. Pathol. Lab. Med., 114, 1115±1118.
2. Maxwell, R. J. (1992). Dimensions of quality revisited: from thought to action. Qual. Hlth Care, 1, 171±177.
3. O’Leary, D. S., & O’Leary, M. R. (1992). From quality assurance to quality improvement. The Joint Commission on Accreditation of Healthcare Organizations and Emergency Care. Emerg. Med. Clin. N. Am., 10, 477±492.
4. Health Services Research Group (1992). Quality of care: 1. What is quality and how can it be measured? Can. Med. Assoc. J., 146, 2153±2158.
5. Campbell, S.M., Roland M.O., Buetow S.A. (2000) Defining quality of care. Social Science & Medicine 51 , 1611±1625
6. Institute of Medicine (IOM). (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press.
7. World Health Organization. (2006). Quality of care : a process for making strategic choices in health systems.

Appendix table A.3: Starting list of items deduced from literature and agreed on by moderators

<p>Patient safety:</p> <p><i>To be considered safe for the patient, oral health care should:</i></p> <ul style="list-style-type: none"> - avoid adverse events and medical errors - avoid any unnecessary, inaccurate, or hazardous use of oral health care (including diagnostics such as dental x-rays) - avoid any unnecessary prescribing of medicines, including of adversely interacting medicines - adhere to all applicable medical guidelines and regulatory approval of dental materials - adhere to all applicable accreditation standards for oral health care professionals
<p>Equitability:</p> <p><i>To be considered equitable, oral health care should not vary in quality because of personal characteristics such as:</i></p> <ul style="list-style-type: none"> - gender - ethnicity - cultural background - religion or spiritual belief - geographic location - socioeconomic status
<p>Patient-centeredness:</p> <p><i>To be considered patient-centered, oral health care should:</i></p> <ul style="list-style-type: none"> - be respectful of and responsive to individual patient preferences, needs, and values - ensure that patient values guide all clinical decisions - inform patients about all aspects of dental care, including treatment alternatives and costs - be carried out in patient-professional partnership (shared decision making)
<p>Timeliness:</p> <p><i>To be considered timely, oral health care should:</i></p> <ul style="list-style-type: none"> - avoid unnecessary delays in access to and utilization of care - employ check-up and recall intervals which are based on the individual patient's oral health risks - avoid too early use of unnecessary restorative treatment - include adequate strategies outside the dental office (e.g. standard procedures for dental trauma) - employ state-of-the-art information systems to facilitate timely information exchange between patients, oral health care professionals and other providers of health care
<p>Effectiveness:</p> <p><i>To be considered effective, oral health care should:</i></p> <ul style="list-style-type: none"> - be informed by the most recently available scientific evidence and medical guidelines - provide dental services to all who could benefit but not to those who are not likely to benefit - do more good than harm to the patient (risk-benefit consideration; e.g. dental x-rays) - take account of each patient's up-to-date medical history

Efficiency:

To be considered efficient, oral health care should:

- avoid waste, including waste of equipment, dental materials, supplies, human resources, ideas, and energy
- employ treatments which provide good value-for-money (high level of cost-effectiveness)
- encourage disease prevention in the first place and discourage expensive restorative care
- be reimbursed in a way which discourages waste of resources (provider payment; health insurance)
- be provided by an adequate number and type of oral health care professionals (resource planning on basis of patient needs; skill-mix)

Appendix A.4. Information provided to the 50 workshop participants several days in advance of the workshop.

Towards an International Working Definition for Quality of Oral Health Care
IADR - FRIDAY, JULY 27, 2018 2 P.M. – 3:30 P.M.

The purpose of this workshop is to establish a working definition for quality of oral health care. We will use the conceptual framework for Quality of Care developed by the National Academy of Medicine (NAM), formerly called the Institute of Medicine and will use the World Café methodology.

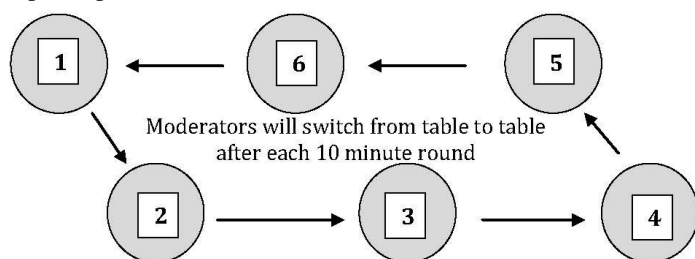
A) Quality of Care

The NAM framework distinguishes between six domains of quality of care. Quality healthcare should be:

- **Safe:** Avoiding injuries to patients from care that is intended to help them.
- **Effective:** providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.
- **Patient-centered:** providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.
- **Timely:** reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas and energy.
- **Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

B) The World Café method

The world café method facilitates group discussions. Through six rounds of conversations (in this workshop 10 minutes each), the collective intelligence of the groups will be collected. Every participant will be assigned to a table. During each 10-minutes round, one domain of quality of care (see above) will be discussed facilitated by a moderator who keeps track of the conversation. After each round, the moderators will change tables and a new moderator will join each table and discuss the next quality of care domain with the participants of the table.



C) Immediate voting

After the six table discussions, the moderators will present a summary list of items for each quality of care domain. Each participant will receive 18 stickers, 6 sets of 3 stickers to vote your top three choices (best working definition in the specific domain) in each domain. Please match the color of the sticker with the color of the quality domain.

QUICK AND EASY: getting ready for the workshop

- (1) Please have a look at the **STARTING LIST** of potential items for defining quality of oral health care. **Please think critically about these items. Anything wrong or missing? Please make a note and share your thoughts during the workshop!**
- (2) In case you would like to exchange thoughts with your participants in advance of the workshop: **we have set up an interactive platform for you and the other participants which you can access via https://padlet.com/IADR_workshop/IADRworkshop. Please feel free to use this!**

Appendix table A.5. Topics deduced from literature related to quality of oral health care and each of the six NAM domains.

Patient safety

Patient safety as defined by the NAM: Avoiding harm to patients from the care that is intended to help them.

Patient safety search strategy	((((((((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND (("Quality of Health Care"[Mesh]) OR quality[tw]))) AND (((("Safety"[Mesh:NoExp]) OR "Safety Management"[Mesh:NoExp]) OR "Patient Safety"[Mesh]) OR "Patient Harm"[Mesh]) OR safety[tiab])) Sort by: Author Filters: published in the last 5 years	Results: 146
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Topics deduced from literature	Reference
Oral health literacy	Comparing Well-Tested Health Literacy Measures for Oral Health: A Pilot Assessment. Aldoory L, Macek MD, Atchison KA, Chen H. J Health Commun. 2016 Nov;21(11):1161-1169. Epub 2016 Oct 11. PMID:27726518
Data privacy	Use of quality measurement across US dental delivery systems: a qualitative analysis. Alrqiq HM, Edelstein BL. J Public Health Dent. 2016 Mar;76(2):98-104. doi: 10.1111/jphd.12117. Epub 2015 Sep 1.PMID:26331490
Data security	Use of quality measurement across US dental delivery systems: a qualitative analysis. Alrqiq HM, Edelstein BL. J Public Health Dent. 2016 Mar;76(2):98-104. doi: 10.1111/jphd.12117. Epub 2015 Sep 1.PMID:26331490
Risk assessment to measure disease	Use of quality measurement across US dental delivery systems: a qualitative analysis. Alrqiq HM, Edelstein BL. J Public Health Dent. 2016 Mar;76(2):98-104. doi: 10.1111/jphd.12117. Epub 2015 Sep 1.PMID:26331490
Clinical audit	1.Improving patient safety in a UK dental hospital: long-term use of clinical audit. Ashley MP, Pemberton MN, Saksena A, Shaw A, Dickson S. Br Dent J. 2014 Oct;217(7):369-73. doi: 10.1038/sj.bdj.2014.861.PMID:25303590 2.Systematic review of patient safety interventions in dentistry. Bailey E, Tickle M, Campbell S, O'Malley L. BMC Oral Health. 2015 Nov 28;15:152. doi: 10.1186/s12903-015-0136-1. PMID:26613736
Adverse events	1. The dangers of dental devices as reported in the Food and Drug Administration Manufacturer and User Facility Device Experience Database. Hebballi NB, Ramoni R, Kalenderian E, Delattre VF, Stewart DC, Kent K, White JM, Vaderhobli R, Walji MF. J Am Dent Assoc. 2015 Feb;146(2):102-10. doi: 10.1016/j.adaj.2014.11.015.PMID:25637208 2.Systematic review of patient safety interventions in dentistry. Bailey E, Tickle M, Campbell S, O'Malley L. BMC Oral Health. 2015 Nov 28;15:152. doi: 10.1186/s12903-015-0136-1. PMID:26613736 An analysis of dental patient safety incidents in a patient complaint and healthcare supervisory database in Finland. 3.Hiivala N, Mussalo-Rauhamaa H, Tefke HL, Murtomaa H. Acta Odontol Scand. 2016;74(2):81-9. doi: 10.3109/00016357.2015.1042040. Epub 2015 May 13.PMID:25967591 4. Trends in death associated with pediatric dental sedation and general anesthesia. Lee HH, Milgrom P, Starks H, Burke W. Paediatr Anaesth. 2013 Aug;23(8):741-6. doi: 10.1111/pan.12210. Epub 2013 Jun 14.PMID:23763673 5. Patient safety in dental care: A challenging quality issue? An exploratory cohort study. Mettes T, Bruers J, van der Sanden W, Wensing M. Acta Odontol Scand. 2013 Nov;71(6):1588-93. doi: 10.3109/00016357.2013.777471. Epub 2013 Apr29.PMID:23627844
Trigger tools	Systematic review of patient safety interventions in dentistry. Bailey E, Tickle M, Campbell S, O'Malley L. BMC Oral Health. 2015 Nov 28;15:152. doi: 10.1186/s12903-015-0136-1. PMID:26613736 2. Little research on effective tools to improve patient safety in the dental setting. Hurst D. Evid Based Dent. 2016 Jun;17(2):38-9. doi: 10.1038/sj.ebd.6401163.PMID:27339232
Safety checklist	1.Systematic review of patient safety interventions in dentistry. Bailey E, Tickle M, Campbell S, O'Malley L. BMC Oral Health. 2015 Nov 28;15:152. doi: 10.1186/s12903-015-0136-1. PMID:26613736 2. Little research on effective tools to improve patient safety in the dental setting. Hurst D. Evid Based Dent. 2016 Jun;17(2):38-9. doi: 10.1038/sj.ebd.6401163.PMID:27339232
Reporting systems	Systematic review of patient safety interventions in dentistry. Bailey E, Tickle M, Campbell S, O'Malley L. BMC Oral Health. 2015 Nov 28;15:152. doi: 10.1186/s12903-015-0136-1. PMID:26613736
Medical error/patient safety incidents	1.Systematic review of patient safety interventions in dentistry. Bailey E, Tickle M, Campbell S, O'Malley L. BMC Oral Health. 2015 Nov 28;15:152. doi: 10.1186/s12903-015-0136-1. PMID:26613736 2. Hiivala N, Mussalo-Rauhamaa H, Tefke HL, Murtomaa H. Acta Odontol Scand. 2016;74(2):81-9. doi: 10.3109/00016357.2015.1042040. Epub 2015 May 13.PMID:25967591 3. Patient safety in dental care: A challenging quality issue? An exploratory cohort study. Mettes T, Bruers J, van der Sanden W, Wensing M. Acta Odontol Scand. 2013 Nov;71(6):1588-93. doi: 10.3109/00016357.2013.777471. Epub 2013 Apr29.PMID:23627844 4. Measuring patient safety in a UK dental hospital: development of a dental clinical effectiveness dashboard. Pemberton MN, Ashley MP, Shaw A, Dickson S, Saksena A. Br Dent J. 2014 Oct;217(7):375-8. doi: 10.1038/sj.bdj.2014.859.PMID:25303591 5. Little research on effective tools to improve patient safety in the dental setting. Hurst D. Evid Based Dent. 2016 Jun;17(2):38-9. doi: 10.1038/sj.ebd.6401163.PMID:27339232

hazardous healthcare conditions	1.Systematic review of patient safety interventions in dentistry. Bailey E, Tickle M, Campbell S, O'Malley L. BMC Oral Health. 2015 Nov 28;15:152. doi: 10.1186/s12903-015-0136-1. PMID:26613736 2. Can patients detect hazardous dental practice? A patient complaint study. Hiivala N, Mussalo-Rauhamaa H, Murtomaa H. Int J Health Care Qual Assur. 2015;28(3):274-87. doi: 10.1108/IJHCQA-05-2014-0052.PMID:25860924
Unintended harm	Systematic review of patient safety interventions in dentistry. Bailey E, Tickle M, Campbell S, O'Malley L. BMC Oral Health. 2015 Nov 28;15:152. doi: 10.1186/s12903-015-0136-1. PMID:26613736 2. Little research on effective tools to improve patient safety in the dental setting. Hurst D. Evid Based Dent. 2016 Jun;17(2):38-9. doi: 10.1038/sj.ebd.6401163.PMID:27339232
Trusting dentist-patient relationship	What about the dentist-patient relationship in dental tourism? Conti A, Delbon P, Laffranchi L, Paganelli C. J Med Ethics. 2014 Mar;40(3):209-10. doi: 10.1136/medethics-2013-101415. Epub 2013 Apr 30.PMID:23632010
Prescribing medicine	1.Prescribing in primary dental care: general principles. Crighton A. Prim Dent J. 2014 Nov;3(4):65-9. doi: 10.1308/205016814813877388. PMID:25668379 2. Quality indicators for the use of systemic antibiotics in dentistry. Hussein RJ, Krohn R, Kaufmann-Kolle P, Willms G. Z Evid Fortbild Qual Gesundhwes. 2017 May;122:1-8. doi: 10.1016/j.zefq.2017.04.007. Epub 2017 May 16.PMID:28522282 4. Trends in death associated with pediatric dental sedation and general anesthesia. Lee HH, Milgrom P, Starks H, Burke W. Paediatr Anaesth. 2013 Aug;23(8):741-6. doi: 10.1111/pan.12210. Epub 2013 Jun 14.PMID:23763673
Medical interaction/medically complex patients	The need for better studies to assess the safety of providing dental care for medically complex patients. Glick M. J Am Dent Assoc. 2013 Dec;144(12):1336-9. No abstract available.PMID:24282262
Near misses	Patient safety incidents reported by Finnish dentists; results from an internet-based survey. Hiivala N, Mussalo-Rauhamaa H, Murtomaa H. Acta Odontol Scand. 2013 Nov;71(6):1370-7. doi: 10.3109/00016357.2013.764005. Epub 2013 Jan 28.PMID:23351166
Standardized guidelines for treatment	1.Use of quality measurement across US dental delivery systems: a qualitative analysis. Alrqi HM, Edelstein BL. J Public Health Dent. 2016 Mar;76(2):98-104. doi: 10.1111/jphd.12117. Epub 2015 Sep 1.PMID:26331490 2.Evidence-based clinical oral healthcare guidelines 4. Adherence requires an implementation strategy. Braspenning JC, Mettes TG, van der Sanden WJ, Wensing MJ. Ned Tijdschr Tandheelkd. 2015 Mar;122(3):148-55. doi: 10.5177/ntvt.2015.03.14251. Dutch.PMID:26181393
Standardized diagnostic codes	Use of quality measurement across US dental delivery systems: a qualitative analysis. Alrqi HM, Edelstein BL. J Public Health Dent. 2016 Mar;76(2):98-104. doi: 10.1111/jphd.12117. Epub 2015 Sep 1.PMID:26331490

Timeliness

Timeliness as defined by the NAM: Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Timeliness search strategy	((((((((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND (("Quality of Health Care"[Mesh]) OR quality[tw])) AND (((("Time-to-Treatment"[Mesh]) OR (timeliness[tiab] OR timely[tiab])) OR Time-to-Treatment*[tiab])) Sort by: Author Filters: published in the last 5 years	Results: 41
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Topics deduced from literature	Reference
Timely follow up after treatment	Measuring quality: caries-related emergency department visits and follow-up among children. Herdon JB, Crall JJ, Carden DL, Catalanotto FA, Tomar SL, Aravamudan K, Light JK, Shenkman EA. J Public Health Dent. 2017 Jun;77(3):252-262. doi: 10.1111/jphd.12206. Epub 2017 Mar 2.PMID:28252806
Timely dental care	1.Access to and Disparities in Care among Migrant and Seasonal Farm Workers (MSFWs) at U.S. Health Centers. Hu R, Shi L, Lee DC, Haile GP. J Health Care Poor Underserved. 2016;27(3):1484-502. doi: 10.1353/hpu.2016.0107.PMID:27524780 2. Advanced restorative dentistry - a problem for the elderly? An ethical dilemma. Murray CG. Aust Dent J. 2015 Mar;60 Suppl 1:106-13. doi: 10.1111/adj.12289 PMID:25762047 3. Access Barriers to Dental Health Care in Children with Disability. A Questionnaire Study of Parents. Gerreth K, Borysewicz-Lewicka M. J Appl Res Intellect Disabil. 2016 Mar;29(2):139-45. doi: 10.1111/jar.12164. Epub 2015 Mar 5.PMID:25754132 4. Waiting times before dental care under general anesthesia in children with special needs in the Children's Hospital of Casablanca. Badre B, Serhier Z, El Arabi S. Pan Afr Med J. 2014 Apr 20;17:298. doi: 10.11604/pamj.2014.17.298.2714. eCollection 2014 PMID:25328594
Harmful waiting times/protracted waiting times	3. Access Barriers to Dental Health Care in Children with Disability. A Questionnaire Study of Parents. Gerreth K, Borysewicz-Lewicka M. J Appl Res Intellect Disabil. 2016 Mar;29(2):139-45. doi: 10.1111/jar.12164. Epub 2015 Mar 5.PMID:25754132
Absenteeism from work due to complications of waiting times	Association between unmet dental needs and school absenteeism because of illness or injury among U.S. school children and adolescents aged 6-17 years, 2011-2012. Agaku IT, Olutola BG, Adisa AO, Obadan EM, Vardavas CI. Prev Med. 2015 Mar;72:83-8. doi: 10.1016/j.ypmed.2014.12.037. Epub 2015 Jan 6.PMID:25575801
Influence affordability of care on timeliness (or combine with access to care)	Visits to US emergency departments by 20- to 29-year-olds with toothache during 2001-2010. Lewis CW, McKinney CM, Lee HH, Melbye ML, Rue TC. J Am Dent Assoc. 2015 May;146(5):295-302.e2. doi: 10.1016/j.adaj.2015.01.013.PMID:25925521
Availability of dental professionals	Advanced restorative dentistry - a problem for the elderly? An ethical dilemma.

	Murray CG. Aust Dent J. 2015 Mar;60 Suppl 1:106-13. doi: 10.1111/adj.12289 PMID:25762047
Timeliness of guidelines	Evidence-based clinical oral healthcare guidelines 4. Adherence requires an implementation strategy. Braspenning JC, Mettes TG, van der Sanden WJ, Wensing MJ. Ned Tijdschr Tandheelkd. 2015 Mar;122(3):148-55. doi: 10.5177/ntvt.2015.03.14251. Dutch.PMID:26181393
Timeliness medical prescriptions	Access to and Disparities in Care among Migrant and Seasonal Farm Workers (MSFWs) at U.S. Health Centers. Hu R, Shi L, Lee DC, Haile GP. J Health Care Poor Underserved. 2016;27(3):1484-502. doi: 10.1353/hpu.2016.0107.PMID:27524780
Timely advice about oral care	1. Use of full strength fluoride toothpaste among preschoolers in New Zealand, and factors determining toothpaste choice. Li J, Dallas S, McBride-Henry K. N Z Med J. 2016 Jun 10;129(1436):44-51.PMID:27355228 2. Factors contributing to severe early childhood caries in south-west Germany. Bissar A, Schiller P, Wolff A, Niekusch U, Schulte AG. Clin Oral Investig. 2014;18(5):1411-8. doi: 10.1007/s00784-013-1116-y. Epub 2013 Oct 11.PMID:24114252
Timeliness in access to care	1. Examining access to care for younger vs. older dual-eligible adults living in the community. Gimm G, Blodgett E, Zanwar P. Disabil Health J. 2016 Jul;9(3):431-8. doi: 10.1016/j.dhjo.2015.12.004. Epub 2015 Dec 15.PMID:26781192 2. An evaluation of the discriminant and predictive validity of relative social disadvantage as screening criteria for priority access to public general dental care, in Australia. Jones K. BMC Health Serv Res. 2014 Mar 4;14:106. doi: 10.1186/1472-6963-14-106.PMID:24593041 3. <u>Racial and ethnic variations in waiting times for emergency department visits related to nontraumatic dental conditions in the United States.</u> Okunseri C, Okunseri E, Chilmaza CA, Harunani S, Xiang Q, Szabo A. J Am Dent Assoc. 2013 Jul;144(7):828-36.PMID:23813265 4. Access to oral health care: the role of federally qualified health centers in addressing disparities and expanding access. Jones E, Shi L, Hayashi AS, Sharma R, Daly C, Ngo-Metzger Q. Am J Public Health. 2013 Mar;103(3):488-93. doi: 10.2105/AJPH.2012.300846. Epub 2013 Jan 17.PMID:23327254

Patient-centeredness

Patient-centeredness as defined by the NAM: Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.

Patient-centeredness search strategy	((((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND (("Quality of Health Care"[Mesh]) OR quality[tw])) AND (((Patient-Focus*[tiab]) OR patient oriented[tiab]) OR (("Patient-Centered Care"[Mesh:NoExp]) OR "Patient Navigation"[Mesh]) OR patient centered*[tiab])) Sort by: Author Filters: published in the last 5 years	Results: 84
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Topics deduced from literature	Reference
Feedback from patients	1. Developing a caries risk registry to support caries risk assessment and management for children: A quality improvement initiative. Ruff JC, Herndon JB, Horton RA, Lynch J, Mathwig DC, Leonard A, Aravamudhan K. J Public Health Dent. 2017 Oct 27. doi: 10.1111/jphd.12253. [Epub ahead of print]PMID:29077195 2. Validity of scores from communication skills instruments for patients and their dental student-clinicians. Winning TA, Kinnell A, Wener ME, Mazurat N, J Schönwetter D. Eur J Dent Educ. 2013 May;17(2):93-100. doi: 10.1111/eje.12015. Epub 2012 Dec 6.PMID:23574186
Oral health literacy	Roundtable on Health Literacy: Issues and Impact. Hernandez L, French M, Parker R. Stud Health Technol Inform. 2017;240:169-185.PMID:28972517
Routine feedback	A Consensus-Based Set of Measures for Oral Health Care. Baådoudi F, Trescher A, Duijster D, Maskrey N, Gabel F, van der Heijden GJ, Listl S. J Dent Res. 2017 Apr 1;22034517702331. doi: 10.1177/0022034517702331. [Epub ahead of print]PMID:28388367
Expectations and views of patients	1. Listening to older adults: community consultation on a new dental service. Chideka K, Klass C, Dunne S, Gallagher JE. Community Dent Health. 2015 Dec;32(4):231-6.PMID:26738221 2. Patients' expectations, satisfaction, and quality of life with immediate loading protocol. Menassa M, de Grandmont P, Audy N, Durand R, Rompré P, Emami E. Clin Oral Implants Res. 2016 Jan;27(1):83-9. doi: 10.1111/clr.12515. Epub 2014 Nov 7.PMID:25376858
Communication with patients	Listening to older adults: community consultation on a new dental service. Chideka K, Klass C, Dunne S, Gallagher JE. Community Dent Health. 2015 Dec;32(4):231-6.PMID:26738221 2. Validity of scores from communication skills instruments for patients and their dental student-clinicians. Winning TA, Kinnell A, Wener ME, Mazurat N, J Schönwetter D. Eur J Dent Educ. 2013 May;17(2):93-100. doi: 10.1111/eje.12015. Epub 2012 Dec 6.PMID:23574186
Ambiance	Listening to older adults: community consultation on a new dental service. Chideka K, Klass C, Dunne S, Gallagher JE. Community Dent Health. 2015 Dec;32(4):231-6.PMID:26738221
Patient involvement decision making	Listening to older adults: community consultation on a new dental service. Chideka K, Klass C, Dunne S, Gallagher JE. Community Dent Health. 2015 Dec;32(4):231-6.PMID:26738221
Patient satisfaction	Patients' expectations, satisfaction, and quality of life with immediate loading protocol. Menassa M, de Grandmont P, Audy N, Durand R, Rompré P, Emami E. Clin Oral Implants Res. 2016 Jan;27(1):83-9. doi: 10.1111/clr.12515. Epub 2014 Nov 7.PMID:25376858
Interprofessional care	Addressing oral health needs through interprofessional education and practice. Garland T, Smith L, Fuccillo R. J Calif Dent Assoc. 2014 Oct;42(10):701-9. No abstract available.PMID:25345115
Motivational interviewing	Critical thinking in patient centered care. Mitchell SH, Overman P, Forrest JL.

	J Evid Based Dent Pract. 2014 Jun;14 Suppl:235-9.e1. doi: 10.1016/j.jebdp.2014.04.002. Epub 2014 Apr 4. Review.PMID:24929609
Respectfulness	What do patients think about dental services in Quebec? Analysis of a dentist rating website. Macdonald ME, Beaudin A, Pineda C. J Can Dent Assoc. 2015;81:f3.PMID:26030597
Involvement in treatment planning/shared decision making	1.What do patients think about dental services in Quebec? Analysis of a dentist rating website. Macdonald ME, Beaudin A, Pineda C. J Can Dent Assoc. 2015;81:f3.PMID:26030597 2. Reorientating dental curricula to reflect a minimally invasive dentistry approach for patient-centred management. Kaidonis JA, Skinner VJ, Lekkas D, Winning TA, Townsend GC. Aust Dent J. 2013 Jun;58 Suppl 1:70-5. doi: 10.1111/adj.12052.PMID:23721340
Patient values	Patient-centred care: barriers and opportunities in the dental surgery. Asimakopoulou K, Gupta A, Scambler S. Community Dent Oral Epidemiol. 2014 Dec;42(6):603-10. doi: 10.1111/cdoe.12120. Epub 2014 Jul 12.PMID25039970
Informing the patient	Patient-centred care: barriers and opportunities in the dental surgery. Asimakopoulou K, Gupta A, Scambler S. Community Dent Oral Epidemiol. 2014 Dec;42(6):603-10. doi: 10.1111/cdoe.12120. Epub 2014 Jul 12.PMID25039970
Patient needs/desires	Concordance between patient satisfaction and the dentist's view: findings from The National Dental Practice-Based Research Network. Riley JL 3rd, Gordan VV, Hudak-Boss SE, Fellows JL, Rindal DB, Gilbert GH; National Dental Practice-Based Research Network Collaborative Group. J Am Dent Assoc. 2014 Apr;145(4):355-62. doi: 10.14219/jada.2013.32PMID:24686969
Tailored care	Reorientating dental curricula to reflect a minimally invasive dentistry approach for patient-centred management. Kaidonis JA, Skinner VJ, Lekkas D, Winning TA, Townsend GC. Aust Dent J. 2013 Jun;58 Suppl 1:70-5. doi: 10.1111/adj.12052.PMID:23721340

Efficiency

Efficiency as defined by the NAM: Avoiding waste, including waste of equipment, supplies, ideas and energy

Efficiency search strategy	((("Efficiency"[Mesh]) OR efficienc*[tiab])) AND (((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND (("Quality of Health Care"[Mesh]) OR quality[tw])) Sort by: Author Filters: published in the last 5 years	78
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Topics deduced from literature	Reference
Waste of time	1.Detection and characterization of usability problems in structured data entry interfaces in dentistry. Walji MF, Kalendarian E, Tran D, Kookal KK, Nguyen V, Tokede O, White JM, Vaderhobli R, Ramoni R, Stark PC, Kimmes NS, Schoonheim-Klein ME, Patel VL. Int J Med Inform. 2013 Feb;82(2):128-38. doi: 10.1016/j.ijmedinf.2012.05.018. Epub 2012 Jun 29.PMID:22749840 2.Treatment time for non-surgical endodontic therapy with or without a magnifying loupe. Wong AW, Zhu X, Zhang S, Li SK, Zhang C, Chu CH. BMC Oral Health. 2015 Mar 20;15:40. doi: 10.1186/s12903-015-0025-7.PMID:25887978 3. The efficiency of the public dental services (PDS) in Cyprus and selected determinants. Charalambous C, Maniadas N, Polyzos N, Fragoulakis V, Theodorou M. BMC Health Serv Res. 2013 Oct 18;13:420. doi: 10.1186/1472-6963-13-420.PMID:24139100 4. Determining the optimal model for role-substitution in NHS dental services in the United Kingdom. Brocklehurst P, Birch S, McDonald R, Tickle M. BMC Oral Health. 2013 Sep 24;13:46. doi: 10.1186/1472-6831-13-46.PMID:24063247 5. Leading determinants of efficient dental care delivery. Jurasic MM, Gibson G, Rich S, O'Toole TG, Bestgen S, Arola PE, Jones JA. J Public Health Dent. 2013 Summer;73(3):195-203. doi: 10.1111/jphd.12013. Epub 2013 Mar 21.PMID:23521221 6. Teledentistry in practice: literature review. Khan SA, Omar H. Telemed J E Health. 2013 Jul;19(7):565-7. doi: 10.1089/tmj.2012.0200. Epub 2013 May 14. Review.PMID:23672799
Waste of resources	1. Determining the optimal model for role-substitution in NHS dental services in the United Kingdom. Brocklehurst P, Birch S, McDonald R, Tickle M. BMC Oral Health. 2013 Sep 24;13:46. doi: 10.1186/1472-6831-13-46.PMID:24063247 2.The determinants of dentists' productivity and the measurement of output. Gutacker N, Harris A, Brennan D, Hollingsworth B. Soc Sci Med. 2015 Jan;124:76-84. doi: 10.1016/j.socscimed.2014.11.020. Epub 2014 Nov 13.PMID:25461864 3.Attitude and awareness of medical and dental students towards collaboration between medical and dental practice in Hong Kong. Zhang S, Lo EC, Chu CH. BMC Oral Health. 2015 May 2;15:53. doi: 10.1186/s12903-015-0038-2.PMID:25929433 4. Does periodical department audit really works to make things fall in place: A Geriatric/General Oral Health Assessment Index based audit in prosthodontics. Murthy V, Vaithilingam Y, Shivaprasad S, Yadav N, Dayalan S. J Indian Prosthodont Soc. 2015 Apr-Jun;15(2):119-24. doi: 10.4103/0972-4052.155032.PMID:26929497 5. The efficiency of the public dental services (PDS) in Cyprus and selected determinants. Charalambous C, Maniadas N, Polyzos N, Fragoulakis V, Theodorou M. BMC Health Serv Res. 2013 Oct 18;13:420. doi: 10.1186/1472-6963-13-420.PMID:24139100 6. Can midlevel dental providers be a benefit to the American public? Rodriguez TE, Galka AL, Lacy ES, Pellegrini AD, Sweier DG, Romito LM. J Health Care Poor Underserved. 2013 May;24(2):892-906. doi: 10.1353/hpu.2013.0084.PMID:23728055 7. Use of new minimum intervention dentistry technologies in caries management. Tassery H, Levallois B, Terrer E, Manton DJ, Otsuki M, Koubi S, Gugnani N, Panayotov I, Jacquot B, Cuisinier F, Rechmann P. Aust Dent J. 2013 Jun;58 Suppl 1:40-59. doi: 10.1111/adj.12049.PMID:23721337

	Working conditions, health and productivity among dentists in Swedish public dental care--a prospective study during a 5-year period of rationalisation. Rolander B, Jonker D, Winkel J, Sandsjö L, Balogh I, Svensson E, Ekberg K. Ergonomics. 2013;56(9):1376-86. doi: 10.1080/00140139.2013.817613. Epub 2013 Jul 18.PMID:23862657
Productivity	1.The determinants of dentists' productivity and the measurement of output. Gutacker N, Harris A, Brennan D, Hollingsworth B. Soc Sci Med. 2015 Jan;124:76-84. doi: 10.1016/j.socscimed.2014.11.020. Epub 2014 Nov 13.PMID:25461864 2. Determining the optimal model for role-substitution in NHS dental services in the United Kingdom. Brocklehurst P, Birch S, McDonald R, Tickle M. BMC Oral Health. 2013 Sep 24;13:46. doi: 10.1186/1472-6831-13-46.PMID:24063247 3. Leading determinants of efficient dental care delivery. Jurasic MM, Gibson G, Rich S, O'Toole TG, Bestgen S, Arola PE, Jones JA. J Public Health Dent. 2013 Summer;73(3):195-203. doi: 10.1111/jphd.12013. Epub 2013 Mar 21.PMID:23521221
Waste of materials/supplies/equipment	2. The efficiency of the public dental services (PDS) in Cyprus and selected determinants. Charalambous C, Maniadakis N, Polyzos N, Fragoulakis V, Theodorou M. BMC Health Serv Res. 2013 Oct 18;13:420. doi: 10.1186/1472-6963-13-420.PMID:24139100 3. Use of new minimum intervention dentistry technologies in caries management. Tassery H, Levallois B, Terrer E, Manton DJ, Otsuki M, Koubi S, Gugnani N, Panayotov I, Jacquot B, Cuisinier F, Rechmann P. Aust Dent J. 2013 Jun;58 Suppl 1:40-59. doi: 10.1111/adj.12049.PMID:23721337
Technical efficiency	Determining the optimal model for role-substitution in NHS dental services in the United Kingdom. Brocklehurst P, Birch S, McDonald R, Tickle M. BMC Oral Health. 2013 Sep 24;13:46. doi: 10.1186/1472-6831-13-46.PMID:24063247
Efficiency of the workforce (role substitution)	1.Determining the optimal model for role-substitution in NHS dental services in the United Kingdom. Brocklehurst P, Birch S, McDonald R, Tickle M. BMC Oral Health. 2013 Sep 24;13:46. doi: 10.1186/1472-6831-13-46.PMID:24063247 2. Can midlevel dental providers be a benefit to the American public? Rodriguez TE, Galka AL, Lacy ES, Pellegrini AD, Sweier DG, Romito LM. J Health Care Poor Underserved. 2013 May;24(2):892-906. doi: 10.1353/hpu.2013.0084.PMID:23728055
Usability	Detection and characterization of usability problems in structured data entry interfaces in dentistry. Walji MF, Kalenderian E, Tran D, Kookal KK, Nguyen V, Tokede O, White JM, Vaderhobli R, Ramoni R, Stark PC, Kimmes NS, Schoonheim-Klein ME, Patel VL.

Effectiveness

Effectiveness as defined by the NAM: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

Effectiveness search strategy	((("Comparative Effectiveness Research"[Mesh] OR Effectiv*[ti])) AND (((("Oral Health"[Mesh] OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND (("Quality of Health Care"[Mesh]) OR quality[tw]))) Sort by: Author Filters: published in the last 5 years	Results 109
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Topics deduced from literature	Reference
Scientific knowledge/Evidence based care	Effectiveness of a quality management program in dental care practices. Goetz K, Campbell SM, Broge B, Brodowski M, Wensing M, Szecsenyi J. BMC Oral Health. 2014 Apr 28;14:41. doi: 10.1186/1472-6831-14-41.PMID:24773764 2. An effective psychoeducational intervention for early childhood caries prevention: part I. Weber-Gasparoni K, Reeve J, Ghosheh N, Warren JJ, Drake DR, Kramer KW, Dawson DV. Pediatr Dent. 2013 May-Jun;35(3):241-6.PMID:23756308 3. Effectiveness of preventive dental visits in reducing nonpreventive dental visits and expenditures. Sen B, Blackburn J, Morrissey MA, Kilgore ML, Becker DJ, Caldwell C, Menachemi N. Pediatrics. 2013 Jun;131(6):1107-13. doi: 10.1542/peds.2012-2586. Epub 2013 May 27.PMID:23713098
Care tailored for the target group	Are educating and promoting interventions effective in oral health?: A systematic review. Ghaffari M, Rakhshanderou S, Ramezankhani A, Buunk-Werkhoven Y, Noroozi M, Armoon B. Int J Dent Hyg. 2017 Aug 22. doi: 10.1111/idh.12305. [Epub ahead of print] Review.PMID:28834249
Managing available resources	An intervention study to assess the effectiveness of a reminder telephone call in improving patient appointment attendance at a Community Dental Service clinic. Fee PA, Hargan AM. Community Dent Health. 2016 Dec;33(4):239-241. doi: 10.1922/CDH_3916Fee03.PMID:28537358
Managing available time	An intervention study to assess the effectiveness of a reminder telephone call in improving patient appointment attendance at a Community Dental Service clinic. Fee PA, Hargan AM. Community Dent Health. 2016 Dec;33(4):239-241. doi: 10.1922/CDH_3916Fee03.PMID:28537358
Cost effectiveness	1.Applying quality assurance in real time to compliant long-term periodontal maintenance patients utilizing cost-effectiveness and cost utility. Fardal Ø, Grytten J. J Clin Periodontol. 2014 Jun;41(6):604-11. doi: 10.1111/jcpe.12252. Epub 2014 Apr 14.PMID:24666095 2.The cost-effectiveness of oral health interventions: A systematic review of cost-utility analyses. Hettiarachchi RM, Kularatna S, Downes MJ, Byrnes J, Kroon J, Lalloo R, Johnson NW, Scuffham PA. Community Dent Oral Epidemiol. 2017 Sep 19. doi: 10.1111/cdoe.12336. [Epub ahead of print]PMID:28925508 3. Cost-effectiveness of diabetes screening initiated through a dental visit. Neidell M, Lamster IB, Shearer B. Community Dent Oral Epidemiol. 2017 Jun;45(3):275-280. doi: 10.1111/cdoe.12286. Epub 2017 Feb1.PMID:28145564 Etc.

Equitability

Equitability as defined by the NAM: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Equitability search strategy	((((("Health Status Disparities"[Mesh] OR disparit*[tiab] OR equitab*[tiab])) OR inequit*[tiab])) AND (((("Oral Health"[Mesh]) OR oral health*[tiab]) OR oral care[tiab]) OR Dental health*[tiab]) OR dental care[tiab])) AND (("Quality of Health Care"[Mesh]) OR quality[tw])) Sort by: Author Filters: published in the last 5 years	Results: 302
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Topics deduced from literature	Reference
ethnicity disparities	1. Indigenous cultural competence: A dental faculty curriculum review. Forsyth C, Irving M, Tennant M, Short S, Gilroy J. Eur J Dent Educ. 2017 Dec 30. doi: 10.1111/eje.12320. [Epub ahead of print] PMID:29288521 2. "You Get Beautiful Teeth Down There": Racial/Ethnic Minority Older Adults' Perspectives on Care at Dental School Clinics. Northridge ME, Schenkel AB, Birenz S, Estrada I, Metcalf SS, Wolff MS. J Dent Educ. 2017 Nov;81(11):1273-1282. doi: 10.21815/JDE.017.085 PMID:29093140
Access to care: costs	Care delivery and compensation system changes: a case study of organizational readiness within a large dental care practice organization in the United States. Cunha-Cruz J, Milgrom P, Huebner CE, Scott J, Ludwig S, Dysert J, Mitchell M, Allen G, Shirtcliff RM. BMC Oral Health. 2017 Dec 20;17(1):157. doi: 10.1186/s12903-017-0448-4. PMID:29262822
Geographical disparities	1. Dental Procedures in Primary Health Care of the Brazilian National Health System. Mendes SR, Martins RC, Matta-Machado ATGM, Mattos GCM, Gallagher JE, Abreu MHNG. Int J Environ Res Public Health. 2017 Dec 1;14(12). pii: E1480. doi: 10.3390/ijerph14121480. PMID:29194346 2. The Urban Dental Index: a Method for Measuring and Mapping Dental Health Disparities across Urban Areas. Coles E, Kruger E, Anjrini AA, Tennant M. J Urban Health. 2017 Apr;94(2):211-219. doi: 10.1007/s11524-016-0131-0. PMID:28168544
Socio-economic inequality	"You Get Beautiful Teeth Down There": Racial/Ethnic Minority Older Adults' Perspectives on Care at Dental School Clinics. Northridge ME, Schenkel AB, Birenz S, Estrada I, Metcalf SS, Wolff MS. J Dent Educ. 2017 Nov;81(11):1273-1282. doi: 10.21815/JDE.017.085 PMID:29093140 2. Inequalities in oral health: Understanding the contributions of education and income. Farmer J, Phillips RC, Singhal S, Quiñonez C. Can J Public Health. 2017 Sep 14;108(3):e240-e245. doi: 10.17269/cjph.108.5929. PMID:28910244 3. Dental Therapists as New Oral Health Practitioners: Increasing Access for Underserved Populations. Brickle CM, Self KD. J Dent Educ. 2017 Sep;81(9):eS65-eS72. doi: 10.21815/JDE.017.036. PMID:28864806 4. Enhancing Dental Students' Understanding of Poverty Through Simulation. Lampiris LN, White A, Sams LD, White T, Weintraub JA. J Dent Educ. 2017 Sep;81(9):1053-1061. doi: 10.21815/JDE.017.061. PMID:28864786
Health literacy	Roundtable on Health Literacy: Issues and Impact. Hernandez L, French M, Parker R. Stud Health Technol Inform. 2017;240:169-185. PMID:28972517
Cultural disparities/cultural competence	Indigenous cultural competence: A dental faculty curriculum review. Forsyth C, Irving M, Tennant M, Short S, Gilroy J. Eur J Dent Educ. 2017 Dec 30. doi: 10.1111/eje.12320. [Epub ahead of print] PMID:29288521 2. Teaching Cultural Competence in Dental Education: A Systematic Review and Exploration of Implications for Indigenous Populations in Australia. Forsyth CJ, Irving MJ, Tennant M, Short SD, Gilroy JA. J Dent Educ. 2017 Aug;81(8):956-968. doi: 10.21815/JDE.017.049. Review. PMID:28765440
Inequality due to education	Inequalities in oral health: Understanding the contributions of education and income. Farmer J, Phillips RC, Singhal S, Quiñonez C. Can J Public Health. 2017 Sep 14;108(3):e240-e245. doi: 10.17269/cjph.108.5929. PMID:28910244
Barriers to seek oral care	Enhancing Dental Students' Understanding of Poverty Through Simulation. Lampiris LN, White A, Sams LD, White T, Weintraub JA. J Dent Educ. 2017 Sep;81(9):1053-1061. doi: 10.21815/JDE.017.061. PMID:28864786
Interprofessional care to reduce disparities	1. Pioneering and Interprofessional Pediatric Dentistry Programs Aimed at Reducing Oral Health Disparities . Ramos-Gomez F, Askaryar H, Garell C, Ogren J. Front Public Health. 2017 Aug 14;5:207. doi: 10.3389/fpubh.2017.00207. eCollection 2017. PMID:28856133 2. Elevating Oral Health Interprofessional Practice Among Pediatricians Through a Statewide Quality Improvement Learning Collaborative. Nelson JD, Spencer SM, Blake CE, Moore JB, Martin AB. J Public Health Manag Pract. 2017 Aug 21. doi: 10.1097/PHH.0000000000000622. [Epub ahead of print] PMID:28832432
Disability and medical related disparities	1. Disparities in dental care associated with disability and race and ethnicity. Horner-Johnson W, Dobbertin K, Beilstein-Wedel E. J Am Dent Assoc. 2015 Jun;146(6):366-74. doi: 10.1016/j.adaj.2015.01.024. PMID:26025823 2. The oral health of people with chronic schizophrenia: A neglected public health burden. Wey MC, Loh S, Doss JG, Abu Bakar AK, Kisely S. Aust N Z J Psychiatry. 2016 Jul;50(7):685-94. doi: 10.1177/0004867415615947. Epub 2015 Nov 11. PMID:26560842
Disparity due to age	Provision of NHS generalist and specialist services to care homes in England: review of surveys. Iliffe S, Davies SL, Gordon AL, Schneider J, Denning T, Bowman C, Gage H, Martin FC, Gladman JR, Victor C, Meyer J, Goodman C. Prim Health Care Res Dev. 2016 Mar;17(2):122-37. doi: 10.1017/S1463423615000250. Epub 2015 May 5. PMID:25939731

*For the domain equitability much more references fitting the topics in the left column are available, however, no other topics came up in the search.

Appendix A.6. Top five voting results of the World Café defining quality oral healthcare.

Domain: Patient safety	
Suggested aspects of oral healthcare quality defining this domain:	Votes
Avoid, mitigate and minimize adverse events and medical errors	15
Avoid/minimize treatment errors (including over treatment, under treatment)	6
Blame free culture	6
Learn from safety incidents	4
Set minimum safety standards	4
Timeliness	Votes
Suggested aspects of oral healthcare quality defining this domain:	
Avoid unnecessary delays in access and utilization of care*	14
Prioritize care based on need, not on demand	12
Employ check-up and recall intervals based on patient's own risks	8
Implement care coordination between healthcare providers and institutions (for example for emergency dental care, including integrated electronic health records) #	8
Avoid too early use of restorative and other treatments	4
Patient-centeredness	Votes
Suggested aspects of oral healthcare quality defining this domain:	
Be respectful of and responsive to individual patient preferences, needs, values, fears, concerns and/or culture*	17
Follow a shared decision-making care model:	8
- Ensure that patient values guide all clinical decisions	5
- Speak with and listen to patient	4
- The oral health professional informs, educates and guides the patient about all care aspects (including treatment alternatives and costs)	4
Equitability	Votes
Suggested aspects of oral healthcare quality defining this domain:	
Overarching theme: Oral health should not vary in quality because of gender, ethnicity, cultural background, religion and belief, geographic location and/or socioeconomic status	
Care should be equitable in access*	22
- Availability of services (workforce availability)	
- Financial barriers (skill mix)	
- Affordability	
- Relationship with burden of disease and availability of services	
Quality/availability should not be compromised on the basis of a patient's health status	14
Address inequities explicitly in oral health service design, planning and commissioning #	10
Policy and clinical practice guidelines should be designed with an equitable lens	6
Equitability is a fundamental component of quality –equitable care is aspirational but not easily achievable	6
Efficiency	Votes
Suggested aspects of oral healthcare quality defining this domain:	
Avoid waste (equipment, dental materials, human resources, time, carbon footprint)*	17
- Encourage prevention and discourage expensive restorative care	8
- Workforce: resource planning on basis of patient needs (macro-level, skill-mix)	7
Good value for money of treatments: outcomes vs. costs (cost-effectiveness)	11
- Reimbursement (provider payment, dental coverage): discourage waste of resources	6
Medical-dental integration	10
Effectiveness	Votes
Suggested aspects of oral healthcare quality defining this domain:	
Be informed by/aware of most recent available scientific evidence and guidelines	17
Translate scientific evidence to clinical practice	7
Take into account the outcome of the treatment or intervention	7

Provide oral healthcare to all who could benefit but not to those who will likely not benefit	4
- Do more good than harm – aspire harm reduction/minimization, reduce unintended errors	5

* Related to access of care

Mentioned examples in the World Café of how possible issues related to this domain can be addressed

Appendix. A.7. Voting results World Café defining quality of oral health care

Domain: Patient safety	
Suggested aspects of oral health care quality defining this domain:	Votes
Avoid, mitigate and minimize adverse events and medical errors	15
Avoid/minimize treatment errors (including over treatment, under treatment)	6
Blame free culture	6
Learn from safety incidents	4
Set minimum safety standards	4
Data privacy	3
Use of decision support tools	3
Peer review (learn from the bottom up)	2
Diagnosis errors (wrong, missed, delayed treatment)*	2
Inspection control	2
Equipment (appropriate use, training and maintenance)	1
Multi-disciplinary care and information sharing	1
Use of checklists, standard pathways, data audits	1
Set targets “zero” cases of adverse events	1
Consider environment (occupational), workplace design	1
Licensing of providers	1
Safely develop and implement new practices	
Communication of adverse events to patients	
Reporting systems #	
Training for response to medical emergencies#	
Avoid/minimize hazardous care	
Consider fear/anxiety as an adverse event	
Timeliness	Votes
Suggested aspects of oral health care quality defining this domain:	
Avoid unnecessary delays in access and utilization of care*	14
Prioritize care based on need, not on demand	12
Employ check-up and recall intervals based on patient’s own risks	8
Implement care coordination between healthcare providers and institutions (for example for emergency dental care, including integrated electronic health records) #	8
Avoid too early use of restorative and other treatments	4
Implement school based oral health care #	3
Prioritize prevention	3
Ask patients to provide/update medical history before their visit	2
Close referral loop with specialists in timely manner	2
Implement patient facing decision support (e.g. applications) #	2
Preventive maintenance of equipment	1
Implement appointment previsit reminders #	1
Create a learning organization at clinic level with the entire team involved #	
Consider the consumer’s point of view when care should be provided #	
Employ modern information systems, with decision support #	
Use specific facilities for marginalized groups*	
Create a learning organization at clinic level with the entire team involved	
Include adequate strategies outside the dental office	
Employ modern information systems with decision support	
Implement “my health record” system	
Patient-centeredness	Votes

Suggested aspects of oral health care quality defining this domain:	
Be respectful of and responsive to individual patient preferences, needs, values, fears, concerns and/or culture*	17
Follow a shared decision making care model:	8
- Ensure that patient values guide all clinical decisions	5
- Speak with and listen to patient	4
- The oral health professional informs, educates and guides the patient about all care aspects (including treatment alternatives and costs)	4
Establish trust	5
Empathy	3
Ethics (overarching)	3
Involve patients in planning and development of oral health services	2
Policies/clinical practice guidelines should reflect patient concerns, preferences, needs and values#	2
Adequate time at every appointment	1
Consideration for the total health of the patient, not just oral health	1
Least invasive, least expensive – if the patient agrees	1
Consideration of the patient's previous experience(s) with dental care	1
Continuity of care within and between care providers	1
Proper pain management	1
Expectations based on information and transparency	1
Patient feedback should be gathered and acted upon	1
(Individualized) patient centered education –decision aids#	
Availability of interpreter services*#	
Schedule is flexible to facilitate patient access*	
Extra priority for those with disabilities – wheelchair access*#	
Responsiveness to primary patient needs and desires*	
Patient involvement in decisions should be based on the patients desire to be involved	
Equitability	Votes
Suggested aspects of oral health care quality defining this domain:	
Overarching theme: Oral health should not vary in quality because of gender, ethnicity, cultural background, religion and belief, geographic location and/or socioeconomic status	
Care should be equitable in access*	22
- Availability of services (workforce availability)	
- Financial barriers (skill mix)	
- Affordability	
- Relationship with burden of disease and availability of services	
Quality/availability should not be compromised on the basis of a patient's health status	14
Address inequities explicitly in oral health service design, planning and commissioning #	10
Policy and clinical practice guidelines should be designed with an equitable lens	6
Equitability is a fundamental component of quality –equitable care is aspirational but not easily achievable	6
Equitable in outcome	5
Care should not vary because of religion and spiritual beliefs of both the patient and the provider	2
Education of users	1
The goals of care may vary the circumstances	1
Care should not vary in quality within countries (rural vs. urban) (geographic location)*	
Care should not vary in quality between countries (geographic location)*	
Efficiency	Votes
Suggested aspects of oral health care quality defining this domain:	

Avoid waste (equipment, dental materials, human resources, time, carbon footprint)*	17
- Encourage prevention and discourage expensive restorative care	8
- Workforce: resource planning on basis of patient needs (macro-level, skill-mix)	7
Good value for money of treatments: outcomes vs. costs (cost-effectiveness)	11
- Reimbursement (provider payment, dental coverage): discourage waste of resources	6
Medical-dental integration	10
Eliminate unwanted variability in clinical practice	2
Expectation management (patients) – shared decision making	2
Context specific (CDS 5 Rights framework)	1
Calibration of appointment time and recall intervals (need + risk)*	1
Effectiveness	Votes
Suggested aspects of oral health care quality defining this domain:	
Be informed by/aware of most recent available scientific evidence and guidelines	17
Translate scientific evidence to clinical practice	7
Take into account the outcome of the treatment or intervention	7
Provide oral health care to all who could benefit but not to those who will likely not benefit	4
- Do more good than harm – aspire harm reduction/minimization, reduce unintended errors	5
Best available care for each specific patient – responsive to patient needs and preferences (context specific care)	4
- Take account of each patients up-to-date medical history	
- Acceptability of care	
- Patient reported outcomes – perception of the patient	
- Continuum of care	
Time effective care (timeliness)	4
Take into account the perception of the patient	3
Effectiveness of the delivery of care	1
Proper use of technology	1
Efficient workflow	1
Care encouraged by innovation	1
First concern focus	1
Cost-effective	1
Appropriate prescribing	1
Distinguish based on type of care (maintenance, episodic or comprehensive care)	
How well does the provided care work—how well does the provided care match the diagnosis	
Provided information (provided information pre-, during and post care)	
Involve all relevant stakeholders in the provided care	

* Related to access of care

Mentioned examples in the World Café of how possible issues related to this domain can be addressed