CONTENT STRATEGY

Healthcare content that books appointments

Answer the questions patients, families and referring doctors actually ask, at the stage they ask them.

Swipe →

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THE PROBLEM

Most hospital blogs serve the hospital, not the patient

- Award ceremonies, new wings, festival greetings
- Forty disease pages saying the same three things
- Written to rank for a keyword, not to be understood
- Traffic reported upward, enquiries never counted

The contact centre hears the same questions daily that hundreds of pages still do not answer.

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THE DEFINITION

Remove one part and it degrades

QUESTIONS	Without them it is brand content
STAGE	Without it, a disease encyclopaedia
REVIEW	Without a clinician, it is risk
ENQUIRY	Without a link to enquire, a traffic report

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START HERE

Build the question inventory before writing anything

1. Contact-centre call reasons, tagged by service line
2. Chat and WhatsApp logs: more candid than any survey
3. Search console queries you half-answer and rank badly for
4. Ten questions five consultants answer in every OPD
5. Insurance and cashless queries: common, almost never on the site

One sheet, deduplicated, tagged by service line and decision stage. That sheet is the plan.

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MAP TO THE DECISION

Seven stages, most pages sit in one

SYMPTOM	Something they cannot explain
DIAGNOSIS	Where almost all content sits today
OPTIONS	Honest treatment comparisons
COST	Real ranges, cashless, what moves the price
CHOOSING	Surgeon, hospital, second opinion: nearly empty

Referring GPs read the late stages too. Write pages for them explicitly.

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CLINICAL REVIEW

A review workflow that does not stall

- **Decide what needs a doctor**
  Claims, risks, recovery timelines yes. Cost, directions, booking no.
- **One named reviewer per service line, not a committee**
  A working week turnaround, escalation to the medical director
- **Send highlighted extracts, not a two-thousand-word draft**
- **Start from the doctor**
  Record a twenty-minute conversation, write from the transcript

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FORMATS THAT WORK

What earns enquiries in India

- Regional-language versions of the highest-volume pages, written by native speakers
- Short doctor-led video, one question per clip
- Explainers built to be forwarded within families
- Honest cost and cashless pages competitors are afraid to publish

AI search lifts the same pages: answer first, named author, visible review date, FAQ markup.

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DO NOT PUBLISH

Write this into every agency brief

- City-plus-disease pages cloned across forty localities
- Keyword-stuffed pages where the answer never appears
- Outcome promises: painless, permanent cure, guaranteed
- Discounts and retail-style packages for procedures
- Festival greetings and award posts on the blog

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THE MEASURE

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Healthcare content marketing is judged by the booked appointments it starts or assists, not by traffic.

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READ THE FULL GUIDE

Healthcare content marketing, in full

- Strategy versus production, and what each decides
- What the 2026 NMC guidelines now forbid
- Using AI to draft at volume without the risks
- gauravphogat.com/healthcare-content-marketing

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