

Report

The State of Healthcare Marketing 2026:

The trends in privacy and performance that are redefining the modern marketing organization



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Introduction

Healthcare marketers are facing a defining moment. Budgets are under scrutiny, privacy regulations are reshaping data collection, and the pressure to prove ROI has never been greater. While most healthcare marketing organizations can measure clicks, impressions, and cost-per-lead, they remain largely in the dark about what matters: booked appointments, patient acquisition costs, and the downstream revenue impact of their campaigns.

This report, based on survey data from 200 healthcare marketing leaders across providers, payers, DSOs, and urgent care organizations, maps the current state of performance marketing in healthcare. It highlights where teams are winning, where they're stuck, and what separates the organizations building measurable, scalable growth engines from those flying blind. The findings reveal the state of the industry and a roadmap for where it needs to go.

What you'll take away



A clear benchmark for healthcare marketing organizations on ROI visibility, attribution, and funnel maturity



The real cost of the measurement gap and why top-of-funnel metrics alone are no longer enough to justify marketing spend



How leading marketing teams are working with their IT and legal teams to turn privacy compliance into a performance advantage, not a constraint



Practical signals for assessing your organization's marketing maturity across privacy, measurement, and optimization



A framework for moving from cost center to measurable growth engine, with concrete next steps for 2026 planning and beyond

Survey Demographics



Organization Type

69% Hospitals/ Health Systems, 14% Federally Qualified Health Center

Marketing Budget

74% have \$5M+ budgets (41% over \$15M)

Seniority

96% Director+ (65% Directors, 31% VP+)

Organization Size

66% have 250-4,999 employees



The Era of Good Enough Is Over (Thankfully)

When your CFO asks why marketing spend went up and patient volume didn't follow, you dig into the data using the metrics you have to explain what happened. That's marketing 101. Use the data you have to tell a story.

But here's what I keep seeing across the healthcare marketing teams we work with: the data marketers rely on is becoming the obstacle to growth.

We commissioned this report because we had a hypothesis: a meaningful gap existed between the confidence healthcare marketers had in their ROI and what their measurement infrastructure could actually prove. Turns out, we were right – and what came back was more striking than we'd expected.

49% of marketing leaders say they can consistently improve ROI at the appointment level. That confidence reflects real experience. But when we asked whether teams could actually connect spend to revenue across the full patient journey, only 1% said they can link more than half their budget to real results.

The gap isn't because of overconfidence. It's because of infrastructure. Compliance constraints, IT dependencies, and measurement systems built for a simpler era when pixels worked freely, Google was cheaper, and last-click was good enough.



That era is over. And honestly, thank goodness. The era we're now entering is much more exciting – and built for the marketers who seek to measure full-funnel campaigns and present their data-backed strategies with confidence.

The teams pulling ahead aren't doing something exotic. They're constructing the data foundation to answer the questions that matter: which channels are driving patients in the door, where budget is being wasted, and how to walk into an executive meeting with attribution data instead of a defense.

What I hope you take from this report isn't just an understanding of the infrastructure challenges we face in healthcare, but a sense of what becomes possible when you solve them.

This report may not fix the questions that keep healthcare marketers up at night, but it will show you exactly where others are breaking through, and give you a framework for doing the same. The rest, as they say, is in your hands.

Ray Mina
CEO, Freshpaint

Key Findings at a Glance

The Google attribution bias:

64%

of healthcare organizations list Google Ads as their #1 channel by marketing touch volume, and Google accounts for 58% of conversions initiated by Demand-Site Platform (DSP) channels. This exposes how last-touch attribution undercredits awareness channels and overinvests in bottom-funnel search.

The awareness investment shortfall:

21%

of healthcare marketers invest in DSP and CTV awareness channels, yet these channels drive 22% of first touches and 37% of conversions when used. This reveals underinvestment in upper-funnel tactics due to attribution blindness, despite 37% of teams using multi-touch attribution.

The confidence-capability divide:

49%

of marketers say they can consistently improve ROI at the appointment level, yet only 1% can connect more than half their spend to outcomes, revealing a major disconnect between marketers' confidence in their capabilities and the actual visibility their infrastructure provides.

The "do more with less" reaction:

87%

of marketers prioritize improving efficiency of existing ad spend over cutting experimental campaigns (23%) when asked to optimize under pressure, a sign that the instinct to optimize is strong, even when the tools to do so aren't yet in place.

An organizational barrier:

82%

of healthcare marketers cite compliance and legal constraints as their biggest measurement obstacle, while only 23% have established the cross-functional collaboration between marketing, IT, and compliance teams necessary to build privacy-compliant measurement infrastructure. Closing the ROI loop requires both technical solutions and organizational alignment.

The Measurement Gap: Seeing vs. Proving Impact

Healthcare marketers are investing in the right channels, tracking the right metrics, and making reasonable decisions with the information they have. The problem is what they can't see.

Nearly half of the marketing leaders we surveyed say they can consistently improve ROI at the appointment level. But when you ask a different question — not "can you improve ROI" but, "how much of your spend can you connect to patient outcomes" — the results are striking:

59% can only connect 10-25% of their spend to real outcomes. Just 1% can connect more than half.



"Paid search is our biggest driver of reported lead generation because we can track it so tightly. Other tactics — like CTV, OTT, even TikTok and programmatic display — aren't as cleanly attributable. We're confident these top-of-funnel channels have an impact, but we're not yet set up to confidently track how they influence prospects through the other parts of the funnel. We're working to integrate things like assisted conversions and view-through metrics, because without connecting these touchpoints, we can't fully measure the impact of our awareness-based campaigns."

— Tom Armitage, Leader of Digital Marketing & Analytics, MVP Health Care
(a not-for-profit health plan caring for more than 700,000 members across New York and Vermont)

Confidence and visibility diverge because of technical attribution limits, not marketers' skill. Existing measurement systems were built for non-regulated industries, where last-click attribution is enough, and the focus is on e-commerce conversions, not the full patient journey from awareness to appointment.

The metrics healthcare leaders care about tell a similar story. Cost per acquisition tops the list (23%), followed by cost per attended appointment (20%), and patient appointment bookings (15%). Of these, only cost per attended appointment tracks a true bottom-funnel outcome, meaning just 20% of healthcare marketers are measuring the metrics that matter. Measuring them accurately requires visibility across the full funnel, something that most teams don't yet have. Return on ad spend (ROAS), by contrast, comes in at just 7%, a signal that healthcare marketers are thinking beyond vanity metrics, even if their infrastructure hasn't yet caught up.

The distance between most teams and the leading teams is significant and evident in the attribution models currently in use:

- 35% still rely on last-click or first-touch attribution, models that are simple to implement but distort channel performance.

- 37% have moved to multi-touch attribution.
- Just 21% are using hybrid models that combine media mix modeling with digital attribution. That last group represents the leading edge.

Key Insight

Healthcare marketers aren't lacking ambition or analytical instinct. They're lacking infrastructure that matches their goals. The confidence-capability divide — high self-reported ROI confidence, low actual spend visibility — is a direct result of measurement systems that weren't built for healthcare's privacy constraints and the complexity of a multi-channel patient journey.

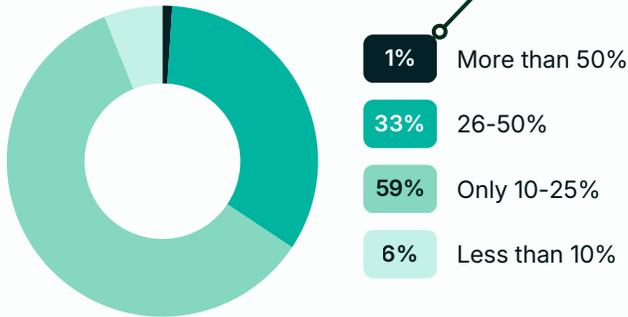
By the numbers

Among 200 healthcare marketing leaders surveyed

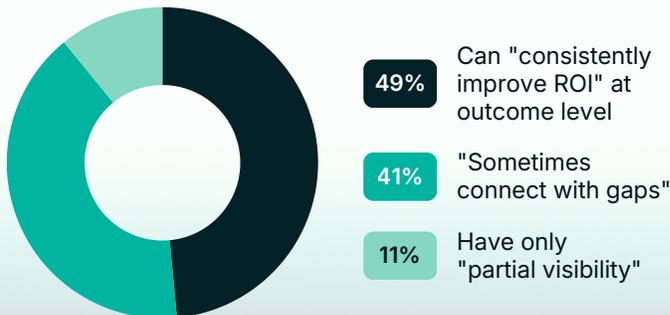
Only 1% can connect MORE than 50% of spend to outcomes!

The visibility problem

Percentage of spend connected:

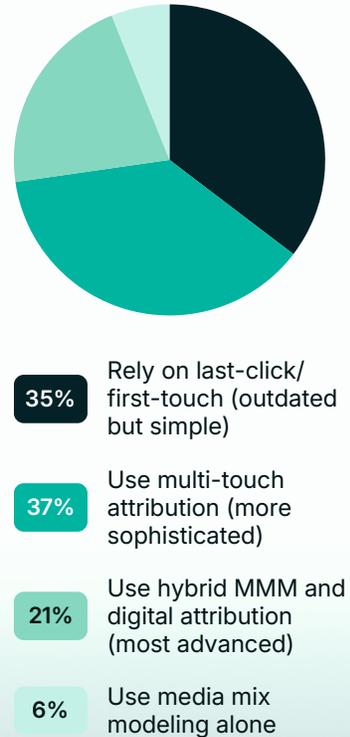


Ability to link spend to outcomes:



Attribution is a perpetual challenge

Current approaches:



What executives prioritize

Top metrics:



CPA should be a key metric for healthcare marketers, but it can mean different things for different organizations. It requires a degree of best estimation when lacking accurate BOFU data.

Google Anchoring

If there's one finding in this report that should prompt an immediate audit, it's this one.

64% of healthcare organizations have Google Ads as their single largest channel by marketing touch volume. That dominance isn't surprising. Search is intent-based, not audience-based, and marketers bid on keywords, not on patient data, which means it sidesteps the PHI exposure that makes other channels legally complicated. It captures intent at its peak, and it's straightforward to measure.

But Freshpaint's market insights data reveals something that last-touch attribution has been hiding: Google isn't always doing the work it's getting credit for.

When Demand-Side Platform (DSP) awareness channels are in the mix, these channels are 1.3 times more likely to initiate the patient journey than to close it. Awareness channels are designed to create demand, not capture it.



But when that journey ends in a conversion, Google Ads closes 58% of those DSP-initiated deals.

So, last-touch attribution records the conversion as Google's. DSP gets nothing. And the marketer sees exactly what they expect to see: Google performing, DSP underperforming.

It's a self-reinforcing cycle. Last-touch attribution overcredits Google, budgets follow performance signals, and DSP investment shrinks or flatlines. With less investment in these channels, there are fewer first touches to initiate journeys. Google does more of the heavy lifting end to end, its numbers look even stronger, and the cycle repeats.

What makes this costly is what's being missed.

For the 21% of healthcare marketers that currently invest in DSP or CTV awareness channels, those channels capture 37% of first touches.

That's a meaningful contributor being undercredited and, as a result, underfunded.



Key Insight

The majority of healthcare marketers can only connect 10-25% of their spend to outcomes. But even this limited visibility is distorted by attribution bias. Google's dominance in healthcare marketing is partly earned and partly manufactured by attribution models that can't see the full picture. Last-touch attribution gives Google credit for journeys that awareness channels initiated, creating a feedback loop that overinvests in search and starves upper-funnel tactics of the budget they deserve.



"We've had a lot of success with programmatic and display [ads] as tactics for our enrollment marketing campaigns and I want to bring that over to our patient marketing. The hard part is justifying the cost and the proof of the success. I can't come back to our leadership and tell them the click-through rate is 0.03%, because they're going to think that's nothing. So I have to make them understand that impressions are important. Our technology is not sophisticated enough yet, especially our electronic health record technology, to be able to link that full journey. So we can't easily tie it back to revenue."

— Julie Elias, Director of Communications & Marketing, Boston University's Goldman School of Dental Medicine

By the numbers



64% of healthcare organizations have Google Ads as their #1 channel by marketing touch volume

DSP channels are

1.3x more likely to start the patient journey than to close it

58%

Google Ads closes 58% of conversions that DSP channels initiated

Percentage of healthcare marketers who invest in awareness channels:



*For organizations that do invest in DSP, those channels capture **37%** of first touches*

21%

Invest in **DSP/CTV** awareness channels

79%

Are missing awareness channels entirely



"70% of our customers use only Search + Social with no DSP/CTV awareness channels — missing the upper funnel entirely. The heavy anchoring to Google means marketers are under-investing in awareness while overcrediting the search that closes."

— Ray Mina, CEO, Freshpaint

Data-Driven Confidence



Healthcare marketers express strong confidence in their ability to make data-driven decisions. In our survey, none of the respondents (0%) say they lack the skills or tools. 49% say they consistently make data-driven decisions, and another 42% say they can act on data with some limitations. Just 9% say it depends on context.

But if virtually every healthcare marketer is making data-driven decisions, why are so many working with incomplete visibility into performance?

Data-driven decisions are only as good as the data driving them, and when attribution models misrepresent channel performance, the decisions that follow are flawed. A marketer who sees Google outperforming DSP and reallocates budget accordingly isn't making a bad decision; they're making a reasonable decision with biased inputs.

Web analytics integration sits at 62%, leaving nearly 4 in 10 organizations without a basic digital tracking foundation. And the most striking number is call center data: only 9% of healthcare marketing teams have integrated it. For hospitals and health systems in particular, where a significant portion of patient journeys still include a phone call at some point, this is a substantial blind spot. The patient who saw a CTV ad, searched on Google, visited the website, and then called to schedule an appointment looks, in most dashboards, like a Google conversion. The awareness channels that initiated the journey are invisible.

Confidence also varies significantly across the funnel. Marketers are most confident at the conversion stage, where

83% feel confident measuring appointments and bookings.

Engagement metrics, like clicks and site visits, follow at 77%.

Confidence drops at the awareness stage, where only 55% feel confident measuring reach, impressions, and other upper-funnel signals. The higher up the funnel, the less visibility that teams have, and the more likely attribution models are to miss what's happening.

This dynamic makes the lower funnel feel more reliable and reinforces the tendency to overinvest in bottom-funnel channels while under-investing in awareness that's harder to measure.



“One of our biggest challenges is to show the impact of our marketing efforts from a financial perspective. Obviously, having attribution linked to revenue is going to be a big part of solving that puzzle.”

— Susie Magrogan, Performance and Demand Generation Manager at UNC Health



Key Insight

Healthcare marketers have the skills to be data-driven (91% can consistently or usually make data-driven decisions), and organizations with fully embedded marketing-IT-compliance collaboration are dramatically more likely to achieve strong ROI visibility. But even perfect alignment produces poor decisions if attribution models misrepresent channel performance.

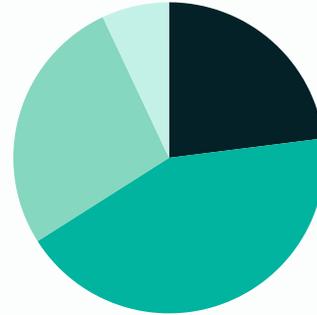
By the numbers

Marketing team's ability to make data-driven decisions:



- 49%** Consistently make data-driven decisions
- 42%** Can act on data with some gaps
- 9%** Say it depends on context

Cross-functional collaboration:



- 23%** Fully embedded across marketing, IT, and compliance
- 43%** Collaborate well on major initiatives
- 27%** Collaborate on specific projects only
- 7%** Engage only when absolutely necessary

Marketing leaders' measurement confidence by funnel stage:



Privacy That Powers Performance

For most healthcare marketing teams, the compliance conversation goes something like this: marketing wants to use data, legal says no, and the project stalls. Privacy is a blocker rather than an enabler.

82% of healthcare marketers cite compliance and legal constraints as the primary barrier to effective measurement, highlighting the unique restrictions HIPAA places on healthcare — limits other industries don't encounter. Only about a quarter (23%) of healthcare marketing teams have fully embedded collaboration across marketing, IT, and compliance. 43% collaborate well on major initiatives, 27% work together only on specific projects, and 7% engage only when absolutely necessary.

The teams making the most measurement progress are treating privacy as a design requirement, building infrastructure that's compliant by default.

When privacy is a blocker, every new measurement initiative requires a legal review and often a compromise that leaves the data less useful.



When privacy is part of the infrastructure, legal and compliance teams become collaborators rather than gatekeepers, the data becomes accessible, and the attribution becomes more complete. As a result, the marketing team gains more visibility.

Even with privacy built into the infrastructure, healthcare marketers still face a challenge: connecting marketing activity to outcomes. They rely on two separate sources — clinical and financial systems (CRM, EHR, and RCM) to report ROI, and marketing analytics to track campaign activity — and must manually link the two. Post-acquisition data provides insight into what happened, but doesn't reveal the channels that drove a conversion or how to replicate it.

Our survey data supports the hypothesis that healthcare marketers gravitate toward channels where compliance is solved, and pull back from channels where it isn't:

- Email, the least regulated channel, leads adoption at 97%.
- Paid search sits at 95%, partly because of its intent-capture value and partly because Google's keyword and intent-based infrastructure makes HIPAA compliance manageable.
- Paid social comes in at 69% for adoption, but only 19% for concentrated investment; the most privacy-constrained channel gets the least budget.

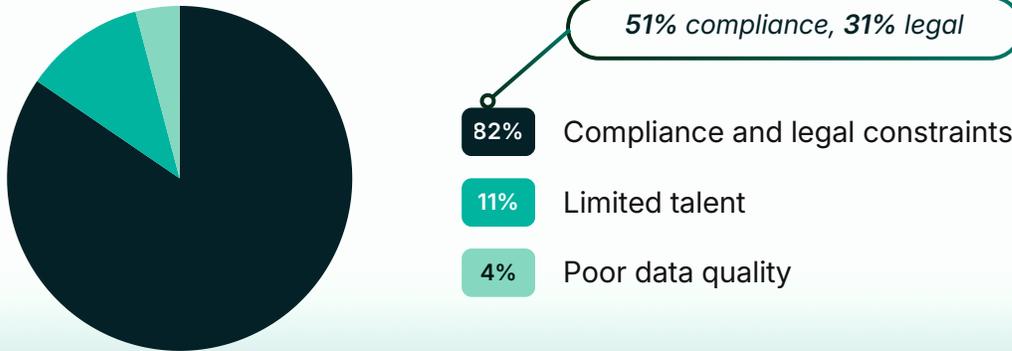
When awareness channels have sound infrastructure, as well, marketers can unlock these upper-funnel channels in the same way. Privacy compliance, then, becomes the foundation that everything else is built on.

Key Insight

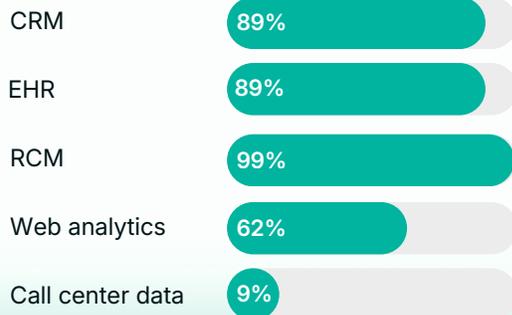
While 82% of marketing leaders cite compliance as their main barrier, the real issue is the lack of systems that enable compliant measurement across all channels. Google's dominance (64% say it's their #1 channel) comes from its intent-based model — marketers bid on keywords rather than patient data — which avoids exposing PHI. But overreliance on a single channel still creates risks. Organizations that build privacy-first measurement infrastructure for awareness channels gain both legal protection and diversified attribution.

By the numbers

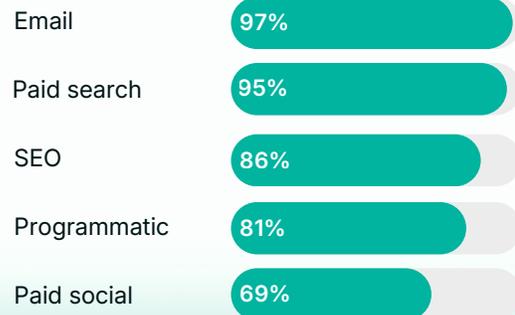
Measurement barriers cited by healthcare marketing leaders:



Percentage of organizations using each data source:



Percentage of organizations who have adopted each channel:



Channel investment concentration:





How Compliance Became a Catalyst for Baptist Health's Marketing Team



Lauren Anderson, Senior Digital Content Strategist & Copywriter at Baptist Health, a healthcare provider in Northeast Florida, describes how their marketing team works closely with Information Security (IS) and Legal. It started in 2022 when new guidance from the U.S. Department of Health and Human Services created compliance questions. The marketing, risk, and compliance teams met regularly to assess exposure, remove risky tools like Meta Pixel, and determine the safest path forward.

Since then, collaboration has become routine. The teams hold monthly meetings to address overlapping challenges, review security scans, and decide together on new platforms, APIs, or other technical changes. Marketing and IS work as partners, not adversaries. By respecting each team's perspective, they build infrastructure that supports privacy-first measurement and reduces friction while enabling marketing to act.

Cross-functional collaboration can turn compliance from a blocker into a foundation for smarter, safer marketing decisions.

Performance Under Pressure



Healthcare marketing budgets have always been scrutinized, but recent years have brought sharper pressures. Margin compression, tighter financial oversight, the shift toward value-based care, and rising expectations for data-driven decision-making have all narrowed the margin for ambiguity. Marketing leaders are now expected to speak the language of the CFO, and many are discovering that their tools and infrastructure weren't built for these demands.

To understand how these pressures are playing out in organizations, we asked marketers about leadership's perception of their function.

Our survey shows that only 37% of company leadership views marketing as a strategic growth driver.

Another 42% see it as contributing to organizational goals, while nearly 20% still view marketing as "a necessary cost center." That last number should give every marketing leader pause, because it signals how much runway there is to change the narrative — and that success depends on proving value in terms leadership cares about.

Susie Magrogan, Performance and Demand Generation Manager at UNC Health, summed up the situation: "One of our biggest challenges is getting leadership to take marketing seriously and give us a seat at the table. Obviously, having attribution linked to revenue is going to be a big part of that."

Healthcare marketers aren't responding to this pressure by retreating — when budgets tighten, the instinct is to optimize, not cut. The majority of marketers (87%) say their first response to resource constraints is improving the efficiency of existing ad spend. Nearly 70% look for lower-cost channels. More than half (57%) are investing in analytics tools to get better visibility into what's working.

The "do more with less" mandate has become so universal that optimization is now table stakes. The marketers who will pull ahead can prove they optimized, connect that efficiency to real patient outcomes, and walk into a budget meeting with data that leadership believes in.

Key Insight

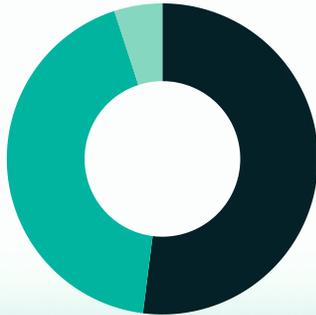
When budgets tighten, healthcare marketers optimize. The overwhelming majority (87%) prioritize improving existing spend efficiency rather than slashing experimental campaigns, signaling a mature approach to resource constraints. But optimization without accurate measurement is guesswork with better intentions. The teams best positioned are spending their budget more efficiently and building the infrastructure to prove it.



By the numbers

Year-over-year changes

Marketing leaders' budget observations:



- 52% Saw budget increases
- 43% Saw no change in marketing budget
- 5% Experienced budget decreases

43% answered "slight," and 9% answered "significant"

The "do more with less" mandate is becoming universal. Here's how marketers are responding:

Top metrics:

Improve efficiency of existing ad spend

87%

Shift to lower-cost channels

69%

Invest in analytics tools

57%

Consolidate vendors

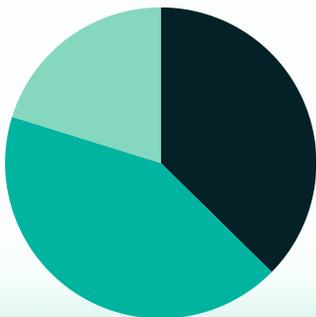
54%

Cut experimental campaigns

23%

How leadership views marketing's value

Executive perception of marketing:



- 37% Seen as a "strategic growth driver"
- 42% Seen as contributing to goals
- 20% Seen as a "necessary cost center"



Doing More with Less: Strategic Testing Drives Smarter Marketing Spend

Brian Gould, Vice President of Marketing, Communications, and Patient Experience at vybe urgent care, knows what it takes to stretch limited marketing budgets. vybe has locations across the Philadelphia region, and instead of rolling out campaigns everywhere, he starts small. Brian runs a structured test across three clinic performance groups. By doing this, the team learns which locations respond best before committing larger dollars, avoiding waste while gaining insight.

He also segments clinics by performance. Some locations already convert at 75-80% — in vybe's case, a conversion is a booked appointment that becomes a completed visit — others perform moderately, and a few struggle. "The high converters don't need tailwind because they're already doing just fine," Brian explains. By focusing spend on locations where marketing can create incremental impact, he ensures every dollar has a purpose.

The testing framework also lets the team move fast. Once the data shows which clinic cohort responds most to the new campaign, Brian can increase the budget there and maximize results. "We funnel the budget into whichever one wins to have the biggest impact," he says. This disciplined, data-driven approach turns limited resources into measurable wins.

While many marketers might stop at optimizing to a metric that's easily measurable or trackable, marketing efficiency and optimization is never a guarantee of the



best ROI. For Brian and his team at vybe, any healthcare experience is personal. Brand Matters. Experience matters. The patient journey often begins online, but the team at each clinic influences if and how patients complete their visit, so ROI also reflects the investment in the team and their patients. vybe supports, develops, and shows it values the team, who in turn willingly embody the brand, which connects the brand story seen in advertising with the real patient experience.

His goal is not to generate a lot of first-time visits that never return. This expanded view of ROI aids him in creating a better revenue stream from current patients and supports word of mouth referrals.

For Brian, "doing more with less" isn't about cutting everywhere. It's about testing strategically, targeting spend intelligently, and concentrating resources where they drive the greatest return over the long term.

The Modern Marketing Organization

Some healthcare marketing teams have cracked the code on measurement and ROI, and what separates them from the rest isn't budget or team size. It's a combination of organizational maturity and attribution accuracy that, once in place, tends to compound. Better measurement leads to better channel decisions, which produce better outcomes. And better outcomes justify the infrastructure investment that made it all possible.

Maturity Is a Spectrum

Our data points to four distinct levels of measurement maturity, each defined by infrastructure and collaboration, versus resources.



- **Foundational** teams are focused on compliance and basic conversion tracking. Marketing, IT, and compliance work separately, coming together only when something breaks or a legal question forces it.
- **Developing** teams are beginning to connect data sources and collaborate on major initiatives, but attribution is still primarily last-click, and awareness channels are largely absent from the mix.
- **Advanced** teams have multi-touch attribution in place, consistent cross-functional collaboration, and spend visibility in the 26–50% range.
- **Leading** teams are running hybrid attribution models and have integrated all major data sources, including awareness channel data. They operate with fully embedded collaboration, and have achieved spend visibility above 50%. Only 1–3% perform at this level.

What High Performers Do Differently

Leading organizations share a consistent set of practices:

- Fully embedded collaboration across marketing, IT, and compliance
- Hybrid or multi-touch attribution models, rather than last-click
- Integration of four or more data sources, including awareness channel data
- Active investment in DSP and CTV rather than, or to complement, Google-anchored strategies
- Director-level or above leadership focused on measurement accuracy, not just volume

Every other improvement — channel mix rebalancing, awareness investment, better executive reporting — depends on having attribution models that accurately reflect the modalities that drive patient acquisition.

Organizations that try to diversify their channel mix without fixing attribution first will generate more data that's harder to interpret. Fix the measurement and then rebalance the channel mix.

The Investment Question

When budgets are tight, where do mature organizations put their money?

57% of healthcare marketers under pressure are investing in analytics and attribution tools, not cutting campaigns or retreating to safe channels.

They're investing in the measurement infrastructure that makes every other decision more defensible.

The Path Forward

Between the survey data and Freshpaint's expertise, we see a consistent pattern revealed among organizations making the most progress. It starts with a privacy infrastructure that works across all channels, not just search.

From there, the sequence looks like this:

1. Build cross-functional collaboration mechanisms between marketing, IT, and compliance.
2. Fix attribution bias by moving beyond last-click to multi-touch models.
3. Integrate downstream outcome data with proper awareness channel credited.
4. Invest strategically in under-credited awareness channels.
5. Close the loop on spend-to-outcome visibility.

Channel Mix Rebalancing

Organizations that are able to fix their attribution discover that DSP channels are initiating a meaningful share of patient journeys that Google is closing (58%) and that last-touch attribution has been overcrediting search and undercrediting awareness. This allows them to rebalance marketing spend accordingly.

The typical rebalancing pattern looks like a 15-25% reduction in search budget and a 30-50% increase in awareness investment. The results are lower overall patient acquisition costs, higher top-of-funnel volume, and conversion rates that hold steady or improve.

Key Insight

The organizations at the leading edge of healthcare marketing maturity didn't get there by spending more. They got there by measuring more accurately — and then letting accurate measurement drive their channel mix, their budget allocation, and their executive conversations. Attribution infrastructure is the lever that powers everything else.



Key Opportunities for Healthcare Marketing in 2026 and Beyond

The data in this report points to a clear set of priorities for the next era of healthcare marketing. Use the benchmarks below as a diagnostic — then treat the actions as your starting point for your planning.



1. Fix attribution infrastructure before shifting budget.

A third of healthcare marketers (35%) are still using last-click or first-touch attribution, a model that favors Google and obscures everything that happened upstream. When a top-of-funnel platform initiates the patient journey, Google closes 58% of those conversions and gets all the credit. Moving to multi-touch or hybrid attribution reveals the tactics that are driving patient acquisition and surfaces meaningful reallocation opportunities. The sequence matters: fix the measurement before moving the money.

- **Benchmark:** Are you still on last-click? You have the biggest opportunity for attribution improvement.
- **To do:** Audit your attribution model this quarter and identify which channels are being under-credited before your next campaign cycle.

2. Invest in privacy-first awareness channels.

Only 21% of healthcare marketers are using DSP and CTV for awareness — not because these channels don't perform, but because improper attribution has hidden their contribution. If Google represents more than 60% of your marketing touches (the current average is 64%), you're past the threshold where search concentration becomes a liability. Privacy compliance is solvable: the goal is a measurement infrastructure that enables compliant performance marketing across all channels, not just search. For healthcare marketers looking for a purpose-built solution, [Freshpaint](#) is designed specifically to deliver measurable performance while safeguarding patient trust in healthcare's complex regulatory environment.

- **Benchmark:** Is more than 60% of your spend concentrated in search? Flag it.
- **To do:** Pilot at least one DSP or CTV awareness campaign with proper measurement in place before scaling. Don't let attribution distortions make the decision for you.

3. Get better visibility into your ROI. The current median for connecting spend to patient outcomes sits at 10-25%. The target is 26-50%. Reaching that target requires data integration work — starting with CRM, EHR, and RCM, then expanding to call center and awareness channel data. The 9% call center integration rate is a particular blind spot for hospitals and health systems where the phone still plays a meaningful role in how patients schedule care.

- **Benchmark:** What percentage of your spend can you connect to patient acquisition today?
- **To do:** Identify your top two or three integration priorities and add them to your 2026 roadmap. Call center data is the highest-value starting point for most provider organizations.

4. Build cross-functional collaboration into the structure, not the schedule. 67% of marketing teams are collaborating with IT and compliance on a project basis or better — a foundation worth building on. But project-based collaboration can't sustain the attribution accuracy of modern performance marketing. The teams pulling ahead have moved to structurally embedded collaboration: shared OKRs across marketing, IT, and compliance, with a shared focus on measurement, beyond simply data access.

- **Benchmark:** Is your collaboration with IT and compliance project-based or structurally embedded?
- **To do:** Move at least one initiative this quarter toward shared OKRs rather than episodic handoffs.

The Payoff

Healthcare organizations that crack the measurement code will make dramatically better budget allocation decisions, prove indispensable value to executive leadership, scale successful tactics with confidence across the full funnel, and outperform Google-anchored competitors still operating with attribution blind spots.

While Freshpaint's data shows that the measurement gap is real, the performance of our 250+ customers shows that the path to closing it is, too.

Take the Next Step

As the data in this report indicates, healthcare marketers who invest in privacy-first measurement infrastructure, fix attribution bias, and build cross-functional alignment will outperform those who don't. Freshpaint exists to make that possible — giving marketing teams the visibility, data, and infrastructure to prove what's working, optimize what isn't, and stay compliant as they do it.

Here's where to go next.

- Grab the exact playbooks your peers are using to overcome the challenges outlined in this report. Attend one of our [upcoming events](#), like our exclusive House Call series, to connect with other marketing leaders and industry experts, and read our [Anatomy of a Campaign blog series](#) for a step-by-step framework.
- For the latest insights on the industry, subscribe to the [Freshpaint 5 weekly newsletter](#) and the [Marketing Rounds podcast](#), hosted by Freshpaint CEO Ray Mina.
- Ready to close the measurement gap? [Check out Freshpaint's platform](#), purpose-built for healthcare marketers.

Ready to connect your marketing data to real outcomes?

Meet with us ↗



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