

QUALITY OF DENTAL HEALTH CARE

Elkin Javier Ruíz De la Ossa, Odontólogo, Álvaro Antonio Sánchez Caraballo

Magíster en Salud Pública – Investigador Environment & Technology Foundation Grupo One Health
correspondencia Calle 53 No. 11-30 Apto:504 Montería- Colombia . PhD Salud PúblicaDocente Investigador
– Universidad de Córdoba
Orcid.0009-0003-0328-6593, Orcid. 0000-0002-8609-1710

eruizdelaossa@correo.unicordoba.edu.co, aasanchez@correo.unicordoba.edu.co

Received: 10.04.2024

Revised: 12.05.2024

Accepted: 14.06.2024

ABSTRACT

Introduction: The quality of care in dental health is a concept inherent to insurance and refers to the capacity of services to improve the health outcomes of individuals and populations. This approach focuses not only on the optimal dental care provided, but also on the patient experience and the effectiveness of treatments.

Objective: To analyze the dental care process from the context of quality.

Materials and Methods: Integrative documentary review in the databases Scopus, ScienceDirect, ProQuest and Pubmed, using the descriptors “health quality”, “dental care”, “dental health services”, “health care quality”, and Boolean operators AND and OR, the search was limited to publications from the period 2017 to 2024, in English and Spanish with information about the quality of care and its relationship with dental health, were identified A total of 532 records were collected, of which 99 were selected.

Conclusions: The quality of dental health care is an essential component to ensure optimized and effective care for people. The continuous implementation of evidence-based strategies, together with a patient-centered approach, are essential to achieve sustainable improvements for countries' health systems. Hence, the link between health quality and dental care processes.

Keywords: health quality, dental care, dental health services, quality of medical care (source: DeCS, BIREME).

INTRODUCTION

Quality means excellence and must be pursued through a complete and organized system of management (1–3). Various authors, including Gilmore and Moraes (4), distinguish quality as an essential concept in the field of health care, describing it from multiple phases, and consider it as: "a high level of professional excellence, efficient use of resources, a minimum of risks for the patient, a high degree of patient satisfaction and a final impact on health".

Similarly, quality in health requires adherence to current regulations, and the regulation that each country makes to its different processes for the provision of optimal services; it also requires the application of scientific and technological advances and a personal commitment with well-defined ethical training (5).

Today, quality cannot be considered an exclusive privilege of a few or a long-term goal. On the contrary, it must be embedded in the core of all health systems in the world(6). In this sense, the human right to health is meaningless if quality care is not guaranteed, because health systems cannot contribute to the improvement of well-being without this essential component (7). On the other hand, the quality of dental care has heterogeneous dimensions (8), since it reflects a diversity of outcomes for patients and because of the implicit complexity of the care process that leads to promoting, maintaining and restoring people's oral health (9). These processes show variety in the user's perception both qualitatively and quantitatively

Consequently, quality in dental care contains topics such as the technical and interpersonal aspects of care (10), which are immersed in general systems theory through its standards of structure, process, and results in the provision of dental health services (11,12). Care in the health system, from a focus on dental services, influences the quality of life of patients, and in the search for comprehensive health with repercussions on public health (13).

There are also consistent health systems whose components are interconnected and that collaborate to achieve a specific purpose, through the activities developed by the health services, which are involved as part of the social system forming a network of institutional, organizational and social arrangements that can support or hinder the delivery of health services(14). In this context, high-quality health systems must be grounded and people-oriented, fair, resilient and operate efficiently (6,15).

In turn, the Sustainable Development Goals (SDGs) are closely related to the quality of health care, especially with SDG three, which is focused on "health and well-being" and establishes specific goals that seek to guarantee the health of all people and reduce inequalities in access to quality health services (16). Therefore, universal health coverage, promotion, prevention, and maintenance of health are indispensable foundations that are aimed at the search for optimal quality (17). In this sense, understanding quality from all areas can influence its achievement and, of course, reach the operational clinical applicability of the provision of medical and dental care (18).

The concept of quality of health care has had a historical evolution, with varied approaches by different authors, who have defined quality in health, according to its theoretical foundation and praxis; which has led to an important theoretical development of this concept. Table 1 shows a consolidated analysis of the progress made in this regard.

Table 1. Author, year of publication, definition of quality and conceptual contribution or contribution, 1960-2024

Author	Year	Definition of quality	Contribution or Contributions
Avedis Donabedian	1960- 1970	Medical care as a property that can be obtained to varying degrees. An approach that laid the foundations for the systematic analysis of quality in health services.	Pioneer and father of quality in health care. He introduced the model for assessing quality of care based on three components: structure, process, and outcomes.
Avedis Donabedian	1984 -1988	Achieving greater benefits with fewer risks for the patient, based on available resources and social values.	It proposes attributes of: effectiveness, efficiency, optimization, acceptability, accessibility, equity, legitimacy.
World Health Organization (WHO)	1989	Quality identifies health needs in a complete and accurate manner, using resources in a timely and effective manner.	It establishes the basis for future policies on quality in health.

Joseph Juran	1991	Suitability for the tangible use of a service. That is, the satisfaction of the customer's needs, and the absence of deficiencies.	Introduction: Juran Trilogy, focused on planning, control, and quality improvement. Bring up concepts like "quality by design" and "continuous improvement."
Institute of Medicine (IOM) United States of America	1999	Safe, effective, patient-centered, timely, efficient, and equitable care.	It highlights the importance of patient safety and the need to improve the quality of health care.
World Health Organization (WHO)	2000	The degree to which health services increase the chance of achieving desired health outcomes.	It promotes universal health coverage (UHC), emphasizing that quality is essential to achieve it.
World Health Organization (WHO)	2001	The degree to which health services for individuals and populations increase the possibility of health outcomes.	It incorporates the concept of "patient-centered care," highlighting the importance of respecting the patient's preferences and needs.
José María Paganini	2001	A positive result or change in the health condition attributable to the action of health services, measurable through user satisfaction.	It proposes a different approach to the administrative and managerial one, suggesting a sociological reflection that considers the rights of citizens and the social context in which health services are provided.
National Academy of Medicine of the United States of America	2001	Increased probability of obtaining desired health outcomes in health services.	He emphasizes the lack of quality measures and the need for these metrics to be based on scientific evidence.
Adalberto Ilinás	2010	Need to build quality models centred on the human being.	It believes that the quality of care should prioritize the health of the patient, without neglecting coverage, which often becomes the main objective of many models of care.
Hugo Múnera	2011	It ensures that each patient receives the most appropriate set of diagnostic and therapeutic services to achieve optimal care.	It determines a comprehensive approach that encompasses not only technical care, but also the interpersonal relationship and the physical environment where care is provided.

Anaconda et al.	2014	A continuous process that involves the constant evaluation and improvement of the services provided.	They warn about how political interests can negatively affect the quality of health services and these must be away from such influences.
Arteta and palace	2018	A multidimensional state that encompasses not only the effectiveness of treatments, but also patient satisfaction and accessibility to services.	It recommends improving quality, through continuous training of personnel, the use of appropriate technology and the implementation of evaluation systems that allow for continuous monitoring and improvement of services. They emphasize interdisciplinary work, access to quality services regardless of socioeconomic situation and geographical location, which can contribute to reducing health inequalities.
Morales and García	2019	A continuous process that must be constantly evaluated and improved to guarantee positive results in the health of the population.	They propose a comprehensive model of quality, which includes accessibility, timeliness, safety and user satisfaction.
Boada et al.	2020	Balance between benefits, risks and costs, with the aim of achieving user satisfaction and adhesion.	They emphasize the attributes of relevance, patient safety and continuity.
World Health Organization (WHO)	2021	A set of elements that ensure that each patient receives the appropriate diagnostic and therapeutic services to achieve optimal care.	It supports countries in the development and implementation of national policies and strategies to improve the quality of care. Primary health care stands out as a fundamental pillar to offer comprehensive and effective services throughout the patient's life cycle.
World Health Organization (WHO)	2022	Likelihood of achieving desired health outcomes, based on professional knowledge and evidence.	It introduces contributions in efficiency, integration and equity.
World Health Organization (WHO)	2023	Comprehensive approach beyond clinical outcomes, but also patient experience and satisfaction	It calls for the active participation of patients and communities to improve quality.
World Health Organization (WHO)	2024	Guarantee of all health services as effective, safe and focused on people and populations, complying with high quality standards.	Global and priority engagement with fragile health systems. With collaborative support between governments, health systems, citizens and health workers to achieve quality health

services.

Source: Construction using Scopus, ScienceDirect, ProQuest and Pubmed databases.

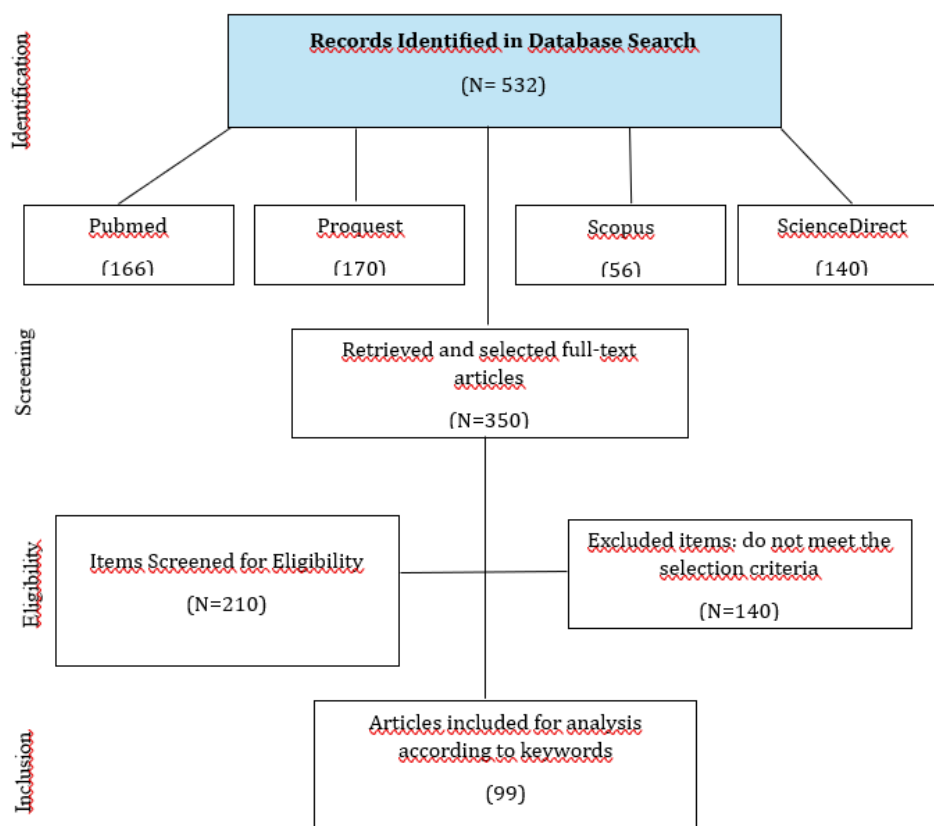
MATERIALS AND METHODS

The article was constructed through an integrative review of the literature, providing elements for the understanding of the subject. Analyzes existing findings regarding the quality of dental health care (19). The Integrative Reviews for Whittemore and Knafl (20), define its composition in four stages: identification of the concept, search for the literature, evaluation of the data, analysis of the information and conclusions.

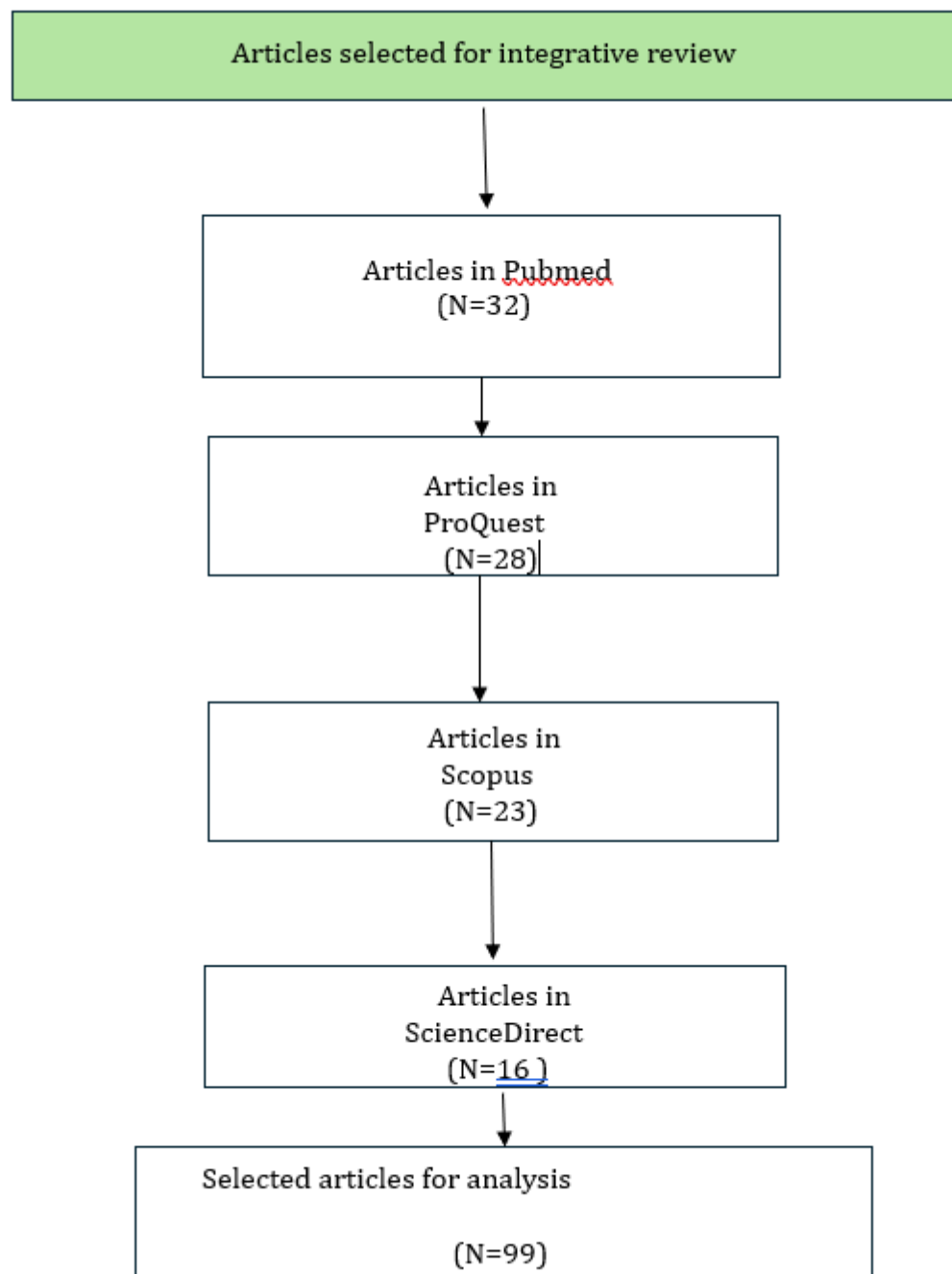
The review was carried out through the Scopus, ScienceDirect, ProQuest and Pubmed databases, using the descriptors, "health quality", "dental care", "dental health services", "health care quality", and the Boléans AND and OR, the search equation included publications from 2017 to 2024, in English and Spanish languages on the quality of care and its relationship with dental health. A total of 532 records were retrieved, of which 99 were selected, as evidenced in Figure 1, through the PRISMA flowchart that shows the selection and eligibility process during the literature review. In the bibliographic search, original full-text scientific articles published in indexed journals during the study period were taken into account as inclusion criteria.

In a first review, the recurring and relevant aspects of the topic were identified, they were deepened in a second search, and within the exclusion criteria, publications of duplicate works, texts in languages other than Spanish and English, articles outside the temporality of the study, those not published in the databases selected for the review and those of incomplete information for the research were eliminated. in line with what is presented in Figure 2.

Figure 1. PRISMA Flow Chart for the selection of sources of the integrative document review



Source: Databases consulted.

Figure 2. Flowchart by databases

Source: Databases consulted

Attributes of Quality in Dental Care

The different definitions of attributes in the field of health refer to various aspects related to quality and performance (21). All of them highlight patient satisfaction, efficiency and clinical outcomes. Quality in health institutions has been considered an intangible concept, and several approaches have been developed to define it (22). One of the most outstanding concepts corresponds to Avedis Donabedian, a pioneer in the field of quality in health, whose conceptualizations have exerted a significant influence in this field, when he expressed that quality in health services is, "an attribute of medical care that can be given in different degrees, through the achievement of the greatest possible benefits, with the resources and social values available, and with the least risks for the patient" (23). In short, it is the appropriate use of medical science and technology to maximize health benefits, avoiding a disproportionate increase in risks (3,11,24). Therefore, the level of quality is the extent to which the care provided is expected to be balanced towards the benefits and not the risks inherent in the provision of the health service (25).

Dental care services must ensure quality and patient satisfaction (26), where all components play an important role in the final result, which involves; the treatment of human talent, empathy towards the patient, the supplies or biomaterials used, infrastructure, technology, access to the service without barriers, opportunity in care, technique and updating of oral health professionals (27,28).

Public and private dental service providers have a responsibility to achieve quality, due to its implications in the creation of a planning scheme for each activity to be carried out and the monitoring of the events that have occurred and the definition of actions to achieve them (29). Likewise, it must be verified that the activities initially proposed have been fulfilled and the evaluation of the results obtained must be carried out, and finally the incorrect actions must be eliminated to create a plan that contributes to improving the patient care process (30).

Quality implies costs for institutions and professionals, because it demands adequate conditions to provide an impeccable service in the place of care and to be able to keep human talent satisfied with remuneration and emotional incentives, constant updating, and alliances with suppliers (22,31,32). Consequently, the cost of production of the service increases, however, it means attraction and interest of patients in the service offered (33).

The quality of the services provided in a dental care company depends to a large extent on the availability that senior management dedicates to intervening in all dimensions of the service, since it is necessary to change the culture of all the members who are part of it and who act directly or indirectly in the care of the patient (4).

In the same way, it is necessary to prioritize the adequate optimization of resources that allows financial stability, a convenient use of technology in relation to what is relevant, timely and efficient that make it possible to achieve high levels of safety, quality and satisfaction for the patient and their family nucleus (34–36). Therefore, it is appropriate to analyze the future projection of dental expenditures and the constant uncertainties in the planning of oral health systems; in order to be able to implement coordinated health policies, which help reduce the anticipated economic burden and ensure the efficiency and sustainability of dental care services, without putting the quality received at risk (15,37,38).

For different authors, (39,40) The attributes of quality in the provision of dental services is determined by a set of articulated and coordinated elements that must be perceived from all angles, including the patient, his companion and his or her way of entering the institution, the way of being treated, the discharge and his or her perception of the cycles or moments of truth positive. which makes it possible to determine the level of satisfaction in the care (41,42).

Patient safety as a fundamental aspect of dental care is another important topic, which involves the adoption of strategies designed to prevent damage, reduce risks and create a safe environment for patients in the dental field. This practice favors quality in the provision of institutional health services at a global level (43).

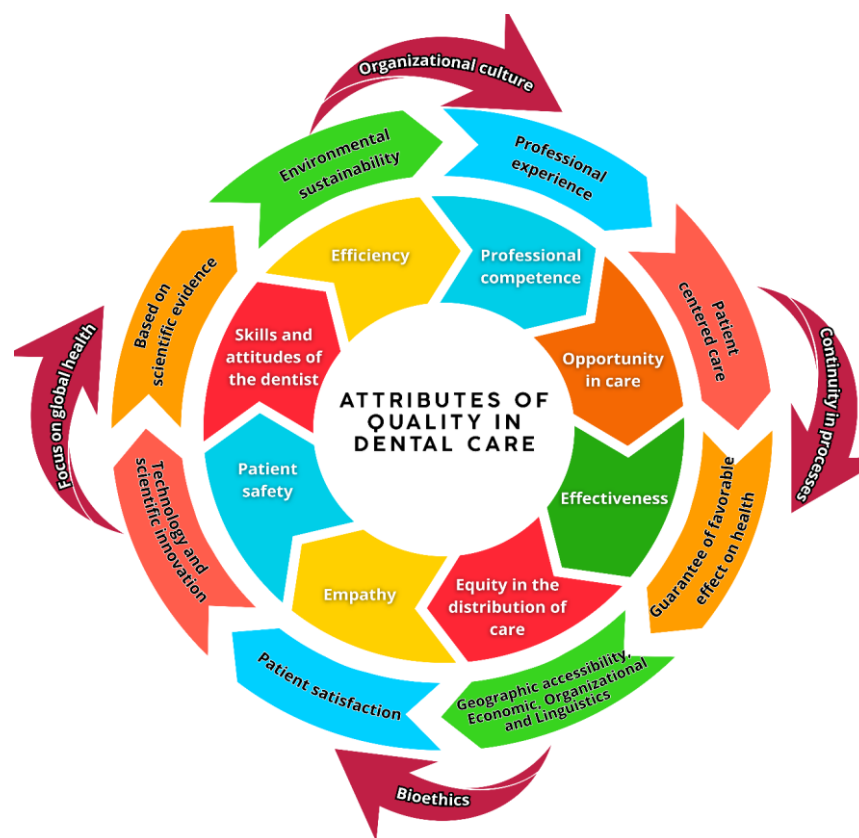
In the same way, bioethics is an articulating axis in patient safety, since I intervened as a central vector in the planning, organization, verification and control of all priority processes that guarantee the culmination of optimal care results for patients and considerable improvements in their quality of life (44–46).

In accordance with what has been stated above, it is laudable to consider that bioethics (6) It is a benchmark in healthcare practice, and a tool to generate trust, security and user loyalty. Therefore, the ethical foundation is to make the procedures correctly adjusted to scientific evidence, management guidelines and care protocols (47).

The International Dental Federation (FDI), It defines three core values of dentistry, namely: clinical expertise, scientific evidence, and patient values (46). In turn, the National Academy of Medicine of the United States, describes six standard components of quality in medical care, which should characterize all the outcomes of such care, namely; patient-centered, safe, effective, efficient, timely, and equitable (48).

Thus, in dental patient-centered care, specific health needs and desired health outcomes drive all health care decisions (49), which highlights eight essential principles: access to care, respect for patient preference, coordination and integration of care, information and education, physical comfort, emotional support, continuation and transition of care, and involvement of family or friends (50,51).

Due to the importance of the aforementioned antecedents, Figure 3 shows the elements that make up the attributes of quality in dental care, which are schematized in a dynamic cycle with applicability in the contexts of the global dental health subsystems.



Fountain: elaboration through WHO(16,25), FDI(52)OECD(18), Glick M et al(46).

Determinants of Quality

To articulate quality in health care and especially dental care, the commitment of all the officials of the institutions, accompanied by an attitude focused on the maintenance and improvement of the processes, which must be demanding and disciplined. Of course, aimed at people and the process rather than results, achieving a medium and long-term effect (53).

Five dimensions of the determinants of service quality are identified in hierarchical order, which correspond to; reliability, responsiveness, safety, empathy and tangible elements, these are dispensable to achieve a desired positive effect on the perception of quality and on the satisfaction of dental services care by patients (54).

Quality assurance involves properly coordinating scheduled activities, as well as the financial, material, and human resources, processes, and documentation necessary to execute tasks and operations efficiently. This ensures quality results and minimizes potential sources of error (55,56). In this way, health companies have an unwavering commitment to the social fabric of the communities. To achieve quality assurance in dental care

service institutions, it is necessary to achieve optimum quality, so that patients perceive it with confidence and full satisfaction (11).

The development of quality assurance in health services (24), cannot be oblivious to technological evolution and the training of human talent. Likewise, those responsible for the management and administration of public health must be consistent with the use of tools that facilitate efficient control of administrative and clinical processes, and thus guarantee the quality of the services offered (46).

Dental service providers must invest in human capital, which guarantees them trained personnel, and with a vocation for service to permanently add value to the patient in all processes of the care chain (57), encouraging the development of a culture of service, where the behaviors of the internal customer are directed towards values, especially those of a cultural type in organizational systems (53,58).

Contemporary dental public health care introduces three models that are determinants for quality (59): the first is based on interdisciplinary work and collaboration between different sectors, such as education, employment, culture, sports and recreation, trade, agriculture and food security. These sectors join forces, strategies and resources to promote health, education and health care(6). A second model involves the integration and participation of dentists in basic health teams, where they collaborate with other professionals to contribute their knowledge and promote both oral and general health of the population (60). The last model proposes a transformation in care approaches, replacing the curative and individual model, which no longer covers current needs, with a more comprehensive one. This new approach is based on the promotion and maintenance of health, through community interventions, primary health care and the adoption of healthy lifestyle habits to reduce exposure and risks (61).

Oral Health Subsystem Assessment

It can be based on criteria of structure, process and results, which facilitates the definition, management and evaluation of subsystems, as well as preventive, diagnostic and treatment activities (62). This allows us to measure success in achieving the objectives; that is, to identify the health problem, the objectives linked to that problem, the actions necessary to achieve them and the resources required to execute those actions. (42).

Among the most widely used models to evaluate the quality of health services is SERVQUAL (Service Quality). It is recognized as an analyzer of gaps between patients' expectations and perceptions regarding the quality of services provided by health institutions(54).

The characterization of dental health quality depends on the health status of the population, lifestyles, environmental status, and health services (63). To this end, it is essential to develop a diagnosis of the health of the oral component, which includes clinical-epidemiological elements of impact on oral health (64). Adherence elements such as oral health education, prevention and self-care also influence (65). In this order of ideas, determining the quality of dental services is possible, according to parameters of effectiveness, efficiency, design, provision of dental services and patients (62).

The possibilities of care in dental services are endless, due to their relationship with the individual and the community. Therefore, selecting the type of care provided is definitive (22). However, there are some categories to evaluate the quality of care, such as the evaluation of the context in the provision of health services in each region or country. Also, it is important to carry out evaluation of demand, supply and the evaluation of the processes (66).

Therefore, assessing the quality of dental care using valid and reliable metrics makes it easier for stakeholders, especially policymakers and dentists, to analyze and improve the quality of the service provided (67).

Strategies to Address and Optimize Quality of Care

The quality of dental care is a crucial aspect in public health, and optimizing it requires a comprehensive approach, among the strategies that have given excellent results, is the implementation of appointment management systems. This is a critical tool for reducing no-shows and improving operational efficiency (68). Hence, the implementation of network systems significantly optimizes processes in dental clinics, allowing better planning and use of human talent time in administrative procedures and dental services (69,70).

By virtue of the above, the application of computer tools and technologies in health establishes a course to be followed at a global level, and makes visible the magnitude and impact of information and communication technologies on access and opportunity for dental health services (49). Strategies such as feedback contribute to optimizing quality and identifying the needs felt individually and as a group by the population (71). In this

context, dental health marketing is a mechanism to know the market and attract patients and identify the ideal procedures, which can be provided to patients according to scientific evidence and professional expertise (72). Similarly, the implementation of teledentistry allows patients to communicate with their dentists through digital platforms, facilitating access to initial care, without the need to travel (73). This is especially useful for diagnostic consultations, emergencies and follow-ups. Similarly, integrating this technology reduces waiting times and increases accessibility, making it easier for patients in remote or geographically difficult to access areas to receive dental care (74,75).

However, global health, in the words of Holts (2020), is transcending borders and cultures to address health inequalities and prepare the workforce together with health systems for the effects of these threats of universal dimension(76). It is essential to intensify the network communication of dentists in the world, and to interconnect with dental health subsystems of the countries, to prepare and develop preventive strategies of health containment and strengthen knowledge in applied research, in order to generate better scientific bases and evidence that have an impact on the optimization of the quality of dental service (77,78).

The dentist and his or her work team have a non-delegable responsibility in the intervention against the prevalence of oral diseases, and consequently to be able to contribute to the balance of public health and through this, participate in the reduction of inequalities, especially those related to dental care (79).

Of course, the quality of dental care globally has been transformed with the integration of innovation and technology. These strategies not only improve the effectiveness of treatments, but also expand patient access and satisfaction (80). Through the implementation of digital records, which facilitate accurate diagnoses and personalized treatment (81).

Other significant advances, which optimize quality with advanced technology, are found with digital X-rays, since they provide detailed images in 360 degrees, allowing problems that could go unnoticed with traditional methods to be detected and also reduce radiation exposure, this being another relevant benefit (82). Along the same lines, intraoral cameras are mentioned, which allow patients to see magnified images of their mouth, which improves their understanding of their dental health and encourages greater collaboration and adherence to oral treatments (83). In the same sense, there is the dental laser, which allows less invasive procedures to be performed and considerably reduces anxiety in the dental unit, this technology allows diagnoses and treatments to be carried out with unprecedented precision and efficiency, thus improving clinical results (84).

Of special interest is 3D printing as a technology that allows the creation of dental prostheses specifically adapted to the needs of the patient, offering a more comfortable fit and reducing adaptation time, production and costs (85). All this must be balanced and self-controlled to achieve an appropriate management of biomedical technology in the provision of eco-sustainable dental services, which reduce the impact of environmental pollution and climate change (38).

Discussion

According to the conceptual chronological structure on the quality of care among the different health organizations and various authors, they maintain a common fundamental basis in conceptualization, which corresponds to the search for effective care that ensures positive health outcomes (16).

Likewise, there are debates on the various conceptual transformations and in particular, it is Donabedian (86), who is credited with the origin of the concept of quality in health, whose starting point is mechanized and individualized care, and which evolved a decade later with the addition of the optimization of resources from the collective aspect. For its part, the World Health Organization (WHO) laid the foundations for collective construction in different periods. Precisely, in the eighties he enunciates the maximization of resources as a means to achieve quality, an aspect common to Donabedian (25,86).

After two decades, the WHO generates a paradigm shift in quality; with the "utopian" goal of health for all by the year 2000 and the vision of probability to achieve better quality of health (16,87,88), a postulate that diverges from what Joseph Juran proposed, in relation to the achievement of quality as a tangible event (89), and which is somewhat in line with the Institute of Medicine (IOM) of the United States, which emphasizes patient safety as a means to achieve excellence, in addition to effectiveness and efficiency in the management of resources (90).

The satisfaction indicator is established with Paganini and Boada (91,92), as a means of evaluating quality in the provision of health services, and also with Boada adhesion was annexed as a differentiating aspect, which is similar to what Llinás maintained (93), in the sense of predominating the human being as a subject of attention to achieve quality. In this same context, there are elements consistent with Munera (94), related to the need to integrate the different functional units to provide an optimal service.

A differentiating conceptual contribution from Anacona et al (95), in this same timeline, determine quality as a process. However, it is an abstract conceptual generality. Perhaps, because of the type of actors who begin to intervene in the concept. However, with Arteta and the palace (96) A broad, multidimensional and multimodal conceptualization emerges in relation to the evolution of society itself, in which each distinctive element takes value to generate quality.

Subsequently, in the 2020s, a dynamic and adaptive approach to the emerging needs of health systems is reflected (18), with the prioritization of evidence-based medicine, and a holistic orientation focused on the patient experience. With this, the need to provide quality care to the patient is ratified, as a way of consolidating the human being in his essence and values (25,97,98). In addition, it is urged to create a differentiating element of resilience and global collaborative position to ensure quality (99)

CONCLUSIONS

Quality in dental health is a multifaceted concept that is intrinsically linked to the general health status of the population, the lifestyles adopted, environmental conditions, available infrastructure and the provision of health services.

Health systems must strive for the implementation of comprehensive strategies of effectiveness, efficiency, and design; in order to guarantee optimal dental care, which responds to the needs and expectations of patients. Likewise, to carry out continuous improvement plans that contribute to a better state of dental health in the population and promote equitable and eco-sustainable access to dental services, which have a positive impact on public health and community well-being.

A universal quality approach must address health inequalities, transcending borders and cultures in an interconnected world, where health challenges know no geographical or socioeconomic limits. Such an approach can reduce the gap of health inequities, and of course strengthen the capacity to respond to the global health crisis.

Global public health presents a critical challenge related to climate change, because it affects the environment, due to alterations in the climate, and its ability to increase the prevalence of oral diseases and its influence on the quality of dental health care, thereby exacerbating existing inequalities.

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