Brand Visibility & Conversational Experiences

A Playbook for Healthcare

concentrix

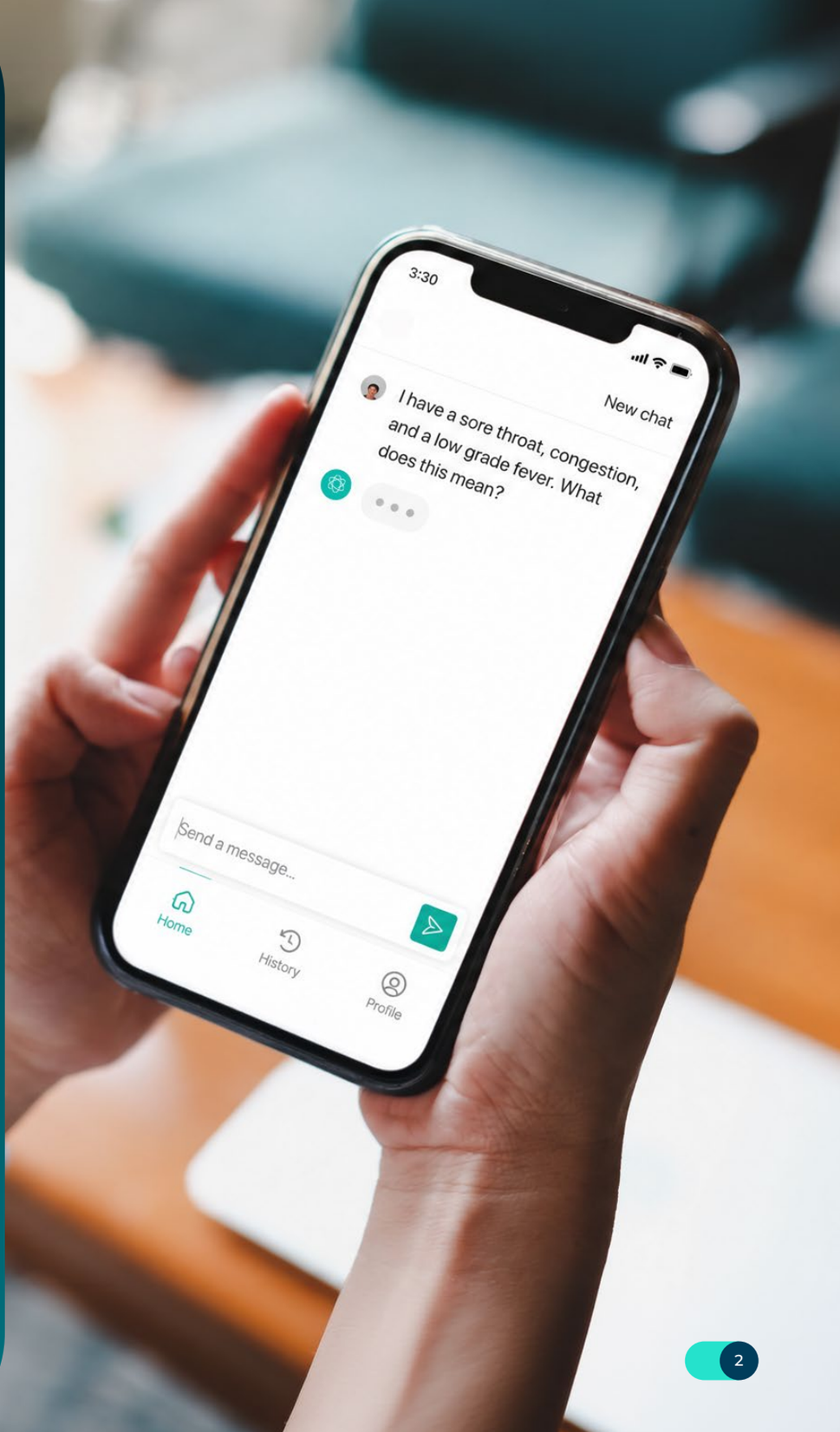
Executive Summary

For 20 years, health systems and payers invested in being found: search rankings, service-line campaigns, physician directories, portals. That playbook assumed a patient who searches, browses, and compares. Increasingly, that patient has been replaced by one who asks and an AI that answers.

One in three U.S. adults now turns to AI chatbots for health information, and 41% of users say deciding whether to see a provider was a major reason they turned to AI.[1] By OpenAI's own account, more than 40 million Americans ask ChatGPT health questions every day—70% of those conversations happening outside clinic hours.[2] The consideration set for care is being formed inside answer engines, upstream of any hospital website, directory, or ad campaign. And the AI systems doing the answering build their recommendations largely from third-party sources (medical publishers, ratings sites, rankings, and community content) that most health brands don't actively manage.

This creates a two-front imperative. Off your properties, your organization must be structured, corroborated, and current enough for AI systems to find it, represent it accurately, and recommend it. On your properties, static pages and phone trees must give way to guided, conversational experiences convert intent into appointments, close care gaps, and deepen patient and member relationships.

This playbook lays out how healthcare leaders can win on both fronts, and why trust, healthcare's oldest asset, is the decisive advantage.



The Journey Starts with an Answer

Every major technology shift has redefined the patient journey. The internet made health information searchable. Mobile made access personal. Portals made records visible. AI has done something more fundamental: it has inserted an intermediary between your organization and the people you serve.

What we've seen is that patients start their journeys with a symptom, a diagnosis, a bill, or a question. One or some of these elements are posed an AI platform of their choice. The answer they get shapes what they do next, including whether they seek care, and from whom. Discovery still happens. It just happens without you in the room.

Ask ChatGPT, Gemini, and Perplexity: "Who's the best [your flagship service line] provider near [your market]?" Does your organization appear? Are the locations, services, and physicians it describes actually yours and actually current? If you don't know the answer, your patients already do.

The Numbers Behind the Shift

ChatGPT alone reached roughly 800 million weekly users by late 2025,[3] and health is one of its biggest jobs: OpenAI reports more than 5% of all ChatGPT messages are health-related, with rural users and residents of "hospital deserts" among the heaviest users.[2] Meanwhile search economics have changed: roughly 60% of searches now end without a click,[4] and when Google shows an AI summary, users click a traditional result in only 8% of visits.[5]

Health is where this shift carries the highest stakes. 32% of U.S. adults used AI chatbots for health information in the past year—double the share using them monthly just two years earlier—and 41% of users say deciding whether to see a provider at all was a major reason they turned to AI.[1] One in five Americans has brought AI-generated advice to a doctor's appointment, and a similar share admits to following ChatGPT's advice instead of their doctor's.[6] Patients are arriving pre-diagnosed, pre-researched, and pre-persuaded.

The behavior isn't fringe, and it isn't waiting for your strategy. It is happening at 2 a.m., when your call center is closed and your competitors' content—or a hallucinated answer—is the only one that's available.

1 in 3

U.S. adults used AI chatbots for health information in the past year (KFF, 2026)[1]

40M+

Americans ask ChatGPT health questions daily; 70% outside clinic hours (OpenAI, 2026)[2]

41%

of health-AI users cite deciding whether to see a provider as a major reason for turning to AI (KFF, 2026)[1]

Then

1. Symptom
2. Search
3. Provider website / directory
4. Call
5. Appointment

Now

1. Symptom
2. Asks AI (2 a.m.)
3. AI consults medical publishers + ratings + rankings + your content
4. AI answers (care advice + shortlist of providers)
5. Patient arrives pre-decided, or never arrives

How AI Decides Which Brand to Recommend

When an AI assistant answers “What’s the best hospital for spine surgery near me?”, it’s synthesizing an answer from what it learned in training and what it retrieves in the moment. It then decides which organizations are worth naming. Understanding what drives that decision is the foundation of what’s now called generative engine optimization (GEO). The research is young, but it is remarkably consistent about what matters.

When did your organization last audit the third-party sources AI relies on? If the answer is “we don’t manage those,” that’s most of your AI presence left unmanaged.

Five Forces that Determine AI Visibility

1 Your third-party footprint outweighs your website.

Across every major study, the strongest predictor of AI visibility is how often and how consistently a brand is mentioned across the wider web. Ahrefs found branded web mentions correlate with AI visibility three times more strongly than backlinks, the currency of classic SEO.[7]

In health, the pattern is pronounced: an analysis of 5,400+ citations across ChatGPT, Gemini, Claude, and Perplexity found that the Cleveland Clinic and Mayo Clinic health libraries, WebMD-class publishers supply roughly 31% of citations, with academic and research sources close behind; PubMed Central is the single most-cited domain.[8] Authority is earned in the places AI already trusts.

2 Machine readability is a hard gate.

Most AI crawlers do not execute JavaScript, as content rendered client-side is effectively invisible to them.[9] Clean structure, semantic markup, medical and organization schema, and crawler access are prerequisites, and they now matter on every location page, physician profile, and service-line page you publish.

3 Content that cites, quantifies, and structures wins.

The founding academic study of GEO found that adding statistics, citations, and quotable, well-structured passages boosted a source's visibility in AI answers by up to 40%.[10] For health brands this maps directly to clinician-reviewed content with named authors, visible review dates, and unambiguous facts about services, locations, and access.

4 Freshness is weighted.

Roughly 65% of AI crawler activity targets content published within the past year.[11] Outdated physician rosters, retired locations, and stale service pages get quoted wrongly to patients making care decisions.

5 The rules change without notice.

Semrush tracked ChatGPT's citation of Reddit collapsing from roughly 60% of responses to 10% in six weeks.[12] Every engine has different habits: ChatGPT leans on health media, Gemini on government and nonprofit sources, and Perplexity on community and commercial content.[8] Visibility is a signal you monitor.

Ratings and reviews are the top factor in consumers' provider research phase. Most treat 4 stars as the minimum acceptable rating (Press Ganey)[13], and satisfaction data is exactly what AI engines retrieve.

The Stakes for Healthcare

Healthcare is where AI-mediated discovery carries the highest human and commercial stakes. Physicians, locations, services, and coverage change constantly. And the economics of patient acquisition make invisibility expensive. Three dynamics should concentrate the mind of every healthcare marketing, digital, and compliance leader.

Reputation infrastructure now decides visibility.

Early citation-share research shows AI engines rewarding measured quality and academic authority over size. In Medicare Advantage and health insurance prompts, UnitedHealthcare captures roughly 15% of AI citations, with Humana and Kaiser Permanente following. Kaiser ranks far above its footprint because CMS Star Ratings and J.D. Power satisfaction data are precisely the sources AI retrieves.[14]

On the provider side, studies of AI hospital recommendations find academic medical centers dominating recommendations in nearly every state, with the nation's largest hospital operator barely appearing at all.[15] Rankings, ratings, research output, and named-physician coverage have become citation infrastructure. Brands that never invested in them are discovering they're invisible; challengers that did are outperforming their size.

AI already gives problematic health answers confidently. Google's AI Overviews now appear on 89% of healthcare queries (BrightEdge), and organic click-through falls by roughly 61% when one is present (Seer Interactive)[16] so the AI's version of your organization is often the only version a patient sees.

This version is fallible: a Mount Sinai study found leading models repeating and elaborating on fabricated medical information at rates from 50% to 82% across models under default conditions,[17] and a 2026 study found roughly half of chatbot answers to common medical questions "problematic."[18]

When the misinformation concerns a condition, that's a public-health problem. When it concerns your locations, physicians, or services, it's a patient-safety and brand problem you can actually fix with structured, corroborated, current anchor facts.

Patients defect over friction, and acquisition is expensive. Roughly one in five patients switched providers in the past year, and nearly 90% of switchers left because the organization was hard to do business with; younger patients are about three times as likely as seniors to switch over a poor digital experience.[19]

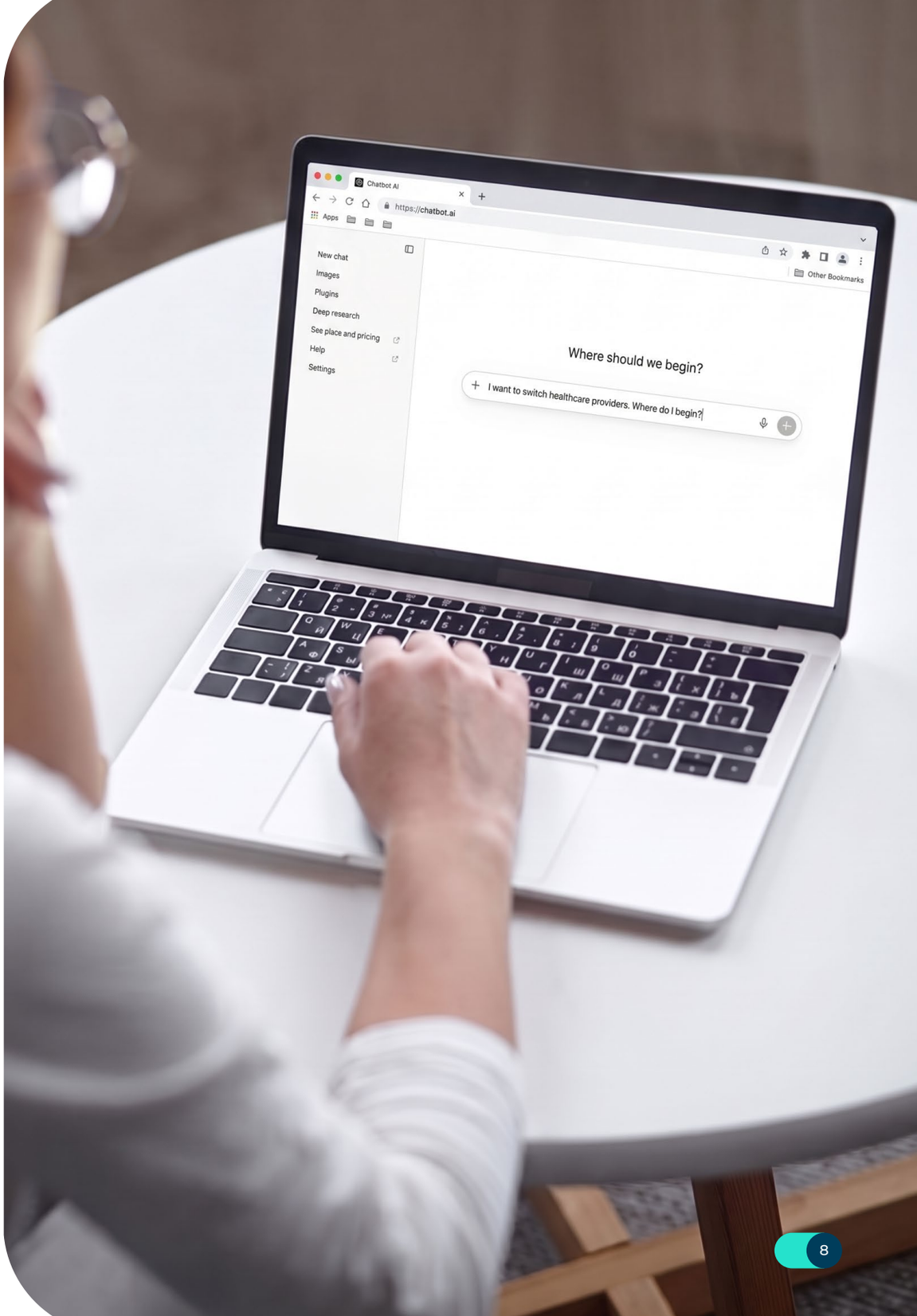
With industry benchmarks putting acquisition costs in the hundreds of dollars per patient against lifetime values in the tens of thousands,[20] every AI-referred patient who arrives and hits a phone tree, and every 2 a.m. asker your organization never sees is margin that gets missed.

~90%

of patients who switched providers did so because the organization was "hard to do business with" (Accenture)[19]

50–82%

of LLMs repeated fabricated medical information under default settings, by model (Mount Sinai, 2025)[17]



First Door: Win the Answer Layer

Traditional SEO earns rankings, while AI optimization earns citations and premium “real estate” at the top of the first search page. In healthcare, we see a clinical dimension: the content that wins is clinician-reviewed and corroborated by the ratings and rankings ecosystem.

Could you show your CMO a dashboard of how often your organization is cited across ChatGPT, Gemini, and Perplexity for your ten highest-value service-line and “near me” queries, and whether the facts cited are correct? That dashboard is the new share-of-voice report.

Effective Moves that Boost AI Search Visibility

Benchmark how AI sees you.

To get your foot in the door, establish citation share, sentiment, and factual accuracy across the major engines for priority queries against named competitors. Purpose-built visibility tools now exist for this, including Adobe LLM Optimizer, Profound, and Semrush's AI visibility toolkit. Pinpointing your baseline is the first step to turning GEO from a fuzzy claim into a managed KPI.

Make owned content machine-consumable and clinically credible.

Audit high-value pages for AI readability to establish server-side rendering, clean structure, medical/organization/physician schema, and crawler access as a deliberate policy.[9] Then add the trust layer AI increasingly rewards: clinician review with named authors, visible review dates, and unambiguous anchor facts in liftable, comparable language.[10]

Feed the sources AI actually trusts.

Treat your ratings and review profiles, physician directory listings (Healthgrades, Zocdoc, Google), and coverage in credible health media as managed channels with owners and SLAs.[13] For payers, satisfaction and Stars data are citation infrastructure.[14] Marketing should know what CMS and J.D. Power will say before AI repeats it.

Keep anchor facts fresh.

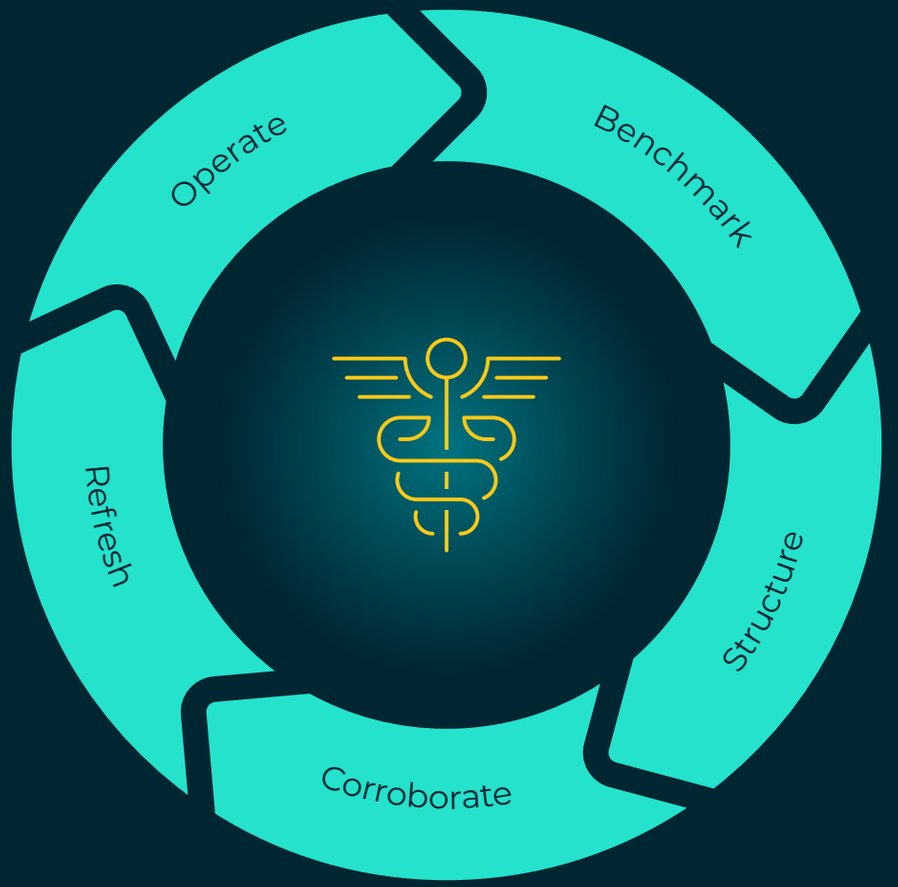
Physician information can change over time, and AI weights recency.[11] Build a governed content operation that updates owned pages and third-party listings on one cycle so the AI never has to choose between two versions of the truth.

Get into the rhythm of continuous monitoring.

Citation patterns can shift overnight.[12] Fold GEO monitoring into the same operating rhythm as paid and organic: weekly signal reviews, monthly competitive benchmarks, and a closed loop from “AI got this wrong” to content clean-up to re-verification.

Up to 40%

visibility lift in AI answers from adding statistics, citations, and quotable structure to content.[10]



Second Door: Own the Conversation

Winning the answer layer is more likely to convince your future patient to visit your property. What happens next is where the second door opens. Rather than downshifting to a static FAQ page, for example, a patient arriving from an AI conversation expects results in the form of a confirmed appointment or diagnosis.

The good news: conversational experiences are also the highest-yield access investment a health brand can make. The deflection-era chatbot is giving way to a digital door that converts intent into appointments, deflects portal and call volume, reaches out proactively to close care gaps, and escalates to humans with clinical judgment intact.

What share of your conversational AI's activity is proactive—outreach your organization initiates to close care gaps, prep patients, or prevent no-shows—versus reactive Q&A? The most clinically and commercially valuable conversations are the ones you start.

What Leading Organizations are Proving

Access conversion at scale.

Providence's assistant Grace handles six-figure monthly conversation volumes across its digital properties, and the outcomes are access-oriented: a 110% increase in appointment conversions in its early scale-up (Providence-reported, 2022), and—in the CIO's words in 2024—a 30% reduction in messages patients send to physicians as administrative questions get answered conversationally.[21]

ROI you can put in a board deck.

OSF's assistant Clare covers symptom checking, scheduling, and call-center diversion 24/7. They delivered a reported $2.4M+ return in a single year, split between contact-center cost avoidance and new-patient revenue.[22]

Access-center relief.

Working with Hyro across a 33-hospital system, Intermountain reports an 85% drop in call abandonment, 79% faster speed-to-answer, and 79% of opt-in self-service chats resolved end-to-end.[23] UAMS automated 95% of calls to its after-hours line with a scheduling assistant.[24] The capacity math matters: every automated routine call is clinical staff time returned to patients.

Peer-reviewed care-gap closure.

The strongest healthcare next-best-action evidence yet: WellSpan's AI voice agent Ana conducts proactive colorectal-screening outreach, and a peer-reviewed study of 1,878 patients found Spanish-speaking patients connected at nearly 70% (versus 53% for English speakers). Screening-kit opt-in increased by 2.6 times, closing an equity gap while driving screening volume.[25] Proactive, conversational outreach to the patients you're not seeing is where AI becomes a growth and quality engine.

AI-native virtual care.

Cedars-Sinai Connect, its AI-powered virtual primary and urgent care app built with K Health, has served 42,000+ patients. A peer-reviewed comparison rated the AI's recommendations optimal more often than treating physicians' in the study sample.[26]

Payers are moving too. Elevance Health expanded its AI virtual assistant across the Sydney Health app and plan websites to roughly 22 million commercial members.[27] Cigna rolled out an AI assistant in myCigna, and it found that more than four in five customers found it helpful in early testing. It was deployed inside a formal AI governance framework with human-advocate handoff.[28]

A real platform market now serves this pattern: healthcare-specialist vendors, clinical voice-agent platforms, and horizontal agent platforms with healthcare practices powering Highmark's assistant.[29] The choice matters less than the pattern: clinical grounding, workflow integration, governance, and measurement.

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increase in appointment conversions Providence reported in Grace's early scale-up[21]

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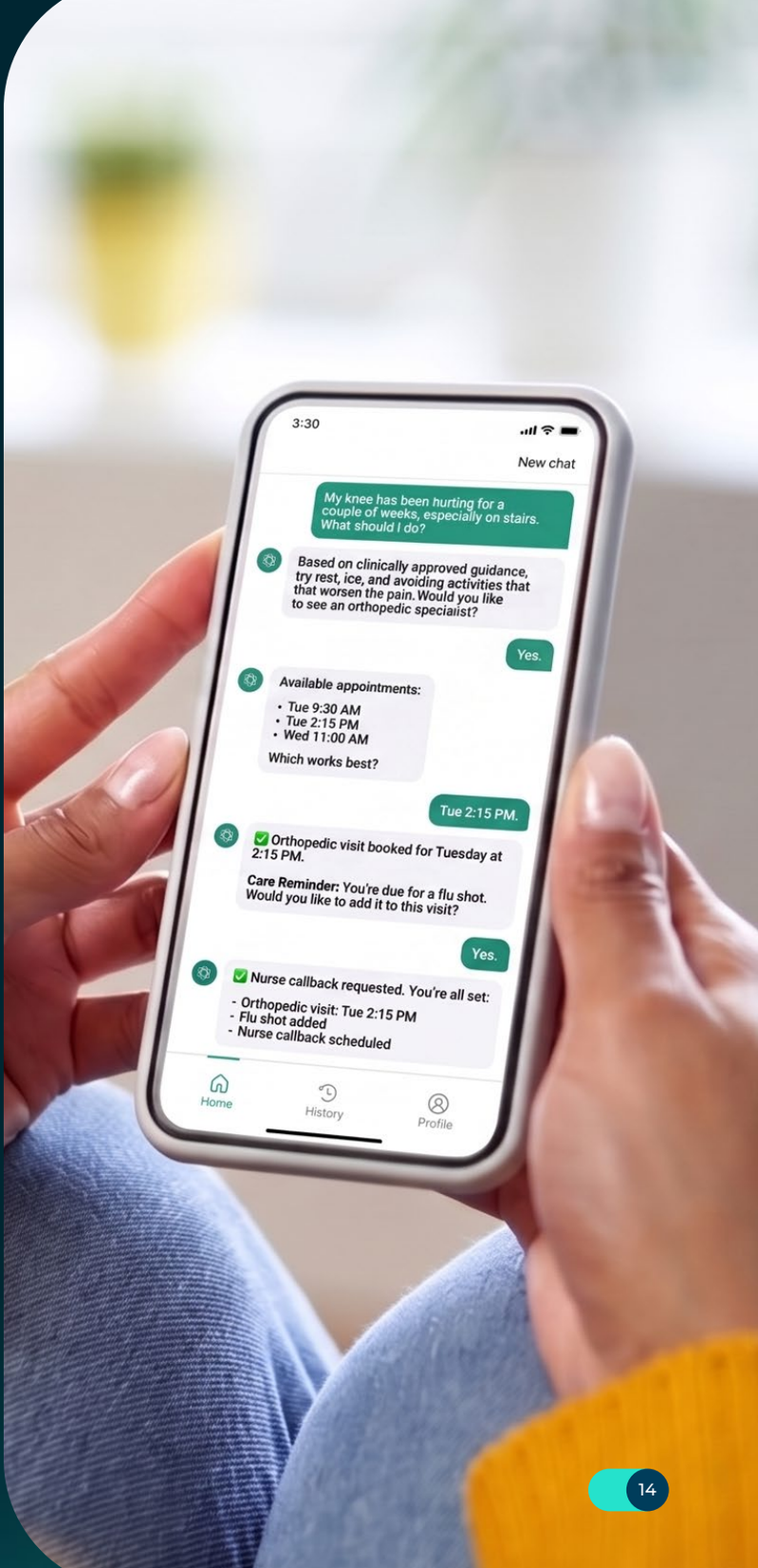
higher screening-kit opt-in among Spanish-speaking patients reached by WellSpan's AI outreach agent[25]

85%
drop in call-center abandonment at Intermountain Health with AI routing and self-service[23]



How One Concierge Opens Every Door

Healthcare is where the single-front-door strategy fails most visibly. A health system's patients arrive through dozens of doors: the public website, the patient portal, the app, the access center phone line, SMS reminders, MyChart messages, the front desk, the payer's member portal. Patients pick their door by context and urgency, not by your org chart.

The emerging pattern inverts the old funnel: instead of forcing every journey through one destination, leaders deploy one conversational brain that, behind every door, includes shared clinical content, shared patient context, and shared governance.

Gartner now frames the digital front door as an orchestration layer that conversational AI and agents enhance,[31] and the newest entrants pitch exactly this: patients start on the phone, continue over text, and finish in the app without losing context.[32]

Count your patient-facing digital properties and phone lines. Now count the distinct chatbots, IVRs, and help widgets across them, each with its own answers. If a patient asked the same scheduling question at three doors, would they get the same guidance?

What It Looks like in Practice

The proof points already span the doors. Providence's Grace works across its web properties and portal workflows, deflecting MyChart message volume while converting appointments.[21] Intermountain and UAMS put the same intelligence behind the phone, automating after-hours and routine calls.[23]

WellSpan's Ana walks out of the door your patients aren't knocking on, initiating outbound voice conversations in two languages.[25] Epic's Emmie makes the portal itself conversational, with scheduling by natural language, explaining results, suggesting screenings inside MyChart.[30] And on the payer side, Elevance runs its assistant across both its member app and plan websites.[27]

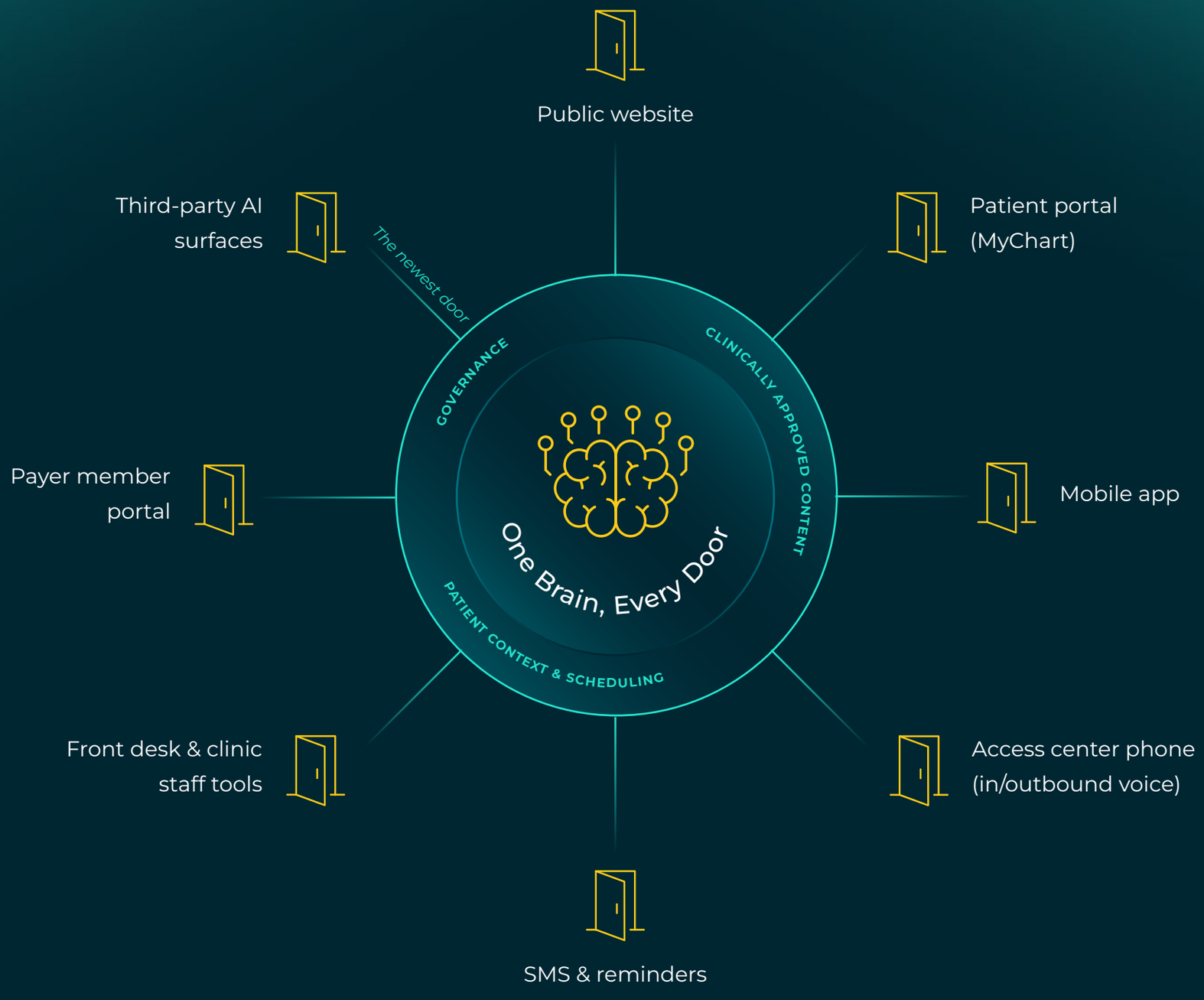
The unifying architecture is the same one the platform market has converged on: governed clinical content and patient context in the middle, and doors at the edges: web, portal, voice, etc. And the newest door connects this play back to Play One: as third-party AI assistants become a front door of their own, the organizations with governed conversational infrastructure will be the ones ready to stand behind that door too.

95%

of calls to UAMS's after-hours line automated by its conversational scheduling assistant[24]

~22M

members with access to Elevance's AI assistant across its Sydney Health app and plan websites[27]


Public website
Patient portal (MyChart)
Mobile app
Access center phone (in/outbound voice)
SMS & reminders
Front desk & clinic staff tools
Payer member portal
Third-party AI surfaces
The newest door
GOVERNANCE
CLINICALLY APPROVED CONTENT
PATIENT CONTEXT & SCHEDULING
One Brain, Every Door

Trust Is the Operating System

Every capability in this playbook runs on trust. And in healthcare, trust is both regulated and, remarkably, still yours to win. Americans use AI for health, but nearly three-quarters say they trust their own doctor over ChatGPT.[6] That said, a majority of the public remains concerned about the privacy of health information shared with AI.[1] That gap is the strategic opening: the organization patients already trust, offering AI grounded in clinical truth, connected to their record, with humans one step away.

Learn from Failures and Successes

The cautionary tales are instructive because they were avoidable. The National Eating Disorders Association suspended its Tessa chatbot after it gave dieting advice to users seeking eating-disorder support.[33] Babylon Health rode unvalidated symptom-checker claims from a $4.2 billion valuation to insolvency.[34]

The rules are arriving in patchwork but pointing one direction. California requires AI-generated clinical communications to carry a disclaimer and a path to a human.[37] Utah requires mental-health chatbots to disclose they're AI and restricts use of health inputs.

Illinois prohibits AI-delivered therapy outright while permitting administrative uses.[38] HIPAA governs any chatbot touching PHI, especially on authenticated pages. And the FTC has made clear that clinical claims require clinical substantiation, AI or not.[39]

The leaders' patterns mirror the regulation: ground every response in clinically approved content. Mount Sinai found even a one-line caution prompt cut hallucination rates roughly in half.[17]

74%

share of Americans who trust their own doctor over ChatGPT (Tebra, 2026)[6]

Conclusion: The Maturity Path

Evolving

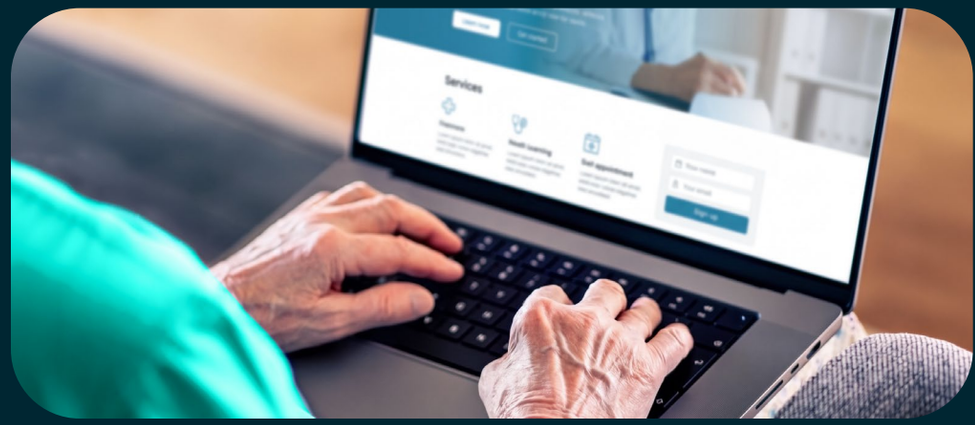
Get on the map. You've benchmarked how AI engines see your organization for priority service lines and markets. High-value pages are machine-readable and clinician-reviewed with visible dates. Anchor facts — physicians, locations, services, coverage — are structured and current. Ratings, rankings, and directory profiles have named owners. Your conversational experience answers accurately from approved content, books appointments, and hands off to humans cleanly.

Advanced

Compete on the answer. AI visibility is a managed KPI with competitive benchmarks and a closed loop from misrepresentation to fix to re-verification. Reputation data — reviews, Stars, rankings — is managed as citation infrastructure. Your conversational front door spans web, portal, app, and phone with shared context; it deflects routine volume, converts appointments measurably, and initiates proactive outreach for care gaps and no-show prevention — governed to HIPAA and state AI law.

Leader

Compound the advantage. Visibility and conversation operate as one discipline. What patients ask your concierge feeds the content that wins off-property answers, and vice versa. Proactive, clinically



grounded outreach is a routine growth and quality engine with peer-review-worthy measurement. Governance is automated enough that new conversational journeys ship in weeks. Your organization is the one AI cites, and the one patients trust enough to keep talking to.

The Takeaway

The shift to AI-mediated discovery a rewiring of how patients find, evaluate, and choose care. It's happening upstream of every property you own, at every hour you're closed. The playbook is knowable: win the answer layer, own the conversation, and run both on the trust you've already earned.

We partner with leading health systems and payers and the technology ecosystem behind these capabilities to design, build, and run AI-ready brand visibility and conversational experience programs end to end. Talk to us about a Brand Visibility & Conversational Readiness Assessment.

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