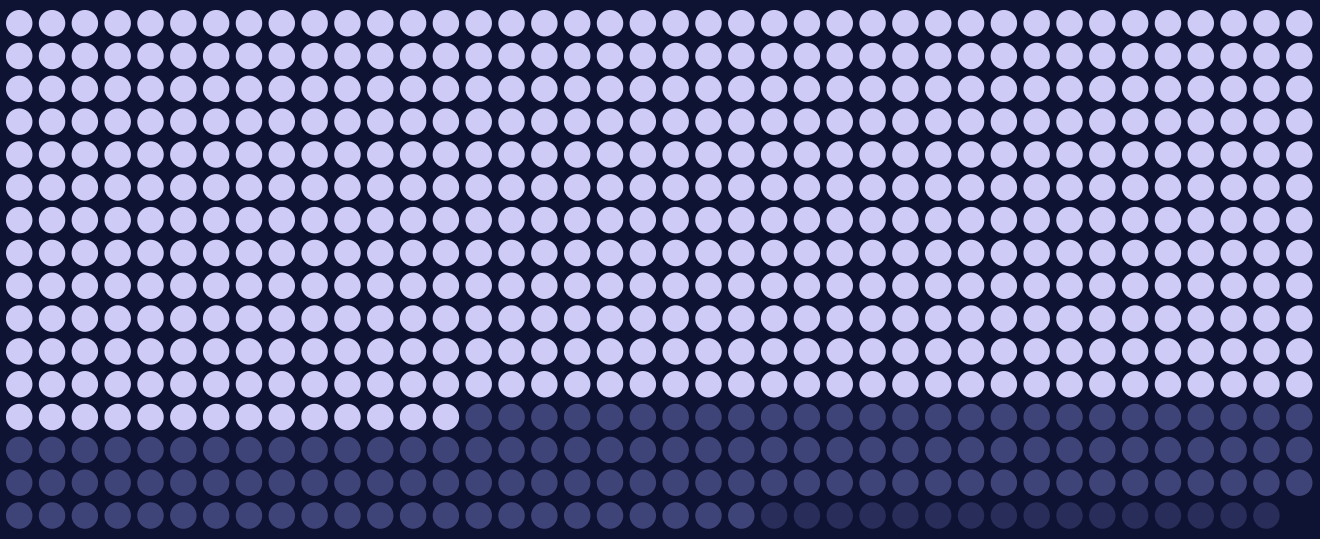
IMPROVADO RESEARCH · SEPTEMBER 2026

Healthcare Marketing Measurement 2026

What we detected on the websites of 639 US health systems, and on the clinic networks underneath them.



● 494 scanned ● 129 blocked by bot protection or geo-fencing ● 16 unreachable

170

health systems with no public pixel-litigation record still firing an ad-platform pixel

28.9%

of the homepages we scanned had no marketing measurement we could detect at all

749

GA4 measurement IDs configured in a single urgent-care chain's tag container

Health system scan: 2026-08-27 · 639 systems, AHRQ Compendium 2023

Clinic network review: July to August 2026 · 34 multi-location operators

improvado.io

THE SHORT VERSION

Three numbers, and what they mean together

170

systems with no public litigation record still fire an ad-platform pixel[C2]

28.9%

no marketing measurement we could detect: no analytics, no pixels, no replay[C3]

749

GA4 measurement IDs in one chain's single tag container[C11]

On 2026-08-27 we loaded the homepage of every US health system in the AHRQ Compendium and recorded what each one sent to whom. 494 of the 639 loaded for us. What came back was not one story about healthcare marketing measurement. It was three.

The exposure has not been priced in. 171 of the 494 systems we could scan still fire at least one advertising-platform pixel on the homepage, and 170 of those have no public pixel-litigation record at all.[C2] The systems that have already paid have cleaned up: none of the 10 settled systems we could scan still fires an ad pixel there.[C4] Cleanup, so far, follows the lawyer's letter rather than the policy memo.

The quiet third. On 143 homepages, 28.9% of the ones we scanned, we could not detect any measurement: no ad pixel, no analytics, no session replay, no server-side vendor, no first-party collection endpoint.[C3] 22 of them still loaded a tag-manager container and 4 a call-tracking script, so the machinery is often there with nothing running through it. We scanned once, from outside, so we cannot say these systems stopped measuring, only that nothing reached a third party while we watched. Either way it is the number this report exists to put in front of a marketing leader.

Where measurement survives, it has sprawled. One urgent-care franchise runs a single tag container configured with 749 distinct GA4 measurement IDs and 11 legacy Universal Analytics IDs,[C11] and 409 of its 482 published locations send the booking click to a domain it does not own.[C12] Nobody designed that. It accumulated, one location at a time.

> WHAT THIS REPORT IS
>
> A record of what we could observe from the outside, on stated dates, with the denominator attached to every number. It is not a compliance assessment, not a survey, and not a claim about what any operator can or cannot measure inside its own systems. Where we could not see, we say so.

SECTION 2 · THE TWO GOOGLES

Removing "the Google pixel" is not the end of it

That phrase hides two different tags with different jobs. Cleanup usually stops at the advertising pixel. The analytics tag is the blind spot - and it ships the same raw stream.

	GOOGLE ADS - THE ADVERTISING PIXEL	GOOGLE ANALYTICS (GA4) - THE ANALYTICS TAG
Its job	Tell Google's bidding that a paid click became a booking, so spend keeps optimizing.	Describe how the site is used - sessions, sources, pages - for the team's own reports.
What the standard tag sends	Both standard tags send the same raw stream from the visitor's browser: IP address, the full page URL (for example /oncology/schedule-appointment), browser details, and Google's persistent cookies. On a healthcare site that is an identifier next to health context - the combination HHS OCR's online-tracking bulletin treats as protected health information.	
The BAA question	Google offers no business associate agreement for either product, and Google's own guidance tells regulated entities to keep PHI out of Google Analytics. A first-party proxy does not change this: it changes who relays the data, not what is stored, or by whom.	

WHAT THE ANALYTICS TAG ACTUALLY DOES

It does not anonymize - it recognizes. The persistent cookie exists so the same visitor is counted as the same person across sessions; that is the product working as designed. On a healthcare site, that recognition arrives at Google together with the page address. The visitor's identity and their health context travel in one request - which is why "it is only analytics" has stopped surviving legal review.

The architecture that keeps the job and drops the risk

YOUR SITE

One first-party script on your own domain records approved events plus the click ID the ad platform itself put in the URL. The browser never talks to Google or Meta.

→

CONSENT GATE

Every event is checked against the visitor's latest choice. Any doubt - nothing is sent, and the reason is logged.

LANE A · TO THE AD PLATFORMS

Only the click ID the platform already minted, a generic event name, and a timestamp. No IP, no URL, no cookies, no person. Bidding keeps learning.

LANE B · YOUR ANALYTICS, PRIVATE

Full de-identified journeys live only in a store of your own, under a signed BAA. Everything GA4 was answering is answered here - and GA4 itself defaults to off.

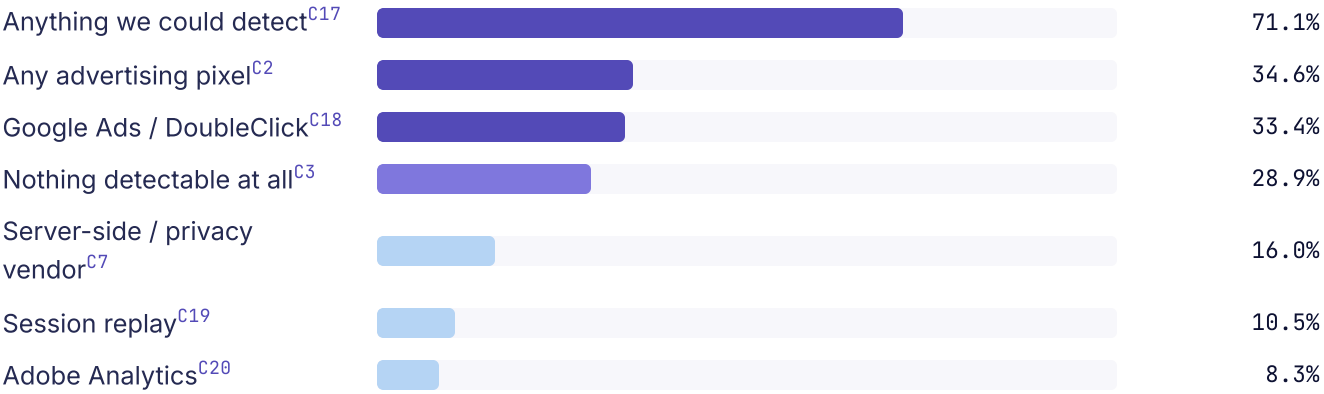
Why a click ID alone is safe to forward: it is an opaque receipt for a click the platform already served, with no name and no health meaning by itself; it turns sensitive only next to health context, so page addresses reduce to template codes and event names stay generic. Hold any vendor to this page - including us. The difference: at Improvado both lanes, the gate and the audit trail are already built and run under a signed BAA, so adopting this architecture is one script tag and configuration, not an engineering project.

SECTION 3 · THE NUMBERS, DRAWN

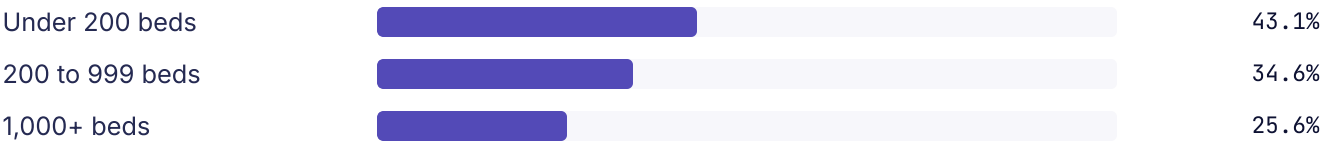
The same scan, as pictures

Every bar below is over the 494 homepages that loaded for us on 2026-08-27, and every number carries its receipt.

What fired on the homepage



Ad-pixel share by system size



The gradient is described, not explained: cleanup tracking legal exposure and smaller systems sharing one agency stack are equally live explanations, and we tested neither.[C6]

The settlement effect

0 of 10

settled systems we could scan still fire an advertising pixel on the homepage. Four more settled systems sit behind bot protection; about them we claim nothing.[C4]

170

systems with no public pixel-litigation record still fire one - the exposure that has not been priced in yet.[C2]

5 of 10

settled systems now load a healthcare privacy vendor's collector instead. They did not stop measuring - they changed who receives the data.[C5]

SECTION 4 · WHAT TO DO

What a marketing leader can do this quarter

Seven steps, in order, all of them doable without buying anything. Each is something we could observe from outside, which means you can observe it about yourself in an afternoon.

1. **Load your own homepage in a clean browser and watch the network panel.** Take no consent action. Write down every domain that receives a request before you click anything. This is the exact instrument we used, and it takes ten minutes. Most of the surprise in this report came from people who had never done it on their own site.

2. **Do it again on the ten locations that matter most, not just the corporate site.** The corporate site is the one that got reviewed. In our clinic-estate scan, 3 of 129 practice sites had consent tooling detectable at all.[C10] Acquired sites keep their previous owner's stack until somebody looks.

3. **Count your measurement IDs before you audit anything else.** Open your tag container and count the distinct analytics properties configured in it. If the number surprises you, that is the finding. Sprawl is not a tooling problem, it is a governance one, and it is invisible until counted.

4. **Follow one booking click all the way to the end.** Start at a paid ad, land on a location page, click through to book, and note where the domain changes and what is still attached to the URL when it does. We did not test what the receiving systems keep, so we make no claim about how often campaign identity survives that handoff. We flag it because it is the point where the identifier changes hands, which makes it the cheapest thing on this list to check on your own site.

5. **Decide, in writing, what you are allowed to send where.** One page, naming which platforms may receive what, who signs off, and who checks. Most healthcare marketing teams have this conversation only after receiving a letter, and then have it under someone else's timeline.

6. **If nothing is being collected, put a floor back under yourself.** First-party or server-side collection is what half the settled systems we could scan moved to.[C5] It restores a measurement baseline. Whether it changes your legal position is a question for your own counsel and privacy officer, and note from our own data that moving collection server-side does not by itself gate anything on consent.

7. **Fix definitions before you buy tooling.** Agree what counts as a booked appointment and make every location report it the same way. New tools inherit old definitions. If a conversion means three different things across your estate today, it will mean three different things in a new platform next quarter, only faster.

APPENDIX A

Methodology

COHORT

All 639 health systems in the AHRQ Compendium of US Health Systems 2023, a public census. Official domains were resolved per system before the scan. No system was selected, excluded or substituted by us for any reason other than the failures below.

DATES

Health-system scan: 2026-08-27, single pass, retries the same day. Clinic-network review: 2026-07-19 to 2026-08-05, capture dates recorded per operator. Every figure is stated as of its capture date, not as a current state.

INSTRUMENT

A scripted real-browser capture (Playwright, Chrome channel) loading each homepage with a clean profile, recording every network request, matching them against 22 tracker categories, detecting a consent banner, attempting one accept click, and recording per-category pre-consent flags. First-party collection endpoints were recorded separately from named vendors.

VANTAGE

The scan ran from a non-US network with DNS-over-HTTPS address pinning where authoritative DNS was unreachable. This is the study's most consequential limitation, and it cuts two ways. The 129 blocked systems almost certainly over-represent systems that restrict non-US traffic, and no claim here extends to them. It also shapes the 494 that did load: consent banners and advertising tags can be served by visitor geography, so these figures describe what a non-US visitor saw on 2026-08-27. A US-vantage rerun is planned and will be published as a comparison rather than a replacement.

EXCLUSIONS

129 systems blocked, 16 unreachable, both reported rather than dropped silently. Legal history was included only where a public source could be cited per system; sealed or unreported matters cannot be verified, so the litigated cohort is a floor.

VERIFICATION

No number entered this report on a single derivation. Every health-system figure was re-derived from the raw per-system scan records, again from the published per-system table, and compared against the study's computed aggregates, so the tracker counts agree across three separate paths. Clinic-layer figures were re-derived by a second reviewer working from the source files rather than the first reviewer's summary, which is how several denominators here ended up narrower than first drafted.

WHAT WE DID NOT MEASURE

No spend, impressions, click-through, cost-per-acquisition or patient-revenue data were available to us, and none is presented. Presence of a tag is not performance. We publish no healthcare cost-per-lead benchmark, because we found no defensible public one.

WHAT THIS IS NOT

Not a compliance assessment of any operator. Not a survey of practitioners. Not a measurement of any organisation's internal capability. Observations describe a public surface on a stated date, and no legal conclusion should be drawn from them.

APPENDIX B

Receipts

Each figure carries a receipt id, resolving to a source file, a method and a capture date in our research record.

ID	CLAIM	AS OF	SOURCE
C1	639 systems in cohort; 494 scanned, 129 walled, 16 unreachable	2026-08-27	first-party
C2	171 of 494 fire an ad-platform pixel; 170 of the 478 with no public legal record	2026-08-27	first-party
C3	143 of 494, 28.9%, no measurement detectable	2026-08-27	first-party
C4	0 of the 10 scannable settled systems still fire an ad pixel; 14 settled, 4 unscannable	2026-08-27	first-party
C5	5 of those 10 load a healthcare privacy vendor's collection endpoint (Freshpaint); 67 of the 68 such systems fired before any consent choice	2026-08-27	first-party
C6	Ad-pixel share by bed tier: 43.1%, 34.6%, 25.6%	2026-08-27	first-party
C7	79 of 494 load a server-side or privacy-vendor collector	2026-08-27	first-party
C9	168 of 494 showed a banner; 194 fired with none; 56 of 131 fired pre-click	2026-08-27	first-party
C10	3 of 129 practice sites with detectable consent tooling; 26 with a Meta pixel	2026-07-26	first-party
C11	749 GA4 IDs and 11 UA IDs in one container; 473 of 482 locations with own call tracking	2026-07-26	first-party
C12	409 of 482 locations route booking to a third-party domain; 4 first-party	2026-07-26	first-party
C13	9 of 18 dental corporate domains have no patient booking path	2026-07-26	first-party
C17	351 of 494, 71.1%, run something detectable; 252 of those 351 run GA4 or Adobe	2026-08-27	first-party
C18	165 of 494, 33.4%, load Google Ads or DoubleClick	2026-08-27	first-party
C19	52 of 494, 10.5%, load a session-replay tool	2026-08-27	first-party
C20	41 of 494, 8.3%, load Adobe Analytics	2026-08-27	first-party
C16	98.6% of 3,747 US hospital websites transferred data to a third party	crawl 2021-08	Health Affairs

Health Affairs, third-party web trackers on hospital websites, doi 10.1377/hlthaff.2022.01205. The crawl ran 5 to 8 August 2021 on nonfederal acute-care hospitals with an emergency department; it is cited here as the historical baseline our 2026 scan is measured against, not as a current state.

CORRECTIONS

If you believe a row about your organisation is wrong, tell us and we will recheck and reissue. Corrections will be listed in the next edition with their dates.

ABOUT THIS RESEARCH

We built this because our customers kept asking a question nobody could answer with public data.

Improvado is a marketing data platform. Healthcare marketing teams come to us with the same problem the scan above describes from outside: measurement spread across locations, platforms and agencies, assembled differently in each one, and no single number anybody trusts. We run research like this because we would rather argue from a dated, sourced observation than from a market narrative.

THE SIMPLEST WAY TO RUN THE PAGE-3 ARCHITECTURE

BUILD IT IN-HOUSE	WITH IMPROVADO
Engineer a consent gate into the execution path, keep it fail-closed, prove it in audits	Already built: the gate runs on every event and writes its own audit trail
Integrate and maintain each platform's server API - Google click-conversion import, Meta CAPI - through every API change	Already wired, for every platform that mints a click ID
Build a BAA-covered analytics store, then rebuild journeys, attribution and reporting on top	Your workspace comes with journeys, attribution and spend in one view, under a signed BAA
An engineering roadmap measured in quarters	One script tag on your site. Everything else is configuration, not code.

That makes Improvado one of the simplest ways to get compliant measurement running - simpler than building it yourself, and with spend and cost per booked appointment in the same view. If any of the three states in this report describes your organisation, a conversation with one of our healthcare specialists is free and specific: bring your own site and we will walk it with you.

Talk to an expert →

Healthcare Marketing Measurement 2026 · published September 2026

Health system scan 2026-08-27 · clinic network review 2026-07-19 to 2026-08-05

Questions and corrections are welcome and will be published.