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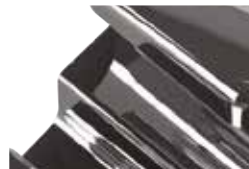


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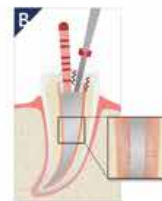


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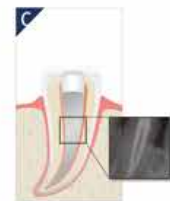
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A Step Away From Globalization



When the Cold War ended, governments and companies believed that stronger global economic ties would lead to greater stability. But a perfect storm of circumstances is helping dismantle the global economic system built over the past few decades, pushing the world in the opposite direction.

The coronavirus pandemic and supply chain disruptions triggered governments to wonder why more essential needs were not produced at home. Russia's invasion of Ukraine has further induced governments and companies to examine their reliance on other nations, reevaluating their dependencies and reanalyzing their manufacturing and assembly footprints.

For decades, executives have pushed for globalization to expand their markets and to exploit cheap labor and lax environmental standards. China especially has benefited from this, while Russia profits from its exports of minerals and energy. They tap into enormous economies: the Group of 7 industrialized nations make up more than 50% of the global economy, while China and Russia together account for about 20%.

Russia's invasion of Ukraine is a much smaller conflict than World War I (or II), but the clash is nonetheless a giant step away from globalization, and it comes at a time when the world has already been moving away from economic integration: trade's share of global GDP peaked in 2008 and has been falling for the past decade. So, the war in Ukraine doesn't necessarily mark a sharp break in history. But it underlines and will perhaps cement the decline of globalization. China, for example, is on a drive to make critical industries self-sufficient. President Xi Jinping's "Made in China 2025" initiative, isn't about creating jobs, it's about securing economic space for China to operate with political autonomy. Similarly, when Vladimir Putin's Russia got hit with sanctions in 2014 after taking over Crimea, it responded not by withdrawing from Crimea but by launching a crash effort to sanction-proof the economy by emphasizing domestic production. China has been in talks with Saudi Arabia to pay for some oil purchases in China's currency, the Wall Street Journal reported; Russia was in similar discussions with India, showing a desire to move away from dollar-based transactions, a foundation of American global economic power.



Of course, anyone can see the value of autonomy. When the Covid-19 pandemic hit, national sovereignty took precedence over free trade almost everywhere. The question of where exactly masks and other personal protective equipment were produced suddenly became very relevant. Similarly, the U.S. and Europe got vaccinated not only before low-income countries, but also before other rich countries, because they had the production capabilities. In the U.S., one issue on which President Joe Biden hasn't broken with his predecessor is making the U.S. less dependent on Chinese imports, promising "to make sure everything from the deck of an aircraft carrier to the steel on highway guardrails is made in America from beginning to end. All of it."

There might be some good reasons for all this deglobalization. Some countries could benefit from focusing on building up their domestic industries. And the acceleration towards greener sources of energy in many parts of the world, also to wean off Russian oil and gas, has turned into a top global priority. But it's important to note that nations of the world didn't link up their economies just for fun. Consumers around the world reaped large benefits from a world of specialization, comparative advantage, just-in-time shipping, and elaborate supply chains. The economic impact of such a change is highly uncertain. For sure, there is a price to pay. And as more countries step away from globalization, the price will get steeper. The emergence of new economic blocs could accelerate a massive reorganization in financial flows and supply chains, potentially slowing growth, leading to some shortages, and raising prices for consumers in the short term. But the longer-term effects are harder to assess. A poorer world offers fewer customers for everyone's exports, and a world less economically connected is one in which disruptions and conflict are more thinkable. We're going to miss globalization when it's gone.

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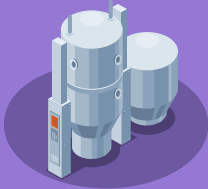


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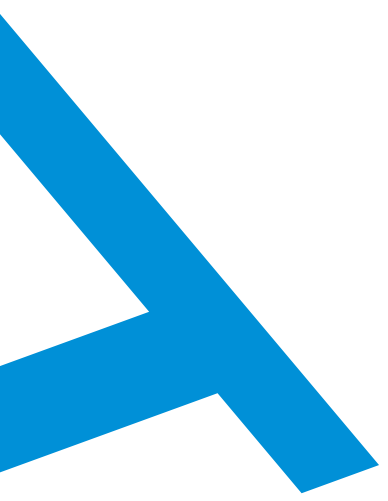
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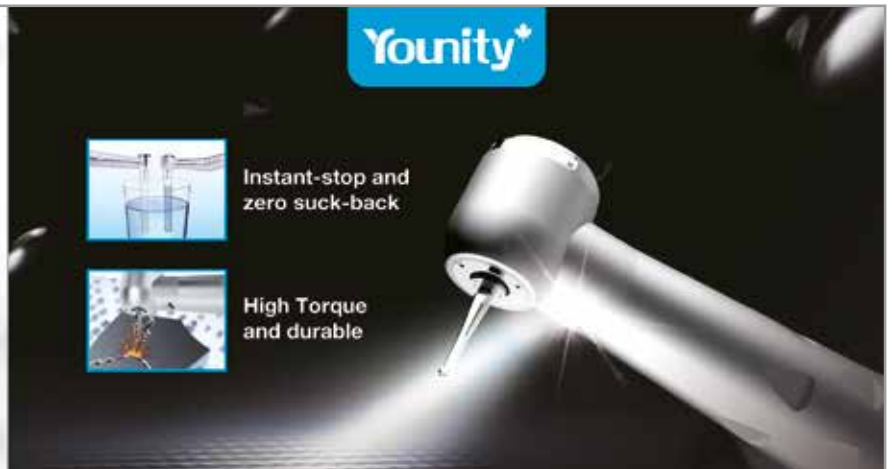
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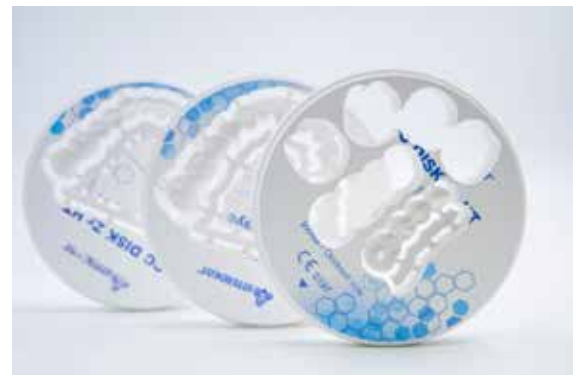
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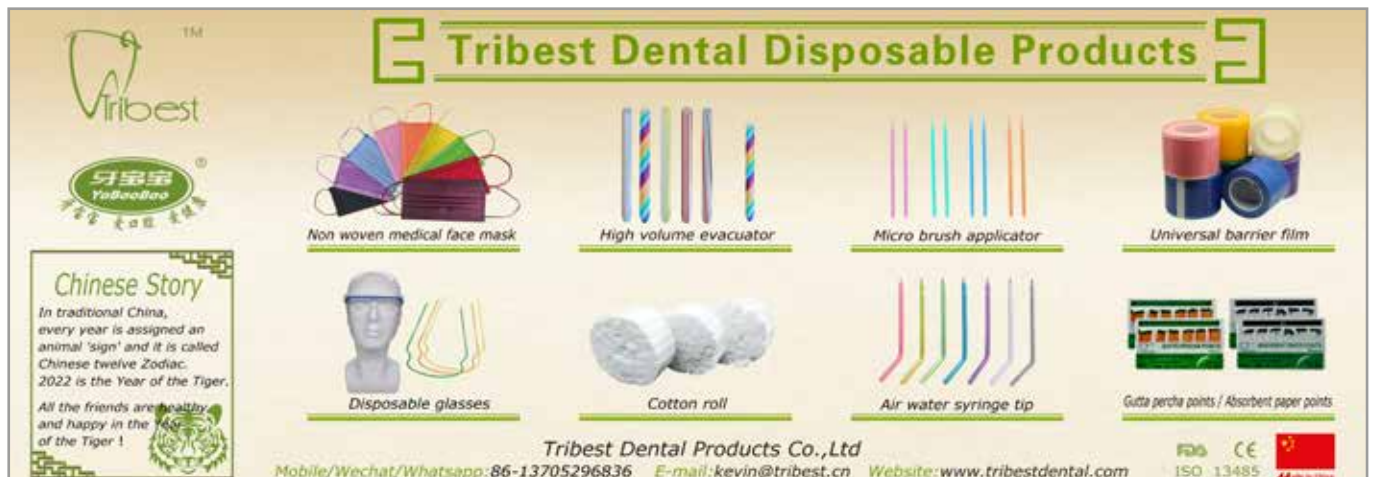
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Baolai was the first manufacturer, in the world, to launch an aluminium alloy scaler handpiece. Solving the traditional scaler handpiece problems such as cracking and yellowing caused by the disinfection pro-



cess. It was granted 15 national patents for this innovation.

Baolai has developed not only piezo ultrasonic scaler, led curing light, etc. for dentists use, but also waterless piezo ultrasonic tooth cleaner and oral irrigator for home use. All products are highly regarded by dentists and individual users from 112 countries and regions of the world.

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Eliminate loupes that do not protect the air or staff.

The magnification presents a larger field of vision, no resizing or adjusting eye prescriptions. This provides an ergonomic viewing option for all clinicians present or online with our sharing platform.

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- Settings and menu in 19 different languages.
- Built-in printer, to carry out the daily data recording.
- Automatic electrical door lock for the safety of the user.
- 10 sterilization cycles: 6 Type-B Cycles and 4 Type-S Cycles according to the type of material to be sterilized.
- 2 test cycles ("Vacuum Test" and "Helix/Bowie & Dick Test"), see LINK.

NEW! The implementation of the conductivity meter for water control protects the steam generator, checking the quality of the water and preventing damage due to repeated use of bad quality water (this positively affect life cycle of the entire device).



LINK: to carry out the routine tests for the correct device functioning and sterilization efficiency, discover the quality of BMS dental sterilization control tests. Starting by the specific tests for Class B autoclaves, Bowie&Dick and Helix tests to the most used sterilization indicators: type 4 and type 6.

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Trident triScan

triScan is an innovative intraoral scanner that captures extremely detailed images of the hard and soft, or non-calcified, tissues in and around the gums and digitally transfers them to your computer.



- High accuracy and precision
- Faster and less invasive treatments
- Automatic scan clean-up
- Complete and precise impressions in a few minutes.

The scanner generates a virtual model of the oral cavity that shows perfect details of the enamel, dentin, cementum, pulp and the center of the tooth that contains



nerves, blood vessels and connective tissue. These high realistic impressions help to diagnose and plan any kind of specialized treatment as implants, bridges, dentures, retainers, and crowns.

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 - **BITE**, designed for occlusal registrations.
- All available in Normal and Fast setting!

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- **PUTTY**, for the first impression, it is available in two different hardnesses: Hard, Soft.
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Shining 3D

Aoralscan 3 – the new intraoral scanner

Shining 3D, the pioneer of independent research and development of 3D digitizing and additive manufacturing technologies, announces an upgrade and expansion of the dental professional 3D scanner series with a brand new model, **Aoralscan 3**.

It improves the overall clinical experience allowing users to easily acquire digital impressions in a faster and more accurate way. Powerful and intelligent data processing capabilities make Aoralscan 3 the perfect companion for first-time users as well as experienced users who demand the most from their scanning system. Aoralscan 3 can be applied for a wide range of clinical indications, always providing a state-of-the-art user experience with the best results.

The scan speed has been drastically improved, up to 30% faster than the previous model thanks to a renewed scanning technology.

Similarly, the accuracy of Aoralscan 3 is also greatly increased by 30%, allowing for better results.

Thanks to AI, Aoralscan 3 can automatically identify and filters out miscellaneous data during scanning. And with the help of the motion sensing control function, dentists can carry out the scanning process with minimal computer contact, ensuring safe and efficient clinical experience.

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Advantages:

- Minimum total sintering time of only 4-5 hours.
- The temperature is reached more uniformly, resulting in a stronger sintered structure.
- Maintenance savings (less power, fewer components, without the fragile and expensive resistances of molybdenum silicate).
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- Very easy to operate.
- Much smaller than conventional ovens.
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The oven is supplied with all necessary accessories for immediate start-up.

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DenTag

Evolution is not a gamble but the way to win it

Precision is important in all fields, and especially in medicine and dentistry.

Precision often allows us to prevent or treat various conditions in time.

In the dental field, periodontal probes are an example of this. They can be used to diagnose and measure the progress of periodontitis and other infections.

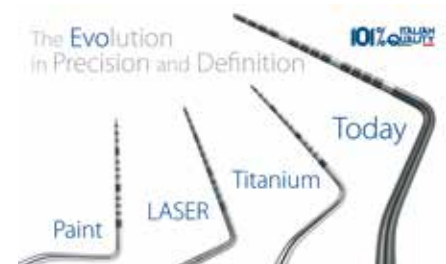
Today, the almost systematic use of advanced vision systems, enabling us to see even the smallest details, makes it even more necessary to have instruments that

can provide enhanced definition and precision.

As usual, in **DenTag** we keep up to date with the evolution of the dental practice and its additional needs.

This has led us to the creation of periodontal probes with a very high degree of definition and precision. Given the new and sophisticated vision systems in use, we also thought to reduce the disturbing impact of reflection from stainless steel, by reversing the normal coloration of the tips.

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Daekwang Overdenture attachment system

Kerator implant abutments fit all implant system. Other advantages include:

1. An included plastic carrier provides safer handling of the abutment. The carrier is also useful for checking the alignment angles of the implant fixtures
2. Kerator has the lowest vertical height of all overdenture attachment system available today
3. The dual retention male allows the denture cap to gently pivot in any natural direction during occlusal while providing greater resiliency and preventing it from dislodging
4. The self-aligning design automatically centres the male on the housing attach-

ment prior to engagement, allowing patients to easily seat their overdenture

5. The extended range male allows for insertion of the overdenture with up to 40 degree of divergence between implants. 15 degree angled abutments can be used in combination to further extend the allowable divergence

6. The dual undercut design of the Kerator metal housing attachment provides a sturdier retention within the denture acrylic.

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Ugin Dentaire

e.ON Sinter Base – Sinter Fast + / Sintering furnaces

UGIN Dentaire is proud to present its new range of sintering furnaces.

Improving the experience of previous models, our brand-new furnaces have been designed to meet the latest technological trends and advancements, such as the development of multilayer zirconia discs, which require fast sintering programmes, combined with conventional sintering cycles, with a slow heating rate and cooling, used for large wingspan

bridges or large amounts of units in the same tray.

The new range consists of three models (**e.ON Sinter Base**, **e.ON Sinter Fast** and **e.ON Sinter Fast +**), all guaranteeing the high level of quality and reliability that has made Ugin Dentaire's equipment famous throughout the years.

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The Norris System



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The Norris 20/26® System incorporates best-in-class features including:

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- The unique mechanism allows the door to actually “glide open” and “glide closed” once the door travels 50% in either direction.
- This “Assisted” opening and closing is the first and only of its kind, and is another leap forward in PSL technology.
- Deep Tie-Wing undercuts
- This true “Twin” design easily accepts ligation ties and chain for additional control.
- Nickel-Free Cobalt-Chromium
- Cobalt-Chromium boasts superior frictional characteristics vs. 17-4 Stainless Steel, while providing a safe solution for any potential nickel-allergy patients.



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e.ON sinter fast +

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- 2 trays for sinterizing with cover and zirconia pearls (capacity up to 40 units)
- 40 free programs with 40 possible stages for each program
- 4 display languages: French, English, Italian, Spanish
- External dimensions (height, width, depth): 830mm x 420mm x 600mm

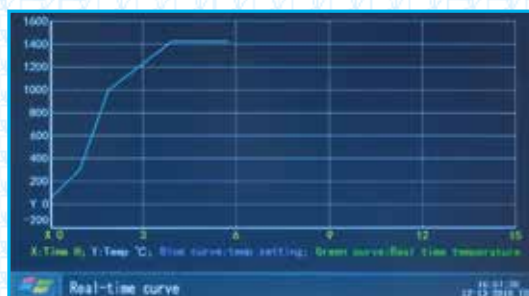


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A compact size furnace with high performances.

Made as a bench furnace, needs only a reduced location.

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- 4 heating elements in MoSi₂
- 1 tray for sinterizing with cover and zirconia pearls (capacity till 20 units)
- 40 free programs with 40 possible stages for each program
- 4 display languages: French, English, Italian, Spanish
- External dimensions (height, width, depth): 540mm x 400mm x 450mm



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MESTRA®

Sandblaster *Eclipse II* Ref. 080220
and *Eclipse II -T* Ref. 080228



Sandblaster *Eclipse II* automatic
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Ref. 080220

Ref. 080228

Cabin entirely made of ABS of reduced dimensions maintaining the amplitude in the work area and with a substantial improvement in lighting. They have two mobile micro-blasting nozzles and, in the hopper version, a large sand tank and a 3 mm static gun.

Ref.	080220	080228
Height	330 mm	490 mm
Length	360 mm	360 mm
Width	450 mm	450 mm
Weight	5,7 kg	7,7 kg
Maximum air consumption	80 l/min.	100 l/min.
Operating pressure	2 a 5 atm.	2 a 5 atm.
Interior light LED		

Entirely built in technical plastic, high strength material, easy cleaning and no oxidation. It allows to locate it in any corner of the laboratory. Tank capacity up to 8 kg of sand. Skeletals are placed in a basket that turns by the action of a motor. The blow nozzle is adjustable in the three dimensions of the space, so that the ideal angle of attack is always achieved. The basket can be easily decoupled from the motor shaft, which simplifying the preparation of the work.

Height	430 mm
Width	320 mm
Depth	310 mm
Weight	5,5 kg
Maximum air consumption	90 l/min.
Operating pressure	2 a 5 atm.
LED inside light	

Orion Work box Ref. 080214



The suction hood is strategically located so that it doesn't obstruct. The hood is connected to an external suction tube at the rear through a pivotable outlet. Furthermore, detachable boxes collect the dust that could fall through the hand rests.



- 1) Remove elbow tube (rear outlet)
- 2) Shipyard tube placement.



Docking coupling with Jeb type suction

Height	300 mm
Length	360 mm
Width	330 mm
Weight	2,6 kg
Interior light	

Review booth Eclipse Ref. 080216



Common elements in the 2 models:

- High luminosity LED lamp.
- Absence of shadows inside.
- Ergonomic work position.
- Optimal absorption of powder by means of external suction (not included).
- Easy cleaning.

Height	275 mm
Length	360 mm
Width	330 mm
Weight	2,8 kg
Interior light	



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TCS, Inc. is a dental manufacturing company dedicated to providing dental laboratories with exceptional quality of resins and equipment, allowing for the most reliable, functional, and uncompromising aesthetic restorations for patients with missing teeth. TCS proudly manufactures all products in-house in the USA and monitors and reviews its quality through the implementation of an effective Quality Management System based on ISO 13485 standards.

TCS offers three resilient, high performing resins to choose from: **Unbreakable™** (nylon based) & **iFlex™** (polyolefin based) ideal for flexible partials, available

in 4 translucent pink shades and natural (white-ish). As well as, **Karadent™** (micro-crystalline polymer) ideal for full dentures, clear clasps and frameworks, available in 2 translucent pink shades and crystal clear. Additionally, **TCS** offers a variety of injection units and accessories for every size lab and budget. **TCS** resins are packaged in vacuum sealed cartridges that include patient care instructions and delivery bags.

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D-LUX+

D-LUX+ is a high performance dual-wavelength Cordless LED Curing Light. Built and designed with the highest quality and durability, its dual-wavelength can efficiently, effectively and uniformly polymerize all light-cured dental materials.

At its maximum light intensity output of 2,400mW/cm², it can complete all restorations safely and efficiently.

Benefits

- A high intensity output of 2,400mW/cm² and 10W LED offers short curing time and efficient polymerization
- 360° swivel light probe and silicone ring tip ensure patient comfort

- Dual-wavelength with 4 LED lamps can efficiently polymerize all dental materials
- Broadband spectrum of 385nm-515nm
- Wireless battery charging system eliminates any potential charging contract problems
- Five(5) versatile curing modes allow flexible curing time and power intensity including 1 second curing and Orthodontic curing mode
- Built-in Light Intensity Measurement Sensor provides peace of mind so clinicians can always verify if the intensity is within normal range

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LED

Attacks the biofilm that forms around dental implants!

The **X IMPLANT** purpose is to de-escalate the onset of "implant disease" which is also known as peri-implantitis.

Peri-implantitis manifests itself with an initial phase, called mucositis as well as a more advanced phase called frank peri-implantitis. The current treatment technique provides precise protocols, in terms of timing and intensity of automated currents, for each type of application, such as to carry out a non-invasive and non-traumatic treatment for healthy tissues.

The concept of the treatment is based on the physical action of destruction of the bacterial biofilm.

The "electrode" effect of the system is exploited, thus developing a current around its surface which decontaminates it. These treatments are performed "closed" without local anesthesia.

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Novica Savic
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Christine McClymont
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of Marketing and
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AEEDC, Dubai, February 2nd, 2022 - Infodent International spoke with Novica Savic, Chief Commercial Officer (CCO) and Christine McClymont, Global Head of Marketing and Communications at exocad, an Align Technology company, about the latest news and innovations, seamless workflows, and community digital education. exocad is one of the leading dental CAD/CAM software providers worldwide.

Can you tell us about the new *ChairsideCAD Galway* release? What are its major features and innovations?

Novica: Our new software releases frequently have extended functionalities. The main new feature available for *ChairsideCAD* is Instant Anatomic Morphing, which we have already launched with *DentalCAD*, our lab product. This feature significantly simplifies and reduces the time for occlusion design and adjustment. Our *ChairsideCAD 3.0 Galway* release strongly focuses on increasing productivity for our customers, through a streamlined approach that includes fewer clicks and faster results.

Regarding the collaboration between dentists and dental labs. Can you tell us more about their workflows?

Novica: exocad is an industry leader in integration and collaboration and we have a single platform for all our software. *ChairsideCAD*, for example, is fully compatible with *DentalCAD*. The dentist can, at any point, decide to switch the scan, design, and production process, and then send it to the lab to continue the work. In addition, our *dentalshare* platform offers safe and quick data exchange for cases, questions, and much more. It is our main collaboration tool.

What are the current trends in 3D printing? How are 3D printers integrated with exocad?

Novica: 3D printing is one of the fastest-growing segments in the dental field, not only for labs but also for dentists who are increasingly using this technology and investing in it. The main tool we introduced a few years ago is *exoprint*, an integrated software solution for the simplified use of a 3D printer. It is a tool that integrates with most 3D printers currently available. *exoprint* enables a smooth transition from *DentalCAD* and *ChairsideCAD* to 3D printers. You can start the printing process directly from CAD, via *exoprint*, without manually importing design files for printing. Designs and associated information can be passed directly from *DentalCAD* / *ChairsideCAD* to 3D printing software. You can have various printers connected and, if you're working on several jobs at the same time, you can conven-

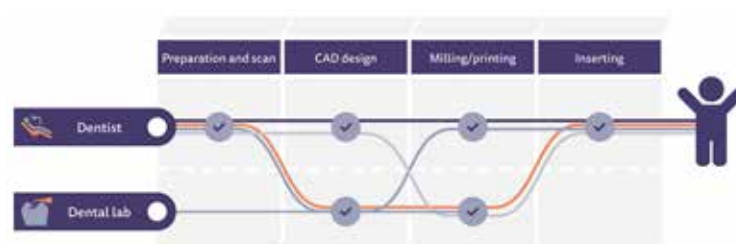
iently manage them directly using one software. Integration of machines and materials is exocad's key strength.

How significant are the MEA and southeast Asia regions for exocad?

Novica: Both the MEA and southeast Asia region are important to exocad, and we are always very pleased to be present here at the show. In these regions, according to the feedback of our resellers and local technology partners, a majority of labs are using exocad. We have a solid strategic partner network throughout the region, which we have built over years of time and effort, and we are continuing to grow.

What is exocad's new CAD Configurator?

Novica: We recently launched the *CAD Configurator* following requests from our resellers and users to simplify our software selection during



Dentist-lab workflow for ChairsideCAD

the purchasing phase. If you are a new user and not familiar with exocad, you may need help deciding which software modules are best suited for your business. For this reason, we developed a tool that helps select the right software. The configurator asks if you are a dentist or working in a lab. It asks you to confirm the primary expected use of the software and whether you are going to produce or send the work to someone else. Based on your answers, it suggests an appropriate software package. As we have just started, it will be continuously improved with additional functionalities. Our main goal is to simplify the selection of the software package, based on individual needs and objectives.

What about the launch of the new exoBlog?

Christine: We launched a community-based blog (<https://exocad.com/exoblog>) focused on educating our target group of dentists and labs about exocad. We are encouraging peer-to-peer education by sharing interviews with dentists and lab technicians from all over the world and thought leaders in the digital dentistry field. We invite our interviewees to share their experiences, the challenges they may face as they went digital, and the main benefits to other doctors or labs thinking about going digital or expanding their opportunities within digital dentistry. We offer insights into exocad software too, of course. We launched the blog at the end of February for the Chicago shows and are excited about it because we strongly believe that education is key, and we want to do our part. We invite your readers to share their stories in digital dentistry, or how a lab and a dentist collaborate to grow their respective businesses. We have a fantastic opportunity for them to tell their story, so please contact us!

Novica: I think that talking about the journey to digital, and how to overcome barriers, is one of the most inter-



esting parts of the blog. Sharing their experiences, positive or negative, can help others. We already have some articles published, and it is fascinating to read the different insights from different countries and individual situations.

What are exocad's implant libraries? How can users benefit from them?

Novica: This is a particularly important topic for us. We have now launched the library portal, which makes it much easier for users with a valid upgrade contract to fully access the latest library version. There are so many material and implant producers with innumerable innovative ideas, we have structured them in libraries. To streamline the process, we now have a portal from which you can download the latest additions. A significant benefit is that you have access to it the moment we upload it. The portal is updated by our team weekly, sometimes twice a week, with new prosthetic components and implants. Content has grown significantly. We have more than doubled over the last 18 months, reaching 100,000 components in our libraries. It's amazing!

Christine: If readers want to stay on top of what is launched, we include it every month in our "News Bites" newsletter, with a section on new components in the implant libraries.

We invite every user to register for the newsletter to always have access to the newest and latest information.

One last question. Can you share your first impression of the AEEDC show, being just on the second day, compared to last year's edition in June?

Novica: I talked to many exhibitors and the first day was, for everybody, an incredibly positive experience. It was extremely busy. Being at the beginning of the second day, we are already overwhelmed with the volume of visitors. It feels like pre-Covid levels of interest when it was always a very busy exhibition. Events like this are not an old-fashioned format because you cannot do everything online. It is so refreshing to see faces again, to meet, and have in-person discussions.

Christine: We faced a problem at the end of day one when we ran out of brochures, but thanks to the great printing services here at the World Trade Center, we printed new ones overnight. So, it's fantastic!

Novica: Yes, last year we had to bring the brochures back. This time they were completely gone on day one. A nice surprise!

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Focus

Democratic, parliamentary republic, in December 2019, Sanna Marin of the Social Democratic Party (center-left coalition), became the world's youngest Prime Minister

The country comprises 19 regions and 70 sub-regions. The smallest region, the autonomous Åland Islands, is an archipelago southwest of the mainland

**Economic Freedom:
World rank 9th -
Regional Rank 6th (among 45 countries in the Europe Region)**

The northern region of Lapland comprises the home area of the Sami, where about half of Finland's indigenous Sami (Lapps) population lives

Capital:
Helsinki

GDP per capita
€ 43,508

Finns comprise
1.1% of the total
EU population

Official Languages:
Finnish, Swedish

Unemployment rate
6.7%



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Finnish Health Care: A Right Rather Than a Privilege



Considered a right rather than a privilege, Finland's health care system is, for this, more appropriately managed by the Government rather than the private sector. Even if the system compares favorably to many EU countries, in terms of efficiency and quality of services, public funding is shrinking for future generations, and unless Government implements structural changes, the Finnish health system could become more unequal, with poor people and those who live in remote areas increasingly excluded from the very system that was designed to serve them.

Formerly part of Sweden and later part of the Russian Empire, Finland gained independence in 1917, joined the European Union in 1995, adopted the euro in 1999, and became member country of the Schengen Area in 2001. The export-led economy is centered on manufacturing, principally in the wood, metals, ship building, telecommunications, and electronics industries. **However, in the past few years, new areas have emerged, such as medical technology, the software and games industry, and broader electronic products and services. Finland is one of the few countries in the world that exports more health technology than it imports (\$2.74 billion of exports in 2019).**

The central national government is

based in Helsinki, while local governments are located in over 300 self-governing municipalities (cities and urban centers), with more than half of them having fewer than 6,000 residents. **Many responsibilities are devolved to the level of municipalities: they levy taxes, and, with government subsidies, they play a key role in providing basic services, such as highly subsidized social and health care, free primary education, cultural services, and infrastructure. Administrative reform seeking to centralize health and social care in fewer regions has long been in the making but is yet to materialize.** Due to the shift in public spending to the local level, municipalities experience indebtedness and challenges with long-term

provision and financing of public services. This is particularly severe in areas that have lost working-age and younger people to regional centers, larger cities, in search of better economic opportunities. Nevertheless, Finland remains a relatively equal country with extensive public services supporting fairly high standards of social and living conditions, a highly regarded educational system, and access to childcare and social care.

A High-Income Welfare State

Finland is a high-income welfare state with a low poverty rate. Its 130-year-old health care system is based on public health care services to which everyone residing in the country is entitled, and a much smaller private

	Finland	EU28 (average)
Life expectancy at birth, total	81.7	80.9
Infant mortality rate (per 1000 live births)	2.0	3.6
Maternal mortality rate per 100 000 live births (World Bank, 2019)	3	8
Self-reported chronic depression	11%	7%
High blood pressure	25%	21%
Smoking (daily smokers of cigarettes), 2014	11.6%	18.4%
Alcohol (consumption every week)	36.6	29.6

Source: Eurostat, July 2019 (European Commission, 2019), unless noted otherwise

INDICATORS	2020	2021	2022	2023
GDP growth (% yoy)	-2,8	3,5	3,0	2,0
Inflation (% yoy)	0,4	2,1	2,6	1,9



Not only is the vast majority of the population - 88% - happy with the system, its highly subsidized care for all means that no Finn has ever been in the red because of medical costs alone (though that doesn't mean there aren't complaints).

Source: Finland's Winter 2022 EU Economic Forecast

“Reforms that have taken place in the past decade have been incremental and focused on modifying existing features without fundamentally changing the structure of the health system. A series of measures were taken to reduce the share of public spending on health. Some of these translated into reduced levels of reimbursement for medicines, and increased user fees.

sector. **Universal health insurance coverage includes a wide range of preventive and curative services for the population with a relatively high degree of cost sharing (user fees) across a wide range of services, delivered primarily by publicly owned and operated providers.**

Although the Ministry of Social Affairs and Health has the highest decision-making authority, the municipalities (i.e. local authorities) are responsible for organizing and financing health care, enjoying a large degree of freedom in the organization of its services.

Health promotion and disease prevention are cornerstones of the Finnish health system and care is

delivered through three parallel provision channels: the principal system is publicly financed and organized by the municipalities, for all levels of care. The other two systems are private and occupational health care, mostly providing ambulatory primary and some specialist services. Municipal primary care is provided by health centers, delivering a wide range of services, although waiting times can be long. Public specialist and inpatient care is provided through 20 hospital districts; these provider networks have been undergoing centralization as well as a shift from inpatient care to other settings. For such reason, a wave of hospital closures and mergers has substantially reduced the number of facilities and beds since 2000.

Municipalities, the private sector, the National Health insurance (NHI) system and employers are the main actors in the health system:

- **Municipalities** are responsible for organizing the health services for their residents and have a comparatively large autonomy in decision-making. The array of services provided in health centers is in most cases wider than that seen in GP practices in other countries. Also, inpatient departments in health centers are a specific feature in Finnish primary care. Apart from organizing health services for their residents, municipalities are also responsible for many other public services, such as social care and primary and secondary education. The share dedicated to health

is decided simultaneously with the budgets for other municipal services.

- In parallel, residents can use **private health services**, mainly financed through out-of-pocket payments (with patients eligible for partial NHI reimbursement, averaging 16% of the cost of the visit), and **voluntary health insurance**, which is complementary, and usually covers part of out-of-pocket payments not reimbursed by NHI. Outpatient care, pharmaceuticals, and long-term care account for about three quarters of all out-of-pocket payments.

- In addition, **employers** also play a part in the organization of health services, as they are obliged to organize preventive occupational health services for their employees, while many large- or medium-sized employers also provide employees with access to curative medical care.

- **The statutory health insurance scheme (NHI)** reimburses occupational health care for the working population, and for the entire population it reimburses the vast majority of outpatient prescription medicines (approx. 38% of costs), part of the cost of private health care (14–16%) and 86% of travel and ambulance costs.

It is funded by the state and employees through mandatory income-based insurance fees collected alongside income tax. Employers only contribute to the income insurance part of health insurance which is used for financing occupational health services.

	Finland	Sweden	Norway	Denmark	Netherlands	Germany	UK
Current Health Expenditure (CHE) per Capita (in PPP US\$)	4,112	5,387	6,204	5,093	5,251	5,463	4,178
Current Health Expenditure (CHE) as % of GDP	9.2	10.9	10.5	10.4	10.4	11.1	9.8
Public Expenditure on Health as % of CHE	77.4	83.5	85.1	84.1	81.0	84.7	80.2
Public expenditure on Health as a share (%) of General Government Expenditure	13.1	18.5	17.6	16.2	19.3	21.4	18.9

Source: WHO (2018a)

The majority of Finnish hospitals are public. The public hospital network, consisting primarily of 15 central/regional hospitals and 5 university-owned teaching hospitals (Helsinki, Turku, Tampere, Kuopio, and Oulu), is owned by the country's 20 hospital districts (federations of municipalities). **Private hospitals provide approximately 5% of hospital care in Finland, although the number of privately or jointly owned hospitals is increasing. Private providers have a significant impact in many services, such as the care for older people, occupational health services, dental care, and outpatient specialist services.**

Concerns that extensive user charges may lead to issues with accessing services and financial protection led to the introduction of an annual ceiling for health care costs. Once the ceiling is reached, service users can claim a certificate (based on receipts) from a municipal health care provider, relieving them of further user fees. **After that, patients receive outpatient services free of charge, and pay for hospitalization at a reduced daily rate.** Although ceilings have gradually increased over the years, the proportion of people affected by catastrophic out-of-pocket payments has been relatively low – around 1% on average and 3.6% among retired persons. Other mechanisms of financial protection are, among others, exemptions for children and for treatment of specific diseases. Also, welfare benefits exist

for low-income households to assist with meeting the cost of living, including health care costs.

Health Financing Sustainability

Overall, Finland spends less on health than its Nordic neighbors and many other EU countries. Spending as a percentage of GDP has decreased in recent years, while per capita health expenditure has more than doubled since 2000. **Also, over the past five years, the share of public funding for health care has slightly decreased, and out-of-pocket spending has increased, now comprising over 20% of current health expenditure.** While a large part of public financing for health (coming from income tax) is progressive, an increasing share of out-of-pocket payments undermines progressivity.

About three quarters of health expenditure (75-77%) in Finland comes from public sources and public financing comes mainly from state and municipal taxes. **Health financing is very fragmented, with municipalities, NHI, employers, and households all contributing substantial shares. Together, they finance municipal, private, and occupational health services.** As municipalities play a key role in financing health services, they are subsidized by the state. With populations ranging from hundreds of thousands of people to fewer than 100, municipalities receive funding

for health care services based on the size of the taxable population, which can make it more difficult to provide services in remote and larger areas - where those services are also more expensive to begin with. Such decentralized nature is not only very expensive to maintain, but also can produce vast disparities in the quality of care.

As such, fiscal sustainability remains a much-discussed issue. As the country's population ages and birth rates fall, the number of taxpayers paying into the system is diminishing—while the overall population is living longer and putting greater strain on resources. **To make Finland's health care system financially sustainable, one of the aims of the last government's reform proposal was to cut costs by centralizing services and introducing more private options. But centralization is proving tricky in a coun-**

” Despite severe and prolonged winters, Finns' positive outlook is boosted by low levels of crime, access to nature, affordable childcare, heavily subsidized healthcare and, crucially, free education

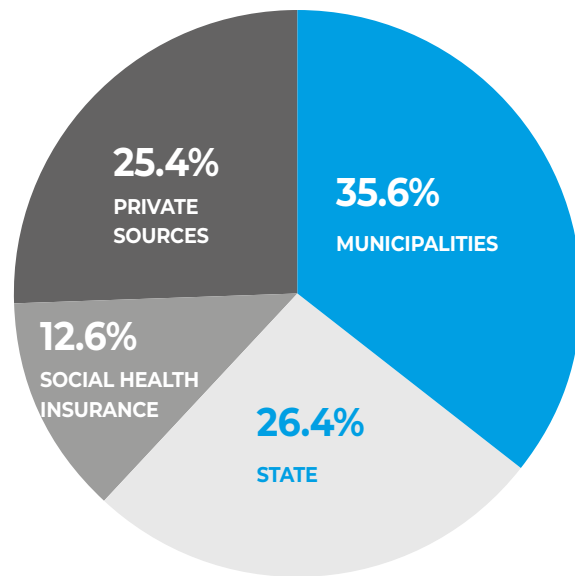
What are the key strengths and weaknesses of primary care?

The role of primary care in Finland differs from the solo GP practice model of other European countries – a GP in Finland is expected to and is able to diagnose and treat patients independently to a degree typically seen in specialized care in other EU countries. Many traditionally in-hospital services are now taken care of by health centers and thus their duties have expanded rapidly. Moreover, the population base in health centers is biased towards the socially and medically demanding, i.e., the very young and the aged, and those of lower socioeconomic or educational level. This is due to the co-existing occupational and private health care systems. Primary care is in theory the backbone of the Finnish health care service system. In reality, primary care services are plagued particularly by accessibility problems. According to THL follow-up of waiting times, 45% of the population waited a week for elective GP appointment and 3% more than 3 months. On the other hand, almost 70% of patients were able to see their nurse within 3 days. The protracted waiting times for GP consultation are at least partly due to the increased financial and physician resource investments into specialized care at the expense of health centers.

The reputation of health centers is not always impeccable however repeated studies show that the Finnish population retains trust in health care services – 80% of the Finns trusted the health services and 83% the personnel in 2018. The quality of Finnish primary care is considered to be good, hospital admissions for people with chronic conditions are generally avoided and the survival rates are high for patients admitted following a heart attack or stroke, and for several types of cancer. On the downside, the unmet medical needs in Finland are large, regional disparities exist and patients have limited freedom to choose their care provider.

” The Nordic country, home to just 5.5 million people, scooped top spot in the UN's World Happiness Report - which ranks countries by how content their citizens perceive themselves to be - in both 2019 and 2018. Furthermore, it has consistently ranked in the top 10 - since the first report in 2012.

FINANCIAL FLOWS IN THE FINNISH HEALTH SYSTEM



try that is sparsely populated in some areas, and where the health care system was designed to serve even the most remote parts of a country that stretches all the way up to the Arctic Circle. Way back

in 2013, the international Organization for Economic Cooperation and Development (OECD) was already warning that Finland was lagging behind many other OECD countries in having high rates of unmet needs.

At the time, more than 4% of Finnish people reported unmet medical needs due to cost, travel distance or waiting lists - a proportion significantly higher than in Denmark, Norway, Sweden, and the Netherlands.

EXPENDITURE FOR SELECTED HEALTH CARE FUNCTIONS, BY HEALTH CARE FINANCING SCHEMES

	Inpatient Care (Inc. Day Care)	Outpatient Care	Long-Term Care	Pharmaceuticals and Medical Goods	Preventive Care	Health System Admin	Other Services	Current Health Care Expenditure (CHE)
Public expenditure	22.6%	24.3%	15.8%	6.7%	2.5%	0.7%	2.6%	75.2%
General government	20.9%	22.1%	15.8%	0	1.7%	0.1%	1.1%	61.7%
Social health insurance	1.6%	2.2%	0	6.7%	0.8%	0.6%	1.5%	13.4%
Private expenditure	2.2%	8.7%	3.2%	5.6%	1.4%	0.2%	3.6%	24.9%
Private out-of-pocket	1.3%	6.6%	3.2%	5.5%	0	0	3.6%	20.2%
Private insurance	0.9%	2.1%	0	0.1%	1.4%	0.2%	0	4.7%
All financing schemes	24.7%	33.0%	19.0%	12.3%	3.9%	0.9%	6.2%	100.0%

Source: OECD health statistics, July 2019



Finland's e-Oral Health, A Tool For The Future

Despite universal health coverage and a strong public health system, the management of the increasing burden of oral diseases and unmet needs demands new solutions. e-Oral health could, in the future, provide tools to promote self-care, accessibility, oral health equality and service management.

In Brief

Finland is a sparsely inhabited country with a population of 5.5 million and a strong public healthcare sector that is responsible for providing affordable health and social services to all citizens. Private sector and non-governmental organizations also provide healthcare services, part of which are supported by the public social insurance institution Kansaneläkelaitos (KELA). This National Health Insurance (NHI) also covers prescribed medication and transportation services. Occupational health services are mainly privately organized and insurance-based funded. Finns are generally satisfied with the healthcare system and the specialized medical care. On the other hand, there are relatively high out-of-pocket costs (cost sharing) and long wait times in the primary healthcare as well as inequalities in access to healthcare. Especially in oral health the long waiting lists have led to unmet dental treatment needs.

Oral Health Care System

Finland has two parallel systems for delivering dental care: the Public Dental Service (PDS) and private services. As in general health, its oral health care system is organized and funded mainly by municipalities. Other stakeholders include the Finnish Student Health Service foundation (FSHS), government and private practices, where the NHI (through KELA) plays a major role in funding. The Primary Health Care Act of 1972 reformed the planning of public pri-

“ Finland is the most advanced digital economy in the EU according to DESI 2020 – The Digital Economy and Societal Index – and this also extends to healthcare.

mary health services by establishing a network of health centers, funded by municipalities, to ensure the provision of dental services in sparsely populated areas. Since then, oral health has been run at a local, rather than national level, by municipalities. Municipalities provide a wide range of local public services, including medical services, radiology, laboratory, and dental services - although the latter varies between health centers. **In the past, only children, young adults, and special needs groups were entitled to care and treatment from the public dental services (PDS). In order to improve adults' access to oral health care and reduce barriers, a major oral care subsidization reform, in 2001-2002, opened the PDS and extended subsidies for private dental services to all adults. Patient fees in PDS are thus fixed and heavily subsidized.** The 2010 Health Care Act further extended services to dental and follow-up checks, as well as to the dissemination of relevant information. In addition, municipalities now have to organize prevention and care for oral diseases with referrals to specialist level care when necessary. **Over half of all dentists work in the**

public as salaried employees (Finnish Dental Association, 2019). There are geographic differences in the service provision as far as accessibility, equity and efficacy and an increasing number of professionals are centered in the big cities.

Primary public oral health care serves the vast majority of children and also adults. It is free for everyone under 18 years old of age.

According to the Finnish healthcare law the city or municipality has to provide a free oral health assessment to the family expecting their first child and a free clinical examination to every child of 1-2, 3-4, 5-6 age, every pupil on their first, fifth and eighth grade and once for every student during their studies. The Finnish Student Health Service (FSHS) is a foundation responsible for university student healthcare independent from the student's residency. The organization is funded by out-of-pocket payments (23%), by the NHI (63%) and university support funds (14%).

The public sector is divided into basic level oral healthcare (in health centers and dental clinics) and secondary or specialized level oral health care in

PARLIAMENT PASSES HISTORIC SOCIAL AND HEALTHCARE REFORM

Passed in June 2021, a major health care reform will replace the health care and social services centered on public provision with a market-oriented system and enhanced competition between public and private sectors.

An impending reform, known as Sote, will lead to a historic change in how social and healthcare services are organized and provided. Responsibility is set to pass from Finland's almost 300 municipalities across the country to 21 new regional authorities, plus the city of Helsinki, by the beginning of 2023. In the reform the newly formed regional authorities would be responsible for service coordination and the actual service provision would be guided by freedom of choice and market forces among public and private service providers. In the new model, funding for the services comes from the state. The planned reform is the biggest in Finnish health care in 50 years and it follows the global wave and international policy movement towards marketing and competition as a way of challenging the public services, today often seen as "inefficient and unresponsive" and politically outdated. People have moved from the countryside to towns and cities and a large proportion of the municipalities have become too small to administer health and social services. In addition, care and service needs have changed. The reform attempts to address challenges arising from Finland's aging population and deteriorating public finances. It targets reducing health inequalities across the country and ensuring better access to treatment. The laws will come into force gradually by January 2023. Finland had higher unmet needs for medical checks or treatment than the European Union average in 2018, according to Eurostat. Its workforce has been shrinking for a decade, swelling the ranks of pensioners who on average use more health services.





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hospitals. There are 20 health care districts responsible for the specialized level health care. These are further combined into five districts led by five university hospitals. The basic cost for a dentist visit, in a public health center, is €13.30, with additional costs for procedures ranging from €8.40 for a check-up to over €200 for prosthetics/dentures (in 2019). Private providers charge on average €63 for a basic check-up (range €60–70). All subsequent interventions are based on individualized care plans. Occupational health care is not obliged to provide dental services for employees, but some do. Dental nurses and oral hygienists may perform some of the check-ups instead of dentists.

Patients have the option to use private services (mainly the adult population) and receive a small reimbursement (approx. 14.9% of the total cost) from the NHI, with the exception of orthodontic, prosthetic treatments and purely cosmetic dental care (orthognathic surgery cases are normally covered – a prerequisite is a state-

ment from orthodontist and oral surgeon). In the private sector, physicians and dentists usually work as autonomous practitioners and are free to set their own rates.

The PDS is financed by a combination of national and local (municipality) taxation and patient's personal contributions to their fees (quite large cost sharing/co-payments). Despite these fees the charges are about half of what patients pay in private sector. The NHI is financed by contributions from employers, employees, and central funds (general taxation). **About 36% of dental care is state-funded (half by the municipalities, half by central government) and 56-58% is paid for directly by households (mainly out-of-pocket). 7% of the**

balance is paid by KELA and 1% by employers. A relatively marginal but increasing number of people have voluntary health insurances. For the adult population, waiting times within public dental health care are long, and in many areas exceed the specified maximum limit of 3–6 months (according to legislation dental treatment must at least be initiated within 6 months of treatment assessment). Service vouchers and dental hygienists are used to shorten the queues in municipal health care.

Challenges and Reforms

Oral health in Finnish adults has improved during the last decades, but caries and periodontal conditions are more prevalent than in other

“ As a part of the social and healthcare reform, the government has encouraged a determined strategy for digitalization of the social and healthcare since 1995. Current efforts are conducted based on eHealth and eSocial 2020 strategy

	Total	Men	Women
Prevalence of detectable caries (DT, mean number of cavities per person)	Adults 0.8 (aged over 30) Pediatric (2009): - 0.2 (5-year-olds) - 0.3 (12-year-olds) - 0.4 (17-year-olds)	1.1	0.5
Prevalence of gingivitis	74%	77%	70%
Prevalence of periodontitis (loss of tooth attachment tissue)	64%	72%	57%
Incidence of oral cancers, 2016	680 cases (12.4/100,000 population)	435 (16.1/100,000)	254 (8.8/100,000)
Total tooth loss (edentulism), National Survey (2000)	15% (adult population)	11%	17%
Brushing habit twice a day, 2011 (adults aged over 30)	67%	53%	81%
Mean number of 4th and 5th grade pupils brushing twice a day (National School Healthcare Survey, 2017)	66.4%	59.4%	73.3%

“National health registries have been held in databases since the 1960s. Today, the national digital patient data repository covers both the public and private healthcare sectors. All Finns have online access to their health records and their e-prescription history, which makes Finnish health data unique in terms of breadth and depth.

Nordic countries and the differences between socioeconomic groups are more pronounced. **The consequent rise in treatment need in recent years, also due to the increasing ageing population, is challenging the healthcare system. The lack of resources in public care and the cost of private dental services have been implicated.** Governmental response to the demand is the ongoing social and healthcare reform (approved by Parliament in June 2021), to increase equality, accessibility, and efficacy, and to simplify the service funding. However, the current and

future treatment need is not met only by conventional prevention strategies and physical service provision, so digitalization and development of ICT (Information Communication Technology) systems is tightly connected to the reform strategy. **Finland has over the years supported a determined policy of building a digital healthcare architecture. This applies also to all fields of oral healthcare: virtual education, digital diagnostics, digital clinical workflow, national electronic patient records, patient-generated data registers, electronic prescriptions, remote consultation, digital service management, as well as research and big data mining. These tools could play an important role in improving national oral health and increasing equity.**

Health Professionals

University education leading to a degree is free of charge for residents as well as EU/EEA citizens. The Doctor of Dental Surgery degree (DDS) in Finland consists of 5 and a half years of academic study and 6 months of practical training in a public health center. The universities providing basic education are the University of Helsinki, University of Turku, University of Oulu, and the University of Eastern Finland. Specialist training is also coordinated by these universities and additionally by the Univer-

sity of Tampere. The national annual intake for basic dental education is 185 students. After the basic education and a 2-year practical work phase, one can apply for specialized education.

“An Oulu University business collaboration has produced Denny, a tooth mobile application that teaches children how to brush their teeth properly and thoroughly during a 2-minute period, to support and motivate oral hygiene habits of 5-12-year-old children. In a pilot study of 36 children’s participants and their parents assessed the usefulness and educative value of the application after a trial period of five weeks. Also, the self-reported quality of brushing and interest in oral health had increased. Gamifying for self-care and oral health education purposes could be applied in future to the national self-care supporting platforms.

Number of registered dentists, 2018-2020	5,940 - 7,793
In active practice (estimated), 2013-2017	3,869 - 4,500
Population to (active) dentist ratio (average)	1,369:1
Percentage female	69%
Members of Finnish Dental Association	98% of active dentists

Data varies according to different sources: CED. WHO. IFDH.

NUMBERS OF DENTISTS BY SPECIALIZATION

Orthodontists	156
Clinical Dentistry	291
Oral Maxillo-Facial Surgery	104
Dental Public Health	90
Oral Diagnostics	31

sources: CED

Number of Dental Hygienists	3,326
Number of Dental Hygiene Schools / Students per year	4 / 140
Number of Dental Hygienists in private sector / public sector	35% / 65%
Number of Dental Hygienists practicing as Clinicians	About 80 independent Clinicians
Number of Dental Hygienists practicing as Educators	About 30

Source: data received by IFDH (international federation of dental hygienists) in 2020

The 5 main specializations are: Orthodontics, Dental Public Health, Oral Maxillo-Facial Surgery, Clinical Dentistry (with 4 subgroups: cariology, periodontology, prosthodontics and pedodontics) and Oral Diagnostics (with 3 subgroups: oral radiology, oral pathology, and microbiology). From the beginning of 2019 the application process for special education will be fully computerized. Additionally, one can apply for a special competence in several areas: Dentist trainer, Global health, Pain management, Forensic dentistry, Gerodontology, Insurance dentistry, Dentist-in-chief and Healthcare information technology (eHealth). **The eHealth special competence program has been provided since 2015 for dentists and is a joint effort of the Finnish Society of Telemedicine and eHealth and the Finnish Dental Association. At the end of 2018 there were 13 dentists specialized in healthcare information technology (eHealth).** The Ministry of Education and Culture supports a strong policy of bringing digitalization into education from basic to higher level education. Recently a *MEDigi*-project was granted €32 million for harmonizing and digitalizing medical, dental, and veterinary higher education. The project aims at building a national platform for standardized medical education and supporting the ICT skills of future medical professionals. Pioneering the project, the University of Oulu has been providing eHealth theme days for general medicine students since 2016. Additionally, in dentistry a local co-operation of Kuopio University Hospital Oral Health Teaching Clinic, Savonia University of Applied Sciences City of Kuopio Public Oral Health Care and local private practices are running a *Virtual clinic-innovation center for dental health*

care (VIRSU)- project. The project will apply modules for teaching and patient education purposes.

The system of use of dental auxiliaries is well developed and much oral health care is carried out by them. Apart from chairside dental surgery assistants, there are three types of clinical dental auxiliary: Dental hygienists, Dental technicians, and Denturists. Oral hygienist is a bachelor's degree (Universities of Applied Sciences), and their scope of practice focuses on preventive oral health care, periodontal anti-infective treatments and oral health education. Laboratory technician is also a bachelor's degree, and they are trained only in Turku University of Applied Sciences. Dental technicians make dental devices to a prescription from a dentist. They also repair dentures direct to members of the public. Denturists can provide complete dentures to the public. Just like hygienist and technicians, there is a qualification, and the register is held by the National Supervisory Authority for Welfare and Health (Valvira). Their training lasts an additional half-year, as a denturist must be a dental technician first. They work mostly in their own private practices. Whilst they do receive referrals from dentists, generally their patients come directly from street. Whilst they cannot provide partial dentures it is reported that they do so, illegally.

Many dentists practice in more than one sphere of practice. Dentists who practice on their own or as small groups, in private practice (outside hospitals or health centers), provide approximately 50% of the care for the adult population. About 30% of private practitioners work in single

dentist practices. Patients in private practice are entitled to reclaim partial reimbursement from the local office of the KELA (through NHI).

Focus on Finland, Among Main Sources:
 -HIT, Health Systems in Transition, Vol.21 No. 2 2019
 -EU Manual 2015, Council of European Dentists
 - International federation of dental hygienists (IFDH), http://www.ifdh.org/wk_abroad/finland.html
 -"Oral health care reform in Finland – aiming to reduce inequity in care provision" <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2268684/>
 -"e-oral health and teledentistry in Finland – an overview" <https://journals.ukzn.ac.za/index.php/JISfTeH/article/view/928/1365>
 -WHO Dentistry Workforce: <https://www.who.int/data/gho/data/themes/topics/indicator-groups/indicator-group-details/GHO/dentistry-personnel>
 -<https://www.eu-healthcare.fi/healthcare-in-finland/healthcare-system-in-finland/>
 -The 'dark side' of Finland's famous free health care, <https://edition.cnn.com/2019/08/15/world/finland-health-care-intl/index.html>
 By Saskya Vandoorne and Melissa Bell, CNN
 -US Department of Commerce; <https://www.trade.gov/country-commercial-guides/finland-healthcare>
https://european-union.europa.eu/principles-countries-history/country-profiles/finland_it
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Dental Technicians	700
Denturists	400
Assistants	4,800

All data estimated by the FDA and WHO

ORAL HEALTH SERVICES PROVIDED IN THE PUBLIC AND PRIVATE SECTORS

General (private) practice	1,994
Public dental service	2,165
University	86
Hospital	113
Student Health Service	72
Other settings (Company hiring dental workforce, Armed Forces, Associations etc.)	70

AVERAGE INCOME OF HEALTH WORKERS IN FINLAND IN 2018, € PER MONTH

	Regular Working Time	Total (incl. extras)
Dentist	6,089	6,299
Physician	4,732	6,316
Nurse	3,081	3,159
Dentist at health care center	6,057	6,383
Physician at health care center	6,420	6,782
Medical specialist	5,325	8,866
Chief pharmacist	5,456	6,246
Pharmacist	2,644	2,960

Source: Statistics Finland (2019b)

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Author: Luca Maria Pipitone
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Artificial Intelligence:

A Tool At The Service Of Big Data



From the high tech to the medical sector, AI is showing all its resources, opening the doors to many global innovations.

In a rapidly changing world, modern society is undergoing many changes. The development of always new technologies has now reached such a fast and intense step that it is difficult to follow its progression. From personal devices, that are no longer considered new, such as smartphones, tablets, smartwatches, PCs, to socials, technology goes on, so far that it often surpasses itself.

In this race for innovation, it is not enough to adapt to the new, we must always question what we have, and go further. In fact, if in recent decades software development has been, and still is, at the center of technological revolution, today we are trying to go even further. For large tech industries, normal programming is no longer enough. It's not smart enough to achieve the increasingly ambitious goals that are set. It's therefore necessary to resort to something smarter!

So, if programming a software to tell it what to do in details is not enough, what could we do to equip hardware, such as PCs or smartphones, with greater intelligence?

We can do what has always been done when looking for new ideas: observe nature. In this case, human nature, capable of providing man with a complex and surprising

structure like the brain. An organ suitable for abstract thinking, able to adapt to the surrounding environment and make decisions based on inputs received from the world. In short, an organ capable of learning from experience. In recent decades, this animal feature has been transferred to some hardware, giving them the ability to learn from experience and, consequently, making them intelligent.

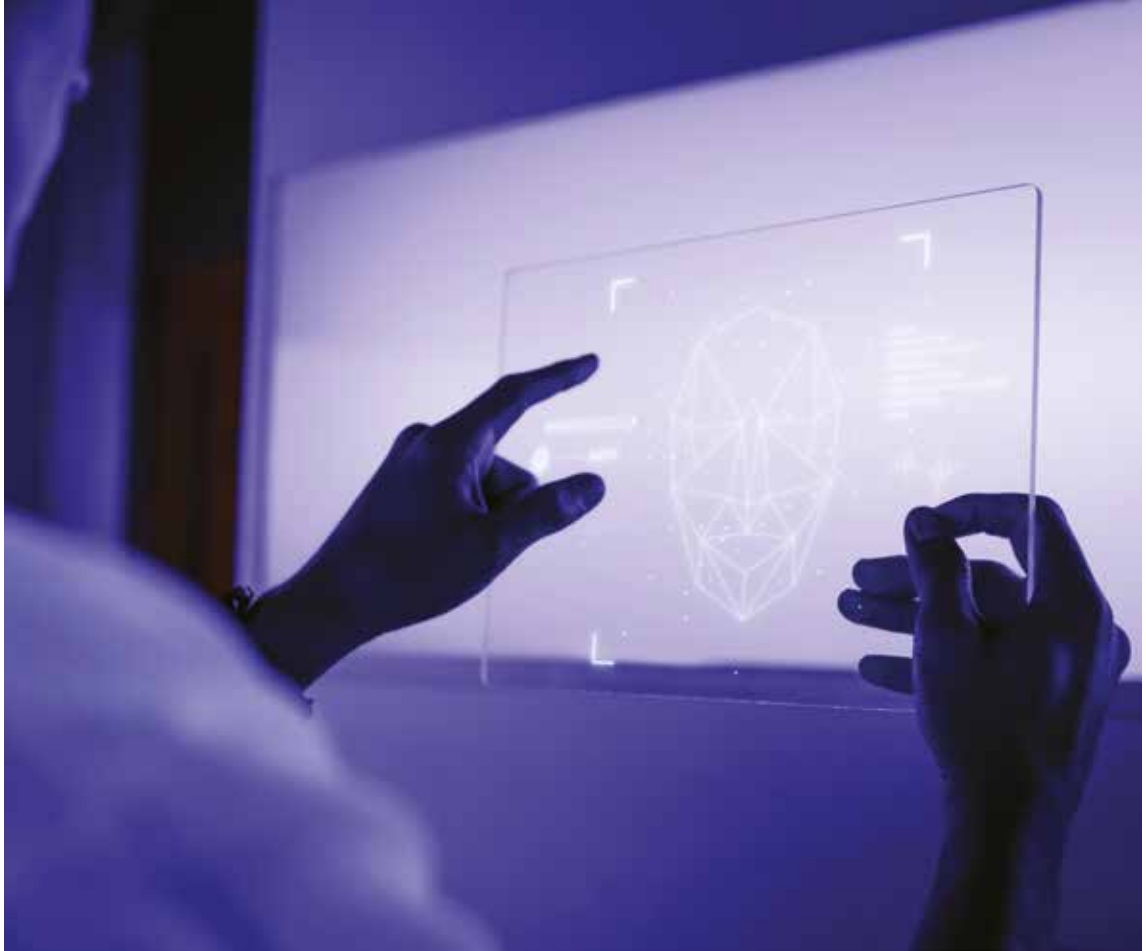
In any case, we are talking about a clumsy intelligence limited to a rational sphere, made up of logical connections, rather than emotional like that of humans. Human cognitive abilities are largely driven by emotions and this, in computers, must be programmed in detail in order to reach the level of understanding that distinguishes the human being. It's clear that this goal is possible, how-

ever, computer science has not yet succeeded in the enterprise. It is sufficient to say that the most powerful computer in the world (Fujitsu-Built K) takes 40 minutes to simulate just one second of human neural activity! In any case, reproducing human intelligence is undoubtedly a demanding and stimulating challenge for the future but, perhaps, for the present it still remains a bit premature.

Today, what has entered into everyday life is an Artificial Intelligence defined as "Weak", but capable of performing very useful functions. Among the most popular are the Google search engine, Alexa - Siri and Cortana, the autonomous driving of Tesla and some types of drones, the control of dangerous contents on social networks, the facial recognition of smartphones, personalized advertising con-

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tents and so on. Most of the tools that integrate this type of intelligence are equipped with what is called “limited memory”, i.e., a physical space where a database is located that the program constantly queries in order to return an answer based on “experience”. This is the case of the Google search engine which, thanks to this communication, is able to provide a personalized browsing experience.

Alternatively, the software can take advantage of AI without relying on added data storage, thus responding to inputs in a reactive manner, relying exclusively on the data inte-

grated into the program. This is the case of chatbots, software designed to simulate conversations with a human being. The latter are more basic systems than the former, less powerful but still very useful in certain circumstances, such as customer sorting systems.

Medical application

Given the high amount of data that is generated every day by the medical sector, the AI systems have lent themselves very well to this commercial area, highlighting their ability to manage big data.

A very current example is represented by biotech companies engaged in the production of vaccines.

The latter, thanks to AI, were able to analyze large data sets and discover new biochemical correlations, essential for developing drugs in a short time and with lower costs. An example is the Microsoft-funded project, “Covid Moonshot”, which sees the commitment of universities, pharmaceutical companies, and technology companies in the search for solutions to the pandemic, exploiting the resources offered by Artificial Intelligence.

A branch of the medical sector very interested in AI is radiology, or in general diagnostic imaging. In this field, AI is extremely useful for comparing thousands of images in a very short time in order to identify any anomalies and offer decision support to the radiologist, improving the diagnostic activity.

Through the interpretation of data, AI systems can pick up the warning signs of some diseases, helping doctors to make more accurate diagnoses and thus allowing more effective and ad hoc treatments for the patient.

Always along the same lines and always thanks to the processing of large amounts of data, AI is finding more and more applications in the field of personalized medicine, allowing the construction of personalized predictive models for the patient, rather than resorting to a standard approach. Today this sys-

” An example is the Microsoft-funded project, "Covid Moonshot", which sees the commitment of universities, pharmaceutical companies, and technology companies in the search for solutions to the pandemic, exploiting the resources offered by Artificial Intelligence.

tem is used to reduce hospital readmissions after surgery, to predict certain types of infections or to identify patients who have a high risk of missing appointments.

Another medical field that is attracting many investors is in automated rehabilitation. In this context, machines equipped with Artificial

Intelligence are capable of learning exercises from the physiotherapist and then, subsequently, replicating them on patients.

In short, the list is very long and is growing fast, indicating that AI is now a resource that cannot be ignored.

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The GNYDM continues to expand the Specialty Meetings, including the World Implant EXPO, Global Orthodontic Conference, Pediatric Dentistry Summit, Sleep Apnea Symposium, 3D Printing & Digital Dentistry Conference, Public Health Symposium, Oral Cancer Symposium, Special

Care Dentistry Forum, Women Dentists Leadership Conference and the GNYDM Lab Symposium.

The Specialty Meetings each continue to increase attendance and revenue for the GNYDM, as they welcome world-renowned clinicians to New York City. Seminars and hands-on workshops were offered daily.

The Nurse's Program continued; it is a collaborative effort to train nurses about proper oral health and the importance of referring patients to dentists for yearly checkups and overall health care. Added to the Nurse's Program included volunteer efforts and RAM (Remote Area Medical).

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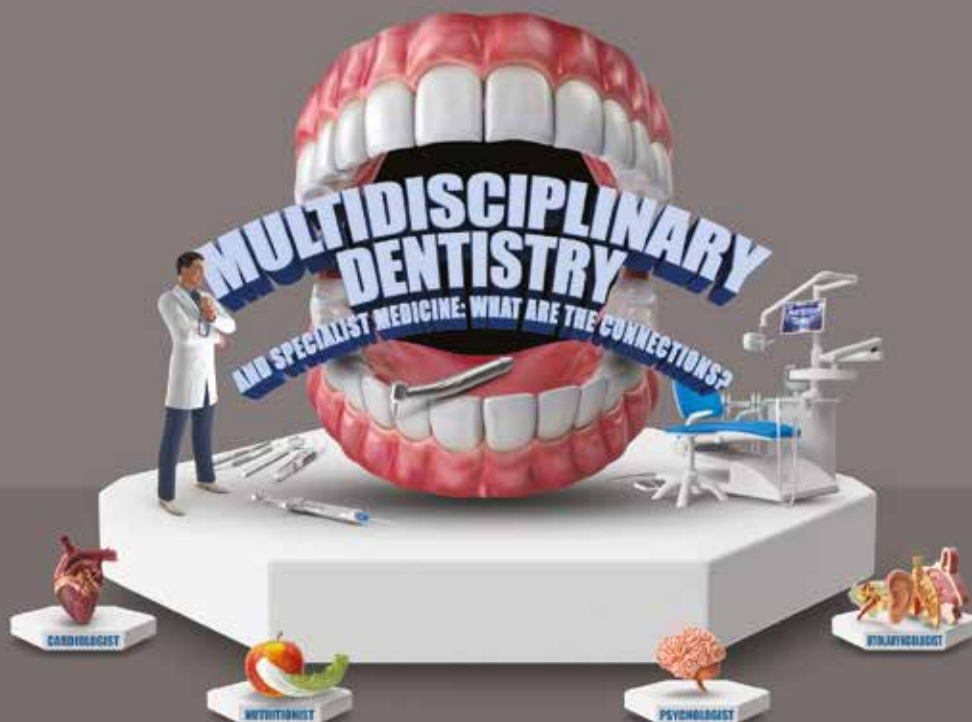
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