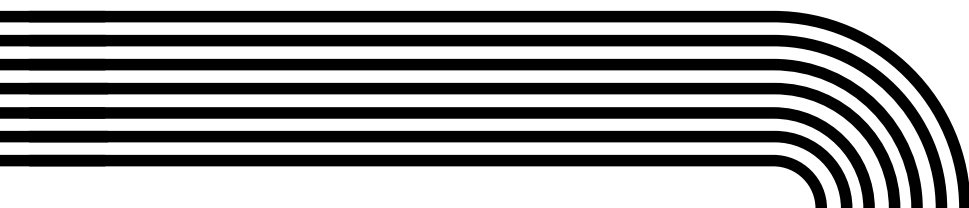
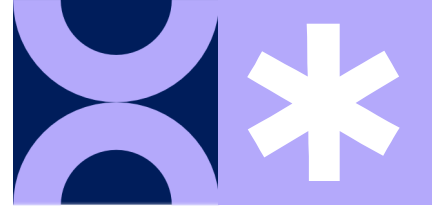




Portfolio- level * attribution.

How rebuilding a media attribution model unlocked 22% budget reallocation and a meaningful reduction in blended CAC — without increasing spend.





The problem with not knowing.

Most multi-site healthcare platforms don't have a broken marketing program.

They have a visibility problem.

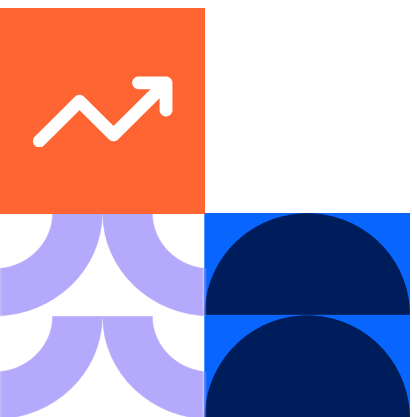
Spend is distributed across channels and locations. Campaigns run. Leads come in. Appointments get booked.

But without a unified attribution model connecting media investment to actual patient value at the location level, there's no reliable way to answer the question that sponsors ask most:

Which locations are driving yield – and which are absorbing capital without proportionate return?

Without the answer, the budget allocation defaults to inertia. Spend stays where it's always been. High-performing markets get underfunded. Underperforming locations continue drawing investment they can't convert. The blended CAC looks manageable – until someone looks closely at the location-level variance underneath it.

This isn't a campaign problem. It's a measurement infrastructure problem. And it's one of the most common margin leaks in scaled healthcare platforms.



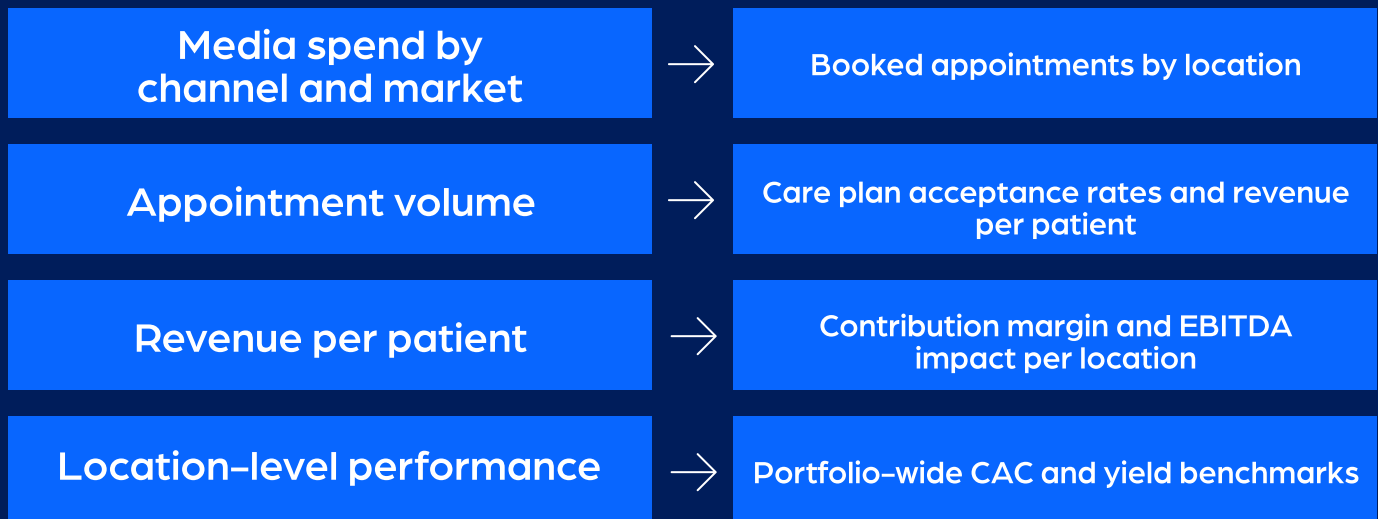


What a rebuilt attribution model actually does.

The core function of a rebuilt attribution model is connecting media spend to patient outcomes at the location level – not campaign performance in aggregate, but actual financial results by location.

Not clicks. Not leads. Patient outcomes – appointments booked, care plans accepted, revenue generated per patient acquired. And it does this consistently, across every location in the portfolio, in a way that's comparable and actionable.

What the model connects:



Once this infrastructure is in place, budget allocation stops being a guess. Every dollar can be traced to an outcome. High-yield locations and channels get more investment. Low-yield spend gets reallocated or eliminated. The system improves continuously because the feedback loop is real.

Case in point:

**22% budget
reallocation, lower
blended CAC**

The challenge

A DSO with 161 locations nationwide, and strong density in high-growth markets like Dallas/Fort Worth – came to Agency Creative after their marketing spend had outgrown their measurement infrastructure.

They were running a full multi-channel program across paid social, SEM, display, and local media, but attribution was fragmented. Performance data existed at the campaign level. Budget decisions were driven by historical patterns rather than current yield.

The platform had high blended CAC, wide location-level variance, and limited insight into which channels, markets, and patient segments were driving value. They weren't spending wrong. They just didn't know which parts of their spend were working – and which weren't.

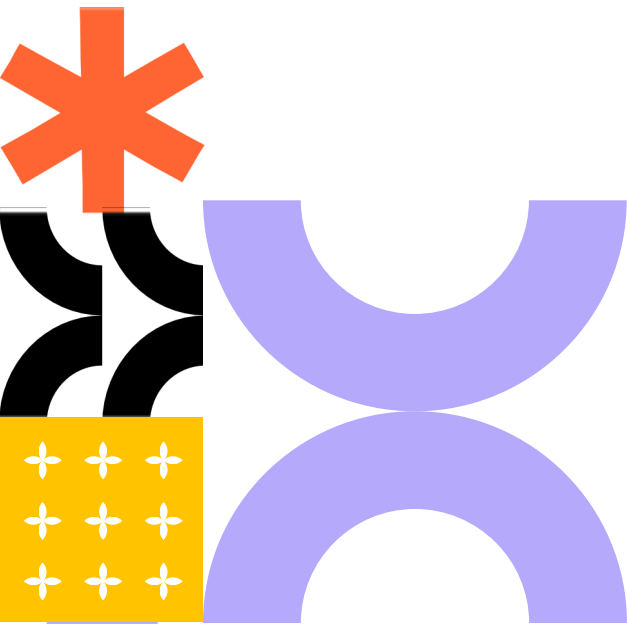
The approach

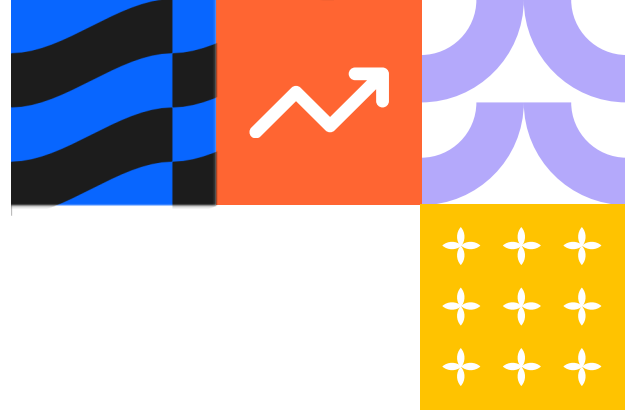
Agency Creative rebuilt the platform's attribution infrastructure from the ground up – creating a unified model that connected media spend to appointments, care plan acceptance, and contribution margin at the location level. This established CAC visibility by location and by channel, enabling the kind of disciplined, data-driven budget allocation the portfolio required.

The shift

With location-level performance data in hand, the reallocation became clear: certain markets were significantly outperforming others on a revenue-per-dollar-spent basis. Others were generating lead volume but converting inefficiently – producing high CAC with limited contribution to EBITDA.

Budget was shifted accordingly – not as a one-time exercise, but as an ongoing discipline built into the operating model. Campaigns were continuously optimized by reallocating spend toward highest-performing channels and markets, refining SEM efficiency, expanding remarketing to engaged audiences, and aligning investment to demand cycles.





The result.

The attribution rebuild produced two compounding outcomes:

22%

Budget reallocated

Moved from low-yield to high-yield
markets and channels

Blended CAC

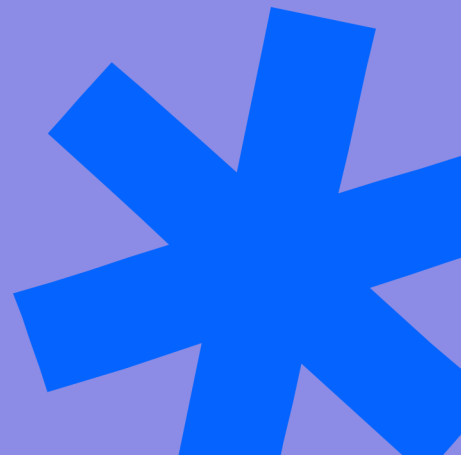
Acquisition cost reduced

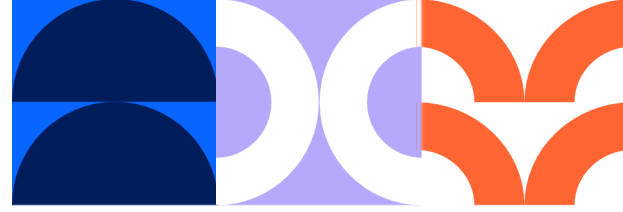
Same total spend –
materially better outcomes

Same marketing spend. Better outcomes. Because the system finally knew where value was being created.

Additional outcomes included:

- Marketing performance became measurable across locations, improving visibility into what drives yield and where capital should be allocated
- Demand shifted toward higher-value services, improving care plan acceptance and increasing revenue per patient
- Underperforming locations were more easily identified, enabling targeted action to improve revenue density
- Multi-channel coordination improved conversion rates and reduced friction across the patient journey
- Investment decisions were guided by clearer insight into which markets and tactics contributed to EBITDA versus those generating noise





Why attribution is a financial infrastructure problem.

Marketing attribution is commonly treated as a reporting function – something that tells you which campaigns performed after the fact. That framing undersells what is actually is.

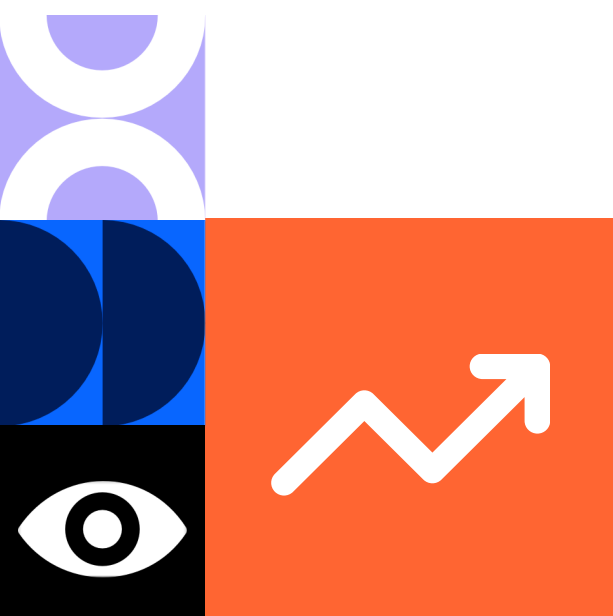
For a multi-site healthcare platform, attribution is capital allocation infrastructure. It determines where dollars flow, which locations get investment, and how the portfolio prioritizes growth. When it's broken or absent, every budget decision carries hidden risk. When it's working, it functions as a continuous optimization engine – compounding returns over time as spend concentrates in higher-yield markets and channels.

The 22% reallocation figure is a proxy for something larger: the magnitude of misalignment that typically exists in a scaled platform that hasn't built this infrastructure.

That capital was always there. It just wasn't working as hard as it could.

The key takeaway

Portfolio-level visibility changes everything. When marketing investment is connected to patient outcomes at the location level – not just campaign performance at the channel level – budget allocation becomes a financial decision, not a marketing one. The result is lower CAC, better yield, and a marketing function that looks like a business unit.



Ready to see what your portfolio-level data is actually telling you?

A short conversation can help identify where your current attribution model is creating blind spots – and what better location-level visibility could mean for CAC, yield, and capital allocation.

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