KILLGATE | EVIDENCE-FIRST PUBLIC RESEARCH

Dental No-Show Prediction & Waitlist Backfill

$79/month product for independent dental practices

Confidence: 0.78 Public evidence clears the research gate. The idea is worth direct buyer validation, but this is not GO and not permission to build yet.

VERDICT Public evidence supports buyer testing

Public evidence clears the research gate: the problem is real, buyers already spend money and staff effort on it, and predictive targeting has credible technical precedent. But the category is already competitive and parts of the proposed workflow are commoditized.

Research cleared the public-evidence gate. This means the idea is worth direct buyer validation. It is not GO and is not permission to build yet.

The idea you tested - KG-DENTAL-NS-20260828-01

Field Locked definition

target customer U.S. single-location independent general dental practices using a mainstream PMS such as Dentrix, Eaglesoft, or Open Dental.

Buyer Owner-dentist or practice manager with scheduling/revenue responsibility.

Problem No-shows and late cancellations create unrecoverable chair-time revenue loss and front-desk work.

Offer Software predicts appointment-level no-show risk, applies personalized/risk-adjusted reminders, and automatically offers openings to appropriate waitlisted patients.

Price $79/month/practice.

Current alternatives PMS reminders/confirmations, ASAP/waitlists, manual confirmation calls, cancellation fees/deposits, overbooking, and broader patient-engagement platforms.

Rules fixed first: The contract was frozen before market evidence was scored.

What was checked

Gate Result Evidence

Rules fixed before research PASS KG-DENTAL-NS-20260828-01

>=3 DIRECT public sources PASS Academic dental research, operator discussions, Open Dental, Dental Intelligence, TurnUp, HHS

>=2 independent source groups PASS Multiple independent operator/vendor/research/regulatory groups

Problem/pain evidence PASS Dental literature identifies missed appointments as a persistent operational and financial problem; dental operators describe recurring schedule holes.

Existing workaround evidence PASS Reminders, confirmations, cancellation lists, fees, deposits, manual callbacks and ASAP lists are actively used.

Budget/existing-spend evidence PASS Open Dental charges separately for confirmation and ASAP/scheduling services.

Disconfirming search PASS Strong commoditization and direct-competitor evidence found

Fatal constraint PASS - none found HIPAA is manageable but creates BAA/security obligations.

8 qualified buyers NOT YET TESTED 0/8

>=30% strong pain NOT YET TESTED No direct interviews

>=4 price-positive at $79 NOT YET TESTED 0/4

>=2 paid pilots/deposits NOT YET TESTED 0/2

Mechanism scoreboard

Mechanism Role Status Assessment

Required part of the offer Needs a real-world test Dental ML clearly finds signal, but external/practice-to-practice generalization remains imperfect. Predict individual no-show risk early enough to act

Central to why someone would pay Possible, not proven Predictive targeting plus additional reminders has reduced missed visits in randomized healthcare studies. Target higher-risk appointments with extra/personalized intervention

Central to why someone would pay Already included elsewhere Valuable, but already available in dental software. Automatically refill cancelled chair time

Ordinary SMS/email reminders Helpful extra Already common Mature incumbent functionality.

Waitlist/ASAP-list management Later operational piece Already included elsewhere Open Dental already offers an ASAP list, messaging and self-booking.

PMS integration/write-back Later operational piece Needs a real-world test Commercial competitors prove this is possible, but integration availability/cost for the exact target PMSs is unresolved.

HIPAA/security/BAA controls A limit on the offer Backed by public evidence Appointment reminders are permissible, but a vendor processing patient PHI will ordinarily be a business associate with corresponding obligations.

Mechanism-bleed check: Reminders and waitlists being commodities does not kill the idea. It means the economic thesis rests primarily on whether prediction makes those existing mechanisms materially more effective.

Strongest evidence FOR Dental no-shows are not an invented SaaS problem. A 2026 systematic review describes them as a persistent operational problem causing wasted clinical resources, workflow disruption, and financial loss. It also found recurring predictors including prior no-shows, lack of SMS confirmation, lead time, and appointment timing. PubMed systematic review

Operator behavior corroborates the workflow problem. One dental-practice discussion describes 60+ cancellations per month despite confirmation calls, text/email reminders and a $50 cancellation fee. Another describes reception staff manually working cancellation lists and notes that many dental systems already contain ASAP/hot-list functionality. Reddit operator discussion

There is also real software budget around this job. For existing Open Dental customers, eConfirmations are $25/month/location, Web Sched ASAP is $20/month/location, Web Sched Recall is $75/month/location, while eReminders are included with support; outgoing SMS carries additional charges. That establishes a credible spend proxy near the proposed price point. Open Dental fees

Prediction itself is technically credible. One dental study achieved AUC 0.718; newer dental work summarized in the 2026 review reports model accuracies around 76-81%, although methodological and generalizability concerns remain. Dental ML study

Strongest evidence AGAINST

Your product concept already exists almost verbatim. TurnUp World currently advertises appointment-level no-show risk scoring, risk-adjusted reminder flows, automated confirmation/rebooking and automatic waitlist replacement. That is very close to the idea you tested. TurnUp World

Large incumbent Dental Intelligence is also moving directly into this territory. Its current Predictive Scheduling product uses AI to identify candidates likely to accept and keep appointments, automatically contacts them, and integrates with its scheduling stack. Dental Intelligence supports major U.S. PMS platforms including Dentrix, Eaglesoft and Open Dental. Dental Intelligence Predictive Scheduling

The basic workflow is already cheap for some practices. An existing Open Dental customer can get confirmations plus ASAP scheduling for roughly $45/month plus messaging, with normal reminders already included in support. At $79, therefore, prediction must justify approximately another $34/month versus that particular non-predictive stack. Open Dental fees

And the predictive science is not settled enough to assume an off-the-shelf model will work across independent U.S. practices. The 2026 review specifically flags small samples, single-center designs, inconsistent datasets and lack of external validation. PubMed systematic review

Evidence audit

Known facts: Dental practices experience no-shows; they actively use reminder, confirmation and waitlist workflows; software budgets exist around those workflows; predictive no-show models can extract useful signal; commercial products are already applying similar mechanisms.

Inference: $79/month is economically plausible because preventing even a small amount of otherwise empty chair time could cover the subscription. That is an inference, not evidence that buyers will pay $79.

Major unknowns: The percentage of independent practices with sufficiently severe pain; how dissatisfied they are with current PMS functionality; incremental performance of prediction over simple rules such as prior no-show + unconfirmed appointment; integration economics; and exact willingness to pay.

Contradiction: The pain is real, but the proposition is much less novel than it initially appears.

Excluded evidence: Competitor revenue/no-show-reduction claims or seller testimonials were not counted as independent demand evidence. Suspicious/promotional Reddit material, including a recent discussion explicitly removed for “AI slop,” was excluded from the demand case.

Why this verdict follows

The locked research minima all clear: direct pain, real workarounds, existing spend, multiple independent source groups, active negative research, and no demonstrated fatal constraint. That earns Public evidence supports buyer testing.

It does not earn Change the idea before more testing yet because competition and bundling alone do not invalidate the buyer/problem/price hypothesis. The predictive layer could still create sufficient incremental value at $79.

But it also means the wrong product to build is “another dental reminder/waitlist app.” Those mechanisms are already available. The contract lives or dies on incremental schedule recovery created by prediction.

Build-risk memo

The largest build risk is spending months on HIPAA infrastructure, PMS integrations, messaging and scheduling UI before learning whether practices consider predictive targeting meaningfully better than their current reminder/ASAP workflow.

Because direct competitors already establish broad technical feasibility, the next uncertainty to attack is economic, not whether machine learning can theoretically predict a no-show.

Minimum next action

Run the unchanged $79/month offer against 8 qualified independent practices before building the integration layer.

1. A specific no-show/late-cancellation incident from the last 30 days and its consequence. 2. Their actual monthly no-show/late-cancel pattern and how many holes remain unfilled.

3. Their current PMS, reminders, confirmations, waitlist process and what they currently pay. 4. Whether knowing which specific appointments are high-risk several days earlier changes anything operationally. 5. Offer the exact $79/month product and ask them to begin a paid pilot/deposit - not whether they merely “like the idea.”

Do not change the price or remove prediction halfway through because somebody objects.

What would change the verdict

Upgrade path: >=8 unique qualified practices, >=30% demonstrating strong recent pain, >=4 genuinely price-positive at exactly $79 unless payment supersedes that gate, and >=2 verifiable paid pilots/deposits.

Downgrade path: If buyers repeatedly say their PMS/engagement suite already handles this adequately, they do not act differently when shown a risk score, or they refuse $79 despite demonstrable losses, the differentiated/economic thesis fails. If 20 qualified buyers produce fewer than two paid pilots, the unchanged hypothesis should be PIVOTED, not interviewed indefinitely.

Key falsification question Will an independent dental practice pay $79 specifically for better prediction-driven chair utilization when reminders and waitlist tools are already available?