MiiHealth

Sales Email Cadences — Campaign Launch

4 sequences · 4 audiences · 6 emails per sequence · Apollo-powered outbound

Sequences run in parallel with LinkedIn and display campaigns. Every sequence is persona-specific — personalize with Apollo tokens before sending.

Sequence 1: Cardiology · Owner / Physician

Cardiologist owners and lead clinicians at independent cardiology practices

i *Apollo tokens: {{first_name}}, {{company}}, {{specialty}} — swap in practice name where possible.*

Email 1 · Send Day: Day 1

Subject Line: {{first_name}}, quick question about your intake workflow
Preview Text: *Most cardiologists we talk to say the same thing…*

Hi {{first_name}},

Quick question — how much time do you spend on patient history and documentation on a typical day?

Most cardiologists we talk to say somewhere between 90 minutes and 3 hours. And much that documentation time happens after hours.

We built DAINA specifically to fix that. It's an AI agent that conducts the full pre-visit intake conversation with your patients before they arrive — gathering history, HPI, chief complaint, and symptom detail — then structures it directly into your EHR.

The result: 8+ minutes saved per encounter, 2+ hours back per day, and a chart that's ready before you walk in the room.

It was validated at Mayo Clinic — 93% ease of use, 97.9% intake completion rate.

Worth a 20-minute look?

— [Sender Name], MiiHealth

CTA: Book a 20-minute demo → [link]

Email 2 · Send Day: Day 3

Subject Line: The part of your day that shouldn't exist

Preview Text: *Repetitive pre-visit conversations. You've had this one a thousand times.*

Hi {{first_name}},

You already know what the patient is going to say. You've heard some version of it a thousand times.

Chief complaint. When it started. What makes it worse. Medications. Family history. You ask, they answer, you type.

DAINA has that conversation for you — before the patient arrives. It asks your questions, in your sequence, and delivers a completed intake note into your EHR.

You walk in already knowing the story. The visit starts where it should: with you.

Takes about 15 minutes to set up. No model training. No workflow disruption.

Can I show you how it works for a cardiology practice?

— [Sender Name], MiiHealth

CTA: See a 5-minute demo video → [link]

Email 3 · Send Day: Day 7

Subject Line: What Mayo Clinic found (and why it matters for your practice)
Preview Text: *93% ease of use. 79% better provider-patient discussion. 97.9% completion.*

Hi {{first_name}},

MiiHealth's DAINA was piloted at Mayo Clinic's cardiology department. Here's what they found:

· 93% of providers rated it easy to use
· 79% said it improved the quality of provider-patient discussions
· 97.9% of patient intakes were completed before the visit
· 8+ minutes saved per patient encounter

Mayo isn't exactly known for adopting half-baked technology. The validation matters.

For an independent cardiology practice with 5–10 providers, that translates to 80–160 minutes of recovered time per day — enough to see 2–3 more patients, or just leave on time.

Happy to walk you through the ROI math for {{company}} specifically. It takes about 10 minutes.

— [Sender Name], MiiHealth

CTA: Request a personalized ROI walkthrough → [link]

Email 4 · Send Day: Day 14

Subject Line: How does DAINA fit into an EHR like Epic or Cerner?
Preview Text: *No rip-and-replace. Structured notes go straight in.*

Hi {{first_name}},

One question we get from a lot of cardiology practice owners: how does this actually work with our EHR?

DAINA integrates with Epic, Cerner, and other major systems via InterSystems HealthShare. Intake notes are structured and delivered directly into the chart — no copy-paste, no workaround, no extra steps for your staff.

Setup uses your existing intake questions as the protocol. There's no AI model to train and no workflow to rebuild from scratch.

Most practices are live within a week.

If you've been hesitant because of integration concerns, I'd love to walk you through exactly how it connects to your stack.

15 minutes. I'll bring the demo.

— [Sender Name], MiiHealth

CTA: Schedule a technical walkthrough → [link]

Email 5 · Send Day: Day 21

Subject Line: Still spending evenings on charts, {{first_name}}?
Preview Text: *This is the last email I'll send for a while — but I wanted to leave you with this.*

Hi {{first_name}},

I've reached out a few times and haven't heard back — totally fine, I know your calendar is packed.

I'll keep this short: if the documentation burden is real, DAINA can fix it. Mayo Clinic validated it. Independent cardiology practices are using it. It pays for itself in the first month.

If the timing is wrong right now, no problem at all. I'll check back in a couple of months.

But if you're still charting at 10pm and wondering if there's a better way — there is.

One conversation is all it takes. I'll make it worth your time.

— [Sender Name], MiiHealth

CTA: Book a 20-minute demo at a time that works for you → [link]

Email 6 · Send Day: Day 35

Subject Line: Re: your cardiology practice
Preview Text: *Quick re-engagement — something new worth sharing.*

Hi {{first_name}},

Circling back one more time — we recently published a short case study on how a cardiology practice similar to {{company}} reduced per-encounter documentation time by 9 minutes and expanded patient capacity by 15% in their first 60 days with DAINA.

I thought it might be useful context given what we discussed.

If you're open to a quick call, I'd love to show you what the numbers could look like for your team.

— [Sender Name], MiiHealth

CTA: Read the case study + book a demo → [link]

Sequence 2: Cardiology · Practice Manager

Practice managers and operations leads inside cardiology practices

i *Apollo tokens: {{first_name}}, {{company}} — reference practice size and specialty where available.*

Email 1 · Send Day: Day 1

Subject Line: {{first_name}}, are capacity constraints holding {{company}} back?
Preview Text: *You keep hiring — and it still feels like you're behind.*

Hi {{first_name}},

Most cardiology practice managers I talk to describe some version of the same problem: the providers are maxed out, the waitlist keeps growing, and every solution seems to require adding more headcount.

More staff means more cost, more management overhead, and — often — not enough improvement in throughput to justify it.

MiiHealth's DAINA takes a different approach. It's an AI intake agent that handles the repetitive pre-visit conversation and documentation prep for each patient — saving 8 minutes per encounter without touching your provider count.

For a 5-provider cardiology practice, that's 200–250 minutes of recovered capacity per day.

Happy to show you the math for {{company}}. Takes about 20 minutes.

— [Sender Name], MiiHealth

CTA: Book a 20-minute capacity review → [link]

Email 2 · Send Day: Day 3

Subject Line: The ROI math on AI intake (it's faster than you'd think)
Preview Text: *Most practices hit ROI before the end of month one.*

Hi {{first_name}},

Here's how the numbers typically work for a cardiology practice:

· DAINA saves ~8 minutes per patient encounter
· At 25 patients/day across 3 providers, that's ~6 hours of recovered provider time per day
· At a blended rate of $150–200/hour in billable time, that's $900–$1,200/day in recoverable value
· Most practices reach positive ROI within the first month

Those numbers come from real Mayo Clinic pilot data — not projections.

If you're evaluating whether AI intake is worth the investment for {{company}}, I'd be glad to run a quick custom estimate based on your actual patient volume and provider count.

Want me to put that together for you?

— [Sender Name], MiiHealth

CTA: Get a custom ROI estimate → [link]

Email 3 · Send Day: Day 7

Subject Line: What does implementation actually look like?
Preview Text: *No model training. No IT project. Most practices are live in a week.*

Hi {{first_name}},

One thing I hear from practice managers early in the conversation: implementation sounds like a project.

DAINA is built to avoid that.

Setup uses your existing intake questionnaires as the protocol — no custom AI training, no workflow redesign. It integrates with Epic, Cerner, and other EHRs via InterSystems HealthShare, so notes go straight into the chart.

Most cardiology practices are fully live within 5–7 business days. Your staff doesn't need to change how they operate — DAINA works alongside your existing process.

If implementation risk is a concern, I'd be happy to walk you through exactly what the onboarding looks like for a practice the size of {{company}}.

— [Sender Name], MiiHealth

CTA: See the onboarding process → [link]

Email 4 · Send Day: Day 14

Subject Line: How {{company}} could free up 10+ hours of admin time per week
Preview Text: *Not theoretical — based on Mayo Clinic pilot data.*

Hi {{first_name}},

The hidden cost of manual intake isn't just time — it's what that time is worth.

When providers are spending 90+ minutes a day on documentation they don't need to do, your practice is absorbing that cost in three ways: fewer patients seen, higher burnout and turnover risk, and admin staff stretched thin covering tasks that fall through the cracks.

DAINA addresses all three. Automated intake reduces per-provider documentation time by 8+ minutes per encounter, returns hours to your clinical staff, and removes repetitive tasks from your admin queue — without adding headcount.

Validated at Mayo Clinic. ROI-positive within a month for most practices.

I'd love to show you a demo scoped to {{company}}'s workflow.

— [Sender Name], MiiHealth

CTA: Book a workflow-specific demo → [link]

Email 5 · Send Day: Day 21

Subject Line: Last one for a while — worth two minutes, I promise
Preview Text: *If throughput and staffing costs are still a challenge, here's the short version.*

Hi {{first_name}},

I've sent a few emails and haven't heard back — completely understand, practice management is a full-time job and then some.

I'll leave you with the short version:

DAINA reduces per-encounter admin time by 8 minutes. For a 5-provider cardiology practice, that's meaningful capacity recovery without hiring. It integrates with your EHR, it was validated at Mayo Clinic, and most practices see ROI within month one.

If the staffing and throughput challenges at {{company}} are still unsolved, this is worth 20 minutes of your time. I'll bring the numbers.

If the timing isn't right, no problem — I'll follow up again in a couple of months.

— [Sender Name], MiiHealth

CTA: Schedule a 20-minute demo → [link]

Email 6 · Send Day: Day 35

Subject Line: Quick follow-up — capacity recovery case study
Preview Text: *Thought this might be useful for {{company}}.*

Hi {{first_name}},

One more touch before I give you some space — we recently documented a case study from a cardiology practice that reduced per-encounter documentation time by 9 minutes and grew patient volume by 15% in 60 days without adding staff.

Given the throughput challenges you're likely managing at {{company}}, I thought it was worth sharing.

Happy to send it over and talk through whether the numbers translate to your situation.

— [Sender Name], MiiHealth

CTA: Send me the case study + book time to talk → [link]

Sequence 3: General · Owner / Physician

Physician owners and clinical leaders across any specialty

i *Apollo tokens: {{first_name}}, {{company}}, {{specialty}} — personalize specialty reference in Email 1 where available.*

Email 1 · Send Day: Day 1

Subject Line: {{first_name}}, how much of your day is actually clinical?
Preview Text: *Most physicians we talk to say less than they'd like.*

Hi {{first_name}},

Quick, honest question: of the hours you spend at work each day, how many are actually clinical?

For most specialty practice owners we talk to, a meaningful chunk goes to documentation, repetitive intake conversations, and pre-visit prep that could have been handled before they walked in the room.

We built DAINA to give that time back.

DAINA is an AI agent that conducts the full pre-visit intake with your patients before their appointment — gathering history, HPI, symptoms, and chief complaint — then delivers a structured note directly into your EHR.

8+ minutes saved per encounter. 2+ hours back per day. Validated at Mayo Clinic.

Worth a quick look?

— [Sender Name], MiiHealth

CTA: Book a 20-minute demo → [link]

Email 2 · Send Day: Day 3

Subject Line: The intake conversation you've had 10,000 times
Preview Text: *You already know what they're going to say. DAINA can handle it.*

Hi {{first_name}},

There's a conversation that happens at the start of almost every patient visit. You ask about symptoms, duration, severity, medications, history. The patient answers. You type.

You've had that conversation thousands of times. So has every provider in your practice.

DAINA takes it off your plate. Before the patient arrives, DAINA has already asked your questions, in your sequence, and delivered the answers into a structured note in your EHR.

You walk in already knowing the story. The visit starts where it should: with clinical judgment, not data collection.

No setup complexity. No AI training. Just a cleaner, faster visit from the moment you open the door.

Can I show you how it works?

— [Sender Name], MiiHealth

CTA: Watch a 5-minute overview → [link]

Email 3 · Send Day: Day 7

Subject Line: What happens to burnout when documentation drops by 2 hours a day
Preview Text: *The math on pajama time — and what fixing it actually looks like.*

Hi {{first_name}},

Clinician burnout is a retention problem, a quality problem, and a revenue problem — and it's almost always downstream of administrative load.

The data is consistent: physicians who spend more time on documentation report lower satisfaction, higher burnout, and shorter careers at a given practice.

DAINA was validated at Mayo Clinic specifically for its impact on provider experience:

· 93% of providers rated it easy to use
· 79% said it improved the quality of their patient conversations
· 8+ minutes saved per encounter across all specialties tested

For a practice owner, that's not just a time savings story — it's a retention and culture story.

If provider burnout is a real concern at {{company}}, I'd love to show you what DAINA looks like in practice.

— [Sender Name], MiiHealth

CTA: See how DAINA reduces provider burnout → [link]

Email 4 · Send Day: Day 14

Subject Line: Arrives informed. Leaves on time. Every day.
Preview Text: *What your workflow could look like with DAINA handling pre-visit intake.*

Hi {{first_name}},

Here's what a day looks like for providers using DAINA:

Before each visit, DAINA has already spoken with the patient. It's gathered their history, flagged any red flags or medication concerns, and delivered a structured note into the EHR.

The provider walks in knowing the story. The visit is more focused. The chart is largely written. The encounter closes faster.

At the end of the day, there's less to do. Some providers describe it simply as: going home on time.

DAINA works across specialties and integrates with Epic, Cerner, and other major EHRs — no disruption to your existing stack.

Happy to show you what it looks like for {{company}}'s specific workflow.

— [Sender Name], MiiHealth

CTA: Book a workflow demo → [link]

Email 5 · Send Day: Day 21

Subject Line: Keeping this short, {{first_name}}
Preview Text: *Last email for a while — but the offer stands.*

Hi {{first_name}},

I've reached out a few times — I'll keep this one short.

If the documentation burden is real at {{company}}, DAINA can reduce it. Validated at Mayo Clinic, integrates with your EHR, live within a week, ROI-positive within a month.

If now isn't the right time, I completely understand. I'll check back in a couple of months.

If you're tired of charting after hours, one 20-minute call is all it takes.

— [Sender Name], MiiHealth

CTA: Pick a time that works → [link]

Email 6 · Send Day: Day 35

Subject Line: Re: documentation burden at {{company}}
Preview Text: *Something new worth sharing before I give you some space.*

Hi {{first_name}},

One last note before I step back for a while.

We recently published a short piece on how specialty practice owners are using AI intake to reclaim clinical time — not by replacing staff, but by eliminating the repetitive work that's clogging up provider schedules.

Given what you're managing at {{company}}, I thought it might resonate.

Happy to share it and talk through whether DAINA makes sense for your practice.

— [Sender Name], MiiHealth

CTA: Get the article + book time to talk → [link]

Sequence 4: General · Practice Manager

Practice managers and operations leads across any specialty

i *Apollo tokens: {{first_name}}, {{company}}, {{specialty}} — reference specialty and practice size where available.*

Email 1 · Send Day: Day 1

Subject Line: {{first_name}}, a question about {{company}}'s capacity
Preview Text: *If your providers are maxed out, more staff might not be the answer.*

Hi {{first_name}},

Most practice managers I speak with are managing some version of the same equation: patient demand is growing, provider capacity is fixed, and the default solution — hire more people — is expensive and slow.

MiiHealth's DAINA offers a different path.

DAINA is an AI intake agent that handles the repetitive pre-visit conversation and documentation prep for each patient. It saves 8 minutes per encounter — which, across a full provider schedule, translates to meaningful recovered capacity without adding headcount.

It integrates with your EHR, works across specialties, and most practices are ROI-positive within the first month.

Worth a 20-minute conversation?

— [Sender Name], MiiHealth

CTA: Book a 20-minute capacity conversation → [link]

Email 2 · Send Day: Day 3

Subject Line: What if your admin team could stop doing this?
Preview Text: *Repetitive intake tasks that eat hours every day — there's a better answer.*

Hi {{first_name}},

Think about the tasks your admin team handles that follow the same script every time. Pre-visit intake. Symptom review. Medication reconciliation questions. History updates.

These tasks are necessary. They're also completely repeatable — and that means they're automatable.

DAINA handles the pre-visit patient conversation before the appointment, delivering a structured intake note directly into the EHR. Your staff doesn't have to change what they do — they just stop doing the parts that don't require a human.

The result is less admin overhead, fewer chart errors, and providers who arrive informed instead of starting from scratch.

Can I show you how it works for a practice like {{company}}?

— [Sender Name], MiiHealth

CTA: See DAINA in action → [link]

Email 3 · Send Day: Day 7

Subject Line: The staffing cost you might not be measuring
Preview Text: *It's not just salary — it's what your team does with their hours.*

Hi {{first_name}},

When practice managers evaluate staffing costs, the salary line is obvious. The less obvious cost is what your existing team spends their hours on.

If skilled admin staff are spending 30–40% of their day on repetitive intake tasks, that's not an efficiency problem — it's a resource allocation problem.

DAINA automates the repetitive pre-visit intake process, which frees your team to focus on the higher-value work that actually requires judgment: scheduling complexity, patient escalations, billing questions, and practice operations.

For {{company}}, that could mean more throughput, fewer errors, and a team that's less stretched — without adding a single hire.

Happy to walk through what that looks like in practice.

— [Sender Name], MiiHealth

CTA: Request an operational walkthrough → [link]

Email 4 · Send Day: Day 14

Subject Line: How fast does ROI actually show up?
Preview Text: *Most practices hit positive ROI before the end of month one.*

Hi {{first_name}},

One of the first questions practice managers ask is: when does this pay for itself?

For most practices, the answer is within the first month.

Here's the simple version of the math: DAINA saves 8 minutes per patient encounter. Across a full provider day, that recovered time either becomes additional patient capacity (more revenue) or reduced overtime and after-hours work (lower cost). Either way, the ROI shows up fast.

Add in reduced admin errors, lower staff burnout, and EHR integration that eliminates manual chart prep — and the total picture is usually clear within 30 days.

We have an ROI calculator on our site, and I'm happy to run a custom estimate for {{company}} based on your actual patient volume.

— [Sender Name], MiiHealth

CTA: Run a custom ROI estimate → [link]

Email 5 · Send Day: Day 21

Subject Line: Last one for now, {{first_name}}
Preview Text: *Short version — and the offer is still open.*

Hi {{first_name}},

I've sent a few notes and haven't heard back — totally understood, practice management doesn't come with much downtime.

Short version:

DAINA saves 8 minutes per patient encounter, integrates with your EHR, requires no AI training, and most practices are ROI-positive in month one. It's validated at Mayo Clinic and live in under a week.

If capacity and staffing costs are still challenges at {{company}}, this is worth 20 minutes. I'll bring the numbers.

If the timing is wrong, no problem — I'll check back in a couple of months.

— [Sender Name], MiiHealth

CTA: Book a 20-minute demo → [link]

Email 6 · Send Day: Day 35

Subject Line: Re: operational efficiency at {{company}}
Preview Text: *One more thing worth sharing before I step back.*

Hi {{first_name}},

One last note before I give you some breathing room.

We recently put together a short breakdown of how specialty practice managers are using AI intake to solve the throughput and staffing cost problem — without the risk of a major technology implementation.

Given what you're managing at {{company}}, I thought it might be worth a few minutes of your time.

Happy to share it and answer any questions about how DAINA would fit your specific situation.

— [Sender Name], MiiHealth

CTA: Get the resource + book time to talk → [link]