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Losing patients is costly: Increasing retention rates by 5% can lead to over 85% more profit.<sup>1</sup>

In recent years, patient retention has become a problem for many hospitals and health centers. Due to dissatisfaction with care, longer wait times, and rising costs, patients are apprehensive to seek out care and remain loyal to a physician. In fact, many go without care they may desperately need due to barriers to treatment and disdain with the health care system. Losing these patients is extremely costly.

What can increase patient satisfaction and retention, while also providing significant cost savings and higher quality of care? Through the implementation of telehealth services.

# **Telehealth as a Solution**

Technology is increasing in the health care arena, and the demand is only growing.

In recent recent surveys;



78% of respondents said they would use a secure online method to access their medical histories and share information with their doctor.<sup>2</sup>



77% of respondents said they would use telehealth services to track health indicators such as blood pressure, pulse and glucose levels.<sup>3</sup>



59% of Generation Y (Millennial) respondents said they would switch doctors to one with a better online platform.<sup>2</sup>



Survey respondents cited that convenience and familiarity with technology would be the top reasons they would try telehealth.<sup>3</sup>

Telehealth is a benefit to both patient and provider. There is evidence that practicing the use of telehealth increases retention rates by reducing costs, decreasing wait times, improving health and increasing patient satisfaction.





#### **Reduce Costs**

Implementation of telehealth services has been shown to lead to lower spending and lower costs with an estimated savings of \$312 - \$542 per patient per quarter.<sup>4</sup>

Patients are more likely to seek out care if it is affordable and express concern over rising costs with 70% of survey respondents concerned about paying for medical bills.<sup>2</sup>

## **Shorten Wait Times**

30% of patients have walked out because wait times were too long and 1 in 5 changed doctors because of this.<sup>5</sup>

Telehealth visits have been linked to shorter wait times for an in person visit:



minutes

VS

2

### **Improve Health Outcomes**



Positive results from studies showing the benefits of telehealth:

Patients in rural areas who use telehealth services to monitor and treat their diabetes saw reduced cardiovascular risk and improved metabolic control due to high patient retention.<sup>7</sup>

Patients who receive telehealth care see better results than those solely receiving in-person care. After receiving telehealth treatment for four months for anxiety and depression, the group reported an 8% better treatment response than their counterparts receiving in-person care.<sup>8</sup>

#### **Increase Patient Satisfaction**

Health centers who have implemented telehealth in post-care surveys have found 90% patient satisfaction with telehealth.<sup>6</sup>

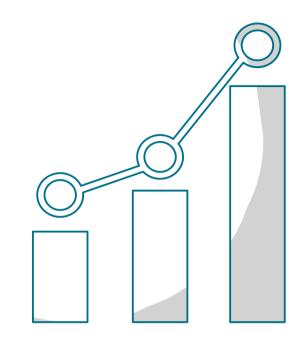
99% of patients would recommend telehealth to someone.<sup>6</sup>

98% would be interested in future telehealth visits.<sup>6</sup>



# The results speak for themselves

Telehealth leads to higher patient satisfaction and happiness. With reduced wait times, lower costs, and better health benefits, implementing telehealth improves the experience of both patients and physicians. Happy patients are returning patients, and telehealth is the invaluable solution keeping patients loyal.





Certintell is a care management company that enables safety-net providers to make a lasting impact on the health of underserved patients through telehealth. We do this by using our indepth expertise in health care and health information technology to anticipate — and meet — the needs of health care payers, providers and patients.

# Closing the Care Gap<sup>™</sup>

#### SOURCES

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<sup>7</sup> Davis, Richard. "TeleHealth Improves Diabetes Self-Management in an Underserved Community." American Diabetes Association, care.diabetesjournals.org/content/diacare/33/8/1712.full.pdf.

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