Rebuilding Consult Demand in Identified Market

A targeted three-month marketing investment to restore top-of-funnel volume and measure return

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The Why: Demand Was Being Starved at the Top of the Funnel

Consult volume declined in step with a 70% reduction in advertising spend, while clinical conversion held steady.

-70%

Ad spend, YOY

$265K down to $80K

-12.9%

Consult volume, YOY

5,156 down to 4,489

-73%

Online referrals, YOY

1,637 down to 437

22%

Markets share of total ad spend

Down from 80% in 2023

What the funnel was telling us

- Ad spend reductions align closely with declines in consult volume across South Texas
- Physician referrals held within 6%, so the loss is concentrated in marketing-generated demand
- Consult-to-procedure conversion stayed consistent, confirming clinics convert appropriately
- Softer vein volume reflects earlier consult suppression, not clinic execution

My Role: Owning the Analysis and the Recommendation

Project Lead	Framed the question, set the scope to one market, and carried the work from raw data through an approved recommendation.
Analyst	Assembled and validated three years of referral, consult, spend, and procedure data, then defined the metrics the decision would rest on.
Facilitator	Worked through the findings with marketing, clinic operations, scheduling, physicians, and regional finance to test every explanation.
Change Agent	Reframed the conversation from a performance problem to an investment decision, and defined a bounded test rather than an open-ended budget request.
Steward	Own the monthly measurement cadence that will judge this investment against the conversion windows it is designed to move.

Approach & Execution: Lean Six Sigma DMAIC

A structured method kept the work evidence-based rather than opinion-driven.

DEFINE	MEASURE	ANALYZE	IMPROVE	CONTROL
1	2	3	4	5
Named the problem as declining consult volume in in specified market and scoped it to the referral-to-procedure funnel.	Built the baseline from monthly referrals, consults, ad spend, and procedure volume across 3 years by year.	Separated demand from execution by testing referral mix, conversion rate, and scheduling performance against spend.	Defined a bounded three-month investment sized to the level of spend that historically produced the strongest return.	Set the monthly review cadence and the conversion windows that will confirm or end the investment.

Guiding principle

Prove where the constraint actually sits before spending against it — then spend only as much as the evidence supports.

Stakeholder Collaboration: Testing Every Explanation

Each group held a piece of the answer — my job was to reconcile what they saw with what the data showed.

Marketing

Budget reductions were absorbed disproportionately by South Texas, and online lead flow dropped almost immediately.

What we confirmed: Paid media drives incremental consults

Clinic Operations & Scheduling

Scheduling efficiency and access improved over the same period, so open capacity was available and unfilled.

What we confirmed: The constraint is demand, not throughput

Physicians

Referral relationships held steady, but physician referrals alone could not offset the loss of marketing-generated patients.

What we confirmed: MD referral is a floor, not a growth lever

Regional Leadership & Finance

Any additional spend needed a defined limit, a measurement window, and a clear exit if the return did not appear.

What we confirmed: A bounded three-month test, not a budget increase

Approach & Execution: The Three Findings That Mattered

01

Spend and consults move together

Quarters funded at or above $30K averaged 1,321 consults; quarters below $16K averaged 1,025.

+29%

consults in funded quarters

02

The loss is in online demand

Physician referrals held within 6% while online referrals collapsed, isolating exactly where volume disappeared.

-73%

online referrals, 2025 vs 2024

03

Impact arrives downstream, later

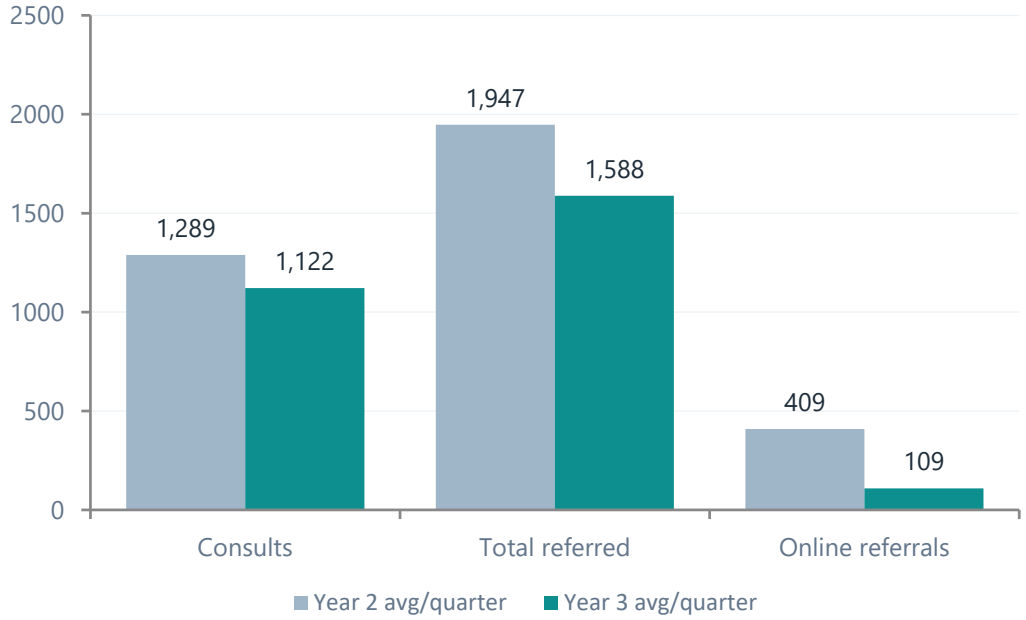
Consults convert to procedures over roughly two quarters, so today's spend shows up in next quarter's volume.

~2 qtrs

consult to procedure window

Data & Metrics: What the Spend Reduction Cost Us

Quarterly averages for identified M. Marketing-driven volume fell hardest; physician-driven volume held.



Consults per quarter

1,289 → 1,122

A 13% decline year over year

Total referred per quarter

1,947 → 1,588

An 18% decline year over year

Online referrals per quarter

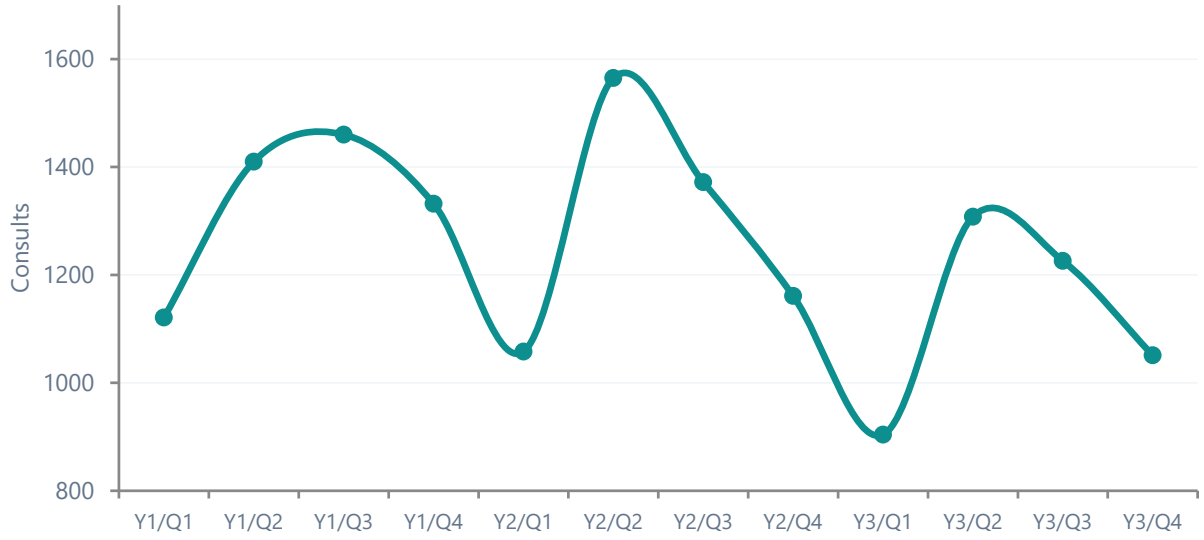
409 → 109

A 73% decline, tracking the spend cut

Ad spend fell from $66.2K to $20.1K per quarter over the same period.

Data & Metrics: Consult Volume by Quarter

Higher is better. Consults peaked in the fully funded quarters of Y1 and Y2, then stepped down with spend.



Peak quarter on record: 1,565 consults in Q2 Y2, supported by $62K in spend.

1,331

Y1 quarterly average

Fully funded baseline

1,122

Y3 quarterly average

After the spend reduction

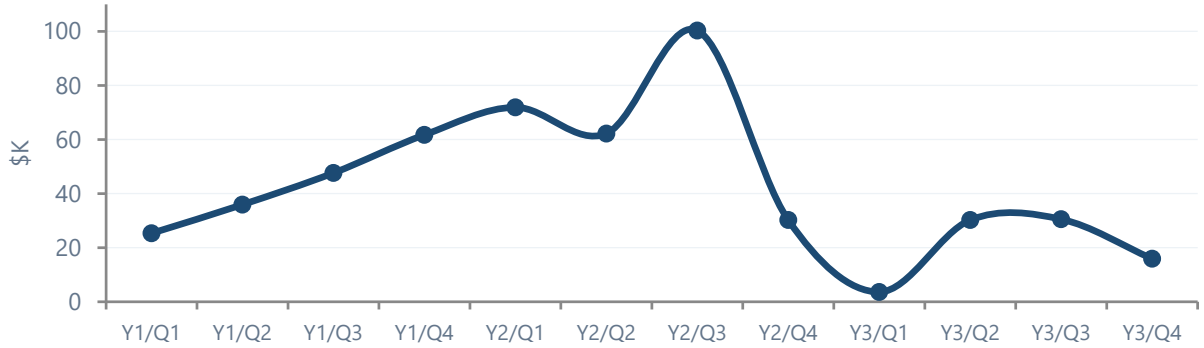
-15.7%

Decline

Roughly 209 consults per quarter

Data & Metrics: Ad Spend Against Funnel Volume

Spend is the controllable lever. Consults and total referrals track it; conversion downstream does not vary.



$66.2K per qtr
Y2 average ad spend

$20.1K per qtr
Y3 average ad spend

-70% spend
Consults fell in step

Annual performance summary

Year	Year 1	Year 2	Year 3	Year 4 Q1	Year 3 vs Year 2
Consults	5,323	5,156	4,489	274	-12.9%
Total referred	7,058	7,786	6,350	458	-18.4%
Ad spend	$170K	$265K	$80K	$9.8K	-69.7%

Challenges & Lessons Learned

Challenge	What I learned
Spend and volume move together, but correlation alone is not proof of cause.	**Rule out the alternatives first. Testing conversion, scheduling, and referral mix is what made the demand conclusion credible.**
Regional data was inconsistent across sources and required reconstruction before it could be trusted.	**Validate the baseline before you argue from it. Time spent on data quality bought the analysis its credibility.**
Softening procedure volume was initially read as a clinic performance problem.	**Follow the lag. Downstream metrics describe decisions made two quarters earlier, not the team working today.**
An open-ended budget request would not have survived the room.	**Bound the ask. A capped three-month test with a defined measurement window converts risk into a decision leadership can make.**

Outcomes & Impact

+29%

Consult lift

1,025 → 1,321 per funded quarter

$15–25K

Monthly investment

The historically optimal spend level

3 months

Measurement window

Matched to the conversion cycle

-73%

Online demand lost

409 → 109 referrals per quarter

Why it matters

- The constraint is under-feeding the funnel, not execution downstream
- Clinics have open capacity and stable conversion ready to absorb added volume
- Every quarter without investment compounds into softer procedure volume two quarters later

What comes next

- Approve $15,000 to $25,000 per month for three months in targeted market's marketing
- Track referrals, consults, and procedure volume monthly against the pre-investment baseline
- Extend, adjust, or end the investment on the evidence at the end of the window