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IMPLANT COMPANY



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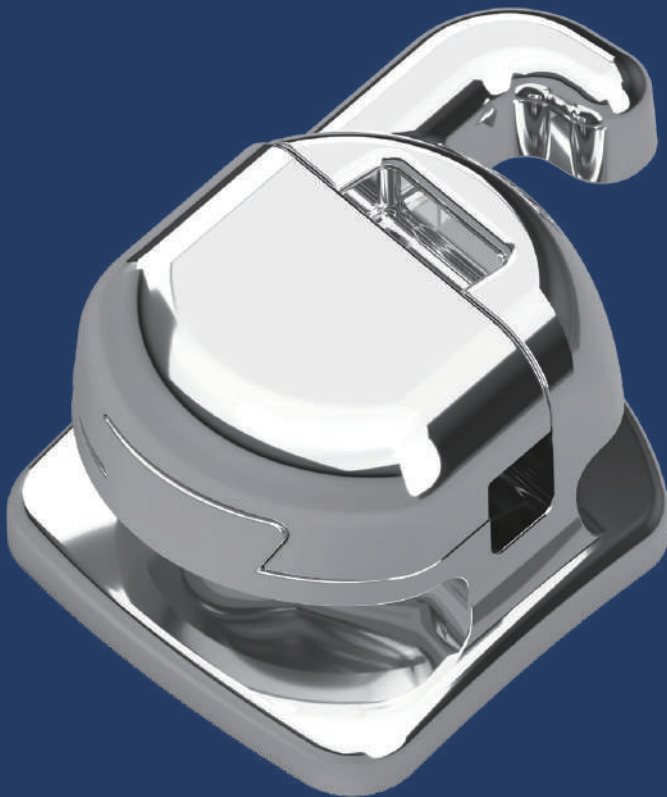
**ONE PIECE, ONE SMILE.**

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*Round Brackets: Bridging Tradition and Future Precision.*

# ZEUS-P

## Metal Passive Self-Ligating Bracket



### Point

- Passive Self-Ligating System
- Made with Metal Injection Mold (MIM)
- Sliding Door with a more Rounded Body
- One Piece & Low-Profile Body
- Patented Double layered Mesh-Etched Base
- Metal Powder Coated on Base
- Laser Marked Number on the Base

### Base





Clear Cavity Varnish With TCP & Xylitol

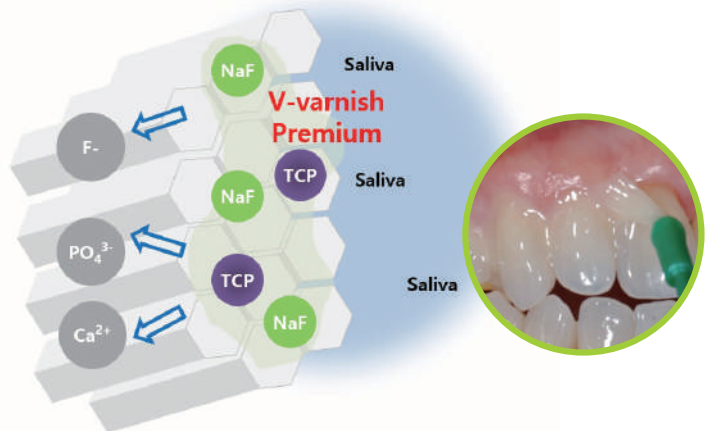
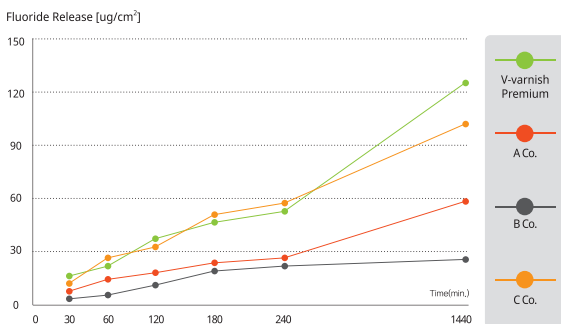
# V-varnish Premium



## Clear Protection with V-varnish Premium

V-varnish Premium is a clear cavity varnish containing 50mg of sodium fluoride per 1ml. It also contains TCP and xylitol. It is applied to teeth for the purpose of delivering fluoride and treating hypersensitivity. It has three flavors such as bubble gum, strawberry & melon. V-varnish Premium is packed in a single dose package, allowing easy mixing and application.

## Cumulative Fluoride Release

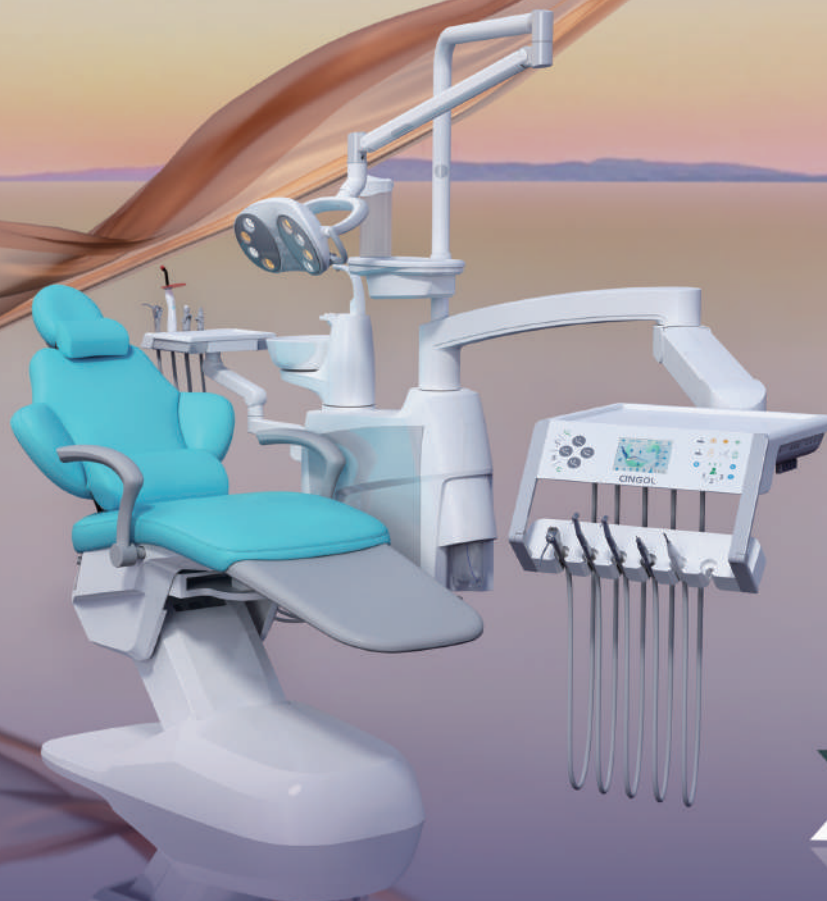


Even after 24 hours fluoride release of V-varnish Premium is higher compared to other brands

High fluoride delivery rate makes fast & efficient teeth protection.



# *The Elegance of the Modern Aesthetic*



**X5**



WINQ wet suction



WINQ Portable suction



WINQ oilless air compressor



T.Master dental simulator



# DIA-ROOT™ BIO SEALER

Bioceramic Root Canal Sealing Material

DIA-ROOT™ BIO Sealer is a bioceramic MTA-based (Calcium Silicate-based), non-shrinking root canal sealer. It is used for the permanent obturation of root canals and suitable for all obturation techniques involving gutta-percha.



- HIGH BIOCOMPATIBILITY
- SUPERIOR SEALING ABILITY
- EXCELLENT RADIOCAPACITY
- LOW SOLUBILITY
- OUTSTANDING ANTIBACTERIAL ACTION

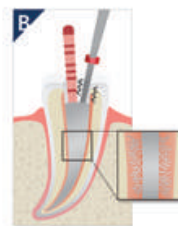


## Single Cone Technique

Complete root canal sealing without tissue irritation



Apply DIA-ROOT™ BIO SEALER by the coronal third of the canal.



Fill the root canal with selected GP cones and lightly pump the GP cones up to the root canal to fill up the Apex.



Complete root canal treatment.

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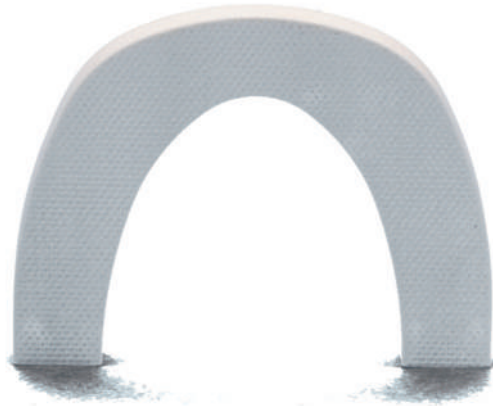
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# Digitalization

## The Transformative Opportunity of Our Time



The disruption caused by the Fourth Industrial Revolution was accelerated by COVID-19. We all know. However, with how accessible the internet is today, would you believe that the number of people who go online every day is still increasing?

According to the World Bank, the digital economy makes up more than 15% of the global GDP and has grown 2.5 times faster over the previous ten years than the GDP of the physical world. The digital economy, which captures the value produced by economic activities that use digital technology for the production, distribution, and exchange of goods and services, is a crucial part of GDP calculation. Depending on the country, the digital economy's precise GDP contribution varies, but as the use of digital technology continues to grow, it is playing a bigger role in determining the global economic environment. It is estimated that 70% of new value created over the coming decade will be based on digitally-enabled-platform business models.

Despite evidence of widespread benefits through digital transformation, its implementation is not without challenges. Businesses worldwide cite skill gaps and cultural differences. A lack of clarity on transformation strategy and insufficient alignment across organizational departments are top reasons as to why some businesses stall momentum in their digital transformation efforts. And even if as new technologies spread rapidly around the world, billions of people have still never used the internet, exacerbating exclusion, the unequal concentration of power and wealth, and social instability. The World Bank tells us that about one-third of the global population, or 2.6 billion people, remain offline in 2023. While more than 90 percent of people in high-income countries used the internet in 2022, only one in four in low-income countries use the internet. 850 million people lack any form of identification. Many do not have the basic skills to use the internet effectively. Hospitals, schools, governments, and businesses cannot operate effectively without digital tools. The digital divide holds back growth and limits opportunities, becoming synonymous with a development divide.

Even within the EU, despite the Member States' advancement in their digitalization efforts during the COVID-19 pandemic, they still struggle to close the gaps in digital skills, the digital transformation of SMEs, and the roll-out of advanced 5G networks. Achieving universal access to broadband, all over the world will require over US\$400 billion by 2030 and neither the public nor the private sector can do this alone. Governments need to make bold reforms and the private sector can reduce costs, risks, and increase efficiency and innovation. The EU alone has put on the table significant resources to support the digital transformation. EUR 127 billion are dedicated to digital related reforms and investments in the national Recovery and Resilience Plans. This is an unprecedented opportunity to accelerate digitalization, increase the Union's resilience and reduce external dependencies with both reforms and investments. Member States dedicated on average 26% of their Recovery and Resilience Facility (RRF) allocation to the digital transformation, above the compulsory 20% threshold. Member States that chose to invest more than 30% of their RRF allocation to digital are Austria, Germany, Luxembourg, Ireland, and Lithuania.

The benefits of digitalization must be accessible to all. Digital skills have become imperative and urgent to develop innovative business models. At this stage, digital marketing is vital for your business and brand awareness.

This means that, today, you need to meet your customers where they are already spending time: on the internet. *Infodent International* can empower your business through its dental B2B digital infrastructure and data. Marketing has always been about connecting with your customers in the right place and at the right time, our digital dental trade platform can do this.

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**Aseptojet S**

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Disinfection of surfaces by air



**e.ON sinter fast**

Sintering furnace



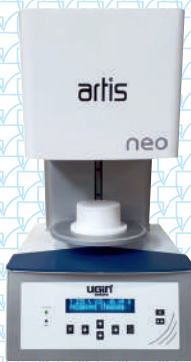
**e.ON sinter fast +**

Sintering furnace



**e.ON sinter base**

Sintering furnace



**Artis neo**

Ceramic furnace



**e.ON 200 neo**

Ceramic furnace



**e.ON 250 neo**

Ceramic and pressing furnace

**For any information, please contact us.**



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Dental laboratory solutions

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The expansion of the investment material can be accurately controlled by the use of the Expasol expansion liquid. It is a premium investment material and is specially recommended for use in 3d print.

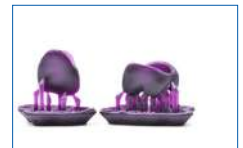


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- Premium investment material for crowns, bridges and pressed ceramics.
- Exceptionally fine ground particles allow an unbelievably smooth surface of casts.
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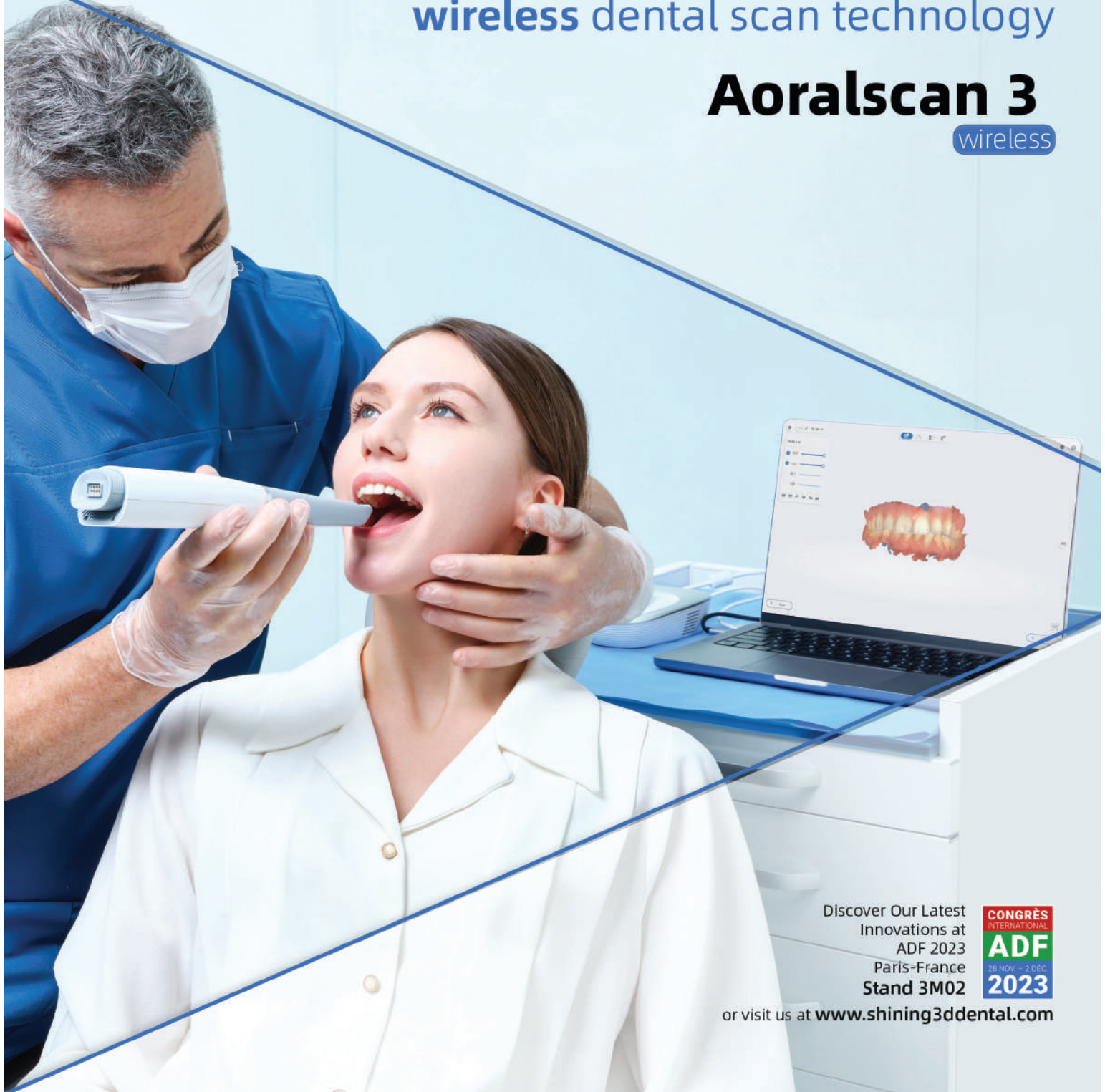


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Our handpieces is with **instant-stop and zero suck-back function**, which can make treatment be safer and make using life be longer. It is welcome by dentists all over the world.

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Your know-how to the Chinese market (China FDA registration)

**QME** ✓

### China FDA CRO for Medical Devices



- Registration service
- Clinical trial service
- Clinical evaluation service
- Testing service
- Innovation application service
- Translation service

QME Beijing, founded in **2004**, as an around **19**-year China FDA registration experience CRO for medical device, has helped our **900+** clients from all of the world gotten more than **3800** China FDA certificates successfully and is always dedicated in this field with services below:

1. Registration service
2. Clinical trial service
3. Clinical evaluation service
4. Innovation application service
5. Translation service

With rich registration experience, we are working for different types of products with many clients:

1. Implantation (Clients: Dentsply, Straumann, Nobel, Osstem, Camlog, bego, Neoss, Zimmer, Biohorizons, Neobiotech, Dentium, SIC, NIBEC, PURGO, Datum, Genoss, Novebone, Curasan AG, Medbone-medical etc.);
2. Restoration (Clients: Shofu, Kuraray, Bisco, Ivoclar vicadent, Coltene, Pulpdent, Spident, Ultradent etc.);
3. Orthodontics (Clients: Dentsply GAC, Ortho, Osstem, Ortho Caps, OraMetrix, Ormco Corporation, Biomaterials, GNI etc.)
4. Whitening (Clients: SDI, Ultradent, Nanova, Discus, Pac-dent, Ivoclar Vivadent, S&C etc.)
5. Other active devices and tools (Dentsply GAC, Lambda, Lobel, ASA, Bovie, Ray, EMS, Sutter etc.)

By virtue of professional and efficient service and adhering to the concept of customer first, QME has become a landmark enterprise and a reliable customer partner in the medical device registration industry.

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### TCS Flexible Partial

*A seamless solution for happier patients*



#### CONTACT



**Abraham Cortina**  
VP of Business Development and Int'l Sales  
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# THE START OF A NEW ERA FOR SILFRADENT STEAM CLEANERS

AFTER 25 YEARS, THE EV1 SJ IS REPLACED BY THE NEW EV 5



Twenty-five years have passed since the launch of Silfradent's very first steam cleaner, the EV1 SJ, which over the years has become increasingly known and appreciated all over the world, becoming, thanks to its characteristics, a reliable companion and ally for an ever-growing number of professionals.

Today, after more than two decades of service, the EV1 SJ finally finds a worthy successor which becomes part of the "Evolution" family, a line designed to satisfy all professional needs surrounding cleaning and decontamination.

The **new EV 5 steam cleaner** thus enters the market, the result of technological evolution, scientific research and the experience gained by the Silfradent technical team.

The **EV 5** has a clean and modern design, with a completely stainless-steel structure which guarantees its durability over time and which requires only simple routine maintenance precautions. Among the outstanding features, this new model also boasts an external contact resistance: an innovative, high-performance, and long-lasting heating system, without electrostatic currents that can alter the ceramic structures.

Not only performance, but also convenience: modern technologies guarantee the highest quality at unbeatable prices, making it a reliable and accessible product for all professionals in the industry.



EV 5 | The new Silfradent EV 5 steam cleaner, the result of innovation and of over 25 years of experience - 4.5 bar with manual loading



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## Roen

### ROEN Fixation System

ROEN has designed 4 fixation systems for oral surgery, **DUAL PINS** Hybrid pins for membrane and mesh fixation, **S-LINE** screws for blocks and mesh fixation, **FIT-LOCK** screws for mesh fixation, **PINJECT** classic pin.

Kits include manual drivers, CA drivers, burs (except for PINJECT) and refills.

The **autoclavable dispenser** is a valuable tool to complete all systems except for PINJECT PINS.

All screws and pins made in titanium

grade 4 and are self threading (except for PINJECT PINS). **S-LINE** and **FIT-LOCK** are cross cut connection and **DUAL PINS** are allen key micro connection.

**PINJECT** pins have a patented connection with the applicator and once withdrawn from the dispenser they are contained inside the applicator until they are inserted into the bone.

[www.roen.it](http://www.roen.it)  
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## FORUMTEC

Determining the accurate location of buried implants can be challenging and time-consuming

The Spotter Smart Implant detector from Forumtec is an advanced electronic device that accurately locates dental implants covered by gum tissue and bone in a two-stage implantology when using no healing cap.

The first innovative Implant detector minimizes pain and reduces healing and chair time.

- Helps to find buried implants easily and accurately
- Eliminates the need to open the flap
- Minimizes suturing requirements and

shortens the recovery period

- Saves valuable gum tissue
- Suitability with various Titanium implant systems
- Detachable sensor heads for easy sterilization
- FDA cleared and CE mark

**We are looking for collaboration with Distributors and Implant manufacturers!**

If you are looking for a unique technology to add to your Implant product offering,

## FORUMTEC

Dental Solutions & Beyond



the Spotter Implant detector can complement your line of products and leverage your sales offers. It's ideal for bundling with other products and promoting your implant system.

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## FORUMTEC

### FORUMTEC

Dental Solutions & Beyond

It is the perfect timing to discover the new Wirele-x, A cutting edge Wireless Apex Locator System which is cable-free work environment

Utilizing the advantages of well-proven patented technology, Forumtec has released the **Wirele-X**, described as a state-of-the-art, innovative apex locator incorporating advanced wireless technology to eliminate the need for long cables. The **Wirele-X** consists of a notably small apex locator unit and a 7" high-resolution touch display screen. Measurements are transmitted from the apex locator to the display unit using Bluetooth technology.

The apex locator together with the monitoring application display unit is designed to help achieve optimal performance and sustainable use



during working length determination. According to the manufacturer, it is the first and only wireless apex locator available in the market today.

Other highlights include:

- Accurate and reliable
  - Unique product design
  - User-friendly product architecture
  - Clear and simple result presentation
  - Simplifies measurement procedure.
- Today, various models of Forumtec's apex locators are produced and marketed as both proprietary, private label, and OEM products under leading international brands, achieving a 35% market share in the category.

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# Ultra compact trimmer *Serantes*

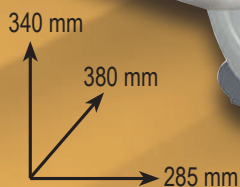
Sandpaper disc Ref. 080097

Diamond disc Ref. 080098

Sandpaper disc - DRY Ref. 080099



Height	340 mm
Width	285 mm
Depth	380 mm
Weight	4.9 kg
Rated power	1600 W
Disc diameter	235 mm
Speed	3000 rpm



**MESTRA** presents its new model trimmer, **possibly the smallest on the market.**

Ideal for small environments, with the productivity of a completely professional trimmer: the table and the window are similar to those of larger trimmers.

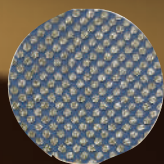
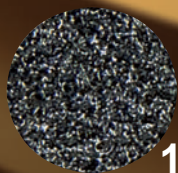
- Totally removable door for easy cleaning.
- Velcro® sand disc with highcutting capacity and very easy replacement. Also available in diamond.
- Powerful motor with built-in brake (stops in less than one turn).
- Made of high-strength technical plastics (no corrosion).
- Large work table (114 mm wide) height adjustable.
- Cleaning by water (adjustable). Dry trimmer optional.
- Rear water outlet.
- Totally compatible with the **MESTRA** family of decanters.

## CAUTION!

Diamond discs are very heath-sensitive: do not trim or rectify metal pieces or coatings.

## Accessories

- 1 Ref. 080097-08 (5 u.) Sandpaper disc coarse grain - 80
- 2 Ref. 080097-09 (5 u.) Sandpaper disc fine grain - 120
- 3 Ref. 080098-01 (1 u.) Diamond disc



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Richmond offers nonwoven 100% cotton sponges, as well as Rayon/Poly (4-ply) and MultiPly (8-ply). These no lint sponges are superior to traditional gauze.

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## Microcopy

Strong Is Best



How many times have you had carbides break during treatment? This sabotages the treatment flow and can also give patients a negative experience. Microcopy developed a patented solution that dramatically strengthens our burs.

disbursed along the entire length of the bur, rather than concentrated on the neck. The burs are made entirely from Tungsten Carbide, and this 'Single-Piece' construction eliminates the welding point, which is where most breakage occurs. For stronger carbides, make the switch to NeoBurr.

# NEOBURR®

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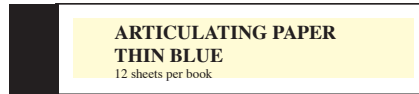
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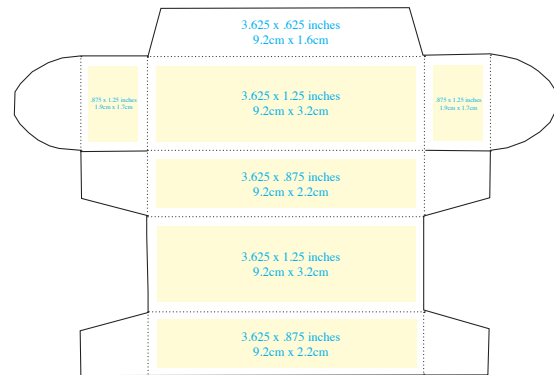
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- FTZ Implant Line: Universal internal hex connection.
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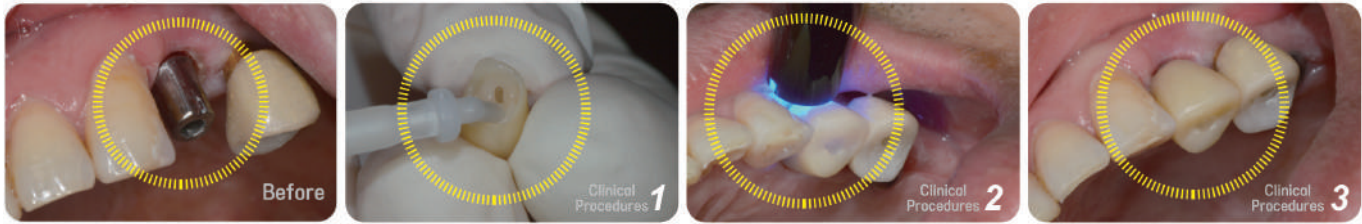


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- Smaller body, stronger resistance, smoother edges, and rounded tie-wings provide excellent intraoral comfort.
- A patented double-layered Mesh-Etched base is designed to strengthen the bonding retention.

#### Main Characteristics

- The Passive system allows for outstanding rotation and torque control for each case.



- The Passive system decreases friction sliding during treatment.
- Smaller body, stronger resistance, smoother edges, and rounded tie-wings provide excellent intraoral comfort.
- A patented double-layered Mesh-Etched base is designed to strengthen the bonding retention.
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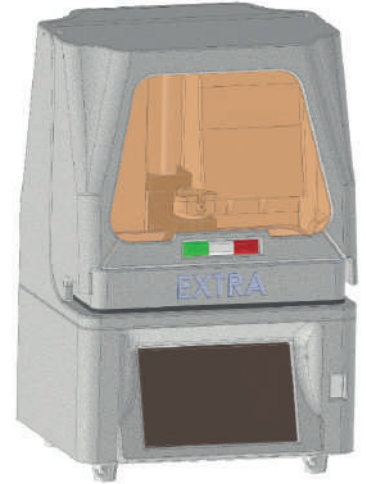
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# market outlook

Federation with nine provinces (Länder), including Vienna as its capital

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Notwithstanding its full membership in the supranational EU, Austria, together with Switzerland, forms what has been characterized as the neutral core of Europe.

Population size  
Austria 8,955,797 vs  
EU 447,319,916

Share of population  
over age 65  
Austria 19% vs EU 20.6%

GDP per capita (EUR PPP)  
Austria 36,972 vs  
EU 29,801

Unemployment rate  
Austria 5.4 % vs  
EU 7.1 %



Austrian health system generally provides good access to high-quality care, but some structural issues, including the need to pursue reforms to overcome fragmentation and strengthen primary care, remain key challenges.

# Austria's Reforming Healthcare



**Author: Silvia Borriello**  
Editorial Director  
silvia.borriello@infodent.com

Austria's healthcare is renowned across Europe for being sufficiently affordable, accessible, and of a very high standard, nonetheless, the latest few years have brought high volume investments in healthcare and major reforms aiming to improve population health and costs reduction.

Austria has a two-tier healthcare system. Virtually all individuals receive publicly funded care through a social health insurance, covering the basic needs of most persons living legally in the country, as well as an optional, and competitive, supplementary private health insurance offering additional benefits.

**Social health insurance is mandatory, and universal coverage is very high, with 99% of the population covered through Social Health Insurance (SHI) funds.** While care involving private insurance plans (referred to as “comfort class” care) can include, among other things, no waiting times, more flexible visiting hours, private rooms and clinics, as well as doctors’ choice. Although the quality of care does not vary hugely, the comfort of care might.

The country has a complex health system with responsibilities for health system governance being divided between the federal and the regional (Länder) level. Such a complex structure results in fragmentation and some inefficiencies, particularly between federal and Länder governments for inpatient care and SHI for ambulatory care. **Since 2012, important reforms have focused on reducing the fragmentation of organization and financing in the health system through the introduction of the new target-based governance system within a framework of broader reforms.** All the important actors (the federal government, SHI funds and the Länder) are part of the Target-Based Governance Commission (B-ZK), the supreme decision-making body that defines targets for the health system and negotiates formal agreements between stakeholders.

Almost all ongoing health reforms, except for the merging of the nine regional SHI funds into the Austrian Social Health Insurance Fund (Die Österreichische Gesundheitskasse, ÖGK), are linked to these agreements. They are legally binding and provide the basis for target-based governance agreements at the Länder level. The first target-based governance agreement was concluded in 2013 and outlined a reform agenda for a 4-year period

(2013–2016). It defined financial targets and targets for healthcare structures, processes and outcomes. The initial financial target was to bring down growth of public spending on health to 3.6% per year by 2016, followed by a reduction to 3.2% by 2021 in the second agreement. **Another important target was the development of a new primary healthcare approach, which led to the adoption of the 2017 Primary Health Care Act.** In 2017, the B-ZK concluded a second agreement, which defined goals for 2017–2021, mandating the establishment of 75 multidisciplinary primary healthcare units and focusing on implementation, in addition to supporting health literacy and health promotion. The current primary healthcare reform aims to establish new multi-professional primary care units, which offer more comprehensive services, longer opening hours and team-based care. As of early 2022, 30 out of a planned 75 primary care centers had been established.

Two other important reforms have been implemented since 2020: a structural reform of the social health insurance system, merging the 18 existing SHI funds into five, and a large nursing and long-term care reform that targets various improvements for health professionals, carers, and care recipients, with regard to working conditions, training and remuneration.

Austria’s health system remains hospital-centric; potentially avoidable hospital admissions for chronic conditions have traditionally been higher than in most other European countries. Although access to GPs is generally good and patients can obtain same-day GP appointments, however, its primary care system is generally considered relatively weak due to its strong reliance on specialist and inpatient care, with the second highest hospital discharge rate among OECD countries. **Past and ongoing efforts are aimed at reducing the fragmentation between inpatient and ambulatory care and strengthening primary healthcare.** Although the country has among the highest physician density, only 8% of physicians work as GPs within primary care, and mainly in solo practices (Austrian Physician Chamber, 2022).

*Health funding and expenditure* - Healthcare is primarily public, with a health system financed by a mix of general tax revenues and compulsory social health insurance (SHI) contributions (through both employee and employer contributions). Financing is very fragmented between the federal level, regional level (Länder and municipalities) and SHI funds, all contributing to the budget. SHI contributions represent the largest share of revenue (45% in 2019). Direct government spending constitutes the second largest share (33%). Private spending accounts for the remainder, with voluntary health insurance playing a relatively minor role, accounting for just over 7% of this spending.

When compared to other national health systems across the EU, Austria’s health system is relatively expensive. Total health expenditure amounts, on average, to 10.4% of GDP, above the EU average of 9.9%. The pandemic caused health spending as a share of GDP to rise sharply to 11.5% in 2020. In 2019, spending on health per capita was the fifth highest in the EU after Luxembourg, Germany, the Netherlands, and Sweden. **Spending on health from public sources accounted for 75% of the total, which is below the EU average of 80%. In contrast, out-of-pocket (OOP) spending accounted for nearly 18%, which is above the EU average (15%).**

Most treatments deemed necessary and effective by the insurance carriers are covered. Coverage extends to

“ While care involving private insurance plans (referred to as “comfort class” care) can include, among other things, no waiting times, more flexible visiting hours, private rooms and clinics, as well as doctors’ choice. Although the quality of care does not vary hugely, the comfort of care might.

” When compared to other national health systems across the EU, Austria’s health system is relatively expensive. Total health expenditure amounts, on average, to 10.4% of GDP, above the EU average of 9.9%.

(medically necessary) hospitalizations and surgeries, and includes basic dental, vision, and orthopedic care. Modest to significant co-payments are charged for reimbursed pharmaceuticals, higher-end dental, vision, and orthopedic care, elective surgery, mental health therapies, etc. **In 2019, OOP spending was related mainly to outpatient medical care (21% of the total), pharmaceuticals (20.7%), long-term care (18%), and dental care (17%). Despite higher OOP payments, Austria has low levels of unmet medical care needs for financial or other reasons, due to the generous benefits package that is available within public health: 0.4% in 2020 with almost no difference between income groups.** Direct payments for benefits not covered by SHI funds represent the largest share. Exemptions for co-payments apply for certain population groups, including socially deprived groups, patients with notifiable infectious diseases, people in compulsory community service or asylum seekers under federal care, pensioners entitled to compensatory allowances, children, or co-insured dependents up to the age of 18. In spite of this, inequalities in healthcare have arisen, particularly between those able to afford additional private insur-

” In spite of this, inequalities in healthcare have arisen, particularly between those able to afford additional private insurance and those who cannot.

ance and those who cannot. One element of the government’s tax reform passed in late 2021 included a reduction in health insurance contributions for lower income earners (worth about €300 per year). Furthermore, waiting times for treatments in hospitals may differ significantly between patients. Moreover, waiting times for, and opening times of, ambulatory (extramural) specialists affect many patients in Austria, especially for radiological examination. **In addition, the sharply increasing share of non-contracted physicians and decreasing number of contracted physicians, particularly among general practitioners (GPs), but also certain specialists such as pediatricians, is a major cause for concern.** The situation jeopardizes the principles of equity of access to ambulatory care because fees of GPs and specialists without a SHI contract are largely unregulated and only partly covered by SHI. While the number of contracted physicians decreased by about 4% between 2012 and 2021, the number of non-contracted physicians increased by nearly 31% in the same period. As private patient physicians in general are

not available to people without private healthcare insurance and, given population aging and therefore increased demand on healthcare services, this development provides a clear picture as to the overall quality of services provided (exclusively) by the public healthcare system.

*Infrastructure and human resources* - Most primary healthcare and specialized ambulatory care is provided by independent private practices of which 62% have a contract with one or more SHI funds. All hospitals are contracted collectively by the SHI funds, regardless of whether they are publicly or privately owned, as long as they offer services covered by SHI-funds.

**Austria has a very large hospital inpatient sector, with 531 acute care hospital beds per 100,000 population (2019), third highest ratio in the EU after Bulgaria and Germany, and well above the EU average of 387 beds per 100,000 population.**

Among the investments in the healthcare sector is the renovation of Vienna’s General Hospital: the city plans to spend \$1.6 billion between now and 2030 to modernize Vienna’s most important teaching hospital.

	Physicians/100 000 pop.	EU average
Physicians (practicing)	535/100 000	393/100 000
Nurses (practicing)	1,048 /100 000	835/100 000
<b>Total No. of Physicians, 2020</b>	<b>47,674</b>	
No. of General Medical Practitioners (GPs)	13,280	
No. of General Pediatricians	1,502	
No. of Gynecologists and obstetricians	2,033	
No. of Psychiatrists	1,848	
No. of Medical group of specialists	11,092	
No. of Surgical group of specialists	9,874	
Other specialists not elsewhere classified	61	

Sources: Eurostat 2020 / Austria: Health system summary, 2022 -ISSN 2958-9193

<b>Number of hospitals</b>	<b>264</b>
<b>Number of beds</b>	<b>62,873</b>
<b>MRI scanners per 100 000 pop.</b>	<b>2.53</b>
<b>CT scanners per 100 000 pop.</b>	<b>2.85</b>

Note: Data for MRI and CT scanner units include those in ambulatory facilities and acute hospitals.

Source: Eurostat, 2021, taken from:

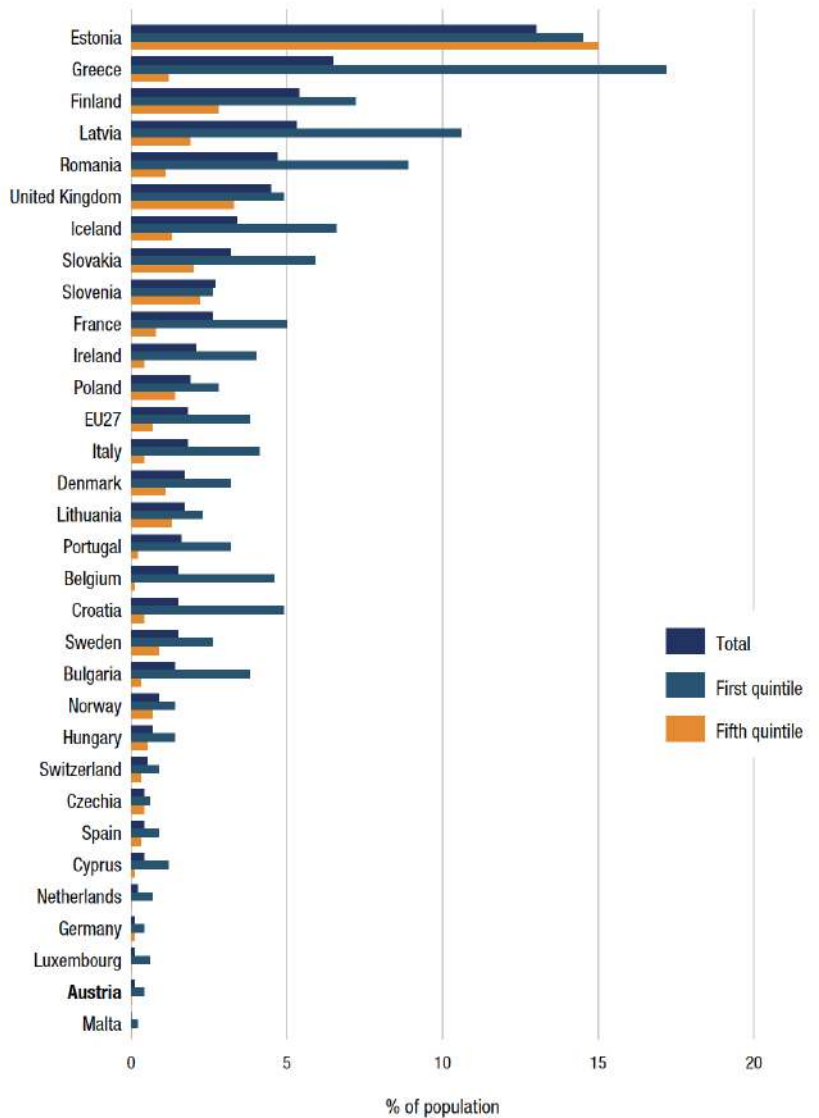
Austria: Health system summary, 2022 -ISSN 2958-9193

“ The situation jeopardizes the principles of equity of access to ambulatory care because fees of GPs and specialists without a SHI contract are largely unregulated and only partly covered by SHI.

*Health status* – The development of the healthcare environment in Austria is largely in line with European trends. At the height of the coronavirus pandemic, the Austrian healthcare system was tested to its limits. **However, apart from the mentioned exceptional event, overall, Austrians are quite satisfied with the quality of care they receive.** Life expectancy at birth is above the EU average and low amenable mortality rates indicate that healthcare is more effective than in many other EU countries. However, behavioral risk factors, including smoking and alcohol use, as well as diet and low physical activity, remain important drivers of mortality in Austria.

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**UNMET NEEDS FOR A MEDICAL EXAMINATION (DUE TO COST, WAITING TIME, OR TRAVEL DISTANCE), BY INCOME QUINTILE, EU/EEA COUNTRIES, 2020**



Note: EEA: European Economic Area; EU: European Union. Data refer to 2020 except for Italy (2019), Iceland (2018) and United Kingdom (2018).

Source: Eurostat (2021), based on EU-SILC. Taken from: Austria: Health system summary, 2022 -ISSN 2958-9193



# Austrian Oral Health

## ECONOMIC IMPACT RELATED TO TREATMENT AND PREVENTION OF ORAL DISEASES

<b>Total expenditure on dental healthcare</b>	<b>US\$ 2,116 million</b>
Per capita expenditure on dental healthcare	US\$ 236
Per capita current health expenditure in PPP, 2019	int\$ 6,134
Total productivity losses due to 5 oral diseases	US\$ 2,203 million

Notes: total expenditure on dental healthcare in million (US \$); Estimate of total annual national expenditure on dental healthcare in outpatient dental care (public and private) in 2019. Per capita expenditure on dental healthcare (US \$); Estimate of the annual national per capita expenditure on dental healthcare for outpatient dental care (public and private) in 2019. Total productivity losses due to 5 oral diseases in million (US \$); Estimate of total productivity losses in 2019 resulting from combined impact of 5 untreated oral diseases including caries in deciduous and permanent teeth, severe periodontal disease, edentulism, and other oral conditions as defined by GBD. (Data source: Jevdjevic & Listl 2022.) Data source: WHO Health Technology Assessment and Health Benefit Package Survey; 2021

The regulatory framework for dental care provision in Austria is laid out in the Dentists Act (Zahnärztegesetz, 2005). All dentists must be registered with the Austrian Dental Chamber and basic dental care is covered by the public health insurance system, which is operated by social health insurance organizations, through dentists that are contracted to the "Österreichische Gesundheitskassa, ÖGK" (the Austrian Social Health Insurance (SHI) fund). **However, only a limited range of dental treatment is available under the Austrian public healthcare system; dental care is mainly provided by private solo or group practices and rarely by outpatient dental clinics run by the SHI funds.** About 20% of all ambulatory dentists do not have a contract with a SHI fund and are free to set other prices. Their services are reimbursed by SHI funds at 80% of the

amount a contracted partner would receive.

The cost of basic restorative and further dental treatments (e.g. surgical treatments, some orthodontic and prosthetic procedures and materials) provided by dentists who have a contract with the SHI are generally fully covered by the SHI fund as well as braces for children up to the age of 18 (fixed orthodontic appliances are covered only for children with considerable tooth misplacement: Index of Orthodontic Treatment Need > 3). Removable prostheses are covered to 75% by the SHI fund, while fixed prostheses must be paid entirely out of pocket. Private dental insurances do not play a significant role in Austria. Since 1995, the number of dentists has increased however, the dentist-to-population ratio remains below the average in the EU, significantly below the density of dentists in Germany (85.3 per 100 000 pop.), with only Switzerland having a lower ratio of dentists to population (51.4 per 100 000 population). Most dentists are self-employed and work in private practices outside hospitals (approximately 80%), either with or without a contract with a SHI fund. Employed dentists (approximately 20%) work mostly in hospitals or dental clinics.

In general Austrian dentists generate only about 45% of their income

out of the social security system, a figure with a decreasing trend, while they generate about 55% of their income out of the pockets of patients, who only for very few treatments are reimbursed by the social security. Private dental fees are free and not bound to any mandatory rules, but the Austrian Dental Chamber is obliged to release annually recommended fees. Fees for treatments inside social security are negotiated annually between the Austrian Dental Chamber and the umbrella organization of the social security system.

The profession of dentistry was only separated from the medical profession in 2005 with the Dentist Act (2005). Before that, dentistry was a medical specialization after completion of general medical training. Training of dentists takes place at a medical university, lasts a minimum of 6 years, and includes clinical training. Doctors specialized in dental, oral, and maxilla-facial surgery are physicians (no dental specialties are officially recognized. Oral Maxillo-Facial surgeons are officially medical specialists). In addition, dental chair-side assistants (Zahnärztliche Assistentin), dental technicians (Zahn-techniker) are the only type of dental auxiliary. There are no clinical dental auxiliaries.

“ About 20% of all ambulatory dentists do not have a contract with a SHI fund and are free to set other prices. Their services are reimbursed by SHI funds at 80% of the amount a contracted partner would receive.

	1995	2010	2016	2018	2020
No. of Dentists		4,685	4,954	4,997*	5,206- 5,522
Dentists per 100 000 inhabitants	42.5	56	57.4	58	
Percentage of women in dentistry, 2018				43,59%	
Dental Technicians				700	
Technicians per 10 000 population (2014-2019)				0.8	
Assistants			10,200		

Note: \* of the 4,997 practising dentists: 3,869 own their practice, 633 are employed (495 other). Austrian Dental Chamber, 2018

Note: figures are estimates and vary according to (reliable) sources. Source: Statista / OECD <https://stats.oecd.org/index.aspx?queryid=30177> / Austria: Health system review. Health Systems in Transition, 2018 / [https://www.theglobaleconomy.com/Austria/dentists\\_per\\_1000\\_people](https://www.theglobaleconomy.com/Austria/dentists_per_1000_people)

#### Availability of Procedures for Detecting, Managing and Treating Oral Diseases in the Primary Care Facilities in the Public Health Sector, 2021

Oral health screening for early detection of oral diseases	available
Urgent treatment for providing emergency oral care & pain relief	available
Basic restorative dental procedures to treat existing dental decay	available

Notes: "Generally available" refers to reaching 50% or more patients in need whereas "generally not available" refers to reaching less than 50% of patients in need. Data source: WHO NCD Country Capacity Survey, NCD CCS; 2021.

#### Inclusion of Oral Health Interventions as Part of the Public Health Benefit Packages, 2021

Coverage of the largest government health financing scheme (% of the population)	99%
Routine and preventive oral health care	yes
Essential curative oral health care (including non- surgical extraction and drainage of abscesses).	yes
Advanced curative oral health care (including resin composite and dental amalgam including x-rays, complex fillings, root canal treatment).	no
Rehabilitative oral health care (including crowns and bridges, dentures, orthodontics, dental implants).	no

Notes: extent to which oral health interventions are included in the largest government health financing scheme. The term "largest" is defined as having the highest total population eligible to receive services, while the term "government" is defined as including any public sector scheme for health service provision, including coverage for groups such as the general population, public sector employees and/or the military.

Data source: WHO Health Technology Assessment and Health Benefit Package Survey; 2021.

“ Patients frequently travel to neighboring countries for dental care, particularly Hungary, for prosthetic treatments not or only partially covered by Austrian SHI. Overall treatment costs and hence also private cost-sharing levels are considerably lower while quality of treatment is very close to Austrian standards.

Based on self-reported data from the Austrian Health Interview Survey (ATHIS), around 5% of the respondents do not consult a dentist for financial reasons (7% with migrant background) while nearly three out of four Austrians aged 15 years or above consulted a dentist in the last year. Patients frequently travel to neighboring countries for dental care, particularly Hungary, for prosthetic treatments not or only partially covered by Austrian SHI. Overall treatment costs and hence also private cost-sharing levels are considerably lower while quality of treatment is very close to Austrian standards. Public health promotion and prevention programs for kindergartens and schools, organized at *Länder* level, are legally regulated and well implemented. Health care reforms have aimed to improve oral health status mainly by reducing caries in 6-year-old children.

*Medical Market* - In recent years, the Austrian biotechnology industry has experienced rapid growth, becoming amongst Europe’s leading centers of biotechnology, with currently more than 150 biotechnology businesses. With over 900 wellness establishments, cosmetic treatments and alternative medicine are also popular, despite being paid out of pocket. **Together with technologies for treating age-related ailments, technologies that can help reduce waste and improve efficiency are growing increasingly important as administrators work to reduce the high cost of healthcare.** Examples include health IT solutions, preventive medicine, minimally invasive surgical methods and products, and cheaper and more effi-

cient screening and diagnostic technologies. Cutting-edge IT, including artificial intelligence, clinical decision support, big data applications, telemedicine, and telemonitoring, are attracting interest. Austria imports most of its medical devices. Major suppliers are Germany

(around 31% of the market), the U.S. (15%), as well as Switzerland, South Korea, the Netherlands, China, and Japan. There are around 550 companies in Austria that produce or sell medical technologies, of which 171 are manufacturers and 383 are distribution or service companies.

ORAL DISEASE BURDEN

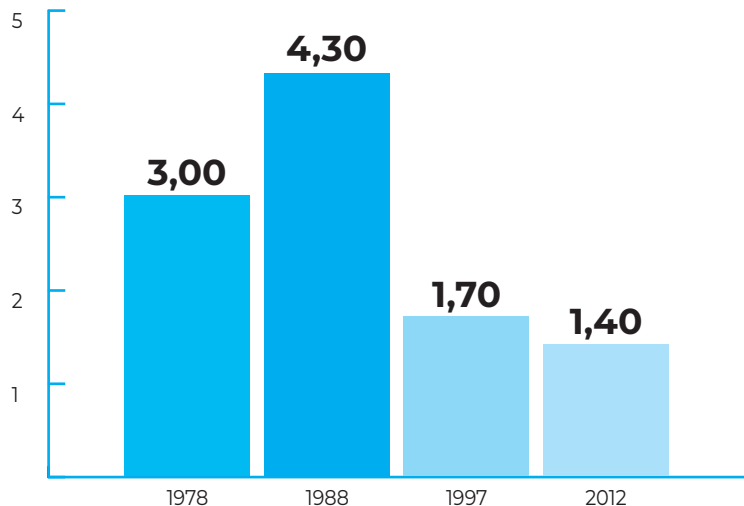
Prevalence of Oral Diseases. Estimates 2019	
Prevalence of untreated caries of deciduous teeth in children 1-9 years	29.1 %
Prevalence of untreated caries of permanent teeth in people 5+ years	29.9 %
Prevalence of severe periodontal disease in people 15+ years	18.0 %
Prevalence of edentulism in people 20+ years	13.8 %

Source: WHO Health Technology Assessment and Health Benefit Package Survey; 2021

Lip and Oral Cavity Cancer, All Ages. Estimates 2020	Female	Male	Total
Number of new cases	196	369	565
Incidence rate (per 100 000 population)	2.1	4.7	3.4

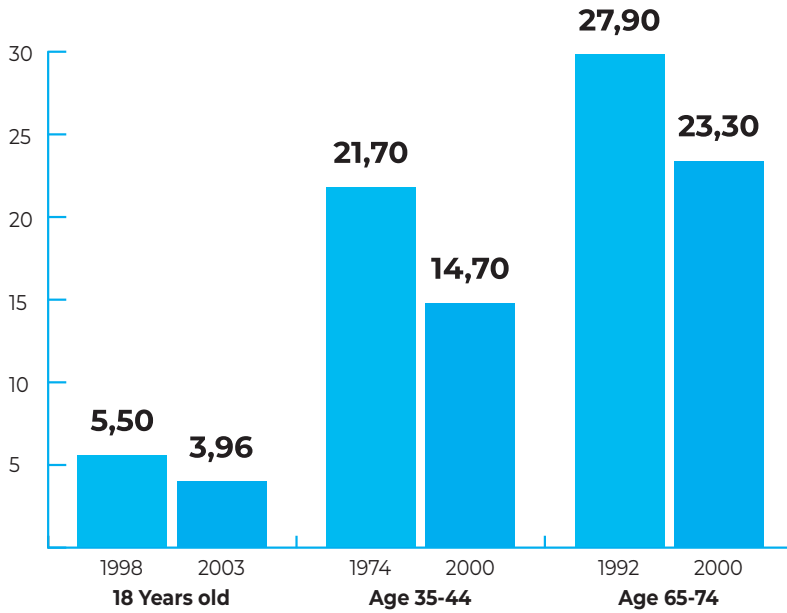
Source: WHO Health Technology Assessment and Health Benefit Package Survey; 2021

DMFT 12-year-olds

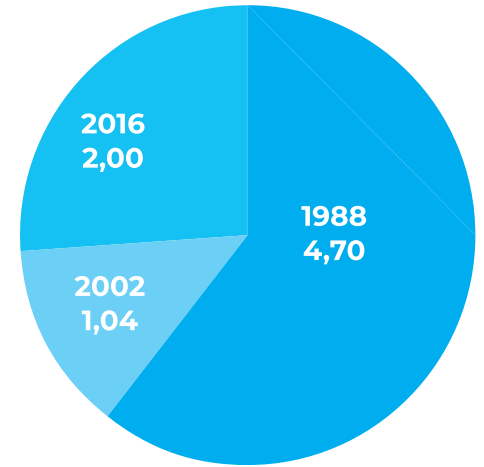


Note: DMFT index = Decayed, Missing, and Filled Teeth.

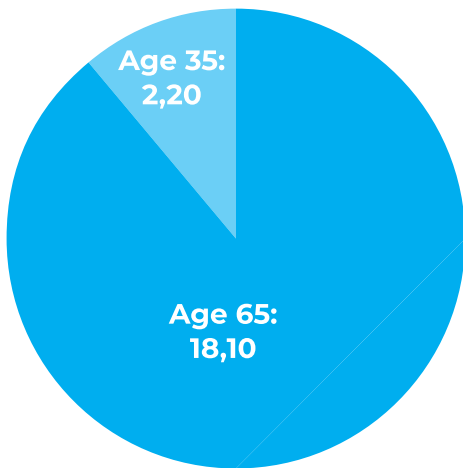
DMFT All Ages



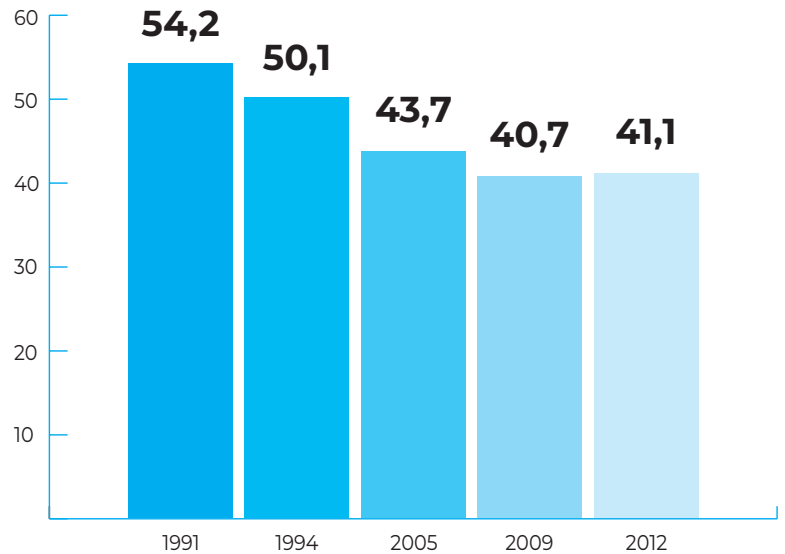
DMFT Primary teeth Age 6-7



Missing Teeth



Per Capita Consumption of Sugar (kilogrammes-Raw Value)



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**Since September 2023 Andrea Albertini has held the position of CEO at Henry Schein International Distribution Group**

Andrea Albertini joined Henry Schein, Inc. in 2013, and currently serves as Chief Executive Officer, International Distribution Group (IDG), which combines the Dental and Medical distribution businesses of Henry Schein operating outside of North America. Mr. Albertini is also a Member of the Company's Executive Management Committee.

Recently, Mr. Albertini's role was expanded to include responsibility for Henry Schein's Global Lab businesses and Dental Equipment & Service strategy globally.

In this new assignment, Mr. Albertini will also work closely with key stakeholders across Henry Schein to provide customers a seamless and coordinated digital product and service offering. He will also lead the next stage of Henry Schein's evolving digital dental offering, which will more tightly connect the Company with its customers so they can deliver quality care for patients.

Mr. Albertini has nearly 20 years of experience in senior leadership positions in the health care industry. After starting at Henry Schein as Vice President of International

Dental Equipment, he gained increasing responsibility and management of the Company's portfolio of businesses in Southern Europe and China. Most recently, he served as President of Henry Schein's International Distribution Group and before that President of Henry Schein's EMEA Dental Distribution Group responsible for the development and execution of a cohesive Dental business strategy across Europe, the Middle East, and Africa. Before joining Henry Schein, Mr. Albertini held leadership positions at Cefla Dental Group and Castellini, leading global manufacturers of dental and medical equipment and instruments.

Mr. Albertini holds a Master of Engineering from Bologna University, Italy, and a Master of Business Administration from Profingest Business School, Bologna, Italy.

As CEO of IDG, Mr. Albertini will relocate to Henry Schein's Corporate Headquarters in New York from his home in Bologna, Italy. He will also join the board of directors of Henry Schein One, the Company's practice management software business.

### About Henry Schein

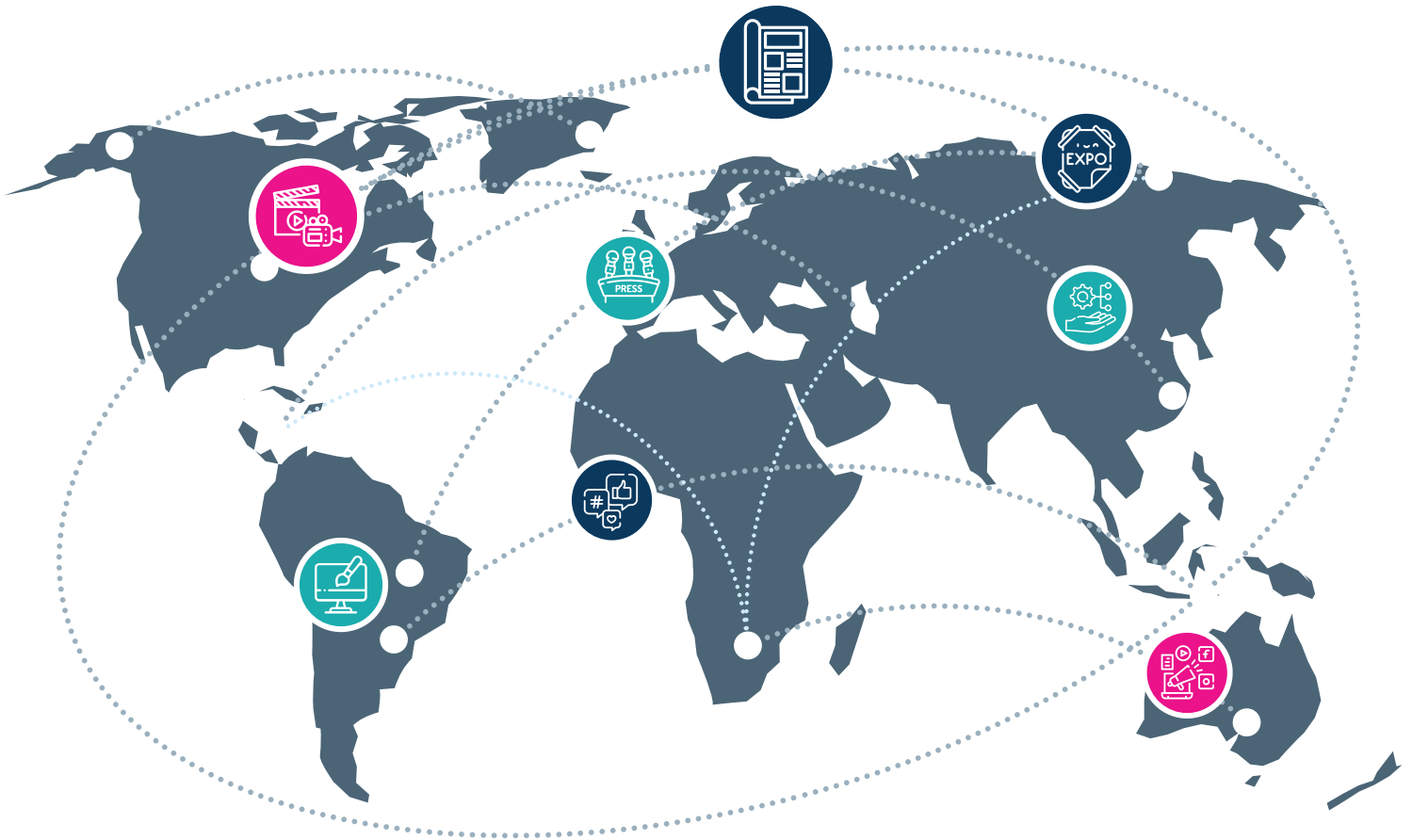
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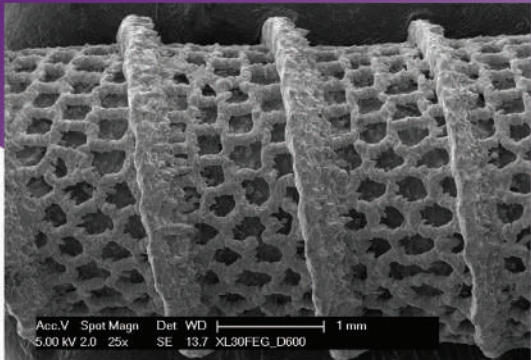


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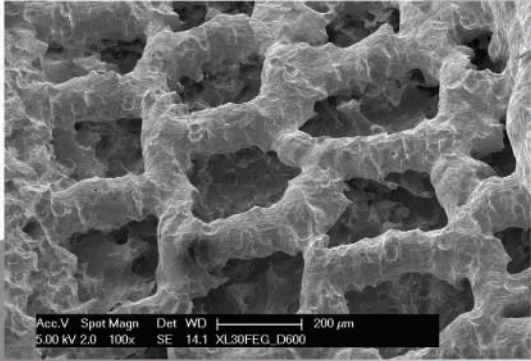


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# exocad announces Top-Tier Program for Insights 2024

## Global event in Palma de Mallorca to feature dental leaders in lab and clinical sessions

DARMSTADT, Germany – September 7, 2023  
 exocad, an Align Technology, Inc. company and a leading dental CAD/CAM software provider, today revealed the program for its two-day global digital dentistry gathering, “Insights 2024,” to be held in Palma de Mallorca, Spain, on May 9-10, 2024. The global conference will feature educational presentations by leaders in the dental field and include many opportunities to network.

The main stage will host a diverse program of inspiring speakers. Dr. Miguel Stanley, Portugal, an expert in the concept of slow dentistry and holistic dental health, will discuss the power of avatars in dentistry and how technology allows dental professionals to see and do more than ever.

Master Dental Technician (MDT) Vincent Fehmer, Switzerland, will discuss innovations in prosthetic materials and the latest techniques for fixed restorations. Dr. Eimear O’Connell, Scotland, will team up with dental technician Kristina Vaitelytė, UK, to present a brand new digital multidisciplinary

approach in case planning. MDT Edris Rasta, Netherlands, will demonstrate how digital tools are changing the understanding of occlusion. Clinical Associate Professor Dr. Guilherme Saavedra, Brazil, will offer insights into how to create a natural, award-winning smile.

In a dedicated clinical stream, Dr. Elaine Halley, Scotland, will speak about Smile Analysis and how to leverage digital tools for diagnosis and treatment planning. Dr. August de Oliveira, USA, will describe 3D printing and exocad software tips for the general dentist. As keynote in our new interactive half-day program tailored to assistants and clinical practice teams, hygienist Flora Couper, Scotland, will explain how to deliver the “X factor” with the power of digital and enhance the patient experience. From scanning to finalizing in-house restorations, participants will learn what’s possible and discover some of the most advanced options for clinical care.

Event partners will offer sessions showcasing their individual dental solutions. And

exocad’s application specialists will run learning sessions to demonstrate software release highlights. The partner exhibition will include more than 50 companies on site, including manufacturing, materials and more.

Insights 2024 will provide many chances to connect with the digital dental community. On the first evening, event attendees are invited to an evening celebration. The event will also include education credits for select countries.

A limited number of early bird tickets are available until the end of October for 299 euros (excluding VAT) and include access to all Insights learning sessions, full catering, and the evening event. The conference language will be English, with simultaneous translations available in German, Italian, and Spanish.

Additional information is available at [exocad.com/insights2024](https://exocad.com/insights2024)





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## NOVEMBER

24-29/11/2023

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- Meeting Dates: November 24th - November 29th  
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## APRIL

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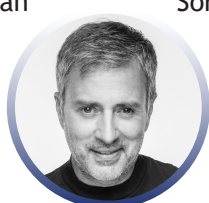
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## Advancing Safe Surgery in India: The Durgapur Cleft Center

*In the countryside of West Bengal, India, a neighborhood in the farming village of Amdole lies on the banks of a pond lined with trees and small brick and clay homes.*

### Operation Smile

A narrow and dusty road winds between the houses, bending toward an expansive stretch of farmland. Ox-drawn carts or motorbikes traversing the town and fields occasionally interrupt the serenity.

Here, 3-year-old Shyam frolics with his siblings and their friends. His loving mother and father, Rahki and Milon, keep a watchful eye on the kids from their clay patio that overlooks the pond.

Though he was born with a cleft lip, which can present many health risks when left untreated, Shyam hasn't yet experienced health problems nor discrimination from his playmates and neighbors in this tight-knit community.

Regardless, he should have received cleft surgery within the first year of his life to ensure his long-term physical and emotional well-being. However, his parents were misinformed by doctors and nurses at the hospital where Shyam was born. They told the parents that he couldn't receive surgery until he was at least 5 years old.

Three years would pass before Rahki and Milon would learn about Operation Smile India and its cleft center in Durgapur, West Bengal. "In the house next door there is a doctor



whom we call Rajakaka," Rahki says. "He said, 'Tomorrow, there is (an Operation Smile patient recruitment) camp in Murarai. You guys should come with your son.'"

Operation Smile India's ability to reach Shyam's parents is the foundation of its approach to improving access to safe cleft surgery for people living in this region's remote farming communities. The Durgapur Cleft Center, funded by a grant from the Baxter International Foundation, is housed within IQ City Na-

rayana Multispecialty Hospital and operates through a partnership with the Inga Health Foundation and the hospital.

"There is a great need for health care here. There are just a couple of decent hospitals. No one is doing cleft care here," says Abhishek Sengupta, Operation Smile India's executive director and regional director for India, Russia, and Italy. "At the same time, (Durgapur) is a city which is very close to the surrounding states of Jharkhand, as well as



other districts in West Bengal where health care is even worse than Durgapur. **“It gives us access to a geography which we would not have had we’d been in a city like Kolkata or some other urban city.”**

And that access is made possible through a community-focused patient recruitment strategy with the goal of reaching parents like Rahki and Milon whose children need essential cleft surgery and long-term follow-up care like speech therapy, dentistry, and orthodontics. “The way patient recruitment camps work is we have a team here; (they) will normally work with local NGOs and community-based organizations,” Abhishek says. “The reason we use local organizations is because people in that area know them. So, it’s much easier to build rapport and build trust with the patients if we go through them.”

Rahki, Milon and Shyam arrive at the patient recruitment camp in Murairai, which is only about 15 kilometers from their home. The local Lion’s Club hosts the camp, and dozens of patients and their families from surrounding communities arrive to meet with the Operation Smile India team led by Safir Rehman “Mithu” Seikh.

“We explain this work (to families). Let’s say a child has a cleft lip. **As a result of having a cleft lip, that child will have big problems in school life,” says Mithu, referring to the social stigma that many children living with cleft conditions experience.** “If a child has a cleft palate, (we explain) what problems they might face, when should the surgery be done, or if it is necessary.”

The patient recruitment team carefully listens to patients’ parents, gathering detailed information

about each child to determine the next steps of their care journey. If they qualify for surgery or cleft care that’s offered by the Durgapur center, families are given appointments for consultations. Operation Smile India also covers the cost of transportation and food and provides lodging for families at its dedicated patient ward in the hospital.

After their consultation with Mithu’s team, Shyam’s family is elated to learn that their son is scheduled to receive free surgery at the center the following month. The support they will receive from Operation Smile India makes the more than 5-hour journey and several days spent at the center possible.

“It feels good to know that, even if it’s so far away, after the operation, my son will be fine,” Rahki says. The trust that Rahki places into Operation Smile is affirmed through the world-class care delivered by the center’s staff. **The model used by the Durgapur center differs from most of the other 30 care centers that Operation Smile operates in 16 countries, which are primarily volunteer-driven. Here, Operation Smile India employs surgeons, anesthesiologists, orthodontists, dentists, and speech therapists while utilizing nurses and pediatricians through its partnership with the host hospital.**

The team’s goal is to provide patients with the complete care that they deserve.

“These children need comprehensive care,” says Dr. Partha Sadhu, the Durgapur center’s lead cleft surgeon. “Because, time to time, the patient needs follow-up, needs necessary surgical intervention, dental interventions, speech pathologist intervention, everything.

“So that is why, other than working as an isolated surgeon, it is always better to work in a team. Abhishek adds: “You have to keep following up. A child might need two or three surgeries. A child almost always needs prolonged speech therapy. You need orthodontic care, because, many times, you need to do a lot of work with the facial bone structure before the child is even ready for surgery. A lot of these kids are malnourished, so we need to have a proper nutrition program so the child is healthy enough to get surgery.

“You need to provide comprehensive and complete care from the cradle until the end of growth.

After a month of anticipation, Shyam’s family arrives at the center. They settle into the patient ward before his comprehensive health evaluation begins. Shyam is found to be in good health and is placed on the schedule for surgery. **After an operation that lasted around an hour, the course of his life is forever changed.** Much like this is just the beginning of Shyam’s care journey, the center is also poised to continue to grow once the COVID-19 pandemic subsides.

Plans are in the works for strengthening its community outreach programs beyond patient recruitment to bring nutrition programs, speech therapy, post-operative care and, eventually, surgeries even closer to families like Shyam’s. “When we started this, we wanted to start small with the center.

We started by advancing safe surgery, then we started adding the other components,” Abhishek said. “The next step is taking things to the community – to connect the last mile for our patients.”

### About Us

Operation Smile revolutionized cleft surgery globally in 1982. With four decades of experience as one of the largest surgical volunteer-based nonprofits, Operation Smile staff, its private-public partnerships and thousands of volunteers have improved the health and dignity of patients with cleft conditions, helping them to better breathe, eat, speak, and live lives of greater quality and confidence.

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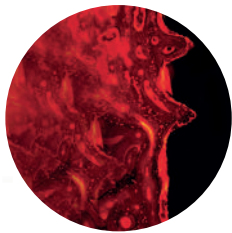
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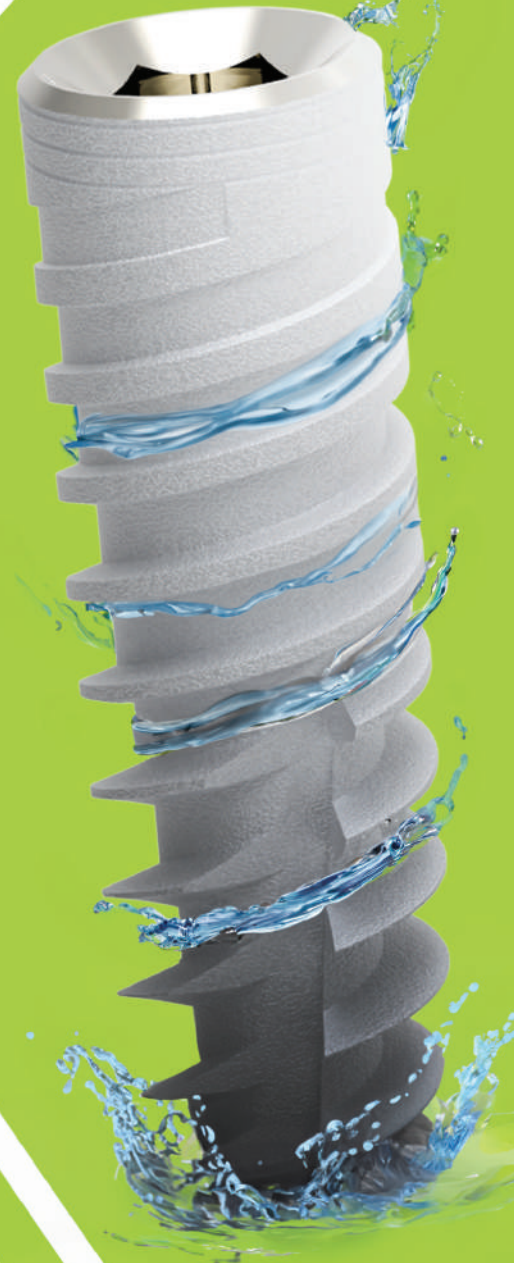
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