Reviewer’s report

Title: Effectiveness of a quality management program in dental care practices

Version: 1  Date: 23 December 2013

Reviewer: James J Crall

Reviewer’s report:

1. Major Compulsory Revisions

1.1. [p. 8] I strongly recommend that the statement “Dentistry is primarily a surgical discipline, whereas general practitioners ………..” be deleted. Views (and the reality) about the extent to which dentistry is primarily as surgical discipline vary considerably. While the statement may be valid for the way that dentistry is practiced in some parts of the world or for some dental specialties, it does not universally apply to dentistry. General dentists and pediatric dentists in many countries are diagnosticians, deal with treatment of acute problems and provide preventive ‘check-ups’ and services analogous to those provided by other primary care providers. Therefore, I recommend that the sentence be deleted entirely. Alternatively, it could be modified so as to remove the (controversial and, in the view of many, erroneous and outdated) characterization of dentistry as primarily a surgical discipline.

1.2. [p. 9] The first sentence appears to be a bit of an ‘over reach’ with respect to interpreting or characterizing the results of this study. It seems unlikely that reference #28 supports the statement regarding the use of the EPA for dental care. Moreover, the results of this one study can hardly be taken to attest for the value of using this assessment instrument as an “evidence base for dental care”. Accordingly, I recommend that he sentence be modified along the lines of the following, “The results of this study suggest that the EPA provides a much needed mechanism for assessing dental care and improving quality and safety.”

1.3. [p. 10] With regards to the second sentence of the Conclusions, the authors have violated the caution that they stated in the preceding Limitations section by focusing on a comparison between findings for the intervention group (over time) and the ‘comparison’ or control group (which they acknowledge previously to be subject to limitations). Given the limitations of the sampling approach and the weakness of the study design (pre-post in one group, but only a single set of observations at a second point in time), such a statement is not warranted. Including comments on improvements in quality that were observed with the use of repeated administrations of the EPA would be appropriate. Were such a (replacement) sentence to be included, the current third sentence could be deleted as well.

2. Minor Essential Revisions
2.1. [Abstract – Methods] Either place a comma after ‘quality and safety’ or place quotation marks around each of the five domains, as is done in the Methods section of the text, to eliminate confusion about the delineation of the two domains ‘quality and safety’ and ‘people’.

2.2. [p. 3] In the final sentence of the first paragraph, it seems more appropriate to state that assessing and monitoring quality play an important role in quality assurance and quality improvement that the converse (i.e., as presently worded in the manuscript).

2.3. [p. 4] In the first sentence of the Methods section, add a semi-colon to improve readability – so as to read, “…..developed for general practice care; and in 2005 the content ………”

2.4. [p. 5] In the last sentence of the first paragraph of “Statistical analysis” – the phrase “were compared using students t-test respectively Chi2 test” is confusing and needs to be reworded.

2.5. [p. 7] In the second sentence of the second paragraph, suggest reversing 6.4% and 27.2% so that the range goes from low to high.

2.6. [p. 7] In the third sentence of the Discussion, add “general” so as to read, “The intervention and comparison group practices did not differ with regard to general practice characteristics.” (to convey that they did not differ on a limited number of aspects that were reported in Table 1, rather than some more extensive assessment of practice characteristics)

2.7. [Table 1] Capitalize “Characteristics” in the upper left cell.

3. Discretionary Revisions

3.1. At the risk of touting my own work, I would suggest that the authors may want to acknowledge previous work along the line of the work reported in this submission – specifically the following, (which I would be happy to provide if it is not readily accessible by the authors):


ABSTRACT:

This paper summarizes steps taken by a large U.S. commercial dental plan to meet measurement challenges through development of a program designed to assess and improve the practices of dentists enrolled in a large preferred provider network. Data collected by trained evaluators who assessed 1,428 dental offices using a structured office assessment instrument were subjected to psychometric analysis by UCLA researchers. Results suggested that the optimal structure for an office assessment instrument consisted of 71 items organized into 10 scales (clusters of measures) reflecting key aspects of dental practice.
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests. (as defined by the criteria and questions listed above).

Although I declare no competing interests, in the spirit of full disclosure: I am a member of the MetLife Dental Advisory Council and provide advice on design, implementation and analysis of data for the MetLife Quality Management Program at periodic Council meetings for which I am paid a modest stipend ($2,000/meeting). I have no other competing interests germane to this submission. I also serve as Chair of the Measures Development and Maintenance Committee of the Dental Quality Alliance and hold the position of DQA Chair-elect.