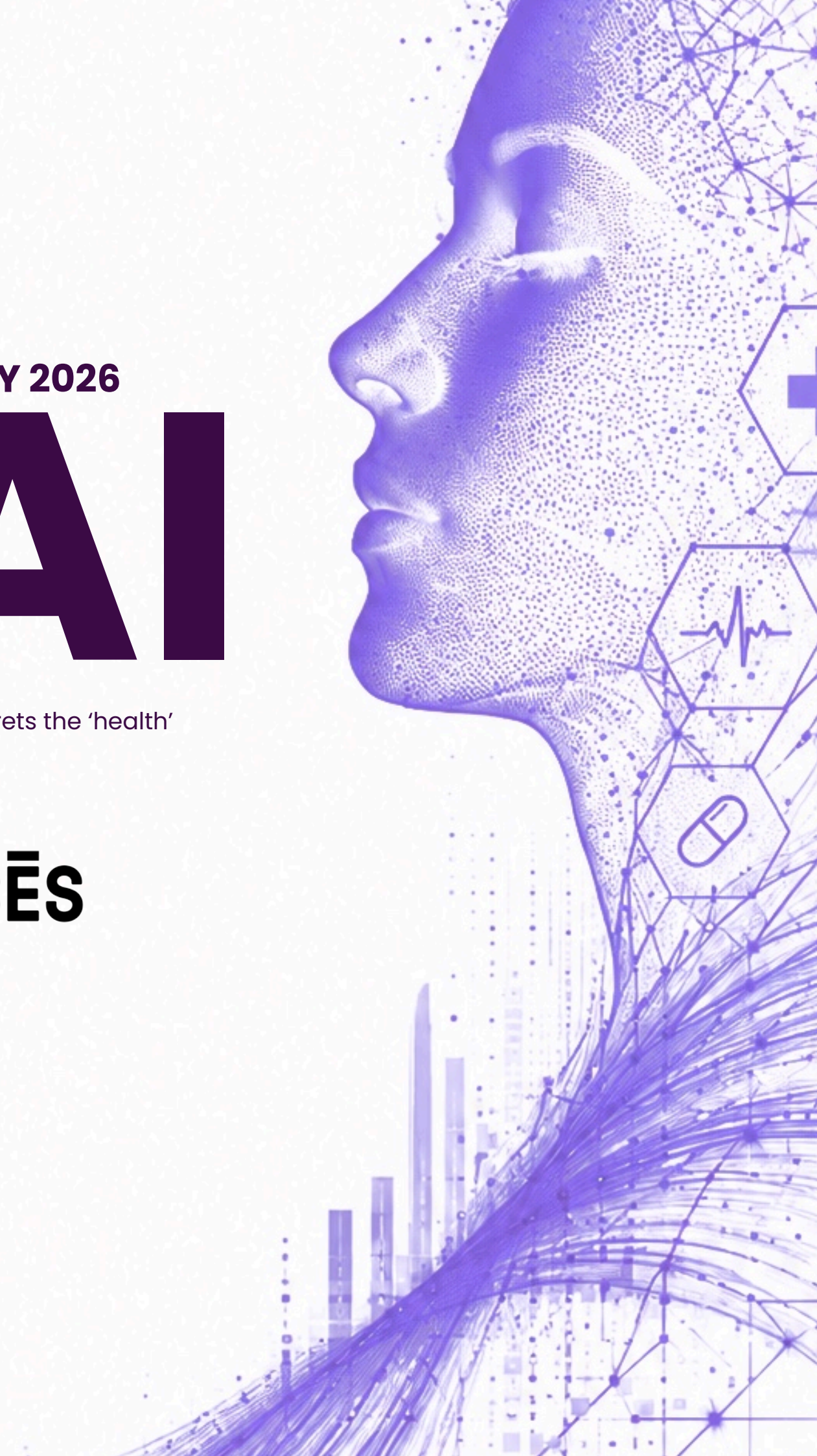
STUDY 2026

SECTORAL AUDIT

AI

How AI interprets the ‘health’ ecosystem

BERBĒS

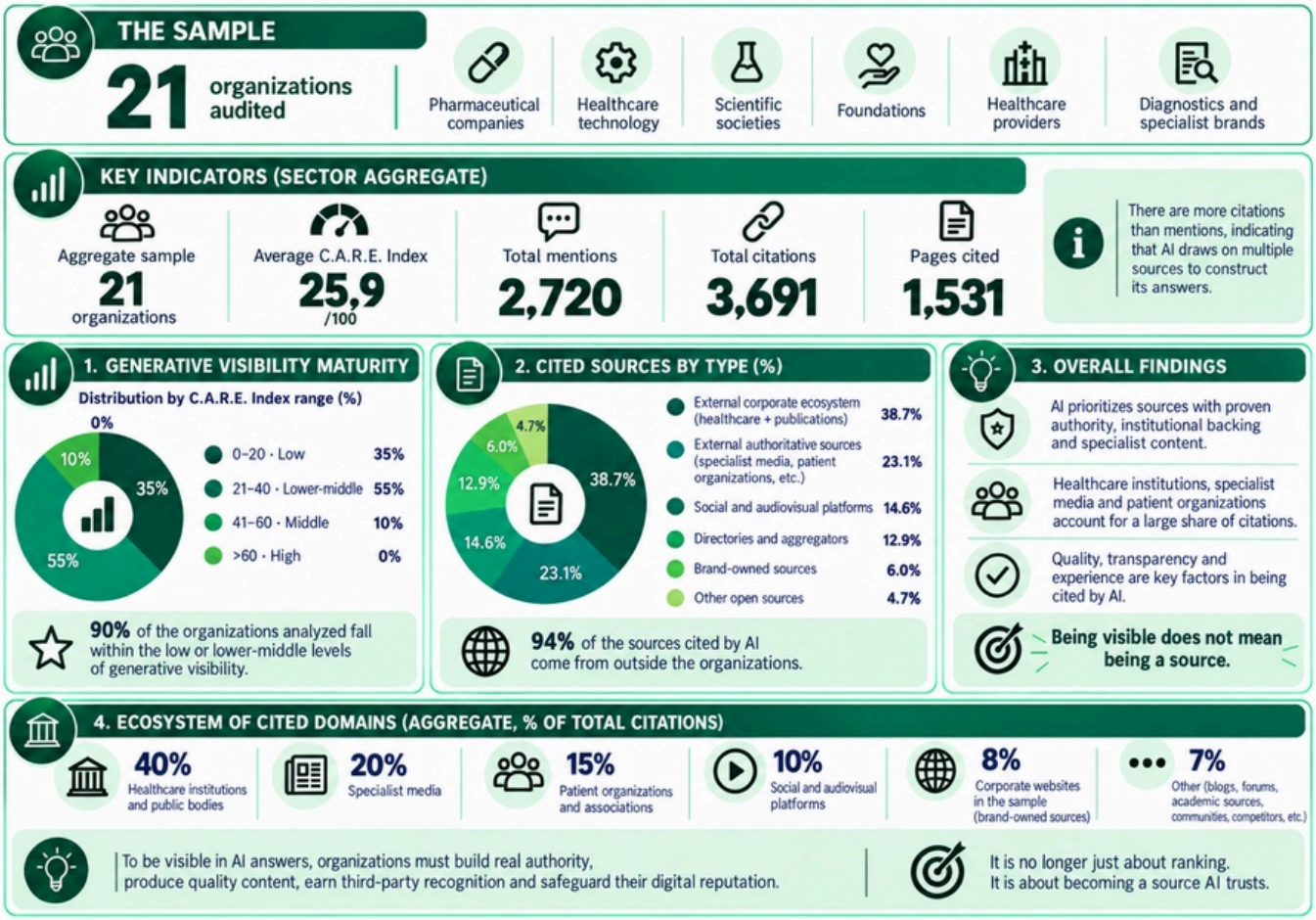


SECTORAL AUDIT: HOW AI INTERPRETS THE HEALTH ECOSYSTEM

An exploratory audit of 21 organisations within the health ecosystem in Spain, carried out in July–August 2026. Aggregated and anonymised results, with no public ranking.

BERBĒS has developed its own analytical model that measures coverage, authority, reputation and evidence in AI.

Mentions, citations, cited pages and sources have been analysed. No details are provided regarding model versions, prompts used or the composition of the expanded sample.



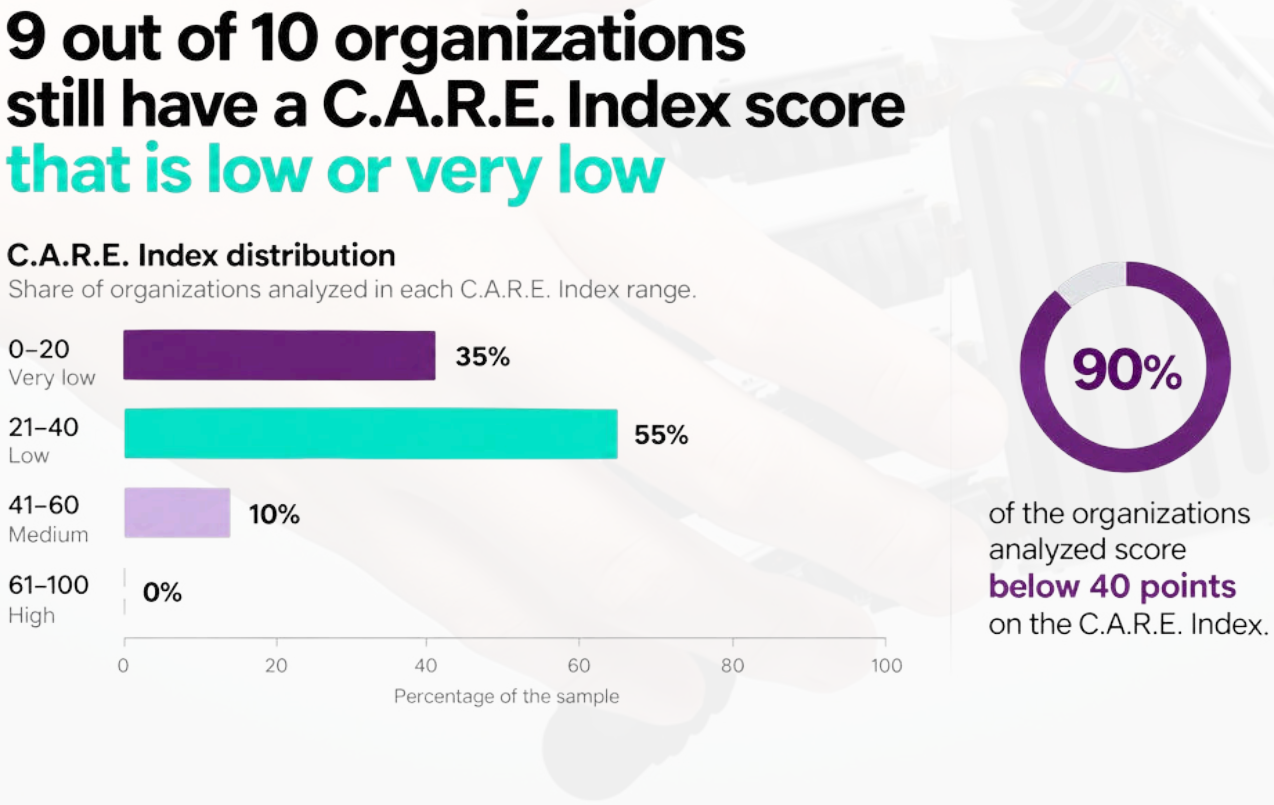
Period: July–August 2026
Market: Spain · Source: C.A.R.E.
Declared dataset: over 300 million prompts; this does not correspond to the number of queries in this audit.

The aim is not to produce a public ranking or to draw a competitive comparison between specific organisations. The analysis is presented in an aggregated and anonymised form, with a sector-wide objective: to identify common patterns in how generative systems interpret the healthcare sector, what types of sources they use, and where the main opportunities for improvement lie.

This approach is particularly relevant in the healthcare sector, where digital visibility cannot be analysed solely in terms of traffic, search engine rankings or brand awareness. In a regulated and sensitive environment, appearing in an AI-generated response also means being perceived as a reliable, contextualised source that is appropriate to the query.

Visibility that is still in its infancy

The results paint a fairly clear picture: generative AI in the healthcare sector is still in its early stages. Most of the organisations analysed have a low or medium-low level of presence in the AI environments assessed.



This finding does not mean that organisations lack real authority. Many have a proven track record, professional recognition, scientific output or an established reputation. What the audit reveals is something else: that authority is not always being interpreted, structured or utilised consistently by generative systems.

An organisation may be significant within the healthcare sector and, at the same time, not be sufficiently integrated into the responses generated by AI engines. It may also feature prominently, but through scattered sources, third-party websites or biased associations that do not accurately reflect its actual role.

Visibility in AI does not depend solely on having a digital presence. It depends on how that presence is understood, validated and contextualised.

Appearing does not mean being a source

One of the most useful lessons to be learnt from auditing is the difference between a reference and a citation.

An organisation may be mentioned within a response without necessarily being used as the primary source to support it. The mention indicates its presence within the semantic field of a query. The citation suggests that the system has used a specific source to help construct the response.

From a reputational perspective, this second dimension is particularly important. It relates more closely to an organisation's ability to be perceived as a reliable source.

Aggregate indicator	Value
Healthcare sample analyzed for these indicators	n=21
Average C.A.R.E. Index	25,9/100
Total mentions	2,720
Total citations	3,691
Pages cited	1,531

The data points to an interesting conclusion: there is a presence, but also a great deal of fragmentation. AI draws on numerous sources to generate responses, and those sources do not always best reflect the organisation's actual authority.

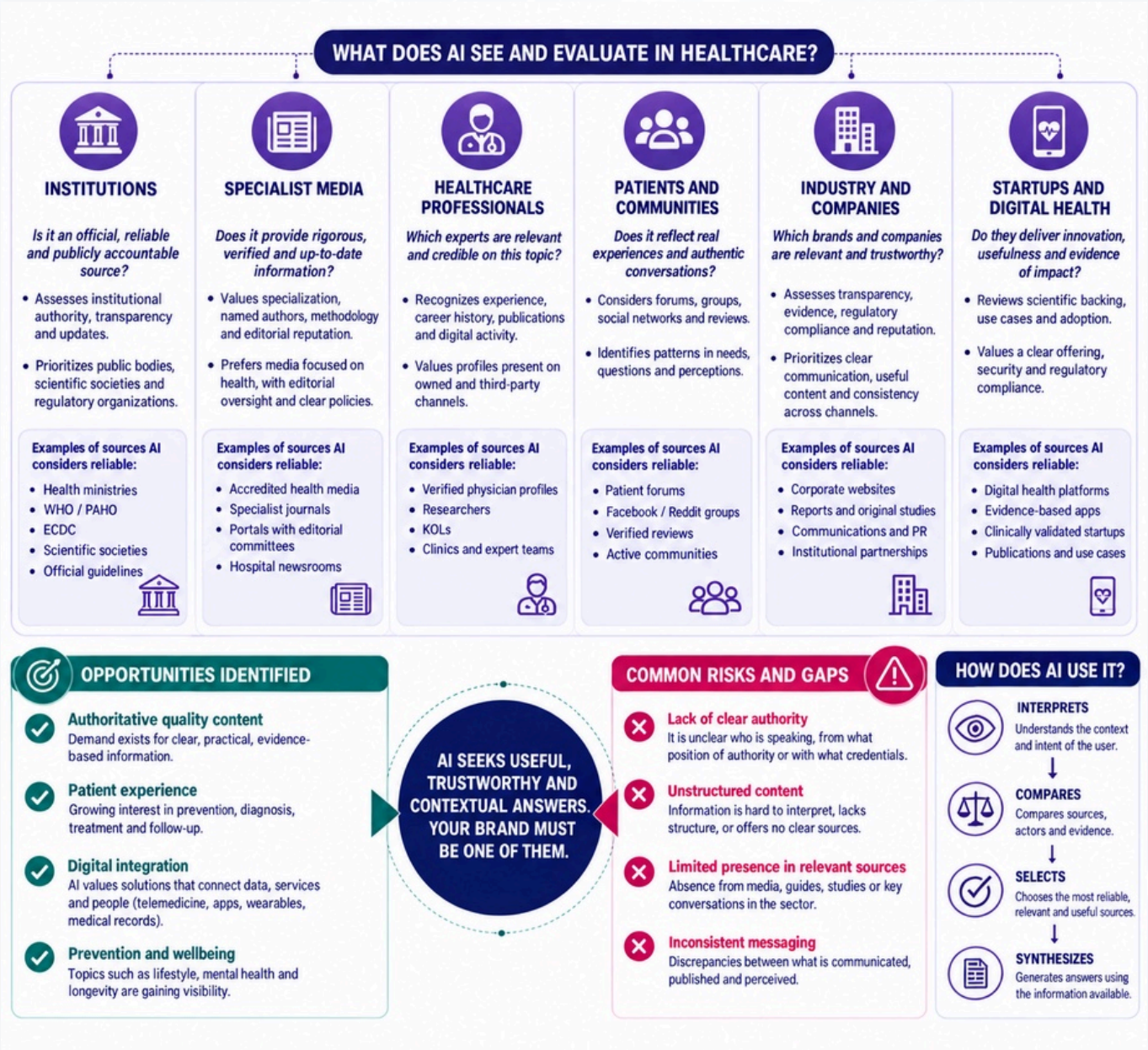
The challenge isn't simply to appear in AI-generated responses. It's to be cited as an authoritative source.



The decisive influence of the external ecosystem

Source analysis is one of the most significant findings. AI does not base its responses solely on corporate websites. It draws on a highly distributed ecosystem of external sources.

In the expanded sample, the brand's own sources account on average for just 6 per cent of the total number of sources identified. The remaining 94 per cent come from external sources: other industry players, institutions, scientific societies, the media, social media platforms, directories, aggregators or open sources.



The external corporate ecosystem includes websites of other players in the sector: hospitals, insurance companies, laboratories, healthcare technology firms, suppliers, related brands, competitors or private organisations that help to contextualise the category.

External sources of authority include the media, health publications, scientific societies, public institutions, health organisations, technical documents, knowledge foundations, and sources of scientific or regulatory evidence. Not all of them fulfil the same function, but they all serve as external indicators of validation, context or credibility.

The message is clear: generative authority is not built solely through one's own website.

It is also found in the media, conferences, technical publications, press releases, reports, institutional documents and sector-specific discussions.

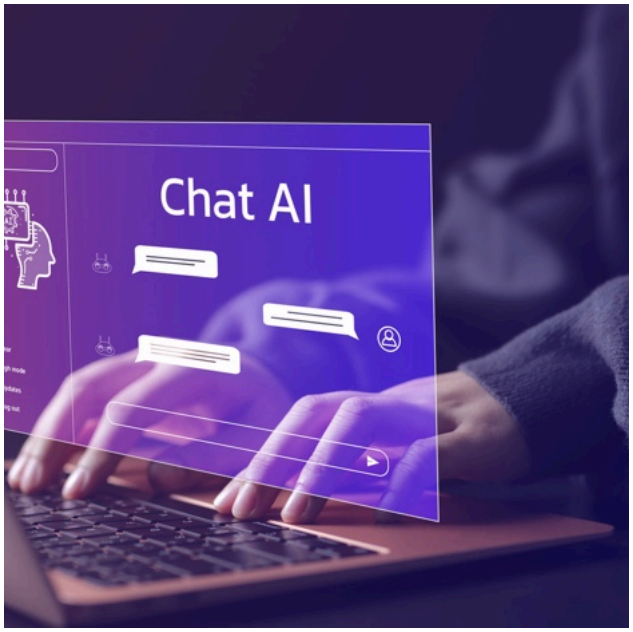


Almost one in four sources comes from authoritative sources

The category of external authority sources accounts for approximately 23.1 per cent of the total. In other words, almost one in four of the sources identified comes from the media, institutions, scientific societies, health publications, technical documents or clinical and regulatory sources.

This information should not be viewed merely as media exposure. Its value lies in forming part of a broader external authority. A specialist media outlet can provide context for a development. A scientific society can reinforce a technical position. A regulatory body can lend legitimacy. An opinion piece or interview can associate the organisation with a field of expertise. A report can consolidate a sector-wide narrative.

Communication and public relations, therefore, are not merely a tool for generating impact. In the age of AI, they also serve as a lever for building a presence in external sources of authority.





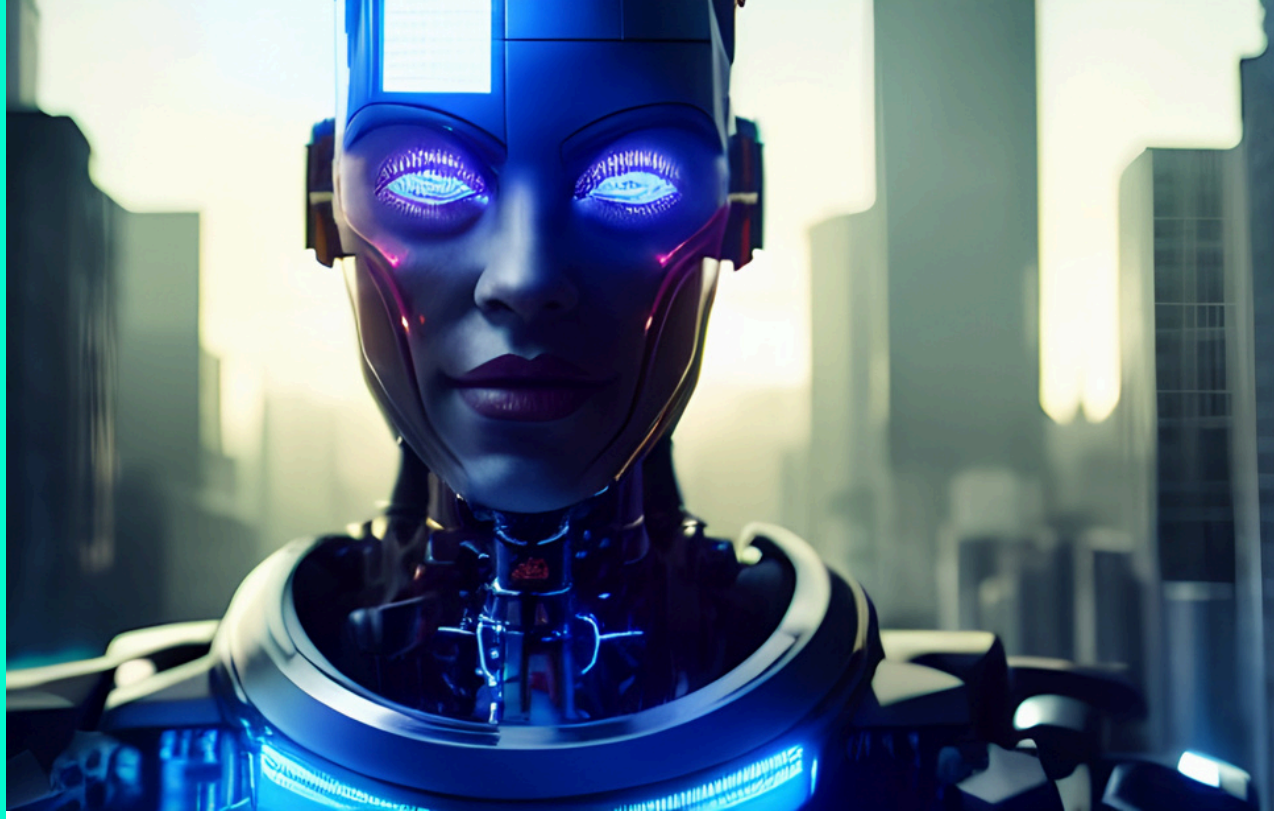
The fragmentation of the organisation

Another significant pattern is the fragmentation of corporate identity. In a number of organisations, AI appears to recognise products, sub-brands, product lines, divisions or third-party content more readily than the main corporate entity.

This is particularly evident in organisations with complex structures: multiple therapeutic areas, global divisions, commercial brands, products, national subsidiaries or distinct business units.

The result is that the organisation may have a presence, but not necessarily a clear identity. It may be visible through a product, a sub-category or an external source, but not through its scientific, institutional or corporate role.

The challenge is not to eliminate that complexity, but to organise it. Organisations need a corporate narrative that is clear enough to enable generative systems to link entities, areas of authority, spokespersons, sources and contexts.



Review of the Health 2026 audit

The audit findings, based on an analysis of the four variables assessed, conclude that:

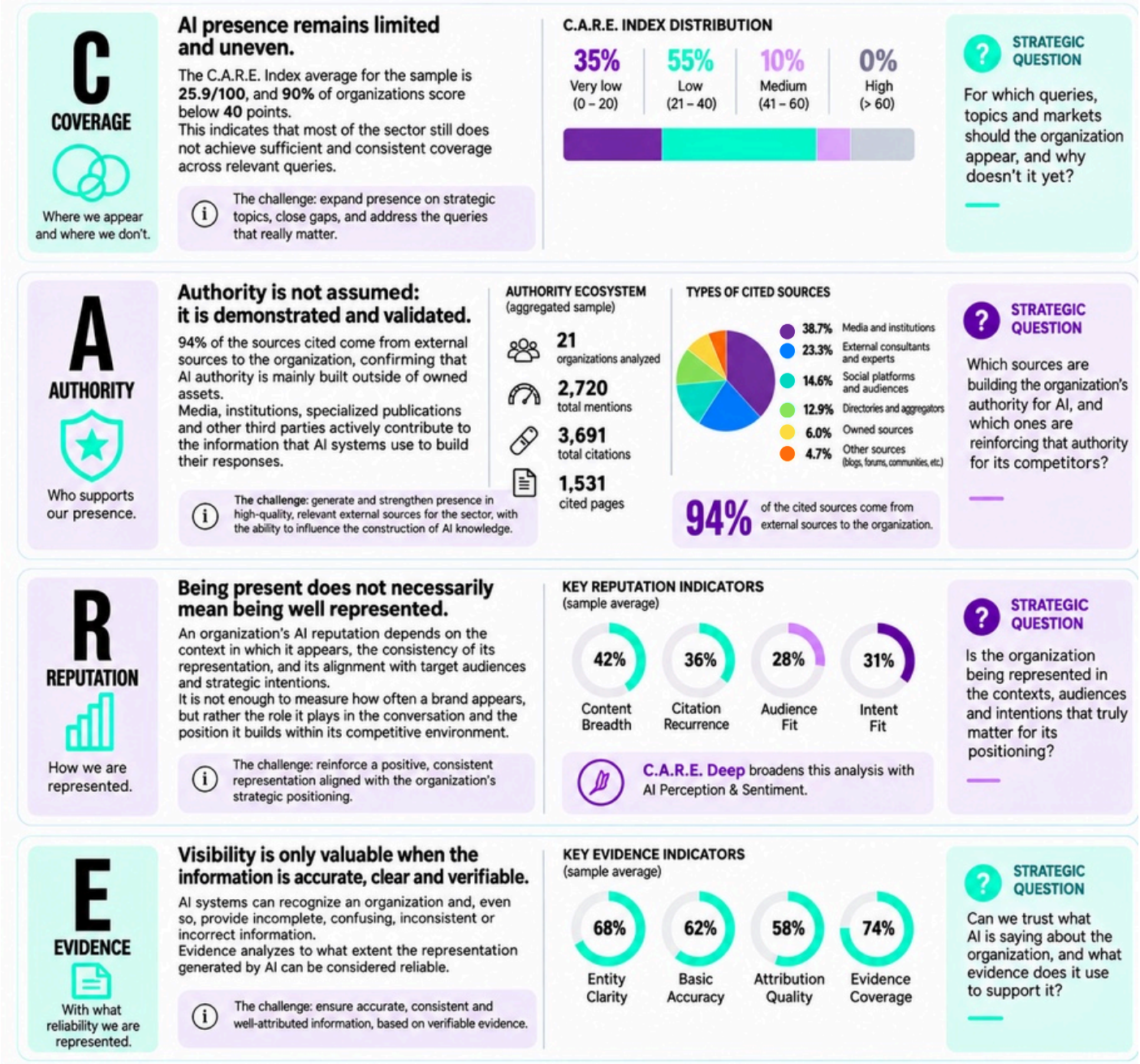
Coverage: shows that a significant proportion of the sector still has a limited and uneven presence in consultations, issues and strategic contexts.

Authority: confirms that external sources — the media, institutions, specialist publications, platforms and other third parties — play a decisive role in building authority.

Reputation: This shows that simply appearing online does not necessarily mean being well represented: what matters is the context, consistency and how well that online presence aligns with the organisation's positioning, its audiences and its key objectives.

Evidence: highlights a key issue: that the information associated with an organisation should be clear, accurate, properly attributed and sufficiently substantiated.

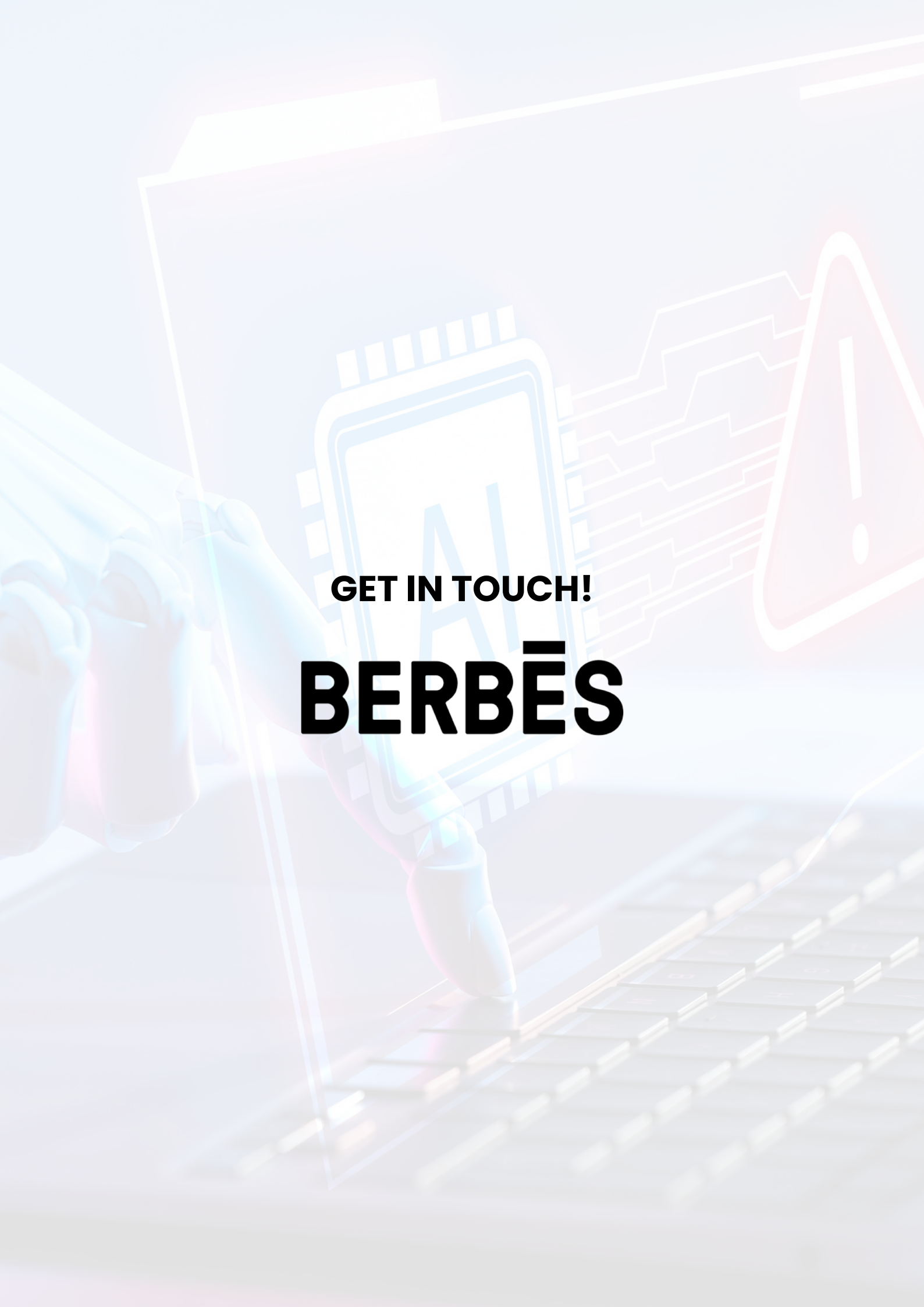
The strategic conclusion is clear: a presence in healthcare AI cannot be built solely through SEO or the corporate website. It requires an integrated strategy encompassing content, communication, reputation management, PR, spokespersons, external engagement and message governance.



Findings of the Health 2026 audit

The findings point to early-stage visibility in generative AI, a high reliance on external sources and fragmented corporate representation. These are exploratory patterns identified in the analysis, not a measure of the entire healthcare sector.

The next step is to assess each organisation: to examine its public profile, the sources that underpin its authority, how it is portrayed, and the evidence supporting its messages.



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