Propel.

LIFECYCLE & RETENTION · TELEHEALTH AND DTC HEALTH

The Open Rate *Framework*

Six principles that took a telehealth brand from 15% to 40% opens, on the same list, with no extra sends.

15% → 40%

A 167% uplift.
Same audience. Same send volume.

WHAT'S INSIDE

Eighteen pages, one job: get more of your list to open.

Read it end to end in about twenty minutes, or jump to the principle you know you are breaking.

THE DIAGNOSIS

Half your list never opens your email. It is usually *not* the list.

A 10 to 15% open rate does not mean the audience is dead. It means the message is not giving enough of them a reason to open. Those are very different problems with very different fixes.

When opens sit low, most teams reach for the same three levers: clean the list, change the send time, send more often. Each is cheap to try, which is exactly why each gets tried first. And each treats the symptom.

The uncomfortable part is what a low open rate means commercially. In a lifecycle programme the email *is* the revenue event. Nothing downstream happens if the open does not happen first. At 15% opens, roughly six in seven of these never get seen:

- The refill reminder that would have kept them on treatment.
- The renewal nudge that would have saved the subscription.
- The cross-sell they would have said yes to.
- The check-in that would have caught a lapse before it became a churn.

> THE REFRAME
>
> You do not have a deliverability problem or an audience problem. You have an attention problem, and attention is decided in the inbox preview, before anyone has read a word you wrote inside the email.

That is fixable, and it is fixable without buying more traffic, adding more sends, or rebuilding your stack. The rest of this framework is the six changes that fixed it for one brand, written so you can apply them to yours.

WHAT CHANGED

Same list. Same volume. *167%* more opens.

A telehealth brand came to us sitting at a 15% open rate across its lifecycle flows. Within the engagement, opens moved to 40%. The interesting part is the list of things we left alone.

WHAT WE CHANGED

- ✓ **Who got which message**, based on treatment interest rather than list membership
- ✓ **The time frame named** in the subject line
- ✓ **How value was expressed**, worth over discount
- ✓ **Whose life the copy described**, theirs rather than an ideal
- ✓ **The tense**, present rather than future
- ✓ **Whether the preview resolved** the message or left it open

WHAT WE DID NOT CHANGE

- × Send frequency or the number of emails per flow
- × List size, or any acquisition spend
- × The ESP or the sending infrastructure
- × The underlying offers and pricing
- × Send-time optimisation settings
- × Template design and email layout

> **READ THE NUMBER HONESTLY**
>
> Open rate is a directional metric, not a precise one. Apple's Mail Privacy Protection pre-fetches images and inflates reported opens for a share of any list, so the absolute figure is always soft. What matters is the delta measured on a consistent basis: same measurement method, same flows, before and after. That is how the 15 to 40 shift was read, and it is how you should read yours. Page 15 covers what to track alongside it.

Nothing here required new budget. Every one of the six is a decision about what goes in front of a patient and how it is worded. That is why it transfers.

THE MENTAL MODEL

Three questions, answered in the preview.

A patient scanning an inbox is not reading. They are triaging. Sender, subject and preheader get about half a second, and in that window they resolve three questions without conscious effort.

1	2	3
Is this about me?	**Is it about now?**	**Can I settle it without opening?**
Not about patients in general. About my treatment, my situation, the thing I am actually doing right now.	Does it attach to where I am today, or to a version of me I would have to imagine first?	If the preview already gave me the answer, opening costs effort and returns nothing.

A "yes, yes, no" earns the open. Anything else does not. Every low-performing subject line fails at least one of the three, and usually it fails the third: it tells the whole story in the preview and leaves nothing to resolve.

The six principles are not six unrelated tips. They are the three questions, made operational:

QUESTION	PRINCIPLES THAT ANSWER IT
Is this about me?	1 · Target by treatment 4 · Describe their life
Is it about now?	2 · A number in days 5 · Write in the present
Can I settle it without opening?	3 · Frame value 6 · Ask an open question

USE THIS AS A FILTER

Before any subject line ships, read it as a patient would in a crowded inbox and answer the three questions out loud. If you cannot get to yes, yes, no in half a second, the line is not ready, however good the email behind it is.

1

Target by treatment, not by blast.

A patient will always open an email about the treatment they are actually on. Someone with GLP-1 activity opens a subject line with GLP-1 in it, because it is unambiguously about them.

Standard ESP segmentation splits a list by lifecycle stage and by list membership: new, active, lapsed, subscriber, non-subscriber. Useful for scheduling. Almost useless for relevance. It tells you where someone sits in your funnel, never what they care about.

Treatment interest is the segmentation that moves opens, because it is the only one the patient also recognises. They do not think of themselves as a Stage 3 Lapsed Subscriber. They think of themselves as someone six weeks into a GLP-1, or someone weighing up whether to start TRT.

INSTEAD OF	~~An update on your treatment plan~~
SEND	Your GLP-1 at week 6: what usually shifts next

APPLY IT THIS WEEK

1. List every treatment or product line you support. That list, not your lifecycle stages, is your first segmentation axis.
2. Tag every contact with the treatment they have shown interest in: purchased, consulted, browsed, or asked about.
3. Rewrite your three highest-volume sends so the treatment name appears in the subject line, and route each version only to the matching segment.
4. Where a contact has no treatment signal yet, do not guess. Use behaviour you do have and keep the line broad rather than wrong.

Why it works: it answers question one before the patient has to think. Recognition is faster than interest, and it costs the reader nothing.

2

Put a number in days, not a vague promise.

A subject line that names 30 or 90 days gives the patient a real timeline to measure their own body against. That lifts opens more reliably than any stronger adjective you could reach for instead.

When copy underperforms, the instinct is to intensify it: results become remarkable results, progress becomes real progress. The adjective escalates, the meaning does not. The reader has no way to check the claim, so they discount it.

A number behaves differently. Thirty days is checkable. The patient knows where they are in their own thirty days, and the line becomes a question about them rather than a statement about you.

INSTEAD OF	~~Your results are coming~~
SEND	What changes in your first 30 days
OR	Where you'll be at 90 days

APPLY IT THIS WEEK

1. Pull every subject line in your top five flows and mark the ones carrying an unverifiable adjective: remarkable, incredible, life-changing, amazing.
2. Replace each with the real time window that applies to that stage of treatment. If you do not know the window, ask your clinical team rather than inventing one.
3. Anchor the number to the patient's own clock, not your campaign calendar: their first 30 days, their week 6, their next refill.
4. Keep the number honest. A timeline you cannot support is a trust cost that lands later, in churn.

Why it works: a number converts a claim into a measurement the patient can run on themselves, which is the cheapest form of relevance there is.

3

Frame value, don't shout discounts.

Free and % off trip inbox filters and route you to the Promotions tab, where visibility collapses before anyone decides whether to open. The discount is not the problem. Announcing it in the subject line is.

Every promo calendar defaults to the percentage. It is easy to write, easy to approve, and it reliably costs you placement. Worse, it trains the list: a patient who learns that your emails are sales starts triaging them as sales.

Naming what a patient saves, and over what period, keeps the same commercial message but reads as worth rather than a markdown. It also survives the filters that the percentage does not.

INSTEAD OF	~~25% off your next 6 months — this week only~~
SEND	You'll save around $240 over your next 6 months

APPLY IT THIS WEEK

1. Audit your last quarter of sends for subject lines containing free, % off, sale, discount or deal, and note which tab each landed in.
2. Convert each to an absolute amount over a named period. The maths must be real and defensible if a patient checks it.
3. Keep urgency inside the email, not in the subject line, where it reads as pressure and triggers filtering.
4. Re-test placement after the change. Movement from Promotions to Primary is often worth more than the offer itself.

Why it works: it protects inbox placement while keeping the commercial message intact, and worth framing reads as information rather than a pitch.

4

Describe their life, not an ideal.

Copy that names what a patient is actually living through beats aspirational copy every time. You are describing their week, not a brochure.

Nearly every wellness and health brand sends some version of become your best self. It is safe, it is on-brand, and it describes a person the reader is not yet. Aspiration asks the reader to do imaginative work before they can see themselves in the line.

Recognition asks for nothing. A line that names a small, specific, true detail of the patient's week lands as observation rather than marketing, and observation is far harder to ignore.

INSTEAD OF	~~Become your best self~~
SEND	**Your partner has probably noticed the change**
OR	**Your daughter couldn't say why you seemed different**

APPLY IT THIS WEEK

1. Read your last twenty support conversations and reviews, and pull the exact phrases patients use about their own experience.
2. Pick the small details rather than the outcomes: sleep, energy in the afternoon, what someone close to them said.
3. Write the line as an observation about their week. If it could appear on a poster, it is still aspiration.
4. Check it does not overclaim. Recognition is specific; it is not a promise about clinical results.

Why it works: recognition is processed as truth about the reader, while aspiration is processed as a claim about the sender.

5

Write in the present, not the future.

Patients act on where they are now, not on a version of themselves they have to imagine first. The present tense feels true today instead of someday.

Most retention copy leans future: picture yourself a year from now, imagine how you will feel, this is where you could be. It is optimistic and it is distant, and distance is exactly what you cannot afford in a preview pane.

The present tense collapses that distance. It asserts that something is already happening to the reader, which is both more interesting and, in an active treatment programme, usually more accurate.

INSTEAD OF	~~Picture yourself a year from now~~
SEND	The change is already happening. Here's where you are this week.

APPLY IT THIS WEEK

1. Search your flows for will, could, imagine and picture. Each is a candidate for conversion.
2. Rewrite in the present, anchored to a point the patient is at right now: this week, today, at week six.
3. Pair it with principle 2 where you can. A present-tense line with a real number is the strongest combination in this framework.
4. Do not use the present tense to assert progress you have not measured. Use it about the stage, not the outcome.

Why it works: it answers question two directly. Now is easier to act on than someday, and it requires no imaginative effort from a tired reader.

6

Ask a question they can't answer without opening.

An open question makes the inbox itch. When the patient cannot resolve it from the preview, the only way to settle it is to open.

The statement-style subject line is the default across most programmes, and it has a structural flaw: it gives the whole message away before the click. A reader who has already got the information has no reason left to open.

A question only works if it meets two conditions. The answer has to matter to the reader, and it has to be genuinely unguessable from the outside. A rhetorical question fails both and reads as a gimmick.

INSTEAD OF	~~Thyroid issues can cause low mood~~
SEND	Is it seasonal blues or your thyroid?

APPLY IT THIS WEEK

1. Take your five best-performing statement subject lines and rewrite each as a question the reader cannot answer from the preview.
2. Test the two conditions: does the answer matter to them, and is it genuinely unguessable? If either fails, keep the statement.
3. Make sure the email delivers the answer immediately. An open loop you do not close costs you the next open.
4. Use it sparingly. Every line as a question turns into a tic, and the list stops reading questions as questions.

Why it works: it is the only principle that makes not opening the more expensive option for the reader.

STACKING THE SIX

You do not need all six in one line.

Two or three, chosen deliberately, outperform six crammed together. Pick one relevance principle, one time principle, and one that leaves something unresolved.

LAYER	WHAT IT SUPPLIES	DRAWN FROM
Recognition	The reader knows on sight that this is about them	Principle 1 or 4
Time anchor	It attaches to where they are right now	Principle 2 or 5
Open loop	The preview does not settle it	Principle 3 or 6

GLP-1 · WEEK 6 REFILL FLOW

Your GLP-1 at week 6: is the plateau normal?

Preheader: What usually shifts between week 6 and week 12.

1 · Treatment · 2 · Days · 6 · Open question

TRT · SUBSCRIPTION RENEWAL

You'll save around $240 over your next 6 months

Preheader: Your renewal window opens this week.

3 · Value framing · 5 · Present tense

THYROID · CROSS-SELL TO EXISTING PATIENTS

Is it seasonal blues or your thyroid?

Preheader: The two look alike in October. One is testable.

4 · Their life · 5 · Present tense · 6 · Open question

ONE RULE THAT OUTRANKS THE REST

The preheader is not a second subject line and it is not a repeat of the first. Use it to extend the loop, never to close it.

SEQUENCING

Four weeks, in this order.

Order matters. Segmentation first, because rewriting copy for the wrong audience improves nothing you can measure.

Week 1

SEGMENT

Get treatment interest into the data

- Score your current sends with the page 14 scorecard and record the baseline
- Map every treatment line to a tag, and backfill from purchase, consult and browse history
- Identify the five flows carrying the most revenue. Those are the only ones you touch this month

Week 2

REWRITE

Apply principles 1, 2 and 5 to those five flows

- Treatment name into the subject line, one variant per segment
- Swap every unverifiable adjective for a real time window
- Convert future tense to present across subject and preheader

Week 3

TEST

Run the value framing and open loop variants

- A/B the percentage line against the absolute-saving line, and watch tab placement as well as opens
- Test one question-style line per flow against your best statement line
- Hold everything else constant. One variable per test or the result tells you nothing

Week 4

SCALE

Promote winners and write the rules down

- Roll winning patterns into the remaining flows
- Re-score with the scorecard and compare against your week 1 baseline
- Turn what won into a one-page house standard, so new sends start compliant

BEFORE YOU CHANGE ANYTHING

Score your current sends.

Take your five highest-volume flows. Tick every statement that is true of all five. Be strict: mostly true is a no.

- [ ] Every send is routed by treatment interest, not only by lifecycle stage or list membership.
- [ ] The treatment name appears in the subject line where the patient has shown that interest.
- [ ] No subject line relies on an unverifiable adjective to carry the claim.
- [ ] Each flow names a real time window tied to the patient's own clock.
- [ ] No subject line contains free, % off, sale or discount.
- [ ] Commercial messages express worth as an amount over a named period.
- [ ] Copy describes something the patient is living through rather than an ideal outcome.
- [ ] The detail in the copy came from real patient language, not from a brand workshop.
- [ ] Subject lines are written in the present tense.
- [ ] At least one send per flow leaves a question the preview cannot resolve.
- [ ] The preheader extends the subject line instead of repeating or closing it.
- [ ] You can state each flow's open rate and click-to-open rate from memory, on a consistent measurement basis.

0 – 4

Most of your revenue messages are not being seen. The first three principles will move the number fastest.

5 – 8

The fundamentals are there and the gains are in consistency. Standardise before you optimise.

9 – 12

Opens are unlikely to be your constraint. Look downstream, at click-to-open and flow-attributed revenue.

INSTRUMENTATION

Open rate alone *will* lie to you.

Track it, but never alone, and never across a change in how it is measured. Four metrics beside it turn a soft number into a decision you can defend.

METRIC	WHAT IT TELLS YOU	WATCH FOR
Open rate	Whether the preview is earning attention	Privacy pre-fetching inflates it; compare like for like only
Click-to-open	Whether the email kept the promise the subject line made	Opens up and click-to-open down means the line overpromised
Flow-attributed revenue	Whether the opens turned into anything commercial	The only number that survives a board meeting
Reactivation rate	Whether previously silent contacts are coming back	The clearest signal that relevance, not frequency, was the fix
Unsubscribe and spam rate	Guardrail. Whether you bought opens with goodwill	Any rise here cancels an open-rate gain, whatever the headline says

SET THE BASELINE BEFORE WEEK 1

Record all five for your top five flows before you change a single subject line, and record how each was measured. Without that snapshot you will be able to show a number went up, and unable to show that you moved it.

ONE CAVEAT WORTH STATING INTERNALLY

Because a share of reported opens is automated rather than human, treat the absolute open rate as directional and let click-to-open and revenue carry the argument. A team that understands this in advance will not be derailed the first time someone questions the headline figure.

FAILURE MODES

Seven ways teams undo this within a quarter.

1 **Treating the six as a checklist**

Cramming all six into one subject line produces a crowded, gimmicky line. Two or three chosen deliberately beat six stacked.

2 **Segmenting without the data to support it**

Treatment-level targeting fails when the tags are guesses. An email about the wrong treatment costs more trust than a generic one.

3 **Raising frequency once opens improve**

The most common way to spend the gain. Relevance bought the attention; volume is what erodes it again.

4 **Opening a loop the email never closes**

A question in the subject line with no answer in the first screen trains the list to stop trusting your questions.

5 **Letting the promo calendar override principle 3**

One quarter of percentage-led subject lines can undo months of placement work, and placement is slow to recover.

6 **Testing more than one variable at a time**

A new segment, a new subject line and a new send time in the same week produces a result nobody can attribute or repeat.

7 **Never writing the standard down**

Gains held by one person leave when that person does. A one-page house standard is what makes this survive a team change.

THE COMPLIANCE NOTE

In telehealth, every line in this framework sits under your regulatory and clinical review, not beside it. Specificity and recognition are persuasive precisely because they feel true, which is exactly why they must be true. Run new subject lines through the same review as the email body.

YOUR TURN

Write your next three subject lines.

Pick your three highest-revenue flows. For each, name the segment, choose two or three principles, and write the line.

FLOW 1 · SEGMENT & TREATMENT

PRINCIPLES USED

SUBJECT LINE

PREHEADER (EXTENDS, DOES NOT CLOSE)

FLOW 2 · SEGMENT & TREATMENT

PRINCIPLES USED

SUBJECT LINE

PREHEADER (EXTENDS, DOES NOT CLOSE)

FLOW 3 · SEGMENT & TREATMENT

PRINCIPLES USED

SUBJECT LINE

PREHEADER (EXTENDS, DOES NOT CLOSE)

Then read each one back and answer the three questions from page 5. Yes, yes, no.

WHERE THIS GOES NEXT

Want us to find where *yours* is leaking?

You have the formula. If you would rather see exactly where your own flows are losing opens and revenue, we will run a free audit of your sends and show you the specific lines to change.

- ✓ Where your lifecycle flows are underperforming, and the revenue leaking with them.
- ✓ Which of the six you are already leaving on the table.
- ✓ The quickest wins your team can action this quarter.
- ✓ How AI-driven personalisation compounds this across retention and LTV.

Get your open-rate audit

trypropel.ai · Lifecycle & retention for telehealth and DTC health brands