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New challenges in sales
and marketing

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largest dental show

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Universal health care scheme launched in Indonesia

Implementation overshadowed by inequalities in country's health care system

DT Asia Pacific

JAKARTA, Indonesia: Aiming to improve access to health care services for millions of people, the government in Indonesia rolled out the first stage of its universal health care coverage scheme in January. The new insurance, called Jaminan Kesehatan Nasional, replaces all previous national and local health care programmes and is intended to provide initial coverage for people who were members of the previous public health insurance for the poor or who have a monthly income of less than 233,000 rupiah (US\$24).

With the first phase implemented this year, slightly over 120 million or approximately half of the country's population will be automatically covered by the new scheme. Coverage for all 240 million Indonesians is anticipated by 2019.

In addition to higher health care spending this year, the government has announced plans to



Indonesia's Minister of Health Nafisah Mboi (left) talking to doctors during a press event on the occasion of the implementation of the new universal health care scheme in late December. (DTI/Photo Kegiatan Lainnya, Indonesia)

increase the number of health care workers and make improvements to the country's deficient health infrastructure, such as the construction of 150 new state-run hospitals.

According to World Bank estimates, the scheme will cost Indonesia up to US\$16 billion each

year once fully implemented. The country currently only spends an estimated US\$800 million in this sector, which has raised concerns among health care professionals about the government's ability to pay out premiums to those health care workers enrolled in the new programme.

"Hospitals are afraid they will lose money by not being reimbursed like in the past, while health workers are afraid they will make mistakes. As a result, quality of treatment has been compromised," a neurosurgeon recently

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Dentist from Pakistan passes RCSEd exam

The first dental implant surgeon in Pakistan to do so, Dr Irfan Qureshi has received a Diploma in Implant Dentistry from the Royal College of Surgeons of Edinburgh (RCSEd) in the UK. He passed the course, which requires candidates to pass written and oral exams, as well as defend their own submitted clinical cases, recently with top marks in the respective test categories. Held annually over the course of three days in the Scottish capital, the RCSEd diploma recognises clinical experience and excellence in the field of dental implantology.

Qureshi is one of the main advocates for the specialty in his country. Besides operating a dental practice specialised in dental implant surgery in Karachi, he lectures internationally and is a diplomate of the International Congress of Oral Implantologists. The founder and President of the Federation of Implant Dentistry Pakistan, he also helped organise the first international congress for dental implantology in Pakistan in January 2012. DT



Sirona representatives from Asia and China receiving a "Top Employer China 2014" award during a ceremony in Shanghai, China, in January. (DTI/Photo Sirona Dental, Austria)

▶ BUSINESS, page 9

Meeting postponed

The Centre for Advanced Professional Practices has announced that its next CAD/CAM and Digital Dentistry International Conference will be held in Singapore in 2015. Their last edition, which took place in October, saw a record attendance of 570 dental professionals visiting the two-day event. DT

Childrens teeth examined

Four years after the fall-out from the Fukushima nuclear plant in Japan, the Fukushima Prefecture Dental Association will be conducting a large-scale examination on the teeth of children. Testing for presence of the radioactive isotope strontium-90, the project is going to commence in April. DT

Rise in female dentists

The number of dentists in Australia has increased, as well as the number of women working in the field in particular. Today, more than a third of dentists registered in the country are female, according to a recently published employment report by the Australian Institute of Health and Welfare in Canberra.

A total of 19,462 dental practitioners were registered by the Dental Board of Australia in 2012, of whom 14,687 (75.5 per cent) were dentists. The report also showed that 1,600 (8.3 per cent) worked as dental hygienists, 1,276 (6.6 per cent) as dental therapists, 1,161 (6 per cent) as dental prosthetists and 738 (3.8 per cent) as oral health therapists. DT



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DEC

AN OVERVIEW OF MINIMALLY INVASIVE

Periodontal Surgery Using
Er,Cr:YSGG Laser Technology
Dr. Rana Al-Falaki
01:00 PM (EST)

This webinar course is a clinical overview of the use of the Er,Cr:YSGG laser in the management and treatment of Advanced Chronic Periodontitis and Aggressive Periodontitis. Traditional methods to treat such cases usually involve extensive periodontal surgery, along with the use of regenerative bone substitutes to manage the disease process, at the same time resulting in prolonged side effects of sensitivity, pain and recession, as well as the inevitable need for systemic antibiotics. This lecture will take you through an overview of aetiology and risk factors associated with periodontal disease, provide you with an overview of available and current treatment modalities, and demonstrate a minimally invasive technique using Er,Cr:YSGG lasers to achieve favourable outcomes with minimal adverse side effects. Learning objectives:

- Gain a better understanding of how lasers work on soft tissues and bone
- Gain an understanding of the use of Er,Cr:YSGG laser in periodontics for the management of periodontitis.
- Gain an understanding of the mechanisms through which the Er,Cr:YSGG laser can be effective in the periodontal pocket.
- Gain an understanding of the criteria needed for periodontal regeneration, and how the Er,Cr:YSGG laser can help to achieve this goal.
- Be able to describe laser periodontal treatment to their patients.

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FEB

TIPS AND TRICKS FOR MAXIMUM SUCCESS

Ron Kaminer, DDS
08:30 PM (EST)

This program will cover clinical tips in day to day restorative dentistry. It will systematically discuss, new materials, and their impact on operative dentistry and crown and bridge. Some of the topics covered will be:

- Universal Adhesives – Why should I switch to these type of adhesives?
- The newest era of flowable composite.
- The ten minute bonded post and core
- Esthetic splinting of periodontally involved teeth.

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German professor replaces Samaranayake as dean of HK dental school

Prof. Thomas Flemmig to assume top position in July

Daniel Zimmermann
DTI

HONG KONG: The University of Hong Kong (HKU) has announced the appointment of Prof. Thomas Flemmig from the University of Washington School of Dentistry in the USA as the new dean of its dental faculty. The German expert in periodontology will assume his new position by the middle of the year and replaces Prof. Lakshman Samaranayake, who moved on to head the University of Queensland School of Dentistry in Australia at the beginning of the year.

Flemmig's appointment ends a worldwide search by HKU for a new faculty dean that started in late 2012. According to university officials, Prof. Edward C.M. Lo, Chair of Dental Public Health, is serving as interim dean until Flemmig assumes his new position in July.

Prior to his tenure in the USA, Flemmig held academic positions in several dental schools in Germany, including those of Würzburg and Münster. In addition, he has maintained an intramural practice

since 1990. Speaking to *Dental Tribune Asia Pacific* in January, he stated that he was unwilling to comment on his appointment for the moment.

HKU officials thanked Samaranayake, who headed the dental faculty from 2004, and welcomed Flemmig, remarking that he is a "highly accomplished scholar of international standing and a renowned periodontist."

"He possesses rich experience in working with government agencies and professional organisations. With this combination of academic achievements, management experience



Flemmig (left) is succeeding Samaranayake (right) as dean of the HKU Faculty of Dentistry. (DTI/Photos courtesy of Hong Kong University)



and communication skills, we have high hopes that the faculty will continue to excel in research, education and dental care under his leadership," HKU Vice-Chancellor and President Prof. Lap-Chee Tsui commented.

Flemmig is the faculty's seventh dean since its inauguration in 1982. He is also the first German to as-

sume the prestigious position, which has been held by dental professionals from Great Britain and Sri Lanka, among others. According to the university, his contract with the Faculty of Dentistry will be limited to a period of five years.

Hong Kong's only institution for higher dental education, the school currently provides six-year undergraduate training in dental specialties such as oral and maxillofacial surgery and paediatric dentistry. According to university figures, 110 students were enrolled in the Faculty at the end of 2013, which has an intake of 50 students per year. [\[1\]](#)

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told the United Nations news agency Integrated Regional Information Networks.

Under the scheme, medical care providers at primary care level are entitled to 8,000 rupiah (US\$68¢) per month for each patient they see regardless of whether they treat the patient. According to reports by the Indonesian Dental Association, dentists receive a monthly payment of 3,270 rupiah (US\$20¢) per patient.

Professional organisations and health experts have warned that these amounts might be too low for guaranteeing long-term quality care. They also pointed

out the problem of unequal distribution or simply the lack of health care service providers and facilities throughout the country. Millions of people in the central and eastern parts of the island state, for example, are not able to see a doctor regularly.

According to figures from the World Health Organization, the country also has a shortage of about 4,000 dentists. In order to receive even basic treatment, millions of people have to rely on *tukang gigi*, a group of an

estimated 75,000 unregistered street dentists, who offer low-cost dental procedures, such as extractions and fillings, without approval from health authorities. A government regulation to ban these people from practising was overturned by the constitutional court in Jakarta last year.

Owing to the lack of manpower, the prevalence of dental diseases remains high in Indonesia, with almost 70 per cent of adults suffering from caries and other oral lesions. DT



Rural workers in Central and Eastern Indonesia have limited access to health care services. (DTI/Photo Gnomeandi)

AD

North Korea opens new dental centre

DT Asia Pacific

PYONGYANG, DPRK/TOKYO, Japan: Amid political tensions on the Korean Peninsula, the government of Democratic People's Republic of Korea (DPRK) has recently opened a new advanced dental clinic in the eastern part of the capital Pyongyang. Located in the Taedonggang district, the Ryugyong Dental Hospital was constructed in record time and has the capacity to treat 500 people a day, according to official reports.

In a video released by the DPRK news channel in Tokyo in Japan, a clinic employee stated that the infrastructure of the centre is comparable to Western standards and offers a dental laboratory and paediatric dentistry department. It also seems to be equipped with dental equipment from leading dental manufacturers from Europe, which includes digital imaging systems, apex locators and caries detection technology.

Similar to other matters regarding the country, little is known about the size and quality of North Korea's oral health care system. Estimates about the country's dental work-force are only available from the WHO, which estimates that the country employs slightly more than 8,000 dentists, or charity organisations such as Samaritan's Purse in the US, which supports the isolated country with a number of dental care-related projects. Speaking to *Dental Tribune Asia Pacific* in 2012, its board member Dr Melvin Cheatham said that there is reason to believe that dental care, which is provided solely by the North Korean government, is lacking in labour and proper training. He admitted, however, there have been initiatives under the new regime to improve dental services in the recent past, particularly in urban areas like Pyongyang. DT

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Dear reader,



Daniel Zimmermann
DTI

In a few week's time, dental professionals from the Asia Pacific region will once again have the opportunity to get a sneak peak of the latest innovations in dental products and technology, when the next International Dental Exhibition and Meeting (IDEM) opens its doors in Singapore. Held in a completely refurbished Suntec Center, the show promises to be bigger and better than ever before. The dental exhibition, for example, has been enlarged and is now being held in two separate halls. Subsequently, there will be a wider range of products on display including advanced biomaterials and integrated digital solutions. Educational offers are plenty with our Middle East partner CAPP to present the Dental Technicians Forum at IDEM for the first time. Live presentations will be also available from the Dental Tribune Study Club, which is holding its live symposium for the third consecutive time. With all this on offer, I look forward to meet you there. DT

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

Dental Tribune welcomes comments, suggestions and complaints at newsroom@dental-tribune.com.



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An overwhelming task



Dr Diah Ayu Maharani
Indonesia

The implementation of a universal health care scheme in January is widely considered a significant step forward for increasing the quality and access to medicines and medical treatment for the entire Indonesian population. Policy-makers are committed to covering every citizen through the reform by 2019. But how may the recent introduction of universal health care coverage affect dentistry? Providing dental care to 240 million people who are widely geographically dispersed appears to be an overwhelming task. All stakeholders in Indonesia's dental sector, including politicians, health care providers, and dental manufacturers and distributors, are now facing the critical task of having to redefine their role within this changing environment.

The latest figures demonstrate that the prevalence of dental dis-

eases in the country remains considerably high. Previous government policies have not improved the oral health of Indonesians significantly. Universal health care coverage may reduce the economic barriers to accessing dental care, which will improve the country's overall oral health status.

These efforts however will not diminish the uneven distribution of dental care services. At the moment, they are primarily concentrated in the western part of the country. Owing to this disparity, citizens who live in remote areas in the central and eastern parts of Indonesia have very limited access to a dentist.

Universal health care coverage is expected to increase dental care utilisation at public facilities, particularly primary care facilities, by the poor. Concerns of the Ministry of Health concerning the poor state of Indonesia's health care facilities have encouraged the government to focus on better access to care. At the same time, the Ministry of Health aims to improve the quality

of care, as it would not make sense to provide health care to everyone in the country if the quality remains poor.

The professionalism of dental health practitioners depends not only on their skills but also largely on the quality and availability of dental equipment. Currently, the majority of dental instruments and materials in Indonesia are imported. The absence of local production of and price control regulations on dental instruments and materials might cause high and unstable costs, which could place the long-term success of universal health care coverage at risk. Analysing and overcoming these challenges is necessary to achieve efficient and effective dental care in the future. DT

Contact Info

Dr Diah Ayu Maharani is a lecturer and researcher at the University of Indonesia's Faculty of Dentistry in Jakarta. She can be contacted at diah.ayu64@ui.ac.id.

Clinical fantasy



Prof. Beena Rani Goel
India

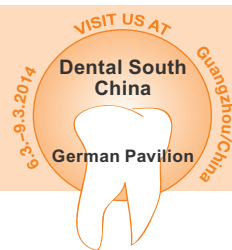
The root canal system of a tooth is complex and pulp infection once established is often difficult for the body to eliminate. While root canal treatment remains the primary choice for treatment, the potential of pulp regeneration and revascularisation has been discussed lately. Many factors are vital to success. First, complete elimination of microbes is mandatory. Even in root canal treatment, this cannot be achieved fully, although a hermetic seal gives the body time to establish a calcific barrier.

In the presence of microbes, whether the cells from induced bleeding can function in an adult tooth is to be seen. It may be possible in partially vital pulp with no apical periodontitis. For such cases, an approach using stem cells has shown potential. Expecting revascularisation in an infected case simply by making "tiny cuts into the root canal system until the tissue starts to bleed" however is still a clinical fantasy because there is no pulp in the case of an established infection inside the tooth. DT

Contact Info

Prof. Beena Rani Goel is the President of the International Academy for Rotary Endodontics and a well-known endodontist from India. She can be contacted at profgoel@gmail.com.

AD



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Procedure could replace root canal treatment

DTI

LIVERPOOL, UK: Researchers at the University of Liverpool are currently testing a new procedure to treat infected pulp. Revascularisation can be performed in just two visits and could spare patients from under-

going the long and much disliked root canal treatment.

As reported by *MailOnline*, the first step of the new procedure entails drilling into the tooth and applying an antibiotic paste to disinfect the root canal. A second visit to the dentist follows approximately two weeks later. Using a tool, the dentist makes tiny cuts into the root canal system until

the tissue starts to bleed, which triggers a blood clot.

The clot encourages the growth of new blood vessels. This boosts oxygen and nutrient supply and helps the pulp repair itself. The mechanism is not clearly understood, reported the website; however, one suggestion is that a blood clot contains a high concentration of growth

factors, compounds that help repair damaged tissue.

Studies have already found the technique to be successful. The scientists at the University of Liverpool are testing revascularisation on 15 patients. The outcomes will be compared with a control group of 15 patients undergoing conventional root canal treatment.

Commenting on the new treatment in *MailOnline*, Dr Hugh Devlin, Professor of Restorative Dentistry at the University of Manchester's School of Dentistry, said: "It's an excellent technique and is getting a lot of interest in the academic journals. Traditional treatment eliminates bacteria, but prevents growth of a new blood supply to the root." **DI**

AD

New bacteria-fighting agent patented

DTI

SEATTLE, USA: Researchers at the University of Washington's School of Dentistry have received a patent for a new way of using titanium-based materials to control bacterial infections. They believe that the substances could be used in a patient's mouth after dental procedures to reduce the risk of infection or in mouthwashes and toothpastes to limit bacterial growth prophylactically.

Over several years, the researchers have studied titanates and peroxo-titanates, inorganic compounds that can inhibit bacterial growth when bound to metal ions. They found these substances to be effective against endodontic, periodontic and cariogenic bacteria, indicating that these substances could be incorporated into gels or solutions that can be applied by dentists after treatments such as root canals or dental fillings.

Dr. Whasun Oh Chung, research associate professor at the school, explained that metals have been known to have antibacterial properties, but when used in concentrations high enough to be effective, they also carry the risk of toxic side effects. Using the new agent, however, therapeutic benefits can be achieved with less risk of toxicity.

Currently, the researchers are conducting human trials. They expect to finish them in spring. If proven effective, the new agent could even be used in narrowly targeted treatments for internal organs, as well as in dental or medical materials and devices, Chung said. [DU](#)

Correction

In *Dental Tribune Asia Pacific* No.12, Vol. 11, the article titled "Report about sterilisation incident" on page 1 misstated the year in which the incident at the University of Hong Kong Health Service's Dental Unit took place. In fact, patients were treated with improperly sterilised instruments between 30 October and 2 November 2012.

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Good oral health is not a luxury but a necessity of life

Ben Adriaanse
DT Netherlands

"The neglect of global oral health" is the thought-provoking title of the thesis of Habib Benzian. Has dentistry remained so inadequate and poorly developed worldwide despite all the medical advances? Benzian believes so, as does Bella Monse, both of whom concurrently conducted doctoral research on initiatives to improve oral health in the Philippines and developing countries. After reading their theses, *Dental Tribune Netherlands* interviewed the authors on the eve of their doctoral defences at two Dutch universities.

The interest of both PhD candidates in oral health in developing countries goes back a long way. Monse (born in 1959, Innsbruck, Austria) worked as a volunteer in the Philippines in the early 1990s. "What I found there was humbling; much worse than I could ever have imagined," Monse recalled.

Children with completely destroyed dentition and with resulting dental infections are commonly seen in developing countries. This shocking experience remained a profound memory, with the result that, ten years ago, she decided to work full time as an adviser to the Department of Education's School Dental Health Services in the Philippines. Although at first she

was working to improve oral health only, she soon realised that this was not enough and that the general health of schoolchildren needed to be improved as well.

Benzian (born in 1963, Bonn, Germany) worked as a volunteer oral surgeon at the Albert Schweitzer Hospital in Gabon. There he was "overwhelmed by the burden of disease", as he was the only dentist for 450,000 people.

"I could have worked day and night, but gradually I realised that I was powerless to make a real impact and that only by working at a different level, with a different approach, would I be able to improve oral health." For this reason, Benzian held various health policy positions after completing his post-graduate studies in dental public health, including a position as Development and Public Health Manager at the FDI World Dental Federation in Geneva.

How did these two international researchers come to do their PhD's at Dutch universities? The deciding factor was Professor Emeritus Wim van Palenstein Helderman from the Netherlands, who gave a presentation on the Basic Package of Oral Care at the FDI congress in 2000. "By chance I sat next to Bella in the audience," Benzian recalled. "We had a similar vision and that is how it all began." After years of working closely together, Monse

and Benzian eventually undertook PhD's at Radboud University Nijmegen and the University of Amsterdam, respectively.

Quality of life

The title of Benzian's thesis might appear to be rather negative. Have dental care and oral health not improved significantly worldwide? "Not for everyone," Benzian emphasised. "In Western high-income countries, major improvements have been achieved, although there is more that can be done, but for the rest of the world, oral health care remains largely inadequate. In addition, chronic and infectious diseases, other than those affecting the mouth, often rank higher on the priority list of many governments. In fact, oral health often does not even feature on those lists."

Benzian has repeatedly been told by ministers of health that oral health care "is simply not affordable". At first glance, this belief might be understandable, since a Western-based form of dental care is expensive, oral diseases are not life-threatening, and the burden of other severe diseases, such as diabetes and HIV/AIDS, is high. Yet, it is a misconception to consider oral health a negligible issue, Monse believes.

"Its impact on quality of life is enormous. Dental caries is a major problem in low- and middle-income countries because it usually remains untreated. This results in chronic inflammation in the dentition with pain that affects school attendance and child development." All of this has a significant impact on general well-being. "Anyone who has ever had severe toothache will agree," Monse said.

Relationship between healthy teeth and development

Both PhD candidates emphasised that untreated dental problems can result in a number of medical complications. "Our concerns do not focus so much on the cavities themselves, but on the consequences of the cavities that are left untreated," Benzian explained. He also said that many policymakers lack knowledge about these consequences because reliable data is limited.

Monse and Benzian developed the PUFA index, which offers a new measure for capturing the extent of the consequences of untreated caries. "Previously we only counted the number of cavities, but actually that does not tell us much," Monse explained. "It was only when I was able to say that 85 per cent of schoolchildren had infections in the mouth, such as infected pulps and abscesses, that the Philippines government realised the severity of the situation."

Based on epidemiological research, Monse and Benzian also



Bella Monse (left) and Habib Benzian on the eve of their promotion. (DTI/Photo Ben Adriaanse, DT Netherlands)

found a significant association between severe caries and a (too) low body mass index (BMI). This is an important finding because the growth and development of children and combating underweight are important issues for politicians in developing countries.

Is the association between caries and a low BMI not simply due to a common cause, such as a low socio-economic status? Monse acknowledged that the relationships are complex. There is indeed a link between low socio-economic status and caries, but also between low socio-economic status and a low BMI. However, in her thesis, Monse showed a causal link between severe untreated caries and a low BMI. Children with a very low BMI and severe dental decay that had been left untreated quickly caught up in their growth after treatment with tooth extraction.

"Without toothache, children sleep better and sleep stimulates growth. But healthy food and clean water are also important for development. This demonstrates that childhood diseases, including oral diseases, should be addressed in an integrated approach. Teeth that are free of pain and good oral health are not luxuries but necessities of life," she said.

Self-care

Even if governments in developing countries wanted to recognise the importance of good oral health, there is hardly any funding available. According to Benzian, "Many countries without a tradition of public or private oral health

care look at health systems in high-income countries as models, although it is neither attainable nor realistic for them."

What can policymakers in poorer countries with a stretched health budget do? "The key lies not in oral health care itself. For those who do not have access to a dentist, self-care is of great importance. In the areas of prevention and education, much can be achieved with relatively little means," said Benzian. Examples include large-scale school health programmes, such as the Fit for School programme that Monse initiated in the Philippines. This programme includes some simple preventive activities that take place in schools under the supervision of teachers, such as daily handwashing with soap and daily toothbrushing with fluoride toothpaste.

Legislation too can lead to improvements in personal oral health. "The government must create an environment in which the public is encouraged and supported to stay healthy," stated Benzian. Thus, self-care products should be as affordable as possible and harmful products that pose risks to health, such as tobacco, sugar and alcohol, should be subject to tight government regulation. Furthermore, especially in the developing world, it is important to monitor the quality of fluoride toothpaste. "In a country like the Netherlands, you do not need to be concerned about this, but in many low- or middle-income countries, for example, many of the toothpastes available contain only little or no fluoride. Therefore, they are in-

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effective against caries,” Benzian explained.

In early November 2013, a typhoon swept across the Philippine mainland and claimed around 6,000 victims. Does Monse’s call for improving oral health come at an inappropriate time? The PhD candidate sees it differently: “The Fit for School programme is integrated and part of the Philippine education sector, and activities and funding for the programme are sustainable long-term commitments that do not stop owing to an emergency situation. Furthermore, the programme aims at promoting good health in general. Especially in the disaster areas residents are reaping the fruits of that now.” Monse highlighted the role schools have played as emergency shelters, providing clean water and sanitation.

According to van Palenstein Helderma, Benzian’s and Monse’s supervisor, providing for this type of basic need is a prerequisite for the success of education. “It makes no sense to educate children on healthy behaviour if the environment is not supportive.” However, two-thirds of schools globally have no access to clean water and have no proper sanitation.

Long-term solutions

Among Dutch dental care professionals, there are many examples of colleagues performing valuable work in developing countries. What can a dentist do to make a relevant contribution in these countries? Monse noted that initiatives do not necessarily need to be carried out in faraway places. “Each country has its own ‘developing world’. Look for the vulnerable and disadvantaged groups in your immediate environment. Since you are familiar with the system, you can achieve a lot.”

Anyone wanting to work abroad should do so in a responsible way. van Palenstein Helderma describes the wrong way: “In the past, some dentists have set up their entire practice in a developing country and started to provide the type of care with which they were familiar during a short-term campaign. That way you create dependencies among the local communities and devalue the existing health care system because once you’re gone, no one can continue the work you’ve started.” Instead, he refers dental professionals to an organisation like Dental Health International Nederland (DHIN), which assists local organisations in developing countries in oral health projects. DHIN is often the starting point for Dutch oral care professionals for their activities as a volunteer.

Benzian believes that volunteers should not provide standard dental care. “The developing world is not a playground for undergraduate dental students or an area to try out treatments or act without due care. You have the responsibility to help each patient the best way possible, otherwise you cause damage.” In addition, he warned against well-intended enthusiastic action without first carrying out the necessary introspection, planning and co-ordination with local stakeholders. “Thoughts like ‘the situation is so bad, I provide nonstop

“...much can be achieved with relatively little means.”

treatment’ are understandable. But that way you don’t improve the system. You have to realise that you are just a visitor and therefore you need to support long-term solutions, such as training and education of local health care providers. That way you contribute to sustainable local capacity.”

If you are a dentist and you have the opportunity to speak to policymakers, seize the chance with both hands. “Most important of all is not to follow the blame approach but to identify the problems in a diplomatic manner and contribute to possible solutions. That way you subtly plant a seed in

somebody’s mind. Furthermore, a positive ‘trigger’ can play an important role. I know of cases where decision-makers suddenly invested significantly in oral health care because, for example, their daughter was relieved of her chronic toothache by a dentist. If you experience something

yourself and can relate to an issue on a personal level, the urgency of the problem becomes more concrete,” Benzian advised.

However, he emphasised that the political priority of oral health in most countries remains low and every effort should be made to change this situation. “It starts with each and every one of us; talk and seek collaboration with your medical colleagues, work with a paediatrician to raise awareness of oral health wherever possible.” [DU](#)

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“Take CAD/CAM to the next level” Planmeca’s vice-president on the company’s strategic investment in E4D Technologies

Finnish dental technology manufacturer Planmeca has recently made a significant equity investment in the US-based high-tech medical device company E4D Technologies. In this interview, vice-president at the Planmeca Group and acting CEO for E4D Technologies Tuomas Lokki sheds light on this new venture.

Mr Lokki, why did Planmeca choose to invest in E4D Technologies?

We believe in the tremendous possibilities and future growth of CAD/CAM dentistry. As dentistry will be completely digital in the future, we believe it is vital to invest in the development of new and efficient practices. E4D is a long-term leader in advancing modern CAD/CAM dentistry, so we knew that joining forces with this high-tech medical device company would be a valuable addition to our own leading expertise in 3-D imaging and software solutions.



Tuomas Lokki (DTI/Photos courtesy of Planmeca, Finland)

How will this improve the daily workflow at clinics?

One great advantage is the integration of X-ray imaging and CAD/CAM into a single software platform, Planmeca Romexis. For the first time, customers will have the option of one software interface for both X-ray imaging and CAD/CAM work. All patient data is also saved in the same

lucencies, dental restorations, models and impressions. It is the world’s first dental unit-integrated intra-oral scanner and can be used through a laptop as a standalone version. Together with our Planmeca Romexis software, the system supports an ideal digital treatment workflow.

How will both Planmeca and E4D benefit from this investment?

On the one hand, this investment strengthens Planmeca’s position in the fast-growing CAD/CAM business and Planmeca benefits from E4D’s cutting-edge solutions and long-term CAD/CAM expertise. On the other hand, Planmeca’s extensive distribution network enables E4D Technologies to grow globally and our leading dental imaging solutions will be a valuable addition to the E4D CAD/CAM platform.

Has this venture created any new needs for your company?

“...our leading dental imaging solutions will be a valuable addition to the E4D CAD/CAM platform.”

Their special expertise and innovative ideas provide a great foundation for future projects that will combine the know-how of both companies.

What advantages will this investment offer dental customers worldwide?

The new partnership with E4D Technologies will enable us to offer our customers the most modern CAD/CAM innovations. Our product distribution in over 120 countries combined with the cutting-edge E4D innovations will increase global product availability and take computer-aided dentistry to the next level. Our customers will also benefit from the innovative combination and seamless integration of Planmeca’s and E4D’s products and services.

database and it can be shared immediately and easily through the clinic’s network or with the Planmeca Romexis Cloud service. Furthermore, the restorations designed in the CAD module can easily be combined with the patient’s 3-D X-ray images for implant planning purposes, for example. For the patients, this means convenient same-day dentistry.

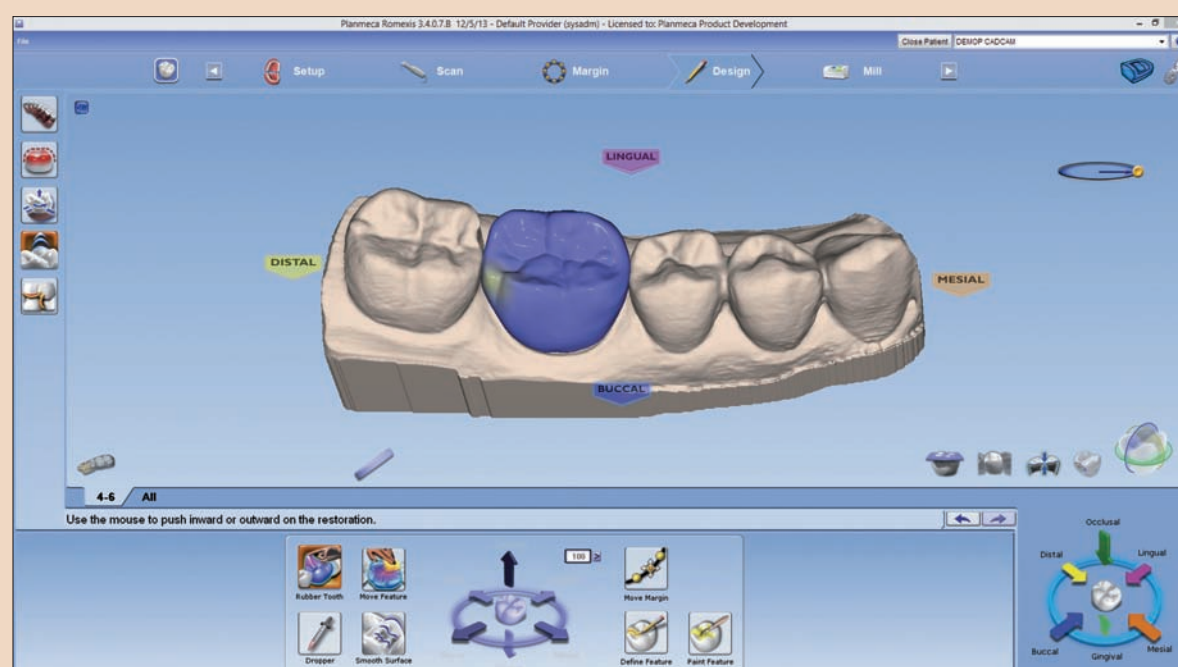
Can you also tell us about the brand new intra-oral scanner that you launched recently?

Our new Planmeca PlanScan intra-oral scanner is an ultra-fast, powder-free and open solution for 3-D digital impressions. Its advanced blue laser technology accurately captures hard and soft tissue of various trans-

Definitely, as we need to provide extensive CAD/CAM training for our distribution and customer network in over 120 countries. Therefore, we have recently invested in new training, warehouse and production facilities alongside our Helsinki headquarters. These new 10,000 sqm facilities will help us address the growing need for training and education in this new field of dentistry.

We are thrilled to be able to take CAD/CAM to the next level. Our innovations will change the concept of same-day dentistry completely and facilitate the workflow of dental professionals worldwide.

Thank you very much for the interview. DTI



Planmeca Romexis allows the integration of X-ray imaging and CAD/CAM into a single software platform.

Sirona recognised as top employer in China



Photo shows Sirona employees with representatives of other Chinese companies, who were recognised as the top 40 top employers in the country. (DTI/Photo courtesy of Sirona, Austria)

DTI

SHANGHAI, China: Sirona China has been recognised as Top Employer China 2014. Based on a multistage analysis and audit process, the award is presented annually to outstanding employers around the world by the Top Employers Institute. Excellent working conditions, talent promotion and continuous development of personnel are the main criteria.

Sirona China was among 40 employers in the country that were honoured with the award. “Employees are the heart of our company,” Michael Elling, Vice-President of Corporate Human Resources at Sirona Group, said.

“The Top Employer award for Sirona China is a recognition of our local and global employee development. The award is part of our global growth strategy, reinforces our attractiveness as an employer and encourages employees to be active for Sirona at home and abroad.”

In 2006, Sirona began establishing its base in China with just 30 employees. Today, more than 150 employees work for the company at that office—a success story also in terms of staff development. Sirona China is number one in treatment chairs for dentists. Its digital dentistry and CAD/CAM products have gained significant importance over the past two years. DTI

Roland DG Australia expands into dental business

DTI

SYDNEY, Australia: Roland DG Australia, a provider of milling and 3-D engraving technologies, has opened a 3-D and dental creative centre at its headquarters in Sydney. The facility was established to strengthen the company’s position in the dental and manufacturing industries throughout Australia, New Zealand and the ASEAN region.

The new facility is mainly focused on Roland’s Easy Shape Dental Solution and the DWX range of dental milling machines, including the DWX-50, which was specifically designed for dental laboratories and technicians for the production of dental prostheses, including crowns, bridges and abutments, and the DWX-4, which was released last October as the world’s

smallest dental milling machine by the company.

The facility was officially opened at the company’s 25th anniversary event in November.

In addition to a vast range of equipment set up for live demonstrations and product development, the facility has an adjacent training room equipped for interactive training sessions and seminars. An array of application samples are also on display, the company stated.

Roland DG Corporation, which has its headquarters in Japan, is a global manufacturer of inkjet devices, milling and engraving devices, 3-D scanners, and a number of other products. The company entered the health care market only recently by introducing milling machines designed for creating dental prostheses. DTI