Author’s response to reviews

Title: From theoretical concepts to policies and applied programmes: The landscape of integration of oral health in primary care

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Version: 1 Date: 18 Sep 2017

Author’s response to reviews:

September, 18th, 2017

Dear Editor

We are submitting a revised version of our paper entitled “From theoretical concepts to policies and applied programmes: The landscape of integration of oral health in primary care”.

We would like to thank the reviewers and the editor for the time and the constructive comments. We have modified the manuscript according to all comments and suggestions.

The modifications have been highlighted in the amended version of the manuscript.

Thank you for your assistance with our submission.
Sincerely yours,

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Editor comments

Comment 1

It is necessary to describe better about the content analysis used to synthesize, summarize and report the study's findings. The calibrated reviewers have selected publications according to defined eligibility criteria. Were the criteria specific to the questions to be answered by this review? Or was there a more general categorization of the articles, considering all the questions to be investigated, as described in the research protocol?

Response to comment 1

Since we have previously published the scoping review protocol (Emami et al., BMJ Open 2016), we hadn’t envisioned including the eligibility criteria in the results manuscript. However, we have now added two paragraphs and better described the content analysis as well as the eligibility criteria. Please see highlighted area in page 5 and 6.
Comment 2

How was stakeholder consultation done? In the flow chart, this step was performed at the beginning of the study, but in the methodology, the authors stated that it occurred in several steps. For a better understanding of this step, I suggest to describe it in greater detail.

Response to comment 2

We have now corrected the flow chart and we have now explained the nature of stakeholders’ participation (page 6).

Comment 3

One of the research questions was: To what extent the integration of oral health in primary care improve oral health outcomes, especially for vulnerable and disadvantaged populations? On the basis of the results observed, was it possible to answer this question, with regard to "outcomes, especially for vulnerable and disadvantaged populations?" I suggest to explore better.

Response to comment 3

We have now added a statement on page 11 to better answer question 2: “Although supportive environments can potentially improve oral health outcomes, from the review it was not clear to what extent these outcomes were improved, and if the needs of vulnerable and disadvantaged populations were completely addressed”. However, we believe that we have previously addressed this question in various sections of the manuscript as well:

Page 10: “integrated care has focused on groups with the highest risk factor levels for oral diseases such as: child and maternal age-groups, the elderly and persons with physical and mental disabilities, low-income population groups, as well as rural, remote, Indigenous communities”; Page 12: “Almost all the publications reviewed in this study highlighted the need for effective policies on interdisciplinary approaches to improve the oral health of disadvantaged population groups”; Page 13: “It seems that in the field of dental care, mostly individual and group-specific models of integrated care have been promoted in order to coordinate the care for high-risk and vulnerable patients and to empower the continuity and delivery of dental care. Page 13: “For example in the USA and Australia, strategies for oral health integration into primary care are oriented towards oral health clinical competencies achievement for non-dental primary care providers, whereas in some other countries, the policy of professional associations
is to protect the population and the profession of dentistry based on academic qualifications, which may not respond to the need of disadvantaged populations”.

Reviewer 1

Comment

This is a tremendous and needed work. Thank you. Very illuminating.

In order for it to be more conducive to action in policy and practice, I would consider use of a figure to represent the gradient of integration (like Maslow’s pyramid perhaps) so that the reader can understand the depth of the intervention (general awareness, risk evaluation, navigation, co-location, etc.). The reader needs to know how deep these efforts were/are and there is a tremendous range than can be too hidden, to my mind, in the tables and analysis.

Response to comment

Thank you for your encouraging comments. We found your suggestions great and have now added a figure in the format of Maslow’s pyramid (page 6).

Reviewer 2

The subject of the manuscript is absolutely relevant and we undoubtedly have to focus on this subject and insist on the need to include oral health in health systems in order to guarantee the integrity of care.

Thank you for your encouraging comments.

Comment 1

What strategies were used to categorize articles? Was any software used?

Response to comment 1

Thank you for the comment. Since we have published previously the scoping review protocol, we hadn’t envisioned including the eligibility criteria in the results manuscript. However, we have now added two paragraphs and better described the eligibility criteria and the content
analysis. Please see highlighted area on pages 5 and 6. We didn’t use any software for categorization of the articles.

Comment 2

Was the review recorded in banks such as PROSPERO?

Response to comment 2

To our knowledge, PROSPERO is an international database for systematic reviews (we have previously registered a systematic review protocol in PROSPERO). Therefore, we didn’t registered in PROSPERO. However, we have published the protocol of the scoping review (reference number 5 in the manuscript)

Comment 3

I've been missing a deeper analysis. Perhaps a single research question would allow a deepening of the discussion and greater contribution of the analyzes.

Response to comment 3

Thank you for the comment. We have followed our protocol, in regard to scoping review research questions and tried to our best address the aims of a scoping review as defined by Armstrong et al, (2011) and Arksey and O’Malley (2005): to  a) map the literature in an area of interest in terms of the volume, nature, and characteristics of the primary research, (b) determine the usefulness of conducting a systematic review, (c) summarize and disseminate research findings, and (d) capitalize future research capacity by identification of research gaps. In fact, a scoping review is a preliminary step to a systematic review, which has a single narrow question following PICO. (Higgins and Green, 2011).
Comment 4

I've been missing Brazil's Smiling, the Brazilian experience, in the results. This is one of the greatest oral health policies in the world and I think the authors have neglected the available evidence, many articles are in Portuguese but could be included in the discussion and results.

Response to comment 4

Thank you for the comment. We acknowledge the contribution of researchers from Brazil to the science and implementation of primary oral health care in the world. In fact, in the section on oral health policies we refer extensively to Brazilian experience (pages 8-9). We have also acknowledged our study limitation in terms of language restriction. However, we have now added a statement in this regard (see page 13).