DISSERTATION REPORT

At

BetterWay

A Report on

Analyzing the Gap in Follow-Up Patients at BetterWay Ayurveda Clinic and Developing Strategies to Increase Uptake

by

Name: **Dr. Muskan Gupta**

Enroll No: **PG/23/068**

Under the guidance of

Dr. Nidhi Yadav

PGDM (Hospital & Health Management)

2023-25

International Institute of Health Management Research
New Delhi

Completion of Dissertation from BetterWay

The certificate is awarded to

Dr. Muskan Gupta

in recognition of having successfully completed her internship in the department of

Title: **Strategy and Patient Experience Intern**

and has successfully completed her Project on

Title of the Project: **Analyzing the Gap in Follow-Up Patients at BetterWay Ayurveda Clinic and Developing Strategies to Increase Uptake**

Date: 17th Feb 2025 – 17th May 2025

betterway

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning.

We wish her all the best for future endeavors.

Founder
Victor Choudhary.

Head-Human Resources

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Muskan Gupta** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **BetterWay** from **17th Feb 2025 to 17th May 2025.**

The Candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.
I wish her all success in all her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Mentor

IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "**Analyzing the Gap in Follow-Up Patients at BetterWay Ayurveda Clinic and Developing Strategies to Increase Uptake**" at "**BetterWay**" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of PGDM (Hospital & Health Management) for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
Dr. Anandita	
Dr. Archana	
Dr. Praveen.	

Certificate from Dissertation Advisory Committee

This is to certify that Dr. Muskan Gupta, a graduate student of the PGDM (Hospital & Health Management) ha worked under our guidance and supervision. He/ She is submitting this dissertation titled "**Analyzing the Gap in Follow-Up Patients at BetterWay Ayurveda Clinic and Developing Strategies to Increase Uptake**" at "**BetterWay**" in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Institute Mentor: Dr. Nidhi Yadav,
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CERTIFICATE BY SCHOLAR

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Enrollment No. **PG/23/068** under the supervision of **Dr. Nidhi Yadav**

for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **17th Feb 2025 to 17th May 2025.**

embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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FEEDBACK FORM

Name of the Student: Dr. Muskan Gupta

Name of the Organization in Which Dissertation Has Been Completed: BetterWay, Gurugram

Area of Dissertation: Strategy and Patient Experience

Attendance: 94.5 %

Objectives achieved: Uplift major levers impacting patient experie

Deliverables: Patient repeat rate, procedure uptake rate.

Strengths: First principle problem Solver

Suggestions for Improvement: More analytical & metric driven approach on managing the team.

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Founder/ Organisation Mentor (Dissertation)

Date: 16/06/2025
Place: Gurugram

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Course Specialization (Choose one)	Hospital Management	Health Management	Healthcare IT
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Title of the Summer Training/ Dissertation	ANALYSING THE GAP IN FOLLOW-UP PATIENTS AT BETTERWAY AYURVEDA CLINIC AND DEVELOPING STRATEGIES TO INCREASE UPTAKE		
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Abstract

This dissertation explores the critical issue of missed follow-up visits among chronic care patients at Betterway, a clinic offering integrative Ayurvedic treatment. Through a mixed-methods approach involving fulfillment data analysis and qualitative patient interviews, the study found that approximately 72% of patients did not return after their first consultation. Key reasons included loss of interest, perceived lack of improvement, weak doctor-patient engagement, and minor systemic barriers like affordability and logistical constraints.

By applying the Health Belief Model, the research identified key behavioral and emotional factors influencing patient decisions. The findings emphasize the need for Betterway to strengthen trust, set realistic expectations, and foster continued engagement through empathetic communication and proactive care strategies. Cost-effective recommendations include personalized reminder systems, wellness tracking tools, bundled packages, loyalty programs, and targeted follow-up protocols.

The study concludes that enhancing follow-up adherence requires a blend of clinical continuity and emotional support. Acknowledging limitations such as sample size and time scope, this research offers a patient-centered roadmap for improving care retention in chronic disease management.

ORGANIZATION PROFILE

BetterWay- Ayurveda Clinic

Betterway is a healthcare provider committed to integrative wellness, offering a combination of Ayurvedic therapies and contemporary care models. With a mission to improve chronic disease outcomes through personalized treatment plans, Betterway caters to a wide demographic—predominantly middle-income
urban and semi-urban patients.

The services range from first-time consultations to dietary planning, lifestyle counseling, and follow-up

monitoring. What distinguishes Betterway is its patient-centric approach, deeply rooted in Ayurvedic philosophy,

that emphasizes prevention, personalization, and long-term well-being.

Betterway Ayurveda Clinic is a progressive and integrated healthcare institution that combines the ancient wisdom of Ayurveda with contemporary wellness practices. Established with a vision to make natural healing accessible, effective, and evidence-based, Betterway operates across various cities and is known for its personalized, holistic approach to health and wellness.

Rooted in traditional Ayurvedic principles, the clinic focuses on long-term healing rather than symptomatic treatment. Its core philosophy revolves around restoring balance among the body's three doshas (Vata, Pitta, and Kapha) and eliminating the root cause of disease through natural therapies, lifestyle corrections, and dietary interventions.

Mission & Vision

Mission: To provide affordable, accessible, and authentic Ayurvedic care that empowers individuals to lead a healthier life.

Vision: To become a leading Ayurvedic institution combining traditional healing with modern clinical standards, contributing to global wellness.

Core Values:

- Patient-Centered Care
- Integrity & Authenticity in Ayurveda
- Holistic Healing
- Preventive Health

- Continuous Research and Improvement

Services Offered

- **Ayurvedic Consultations:** One-on-one consultations (online and in-clinic) with expert Ayurvedic doctors.
- **Chronic Condition Management:** Focused programs for conditions such as PCOS, thyroid disorders,

  diabetes, arthritis, migraine, IBS, and skin disorders.
- **Detox Programs:** Panchakarma and other detoxification therapies tailored to individual Prakriti.
- **Personalized Diet & Lifestyle Plans:** Diet charts, recipes, yoga, and daily routine corrections.
- **Herbal Medication:** Pure, standardized Ayurvedic formulations based on classical texts.
- **Follow-Up Care:** Regular follow-ups and progress reviews to ensure compliance and improvement.

Treatment Methodology

Detailed root-cause diagnosis based on Ayurvedic parameters such as **Nadi Pariksha**, **Prakriti analysis**, **Agni**, and **Ama**.

Integration of modern parameters such as lab reports for a hybrid clinical approach.

Use of digital tools (CRM, EHR) to monitor patient progress and maintain treatment records.

Review plans and follow-up protocols to ensure care continuity and prevent relapses.

Clinic Workflow

1. **Initial Visit:** Patient history, pulse diagnosis, and symptom mapping.
2. **Diagnosis & Prakriti Analysis**
3. **Treatment Plan:** Including medications, dietary restrictions, and lifestyle advice.
4. **Counselling & Education**
5. **Follow-Up Visits or Calls**
6. **Outcome Monitoring**

Medicine Team Structure

Lead Ayurvedic Doctors: Experienced BAMS/MD Ayurveda practitioners with specialty areas.

Diet & Lifestyle Experts: Help patients adopt Ayurvedic nutrition and dinacharya.

Review Doctors: Ensure quality checks on treatment progress.

Clinical Coordinators: Manage appointments, follow-ups, and patient education.

Support Staff: Front desk, pharmacy, and tech team.


SERVICES OFFERED
Ayurvedic Consultations
Chronic Condition Management
Detox Programs
Personalized Diet & Lifestyle Plans
Herbal Medication
Follow-Up Care
CLINICAL WORKFLOW
Initial Visit
Diagnosis & Prakriti Analysis
Treatment Plan
Counselling & Education
Follow-Up Visits or Calls
Outcome Monitoring

INTRODUCTION

In the realm of healthcare, patient follow-up is not merely a protocol but a necessity for ensuring long-term care and positive health outcomes. Especially when managing chronic illnesses—conditions that demand sustained attention, lifestyle adjustments, and adherence to treatment plans—follow-up visits become critical milestones in the healing journey. However, despite the best intentions of healthcare providers, there often exists a noticeable gap in patient compliance, which can derail the overall care continuum.

At Betterway, an integrative health facility that blends Ayurvedic principles with modern healthcare practices, a disturbing pattern was identified. Close to 50–55% of patients did not return after their first consultation. This break in continuity not only compromises patient outcomes but also points to underlying systemic and interpersonal challenges. This dissertation attempts to explore those challenges and provide sustainable, patient-centered strategies to bridge this follow-up gap.

This research project is not just an academic endeavor but a genuine attempt to understand the lived experiences, perceived barriers, and behavioral patterns of patients who disengage from their healing journey. Through both data and dialogue, the goal is to offer a fresh perspective that combines empathy with evidence.

Background

In recent years, chronic diseases such as diabetes, hypertension, thyroid disorders, and PCOS have been on the rise, especially in urban populations leading sedentary lifestyles. These conditions do not just need a one-time fix but continuous medical attention and behavioral shifts. Ayurvedic treatment, when combined with consistent care, shows immense promise in improving outcomes for these diseases.

Despite the availability of treatment plans and expert care, Betterway observed that nearly half of their chronic care patients dropped off after the first consultation. This trend was particularly concerning as it contradicted the very foundation of chronic disease management: consistency.

This study stems from a desire to move beyond assumptions and speak to the patients, understand their stories, their struggles, and their reasoning behind discontinuation. The backdrop is both medical and human, and the aim is to respond with strategies that are equally empathetic and effective.

Rationale

The rationale for this study is rooted in a critical observation that challenges the very foundation of chronic care at Betterway: despite structured care plans and experienced providers, nearly half of the patients do not return after their first consultation. This disengagement has far-reaching consequences, not only for individual health outcomes but also for the effectiveness of the healthcare system.

From a clinical standpoint, chronic illnesses require ongoing evaluation and interventions. A missed follow-up can mean missed complications, missed opportunities to adjust treatment, and missed motivation reinforcement for lifestyle changes. But beneath these clinical implications lies a deeper behavioral layer: patients often operate on perceptions, emotions, and beliefs, not just prescriptions.

This study recognizes the need to humanize healthcare delivery—to go beyond protocols and explore how patients think, feel, and experience care. It seeks to identify what breaks their trust, what makes them lose interest, and what keeps them from coming back. In doing so, it aims to answer a question that many healthcare systems fail to ask: are we truly aligned with what the patient needs to stay committed?

Moreover, the study hopes to uncover patterns that can help Betterway—and similar organizations—design cost-effective, scalable interventions that promote trust, continuity, and a sense of partnership in healing. If we understand the reasons behind non-adherence, we are better positioned to address them not with blame, but with empathy and innovation.

Objectives

The study focuses on addressing a significant concern in chronic care management at Betterway: the high rate of missed follow-up visits. The following objectives guide the research direction:

1. To quantify the percentage of missed follow-up appointments among Betterway patients over the past 3 months (October–December 2024)

This objective establishes the **magnitude of the issue**. By analyzing patient data for a specific 3-month period, the study aims to measure how many patients did not return after their initial consultation. This quantification provides a baseline for assessing the scale of non-adherence and helps to prioritize the need for intervention. It forms the **foundation of the study's analytical framework**.

2. To identify key factors contributing to missed follow-ups

These factors may include:

- **Adverse effects** from treatment
- **Affordability issues** or financial constraints
- **Diet-related challenges** or dissatisfaction
- **Lack of doctor-patient buy-in** or rapport
- **Loss of interest** in continuing treatment
- **No noticeable improvement or progress**
- **Patients being out of town**
- **Switch to allopathy** or alternative treatment systems
- **Switch to a different doctor**
- **Belief that wellness or rejuvenation is already achieved**

By identifying these drivers, the study aims to uncover the true reasons behind drop-offs, providing a more targeted basis for intervention.

3. To develop data-driven and practical strategies to increase follow-up visit uptake

This is the **solution-focused objective**. After identifying the causes, the next step is to propose **realistic, cost-effective interventions**. These strategies are intended to be:

- Grounded in actual patient feedback and behavioral patterns
- Simple to implement within BetterWay's current operational model
- Focused on increasing **engagement, trust, and perceived value** of follow-up care

The goal is not just to solve the issue for Betterway, but to create a replicable framework that other integrative or chronic care providers can adopt.

METHODOLOGY

The research methodology is the foundation of this study, ensuring that the insights gathered are reliable, relevant, and reflective of the real patient experience. A **mixed-method approach** was adopted, combining both quantitative and qualitative tools. This helped in not only analyzing data but also understanding the emotions and decisions behind patient behavior.

1. Study Design: Mixed-Methods Approach

- A blend of **quantitative** (numbers, percentages, dashboards) and **qualitative** (interviews, patient narratives) techniques was used.
- This approach helped capture both the **what** (data) and the **why** (motivation and barriers).

2. Sample Size and Time Frame

- The study included **150 patients** who had chronic conditions and visited Betterway for their **first consultation** between **October and December 2024**.
- These patients were specifically selected **because they did not return** for a follow-up visit.

3. Sampling Technique: Stratified Sampling

- The sample was **stratified** into three segments based on their journey:

1. **Only initial consultation**
2. **Consultation + diet + lifestyle plan**
3. **Consultation + diet + lifestyle + post-care support**

- This allowed for **focused insights** into different levels of patient engagement and support.

4. Inclusion Criteria

- Adults aged **18 years and above**
- Diagnosed with **chronic conditions** (e.g., diabetes, hypertension, PCOD)
- Missed their **scheduled follow-up** within the last 3 months

5. Exclusion Criteria

- Patients with **cognitive impairments** that may hinder communication
- Patients currently undergoing **hospitalization**

6. Data Collection Methods

- **Quantitative Data**: Extracted from BetterWay's internal system and analyzed using Microsoft Excel dashboards (e.g., percentage of follow-up issues).
- **Qualitative Data**: Collected through **structured interviews** with patients to understand reasons behind non-adherence—emotions, beliefs, barriers, and misunderstandings.

7. Data Analysis

- **Quantitative data** was analyzed using Excel to identify trends, patterns, and fulfillment statuses.
- **Qualitative data** was thematically analyzed to derive meaningful insights from patient responses and categorize them into key issues (e.g., adverse effects, affordability, lost interest).

8. Ethical Considerations

- **Informed consent** was obtained from all participants before collecting data.
- Participants' **identity and information** were kept confidential and anonymized.
- The study adhered to all **ethical guidelines** for human research.

Summary in Simple Terms:

We didn't just look at numbers. We talked to patients, read their reasons, and listened to their journeys. By mixing data with dialogue, we were able to build a clearer picture of why people are dropping out—and how we can bring them back.

RESULTS

The analysis of outgoing calls reveals key insights into the effectiveness of the outreach strategy. A total of **216 unique call attempts** were made during the observed period. Out of these:

150 calls resulted in successful connections, marking a **connect rate of approximately 69.4%**.

Among the successfully connected calls:

- **50 respondents (33.3%)** provided a **positive response**.
- **50 respondents (33.3%)** gave a **negative response**.
- **50 calls (33.3%)** were classified as **DNP (Did Not Pick)**.

It is important to note that **DNPs typically represent calls that were not answered**; however, their inclusion within the connected category suggests the need for further classification refinement, possibly reflecting secondary or follow-up call attempts.

From the total call attempts, the **positive response rate stands at approximately 23.1%**, indicating the proportion of outreach efforts that translated into favorable outcomes.

The **negative response rate** mirrors this figure at **23.1%**, showing a balanced outcome among the connected responses.

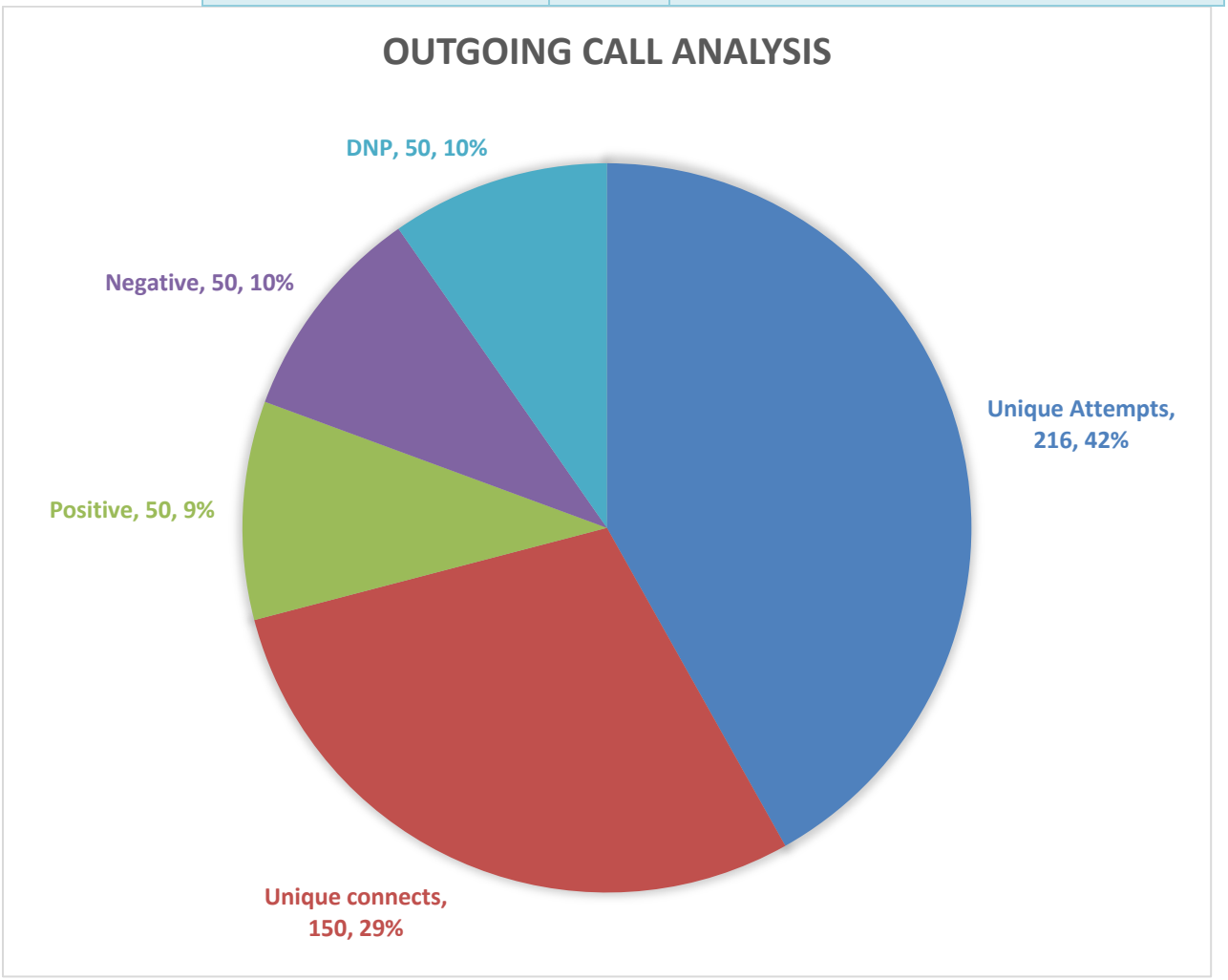
Key Observations:

- The overall **connect rate is strong**, suggesting that the call timing and lead availability are relatively well-aligned.
- The **equal split between positive and negative responses** highlights the need for further enhancement in call scripts, lead qualification, or objection-handling strategies.
- The **DNP rate suggests a significant proportion of potential leads remain unengaged**, warranting a structured follow-up or alternative engagement approach.

Recommendations:

- **Optimize Call Timing:** Analyzing time-of-day and day-of-week patterns may help improve the connect and response rates.
- **Refine Messaging:** Enhancing caller training and scripting can increase the proportion of positive responses.
- **Implement a Follow-up Plan:** Establishing a process for re-engaging DNPs and re-targeting negative responses could enhance overall conversion.

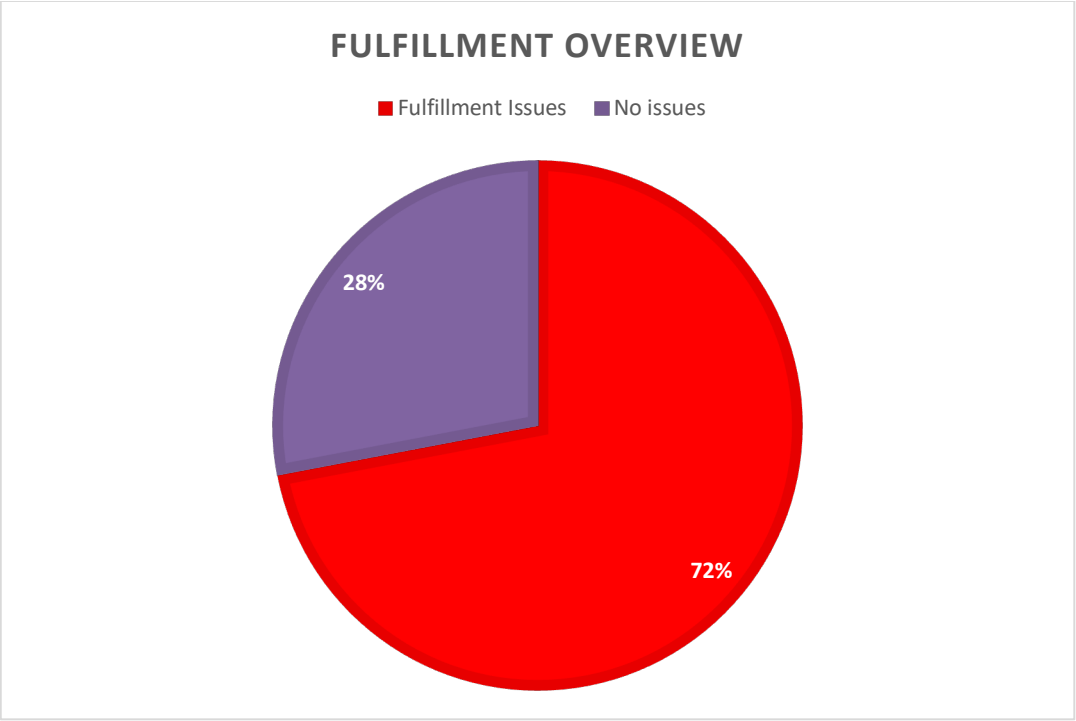
Metric	Count	Percentage
Unique Call Attempts	216	100%
Unique Connects	150	69.4% of attempts
Positive Responses	50	33.3% of connects / 23.1% of attempts
Negative Responses	50	33.3% of connects / 23.1% of attempts
DNP (Did Not Pick)	50	33.3% of connects / 23.1% of attempts



The results of this study reveal critical insights into the fulfillment gaps observed among BetterWay's chronic care patients. A total of **50 patient records** were deeply analyzed using fulfillment status and patient response categories.

Fulfillment Overview

- **72% (36 out of 50)** patients had fulfillment issues, meaning they did not return for their follow-up.
- **28% (14 out of 50)** patients followed through as per plan and reported no issues.



This high drop-off rate (72%) is a signal that despite the best clinical protocols, patient retention requires more than just a prescription—it requires a relationship.

Primary Reasons for Non-Adherence

The table below summarizes the key issues contributing to missed follow-ups:

Key Observations:

Reason	Fulfillment Issues	No Issues
Adverse Effect	14%	29%
Affordability Issue	6%	21%
Diet Issue	3%	0%
Doctor-Patient Buy-in	11%	0%
Lost Interest	**28%**	7%
No Progress/Improvement	19%	21%
Out of Town	3%	0%
Switched to Allopathy	8%	**21%**
Switched to Different Doctor	6%	0%
Wellness & Rejuvenation	3%	0%

Insights:

1. **Major Fulfillment Issues:**
    - **Lost Interest (28%)** is the most common fulfillment issue, highlighting a possible lack of engagement, motivation, or follow-up.
    - **No Progress/Improvement (19%)** and **Adverse Effects (14%)** are significant barriers to continuation.
    - **Doctor-Patient Buy-in (11%)** indicates a need to improve communication, trust, and perceived treatment efficacy.
2. **Prominent No-Issue Reasons:**
    - **Adverse Effects (29%)** being high even under "No Issues" suggests patients may experience side effects but don't consider them serious enough to discontinue.

    - **Affordability (21%)**, **No Progress (21%)**, and **Switch to Allopathy (21%)** under "No Issues" indicate planned or acceptable transitions rather than dissatisfaction.
3. **Minimal Influence Factors:**
    - **Diet Issues, Out of Town, Switched to Different Doctor, and Wellness/Rejuvenation** all account for small percentages, suggesting these are not primary deterrents.

Interpretation & Actionable Recommendations:

- **Engagement and Motivation:**
    - Addressing **loss of interest** through regular follow-ups, motivation strategies, and progress tracking could reduce drop-offs significantly.
- **Expectation Management:**
    - Patients citing **no improvement** may benefit from better onboarding on expected timelines for results.
- **Affordability & Accessibility:**
    - Providing flexible plans or discounts may help retain the **21%** affected by **affordability** concerns.
- **Clinical Strategy Adjustments:**
    - Re-evaluate cases with high adverse effects to improve clinical protocols or supplement guidance with reassurance and alternatives.
- **Communication Enhancement:**
    - The **11%** indicating **doctor-patient buy-in issues** underscores the need for building trust and rapport, possibly through empathy and shared decision-making.

Discussion

The data tells a story—but the deeper narrative lies in the patient interviews and experiences. Patients spoke about feeling unheard, unsure, or simply disillusioned. Many came with the hope of a rapid transformation, only to realize that Ayurvedic care often demands patience, persistence, and inner commitment.

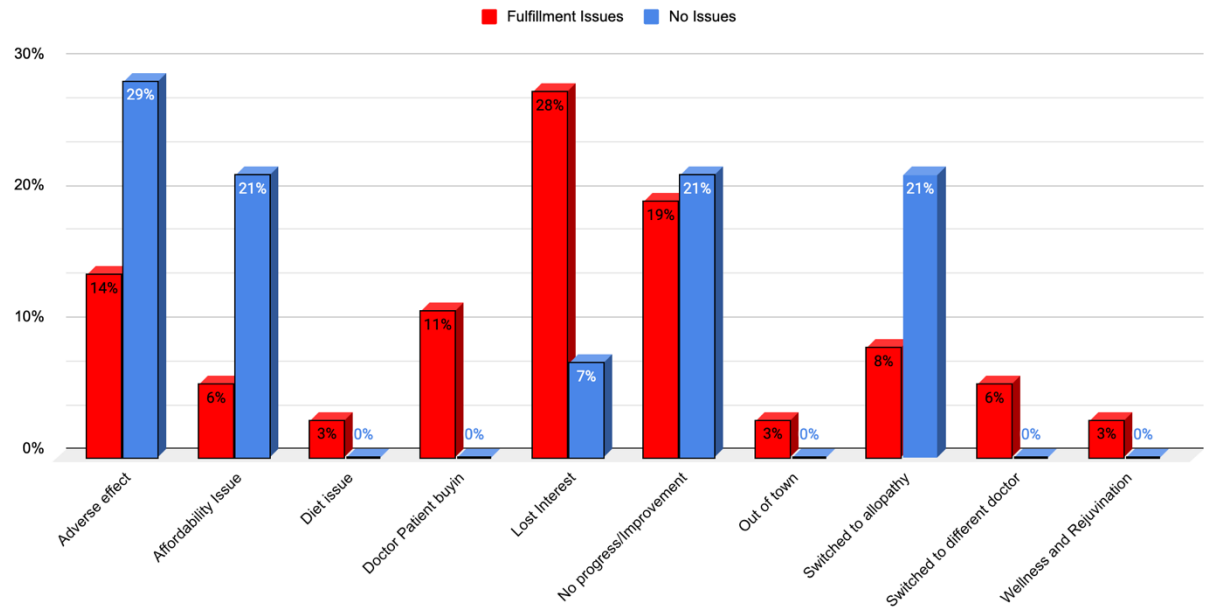
Some felt that the benefits were not clearly explained, while others found the treatment too demanding in terms of lifestyle changes. There were logistical challenges too—scheduling issues, lack of reminders, or not enough support between visits.

Interestingly, a small percentage of patients who left cited affordability or external factors. This shows that the primary problem is not cost or access—it is engagement and trust.

Conclusion:

This analysis highlights that while a substantial portion of patients face clinical or motivational barriers (Fulfillment Issues), a nearly equal portion are transitioning out of care for strategic or manageable reasons (No Issues).

Understanding these patterns enables targeted interventions to **improve follow-up adherence** and **optimize patient experience**.



Cost-Effective Strategies to Enhance Follow-Up Visit Rates at BetterWay Clinic

Improving follow-up visit adherence is crucial to ensuring continuity of care and better health outcomes. Based on the identified barriers (such as lost interest, lack of progress, affordability, and adverse effects), the following cost-effective strategies are proposed to improve follow-up rates at BetterWay Clinic:

1. Strengthening Communication and Reminder Systems

Effective and timely communication plays a pivotal role in influencing patient behavior. The clinic can adopt low-cost communication tools to reinforce follow-up appointments:

- **Automated SMS/WhatsApp Reminders** using platforms like WhatsApp Business or Google Calendar integrations to send alerts one day and one hour before appointments.
- **Manual Call Reminders** conducted by trained interns or support staff to personalize communication and improve attendance.
- **Follow-Up Tracker** maintained in a shared Google Sheet to flag and act on missed appointments quickly.

2. Enhancing Patient Engagement and Motivation

Lack of motivation and perceived lack of progress are key reasons for drop-offs. Simple, low-cost strategies can keep patients committed:

- **Wellness Progress Cards** (digital or printed) to visually represent improvement over time.
- **Short Educational Video Tips** from the treating physician shared via WhatsApp to educate and motivate patients on the expected treatment course.
- **Celebrating Milestones**, such as a congratulatory message after completing three visits, can boost a sense of achievement and encourage continuity.

3. Strengthening the Doctor-Patient Relationship

Trust and rapport with healthcare providers significantly influence follow-up adherence:

- **Personalized Treatment Notes** shared post-consultation can reinforce key advice and create a sense of personalized care.
- **Continuous Feedback Collection** using brief forms (e.g., via Google Forms) and acting on responses promptly to enhance patient trust and satisfaction.
- **Consistent Follow-Up with the Same Doctor** whenever possible to ensure continuity of care and familiarity.

4. Addressing Common Drop-Off Barriers

Insights from patient feedback reveal several modifiable reasons for discontinuation:

- **Adverse Effects**: Provide a standard side-effect explanation sheet during the initial consult to manage expectations.
- **Affordability**: Introduce **bundled follow-up packages** (e.g., 3 visits at a discounted rate) to reduce financial burden.
- **Lack of Improvement**: Set realistic expectations in the first consult and outline expected timeframes for treatment impact.
- **Lost Interest**: Maintain ongoing engagement through newsletters or lifestyle tips to keep Ayurveda top-of-mind.

5. Operational and Workflow Improvements

Small changes in clinic workflow can lead to significant improvements in adherence:

- **Pre-Booking of Follow-Ups** before the end of each consultation to ensure patients leave with the next date confirmed.
- **Immediate Re-engagement of No-Shows**: Patients who miss appointments should be contacted within 24 hours to reschedule.

6. Leveraging Free Digital Tools

The following free or low-cost tools can be used:

- **Google Calendar** – for scheduling and reminders.
- **WhatsApp Broadcast Lists** – for regular health tips and education.
- **Google Sheets** – to monitor DNP (Did Not Pick) and follow-up patterns.
- **Google Forms** – for collecting structured patient feedback.

Summary Table: Cost-Effective Interventions

Strategy	Cost	Impact on Follow-Ups
SMS/WhatsApp Appointment Reminders	Low	High
Interns for Manual Follow-Up Calls	Minimal (HR cost)	Moderate
Pre-Booking Next Visits	Free	High
Progress Cards	Low	Moderate
Short Informative Videos	Free	Moderate
Follow-Up Package Discounts	Low	High
Real-Time Feedback Collection	Free	High
Side-Effect & Timeline Handouts	Minimal Printing	Moderate

Questionnaire

Purpose: To understand the reasons why you did not return for your follow-up visit after your treatment at Betterway.

Section 1: Basic Information

1. **Patient ID or Name:** |
2. **Age Group:**
   - Under 25
   - 25–40
   - 41–60
   - Above 60

Section 2: Follow-Up Experience

3. **Have you missed any follow-up appointments after your last visit to Betterway?**
   - Yes
   - No
   - Not sure
4. **If yes, how many follow-up visits have you missed?**
   - One
   - Two
   - More than two
5. **What is the main reason you did not return for your follow-up visit?**
   - I felt better / my symptoms improved
   - I didn't have time
   - It was difficult to travel to the clinic
   - I couldn't afford the treatment/follow-up cost
   - I didn't find the treatment effective
   - I was not informed clearly about the need for follow-up
   - I forgot
   - Other (please specify): *Short answer*
6. **Did you receive a reminder from the clinic for your follow-up?**
   - Yes
   - No
   - I don't remember
7. **How satisfied were you with your initial treatment at Betterway?**
   - Very satisfied
   - Satisfied
   - Neutral
   - Dissatisfied
   - Very dissatisfied
8. **Would you consider returning to Betterway in the future for follow-up or treatment?**
   - Yes
   - No
   - Maybe
9. **Any suggestions for improving follow-up services at Betterway?**

Participant Consent Form

Greetings!

I am Dr. Muskan Gupta, a postgraduate student at IIHMR, Delhi, currently pursuing my dissertation on **"Analyzing the Gap in Follow-up Patients at Betterway and Developing Strategies to Increase Uptake."** This study aims to understand the reasons why patients do not return for their follow-up consultations and to explore potential strategies for improving follow-up rates.

The survey will take approximately **5–10 minutes** of your time.

Please be assured that all information you provide will be kept **strictly confidential** and used solely for research purposes. Your name and any identifying details will be removed from the data, and a code will be assigned to protect your identity. You may be contacted again only if clarification is needed for the data you provide.

Your participation is **voluntary**. By giving your digital consent, you acknowledge that you understand the purpose of the study and voluntarily agree to participate.If at any point you are uncomfortable answering a question, you may skip it or stop the survey entirely without any consequences.

Declaration by the Researcher:
I, Dr. Muskan Gupta, confirm that I have explained the purpose, procedure, and confidentiality terms of this study to the participant. I have answered all questions to the participant's satisfaction and confirm that they have given their voluntary consent to participate.

If you have any questions regarding the study, you may contact me at:
📧 **Email:** dr.muskangupta25@gmail.com

Patient Name *

Short-answer text

Do you agree to participate in this survey? *

- ○ Yes
- ○ No

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