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Quality of oral health care – perspectives and challenges in oral health services research

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There is a close relationship between general health status and oral health. Therefore, to ensure good quality of care an important contribution is the consideration of oral health care in health services research. However oral health services research is a developing discipline. E.g. to handle the large number of refugees including the screening of the current health status is a challenge in European countries.

To date little research concerning health services research in oral health care is performed. The Institute of Family Medicine at the University to Luebeck in Germany mainly addresses research in primary health care. One topic within this research area is health services research in primary dental care with the focus on quality of care. The senior researcher of this working group is PD Dr. phil. Katja Goetz. In 2013, she completed her habilitation in health services research at the University of Heidelberg with focus on working condition, job satisfaction and their impact on patient quality of care. Different studies were performed to address health services research in oral health care. A study about the evaluation of quality of care in oral health care setting showed that aspects of structure and process of care can be improved through the implementation of a quality management program [Goetz et al. 2014].

An additional perspective in a quality management program can be offered to the organizational attributes such as shared goals and clear communication within a health care team. With the validated questionnaire Survey of Organizational Attributes in Dental Care, an instrument is available to measure different organizational attributes of care from the perspective of dental health care teams [Goetz et al. 2016a].

A further study showed how dental patients assessed the quality of primary dental care. In general, patients evaluated their quality of care very positive with expection of the topic "costs of care" which received the least positive rating [Goetz et al. 2013]. In a further study with dental nurses it was found that physical working condition was the strongest predictor for overall job satisfaction. To ensure optimal quality of care delivered by dental nurses the consideration of working condition should be more integrated in further studies [Goetz et al. 2016b].

Moreover, a study with dentists showed that the least positive rating was for working hours and income. The opportunity to use own abilities was found as the strongest predictor of overall satisfaction [Goetz et al. 2012]. Furthermore, a current study showed that dentists described 25% of their patients as challenging which could have an impact on their quality of care but also on their well-being and job satisfaction. Aggressive behavior was perceived as the most challenging patient trait and a higher perception of the proportion of anxious patients was associated with a higher risk of burnout [Goetz et al. 2018a]. These different studies show the importance to consider research in the area of oral health to ensure a good quality of care for patients and health care providers.

A special focus in a recent project was the oral health of the population group of refugees. Within the last years a flight from individuals from countries like South Sudan, Afghanistan, Syria and Iraq to European countries could be observed. With entrance to the host country the health care of this population group is subject to the terms of the specific legal requirements of the host country.

In Germany, refugees were screened in the initial reception center concerning general health status. Normally, the utilization of health care is restricted to conditions where the individual suffers from pain. Screening of oral health care does not belong to the screening in the initial reception centers. However, an important determinant for quality of life is oral health. Therefore, we conceptualized a pilot study to evaluate oral health of refugees in one region in Germany [Goetz et al. 2018b]. We had the opportunity to screen 102 refugees living at collective living quarters and reception centers.

The results of this screening performed by a dentist showed that 92% of the study population ought to have a treatment (conservative or prosthetic). Over 49% of the participants suffered from toothache, an indication to visit a dentist. Moreover, we showed with our data that the restricted access could have an impact on health care costs. It can be assumed that an investigation in a regular oral health screening as preventive measures also for refugees could help to reduce health care costs in the future.

Population-based data about oral health of refugees are still missing. To overcome this gap, it can be recommended that oral health screening could be part of an initial medical examination performed in initial reception centers. Overall, the evaluation of quality of oral health care should be an important part of health services research and can lead to new perspectives of health care delivery as well as to detect challenges for the health care system.

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