Executive summary

Healthy teeth in a healthy mouth are of great importance to daily functioning and well-being. Primary oral care has undergone many changes in the past years, including changes in funding, practice organisation and care offerings. Society increasingly expects care providers to show accountability for the quality of care provided. Dentists also face this issue. There are signs that the quality of oral care is not always transparent, and that there is substantial practice variation between dentists. These signs were the reason for the Health Council to examine the evidence base of oral care in closer detail. To what extent can it be strengthened and would this lead to improved care? A specialised Committee has been appointed to answer these questions. The activities of this Committee are especially relevant given the current experiment with free market rates in oral care in the Netherlands.

Available data are limited

Although oral health in the Netherlands has improved significantly compared to 30 years ago, a significant proportion of the population still suffers from oral diseases. For example, while caries and periodontitis may be avoided using relatively simple preventive measures, both diseases remain common. The costs of oral care are equivalent to those of primary medical care, and are rising in step with overall care spending. Data on oral health in the Netherlands are limited. For example, there is no available information on regional differences that may
exist. People with a low socioeconomic status, frail elderly people and individuals with underlying medical conditions are at increased risk of dental problems. The factors that contribute to this are insufficiently understood. Data on accessibility of oral care is also lacking for these groups. The increasing number of people who suffer from multiple medical conditions at the same time is a growing problem. To provide proper treatment for this group, doctors and dentists should be aware of how their respective treatments affect each other.

**Evidence-based practice is not self-evident**

In recent years, quality policy has received increased attention within the field of oral care. However, efforts at improvement have primarily focused on the preconditions for care delivery rather than the quality of the care itself. Whereas evidence-based practice is slowly becoming the norm in the medical world, this is not yet the case in dentistry. This is not only true for the Netherlands, but also internationally. There are few evidence-based guidelines describing the best treatment for specific conditions. Consensus on treatment decisions also appears to be lacking in daily practice, as demonstrated by a number of examples. There are significant differences between dentists when it comes to treating caries in primary teeth of young children. Furthermore, many dentists schedule check-ups according to a fixed schedule, rather than tailoring the interval to their patients' individual situations. Guidelines on whether wisdom teeth should or should not be extracted are not widely followed.

**Gap between science and daily practice**

Most scientific research in the field of oral care is about fundamental scientific questions, or focuses on the development of new techniques. Hardly any research into treatment efficiency has been conducted. This type of research is necessary to provide an evidence base for guidelines. Research in the field of social dentistry is also scarce. This type of research is required in order to answer questions about the oral health of various population groups and to provide insight into effective prevention strategies.

**Recommendations**

In order to provide accountability for the quality of care provided (a wish shared by many patients) the evidence base of oral care must be strengthened. The Committee sees a number of means to this end.
Determination of treatment goals

Firstly, it is important that professional groups define what they perceive to be optimal care. To do this they must weigh the importance of various aspects of care, such as safety, patient satisfaction, treatment efficacy and cost-effectiveness.

Guideline development

The Committee recommends evidence-based guidelines be developed that describe the best proven treatment for a specific condition. These guidelines can function as a vehicle for available knowledge to reach practitioners and may reduce unfounded variation in treatment decisions between dentists. They may also provide insight into the effects of oral care on the oral health of the population.

Oral care professionals (such as dentists, dental hygienists and dental prosthetists) have a crucial role in guideline development and implementation. To begin with, they must become convinced of the importance of using guidelines. As dentists are scientifically trained, they should play a leading role in initiating the development of evidence-based guidelines.

The Committee recommends starting by drafting best-practice recommendations for areas with the greatest treatment variation in the short-term. In order for guideline development to become truly evidence-based and to select other areas of interest, further research will be required.

Data collection

It is of great importance to obtain greater knowledge of oral health in the Netherlands. To this end, the Committee recommends setting up a national monitor. This monitor should collect information about regional differences in oral health, oral health in vulnerable groups, the knowledge of the population concerning the prevention of oral disease, and the relationship between financial resources and access to oral care.

Obtaining knowledge

To stimulate the interaction between science and daily practice, the Committee recommends creating a network of dental practices anchored to academic institutions. These are practices where scientific research is conducted and
educational training is given. This research should address the questions that arise in daily practice and provide knowledge that can be used for guideline development. In the opinion of the Committee, professionals ideally should be able to follow a variety of career paths, with the possibility of combining private practice with academic work.