



The state of the *front desk*

What actually happens when a patient calls a U.S. hospital to book an appointment.

A field study of 198 hospitals, 396 live test calls, published scheduling lines. Critical-access, acute, and specialty facilities across 25+ states and the major EHR platforms.

The Headline

The front door is mostly closed

We called the published patient-scheduling lines of 198 U.S. hospitals, twice each, at different times of day. We were after the most basic question a patient has: if I call to book an appointment, does a person pick up?

*Across two attempts at different times, only **1 in 6 hospitals** ever connected us to a live human. The rest went to voicemail, rang out, or sat in an automated system that never handed off to a person.*

16.7%

of hospitals ever reached a live human, across both call attempts

65.2%

of all calls reached no one (voicemail, no-answer, or busy)

11.1%

of calls reached a confirmed live person

How we measured it

This study measures one thing: whether a scheduling call connects to a person at all. It does not score hold music or how friendly the staff are. We dialed each facility's published scheduling or appointment line (never ER or clinical lines). Every call played a short disclosure that it was automated research, then ended.

No appointments were booked and no staff time was taken beyond the pickup.

198 hospitals · 396 calls

- 2 attempts per facility, at distinct local times
- Human-vs-voicemail via answering-machine detection; no-answer & busy from call status
- Epic, Oracle Cerner, athenahealth & eClinicalWorks facilities

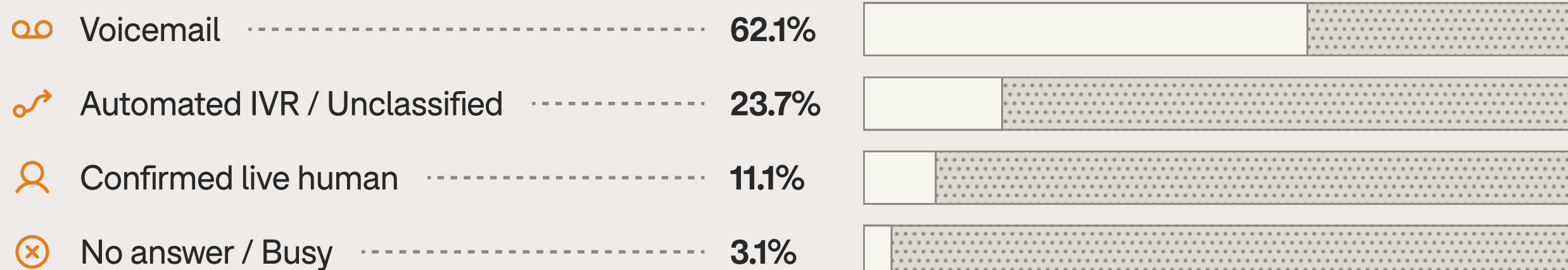
Finding 01

Most calls never reach a person

Across all 396 calls to hospital scheduling lines, two out of three reached no one at all.

EXHIBIT 1 · OUTCOME OF EVERY CALL

Voicemail is what answers the scheduling line.



n = 396 calls to 198 facilities. "Reached no one" (voicemail + no-answer + busy) = 65.2%.

Persistence didn't help either. Per facility, across both attempts at different times of day, only 16.7% ever reached a live human, and 57.1% never reached a person or even an automated system. For those hospitals, every attempt ended in voicemail or a busy signal.

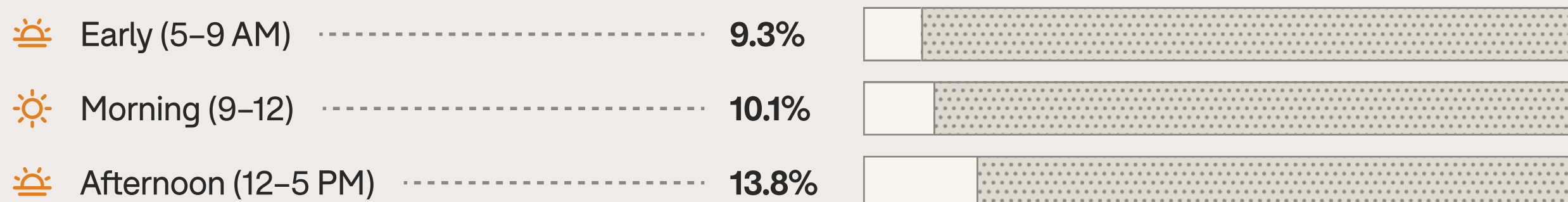
Finding 02

Calling during business hours barely helps

The obvious fix is to just call when they're open. We tested that. Reachability does climb through the day, but it tops out painfully low.

EXHIBIT 2 · LIVE-HUMAN ANSWER RATE BY LOCAL TIME OF CALL

Even at the peak of the business day, fewer than 1 in 7 calls reaches a person.



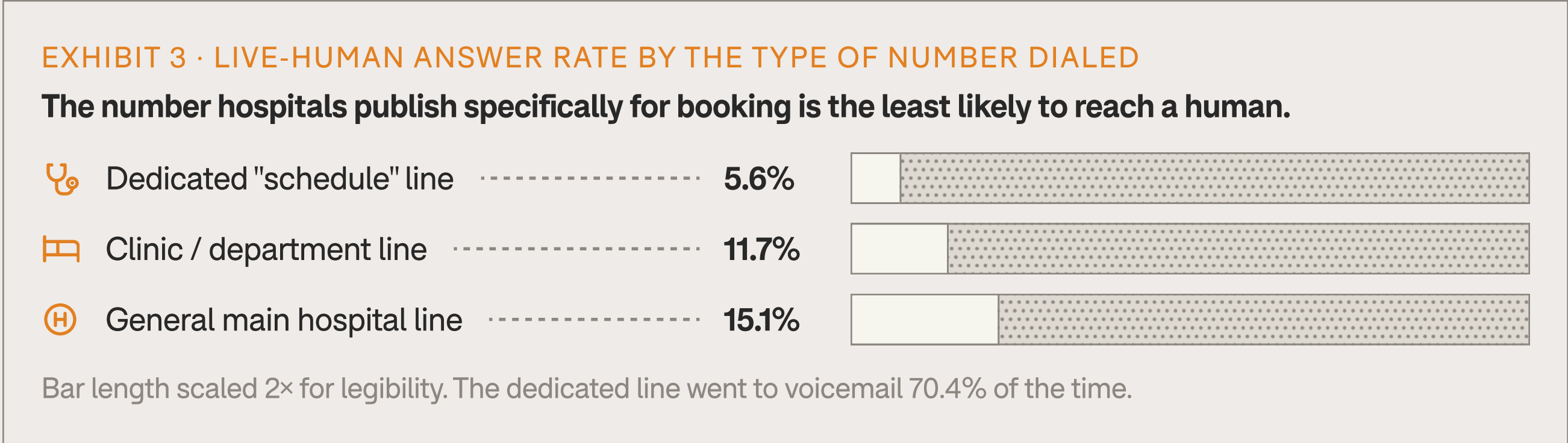
Bar length scaled 2x for legibility. Voicemail stayed at 58-65% across every time band.

The problem is structural. Adding after-hours staff would not close most of this gap, because the calls go unanswered during open hours too.

Finding 03

The "call to schedule" number is the worst number to call

We sorted every call by the type of number dialed. The number meant for scheduling did the worst of all.



The main line did almost three times better, because it routes through a switchboard or auto-attendant. The dedicated scheduling desk often sits unstaffed and dumps straight to voicemail. Patients are being pointed at the worst possible door.

Finding 04

It cuts across every type of hospital

No single segment is dragging the average down. Voicemail dominates regardless of facility type or record system.

FACILITY TYPE	CALLS	LIVE HUMAN	VOICEMAIL
Critical Access Hospital	324	11.1%	64.2%
Short-Term Acute Care	54	13.0%	48.1%
Psychiatric	8	0.0%	75.0%

Across EHR platforms, live-answer rates ran about 11–14% on the two largest (Oracle Cerner, Epic). Smaller-platform samples were too thin to cite. The gap doesn't track the back-office record system, which points to a front-desk staffing and workflow problem rather than a software one.

THE COST OF THE GAP

A missed scheduling call is a patient who may not call back and a referral that can leak to a competitor. At a 65% miss rate, a hospital fielding **1,000 scheduling calls a month** at **\$250 per booked appointment** leaves roughly **\$160,000 a month** of demand unanswered at the door. That figure doesn't count the patients who never try again.

Interpretation

Why this happens

The front desk was designed for a world with fewer calls and more staff. Today it faces volume it cannot absorb.



Call volume spikes when staff can't answer

Calls peak at open, at lunch, and at the end of the day, the same moments when staff are with patients in the waiting room.



Front desk staffing is stretched thin

One person often covers the phone and the front desk. When they step away to help a patient, the line goes to voicemail.



Dedicated lines, no dedicated person

A published "call to schedule" number with no one assigned to answer it really means "leave a message," which is why it performed worst in our test.

What good looks like

A modern front desk should never send a scheduling call to voicemail. That means answering every call on the first ring, around the clock, and booking the appointment in the moment, straight into the scheduling system, instead of taking a message and hoping someone calls the patient back.

That standard is hard to hit with people alone. The calls arrive in bursts, the staff are already with patients, and you cannot hire your way to a desk that is always free. This is the case for handing the phone to software that can pick up every line at once.

How Sully closes the gap

Sully.ai puts an AI receptionist on the scheduling line. It answers every call on the first ring, day or night, verifies the caller against the EHR, and books the appointment in the same call. The findings in this report map onto it directly.

WHAT WE MEASURED	WHAT THE AI RECEPTIONIST DOES
65% of calls reach no one	Picks up every call on the first ring, 24/7, on a number dedicated to the practice. There is no voicemail to fall into.
Business hours barely help (top out at 13.8%)	Answers an unlimited number of calls at once, so the lunch and post-open rushes that overwhelm staff don't create a queue.
The dedicated "schedule" line is worst (5.6%)	Turns that line into the one that actually books, searching open slots and writing the appointment back to the EHR live.
\$160,000/month of demand left at the door	Captures the calls staff can't reach and books them, recovering revenue that was leaking to voicemail and to competitors.

WHAT SULLY REPORTS FROM CUSTOMER DEPLOYMENTS

67%	~\$1M	50%
lower cost than staffing the desk with people	in added annual revenue from the extra patient capacity	fewer no-shows, via automatic reminders and confirmations

Figures above are reported by Sully.ai from its own customer deployments and depend on call volume and patient mix, not on the benchmark in this report.

Inside the AI Receptionist

What it actually does

This is not a message-taking machine. It runs the scheduling conversation end to end and writes the result back into your record system.



Answers and books in one call. It verifies the caller's identity against the EHR, finds an open slot by provider or specialty, and schedules, reschedules, or cancels the appointment with explicit patient confirmation.



Speaks the patient's language. English, Spanish, and Arabic are live, with more added per customer. A patient can switch mid-call.



Texts details mid-conversation. Address, hours, or directions go out by SMS while the patient is still on the phone.



Reaches back out, too. Outbound campaigns recall lapsed patients, confirm upcoming visits, follow up after discharge, and chase open balances, with caps and quiet hours so outreach stays compliant.



Hands off to a human when it should. For anything out of scope it warm-transfers to the front desk with a private intro, and logs the unmet request so the clinic can see it.



Leaves a record of everything. Every call is recorded and transcribed, with a full audit trail of each EHR write it makes. Setup runs on a per-practice prompt, so the tone and rules are yours.



See how your scheduling line scores

We'll run this exact benchmark on your hospital's own numbers, for free, and show you where your patients are hitting voicemail. Then we'll put the AI receptionist on a line and let you hear it book a real appointment.

Request your front-desk reachability score → sully.ai

Methodology: 396 automated outbound calls to 198 U.S. hospitals' published scheduling lines, June 2026, two attempts per facility at distinct local times. Human-vs-voicemail classified via answering-machine detection; ER and clinical lines excluded; no appointments booked. Segment samples below 40 calls are directional only. "Automated / unclassified" means connections the detector could not definitively label human.