BRAVE NEW

VOL. 03 · 2026

A FIELD GUIDE FOR PHYSICIANS

How Patients *Find You.*

The questions every independent physician runs into, how to describe what you do, who your patient is, where to show up, why the phone isn't ringing, answered in the order that costs the least and works the fastest.

WRITTEN BY
Anne Becheru

EDITION
May 2026, First

READ TIME
~10 minutes

We do not outmarket a trust deficit. · *We show the work.*

THE ORDER OF OPERATIONS

Contents.

BRAVE NEW · FRONT MATTER

00

A short, jargon-free guide for physicians opening or relaunching a private practice.

Built around the questions we hear most often, with the plain-language answer for each. No filler. No theatre.

FRONT MATTER

About *Brave New.*

We are a comms and brand-strategy team. For more than five years we have worked with physicians and physician-led practices across the United States and Europe.

Our work builds three things in the same order, every time. The relevant communities on social media that turn into patient flow. The brand spine that survives a referring physician's three-second read. The order of operations that decides whether a new practice compounds or stalls.

Physicians have it harder than most operators we work with. Medical school did not teach you marketing. The agency category around healthcare is structurally lazy and quietly very expensive. You are asked to make decisions about a discipline you were never trained for, against vendors who would rather you stay confused.

This guide does not turn you into a marketer. It answers the eleven questions we hear from physicians every week, in plain English, and tells you what to do about each. Where it makes sense, it also tells you what we do at Brave New to help.

HOW TO USE THIS

Read it front to back in 20 minutes. Or jump to whichever question matches the thing keeping you up at night. Each answer is one page. Each one tells you what to do this week.

There is an order to these questions. We have numbered them in the order that costs the least and saves the most. If you only do one, do the first one this weekend.

> **DO THIS NOW**
>
> *Block 45 minutes this weekend with no phone in the room. Open a blank document. Write the sentence in Question 1 about your own practice. The rest of this guide will be easier and cheaper to execute on the other side of that sentence.*

BRAVE NEW · THE ELEVEN QUESTIONS

11

Questions we hear every week. The plain-language answer for each.

Numbered in the order that costs the least and saves the most. If you only do one, do the first.

QUESTION 01 · POSITIONING

01

"How do I describe what I do without sounding like every other doctor?"

THE PROBLEM YOU ARE RUNNING INTO

Most physician websites read the same. Compassionate, board-certified, patient-centred care. Those words used to mean something. Now they are wallpaper. A patient landing on your homepage cannot tell what you actually do, who you do it for, or why she should choose you over the practice on the next block. Nine seconds later, she is gone.

WHAT TO DO

Write one sentence. It fills four slots.

THE PATIENT SENTENCE TEMPLATE

I serve *[a specific person]* who wants *[a specific change]*, instead of *[a specific alternative]*.

Not your training. Not your team values. Not your years in practice. A specific patient. A specific outcome she wants in her own words. The specific alternative she would otherwise choose.

WORKED EXAMPLE · POSITIONING

WORKED EXAMPLE

BROCHURE VERSION

“We provide concierge primary care for busy professionals.”

REAL VERSION

“I serve tech executives in Newport Beach whose wives keep telling them their PCP is incompetent, who want a doctor who picks up the phone before they Google their symptoms at 1 a.m., instead of the urgent care chain that already failed them twice this year.”

Same practice. The first sentence books no one. The second one books your dream patient.

TEST IT

Read your sentence to a referring physician you trust. Ask her: what do I do? If she paraphrases it accurately, the sentence works. If she cannot, a slot is too vague.

HOW WE HELP

At Brave New we draft this sentence with you in a 90-minute call. It usually takes two rounds of revisions. Every other piece of your marketing inherits from it. Until it is written, the rest of the work cannot be done correctly.

QUESTION 02 · AUDIENCE

02

"Who exactly is my ideal patient?"

THE PROBLEM YOU ARE RUNNING INTO

"Women 30 to 50" is not a patient. It is a demographic. The same way you would never treat men over 60 without taking a history, you should not market to a demographic without naming the person inside it. Marketing to a demographic is marketing to nobody.

WHAT TO DO

Sort your patients into three groups.

Group one. The dream patients. The ones who pay the most, stay the longest, and refer their friends. Concierge whales. The post-bariatric patient who keeps coming back. The aesthetic patient who books a quarterly facial and a yearly procedure. You probably have a vague sense of who these are. Name twenty of them, by profile.

Group two. The qualified middle. Profitable, but not transformational. They pay, they stay, they do not usually refer. Most of your practice will live here.

Group three. Everyone else. Walk-ins. Price-shoppers. One-time procedures. You serve them. You do not build your marketing around them.

AUDIENCE · CONT.

Most practices treat every patient as if she were in group three. The dream patient lands on a generic page, fills out a generic form, gets a generic auto-reply, and chooses the competitor who handled her as if she were the only patient on his list that day.

> *The fix is to know who is in group one, and to design the first conversation, the first website page, and the first follow-up specifically for her. The other two groups still get served. They just get served differently.*

HOW WE HELP

We score your patient categories with you on a one-page worksheet. By the end of one call we have your dream twenty named. Every campaign we run for you afterwards is calibrated to attract more of them and to filter out the rest at the door.

QUESTION 03 · DISQUALIFICATION

03

"Should I take everyone or be selective?"

THE PROBLEM YOU ARE RUNNING INTO

Your instinct, trained over a decade in medicine, is to say we welcome all patients. That instinct is correct in the consult room. It is the wrong instinct on your homepage.

WHAT TO DO

Add three sentences to your homepage and your first auto-reply. They tell the patient who you are not for.

THE DISQUALIFIER PARAGRAPH

This practice is not for you if *[the patient you would frustrate]*. It is not for you if *[the behaviour that breaks your model]*. If *[a description of a perfect fit]*, this is exactly where you should be.

WORKED EXAMPLE · DISQUALIFICATION

WORKED EXAMPLE · CONCIERGE IN AUSTIN

"This practice is not for you if you are looking for a primary care doctor who accepts your insurance. We do not bill insurance. It is not for you if you want a doctor who will see you for seven minutes and refer you to a specialist for the rest. If you have been frustrated by ten-minute appointments, three-week wait times, and a doctor who has never returned a text message, this is exactly where you should be."

Three sentences. Patients self-select. The phone stops ringing for the wrong reason and starts ringing for the right one.

The first month after publishing this, inbound volume drops 20 to 40 per cent. Your close rate doubles. The front-desk hours you were spending on patients who were never going to convert go back into your week.

> *Most physician sites will not publish this. The instinct is to be welcoming. The result is a calendar full of poor-fit visits. The paragraph is the cure.*

HOW WE HELP

We write the disqualifier with you and place it in three exact spots: above the fold on the homepage, sentence one of the auto-reply, slide two of the referring-physician deck. Same wording in three places. No drift.

QUESTION 04 · SPEND ORDER

04

"What do I spend money on first?"

THE PROBLEM YOU ARE RUNNING INTO

The default order most physicians follow is logo first, then website, then brochure, then photographer, then ads. We see this in every audit. By month nine the practice has spent $80,000 to $200,000 and the consult chair is still empty.

THE ORDER THAT ACTUALLY WORKS

01	Your patient sentence (Question 1)
02	Your dream-patient list (Question 2)
03	Your disqualifier paragraph (Question 3)
04	The four pages on your website that actually drive bookings (Question 6)
05	The 90-day topic calendar your content runs on (Question 9)
06	Your face on a one-minute video, posted weekly (Question 10)
07	The aggregator sites AI cites in your category (Question 7)
08	Your dashboard, so you can see what works (Question 11)
09	Then, and only then, paid ads
10	After ads are working, logo and photography
11	Brochure, PR, conference booths

SPEND ORDER · CONT.

Lines 1 through 8 are cheap. Lines 9 through 11 are expensive. Doing 9 through 11 before 1 through 8 is the most common reason physician practices burn through their launch budget.

> *A logo without positioning is a doodle. A brochure without a disqualifier is wallpaper. An ad campaign without a dream-patient list burns budget on patients you do not want anyway.*

If you have already signed contracts for items at the bottom of the list, cancel what is cancellable. Renegotiate what is not. Most practices recover $30,000 to $80,000 on the first reallocation pass.

HOW WE HELP

This is exactly what we sequence in the Brave New Audit. Three days, one-page verdict, three named edits to make in the next 30 days. The order in this guide is the order we apply on the call.

QUESTION 05 · INBOUND DIAGNOSIS

05

"Why isn't anyone calling me?"

THE PROBLEM YOU ARE RUNNING INTO

It feels personal. It is almost never personal. There are three usual reasons, and most practices have a combination of all three.

DIAGNOSE WHICH ONE IS BREAKING YOUR INBOUND

One. Your website says nothing. It uses the same words as every other practice in your specialty. The patient cannot tell what you do or what makes you different. She leaves in nine seconds. Most physician homepages have a bounce rate above 70 per cent. The fix is your patient sentence, your disqualifier, and three real proofs above the fold. A number, a name, and a date. Not your degrees.

Two. You are invisible where patients actually look. Patients no longer Google best dermatologist near me and read the third result. They ask Claude or ChatGPT, and those tools pull from a small set of aggregator sites. If you are not listed on Healthgrades, Castle Connolly, your specialty directory, your state medical board, and Yelp, you do not exist to them. See Question 7.

INBOUND DIAGNOSIS · CONT.

Three. The agency you hired is ranking you for the wrong searches. “Knee pain causes” is not what a patient about to book is typing. They type Mohs surgery in Beverly Hills or concierge primary care that accepts Aetna in Austin. If your agency is bringing you traffic on the first kind of search, your phone will never ring. See Question 6.

> *Almost every practice we audit has all three problems. The fix is in this order: website, then aggregator listings, then change what the agency is targeting.*

HOW WE HELP

The Audit reads all three in three days and ranks the one costing you the most this quarter. We then write the homepage rewrite, the listings audit, and the four pages of search-intent content if you want us to run it.

QUESTION 06 · SEO

06

"Is SEO worth it, and what should I tell the agency?"

THE PROBLEM YOU ARE RUNNING INTO

SEO is worth it. Most SEO agencies for medical practices are not. The category charges $1,500 to $5,000 a month and produces blog posts on topics like "knee pain causes" or "what to expect at your first dermatology visit." Those rank. They also bring in zero booked patients. The traffic is information-seeking. The reader is not deciding.

WHAT TO DO

Ask the agency to produce four pages on your highest-value procedures or services. Not forty. Four. Each page is detailed, at least 1,200 words, and contains:

- Your patient sentence
- Your disqualifier paragraph
- The procedure described in patient language, not medical-school language
- The named outcome with a number
- A short video of you explaining it
- Three questions a patient asks in the consult room, answered in her own words

SEO · CONT.

Four pages of that depth outperform forty blog posts every time. They are the pages AI tools cite when a patient asks Claude or ChatGPT about your category. They are the pages that turn traffic into appointments.

If the agency cannot produce these, or will not, fire them. PracticeBeat calls the bad version low-acuity marketing. It is the most common waste of a physician's marketing budget.

> *The four pages take four months to write properly. That is acceptable. You are not in a race against the volume of blog posts. You are in a race against the depth of the four most decision-critical pages on your site.*

HOW WE HELP

We write the four pages with you, or we audit the pages your current agency has produced and tell you what is missing. Most of the time the gap is missing patient language, missing named outcomes, and missing the founder's face on a video on the page.

QUESTION 07 · AGGREGATOR VISIBILITY

07

"Where else should my practice show up when patients are searching?"

THE PROBLEM YOU ARE RUNNING INTO

A patient in Phoenix asks Claude best fertility specialist in my area. The model returns three names. If you are not one of the three, you do not get the consultation. The model does not invent these names. It pulls them from a small set of aggregator sites. If you are not listed properly on those sites, you are invisible to the AI tools that more than 20 per cent of patients now use as their first search.

WHAT TO DO

Audit your listings on the eight to twelve sites that matter for your specialty. The usual stack:

Healthgrades · Vitals · Zocdoc · WebMD physician finder

Google Business Profile · Yelp (Yelp's 2025 disclosures say AI cites it for 39% of local search recommendations)

Castle Connolly · RealSelf (aesthetic) · RateMDs

Your state medical board

Your specialty's national directory (ASPS, AAD, AAFP, AAPS)

AGGREGATOR VISIBILITY · CONT.

For each listing, three checks: is it claimed, is it complete (every field, current photos, current credentials), and does it carry the same patient sentence as your homepage. Most physician listings fail the second check. A half-finished Healthgrades profile signals to the model that the practice is dormant.

REVIEWS ARE PART OF THIS SYSTEM

Aggregators rank you by review count and recency, and AI tools read the reviews when they pull names. Ask for a review at the end of every appointment. If today was useful, the single most helpful thing you could do for us is a 30-second review on Google. No incentive (Google penalises it). Just the ask. Practices that ship this get 2 to 5 reviews a week. Practices that do not get 2 to 5 a year.

HOW WE HELP

We audit and complete every listing for you, and we set up the scripted review process for your front desk. The audit takes a week. The review process compounds for years.

QUESTION 08 · FOUNDER POV

08

"What do I put on my About page that doesn't sound like a CV?"

THE PROBLEM YOU ARE RUNNING INTO

Your About page right now is probably a list of your degrees, your hospital affiliations, the year you finished residency, and three sentences about passion for patient care. The patient is not on your About page to verify your credentials. She can do that on your state board's website. She is there to find out who you are as a doctor and whether she would trust you.

WHAT TO DO, WRITE THREE SENTENCES

We call this your founder POV (point of view).

Sentence one. A specific observation about your category.

> *"Most concierge primary care in this city is built around responsiveness; what my patients actually need is a doctor who can argue with their cardiologist on equal terms."*

FOUNDER POV · CONT.

Sentence two. What you think should be true instead.

> *"A concierge practice should be built around the patient who already has access to specialists and needs someone who reads their charts before the specialists do."*

Sentence three. What you specifically do that makes the first two not theoretical.

> *"I co-manage with cardiology, endocrinology, and oncology directly. I am on the chart review call before the patient is."*

Three sentences. The patient moves from generic doctor to this specific person with a specific read on my problem. The referring physician now knows exactly when to call you and when not to.

> *AI cannot write this paragraph for you. It returns the average of every dermatologist's About page on the internet. Your job is to return the opposite of the average.*

The model does not know which patient consultation made you change how you practise. Only you do.

HOW WE HELP

We draft these three sentences with you in a 60-minute conversation. They become the spine of every founder appearance for the next twelve months: your About page, your LinkedIn header, every podcast intro, every press placement, the first paragraph of every email signature.

QUESTION 09 · CONTENT TOPICS

09

"I want to start posting, but I have no idea what to talk about."

THE PROBLEM YOU ARE RUNNING INTO

Every physician asks this within the first hour of opening LinkedIn. You scroll the practices you compare yourself to and see clinical trivia, AI-generated infographics, or throwback to my residency photos. None of it converts a tier-one patient. None of it sounds like you. So you post nothing for six weeks, copy three posts from a colleague, then post nothing for another six.

WHAT TO DO

The topics worth writing about sit at the intersection of three things.

One. What your tier-one patient does not understand. A pre-menopausal woman googling is HRT safe does not want a breakdown of WHI 2002. She wants to know why her PCP keeps dismissing her and what to ask for next. That is content. You already explain it in the consult room every week.

Two. What your competitors are not covering. Read three months of feed from the top five practices in your category. The questions they never answer, the procedures they never explain in patient language, the patient categories they ignore. The gap is your topic list.

CONTENT TOPICS · CONT.

Three. What the patient is asking AI right now. Ask ChatGPT and Claude what do patients ask about [your condition]? Cross-reference against what your competitors are not answering. That is your sequenced list of posts.

> *This is a discipline, not an instinct. It is not "be authentic" or "share your story." It is mapping niche, mapping competitors, and reading patient intent.*

Together they produce 90 days of topics on one page.

HOW WE HELP

Brave New runs an advanced tech stack and a data-intelligence layer across your category. We map your niche, scrape and structure your competitors' content libraries, and read patient-intent signals from search engines and AI tools in your specialty. The output is a 90-day topic calendar with the question, the hook, the angle no competitor is currently taking, and the named patient category each post is built for.

QUESTION 10 · VIDEO

10

"Do I really have to be on video?"

THE PROBLEM YOU ARE RUNNING INTO

Yes. And the reason it feels impossible is the same reason your competitor is winning. A patient choosing between two physicians, in 2026, is almost certainly watching the one she found on social media before she walks into either office. If the only physician she has watched on video is the twenty-two-year-old aesthetician with the ring light, that is the one she trusts. You have the credentials. You also have the credibility no influencer can manufacture. You give the booking away by not showing up.

WHAT TO DO, ONE TWO-MINUTE VIDEO A WEEK

Three sentences. Phone camera. Natural light from a window over the camera. Sit still.

VIDEO · CONT.

WORKED EXAMPLE · 90–120 SECONDS

LINE ONE, ONE OBSERVATION FROM THIS WEEK

"A patient walked in today on three different antidepressants. None of them is being managed by the doctor who prescribed them."

LINE TWO, WHY THAT HAPPENS, PLAIN LANGUAGE

"Primary care visits in the United States have an average duration of 14.7 minutes. Antidepressant management requires at least 30 minutes a quarter to do safely. The system was built to under-deliver this care."

LINE THREE, WHAT THE PATIENT SHOULD KNOW OR DO

"If your antidepressants have not been reviewed by a doctor in the last six months, the dose, combination, or diagnosis is almost certainly out of date. That conversation is what this practice was built for."

The first ten takes will be bad. That is structural. The eleventh will be usable. Most physicians quit at take three.

> *The Texas Medical Association launched a Social Media Influencer Academy in December 2025 because the gap between physicians who have the credibility and physicians who actually ship video is the largest underexploited asset in US healthcare marketing.*

Compliance is almost always smaller than it feels. Three sentences on a phone camera pass most compliance reviews in five minutes. Partners are usually relieved someone else is willing to be the visible one.

HOW WE HELP

We write the first ten scripts with you, sit on the shoot for the first take, and set up the weekly cadence and the distribution (one video becomes five pieces of content: LinkedIn post, podcast snippet, blog excerpt, Reel, and an embed on the matching procedure page from Question 6). You ship video number twelve without us in the room.

QUESTION 11 · MEASUREMENT

11

"How do I know if any of this is working?"

THE PROBLEM YOU ARE RUNNING INTO

You cannot tell which channel produced your last twenty patients. Your marketing spend looks like a single hated line in the budget called marketing. When cash tightens, you cut blindly. The cuts almost always hit whatever was finally starting to work.

FIVE NUMBERS. ONE DASHBOARD. FIRST MONDAY OF EVERY MONTH.

01	02	03	04	05
NEW PATIENTS BOOKED	WHERE THEY CAME FROM	COST PER PATIENT	LIFETIME VALUE	THE RATIO

1. New patients booked this month. Pull from your scheduling system. Five seconds.

2. Where they came from. Add one question to your intake form. How did you hear about us? Google search. Referring physician (name them). Friend or family. Instagram or LinkedIn. A directory (which one). Other. Ten seconds for the patient. Gold for you.

MEASUREMENT · CONT.

3. What it costs you, per patient. Last month's marketing spend, divided by last month's new patients. That is your Patient Acquisition Cost. Industry benchmarks: primary care $150–$600, aesthetic and cosmetic $400–$1,500, specialty surgery $1,000–$3,500, concierge $1,500–$5,000 per member.

4. What a patient is worth to you. Average revenue per patient over the years she stays. A concierge member at $4,800 a year for eight years is $38,400. A one-time aesthetic procedure with no repeat is $3,500.

5. The ratio. Number 4 divided by Number 3. Target: 3 to 1 or better. Below 1.5 to 1, you are losing money on every booking and do not know it. Above 5 to 1, you are under-investing and a competitor will outspend you.

> *Look at these on the first Monday of every month. 30 minutes. You and one other person, a practice manager, a fractional CFO, a marketing operator.*

The dashboard tells you what to fund next quarter and what to cut. The cuts happen against evidence, not against anxiety.

HOW WE HELP

We build the dashboard for you in your first month and walk you through the first three monthly reviews. After that, you run it yourself. The decisions get easier every quarter.

CLOSING · WHAT TO DO NEXT

What to do next.

You will be tempted to skip questions. Most physicians skip them in this order: Questions 5, 6, 7, and 11 first; Questions 1, 2, 3, 8, and 9 never.

That is the order the agency category sells. It is also the order that empties the consult chair.

> *If you take only one thing from this guide, take Question 1. Write your patient sentence this weekend. Test it on a referring physician. Everything else in the practice can be rebuilt off that sentence in twelve months.*

IF YOU WANT HELP RUNNING THE ORDER

The Brave New Audit is the smallest version of our work. Three days. One-page verdict. Three named edits to make in the next 30 days. If our read is wrong, you keep the audit and the fee is refunded.

THE AUDIT IS NOT FOR EVERY PRACTICE

We do not work with practices whose competitive position is cheapest. We do not work with practices that refuse to publish a named outcome. We do not work with practices that hired a logo before they wrote the patient sentence and want to skip Questions 1 through 10 and go straight to ads.

IF THE ORDER IS THE THING YOU HAVE BEEN MISSING, THAT IS THE CONVERSATION.

anne@brave-new.com · brave-new.com

COLOPHON

Colophon *& contact.*

The Order of Operations, eleven questions every physician asks before they open the doors, and what we tell them.

Written by Anne Becheru, founder of Brave New. First edition, May 2026.

BRAVE NEW

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CONTACT

anne@brave-new.com
brave-new.com

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