

AGENCY CREATIVE

INTERNAL OPERATIONS MANUAL

Full-Funnel Attribution Delivery

How Agency Creative Builds the Systems That Give Multi-Site CMOs Real Financial Visibility Into Their Marketing Investment

Applicable Verticals: Behavioral Health · Ophthalmology · Dermatology · Urgent Care · Dental/DSO · Veterinary · OB/GYN · Autism Treatment · Fertility · Physical Therapy · Orthopedics · Plastic Surgery

Audience: Agency Creative account teams, media planners, analysts, and strategists delivering attribution engagements

Version: 1.0

Purpose of This Manual

Agency Creative has made a public-facing claim: we build the full-funnel attribution systems that give multi-site CMOs real financial visibility into their marketing investment. This manual is the internal instruction set that makes that claim true.

It is not a sales document. It is an operational guide for every person on the AC team who touches an attribution engagement — from discovery through delivery. Follow it consistently and we produce a result that no generalist agency can replicate: marketing measurement that speaks in financial language, connects every media dollar to production outcomes, and gives a multi-site CMO the data they need to defend budget, reallocate spend, and demonstrate EBITDA contribution.

“Attribution is not a technology problem — it is a strategy problem. The right measurement infrastructure connects your media spend to your production outcomes.”

This manual is organized into five phases that mirror the Blog 16 attribution framework: Discovery & Audit, Stack Build, Milestone 1 (Media to Appointments), Milestone 2 (Appointments to Production), and Dashboard Delivery. Each phase includes objectives, step-by-step instructions, responsible parties, tools, and quality checkpoints.

How to Use This Manual

Each phase must be completed in sequence. Do not advance to the next phase until all checkpoints in the current phase are signed off. The account lead is responsible for tracking phase completion. The client’s operating environment will vary — adjust tool selections within each phase as needed, but do not skip phases or steps.

Engagement Overview

A full-funnel attribution engagement with Agency Creative progresses through five sequential phases. The table below summarizes each phase, its primary objective, and the key deliverable produced.

Phase	Name	Objective	Key Deliverable
1	Discovery & Audit	Understand the client's current measurement state across all locations	Attribution Gap Report
2	Stack Build	Deploy all five layers of the attribution technology stack	Live attribution infrastructure
3	Milestone 1	Connect media spend to scheduled appointments	Cost-per-appointment by channel and location
4	Milestone 2	Connect appointments to production revenue	Cost-per-dollar-of-production by channel and campaign
5	Dashboard Delivery	Build and activate the location-level performance dashboard	Monthly management dashboard

Discovery & Audit

Before any technology is deployed, Agency Creative must develop a complete picture of the client's existing measurement infrastructure. Multi-site healthcare platforms routinely have inconsistent tracking across locations — some may have call tracking in place, others none at all. The Discovery & Audit phase identifies every gap before we build.

This phase produces the Attribution Gap Report, which becomes the master reference document for all subsequent phases.

Objectives

- Map every marketing channel currently active across all locations
- Identify which attribution layers are already in place and where
- Document inconsistencies in tracking implementation across the portfolio
- Assess compatibility of existing practice management software with production data integration
- Define the client's reporting needs and the financial metrics their operating partners require

Step-by-Step Instructions

Step 1.1 — Stakeholder Kickoff

Schedule a discovery call with the client CMO and any internal analytics or operations contacts. The goal is to understand how marketing is currently measured, what data already exists, and what financial visibility the CMO needs to have with their operating partners.

Questions to cover in the kickoff:

- What media channels are active across your locations right now?
- Do you have call tracking in place? If so, at which locations and through which platform?
- What practice management software does the platform use (e.g., Athenahealth, Kareo, Epic, Jane, Dentrix)?
- Do you have a CRM? Is it connected to your scheduling system?
- What does a reporting conversation with your operating partners or PE sponsors look like today?
- What is the single most important financial question you cannot currently answer about your marketing?

Step 1.2 — Location-by-Location Tracking Audit

Build a tracking audit spreadsheet with one row per location. For each location, document the status of each of the five attribution stack layers:

Attribution Layer	In Place?	Platform/Tool Used	Consistent Across Locations?	Notes
Media Tracking (UTM/pixel)				
Landing Page Conversion Tracking				
Call Tracking (Dynamic Numbers)				
CRM Integration				
Production Data Integration				

⚠ Note: Complete this table for every location in the portfolio. Gaps in coverage are expected — the audit exists to surface them, not to judge the client.

Step 1.3 — Practice Management System Assessment

Production data integration (Layer 5) is the most technically complex layer. Before the engagement advances, confirm which practice management system(s) the client uses and assess data accessibility. Key questions:

- Does the PMS have an API or data export capability?
- Can appointment records be matched to patient records with a unique identifier?
- Can production revenue be exported by date, location, and appointment type?
- Is there an existing data warehouse or reporting tool we can connect to?

If the PMS does not support direct integration, flag this in the Gap Report and plan for a manual data bridge (see Phase 4).

Step 1.4 — Compile the Attribution Gap Report

The Attribution Gap Report is a written summary delivered to the client after discovery. It must include:

1. A current-state summary of tracking coverage across all locations
2. A layer-by-layer gap analysis identifying what is missing and where
3. A prioritized list of gaps to close, ordered by financial impact
4. A recommended tech stack for the engagement (call tracking platform, CRM tools, integration approach)
5. A timeline estimate for each phase of the stack build

⚠ Note: The Gap Report is the first client-facing deliverable in an attribution engagement. Write it in plain language. Avoid jargon. The CMO should be able to share it with an operating partner.

Phase 1 Checkpoints

- Kickoff call completed and notes documented
- Location-by-location tracking audit spreadsheet completed
- Practice management system assessed for production data accessibility
- Attribution Gap Report drafted, reviewed internally, and delivered to client
- Client has signed off on recommended tech stack and engagement timeline

Stack Build

With the Gap Report approved, the stack build phase deploys the five layers of attribution technology across all client locations. Each layer must be implemented completely and consistently before the next is activated. Partial deployments produce unreliable data and undermine the financial reporting that follows.

This phase is primarily technical and requires close coordination between the AC team, the client's internal marketing operations or IT contacts, and any third-party platform vendors.

The Five Attribution Layers

Layer 1 — Media Tracking

Media tracking connects campaign impressions and clicks to identifiable user sessions on the client's website and landing pages.

Implementation steps:

1. Establish a consistent UTM parameter naming convention to be applied to every paid media URL across all channels (paid search, paid social, programmatic, email). Format: utm_source / utm_medium / utm_campaign / utm_content / utm_location.
2. Install or verify Google Analytics 4 (or the agreed analytics platform) on every location page and campaign landing page. Confirm the tracking tag fires correctly using Tag Assistant or an equivalent tool.
3. Install platform pixels (Meta, Google Ads, etc.) and verify event tracking for key actions: page views, appointment form submissions, and phone number clicks.
4. Document the UTM convention in a shared reference document accessible to all media team members. Enforce it on every campaign going forward.

⚠ Note: *Inconsistent UTM conventions are the single most common cause of broken attribution. Make the naming convention non-negotiable.*

Layer 2 — Landing Page Conversion Tracking

Landing page conversion tracking connects user sessions to appointment inquiries — the moment a prospective patient takes an action that signals intent.

Implementation steps:

1. Define conversion events for every location: form submission, online booking completion, click-to-call, and chat initiation.
2. Implement conversion tracking tags (via Google Tag Manager or equivalent) on every conversion event across all location and campaign pages.
3. Verify conversion tracking by completing test submissions and confirming they register in the analytics platform.

4. Configure goal tracking in the analytics platform and confirm data is flowing into campaign dashboards in Google Ads, Meta Ads Manager, and any other active platforms.

Layer 3 — Call Tracking (Dynamic Number Insertion)

Call tracking is typically the most impactful layer for healthcare clients, where phone calls drive the majority of appointment bookings. Dynamic number insertion (DNI) assigns a unique trackable phone number to each visitor session, attributing every inbound call to the specific campaign and channel that drove it.

Implementation steps:

1. Select a call tracking platform. Recommended options: CallRail, CallTrackingMetrics, or Invoca (for enterprise-scale clients). Confirm the platform supports multi-location management and dynamic number insertion.
2. Provision a unique tracking number pool for each location. The pool size should be sufficient to cover peak concurrent sessions (CallRail recommends a minimum of one number per 30 concurrent sessions).
3. Implement the DNI script on every page of every location's website and on all campaign landing pages. The script dynamically replaces the displayed phone number with a tracking number for each visitor session.
4. Configure call recording and transcription where legally permissible. Confirm compliance with state and federal call recording consent laws for each location's state.
5. Set up call routing to ensure tracking numbers forward correctly to each location's reception desk without delay.
6. Integrate the call tracking platform with Google Analytics and the active ad platforms so call conversions appear alongside digital conversions in campaign reporting.
7. Conduct live test calls from each location's tracking numbers and confirm attribution data appears correctly in the call tracking dashboard.

⚠ Note: *Call tracking consent requirements vary by state. Confirm one-party vs. two-party consent requirements for every state in which the client operates before activating call recording.*

Layer 4 — CRM Integration

CRM integration connects the inquiry data captured in Layers 1–3 to the client's patient scheduling and record system, allowing us to track whether an inquiry converted into a scheduled appointment.

Implementation steps:

1. Identify the client's CRM platform (HubSpot, Salesforce Health Cloud, a PMS-native CRM, or a proprietary system).
2. Map the data flow: how does a phone call or form submission become a patient record? Identify where hand-offs occur and where data may be lost.
3. Configure or confirm UTM data is passed through from the form submission into the CRM record so the originating campaign is preserved at the patient level.
4. For call-sourced inquiries, configure the call tracking platform to push call data (source, campaign, duration, outcome) into the CRM via API or native integration.

5. Verify data flow end-to-end: submit a test inquiry via each channel and confirm the resulting CRM record contains correct attribution data.

⚠ Note: *Many healthcare CRMs are built around clinical workflow, not marketing attribution. If the CRM cannot accept UTM data natively, work with the client's IT contact to add a custom field for campaign source.*

Layer 5 — Production Data Integration

Production data integration is the most financially significant layer. It connects marketing activity to care plan acceptance and production revenue — enabling Agency Creative to calculate cost per dollar of production by channel and campaign.

Implementation steps:

1. Confirm the data export or API capability of the client's practice management system (identified in Phase 1).
2. Define the data fields required for production reporting: appointment date, location, appointment type, patient ID, production value (revenue generated from the visit), and treatment plan acceptance status.
3. Establish a data connection between the PMS and the reporting environment. Options in order of preference: direct API integration, automated scheduled data export (CSV/Excel to a shared data environment), or manual monthly data pull.
4. Match PMS records to CRM/attribution records using a shared patient identifier (typically patient ID, phone number, or email). This match connects a production outcome to the marketing activity that drove the original inquiry.
5. Validate the match rate. A match rate below 70% indicates a data quality issue that must be resolved before production reporting goes live.

⚠ Note: *If a direct PMS integration is not feasible, design a manual data bridge protocol: the client's operations team exports production data monthly, and the AC analyst team performs the match and enters results into the reporting dashboard. Document the protocol and build it into the monthly workflow.*

Phase 2 Checkpoints

- All five attribution layers deployed and verified across all locations
- UTM naming convention documented and enforced across media team
- Call tracking live with confirmed attribution data flowing into analytics and ad platforms
- CRM integration verified with end-to-end test inquiries
- Production data match rate confirmed at 70% or above
- Internal stack verification sign-off completed before advancing to Phase 3

Milestone 1: Media Spend to Scheduled Appointments

With the attribution stack live, the first milestone is delivering a clear answer to a question most multi-site platforms cannot currently answer: which channels and campaigns are producing appointment requests, at which locations, and at what cost?

This is the foundation of financial attribution. It is not the most sophisticated output — that comes in Phase 4 — but it is the layer every more complex analysis depends on.

Objectives

- Produce cost-per-appointment-inquiry by channel, campaign, and location
- Identify the channels and locations generating the highest and lowest efficiency
- Establish a baseline cost-per-inquiry for every active channel across the portfolio
- Flag anomalies (locations with no call tracking data, campaigns with zero conversions, etc.) for immediate investigation

Step-by-Step Instructions

Step 3.1 — Pull and Consolidate Inquiry Data

At the close of the first full reporting period (typically 30 days after stack activation), pull inquiry data from all active channels. Consolidate into a single master inquiry report that includes: date, location, channel, campaign, inquiry type (call vs. form), and cost.

Sources to pull from:

- Google Ads: impression, click, conversion, and cost data by campaign and location extension
- Meta Ads Manager: impression, click, lead/conversion, and cost data by campaign and location targeting
- CallRail (or equivalent): call volume, source attribution, and call disposition by location
- Google Analytics 4: session and goal completion data by source/medium and landing page

Step 3.2 — Calculate Cost Per Appointment Inquiry by Location

For each location, calculate: total media spend ÷ total appointment inquiries = cost per inquiry. Break this down by channel. The output is a location-level efficiency matrix that shows, side by side, what each location is paying per inquiry and through which channels.

Flag any location where cost per inquiry is more than 2x the portfolio average. These locations require investigation before the next media cycle.

Step 3.3 — Deliver Milestone 1 Report to Client

Prepare a written report for the CMO that presents the Milestone 1 findings. The report must be written in financial language — no marketing jargon. Structure:

6. Portfolio summary: total inquiries, total media spend, blended cost per inquiry across all locations
7. Location-level efficiency table: inquiry volume, spend, and cost per inquiry for each location, ranked from most to least efficient
8. Channel efficiency summary: cost per inquiry by channel across the portfolio
9. Flagged anomalies and recommended immediate actions
10. Recommended spend reallocation for next period based on location and channel efficiency

⚠ Note: *This report is often the first time a CMO sees inquiry data in financial terms. Present it as a financial document, not a marketing dashboard. Use dollar signs, not percentages.*

Phase 3 Checkpoints

- Master inquiry data consolidated from all sources for the reporting period
- Cost-per-inquiry calculated by location and channel
- Anomalies investigated and root causes identified
- Milestone 1 report delivered to client in financial language
- Client sign-off on findings before advancing to Phase 4

Milestone 2: Appointments to Production Revenue

Milestone 2 is where Agency Creative's attribution methodology separates itself from standard digital marketing reporting. Connecting marketing activity to production revenue — the actual dollars generated from patient care — is the most financially meaningful metric available to a multi-site healthcare CMO.

This is the layer that allows a CMO to walk into a board meeting and say: our marketing investment generated X dollars in production revenue this quarter, at a cost of Y cents per dollar produced.

Objectives

- Connect each appointment inquiry (from Phase 3) to a scheduled appointment record in the PMS
- Connect each scheduled appointment to a production outcome (completed visit and revenue generated)
- Calculate cost per dollar of production by channel, campaign, and location
- Identify which channels and campaigns generate not just volume, but high-value patient mix

Step-by-Step Instructions

Step 4.1 — Match Inquiries to Appointments

Using the patient identifier established in Phase 2 (Layer 4 CRM integration), match each tracked inquiry to a scheduled appointment record. Record the match outcome:

- Matched and showed: inquiry converted to a completed appointment
- Matched and no-showed: inquiry converted to a scheduled appointment but patient did not attend
- Matched and cancelled: appointment was scheduled and subsequently cancelled
- Unmatched: inquiry could not be linked to an appointment record

Calculate the inquiry-to-appointment conversion rate by location and channel. Low conversion rates (inquiries that do not become appointments) may indicate a front-desk follow-up problem, not a marketing problem — flag this for the CMO.

Step 4.2 — Match Appointments to Production

For each matched and completed appointment, pull the production value from the PMS export. Record:

- Appointment type (new patient, follow-up, procedure type)
- Production value (revenue generated at the visit)
- Treatment plan accepted: yes/no (where applicable)

Aggregate production value by campaign source. This produces the core Milestone 2 metric: cost per dollar of production by channel and campaign.

Step 4.3 — Calculate Production-Level CAC Metrics

For each channel and campaign, calculate the following metrics:

- Cost per completed appointment (media spend ÷ completed appointments attributable to that channel)
- Average production value per appointment (total production ÷ completed appointments)
- Cost per dollar of production (media spend ÷ total production revenue attributable to that channel)
- Return on ad spend — production basis (total production revenue ÷ media spend)

⚠ Note: *A channel with a low cost-per-inquiry but low average production value may be generating volume but not value. A channel with a higher cost-per-inquiry but high average production value may be the most financially efficient in the portfolio. Milestone 2 is the only point at which these distinctions become visible.*

Step 4.4 — Deliver Milestone 2 Report to Client

Prepare the Milestone 2 report. This is the most financially significant document AC delivers in an attribution engagement. Structure:

11. Portfolio-level production attribution summary: total production revenue attributable to marketing, total media spend, blended cost per dollar of production
12. Channel-level production attribution: cost per dollar of production by channel, ranked from most to least efficient on a production basis
13. Location-level production attribution: production value by location, compared to media spend at that location
14. Patient quality analysis: average production value by channel and appointment type
15. Budget reallocation recommendation: where to shift spend based on production-level efficiency, not inquiry volume

This report should be formatted for executive presentation. The CMO should be able to present it directly to operating partners or a PE board without modification.

Phase 4 Checkpoints

- Inquiry-to-appointment match rate documented and above 70%
- Production data matched to appointment records with confirmed accuracy
- Cost-per-dollar-of-production calculated by channel, campaign, and location
- Budget reallocation recommendation included in report
- Milestone 2 report formatted for executive-level presentation
- Client CMO sign-off obtained before dashboard build begins

Dashboard Delivery

The Location-Level Performance Dashboard is the ongoing management tool that makes attribution sustainable. It consolidates all attribution data into a single view that the CMO and their team can access monthly without requiring a custom report from the AC team each time.

This is not a marketing dashboard. It is a management tool — built to be reviewed in the same conversation where operating partners discuss portfolio performance.

Dashboard Requirements

The dashboard must display the following data for each location and each active channel, updated on a monthly basis:

- Media spend (total and by channel)
- Appointment inquiries generated (total and by channel)
- Inquiry-to-appointment conversion rate
- Cost per acquired patient (completed appointment)
- Production revenue attributable to marketing activity
- Cost per dollar of production
- Month-over-month trend for each metric
- Portfolio-level rollup for all metrics

Step-by-Step Instructions

Step 5.1 — Select the Dashboard Platform

Recommend a dashboard platform based on the client's existing tech environment and reporting preferences. Options:

- Google Looker Studio: recommended for most clients; free, integrates natively with Google Analytics and Google Ads, supports manual data uploads for PMS data
- Tableau or Power BI: appropriate for enterprise-scale clients with existing BI infrastructure
- Custom spreadsheet dashboard (Google Sheets or Excel): appropriate for smaller portfolios or clients not yet ready for a visualization platform

Confirm the selection with the client before building.

Step 5.2 — Build the Data Connections

Connect the dashboard platform to all attribution data sources:

16. Connect Google Analytics 4 (inquiry and session data)
17. Connect Google Ads and Meta Ads Manager (spend and conversion data)
18. Connect CallRail or equivalent (call volume and attribution data)

19. Configure a monthly data import workflow for PMS production data (automated if possible; manual upload if not)

Step 5.3 — Build the Dashboard Layout

Structure the dashboard with three levels of view:

- Portfolio View: all metrics rolled up across all locations, showing total spend, total production revenue, and blended efficiency metrics for the period
- Location View: drill-down to each individual location showing the same metrics at the location level, with a comparison to the portfolio average
- Channel View: efficiency metrics broken down by channel (paid search, paid social, programmatic, etc.) across the full portfolio

Step 5.4 — Conduct Dashboard Training with Client

Schedule a 60-minute training session with the client CMO and any relevant internal team members. Cover:

- How to navigate each view of the dashboard
- How to interpret each metric and what constitutes a healthy vs. underperforming result
- When and how to flag anomalies to the AC team
- The monthly data update workflow (who is responsible for PMS data uploads if manual)
- How to use dashboard data to prepare for conversations with operating partners

Step 5.5 — Establish the Monthly Reporting Cadence

Set a recurring monthly review call with the client to walk through dashboard results, surface any anomalies, and produce a budget reallocation recommendation for the following month. This call is not a reporting call — it is a capital allocation call. Frame it that way with the client.

Standard monthly review agenda:

20. Portfolio performance summary (10 min): spend, production revenue, blended cost per dollar of production vs. prior month
21. Location-level review (15 min): identify the top 3 most efficient and top 3 least efficient locations; discuss root causes
22. Channel efficiency review (10 min): identify any channel shifts and investigate causes
23. Budget reallocation recommendation (10 min): where to shift spend in the next period and why
24. Anomaly review and action items (5 min)

Phase 5 Checkpoints

- Dashboard platform selected and confirmed with client
- All data connections built and verified
- Portfolio, location, and channel views built and reviewed internally before client delivery
- Dashboard training conducted with client team
- Monthly reporting cadence scheduled and confirmed

- First monthly review call completed successfully

Quality Standards

Every attribution engagement delivered by Agency Creative must meet the following standards. These are non-negotiable.

Data Accuracy

- Media spend data must match platform-reported spend within 2% (rounding tolerance only)
- Inquiry-to-appointment match rate must be 70% or above before Milestone 2 reporting goes live
- Production data must be validated against PMS source records before inclusion in any client-facing report
- Any anomaly that could indicate a tracking error must be investigated and resolved before the monthly report is delivered

Language Standards

- All client-facing reports must use financial language: dollars, percentages of spend, cost-per-dollar metrics. No marketing jargon in executive deliverables.
- The phrase “marketing performance” should not appear in Milestone 2 reports or dashboard summaries. Use “marketing investment efficiency” or “production attribution.”
- Budget reallocation recommendations must be expressed in dollar amounts, not percentages.

Reporting Cadence

- Milestone 1 report: delivered within 35 days of stack activation
- Milestone 2 report: delivered within 60 days of stack activation (requires one full period of PMS data)
- Dashboard: live and trained within 75 days of stack activation
- Monthly review call: within the first 10 business days of each month for the prior month’s data

Common Problems and How to Resolve Them

Low Match Rate Between Inquiries and Appointments

If fewer than 70% of tracked inquiries can be matched to appointment records, the most common causes are: (1) the CRM is not capturing the attribution data passed through the form or call, (2) the patient identifier used for matching is inconsistent across systems, or (3) front-desk staff are entering patient records without capturing the inquiry source. Investigate in this order. Do not publish Milestone 2 reporting until the match rate exceeds 70%.

Inconsistent Call Tracking Data Across Locations

If call volume at certain locations appears abnormally low or high relative to spend, check: (1) that the DNI script is installed and firing correctly on all pages at that location, (2) that the tracking number pool is large enough to cover peak concurrent sessions, and (3) that the tracking numbers are routing correctly to the location's main line. Conduct a live test call from each affected location.

PMS Will Not Export Production Data

If the practice management system does not support API integration or automated export, implement a manual data bridge protocol: the client's operations team exports production data from the PMS at the close of each month (typically a standard PMS report), and the AC analyst performs the attribution match manually using the export file. Document the protocol, build it into the monthly workflow, and flag the limitation to the client as a future integration opportunity.

Client Interprets Inquiry Data as Performance

CMOs who are accustomed to traditional digital marketing reporting will sometimes interpret high inquiry volume as success, even when production conversion is low. Redirect the conversation to cost per dollar of production at every opportunity. If a channel generates high inquiry volume but low production revenue, it is underperforming by the metric that matters. This is not a data problem — it is a framing problem that the AC team must correct consistently.

A Final Note

“The result is a reporting layer that gives multi-site CMOs the data they need to manage marketing as a capital allocation decision — and to present that management to operating partners in the financial language they respect.”

That is the standard we are holding ourselves to. Not marketing reports. Not dashboards full of impressions and clicks. A reporting layer that produces financial data — the kind a CMO can walk into a board meeting with.

Every phase of this manual exists to close the gap between what most agencies deliver and what we have committed to deliver. Execute each phase with discipline. Hold the quality standards. And when the dashboard is live and the monthly review cadence is running, the client will have something they have never had before: real financial visibility into their marketing investment.

That is the Agency Creative attribution methodology. Own it.