

THE FRONT DOOR AUDIT

Score Your Digital Front Door in Ten Minutes

A working tool from “Digital Experience Is Care Experience,” SHSMD Connections 2026

You are accountable for a door you don’t fully own. Your growth targets depend on a scheduling system, a call center, and clinical templates that sit outside marketing. This audit gives you a way to see that door clearly, score it honestly, and leave with one fundable project. You can complete it alone in ten minutes, or better, run it with your access, digital, and clinical leaders in the room and compare answers.

The Framework

Four dimensions arranged so the geometry tells you something. The top row is what patients feel: the perception work marketing traditionally owns. The bottom row is what systems do: the performance work operations traditionally owns. The left column is how patients enter care; the right is whether care holds onto them. Most growth problems live in the gaps between these quadrants, not inside any one of them.

What patients FEEL

Entering care



Trust signals
What patients see first
Score 1–5

Continuing care

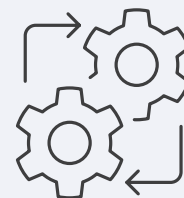


Brand alignment
Promise vs. delivered
Score 1–5

What systems DO



Experience velocity
How fast you respond
Score 1–5



Journey continuity
What happens after
Score 1–5

Score Yourself

For each dimension, circle the one statement that most honestly describes your organization today. Your score is the number next to it. Resist the urge to average up; the low-scoring statements are supposed to sting a little, and the honest answer is the useful one.

Dimension 1: Trust Signals (what patients see before you know they exist)

Score	You are a...	The statement
1	Ghost	"We don't know what patients see when they search for us."
2	Reactor	"We monitor listings and reviews, but only when something breaks."
3	Custodian	"Accurate everywhere; reviews answered within days."
4	Curator	"We actively manage search, reviews, and content by service line."
5	Radar	"AI-enabled listening spots intent shifts before competitors act."

Dimension 2: Experience Velocity (patients read speed as respect)

Score	You are a...	The statement
1	Mystery	"We can't say what our average days-to-appointment is."
2	Witness	"We know the number, and it embarrasses us."
3	Starter	"Online scheduling exists for some service lines."
4	Operator	"Most services bookable online; days-to-appointment tracked and improving."
5	Sprinter	"Same-day and next-day at scale, and we market the speed."

Dimension 3: Journey Continuity (what happens after the first yes)

Score	You are a...	The statement
1	Sieve	"Referral leakage isn't measured here."
2	Auditor	"We measure leakage annually; nobody owns it."
3	Tracker	"Closed-loop referral tracking on priority service lines."
4	Shepherd	"Automated follow-up with human escalation; leakage owned and trending down."
5	Navigator	"Signals route in real time; we know by name the physicians driving leakage."

Dimension 4: Brand Alignment (the campaign vs. the call center)

Score	You are a...	The statement
1	Stranger	"Marketing has never listened to call center recordings."
2	Neighbor	"Brand and access teams meet only when something breaks."
3	Partner	"Campaigns are briefed to scheduling before launch."
4	Coalition	"Shared metrics across marketing, access, and clinical teams."
5	One voice	"The call center experience is designed as brand experience."

Your Scorecard

Dimension	Your score (1–5)
Trust signals	
Experience velocity	
Journey continuity	
Brand alignment	
Total (4–20)	
Spread (highest minus lowest)	

What Your Total Means

Total	Band	The read
4–8	The locked door	Demand is hitting a wall you can't see. Start by measuring; you can't redesign what you don't track.
9–12	The door ajar	Working parts, no system. Your project is connection, not construction.
13–16	The open door	The system works. Now make it compound: velocity feeds trust feeds volume.
17–20	You own the door	You're the benchmark. Your risk is complacency and stakeholder drift.

Now check your spread. If the gap between your highest and lowest quadrant is 2 or more, your problem is not capability, it's coordination. Growth is rarely lost in marketing; it's lost between departments. A flat profile (3, 3, 3, 3) and a spiky one (5, 4, 2, 4) have similar totals but opposite prescriptions. Most health systems profile spiky: strong on the perception row, weak on the performance row. If that's you, your first project is a handoff, not a campaign.

Your 60-to-90-Day Play

- ▶ **Your project is your lowest quadrant.** Not the one you like most; the one you scored lowest. If two tie, pick the one on the performance row.
- ▶ **Your definition of done is the next statement up.** If you scored 2 on Continuity, then “closed-loop referral tracking on priority service lines” is your project scope, already written. One level, one quarter. Don't try to jump from 2 to 5.
- ▶ **Pick a metric your CFO will accept.** Call abandonment rate, referral leakage rate, or average days-to-appointment. If you can't name your baseline today, measuring it IS the project.
- ▶ **Build the coalition before the plan.** The front door crosses marketing, access, IT, and clinical operations. Bring your COO or CMIO, your access leader, and one physician champion into the room before you write a single requirement. Lead with the patient impact and the metric, not the campaign.
- ▶ **Re-score in 90 days.** Same four tables, same honesty, ideally with the same leaders in the room. The trend matters more than the number.

Want to know where your door stands?

Send your four scores to frontdoor@abaadvertising.com and we'll return your position against the anonymized benchmark from this session and every health system that has run the audit, along with the first play we'd recommend for your lowest quadrant. No deck, no pitch, one page back.

When you're ready to own the door, we're easy to find.

From “Digital Experience Is Care Experience: How Health Systems Can Redesign the Front Door,” presented at SHSMD Connections 2026 by Patrick Soto (ab+a Advertising) and Francis Forte (Nicklaus Children's Health System).