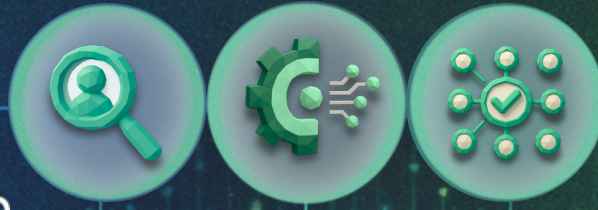


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**AI**



# Agentic Impact for Intake and Beyond

HOW MEDICAL GROUPS CAN REDUCE PHONE AND FAX FRICTION  
THROUGH REDESIGNING WORKFLOWS WITH AI SOLUTIONS

**M**edical group leaders do not need another abstract conversation about “digital transformation.” They need a clear view of where operational work is still trapped in manual effort and what kind of automation can remove friction without creating new risk.

This report, drawing on MGMA’s survey of 302 medical practice leaders and supplemented by recent [MGMA Stat polling](#), finds that phones remain a frontline access bottleneck while fax remains a document-intake bottleneck. Both channels still force staff to do two jobs at once: handle the interaction in front of them and manually translate it into a downstream workflow.

The urgency is compounded by front-office staffing conditions: 70% of respondents report staffing instability — 39% say their front offices are fully staffed but experiencing high turnover, 24% report that vacancies are common, and 7% describe chronic understaffing that directly affects patient access. When the workforce handling phones and faxes is already stretched thin, the cost of leaving manual workflows in place compounds with every unfilled seat.

On the phone side, nearly six in 10 respondents (59%) report 301 or more inbound calls per business day, and 36% say at least 11% of calls go unanswered or to voicemail during peak periods.

Scheduling and rescheduling appear in the top three patient call reasons for 81% of respondents and rank first for 40%. That makes phones more than a service issue. They are an access, throughput, and scheduling-capacity issue.

Recent [MGMA Stat polling](#) points to the same pressure from another angle: practice leaders identified eligibility and prior authorization as the most time-intensive phone work, followed by scheduling, intake, and refills. Payer-related calls often consume the most time per case, while scheduling drives the highest sustained call volume.

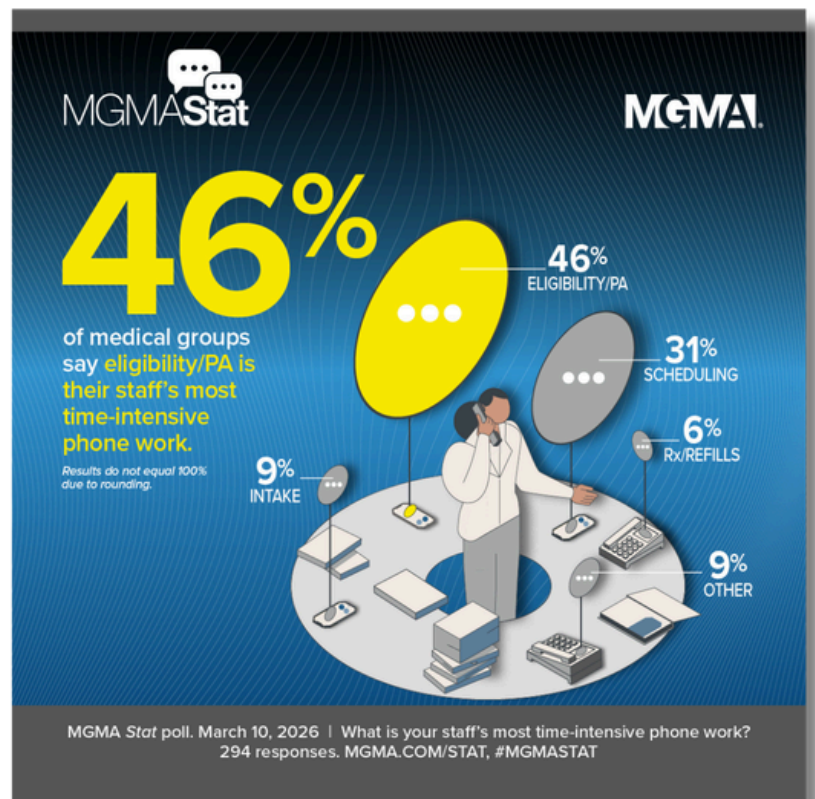
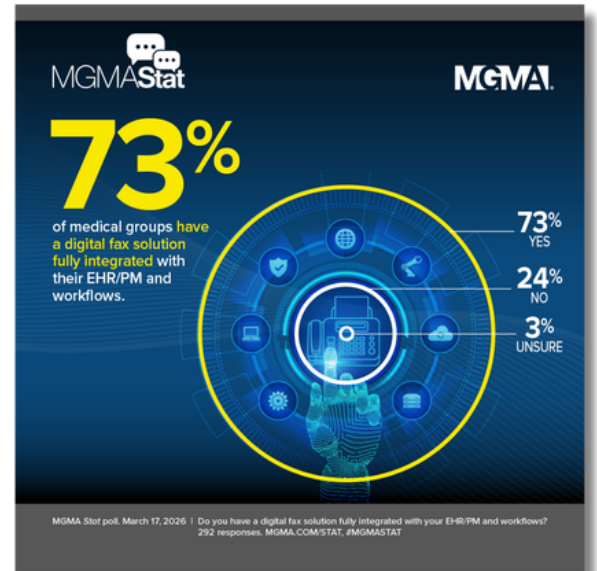


Table 1. Benchmark snapshot

Metric	Result	Why it matters
301+ Inbound Calls	59%	Phone burden is a scale problem, not just a nuisance.
11%+ of calls unanswered at peak times	36%	Access leakage is meaningful enough to affect throughput.
Fax platform not integrated to EHR/PM	64%	Document intake is still heavily manual in many groups.
Fax workflow was rated as inefficient	40%	The problem is not just paper; it is routing and rework.
Revenue/throughput ranked as #1 driver for automation	44%	Interest in automation leans toward investment, not only relief.
Top evaluation criteria: security / integration / transparent ROI	93% / 91% / 84%	Practice leaders want governed workflow tools.

On the fax side, the problem is older but no less operationally expensive. Nearly two-thirds of respondents (64%) report fax platforms that are not integrated with the EHR or practice management workflow, and 40% describe fax communication as inefficient. Prior authorization and payer-document requests appear in the top three fax reasons for 75%, referrals for 73%, and medical-records exchange for 55%. [Recent MGMA Stat polling](#) found that **24% of practices said they did not have a digital fax solution fully integrated with the EHR or PM**, and this may not fully capture the gap between “digital” and “operationally automated.” Many groups receive faxes electronically yet still depend on staff to sort, index, match, route, and chase missing information.



*The operational problem is not the existence of calls or fax documents. It is the manual work required to translate them into the next usable workflow step.*

## ABOUT THE RESPONDENTS

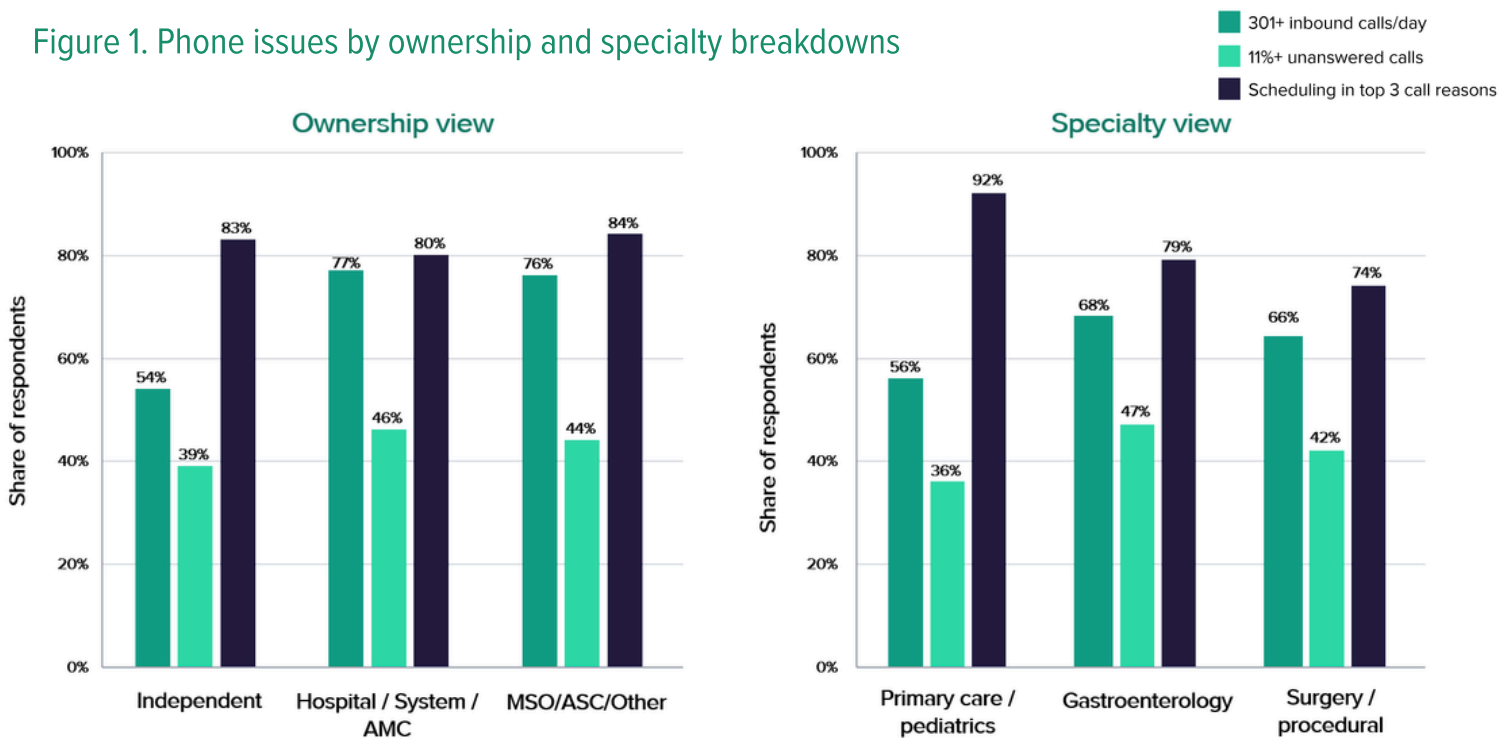
The MGMA 2026 Phone and Fax Solutions Survey drew 302 responses, with 80% from independent medical group practices, 12% from hospital-owned, health-system, or academic medical center settings, and 8% from MSOs, ASCs, and other organization types. EHR/PM representation reflects the ambulatory market: athenahealth (24%), eClinicalWorks (21%), Epic (10%), NextGen (8%), Veradigm and Greenway (7% each), with the remainder on other platforms. Specialty representation spans primary care, cardiology, gastroenterology, dermatology, ophthalmology, psychiatry, surgery, and multispecialty groups.

## PHONES AND PATIENT ACCESS: THE FRONT DOOR IS STILL LABOR-INTENSIVE

More than half of respondents report at least 301 inbound calls on a typical business day, and the burden is even heavier in hospital- and system-owned groups, where 77% report 301 or more calls. Even 54% of independent practices report this level of call activity for their contact staff.

What calls come in matters just as much as how many. Scheduling and rescheduling are the most common reasons, followed by clinical questions and messages, referrals, prescription refills, and insurance or eligibility questions. This may seem at odds with the MGMA *Stat* poll, which identified eligibility and prior authorization as the single most time-intensive category for staff. But these findings describe two different forms of operational drag: payer work is heavy, exception-laden, and slow; scheduling is constant, repetitive, and immediately tied to access and downstream revenue.

Figure 1. Phone issues by ownership and specialty breakdowns



The specialty breakdowns point to where the pressure is greatest:

- In primary care and pediatrics, 92% of respondents include scheduling in their top three call reasons — the highest concentration of any segment, making inbound scheduling, after-hours capture, and annual wellness visit outreach clear starting points for automation.
- In gastroenterology, 68% report 301 or more daily calls and 47% say at least 11% go unanswered or to voicemail, a combination of volume and missed access that directly affects referral conversion.
- Surgery and procedural groups report similar scale, with 66% at 301 or more calls.

Across all three, the core need is the same: fewer manual touches between patient intent and a booked, documented next step.

## FAX AND DOCUMENT INTAKE: THE WORKFLOW PROBLEM BEHIND THE PAPER PROBLEM

Fax in medical groups is not a nostalgic problem about outdated technology. It lives on today as a translation problem around document intake. Only one-third of respondents use a fully integrated digital fax platform, while the remainder are split across digital-but-not-integrated, mixed manual/digital, or manual-only states. This question of tech maturity matters because lots of hidden work lives in classification, chart matching, routing, follow-up, and outbound packet assembly.

The operational pattern is strikingly concentrated. Prior authorization and payer-document requests appear in the top three fax reasons for 75% of respondents, referrals for 73%, medical records exchange for 55%, medication refills for 44%, and payer audits for 38%. Among issues ranked first, prior authorization/payer documentation leads at 29%, narrowly ahead of referrals at 27%. This administrative middle of the revenue cycle and care-coordination process is where items arrive as images, incomplete packets, or multi-page documents without reliable workflow routing. Practice staff become the interface layer between external senders and the practice's real systems.

### *A note on the fax integration gap*

In this survey, 64% of respondents report a fax platform that is not integrated with their EHR or PM system. By contrast, the MGMA poll found that 73% of respondents said they do have an integrated digital fax solution. The difference is not contradictory, however: The poll asked a binary yes/no question, while the survey offered granular maturity options that distinguish between “digital but not integrated” and “digital and fully integrated.” Many practices that check “yes” to having a digital fax solution still rely on staff to sort, index, and route documents manually. Self-reported integration often overstates actual workflow maturity.



Table 2. Top fax workflows absorbing staff time

Fax reason in top three	Share	Report implication
Prior authorization / payer documentation	75%	Highest-friction administrative exchange.
Referrals	73%	Strongest connection between fax maturity and practice growth and throughput.
Medical records exchange	55%	Fax burden extends beyond a single revenue-cycle step.
Medication refills	44%	High-touch but often rules-based enough for automation support.

The MGMA *Stat* poll sharpens the same lesson. Most respondents in that poll reported having some form of integrated digital fax, yet in many practices “digital fax” only replaces a physical machine with a digital inbox while leaving sorting, indexing, and follow-up work squarely on staff. That is why workflow maturity — not just paper elimination — is the right lens for evaluating fax-related automation. “Less paper” is not the same thing as fewer touches, faster referrals, or cleaner documentation.

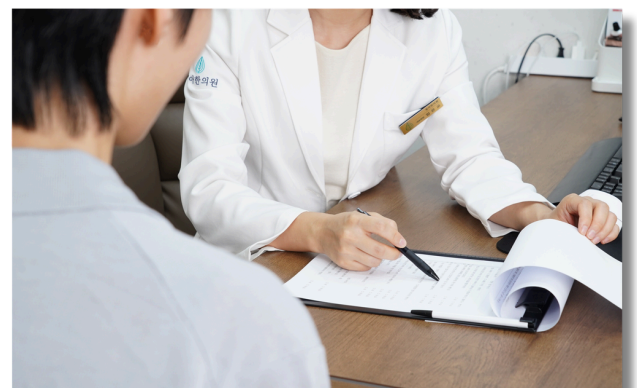
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*A digital inbox is still manual work if staff are the ones who must sort, index, route, and chase missing pages.*

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The specialty breakdowns reinforce where fax becomes most dangerous to growth and throughput:

- Surgery/procedural groups have the weakest maturity, with 80% reporting a fax platform that is not integrated.
- Gastroenterology is the clearest referral-intensity specialty, with referrals appearing in the top three fax reasons for 84%.
- Multispecialty mixed med-surg groups show the strongest prior-auth intensity, with prior authorization/payer documentation in the top three for 82%.



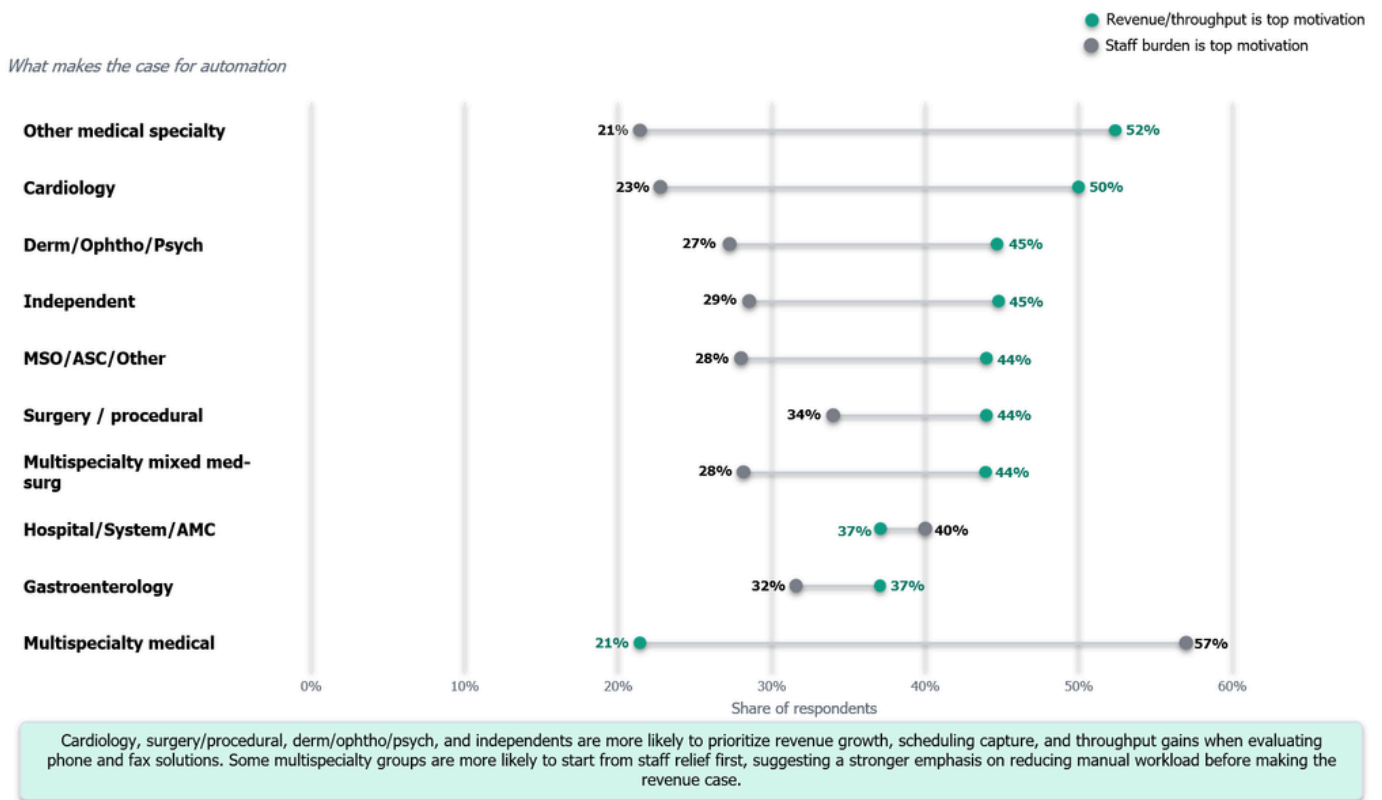
Put simply: fax is still where referral growth, payer friction, and manual rework collide.

## DOWNSTREAM IMPACT: WHAT DRIVES INTEREST IN AUTOMATION

Interest in automation is not driven solely by burnout relief. Across all respondents, the combined revenue and throughput motivations — capturing missed demand and revenue protection — rank first for 44% of respondents. Staff burden ranks first for 30%. Improving patient access and experience ranks first for 24%.

These motivations change how practice leaders should evaluate the case for agentic solutions. The pitch of, “AI will lower labor cost,” is alluring, but so is, “AI can help us answer more demand, route work faster, and avoid revenue loss.”

Figure 2. Revenue/throughput vs. staff burden by ownership and specialty



The ownership and specialty breakdowns reinforce this:

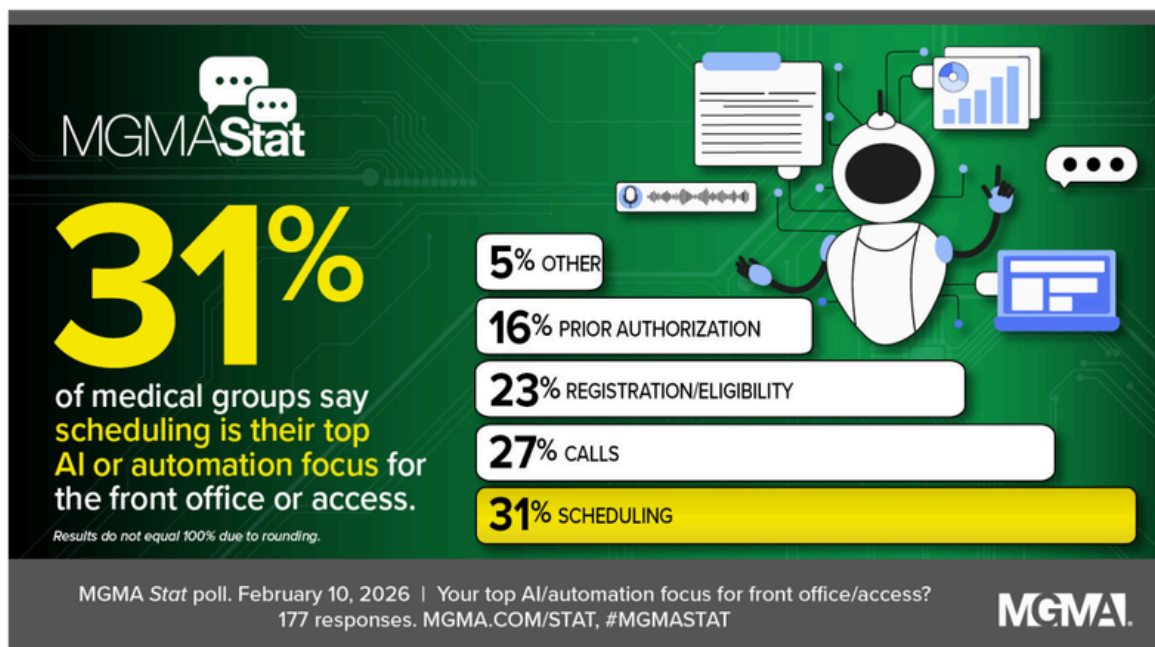
- Independent respondents lean even more toward revenue and throughput as their top motivations at 45%, compared with 37% in hospital/system/AMC respondents.
- Cardiology is highest at 50%. Surgery/procedural stands at 44%, and derm/ophtho/psych at 45%.
- Primary care and pediatrics are more balanced, which fits their heavy scheduling and access mix.
- Gastroenterology is also balanced, but its combination of missed calls, referrals, and fax intensity makes it a strong case for investing in automation even without the highest ranking on revenue issues.

Table 3. What is driving interest?

Driver	Share	Interpretation
Revenue/throughput combined ranked #1	44%	Strongest overall signal; supports an investment framing.
Staff burden ranked #1	30%	Still important, especially in broken workflows.
Improve patient access / experience ranked #1	24%	Access stays central, but buyers still want hard math.
Among respondents with inefficient fax workflows: staff burden ranked #1	41%	Relief becomes more important when operations feel visibly broken.

At the same time, the data warn against ignoring burden. Among respondents who describe fax workflow as inefficient, staff burden rises to 41% as the top-ranked reason for interest, while the revenue/throughput share falls to 36%. When workflows are visibly broken, practices first want relief. When workflows are more stable, they are more willing to evaluate automation as a growth or revenue-protection investment. In other words, staff burden and revenue are not competing stories. They are stages of maturity in workflow redesign.

Recent MGMA *Stat* polling adds context for why these use cases feel urgent now. A [Feb. 10, 2026 poll](#) found that when leaders were asked where they were returning to AI and automation to improve access, scheduling led at 31%, followed by calls at 27%, registration/eligibility at 23%, and prior authorization at 16%. This is after a separate [September 2025 poll](#) found that two-thirds of medical groups had added or expanded AI use last year, with scheduling and patient communications among the most common non-clinical targets.



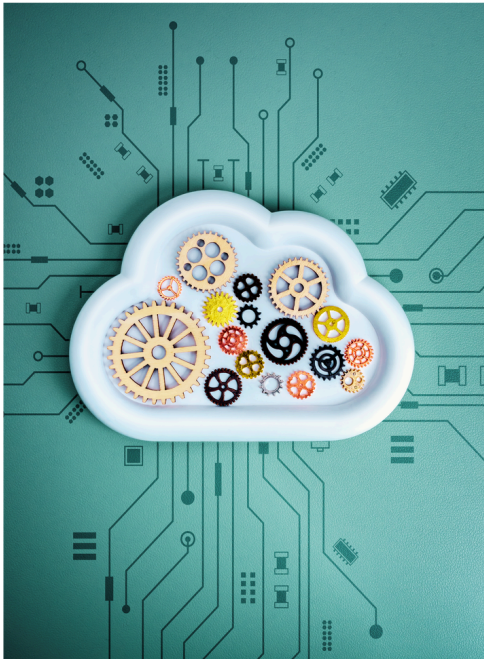
## “IF YOU COULD AUTOMATE ONE THING TOMORROW”

When asked in their own words what they would automate first, respondents converged on a short list that closely mirrors the structured survey findings. Scheduling and self-service led at 20%; followed by referral intake and status at 19%; fax sorting, indexing, and routing at 15%; medication refills at 11%; insurance verification at 11%; and prior authorization at 10%. Because these responses were unprompted and unconstrained by answer options, they offer an unfiltered view of where the daily pain is sharpest. The consistency between what leaders chose in a ranked list and what they wrote in their own words strengthens the case that these are not abstract priorities; they are the workflows that weigh on operations every day.

## PEERS ARE ALREADY MOVING

More than half of respondents (55%) are actively buying — planning within the next 12 months (22%), evaluating vendors now (16%), or piloting or already implemented (17%). The share climbs higher in several specialties: cardiology (64%), multispecialty medical (64%), surgery and procedural (60%), and multispecialty mixed med-surg (56%). Only 7% of respondents describe themselves as “not interested.” For leaders still in exploration mode, these numbers signal that the market is moving and early movers are already establishing operational benchmarks.

## WHAT AI AGENTS ARE — AND WHAT THEY ARE NOT

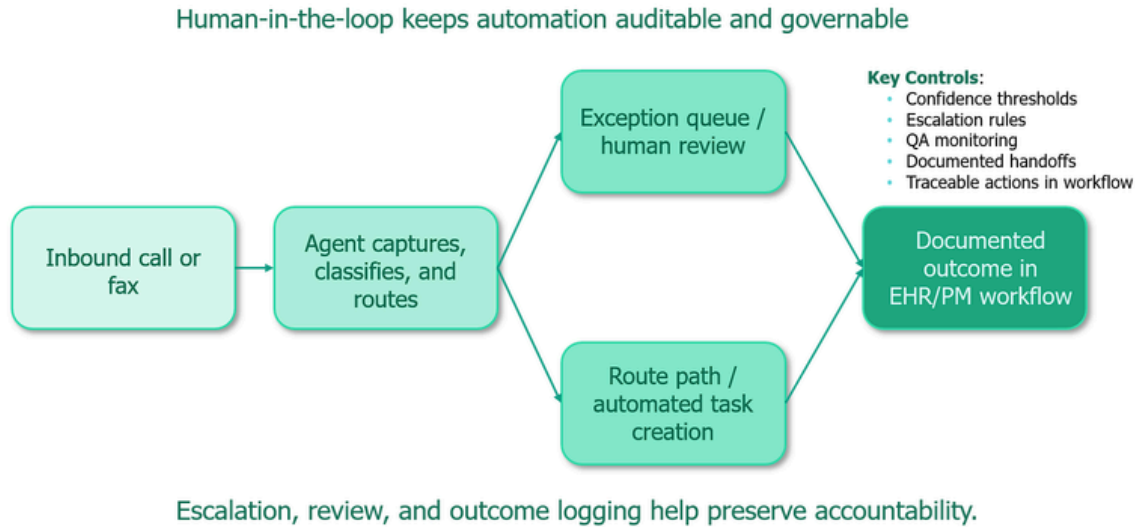


A phone agent is not simply a voice bot answering the phone. A fax agent is not simply OCR on a PDF. In the medical group setting, an AI agent can capture a request or document, identify intent or type, route it to the right workflow, request missing information, escalate exceptions for human review, and support a more traceable, governed process inside the practice’s EHR/PM environment.

That definition matters because practice leaders are not looking for novelty — they are looking for control. HIPAA security and controls appear in the top four evaluation criteria for 93% of respondents, EHR/PM integration for 91%, transparent ROI and cost for 84%, and human handoff plus QA monitoring for 63%. EHR/PM integration is also the most common No. 1 criterion at 34%.

Practice leaders do not want another standalone inbox, another portal, or another dashboard that staff must monitor. They want automation that enters the real workflow, produces visible math, and keeps people in the loop for judgment-heavy exceptions.

Figure 3. Human in the loop definition for phone and fax agents



The practical near-term wins for practices are measurable improvements in after-hours appointment capture, no-show reduction, call deflection, message routing, and workflow speed. Agents are best understood as structured workflow tools with governance and escalation built in, not as replacements for human judgment.

### WHERE AGENTS FIT IN THE MEDICAL GROUP WORKFLOW

Phone agents fit best wherever patient demand is high-volume, rules-based, and currently handled as repeat human work. That includes scheduling and rescheduling, basic intake, eligibility prompts, refill intake, after-hours call capture, FAQ handling, and rules-based routing to the right human queue.

- In primary care and pediatrics, the strongest immediate use cases are inbound scheduling and AWW outreach.
- In gastroenterology, the opportunity is broader: referral follow-up, recall outreach, after-hours capture, prep-related routing, and reducing the lag between inbound interest and a booked visit or procedure.
- In surgery/procedural groups, the phone-side value often lies in directing patients to the correct scheduling path and preventing complex rule checking from consuming front-office time.

Table 4. High-value phone-agent use cases

Use case	Metrics to track	Highest-fit segments
Scheduling / rescheduling	Answer rate; abandoned-call rate; booked appointments; after-hours bookings	Primary care / pediatrics; multispecialty access centers; GI
Basic intake / eligibility prompts	Callback reduction; completion rate; front-desk rework	Primary care; multispecialty medical
Rules-based routing and message capture	Time-to-resolution; queue misroutes; staff touches per request	Surgery / procedural; cardiology; GI



Fax agents fit best wherever document intake is repetitive but still structured enough to automate safely. Referrals are the clearest example because they expose the gap between receiving a document and moving a patient into the next operational step. Other strong use cases include prior auth packet intake, records classification, medication-related document routing, and task creation when missing documentation, signatures, or supporting records are required. In these workflows, the value of an agent is not in “reading faxes.” It is in reducing touches per item, speeding routing to the right owner, and surfacing exceptions early enough to avoid downstream delay.

**Table 5. High-value fax-agent use cases**

Use case	Metrics to track	Highest-fit segments
Referral classification and routing	Referral-to-booked lag; touches per referral; exception queue days	Gastroenterology; surgery / procedural; multispecialty med-surg
Prior auth packet intake	Packet completeness; status-lag days; denial-related rework	Multispecialty med-surg; surgery / procedural
Records and medication document routing	Routing lag; manual reassignment rate; searchable-text completeness	Derm/Ophtho/Psych; multispecialty medical

The right measurement plan stays simple and close to the workflow. For phone agents, the most credible metrics are answer rate, abandoned-call rate, after-hours appointments captured, callback time, time-to-resolution, booked appointments from inbound demand, and staff minutes per call type. For fax agents, the most credible metrics are touches per fax, classification accuracy, routing lag, turnaround time for referral and prior-auth packets, days in document exception queues, and the share of items that still require manual reassignment. Those are the metrics that turn “AI” into an operating improvement story.

### PRACTICE LEADERS’ SCORECARD

The survey reveals a clear buying floor: security first, integration second, transparent math third, and human oversight close behind. That combination tells practice leaders what questions to ask and tells solution partners what not to skip.

**Table 6. Practice leaders’ scorecard**

Criterion	What to verify	Why it matters
HIPAA security / controls	How PHI is handled, logged, retained, and protected; BAA and security review readiness.	93% place it in the top four; it is table stakes.
EHR / PM integration	Whether the agent creates or updates the actual workflow object, not just a note or inbox item.	91% place it in the top four; 34% rank it first.
Transparent ROI and cost	Simple pre-/post math tied to calls, touches, bookings, or queue days.	84% place it in the top four; leaders want visible ROI.
Human handoff + QA monitoring	How exceptions escalate, how staff review output, and how quality is monitored over time.	63% place it in the top four; especially important for larger organizations.
Implementation support	Workflow mapping, rule tuning, change management, and baseline KPI setup.	Secondary criterion, but important for successful rollout.



## ROI FRAMEWORK: THE MATH LEADERS ARE MOST LIKELY TO TRUST

Practice leaders want ROI that is transparent, connected to the existing workflow, and visible in metrics they already understand. The most credible ROI for agentic phone and fax solutions fall into three buckets:

- 1. Labor productivity:** fewer manual touches, fewer call-backs, faster routing, less document chasing, and staff time shifted from repetitive intake work to higher-value service or exception handling.
- 2. Revenue recapture:** more answered calls, more completed bookings, better conversion of referrals into visits or procedures, stronger recall execution, and more usable schedule capacity.
- 3. Revenue protection:** fewer delays tied to incomplete prior-auth packets, fewer lost referrals, cleaner documentation handoffs, and fewer denials or care delays created by administrative drag.

Table 7. Three-bucket ROI framework

ROI bucket	Proof points to measure	Advice
Labor productivity	Manual touches removed, call-backs avoided, routing time saved, staff hours reallocated	Do not count only minutes saved; count what work those minutes are now available to do.
Revenue recapture	Appointments recovered, referral conversion, recall completion, after-hours bookings, schedule fill	Best for access-heavy and procedure-driven specialties.
Revenue protection	Fewer auth delays, fewer lost referrals, cleaner packet handling, fewer denial-triggering gaps	Useful when the cost of administrative delay is clearer than headcount reduction.

## CONCLUSION

Practices don't love their phones and faxes. These devices persist because they still sit where outside demands and inside workflows meet. The volume of work is part of the problem, but the deeper issue is the manual translation required to turn a phone call or a faxed document into actionable, structured data inside the systems that actually run the practice.

The case for agentic solutions follows directly from this reality. Practices need a better way to absorb demand, classify it, gather missing information, route it correctly, and escalate exceptions — without asking already-busy staff to do all of that by hand. That does not mean replacing clinical judgment or patient relationships. It takes the repetitive capture-classify-route-escalate work off human plates and handling it with software that is governed and integrated into the EHR/PM workflow.

The front office and document-intake layer are among the clearest places where AI can create measurable value — provided the solution is secure, integrated, and tied to workflow outcomes that leaders can verify for themselves.



### **About Insight Health**

Insight Health builds AI-powered clinical agents that handle the routine, high-volume work overwhelming medical practice staff.

Our AI Phone Agent answers patient calls, schedules appointments, manages referral inquiries, and handles eligibility and prior authorization workflows. Our AI Fax Agent classifies inbound faxes, matches documents to the right patient chart, routes them to the correct provider or work queue, and flags missing information for follow-up.



Both agents integrate directly with leading EHR/PM systems, including athenahealth, eClinicalWorks, Epic, NextGen, AdvancedMD, DrChrono, Elation, Charm Health, and ModMed.

Co-founded by Dr. Eric Stecker (cardiologist) and Dr. Pankaj Gore (neurosurgeon), Insight Health is SOC 2 Type II accredited and HIPAA compliant, with more than 4 million patient conversations completed across specialty and primary care practices nationwide. [Learn more at insighthealth.ai/mgma](https://insighthealth.ai/mgma)

### **About MGMA**

Medical Group Management Association (MGMA) is the premier association for professionals who lead medical practices. Since 1926, through data, people, insights, and advocacy, MGMA empowers medical group practices to innovate and create meaningful change in healthcare. With a membership of more than 70,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 organizations of all sizes, types, structures and specialties that deliver almost half of the healthcare in the United States. [mgma.com](https://mgma.com).

