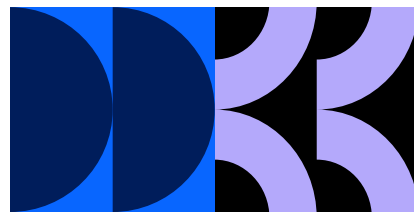


De Novo launch playbook





Building the marketing infrastructure that makes every new location open strong.

90 days

PRE-OPENING LEAD
TIME REQUIRED

158%

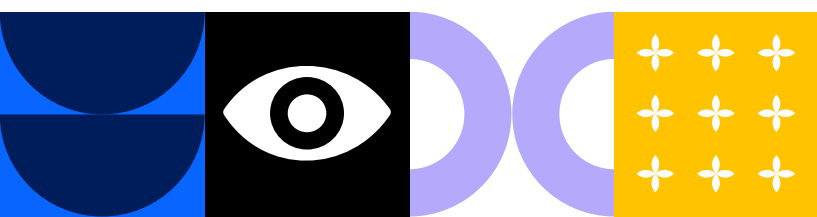
BOOKING VOLUME
INCREASE (DSO)

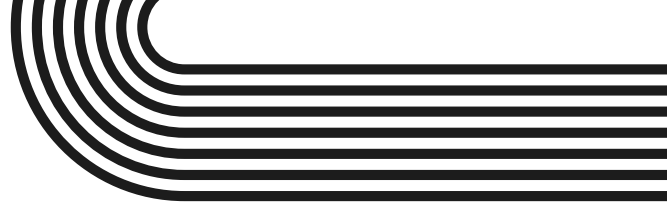
\$519 → \$96

CAC REDUCTION PER
BOOKING (DSO)

Launch week

DE NOVOS HIT PRE-
OPENING TARGETS





De Novo launch failures.

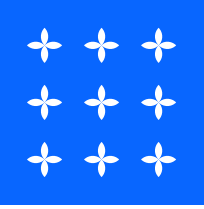
The marketing window is the bottleneck.

When a location opens without pre-built demand, it doesn't just start slowly. It opens with an empty appointment calendar and misses early EBITDA targets. The critical window (the 90 days before launch) is where first-month performance is determined.

Blame is usually misassigned.

When a location underperforms, the investigation focuses on operations: staffing, scheduling, capacity. It's the absence of a patient acquisition pipeline seeded before opening day.





De Novo launch failures.

**NO DIGITAL
PRESENCE BEFORE
OPENING**

**MARKETING BEGINS
AT OPENING, NOT 90
DAYS PRIOR**

**NO PRE-
REGISTRATION OR
PRE-BOOKING
MECHANISM**

**MISSING
CONVERSION
INFRASTRUCTURE
(LANDING PAGES,
CALL TRACKING)**

**NO ATTRIBUTION
INFRASTRUCTURE**

**NO RETENTION
SEQUENCE FOR
FIRST-VISIT
PATIENTS**

Each of these gaps looks like an operations problem until you trace it back. None of them show up on a P&L until the location misses its ramp target.



"Every PE sponsor has a location that launched in 10 months and one that took 22. The difference is almost never the market. It is whether anyone built the patient pipeline before opening day."

Scott Schindele,
Vice President Client Services





The 90-day pre-opening launch framework.

1

90 days out weeks 1–4

- + Test all booking infrastructure
- + Shift to conversion: optimize landing pages for direct booking
- + Claim & optimize Google Business Profile
- + Build location-specific web page with local SEO
- + Establish social media channels
- + Launch Out-of-Home advertising in trade area

First-mover digital authority before competitors intercept

2

60 days out weeks 5–8

- + Staff distributes printed materials in the neighborhood
- + Launch PR campaign
- + Launch hyper-local digital advertising (Google, Meta, Programmatic)
- + Activate CTV & Radio advertising
- + Deploy pre-registration offers
- + Begin email/SMS nurture sequences

Committed appointment holders before location opens

3

30 days out weeks 9–12

- + Refine offer messaging from Weeks 5–8 data
- + Pre-seed review strategy

Location opens with a partially filled calendar

4

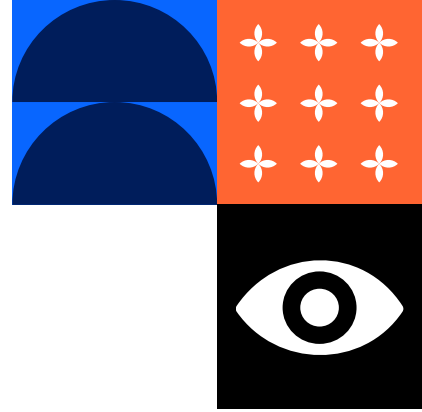
Opening day + months 2–3

- + Train front desk staff to book follow up appointments as clients leave
- + Launch events/parties
- + Print materials and coupons in store
- + Print insertions in local publications
- + Local influencer campaign
- + Experiential radio or cross promotion with other businesses
- + Elevate paid search to capture all local intent
- + Launch reappointment campaigns for first-visit patients
- + Analyze channel performance & reallocate toward top performers
- + Deploy feedback and review sequences

First-mover advantage fully activated; launch momentum sustained

Note: This timeline assumes that marketing strategy and creative materials already exist





The launch infrastructure stack.

Five non-negotiable components for consistent performance across a multi-site portfolio.

Attribution infrastructure

The foundation

Before the first campaign dollar is spent: call tracking, conversion tracking, UTM parameters, and dashboard reporting must be configured. Attribution is not a reporting amenity. It is a capital allocation prerequisite.

Conversion infrastructure

Capturing demand efficiently

A conversion-optimized landing page, online booking functionality, call tracking, and offer sequencing. Demand is generated and immediately lost –the equivalent of a pipeline with no valve.

Multi-channel media

OOH · CTV · radio · search · social · SEO · email · SMS · direct mail

Coordinated multi-channel media consistently outperforms single-channel approaches, driving higher conversion rates and compounding patient acquisition efficiency.

Local SEO & first-mover authority

Compounds throughout the ramp period

Google Business Profile optimization, citation building, and location-specific content must begin 90 days before opening. Every week of early establishment translates to measurable ranking advantage.

Standardized playbook

Not location-specific reinvention

When a platform has a location that launched and ramped in 10 months, that launch (timing, channels, offers, conversion infrastructure) becomes the template for every subsequent opening.





Defining the trade area before you spend a dollar.

Five inputs that determine where each new location should advertise – and how far to reach.

Population density

High-density urban markets = tighter radius (1–3 mi). Suburban or rural markets require wider reach to hit patient volume thresholds.

Proximity to same-brand locations

Avoid cannibalizing existing locations. Stop the new location's trade area where a nearby same-brand location's natural draw begins.

Competitor location density

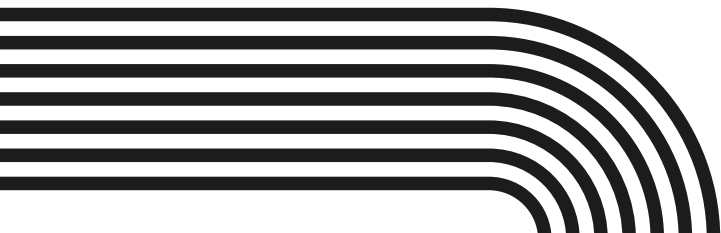
Where competitors cluster, shrink the radius and increase spend intensity. Contested markets demand precision over reach.

Drive time vs. drive distance

Patients self-select by drive time, not miles. Use 10–15 min drive time as the core zone; 20–25 min as the secondary reach layer.

Target demographic concentration

Map where your target patient profile is densest – income, age, insurance mix. Skew the trade area shape toward those pockets even if it's asymmetric.





Defining the trade area before you spend a dollar.

How to use the five inputs to calculate a base radius.

Trade area formula

$$\text{Base radius} = \text{Base} \times \text{density modifier} \times \text{cannibalization buffer} \times \text{competitive index}$$

Then skew the shape toward high-density demographic pockets within the resulting zone.

Base

10-min drive time
(default starting point)

Density modifier

0.6x urban / 1.0x suburban / 1.5x rural

Cannibalization buffer

Reduce by 20–40% where same-brand locations overlap

Competitive index

Tighten by 0.8x in contested markets; expand to 1.2x in white-space markets

Setting the launch budget before you open.

Five inputs that determine how much to spend – and how to adjust as data comes in.

Revenue target & ramp model

Work backward from the first-month revenue target. Divide by average patient value to get required bookings. That booking target – not a gut feel – anchors the budget.

Portfolio benchmark CAC

Use CAC from comparable existing locations as the baseline cost-per-booking assumption. New locations should budget 1.5–2.0x the mature-location CAC until the brand is established.

Market competitive intensity

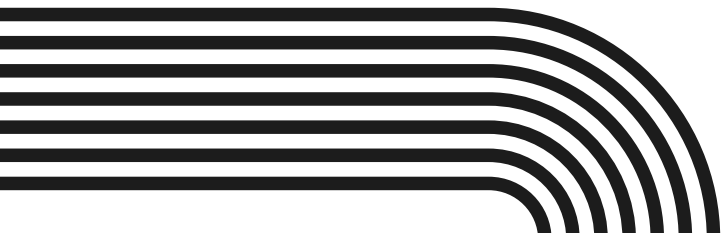
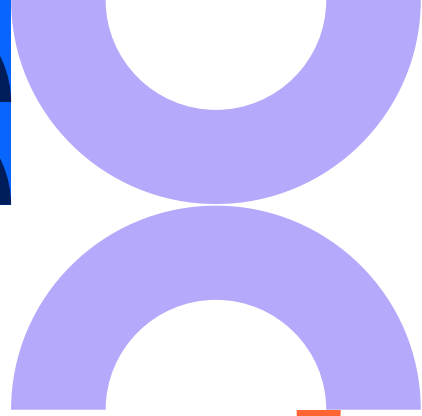
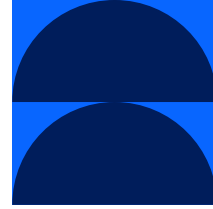
Contested markets with established competitors require higher spend to break through. Benchmark local CPCs and CPMs to gauge what share of voice costs in this specific market.

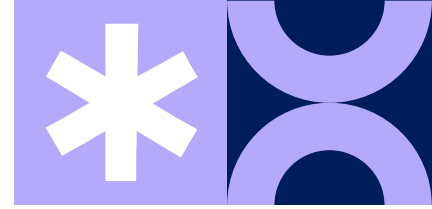
Pre-opening vs. post-opening phase

Days 90 –0: invest in awareness and pre-registration. Days 1 –90 post-open: shift to conversion and paid search. Total 6-month budget front-loads spend by roughly 60/40.

Capacity utilization floor

Budget must be sufficient to fill chairs to the break-even utilization rate. Underspensing creates a shortfall that operations cannot compensate for –the cost of doing nothing is also a cost.





Setting the launch budget before you open.

How to use the five inputs to calculate a launch budget.

Launch budget formula

$$\text{Monthly budget} = \begin{aligned} &\text{Bookings needed} \\ &\times \text{benchmark CAC} \\ &\times \text{CAC ramp multiplier} \\ &\times \text{market index} \end{aligned}$$

Pre-opening months: apply 60% of 6-month total. Reallocate monthly based on actual CAC vs. benchmark.

Bookings needed

Revenue target ÷ avg. patient value

Benchmark CAC

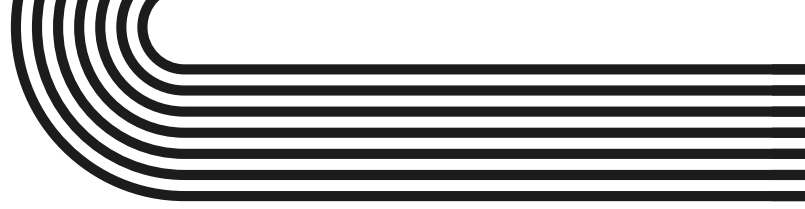
Cost per booking at a comparable mature location

CAC ramp multiplier

1.5x months 1–3; 1.25x months 4–6; 1.0x at maturity

Market index

0.85x low-competition / 1.0x average / 1.3x high-competition market



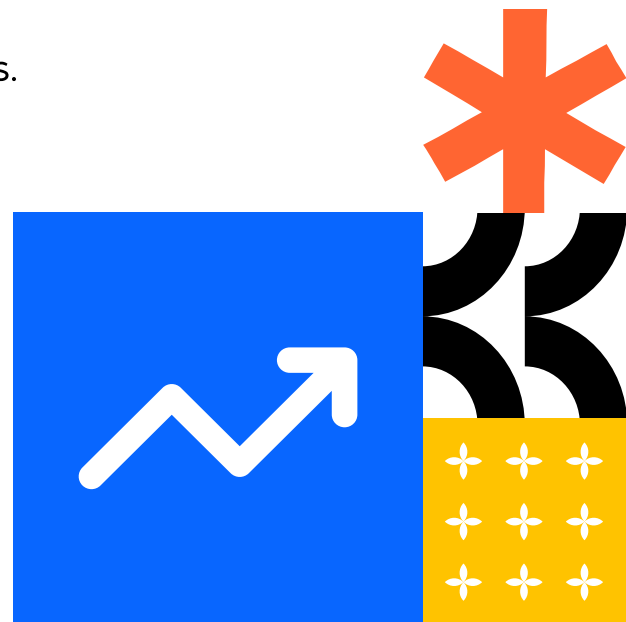
A DSO with 161 locations.

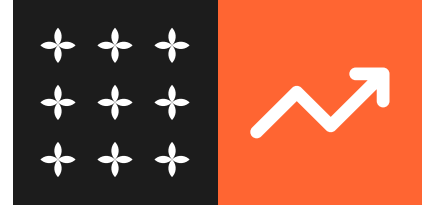
The De Novo challenge.

The existing approach was reactive. Marketing began at or shortly before opening, with no pre-opening demand generation or conversion infrastructure. Locations opened with thin appointment calendars and consistently underperformed their ramp models.

The solution.

Agency Creative built a centralized strategy with localized execution, designed to function as a capital allocation engine. A unified attribution model connected media spend to appointments and contribution margin. We deployed a coordinated multi-channel mix and a repeatable De Novo playbook combining pre-opening demand generation, hyper-local targeting, and conversion-focused experiences.





A DSO with 161 locations.

158%

MONTHLY BOOKING
VOLUME INCREASE

82%

CAC REDUCTION
(\$519 → \$96 PER
BOOKING)

11,035

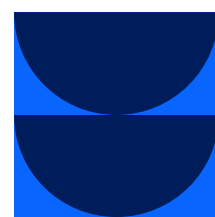
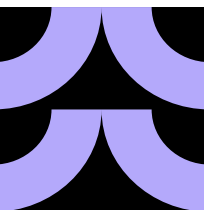
TOTAL PATIENT
BOOKINGS IN FIRST
SIX MONTHS

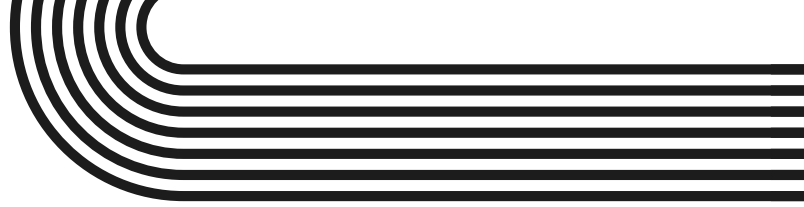
Launch week

DE NOVO HIT
PRE-OPENING
TARGETS

"De Novo location launches consistently exceeded pre-opening booking targets. Select markets reached full launch-week volume within weeks of opening."

—DSO Marketing Leadership





A vision network with multiple brands and 500+ locations.

The strategy.

This network operated 500+ locations under 125 independent brands across 200+ markets. Marketing varied widely by location and performance lacked comparability. Agency Creative built a portfolio-level operating model to increase revenue density across existing locations while preserving brand independence. Rather than standardizing creative, we unified how performance was measured and optimized, introducing cross-market visibility into revenue per patient, conversion behavior, and location-level EBITDA contribution.

Results.

- Same-site performance improved through stronger revenue per patient and better service mix alignment
- Underperforming locations more easily identified, enabling targeted action to improve revenue density





A vision network with multiple brands and 500+ locations.

\$63.24

OPTIMIZED
BLENDED
PORTFOLIO CPA

28%

CPA REDUCTION
VIA LOCATION
OPTIMIZATION

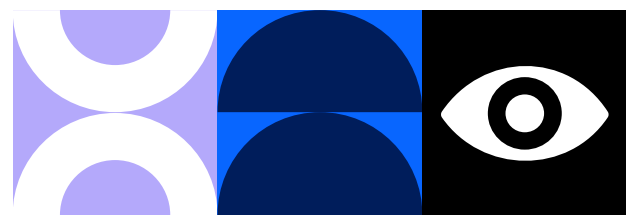
147%

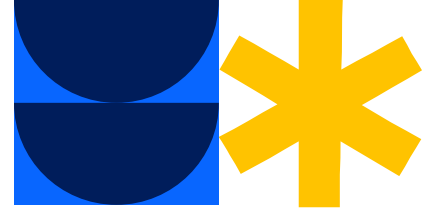
HIGHER CONVERSION
VS. SINGLE-CHANNEL
CAMPAIGNS

31%

HIGHER ON-SITE
CONVERSION
VS. SEARCH ALONE

Predictable, forecastable demand that PE
sponsors price at a premium





De Novo launch audit: CMO self- assessment.

**Any gap identified is
a controllable cause
of launch
underperformance
and a quantifiable
EBITDA risk.**

Timing & planning

- ☐ Pre-opening marketing begins 90 days before opening day
- ☐ Documented, standardized launch playbook applied consistently
- ☐ De Novo launch budget approved before 90-day window opens
- ☐ Week-by-week launch calendar with clear ownership

Digital presence

- ☐ Google Business Profile claimed & optimized 90+ days out
- ☐ Location-specific web page live with SEO before ads launch
- ☐ Social media channels established before launch campaigns
- ☐ Review generation strategy in place for first 30 days

Conversion infrastructure

- ☐ Conversion-optimized landing page (not generic homepage)
- ☐ Online appointment booking functional & tested pre-launch
- ☐ Call tracking connected to specific campaigns/channels

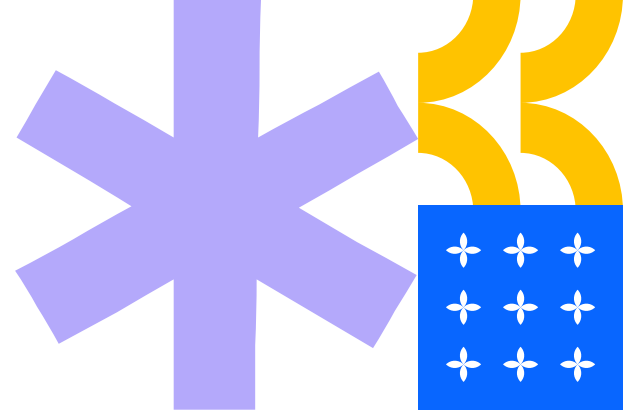
Attribution & measurement

- ☐ Attribution infrastructure configured before first spend
- ☐ Location-level reporting tracking against ramp benchmarks
- ☐ Marketing spend connected to scheduled appointments
- ☐ Ramp performance reported to operating partners financially

Patient retention

- ☐ Reappointment campaign for first-visit patients
- ☐ Feedback & review request sequence after first visit
- ☐ Ongoing patient communication for first 90 post-opening days





Building the business case for De Novo launch investment.

The conversation that changes the budget.

Here is the question every operating partner eventually asks: what is the cost of a slow launch, and what would it have taken to prevent it? The math is straightforward. Calculate the monthly EBITDA shortfall, multiply by recovery months, multiply by annual new locations, and compare that to the pre-opening marketing investment.

CMOs who can answer it, with data showing that locations running the full pre-opening program consistently open strong while those without it consistently do not, have made an unambiguous business case for launch marketing investment in every future location opening.





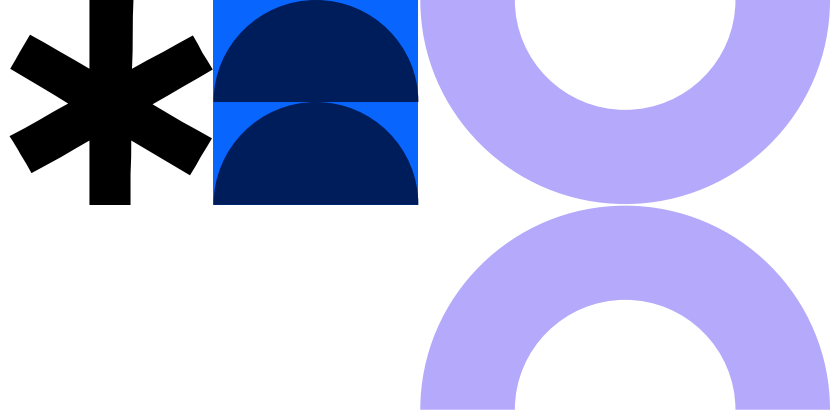
Building the business case for De Novo launch investment.

The De Novo launch investment case.

1. Calculate monthly EBITDA shortfall for a location that opens without a patient acquisition pipeline
2. Multiply by the average months to recover to modeled performance
3. Multiply by number of new locations opening per year
4. Compare total EBITDA drag to incremental pre-opening marketing investment
5. The launch marketing investment is a fraction of the EBITDA cost it prevents

"At our DSO client, the difference between a location that ramped in 10 months and one that took 18 came down to whether pre-opening demand generation was running 90 days out. That delta has a dollar value. Calculate it once and you never fight for launch budget again."

–Blaine Mastenbrook, Agency Creative



Built for PE-backed multi-site healthcare.

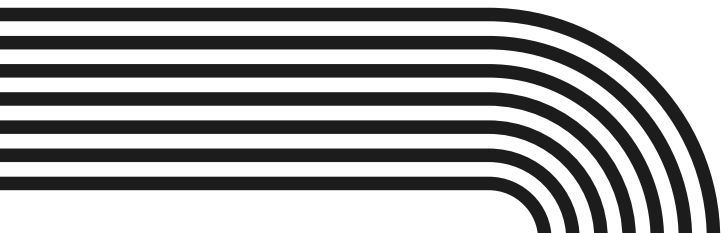
Most agencies bring healthcare clients a media plan. We bring a capital allocation model. Agency Creative was built specifically for PE-backed multi-site platforms – which means our work is measured in EBITDA contribution, IRR impact, and ramp velocity, not impressions or click-through rates.

What we build

- Pre-opening demand generation programs that fill appointment calendars before opening day
- Attribution infrastructure connecting every media dollar to location-level patient acquisition outcomes
- Standardized de novo launch playbooks: your best launch becomes every launch
- Multi-channel media across OOH (90 days), CTV & Radio (60 days), Search, Social, Programmatic, SEO, Email, SMS, Direct Mail
- Location-level performance reporting in the financial language operating partners require

What we deliver

- Locations that open with patient pipelines already built, not empty appointment calendars
- Reduced blended CAC across the portfolio, with measurable improvement in cost per acquisition and revenue per patient
- Consistent new location performance that hits or exceeds investment thesis ramp models
- Repeatable, scalable launch systems that improve capital efficiency as the portfolio grows
- The attribution data to report launch performance to PE sponsors in EBITDA terms



Ready to build your De Novo launch system?

Let's walk through your next location opening
and build the launch program together.

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agencycreative.com

We make brands Unstoppable.

