

# Healthcare AI Visibility Report 2026

AI is already shaping patient choice.  
Is your brand part of those answers?

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# Introduction

Patients are already bringing AI into their health decisions. Recent polling suggests that around one in six adults use AI chatbots at least once a month to find health information and advice, rising to a quarter of adults under 30. Other surveys report that roughly a third of consumers have used generative AI for a health reason at least once. In UK primary care research, about 9% of patients are already turning to AI for healthcare guidance alongside their contact with services (not to mention, clinicians themselves turning to AI more and more frequently to support clinical decision making).

This behaviour is not limited to minor queries. Patients ask AI tools about symptoms, likely diagnoses, treatment options, timings, and where to go. For many, the first set of answers now arrives in an AI chat window rather than a browser results page or a GP clinic.

In that context, AI visibility becomes a new source of demand for private healthcare brands. When a patient asks about heavy periods, joint pain, or hearing loss, the provider who appears most often in AI recommendations gains an extra route for awareness and enquiry. The provider that rarely appears risks being absent from an entire class of patient journeys.

To understand how this plays out in Australia, we analysed AI visibility for 100+ healthcare brands across key specialties, using a methodology that tests how often and how strongly each provider appears in answers from large AI tools. We focus on private and independent-sector providers where patients can exercise choice.

The aim of this report is not to judge clinical quality. We look at which providers' current AI tools are most likely to surface when patients go looking for answers, and we explain the patterns that sit behind those results. That means highlighting both the brands that are already highly visible in AI, and more importantly, the levers other providers can use to change their position.

# Methodology

Our AI visibility metric is built on direct testing across leading large language model (LLM) interfaces currently shaping patient search behaviour in Australia. We evaluated brand visibility across:



These platforms were selected because they represent the most widely used consumer-facing AI systems for health-related queries and recommendations.

For each platform, we issued a consistent set of patient-style prompts covering the full journey, from early symptom exploration through to treatment comparison and provider selection. Prompts were written to reflect natural patient language rather than SEO-style keywords.

**For every prompt, we recorded:**

**Which Australian healthcare brands were mentioned in the response**

**Whether the brand was referenced neutrally, comparatively, or as a recommended next step**

**Whether the mention was clearly connected to an action, such as contacting a provider or seeking a consultation**

Across the full prompt set, this produces a raw mention count showing how often each brand appears in AI-generated answers.

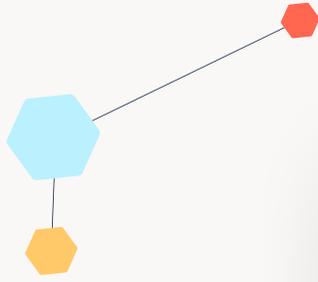
We then measured breadth. For each brand, we counted the number of distinct patient topics where it appeared, spanning awareness, consideration, and decision-stage queries. This avoids overvaluing brands that appear repeatedly for a narrow set of prompts while missing broader patient needs.

Finally, we benchmarked performance at a market level. Each brand's mention rate and topic coverage were compared against the wider Australian provider landscape to generate a normalised visibility score on a 0–100 scale. The combined score reflects:

- **Frequency of appearance**
- **Breadth of patient topics covered**
- **Share of all AI mentions relative to competitors**

The result is a comparative AI visibility score designed to show not just whether a brand appears in AI answers, but how consistently and meaningfully it shows up across real patient questions.





## How this differs from traditional SEO

Traditional SEO behaves very differently. In a traditional results page, a patient sees many blue links and may spread their attention across a mix of clinic sites, comparison tools, publishers, and directories. In AI answers, a patient often receives a short narrative response with at most a few named providers, and in some cases none at all. This creates a pattern that feels far closer to winner takes most than to the familiar long list of options that provide patients with choice.

One way to picture this is to think about the difference between a library and a concierge desk. Search results work like shelves in a large reading room, where every book has space as long as it meets a basic relevance test. AI answers behave more like a concierge who listens to the question and names one or two providers that fit, sometimes with a sentence on why they might suit the patient. For a query such as “private knee replacement in Melbourne”, a search page might show ten or more links, while an AI assistant may only bring forward two or three local providers in the body of the answer

private knee replacement in Melbourne

 Melbourne Orthopaedic Group  
<https://mog.com.au> › services › knee

### Knee Surgery & Treatment

Our Knee Surgery & Treatment options include Sports injuries and arthritis prevention program, Arthroscopic management, Knee Replacement and much more.

Missing: private | Show results with: private

 Victorian Orthopaedic Group  
<https://victorianorthopaedicgroup.com.au>

### Dr Scott Tulloch Orthopedic Surgeons | Melbourne

Orthopaedic Surgeons Dr Scott Tulloch specialise in Hip and Knee Replacement surgery. Call 03 97099 for an appointment.

 Victorian Bone & Joint Specialists  
<https://www.vbjs.com.au>

### Orthopaedic Surgeon | Bone Surgery & Specialist in Melbourne

Knee replacement, including partial, total and robotic knee replacement ... St Vincent's Private Hospital East Melbourne. St Vincent's Private Hospital ... [Read more](#)

 Mr Simon Talbot  
<https://www.kneesurgeonmelbourne.com.au>

### Mr Simon Talbot | Orthopaedic Surgeon Heidelberg | Knee ...

Mr Simon Talbot is an orthopaedic knee surgeon in Heidelberg, Melbourne, VIC. Mr Talbot specialises in ACL reconstruction and knee replacement techniques.

 Mr Russell Miller  
<https://www.russellmiller.com.au> › total-knee-replacemen...

### Total Knee Replacement Melbourne

Knee surgeon Mr Russell Miller in Carlton and Melbourne, VIC offers total knee replacement to treat knee arthritis and knee injury.

 Dr David Slattery  
<https://davidslattery.com> › Knee Treatments

### Total Knee Replacement Surgery

Dr David Slattery is a highly regarded expert orthopaedic knee surgeon based in Melbourne and specialising in knee replacements for over 10 years. [Read more](#)

 Orthopaedics Sports Arthroplasty  
<https://osa.melbourne> › Meet Our Surgeons

### Mr James Stoney

James specialises in Primary and Revision Hip and Knee Replacement and Computer Assisted Knee Replacement. James has been using robot-assistance to perform ... [Read more](#)

 PJS Orthopaedics  
<https://pjsorthopaedics.com.au>

### PJS Orthopaedics: Orthopaedic Surgeon Melbourne

28 Apr 2025 — Welcome to PJS Orthopaedics, Melbourne's leading orthopaedic surgeon with expertise in hip and knee surgery and trauma specialist.



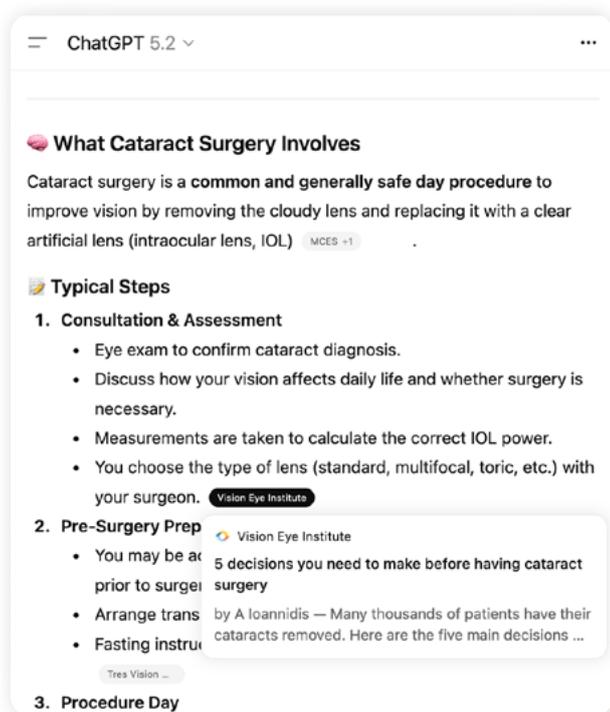
# Findings: What separates AI leaders from everyone else

Across the 100+ brands in this study, a small group appears in AI answers far more often than the rest. These leaders share five traits that shape how patients encounter them in AI tools.

- **Breadth of patient-facing content**
- **Clear clinical authority signals**
- **National or networked footprint**
- **The power of reviews**
- **Technical clarity and structure**



# Breadth of patient-facing content



AI platforms favour organisations that support patients along the full journey from first symptom to follow-up. Leaders go beyond simple service lists and explain conditions, options and next steps in clear language that mirrors how people actually ask for help.

High-visibility brands join these answers into simple, signposted patient journeys. A visitor can move from understanding symptoms, to seeing likely tests and treatments, to learning what will happen at their chosen clinic and what to expect afterwards. Patient stories, FAQs, checklists and preparation guides sit alongside service pages, so AI has multiple concrete passages it can cite when selecting examples.

The wider and more complete this patient-facing library becomes, the more chances AI tools have to match a query to that provider. In practice, leaders appear not only for their own brand terms but also when patients ask general questions about symptoms, procedures and recovery in their speciality.

**“what is a colposcopy”, “how long does recovery take after knee replacement”, “is tinnitus serious”.**

**“is IVF right for me”, “alternatives to grommets”, “private vs public” cataract surgery”.**

**“how to prepare for an MRI”, “what happens on the day of surgery”, “who can I bring with me”.**

# Clear clinical authority signals

AI platforms appear to favour information that shows itself to be clinically grounded and accountable. Brands with strong visibility treat every patient page as a clinical resource as well as a marketing asset. Content is written or checked by named clinicians, and the site explains who those clinicians are, what they do, and how content is governed.

These patterns send signals that resemble the experience, expertise, authoritativeness and trustworthiness (E-EAT) criteria familiar from search quality work. In our sample, AI tools consistently draw on pages that combine clear clinical ownership with visible review dates, while content without authorship or governance markers is less likely to be used as a primary example in answers.

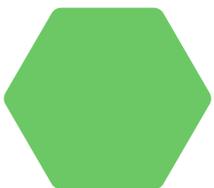
High scoring brands tend to

**Use clinician bylines such as “Written by Dr Sarah Jones, Consultant Gynaecologist” with a short bio or a link to the clinician’s profile.**

**Add clear medical review notes such as “Clinically reviewed by Mr John Patel, Consultant Orthopaedic Surgeon. Last reviewed: April 2025”.**

**Explain roles and qualifications in plain language, including registration details where relevant.**

**Show when a page was last reviewed and how often content is updated in that specialty.**



# National or networked footprint

Providers that operate multiple sites or have a broad state or national footprint tend to appear more often in AI-generated answers. In our dataset, high-visibility healthcare brands are more likely to run several locations across different regions. Because their names surface in both local and national contexts, AI systems encounter and reference them more frequently when scanning the web.

This creates a kind of network effect. When an assistant answers a question about paediatric surgery or cataract care, it often finds the same few providers echoed across guidance pages, academic content and media articles. As examples, radiology and fertility networks benefit strongly from this pattern, while some highly regarded single-site clinics (The Skin Hospital, Sydney) appear far less often in AI answers because they are mentioned in fewer external sources.

In classic search, geography can limit many patients to a narrow local shortlist. In AI answers, location still matters, but national reach and network scale changes the odds. Providers that look big, integrated and frequently cited gain an advantage, even when they are not the closest option in physical distance.

**Run clinics or hospitals across several regions, or act as recognised centres for specific procedures at national level**

**Are named by public health department pages, specialist charities, training colleges and associations, universities and national news outlets**

**Receive links and references from a wide set of credible third party domains, which signals that they are embedded in the wider system of care**

# The power of reviews

AI assistants pay close attention to off-site reputation and citations – they look at how a brand appears beyond its own website. The easiest place to showcase real, trustworthy opinions of your brand or service is through reviews. In our dataset, providers that feature most often in answers are generating consistent, high quality and highly detailed reviews across a number of platforms:

It's not just reviews either, top providers appear in news articles that quote clinicians or report service changes, charity partnership pages and joint campaigns, research outputs and summaries that list sites as study or trial centres, patient forums, review platforms and comparison tools where people share experiences, direct clinician links to group hospitals.

Many privately practising consultants link from their own sites to the hospitals where they work, so the group provider gains hundreds of highly relevant clinical backlinks from individual practitioner pages. Each review acts like another clue that links a brand to a condition, pathway or region, or showcases the quality of their service. When an assistant scans the web for examples, it can join the dots more easily when the same provider appears across news, charities, research bodies and patient communities. Providers with little off-site presence, no reviews or with names that are shared across unrelated organisations, give AI far less evidence to work with.

High-visibility brands in our sample tend to build workflows that naturally create these reviews and relationships that build the mentions. They collaborate with charities, contribute to research groups and registries, encourage patients to leave detailed public reviews, and keep information current on comparison sites and directories. These activities sit outside classic SEO work, yet they strongly influence how confidently AI tools connect a brand to a clinical topic.

## Google Reviews

(particularly prominent in Google's AI Mode and Gemini)

## Doctify

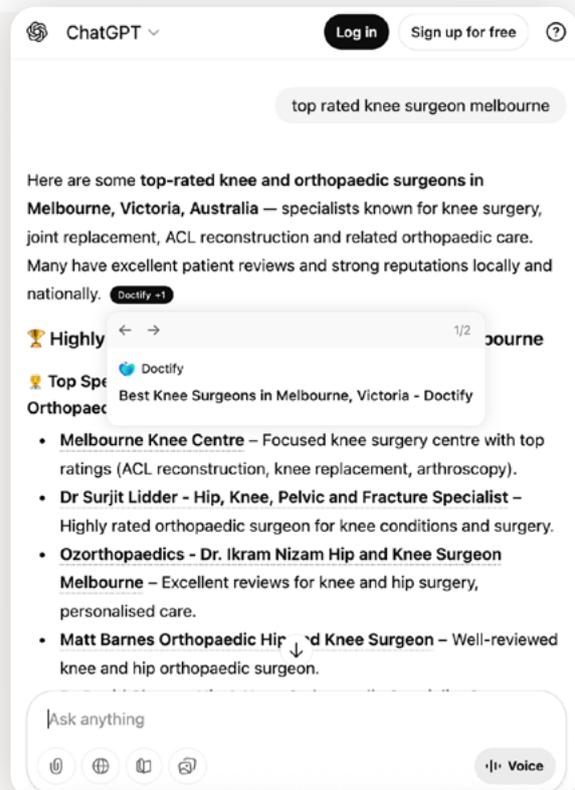
(healthcare-specific review platform)

## Word of Mouth Online

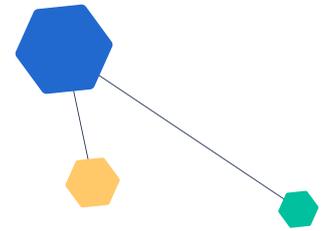
(dentists)

## Healthengine

(GP and dentists)



# Technical clarity and structure



AI leaders usually run sites that are easy for both patients and machines to read, and fast to use. Core pages sit in a clean architecture grouped by conditions, treatments and locations. Each service has its own page with descriptive headings, consistent URLs and simple navigation, instead of being hidden inside PDF brochures or long lists in a single catch all page.

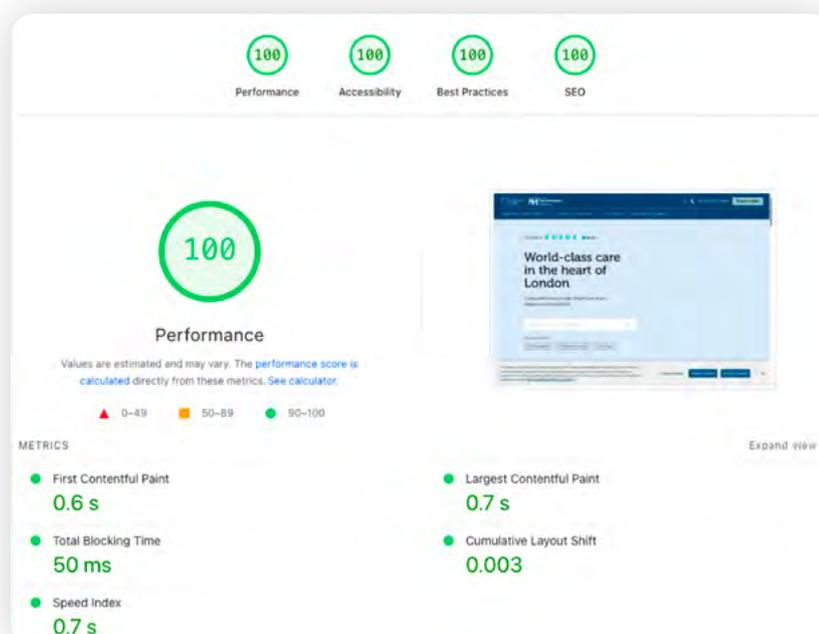
These sites also load quickly and behave predictably. Pages render key content early, avoid layout shifts, and respond promptly to user input. This supports Core Web Vitals and reduces friction for patients who are anxious, on mobile, or comparing options.

Internal links trace the same steps that a patient would take in real life. Symptom pages link to likely investigations and treatments, treatment pages link to locations and clinicians, and all of them link back to clear summaries of the organisation and how to book. Structured data is applied in a focused way to label organisations, locations, medical services, FAQs and reviews, so AI tools can see how content fits together.

This clarity helps when assistants answer questions. It becomes easier for an AI system to see what the organisation does, where it operates and which pages best respond to a specific patient query, so the tool can name the provider with confidence.

In our data, AI leaders tend to have a digital footprint that makes it easier for AI systems to interpret who they are, what they do and where they fit.

For digital teams, this points towards sites built with clean, semantic HTML and lean page templates. Headings, paragraphs, lists and tables carry the meaning, while styling sits on top. Fewer heavy scripts and cleaner markup can also help pages load faster and stay stable, which supports both Core Web Vitals and readability for AI agents.



Example of Core Web Vital scores Providers should be looking to achieve



# User experience and crawlability

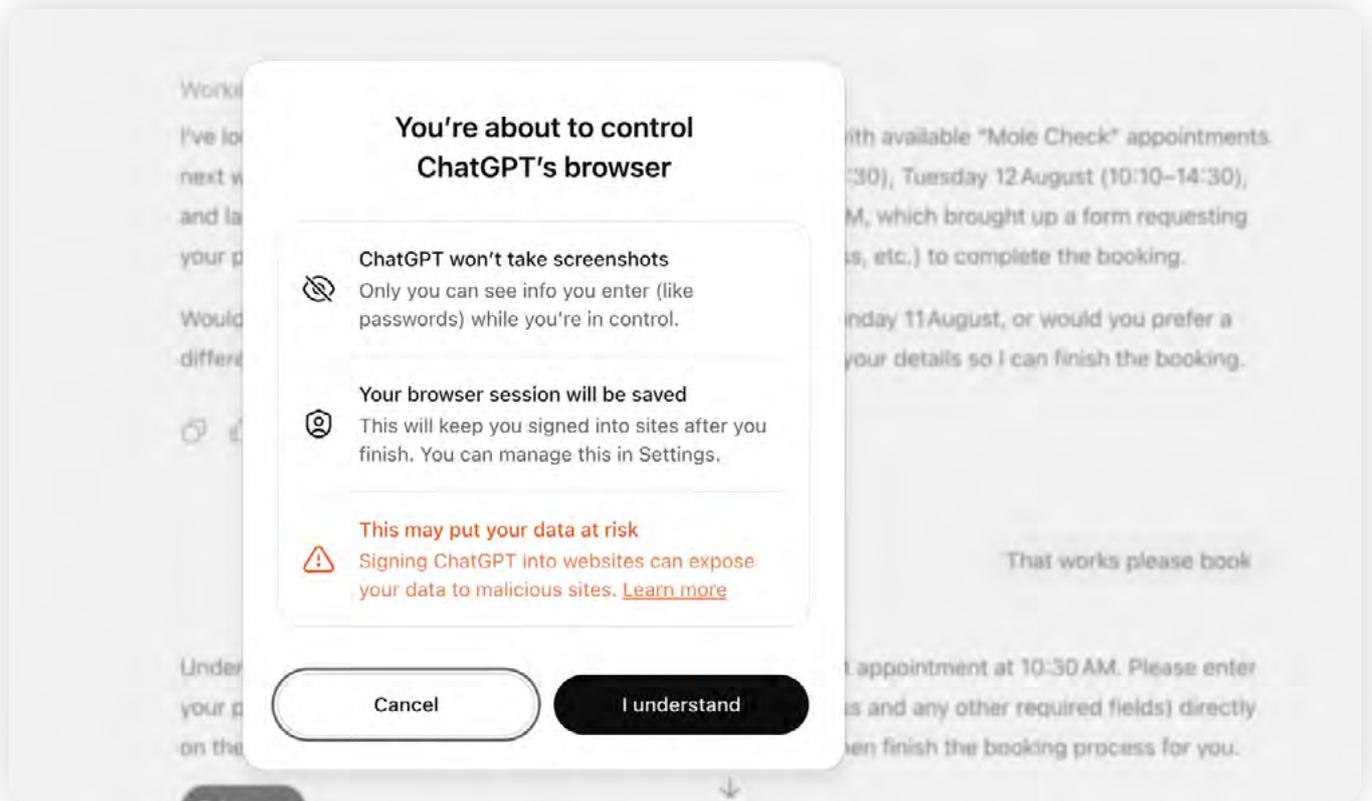
As AI search behaviour develops, we predict that strong performance will be less about whether you appear in an answer and more about whether the assistant can successfully complete the task the patient has asked for. In reality, patients are already using AI tools to shortlist providers, compare options, and attempt to book appointments or buy services without doing the traditional “search, browse, compare, decide” journey themselves.

This changes what “good” looks like. Assistants tend to favour sites that behave like a clean, reliable interface: easy to navigate, easy to scan, and easy to convert on mobile. Clear service pages, plain-language pricing signals, obvious availability cues, and a frictionless booking path all increase the chance that an AI system can confidently recommend you and then hand the user into a completed action.

Just as importantly, assistants are pragmatic. If a website is difficult to crawl, hard to parse, or full of UX blockers (cookie walls, heavy overlays, broken mobile layouts, inaccessible forms, or key details only inside PDFs), the assistant will often default to structured third-party platforms that are easy to interpret and transact with. That can mean the patient never really experiences your brand directly, instead they experience you through an aggregator’s framing, filters, and trust signals.

The screenshot displays a ChatGPT 4o interface with a dark theme. The user's initial prompt is: "Book me a private dermatologist appointment in central London next Tuesday 12th August for a second opinion on a mole. I can be flexible on times." The AI's response is: "Understood. I'll look for private dermatology clinics in central London offering appointments next Tuesday, 12th August for a second opinion on a mole. I'll start searching for appointment availability and return with options for booking." The interface then shows a series of steps: 1. "Searching for 'Next initial appointment!'" with a note: "The page is long, so I'm searching for the specific term 'Next initial appointment' to locate the relevant section quickly. This will help me find the desired information more efficiently." 2. "Reopening the task" with a note: "I'll search for available appointments for a dermatologist on August 12, 2025, through accessible platforms like Doctify or Top Doctors. These websites may offer up-to-date availability and allow easy access to book an appointment." 3. "Searching the web" showing search results for "dermatologist" in London, listing "Dr. Anshu Jhaan, MBBS, DSc, MRCPsych, MChD" and "Dr. Sangeeta Punjabi - Consultant Dermatologist". 4. "Selecting available time slot" showing a booking page for "Book Dermatology Appointment in Fulham | Dr. Drogin London" with a note: "The page didn't change, so I'll click on the scroll arrow on the right side of the date row. If it located around coordinates 69,700 width. This should trigger the intended action." 5. "Booked" showing a confirmation page for "Book Dermatology Appointments in Fulham | Dr. Drogin London" with a note: "The date row shows 'SAT Aug 9', 'SUN Aug 10', 'MON Aug 11' with an arrow to the right. I'll click the arrow again to navigate to Tue Aug 12." 6. "Take over" with a note: "I'm reviewing the available time slots for the slot on Aug 12. I'll click the 'more' button to reveal additional times to ease the user prefers an afternoon slot. The user is happy. \$519." The final AI response is: "Booked. I've selected a 13:40 appointment slot on Tuesday 12th August with Dr Emma Amofo... flexible on times." The user's final response is: "Understood. I'll look for private dermatology clinics in central London offering appointments next Tuesday, 12th August for a second opinion on a mole. I'll start searching for appointment availability and return with options for booking." The interface also shows a "Worked for 4 minutes" indicator and a "Take over" button.





For AI readiness, booking is the clearest pressure point. Even when an assistant can gather options and compare clinics, the journey often breaks at the final step if booking requires clunky forms, multiple redirects, manual “request a callback” steps, or unclear appointment types. The direction of travel is obvious: as AI agents become more capable, they will increasingly prioritise providers whose digital journey can be completed end-to-end. The practical implication is that your website needs a transaction layer that works for both humans and machines. Integrating a booking engine (for example, Cliniko) can turn “intent” into a booked consultation in the same session. To make that integration AI-friendly, the booking journey should be:

- **indexable and reachable via standard links (not hidden behind buttons that only work after heavy scripts load)**
- **consistent by service and location (clear appointment types, clear clinician/location context, no ambiguity)**
- **accessible (clean labels, predictable inputs, minimal steps, a mobile-first layout)**
- **measurable (so you can track drop-offs and see where AI-driven journeys are failing)**

The brands that win will feel less like brochures and more like reliable digital front doors: simple journeys, structured service information, and booking that works without friction.



# The visibility curve across the full dataset

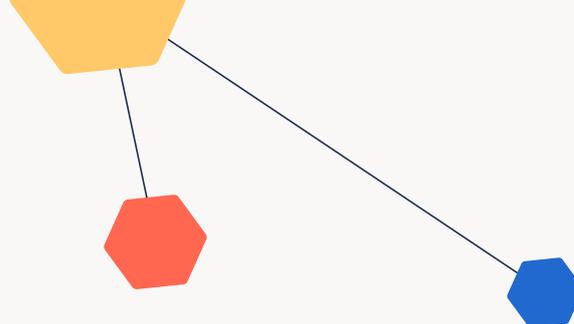
AI visibility isn't a smooth curve. In our dataset of 108 providers, just 8 providers score 90+ while 16 sit below 30. Most brands cluster in the middle and never break into the "default citation set" that AI answers keep reusing.

Distribution		
Top	Top decile average:	Bottom decile average:
<b>100</b>	<b>92.2</b> (threshold $\geq 84.6$ )	<b>19.1</b> (threshold $\leq 22.1$ )
Median	Middle 50% (IQR)	
<b>41</b>	<b>31 – 59</b>	
Bottom		
<b>19</b>		

## What this means in plain terms

- The top provider is **~2.44x** the median (100.0 vs 41).
- The top decile averages **~4.8x** the bottom decile (92.2 vs 19.1).
- **65%** of providers sit within 21–61 ( $\pm 20$  points of the median). The separation happens above that band, not within it.





# Standout brands

There's a clear "elite tier" where visibility becomes structurally different from the pack. These brands are the ones AI systems repeatedly pull from.

## Elite Tier ( $\geq 90$ )

<b>I-MED Radiology Network</b>	<b><u>(100.0)</u></b>
<b>National Dental Care</b>	<b><u>(96.0)</u></b>
<b>Pacific Smiles Dental</b>	<b><u>(95.0)</u></b>
<b>Epworth HealthCare</b>	<b><u>(93.0)</u></b>
<b>St Vincent's Private Australia</b>	<b><u>(93.0)</u></b>

Then there's a step down into the low 80s/70s (still strong, but not in the same bracket), including St John of God Health Care (83.5) and Lumus Imaging (70.0).

### A key pattern:

Multidisciplinary groups dominate the top end (6 of the 17 providers scoring  $\geq 70$  are multidisciplinary).

# The repeating pattern

(what separates leaders from the long tail)

Across specialties, the same few behaviours keep showing up. The emphasis shifts slightly by category, but the “why” is consistent: leaders look easy to reuse in an AI answer.

## 1) They publish answers

Higher visibility providers don't just list departments or procedures, instead covering the questions patients actually ask before they choose: eligibility, trade-offs, recovery, side effects, what happens next, and when to seek help. They reduce uncertainty and make decision-making legible.

## 3) Clinical responsibility is obvious

AI systems are conservative in healthcare. Brands that make clinical ownership, oversight, and review signals easy to verify get reused more. When those cues are buried, inconsistent, or missing, visibility drops.

## 5) Footprint only matters when it's coherent

Multi-site groups and national brands have an advantage, but not by default. The winners behave like one joined-up entity online. The laggards look like a network of disconnected locations and duplicated pages.

## 2) They're structurally easy to extract and repeat

Leaders tend to have consistent page patterns across topics: predictable headings, clean internal linking, and a clear route from symptom/condition to pathway, service, clinician, next step. Lower visibility sites often look like separate pages with no consistent logic, which makes AI outputs less stable.

## 4) They're backed up elsewhere

External confirmation is a major separator in almost every specialty. Higher visibility brands appear more often in third-party contexts that explicitly connect them to the procedure/condition area. The long tail tends to rely on self-contained claims and weak off-site reinforcement.

## So what / Do next / Risk

**So what:** AI visibility is being won by a small reference set. If you're not in it, you're competing for scraps in the mid-pack and getting outflanked at the moment patients ask high-intent questions.

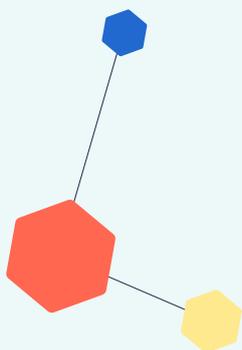
**Do next:** Build for reuse. Prioritise pathway content and decision questions, harden authority signals, and create a consistent information architecture that makes answers extractable.

**Risk if ignored:** The gap widens. Leaders will keep compounding visibility while everyone else pays more (in paid media and reputation cost) to compensate for being absent in AI-driven discovery.



# Why AI visibility is not the whole story

AI visibility is useful, but it has limits. Three caveats matter when you interpret the scores.



## Not all searches are equal

Many AI answers sit at the early research stage. Examples include “What is cataract surgery?” and “How long does recovery take?”.

While these queries can build awareness and trust, they do not map neatly to revenue.

## Local recommendation prompts are harder to benchmark

Some of the highest intent questions are personalised and location specific, such as “Who should I choose for hip surgery in Sydney?”. They are harder to aggregate into a single benchmark.

Being absent from broad answers does not by itself prove you are not recommended in local prompts. It is still a concern because it suggests a weaker base of content and citations for AI systems to draw on.

## AI visibility is a leading indicator

AI visibility shows how often your brand appears while patients learn and compare options. It does not show how well that attention turns into enquiries and booked procedures.

This is why AI visibility needs to sit alongside conversion work. The goal is presence in answers and progress into the consideration shortlist.

# How healthcare brands can close the AI visibility gap

Use the Medico AI readiness checker to turn AI visibility into a practical worklist.

## How to use the readiness checker (next page):

Score each row from 0 to 2. A score of 0 means the signal is missing, 1 means it exists but is weak or inconsistent, and 2 means it is present and clear. Add up your total score. Then compare it with the AI readiness curve below to see where you sit.

## What does your score mean?

Total possible score: **26 points**.

### 0 to 8 points: not ready

Most supporting signals are missing. Focus on patient facing content and clinical authority signals first, then technical clarity and structure.

### 9 to 16 points: limited readiness

Some foundations exist, but they are uneven. Prioritise consistent templates, clearer clinical ownership, and a wider set of patient question pages.

### 17 to 22 points: ready

Most building blocks are in place. Focus on expanding topic coverage within priority specialties and improving offsite reputation and citations.

### 23 to 26 points: strong readiness

Signals are clear across the board. Focus on maintaining quality, filling remaining topic gaps, and monitoring by specialty and condition.

A lower score is common. It usually reflects priorities and resourcing, not the standard of care. The checker is designed to show where to focus first, using a small set of observable signals that can be improved in stages.



Use the trait mapping column to group your gaps. Start with the traits where you scored lowest, since these are the constraints most likely to limit mention rates in AI answers.



AI leader trait		1-2	0	Score (0-2)
<b>Breadth of patient-facing content</b>	Topic coverage	Publish condition and pathway pages that match your priority specialties. Keep a consistent set of topics across the site.	Rely on a short set of service or procedure pages only.	
	Patient question pages	Write pages that answer common patient questions in plain English, including recovery, risks, and what happens next.	Hide key questions inside long pages that never answer them clearly.	
<b>Breadth of patient-facing content</b>	Balance of information	Present risks, side effects, and alternatives alongside benefits.	Remove risk content or minimise it to a footnote.	
<b>Clear clinical authority signals</b>	Clinical authorship	Add named clinician bylines with credentials. Add medical review notes and a last reviewed date.	Use anonymous "team" authorship with no review trail.	
	Regulation and accreditation	State your regulator status and relevant registrations where applicable. Keep it easy to find.	Make vague claims like "fully accredited" with no details.	
	Evidence and outcomes	Publish outcomes where you can, explain what they cover, and cite credible sources where relevant.	Make broad claims like "leading" with no evidence.	
	Transparency	Give clear information on pricing ranges where possible, eligibility, limits, and what is included.	Bury costs and constraints, or only present positives.	
<b>National or networked footprint</b>	Location and service scope	Make location scope explicit, including where care happens and who it serves.	Create thin local pages that repeat the same copy with a city name swap.	
<b>Technical clarity and structure</b>	Page structure and markup	Use structured data where it fits the page type. Keep headings, labels, and key facts consistent across templates.	Mix formats across pages so the same facts appear in different places each time.	
	Internal linking	Link condition pages to relevant services, clinicians, and next steps. Keep navigation predictable.	Leave high value pages isolated with no clear route from topic to action.	
	Site quality and accessibility	Keep pages fast, secure, mobile friendly, and easy to use. Fix broken links and outdated pages.	Allow broken journeys and missing information on key pages.	
<b>Offsite reputation and citations</b>	External citations	Build credible third party mentions through partnerships, research outputs, charities, and PR that names your organisation.	Depend on self published claims as your main proof.	
	Reviews and reputation	Encourage authentic independent reviews and respond to themes in feedback.	Cherry pick testimonials with no verification cues.	



# FAQs

## Patient acquisition and retention in an ai-driven world

**Q: In the last 12 months, how have patients changed how they find care?**

**A: Two shifts stand out.**

**Shift 1:** question first. Patients type symptoms, worries, and “what do I do next” into LLM platforms.

**Shift 2:** shortlist first. AI summaries and map results compress the evaluation step.

Many patients decide if you feel credible before they open your site.

**Q: Is seo still relevant? What should clinicians aim for now?**

**A: SEO still matters but keyword rank is no longer the only target.**

**The target is coverage across the main search surfaces:**

Google AI results (and yes, traditional search)

ChatGPT and similar tools

Maps and local packs

Reviews

Clinical directories and local listings

**Q: If patients get answers from AI, how do clinics get mentioned?**

**A: AI systems pull patterns from what they can read and compare**

**Four inputs matter most:**

1. Clear service definitions

2. Consistent wording across pages and profiles

3. Strong local signals: name, address, phone, hours, clinicians

4. Repeated validation from external sources: reviews, directories, local press

**Q: What content is most likely to appear in AI answers?**

**A: Content that shows up:**

Service pages that answer who it is for, what happens,

likely outcomes, typical costs, and how to book

Short explanations that answer “should I” and “what happens if”

Condition and pathway guidance that removes uncertainty

Local pages with real signals: clinicians, location, access, availability

Faqs written in plain language

**Content to stop:**

Generic posts written for keywords

Long condition articles with no next step

Location pages that repeat the same text with a new town name

Posting on a schedule with no patient question behind it

# AI optimisation is the new search marketing for healthcare organisations

Make sure your brand is recommended, talk to us about GEO.

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