



What the top 100 hospital websites get right

And what healthcare marketers
should focus on to catch up

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Executive Summary: The Digital Performance Gap Is Widening

The Bottom Line: Healthcare marketing teams face tighter budgets while patient expectations rise. Our analysis of 100 top-performing hospital websites reveals clear patterns that separate high-performing digital platforms from the rest.

Key Findings:

- 77% of leading healthcare websites use enterprise-grade CMS platforms
- Only 3 primary calls-to-action drive most patient engagement
- Simple navigation outperforms complex menus by significant margins
- 60% of sites fail basic accessibility standards

Your ROI Impact: Healthcare organizations that implement these best practices often report measurable improvements in patient acquisition metrics within the first 6 months.

[Reach out today to get our expert opinion on your Hospital website.](#)

Who Needs To Read This: Digital Leaders Under Pressure

This white paper is for healthcare marketers and digital leaders responsible for turning their organization's website into a high-performing asset. That includes:

- CMOs and VPs of Marketing
- Directors of Digital Strategy and Digital Operations
- Web and UX leads
- Content and SEO teams
- Anyone tasked with increasing conversions, improving patient experience, or supporting recruitment through digital tools



If this sounds like you, keep reading:

- Your website hasn't been updated in 2+ years and feels outdated
- You're getting pressure to "do more with less" from leadership
- Patients complain about finding doctors or booking appointments on your site
- You suspect your competitors have better digital experiences
- You're planning a redesign but need data to justify decisions

If you're in the middle of a redesign, evaluating performance, or just trying to push your digital roadmap forward—you'll find clear guidance here.

Your Quick-Win Action Plan: What To Focus On Today

You don't need a rebuild to make progress. Start with focus:

Continue:

- **Selecting few but impactful prominent CTAs** that help users take action quickly: Find a doctor, Book an appointment, Find a location
- **Leveraging patient-centric visual language**, whether that means compassionate care imagery or lifestyle representation—if it aligns with your brand, keep it consistent
- **Deploying enterprise-grade CMS infrastructure** to support a complex content ecosystem, especially if you manage multiple sites, apps, or microsites
- **Thinking about mobile-first design** thinking—your mobile layout often reflects your real priorities

Stop:

- **Overloading your navigation bar** with every internal stakeholder's wishlist
- **Treating "accessibility" just as a checkbox** at launch—most failures happen during day-to-day updates
- **Investing in features just because they're trendy** (e.g., symptom checkers, underpowered chatbots)
- **Publishing generic clinical encyclopedia content** that won't differentiate you and no longer drives organic traffic like it used to

Start:

- **Focusing content around your true differentiators:** What makes your care exceptional, local, or unique?
- **Creating clear pathways for patients** from service lines to relevant physicians and locations to reduce booking friction.
- **Auditing your site's accessibility regularly**, especially when updating banners, buttons, or imagery
- **Being deliberate about secondary journeys** like Careers, Patient Info, or Donations—make them visible but not overwhelming

The small changes matter. And they're often the ones your users notice first.

The Deep Dive: What Separates High- Performing Healthcare Websites

Those quick wins will give you immediate improvements, but sustainable digital excellence requires understanding the fundamental patterns that make healthcare websites successful. Our analysis of 100 leading hospital websites revealed five critical areas where top performers consistently outshine their competitors.

Let's examine each area in detail, starting with the foundation that determines whether patients can actually find what they need.

Content Strategy: Why Most Hospital Websites Confuse Their Own Patients

You already know the reality: multiple audiences, competing internal priorities, constant pressure to update—and still, the site has to make sense to patients. It's a tough job with no clean handoffs.

If you try to please everyone, you risk missing the mark for all of them. Poor content organization confuses users and dilutes the impact of every message, for every audience.



Key Takeaways

- Make your navigation patient-centric (don't reproduce your org chart in your website content structure).
- Prioritize patient related content.
- Use plain and simple language on patient related content

Here are the most represented audiences on Hospital Websites

- Future patients who are comparing providers
- Current patients trying to manage their care
- Visitors looking for directions, parking, or visiting hours
- Donors, volunteers, and community members looking to engage
- Referring physicians in a rush to refer a patient without friction
- Job seekers searching for their next career move
- Researchers, students, and institutional partners

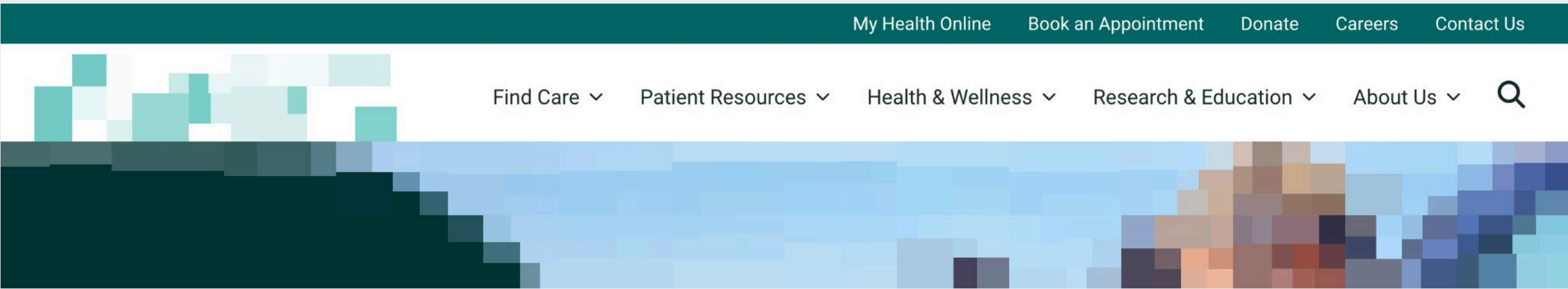
Each of these audiences has their own journey, their own goals, and—if you’re not careful—their own competing real estate on your homepage.

Your prioritization should reflect your own organization’s strategy, but **most hospital systems prioritize the acquisition of new patients.**

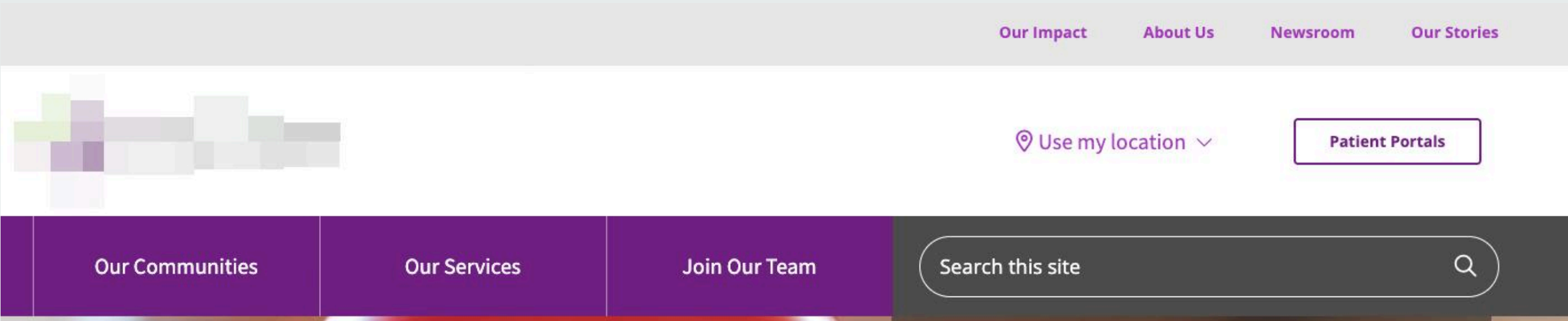
Stop Building Your Navigation Based On Your Org Chart

Healthcare websites sometimes reflect the structure of the organization more than the needs of the user. Marketing wants visibility. HR wants recruiting power. The board wants its priorities showcased. Operations wants clarity. And they all want a piece of the menu.

Good example: Top level categories of the menu are organised around the user journeys.



Counter example: The main menu could as well read: "Community department", "Care department", "Hr Department", There’s nothing for the patient here.



The Fix: Design Navigation Around Patient Journeys

Here's where strong content strategy comes in. The most effective hospital websites group and connect content around the patient journey.

That means:

- Structuring sections around what users are trying to do: get care, find a doctor, pay a bill. You should not have to think about which department "owns" the page.
- Linking pages logically so next steps feel obvious. If your site has a "Community" section, it should clearly connect to donation, events, and volunteering.
- Being intentional about the top nav: avoid dumping every persona into one universal menu. We'll talk more about that in the UX section.

56%

of surveyed hospital websites had a dedicated community section.

Match Your Language To Your Audience

One of the most common content pitfalls? Writing in the same voice across everything. Service pages, community outreach, and research publications shouldn't sound the same.

Plain language is part of accessibility. Medical jargon might be acceptable in a research white paper. But that same tone will frustrate or alienate patients trying to find a primary care provider.

If you're writing everything at a graduate reading level, it's time to recalibrate. Real accessibility includes literacy.

An example of this is when you mention your specialties like "Endocrinology" or "Nephrology" in your specialties list, make sure to either put a small descriptive below it or a tool tip that gives more context to the non-medical reader.

What Is Endocrinology?

The endocrine system includes a complex set of glands, which secrete a variety of hormones that regulate many bodily functions. Our endocrinologists specialize in diagnosing and treating disorders of endocrine glands that result in hormonal imbalances, including [thyroid disorders](#) and growth hormone deficiency.



UX Design: How To Avoid The Blunders That Kill Patient Conversions

When your website serves dozens of audiences and hundreds of pages, it's easy to lead users off course—often without realizing it. To keep people focused and moving toward the right action, your UX needs to be methodical, intentional, and stripped of excess.

✱ Key UX Principles

- Consistently apply brand guidelines
- Less is more: 2 Menus, 3 calls to actions maximum!
- Every CTA must deliver what it promises
- Accessibility isn't optional—audit it regularly

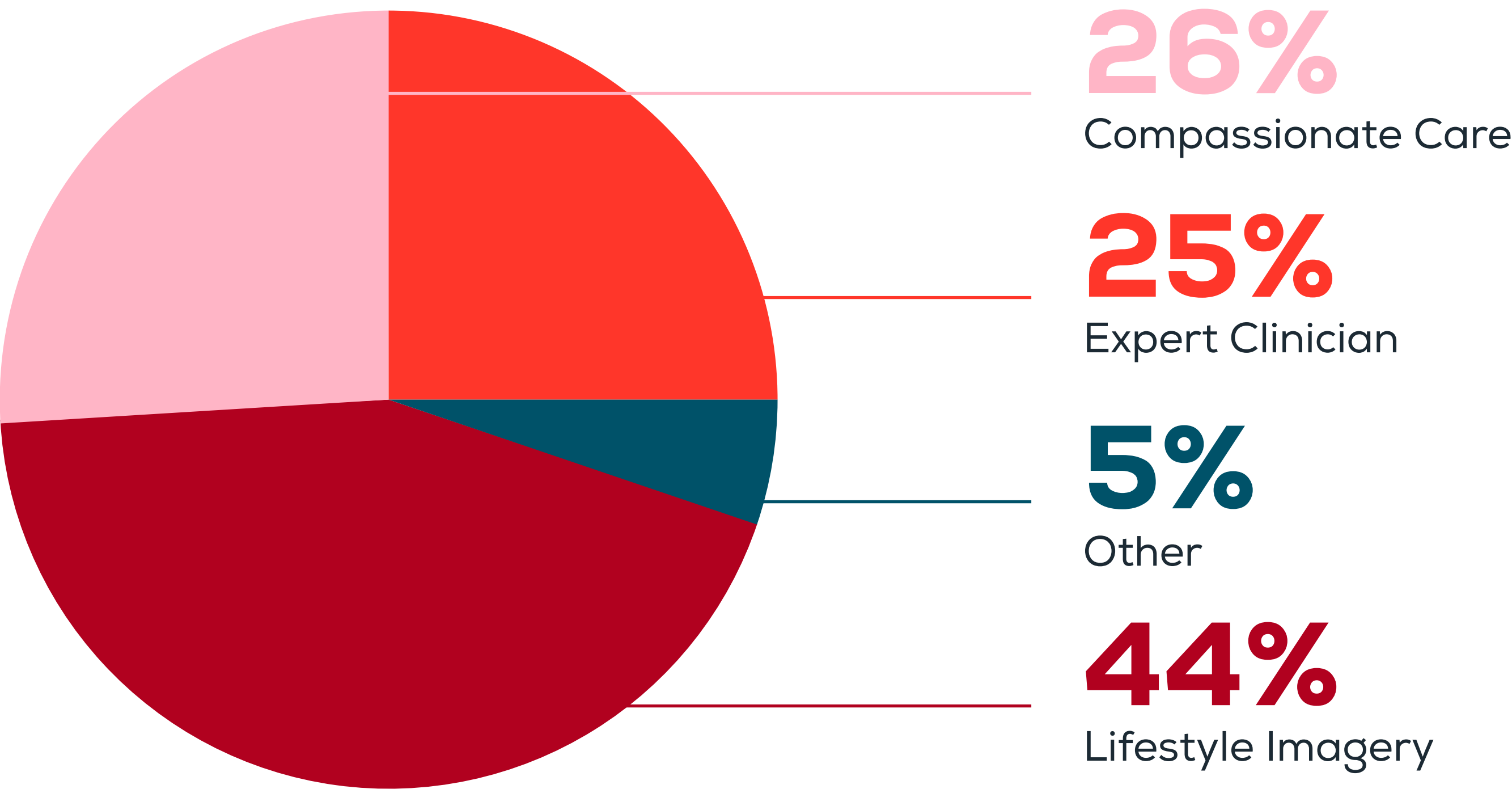
Most hospital websites share a similar visual language. Hero images with smiling patients or healthy families, a prominent top navigation, and a few bold buttons above the fold. If you've seen one, you've seen... quite a few.

But lack of originality isn't the problem—it's often a feature. When users are comparing providers, they expect certain patterns: a visible search bar, clear "Find a Doctor" functionality, easy access to services. These conventions help users move through the site with confidence.

Three Visual Strategies That Actually Work (And Why They Build Trust)

From our review of 100 top hospital websites, three homepage image strategies emerged:

- **Compassionate Care (26%)**
Patients pictured in the middle of a care moment, often with a clinician present. These images humanize the brand and signal warmth and empathy.
- **Expert Clinician (25%)**
Medical professionals in clinical settings, sometimes with visible technology or equipment. This style positions the institution as serious, capable, and technically advanced.
- **Lifestyle Imagery (44%)**
People outdoors, with family, or engaged in everyday life—not in a care setting. This approach shifts the message: the focus is on what health enables, not the care itself. For many systems, this is a way to lead with community relevance and a commitment to prevention and primary care.



There’s no single “right” visual approach—but there is a right question: does your design reinforce your brand? From homepage photography to page-level layouts, consistency is what builds trust. The perceived quality of your website often comes down to the smallest details: a disciplined color palette, consistent spacing, and a restrained use of typography. More than aesthetic choices: they’re signals of professionalism.

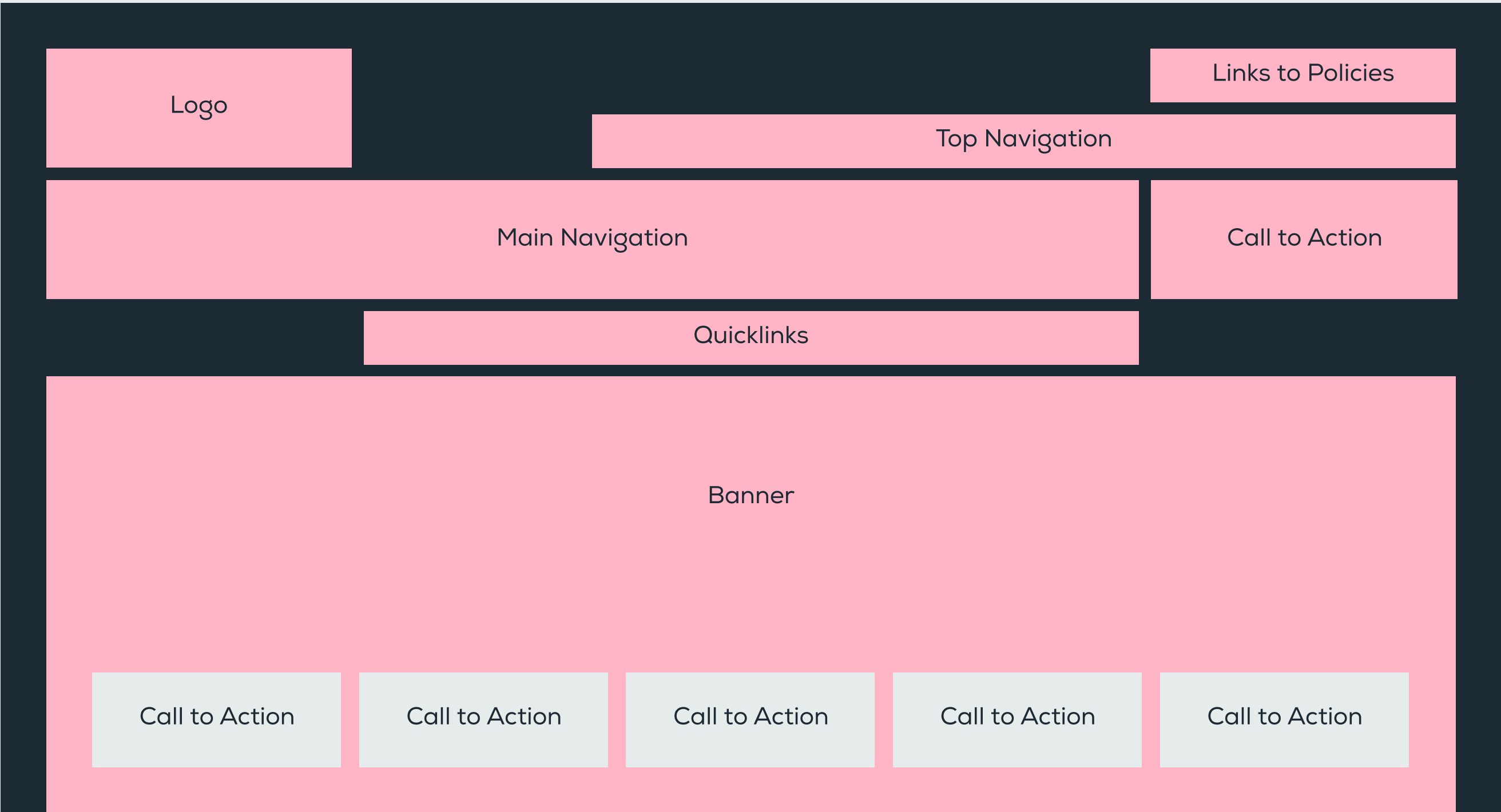
Navigation: If People Don’t Know Where To Go, They Won’t Stay

Many hospital websites suffer from overbuilt navigation. When a homepage presents three menus, dozens of links, and overlapping options, the result is cognitive overload. Users bounce.

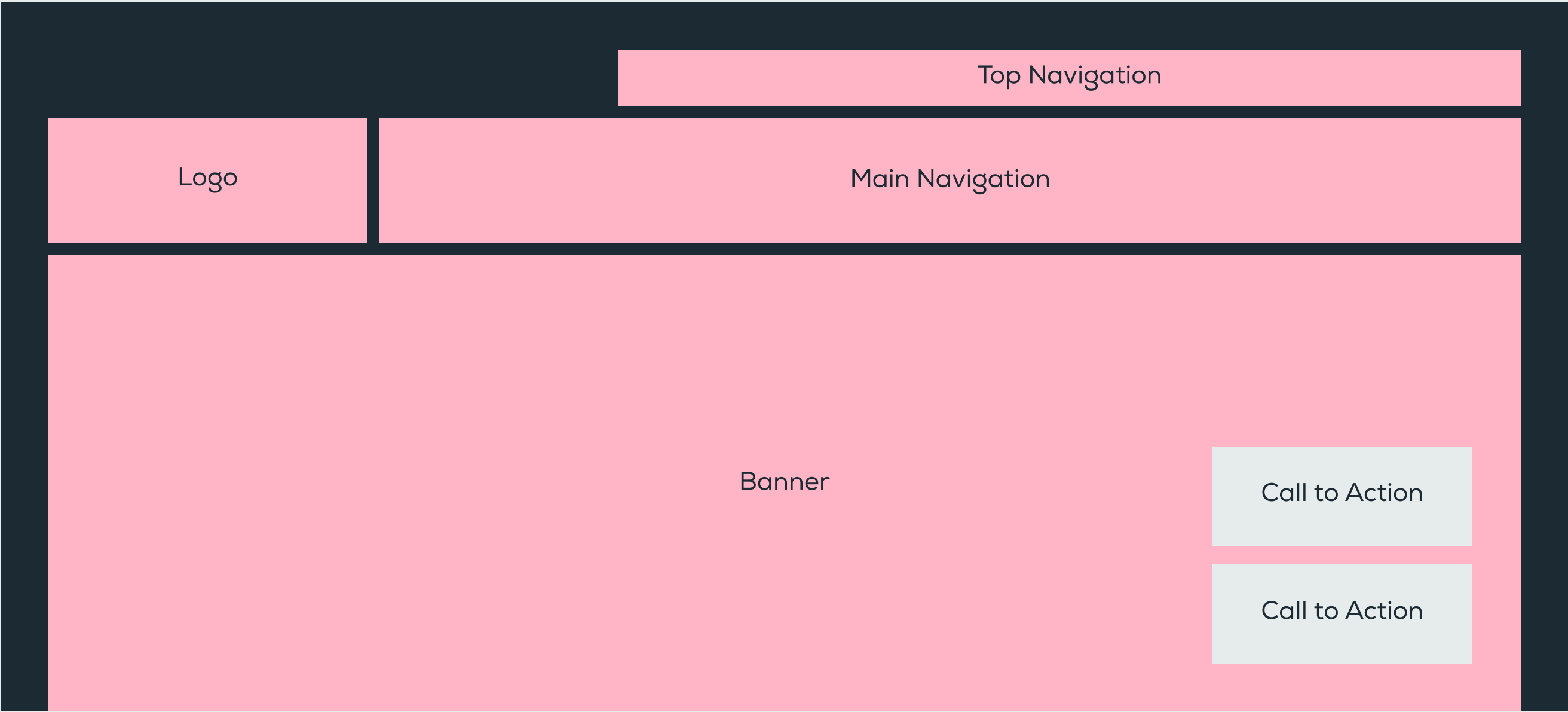
Top-performing websites keep it simple:

- **One main menu** (focused on acquiring new patients)
- **One top menu** (for returning users and professionals)
- **Clear CTAs** above the fold (not mixed with navigation)

This is too much 📌



This is Perfect 📌



This dual-menu model helps group content by user journey—not internal org charts. For example:

- The **main menu** might include “Get Care,” “Find a Doctor,” “Our Locations,” and “Services”
- The **top menu** could focus on “MyChart / Login,” “Refer a patient,” and “Careers”

Each menu has a purpose, and no single audience is expected to parse through everything.

Distribution of the number of menus in the header of 100 website surveyed:

Menus	Number of Websites	
1	7	Desired number of menus
2	62	Borderline acceptable
3	24	Too many
4	6	
5	1	
Grand Total	100	

And for everything else? The footer is your best tool for meeting expectations without cluttering your main navigation. It's the right place for institutional content—things like your newsroom, "About Us," research initiatives, executive leadership, and corporate or legal links. Users know to scroll there when needed. You don't need to give this content front-row space—but you do need to make it easy to find.

Clarity Drives Clicks. Too Many CTAs Do The Opposite

Your homepage doesn't need to be a Swiss Army knife. Most users come for one of three things—and most successful hospital sites reflect that. Among the 100 websites we analyzed, the top three CTAs above the fold were:

- **Find a Doctor** (74%)
- **Find a Location** (58%)
- **Book an Appointment** (53%)

Some sites group these into a single search interface ("Type anything"), where the system tries to infer intent. Results vary. The benefit is simplification; the risk is friction if the logic fails.

Try to avoid this, your hospital website is not facebook.

A common pitfall: duplicating CTAs and navigation. You don't need "Find a Doctor" in both the top menu and the main CTAs. Instead, a broad menu item like "Get Care" can house deeper information, while your call to action handles the conversion moment.

And yes, a single CTA—like "Book an Appointment"—can be enough if it's well-placed and well-supported.

Follow Through: A click is a commitment. Don't break the promise.

Nothing undermines a good CTA faster than a bad follow-through. If "Book an Appointment" leads to a login screen or a dead-end form, you lose the user.

Instead, let them start the task. Let them pick a provider, location, or time slot. Then ask for account setup or details. Too often, healthcare sites front-load the friction—causing drop-off before any meaningful engagement.

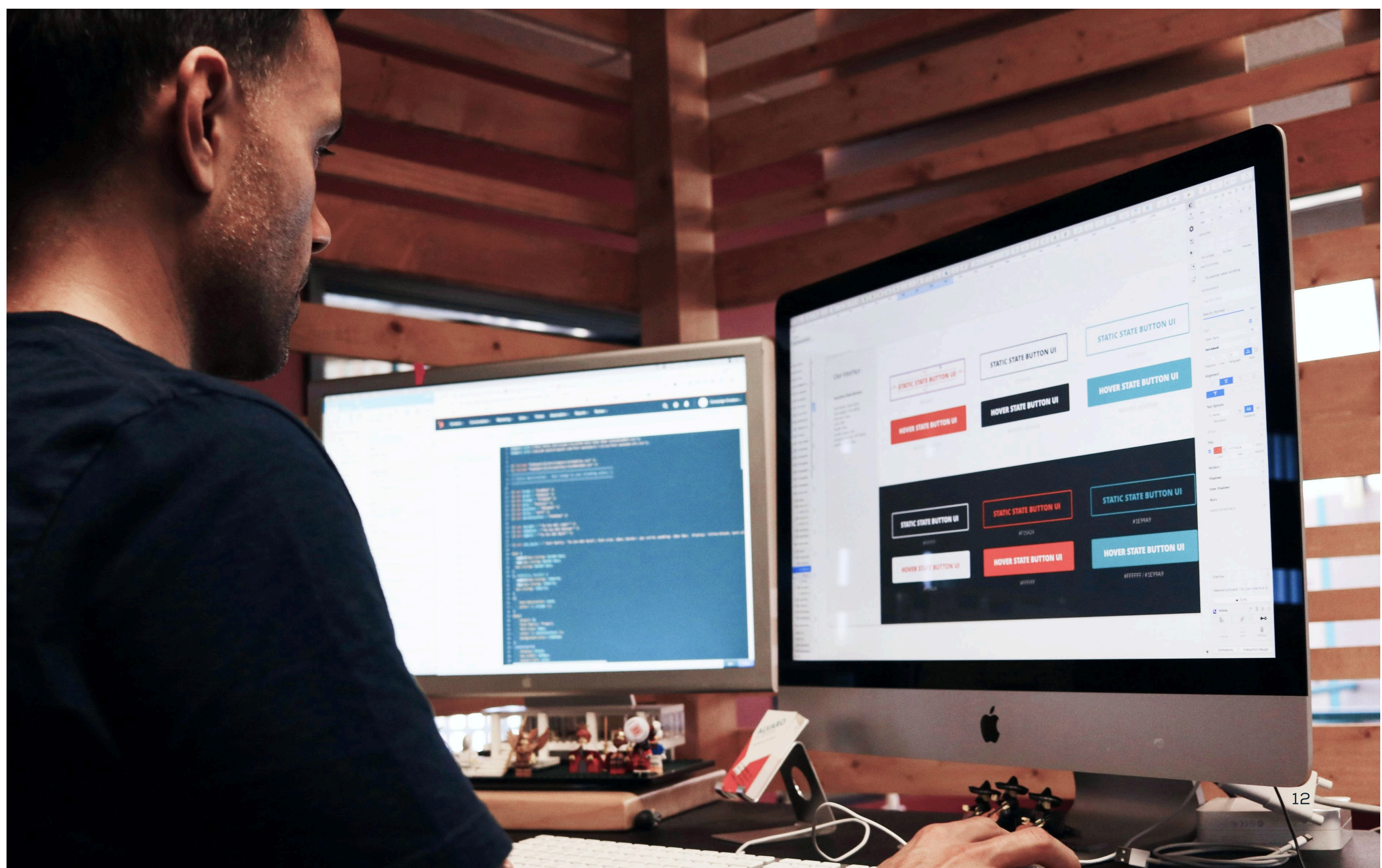
If two different calls to action bring your user to the exact same interface, you might lose their trust. The most common offender on Healthcare websites is the “Book an appointment” button bringing you to the exact same page as the “find a doctor” interface, when both call to actions were next to each other on the home page.

Great UX doesn’t just get the user to click. It gets them to complete the journey.

Accessibility Failures Happen After Launch (Not During Design)

There’s no debate here—it’s mandatory. Thousands of [ADA Title III Lawsuits](#) are filed in the USA each year; and yes [this includes website accessibility](#). Yet it’s surprising how many hospital websites fall short. And it’s rarely because of the initial build. The most common issues happen over time: someone updates a hero image, changes a button color, or embeds a new component that breaks contrast or keyboard navigation.

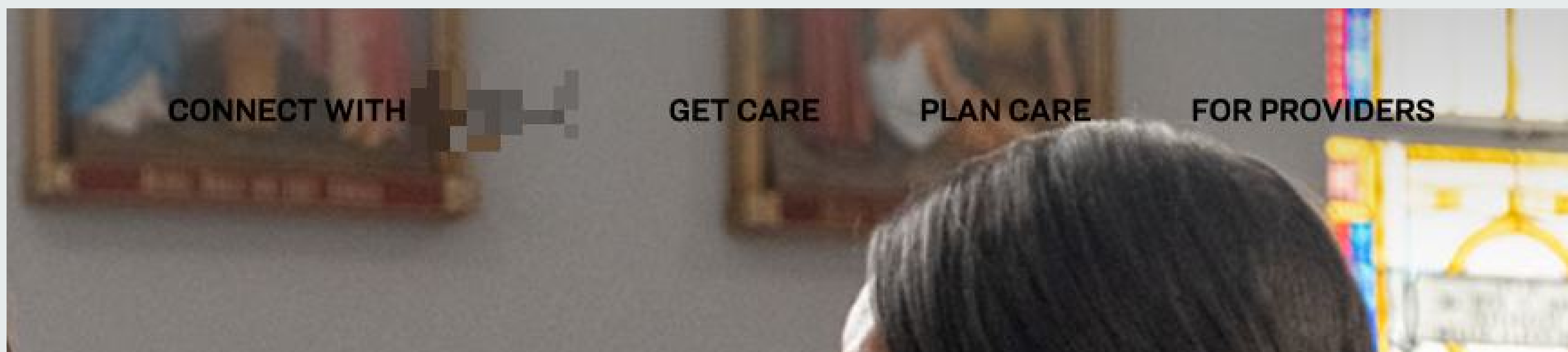
Accessibility isn’t a one-and-done checklist. You need to stay on it and audit regularly to ensure nothing slips through.



Mistakes that will happen after website launch if you are not careful:

- Contrast with overlaid photos
- Keyboard navigation for list and filters
- External embedded tool ex: Appointment widget

Example of a not accessible navigation due to poor contrast



In our review, only 8 websites included an accessibility widget offering options like high contrast mode or larger fonts. These tools can be helpful for some users—but they’re not a substitute for getting it right by default. Your website should be accessible out of the box, without requiring visitors to toggle settings just to read your content.

Clinical Content Strategy: Why Generic Medical Content No Longer Drives Patient Journeys

For years, hospitals invested heavily in building exhaustive condition–symptom–treatment libraries. These content libraries once served an obvious SEO purpose: generate traffic by covering every possible health topic users might search.

But the landscape has changed. Search engines—especially AI-driven summaries—now deliver instant answers. Much of the informational content that used to drive traffic no longer leads users to your site at all.

That doesn’t mean clinical content isn’t important. It means the goal has shifted.

✱ Key Takeaways

- Stop creating generic medical encyclopedia content—patients get that from WebMD.
- Connect every service page to clear booking actions
- Replace A-Z directories with visual service tiles and topic-based hubs that match patient intent

What Matters Now: Clarity And Differentiation

Rather than trying to out-Wikipedia the internet, leading hospitals are re-investing in content that showcases what makes their care unique:

- What industry recognition have you collected on your cardiac and Vascular Care
- What makes your primary care model better aligned to your local population?
- How does your maternity team support a more personalized birth experience?

This is where your effort should go—explaining what you do differently, not rehashing generic definitions of asthma or ACL injuries. The rest is noise and no longer relevant to your organic traffic.

Image 1 - Example of a block that lists recognition for a specific type of care.

Image 2 - Counter example: Describe what imaging is and list the specific type of imaging. No differentiator.


Excellence in Cardiac and Vascular Care

Our heart team has been awarded for its excellence in heart care. These awards serve as proof of our commitment to you, from intake to [discharge and rehab](#).

- Three-time [Magnet-recognized from the American Nurses Credentialing Center](#)
- [2024 American College of Cardiology's NCDR Chest Pain – MI Registry Platinum Performance Achievement Award](#)
- [2024 Gold Level Extracorporeal Life Support Organization \(ELSO\) Award for Excellence in Life Support](#)
- [2023 STRAC Comprehensive Resuscitation Center](#)
- [Certified Cardiac Rehab Program from the American Association of Cardiovascular and Pulmonary Rehabilitation](#)
- American College of Cardiology Cath lab accreditation
- Center for complex arrhythmias like VT ablation
- Accredited by the Intersocietal Accreditation Commission (IAC) for Adult and Pediatric Echocardiography, Nuclear Cardiology and Vascular Imaging
- Center for Lead Extraction
- Hypertrophic Cardiomyopathy Association Center of Excellence
- [Institute of Quality for Cardiac Surgery, designated by Aetna in 2022](#)

A clear, clean image for a more accurate diagnosis

Advanced imaging technology provides clearer pictures for radiologists and other specialty physicians on the medical staff to provide a more accurate diagnosis that leads to a customized treatment plan, if needed, to start the healing process.

 uses our technology and techniques to perform hundreds of thousands of radiologic exams and treatments each year. We offer personalized and comprehensive diagnostic and therapeutic services in multiple locations throughout North and Central Texas.



Imaging and radiology services

- Arthrography
- Bone density measurement
- [Breast Imaging](#)
- CT scan (computerized tomography, including low-dose lung cancer CT screening)
- [Interventional radiology](#)
- MRI (magnetic resonance imaging, including functional MRI)
- Myelogram
- Nuclear medicine

Connect The Dots—Or Lose The Value

Service content only works when it leads somewhere. That means connecting each clinical area to:

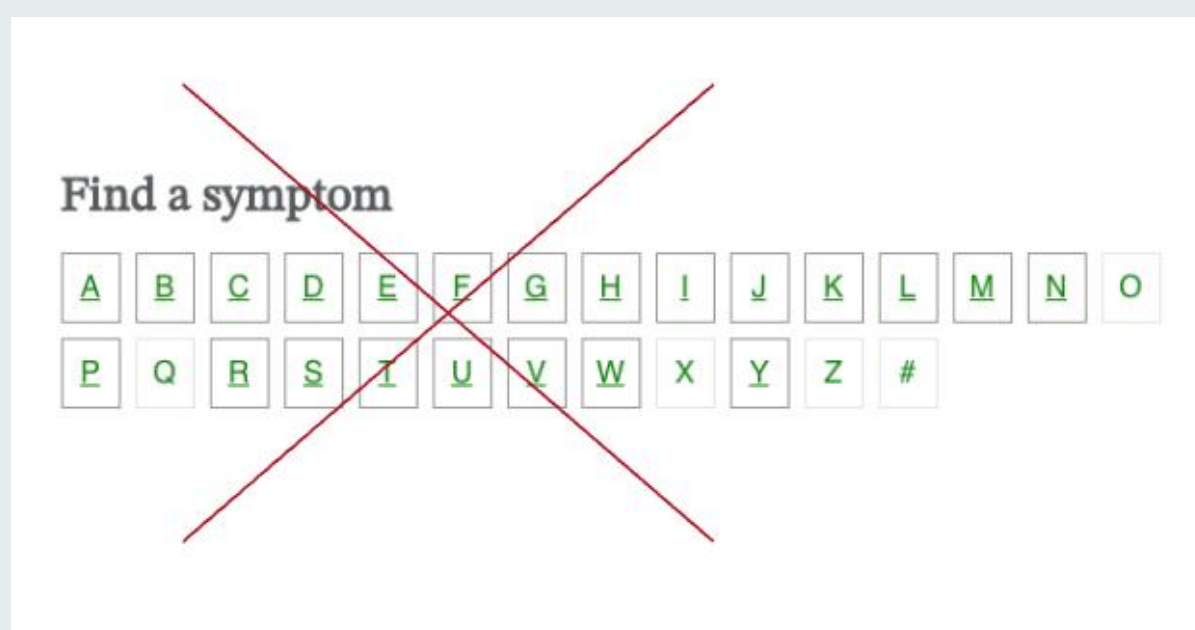
- Related physicians
- Locations where care is offered
- Clear CTAs to book or get started

When users land on a service page, the next step should be obvious and easy.

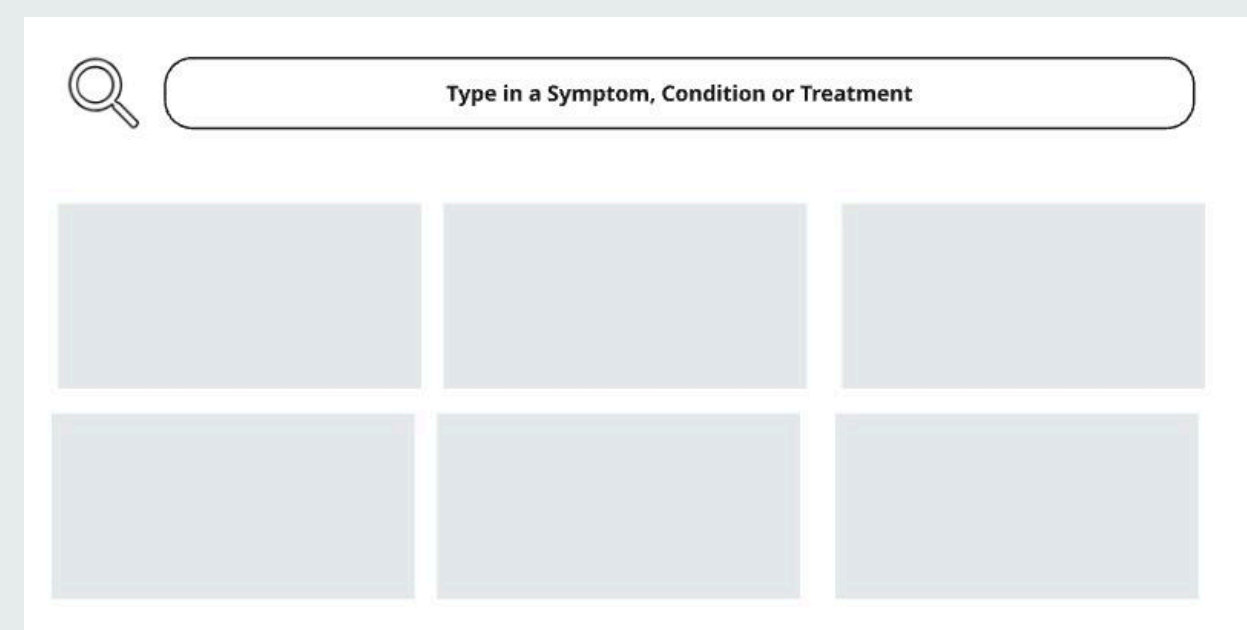
Retire The Dictionary

The alphabetical A–Z directory still lingers on many hospital websites, but its usefulness is waning. The best sites are replacing it with visual service tiles, topic-based hubs, and intelligent site search.

Bad



Good



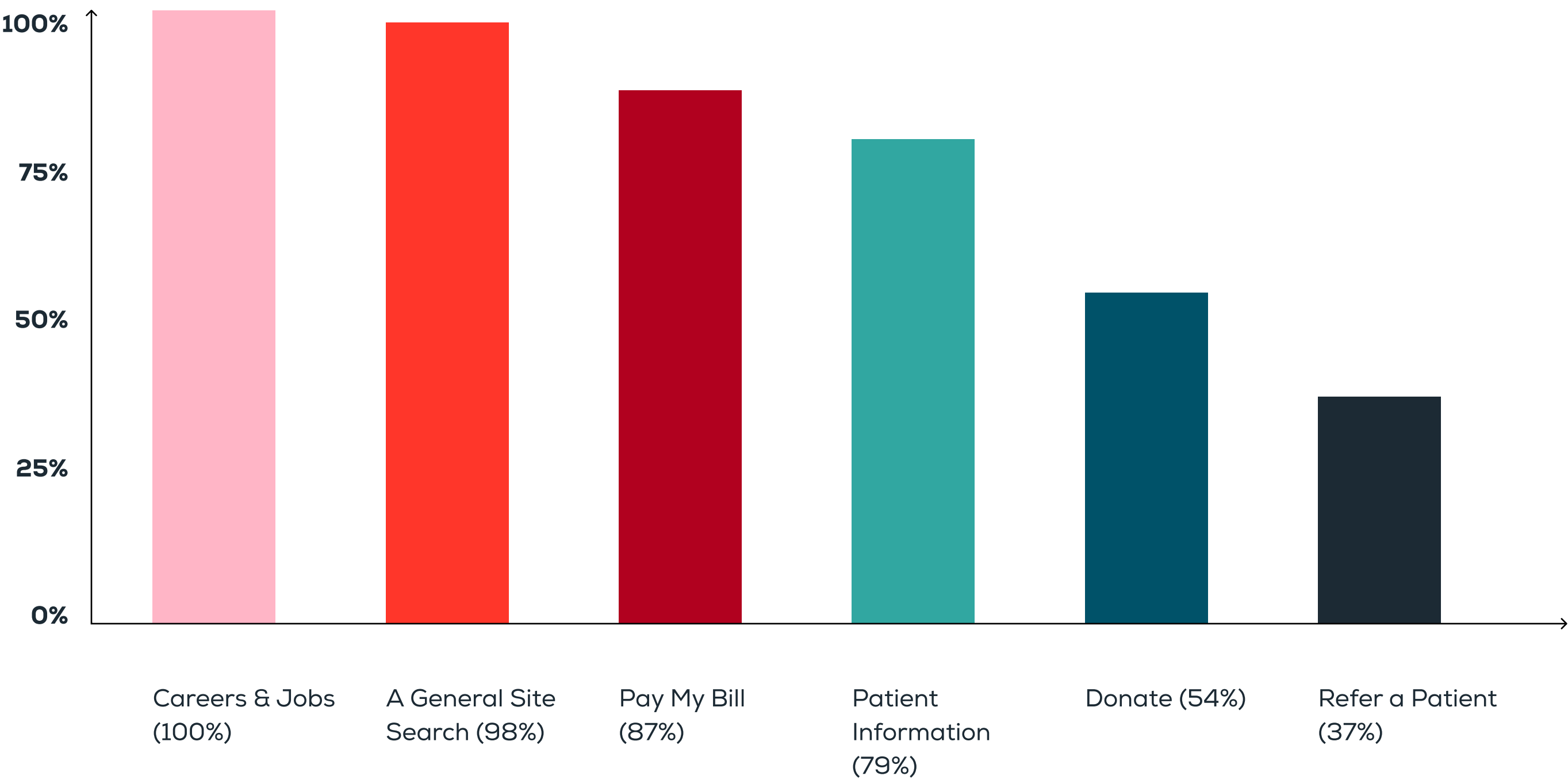
Search engines (and AI tools) don't need an alphabetical sitemap to understand your content. Your structured data, internal links, and taxonomy handle that. Setting up a well-designed category system that ties together meaningful data will help you win the SEO and AEO game; and if you need help with your structured data we are here for you.

Essential User Journeys: The Secondary Actions That Build Trust

Once you’ve prioritized your main calls to action—typically around “Find a Doctor,” “Book an Appointment,” and “Get Care”—your job isn’t done. Ignoring key secondary actions is where many hospital websites quietly erode trust and miss real-world needs. The best sites carve out space for essential, often-overlooked tasks that serve patients, professionals, and the wider community. When those links are absent, you’re making life harder for the very people you’re trying to help.

Based on our review of 100 top hospital websites, here’s what consistently shows up within one click of the homepage:

See how many of these show up on your front page. If they are missing, ask yourself why.



Careers & Jobs (100%)

Recruitment is one of the biggest challenges facing healthcare organizations today, and websites reflect that urgency. Career listings are often linked directly from the top menu or homepage. But a direct link to your Applicant Tracking System (ATS) isn’t always enough.

Only 25% of hospitals in our sample go a step further, creating a branded Careers section on their main website before sending users to job listings. This allows them to highlight culture, benefits, diversity initiatives, and employee testimonials—building a stronger HR brand beyond just job openings. This is a missed opportunity when we know that collaboration between Marketing teams and the HR department will improve the candidate experience.

According to a recent LinkedIn study “72% of recruiting leaders worldwide agree that employer branding has a significant impact on hiring and companies with strong employer brands experience 43% decrease in cost per hire and 28% decrease in employer turnover.”

A General Site Search (98%)

Search remains one of the most critical fallback tools for users, especially when they can’t find what they’re looking for in under 20 seconds. I was surprised that it’s not on every healthcare website. While most hospitals create dedicated search experiences for key actions (like “Find a Doctor” or “Find a Treatment”), a general site-wide search is still essential. It’s not just convenient—it’s what keeps users from bouncing when your navigation doesn’t quite match their expectations.

Pay My Bill (87%)

Patients rarely bookmark the billing portal. More often, they’ll search for your hospital by name and click through looking for a “Pay My Bill” link. That moment is already frustrating for the patient: don’t make it worse by hiding the path to complete this task.

Patient Information (79%)

Many organizations assume that service listings and physician directories cover the patient experience. They don’t.

Patients preparing for a procedure or managing outpatient care need details: what to bring, where to park, what to expect. A well-organized “Patient Information” section reduces confusion, builds trust, and helps reduce call center volume. This is also the perfect opportunity to highlight what makes your patient experience different, which will not only connect with your audience but also better represent your establishment in search engines and recommendation engines.

Donate (54%)

Featuring a donation link is also a way to show how your hospital supports and engages with the community. Whether through foundation pages, campaigns, or storytelling, a strong donation section reflects your institution's values and impact.

Visitor Information (47%)

The patient experience isn't just about the patient. Visitors need information, too—visiting hours, policies, guidance, and logistical support. Making this easy to find shows that your hospital supports not just care, but caregiving.

Refer A Patient (37%)

This is often overlooked—but if your hospital offers specialized services, physician referrals can be a significant source of new patients. Make it easy. A link in the top menu or a dedicated "For Providers" section works well.

No need to feature this as a homepage CTA, but it should never be more than two clicks away for a professional looking to refer.

—

In short, secondary actions may not be flashy—but they're essential. The top systems know this, and design accordingly. If your homepage hides the basics, your users will feel it.



Advanced Features: “Nice To Have” Or “Expensive Distraction”

Some features show up less frequently across hospital websites. They often require extra investment, and the return isn’t always clear. That doesn’t mean they’re bad ideas. But you need to think carefully about whether they’re useful for your audience or just adding noise.

Here’s what we saw and how to think about each one:

“ER Wait Time”, “Get an estimate” and “Insurance filtering” are incredible additions if you can manage to add them to your website.

ER Wait Time

Absolutely yes

This is one of the most valuable tools you can offer to your local community.

The challenge isn’t the website integration—it’s everything behind it. It takes coordination, operations alignment, and accurate data. But if you can make it work, it builds a ton of confidence in your system.

Translations And Language Options

It depends, but be thoughtful

We saw three common approaches in order:

1. A direct link to interpretation services
2. A full human-reviewed website translation
3. An automatic translation tool on the site

You’ll need to evaluate your community’s needs, but let’s be clear: reviewed translations will always beat automated ones for accuracy, tone, and storytelling.

And while interpretation services matter on-site, they are not a website language option. Don’t present them like they are.

Chat Bot

Used on 20 of 100 sites—the jury is still out

Not always on the homepage—often limited to a few sections.

So far, the success of these tools is unproven. Many just repeat the same CTAs users can already find on the page. Your website already has a lot going on. If the chatbot doesn't solve something real, it just adds to the clutter.

Symptom Checker

Seen on 8 of 100 sites—and not worth it

Every single one had a long disclaimer, multiple steps, and eventually just told users to book an appointment.

This isn't a good use of your real estate. It doesn't guide care decisions meaningfully, and it adds legal baggage and friction.

Filtering By Accepted Insurance

Seen on 28 of 100 sites—Yes, please.

Not every hospital or system can make this work. But for users, this filter can be a make-or-break moment in their care journey. If your system can support it, it's one of the most impactful upgrades you can make to your "Find a Doctor" or "Get Care" experience.

Maps

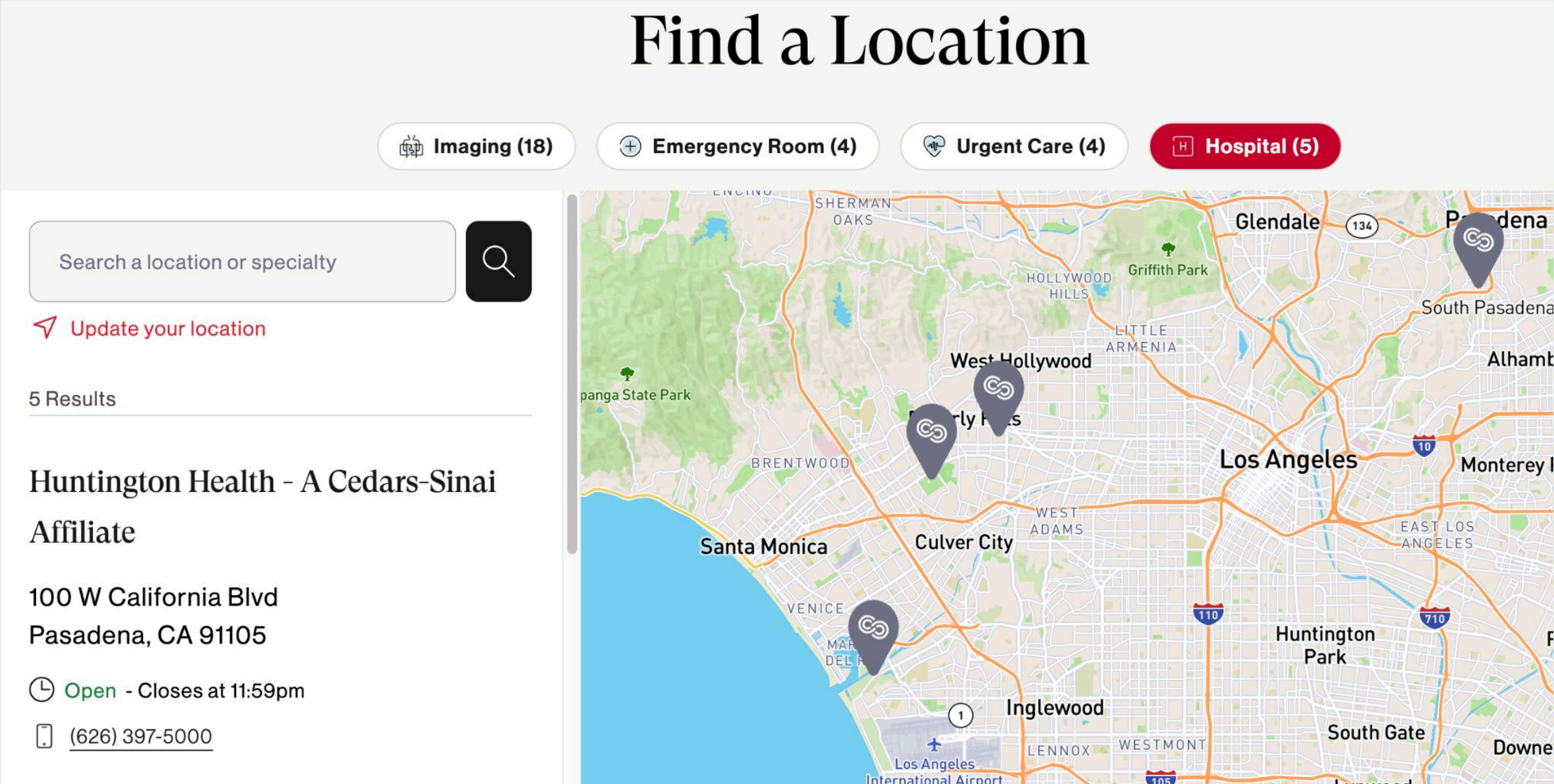
Seen on 67 of 100 sites—My hot take: They're fine.

Maps show up often in the location section, and when done well—with responsive filters and clear visual grouping—they can add real value to the user experience. But in many cases, they're just window dressing. If users already have filters to sort by specialty, type of establishment, maybe distance, the map often becomes a redundant extra. Bottom line: maps aren't bad, but they're rarely essential.

Examples

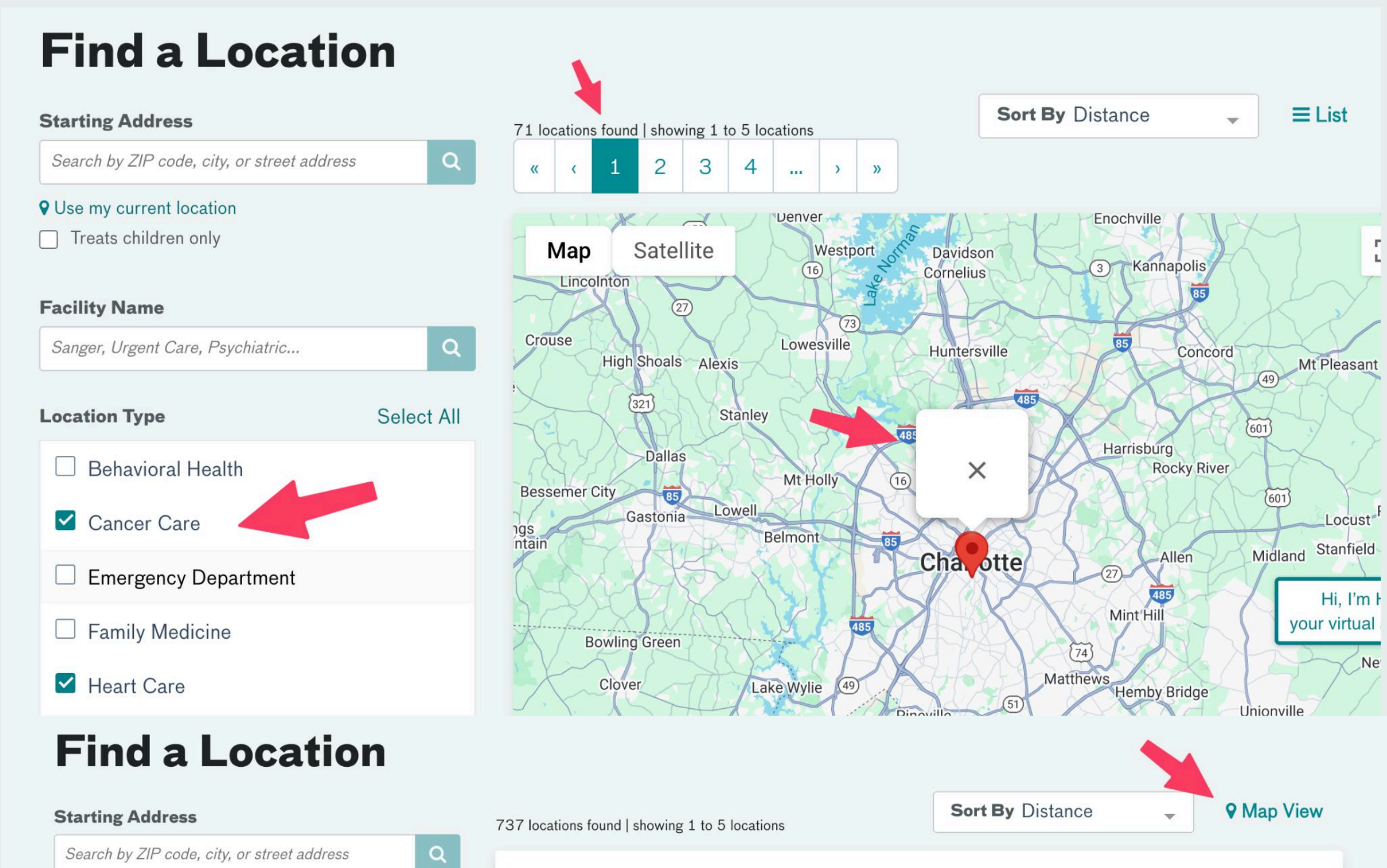
Well built map:

- Already there when you click “find a location”
- Quick filters at the top
- Decent amount of the screen
- Easy to navigate



Not worth my time

- Paginated
- Empty tooltip
- Bounces around without interaction feedback when I click a filter



Get An Estimate

Yes—absolutely, if you can support it

Patients want clarity. Cost transparency builds trust.

Of course, this depends on your internal processes. But if you can provide simple, understandable estimates, it helps people make better decisions—and sets your system apart.

Send A Message To A Patient (E-Card)

Absolutely Not

This belongs in 1997. Every patient has their personal device with them. If loved ones want to connect, they'll text. This doesn't add value—and it's not what people are looking for.

Technology Stack: Why 70% Of Leading Hospitals Choose Enterprise CMS

Behind every high-performing hospital website is an ecosystem. Most organizations aren't managing a single site—they're juggling multiple domains, mobile experiences, patient portals, internal microsites, and large volumes of content across audiences. This level of complexity requires a digital foundation built to handle it.



Key Takeaways

- Make your mobile version of the website a priority
- Make sure you test properly interactive features on mobile
- Use enterprise solutions that can handle your content volume and complexity

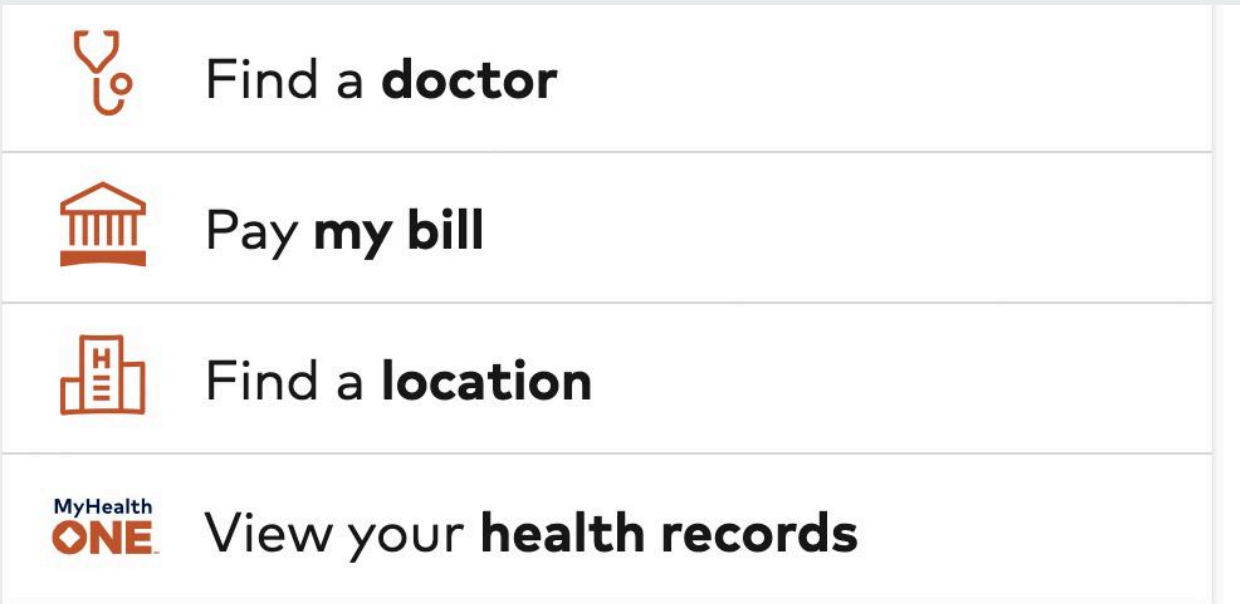
Mobile Isn't A Channel—It's A Stress Test

Your mobile site is the clearest lens into what actually matters. With limited space and attention, only your most important content survives. That's not a constraint—it's a strategic cue.

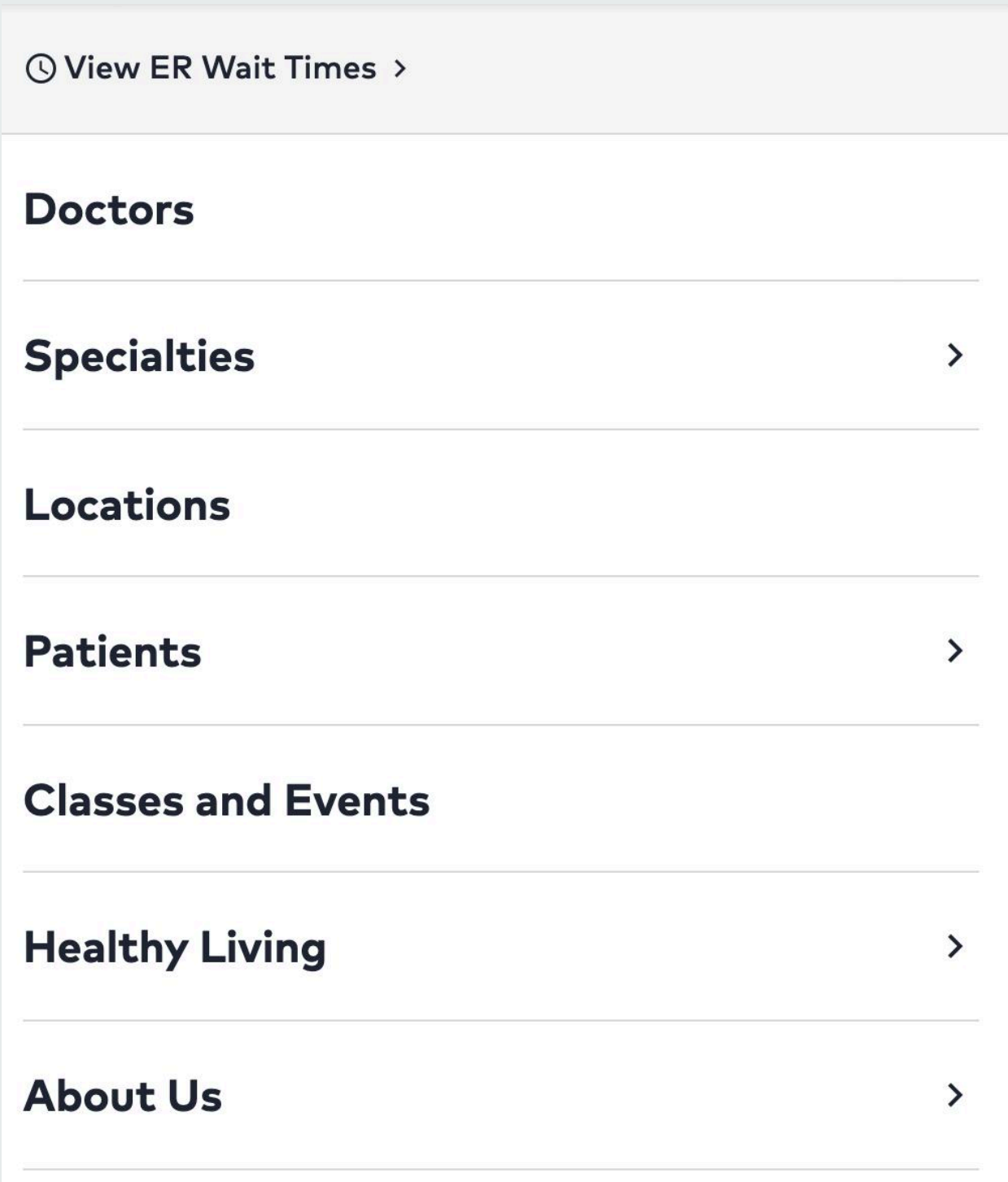
If it's not worth showing on mobile, ask yourself: is it worth keeping at all?

A combination of a simple mobile navigation and clear, limited options on the home page allow patients to zero-in quickly on their objectives.

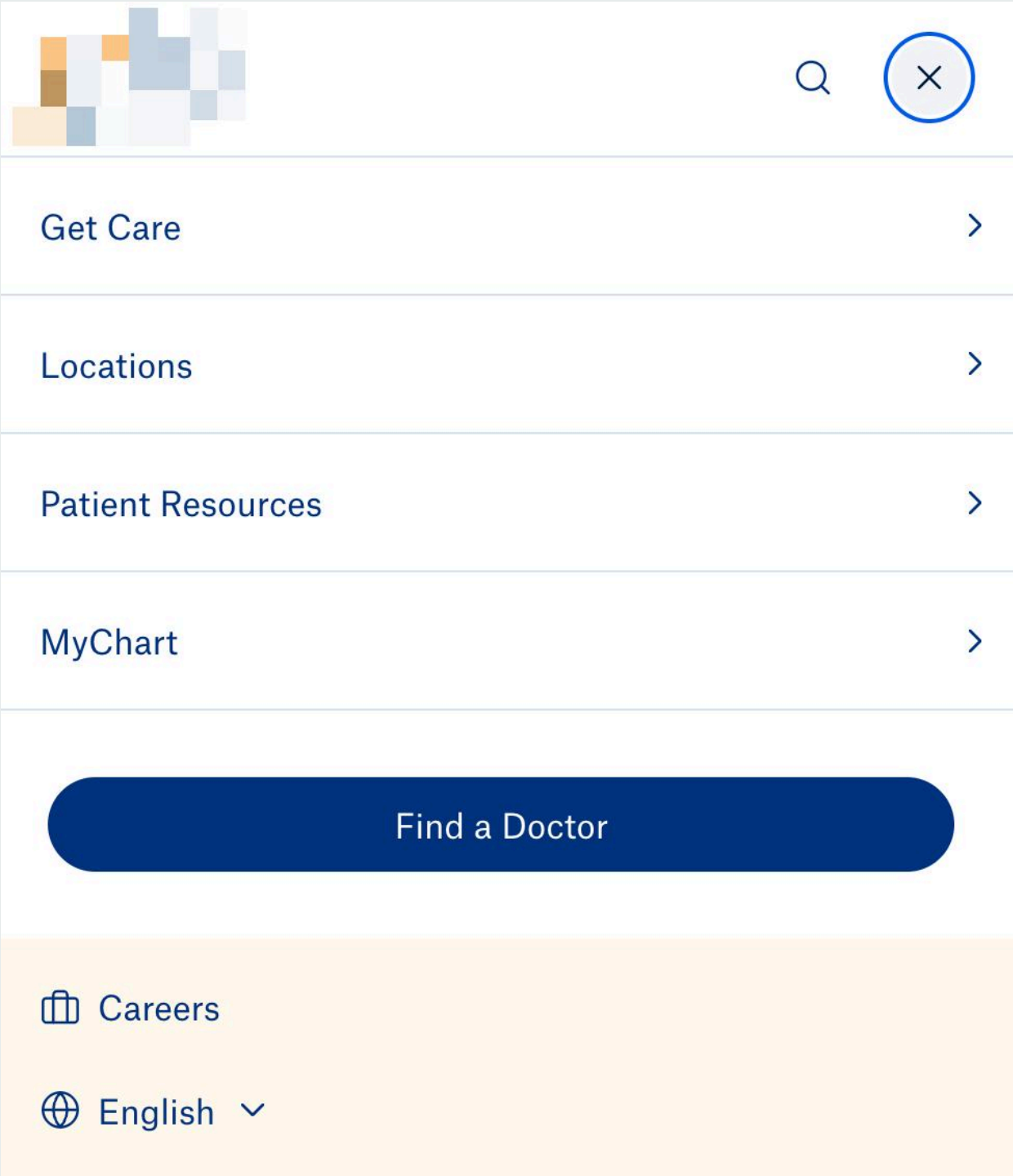
Example: 4 clear buttons on the home page



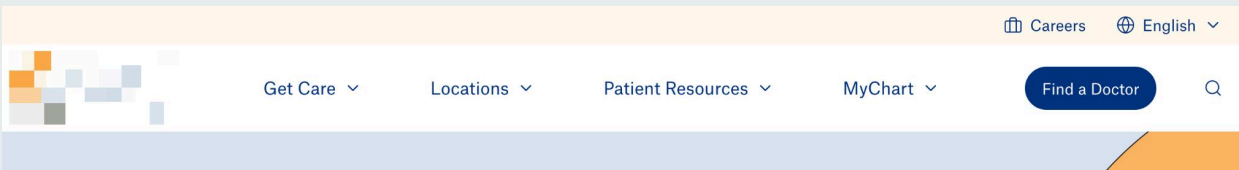
Example: Simple Mobile navigation



Another very simple and effective mobile navigation



Notice how the simplicity is maintained on the desktop version



The navigation is not the only component that needs to be carefully designed. Interactive features can break down once you get on a smaller screen. A few best practices to keep in mind as you optimize your mobile site.

- Calls to action should fit in a single screen.
- Filters, search tools, and long menus don't translate well to mobile unless they're rethought, not just resized.
- List views—like physician directories—should let users narrow down results without losing their place.
- And if your hospital system offers a mobile app? Promote it. A simple "Download Our App" link in your hamburger menu footer can go a long way.

Your CMS Matters

We can't see your backend—but sometimes, we can guess. From the 100 websites we reviewed, we were able to identify the underlying CMS in 70 cases. Of those, 54 were running one of the three leading enterprise platforms:

- [Sitecore](#) (29 Websites)
- [Drupal](#) (17 Websites)
- [Adobe Experience Manager \(AEM\)](#) (8 Websites)

That is 77%. That's a striking number —especially compared to the broader internet, where these CMSs make up less than 5% of market share. It tells us that hospitals dealing with complex, multi-audience content ecosystems don't use lightweight tools. They need enterprise-grade architecture.

And among those platforms, Drupal is the only open-source option with no licensing fees that can compete on scalability, security, and flexibility—without the proprietary overhead of AEM or Sitecore.



Looking Forward

Top hospital websites succeed because they're clear, patient-focused, and built on strong digital foundations. Every year brings its own disruption. From AI summaries that upended the search landscape to budget cuts asking us to do more with less. New technologies and societal change will continue to ask the healthcare marketing team to innovate.

The next phases of the hospital website might be:

- More personalisation and integrations with EHRs and patient-focused tools.
- Better adaptations to the more and more AI-dominated search ecosystem.
- Modern page-building tools to create more impactful campaigns.
- More sophisticated ways to get analytics data without sacrificing patient privacy.

What This Means for You:

- Use these insights as a starting point, not a final answer
- Test everything against your specific audience and market
- Focus on patterns that serve your strategic goals
- Remember that good design alone doesn't guarantee results—execution matters

Next-Level Analysis: Want to understand how these benchmarks apply to your specific situation? A comprehensive analysis can include both public benchmarking and performance assessment tailored to your organization's goals.

Methodology

How we approached this benchmarking exercise

This wasn't just a surface-level scan. We set out to understand how the top hospital websites in the U.S. actually perform—across UX, content, and structure—based on what real users see and interact with.

Here's how we approached it:

1. Built the List

We selected 100 hospital and health system websites based on national recognition—mixing award-winning care organizations, top-ranked employers, and institutions of varying sizes. The goal was to reflect both excellence and diversity in the sample.

2. Established the Criteria

We built a working list of evaluation criteria: navigation patterns, homepage layout, primary calls to action, accessibility features, content structure, and service page behaviors.

3. Reviewed the Full Set

We manually reviewed each of the 100 websites, taking detailed notes and logging patterns against the defined criteria.

4. Tested Hypotheses

As themes emerged, we made assumptions about what “good” looked like—for example, how often clear CTAs appeared above the fold, or how services connected to actionable next steps.

5. Validated the Trends

We went back through the list to verify those assumptions, refine the findings, and ensure consistency across our observations.

What surfaced were clear trends, common missteps, and repeatable design and content strategies that any hospital system can learn from.

A Note On Context

This white paper is based on publicly available website features—not internal performance metrics. We didn’t have access to traffic data, conversion rates, or user feedback from the organizations we reviewed. That means there will be exceptions. What works (or doesn’t) for most hospitals may not hold true for yours. Maybe your “Send an E-Card” tool actually gets used. Maybe ER wait time isn’t relevant in your region. The point isn’t to copy the average—it’s to benchmark with intent and adapt based on your audience, your goals, and your local reality.

About The Author



Matthieu Gadrat is CTO at [Symetris](#), where he builds forward-thinking digital strategies tailored for healthcare ecosystems. With over a decade of leadership in web development and a specialty in Drupal, Matthieu helps organizations modernize their online presence—enhancing patient engagement, streamlining content strategy, and ensuring regulatory compliance.

He brings hands-on expertise in structured data implementation, MarTech operationalization, and digital transformation—sharing insights regularly in Symetris’ thought leadership, including articles on structured healthcare data, developer-marketer alignment, and digital strategy.



**You already know what
you want to achieve online.
Now you need the right
strategic and technical
guidance to deliver results.**

Let's talk!

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