

Every report said traffic was growing. The pages that book appointments were down 64 percent.

How a 425-clinic men's health network found out where search was actually producing patients, and what leadership funded once it could see the whole network.

425

OPEN CLINICS

99,644

PAGES AUDITED

54,423LIVE LOCAL SEARCHES
MEASURED**90**

DAYS

Client: Gameday Men's Health. Published with client approval. Figures from first-party data, April to July 2026.

THE STARTING POINT

Four questions a 425-clinic network could not answer

Gameday Men's Health grew fast. By spring 2026 the numbers that describe the network disagreed with each other: internal systems put the clinic count anywhere from 393 to 538. Growth had outrun the organization's view of itself, which is normal at this scale. It also meant leadership was allocating marketing spend without answers to four questions.

01 Which locations is search paying, and which is it starving?

No location-level performance view existed.

02 Is the traffic we report the traffic that produces patients?

The headline number blended pages that book appointments with pages that never had.

03 Where do we stand in local results and AI answers?

No full-network local measurement had ever been run, and no baseline existed for AI answers.

04 Can we trust the conversion number?

No reported conversion figure had ever counted a booking.

An audit lists errors. A diagnostic builds the views an executive team needs before it allocates another dollar.

Clinic count range as recorded in the engagement's 90-day report; reconciled during the diagnostic to 425 open clinics.

THE FINDING THAT REVERSED THE PICTURE

The headline number was hiding the decline that mattered

Total organic traffic looked strong through early 2026. The diagnostic separated the traffic by what each page is for, and the picture reversed. A blog of roughly 600 articles, launched in late 2025, was producing hundreds of thousands of informational visits with zero recorded conversions in any month it had been live. Under that cover, the location pages, the pages a patient uses to choose a clinic and book, had lost about 64 percent of their organic clicks in fourteen months.

-64%

organic clicks to location pages, March 2025 to May 2026 (26,465 down to 9,521 monthly clicks)

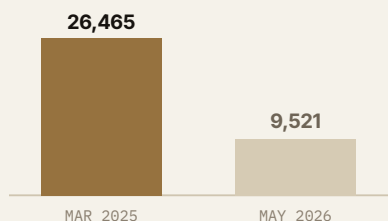
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recorded conversions from roughly 600 blog pages and about 561,000 visits

Two traffic stories, same network

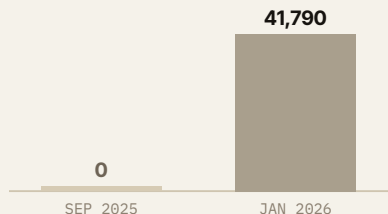
MONTHLY ORGANIC CLICKS · FIRST-PARTY SEARCH DATA

LOCATION PAGES · WHERE PATIENTS BOOK



The blog's rise hid the location-page decline in every blended report.

BLOG COHORT · ZERO RECORDED CONVERSIONS



Syndicated copies of the articles produced 6 recorded appointments in their lifetime. Duplicated service pages produced zero.

The network was celebrating a traffic peak built in the weakest demand month of the year, on pages that do not produce patients. The diagnostic retired that benchmark and replaced it with the line franchise owners are paid on: organic performance of the location pages.

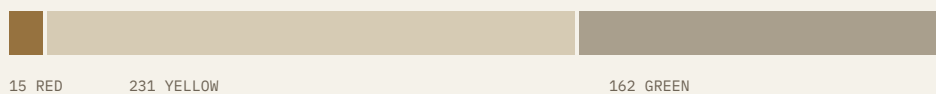
LOCATION-LEVEL INTELLIGENCE

The first complete map of the network

Averages hide everything at this scale, so the diagnostic was built location by location. That took measurement the organization had never had. In a single week, 54,423 live local searches ran across all 398 tracked clinics, the first time the full network had ever been measured at once, and those results were joined with each location's organic performance and technical health.

409 tracked locations, scored on evidence

HEALTH MAP, JULY 2026 · ONE LOCATION UNSCORED PENDING DATA



- A** **The map replaced folklore with a list.** Leadership's prior watch list of 8 underperforming locations had no current data behind it. The evidence-based map scored every location and named the cause behind each of the 15 Red flags.
- B** **The gap between locations is operational, and it is worth real money.** Two clinics with identical listings-platform data: one appears in the top three map results for 51 percent of nearby searches, the other for 0 percent.
- C** **The network competes with itself.** 651 city searches were split across multiple of the network's own pages. One city's highest-value search was split across 11 pages, and the page that ranked was not that city's page.

51%

top-three local map presence,
clinic one

0%

top-three local map presence,
clinic two, identical listings
data

Both clinics run on the same platform and the same data feed. The gap comes down to how each one shows up in Google's map results, and a network average would never reveal it.

What leadership got was a decision map: which locations need work, what is broken at each one, and what order to fund the fixes in.

ROOT CAUSES, AND THE NEXT RISK

Why performance broke, and where the next risk was already visible

The causes were structural, and most predated the engagement. A platform migration in early 2026 had rebuilt the location template so that the services a clinic sells were no longer visible to search engines: service categories rendered as unlabeled page elements, most of them hidden, and the new template launched without the core treatment vocabulary on the page. The same migration multiplied duplicate URLs. Pages Google set aside as duplicates nearly quadrupled in three months, and 763 placeholder pages for unopened clinics sat in the sitemap competing for crawl attention with real clinics.

99,644

PAGES AUDITED ACROSS EVERY CLINIC

863 → 3,370

DUPLICATE-CANONICAL PAGES IN THREE MONTHS

763

PLACEHOLDER PAGES IN THE SITEMAP

THE AI ANSWER LAYER

The next risk was already measurable. AI Overviews appeared on 64 percent of the network's 26,187 tracked keywords in April 2026. The network had no baseline for whether AI answers mentioned it at all. The diagnostic built one: 231 tracked prompts and 64,553 recorded answer executions, refreshed continuously, so AI visibility is now a managed number instead of a guess.

These were inherited problems, and the diagnostic treated them that way. It separated what the migration broke, what the algorithm punished, and what was never built, because each has a different owner and a different fix.

FROM MAP TO ALLOCATION

What leadership decided with the map in hand

A diagnostic is worth what it changes. Within the engagement window, Gameday's leadership made five decisions directly off this evidence.

- 01 Retired the wrong target.** January's traffic peak came off the goal board. Per-location organic performance replaced it as the number the program answers to.
- 02 Fixed measurement before optimizing anything.** The conversion number had never counted a booking, so booking data was piped into analytics first and every later decision could be read against real appointments. That repair is its own story: see the companion asset on decision analytics.
- 03 Funded implementation instead of recommendations.** The technical fixes moved into production through an engineering pipeline Kretz operated. Index cleanup, template repair, and the booking pipeline shipped inside the same engagement. See the companion asset on implementation.
- 04 Re-sequenced local investment around the map.** Effort moved to the 15 Red locations with named causes, replacing an unsourced watch list.
- 05 Put AI visibility on the scoreboard.** A standing baseline replaced the open question.

Nothing about the budget changed. What changed was the priority order, because leadership could finally see the system it was funding.

THE OFFER BEHIND THIS ENGAGEMENT

What a search intelligence diagnostic answers

For a multi-location brand, franchise system, healthcare network, or PE-backed platform, the diagnostic answers the questions this one answered: where search is creating or costing revenue, which locations and markets carry the upside, what is holding performance back, how you compare with competitors, how Google, local results, and AI answers shape acquisition, and whether any of that activity is actually connected to appointments and revenue.

The scope and price are fixed and the work is senior-led. It runs on your first-party data, resolves to the location level, and comes back as decisions with the evidence behind each one.

Kretz Consulting Group does not stop at diagnosis. The same team designs the fixes, engineers the implementation, and measures the result. This engagement moved from first audit to shipped production changes inside 90 days.

Nick Kretz

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The logo for Kretz Consulting Group, featuring the word "kretz." in a white, lowercase, sans-serif font on a black rectangular background.

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