

Older adults' oral health follow-up in primary care: A teledentistry feasibility exploratory study

Acompanhamento da saúde bucal de idosos na atenção primária com uso da teleodontologia: estudo exploratório de viabilidade

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ABSTRACT Teledentistry can help answer the rising demand for oral health in homebound older adults. This study aims to analyze the feasibility of teledentistry in monitoring the oral health of homebound older adults in primary care, focusing on acceptance, barriers, and system quality. It is a cross-sectional and exploratory implementation study with a quantitative approach conducted in Primary Health Care services in Southern Brazil. Twenty older individuals/their caregivers, and five dentists were intentionally selected. A dentist assessed older adults through an online telehealth system via video call. The AdEQUATE questionnaire collected data from older adults/caregivers and dentists. Data was analyzed using descriptive statistics. Twenty older adults received the video calls. Most were women aged 80 years or older; 50% received home care; 90% had no prior home dental care. Older adults generally found teledentistry a comfortable, convenient, safe, and trustworthy care option. However, some dentists expressed skepticism about its diagnostic accuracy and infrequent use. This highlights the importance of addressing dentists' concerns in integrating teledentistry into public health services. The study also identified challenges, including limited equipment and technical issues. Despite this, teledentistry has proven to be a viable option for timely care, particularly for those unable to attend health facilities.

KEYWORDS Teledentistry. Primary Health Care. Homebound persons. Frail elderly. Oral health.

RESUMO A teleodontologia pode ajudar nas respostas às crescentes demandas de saúde bucal dos idosos restritos ao domicílio. Este estudo objetivou analisar a viabilidade da teleodontologia no monitoramento da saúde bucal de idosos domiciliados, na atenção primária, com enfoque na aceitação, barreiras e qualidade do sistema. Trata-se de um estudo transversal e exploratório, de implementação, com abordagem quantitativa, realizado na Atenção Primária à Saúde no sul do Brasil. Vinte idosos/seus cuidadores e cinco dentistas foram selecionados intencionalmente. Os dentistas interagiram com os idosos por meio de videochamada em um sistema online de telessaúde. O questionário AdEQUATE foi aplicado para coletar dados de idosos/cuidadores e dentistas. Os dados foram analisados usando estatística descritiva. Vinte idosos foram atendidos por chamadas de vídeo. De forma geral, os idosos consideraram a teleodontologia uma opção confortável, conveniente, segura e confiável. No entanto, alguns dentistas expressaram ceticismo em relação à precisão diagnóstica e relataram uso esporádico da ferramenta, revelando a importância de abordar tais preocupações para integração da teleodontologia aos serviços públicos. Identificaram-se desafios, como a falta de equipamentos e problemas técnicos. Apesar disso, a teleodontologia parece ser uma opção viável para atendimento, especialmente para aqueles que não conseguem se deslocar até as unidades de saúde.

PALAVRAS-CHAVE Teleodontologia. Atenção Primária à Saúde. Pacientes domiciliares. Idoso fragilizado. Saúde bucal.

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Introduction

Population aging and increased health problems are often associated with more significant healthcare needs and barriers to accessing health services^{1,2}. Oral health conditions can also be affected over the years, and older adults with lower socioeconomic conditions tend to have more significant oral healthcare needs^{3,4}. Teledentistry is one of the efforts capable of responding to the rising demands of older adults who have difficulties leaving their homes and accessing health services⁵.

Teledentistry can be defined as the use of information and communication technologies to facilitate contact between dentists or between dentists and patients when they are physically separated⁶⁻⁹. Several aspects of teledentistry have been studied, including its impact on health promotion and the prevention of oral diseases¹⁰, its use as a hospital diagnostic tool¹¹, and its application in long-term care institutions for older adults¹². Additionally, researchers investigated the knowledge and practices¹³, and dentists' perceptions about teledentistry¹⁴.

In the Brazilian Unified Health System (SUS), teledentistry can serve as a tool for Primary Health Care (PHC) professionals to obtain specialized support, diagnostic assistance, and continuing education¹⁵. The COVID-19 pandemic has expanded the possibilities for teledentistry, including remote monitoring between appointments and screening to determine the best time for an in-person appointment¹⁶. Furthermore, current Brazilian legislation authorizes the use of telehealth, and by extension teledentistry, as a professional practice. It is up to the professional and the patient to decide whether to use it¹⁷.

However, there is a lack of information about teledentistry technologies used with older adults, especially those who do not live in long-term care institutions^{5,14} checking their acceptance¹⁸, the barriers to their use⁹, the potential for diagnosis¹², and health promotion and prevention of oral diseases¹⁰.

So, this study analyzed the feasibility of using teledentistry to monitor the oral healthcare of older adults in Brazilian public PHC from the perspective of older adults or their caregivers and dentists. It investigated the feasibility by characterizing the experience of using teledentistry as a remote interaction modality in oral health care and evaluating the quality of the telehealth system.

Material and methods

Study design

A cross-sectional, quantitative, exploratory implementation research¹⁹⁻²¹ was conducted to assess the feasibility²² of monitoring the oral health of older adults using teledentistry in public primary healthcare services. The online Santa Catarina Telemedicine and Telehealth System (STT) platform was used. The intervention and data collection took place between November 2022 and March 2023.

The study was conducted in Florianópolis, the capital of Santa Catarina state in southern Brazil. In 2022, the city had an estimated population of 516,524, comprising 88,256 residents aged 60 or older and 12,493 residents aged 80 or older^{23,24}.

This study adheres to the Brazilian national legislation on human research ethics²⁵. The research project was submitted to the Human Research Ethics Committee of the Universidade Federal de Santa Catarina and approved in September 2022 under opinion No. 5,631,295 (certificate number CAAE 60543822.3.0000.0121). The participants' verbal informed consent was collected through audio recording. The study adhered to the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology)²⁶ guidelines to ensure transparency and quality in reporting observational studies.

Population

The study population consisted of homebound older adults aged 60 or over and their caregivers, followed by primary care teams. We considered homebound an older adult restricted to their home with a disability (physical, mental, emotional, and/or other) that resulted in limitations in moving outside the house²⁷. Their respective caregivers were included for older adults who were unable to answer the questionnaires for any reason. Dentists linked to primary care and who carried out teleconsultations were also included.

The sample was intentionally and conveniently defined in accordance with the team's research capacity during data collection. The study included five dentists linked to PHC and 20 homebound older adults followed up by PHC. For older adults who could not understand and/or answer the research questions, their caregivers, who had to be over 18 years old, were included.

Procedures

Dentists were invited to engage in the research through an online meeting previously arranged with the municipal oral health coordination. Once accepted, each dentist identified homebound older adults in their geographical area of coverage assistance, which was already included in the eligibility profile for home care at the PHC. The dentists initiated contact for research purposes. The research team then contacted the older adults/caregivers who were interested in participating.

After being informed about all the procedures, the older adult/caregiver who agreed to participate in the study received a link to access the platform through the WhatsApp LLC® (Meta, Inc.) app.

Data collection

A closed questionnaire was used to characterize the dentist's experience with teledentistry

consultation and the evaluation of the telehealth system. The first block of questions covered sociodemographic characteristics. The second block of questions was adapted from the AdeQUATE questionnaire²⁸, based on the ISO/IEC 25010 standard, which assesses the STT platform quality using a 4-point Likert scale. It encompassed effectiveness/efficiency, reliability, safety, functional adequacy, satisfaction, usability, efficiency, and compatibility dimensions. The selected questions followed other instruments in evaluating software quality^{29,30}. The third block addressed aspects of the teledentistry dentist's experience.

Likewise, a closed questionnaire with 23 questions was used to characterize the experiences of older adults and their caregivers about the teledentistry consultation. The first block of questions covered sociodemographic characteristics. The second block referred to the evaluation of the STT platform, which was also adapted from the AdeQUATE²⁸, and included some items from the satisfaction and usability dimensions. To characterize aspects related to the experience of older adults and their caregivers regarding teledentistry consultation, the third block of questions was asked, based on studies by Mariño et al. (2014), Murthy et al. (2021), and Torul, Kahveci, and Kahveci (2021)³¹⁻³³.

The parameters (target population, health-care level, location, approaches, professional duties, flows, implementation indicators, and content validation by experts) were elaborated in accordance with the Brazilian Health Ministry's 'Guide for developing clinical protocols and therapeutic guidelines'³⁴.

Two video calls were held with each older adult/caregiver. In the first call, a teledentistry assistant was present; in the second, data collection was conducted with different dentists. The older adult or the caregiver accessed the STT platform via personal data login. Before concluding the video call, a new video call was scheduled within 48 hours between the older adult/caregiver and the researcher.

Data collection with dentists was done using a closed 38-question questionnaire sent via a Google Forms® app link to their email at the end of the intervention period. The questionnaire was completed online, and informed consent was collected through a digital or printed signature, which was then sent to the researcher. The leading researcher collected the older adults' experiences and evaluations in a new video call in the same virtual room used for teledentistry consultations within 48 hours after the intervention. Questions were asked, and a 23-question online questionnaire was completed based on the responses of the older adult or caregiver, following the instruction guide.

Data analysis

Data were analyzed using descriptive statistics, obtaining absolute and relative frequencies for the participants' profiles using Excel® and IBM® SPSS® software (IBM Corp. Released 2020. IBM SPSS Statistics for Windows, Version 27.0. Armonk, NY: IBM Corp). The responses 'Totally agree' and 'I agree' were considered positive, representing high-quality levels²⁸.

Results

Twenty older adults received remote teledentistry consultations via video call in the PHC. The majority were women, predominantly over 80 years old. 90% have never received dental home care.

The older adults themselves answered half of the questionnaires. Half of the older adults had already received home care, and 75% had received a telehealth consultation via video call from a health professional. However, 90% had never received dental home care from a dentist, and none had received oral health care via teledentistry.

Table 1 presents the results of the STT evaluation by the older adults/caregivers. Considering the Satisfaction dimension, the majority reported an improvement in the quality of the service received and, therefore, they would incorporate its use frequently. Everyone found the valuable system in their care, felt confident using it, and would recommend it to their peers. Only 5% of the older adults felt uncomfortable using the STT platform.

Table 1. Older adults/caregivers' evaluation of the STT platform for teledentistry (n = 20). Florianópolis, 2023

Dimension/Item	Tot. agree n(%)	I agree n(%)	Disagree n(%)	Tot. disagree n(%)	IDK/NSA n(%)
Satisfaction					
The system improves the service quality	5(25)	12(60)	1(5)	1(5)	1(5)
I find the system useful in my care	10(50)	10(50)	--	--	--
I would recommend this system to my acquaintances	14(70)	6(30)	--	--	--
I think I will use this system frequently	5(25)	13(65)	1(5)	--	1(5)
The system provides good service	9(45)	10(50)	1(5)	--	--
I felt very confident using the system	8(40)	12(60)	--	--	--
I feel comfortable using the system	10(50)	9(45)	--	--	1(5)

Table 1. Older adults/caregivers' evaluation of the STT platform for teledentistry (n = 20). Florianópolis, 2023

Dimension/Item	Tot. agree n(%)	I agree n(%)	Disagree n(%)	Tot. disagree n(%)	IDK/NSA n(%)
Usability					
I think the system is easy to use	8(40)	7(35)	3(15)	1(5)	1(5)
I think I could use the system by myself	5(25)	4(20)	2(10)	8(40)	1(5)
The terms used in the text are understandable	10(50)	10(50)	--	--	--
I can use the system with my special needs	4(20)	3(15)	1(5)	--	12(60)

Source: Own elaboration.

STT = Santa Catarina Telemedicine and Telehealth System. IDK = I don't know how to answer. NSA = Not applicable.

Regarding the Usability dimension, half of the older adults indicated that they could not use the system without assistance from others, and 20% found it difficult to use. Despite this, everyone considered the terms in the text understandable, and most thought they could use the system even when they had special needs.

Table 2 presents the STT evaluation carried out by dentists. All participants positively evaluated the security dimension of the system,

as well as Reliability, as it was stated that the system is always operational and accessible when necessary. Regarding Satisfaction, although everyone considers that the system provides a good service, the majority feel comfortable and confident during its use and understand that its use improves the quality of the work performed; two of them would not use it frequently and assessed that its use does not increase productivity.

Table 2. Dentists' evaluation of STT platform for teledentistry (n = 5). Florianópolis, 2023

Dimension/Item	Tot. agree n(%)	I agree n(%)	Disagree n(%)	Tot. disagree n(%)	IDK/NSA n(%)
Efficiency					
I can successfully complete tasks in the system	1(20)	3(60)	1(20)	--	--
Reliability					
The system is always operational and accessible	2(40)	3(60)	--	--	--
In case of interruption or failure, the system recovers adequately	1(20)	--	1(20)	--	3(60)
Security					
I am sure that the system data is only available to authorized people	2(40)	3(60)	--	--	--
I am sure that all actions on the system that I did were attributed to my user	1(20)	4(80)	--	--	--
I am sure that I did everything associated with my user	2(40)	3(60)	--	--	--
Functional suitability					
The system's features make it easier to complete my tasks	1(20)	2(40)	2(40)	--	--

Table 2. Dentists' evaluation of STT platform for teledentistry (n = 5). Florianópolis, 2023

Dimension/Item	Tot. agree n(%)	I agree n(%)	Disagree n(%)	Tot. disagree n(%)	IDK/NSA n(%)
The system has all the features I would expect	2(40)	2(40)	1(20)	--	--
Satisfaction					
Using the system improves my work quality	--	4(80)	1(20)	--	--
Using the system increases my productivity	--	3(60)	2(40)	--	--
I think I will use this system frequently	--	3(60)	2(40)	--	--
The system provides good service	1(20)	4(80)	--	--	--
I felt very confident using the system	--	4(80)	1(20)	--	--
I feel comfortable using the system	--	4(80)	1(20)	--	--
Usability					
I think the various system functions are well integrated	--	4(80)	1(20)	--	--
I needed to learn a few things before I could start using the system	2(40)	2(40)	1(20)	--	--
I imagine most people would learn to use this system quickly	1(20)	2(40)	2(40)	--	--
I think the system is simple to use	--	4(80)	1(20)	--	--
I think the system is easy to use	--	3(60)	2(40)	--	--
I think I could use the system by myself	--	3(60)	2(40)	--	--
The system interface is pleasant	--	2(40)	3(60)	--	--
All relevant information is shown on the screen	1(20)	4(80)	--	--	--
I can use the system with my special needs	--	--	--	--	5(100)
Efficiency					
The system responds quickly	2(40)	2(40)	1(20)	--	--
Compatibility					
The system performs its functionalities efficiently while sharing the environment and resources with other products	--	4(80)	1(20)	--	--
The system allows the exchange of information with other systems	--	1(20)	--	--	4(80)

Source: Own elaboration.

STT = Santa Catarina Telemedicine and Telehealth System. IDK = I don't know how to answer. NSA = Not applicable.

Regarding Usability, dentists assessed that all relevant information is shown on the screen; four of them considered that the system's functions are well-integrated, that the system is simple to use, and that they needed to learn a few things before starting to use the system. Furthermore, dentists showed proportionally divergent opinions in statements about the system being easy to use, believing that most people would learn to use the system quickly

and be able to use it independently, as well as finding the system's interface pleasant. There were no respondents with special needs.

The majority judged that the system responds quickly, which is a characteristic of efficiency, and that it executes its functionalities efficiently while sharing the environment and resources with other products, raising a question about compatibility. They were unable to answer whether the system allows the

exchange of information with other systems when necessary.

Table 3 presents the responses about the experience of older adults/caregivers with video call teledentistry consultation. Most

considered the teledentistry consultation time sufficient. Likewise, most were able to express themselves considerably well and felt equally involved in the decisions made, both when compared to face-to-face assistance.

Table 3. Experience of older adults/caregivers about teledentistry consultation via video call (n = 20). Florianópolis, 2023

Item	Tot. agree n(%)	I agree n(%)	Disagree n(%)	Tot. disagree n(%)	IDK/NSA n(%)
Sufficient call time to exchange necessary information with the dentist	12(60)	7(35)	1(5)	--	--
I was able to express myself sufficiently during the video call	15(75)	3(15)	2(10)	--	--
I felt involved in the decisions made with my dentist	13(65)	6(30)	1(5)	--	--

Source: Own elaboration.

IDK = I don't know how to answer. NSA = Not applicable.

Regarding the dentist's experience with teledentistry consultations via video call, everyone considered it sufficient time and understood that they were successful. Furthermore, they could express themselves in the same way

as they would in a face-to-face setting. They would recommend a teledentistry consultation to another colleague to use with a homebound older adult (table 4).

Table 4. Experience of dentists with teledentistry consultation via video call (n = 5). Florianópolis, 2023

Item	Tot. agree n(%)	I agree n(%)	Disagree n(%)	Tot. disagree n(%)	IDK/NSA n(%)
Sufficient call time for information exchange	2(40)	3(60)	--	--	--
Expressed myself sufficiently during the teledentistry consultation	2(40)	3(60)	--	--	--
I managed to be resolute about demands/ patient's oral health needs	1(20)	4(80)	--	--	--
I was able to refer a patient more quickly to the referral service	2(40)	2(40)	--	--	1(20)
I would recommend a teledentistry consultation to another colleague	2(40)	3(60)	--	--	--

Source: Own elaboration.

IDK = I don't know how to answer. NSA = Not applicable.

Discussion

This study sought to improve access to oral health services for older adults in PHC by incorporating new information and communication technologies, specifically teledentistry. We committed to enhancing an intervention with digital security, which expands the list of actions carried out by public health services on a scientific basis. Pragmatically, we shared new processes and resources with healthcare professionals and managers to expand access to and qualification of the service, promoting the health and well-being of older adults and their caregivers. The research examined the experiences of older adults, their caregivers, and dentists with teledentistry consultation through the STT platform.

The results demonstrated that a health-care professional had already seen most older adults via video call. They felt comfortable and involved in the decisions, such as in-person care, and recommended its use to other older adults in similar conditions. This information reinforces the importance of health care being person-centered^{2,14,35}. Besides the professional's scientific knowledge, aspects such as empathy, the ability to communicate with others, and the perception of their emotions and needs also affect the patient's satisfaction³⁵. The care received in the comfort of their home can also impact satisfaction with teledentistry consultation, especially for older adults who are sometimes unable to attend health units. This timely access that teledentistry can provide^{35,36} also proves to be a safe and viable alternative when distancing is recommended, as occurred in the COVID-19 pandemic^{14,36-42}.

The findings indicated that almost half of the older adult participants had already received home care from a healthcare professional, one of the forms of health care³. However, most had never received dental home care, corroborating the evidence that oral health is not prioritized in home care^{43,44}. Having some degree of cognitive impairment

and living alone are barriers for older adults to receive home care with a focus on oral health³. This lack of dental home oral health appears to be associated with organizational and structural issues^{36,45}, such as the lack of mobile equipment to perform specific procedures, the dentist's work overload⁴⁶, and a lack of training⁴³. Other professionals or family members often carry out daily procedures to maintain oral health, with little knowledge⁴⁷, which could be improved through teledentistry, with adequate guidance from a dentist^{4,5,7,14,48,49}. The teledentistry consultations focused on improving oral hygiene habits, such as tooth brushing, flossing, and cleaning mucous membranes, as well as daily and weekly hygiene of removable dentures^{49,50}. This aimed to expand the knowledge of older adults and their caregivers, and contribute to self-care and well-being^{2,36}.

As observed in this study, dentists can exchange health information with older adults and their caregivers and indicate referrals when needed using teledentistry⁵¹. However, there are reports about dentists who do not feel confident in diagnosing and drawing up a treatment plan via teledentistry consultations without the possibility of an in-person appointment⁵². Some dentists do not consider teledentistry capable of providing enough elements for a more accurate diagnosis⁵³, or simply because they do not believe in its usefulness⁵⁴ or efficiency in patient care. Several reasons can be raised for these findings, such as oral images provided by patients with inappropriate quality and the lack of experience using this technology⁵⁵. Despite this, teledentistry consultations can be used for other purposes, such as instructions, educational actions, screening, follow-up, and referral as a complementary form of care⁵⁶⁻⁶⁰. Furthermore, regarding older adults, home care is an alternative that warrants study for these purposes^{45,46,61}.

In public health services, the literature has reported teledentistry as a tool for professional education and training, oral health

surveillance, remote patient care, and interprofessional communication¹⁵. Within the Brazilian SUS, teledentistry can strengthen universal oral health coverage by expanding access to dental care, especially in remote and underserved areas and populations⁶². Additionally, it facilitates collaboration between general practitioners and specialists, thereby improving case discussions and referral systems⁶³. Integrating electronic patients' records across different levels of oral health care enhances coordination and continuity of care. Considering the PHC teams, teledentistry tools can improve oral health literacy, reduce consultation waiting times, and promote oral health equity. Within the country's digital transformation strategy, the interoperability of systems and secure data exchange can optimize the coordination of primary health services⁶⁴.

Investments in digital infrastructure, professional training, and interoperability are essential to maximize the impact of telehealth. By embedding teledentistry into public health policies, Brazil is advancing toward a more equitable, efficient, and connected oral healthcare system^{16,65-67}. The initiative that integrates telehealth into primary care provides a strategic framework for implementing teledentistry, through remote professional second opinions, teleconsultations, and telediagnosis⁶⁸.

This research utilized a secure and official platform that meets Brazil's general personal data protection legislation. It is known that standard message apps have the potential to delete information and lack access control to the user's account, among other features that can expose patient data⁶¹. Otherwise, the STT platform seeks to capture personal data while preserving that data privacy through good security practices. The STT center provides a freely accessible page that details information such as the user's rights and duties, collection of personal data, use, purposes, processing, sharing, storage, elimination, and protection of this data⁶⁷. Older adults, their caregivers,

and dentists considered the system an excellent service. Furthermore, dentists felt that the system was secure and accessible to authorized personnel. In other words, when logging in with a health professional's login and password, patient data will be available to that professional, and the procedures are also maintained in their medical records. Another study involving the same system showed reasonable satisfaction rates among telehealth professionals²⁸. Using a system that meets the standards of current Brazilian legislation in this research, in addition to providing timely oral health care to older adults with more incredible difficulty accessing the service^{36,38} allowed for preserving the privacy of participants' data⁶¹.

Although the research employed a system not typically used by older adults, everyone found the terms understandable. These participants also found the system helpful in providing care, but half felt that they were unable to use it without assistance. This understanding on their part may be related to conditions expected with advanced age, cognitive impairment^{9,37,69}, physical impairment³⁷, and cultural resistance⁹. Older adults appear to be in favor of using technological resources and recognize their benefits. Still, as they age, they may feel that they lack the necessary skills to utilize them, and it is possible that their level of education also has an impact. Therefore, by observing the types of limitations that influence their acceptance or use of technology, adaptations and support can be provided to improve accessibility⁷⁰.

For the dentists, divergent opinions occurred regarding the system used to increase productivity, and not everyone would use it frequently. Such resistance, combined with the low adherence of dentists observed in this study, may be associated with factors such as problems during connection^{14,16,18}, human and infrastructure resources⁷¹, little skill in using information and communication technologies^{16,57,58,71}, a lack of institutional incentive⁷², insecurity⁵⁷, and even a lack of

interest⁵⁹. At the beginning of this study, it was challenging for dentists to find devices in their work environments that were adequately equipped to facilitate video calls (audiovisual resources). Furthermore, there were problems related to the internet network for patients and dentists during teledentistry consultations. It is possible that these interruptions during teledentistry consultations made them take longer compared to face-to-face consultations, reducing productivity. Likewise, it is likely that the knowledge and skills that favor more significant use of this resource, resulting from institutional incentives to practice using information and communication technologies through courses and technical support, can improve its effectiveness¹⁶.

Implementing telehealth services faces challenges related to access inequalities, making it essential to maintain a strong relationship between the healthcare system, teams, and users. However, both modalities are complementary and interdependent in promoting equitable access to healthcare⁶⁰. In addition to improving access, teledentistry offers the potential to reduce costs⁷, provided that there is a balance between the necessary investments in equipment acquisition and maintenance^{9,72}, as well as the quality of internet infrastructure on both sides¹⁸. This cost reduction can maximize teledentistry's potential and foster equity, especially among vulnerable populations, such as the age group addressed in this study^{36,69}. Furthermore, when carried out synchronously, both sides involved must also require availability at the same time⁴⁹, making it another challenge to reconcile the professional's agenda with the routine of an older adult. Training and awareness can contribute to greater acceptance¹⁶.

Despite being an exploratory study, this research has some limitations, including the small number of participants and the short intervention period, which compromise more in-depth analyses. Also, only older adults who were monitored by primary care health services and those treated by the geriatric medical

specialty were included. Those older adults who were not registered or lived in areas not covered by dental primary health teams were excluded.

Considering the participants' satisfaction with teledentistry, the professionals' recommendation to their colleagues, the various possibilities that can be addressed, and the potential to promote access to health services, we recommend further studies with a more significant number of older adults and caregivers to understand the difficulties in using this technology and what strategies can be implemented to improve its use. Likewise, we must have a deep understanding of the reasons for the low adherence of PHC dentists, aiming to scientifically contribute to decisions regarding the organization of the work process and the allocation of public resources.

Conclusions

The research showed that older adults and caregivers considered teledentistry consultation equally appropriate compared to in-person care regarding call time and their involvement in decisions made with the health professional. They recommended its use to peers. Additionally, they considered the system helpful, but most did not feel capable of using it without help.

Through teledentistry consultations, dentists can exchange the necessary information with older adults and their caregivers, resolving what was previously presented as a remote demand. Dentists consider the system safe, but not everyone views its use as a means to increase productivity, so they do not use it frequently.

Collaborators

Vieira ARR (0000-0003-3982-7550)* contributed to the study design, data collection and analysis, and critical revision of the

manuscript. Meurer MI (0000-0002-5933-895X)* contributed to the study design, data analysis, and critical revision of the manuscript. Cruz GS (0000-0001-8785-5455)*, Reses MLN (0000-0002-3581-8772)*, and Castilho ED (0000-0002-7072-6558)* contributed to data

analysis and critical revision of the manuscript. Mello ALSF (0000-0001-9591-7361)* contributed to the study design, data analysis, manuscript drafting, critical revision, and supervision. All authors approved the final version of the manuscript. ■

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