WevTEC

Fix Website Issues

Healthcare Marketing Strategy 2027 to 2028

A practical handbook for medical practices, dental offices, urgent care centers and emergency rooms

Build a marketing program that connects accurate information, local visibility and useful patient education with reliable access to care. This handbook helps owners and practice managers choose their priorities, improve their websites, plan acquisition spending and measure completed new-patient visits.

The recommendations cover 2027 and 2028. Platform guidance was reviewed on November 15, 2026; future features and results are not forecasts. Recheck platform policies and clinical information quarterly.

How to use this handbook

Start with one location and three priority services. Assign an owner to each workstream, establish a baseline and use the first 90 days to test what your practice can sustain.

Contents

Page	Section
2	Set the strategy and patient priorities
3	Build a website that search systems can access
4	Strengthen local visibility and reputation
5	Create content that answers patient questions
6	Plan video social and referral activity
7	Allocate advertising and marketing spending
8	Improve booking response and privacy
9	Implement the plan through 2028
10	Measure results and arrange a live audit

Houston Texas | Serving practices nationwide

Planning edition | Guidance reviewed November 15, 2026

02 HANDBOOK

Set the strategy and patient priorities

Choose growth goals that your clinical team can deliver. For each location, identify the services you want to grow, the patients you can appropriately serve, available appointment capacity and the acquisition cost the business can support. Use these choices to guide content and campaigns.

Coordinate SEO AEO and GEO

SEO means search engine optimization, AEO means answer engine optimization, and GEO means generative engine optimization.

Workstream	Practical purpose	Work to prioritize
SEO	Make useful pages discoverable	Crawlability, internal links, relevant pages, mobile performance and local search.
AEO	Answer the patient's question	Clear answers, understandable headings, care expectations, costs and next steps.
GEO	Improve accurate AI representation	Accessible facts, credible content, consistent practice information and observed AI citations.

These workstreams overlap. Google treats optimization for its generative Search features as SEO. It does not require special AI schema, Markdown, llms.txt files or a prescribed content format. Clear answers help readers, but no format guarantees an AI citation. [1]

Choose a manageable starting market

Rank potential services by local demand, clinical capacity, patient fit and financial sustainability. Use actual inquiry records and available search data. Select a small set with clear service pages and a working booking route. A single location should first serve its realistic travel area; nearby city pages need distinct patient value and truthful location information.

- Primary care and dental offices: prioritize appointment availability, accepted-plan verification, self-pay information and first-visit expectations.
- Specialists: explain referral requirements, the clinician's qualifications, evaluation pathways and the records needed before a visit.
- Urgent care and ERs: communicate actual hours, facility capabilities and how to reach care. Emergency access must not depend on completing a marketing form.

Set an outcome the team can measure

Record a 28-day baseline of qualified inquiries, bookings and attended first visits. Set a growth target that fits available capacity. Examine inquiry quality, booking conversion and attendance together before increasing spending.

Keep a monthly sample of patient-style questions across Google Search, Google AI experiences, ChatGPT and Perplexity. Record the location, date, wording, cited pages and factual errors. Treat this as an observation exercise; a few prompts cannot establish market share or a universal AI ranking.

Owner decision: approve the priority services, service area, capacity limit and definition of a qualified new-patient inquiry.

Sources

[1] Google Search Central | Generative AI optimization guide

03 HANDBOOK

Build a website that search systems can access

Make important practice information available as readable page text and test the complete mobile journey. A technically accessible page can still fail to earn visibility; Google requires indexing and snippet eligibility for supporting links in its Search AI features and does not guarantee inclusion. [2]

Repair discovery and delivery

- Inspect priority service, location and clinician URLs. Check successful page responses, canonical URLs, indexing directives, robots access, XML sitemaps and internal links. Repair broken booking links immediately.
- Test the rendered page and the initial HTML. Google can execute JavaScript; some other bots cannot. Server rendering or prerendering can reduce delivery dependencies. A platform migration is unnecessary when the current site can be made accessible. [3]
- Review mobile loading, visual stability and responsiveness using field Core Web Vitals where available. Compress large images, reserve media dimensions and remove unnecessary scripts. Test forms and call buttons after changes.

Check search access deliberately

Review the Search generative AI inclusion control in Search Console, including inherited settings. This is separate from ordinary Search inclusion and AI training controls. For ChatGPT search visibility, review OAI-SearchBot access in robots.txt and the hosting firewall; its setting is independent of GPTBot training access. Allowing a crawler does not guarantee a recommendation. [4, 5]

Represent the real practice

Use the most specific accurate LocalBusiness subtype for each genuine location, such as Dentist or MedicalClinic where appropriate. Keep structured data consistent with visible information. Validate supported properties and relationships; adding extra types is not a ranking strategy. [6]

Record	Information to verify
Location	Business name, exact address, phone, URL, coordinates and normal and holiday hours.
Clinicians	Correct names, qualifications, specialties and the locations where they actually practice.
Services and access	Available care, booking route, languages, accessibility and current patient instructions.

Display accepted-plan details and insurance verification instructions clearly. Use only valid structured-data properties; not every useful patient fact has a supported Google rich-result field. Preserve useful existing URLs and map necessary redirects before a redesign.

Deliverable: a prioritized repair list, validated location records and tested mobile booking paths.

Sources

[2] Google Search Central | AI features and your website
[3] Google Search Central | JavaScript SEO basics
[4] Google Search Console | Search generative AI control
[5] OpenAI | Overview of OpenAI crawlers
[6] Google Search Central | Local business structured data

04 HANDBOOK

Strengthen local visibility and reputation

Maintain one verified practice fact sheet and use it to update the website, Google Business Profiles and relevant directories. Google describes local ranking in terms of relevance, distance and prominence. Complete information, links and genuine reviews can contribute; no agency can purchase a better organic local position. [7]

Make each location useful to a nearby patient

Give every real location a page with its address, direct phone, hours, directions, parking details, accessibility, clinicians, services and booking options. Use current exterior and interior photos so visitors can recognize the entrance. Explain which services are available at that specific office. Update closures, clinician moves and changed hours promptly.

Check profile eligibility, business categories and duplicate listings. Keep clinician and facility profiles accurate where each is eligible. Align important facts across payer directories, hospital affiliations, professional associations and relevant healthcare directories such as Healthgrades or WebMD. Directory membership itself does not establish clinical quality or ensure AI visibility.

Build a consistent review process

- Invite honest feedback consistently through an approved communication channel. Participation should be optional.
- Do not offer discounts or gifts for reviews, request a particular rating, or direct only satisfied patients to the public review page. Google prohibits incentives and selective positive-review solicitation. [8]
- Assign a trained person to review responses. Keep replies courteous and general; move individual concerns into a private, approved channel.
- Never confirm a patient relationship or discuss treatment in a public reply. HHS has enforced HIPAA against a dental practice for disclosing protected information in review responses. [9]

Example invitation: If you would like to share feedback, you are welcome to leave an honest review of your experience. Participation is optional, and please avoid including private health information.

Earn evidence outside your own website

Publish accurate clinician biographies and link to verifiable credentials when available. Keep genuine affiliations current. Contribute useful local education through community organizations and professional relationships. Make announcements only when there is real news, such as a new clinician or expanded hours. Do not manufacture mentions, awards or patient stories.

Review location facts monthly and after every operational change. Track corrected listings, inquiry quality and recurring patient complaints. Use feedback to improve the care-access process as well as the website.

Deliverable: a current location fact sheet, a directory correction log and a neutral review-request workflow.

Sources

[7] Google Business Profile | Improve your local ranking
[8] Google Maps | Prohibited and restricted content
[9] HHS | New Vision Dental review disclosure settlement

05 HANDBOOK

Create content that answers patient questions

Start with questions patients actually ask about symptoms, evaluation, treatment choices, cost and access. Use anonymized themes from front-desk conversations and search data. Prioritize topics connected to the services your practice provides; each page should help the reader make an appropriate next decision.

Use a practical service page structure

1. Answer the main question. Explain what the service involves, whom the practice can help and where it is available. Use a short, clear opening followed by necessary detail.
2. Explain the care pathway. Describe the consultation, assessment, possible next steps and preparation without implying that every patient needs the same treatment.
3. Address safety and limitations. Have a clinician approve symptom guidance and escalation wording. Do not let an appointment request delay emergency care.
4. Show relevant expertise. Identify the treating clinicians and link to accurate biographies. Explain actual capabilities without unsupported superiority claims.
5. Clarify cost and insurance. Describe factors affecting cost, plan verification, self-pay options and what an estimate includes when that information is available.
6. Make the next step clear. Show the location, contact route, availability and what happens after an inquiry. Link related educational pages to the relevant service and clinician.

Develop connected topics

Practice	Example patient question	Useful destination
Dental	What affects the cost of a dental implant?	Implant consultation page
Specialist	What should I bring to my first GI visit?	GI evaluation page
Urgent care or ER	What can this facility evaluate and when is it open?	Capabilities and location page

Make clinical review visible

Use a named author or reviewer, relevant qualifications, reliable medical sources and an accurate review date. A clinician should approve clinical statements before publication and after material updates. Google emphasizes trust for health topics; E-E-A-T means experience, expertise, authoritativeness and trustworthiness. It is a quality framework, not a numerical score or a standalone ranking factor. [10]

Keep useful FAQs, but do not sell FAQ rich results as a benefit: Google discontinued that feature beginning May 7, 2026. Write enough to resolve the question; neither a fixed word count nor a two-sentence answer guarantees visibility. [10, 11]

Deliverable: improve one priority service page and build its next three supporting questions from real patient needs.

Sources

[10] Google Search Central | Helpful and reliable people first content
[11] Google Search Central | Documentation updates and FAQ deprecation

06 HANDBOOK

Plan video social and referral activity

Use real clinicians and staff to explain the first visit, preparation, parking and coverage questions. Match each video or post to useful appointment information and a clear next step.

Start with a sustainable monthly cadence

This proposed schedule is a starting point for one location. Adjust it to clinical review and staff capacity; publishing frequency is not a ranking formula.

Activity	Starting pace	Purpose
Clinician videos	2 per month	Explain one patient question in approximately 2 to 4 minutes.
Short video clips	4 to 8 per month	Reuse useful excerpts for YouTube Shorts, Facebook and Instagram.
Website content	2 new guides and 2 updates	Fill genuine gaps and improve existing service pages.
Local information	Weekly review	Refresh profiles and publish factual updates when something changes.
Referral outreach	Monthly review	Keep appropriate referring offices informed about services and access.

Connect the channels around one topic

For a first-dental-visit topic, publish a guide, record a clinician explanation and create clips answering separate questions. Link each version to appointment information and adapt the explanation to its audience.

- YouTube: use a clear question-based title, accurate clinician identification, captions and a description linking to the relevant page. Provide a transcript on the website when useful.
- Facebook and Instagram: show the real team, explain services and share practical visit information. Moderate comments and move personal care questions to an approved private channel.
- Community and referrals: offer useful educational sessions and accurate referral instructions. Build professional relationships around patient needs and available clinical capacity.

Support appropriate follow up

Use approved reminders and recall workflows where clinically appropriate. HHS considers appointment reminders part of treatment, but that does not provide blanket permission for promotional texting. Keep care communications and marketing campaigns separate, respect communication preferences and review consent requirements. [12]

Before publishing, check clinical accuracy, captions, links and permission for identifiable people or patient stories. Measure qualified inquiries alongside views and engagement; popularity does not establish booked care.

Deliverable: a four-week calendar with a topic, clinician reviewer, channel, destination page and owner for every asset.

Sources

[12] HHS | Appointment reminders under HIPAA

07 HANDBOOK

Allocate advertising and marketing spending

Use paid acquisition to test demand for a limited number of priority services. Start with focused Search campaigns when appropriate, then expand only when inquiry quality, staffing and measurement support the decision. A small budget should be concentrated on a few useful patient journeys.

Build campaigns around actual care access

- Separate meaningful service and location intents. For example, emergency dental access and an implant consultation need different messages and landing pages.
- Choose geography from realistic patient travel patterns and service availability. Review location settings and actual lead locations; a fixed radius is not suitable for every specialty.
- Match ads to the page and current availability. Verify same-day, insurance, price and opening-hours claims. Schedule call-led promotion around the team's ability to respond.
- Review search terms, unsuitable inquiries and negative keywords weekly. Test one meaningful landing-page improvement at a time. Keep brand and nonbrand results distinguishable.

Review eligibility for each service and campaign. Under Google's sensitive-health personalized advertising policy, advertiser-curated audiences such as Customer Match and your-data segments cannot be used when promoting services within those sensitive categories. Do not build a blanket healthcare remarketing plan or upload patient lists by default. Other healthcare advertising rules may also apply. [13]

Use an explicit operating budget

Illustrative monthly allocation for one location with a functioning website and clinical capacity. This is not a fee quotation, spending minimum, benchmark or patient forecast. A major rebuild is separate.

Workstream	Amount	Share
Paid Search media	$2,000	40%
Website local search and reviewed content	$1,500	30%
Campaign management and booking improvements	$600	12%
Clinician video and social distribution	$500	10%
Measurement and approved tools	$400	8%
Total	**$5,000**	**100%**

Make expansion conditional

Compare cost per qualified inquiry with cost per attended new patient, using a consistent definition of spend and attribution. A lower click cost does not establish better patient acquisition. Retain a clear distinction between advertising spend and the full marketing budget.

Increase spending only after reviewing appointment availability, response quality, attendance and economics. If bookings stall, investigate access or messaging before purchasing more traffic. Reallocate toward services producing appropriate demand that the practice can accommodate.

Deliverable: an approved monthly budget, service-specific campaigns and a weekly inquiry-quality review.

Sources

[13] Google Ads | Health in personalized advertising

08 HANDBOOK

Improve booking response and privacy

Design the appointment journey alongside the campaign. On mobile, keep the relevant call, directions or booking action easy to find. Show the office, hours and what happens next. Test keyboard access, readable text, form errors and the confirmation screen; avoid intrusive prompts that obstruct care information.

Assign every inquiry a clear next step

1. Capture only what is needed to respond through an approved secure intake route. Even a callback request can reveal care-related information. Use a reviewed process for symptoms, medical records and insurance documents.
2. Assign the inquiry to a named team and state staffed hours and the expected response window. An automated receipt is not a completed response.
3. Use a written service standard. For example, a staffed office could aim to return administrative inquiries within 15 business minutes. Set a standard the team can meet; this is not an industry benchmark.
4. Confirm whether an appointment was actually booked, then reconcile attended visits in the practice's appropriate system. Distinguish cancellations, duplicate inquiries and existing-patient requests.

For emergency services, provide immediate access information and clinician-approved instructions such as calling 911 for a medical emergency. An online inquiry or general chatbot must not become a prerequisite for emergency care. Keep administrative automation separate from clinical triage.

Review the actual information flow

Map forms, scheduling tools, call tracking, advertising tags, session replay and analytics. Identify what each receives, where it is stored and who can access it. Keep symptoms, identifiers and appointment details out of unapproved tracking events, URLs and advertising systems.

HIPAA tracking obligations depend on the information disclosed and whether it is protected health information. Public page visits are not automatically PHI merely because an IP address accompanies a health-related page view; HHS notes the court order vacating that part of its guidance. Forms and portals require particular care. [14]

Have the privacy lead approve permitted uses and vendor arrangements, including a business associate agreement where required. A cookie banner alone is not HIPAA authorization. Server-side tagging also needs a data-flow review. Share aggregate marketing outcomes while keeping identified clinical records in approved systems. [14]

Handle missed calls discreetly

Use a minimal callback message, honor confidential communication preferences and obtain required texting permission. Keep diagnoses and treatment details out of ordinary initial messages. An inbound missed call is not blanket permission for promotional texts. HHS advises limiting message content to protect patient privacy. [15]

Deliverable: tested intake, a named response owner, an escalation route and a documented tracking review.

Sources

[14] HHS | Online tracking guidance and court order notice
[15] HHS | Leaving messages and confidential communication

09 HANDBOOK

Implement the plan through 2028

Use the first 90 days to establish facts, repair access and learn from real inquiries. Sequence the work around the practice's capacity. The roadmap below is a recommended operating plan; it does not assume particular future platform features or ranking changes.

Days 1 to 30 establish the foundation

The owner selects priority services and capacity limits. The practice manager verifies location facts, phone routing and scheduling. The website team audits key pages and fixes broken journeys. The privacy lead reviews forms and tracking. Record the baseline for qualified inquiries, bookings and attended first visits.

Completion evidence: an approved fact sheet, practice-owned administrator access to the domain, hosting, Business Profiles, analytics and advertising accounts, a repair backlog and metric definitions.

Days 31 to 60 improve and launch

Update priority service and location pages, strengthen clinician profiles and correct directory discrepancies. Publish clinically reviewed answers. Launch focused campaigns with matching landing pages. Introduce a neutral review-request process and test the booking journey from an actual mobile device.

Completion evidence: published pages, approved clinical content, verified campaign destinations and a weekly review of inquiry suitability.

Days 61 to 90 refine and decide

Review missed calls, response delays, search terms and attendance. Improve one conversion step at a time. Produce the first clinician videos and run the documented AI-question sample. Correct inaccurate practice facts at their source. Agree which activities to expand, repair or stop.

Completion evidence: the first outcome scorecard, a record of changes and a next-quarter budget tied to available care capacity.

The two year roadmap

Period	Primary work	Expansion condition
2027 first half	Establish accurate pages, local profiles, booking workflows and outcome reporting.	The team can handle demand and track completed visits.
2027 second half	Deepen strong service topics, clinician video and appropriate referral relationships.	Useful demand and sustainable acquisition costs are demonstrated.
2028 first half	Expand proven services or real locations; test supported administrative automation.	Staffing, patient value, privacy and human escalation are in place.
2028 second half	Refresh evidence, consolidate weak content and improve appropriate recall and access.	The next budget reflects outcomes, capacity and current policies.

Meet weekly on intake and campaigns, monthly on outcomes and budget, and quarterly on clinical content and platform policies. The medical lead approves clinical statements, the manager owns access, and the marketing lead owns execution. The owner resolves capacity and spending.

10 HANDBOOK

Measure results and arrange a live audit

Review monthly by location and service. Set targets after the baseline. Calculate conversion and attendance from matched groups of inquiries and appointments, allowing time for visits to occur. Count unique patients; clicks and requests are different stages.

Measure	Definition or review question	Owner
Qualified inquiries	Unique suitable new-patient requests.	Manager
Call answer rate	Answered / eligible calls during staffed hours.	Front desk
Booking rate	New-patient bookings / qualified inquiries.	Manager
Attendance rate	Attended first visits / booked first appointments.	Manager
Acquisition cost	Defined spend / attributed attended new patients.	Owner
Search and AI visibility	Relevant search clicks, AI impressions and prompt observations.	Marketing
Available capacity	Available slots for the services being promoted.	Operations

Illustration: $5,000 of acquisition spending / 40 attributable attended new patients = $125 each. Keep the attribution period and spending scope consistent. Record unknown sources honestly.

Google's Generative AI performance report covers AI Overviews and AI Mode impressions and may be absent when impressions are insufficient. Review it alongside search traffic and practice outcomes. [16]

Complimentary live website audit

Bring your website, priority services and service area to a live, one-on-one consultation with WevTEC. We will open your site together, identify practical improvements and explain which work deserves attention first.

- Review local and AI-search visibility, location facts and patient questions.
- Check priority pages, technical access and the mobile booking journey.
- Identify gaps in trust, response handling and outcome measurement.
- Discuss a phased plan matched to your practice's priorities and resources.

Call 832-266-7209

FixWebsiteIssues.com

WevTEC | Houston, Texas | Serving practices nationwide
Website and digital engineering experience since 2013. [17]

Platform and policy sources are linked on the relevant pages. Revisit the guidance before implementation and during each quarterly review.

Sources

[16] Google Search Console | Generative AI performance report
[17] WevTEC | Company background and contact information