ATTRIBUTION

Patient-journey attribution, explained

Credit a channel only when a real patient is treated and billed. The only measure a hospital board trusts.

Swipe →

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HOW IT WORKS

Six steps from touch to credit

TOUCH	Ad, search, page, referral: lives in platforms and analytics
ENQUIRY	Call, form, WhatsApp, walk-in: telephony, website, front desk
IDENTITY	Matched to a person by mobile number, in the CRM
TREATMENT	Visit or procedure billed in the hospital information system
CREDIT	Treated patients and revenue credited back to the source

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THE MODELS

Start with source of enquiry

- First touch: credits awareness, good for judging brand spend
- Last touch: platform default, over-credits search and brand
- Multi-touch: closer to reality, needs clean data everywhere
- Source of enquiry, linked to treatment: simple, defensible, start here

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PLATFORM BIAS

"

The sum of every platform's claimed conversions routinely exceeds your actual appointment count. Over-credited channels are also the easiest to scale.

Improving cost per acquisition and flat patient volume for two quarters before anyone connects the two.

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WHERE IT BREAKS

The holes hardest to close

- Walk-in as a source: usually means nobody asked
- Campaign calls landing on the published number, not the tracked one
- Cookie windows expire before oncology or joint decisions are made
- One household, one phone, three patients
- Relatives registering on the patient's behalf break the billing join

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DPDP LIMITS

Privacy changes the method, not the ambition

- **No audiences from clinical attributes without specific consent**
  They were our patient does not cover advertising
- **No condition-level identifiers in ad platforms, ever**
  An oncology audience leak is not worth any efficiency
- **Consent withdrawal must reach every outbound system**
  Rebuild audience lists on a cycle, never accumulate

What remains: contextual and intent signals, locality, non-clinical segments, aggregate measurement.

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THREE NUMBERS

What to trust while the join is incomplete

1. Identified enquiries, deduplicated by phone across every channel
2. Enquiry-to-appointment and appointment-to-consult rates
3. Total volume against total spend, per unit, rolling quarter

If spend rose and patients did not, the channel reports describe credit, not causation.

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CHEAP FIXES

Close the gaps without new tools

- Phone number as the identity spine, validated at registration
- Record enquirer and patient separately, allow multiple numbers
- Ask the source out loud: five options, not a twenty-item dropdown
- Report long-cycle service lines on a rolling quarter
- Reconcile monthly to HIS registrations, the one source of truth

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MATURITY PATH

Four levels, most value in one to three

1. Every enquiry has a source, including calls and WhatsApp
2. Enquiries linked to booked and honoured appointments
3. Appointments linked to billing: treated patients and revenue by source
4. Multiple touches recorded and credit shared, for large budgets only

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READ THE FULL GUIDE

Patient-journey attribution, in full

- A worked cardiac example, system by system
- What the CEO, CFO, unit head and agency each want
- Geographic holdouts: the only real causation test
- gauravphogat.com/what-is-patient-journey-attribution

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