Bilaga till rapport

Förstudie – Utmönstring i tandvården
Pilot study – Deimplementation in dental care (2026)

Appendix 2 Relevant articles

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Table 1 Systematic review, scoping reviews and a realist review.

Author **Year** **Reference**	**Aim**	**The author's conclusion (or part of the conclusion)**	**Comments**
Augustsson et al. **2021** **[1]**	The aim was to identify determinants influencing the use of low value care (LVC), as well as determinants for deimplementation of LVC practices in health care.	The identified determinants largely overlap with existing implementation frameworks, although patient expectations and professionals' fear of malpractice appear to be more prominent determinants for the use and deimplementation of LVC. Thus, existing implementation determinant frameworks may require adaptation to be transferable to de-implementation. Strategies to reduce the use of LVC should specifically consider determinants for the use and de-implementation of LVC.	They identified one study that involves dentistry: Cope et al 2016 [2]
Burton et al. **2021** **[3]**	Our objectives included completing a concept analysis of de-implementation, surfacing decision-making processes associated with de-implementing through stakeholder engagement, and generating an evidence-based realist programtheory of 'what works' in de-implementation.	This review contributes to our understanding of how de-implementation of low-value procedures and services can be improved within health-care services, through interventions that make professional decision-making more accountable and the prominence of a whole-system approach to de-implementation.	It is unclear whether they have included dentistry in their aim.

Falkenbach et al. **2023** **[4]**	We evaluated the reporting of direct costs of de-implementation and subsequent change (increase or decrease) in health care costs in randomized trials of de-implementation research.	De-implementation randomized controlled trials typically did not report direct costs of the de-implementation strategies (92%) or the impacts of de-implementation on health care costs (81%).	It is unclear whether they have included dentistry in their aim.
Fraser et al. **2024** **[5]**	The current study aimed to systematically summarize factors associated with patients' demand for low-value care.	We found that patients' demand for low-value care could relate to a multitude of factors that were clustered into eight core themes and thirty-three subthemes To understand the demand for low-value care from the patient's perspective in greater detail, future research should focus on the interaction between and importance of these factors in different care contexts.	They identified one study that involves dentistry: Duffin et al 2020 [6]
Heus et al. **2023** **[7]**	To provide an overview of randomized controlled trials (RCTs) evaluating deimplementation strategies, to quantify the effectiveness and describe different combinations of strategies.	Most deimplementation strategies achieved a considerable reduction of low-value care.	It is unclear whether they have included dentistry in their aim.
Kamaruzaman et al. **2022**	To synthesize the information from available reviews on the concepts and purposes of disinvestment in healthcare, the	Further research could focus on technology optimization in healthcare as part of overall health technology management.	It is unclear whether they have included dentistry in their aim.

[8]	approaches and methods used, the role of stakeholders and facilitators and barriers in its implementation.		
Parker et al. **2022** **[9]**	The purpose of this scoping review was to identify and characterize the use of theoretical approaches used to understand and/or explain what influences efforts to reduce low-value care	The results of this review can provide direction and insight for future primary research to support de-implementation and the reduction of low-value care.	It is unclear whether they have included dentistry in their aim.

Table 2 Relevant primary studies.

Author **Year** **Reference**	**The aim of the study**	**The author's conclusion (or part of the conclusion)**	**Comments**
Gabel et al. **2020** **[10]**	This study examines the impacts of 2015 regulatory changes in Danish dental care which aimed at effectuating a transition from six-to-twelve-monthly dental recall intervals, for every patient, towards a model where patients with higher need receive dental recalls systematically more frequently than patients with lower need.	These findings suggest that dental care providers may have responded differently to regulatory changes than intended by the health policy.	
Jebur et al. **2023**	This study aimed to explore disparities in experience of UK dental foundation trainees in	These findings raise concerns regarding newly qualified undergraduates' confidence, experience and skill in placing	This study may not be relevant for a Swedish context

[11]	amalgam use at dental school compared to their first year in dental practice.	amalgams. This suggests the need to increase undergraduate education and training to improve undergraduates' skills and confidence in amalgam procedures to reduce the gap between the dental schools and real-world practice.	The dental care do not use amalgam anymore.

Referenser

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