

# Pediatric Dental Program



Benchmarking of a portuguese clinic  
compared to european practices

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Confidential | In partnership with European dental  
clinics

*Dr. Pedro Stark, PhD, Mia Española, MsCS*

CW1

## Strengths

The clinic responded to a mid-sized survey, and the following was identified:

### Clinical Expertise:

**21+ years** of experience

Above the EU average (15 years)  
Established trust within the local community

### Patient Retention:

**Loyalty** of patients

26-50% travel +30 min to consult the clinic.  
Well above the average EU tolerance (20 min)

### Preventive Medicine:

**25-50%** retention in preventative care

Potential: achieve EU average of 60%  
= **Double the number of preventive patients**

### Patient dropout:

**+ 1-2/month** delayed cases

Slightly above EU average (6%)  
= €24,000/year recoverable

### Diversity of the patients

**Unique Mix** of patients

30% pediatrics (EU: 15%)  
Ideal basis for family plans

The dedication of 21 years has created a solid patient base, but the potential had to be unlocked through inclusive solutions.

# Benchmarking compared to European Countries

## Growth Opportunity Indicators

Identified gaps vs. European standards represent clear opportunities for improvement through financial solutions.



European Union Clinics

✓ Preventive medicine success	→	EU average: 1.2 consultations/capita (≈60% adherence) <b>Analysis:</b> The clinic was slightly below the EU average but with identified growth potential
✓ Managing cost barriers	→	EU average: 6% unmet needs <b>Analysis :</b> The clinic was slightly above the EU average - critical need for intervention
✓ Patient demographics	→	EU: 15% pediatric, aging trend (21% → 29% by 2050) <b>Analysis :</b> This was an opportunity for the clinic as the patients were demographically younger than the EU average.
✓ Insurance coverage	→	EU average: 72% with some dental coverage <b>Analysis :</b> The clinic was significantly below the average European coverage



# The hidden challenge

Strong performance, structural vulnerabilities

## Potential problems identified



### Innovation in payments

0% alternative payment and financing options  
(in the face of a growing European trend)

Critical: 40% uninsured patients vs. 28% EU average



### Positioning in the market

Individual practice model (vs. 60% Portuguese dentists in groups)

Risk: Unequal competition with groups offering financing



### Local penetration:

26-50% travel +30min but 1-2 cases/month are lost  
due to financial barriers

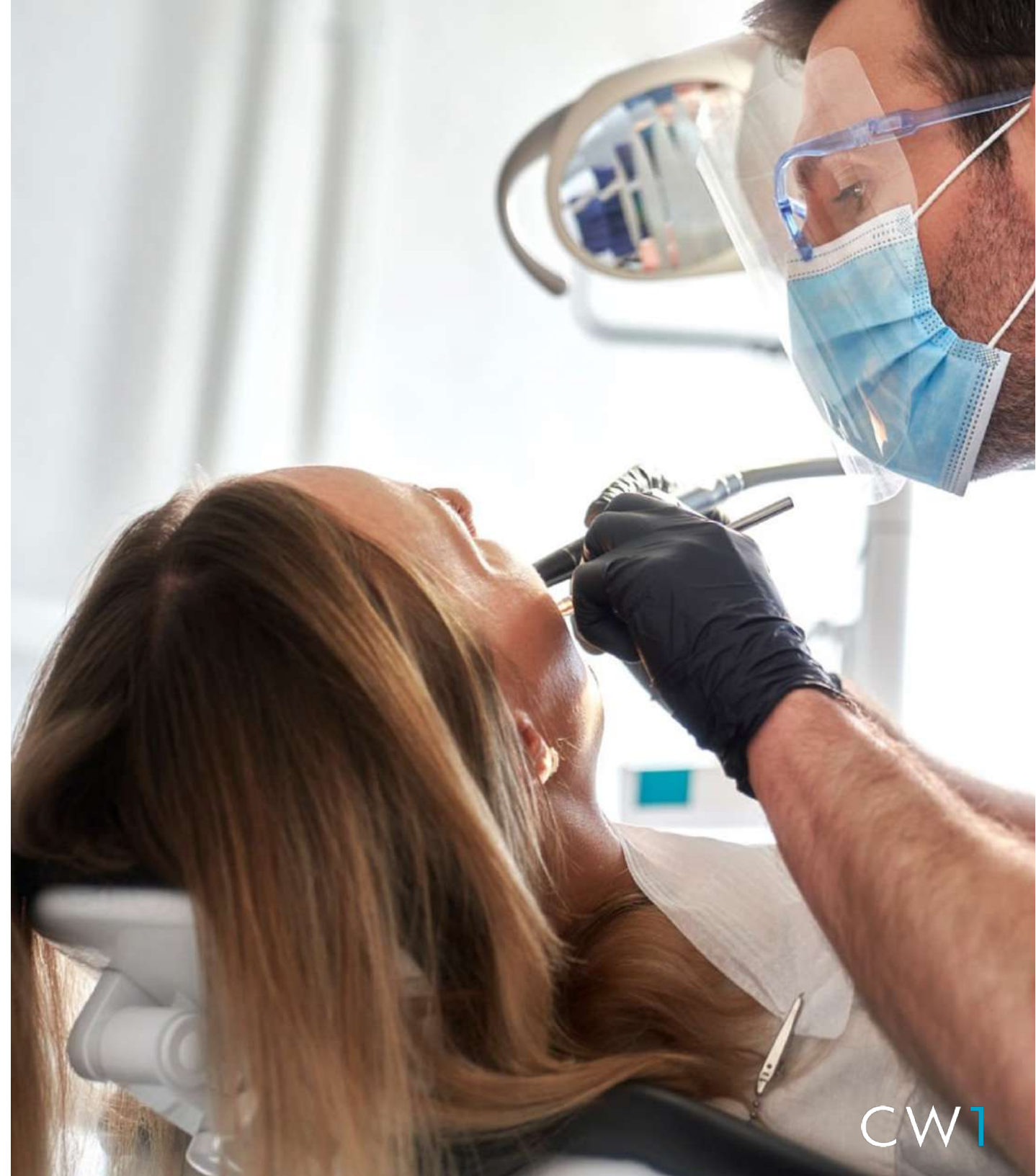
Risk: patients can switch to local alternatives with funding



### Revenue optimization:

No subscription plans (despite the infrastructure)

Risk: Loss of 1-2 customers per month.



# When good practices lose excellent patients

## Market pressures that create patient retention risks

- **Market saturation** : 1 dentist per 846 inhabitants in Portugal (vs. WHO recommendation 1:2000).
- **Group Competitions**: Large dental chains offer flexible financing. Especially critical for the 40% of the patients without insurance.
- **Financial Barriers**: 1-2 cases/month postponed + predominantly low/middle income. Financial insecurity identified as main obstacle.
- **Geographical Vulnerability**: 26-50% travel far but already lose local patients for financial reasons. Double risk: distance + financial barriers = accelerated loss.

## The Mathematics of Retention

- Avoidable complications observed frequently (several/month)
- 16-25% patients need bone interventions annually.
- 30% pediatric base = entire families lost due to financial barriers
- No financial tools for retention despite strong clinical relationships
- 1-2 postponements/month × 12 months = 12-24 patients lost/year (ca. €24,000/year)

*40% uninsured + 0% financing + low income =  
**Critical need for intervention***

## What other clinics in Europe are doing differently

Some data from the European leaders by topic <sup>2</sup>:



### Germany:

98% coverage through social health insurance. Relevant model: Community clinics with subsidized payments for low incomes



### United Kingdom:

NHS + Denplan plans from €15/month for families. Focus: Free check-ups for children increase family membership



### Multiple European Countries:

Micro-financing from €50 + Monthly plans from €9.99. Dental BNPL grew 200% post-2020 in low/middle income markets



### Netherlands:

'Mondzorg Voor Kids' model - free prevention <18 years. Result: 95% pediatric adherence vs. their 30% potential"

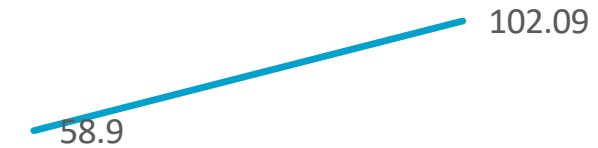


### Spain:

Social clinics: Family plans €29/month (2 adults + children). Partnerships with schools for check-ups = +40% preventive adherence

1. Market study carried out by the CW1 group in 2020  
2. Market study carried out by the CW1 group in 2025

## Predicted market growth



2025

2033

- European dental insurance market: \$58.9B → \$109.02B by 2033.
- Biggest growth: Low-cost/social segment (+15% year-on-year)
- Family plans: €2.1B → €4.8B by 2030

*European models prove: financial inclusion = sustainable growth for all*

## How it could affect the clinic :

- 40% without insurance → Plans from €49.99/month
- 30% pediatric → Family plans increase retention 3x more
- Low incomes → Micro-payments increase membership 60%



# Our idea to help retain pediatric patients

Turning clinical excellence into advantage



## Stage 1: Optimization of the payment system

- Low-cost family plans from €49.99/month (covers children)
- Micro-financing from €50 + agreements for treatments > €200
- Weekly/fortnightly payments aligned with salaries (via automatic Payment portal)



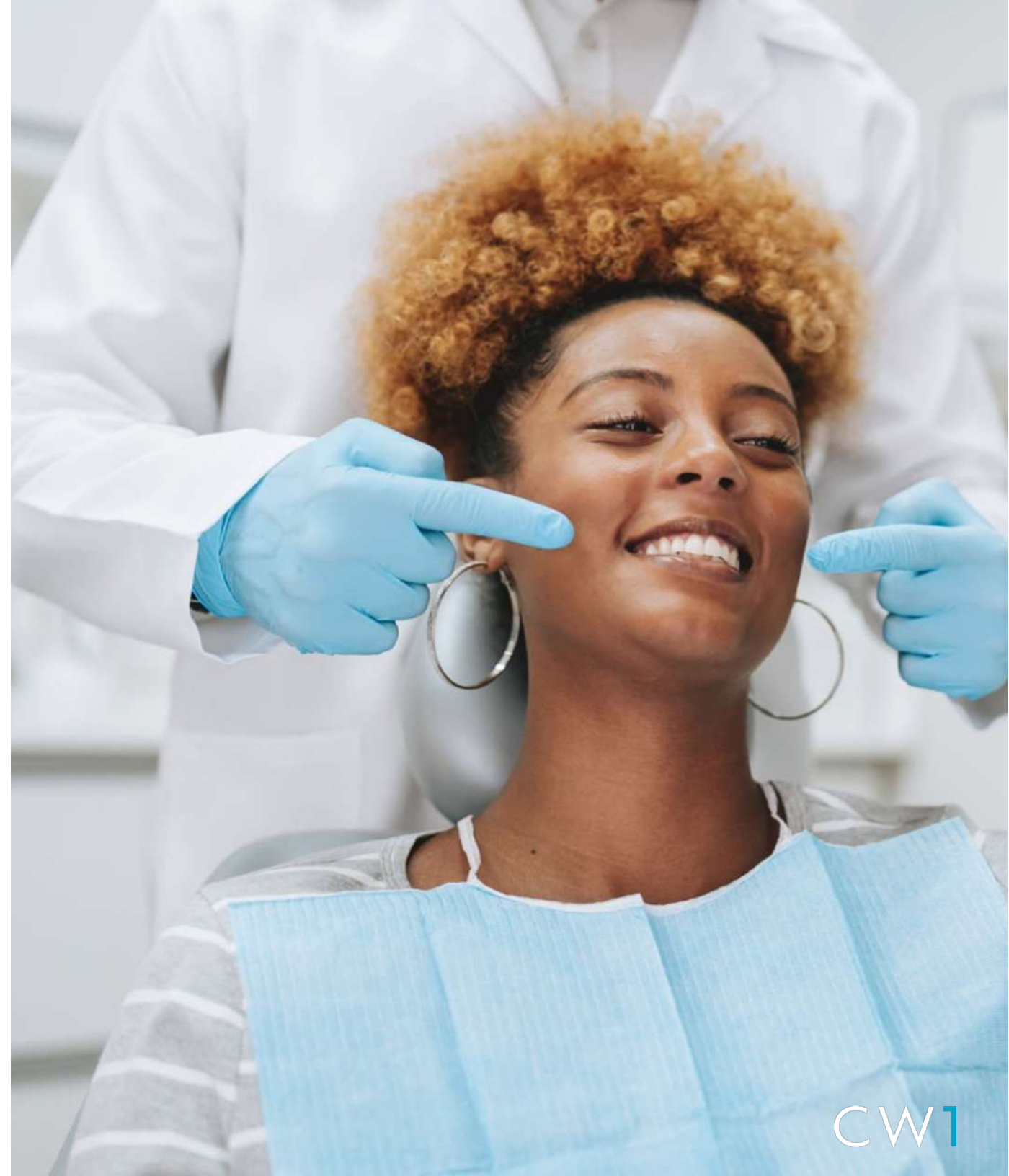
## Phase 2: Penetrating the local market (Focus on the community)

- Reduce patient travel requirements through strategic positioning
- Partnerships with pediatric institutions for check-ups (30% pediatric base)
- Referral program: complete family = promotion.
- Monthly community days with reduced-price consultations

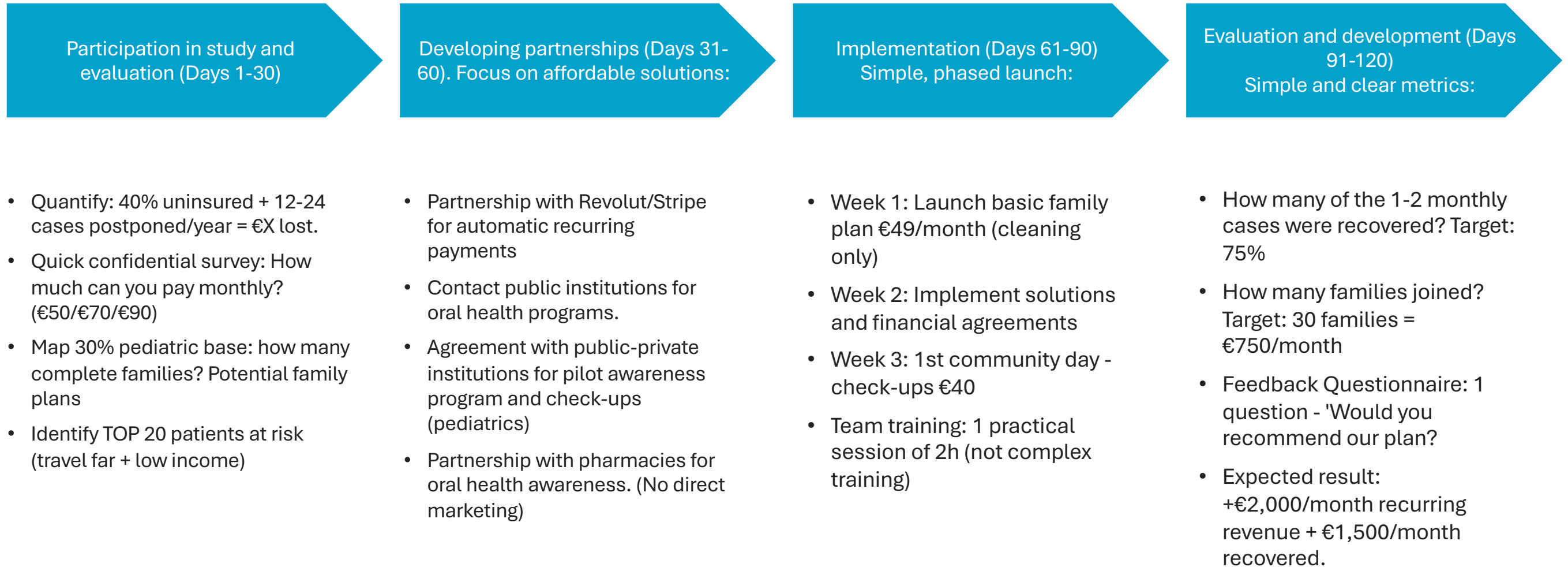


## Phase 3: Monitoring patient satisfaction

- Maximize existing PaymentPortal for automatic recurring payments. Simple SMS for reminders (no complex apps)
- Basic alert system to identify abandonment risks.
- Feedback via CW1 RPLite (full GDPR compliance)



# Transforming the patient retention rate in 120 days





# The partnership with CW1 is a strategic investment in patient relations

## Pack 1: Research project costs.

- All project costs are borne by CW1 (partially funded by the European Union).
- Dental clinics will only have to bear the cost of the technology (€0.05/survey) + €50 for technology licensing.
- **Value for you:** We identify exactly how many 40% without insurance can afford to pay €X/month and it's free to participate
- **Deliverable:** Report on patient preferences that impact the functionality and optimization of your practice..





## Pack 2: Consultancy costs

- SME package: 20 hours = €2,000 total (payable in 3 months)

**Value for you:** We manage the clinic and help you optimize and increase profits without affecting clinical work.

- **Strategy and management:** Network of specialized consultants at below market cost.

## Benefits

-  **Comprehensive European coverage** across 5 countries
-  **Proven success story.** Success stories in Portugal as well as Germany, Sweden and the UK.
-  **We combine expertise in medicine, finance and technology** to improve patient journeys.
-  **Social focus:** Maintains mission to serve the community and work towards sustainability

## Risk Mitigation

- Start with 10 families (€250/month) before scaling up
- Month 1: €500 → Month 2: €500 → See results → Continue
- Phased implementation reducing disruption
- Measurable metrics ensuring accountability

*"Turn the clinical excellence into a competitive advantage for retention"*

# CW1 | Credentials

Despite being a company of doctors and consultants, CW1 is mainly dedicated to researching improvements in the healthcare market.

At CW1, we only hire people who have worked with these companies/universities:



Our work respects regulations:



And all our consultants work innovatively:



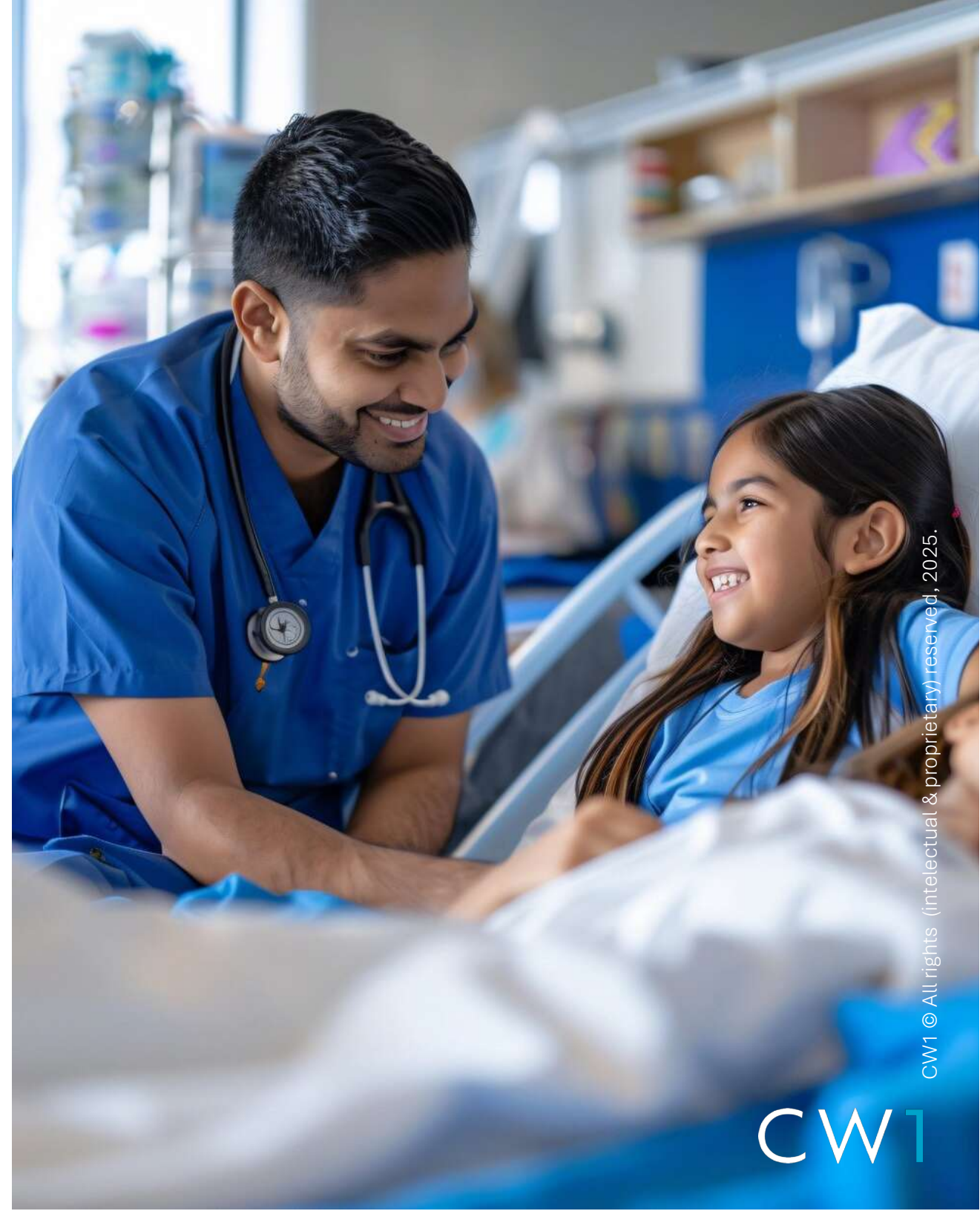
Keeping costs low for the partner network:



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For more information  
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**All driven by partnerships with suppliers from the world of technology, such as Microsoft, Apple and others.**

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