ACQUISITION COST

How to calculate cost per honoured appointment

The acquisition number you can put in front of a CFO: five stages, honest costs, and where the data breaks.

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THE PROBLEM

Cost per lead is the number I trust least

- A lead is a phone number and a name
- Could be a job seeker, a rep, a wrong number
- Paying less per lead says little about paying less per patient
- Bookings are still a promise; stopping there hides no-shows

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DEFINITION

What the metric measures

FORMULA	Total cost of demand, divided by appointments where the patient arrived
APPOINTMENT	A scheduled visit with a specific doctor, service or package
HONOURED	The visit happened; patient arrived and was registered
WHY	One number holds marketing, contact centre, scheduling and OPD together

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FIVE STAGES

Define and sign off the five stages

1. Enquiry: any inbound patient contact, non-patient calls excluded
2. Contactable: valid details a person can reach
3. Contacted in time: within your agreed response standard
4. Booked: date, time and doctor in the scheduling system
5. Honoured: arrived and registered; no-shows do not count

Count from system data, not agent memory. One patient per episode of need.

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THE COST SIDE

Count the cost honestly

- Paid media, plus agency and platform fees
- Contact centre time spent on those enquiries
- Aggregator listings, referral fees, camps
- Owned channels carry team and content cost

Consistency over precision: agree the allocation with finance and apply it the same way monthly.

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READ THE STAGES

The single number says what. Stage rates say why.

WEAK CONTACT	More media just buys enquiries that go cold
WEAK HONOURED	Reminders, rescheduling or the booking-to-arrival experience
BLEND	Resist one hospital-wide figure; do channel, specialty, unit
COMPARE	Like with like: same specialty, service type, unit

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DATA BREAKS

Where the data usually breaks

- Enquiries, bookings and arrivals live in different systems with no shared ID
- Patient arrives under a relative's number: no-show plus a walk-in, both wrong
- Ad seen, switchboard called, no source recorded
- Start with the joins you can make; manual monthly reconciliation is fine

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FIRST-TIME MISTAKES

Mistakes teams make the first time

- × Counting bookings as the end of the funnel
- × Moving definitions between months
- × Using the metric as a stick, so data quality quietly worsens
- × Chasing precision before usefulness

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THIS MONTH

Run the first calculation this month

1. One specialty, one unit, one trackable channel
2. Stage definitions and cost allocation agreed with operations and finance
3. Pull one month, count each stage, note every gap
4. Share with contact centre, scheduling and OPD leads first

The biggest improvements come from inside the hospital, not the media plan.

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READ THE FULL GUIDE

Cost per honoured appointment, in full

- A worked calculation for one channel
- Reading the result against patient value
- Using it in budget and board conversations
- gauravphogat.com/cost-per-honoured-appointment

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