modern labyrinth

FOR HEALTHCARE PRACTICE OPERATORS · **MODERN LABYRINTH** · MAY 3, 2026

Healthcare MSP-Transition Overlay

For multi-location specialty practices changing MSPs, while the marketing-tech, EMR, and compliance seams quietly leak.

THE PROBLEM NOBODY ELSE IS OWNING

Your IT advisor has a plan for the MSP transition. Your MSP is executing (or being replaced). Your marketing agency runs campaigns. Your compliance officer watches HIPAA. Each vendor owns their lane.

Nobody owns the seam between them.

That's where things break. Patient-identifying URL parameters hit the Meta Pixel. Call-tracking from a departed vendor keeps firing. BAAs go stale as vendors churn. Referral forms stop routing into the EMR correctly. Conversion data breaks silently and nobody notices until the monthly report. OCR is specifically hunting marketing-pixel exposure in healthcare, and your advisor isn't looking there. It's not their job.

If you're living this, you know the symptoms:

- A Meta Pixel flagged "healthcare" by Meta with nobody sure what that actually means
- Call-tracking numbers from three previous agencies still live in Google Ads
- Tag-manager containers owned by an outside party, with tags you didn't install
- EMR users who haven't logged in since 2023 still holding access
- Referral forms posting somewhere you can't trace
- A Security Risk Assessment that covered the EMR but never the marketing stack
- An advisor telling you the MSP transition is on track while this pile compounds underneath

WHAT THE OVERLAY DOES

90 days. Fixed scope. Delivers a prioritized remediation roadmap you can take to any MSP, any advisor, any compliance officer, and say "here's the current state and here's what has to happen." Not a report that dies in a Drive folder. A working audit of your marketing-tech, EMR-integration, and vendor-compliance posture that holds up under OCR scrutiny.

We are not your MSP. We are not your IT advisor. We are not your marketing agency. We're the operator who owns the seam nobody else is watching.

The pattern was built in the field at a multi-location vascular specialty group in the Midwest: 9 locations, 428 active EMR users (with 96 inactive who hadn't been decommissioned), 32 call-tracking installations across 7 sub-brands, a Meta Pixel healthcare-flag exposure on $20K/mo of ad spend, 7 marketing vendors with PHI surfaces and only 2 BAAs on file. 90 days later: every tracking account under client ownership, every BAA chain audited, orphan trackers killed, Meta AEM properly configured for healthcare pixel compliance, EMR-to-intake handshake producing clean attribution for the first time.

WHAT'S INCLUDED

Weeks 1-3: Stack inventory. Every vendor, every login, every BAA, every pixel, every tracker, every DNS record, every CRM integration, every OAuth app in the tenant. Output is a single document showing ownership, access, BAA status, and PHI exposure for every item. You see what you actually have.

Weeks 4-6: PHI flow map + risk register. Diagram how patient data moves between your EMR, your marketing vendors, your analytics platforms, and your call tracking. Cross-check against BAA status. Score every finding on likelihood and impact. Flag every gap against 45 CFR 164.308(a)(1)(ii)(A) and NIST 800-66r2 guidance.

Weeks 7-9: Ownership transfer. Re-root every tracking account under your ownership. Google Tag Manager. GA4. Meta Business Manager. CallRail. HubSpot. Google Ads. Microsoft Ads. Kill orphan accounts and document the evidence. Rationalize shadow-IT OAuth apps through formal review. You walk away owning every platform your marketing runs on.

Weeks 10-12: EMR-to-marketing handshake audit. Referral form routing validation. Intake-source attribution instrumentation. EMR API integration review (ECW, athenahealth, Epic). Conversion event wiring back to the EMR where the API permits. This is the piece no other vendor does. It's why your marketing data and your clinical data look like they're from different companies.

Day 90 deliverable: prioritized remediation roadmap, executive summary for leadership, technical appendix for IT and compliance, Loom walkthrough. Board-ready.

WHAT'S SEPARATELY SCOPED

Each carved out as its own SOW at defined pricing:

- Dashboard build (Looker Studio or Supabase): $20-35K + $2-3K/mo maintenance
- EMR optimization program: $15-25K audit + $3-5K/mo optimization retainer
- Formal HIPAA SRA deliverable: $12-20K
- Post-migration paid media management: $3-5K/mo
- Referral integration build: $8-15K + $1-2K/mo maintenance

The Overlay gets you the clean posture. These are the upsells if you want us to keep building.

WHAT WE DO NOT DO

We do not replace your MSP. We do not run on-site infrastructure. We do not administer your M365 or Google Workspace tenant. We do not manage endpoints, printers, or networks. We do not provide IT advisory on your MSP strategy. Those are your MSP's and your IT advisor's lanes. We stay out of them, and we work cleanly alongside both.

PRICING

Overlay engagement: $35,000 to $60,000 fixed. Priced off a calculator (location count, EMR user count, vendor count, ad spend band). You see the numbers before you commit. First 50% on signature, second 50% at Day 90 delivery.

Optional retainer: $5,000 to $12,000 per month. Begins Day 91 if you want ongoing marketing-tech governance + compliance monitoring + quarterly attribution audits. Month-to-month after the first 90 days. No annual lock.

TIMELINE

90 days from kickoff to the Day 90 deliverable. No rush-pricing. Healthcare compliance and EMR integration work takes the time it takes.

We hold hard on the 90-day window. Beyond-90 work requires a signed change order with new pricing, not a soft extension.

WHAT HAPPENS IF YOU DON'T DO THIS

You keep paying for marketing on infrastructure you don't fully own. Your MSP transition completes and then you realize your tracking is broken. Your compliance officer signs off on the SRA because nobody ever put marketing in scope. An OCR letter or a Meta enforcement action arrives and the forensics cost 10x what proactive work would have. A plaintiff firm files a class action and discovery starts asking who owned the pixel.

The practices that move first pay the least. The pattern is consistent.

WHO THIS IS FOR

Multi-location specialty practices, typically 5 to 20 locations and $30M to $200M revenue, on ECW / athenahealth / Modernizing Medicine / NextGen, with at least one of:

- An active MSP transition in flight
- A recent C-suite hire (COO, CFO, CMO) asking hard questions
- A Meta Pixel healthcare flag or OCR letter
- A planned PE round, ownership change, or board review

WHO IT IS NOT FOR

Solo practices or single-location clinics: scope is too heavy. Hospital systems: you need a named breach-response firm and we will refer you to one. Practices that want a rubber-stamp audit to show the board: we will decline.

NEXT STEP

30-minute discovery call. You fill out a short questionnaire first so the call is substantive. If the fit is wrong, we will tell you on that call and point you at a better option.

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