



# HUMAN-CENTERED STORYTELLING IN AN AI WORLD

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# The Copilot System Audit

A self-assessment for healthcare marketers ready to fly smarter. Rate your organization on each of the six copilot roles, identify your gaps, and leave with three actions.

## Section 1 of 2 (Rate each role 1–5)

**Radar** *AI Signal Detection*

Is AI actively scanning search behavior, demographic signals, and service demand to surface what your audience is doing right now?

1 2 3 4 5

Not in place Fully operational

**Reflect:** What signal is your AI currently missing?

**Navigation** *AI Pattern Recognition*

Are you using AI to predict high-intent moments and surface opportunities before your competitors see them?

1 2 3 4 5

Not in place Fully operational

**Reflect:** Where do you fly blind — without predictive intelligence?

**Pilot** *Human Judgment*

Do human strategists own narrative framing, cultural accuracy, and clinical voice before AI generates anything?

1 2 3 4 5

Not in place Fully operational

**Reflect:** Which decisions are you leaving to the machine that need a human?

**Copilot** *AI Execution + Scale*

Can AI activate, personalize, and optimize your messaging in real time — across segments and geographies — without losing the story?

1 2 3 4 5

Not in place Fully operational

**Reflect:** Where is AI executing for you today, and where is it still manual?

**Air Traffic** *Organizational Alignment*

Are marketing, access, referrals, and scheduling operating as one coordinated system — or running separate flight plans?

1 2 3 4 5

Not in place Fully operational

**Reflect:** Where are the collisions between your departments?

**Landing** *Patient Decision + Access*

Does the path from campaign to scheduled appointment have zero friction — same-day access, bilingual options, direct scheduling?

1 2 3 4 5

Not in place Fully operational

**Reflect:** Where do patients abandon between intent and appointment?

**Scoring Guide**

My score: \_\_\_\_\_ / 30

<b>24–30 Airborne</b> Focus on optimizing Copilot for scale.	<b>15–23 On the runway</b> Two or three roles need attention before takeoff.	<b>15–23 Pre-flight check required</b> Start with Pilot and Landing.
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## Section 2 of 2

### 1 Personalize without losing the person.

Use AI to find the signal. Use a human to write the story.

**Gate Check:** “Does this sound like someone from this community wrote it?”

**Your answer:** Which audience segment needs a human cultural editor assigned right now?

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### 2 Protect brand integrity while accelerating speed.

Set non-negotiables before AI generates anything. Human review at tone, accuracy, and clinical precision.

**Gate Check:** “Would our CMO be proud of this if it ran tomorrow?”

**Your answer:** What is one non-negotiable your team will commit to before AI generates content?

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### 3 Measure confidence, connection, and action.

Replace vanity metrics with outcomes: clicks <sup>®</sup> scheduled visits, NPS, return rate, referral volume.

**Gate Check:** “Can we explain this result to the CFO and the patient?”

**Your answer:** Which metric will you replace first — and what will you track instead?

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# The Copilot System Guide

Interpretation + Action Planning for Healthcare Marketers

## How To Use Read this after completing the Copilot System Audit

This guide has two parts. Part One helps you interpret what your score on each copilot role actually means for your organization — what it looks like in practice, and why it matters for patient acquisition and trust. Part Two gives you concrete actions organized by score level, so wherever you land, you know exactly what to do next.

Work through the roles where you scored lowest first. Those are your highest-leverage opportunities. Roles where you scored 4 or 5 still have actions — they’re about extending your strength and turning it into a competitive advantage.

### Score bands at a glance

<b>1–2</b>	<b>Not in place</b> This role is absent or ad hoc. Immediate attention required. Start with the ‘If you scored 1–2’ actions.
<b>3</b>	<b>Building</b> The foundation exists but the role isn’t fully operational. A few deliberate moves will unlock significantly better performance.
<b>4–5</b>	<b>Strong</b> This role is working. Focus on systematizing it, extending it to adjacent functions, and using it as proof of marketing’s value.

### Your Total Score

#### 24–30 **Airborne**

Your system is functioning. Extend each role and measure the compound effect.

#### 15–23 **On the runway**

Two or three roles are holding you back from real scale. Fix those first.

#### 15–23 **Pre-flight check required**

Start with Pilot (human judgment) and Landing (patient access) — those have the highest immediate impact on patient trust.

**My score:**  / 30

# Radar

## AI Signal Detection

### What this role means for your organization:

Radar is your early warning system. It answers the question your competitors are asking too late: what is our audience doing right now, before they make a health decision? Without it, your campaigns launch into silence.

### Part One What your score means · Circle the band that matches your audit rating

<b>1–2</b> Flying Blind	You're relying on intuition and last quarter's data. Your campaigns respond to demand instead of anticipating it. You're probably missing seasonal intent spikes, emerging service-line demand, and the moments when patients are most receptive.
<b>3</b> Intermittent Signal	You have some data — probably Google Analytics, maybe some search monitoring — but it's not connected to campaign activation. You see signals after the fact rather than using them to shape what launches next.
<b>4–5</b> Airborne	AI is actively scanning behavioral, search, and demographic signals in real time. You know which service lines are heating up before the call center does. Your campaigns launch into proven demand windows, not guesswork.

### Part Two What to do about it · Find your score band and act on the three moves

#### If you scored 1–2:

<b>1</b>	Audit what data you currently have access to: search console, CRM, call center logs, social listening.
<b>2</b>	Identify one high-value service line and set up basic keyword monitoring for it this week.
<b>3</b>	<b>Brief your agency or analytics team:</b> ask them to surface the top 3 intent signals from the last 90 days.

#### If you scored 3:

<b>1</b>	Connect your signal data to a campaign calendar — map intent peaks to planned launch windows.
<b>2</b>	<b>Ask your AI tools:</b> what are patients searching for that we aren't currently promoting?
<b>3</b>	Set a monthly signal review so Radar informs planning, not just reporting.

#### If you scored 4–5:

<b>1</b>	<b>Push Radar upstream:</b> use signals to influence service line strategy, not just campaign timing.
<b>2</b>	Share signal intelligence with your access and scheduling teams so operations can prepare.
<b>3</b>	<b>Test predictive modeling:</b> can AI forecast demand 30–60 days out for your top three service lines?

#### Gate Check:

“What signal is your AI currently missing — and what campaign would you change if you had it?”

# Navigation

## AI Pattern Recognition

### What this role means for your organization:

Navigation turns raw signals into strategic decisions. Where should we go next? Which segments are highest intent? What geographic pockets are underserved? Without Navigation, Radar data sits in a report nobody acts on.

### Part One What your score means · Circle the band that matches your audit rating

<b>1–2</b> No Flight Plan	Campaigns are planned from historical assumptions and gut instinct. You’re not using AI to identify which patient populations are most likely to act, or which zip codes have unmet demand. You may be over-investing in low-intent audiences.
<b>3</b> Manual Course-Plotting	Someone on your team is doing the analysis, but it’s manual and slow. You’re making decent directional decisions but missing the real-time pattern recognition that would sharpen targeting significantly.
<b>4–5</b> Autopilot Engaged	AI is identifying high-intent patient clusters, predicting where demand will spike, and surfacing geographic pockets your campaigns should prioritize. You’re moving resources toward opportunity before competitors notice it.

### Part Two What to do about it · Find your score band and act on the three moves

#### If you scored 1–2:

<b>1</b>	Pull your top five service lines and ask: which zip codes have the highest unmet demand?
<b>2</b>	Run a basic audience segmentation by age, geography, and prior engagement — even manually.
<b>3</b>	Commit to one AI-informed audience decision per campaign cycle, even if it’s small.

#### If you scored 3:

<b>1</b>	Automate your segmentation refresh — audiences shouldn’t be set once at campaign launch.
<b>2</b>	Overlay behavioral signals onto your existing segments: who is actually searching, not just who you assume is.
<b>3</b>	Test lookalike modeling against your best-converting patient populations.

#### If you scored 4–5:

<b>1</b>	Push Navigation into referral strategy — where are PCPs sending patients that should be coming to you?
<b>2</b>	Use predictive demand data to brief your access team on what’s coming so they can staff accordingly.
<b>3</b>	<b>Share Navigation insights with your CFO:</b> framing AI investment in terms of addressable demand is persuasive.

#### Gate Check:

“Where do you fly blind today, and what decision would you make differently with better pattern recognition?”

# Pilot

## Human Judgment

### What this role means for your organization:

The Pilot is the most irreplaceable role in the system. AI can find the signal and scale the execution, but a human must decide what the story is, whose values it reflects, and whether the message is true to the community it serves. A weak Pilot is why AI-generated healthcare content feels hollow.

### Part One What your score means · Circle the band that matches your audit rating

<p><b>1–2</b> Autopilot Crash Risk</p>	AI is generating content without meaningful human review. Messages may be technically accurate but culturally off, clinically imprecise, or tonally wrong for your market. This is the highest-risk position in healthcare marketing — one bad campaign can cost trust that takes years to rebuild.
<p><b>3</b> Backseat Driver</p>	Humans are reviewing content but not shaping it upstream. The AI drafts, a human approves — but the framing, the emotional truth, and the cultural decisions were never made deliberately. You're editing, not leading.
<p><b>4–5</b> Pilot in Command</p>	Human strategists own the decisions before AI generates anything: the narrative frame, the emotional angle, the cultural lens, the clinical voice. AI executes within those guardrails. The result sounds like your community, not a chatbot.

### Part Two What to do about it · Find your score band and act on the three moves

#### If you scored 1–2:

<p><b>1</b></p>	Immediately establish a human review gate before any AI-generated content goes live.
<p><b>2</b></p>	Assign a named 'cultural editor' for each major audience segment — someone who knows the community.
<p><b>3</b></p>	Set three non-negotiables that AI output must pass before a human even reviews it: clinical accuracy, brand voice, cultural fit.

#### If you scored 3:

<p><b>1</b></p>	<b>Move human judgment upstream:</b> brief writers and strategists before prompting AI, not after.
<p><b>2</b></p>	Create a narrative brief template — emotional angle, audience truth, key message — that feeds every AI prompt.
<p><b>3</b></p>	<b>Pilot a 'human-first' campaign:</b> have a clinician or community member co-create the framing before AI touches it.

#### If you scored 4–5:

<p><b>1</b></p>	Document and systematize your human judgment process so it scales without losing quality.
<p><b>2</b></p>	Expand the Pilot role to include community validators, not just internal reviewers.
<p><b>3</b></p>	Use your strong Pilot as a competitive differentiator — it's something AI-first competitors can't easily replicate.

#### Gate Check:

“Does your AI output sound like someone from this community wrote it? If not, what needs to change?”

# Copilot

## AI Execution + Scale

### What this role means for your organization:

The Copilot is where human judgment becomes reach. Once the Pilot sets the story, the Copilot activates it at a scale no human team could achieve alone: personalized variants, real-time bid optimization, dynamic creative, geo-targeted messaging. This is AI doing what AI does best.

### Part One What your score means · Circle the band that matches your audit rating

<b>1–2</b> Manual Throttle	Your team is doing by hand what AI should be doing at scale. One version of an ad runs everywhere, or variants are created manually and updated infrequently. You're leaving personalization, speed, and efficiency on the table.
<b>3</b> Assisted Flight	You're using some AI execution — maybe programmatic buying or basic A/B testing — but it's not yet producing meaningfully personalized creative at scale. The tools are there; the system isn't fully activated.
<b>4–5</b> Full Throttle	AI is generating, testing, and optimizing creative variants in real time across segments, geographies, and channels. Your team sets the strategy; the Copilot executes it around the clock. Volume and velocity without loss of quality.

### Part Two What to do about it · Find your score band and act on the three moves

#### If you scored 1–2:

<b>1</b>	Identify the one campaign where personalization would have the biggest impact and pilot AI execution there first.
<b>2</b>	Implement dynamic creative optimization for your top-spending digital campaigns.
<b>3</b>	<b>Set a baseline:</b> how many creative variants are you producing today? Commit to tripling it with AI in 90 days.

#### If you scored 3:

<b>1</b>	Connect your AI execution tools to your Radar signals — creative should update as intent patterns shift.
<b>2</b>	Move from A/B testing to multivariate testing: let AI find the winning combinations faster.
<b>3</b>	<b>Automate geo-personalization:</b> the same service line should speak differently in different zip codes.

#### If you scored 4–5:

<b>1</b>	<b>Audit quality at scale:</b> are the AI-generated variants actually good, or just numerous?
<b>2</b>	Extend Copilot to channels you haven't automated yet: email, SMS, patient portal messaging.
<b>3</b>	<b>Build a feedback loop:</b> Copilot performance data should inform the next Pilot brief.

#### Gate Check:

“Is AI executing at scale, or is your team still doing by hand what should be automated?”

# Air Traffic

## Organizational Alignment

### What this role means for your organization:

Air Traffic Control is the most underrated role in the system — and the most common point of failure. A brilliant campaign that lands patients in a scheduling system that can't handle volume, or a referral network that doesn't know the campaign is running, loses the patient at the moment of highest intent.

### Part One What your score means · Circle the band that matches your audit rating

<b>1-2</b> Collision Course	Marketing, access, and referrals are operating independently. Campaigns launch without briefing the call center. Referral patterns are invisible to marketing. Scheduling capacity doesn't reflect campaign-driven demand spikes. Patients fall through gaps between departments.
<b>3</b> Occasional Handoffs	There are some cross-functional conversations — maybe a monthly meeting — but alignment is reactive rather than systematic. Access and marketing share information after decisions are made, not before.
<b>4-5</b> Cleared for Takeoff	Marketing, access, referrals, and scheduling operate as one coordinated system. Campaigns are briefed to access teams before launch. Call center volume is anticipated. Referral patterns are monitored and acted on in real time. No collisions.

### Part Two What to do about it · Find your score band and act on the three moves

#### If you scored 1-2:

<b>1</b>	Start a standing weekly cross-functional brief: marketing, access, and referral leadership in the same room.
<b>2</b>	Establish one shared dashboard that marketing and access both use to monitor campaign-driven volume.
<b>3</b>	<b>Before your next campaign launches:</b> brief the call center on expected volume, messaging, and scheduling instructions.

#### If you scored 3:

<b>1</b>	<b>Move from reactive to predictive:</b> use campaign calendars and AI demand signals to brief operations 30 days ahead.
<b>2</b>	Create a referral transparency report that marketing and access review together monthly.
<b>3</b>	Assign an Air Traffic owner — someone whose job is cross-functional alignment, not just attendance at meetings.

#### If you scored 4-5:

<b>1</b>	Extend alignment to the physician relations team: PCPs should know what campaigns are running in their service areas.
<b>2</b>	Use your alignment strength to build a real-time operations dashboard that connects campaign performance to access metrics.
<b>3</b>	Document your Air Traffic model — it's a competitive advantage most health systems don't have.

#### Gate Check:

“If your best campaign drove 3x the expected calls tomorrow, would your system handle it without losing patients?”

# Landing

## Patient Decision + Access

### What this role means for your organization:

Landing is where story meets reality. A patient who trusted your campaign enough to act is at their most vulnerable moment: they've decided, and now they're testing whether you'll deliver on the promise. Any friction here — a hard-to-find scheduler, a long hold time, a language barrier — breaks the relationship before it starts. The 13.1-point drop in patient loyalty when friction occurs before the appointment is not recoverable with another ad.

### Part One What your score means · Circle the band that matches your audit rating

<b>1-2</b> Rough Landing	There is significant friction between your campaign and a scheduled appointment. Online scheduling may not exist or not be linked from your ads. Call center performance may be poor. Language barriers may exist for key segments. You are losing patients you paid to acquire at the moment of highest intent.
<b>3</b> Bumpy Approach	Scheduling exists and is accessible, but the experience isn't seamless. Same-day or next-day availability may be inconsistent. The link from ad to appointment may have unnecessary steps. Bilingual access may be incomplete. Patients get there, but some don't make it.
<b>4-5</b> Smooth Touchdown	The path from campaign to scheduled appointment is frictionless: direct scheduling links, same-day availability, bilingual options where needed, and call center teams briefed on campaign messaging. Conversion is measured at the appointment, not the click.

### Part Two What to do about it · Find your score band and act on the three moves

#### If you scored 1-2:

<b>1</b>	Audit the patient journey from ad click to confirmed appointment — time it yourself. Every extra step is a dropout point.
<b>2</b>	Add direct scheduling links to every digital campaign running today. This is the highest-ROI fix available.
<b>3</b>	<b>Brief your call center:</b> what is the campaign message? What should they say when a patient calls?

#### If you scored 3:

<b>1</b>	Map where patients are dropping off between intent and appointment — use call abandon data and scheduling conversion rates.
<b>2</b>	Implement same-day or next-day scheduling guarantees for your highest-intent service lines.
<b>3</b>	<b>For Spanish-speaking markets:</b> ensure bilingual scheduling staff are available, not just bilingual ads.

#### If you scored 4-5:

<b>1</b>	Move your primary conversion metric from click to scheduled visit — and report it to leadership.
<b>2</b>	Extend your frictionless model to the post-appointment experience: confirmation, reminders, follow-up.
<b>3</b>	Use your Landing performance as proof of marketing's contribution to patient volume — it's the most defensible ROI story you can tell.

#### Gate Check:

“Can you tell us exactly how long it takes from ad click to confirmed appointment — and is that acceptable?”

# Before You Fly

Your copilot system is only as strong as its weakest role. A brilliant campaign that lands on a broken access experience loses the patient. A perfectly personalized message that no human reviewed loses their trust. The system works when all six roles are working.

## Your Three Moves

1	<p><b>Personalize without losing the person.</b></p> <p>The AI finds the signal. The human writes the story. Every audience segment needs a cultural editor, not just a prompt.</p> <p>✓ “Does this sound like someone from this community wrote it?”</p>
2	<p><b>Protect brand integrity while accelerating speed.</b></p> <p>Set your non-negotiables before AI generates anything. Speed is a strategy. Standards are non-negotiable.</p> <p>✓ “Would our CMO be proud of this if it ran tomorrow?”</p>
3	<p><b>Measure confidence, connection, and action.</b></p> <p>Stop reporting clicks. Start reporting scheduled visits, NPS, return rate, and referral volume.</p> <p>✓ “Can we explain this result to the CFO and the patient?”</p>

***Human-centered storytelling isn't soft.  
It's the sharpest edge in healthcare marketing.***

ab+a Advertising partners with healthcare organizations to build the Copilot System that connects great storytelling to measurable patient growth. Reach out to continue the conversation.

**Set up a complementary half hour Copilot session with ab+a** 

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