

The 2026

Dental Operating Standard



The definitive roadmap for dental operations: Grounded in real-world surveys, billion-hour call analysis, and performance benchmarks from 3,000+ practices.

Note on the future of the industry from Ryan Miller

As we look back on 2025, one thing is clear: it tested confidence across the dental industry. Industry data shows dentists' confidence in the overall economy declined meaningfully throughout the year.

Confidence in the dental care sector for growing practices followed a similar pattern, ending 2025 at notably lower levels than in recent years. For many practice leaders, the uncertainty wasn't theoretical. It showed up in tighter decision-making, longer planning cycles, and a heightened focus on protecting what was already working.

At the same time, the data tells a more nuanced story.

Despite declining confidence through 2025, most practices did not significantly slow their investment plans. Technology adoption continued, operational improvements remained a priority, and teams continued to look for ways to create more predictability and control inside their practices, even as external conditions felt less certain. The contrast signals an industry that is cautious, but not stagnant.

Patient behavior reinforced that signal. Consumer dental spending increased by approximately 13% in 2025, underscoring that demand for care remains strong. Patients did not disappear, but their tolerance for friction diminished considerably. Inconsistent communication and unclear experiences became harder for practices to absorb and easier for patients to notice.

By the end of 2025, it became increasingly clear that performance gaps in dentistry are no longer driven by effort or intent. They are driven by operating systems. Practices with clarity, consistency, and visibility continued to perform well. Practices relying on informal processes, one-off knowledge, or manual workarounds felt increasing strain.

Built from real operating data collected across practices of all sizes throughout 2025, this guide exists as a snapshot of the industry. Each section is designed to answer one simple, practical question: What does "good" actually look like in a modern dental practice?

If 2025 was a year of recalibration, 2026 is a year of intention. The practices that succeed will be those that move from assumptions to standards, from visibility gaps to measurable insights, and from reactive problem-solving to durable operating models.

This guide is meant to help practices take that next step.



Ryan Miller
Founder, CEO, Peerlogic

Executive Summary

Across interviews and data, these six forces consistently surfaced:

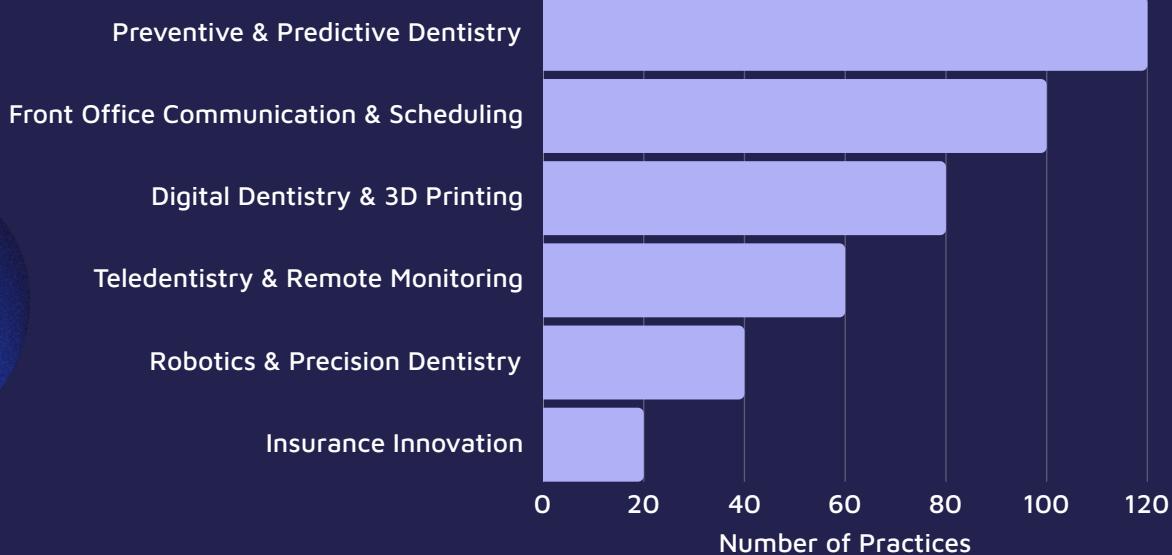
Industry Signal	What This Looks Like in Practice	Data Signal
Patient Expectations Have Shifted	Front offices are expected to operate like modern consumer businesses, prioritizing efficiency, clear communication, and technology.	<ul style="list-style-type: none">40% of patients reported engaging with a practice's social media before booking.Practices using AI agents see 84% more bookings.
Measurement Has Become Non-Negotiable	Practices feel confident in patient communication but rarely validate that belief through consistent review.	<ul style="list-style-type: none">Only 36% of practices review front office performance weekly, despite high reported confidence.
Consolidation Has Raised the Bar	Expectations around consistency, accountability, visibility, and system durability have permanently increased across the industry.	<ul style="list-style-type: none">50% of practices operate across 4–6 or more systems daily, regardless of size.
Patient Communication Has Become Omnichannel	Modern patient communication is a system: consistent answers, clear handoffs, and follow-through across calls, texts, and digital channels.	<ul style="list-style-type: none">80% of patients prefer digital communication channels
Front Office Friction Is Structural, Not Human	System overload, manual workarounds, and constant context switching create friction across teams.	<ul style="list-style-type: none">92% of polled practices manage operations across four or more systems dailyPractices repeatedly report front-office friction as a major deterrent in their business confidence
Stability Matters More Than Speed	Practices are optimizing for predictability, reliability, and sustainability before pursuing growth.	<ul style="list-style-type: none">Only 36% describe patient experience as very or extremely consistent across calls, texts, and in-person interactions.

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Technology is Evolving Dentistry, Fast.

How Dental Practices are Integrating Technology



Dental technology adoption is no longer linear, nor is it driven solely by clinical innovation.

What practices adopt, and when, is shaped by where uncertainty, friction, and financial risk feel most acute inside the organization. The pattern is consistent: technology enters first where it stabilizes decision-making, protects revenue, and reduces operational blind spots. This is especially true for growing practices, which see technology adoption jump when under four practices, and then often seek tech consolidation once they reach eight or more practices, because those breaking points become bigger - visibility, process,

This is also likely why the strongest adoption today sits in preventive and predictive dentistry. Tools that surface risk earlier and guide treatment planning give clinicians confidence and give patients clarity. In a market where trust, transparency, and long-term care matter more than ever, predictive insight has become a form of operational security.

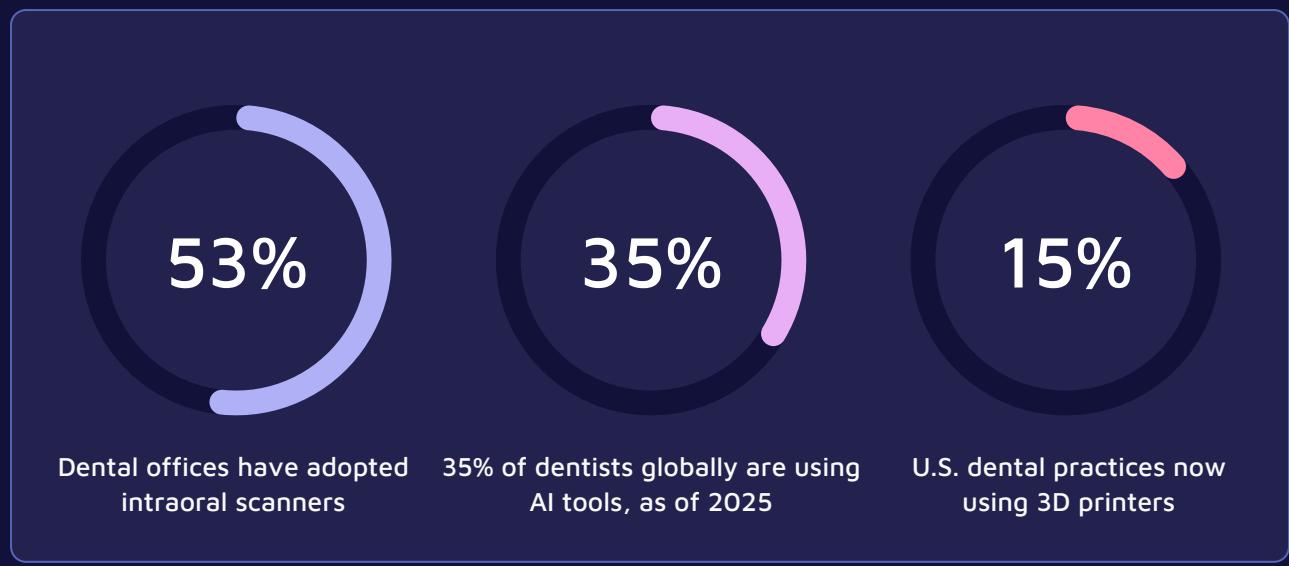
That same need for stability is now pulling technology into the front office. Scheduling platforms, patient system integrations, and unified call and text workflows are being adopted because they both eliminate the most visible form of loss: missed patients, and they create uniform experiences across multilocation practices. When communication is inconsistent or breaks down entirely, chairs go empty. Practices are investing in front-office technology to protect demand, reduce chaos, and create consistency across every office and every patient touchpoint.

From there, attention shifts toward clinical control. Digital dentistry, 3D printing, teledentistry, and remote monitoring are gaining ground because they compress timelines, reduce reliance on external vendors, and enable care to extend beyond the physical operatory. These tools reflect a growing comfort with hybrid care models and a desire to keep more of the patient journey inside the practice.

Further out on the curve, robotics and precision dentistry represent the next horizon of clinical advancement. These technologies promise accuracy and repeatability, but are being adopted more selectively likely due to their newness.

"Most practices don't adopt front office tech because it's trendy. They adopt it because when communication breaks, chairs go empty. If we can protect the patient experience and keep demand moving, everything else runs better." - Dr. Samir Puri, CCO, Imagen Dental Partners

Insurance technology tells the opposite story. Despite its potential to unlock massive efficiency, adoption remains slow. Eligibility, reimbursement, and administrative automation touch every practice, but the complexity of integration stalls progress. This lag highlights the core truth behind the entire curve: adoption accelerates where technology improves patient experience or clinical confidence, and it slows where systemic friction remains unresolved.



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Tech and Your Practice



What the experts say:

"Practices aren't chasing technology for its own sake, and interest in new tools varies widely depending on internal operational pressure. What we consistently see is steadiness: practices sequencing investments based on readiness, capacity, and where friction actually exists."

The most successful practices integrate technology in layers, ensuring each new system reinforces the one before it rather than introducing more complexity. That requires being deliberate about what's used across different desks and understanding how disconnected systems can impact the practice as a whole.

In dentistry, technology doesn't create excellence on its own. It amplifies what's already well designed. When systems, workflows, and accountability are in place, technology becomes a multiplier, not a shortcut."

Alex Maskovyak, Chief Technology Officer

Create and communicate processes before deploying tools

Technology should support defined processes, not force teams to invent new ones.

Account for variation across pods and roles

Be explicit about which systems are used where, and how differences impact each role in your practice.

Use technology to amplify good design

Technology does not create operational excellence on its own; it strengthens what is already well designed.

Prioritize integration over expansion

Unified systems reduce friction more effectively than adding standalone tools.

Adopt technology in layers, not leaps

Ensure new technology is actually helping your team, rather than adding complexity at the ground level.

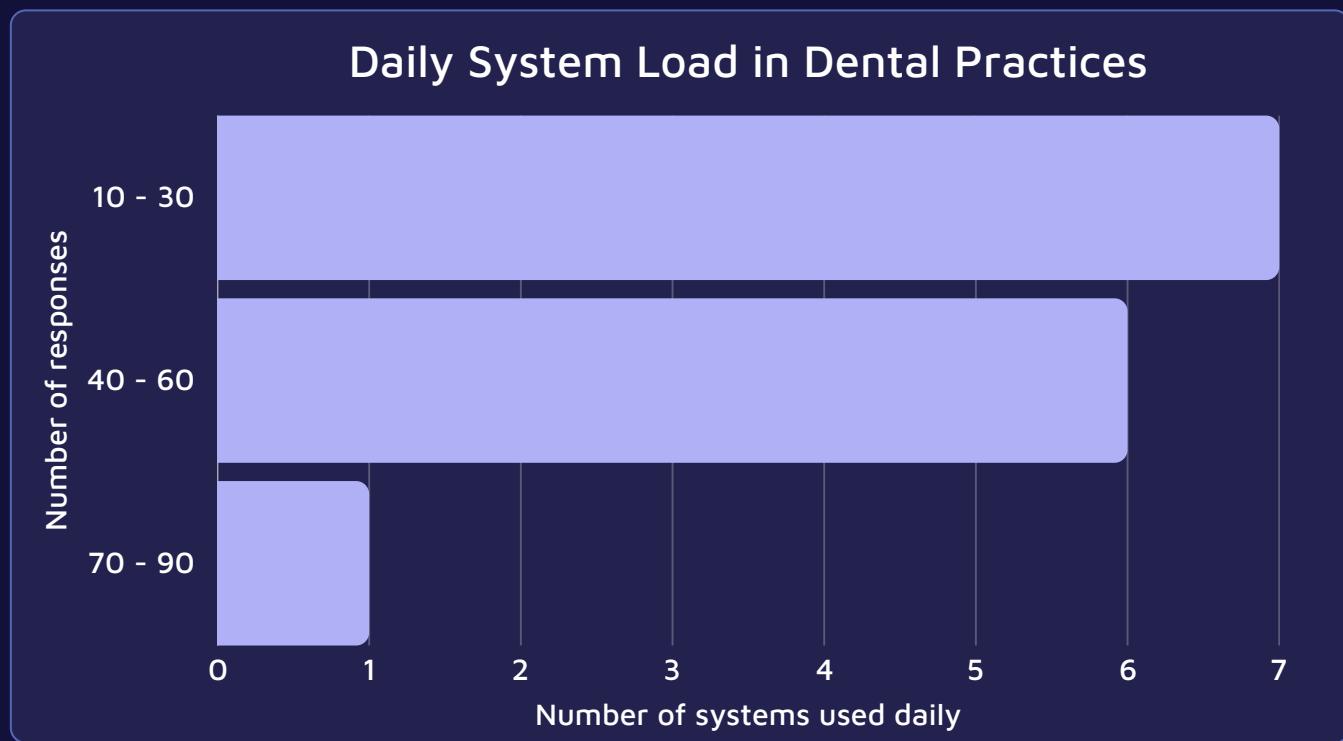
Daily System Load in Practices

Mid-market dental groups operate in a constant state of coordination. Scheduling, patient records, inbound calls, follow-ups, and messaging often live across multiple systems and are often distributed across tools that were added over time as a group adds locations, or responds to new operational needs.

For emerging mid-market groups, the problem compounds with every new location; more calls, more staff, more patient volume, more moving parts. Our study found that 92% of practices operate across four or more systems each day.

Without centralized visibility and consistent workflows, teams end up siloed, operating in individual tools, and leadership loses visibility.

The best-run groups don't fight complexity, they build orchestration. By creating standardized workflows and consolidating when needed, the group operates with consistency at scale.



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Lack of Universal Definitions

What is measured gets managed.

Across practices, the language around “missed opportunities” is inconsistent. Some teams only count unanswered calls. Others include voicemails, abandoned calls, unreturned texts, or form fills that never get a follow-up. Many operate without a formal definition.

When the language isn’t shared, measurement gets messy and accountability becomes diluted. Recovery turns reactive, and performance conversations drift into opinions instead of outcomes.

What looks like a staffing problem or a technology gap is often a clarity gap, especially in emerging groups where growth has outpaced standardization.

Best practices start with alignment. High-performing groups define essential terms, then build workflows, assign ownership, and set recovery expectations around them so execution stays consistent across every location. Because when definitions vary, outcomes will too.

Suggested definitions to standardize across your team:

- 1 **Patient Inquiry:** Any patient-initiated contact attempt across call, text, or web that signals intent to book, reschedule, ask a question, or get help.
- 2 **Missed Call:** Any inbound call that does not reach a live answer at the time of the call. This can include calls that go to voicemail, ring out, or are abandoned before pickup (depending on your practice workflow).
- 3 **Call Resolution:** A missed call is “resolved” only when the loop is completed: patient receives a response + next step is confirmed (appointment booked, question answered, callback scheduled and completed).
- 4 **Booking Outcome:** The measurable result tied to the call, such as: appointment scheduled, appointment confirmed, rescheduled successfully, or patient retained/reactivated.

Assumed vs. Measured Performance

Feeling informed is not the same as being informed.

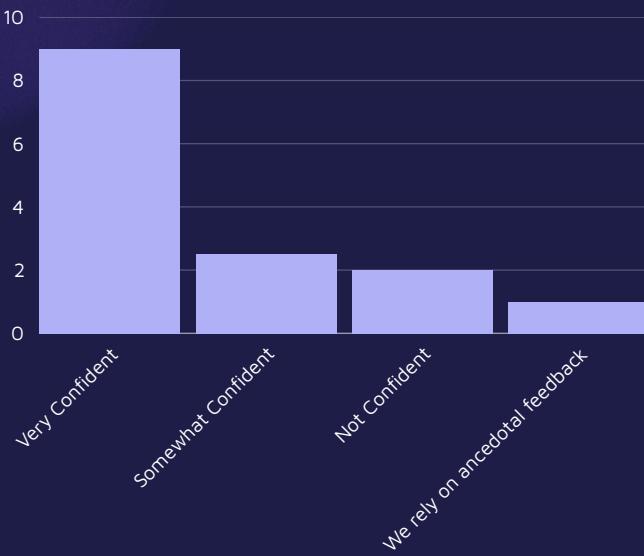
Many growing groups express confidence in their understanding of patient communication, yet far fewer consistently review what actually happens across calls, messages, and follow-ups.

When insight is assumed rather than observed, blind spots persist unnoticed. This is not a reflection of negligence or indifference; it reflects how difficult visibility becomes when workflows span multiple offices and systems. Without shared dashboards, regular reviews, and defined ownership, even well-intentioned teams rely on intuition rather than evidence.

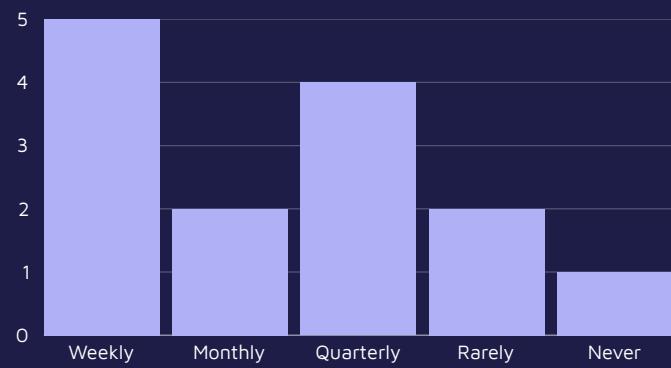
Confidence grows stronger when it's reinforced by visibility.

Practices that outperform their peers close this gap by institutionalizing visibility. They replace assumptions with shared insight, making confidence something that is earned, not inferred.

Confidence in Understanding Patient Communication



How Often Does Your Team Review Front Office Performance?



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Create Validation Points

Separate belief from validation

Treat confidence as a hypothesis, not a conclusion. Regularly review data across practices and confirm whether systems are working as intended.

Create shared visibility, not individual reporting

Operational insight should be accessible to the team, not siloed with a single role or dependent on manual updates.

Review workflows, not anecdotes

Focus on patterns across calls, follow-ups, and resolution rates rather than isolated stories or one-off issues.

“What the best-run practices have figured out is that visibility drives everything. If you can track a lead from marketing to a scheduled appointment, you remove uncertainty. Once that’s in place, you can layer in AI, automation, and smarter scheduling, but it all starts with knowing what’s actually happening.”
— Ryan Torreson, CMO, Mosaic Collective,

Assign ownership to verification

Make it someone's responsibility to ensure data is reviewed consistently, not just collected.

Turn review into a habit, not a reaction

Schedule regular operational check-ins so visibility is proactive rather than triggered by problems.

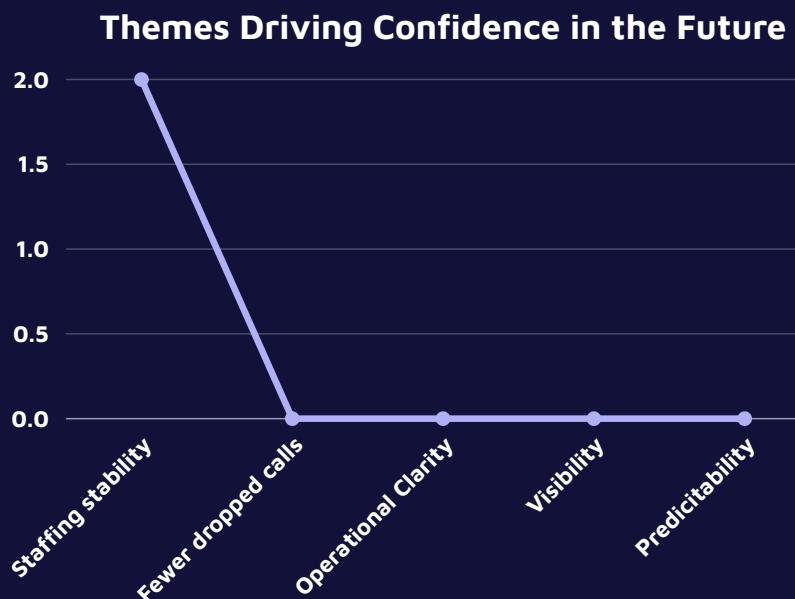
The Future Is About Stability, Not Speed

Growing groups aren't just chasing growth, they're chasing control. When asked what would increase confidence in the future, leaders consistently point to stability, predictability, and operational clarity.

The signal is clear: growth matters, but only when it is supported by systems that prevent burnout, inconsistency, and lost opportunities. The most confident groups have designed operations that scale calmly, absorb variability, and support teams without constant intervention. That foundation also positions them for future growth, as building these systems early reduces the operational headaches that typically accompany expansion.

Stability as a MOAT

The most confident groups build operations that scale calmly, absorb variability, and support teams without constant intervention. In a market shaped by consolidation, this matters even more. As groups expand, complexity multiplies, and the "stack" approach breaks down fast. Growing groups don't want more tools; they want systems that connect, create visibility, and maintain consistent execution across locations and teams. Stability becomes a moat because it prevents breakdowns from turning into lost patients, staff burnout, and operational chaos. The future belongs to groups that remove friction before chasing growth.



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Team First Design

Design for predictability before expansion

Before adding new locations, services, or marketing channels, make sure your core workflows run reliably at today's volume. Consolidation exposes weak handoffs fast, and inconsistency scales faster than performance.

Reduce operational friction at the source

As organizations grow, small breakdowns become system-wide problems. Identify where work slows down, gets repeated, or falls through the cracks, then redesign workflows so the same issues don't multiply across teams and locations.

Focus on resilience, not just efficiency

Efficiency helps on a normal day. Resilience protects you during staffing changes, volume spikes, and unexpected disruptions. The practices that scale well design operations that hold up under pressure, even as complexity increases.

Build systems that support teams, not constant oversight

In multi-location environments, leaders can't be everywhere at once. Stability improves when workflows guide action, ownership is clear, and the practice doesn't rely on heroics or manual intervention to stay on track.

* **Tool Sprawl is a Tax**

More tools often mean more handoffs, more logins, and less clarity.

* **Consolidation Exposes the Cracks**

Every new location multiplies variability. Weak workflows don't stay isolated, they spread.

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Use AI to Reduce Work, Not Add Complexity

AI can save your team meaningful time, but only when it's implemented with intention.

"There's a lot of noise around AI right now in dentistry, and it can feel overwhelming, but the core value is clear: AI will help practices streamline workflows and enhance patient engagement when implemented thoughtfully."

-Bill Neumann, CEO, Group Dentistry Now

Across more than 3,000 small practices, emerging groups, and large DSOs, we've seen a consistent pattern: AI delivers the strongest impact when it's treated as a true workflow layer, not a partial add-on.

When front-end AI tools like an AI receptionist are trained on the practice's rules and integrated into scheduling and communication workflows, inquiry-to-booked "resolution rates" can exceed 75%. In other words, patients get booked without a team member answering the call live or chasing the patient down later. That is what "time savings" actually looks like in practice: fewer interruptions, fewer callbacks, and more booked appointments with less manual effort.

We've also seen the opposite. When practices intervene in the AI communication loop before the appointment is booked, performance drops sharply. In the data, resolution rates can decline by more than 30% when teams step in too early, even though overall bookings still improve.

The takeaway is clear: AI performs best when it's given ownership of the first mile of patient communication, with humans stepping in only when escalation is truly needed.

How Practices Use AI

AI performs best when it can complete the loop (inquiry → scheduling → confirmation, query, and forwarding), not just answer and task creation. Choose software that understands your unique scheduling rules, common patient questions, and practice-specific complexity, not generic chat.



84%

Higher conversion rates
with AI response
automation

30%

Significant operational
efficiency gains

25%

Increases in
appointment bookings

Office Hours Should Follow Demand, Not the Clock

Patient communication is not evenly distributed across the day.

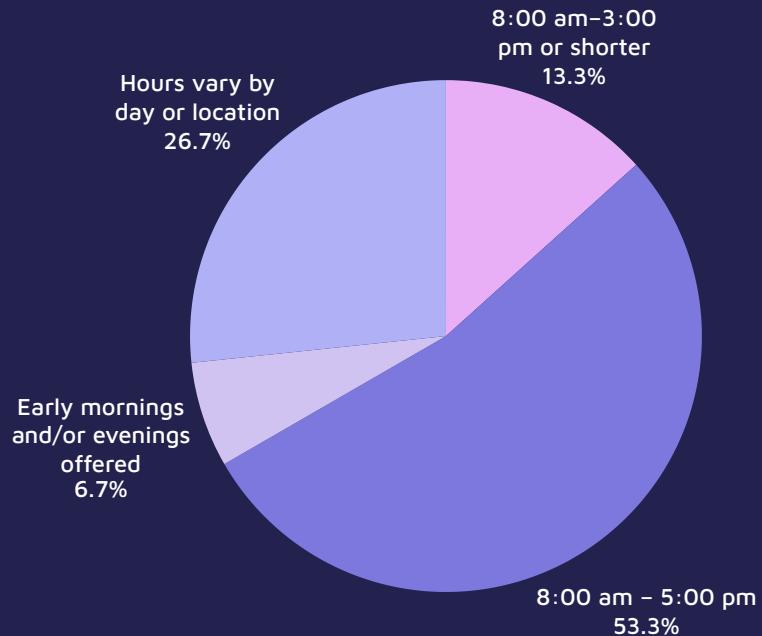
Across thousands of practices, we consistently see call volume concentrate in predictable windows, with the biggest peak occurring at 3:00 PM.

That matters because this spike often hits when practices are already under operational load: patient flow is high, teams are mid, or at the end of a shift, and the front office is juggling multiple priorities at once.

When demand and capacity collide, missed calls increase, follow-up gets delayed, and opportunities fall through the cracks.

The most stable groups design coverage around when patients actually reach out, not when the office is technically “open.” They use technology, clear ownership, and automation to absorb peak call periods without requiring constant heroics from the team.

What are your typical patient-facing hours?



The Modern Patient Expects Fast, Personal Communication

Patients today are more digitally connected, informed, and engaged than ever, and they expect their doctors to meet them there. A growing body of research shows that modern patients increasingly use digital channels to understand, evaluate, and choose their healthcare providers.

In recent studies of dental patients, over 40% reported engaging with a practice's social media before making care decisions, and among those who did, a large majority said the content influenced their choice of provider, especially if they had switched practices in the last few years.

Digital channels aid engagement, far beyond initial discovery. Social media and mobile messaging enhance patient understanding and comfort, helping practices build trust and ongoing communication, which in turn means happier patients with longer tenure.



What the experts say

"We respond to patient inquiries with short videos, especially on social. It's not automated, but it's personal, and it works. Once a day, my team pulls me aside to record quick replies. We send them as soon as we can, and then the team goes back to answering common questions and helping patients schedule. That one touchpoint has made a big difference in our new customer acquisition."

Dr. Drew Ballard, Founder, Cosemetic Dentist, HALO Veneers

These trends reflect a broader shift toward what's often called the "e-patient," someone who expects access, transparency, and responsiveness through digital tools and communication channels as part of their healthcare experience.

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Your Office and the Modern Patient

Office hours should follow demand, not the clock.

Patients do not reach out in neat business-hour windows, nor do they always favor one channel.

The groups with the most booked appointments design coverage around when and where patient engagement is high. This doesn't have to mean staffing odd hours, expensive call centers, or maintaining every social channel. Here's what the best practices are doing:

- Show up where patients are (digital channels that influence decisions)
- Make responsiveness a brand behavior: speed builds trust before the first visit
- Standardize common answers so patients get consistency
- Keep room for personal moments that make the experience feel human
- Map peak inquiry times (morning rush, lunch hour, after-work, weekends) and create ownership workflow (technology and human) for quick responses
- Staff for demand spikes, not "standard hours."
- Protect coverage during bottlenecks (lunch and end-of-day)

* What good looks like:

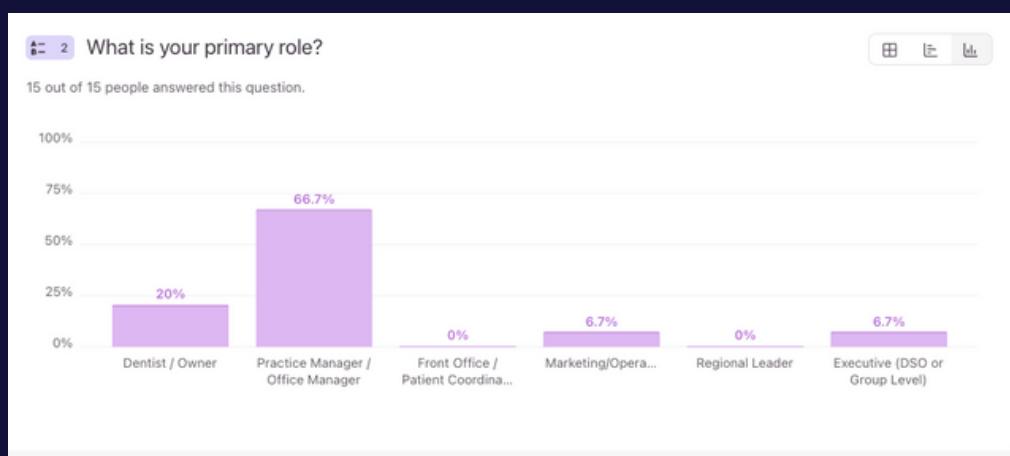
- Patients get a timely response even when the office is busy
- Teams stay consistent instead of reactive
- Patients feel supported and seen uniformly on various channels
- Digital engagement supports understanding, trust, and follow-through

In 2026 and beyond, the data makes one thing clear: Best practices don't happen by accident. They're designed.

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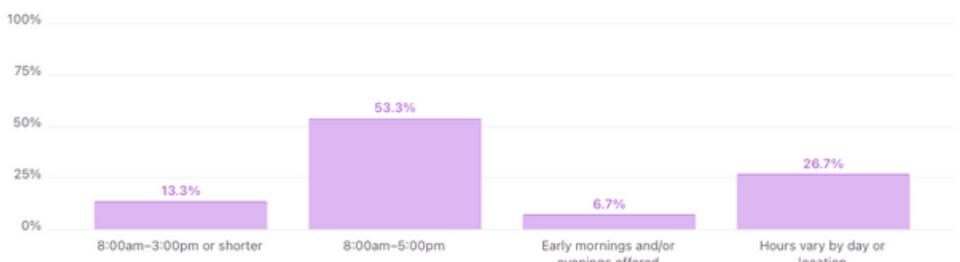
Methodology

This guide is grounded in real-world operational data and patterns observed across more than 3,000 dental practices of all sizes. We analyzed patient communication and workflow signals across calls, missed opportunities, response behavior, and booking outcomes to identify what consistently separates high-performing practices from those operating in reactive mode. Our methodology focuses both on repeatable trends that show up at scale, and then translates those findings, and in direct survey collection from the industry at large.



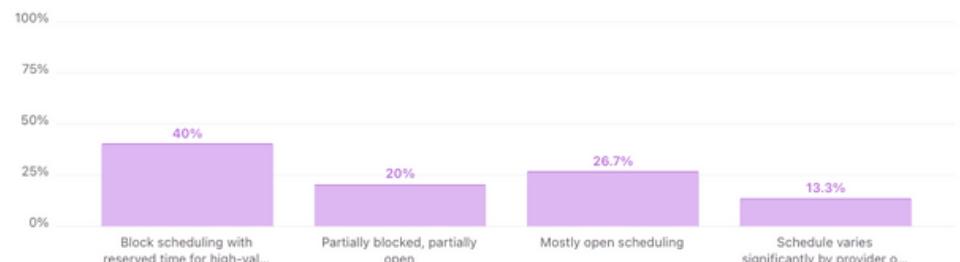
3 What are your typical patient-facing hours?

15 out of 15 people answered this question.



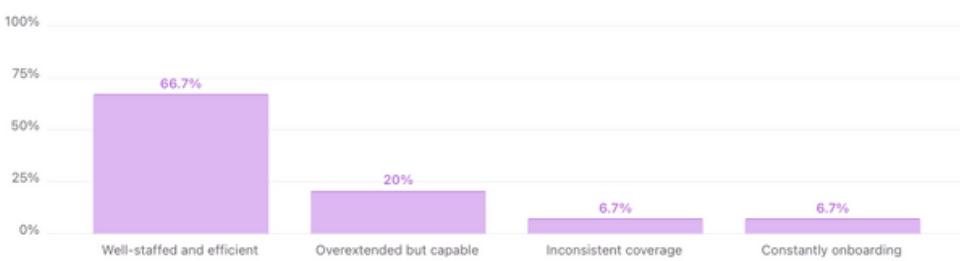
4 How is your clinical schedule primarily structured?

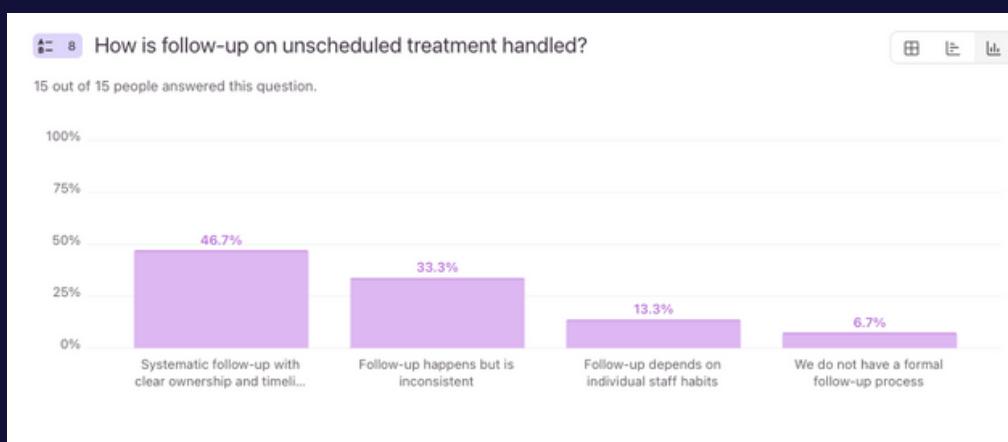
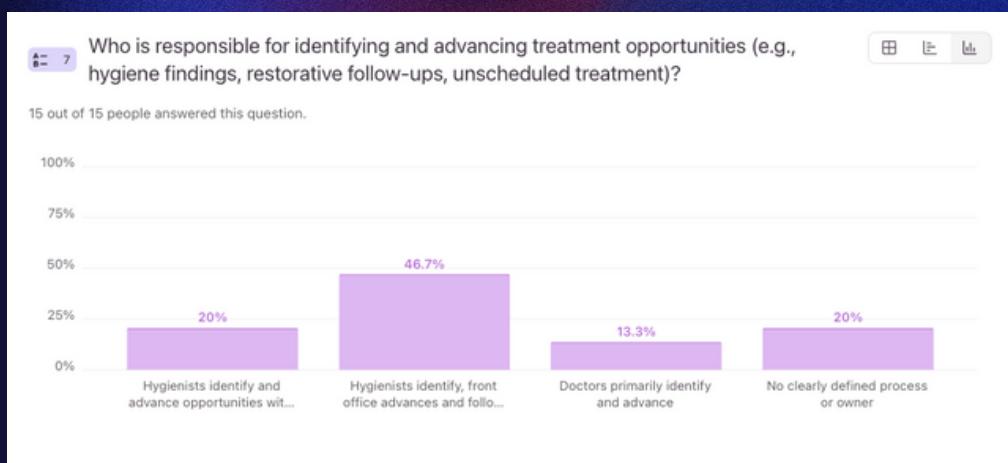
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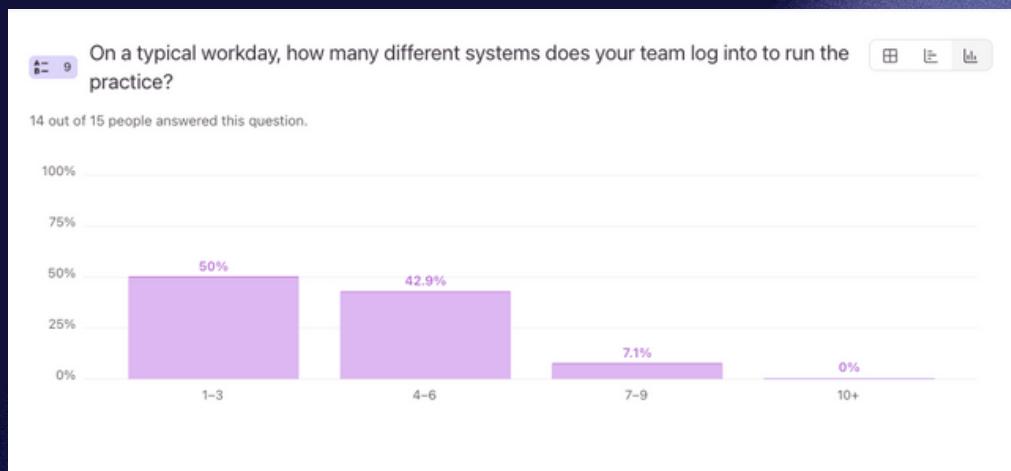


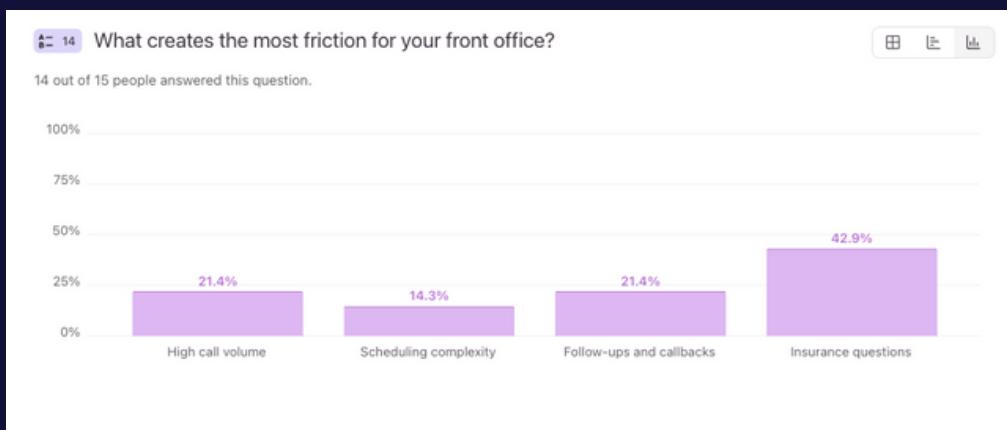
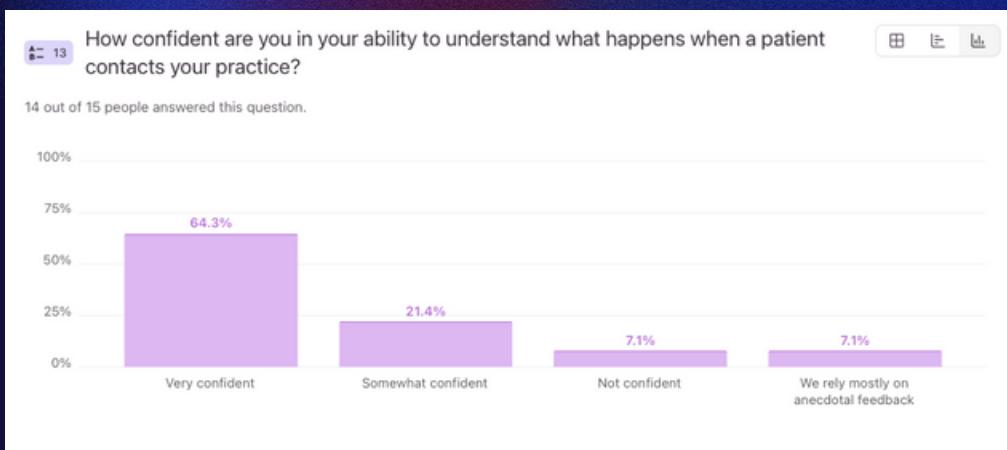
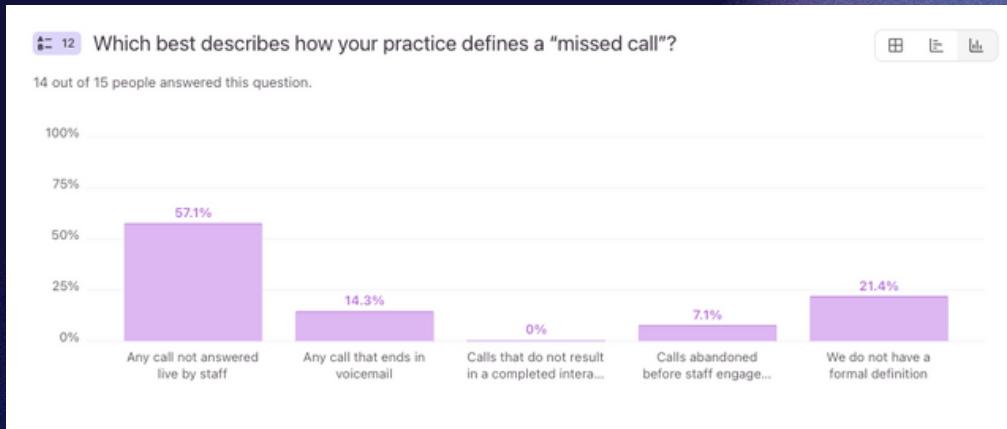
5 How would you best describe your front office staffing coverage today?

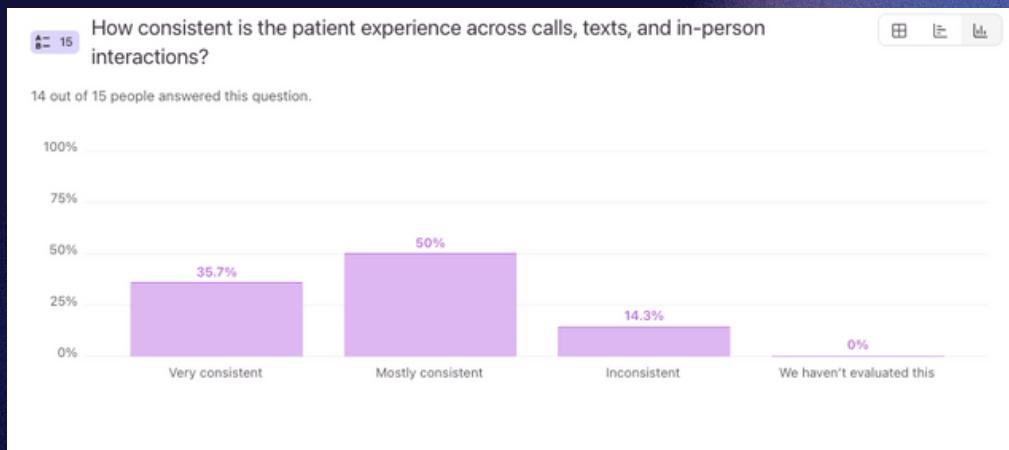
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These results provide the analytical foundation for the operational best practices presented throughout this guide.

