CareQuest Innovation Partners®

Beneath the Surface: **2026 Innovation in Oral Health**

Oral Health Innovation Market Map Report

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About the authors

CareQuest Innovation Partners® funds, scales, and convenes transformative solutions to improve overall health through oral health. Together, with our ecosystem of leading industry partners, startups, and investors, we make health care more accessible, equitable, and integrated. CareQuest Innovation Partners is the for-profit subsidiary of CareQuest Institute for Oral Health, and they are joined by the mission to improve the oral health of all. To learn more, visit carequestinnovation.com.

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Introduction

In 2025, we published a first-of-its-kind Oral Health Innovation Market Map analyzing the sector's innovation and investment landscape. Since then, the oral health ecosystem has moved into a more disciplined phase. Market forces and economic necessity are converging with unusual intensity, drawing capital and stakeholder attention toward solutions that can solve practical economic problems by reducing cost, expanding capacity, and demonstrating measurable value.

This report examines four opportunity areas and what they reveal about the direction of oral and integrated health innovation. Of the four, AI-enabled workflow and administrative infrastructure shows the clearest convergence of market need, customer demand, infrastructure readiness, and capital activity. The other areas are equally informative: they show where the need is clear, but the conditions required for adoption are not yet fully in place. This tells entrepreneurs and investors where the market will reward solutions today and where they may need to help build the conditions required for success.

2026 Market Map

Oral Health Innovation

1 Consumer Products & Services

Oral Care & Hygiene At Home
blü, Brushlink, Colgate, Crest + Oral-B, ENIKAM, feno, ELMUS, Fygg, GREAT GUMS, G·U·M, instafloss, INOCULUS VENTURES, LIVFRESH, NEO PILL, ORALUCENT, Philips Sonicare, Proclaim, quip, SENSODYNE, toothpod, truthbrush, willo

Teeth Straightening
Brava, byte, CandidPro, clearcorrect, Impress, inbrace, invisalign, LIGHTFORCE, makeO, MOONALIGNER, ORTHOFX, reveal, Smartee, smilers

Teeth Whitening
Colgate, GLO Science, MAVRIK, Opalescence, P&G, PHILIPS, Rheyo

Consumer Communication & Engagement
FIRSTGRIN, GoMo Health, yumlish, Unique Minds

2 Diagnostics & Tests

AI Imaging & Clinical Decision Support
3DISC, allisone, BlueCheck, CALCIViS, CaviSense, DeepCare, DEXIS, Diagnocat, Hibiscus Health, iTero, MEDIT, OVERJET, Pearl, reLU, VELMENI, videahealth

Salivary Screenings & Diagnostics
AIDAR, bristle, dento, drül, THS Labs, LURA, oral genome, OrisDX, OraLiva, OralDNA Labs, VIGILANT BIOSCIENCES, VIOME

3 Treatment & Digital Labs

Cavities
DENTROID, GREENMARK, VARDIS

Dry Mouth
lubricity, MURNIA, aquoral, Salyva, SALIWELL

Gums
biolectrics, OralBiolife, CONVERGENT DENTAL, HELBO, Millennium, PerioDT, PERIOWAVE

Implants & Dentures
DentKits, Lumendo, Lupin Dental, Magdent, Stem Cell Implants, Perceptive, WAVEIMPLANT, yomi

Dental Anxiety
hypnoVR, Keppy, PAPERPLANE THERAPEUTICS, smileyscope

Sleep (Orofacial)
ArimaHealth, daybreak, Dormotech, ensodata, eXciteOSA, ProSomnus, sovn, Vivos, WESPER

3D Printing & Lab

Full Service Platforms
3shape, CYBERMED, dandy, envisionTEC, Glidewell, SHINING 3D, myerson, SIMPLIONE, UNIZ, Dentsply Sirona

3D Printing Hardware & Platforms
Carbon, formlabs, Graphy, SprintRay, HeyGears

4 Care Delivery & Coverage

Virtual Care
Empallo, Grin, dental.com, dentistry.one, teledentistry, Times Health, The TeleDentists

Mobile/Onsite
CMOHS, DHMS, Enable Dental, EXCELHEALTH, jetdental, kare, Medicaid, Head Start, SMILE AMERICA PARTNERS

Clinics
Dentologie, Harmony, tend, PDS HEALTH, wally

Insurance & Alternatives
Arkansas BlueCross BlueShield, bento, BOOMCLOUD, clerri, DeltaVision, HealthPlan of San Mateo, TOOTHLENS, PLAN FORWARD

5 Practice Management & Software

Practice Operations

Automation, Scheduling, Comms, and Referral Management
AirPay, bitewing, BOLA AI, CaseLink, Circle, CureMint, dental intelligence, DentalMaster, DentalMonitoring, dental wings, Denti AI, differentkind, Healink, HeyGent, Lassie, LightSpun, mConsent, NEMOTEC, oraQ, Patient Prism, Pearly, Peerlogic, PLAN FORWARD, Practice Mojo, Prosper, tab32, TechNovaTime, Toothapps, weave, yapi, yellow.ai

Smart Equipment
aidec, SARATOGA, uptimehealth

Ordering/Procurement
Dentira, ZIMBIS

Cybersecurity
ATAKAMA, BLACK TALON

Lab Management & Communications
Cayster, DDX, easyrx, Evident, labnext, Magic Touch

Interoperability & Practice Infrastructure
Asprodental, CARESTACK, curve dental, denticon, ELIGIBLE, Epic, Kno2, Henry Schein ONE, Opendental, Oryx, stedi

Provider Workforce, Staffing, and Enablement
Anatomage, Glidewell, cloud dentistry, gotū, holo dentist, Kwikly, LicenseBee, ONDIEM, Toothio, Verifiable

RCM
ANATOMY, dental Xchange, eAssist, Medusind, Zuub, smylen, SOLUTIONREACH, VYNE, zentist

Patient Navigation & Financing
beam, intelibly, OPENCARE, PatientFi, RevenueWell, ThriveLink

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The Economic Imperative

Margin pressure is not unique to oral health, but it reshapes the types of innovations that get developed, funded, and adopted.

Providers face rising expenses, stagnant reimbursement, and workforce constraints that limit appointment capacity and increase the cost of operating a practice. The American Dental Association Health Policy Institute describes this as a continuing fiscal squeeze, with practice expenses rising faster than reimbursement and hygienist recruiting remaining especially difficult.[1]

Payers confront network adequacy pressures and broader expectations for affordable, predictable coverage and access. While commercial dental premiums have remained comparatively stable, with the National Association of Dental Plans reporting average premium growth of less than 1% in 2024 versus 2023, significant coverage and affordability challenges persist.[2] CareQuest Institute for Oral Health estimates that 76 million US adults lack dental insurance, and even consumers with private dental coverage can face meaningful out-of-pocket costs, annual maximums, and limited transparency.[3] Coverage can also be less secure for some publicly insured adults because adult dental benefits are optional under Medicaid and subject to state budget decisions.

What makes this moment distinct is the convergence. Providers, payers, suppliers, and employers are absorbing margin compression while patients face affordability barriers and defer care. When patients delay treatment, providers may see softer routine utilization in the near term, while untreated conditions can become more serious and costly to address later.

Those economics shape not only what the market will adopt but also what investors are willing to fund. Capital is not flowing evenly. It is concentrating around perceived category winners, larger rounds, and AI-native companies, while many other companies face a harder fundraising environment.[4]

For oral health, these dynamics create both a challenge and an opportunity. The sector has not yet produced many visible, category-defining venture exits, and adoption remains structurally fragmented. Many dental practices remain independently owned,

THE ACCESS GAP

76 million

US adults are without dental insurance

The Economic Imperative

making distribution and scale more difficult.[5] Recent public-market activity in dental reinforces that scale alone is insufficient; operating discipline and labor productivity determine whether scale creates economic value.[6] Dental care also remains separated from medical care across education, records, coverage, coding, reimbursement, and delivery. But those same barriers help explain why significant needs remain underaddressed. Companies that can overcome fragmentation, integrate into existing workflows, and demonstrate clear clinical and economic value have the potential to unlock markets that have historically been difficult to scale.

Large unmet need alone does not create a market opportunity. Momentum is strongest where need is paired with clear customer demand, a practical path to adoption, and measurable value.

How We Identified This Year's Opportunities

The market map on page 2 shows where company activity is occurring across the oral health innovation landscape. The heatmap is our read of what that activity signals. After analyzing the broader 2026 market map, we selected four areas that stood out across the five signals summarized. Together, they illustrate where market momentum is strongest today, where adoption conditions are still forming, and where large unmet need has not yet translated into proportional investment or scale.

These ratings show where the market is today. Areas with less market development may still represent significant opportunity over time.

Executive Summary

- **Need Is Not Enough:** Investable opportunities combine urgency, demand, infrastructure readiness, and measurable value.
- **Workflow-Integrated AI Is the Clearest Hot Spot:** There is strong momentum in diagnostic support and administrative automation.
- **Medical-Dental Integration Requires Infrastructure:** Medical-dental integration only scales when information moves, referrals close, payment supports the work, and follow-up is accountable.
- **Prevention Is Still Underbuilt:** The value case is compelling, but scalable tools, workflows, and reimbursement pathways are still limited.
- **Consumers Are Moving in Two Directions:** Affordability models and premium wellness can grow at the same time, serving different consumers.
- The opportunity is not just to solve oral health's biggest problems but to build the models that make those solutions adoptable, measurable, and scalable.

The full market map and detailed assessment framework are included on pages 2 and 20, respectively.

HOT SPOT
AI Embedded in Core Clinical & Operational Workflows

Market Need	●●● Strong
Clinical & Economic Value	●●○ Emerging
Customer Demand	●●● Strong
Infrastructure Readiness	●●● Strong
Capital & Strategic Activity	●●● Strong

BRIGHT SPOT
Infrastructure Enabling Medical-Dental Integration

Market Need	●●● Strong
Clinical & Economic Value	●●○ Emerging
Customer Demand	●○○ Thin
Infrastructure Readiness	●●○ Emerging
Capital & Strategic Activity	●●○ Emerging

BRIGHT SPOT
Prevention and Early Detection

Market Need	●●● Strong
Clinical & Economic Value	●●○ Emerging
Customer Demand	●○○ Thin
Infrastructure Readiness	●○○ Thin
Capital & Strategic Activity	●●○ Emerging

EARLY ACTIVITY
Consumer Access & Engagement Models

Market Need	●●● Strong
Clinical & Economic Value	●○○ Thin
Consumer Access & Engagement Models	●●○ Emerging
Infrastructure Readiness	●●○ Emerging
Capital & Strategic Activity	●○○ Thin

OUR 2026 READ: **HOT SPOT**

Market Need	Clinical & Economic Value	Customer Demand	Infrastructure Readiness	Capital & Strategic Activity
●●● Strong	●●○ Emerging	●●● Strong	●●● Strong	●●● Strong

Artificial Intelligence Embedded in Core Clinical and Operational Workflows

Why It Is a HOT SPOT:

Customer adoption, enterprise-scale deployment, and capital activity are converging around workflow-integrated AI, especially in image-based diagnostic support and administrative automation. Evidence of clinical and economic value is promising, but much of the ROI evidence remains company-reported.

What Is Driving Momentum

Organizations facing margin and workforce pressure are increasingly turning to AI, including emerging agentic AI tools, to reduce administrative burden, standardize assessment and documentation, expand capacity, and lower the cost of work.

Practice adoption is already meaningful. In Q2 2026, 43% of dentists reported using AI for at least one task in their practice, and another 26% plan to use it. Imaging and diagnostics are the most common current application, while planned future adoption is concentrated in administrative workflows such as insurance verification. Dentists remain less receptive to AI-generated treatment recommendations, underscoring that near-term traction is strongest where AI supports assessment, documentation, or administrative efficiency rather than directing clinical judgment.[7]

Momentum is also visible on the payer side. In 2025, MetLife, Humana, and Guardian joined Overjet's Dental Clarity Network to develop technology that can give providers real-time information about coverage and allow qualifying procedures to bypass manual clinical review.[8] LightSpun has expanded across claims, benefits, provider data, and credentialing, and its technology now supports claims infrastructure for NationsBenefits' NationsDental platform.[9]

The 2026 Hot Spot is not AI broadly. It is workflow-integrated AI. Clinical AI standardizes image interpretation, diagnosis and risk assessment, and treatment planning support. Operational AI is concentrated in revenue cycle management, claims and benefits administration, provider data and credentialing, and front-office workflows. Across both categories, traction is strongest where these tools work inside existing systems and improve consistency, capacity, cost, or reimbursement performance.

Why It Matters

For clinical AI, adoption depends on workflow fit. Providers are skeptical of tools that require major behavior change, add clinical complexity, or sit outside practice management, imaging, and electronic health record (EHR) systems. Diagnostic AI becomes more valuable when standardized assessment feeds directly into treatment planning, patient education, payer review, or population-level insight.

For operational AI, adoption friction can be lower because many tools operate behind the scenes, but the proof standard is just as high.

Larger practice management, revenue cycle, and insurance administration platforms can replicate or bundle narrower AI features once the use case is proven, raising the bar for point solutions. Narrow tools can still win when they solve a high-priority problem, integrate cleanly, and demonstrate ROI. Over time, they can expand into adjacent workflows or become valuable partners, acquisition targets, or embedded capabilities within broader platforms.

That dynamic also changes the exit landscape, and it partly explains the sector's thin exit history. The best-funded dental AI companies were themselves point solutions two or three years ago. Their valuations now require growth beyond their original beachheads, so they are moving into adjacent markets: diagnostic companies into revenue cycle, documentation automation, risk scoring, and population health. The result is a plausible second tier of acquirers that did not previously exist.

Market Map Examples

This trend cuts across diagnostics and clinical decision support, practice management and operations, revenue cycle management, claims infrastructure, and payer-provider connectivity.

- **Overjet — approximately $133 million total funding.** Overjet has expanded across payer and provider use cases, including image analysis, disease detection, ambient documentation, claims review, patient communication, and payer-provider alignment. In 2026, Dental Care Alliance expanded its use of Overjet across more than 400 affiliated practices, while a CareQuest Innovation-supported ACCELERATE project is extending its oral health score technology into a population covered by Medicaid. Together, these developments show how a diagnostic application can become embedded across a broader care and payment ecosystem.[10]
- **LightSpun — $13 million Series A and $18 million total funding.** LightSpun, formerly 32Health, is an AI-powered dental insurance administration platform focused on claims, benefits, provider data, onboarding, and credentialing. In 2026, the company expanded further into payer infrastructure, and its technology began supporting claims administration for dental plans. The trajectory illustrates the payer side of the AI thesis: AI moving from discrete automation into core insurance workflows where cost, speed, and accuracy can be measured directly.[11]

Together, these examples show that AI is becoming embedded in core workflows. The remaining question is whether clinical and economic value can be demonstrated independently and consistently over time.

OUR 2026 READ: **BRIGHT SPOT**

Market Need	Clinical & Economic Value	Customer Demand	Infrastructure Readiness	Capital & Strategic Activity
●●● Strong	●●○ Emerging	●○○ Thin	●●○ Emerging	●●○ Emerging

Infrastructure Enabling Medical-Dental Integration

Why It Is a BRIGHT SPOT:

The clinical value of medical-dental integration is well established, while the infrastructure and evidence needed to demonstrate value at scale are still emerging. That gap creates meaningful whitespace for solutions that can enable data exchange, referrals, payment, and measurement .

What Is Driving Momentum

Medical-dental integration remains structurally difficult to scale. The emerging opportunity is the infrastructure needed to operationalize the oral-systemic connection: tools that allow medical and dental teams to share data, track referrals and follow-up, document activity, support payment, and measure outcomes. For patients, that can mean fewer disconnected handoffs, earlier identification and mitigation of risk, and a clearer path from screening to follow-up care.

Outside of academic centers, Federally Qualified Health Centers, and select integrated delivery systems, medical and dental care still operate largely separately. But there are signs of movement. For 2026, the Centers for Medicare & Medicaid Services added a Merit-based Incentive Payment System (MIPS) improvement activity for integrating oral health into primary care, giving MIPS-eligible primary care clinicians credit for incorporating oral health risk assessment, intraoral screening, patient education, dental referrals, and documentation into primary care workflows.[12] That is an important policy signal, but dental adoption will still depend on whether these actions can be supported by usable dental codes, medical billing pathways, and reimbursement. Technology infrastructure is advancing as well. CareQuest Innovation and Kno2 launched a national initiative to connect dental care to health information exchange infrastructure, and Open Dental subsequently became the first dental practice management system to connect through Kno2's nationwide network.[13]

Capital behaves differently here than in AI. It is still spread across the market rather than concentrated in a few clear category leaders, leaving room for new companies to emerge.

Why It Matters

Dental settings are underused access points for identifying risk and connecting people to care earlier. But screening on its own is not integration, and referrals create limited value if the recipient does not act on them. Durable integration depends on whether medical and dental stakeholders can share information, coordinate follow-up, and assign clear accountability for what happens next.

The industry also lacks the plumbing that makes the work billable and measurable. Credentialing dental providers in medical networks, medical billing pathways in dental settings, bidirectional referral tracking, and agreed-upon oral health quality measures are all still inconsistent or absent. Clinical models and diagnostics remain important, but enabling infrastructure may represent the nearer-term opportunity by making those models easier to implement, reimburse, and measure across settings. Better data connectivity can improve care coordination, reduce patient friction, and support earlier risk identification. Epic, for example, reported that dentists using shared records helped patients avoid more than 260,000 potential drug interactions in 2025.[14]

The value can extend across the ecosystem. Providers can coordinate care and expand appropriate services, payers and employers can identify and address risk earlier, and patients can be connected to appropriate care with less friction. The challenge is turning that value into repeatable workflows, sustainable payment models, and measurable outcomes at scale.

Market Map Examples

The strongest examples illustrate different approaches to building the infrastructure for integration.

- **Kno2 — connecting dental into existing national infrastructure.** Kno2 is a broader health care interoperability network, not a dental-only company. It connects providers and technology platforms across health information exchanges, EHRs, referral networks, Fast Healthcare Interoperability Resources, direct messaging, and payer communications. Its work with CareQuest Innovation and Open Dental illustrates one path to scale: connecting dental organizations to the information infrastructure already used across health care.[15]
- **PDS Health — integration operationalized inside a dental enterprise.** PDS Health has invested in shared health records through Epic, connected dental and medical practices, integrated diagnostics, clinical education, and partnerships with health systems and payers. Its relevance is not a single pilot; it is the attempt to make integrated care operational across dental settings.[16]

There is unlikely to be one infrastructure model for medical-dental integration. Some organizations may share a record, while others connect existing systems through an interoperability layer or integrate data through payer infrastructure. In a fragmented dental market, winning solutions will need to span solo practices on legacy practice management systems, midsize group practices, and large dental service organizations, with flexible deployment paths, integrations, and connections. That fragmentation creates multiple points of entry for companies that can solve a specific integration problem and become embedded across broader workflows. The common requirement is the same: Information has to move, referrals have to close, payment has to support the work, and shared data has to lead to action.

OUR 2026 READ: **BRIGHT SPOT**

Market Need	Clinical & Economic Value	Customer Demand	Infrastructure Readiness	Capital & Strategic Activity
●●● Strong	●●○ Emerging	●○○ Thin	●○○ Thin	●●○ Emerging

Prevention and Early Detection

Why It Is a BRIGHT SPOT:

The clinical and economic case for earlier intervention is strong, and activity is expanding across diagnostics, screening, and preventive tools. But adoption, reimbursement, and investment remain uneven, leaving significant whitespace, particularly in periodontal prevention.

What Is Driving Momentum

Much of oral health care still begins after disease is visible or symptoms appear. Prevention and early detection aim to move care upstream: identify risk sooner, intervene earlier, and make prevention easier to deliver and monitor.

Periodontitis, a severe form of gum disease that damages the tissues and bone supporting the teeth, is one of the clearest examples of the gap. An estimated 42% of US adults aged 30 and older have periodontitis, including 8% with severe disease, and it remains a leading cause of tooth loss.[17] The importance extends beyond the mouth: periodontitis is closely associated with systemic conditions including diabetes, making earlier identification and treatment particularly relevant for higher-risk populations.

The market is not starting from scratch. Caries prevention has a well-established range of tools, including fluoride varnish, sealants, silver diamine fluoride, imaging, and newer remineralization approaches. Activity is also emerging around salivary and point-of-care diagnostics, sleep apnea diagnosis and treatment, oral cancer detection, blood pressure and diabetes screening in dental settings, and tools that help quantify oral health risk.

While much of the recent investment in oral health has gone to AI-enabled workflow and administrative tools, clinical innovation has been more active in caries detection and treatment. Periodontal care remains comparatively reactive: Diagnosis is often manual and time-consuming, treatment can be invasive and costly, and prevention is difficult to measure, reimburse, and scale.

Why It Matters

Earlier risk identification and intervention could reduce downstream treatment needs, improve quality of life, and strengthen the connection between oral and overall health. The economic case is especially tangible in high-risk populations. A 2023 JADA claims analysis found that among patients with diabetes, periodontal treatment was associated with 12% lower overall health care costs in commercial insurance and 14% lower costs in Medicaid compared with no periodontal treatment.[18]

The challenge is making prevention easier to build into routine care, act on, monitor over time, and pay for. A risk score or screening result has limited value if it does not lead to an effective intervention, a clear care pathway, or a practical reimbursement mechanism. As with other areas, whether dentists can bill for screening, preventive interventions, and follow-up will accelerate or slow adoption.

There are also structural reasons this market has developed more slowly than software-driven categories. New diagnostics and therapies can require significant research and development, clinical validation, regulatory clearance, and reimbursement development before reaching scale. That increases the time and capital required for innovation, but it also helps explain why meaningful clinical whitespace remains.

Market Map Examples

The opportunity is emerging across several parts of the market.

- **Firstgrin — prevention and earlier engagement.** Firstgrin uses oral health kits, a companion education application, and personalized support to promote oral health starting in pregnancy and infancy. Through a CareQuest Innovation ACCELERATE pilot with DentaQuest, the company reached approximately 1,000 families enrolled in Louisiana Medicaid and delivered a 3.5x increase in first dental visits before age 1. Its newer ACCELERATE work extends the model into maternal and infant oral health, illustrating how prevention models can create measured engagement and access outcomes earlier in the care journey.[19]
- **Screening in dental settings expanding beyond oral disease.** CareQuest Innovation and PDS Health are scaling a standardized blood pressure screening and consultation workflow in dental offices, while the BRIDGE Health Network is testing diabetes screening during routine dental hygiene visits. These models illustrate how the dental visit can become an earlier point of identification and connection to care.[20]

Periodontal prevention remains one of the clearest areas of unmet opportunity within this broader trend. The burden and value case are well established, but the market still lacks a comparable set of simple, scalable tools for earlier risk identification, intervention, monitoring, and payment.

OUR 2026 READ: **EARLY ACTIVITY**

Market Need	Clinical & Economic Value	Consumer Access & Engagement Models	Infrastructure Readiness	Capital & Strategic Activity
●●● Strong	●○○ Thin	●●○ Emerging	●●○ Emerging	●○○ Thin

Consumer Access & Engagement Models

Why It Is EARLY ACTIVITY:

The underlying need is clear, but evidence of scalable customer demand, measurable value, and sustained investment remains uneven. Affordability models, such as membership plans and direct-pay arrangements, are the most developed; premium wellness is an earlier opportunity where consumer interest has not yet consistently translated into care or economic value.

What Is Driving Momentum

As affordability and access challenges persist, some consumers are looking for more transparent, flexible, and predictable ways to engage with and pay for care. About one in five adults delay or go without dental care due to cost, a much higher share than adults who delay or go without medical care, prescription drugs, or mental health care.[21] At the same time, dental providers and companies building membership and direct-pay models are testing approaches that reduce dependence on traditional reimbursement, create predictable revenue, and support ongoing patient engagement.

Cost sensitivity is creating a two-track consumer market. Some consumers are deferring care or seeking simpler, more affordable and predictable ways to pay, while others are investing in premium wellness offerings tied to prevention, systemic health, appearance, and healthy aging. This helps explain why affordability models and premium wellness solutions can grow simultaneously. Navigation can support both by making needs, benefits, options, and next steps easier to understand, but the adoption pathway differs: Affordability solutions address cost and transparency, while wellness solutions make oral health relevant before an acute need arises.

Market activity is showing up across membership and direct-pay models, employer-sponsored access, and wellness-oriented products and services. That said, this is not a large-dollar venture story in the same way AI is. Funding is modest and uneven, showing up through early-stage rounds and selective strategic activity. Even so, consumer channels can provide a faster route to market for some low-risk wellness products than regulated diagnostics or medical devices. But there are no shortcuts to good care: Products that influence health decisions still need to be clinically credible and connect consumers to an appropriate next step.

Why It Matters

Oral health can be difficult for consumers to evaluate on their own. The need is often invisible until there is pain, a cosmetic concern, or a scheduled dental visit, and decisions are frequently shaped by coverage and provider recommendations. Consumer-driven models matter because they can create new reasons to engage before a problem becomes acute or expensive.

The challenge is that consumer interest does not always translate into action. Solutions in this category need to make the next step clear and worthwhile, whether that means lowering the cost barrier, making options easier to understand, building trust, or connecting consumers back to appropriate care.

That is why the more durable opportunities are likely to sit between consumer demand and care delivery. Membership and direct-pay models can make costs more predictable, clearer information and guidance can help consumers understand treatment needs, benefits, and next steps, and wellness-oriented products can create reasons to engage earlier. Done well, these models can make oral health easier to act on and pay for, while helping providers engage patients earlier and diversify revenue beyond traditional reimbursement. But they are not a substitute for coverage or other approaches needed to address deeper access barriers.

Market Map Examples

Current activity reflects the uneven maturity of the category. Membership and direct-pay models have the clearest evidence of adoption today, while wellness remains an earlier opportunity.

- **Clerri — Membersy raised $66 million before the Kleer and Membersy merger.** The merger of Kleer and Membersy, followed by the 2025 rebrand to Clerri, reflects consolidation in dental membership infrastructure. Clerri helps practices build direct relationships with cash-pay patients, reduce reliance on insurance, and offer patients a simpler path to affordable care. Membersy's 2021 funding round reflects the category's earlier funding cycle rather than current market momentum, but the platform's continued growth shows sustained interest in membership-based alternatives.[22]
- **quip — oral health as part of consumer wellness.** Quip has built a recognizable consumer oral care brand across a range of price points, including newer premium offerings alongside more accessible products. Its model illustrates how oral health can compete for consumer attention alongside other daily wellness categories and serve consumers with different needs and willingness to pay. The longer-term opportunity is whether that engagement can extend beyond products into sustained prevention and connection to care.[23]

The strongest opportunities will be those that translate consumer interest into appropriate care.

Where the Opportunity Is Now

Oral health has plenty of important problems. The market map points to the sharper question for innovators and investors: Which of those problems are ready to become durable markets?

The answer is uneven. Economic pressure is pushing providers, payers, employers, and consumers to look for solutions that relieve a current pain point, fit into existing care or operating models, and show value in a way a buyer can recognize.

For entrepreneurs and investors, the implication is to look past need alone. The strongest near-term opportunities are where there is clear urgency, a practical path into care or operations, a buyer with budget, and measurable value. Where those conditions already exist, the question is execution and scale. Where they are still forming, the opportunity may still be meaningful, but the work is earlier: building the evidence, partnerships, reimbursement pathways, and operating models that make adoption repeatable.

Appendix: Assessment Framework

We look for areas where multiple signals are beginning to converge. We assess each opportunity across five dimensions

SIGNAL	THE QUESTION IT ANSWERS
Market Need	Is the problem large, costly, and meaningfully unmet?
Clinical & Economic Value	Is there evidence that solving it improves outcomes and/or creates measurable economic value?
Customer Demand	Are identifiable customers prioritizing the problem and spending to solve it?
Infrastructure Readiness	Are the workflows, technologies, reimbursement pathways, distribution channels, and policy conditions in place to support adoption at scale?
Capital & Strategic Activity	Are investors, incumbents, or acquirers committing resources to the space?

We assess the strength of each signal using recent, citable evidence of market activity. Each signal is rated on a four-stage scale:

○○○ **Absent**
●○○ **Thin**
●●○ **Emerging**
●●● **Strong**

Together, these signals help us place each opportunity into one of three stages of market formation:

- **Hot Spots:** Multiple signals have converged, with clear customer activity and evidence that the market is scaling.
- **Bright Spots:** Need and value are clear, and the foundations for adoption are emerging, but customer activity or investment has not yet fully caught up.
- **Early Activity:** Need may be clear, but the path to adoption, demonstrated value, or customer demand is still forming.

These stages show how developed each opportunity is today. That said, areas with less market development may still represent significant opportunity over time.

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