SOFTWARE IN A BOX · A CONVERSATION

Dental Data: Europe's Invisible Opportunity

Spain and the Netherlands in the European Health Data Space

With Sarah (Madrid) and James (Amsterdam) · November 2026

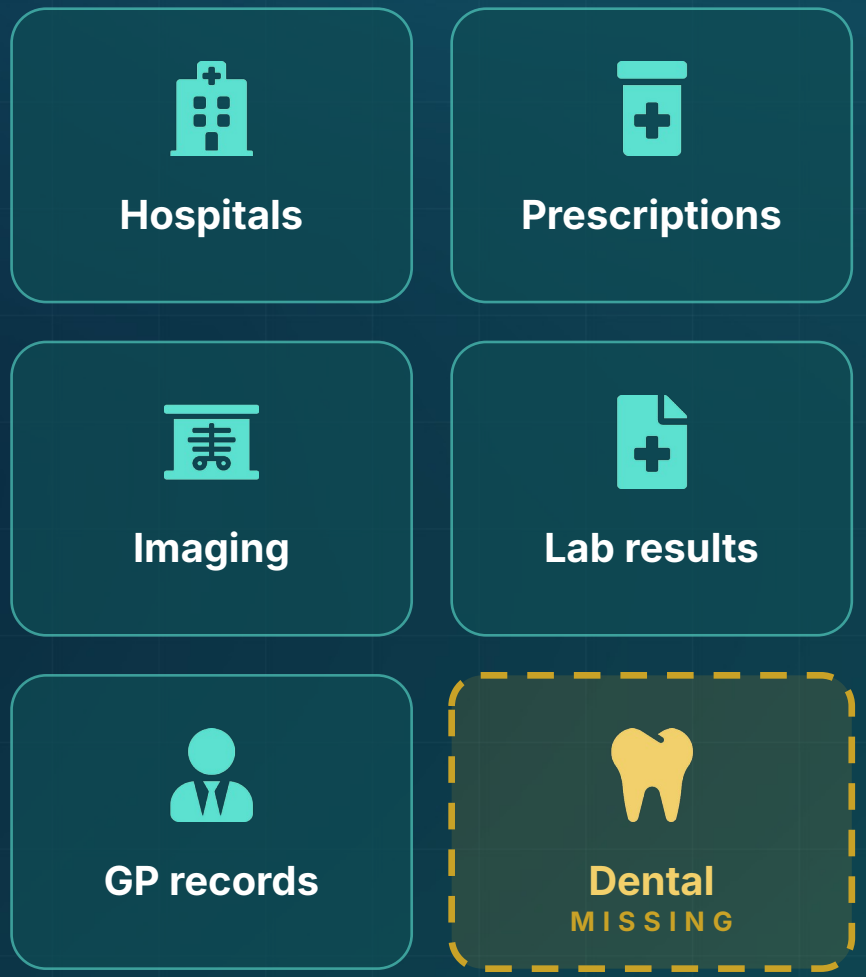
EHDS | Federated data spaces | Dental care



WHAT THE STUDY SAYS

Dental data is the big missing piece of Europe’s health data architecture

Not because it has no value: dentistry is simply organised differently.





WHY DENTAL IS DIFFERENT

Dentistry is organised differently

Small practices | Private spending | Proprietary software | No link to public records

Photo: Pexe

EHDS · ARTICLE 50

Micro-enterprises are exempt by default



Data-holder obligations do not apply to micro-enterprises…

…unless each country decides otherwise. And most dental practices are micro-enterprises.

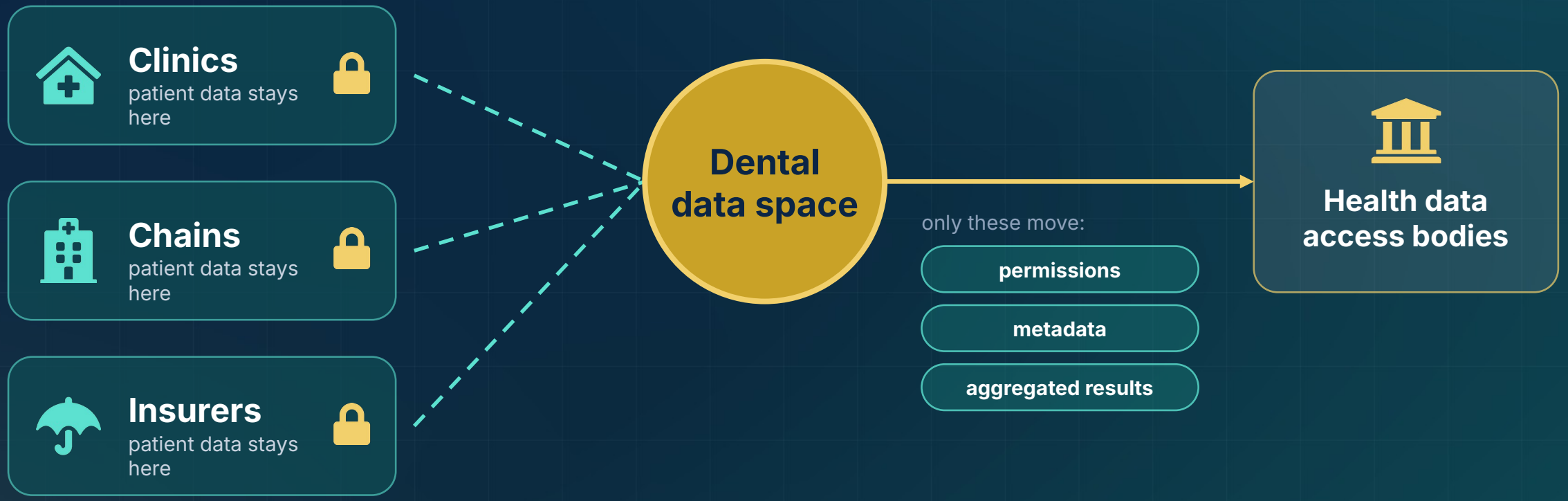
58%

of Dutch dental practices are run by a single dentist

Rabobank analysis

THE SOLUTION

A federated data space: the data never leaves the clinic



The space becomes their natural counterpart.

EHDS TIMELINE

There are very specific dates

26 Mar 2027

Every country has designated its health data access bodies

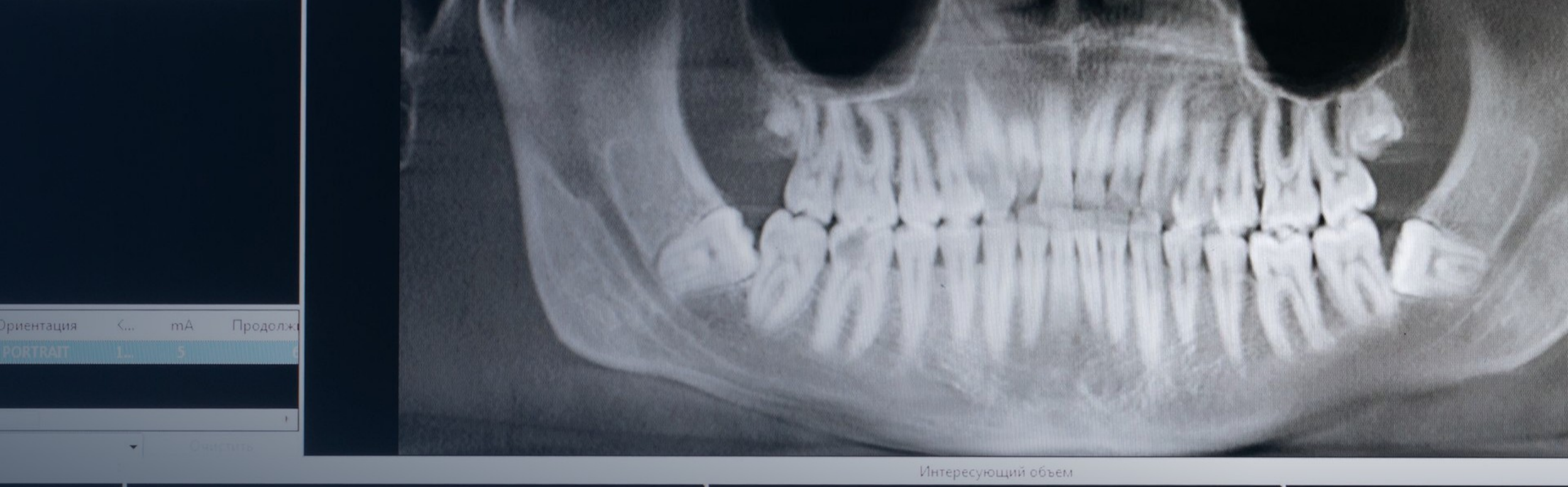
26 Mar 2029

Most secondary-use rules kick in

2031

Medical imaging comes in: X-rays, panoramic scans, cone-beam CT

Whoever reaches 2029 with a working dental data space will be the natural partner.

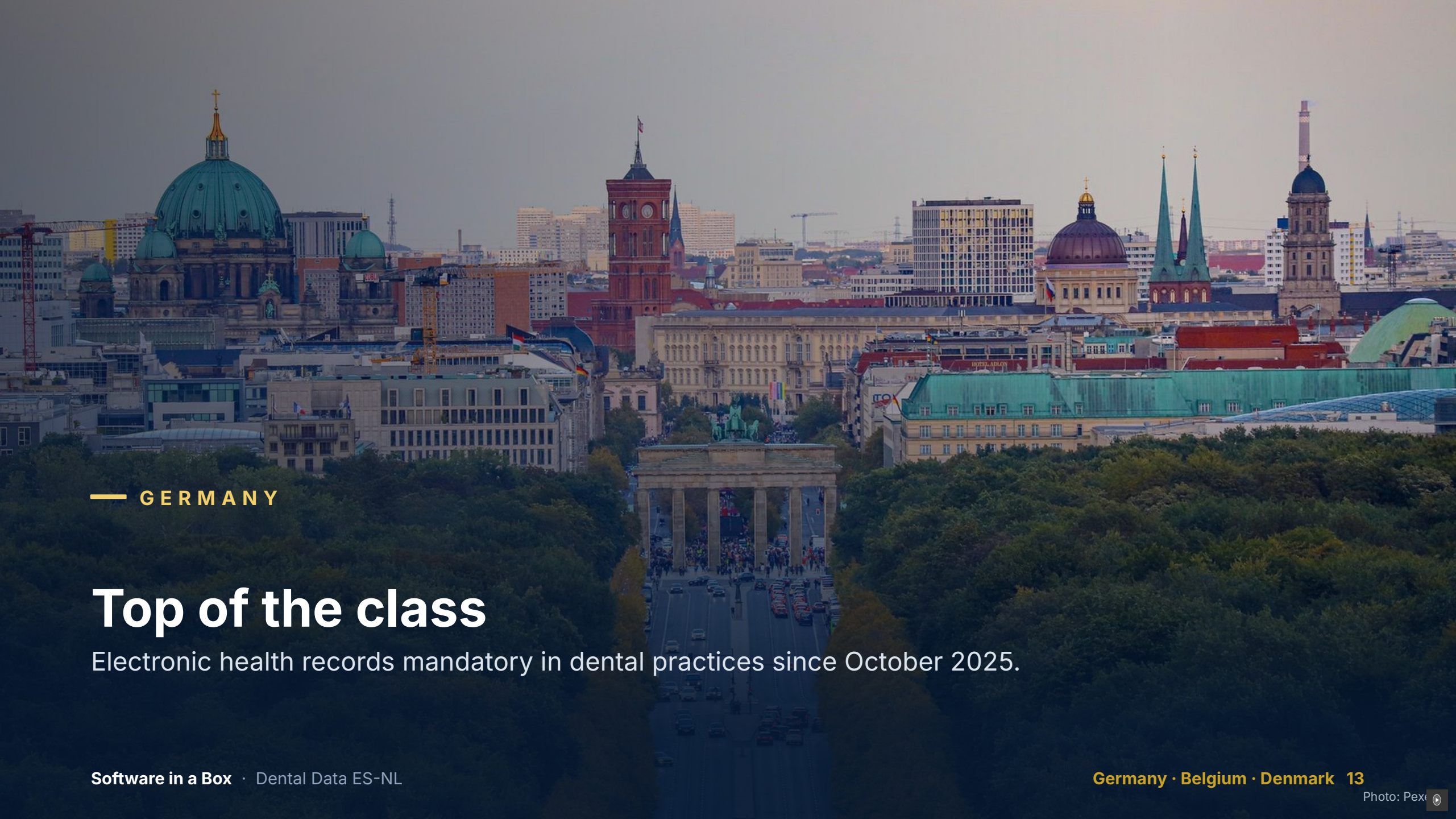


2031 · MEDICAL IMAGING ENTERS THE EHDS

X-rays, panoramic scans, cone-beam CT

Whoever reaches 2029 with a working dental data space will be the natural partner.

Photo: Pexe



GERMANY

Top of the class

Electronic health records mandatory in dental practices since October 2025.

Photo: Pexe

GERMANY

There is a gap, but it’s a different one

5.5 M

digital dental booklets already

Oct 2025

ePA mandatory in dental practices; research data centre live

30%

of investor-backed centres are dental

Complement the public system, don’t compete with it

- Data quality
- Connectors for software vendors
- Analytics for chains and investor-backed centres

Source: study on dental health data spaces in Europe (November 2026).



BELGIUM

Highly structured data, but it’s payer data

Public insurance reimbursed €1.6 bn in dental care in 2025.

Photo: Pexe

BELGIUM

Very structured data, but it’s payer data

€1.6 bn

dental care reimbursed by public insurance in 2025

480+

datasets in the health data agency’s catalogue



What’s missing

Everything that isn’t reimbursed · an oral health survey not repeated since 2014

Source: study on dental health data spaces in Europe (November 2026).



DENMARK

The textbook example

A national children’s oral health registry since 1972.

Photo: Pexe

DENMARK

Well-structured dental data leads to good policy

1972

national children's oral health registry

Age 21

free dental care up to this age

~15%

public subsidy for adults, left out of the data



Belgium and Denmark: institutional-partnership markets

Projects with the data authority itself. The business runs through the state.

Source: study on dental health data spaces in Europe (November 2026).



SPAIN

Three numbers make it special

Photo: Pexe

SPAIN

Three numbers

87

dentists per 100,000 people: the highest density in the group (43,000+ registered)

97%

of dental costs paid out of the patient's own pocket

23,000+

clinics: almost all of the supply is private

Source: study on dental health data spaces in Europe (November 2026).



SPAIN

Fragmented, but with some very big players

Photo: Pexe

SPAIN

Big players, and a paradox

440 own clinics at Donte Group (Vitaldent), end of 2025

The big insurers run their own dental networks.



Insurers + chains

Concentrated buyers with a reason to compare quality.

THE PARADOX



National Health Data Space

330+ datasets, solid public digital infrastructure



The private dentist

Completely outside that circuit

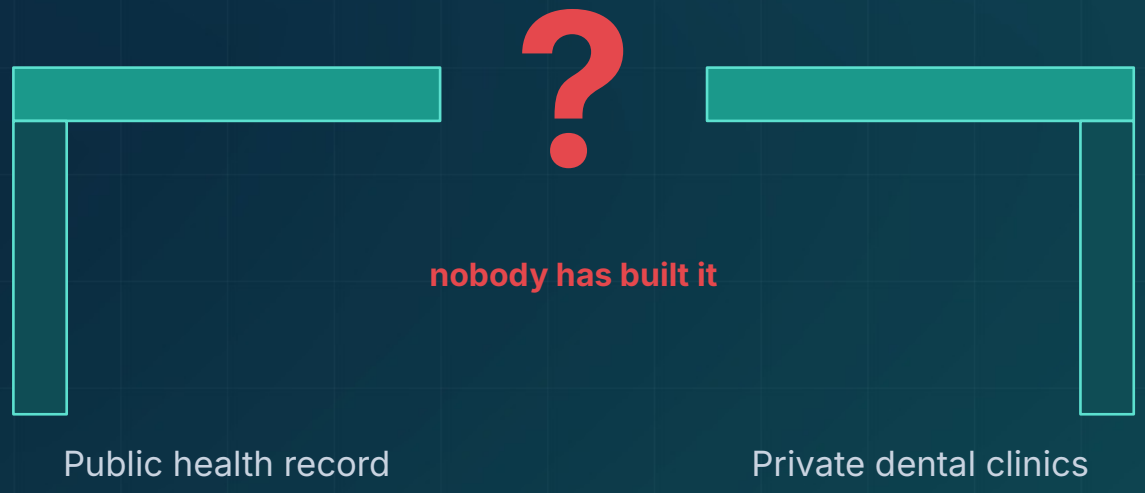
Source: study on dental health data spaces in Europe (November 2026).

The law is pushing. Nobody has built the bridge.

Draft Digital Health Law

Brings private providers into the interoperable health record.

Regional access bodies plus one national body.





SPAIN · MARKET PRESSURE

~2,000 new dentists a year and a reputational crisis

Chains need comparable quality indicators to stand out and win back trust.

Photo: Pexe



THE NETHERLANDS

The opposite of Spain: a shortage

Photo: Pexe

THE NETHERLANDS

A shortage of dentists

~9,500
dentists

53
per 100,000 people

25%
trained abroad

~30%
of practices not taking new patients

Source: study on dental health data spaces in Europe (November 2026).

THE NETHERLANDS

Very rapid consolidation

500+

practices owned by private equity funds

~30%

of dental revenue

21+

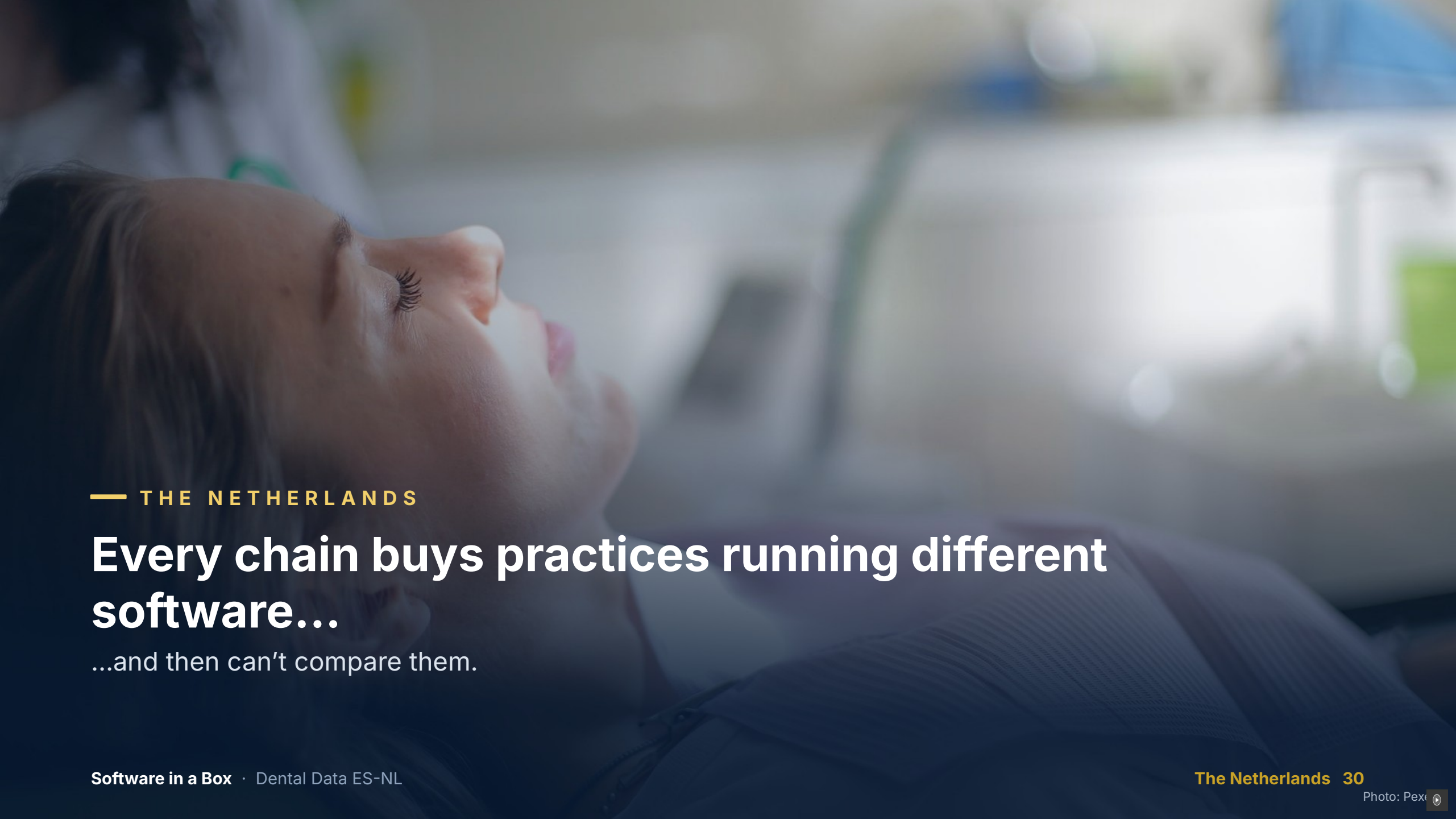
dental chains



Each acquisition brings different practice software

The chain can’t compare its own clinics.

Source: study on dental health data spaces in Europe (November 2026).



THE NETHERLANDS

Every chain buys practices running different software...

...and then can’t compare them.

Photo: Pexe



THE NETHERLANDS · REGULATION

Competition authority and Parliament are watching

And on the regulatory side, the dentist isn’t on the map.

Photo: Pexe

The dentist isn’t on the regulatory map



Data-exchange law (Wegiz)

Oral health is not among its priority exchanges.



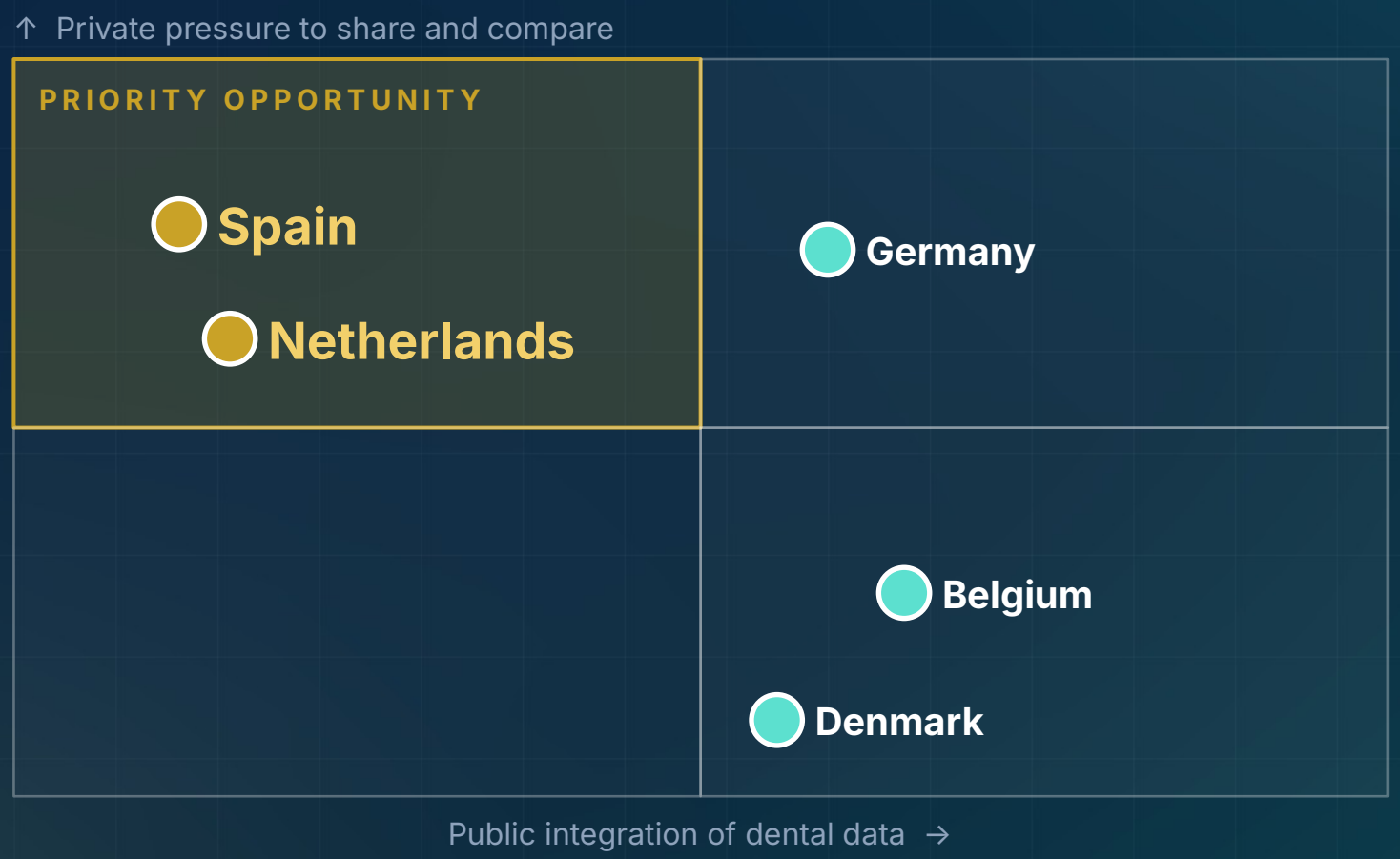
New health data law (Wet GIS)

One single Health Data Authority, but secondary use only comes in a second phase.

A clear gap

THE KEY POINT OF THE STUDY

Different in almost everything, the same opportunity



What Spain and the Netherlands share

- Data fragmented across private software
- Strong private pressure from chains, insurers and funds
- Oversupply vs shortage: opposite markets, same need

THE PROPOSAL

What each partner brings

SPAIN

Spanish technology partner

- Data-space technology and the connector
- European regulatory know-how (EHDS)
- Publicly funded health demonstrators, deployment on Microsoft Azure
- A pilot with a Spanish chain



THE NETHERLANDS

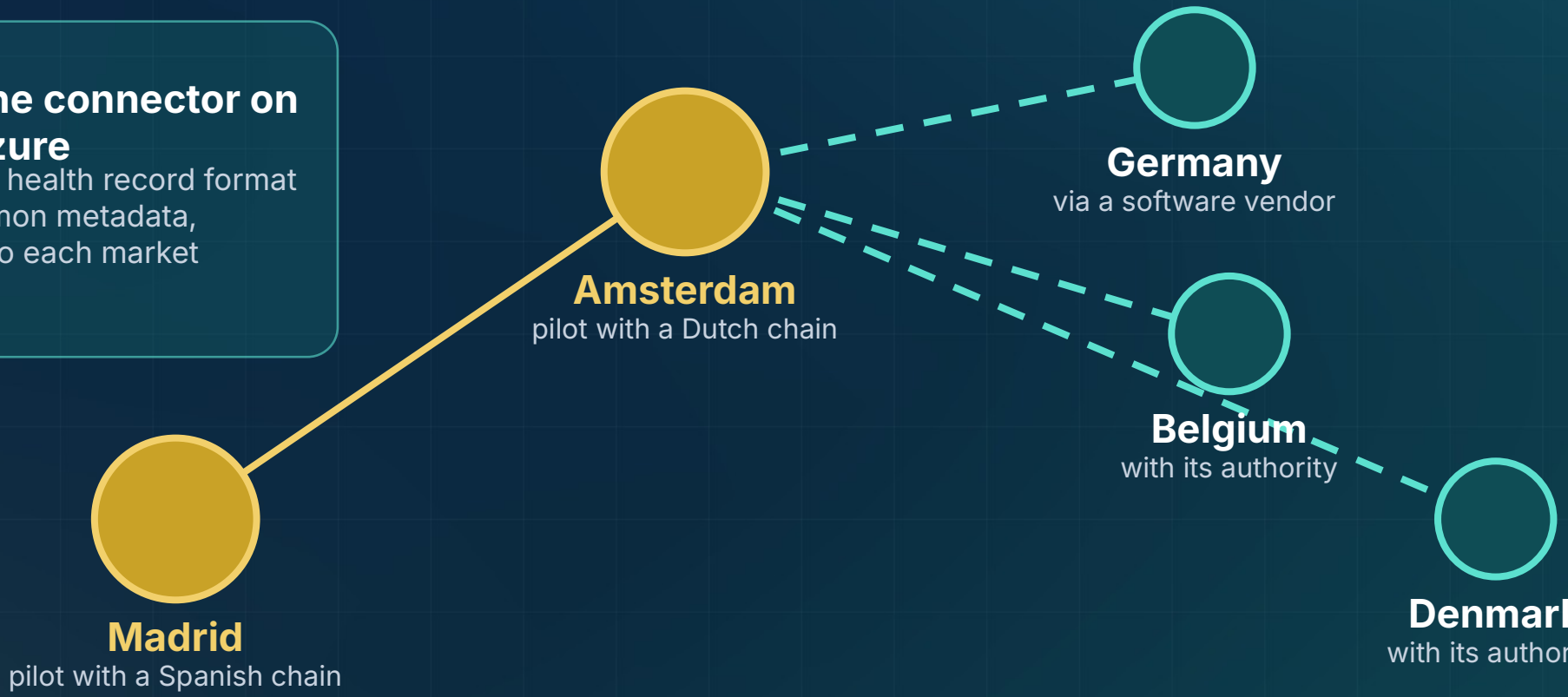
Dutch technology partner

- Relationship with private-equity-backed chains
- Integration with local practice software
- The language
- Dialogue with the new data authority

ONE PRODUCT, TWO MARKETS

If it works in two countries this different…

One connector on Azure
European health record format and common metadata, adapted to each market



THE SYNERGY

Share costs, share use cases, go in together



Share development costs

One product built once, adapted to each market.



Share use cases

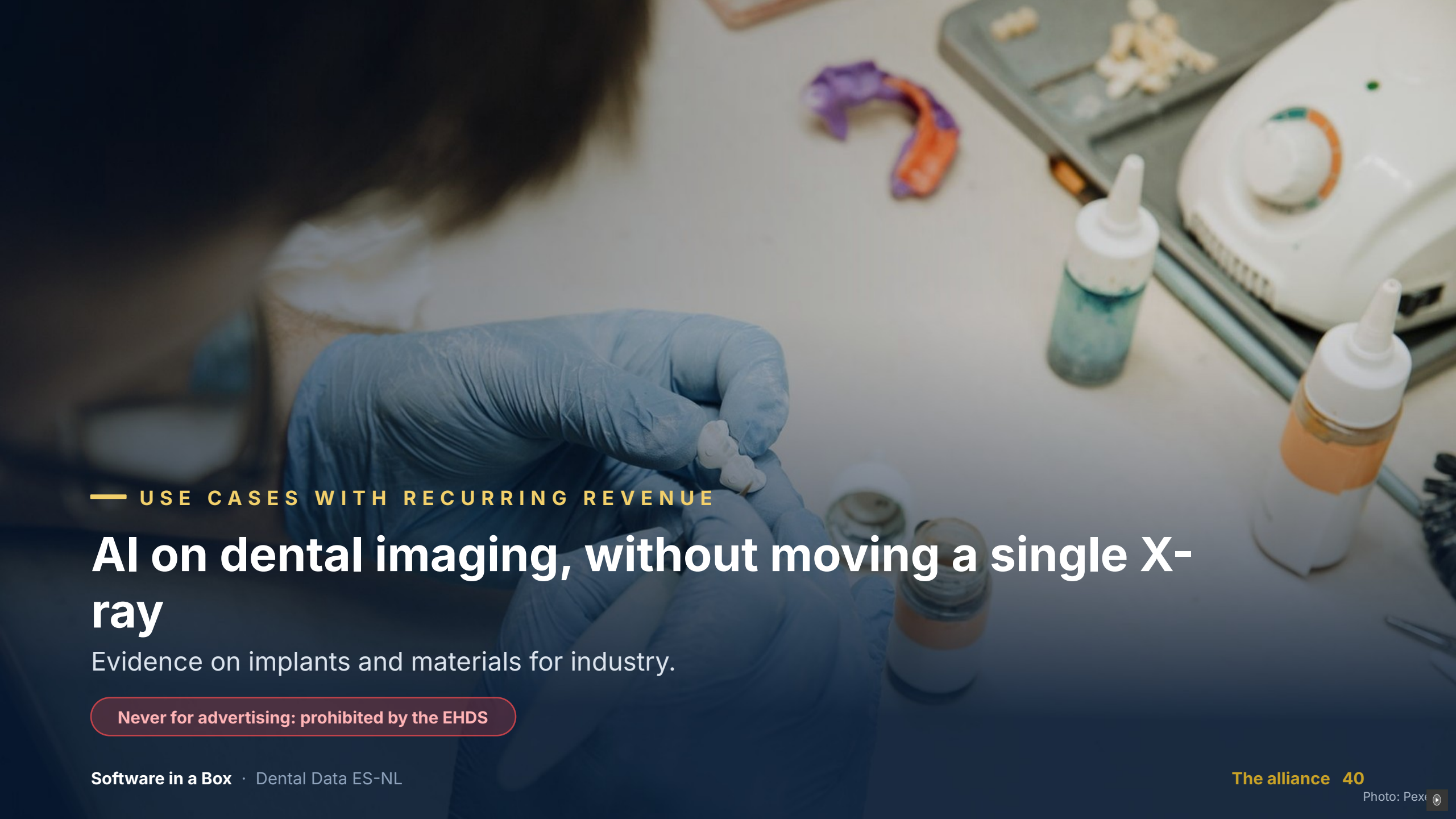
What we learn with a chain in Madrid speeds up the pilot in Amsterdam, and the other way round.



Approach the access bodies together

A stronger voice with regulators in both countries.

First recurring use case today: quality indicators across clinics of the same group.



USE CASES WITH RECURRING REVENUE

AI on dental imaging, without moving a single X-ray

Evidence on implants and materials for industry.

Never for advertising: prohibited by the EHDS

Photo: Pexe

ROADMAP

What needs to happen, and when

Before March 2027

Two pilots

One chain in Spain and one in the Netherlands, focused on quality indicators.

2027 – 2028

Consolidate

Consolidate both pilots and take part in each country’s public consultations.

March 2029

Catalogued

A catalogued dental data space, ready to take access requests under the EHDS.

The window is short: two years. Whoever gets there first will be the regulators’ go-to partner.



SOFTWARE IN A BOX

Spain + the Netherlands: one dental data space, two markets

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Presenters are AI-generated. Figures from a study on dental health data spaces in Europe (November 2026). Photos: Pexels.