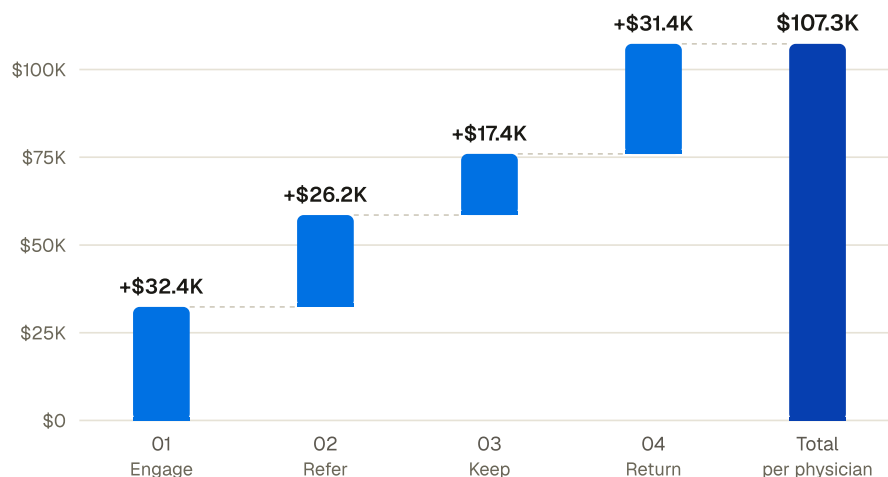


Patient engagement statistics 2026

The \$45 billion patient engagement gap.

Where revenue leaves US specialty and primary care practices before and between visits: new patients who never book, referrals that never schedule, visits that never happen, and patients who never come back. \$107,000 per physician a year, 7.7% of practice revenue, built from 28 public sources.

How the four levers add up, per physician, per year



Key findings

Four places revenue leaves the practice before anyone sees it go.

None of the four shows up as a line on the P&L. A call that rings out, a referral that sits in a fax queue, a no-show that is never rebooked, and a patient who was told to come back and never did all look the same from the inside: an open slot. Together they are 7.7% of practice revenue, \$107,000 per physician a year, and about \$45 billion a year across 503,451 active physicians in twelve specialties.

O1 · Engage New patients who never book \$32.4K per physician a year 29% of healthcare calls go unanswered or to voicemail, and 43% of online bookings happen outside office hours.	O2 · Refer Referrals that never schedule \$26.2K per physician a year About half of specialty referrals for older adults are never completed; 29 in 100 are never even scheduled.	O3 · Keep Visits that never happen \$17.4K per physician a year Single-specialty practices miss a median 6.8% of visits; academic specialty clinics miss close to 18%.	O4 · Return Patients who never come back \$31.4K per physician a year Follow-ups lapse in every specialty; one pediatric cardiology clinic lost 45.9% of its patients to follow-up.
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The gap is a floor, not a ceiling

The revenue base is MGMA's median total medical revenue per FTE physician, \$1,394,821, the latest figure MGMA has published outside its paid data set.³ MGMA reports revenue per physician rose 14.9% from 2020 to 2024,⁴ so today's base is higher. Every factor without a public source is a Clinekt estimate set below the published range.

What the model counts

Only the visit. Imaging, procedures, surgery and therapy that follow a visit are left out, and so are denials and patient balances, which happen after the visit. The gap is revenue the practice has already earned the right to and never collected, because nobody reached the patient.

Why it matters now

Costs rise, Medicare pays less, and the front desk turns over.

The two levers a practice cannot pull are reimbursement and labor cost. The gap in this report is the one it can.

1.68%

Proposed Medicare cut for 2027

The conversion factor falls from \$33.40 to \$32.84 as the one-year 2.5% increase expires.^{19,20} Commercial contracts are benchmarked to the same schedule.

33%

Real decline in Medicare physician pay since 2001

Adjusted for practice cost inflation, by the American Medical Association.²¹

71.6%

Rise in operating cost per physician, 2011 to 2024

Against 39.5% consumer inflation. Almost half of practice leaders report a worse margin than a year ago.⁴

The front office is the pressure point

In a 2026 MGMA survey of 302 practice leaders, 70% reported front-office staffing instability, 36% said more than one call in ten goes unanswered at peak, and scheduling was a top-three call reason at 81% of practices.⁷ In May 2026, 28% of practices reported higher staff turnover than a year ago, with front-office staff and medical assistants the hotspots.²²

Independent practices feel it first

42.2% of US physicians are in private practice, down from 60.1% in 2012; 70.4% of ophthalmologists and 54.0% of orthopedic surgeons still are. Almost half of all physicians work in practices of ten or fewer.²³ A practice that size has no one whose job is the patient who did not call back.

01 · Engage

New patients who reach the practice and never book.

Reaching a practice is still the first place a new patient is lost. Across healthcare, **29% of inbound calls go unanswered or reach voicemail**, and 36% in specialty care.⁶ In a 2026 MGMA survey, 36% of practice leaders said more than one call in ten goes unanswered at peak.⁷

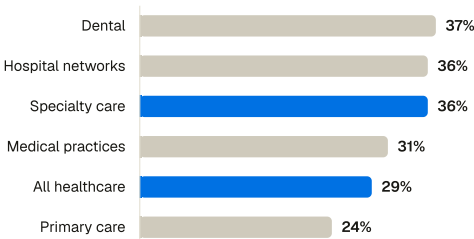
Demand does not keep office hours. On Zocdoc, 43% of appointments are booked outside 8am to 5pm, with late-night booking highest in urology and dermatology.⁸ Across Clinekt's deployments, 82% of patients try to book outside office hours. On the web the leak is quieter: health websites convert about 2.3% of sessions,⁹ and fewer than 1% of the patients who reach a practice website ever request an appointment.

What closes it

Clinekt's **Inbound Agent** is built to answer every call and every new patient, day or night.

Share of inbound calls unanswered or sent to voicemail

By setting



Invoca platform data across healthcare callers, 2021.⁶ The model uses the all-healthcare figure.

How we quantify it: \$32.4K per physician

Estimates are set low so the total reads as a floor

29%

Inbound calls that go unanswered or to voicemail **Source 6**

×

40%

Calls that are from a patient trying to schedule **Clinekt estimate, anchored to source 7**

×

40%

Of those callers, the share the practice never hears from again **Clinekt estimate**

×

50%

Of that lost demand, the share that was new-patient revenue, not a visit that happens anyway **Clinekt estimate**

=

2.3%

of practice revenue

×

\$1.39M

Median total medical revenue per FTE physician **Source 3**

\$32.4K

per physician, per year

Rounded; the model carries full precision.

02 · Refer

Referrals that never schedule.

Specialty practices live on referrals, and referrals leak. In a study of 6,785 specialty referrals for adults 65 and over, **only 71% were ever scheduled, and 70% of those were kept**: about half were never completed.¹⁰ Primary care physicians report completion of 79% to 83% overall.¹¹ Between a quarter and half of referring physicians do not know whether the patient was ever seen.¹²

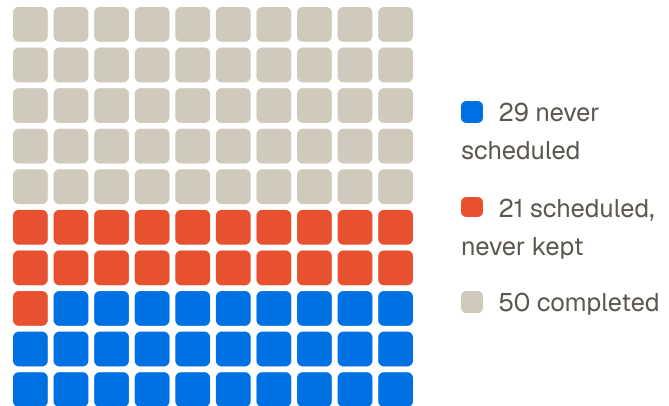
The referral is the one lead a practice has paid nothing for, which is why it is the most expensive one to lose. In physical therapy, 60% of patients referred by a health system went to an outside clinic.²⁶

What closes it

Clinekt's **Inbound Agent** is built to reach every referred patient the day the referral arrives.

What happens to 100 specialty referrals

Adults 65 and over



Weiner, Perkins and Callahan, 2010.¹⁰ The model uses 25%, below the study's 50%, because the sample is older adults.

How we quantify it: \$26.2K per physician

Estimates are set low so the total reads as a floor

25%

Specialty referrals that are never completed **Source 10**

x

30%

Share of practice revenue that comes from referred patients in their first year of care **Clinekt estimate**

x

25%

Of the referrals that lapse, the share same-day outreach can still book **Clinekt estimate**

=

1.9%

of practice revenue

x

\$1.39M

Median total medical revenue per FTE physician **Source 3**

\$26.2K

per physician, per year

Rounded; the model carries full precision.

03 · Keep

Visits that never happen.

A no-show is the one leak every practice can see, and still the one most practices only charge for. Single-specialty practices report a **median no-show rate of 6.8%**, and 42% now charge a fee.¹⁴ Specialty clinics at academic centers run close to 18%,^{13,16} and the worldwide average across 105 studies is 23%.¹⁵

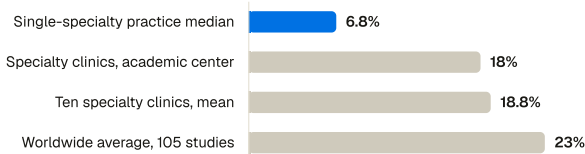
The slot is not the loss. The loss is the share of missed visits that are never rebooked, because nobody owns the follow-up. This lever counts only those.

What closes it

Clinekt's **Care Agent** is built to confirm every visit and rebook every no-show the same day.

Published no-show rates

Share of scheduled visits missed



Sources 13 to 16. The model uses 10%, close to the practice median and well under the clinic averages.

How we quantify it: \$17.4K per physician

Estimates are set low so the total reads as a floor

10% Scheduled visits that are missed (between the 6.8% practice median and the 18.8% clinic average) **Clinekt estimate, anchored to source 14**

x

50% Missed visits that are never rebooked **Clinekt estimate**

x

25% Of those, the share that confirmation and same-day rebooking recovers **Clinekt estimate**

=

1.2% of practice revenue

x

\$1.39M Median total medical revenue per FTE physician **Source 3**

\$17.4K **per physician, per year**
Rounded; the model carries full precision.

04 · Return

Patients who never come back.

The quietest leak is the patient who was told to come back and never did: the six-month follow-up, the annual skin exam, the post-op check, the overdue hygiene visit. Unlike a no-show, it never creates a visible opening. In one pediatric cardiology clinic, **45.9% of 8,940 patients were lost to follow-up.**¹⁷ In glaucoma, a three to four year gap in care roughly doubles the risk of blindness.¹⁸

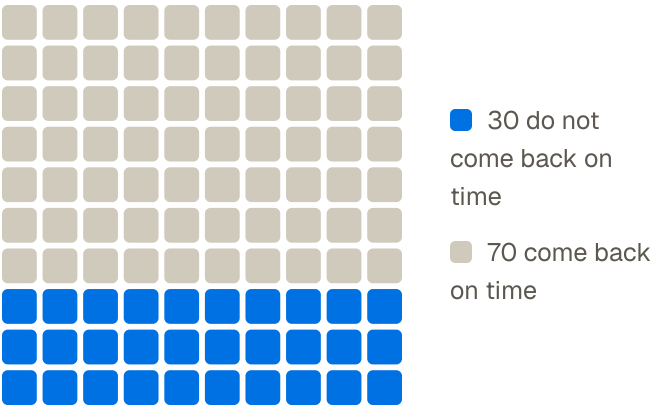
These patients are already in the EHR with a last visit date, a diagnosis and a return interval. Nobody has to find them. Someone has to reach them.

What closes it

Clinekt's **Recall Agent** is built to find every overdue patient in the EHR and bring them back.

For every 100 patients told to return

Model assumption, set low



A Clinekt estimate anchored to the 45.9% lost-to-follow-up rate in source 17 and set well below it.

How we quantify it: \$31.4K per physician

Estimates are set low so the total reads as a floor

60%	Share of practice revenue from established patients returning for care Clinekt estimate
x	
30%	Patients told to return who do not come back on time (45.9% lost to follow-up in one pediatric cardiology clinic) Clinekt estimate, anchored to source 17
x	
12.5%	Of those, the share recall outreach brings back Clinekt estimate
=	
2.2%	of practice revenue
x	
\$1.39M	Median total medical revenue per FTE physician Source 3

\$31.4K per physician, per year

Rounded; the model carries full precision.

By specialty

The same gap, counted in visits a week.

The dollar gap per physician is the same across specialties in this model, because MGMA's specialty revenue figures are not public. What changes is how many visits it takes to fill it, and how many physicians share it.

Specialty	Active physicians, 2024	Revenue per visit	Gap per physician, visits a year	Visits a week	National gap	
Primary care family medicine, general practice and internal medicine	255,124	\$186	577	12		\$23.0B
Pediatrics	62,485	\$169	635	13		\$5.6B
OB/GYN	44,046	\$280	383	8		\$4.0B
Cardiology cardiovascular disease, interventional cardiology and electrophysiology	32,148	\$335	320	6		\$2.9B
Orthopedics orthopedic surgery plus orthopedic sports medicine	23,084	\$419	256	5		\$2.1B
Ophthalmology	20,096	\$307	350	7		\$1.8B
Gastroenterology	17,219	\$265*	405	8		\$1.6B
Dermatology	13,601	\$268	400	8		\$1.2B
Urology	10,910	\$265*	405	8		\$1.0B
Otolaryngology	10,316	\$265*	405	8		\$0.9B
Pain medicine	7,351	\$265*	405	8		\$0.7B
Rheumatology	7,071	\$265*	405	8		\$0.6B
Twelve specialties	503,451					\$45.4B

Physician counts: AAMC active physicians by specialty, 2024.^{1,2} The national column applies the AAMC share of active physicians in direct patient care (83.9%), then multiplies by \$107,000. Revenue per visit: AHRQ MEPS mean expense per office visit by specialty, 2016, the latest all-payer figure;⁵ rows marked * use the all-visit average of \$265. Primary care is family medicine, general practice and internal medicine. Dentistry, oral surgery, physical therapy and behavioral health carry the same four leaks on a different revenue base; the online calculator takes your own revenue.

Your number

Run the model on your practice in two steps.

The online version at clinekthealth.com/patient-engagement-statistics takes your specialty, your provider count and your own revenue per provider. On paper, two steps get you close.

Step 1

Count the providers who carry a schedule

Full-time physicians or providers. Part-time providers count by their share of a full schedule.

Step 2

Multiply by the gap per physician

\$107,000 at the MGMA median revenue of \$1,394,821. If you know your own revenue per provider, use 7.7% of it instead.

providers

who carry a schedule

×

\$107,000

gap per physician a year

=

your annual gap

revenue already earned, never collected

Worked examples at the median revenue

Practice	Annual gap	Orthopedic visits a year	Dermatology visits a year	Primary care visits a year
3 providers	\$321,994	768	1,201	1,731
8 providers	\$858,652	2,049	3,204	4,616
15 providers	\$1,609,972	3,842	6,007	8,656
30 providers	\$3,219,944	7,685	12,015	17,312

Visits use the MEPS mean expense per visit for the specialty: \$419 orthopedics, \$268 dermatology, \$186 primary care.⁵

By lever: O1 new patients who never book 2.3%; O2 referrals that never schedule 1.9%; O3 visits that never happen 1.2%; O4 patients who never come back 2.2%. The shares are the same for every specialty; the method under each lever shows the factors behind them and which are estimates.

Closing the gap

Every lever is a job nobody at the front desk has time for.

The four leaks share one cause: the work happens between visits, outside office hours, and off the schedule. Clinekt's agents do that work autonomously, with no added FTEs, workflows, or anything for the staff to babysit.

Levers 01 and 02 Inbound Agent Answers every call and every new patient, day or night, and reaches every referral the day it arrives. Engages new patients and autonomously converts them into booked visits.	Lever 04 Recall Agent Finds the overdue patients already in the EHR, the follow-ups, annual exams and unscheduled treatment, and brings them back fully autonomously.	On top of the gap Outbound Agent Runs campaigns built on the practice's own patient profile, so the demand that arrives is the demand the practice converts best.	Lever 03 Care Agent Confirms every visit, rebooks every no-show the same day, and follows up between visits so the plan of care finishes.
1M+ Patient interactions Completed by Clinekt's agents across specialty practices.	+12% Appointment volume Average increase across practices on the platform.	82% Book outside office hours Share of patients who try to book when the front desk is closed.	60% Lead-to-appointment rate Baldwin Bone & Joint: 263 qualified surgical leads, 159 appointments in one quarter.

See the agents close the gap on your website.

A 15 minute walkthrough of the agents that answer, book, recall and follow up, on a website like yours.

clinekthealth.com/book-a-demo

Methodology

Public inputs, one model, every estimate labeled.

The report is a revenue gap model, not a survey. It combines public benchmarks from MGMA, AAMC, AHRQ, CMS and the AMA with peer-reviewed studies of referral completion, no-shows and loss to follow-up, and with what Clinekt has learned across more than one million patient interactions. Every factor that has no public source is marked as a Clinekt estimate and set on the low side, so the total reads as a floor.

Revenue base

Median total medical revenue per FTE physician, \$1,394,821, from MGMA's 2018 data set, the latest figure MGMA has published outside its paid DataDive.³ MGMA reports revenue per FTE physician rose 14.9% from 2020 to 2024 in physician-owned groups,⁴ so today's base, and the gap, are larger.

Lever shares

Each lever multiplies three or four factors to a share of practice revenue: O1 Engage 2.3%; O2 Refer 1.9%; O3 Keep 1.2%; O4 Return 2.2%; 7.7% in total. Sourced factors cite the study they come from. Estimated factors are chosen below the published range where one exists: 25% of referrals never completed against a published 50%; 10% no-shows against a 6.8% practice median and 18.8% clinic mean; 30% not returning on time against 45.9% lost to follow-up.

National total

AAMC active physicians by specialty for 2024,^{1,2} reduced to the share in direct patient care (83.9%), multiplied by the per-physician gap. Twelve specialties, 503,451 active physicians, 422,545 in direct care. Physician and clinical services are a \$1.1 trillion market,²⁴ so the \$45 billion gap is about 4% of it.

Sensitivity

Halve every estimated factor in the model and the gap is still \$54,000 per physician and \$23 billion nationally; raise them all by half and it is \$161,000 and \$68 billion. The headline is the base case.

Visits

The gap in visits divides the per-physician dollars by the AHRQ MEPS mean expense per office visit for the specialty, 2016 data.⁵ In today's dollars each visit is worth more, so the visit counts are generous.

What the model leaves out

- Downstream revenue: imaging, procedures, surgery and physical therapy that follow a visit. The gap counts the visit only.
- Denials, patient balances and other revenue cycle leakage, which happen after the visit.
- New demand from marketing. The gap is revenue the practice has already earned the right to.

Clinekt figures

Four Clinekt figures appear in the report and none enter the model: more than one million patient interactions, a 12% average increase in appointment volume, 82% of patients trying to book outside office hours, and Baldwin Bone & Joint's 263 leads, 159 appointments and 60% booking rate in one quarter.

Cite this report

Clinekt Health (2026). The Patient Engagement Gap: Patient Engagement Statistics 2026. October 2026.
clinekthealth.com/patient-engagement-statistics

About Clinekt Health

Clinekt builds AI agents for specialty and primary care practices. The agents answer every call and every new patient, reach every referral, confirm every visit, bring overdue patients back from the EHR, and follow up between visits, autonomously and under the practice's own name. Clinekt is HIPAA compliant and SOC 2 Type II certified. clinekthealth.com

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