Digital health, measurable value.

41 published value-add KPIs for personal users, clinics, hospitals, laboratories and pharmacies.

External evidence, clearly attributed.
These are published external study and case-study findings, not Afiyah results, targets, forecasts or guaranteed benefits. Outcomes depend on the original population, service, technology and operating model.

14 days earlier

Median appointment access in the UCSF Fast Pass study.

S02 - Open source

12+ hours / week

Phone time saved at Signature Dermatology. Vendor case study.

S10 - Open source

7x bookings

One-year online service growth at Peak Pharmacy. Vendor case study.

S22 - Open source

A website evidence library - not an Afiyah results page

Every table gives the original number, its context, wording ready for editorial review, and the workflow needed to make that benefit relevant. Primary publications were checked on 25 October 2026. Studies and vendor accounts are labelled separately.

9 personal-user findings I 8 clinics I 8 hospitals I 8 laboratories I 8 pharmacies I 26 linked sources

01 Personal users

Time back, easier access and daily wellbeing

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
P01 Travel time avoided 2.9 hours per video visit	Peer-reviewed observational study; modeled savings I 2023 US cancer centre; mean modeled round-trip driving time avoided. Regional travel distances were long; this is not waiting time.	External study: Moffitt Cancer Center researchers estimated 2.9 hours of driving avoided per video visit. S01 - Open source Relevance / dependency: Relevant to clinically suitable remote visits; requires a clinician service.
P02 Indirect patient costs avoided US$147-186 per video visit	Peer-reviewed observational study; modeled savings I 2023 Same cohort; two models combine travel costs and lost productivity. Historical US estimates, not cash refunds or UAE savings.	External study: a US cancer-centre analysis estimated US$147-186 in travel and productivity costs avoided per video visit. S01 - Open source Relevance / dependency: Financial-access context; do not convert this to an Afiyah saving promise.
P03 Earlier appointment access 14 days earlier, median	Peer-reviewed retrospective cohort I 2024 Completed UCSF Fast Pass appointments versus their originally scheduled dates. Retrospective study; patients accepted earlier-slot offers.	External study: UCSF patients accepting automated earlier-slot offers were seen a median 14 days sooner. S02 - Open source Relevance / dependency: Requires integrated calendars, matching rules and an active waitlist.

Related findings from one deployment must not be added together or treated as separate studies.

01 Personal users I continued

Time back, easier access and daily wellbeing

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
P04 Cases resolved without a specialist visit 65% of eConsult cases	Peer-reviewed service evaluation I 2018 Clinician-to-clinician service, Canada; some cases never required a referral. Not a 65% reduction in all visits.	External study: Champlain BASE clinicians resolved 65% of eConsult cases without a specialist visit. S03 - Open source Relevance / dependency: Clinician-reviewed advice; not evidence that AI can replace a check-up.
P05 Time to specialist advice 21 hours, median	Peer-reviewed service evaluation I 2018 Same 14,105 cases; measured from primary clinician request to specialist response. No equivalent in-person baseline was tested.	External study: the Champlain BASE eConsult service recorded a median 21-hour specialist response. S03 - Open source Relevance / dependency: Depends on staffed specialist coverage; not an Afiyah response-time guarantee.
P06 Blood-test queue time 90 to 20 minutes	Vendor-published case study I Undated case study Children's phlebotomy clinic, King's College Hospital; operational before/after account, not all laboratory appointments.	External case study: King's College Hospital's children's blood clinic reported average waits falling from 90 to 20 minutes with Qmatic. S05 - Open source Relevance / dependency: Requires onsite queue and staffing changes beyond a patient app.

Related findings from one deployment must not be added together or treated as separate studies.

01 Personal users I continued

Time back, easier access and daily wellbeing

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
P07 Pharmacy travel avoided 90 minutes per patient, median	Peer-reviewed observational programme I 2022 online / 2023 issue Modeled saving over the whole July 2020-January 2021 Spanish home-delivery programme. Not per delivery, month or year.	External study: a Spanish hospital home-pharmacy programme estimated a median 90 minutes of travel avoided per patient across seven months. S06 - Open source Relevance / dependency: Requires a participating pharmacy and verified delivery operations.
P08 Booking completed in one step 93.1% of exclusive self-schedulers	Peer-reviewed retrospective comparison I 2021 Mayo well-child appointments; 712/765 finalised appointments in the exclusive self-scheduling group. Selected users, not all app users.	External study: 93.1% of appointments among exclusive self-schedulers in a Mayo Clinic well-child study were finalised in one step. S04 - Open source Relevance / dependency: Requires direct scheduling; a request submitted to an inbox is different.
P09 Daily movement gained About 1,800 extra steps per day	Peer-reviewed umbrella review I 2022 Umbrella-review summary of tracker-based interventions; programmes and populations varied. Connecting a wearable alone was not the tested intervention.	External research: a 2022 review found tracker-based interventions increased activity by the equivalent of about 1,800 daily steps. S07 - Open source Relevance / dependency: Relevant to tracking plus behaviour support; not an Afiyah outcome.

Related findings from one deployment must not be added together or treated as separate studies.

02 Clinics

More completed care, less routine administration

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
C01 Website booking conversion 30% relative lift	Vendor-published, provider-supplied case study I Undated case study Next Level Urgent Care; vendor report with analytics and booking changes. Not 30 percentage points or 30% revenue growth.	External case study: Next Level Urgent Care reported a 30% improvement in website booking conversion with Zocdoc. S08 - Open source Relevance / dependency: Relevant to conversion design and connected availability; not revenue proof.
C02 Daily patient volume 15% increase	Vendor-published case study I 2023 Access Healthcare, direct primary care; scheduling, forms and EHR sync. Vendor-published before/after account; reporting window unspecified.	External case study: Access Healthcare reported 15% higher daily patient volume after adopting NexHealth. S09 - Open source Relevance / dependency: Requires a functioning provider workflow and enough clinical capacity.
C03 No-shows and cancellations 73% reduction, combined measure	Vendor-published, provider-supplied case study I Undated case study Next Level combined walk-in and online schedules. Vendor data are not independently verified; no-show-only effect is not supplied.	External case study: Next Level reported 73% fewer no-shows and cancellations after aligning online and walk-in schedules. S08 - Open source Relevance / dependency: Do not describe this as a reminder-only or no-show-only result.
C04 Scheduling staff time saved 12+ hours each week	Vendor-published case study I Undated case study Signature Dermatology; customised online appointment rules and EHR integration. Vendor-published time-saving figure.	External case study: Signature Dermatology reported saving more than 12 hours of phone time per week with online scheduling. S10 - Open source Relevance / dependency: Relevant to replacing routine booking calls with genuine self-service.

Related findings from one deployment must not be added together or treated as separate studies.

02 Clinics I continued

More completed care, less routine administration

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
C05 Inbound booking calls avoided 100+ fewer calls each week	Vendor-published case study I Undated case study Same Signature Dermatology deployment as C04; related outcomes, not independent proof or additive savings.	External case study: Signature Dermatology reported over 100 fewer weekly phone calls after enabling online scheduling. S10 - Open source Relevance / dependency: Pair with C04 carefully; do not double-count the same staff benefit.
C06 Additional monthly revenue US$10,000 monthly increase reported	Vendor-published customer video and title I 2026 publication North Florida Women's Care; vendor customer-video title. Calculation and measurement window are not disclosed; not net profit.	External customer report: North Florida Women's Care attributed US$10,000 in additional monthly revenue to its Luma scheduling workflow. S11 - Open source Relevance / dependency: Limited financial disclosure; use in a sourced case-study section only.
C07 Last-minute slots recovered 31% of cancellations filled	Vendor-partner case study I 2023 HeartPlace cardiology group; automated offers to clinically appropriate patients. Not 31% growth in all appointments.	External case study: HeartPlace filled 31% of last-minute appointment cancellations automatically using Phreesia. S12 - Open source Relevance / dependency: Requires live cancellations, eligibility rules and calendar write-back.
C08 Referred patients scheduled 25% increase	Vendor-published customer video and title I 2026 publication North Florida Women's Care; reported increase in scheduled referrals, not a 25-percentage-point conversion improvement.	External customer report: North Florida Women's Care reported 25% more referred patients getting scheduled with Luma. S11 - Open source Relevance / dependency: Referral follow-up and completed bookings must be measured separately.

Related findings from one deployment must not be added together or treated as separate studies.

03 Hospitals

Better outpatient access and stronger use of capacity

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
H01 Missed appointments reduced 40% fewer no-shows	Vendor-published case study I 2025 PDF TriState Health; no-show rate from 5% to below 3%. Vendor-reported relative reduction, not a 40-point fall.	External case study: TriState Health reported 40% fewer no-shows after introducing connected patient workflows. S13 - Open source Relevance / dependency: Depends on reminders, cancellation access and hospital workflow adoption.
H02 Appointment value preserved US$760,000 annually, vendor estimate	Vendor-published case study I 2025 PDF TriState attributed this amount to prevented no-shows. Financial valuation is not independently audited cash or net profit.	External case study: Luma valued TriState Health's prevented no-shows at US$760,000 annually. S13 - Open source Relevance / dependency: Use as reported appointment value; do not add it to overlapping revenue.
H03 Staff capacity redeployed 3 full-time-equivalent staff	Vendor-published case study I 2025 PDF TriState redirected time from calling, printing and scanning toward patients. Redeployment, not three jobs eliminated.	External case study: TriState Health reported freeing three full-time-equivalent staff from routine administration for patient-facing work. S13 - Open source Relevance / dependency: Time released is not automatically a payroll cost reduction.
H04 Reminder-call workload saved 80 staff hours per month	Vendor-published case study I Undated case study Northfield Hospital + Clinics; manual reminder-call time saved with Luma and MEDITECH workflows. Window not stated.	External case study: Northfield Hospital + Clinics reported saving 80 hours of manual reminder calls monthly. S14 - Open source Relevance / dependency: Requires reliable contact data, delivery handling and hospital adoption.

Related findings from one deployment must not be added together or treated as separate studies.

03 Hospitals I continued

Better outpatient access and stronger use of capacity

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
H05 Telephone hold times 30% reduction	Vendor-published case study I Undated case study Same Northfield deployment as H04. Vendor does not supply baseline minutes or population on the summary page.	External case study: Northfield Hospital + Clinics reported a 30% reduction in telephone hold times. S14 - Open source Relevance / dependency: Report the percentage only; do not invent minutes or annual savings.
H06 Waitlist access improvement 33 days earlier, average	Vendor-published case study I Undated case study Maury Regional Health; patients opting into earlier-slot offers, not all hospital patients or emergency waiting.	External case study: Maury Regional Health reported seeing waitlist participants an average 33 days sooner with Luma. S15 - Open source Relevance / dependency: Requires eligible earlier appointments and live calendar integration.
H07 Open appointment slots filled 2.4 times monthly slots filled	Vendor-published case study; organisation unnamed I 2020 PDF / 2019 examples Unnamed academic medical centre; orthopaedic rollout and automated waitlist. Not a 2.4-times rise in total hospital volume.	External case study: an academic medical centre reported filling 2.4 times as many monthly available slots with Luma. S16 - Open source Relevance / dependency: Keep the open-slot denominator; organisation is not named publicly.
H08 Eligible referral conversion 90% converted to appointments	Vendor-published case study I Undated case study Mile Bluff Medical Center; eligible referrals only. A conversion rate, not a 90% increase or confirmed visit-attendance rate.	External case study: Mile Bluff Medical Center reported converting 90% of eligible referrals into scheduled appointments. S17 - Open source Relevance / dependency: Requires referral intake, outreach and a staffed, available care service.

Related findings from one deployment must not be added together or treated as separate studies.

04 Laboratories

Faster access, authorisation and financial workflows

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
L01 Laboratory appointment bookings 40% increase	Vendor-published case study I Undated case study Bio-Test, Ottawa; online booking and expanded appointment types including private home visits. Measurement window unspecified.	External case study: Bio-Test reported 40% more bookings after introducing online scheduling and expanding services with Zoho. S19 - Open source Relevance / dependency: Requires live lab appointments and capacity, including any promised home visits.
L02 Collection-centre waiting times 35% reduction within six months	Vendor-published case study I Undated case study Same Bio-Test deployment; real-time queue tracking and redistribution of patient flow. Vendor before/after account.	External case study: Bio-Test reported 35% shorter collection-centre waits within six months of introducing real-time flow management. S19 - Open source Relevance / dependency: Needs onsite coordination; not an effect of result storage or booking alone.
L03 Service operating efficiency About GBP 120,000 saved annually	Vendor-published NHS service case study I April 2023 BCUHB blood-collection service, North Wales; vendor-reported efficiency savings, not independently audited cash profit.	External NHS service case study: BCUHB reported about GBP 120,000 in annual efficiency savings after digitising phlebotomy booking. S21 - Open source Relevance / dependency: Requires booking automation, demand management and a working service operation.
L04 Patient complaints 80% fewer phlebotomy complaints	Vendor-published NHS service case study I April 2023 Same BCUHB service; change after digital booking. No complaint-count baseline or comparison dates disclosed.	External NHS service case study: BCUHB reported an 80% reduction in phlebotomy-related complaints after digitising booking. S21 - Open source Relevance / dependency: Patient-experience evidence; do not equate it with fewer clinical errors.

Related findings from one deployment must not be added together or treated as separate studies.

04 Laboratories I continued

Faster access, authorisation and financial workflows

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
L05 Prior-authorisation submission time 48% less: 3.1 to 1.6 days	Joint-vendor case study; laboratory unnamed I 2026; updated August 10 Unnamed national lab; highest-volume test, 2024-2025. Same cohort as L06-L07; not all diagnostic services.	External case study: careviso and XiFin reported laboratory authorisation submission time falling from 3.1 to 1.6 days. S18 - Open source Relevance / dependency: Requires payer rules, clinical documentation and specialist authorisation integration.
L06 Prior-authorisation closure time 53% less: 8.1 to 3.8 days	Joint-vendor case study; laboratory unnamed I 2026; updated August 10 Same lab and study as L05. Closure includes completed authorisation processing; not approval of every request.	External case study: the same careviso-XiFin laboratory deployment reduced authorisation closure time from 8.1 to 3.8 days. S18 - Open source Relevance / dependency: Do not label this as faster test analysis or a guaranteed insurance approval.
L07 Paid claims 13.5% increase reported	Joint-vendor case study; laboratory unnamed I 2026; updated August 10 Linked to 456 payers with improved approvals within the same lab analysis; not an all-lab revenue percentage.	External case study: careviso and XiFin reported 13.5% more paid claims among payers with improved authorisation approvals. S18 - Open source Relevance / dependency: Specialist billing evidence; not a feature claim for Afiyah today.
L08 Cash collected 15% increase	Vendor-reported customer example I 2022 MercyOne Des Moines Outreach Laboratory; revenue-cycle automation and portals. Vendor account; reporting window unspecified.	External customer example: MercyOne Des Moines Outreach Laboratory reported 15% higher cash collections with XiFin. S20 - Open source Relevance / dependency: Collections differ from test-order growth, gross revenue and profit.

Related findings from one deployment must not be added together or treated as separate studies.

05 Pharmacies

Digital demand, repeat care and service efficiency

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
F01 Online service booking growth 7 times bookings within one year	Vendor-published case study I Undated case study Peak Pharmacy group; branded app, website, referral partners and workflows. Vendor report, not isolated app causality.	External case study: Peak Pharmacy reported sevenfold growth in online service bookings within one year with Healthera. S22 - Open source Relevance / dependency: Requires pharmacy service availability, booking and operational participation.
F02 Patient retention 95% retention reported	Vendor-published case study I Undated case study Same Peak deployment; retention definition, denominator and observation window are not published. Not a 95% increase.	External case study: Healthera reported 95% patient retention at Peak Pharmacy; the measurement window was not specified. S22 - Open source Relevance / dependency: Supporting case-study detail; too little definition for a universal benchmark.
F03 Network-generated demand 12% of orders from the network	Vendor-published case study I Undated case study Peak; orders referred directly by Healthera's network. A share of orders, not 12% growth or 12% new patients.	External case study: Peak Pharmacy received 12% of orders directly through Healthera's referral network. S22 - Open source Relevance / dependency: Marketplace acquisition requires active referral partners and attribution tracking.
F04 Monthly prescription volume 3,000 to over 15,000 items	Vendor-published case study I Undated case study Newport Pharmacy; baseline 2020, final date unspecified. Use published body counts because the title multiplier is inconsistent.	External case study: Newport Pharmacy reported growth from 3,000 monthly prescription items in 2020 to more than 15,000 after digital expansion. S23 - Open source Relevance / dependency: Items are not patients or profit; national ordering and fulfilment also matter.

Related findings from one deployment must not be added together or treated as separate studies.

05 Pharmacies I continued

Digital demand, repeat care and service efficiency

Published external findings. Keep the organisation, scope and source with every number.

VALUE KPI / PUBLISHED NUMBER	ORIGINAL CONTEXT / LIMITS	SUGGESTED WEBSITE WORDING
F05 Staff administration time released More than 180 hours	Vendor-published case study I Undated case study Colinton Mains; consented digital repeat ordering. Reporting period is not stated: do not say weekly, monthly or annually.	External case study: Colinton Mains Pharmacy reported more than 180 staff hours saved through digital managed repeats; period unspecified. S24 - Open source Relevance / dependency: Requires consented repeat-order workflows; not ordinary app reminders alone.
F06 Revenue growth 102% year-on-year increase	Marketing-agency customer case study I Case begins July 2023; page undated Click2Pharmacy; combined SEO, paid advertising, redesign and patient workflows. Results at 15 months; no causal breakdown or profit measure.	External agency case study: Click2Pharmacy reported 102% year-on-year revenue growth during a broader digital marketing and website programme. S25 - Open source Relevance / dependency: Do not attribute this to booking software alone or imply a free marketing effect.
F07 Vaccination intake and visit flow A carload processed in 5 vs 30 minutes	Vendor-published customer account I Pandemic-era example; page undated Medicine Shoppe 365, Alberta; owner-reported pandemic-era example with scheduled arrivals and pre-completed forms. Not average injection time.	External customer account: Medicine Shoppe 365 described processing a carload of vaccination patients in five minutes rather than 30 using MedMe. S26 - Open source Relevance / dependency: Requires clinical staffing and intake redesign; no pressure to shorten safe care.
F08 Home-pharmacy service satisfaction 9.88/10 among 134 respondents	Peer-reviewed observational programme I 2022 online / 2023 issue Spanish hospital telepharmacy and home-delivery programme. Respondent satisfaction, not universal retention or proof of clinical benefit.	External study: a Spanish hospital home-pharmacy programme recorded satisfaction of 9.88 out of 10 among 134 survey respondents. S06 - Open source Relevance / dependency: Relevant to pharmacy fulfilment and follow-up; selected respondents may differ.

Related findings from one deployment must not be added together or treated as separate studies.

Using these findings on the website

Suggested section title
What published digital-health studies and case studies have reported

Disclosure to keep visible with each table or card group
These are published external study and case-study findings, not Afiyah results, targets, forecasts or guaranteed benefits. Outcomes depend on the original population, service, technology and operating model.

Attribution is part of the headline.

Use "External case study: [organisation] reported..." or "External study: [authors/organisation] found...". Link the original publication beside the figure.

Use a benefit story that matches the tested workflow.

A calendar request inbox is not direct booking. Patient tracking is not clinical eConsult. A patient app is not a laboratory billing or sample-processing system. Relevance notes are conditional, not a current Afiyah feature audit.

Keep measures and denominators intact.

Bookings, attended visits, patient numbers, revenue, collections, estimated appointment value and profit are different. Preserve relative changes versus percentage points, eligible populations, mean/median and reporting periods.

Do not manufacture annual totals.

No supported universal claim was established for "300 patient hours saved per year" or "40% more clinic revenue". Keep the published unit. Any future calculator must show its own assumptions and label its output as an illustration.

Keep the strength of evidence visible.

Vendor cases are selected success stories, generally without independent verification or a controlled counterfactual. Their outcomes may include marketing, staffing and process changes. Large figures are not typical customer forecasts.

Source register

Primary publications and first-party case reports checked 25 October 2026. "Undated" is not a publication-year estimate.

S01 Estimated Indirect Cost Savings of Using Telehealth Among Nonelderly Patients With Cancer

Patel et al., JAMA Network Open I 2023 I Peer-reviewed observational study; modeled savings

Moffitt Cancer Center, US; 25,496 video visits, April 2020-June 2021. DOI: 10.1001/jamanetworkopen.2022.50211.

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800164

S02 An EHR-Based Automated Self-Rescheduling Tool to Improve Patient Access

Ganeshan et al., Journal of Medical Internet Research I 2024 I Peer-reviewed retrospective cohort

UCSF, US; June 2022-March 2023; 60,660 earlier-slot offers and 5,399 completed visits. DOI: 10.2196/52071.

https://www.jmir.org/2024/1/e52071

S03 Sustainability of a Primary Care-Driven eConsult Service

Liddy et al., Annals of Family Medicine I 2018 I Peer-reviewed service evaluation

Champlain BASE, Canada; 14,105 clinician-to-clinician cases, April 2011-April 2016. DOI: 10.1370/afm.2177.

https://pmc.ncbi.nlm.nih.gov/articles/PMC5847349/

S04 Impact of Web-Based Self-Scheduling on Finalization of Well-Child Appointments

North et al., JMIR Medical Informatics I 2021 I Peer-reviewed retrospective comparison

Mayo Clinic, US; 13 months of booking activity for children aged 2-12; parents or proxies scheduled. DOI: 10.2196/23450.

https://medinform.jmir.org/2021/3/e23450/

S05 King's College Hospital Improves the Patient Experience in its Children's Phlebotomy Department

Qmatic I Undated case study I Vendor-published case study

King's College Hospital, London; children's blood clinic. Queue management, kiosks, calling and staffing visibility; measurement period not stated.

https://www.qmatic.com/customer-stories/kingscollegehospital

S06 Developing a telepharmacy programme with home medication dispensing and informed delivery

Gil-Candel et al., European Journal of Hospital Pharmacy I 2022 online / 2023 issue I Peer-reviewed observational programme

Spanish tertiary hospital; July 2020-January 2021; 2,536 deliveries; satisfaction responses n=134. DOI: 10.1136/ejhpharm-2021-003194.

https://pubmed.ncbi.nlm.nih.gov/35444000/

Source register I continued

Primary publications and first-party case reports checked 25 October 2026. "Undated" is not a publication-year estimate.

S07 Effectiveness of wearable activity trackers to increase physical activity and improve health

Ferguson et al., The Lancet Digital Health I 2022 I Peer-reviewed umbrella review

39 systematic reviews and meta-analyses; 163,992 participants; varied tracker-based programmes and follow-up periods.

https://doi.org/10.1016/S2589-7500(22)00111-X

S08 Capturing same-day demand: Next Level Urgent Care increased booking conversion by 30%

Zocdoc I Undated case study I Vendor-published, provider-supplied case study

Texas urgent-care group; combined website scheduling, analytics and operational changes. Publisher explicitly says data were not independently verified.

https://www.zocdoc.com/resources/case-studies/next-level-urgent-care-increased-booking-conversion/

S09 Access Healthcare Switches to NexHealth and Gains 15% More Patients

NexHealth I 2023 I Vendor-published case study

Charleston, South Carolina, direct primary care practice; booking, forms and eClinicalWorks integration. June 13, 2023 listing; reporting window not stated.

https://www.nexhealth.com/resources/access-healthcare

S10 Signature Dermatology Case Study

Luma Health I Undated case study I Vendor-published case study

Signature Dermatology, US; customised online scheduling and EHR integration. Call/time reporting period beyond weekly units not stated.

https://go.lumahealth.io/signature-dermatology-case-study

S11 How North Florida Women's Care Increased Scheduled Referrals 25% and Revenue $10K Monthly

Luma Health I 2026 publication I Vendor-published customer video and title

Published March 5, 2026. Referrals and revenue figures are reported in the title; underlying measurement window and revenue calculation are not supplied on the page.

https://www.lumahealth.io/video/how-north-florida-womens-care-increased-scheduled-referrals-by-25-and-monthly-revenue-by-10k-with-online-scheduling

Source register I continued

Primary publications and first-party case reports checked 25 October 2026. "Undated" is not a publication-year estimate.

S12 Cardiology practice optimizes scheduling to boost revenue with Phreesia

athenahealth / Phreesia I 2023 I Vendor-partner case study

HeartPlace, Texas; 60+ physicians and 30 clinics; smart scheduling introduced in 2021. Published January 5, 2023.

https://www.athenahealth.com/resources/case-studies/heartplace-cardiology

S13 TriState Health Repurposes 3 FTEs While Cutting No-Shows by 40%

Luma Health I 2025 PDF I Vendor-published case study

TriState Health, Clarkston, Washington; regional health system; MEDITECH-integrated reminders, cancellations and patient workflows.

https://www.lumahealth.io/wp-content/uploads/2025/09/TriState-Health-_-Luma-Case-Study-1.pdf

S14 Northfield Hospital + Clinics: EHR workflows that win

Luma Health I Undated case study I Vendor-published case study

Northfield Hospital + Clinics, US; Luma and MEDITECH Expanse. Before/after measurement dates and sample size not supplied on the page.

https://www.lumahealth.io/resource/northfield-hospital-and-clinics-luma-case-study/

S15 Maury Regional Health Sees Patients a Month Sooner with Luma's Waitlist

Luma Health I Undated case study I Vendor-published case study

Maury Regional Health, Tennessee; Oracle Health integration and opt-in automated waitlist offers.

https://www.lumahealth.io/customer-stories/maury-regional-health-sees-patients-a-month-sooner-with-lumas-waitlist

S16 Closing the Gap on Patient Access: Large Academic Medical Center

Luma Health I 2020 PDF / 2019 examples I Vendor-published case study; organisation unnamed

Multi-campus US academic medical centre; orthopaedic rollout; real-time Epic integration, waitlist and reminder workflows.

https://www.lumahealth.io/wp-content/uploads/2020/02/LargeAcademicMedicalCenter_CaseStudy.pdf

Source register I continued

Primary publications and first-party case reports checked 25 October 2026. "Undated" is not a publication-year estimate.

S17 Mile Bluff Schedules 90% of Eligible Referrals Without Staff

Luma Health I Undated case study I Vendor-published case study

Mile Bluff Medical Center, US; automated outreach to referred patients; source restricts denominator to eligible referrals.

https://www.lumahealth.io/customer-stories/mile-bluff-schedules-90-of-eligible-referrals-without-staff?hsLang=io

S18 Transforming Prior Authorization: How a National Laboratory Achieved Measurable Gains

careviso + XiFin I 2026; updated August 10 I Joint-vendor case study; laboratory unnamed

2024-2025 highest-volume test; 110,658 accessions, 783 payers. Paid-claim increase is linked to the 456 payers with improved approval rates.

https://www.careviso.com/white-papers/transforming-prior-authorization

S19 Transforming Laboratory Operations at Bio-Test with Zoho One

Zoho / DirectReach I Undated case study I Vendor-published case study

Bio-Test, Ottawa, Canada; website booking, private home visits and collection-site queue tools. Wait-time change measured over six months; booking-growth window not stated.

https://www.zoho.com/one/customers/bio-test.html

S20 Outpatient RCM Gap Analysis for a Better Bottom Line

XiFin I 2022 I Vendor-reported customer example

October 14, 2022; MercyOne Des Moines Outreach Laboratory example; specialist revenue-cycle automation and portals.

https://www.xifin.com/resource/blog-post/outpatient-rcm-gap-analysis-better-bottom-line/

S21 HealthBook Phlebotomy: Betsi Cadwaladr University Health Board Case Study

bookinglab I April 2023 I Vendor-published NHS service case study

North Wales blood-collection service; self-service booking, reminders and demand management. Annual savings and complaint figures on PDF page 5; independent audit not supplied.

https://www.bookinglab.co.uk/wp-content/uploads/2023/06/BCUHB_CaseStudy_2023_Public.pdf

Source register I continued

Primary publications and first-party case reports checked 25 October 2026. "Undated" is not a publication-year estimate.

S22 How Peak Pharmacy Increased Service Bookings x7

Healthera I Undated case study I Vendor-published case study

UK multi-branch pharmacy group; branded app, website, referral network and operational changes. Retention definition/window not supplied.

https://healthera.co.uk/customer-stories/how-peak-pharmacy-increased-service-bookings-x7/

S23 How Newport Pharmacy Grew By 4x

Healthera I Undated case study I Vendor-published case study

Body reports 3,000 monthly prescription items in 2020 to over 15,000 later. Use body counts; title multiplier and final observation date are unclear.

https://healthera.co.uk/customer-stories/newport-pharmacy-order-growth/

S24 Colinton Mains Pharmacy: Transforming Efficiency with Digital Managed Repeats

Healthera I Undated case study I Vendor-published case study

Edinburgh community pharmacy; consented managed repeat ordering. Source does not specify the period over which hours were saved.

https://healthera.co.uk/customer-stories/colinton-mains-pharmacy-transforming-efficiency-with-digital-managed-repeats/

S25 Click2Pharmacy Case Study

Webhive Digital I Case begins July 2023; page undated I Marketing-agency customer case study

UK online pharmacy; SEO, advertising, PR, redesign and support/booking features. Report labels results at 15 months and revenue year-on-year; causal effects are not separated.

https://webhivedigital.com/case-studies/online-pharmacy/

S26 How One Pharmacy Used MedMe as a 'Crystal Ball' During COVID-19

MedMe Health I Pandemic-era example; page undated I Vendor-published customer account

Medicine Shoppe 365, Sherwood Park, Alberta; vaccination scheduling and pre-completed intake. Carload duration is an owner-reported example, not an average per patient.

https://medmehealth.com/customer-stories/pandemic-solutions