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A minimally invasive
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Pakistani dental organisation holds first national conference for implantology

Daniel Zimmermann
DTI

KARACHI, Pakistan: Dental professionals in Pakistan lack awareness of and training on how to place dental implants, experts have announced during the country's first ever implantology conference recently held in Karachi. Although treatment costs for implants are relatively low compared with countries in the West, most dentists in the country are still replacing teeth with conventional bridges or crowns, the President of the Federation of Implant Dentistry Pakistan (FIDP) Dr Irfan Qureshi said.

The event, which was organised by the Pakistani organisation and supported by the International Congress of Oral Implantologists, saw attendance by dental implantology experts from Asia, Europe and the USA. Over the course of three days, they presented on topics such as maintenance protocols, mini implants and sinus bone-graft techniques, among others.

Qureshi told *Dental Tribune Asia Pacific* that the aim of the congress is not only to train students



Dr Irfan Qureshi leading an hands-on demonstration at the congress. (DTI/Photo courtesy of FIDP, Pakistan)

and practitioners from the country in diverse implant procedures but also to promote dental implantology in Pakistan in general. He also called for the specialty to be incor-

porated into the dental curriculum in dental schools nationwide. "There are many cases of malpractice with implants owing to a lack of training and poor case

selection and planning," he said. "This is damaging the reputation of the specialty and the product itself."

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Islamic school and Planmeca partner

As the first dental faculty in South-East Asia to do so, the Kuliyah of Dentistry at the International Islamic University Malaysia (IIUM) in Kuala Lumpur will use equipment from Planmeca exclusively to educate future dentists. The partnership was announced recently by the Finish dental equipment manufacturer and includes dental units, as well as panoramic and intra-oral imaging technology.

According to Planmeca's Vice-President of Marketing and Sales Tuomas Lokki, the equipment was installed by the company's distributor Amedix in November last year. It will help to make operating and teaching at the faculty more predictable and efficient, he said.

Established in 2006, the IIUM's Faculty of Dentistry currently offers five-year Bachelor of Dental Surgery programmes. According to its website, 234 students are currently enrolled in the faculty, which makes it one of the largest dental institutions nationwide alongside the Universiti Sains Malaysia's School of Dental Sciences in Kubang Kerian and Penang International Dental College in Petaling Jaya. [1]



Tokyo's latest attraction is a dental clinic fully branded with the well-known Hello Kitty trademark. (DTI/Photo ITmedia, Japan) ► ASIA NEWS, page 3

Sing meeting announced

The organiser of the CAD/CAM & Computerized Dentistry International Conference has teamed up with the Singapore Dental Association to hold its first Asia Pacific edition inside the city-state this year. The conference is scheduled for early October and will be held at the Marina Bay Sands Hotel. [1]

HK dean receives professorship

Prof Lakshman Perera Samaranyake from the Hong Kong University Faculty of Dentistry has been named King James IV Professor by the Royal College of Surgeons of Edinburgh in the UK. The 63-year old is the first Asian to receive the prestigious recognition which is awarded annually. [1]

More recalls for DIY teeth-whiteners

The Australian government has recalled two more products for whitening teeth at home. The Bright White Express Advanced Teeth Whitening Kit and Pro Teeth Whitening Professional Teeth Whitening Pen, both distributed by Pro Teeth Whitening, a dental company based in Wellington Point in Eastern Australia, were found to contain levels of hydrogen peroxide that exceed common safety limits.

The country's *Poisons Standard 2011* currently categorises all preparations containing more than 6 % hydrogen peroxide as unsafe.

Since December last year, the Australian Competition and Consumer Commission has been recalling several DIY teeth-whitening kits that exceed the concentration considered to be safe for home use. [1]



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AD

Higher than expected sports-related dental injuries in Indian schools

Daniel Zimmermann
DTI

LUDHIANA, India: Calls for the introduction of compulsory morning sport sessions in Indian schools have been overshadowed by recent findings demonstrating a high incidence of sports-related injuries—including those to teeth and jaws—among Indian scholars. A study, conducted by researchers from the Department of Paediatric and Preventive Dentistry at Ludhiana’s Christian Dental College in Northern India, found that approximately 25 % of over 2,000 athletically active schoolchildren in Ludhiana had suffered from some form of sports-related injury to the face.

Sports-related injuries to the craniofacial apparatus were detected in one of ten of these children. The study also revealed that more than 50 % of those observed had suffered from bruises and 15 % from cuts to the face.

The figures confirm warnings by dentists from the Kothiwal Dental College and Research Centre in Uttar Pradesh that traumatic dental injuries (TDJ) could pose



A group of Indian schoolchildren in Puri. (DTI/Photo Steve Estvanik, United States)

a serious public health problem among 12-year-olds. Their study, which was published in 2010 by the *Chinese Journal of Dental Research*, found that 20 % of TDJ occurred at school and/or during sporting activities. They called for a collection of data from across the country to obtain more information on the issue.

In December, the former captain of India’s national cricket team and head of the Varroc Vengsarkar Cricket Academy, Dilip Vengsar-

kar, called for morning sports to be made compulsory in schools nationwide. According to the country’s Minister of Youth Affairs and Sports, M.S. Gill, a lack of sports facilities—particularly in larger cities—and posts for teachers have restricted physical education in recent years. The Minister has clashed repeatedly with the Ministry of Human Resource Development, responsible for primary and secondary education, which he has accused of having done little to improve the situation. [DTI](#)

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Qureshi, who received his dental degree from King’s College London, founded the FIDP in summer 2011. He has actively promoted the use of implants as tooth replacements in Pakistani dentistry for years.

Owing to the positive response, Qureshi said that his organisation

plans to hold a second conference within the next 12 months. Smaller meetings or workshops are also in preparation and are expected to be held during the course of this year throughout different parts of the country.

“We believe that the FIDP will very soon change the face of implant dentistry in Pakistan by improving clinical skills, as well

as creating a culture of sharing research and knowledge among the dental profession,” he said.

Currently, dental implant treatment is only available in larger clinics and costs between US\$300 and \$1600. A few international specialist companies, including Osstem (Korea), Dentaaurum (Germany) and Zimmer Dental (USA), hold the market share. [DTI](#)

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Osteoporosis drug ingredient found useful against periodontitis

DTI

BANGALORE, India/CHICAGO, USA: Certain kinds of bisphosphonates may have potential in treating severe forms of gum disease, a clinical study conducted by Indian researchers has revealed. Clinical specialists from the Government Dental College and Research Institute in Bangalore are reporting that a solution containing Alendronate acid was found to stimulate an increase of probing depth reduction as well as bone fill in patients suffering from aggressive periodontitis.

During a six-month trial, the researchers treated over 50 intra-bony defects with a solution made of 1 per cent Alendronate and a polyacrylic acid-distilled water mixture. Other patients with the same conditions received a placebo.

The results showed an improvement of clinical parameters such as probing depth reduction, clinical attachment level and bone fill in patients treated with the Alendronate solution.

Preparations based on Alendronate, among them the controversial Fosamax distributed by Merck, are available on the market since 1995. They are used to treat



common bone diseases like osteoporosis.

Data derived from clinical studies with these drugs has demonstrated a reduction of fracture risks and normalisation of bone turnover rate in postmenopausal women, amongst other benefits. [DTI](#)

AD

Dental practice goes Kitty-crazy

DTI

TOKYO, Japan: With Hello Kitty, the Japanese wholesale company Sanrio created a trademark that is recognised by consumers worldwide. Last month, the first dental practice fully branded with the white cat's head and characteristic red bow was opened in the capital Tokyo.



Bought by dentist Koshika Masanori in November, the facility has been completely renovated over the past two months, featuring pink examination rooms, heart-shaped waiting chairs and chandeliers. According to its website, the practice is currently offering a wide range of dental procedures, including implants, cosmetic dentistry, prophylaxis, as well as periodontal and paediatric treatment.

Media reports said that the unique project has received full support by Sanrio, whose Japanese headquarters is only 20 minutes away from the practice.

The company introduced its iconic logo modelled on a Japanese bobtail cat in 1974. Nowadays, it can be found on almost any retail product, including toys, clothing, cellphones and even tooth caps used in orthodontics.

Last year, the brand was reported to have generated over ¥80 billion (US\$1.04 billion) revenues in Japan only. [DTI](#)

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Dear reader,



Daniel Zimmermann
DTI

In an interview with the Bloomberg news corporation, Henry Schein's CEO and Chairman Stanley M. Bergman recently announced his company's significant investments in China. Similar statements have been made by the heads of other dental manufacturers, including DENTSPLY's Bret Wise. However, when the leader of the largest distributor of dental products in the world says this, it clearly means business.

Spearheaded by the rise of India and China, prospects for dental market players to expand in Asia look promising indeed. According to a recent report by the Asian Development Bank in the Philippines, the middle class in most Asian countries is expected to rise by an incredible rate of nine per cent annually. With more money to gain from potential taxpayers, governments will most likely invest in their health infrastructure, which could mean an increasing number of health professionals and, more importantly, improved working conditions for a whole new generation.

For dentists, this development means that they will be able to get hands-on with the latest equipment much faster than before. Whereas previously, it took years before a product was launched and companies were reluctant to invest in a market owing to difficult regulations and low demand, nowadays products tend to be available only months or even weeks after they have been introduced to dentists in Europe or the USA.

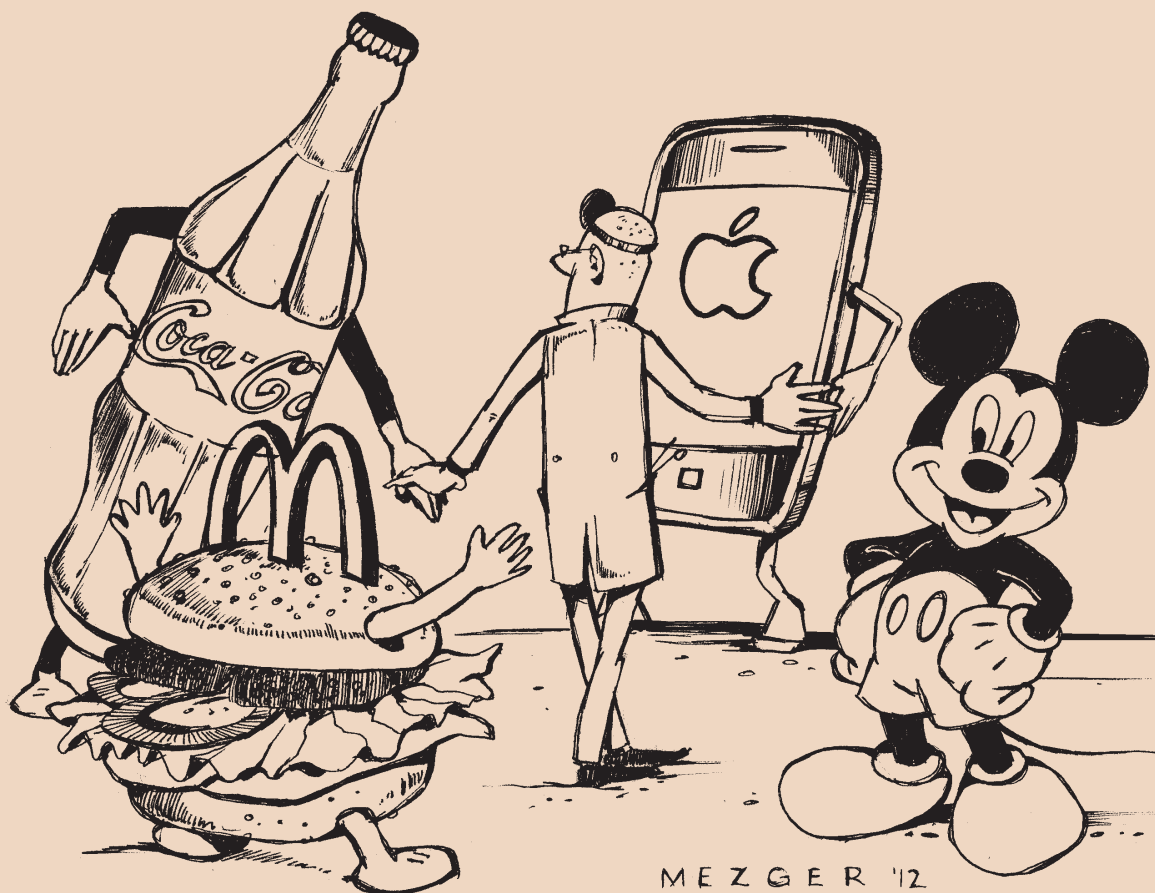
The upcoming IDEM exhibition will be an important indicator of the extent to which the industry is willing to invest in the continent. The latest participant figures from Singapore suggest that more companies are willing to take the markets here seriously. For German companies, which exported a record number of goods worth €1 trillion last year, Asia has already become the largest growth market worldwide. [DTI](#)

Yours sincerely,

Daniel Zimmermann
Group Editor
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"I just wanted to have a new chair!"



Why branding matters



James Küster
USA

Competition is ever increasing in this world of ours and dentistry is not immune from this trend. So, how do you set yourself and your dental practice apart from the competition and elevate yourself from being merely a commodity service?

point of patient interaction to work together and reinforce this response.

Take for example one of the best examples of a distinctively crafted brand—Starbucks. For me, it is a warm, comfortable place where I'm always greeted by smiling, friendly staff, and a consistent, quality product. Yes, Starbucks is a coffee shop and sells coffee, but they can command a premium in the marketplace for a cup of coffee because

quality and success, or is it tired and worn?

In designing the brand for your dental practice, each of these factors is important and each of them contributes to how people remember you and what comes to mind when they think of you and the dental treatment you provide.

"But none of these things has anything to do with the expert care I provide as a dentist,"

"...an emotional response that stems from the sum of all experiences your patients have."

The key is to establish your practice's brand.

Your brand is what comes to mind when your patients and prospective patients think of your practice. This is not your logo. Your logo is one piece that fits into what comprises a brand, but your brand is an emotional response that stems from the sum of all experiences your patients have while interacting with your practice. This starts from the first point of contact all the way through to check-up and any treatment follow-up that takes place.

The key to establishing your brand is to make a conscious decision on what you want this emotional response to be for your practice and designing each

of the quality of the overall experience that they provide, from the colours, smells, lighting, sounds, to service.

Now, think of your own dental practice.

What does it sound like, smell like, and look like when you first walk up to the front door? Once inside the door, how do these factors change? Does the staff greet each new person with a warm smile and a friendly greeting? Does the front desk staff sit behind glass or are they out front and approachable? What is the lighting like and what is the colour of the walls? Are they warm and inviting or cold and institutional? When you sit down on the reception area furniture, is it comfortable? Does it express

you say. No kidding! But, none of these factors has anything to do with brewing a cup of coffee, either. All these factors working together generate the experience you are creating for your patients, which along with your logo, signage and website, is the true essence of your brand. None of it comes about by accident. Each component must be thought about and choices made on how well the components fit together to create a cohesive whole. [DTI](#)

Contact Info

James Küster is founder and CEO of Küster Dental Office Design in Indianapolis in the US. He can be contacted at james@kusterdental.com.

Trial and error



Dr Aaqil Malik
Pakistan

The dentist to patient ratio in Pakistan has improved significantly from 1:44,223 in 1995 to 1:22,000 in 2006. Despite this development, the country is in dire need of skilled dental professionals. As regulating authorities contemplate including dental implantology in the BDS curriculum, implant knowledge acquired by dentists is limited to private courses.

Continuing dental education, which is a means of acquiring new knowledge, is alien to Pakistan's dental community, despite implants being placed without formal knowledge or education owing to their lucrative nature.

The prospects of dental implantology in the country are promising owing to new regulations and improvements in the health care system put forward by the Pakistan Medical and Dental Council. A large part of the population is willing to have implant restorations, ranging from the elite, who are easily able to afford treatment, to the middle class, who would definitely have implants if treatment costs were a little more reasonable.

If dentists were given an opportunity to learn about implants, they would gladly learn, and this would bring costs down and a larger part of the population would be able to afford them. However, current implant success and survival, let alone optimal implant aesthetics, are often achieved by trial and error. Implant centres have been established in a few institutions and there are universities at which implants are placed but these hardly cater for the dearth of formal education and much-needed mandatory education in implant dentistry.

The recent FIDP conference held in Karachi is a positive step towards implant education in Pakistan. It is a great opportunity for young graduates and private clinicians to learn from internationally qualified and acclaimed professionals, and gain exposure to the wealth of knowledge regarding what implantology has to offer. [DTI](#)

Contact Info

Dr Aaqil Malik is Assistant Professor in the Department of Crown, Bridge and Implantology, Faculty of Dentistry, University of Lahore, in Pakistan. He can be contacted at aaqilmalik@gmail.com.

Cold plasma 'a blast' for teeth

Daniel Zimmermann
DTI

MEMPHIS & COLUMBIA, USA: Human trials on a revolutionary method to prepare dental cavities are expected to commence soon in the US. In collaboration with Nanova Inc., a Columbia-based startup, a research team from the University of Missouri (MU) will test a device that is said to improve longevity of fillings through treatment with streams of low-temperature ionized gas.

The "plasma brush" first received recognition in 2009 when the Small Business Innovation Research program of the US government awarded US\$157,000

to Nanova for the development of the device. According to company representative Meng Chen, the first lab test using the method was successful and produced no side effects.

The technology exploits the properties of non-thermal plasma, also known as cold plasma owing to its low temperature, which has been used in other industrial sectors such as the

food industry to sanitize fragile surfaces like those of fruit permanently. Through a similar process, the MU research team found that it also helped to disinfect oral cavities by producing oxygen-free radicals that are able to destroy biological microorganisms like bacteria by disrupting their cellular membranes.

In addition, cold plasma enhances the bond between the

natural tooth surface and different filling materials by changing the surface of dentine through a chemical reaction. "Our studies indicate that fillings are 60 per cent stronger with the plasma brush, which would increase the filling's lifespan," Hao Li, professor in the University of Missouri College of Engineering said.

Chen said that if the trials produce clinical data that confirm the initial findings, the device could be available to dentists by



(DTI/Photo University of Missouri)

the end of next year, depending on regulatory approval. **DTI**

Colgate and DTSC launch network

DTI

NEW YORK, USA: Colgate-Palmolive has announced the launch of the Colgate Oral Health Network for Professional Education and Development—a new online resource dedicated to helping dental professionals improve the oral health and well-being of their patients. Through a partnership with the Dental Tribune Study Club, the Colgate Oral Health Network provides access to some of the latest information and developments in oral health.

Since December last year, dental professionals are able to access the free benefits of the Colgate Oral Health Network. It will offer educational resources such as live online webinars and on-demand seminars, the company said.

"Colgate has been a long-standing partner of dental professionals worldwide," said Barbara Shearer, Director of Scientific Affairs at Colgate Oral Pharmaceuticals. "The launch of the Colgate Oral Health Network marks an expansion of our commitment to oral health education as we continue to help keep the profession connected with up-to-date news and E-learning opportunities."

By offering these resources online, the Colgate Oral Health Network also serves as an interaction platform for dental professionals worldwide by incorporating various cultures and new perspectives into the educational mix, Shearer added.

More information are available at www.colgateoralhealthnetwork.com. **DTI**

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“Most dental practices will encounter fraud”

An interview with expert David Harris, United States



David Harris

The potential for embezzlement and theft is a problem no business is immune to. And research shows that smaller businesses are more likely to experience problems than larger ones. For dental practice owners, it's not just being small that increases risk. The typical dental office management structure is inherently vulnerable to fraud. Adding to the challenge, detection can be trickier in a dental practice compared with other small businesses. And the bad news continues: David Harris, who has 20 years of experience in dental-practice fraud investigation, puts little stock in deterrence. Instead he emphasizes early detection as the only viable defense. Recently, he shared those thoughts and more with Dental Tribune US editor Robert Selleck.

Robert Selleck: What is the likelihood of a dental office experiencing fraud?

David Harris: There have been several studies by the American Dental Association and others. Collectively they suggest that the probability of a dentist being a fraud victim in his or her career is between 50 and 60 per cent. However, such statistics are necessarily low because there is an unquantifiable amount of fraud that is never detected or is detected but not disclosed.

Are there any reasons why dental practices would be more likely or less likely than other types of small businesses to experience fraud?

Two main points influence the prevalence of fraud in dentistry. First, the clinical responsibilities carried by dentists effectively reduce them to being absentee owners in their own businesses. Second, the fact that so much of dentistry is paid for by third parties removes one of the most basic controls that businesses depend on.

Is there a difference in potential for fraud in a three- or four-person office compared with a practice with 20 or more?

Intuitively, one would think that a larger practice should be able to have tighter controls through increased separation of duties. But many group practices are essentially several solo practices sharing space, thus offering no particular administrative synergy. When a group practice is run as a single unit, the dentists owning the clinic tend to delegate oversight of the administrative

functions to a single dentist. Given that there are many thefts perpetrated against a solo dentist, imagine the fraud possibilities when one dentist is overseeing a much larger business activity.

A second type of fraud that we are seeing involves creation of “phantom” revenue. Insurance companies are billed for work that was never done, with funds either stolen directly or “lapped”

restorations to misappropriating dental supplies and instruments and selling them online. However, embezzlement typically involves larger amounts and takes place undetected for a longer period.



(DTI Photo: WVA)

Do you have statistics for average or median losses to fraud based on various sized dental practices?

Unfortunately, there isn't any published data specific to practice size. Bill Hiltz, who heads our investigation department, has a hypothesis that frauds typically range between 4 and 7 per cent of monthly revenue while the fraud is going on. In its 2007 Survey of Current Issues in Dentistry, the ADA surveyed dentists who had been fraud victims. The average estimated loss was US\$18,174. Based on our own experience, this number is tremendously low. That's not surprising because in the same survey only 51.3 per cent of the dentists who were fraud victims completed a fraud investigation, raising questions on how the remainder determined their losses. We normally find that the amount of fraud that dentists are able to identify without the benefit of professional assistance is far less than the true fraud.

We surveyed our own files several years ago and found an average theft of more than US\$150,000. This is superficially consistent with the Association of Certified Fraud Examiners number of US\$200,000 for the average small business loss, but many of its “small businesses” are much bigger than most dental practices. We have seen a number of dental frauds of more than US\$500,000 and a few exceeding US\$1 million.

What are the most typical types of fraud cases seen in dental practices?

Most of the fraud that we see is “revenue fraud.” Some examples are writing off amounts that were actually collected, deleting treatment that was done so that collections are “off the books” and billing the full amount to two insurance companies when someone has dual coverage.

(used to pay someone else's balance to cover a stolen payment). Obviously, if discovered by an insurance company, this type of activity can have serious consequences for the innocent dentist.

Most thieves use more than one method of stealing; very few stick to a single methodology. Also, we are continually seeing new variants. For example, we recently saw a thief take advantage of a server crash to decrease some accounts receivable balances. When patients paid the correct balances, they would be paying more than the “official” balance in the practice management software, with the thief pocketing the difference.

Is there a type of fraud more prevalent in a dental practice compared with other small or similarly sized businesses?

Since we investigate only dental embezzlement, my knowledge of fraud patterns in other small businesses is limited to what I read. My perception is that much of the fraud committed against other businesses involves expenses: payroll, paying non-existent suppliers, padding expense claims, etc. The majority of embezzlement that we see in dental practices involves revenue.

While we do see a fair number of thieves who will steal revenue and also manipulate their payroll or create a phony supplier, very few will commit expense fraud while concurrently resisting stealing some of the cash that patients hand them daily.

What about fraud that's more indirect, such as questionable workers' compensation claims?

We have seen an astonishingly wide variety of unconventional thefts, everything from stealing the gold that is recovered from old

What motivates the typical perpetrator?

We see two types of fraudsters. One type we call “dishonest”—these people typically believe that they should live better than their “official” compensation permits. I immediately think of one thief who rented a private plane with stolen funds for a New York City shopping trip with girlfriends. Funds from another major theft were used to purchase a yacht and the most expensive BMW available. The other group I would characterize as “desperate.” These people struggle to meet basic needs. There might be an addiction, an uninsured medical condition, a divorce or an unemployed spouse. In contrast to the dishonest fraudsters, these people have their moral compass altered by their desperation. Many initially plan to repay what they “borrow,” but a continuing deficit frustrates this. Interestingly, the desperate thieves have normally worked for more than eight years at their office.

What are the strongest deterrents?

Deterrence is effective with crimes of opportunity or where thieves can choose their target. Embezzlement is not a crime of opportunity; it is carefully planned with complete awareness of the control systems in place, and it is crafted to bypass these controls. Adding more controls simply increases the circumvention challenge. Most of the thieves we see can easily adapt.

Because shoplifting is a crime of opportunity, control systems such as video cameras and radio-frequency identification tags on merchandise are effective at helping to prevent pilferage; however, such deterrence is unlikely to work in a dental practice.

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The other point I will make is that fear of punishment seems to be virtually ineffective in deterrence. Embezzlers we see are well aware of the consequences of their actions, which include loss of livelihood and potentially, loss of liberty. Because of the needs of each group, we should not expect punishment to deter either the dishonest or the desperate fraudsters.

Are there any effective deterrents?

My suggestion is that deterrence strategies that provide no collateral benefit (i.e., are done only to discourage fraud) are a waste of resources; instead dentists should focus on early detection of fraud.

I will again disagree with much of the collective “wisdom” that exists on dental embezzlement when I say that for a dentist or advisors to try to confirm fraud by some form of audit or analysis is unproductive and possibly dangerous. Because there are many

possible ways to steal from a dentist, without considerable knowledge and some specialized software, this activity is looking for a needle in a field of haystacks. Fortunately for dentists, even though there are myriad ways to steal, the behaviour of embezzlers is remarkably consistent. With the right knowledge, identifying embezzlement through behavioural analysis is painless and reliable.

We have a behavioural assessment questionnaire requiring less than five minutes to com-

plete, which dentists can request from our website.

How does an economic downturn affect dental-practice fraud?

Difficult economic times create more of these desperate people I mentioned earlier, which creates more fraud. We did notice a much larger incidence of fraud in the Detroit area after the auto industry downsizing a few years ago.

What are the first critical steps a dental practice owner

should take if he or she suspects internal fraud is occurring?

Unfortunately, intuitive steps are not always the right ones at this point. Dentists try to conduct their own investigation, bring their CPA into the office, or call the police. Doing any of these will likely alert a perceptive thief to your suspicions.

The overarching objective is not to telegraph your suspicion to the suspect. When fraudsters think they are about to be discovered, their strong urge is to destroy evidence. This invariably causes collateral damage. Destruction might consist of wiping the computer’s hard drive and destroying all backup media.

In one spectacular case, the victims did not engage us but began their own (clumsy) investigation. The thief, once alerted, burned down the office!

This is really the point where expert guidance is needed. We have an “immediate action checklist” for dentists who suspect fraud in their office. They can request the checklist from our website.

Our investigative process is completely stealthy. I promise never to send a nerdy-looking investigator to your office. This helps ensure that evidence is protected, and also that working relationships are not destroyed in the event that suspicions are groundless.

What is the most unusual fraud case you have encountered?

About once a month we see something innovative. The alteration of receivable balances after the server crash is one I think of—we suspect that the thief caused the server to crash. By placing a magnet inside one of our lab computers, we could replicate the crash quite easily.

Is there specific insurance owners can buy to protect their business against loss to fraud? Is such insurance worth getting?

This insurance is either included in the basic insurance package that offices already have or an “employee dishonesty” rider can be added. I don’t have cost details, but understand that it is quite inexpensive. Based on what I said about the probability of fraud in offices, I think everyone should have this coverage.

How much of a problem is external fraud involving customers, vendors, suppliers or other business relationships compared with internal fraud?

It certainly happens. We see a fair amount of identity theft from people trying to make use of someone else’s insurance coverage or to obtain prescription medication. However, the financial and other damage that this type of activity normally causes pales in comparison to the damage caused by embezzlement.

Thank you very much for this interview. DT

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Japanese handpiece manufacturer NSK boosts North American presence

Robert Selleck
Dental Tribune America

LITTLETON, Colo., USA: For years, NSK dental handpieces have had a strong base of devoted users in the USA and Canada who are attracted to the company's reliable, user-friendly performance and reputation for quality. A word-of-mouth advertising strategy combined with highly targeted customer relationships has worked well for the organisation.

But the strategy has also meant that there are many dental professionals who still aren't sure about what makes NSK so different in the handpiece market.

That's about to change.

The dental equipment manufacturer, founded in 1950 in Japan, is raising its US and Canadian profile in a big way, perhaps most tangibly to date by the May 2011 opening of its newly constructed North American headquarters in Illinois. The facility includes a showroom, training facility, expanded warehouse space and a larger parts and service centre.

"The company made the decision last year to increase its investment in North America in 2011," said NSK Dental Marketing Manager Rob Gochoel. "We've also added office and technical-service staff, and an internal team of representatives who will be able to work directly with a greater number of dental practices."

The company is also expanding its distributor relationships. As a whole, the efforts should enable NSK to provide information about its unique business model to most of the dental practices in North America.

The company's efforts also include an expanded dental convention presence, which began with the 2011 Greater New York Dental Meeting, so practitioners are more easily able to hold an

NSK handpiece and experience first-hand what has enabled the company to become one of the top handpiece manufacturers in the world.

"We're making the investment in an opportunity to connect with more customers," Gochoel said. "Not only will we be able to handle customer questions and enquiries much faster, but we also will be able to further develop a sense of loyalty by developing even more personal relationships with doctors."

NSK is able to respond quickly and specifically to local needs because it maintains complete in-house control of the manufacturing process. An example of how such a philosophy translates into real products is the NSK S-Max Pico, which has the smallest head and neck size of any handpiece on the market. NSK developed this device in response to requests from practices in Asian markets with high numbers of patients with smaller-than-average mouths. Interestingly, a bonus realised by the company's willingness to address

Focus on quality starts at the top

In addition to supporting its market responsiveness, NSK's keep-it-in-house philosophy enables it to control quality at every step of the development, testing and manufacturing process. "Quality is really the top priority for us," Stiehle said, "especially for Eiichi Nakanishi (NSK President and CEO)."

Nakanishi, confirmed that statement: "Since the founding of the company," he said, "we

ensure the global organisation has a strong, motivated team in place with a clear understanding of what it takes to please customers.

"We have the engineering excellence needed to enable dental professionals to make their dream products real," Nakanishi said. "We want to listen to the voices of dentists in order to develop very useful and wonderful products."

Stiehle said that responding to specific customer demand is not limited to a product's purpose and function. "It's not just that we offer a product in every category of dentistry from a clinical point of view," Stiehle said. "It also means offering a range of price points."

Cost sensitivity also drives the company's focus on providing one of the largest selections of coupler adapters available to make it easier for practitioners to test and purchase an NSK handpiece. "Our intent is to make it as easy as possible to integrate an NSK handpiece into the practice," Gochoel said. "By being compatible with virtually all competitor coupler systems, we eliminate the need to buy a lot of additional couplers or incur the expense of retrofitting all the operatories. It's just one more example of a smart, customer-centric focus."

Rounding out the commitment to quality assurance, pricing options and responsiveness is awareness that the ultimate customer is the patient. "I am a strong believer in the need to be aware that we are a medical device company, and that with that comes a huge responsibility, not just in terms of quality, but also comfort and safety of the patient," Stiehle told *Dental Tribune*. "When I am sitting in the dentist's chair, I want to make sure that I am worked on with the best product out there. That's what is most important to us: the safety and comfort of the patient." ■



Picture showing production facilities with more than 100 Computerised Numerical Control machines. (DTI/Photo courtesy of NSK Dental, Japan)

Innovation based on input

Close relationships with its customers are critical to the company because that is what has driven its global growth for more than eight decades. "Everybody is pretty excited," said NSK Dental President Mirco Stiehle. "We have very good feedback from the market so far. I am looking forward to working with dental professionals and learning more about what they want from us because that's where we're coming from. We need to understand what we need to be doing to be successful in the US. And that means providing products that fit to the customer demand."

this need is that the S-Max Pico has gone on to also receive high interest from paediatric practitioners throughout the world.

"We know there are other needs out there that aren't being met," Gochoel said. "We want to provide options based on what customers are asking for."

Key to the company's ability to develop equipment in direct response to customer need is its commitment to controlling the entire manufacturing process. Nearly 90 per cent of the 17,000-plus parts that go into the creation of its handpieces are manufactured in-house.

have adhered to very strict quality controls to make sure our products earn dentists' satisfaction. We have strong policies on manufacturing almost all components in-house. Currently about 90 per cent of the mechanical components, including electric micromotors and high-speed ball bearings, are manufactured in-house. No other competitors can make ball bearings and micromotors in-house like we do. This is one of our biggest strengths and competitive advantages."

Based in Japan, but a frequent traveller, Nakanishi described his core role at NSK as being to

Specialist dental clinic in Malaysia bought by Q&M

Daniel Zimmermann
DTI

KUALA LUMPUR, Malaysia/SINGAPORE: One of South-East Asia's largest dental groups is expanding its international chain of clinics.

Q&M Dental Group in Malaysia has announced the acquisition of the White Smile Orthodontic Dental Braces Specialist Clinic in Kuala Lumpur, currently owned by orthodontic specialist Dr Reuben Axel How Wee Ming.

According to the *Reuter Business Report*, Dr How agreed on Wednesday to transfer monetary assets worth 400,000 Ringgit (US\$120,000) and his patients' database to Q&M. He has also agreed to practise exclusively for the group for the next two years, the report said.

The practice currently offers orthodontic treatment and other procedures like tooth-whitening. On its website, it claims to be the first to have offered lingual braces treatment in Malaysia.



White Smile Orthodontic is the third dental acquisition of Q&M in Malaysia. (DTI/Photo courtesy of Vojtech Vlk)

Singapore Exchange-listed Q&M, which went public in 2009, maintains over 40 clinics with 100 dentists nationwide. The group has also a number of associated clinics and businesses in countries like China and Malaysia.

Recent acquisitions include the Chinese dental laboratory providers PRC Dental Laboratory Group and Shenzhen New Perfect Exact Research, as well as Quantumleap Healthcare Pte Ltd, a dental equipment manufacturer based in Singapore. ■