

Terminology of e-Oral Health: Consensus Report of the IADR's e-Oral Health Network Terminology Task Force

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Abstract

Objective: The International Association of Dental Research e-Oral Health Network (e-OHN) aimed to establish a consensus on terminology related to digital technologies used in oral healthcare.

Method:

The consensus process was comprised of four main stages. First, the task force created a list of terms and definitions around digital health technologies based on the literature and established a panel of experts. Second, email-based consultations and online meetings were organized with the panel of experts to confirm an initial set of terms. Third, this list of terms was presented at the IADR annual meeting to refine the list based on experts' comments. Fourth, to reach consensus, the taskforce used group discussion and crowdsourcing, to solicit expert opinion about the terminology. A Delphi-questionnaire was sent online to all experts to ask their opinion about the terms and their definitions.

Results: The study led to the identification of an initial set of 43 terms. The list of initial terms was refined to a core set of 37. Thirty-four experts took part in the consensus process about terms and definitions. From them, 27 experts completed the first rounds of consultations, and 14 the final round of consultations. All terms and definitions were confirmed via online voting (i.e., achieving above the agreed 70% threshold), which suggest their agreed recommendation for use in e-oral health research, dental public health, and clinical practice.

Conclusion: This is the first study in oral health organised to achieve consensus in e-oral health terminology. This terminology is presented as a resource for interested parties to be used. These terms were also conceptualised to fit with a new healthcare ecosystem and the place of e-oral health within it.

Introduction

The use of digital technologies in healthcare (digital health) has been transformative. Digital health can improve access, provide continuity, improve efficiency in delivery and increase [1]. The uptake of digital technologies has grown considerably over the last decade, with the increased presence of the internet and mobile technologies [2]. Data centric healthcare and the use of technology for information exchange has reshaped healthcare. Especially in rural and hard to access areas, alongside the unprecedented globality of mobile connectivity, digital health presents as a transformative agent that removes geographical barriers to healthcare [3].

During the COVID-19 pandemic, health professionals, almost overnight, needed to find ways to provide alternatives to face to face consultation and hands-on therapies. Consequently, health organisations and providers experienced years' worth of digital transformation in the space of months.

In oral healthcare, the use of technology has also accelerated in recent years. The World Health Organization (WHO) has encouraged the implementation of digital health and digital solutions for oral health in the latest WHO implementation guidelines for Mobile-Health technologies [4] and the Guiding principles for Global strategy for oral health includes "Optimising digital technology for oral health" [5]. WHO has been developing plans to accelerate the use of digital technologies to meet global public health needs based on the World Health Assembly Digital Health resolution (WHA71.7) [6]. Furthermore, the World Health Assembly Resolution on Oral Health (WHA74.5) [7] outlines broad actionable frameworks and plans that specifically include provisions for the use of modern digital technology in the field of telemedicine and teledentistry to ensure no one is left behind.

Digital health has many stakeholders including clinicians, patients, governmental decision-makers, health technologists, researchers and their funders in industry and the public arena. As a result of this multitude of actors and their varied backgrounds, coupled with the rapid rise of digital health and its diversification, there is a high variety of terms and concepts related to the use of technology within health care [8]. The intersection of health, medicine, dentistry, and technology involves a range of digital health terms, concepts and services that are used imprecisely and inconsistently, causing confusion. Terms such as eHealth, mobile Health, telemedicine, artificial intelligence, and health informatics are defined and understood differently by a diverse range of stakeholders.

WHO recognized that a shared and standardized vocabulary is necessary to identify knowledge gaps, and avoid unnecessary research duplication [8]. Standardisation of digital health terminology is also critical to ensure that the evaluation of the implementation and effectiveness of digital health interventions is performed using common language. This fosters collaboration and a common understanding between stakeholders, to facilitates the continued implementation of effective digital health programs [9].

In order to provide a common language, and a better understanding of terminology in oral health, the International Association of Dental Research (IADR) e-Oral Health Network (eOHN) (<https://www.e-oralhealth.org>) board discussed the need to arrive at a common

understanding of the terms used in digital technologies in oral healthcare. Our aim was to establish a consensus on different terms related to digital technologies in oral healthcare. These terms were also conceptualised to fit with a new healthcare ecosystem and the place of e-oral health within it [10].

Methods

Design

The consensus building process comprised five main rounds (See Figure 1). The consensus process was monitored by the task force, which consisted of board members of the eOHN (RM, JS, RC, SU, NG). The study Ethics approvals for the study protocol was received from Riga Stradins University, Riga, Latvia (Nr. 2-PĒK-4/236/202). All participants provided informed consent to take part in the consensus process and online questionnaires. Participants demographics and work characteristics, apart from publicly available (country of residence, job position, professional background) were not collected.

Establishing a panel of experts. It was agreed that the task force would map out and scope the structure of the glossary around the use of digital health technology and solutions in oral health. An initial selection of terms and definitions took place in April 2022. The selection was established based on consensus among the task force members and informed by the literature. To increase the extent of the glossary, a range of documents, reports and publications were reviewed for relevant terms. Definitions were collected from documents issued by WHO, the Commission of the European Communities on e-Health, as well as peer-reviewed journals and other relevant resources from professional organisations. All definitions were collated and uploaded onto a document where invited experts could leave comments and suggestions.

The task force identified and invited experts in the field of e-oral health to participate in an online consultation process. This panel of experts was identified from two sources: via membership of the IADR's-eOHN network; and via the task force's personal networks. Sampling was purposive to ensure that invited experts met the inclusion criteria: all participants were required to be actively involved in either research or working in e-oral health fields and willing to participate in the consensus process.

Round 1. e-Mail-based consultation on the initial set of terms and definitions.

To make a consensus, the task force used Crowdsourcing Delphi [11]. This is the process of aggregating crowd wisdom to solve a problem [11, 12]. Such an approach has been shown to offer more accurate decisions than the sum of individual judgements [13,14]. This method consists of rounds of feedback and group discussion for aggregated consensus. Thus, email-based consultations and online meetings were organized with the panel of experts to identify the initial set of terms, using a crowdsourcing approach [13,14]. This stage included input from the panel of experts to be part of an e-mail based asynchronous activity to establish a shortlist of terms and definitions to be included in this consensus. The experts were invited to review the document online and asked to suggest further terms that could be added (or deleted) in this consensus document and to refine the definitions regarding teledentistry and digital health.

This stage was broad and iterative with the goal of identifying additional terms and definitions, and reviewing, sending comments, and further refining existing definitions. It was made clear to contributors that this was a brainstorm on potential terms to be included, and all initial terms would be considered. The consultation was decentralised, open for a six-week period, and allowed for independence of judgements where the panel of experts provided feedback in their own time [13]. The resultant document of aggregated terms and definitions was used by the task force members as a basis for subsequent discussions.

Round 2. Online meeting to discuss the relevance and importance of terms.

After this six-week period, all agreed definitions were revisited by task force members. The refined draft document with 38 items was circulated within the panel of experts in preparation for the online discussion. The first authors (JS and RM) organized an online meeting on the 31st of May 2022 to discuss the content of the circulated draft document and to work towards consensus on the terms and definitions.

Round 3. Further refinement based on experts' comments following the presentation of initial results at IADR annual meeting. The results of the first round were presented by one of the task force members (RM) at IADR's annual meeting, specifically at the e-oral health network's symposium on 24th of June 2022, with further discussion with network members following the presentation [15].

Round 4. A fourth stage consisted of a round of consultations to determine collective consensus. A panel of 34 experts were solicited their opinion about the refined terminology list. Experts were first asked to independently assess a) the appropriateness of the terms, and b) the accompanying definitions, and vote on whether, or not, they agreed with them. That is, whether the definition was suitable to define the term and the conceptual models explained well the content well. Each response was considered a vote and it was assumed that the most accurate definition would get more votes [16]. Majority voting is the most common and simple consensus-based method in

crowdsourcing [16]. For each definition, experts were given the option of selecting 'I do not know' as an alternative response. A free-text box was available for each term to provide opportunities to explain responses.

The task force discussed the results from the first round. All 'I do not know' responses were excluded from the panellists' overall response. Major discrepancies in opinions were discussed during an online meeting with the task force members. The free-text responses from the first round helped to revise the terms and its accompanying definitions, which were included as statements in the second round. An a-priori consensus was agreed as 70% among experts on the terms and definitions [17].

Two reminders were sent to the panel during this period.

Round 5.

In the second round, each expert received an individualised questionnaire, which presented the expert's own responses from the first round and the panellists' overall response (% agreement/disagreement) to each term. The experts were asked to reconsider their response taking into account the panellists' overall response and to assess the clarity of the conceptual models. The results of the second round were discussed and analysed by the members of the task force. A final online meeting was organised with the panel of experts to provide an opportunity for the experts to give their opinion on the results. An a-priori consensus was agreed as 70% among experts on the terms and definitions.

Results

Round 2. e-mail-based consultation on the initial set of terms and definitions.

An initial list of terms developed by the task force including additional terms that they considered relevant for this consensus. This activity identified 43 terms which were openly circulated within the panel of experts during April – May 2022. The panel of 34 experts reviewed terms organised by the task force to avoid duplication and identify gaps.

Stage 2.2 An online meeting to discuss the relevance and importance of terms.

The initial eOHN group met online to discuss a document containing the terms reviewed and/or suggested by panel participants. This document was used to guide the group discussion held on the 31st of May, when 29 participants from 14 countries took part. The relevance and importance of terms were discussed to further refine the glossary.

The group meeting was 2 hours with focused discussion on organizing terms and definitions. Although there was consensus on several terms, most of the discussion highlighted the varied definitions members had for each of the chosen terms. In particular, the definition of telehealth/teledentistry varied within jurisdictions. Many jurisdictions also had varied interpretations on the scope of teledentistry and telemedicine.

Given the heterogeneous terminology used to conceptualise digital oral health, the initial discussions from this workshop also assisted members to develop and build on existing conceptual models used to differentiate the interrelated terms (e.g., health technology, digital health, and e-health), which are often used interchangeably as synonyms. To clarify the taxonomy of digital health terms, Figure 2 illustrates the relationships and positions among them.

To further conceptualise and organize e-health terms, Figure 3 follows a recommendation by Richard Scott [18] who proposed that the main components of e-health are telehealth and health Informatics. Thus, e-health encompasses elements from information systems (i.e., health informatics), to facilitate health acts performed at a distance, telehealth. Telehealth is the umbrella term and can exist independently of telemedicine. It differs from the specificity of telemedicine, telenursing, or teledentistry in that they refer more specifically to remote clinical services within the scope of those professions [19]. However, in Figure 3, telemedicine has been intentionally portrayed as bigger as it may have more influence, than other health disciplines.

Figure 3 illustrates some complementary technology that supports e-health. Namely, e-learning (the training – awareness, teaching, instruction, and education – side) and e-commerce (the business side) [20], which, by themselves were not considered e-health.

Figure 4 represents how Teledentistry has incorporated the prefix "tele" to common dental clinical disciplines. These terms have evolved to describe the application of teledentistry to those dental specialties, such as "tele prosthodontics", "teleperiodontology" "teleorthodontics", "Tele oral surgery" "telepaedodontics", etc. In contrast to a 'teledental' disciplines, the term 'Teledentistry' has a more general dental practice meaning [21].

Round 3. Refined version of terms and definitions

Whilst these models help to conceptualise definitions, the focus of this paper is to outline widely used terms and accepted definitions established during the meetings and discussions. Thus, from the list of candidate terms, a total 38 terms were selected for group consultation. The terms and definitions were grouped in alphabetic order. An online survey was open for a 4-week period. From the 34 invitations sent, 27 experts took part in the second round of consultations, achieving a response rate of 79.4%. These panellists were from 14 countries.

All 38 terms were agreed on for inclusion. Three terms received full agreement, while six were below 80%, but above the 70% threshold (See Table 1). In this round, different opinions appeared on the definitions as reflected on the free text comments received. Seven definitions received full agreement and three received agreements between 80% and 70%.

Round 4. Refined version of definitions

Because the objective of this task force and in response to the experts' comments from Round 3 of consultation, the task force made further refinements and additions to the wording of some of the definitions. The list was circulated within the panel of experts who replied in the first round (n=27) for a second round of consultations. Fourteen experts replied achieving responses rate of 51.9%. Definitions of ten definitions received full agreement, twenty-six were between 99.0% and 80.1% agreement, and one was below 80%, but above the 70% threshold (See Table 1). One definition received an agreement below 55%. The panel of experts did not agree on the inclusion of teleorientation and the term was removed from the list.

Table 1 includes the final glossary of 37 terms and definitions for a variety of telehealth and digital oral health technology applications available. Some definitions were adapted from the literature, while others were a synthesis of different definitions. In either case, all sources are quoted in the final document.

Table 1. A glossary of terms used in oral health

Term	Agreement with term to be include in the glossary (%)	Definition	Agreement with term definition (%)
1. Artificial intelligence in oral health (AI)	96.6	AI is a field that deals with theory and development of computer systems with an ability to perform tasks that mimic human's intelligence processes, like problem-solving and decision-making. In oral health AI can support oral health specialists (and connected domains) in early identification of oral diseases, decision making, rapid and reliable data interpretation, workflow automation, treatment monitoring, disease and treatment outcomes prediction and overall improved care quality and patient experience [22].	100.0
2. Convolutional neural network (CNN)	79.3	CNNs are a class of artificial neural networks in deep learning. It is a conceptual framework for developing AI algorithms. CNNs are currently used in image and speech analysis, for example [23].	92.9
3. Deep learning	86.2	Deep learning is a particularly complex type of machine learning that uses volumes of data and complex algorithms to train a model [24].	85.7
4. Digital health	100.0	Digital health is an Umbrella term that comprises e-health (including mobile health) and the use of computational sciences in artificial intelligence, big data and genomics [1]. Digital health extends the concept of e-health to include digital consumers, with a wider range of smart devices and connected equipment. It also encompasses digital health technologies such as the Internet of Things, artificial intelligence, robotics and data analytics [25].	92.9
5. e-consent	86.2	A digital or electronic record of a healthcare consumer's/ patient's choices, and decision they have voluntarily made to agree to permit more specific treatment, or diagnosis related actions received from health providers [26].	100.0
6. e-health	96.6	Is the use of information and communication technology to support health and health-related fields, including healthcare services, surveillance, education, and research [25].	85.7
7. e-health record	86.2	A digital repository of patient data that facilitates data entry, interoperability, and transportability of retrospective, current, and prospective information concerning a patient's health across varied providers and geographic locations, in chronological order[27,28].	92.9
8. e-learning	93.1	e-Learning refers to the use of digital technologies to deliver educational content and support learning in healthcare [29]. e-learning can be provided through a wide range of digital tools and platforms, such as online courses, virtual classrooms, webinars, educational software, and mobile apps.	100.0
9. e-oral health	100.0	e-oral health can be described as the use of information and communication technologies in support of oral health care and fields related to oral health care, including oral health surveillance, promotion, education, and research [30].	92.9
10. e-prescription	89.7	An electronic time-limited authorization for the provision of medication to the recipient from a licensed authority.	92.9
11. e-referral	86.2	The digital exchange of significant patient information from one treating healthcare provider to another via a system of creating, storing and sharing electronic reports [31].	85.7
12. Gamification	82.8	Gamification in health is "the application of the characteristics and benefits of games to real-world, non-game processes, problems, or productive activities, and environments, to encourage their users to improve health." [32,33].	92.9
13. Health informatics	82.8	A discipline or a field of science and engineering that aims at developing methods and technologies for the acquisition, processing, and study of health data, which can come from different sources and modalities, such as electronic health records, diagnostic test results, medical scans [34,35].	92.9
14. Health telematics	82.8	Health-related activities, services, and systems provided despite geographical barriers by means of information and telecommunication technologies, for the purposes of global health promotion, disease control and health care, as well as education, management, and research for health [36].	78.6
15. Digital Health Technology	82.8	Any digital health technology that aims to enable the management of health systems and services, delivery, and consumption of consumer care, medical care, or broader healthcare [37].	85.7
16. Health Information and Communication	79.3	A set of technologies resulting from the convergence of computing and advanced multimedia and telecommunications techniques, for processing, storage, dissemination, and exchange of health information [25,38].	85.7

Technologies			
16. Internet of Things	79.3	A system of interrelated computing devices or mechanical and digital machines connected to the internet, with the ability to transfer data over a network without requiring human-to-human or human-to computer interaction [25,39].	85.7
17. Machine learning in oral health	96.6	Machine Learning (ML) is a subset of Artificial Intelligence, focused on allowing a machine to automatically learn from data without explicit programming [24].	92.9
18. m-oral health	100.0	The use of mobile and wireless technologies (such as mobile phones, tablet computers, and personal digital assistants) to support the achievement of oral health objectives/ dental public health objectives [25,40].	100.0
19. Natural language processing	72.4	An intersection of AI and linguistics that refers to computer systems that analyse, understand, or process human language. Natural language processing (NLP) is a set of automated methods to organize and evaluate the information contained in unstructured clinical notes [41].	92.9
20. Patient portal for health information	86.2	A health information technology tool through which patients can access their electronic health records (EHRs) upload additional health information and schedule appointments or interact with providers by chatting to them [42,43].	85.7
21. Real-time (synchronous) telehealth consultation	86.2	Live, two-way interaction between a person (patient, caregiver, or provider) and a health care provider often using audio-visual telecommunications technology [40].	92.9
22. Robotics / Robotics for healthcare	82.8	Robotics for healthcare are machines with “systems able to perform coordinated mechatronic actions (force or movement exertions) based on processing information acquired through sensor technology, to support the functioning of impaired individuals, health interventions, care and rehabilitation of patients and also individuals in prevention programs” [44].	85.7
23. Store-and-forward (asynchronous) telehealth consultation	89.7	Transmission of recorded health data information (for example, radiographs, photographs, video, digital impressions, and photomicrographs of patients) through an electronic communications system to a health care provider or providers, who uses the information later to evaluate a patient’s condition or render a service outside of a real-time or live interaction [40].	85.7
24. Teleassistance	89.7	One health care provider assisting another care provider carrying out specific tasks by means of digital technologies [45].	78.6
25. Telecare	82.8	Systems and services where patients and healthcare providers interact remotely by means of digital technologies [45].	92.9
26. Teleconsultation	89.7	A consultation made by a healthcare provider with another health care provider or patient via telecommunication technologies; sometimes referred to as remote consultation or virtual consultations, or e-consultations [46].	100.0
27. Teledentistry	96.6	Teledentistry represents the uses of Information and telecommunication technology to provide oral healthcare services between an oral healthcare provider and a patient/recipient or other health care providers, who are separated by distance [25,47].	100.0
28. Telediagnosis	86.2	The use of information and telecommunication technology, to establish a diagnosis based on remotely gathered information (e.g., intra-oral cameras) instead of a face-to-face interaction [48].	100.0
29. Tele-health education	82.8	A process to promote changes in health attitudes, knowledge, information, behaviours, and skills, by means of information and communication technologies by and for consumers, health professionals and communities, for the purpose of fostering improved health [32]. (WHO 1998). It may include, audio or video technologies provided synchronously or asynchronously [49].	85.7
30. Telehealth	96.6	A collection of information and telecommunications technologies and services that support at-a-distance healthcare delivery and services to a recipient.	92.9
31. Teleintervention	72.4	A therapeutic act which is performed remotely by a healthcare provider on a patient/recipient, without or with the local presence of another healthcare provider or providers (e.g., telesurgery) [45].	92.9
32. Telemedicine	86.2	The provision of healthcare services using information and telecommunication technology where the health care provider and a patient or another health care provider not in the same location [47].	92.9
33. Telemonitoring	89.7	The remote monitoring and evaluation of health and health-related data (e.g., tooth brushing data) between a patient and healthcare provider [50].	100.0

34. Telesurgery	79.3	The remote controlling of a surgical apparatus, e.g., a surgical robot, or the remote advice to the surgeon on-site [45].	100.0
35. Telerriage	93.1	Evaluation of a patient's symptoms through remote consultation to establish the need and urgency for face-to-face care [51].	92.9
36. Wearable Sensors	86.2	Electronic devices that can be worn on the body to provide real-time sensing information about the wearer, and his/her environment.	100.0

Discussion

The use of Digital Health technologies (i.e., mobile technology, electronic health records, machine learning, artificial intelligence, etc.) accelerate the digital transformation of healthcare. This has created a variety of digital health terms, which has led to the need for a standardized vocabulary and the e-oral health terminology consensus. This report presents the results of a consensus building exercise organised to identify common terminology and arrive at a common understanding of the terms used in digital technologies in oral healthcare. A set of items was discussed, circulated several times and agreed within the task force and within the panel of experts. This resulted in a final list of relevant 37 items and definitions.

Digital (Oral) Health is being used by health professionals in clinical settings, and by patients using Apps for the self-management of conditions. From this perspective, this consensus was seen as important to provide a common, or a bridging, language for the oral health community to articulate current use and progress in digital and mobile health technologies.

However, this attempt to reach consensus was not without limitations. We tried as much as possible to fulfill the conditions of using crowdsourcing, that is, to allow for diversity of experts, independence of judgments, decentralisation, and aggregation of information [13]. However, it is always challenging to get all the conditions for wisdom of crowds and the full implementation was limited by factors such as time and resources. The first concern was related to our expert self-selection and obtaining a diverse representation. Our sample was largely composed of experts with an oral health background. Also, most experts were from a small number of countries, which limited the representativeness of the sample. Response rates, in particular for Round 5, was moderate.

Furthermore, terms and definitions in digital health are dynamic and constantly evolving and changing over time [53]. As digital healthcare progresses, new technologies and terms that both complement and challenge existing ones will arise. For example, technology continues to evolve in areas key to oral healthcare improvement. This includes sensors, robotics, Artificial Intelligence (AI) and Machine Learning (ML). Their use has been rapidly used across healthcare and is becoming a key component in healthcare, sharing expertise, and reducing error and cost. For this reason, the glossary of terms also includes terms used in AI and ML. Consequently, although the document that we produced may change with the evolving changes in technology, it provides a present state of terms to enable current cohesion and collaborations between those working in digital (oral)health.

We believe that the objectives of the task force were achieved. However, whilst it provides guidance, and reflects current consensus on terms, we acknowledge that it will need to remain adaptive to the rapid technological changes in healthcare; this glossary is to be considered a living document that will be updated on a regular basis. Accordingly, we have developed a consensus model based on crowdsourcing which could be used in future updates of this list.

Abbreviations

AI: Artificial Intelligence

CNN: Convolutional neural network

EHR: e-Health Records

e-OHN: e-Oral Health Network

IADR: International Association of Dental Research

ML: Machine Learning

Declarations

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Ethics approval and consent to participate.

The study follows the World Medical Association Declaration of Helsinki guidelines and is in accordance with practices and approvals for projects that do not involve access to or collection of private, sensitive or health data. All participants provided informed consent to take part in the consensus process and online questionnaires. Ethics approvals for the study protocol was received from Riga Stradins University, Riga, Latvia (Nr. 2-PĒK-4/236/202).

Consent for publication

Not applicable.

Availability of data and materials

All data generated or analysed during this study are included in this published article (Please see Table 1).

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Competing interests

Remaining authors declare that they have no competing interest. Rodrigo Mariño is a Senior Editorial Board Member for BMC Oral Health. Sergio Uribe is member of the BMC Oral Health Editorial Board

Authors' contribution

RM: Participated in the conception and design of the study, acquisition of data, analysis, and interpretation of data; as well as drafting of the manuscript and its critical revision, and approval of the final version.

SU: Participated in the conception and design of the study, acquisition of data, analysis, and interpretation of data; as well as drafting of the manuscript and its critical revision, and approval of the final version.

RC: Participated in the conception and design of the study, and interpretation of data; as well as drafting of the manuscript and its critical revision, and approval of the final version.

FS: Participated in the conception and design of the study, data analysis, and interpretation of data; as well as drafting of the manuscript and its critical revision, and approval of the final version.

NG: Participated in the conception and design of the study, and interpretation of data; as well as drafting of the manuscript and its critical revision, and approval of the final version.

JS: Participated in the conception and design of the study, acquisition of data, analysis, and interpretation of data; as well as drafting of the manuscript and its critical revision, and approval of the final version.

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Figures

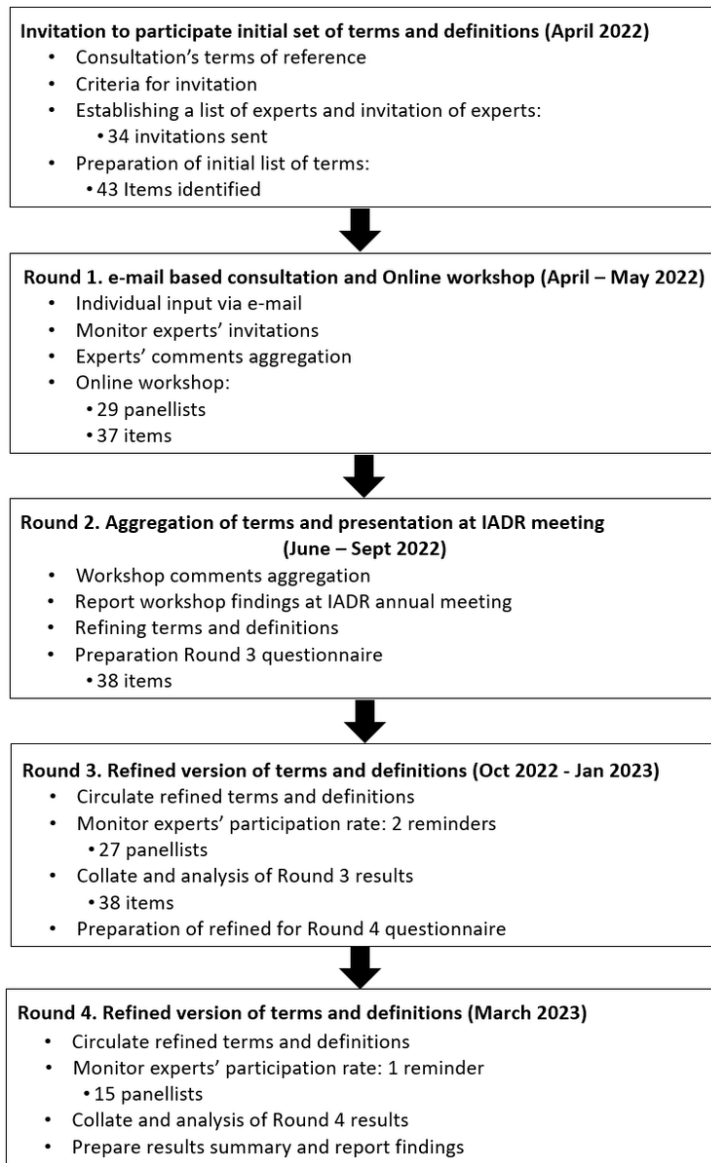
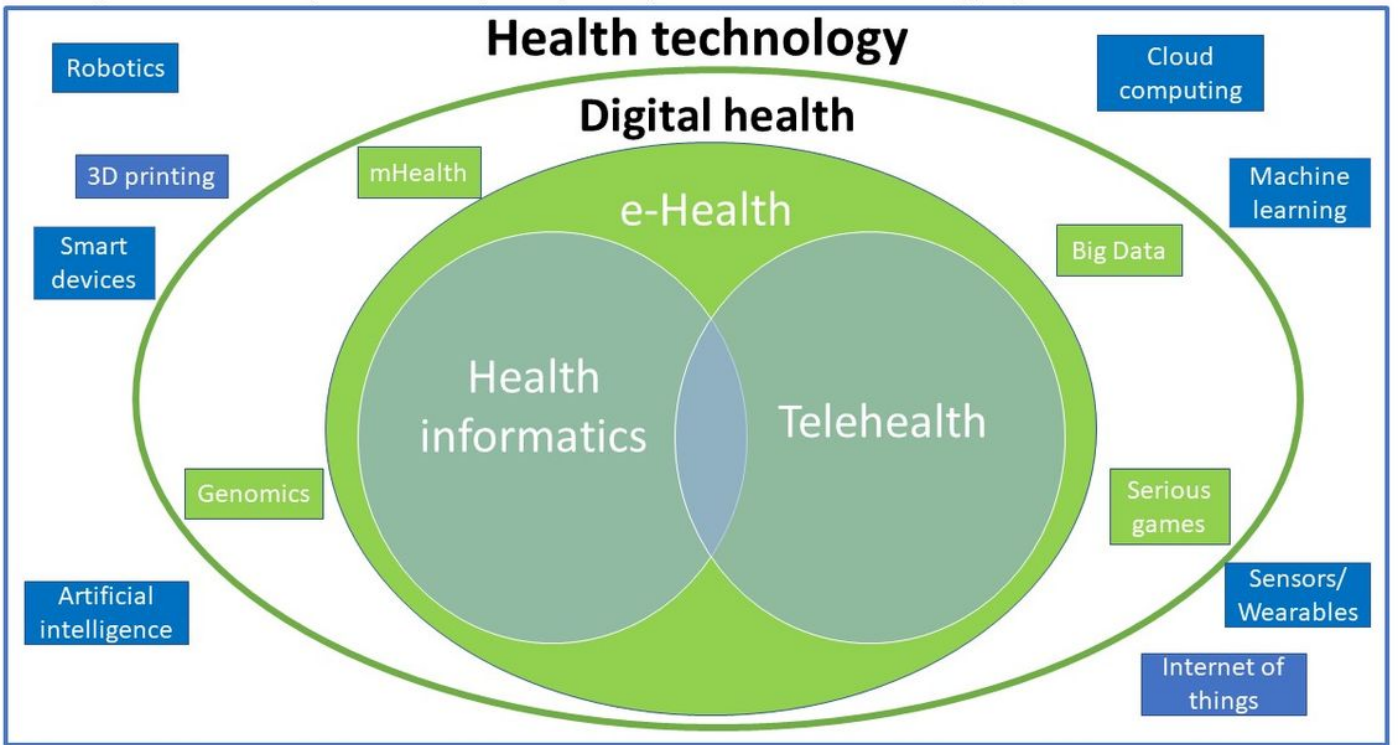


Figure 1

Framework, flowchart and results of the consensus process

Figure 2. Relationship and taxonomy of major components of health technology, digital health and e-health.



Modified from Storm3. What is HealthTech? 2022 [Available from: <https://storm3.com/storm3-voice/healthtech-insights/what-is-healthtech-who-is-disrupting-the-market/>].

Figure 2

See image above for figure legend.

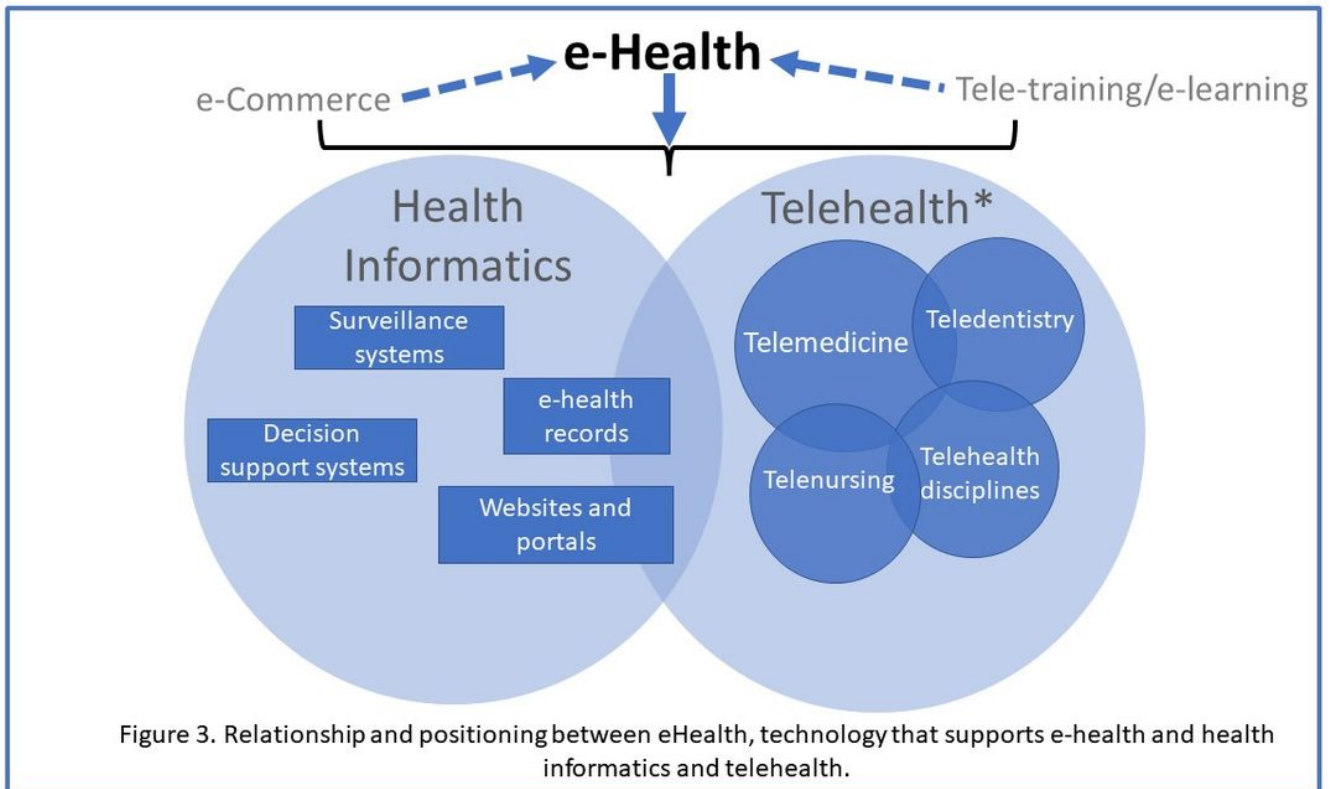


Figure 3. Relationship and positioning between eHealth, technology that supports e-health and health informatics and telehealth.

* Please note that there may be interactions between specific and various disciplines of healthcare

Figure 3

See image above for figure legend.

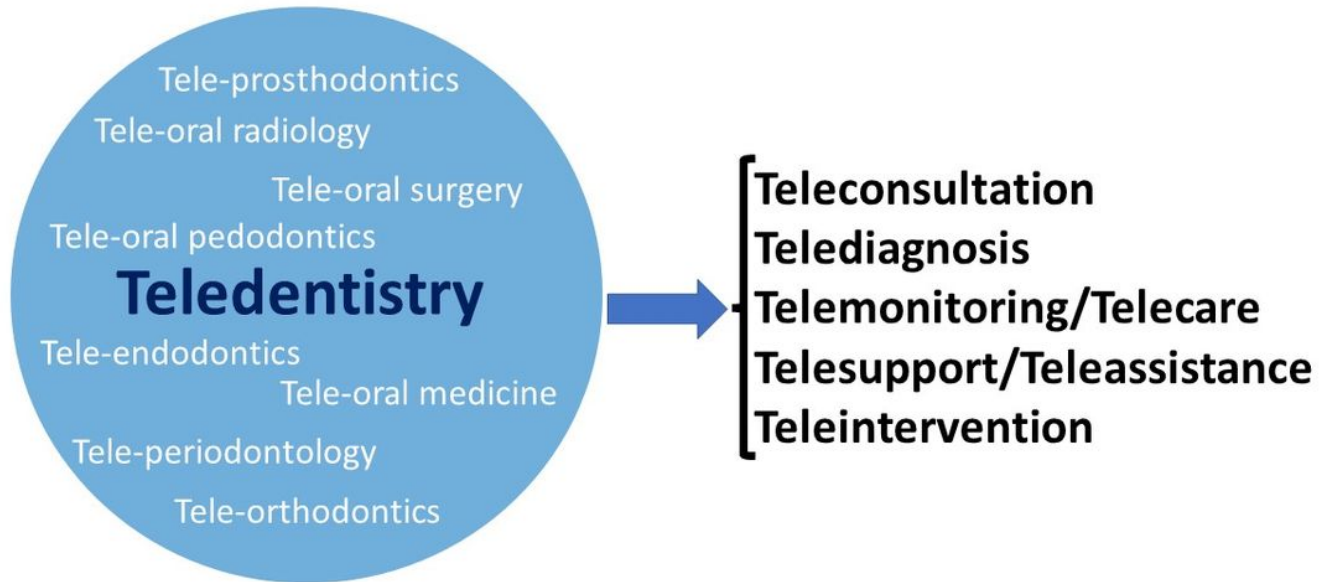


Figure 4. Most common fields of practice in teledentistry and modalities of applications.

Figure 4

See image above for figure legend.