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Henry Schein's 2025 Practice Pink® Programme



Global Experts, Practical Insights: Inside Osteology Vienna 2026





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Case 1 : Radiolucency Management *Dr. Sung Baik Choi



After

Case1: Pulp Capping





After

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Case 2 : Extremely Curve Roots *Dr. Mina Moheb_Egypt





Case2: Pulpotomy





Before After











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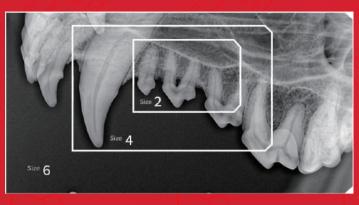
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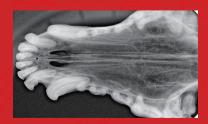
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"A place for everything, everything in its place"

A place for everything and everything in its place. This saying, by Benjamin Franklin, promotes a systematic way of organizing that makes it easier to find things and maintain a neat environment. A core principle in many organizational systems. Curiously, this saying captures what office and business management is all about. Business management is the process of organizing, planning, directing and controlling the activities of a business or organization to achieve its goals and objectives. It involves overseeing all aspects of a business, from finance and operations to marketing and human resources. Leadership skills, effective communication, and problem-solving are critical for strong business managers. Through their ability to make strategic decisions, they drive the success of the organization... in this era, more than ever!

But there's so much to it! The evolution of office management reflects the changing nature of work and organizational structures. In the early 20th century, workspaces featured rigid hierarchies, with managers focusing on supervision and standardization. As businesses grew more complex, office management evolved and, in the 50s and 60s, the *Bürolandschaft* concept emerged in Germany, promoting organic office layouts, designed to eliminate rigid hierarchies and facilitate communication. The introduction of personal computers, in the 80s-90s, dramatically changed office management responsibilities, coordinating technology implementation alongside traditional administrative functions. But internet connectivity, in the

early digital era (2000s-2010s), fundamentally altered communication patterns and information management. Office managers took on expanded responsibilities for digital security, technology training, and managing remote work capabilities. Today's office management landscape continues to evolve rapidly. The most significant current shift involves adapting to hybrid work arrangements and to advanced software solutions. Modern office management prioritizes creating environments that enhance employee well-being, satisfaction, and productivity.

Not everyone can be a leader or manager at work, and many people don't want the responsibilities of overseeing employees and processes. Fortunately, others feel called to work in management roles and want to make a meaningful impact on their teams and their employers. Some managers go through company training to learn the skills they need. Others who are new to management "learn by doing," having to figure things out as they go. Additionally, some entry-level managers start the job with formal management education, which helps them be more confident in their supervisory roles.

In such a continuously evolving landscape, Infodent International will start sharing tips and skill, through its new and unique column, "The Business Side of Dentistry", to help dental practices, business owners, company executives improve their communication and business skills to be more successful in sales and in conversations with their clients. We really hope you'll enjoy it!



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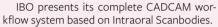
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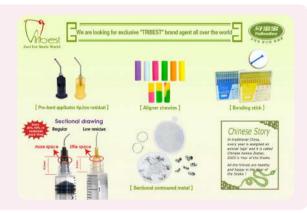
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The SILENT XS is the response to the demand for flexible dust collectors designed for dental offices and in-house laboratories. Featuring LED lighting, H13/HEPA filtration and particularly quiet operation, it enables clean work - exactly where it is needed. This compact suction unit is ideal for grinding temporary restorations, splints, crowns or dentures independently of a fully equipped laboratory workstation.

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replaces any improvised solutions with a professional mobile suction unit. The integrated LED lighting provides a clear view of the work area and enhances precision for intricate work. The H13/HEPA filter material is the SILENT XS's centerpiece. High quality glass fiber fleece offers a large filter surface in compact dimensions - for effective filtration and a long service life. The bagless design and smooth, easy-to-disinfect surface also meet modern hygiene standards.

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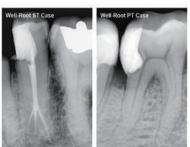
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axioprisa is the digital facebow for everybody. It is a simple, cost effec-tive and highly efficient system which works with every intra oral

In my practice, every patient will be scanned. One step in the digital workflow always disturbed me: the position of the teeth in the articula-tor. Most technicians use an average position, but that is not my ex-pectation for high-quality dental work. The correct anatomical posi-tioning is essential.

Scanning analogue models in the laboratory is time-consuming, and most digital measurement systems available on the market are very expensive, complicated and require intensive training. With axioprisa, we simply take an ad-

ditional scan of the upper jaw using this special bite fork holder and send it to the laboratory. The laboratory takes care of the matching. Now they work on a customer-specific basis. Since then, chipping or similar problems have been a thing of the past for me.

Dr. Jan Hajto, Dentalteam Dr. Hajto, Munich, Germany

Two gaps in the digital workflow have been bothering us for years. How can I transfer the models anatomically into the virtual articulator in the correct position, and how do I get the models back into the ana-logue world at the end? We often had to print out the scanned models, mount them with plaster into the articulator by using the facebow, and then digitize them with the laboratory scanner. To be honest, no one pays me for this time, which is why almost everyone works at an av-erage level. A few years ago, we became aware of the two systems axioprisa and axiosnapmount. With axiopri-

sa, we can align the models to the patient and mount them digitally with axiosnapmount. This means we print models that can be inserted into the articulator imme-diately. This saves us about 40 minutes per patient case. We can no longer imagine working without this system. It is fast, logical, and very precise. The dentist is happy, the customer is happy, and so are we.

Arbnor Saraci, HIGFIELD.DESIGN Germany Lukas Wichnalek, HIGFIELD.DESIGN Mexico Norbert Wichnalek, HIGFIELD.DESIGN Germany





I grew up with analogue working and still do, either in the university in Berlin or in my private practice in Klaipeda. Analysing models, turn-ing the articulator in order to see the dental situation from different perspectives, making mandibular movements in order to discover in-terferences, checking the translucency, getting a good haptic feeling of my dental restorations, and so on. All this is only possible with real 3D models. A screen, or even VR-glasses cannot give me the same feel-ing. And all these important information are missing in the digital world. No real feedback by touching and changing the light situation. Yes, I use also my intraoral scanner and my further digital gadgets, but they have limitations beside all the benefits. Not all are needed at all patients. Time is money and time is limited. I love my axioprisa, as it is logical as my analogue

facebow. My team accepted it immediately, as no big workshops were needed. Simple to use and for every patient fast made. I increased my efficiency and kept the precision from my analogue time. Files could be send to the lab or a colleague abroad. I like to exchange worldwide knowledge. All possible, as we have real digital and analogue models. He just print the models, so as I do, and by video call we discuss the case. This is only possible, as we both use axi-oprisa and axiosnapmount. These systems are revolutionary and are real game changers.

Dr. Tadas Korzinskas Dept. of Prosthodontics, Charitè University Medical Center, Berlin, Germany private dental practice in Klaipeda, Lithuania **AXP**

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Digital Dentistry in Focus: exocad's highlights at FDI and China Dental Show in Shanghai

From DentalCAD latest highlights to announcing China-specific Insights 2026 news and interactive demo stations at the show, exocad celebrated 15 years of innovation in Shanghai, China. Infodent met with the exocad team at FDI and China Dental Show (CDS).

What highlights is exocad presenting at FDI and CDS?

Novica Savic: We're excited to preview our latest DentalCAD release cycle, named Chemnitz. This version will bring enhanced automation, new indication workflows, and greater pre-

to celebrate this important milestone with us at the booth.

How does exocad support its customers in China?

Kui Wang: We're deeply committed to supporting our customers in China through a strong local reseller network that ensures personalized sales service and support. Our partner Vision Matrix's independent certified exocad software training center (ICTC) plays a key role in providing hands-on education and certification opportunities for dental professionals. Additionally, we maintain an active presence on WeChat, where

strong appetite for innovation and efficiency. The region's dynamic market and tech-sav-vy professionals make it a hotspot for digital transformation. exocad is proud to support this momentum with tailored solutions and local resellers.

What is your impression of the FDI and CDS? Do you have tips for first-time visitors?

Natalia Gonsior: The FDI congress is truly vibrant, with an impressive mix of cutting-edge products. For first-time visitors, I recommend planning enough time to explore the exhibition. Comfortable shoes and a curious mindset go a long way...

What can users expect from exocad in the coming months in terms of products, trainings and events?

Novica Savic: We have an exciting roadmap ahead. The DentalCAD Chemnitz release is around the corner, bringing new features and refinements to enhance digital workflows. Our training centers are expanding their programs to help users master the latest tools and techniques.

Looking ahead to 2026, we're thrilled to announce that exocad Insights, our flagship global event, will once again take place in Palma de Mallorca. And for the first time, we will have a partner country associated with our event: China! With unique sessions for attendees from China, community moments, and cultural elements during the event. It promises to be a fantastic opportunity for education, inspiration, and networking with the global dental tech community. Insights tickets can be purchased via

https://exocad.com/insights-2026



Infodent met exocad's team at FDI CDS in Shanghai. From left to right: Kui Wang (Senior Application Specialist at exocad), Natalia Gonsior (Marketing & PR Manager at exocad), Riccardo Bonati(Sales Manager at Infodent) and Novica Savic (CCO at exocad)

cision to dental design. Key highlights will include an improved implant module and a brand-new split denture design workflow.

Visitors can experience these features hands-on at our interactive 'ArCADe' stations or through live demos by our expert application specialists. We're also proud to present our new global hero testimonial campaign, celebrating real exocad users from around the world.

And since this year marks a big milestone - exocad's 15th anniversary, we're inviting visitors

users can access company news, product updates, training materials, video tutorials, the exocad wiki and connect with each other. It's all part of our effort to help build and engage a vibrant and informed community in China.

How do you view the developments in digital dentistry in China and the wider APAC region?

Novica Savic: Digital dentistry in China and the APAC region is evolving rapidly, driven by a







Join our visionary speakers in Mallorca, Spain, April 30-May 1, for **two days of transformative learning**. Discover powerful tips, and bold new approaches that will elevate your dental workflows. Feel the energy. Connect with digital dentistry pioneers from around the world —and celebrate together at our exclusive **exoGlam Night.**

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RISE WITH OUR INSIGHTS HEROES



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Caroline Kirkpatrick





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Prof. Dr. Marco Tallarico



Lukas Wichnalek

PARTNER COUNTRY CHINA

France has 68.4 million inhabitants (2024), including the 2.6 million in the five overseas departments and regions.

Second most populous country in the EU after Germany. Almost half of the population live in just over 15% of this territory, while large areas remain sparsely populated.

Highest fertility rate in Europe (1.87 births per woman), stable since 1995. Although the population is ageing and the post-Second World War baby boom effect will exacerbate this trend in the medium term: people aged over 75 years are expected to constitute 16.3% of the population by 2050, compared to 9.6% today.

The country has a collection of overseas islands and territories. including five overseas regions/departments that are integral parts of France: French Guiana, Guadeloupe, Martinique, Mayotte, and Réunion. Other territories include New Caledonia, French Polynesia, Saint Barthélemy, Saint-Martin, Saint-Pierre and Miguelon, Clipperton Islands, French **Southern and Antarctic** Lands, and Wallis and Futuna, but they have differing legal status.

With GDP per capita (PPP) at EUR 35,769, France is the seventh largest economy in the world and the second largest in Europe.

French Healthcare System, Universality and Solidarity



Ta'
Reading time

Silvia Borriello
Editorial Director
silvia borriello@infodent.com

The organization of the French health system reflects a traditionally strong role for the State, with regional and local responsibilities. While structurally based on a social health insurance approach, it shares National Health System goals reflected in the single public payer model, the importance of tax-based revenue for financing healthcare, strong state intervention and residency-based benefits.

France has a Statutory Health Insurance System (SHI) that, under various schemes, currently covers all individuals legally residing in the country. Universal coverage was achieved over seven decades by extending SHI to all employees and retirees (in 1945), the self-employed (in 1966), and the unemployed in

2000 with the Couverture maladie universelle – CMU (Universal Health Coverage), created for residents not eligible for SHI, although the program required yearly renewals and entitlement changes whenever a beneficiary's professional or family situation changed.

After the implementation of CMU, fewer than 1% of residents were left without baseline coverage. In January 2016, Social Health Insurance (SHI) eligibility was universally granted under the Protection Universelle Maladie (Universal Health Protection law, or PUMa), to fill in the few remaining coverage gaps (for example, those who have never worked). The law also replaced and simplified the existing system by providing systematic coverage to all French residents.

The SHI scheme in which workers enroll is mandatory and based upon the type of employment. Individuals cannot choose their scheme or insurer, nor can they opt out, thus there are no competing health insurance markets for SHI. Annual contributions are determined by Parliament. Unemployed are covered for one year after job termination by the SHI scheme of their employer and then by the universal health coverage law (PUMa). Pensioners, students and people with a taxable income of less than €8,200 per year (unless they have capital and assets over a certain value) are exempt from paying contributions (Code of Social Security on 22 December 2018). Undocumented migrants and foreigners who do not regularly reside in France are covered by a separate, fully state-funded medical aid scheme (Aide médicale de l'Etat, AME), which provides access to a more limited benefits basket. In addition, the State contributes to funding prevention (a third of the government expenditure on health) through the national public health agency, which can organize national and local health promotion and prevention activities. Funding for medical research and training of medical professionals represents almost half of the State budget.

Jurisdiction over health policy and regulation of the healthcare system is divided among the State (parliament and government, specifically the Ministry of Health), Social Health Insurance (SHI) and, to a lesser extent, local authorities (départements). The system is centralized, with some responsibilities devolved to regions. Although reforms, in the past decade, both at the regional and the national levels have challenged its traditional role, a general philosophy underlying decentralization reflects a marked reluctance to reduce central control over **policy and finance.** The French government has in fact substantial control over the health system; the Ministry of Health sets and implements the national health strategy for public health as well as the organization and financing of the healthcare system and allocates budgeted expenditures to Regional Health Agencies (Agence régionale de santé, ARS).

Over the past two decades the state has also been increasingly involved in controlling health expenditures funded by SHI, introducing, among the measures, spending targets and monitoring mechanisms for health insurance, thus reducing the initial independence of the SHI in controlling health expenditure. It regulates roughly 75% of healthcare expenditure based on the overall framework established by Parliament. The central



In 2020 the reform "100% Health" was introduced to reduce out-of-pocket payments for dental care, optical and auditive equipment. A selection of basic dental care, dentures, eyeglasses and hearing aids are now fully reimbursed by the SHI and all CHI, based on regulated prices (MoH, 2021).

government allocates budgeted expenditures among different sectors (hospitals, ambulatory care, mental health, and services for disabled residents) and regions. The 18 Regional Health Agencieis -ARS- (13 for mainland France and 5 for overseas departments) are responsible for planning and service delivery, including prevention, public health, and social care, while respecting national objectives for SHI spending. Each ARS covers several local authorities (départements) that are responsible for implementing the ARS' regional policies and supporting local actors.

While the implementation of spending targets has been successful in containing overall health expenditure in the past decade, the division of budgets (spending targets) between different care sectors (ambulatory, hospital and social care) reinforces the segmented approach to healthcare, and hinders integration, effective preventive services and allocative efficiency.

Although the SHI system provides a broad benefits basket and funds about 80% of health consumption expenditure, cost-sharing is required for all essential services and most citizens have supplemental insurance to help with the co-payments costs, as well as dental, hearing, and vision care. The reliance of the population on Private Complementary Health Insurance (CHI) to cover these out-of-pocket costs leads to very low average out-ofpocket payments, but raises concerns about solidarity, financial redistribution and efficiency in the health system. Based on this, the French healthcare has a two-tier health insurance system; a mandatory public health insurance (Assurance Maladie), providing universal coverage. The French National Health Insurance Fund, or Caisse nationale de l'Assurance Maladie (CNAM), oversees 101 local health insurance funds (CPAM) that cover the majority of the French population. Beyond the public system (second tier), voluntary complementary health insurance (mutuelle) supplements the public coverage. There are over 600, mostly non-profit complementary insurers (mutuelles) that provide supplementary coverage for out-of-pocket expenses and additional benefits not covered by the public system.

In 2019 around 96% of the French population had CHI, which financed approximately 14% of the total health expenditure.

The private CHI market is highly regulated in terms of premium rates, with conditions limiting patient selection and dumping, and guarantees offered. Historically, CHI providers reimburse mostly the same benefits basket as the SHI, and cover the co-payments left to patients. However, most plans offer added coverage for medical goods and services above the prices set by the public scheme for dental and optical devices. Some CHI plans also cover a part, or the totality, of extra-billing charges asked for by some professionals, and some may also offer extended benefits coverage for goods and services not included in the SHI benefits basket (such as surgery for myopia) and/or provide access to extra amenities (such as individual hospital rooms). CHI contracts can be purchased either through an employer (collective contracts), for private-sector employees and their dependents, or individually (individual contracts) for public-sector employees, self-employed individuals and those unemployed. CHI contracts obtained through the employer have been subsidized via tax and social contribution exemptions since 1979. Since January 2016, all employers are required by law to offer CHI contracts to their employees and pay at least 50% of their premiums. Collective contracts are usually more advantageous. In 2019 about 45% of CHI owners were covered by a collective contract.

While there is no restriction on what insurers can cover, to benefit from tax advantages and social contributions, CHI contracts must respect certain conditions. The CHI contracts, called 'contrats solidaires et responsables', are designed to encourage responsible healthcare consumption and promote good medical practice aligned with efficiency objectives set by the SHI. For example, they are not permitted to reimburse out-of-pocket payments imposed when patients visit an outpatient specialist directly (instead of using a referring physician as a gatekeeper), to support the gatekeeping reform introduced in 2004. Also, they cannot refund deductibles introduced in 2005 for controlling drug consumption, visits to health professionals and transportation. In 2016 new constraints were introduced to limit differences in coverage levels between individual and collective contracts to reduce the impact of generous collective contracts on healthcare prices. These contracts must now respect reimbursement ceilings for optical devices (to contain their prices which are poorly regulated by the SHI) as well as extra

Three main SHI schemes cover almost the entire French population:

The general scheme (*Régime général*) is managed by the CNAM (National Health Insurance Fund -the statutory scheme- *Caisse nationale d'assurance maladie*) and its local representatives (*Caisses primaires d'assurance maladie*, CPAM) and covers all salaried workers and their dependents, as well as all persons who have lived legally in France for more than three months.

Since 2018 self-employed professionals who used to have a specific health insurance fund (*Régime social des indépendants, RSI*) have been managed by the general scheme (Decree no. 2018-174 of 9 March 2018) but with some pre-existing differences in terms of coverage, namely lower allowances for sick leave. In total, in 2021 the general scheme covered about 88% of the French population.

The agricultural scheme (*Régime agricole*) covers all farmers and agricultural employees (about 5% of the population) and is managed by a dedicated fund (*Mutualité sociale agricole*); and special schemes (*Régimes spéciaux*). These include a variety of small schemes that cover specific professions such as the national railway company (SNCF), civil servants (including the military) or notaries. They cover 7% of the population but technically manage claims and benefits for hardly 3% (some special schemes are operated by the general scheme for management costs reasons).

billings (to cap excess fees). Today, almost all CHI contracts are defined as "solidaires et responsables".

However, despite the existence of protective schemes for people with chronic conditions and those with very low incomes, individuals with the highest care needs (particularly, older individuals and those with multiple chronic conditions) have higher out-of-pocket payments. The poorest and sickest populations are likely to have less advantageous contracts and have a higher share of their income spent on healthcare. Moreover, populations with very low revenues are less likely to have

CHI. To improve equitable access to care, the solution proposed by successive governments has been to increase private CHI coverage for a wider share of the population, such as through public subsidies for people with low income. However, the multiplication of schemes and support mechanisms makes the system complex and results in difficulties in navigating it. A simplified scheme (Complémentaire santé solidaire, C2S) was set up in 2019 with the objective of reducing the administrative burden for patients and facilitate access. In 2020 the reform "100% Health" was introduced to reduce out-of-pocket payments for dental care, optical

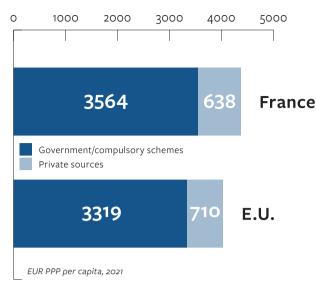
and auditive equipment. A selection of basic dental care, dentures, eyeglasses and hearing aids are now fully reimbursed by the SHI and all CHI, based on regulated prices (MoH, 2021). However, persisting – and even increasing – unequal CHI coverage (with costs increasing with age, unrelated to income) led the government to launch, in 2021, a high-level consultation on the role of CHI in health funding. Proposals being debated include abolishing cost-sharing for essential services (100% reimbursement by the SHI), but currently there is no agreement on the definition of this new benefits package (i.e. essential services).



Insurance Coverage (% of population)

Public Coverage: 100% Mandatory statutory insurance provided by noncompetitive insurers Private Complementary Coverage: 95% Voluntary insurance for balance bills and services minimally covered by statutory system

Health System



France has among the highest health expenditure in Europe, averaging 12.2% of its GDP, with a per capita (PPP) spending of EUR 4,200, above the EU average of EUR 4,030 (both adjusted for differences in purchasing power). Spending on health as a share of GDP has been persistently higher in France than the EU average in the past 20 years. Nevertheless, the growth rate, in real terms, has slowed down significantly since 2010, to under 1% on average. Overall, about 77% of the current health expenditure is funded by public resources, mainly the SHI (71%) and the State (6%). Unlike most European countries, France spends more

on the inpatient sector than on ambulatory care, 32% of all health spending is devoted to acute and post-acute inpatient services, which is 4 percentage points higher than the OECD average (OECD, 2021). By contrast, outpatient care, covering generalist and specialist outpatient services and dental care, but also home care and ancillary services, accounted for 28% of all health spending, compared to 33% on average in the OECD area (OECD, 2021).

Historically, the SHI system was almost entirely funded from wage-based contributions from employers (two thirds of the contribu-

tions) and employees (one third). To ensure financial sustainability, also in consideration of the high rate of unemployment and the rapid ageing of the population, in the past decades, sources of health funding have been extended beyond payroll contributions to include a broader range of sources of tax-based revenue. The most profound change was the introduction of a revenue-based tax contribution, the general social contribution (Contribution sociale généralisée, CSG), in the 1990s. The CSG introduced a basket of taxes applied to a broader range of income than just wages (for example, income from financial assets and investments, pensions, unemployment and disability benefits, gambling/gaming, etc.). In 2018 employee contributions were totally suppressed, and since 2019 employers' payroll contributions have been significantly reduced, compensated by tax revenues (Crédit d'impôt pour la compétitivité et l'emploi, CICE). The value-added taxes are now allocated to health since a portion of the CSG has been assigned to the fifth branch (autonomy) for long-term care since 2020. Over the years several earmarked taxes, such as alcohol and tobacco taxes, and taxes on sales for commercial pharmaceutical companies, have also contributed to health financing needs. A specific solidarity tax (Taxe de solidarité additionnelle, TSA) is applied to complementary health insurance providers to help finance solidarity insurance for the lower income groups. Overall, the share of social security contributions has significantly dropped in the years, while the share of tax revenues has more than doubled. By 2021 only about 33% of revenues for the SHI came from payroll contributions (against 39% in 2017), while 24% came from the CSG (35% in 2017) and 33% from other taxes, of which 20% came from VAT.



Curiosity Box

The French healthcare system is structurally based on a Bismarckian (Social Health Insurance) approach, with goals of universality and solidarity that have led to an increasingly Beveridgian-type (National Health System) system.

The Bismarck model (also referred as "Social Health Insurance Model") is a healthcare system in which people pay a fee to a fund that in turn pays healthcare activities, that can be provided by State-owned institutions, other Government body-owned institutions, or a private institution. The first Bismarck model was instituted by Otto von Bismarck in 1883 and focused its effort in providing cures to the workers and their family. Since the establishment of the first Beveridge model in 1948, where the focus was into providing healthcare as a human right to everyone with funding through taxation, nearly every Bismarck system became universal and the State started providing insurance or contributions to those unable to pay.



SHI offers a wide range of medical services and goods, covering most costs for hospital, physician, and long-term care, as well as prescription drugs. Public coverage, however, varies according to services, ranging from 90% for standard care in the community or in hospital to less than 70% for institutional prevention. SHI covers the following:

- hospital care in public or private hospitals, including post-acute care, psychiatric hospitals and hospitalization at home
- treatment in public or private rehabilitation or physiotherapy institutions
- outpatient care provided by general practitioners, specialists, physical therapists, and midwives
- basic dental care (including annual check-ups and cleaning, fillings, extractions, root canal work and orthodontal treatments for children aged under 16 years)
- care provided by allied health prwofessionals (nurses, physiotherapists, speech therapists, podiatrists and orthoptists) if prescribed by a physician
- all maternity care services, from the 12th week of pregnancy through six months after delivery, including infertility treatments and contraception for women (free of charge for women aged under 25 years), and terminations of pregnancy
- newborn care and children's preventive health care up to age 4
- diagnostic services prescribed by doctors and carried out by laboratories and paramedical professionals
- prescription drugs
- medical appliances, including durable equipment such as wheelchairs and prostheses, eligible for reimbursement, such as glasses, hearing aids, orthopedic appliances, prostheses and wheelchairs
- prescribed health care-related transportation and home care.
- Therapeutic thermal treatments

SHI also partially covers long-term hospice and mental health care. In general, there is limited coverage of preventive care; however, there

is full reimbursement for priority services — immunizations, mammograms, colon, cervical and colorectal cancer screenings, for example — as well as for preventive care for children and low-income populations. Furthermore, the 2020 reform "100% Health" (100% Santé) introduced a new benefits basket regulating the prices of basic dental care, including basic crowns, bridges and dentures, as well as eyeglasses and hearing aids to improve equity in access.

Co-payments are fixed rates defined by the SHI (Ticket modérateur) based on the regulated prices. The same rates apply regardless of the scheme and the patient's income level. Given the importance of co-payments, from the very inception of the French health system protective mechanisms were introduced to reduce the financial burden for patients suffering from chronic illnesses and those with very low income, exempting them from co-payments,

including better coverage of dental care and optics, poorly reimbursed by the basic SHI package.

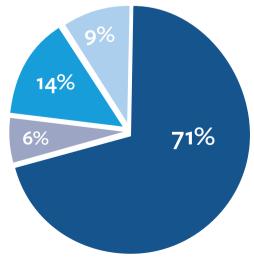
France is Europe's fourth largest pharmaceutical manufacturer, accounting for 3% of the global pharmaceutical market. Accessibility of pharmaceuticals is high due to an extensive public benefits basket and a well distributed network of pharmacies.

The SHI covers around 80% of pharmaceutical expenditure, which pays for prescription medicines based on their effectiveness. However, France has high volumes of pharmaceutical consumption, with an overuse of certain medicines such as antibiotics, and low generics utilization rates despite multiple policies aimed at encouraging it.

Training of medical professionals is carried out in 34 medical faculties, 24 pharmaceutical faculties, 15 faculties of dentistry and 34 midwifery schools.

Total Current Health Expenditure

SHI 71% - State 6% - CHI 14% - OOP 9%



Note: SHI= Social Health Insurance; CHI = Complementary Health Insurance; OOP= Out-of-Pocket

Type of Health	Type of Users Charges before CHI	Type of Users Charges after CHI	Exemptions
Ambulatory primary and specialist care	30% of conventional tariffs within standard care pathways or 70% outside of standard care pathways + potential extra-billing + €1 per consultation	o% within standard care pathways; 70% of conventional tariffs outside of standard care pathways; possible extra-billing depending on CHI contract; + €1 (flat rate)	Patients in the ALD*, C2S or AME schemes
Outpatient prescription drugs	Between o% and 85% based on the assessed drug's medical efficiency (reference pricing) + €0.5 per box	o% of base price + €0.5 per box (depending on the contract)	Patients in the ALD*, C2S and AME schemes
Inpatient care	20% of conventional tariffs + potential extra-billing + daily catering fees of €15 to €20/day + potential comfort costs (single room, etc.)	o% of conventional tariffs + potential coverage of other fees by the CHI depending on contracts	Patients in the ALD*, C2S and AME schemes. 100% of conventional tariffs are covered by the SHI for hospitalization after 30 days
Dental care	30% of conventional tariffs for basic dental care; 0% for basic crowns, bridges and dentures (part of the "100% Health" reform)	o% of conventional tariffs for basic dental care; depends on the CHI contract for other care not included in the "100% Health" reform	Patients in the C2S and AME schemes (except for a fixed fee)
Psychologists	40% of conventional tariffs when prescribed by a physician since 2022 (for a maximum of eight visits per year), no extra-billing allowed	o% user charges for conventional tariffs within standard care pathways	Patients in the C2S or AME schemes
Transportation	25% of flat rates in medical situations requiring specific transport + €2 per transport	o% user charges + €2 per transport	Patients in the ALD, C2S and AME schemes, with work-related injuries or at the end of pregnancy

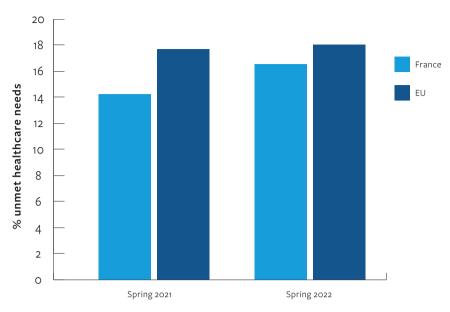
Note: CHI= Complementary Health Insurance / ALD= Long-term illness scheme / C2S= Publicly subsidized complementary insurance scheme which integrated CMU-C and ACS in 2019 / AME= State Medical Aid

Taken from: Or Z, Gandré C, Seppänen AV, Hernández-Quevedo C, Webb E, Michel M, Chevreul K. France: Health system review. Health Systems in Transition, 2023; 25(3): i-241.

No. of Hospitals	3,008 [45% Public, 33% Private for-profit, 22% private non-profit]	
No. of Physicians (active, 2021)	227,946 [44% GPs and 56% other medical specialists]	
Ratio physicians: population (2000)	302:100 000 [EU average 297:100 000]	
No. of practicing dentists (2021)	42,000 - 43,333	
Ratio dentist : population (2020)	0.7 : 1000	

^{*} Only exempt from co-payments for consultations related to the illness which allowed inclusion in the ALD scheme. They must pay co-payments for other services and any extra billing fees. Sources: CNAM, 2021, 2021c; MoH, 2021i

Unmet healthcare needs in spring 2021 and spring 2022 were below the EU averages



Note: The EU average is weighted.
Source: Eurofound's Living, working and COVID-19 e-survey.

Oral Health - Dental care in France is mainly provided by self-employed dentists (83% in 2023), with a few salaried dentists in hospitals (2% of all dentists) and in dentalcare centers (15% of all dentists) which are commonly run by private insurance companies. Self-employed dentists work on their own or in association with other dentists and are paid directly on a fee-for-service basis. Patients have direct access to dental care and are free to choose their dentists.

Usually, the patients pay the dentist the total amount of the treatment directly, and then they can claim reimbursement of a part of the cost to the SHI. While there is no real public dental service in France, a small number of practices are owned by the SHI schemes, municipalities, or mutual insurance companies. About 5% of dentists work in these practices, are salaried, and can treat any kind of patient. For conservative and surgical treatments, the practitioner must charge fees defined at the

national level in agreements called "conventions", signed between the SHI and representatives of the profession. The patient can reclaim up to 70% of these statutory tariffs.

There are over 42,000 practicing dentists, with a density close to the European average (0.7 vs. 0.8 per 1000 inhabitants). Children, adolescents and young adults between 3 and 24 years old are offered free dental check-ups every three years for preventing and treating cavities and improving oral hygiene. SHI coverage of dental care varies widely according to the type of care. Urgent and routine care are covered at 70% by the SHI, whereas non-routine care, including orthodontics and dentures, have historically been little covered. However, the 100% Santé Dentaire reform has significantly improved dental care coverage since 2020: basic bridges and crowns as well as dentures (since 2021) are fully covered by the SHI and by all CHI, within a regulated price range (Decree no. 2019-1107 of 30 October 2019).

Overall, out-of-pocket costs for dental care remain low in France (6% in 2021) compared with the EU average (10% in 2021) because of the wide coverage by CHI which usually reimburses dental care relatively well. However, there are geographical inequities in access to dental care across the French territory, with a higher concentration of dentists (up to 86 per 100 000 inhabitants) in the capital and southern regions compared to the northern and central regions (between 22 and 44 dentists per 100 000 inhabitants). Prices, particularly for dentures, can also vary largely across the country, adding to disparities in dental care access. It is estimated that 17% of the French population forgo dental care, but the number of dentist consultations per person in France was higher than the European average in 2018 (1.5 vs. 1.2).

Prevalence of Oral Diseases

Prevalence of untreated caries of deciduous teeth in children 1-9 years	29.2%
Prevalence of untreated caries of permanent teeth in people 5+ years	36.8%
Prevalence of severe periodontal disease in people 15+ years	16.2%
Prevalence of edentulism in people 20+ years	12.6%

(Data source: Global Burden of Disease Collaborative Network. GBD 2019. Seattle: IHME; 2020.) Taken from WHO/UCN/NCD/MND/FRA/2022.1 – & WHO 2022

Oral Health Expenditures

Total expenditure on dental healthcare in million (US\$)	12,666
Per capita expenditure on dental healthcare (US\$)	195
Total productivity losses due to 5 oral diseases in million (US\$)	11,994
Affordability of fluoride toothpaste	affordable
Number of labour days needed to buy annual supply of fluoride toothpaste per person	0.1

(Data source: WHO; 2019.) Taken from WHO/UCN/NCD/MND/FRA/2022.1 - © WHO 2022

Among main sources:

- -Extract taken form Health Systems in Transition, 2023, for full report: Or Z, Gandré C, Seppänen AV, Hernández-Quevedo C, Webb E, Michel M, Chevreul K. France: Health system review. Health Systems in Transition, 2023; 25(3): i-241.
- $The\ Commonwealth\ Fund\ -\ https://www.commonwealthfund.org/international-health-policy-center/countries/france$
- Oral Health Country Profile -WHO/UCN/NCD/MND/FRA/2022.1 © WHO 2022
- -OECD/European Observatory on Health Systems and Policies (2023), France: Country Health Profile 2023, State of Health in the EU, OECD Publishing, Paris/European Observatory on Health Systems and Policies, Brussels.

ISBN 9789264934559 (PDF), Series: State of Health in the EU, SSN 25227041 (online)

-Or Z, Gandré C, Seppänen AV, Hernández-Quevedo C, Michel M, Chevreul K. France: Health, System Summary, 2024 (updated). Copenhagen: European Observatory on Health Systems and Policies, WHO Regional Office, for Europe; 2025. Licence: CC BY-NC-SA 3.0 IGO.

Beyond Numbers: The Human Side of Dental Management at AADOM 2025



Luca GentiliDental Office Manager

From alignment to empowerment: building resilient teams The THINK filter and the art of professional communication Why courage—not comfort—defines the future of leadership

Every year, hundreds of dental management professionals gather for one of the most inspiring and educational events in the industry: the AADOM Conference, organized by the American Association of Dental Office Management. AADOM is the largest U.S. organization dedicated to training, networking, and supporting dental office managers, with the goal of elevating the managerial role within dental practices.

The **AADOM Conference 2025** took place in **Round Rock**, **Texas**, at the vibrant **Kalahari Resort**, from September 5th to 7th. A unique setting that hosted intense days of learning, inspiration, and connection—where dental management revealed its most evolved and human side.

What is AADOM?

The American Association of Dental Office Management (AADOM) is the largest professional organization in the United States dedicated to dental office managers and practice administrators. Its mission is to provide education, resources, and a strong community to help dental leaders excel in their roles and elevate the business side of dentistry. With thousands of members nationwide, AADOM sets the standard for best practices in dental management through conferences, certifications, and continuous professional development.

(As a proud Lifetime Member—and the only Italian in this community—I can attest to the incredible value AADOM brings to our profession.)

Opening of the Conference

The 2025 conference was officially opened by **Kim McQueen**, Executive Director of AADOM. With years of experience in event management and professional development, Kim has been recognized as *Show Manager of the Year* and is known for her ability to create impactful learning experiences for dental office managers. Kim then introduced **Penny Reed**, CEO and Executive Vice President of AADOM.

Penny is a leading voice in dental management, with over 30 years of experience as a consultant, speaker, and author of *Growing Your Dental Business*. Her journey from office manager to executive leader has inspired countless professionals to embrace growth and leadership.

Why AADOM Matters

AADOM is more than a conference; it's a movement that empowers dental office managers and leaders to transform their practices through education, innovation, and community. The sessions cover a wide range of topics—from financial strategies to team culture—providing actionable tools to improve efficiency, communication, and leadership.

One of the most impactful voices at AADOM is **Judy Kaye**, a renowned consultant and speaker specializing in leadership alignment, practice culture, and team empowerment. With decades of experience, Judy has helped countless practices thrive by focusing on what truly matters: people, values, and boldness.

Key Lessons That Resonate 1. Aligned Leadership: The Compass for Success

When leaders are not aligned, the team sails without direction. Weekly leadership meetings and shared values between doctors and managers are essential for consistent decisions and reduced stress.

2. Core Values: The Foundation of Culture Every practice should identify four core values—no more. These values guide hiring, behavior, and daily choices. Without them, culture builds itself... and often not in the way we want.

3. Boldness as a Skill

Boldness is not a gift—it's a skill you can train. Talking to a stranger, giving real-time feedback, asking for what you're worth—small acts of courage that change the trajectory of your career and life.

As **Fred Joyal**, co-founder of 1-800-DEN-TIST and author of Superbold, explained during his session, boldness is a muscle

that can be developed through intentional practice. His insights on building boldness in low-stakes situations and applying it to leadership and communication were among the most empowering moments of the conference.

As Judy says:

"It's not that bold people aren't afraid. They are. But they act anyway."

Why This Matters for Us

From the U.S., we draw some of the most advanced concepts in **dental management**—and this is why it's crucial to take immediate inspiration and apply these principles with **method and consistency**. These are not abstract ideas: they are practical strategies that, if implemented, can radically improve team culture, reduce turnover, and boost performance. In my upcoming articles for the column "The Business Side of Dentistry", I will share actionable tips and skills to help you bring these concepts into your dental practice or business in the dental industry

Ready to Take Action?

Here are three practical steps you can start today:

1. Define Your Four Core Values

Gather your leadership team and agree on four words that represent your practice's identity. These values will guide hiring, communication, and decision-making.

2. Apply the THINK Filter

Before speaking, ask: Is it True, Helpful, Inspiring, Necessary, Kind? This simple habit can transform your team culture.

3. Build Your Boldness Muscle

Start small: give a genuine compliment to a stranger, or have that conversation you've been postponing. Boldness grows with practice—and it's the key to leadership impact.

Because, as Judy reminds us, "Regret comes from what we didn't say or do—not from failed attempts."

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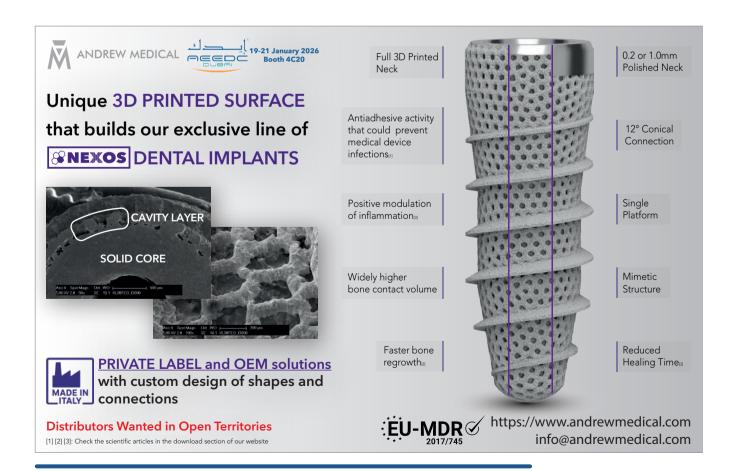
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- Made of stainless steel with high quality components.
- Digital pressure switch.
- ✓ Full and lack of water indicator.
- Connection cable with built-in differential switch.
- Drain tap with safety lock.

Specifications: 100202 and 100203

Height 36 cm • Width 27 cm • Depth 42 cm

Power 2200 W • Voltage 220 V, 50/60 Hz

Pressure 8 bar • Weight 12,5 kg • Boiler 3 L

External bottle not included.

REF. **100203**

Aditional Information: 100202, 100203

They are supplied with the following accessories:

- ✓ Power cord with built-in protection.
- ✓ Fine and long replacement nozzle.
- ✓ Replacement safety cap and 2 gaskets.
- Funnel and measuring cup (300 ml).

In models with direct connection to the water intake:

✓ Necessary hoses for water inlet/outlet connection.

Ref. 100202

✓ Manual filling.

Ref. 100203

✓ Manual filling.

 Autofill without previous cooling (external bottle).



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- It works with a solution of water and sodium bicarbonate.

Specifications

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Power: 100 W • Anodizing time: 5 seconds

Solution of water (600 ml) and sodium bicarbonate (20 g)



The anodic layer can be colored with different shades, giving the titanium a more attractive appearance than the original taupe.





REF. 100295







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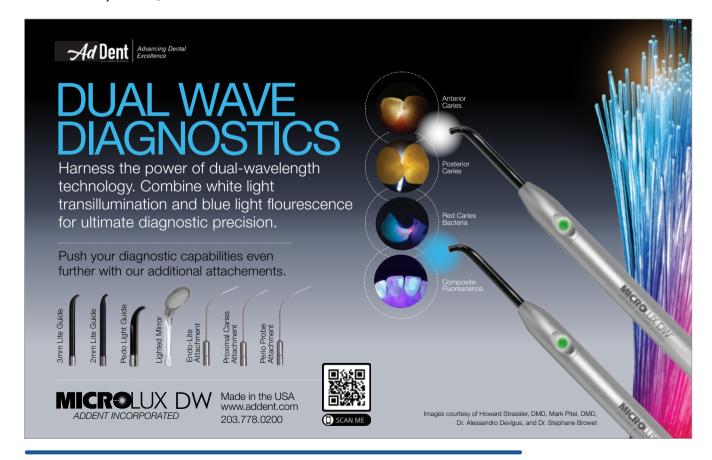
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Global Experts, Practical Insights: Inside Osteology Vienna 2026



Interview with Lisa Heitz-Mayfield and Anton Sculean

"BEYOND REGENERATION" is the motto of the next International Osteology Symposium in Vienna, 23-25 April 2026. It reflects the core focus on oral tissue regeneration while broadening the view to comprehensive patient care and long-term treatment success. Vienna promises a unique learning experience, with condensed, practice-oriented knowledge delivered by world-renowned experts alongside the rising stars of tomorrow.

We spoke with the symposium's scientific chairs, Lisa Heitz-Mayfield and Anton Sculean, about what participants can expect from this high-level programme.

The motto of the 2026 symposium is "Beyond Regeneration." What does this mean for the programme?

Anton Sculean: The Osteology Foundation has always been dedicated to oral tissue regeneration, but this motto reaches further. Ultimately, it's about one goal: better patient outcomes. The programme is designed to go beyond what you'd expect from a conventional congress and deliver on that promise.

Lisa Heitz Mayfield: Exactly. And we do this in several ways. First, we're putting a strong emphasis on engagement. Participants won't just sit through lectures; they'll be able to vote during sessions, take part in roundtables, or get hands-on experience in workshops. Sec-

ond, we're ensuring clinical relevance. It's not just about technical skills, but also about drawing on interdisciplinary perspectives and the insights from our leading partner associations. The programme will even include consensus guidelines that distill the latest evidence into practical treatment recommendations. And finally, we're looking ahead by giving the next generation a real voice. Their workshops and sessions bring fresh topics and formats that keep us future-oriented.

Who should attend the symposium?

Anton Sculean: The beauty of the programme is that it's inclusive. Periodontists, surgeons, orthodontists, general dentists, and anyone with an interest in oral tissue regeneration will benefit.

Lisa Heitz Mayfield: That's right. Whether you're just starting your career or you're an experienced clinician, there's something here for you. We'll cover cutting-edge techniques but also take time to discuss limitations and risks openly. And by combining interdisciplinary, patient-centred approaches with the latest digital tools, the content really speaks across all levels of practice.

How does the program balance scientific insights with clinical applications? Will there be opportunities to practice what you learn?

Lisa Heitz Mayfield: Absolutely. Participants will receive condensed, evidence-based knowledge and then immediately see how it translates into practice. A highlight this time is the re-live surgery sessions. Real cases from daily practice will show comprehensive treatment planning where the patient's needs, not just the technical steps, take priority. Four sessions will take participants through the entire clinical process, reinforcing that patient-reported outcomes are the compass for every decision.

How is the next generation involved?

Lisa Heitz Mayfield: They've been active from the start. The Next Generation Team helped shape the programme, designing sessions and workshops specifically for early-career clinicians. And with Jeniffer Perussolo joining the Scientific Committee, their perspective is embedded in the programme's development.

Anton Sculean: You'll see them on stage as well, co-moderating with senior experts. That mix sparks lively discussions and ensures fresh perspectives are part of the dialogue.

Lisa Heitz Mayfield: And we've made sure it's accessible too. With the Young Professional Fee, early-career participants can save up to 75% on registration—an unprecedented opportunity to engage with high-level education.

Is there a global perspective in the programme?

Lisa Heitz Mayfield: Very much so. More than 90 renowned speakers from all over the world will be joining us. We've also worked closely with global partner organisations like the EFP and AAP, who will present treatment guidelines and consensus papers. This means participants benefit from the latest science as well as internationally recognised recommendations across all indications in oral tissue regeneration.

Why attend a three-day congress when there are so many short online events?

Anton Sculean: One word: community. Online events are valuable, but nothing replaces the energy of being in the same room, sharing ideas, exchanging experiences, and building networks. Oral tissue regeneration is moving to the centre of dental practice worldwide, and this congress offers a front-row seat to that transformation.



Further online ressources: www.osteology.org www.osteology-vienna.org







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Join the Heartbeat of Hope: Throughout October and Beyond, Henry Schein's 2025 Practice Pink® Programme Brings Health Care Communities Together Worldwide for Cancer Awareness

Collaborative efforts and pink product purchases transform the season into a powerful opportunity to advance cancer-related initiatives around the world.

Henry Schein, Inc. (Nasdaq: HSIC) kicked off its 2025 Practice Pink® programme, an annual global initiative aimed at raising awareness and supporting efforts to prevent, detect, and treat cancer. Over the past 19 years, the programme has contributed more than US \$2.1 million to cancer-related causes, helping to advance vital research, expand access to care, and promote health care worldwide.

Through the programme, Henry Schein assists dental and medical health care professionals in raising awareness and providing support to help find a cure for cancer. By offering its customers a variety of pink products, including health care consumables, practice supplies, and apparel, the Practice Pink programme advances important cancer research and prevention efforts.

"At Henry Schein, we believe collective action can make a difference in the lives of individuals and families impacted by cancer," said Mark Hillebrandt, Vice President and Chief Digital Officer, Henry Schein. "Practice Pink is a simple yet powerful way for our global health care community to come together through small actions, like customers choosing a pink product, that can advance important work and reflect our shared commitment to health, hope, and healing."

As part of the company's participation in the Practice Pink programme, Henry Schein Dental and Medical in the UK donates a percentage of the company's sales in October and November from selected pink products to Cancer Research UK to support the organisation's work in research, prevention efforts, early detection of the disease, and improving access to care.

The Practice Pink programme supports the American Cancer Society and the Joe Andruzzi Foundation in the U.S., as well as various organisations in Europe, including ALADINA (Spain), KiKa (The Netherlands), LILT (Italy), Odyssea (France), and others.

Practice Pink is part of Henry Schein Cares, the Company's global corporate citizenship programme. Through

this initiative, Henry Schein unites dental and medical health care professionals, supplier partners, and non-profit organisations across North America, Europe, and beyond to help build healthier communities.

For more information about Henry Schein's Practice Pink programme, please visit the local Henry Schein website.

www.henryschein.com

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About Henry Schein, Inc.

Henry Schein, Inc. (Nasdaq: HSIC) is a solutions company for health care professionals powered by a network of people and technology. With more than 25,000 Team Schein Members worldwide, the Company's network of trusted advisors provides more than 1 million customers globally with more than 300 valued solutions that help improve operational success and clinical outcomes. Our Business, Clinical, Technology, and Supply Chain solutions help office-based dental and medical practitioners work more efficiently so they can provide quality care more effectively. These solutions also support dental laboratories, government and institutional health care clinics, as well as other alternate care sites.

Henry Schein operates through a centralised and automated distribution network, with a selection of more than 300,000 branded products and Henry Schein corporate brand products in our distribution centers.

A FORTUNE 500 Company and a member of the S&P 500® index, Henry Schein is headquartered in Melville, N.Y., and has operations or affiliates in 33 countries and territories.





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