

7 steps

How to bring AI to your front desk without losing your team

A playbook for outpatient imaging leaders, with the exact words to use.

Free playbook. Published by AbbaDox, which builds workflow software for outpatient imaging. Information, not legal advice. Current as of October 2026.

71% of practices now use AI. Only 39% of them say it made the work lighter.

The tool is rarely the problem. The front desk is where it works or fails: someone has to check it, fix it and handle what it can't.

These 7 steps are how leaders get their team through that.

Source: MGMA Stat poll, Aug 2025. 39% is among the practices that use AI.

At a glance

The 7 steps

-
- 1 Decide what happens to the hours AI saves.
 - 2 Tell your team you're considering AI, before any vendor demo.
 - 3 Let your schedulers write the rules the AI follows.
 - 4 Make your most respected skeptics the super-users.
 - 5 Start with one task, and check everything.
 - 6 Ease off checking only when the numbers say so.
 - 7 Huddle every day: "You told us X, so we changed Y."
-

Every step has the same three parts: **Do this, Why, Say this.**
The pages after a step go deeper. The tools are at the back.

Four things only you can decide

- 1 **What happens to the saved hours, in writing, before anyone says "AI" to staff (step 1).**
- 2 **The AI collects, a clinician decides.** Screening, contrast and follow-up decisions stay with technologists and radiologists. Your dictation, reports and images shouldn't change.
- 3 **Start it read-only, and know who calls the patient.** Every AI action should be logged, there's a manual fallback for downtime, and when an AI call or recall fails, a named person calls the patient.
- 4 **No staffing decisions until day 90.** Expect overtime in the first weeks, while staff check everything.

Then hand the rest of this guide to whoever runs your front desk.

Using AI isn't the same as getting value from it

71%

of medical practices use some AI in patient visits, mostly documentation tools.¹

39%

of practices using AI say it has reduced staff workload. 44% say it hasn't; the rest aren't sure.¹

Health-system leaders blame the tools first: 77% name immature AI as a top barrier.² That's exactly why the people side decides the result. With an imperfect tool, the value depends on how well your team checks it, corrects it and covers for it.

When the people side is done well

At Capitol Imaging Services, a 60-plus-location imaging group we work with, voice AI now handles up to 25% of the scheduling workload, and faxed orders get booked in 2.9 days instead of 5.9.³

Two stories every leader should know

The verification tax

UC San Diego Health gave 122 physicians AI-drafted replies to patient messages. Physicians spent 21.8% *more* time reading messages, and saved no time replying, because every draft had to be checked and edited.⁴

The lesson for the front desk: if your team has to check everything the AI does, you've moved work, not removed it. Plan for the checking, and plan for it to shrink.

AI pointed at people

Kaiser Permanente tested AI that graded advice nurses' tone and "empathy" on calls. The test ended in 2024, but it became part of nurses' wider complaints about surveillance at work.⁵

The lesson: use AI to take work off your team, never to time or grade them. They will know the difference.

The five fears, and what's true about each

"Will this replace me?"

What's true: so far, practices report AI reshaping jobs, not cutting them: automating tasks, shifting duties, and leaving some openings unfilled.⁶ But your team will believe what your leadership decides, not what surveys say. That's step 1.

"I'll only get the angry calls."

What's true: probably more of them. If the AI takes the easy calls, what's left is harder. Rotate tasks and watch for burnout from the start.

"I'll get blamed for its mistakes."

What's true: it depends on you. If reporting an error ever gets someone in trouble, errors stop being reported, and you lose the one signal that tells you whether the tool works.

What your team will feel

"Another system to learn."

What's true: yes, some. Hands-on practice with real examples and a respected colleague nearby beats any training deck.

"I'll still have to check everything."

What's true: at first, yes, and you should say so. Checking eases in stages as the team's own error log shows the tool can be trusted (step 6).

A finding worth sharing with your team

In a study of 5,172 customer-support agents outside healthcare, an AI assistant raised the number of issues resolved per hour by 15%. The newest, least experienced agents gained the most, and fewer agents quit.⁷ It's not healthcare, but it's the strongest evidence that AI can make a hard front-line job easier, not just smaller.

Your team is already stretched. Front-office turnover hit 40% in 2022 across medical practices.⁸ A rollout that adds stress will cost you people you can't easily replace.

1 Decide what happens to the hours AI saves.

Do this

Before anyone says “AI” to staff, leadership signs one of two answers. A: no job or hours lost through [date]. B: some tasks move to the tool, and here’s what changes.

Why

So far, practices report AI reshaping jobs, not cutting them. Your team will believe what you sign, not what surveys say.

Jobs reshaped, not cut: MGMA poll, June 2026

Say this

“Leadership has decided, in writing, that no one loses their job or hours because of this pilot through [date].”

Pick the option that's true, and get it signed

Option A: no one loses their job or hours.

"Leadership has decided, in writing, that no one will lose their job or hours because of this pilot through [date]. Freed time goes to [the callback list, same-day backfill, training]. If that changes, you'll hear it from me first, in person."

Option B: some roles change.

"Some of our work, mainly [tasks], will move to the tool. If your role is changing, your manager has already met with you. Here's what we've decided: [changes, training, whether open positions will be refilled]."

Option B is harder to say, and it's fine. What breaks trust is saying A and then doing B. **Only promise what leadership has approved in writing.**

If your staff are represented by a union, talk to HR or counsel before announcing. Changes to duties may need to go to the union first.

2 Tell your team you're considering AI, before any vendor demo.

Do this

A short heads-up before any demo. Then one-on-ones with the people most affected, the day before the team announcement.

Why

Rumors start at the demo. If people hear it from the grapevine first, every later word sounds like spin.

Say this

"We're looking at an AI tool for [task], because [our problem, in our numbers]. Nothing is decided yet, and you'll hear it from me first."

The announcement

"Starting [date], we're testing an AI tool for [task], because [the problem, in our own numbers]."

"[Your Option A or B, word for word.]"

"The AI will make mistakes. At first you'll check its work, and we want to hear every time it gets something wrong. Reporting an error never gets you in trouble. [Names] are our super-users, and you can book time with me this week."

Timing

One-on-ones with the most affected the day before the team announcement. The team announcement six to eight weeks before go-live. Rumors start at the vendor demo, so tell people you're considering AI before the demo, not after. You can say you're considering it before you've decided; don't talk about jobs until the decision is signed.

Which change model should you use? A review of change projects in healthcare found Kotter's 8 steps used most, ADKAR once, and no evidence that any model beats another.⁹ The sequence in this guide is enough.

The one-on-one

For anyone whose role changes. Fifteen minutes, before the announcement.

- 1 What changes for them, and when
- 2 What doesn't change
- 3 What support they'll get: training, time, first chance at new work
- 4 What worries them. Write it down, and answer it later if you can't now
- 5 When you'll talk again

When people push back

Name the specific fear and answer that one. Don't answer a feeling with a slide about efficiency. And if someone is working around the tool, don't treat it as disloyalty. A workaround tells you exactly where the tool or the process is failing.

New work appears in every role

Front of house Clinical floor Operations

Scheduler	Less: confirmation calls, simple reschedules New: taking transfers from the AI, complex bookings, fixing its errors
Intake / fax	Less: typing clean orders New: reviewing flagged fields, catching wrong-patient matches, chasing incomplete orders. This role overlaps most with the tool.
Auth specialist	Less: routine eligibility and status checks New: exceptions, denials and appeals
Receptionist	Less: some paper forms and phone interruptions New: helping patients who couldn't finish digital forms, answering "was that a robot?"

Step 2 · How each job changes

Technologist / radiologist	New: catching day-of failures (wrong prep, missing screening). The AI may collect screening answers; only a technologist or radiologist decides.
Supervisor	Less: some firefighting New: owning the exception queue, sampling the AI's work, running the huddle. This job grows the most, so take something off the supervisor's plate for the pilot.
Site manager	New: site numbers, complaints about AI calls, local rules the AI doesn't know
IT	New: interfaces, access, audit logs, downtime plans. Start the AI read-only.
Physician relations	New: telling referring offices what changes before go-live

Try this

Fill in "less" and "new" for each person on your team before you announce anything. If you can't, you aren't ready to announce.

3 Let your schedulers write the rules the AI follows.

Do this

Two or three short sessions where schedulers write down the unwritten rules: which exams need prep, who can get a text, what the AI must never say.

Why

They know those rules better than anyone. And people defend what they helped build.

Say this

“You know how this really works. Help us write the rules the tool has to follow.”

4 Make your most respected skeptics the super-users.

Do this

One super-user per shift. Pick the person the team trusts, not just the most tech-savvy. Give them protected time.

Why

When the person everyone listens to says “it works,” the team believes it. Outside healthcare, an AI assistant helped newer call-center agents most, and fewer of them quit.

Brynjolfsson et al., Quarterly Journal of Economics, 2025

Say this

“I picked you because people trust your judgment. Tell me when it’s wrong.”

Let the people who do the work write the rules

Every scheduler carries unwritten rules: which exams need prep, which patients can get a text, what never to say on the phone. The AI needs those rules written down. **Have your schedulers write them**, in two or three short sessions. If your phones are outsourced, the call-center vendor's supervisors join those sessions. They know the rules better than anyone, and writing them is the strongest buy-in you'll get.

Choose super-users who are respected skeptics

Not only the tech-savvy ones. If the person everyone trusts says "it works", the team believes it. Give them protected time and a direct line to the vendor.

5 Start with one task, and check everything.

Do this

One low-risk task, like confirmation calls. At first, a person checks every AI output before it's final.

Why

If your team checks everything forever, you've moved work, not removed it. At one health system, AI-drafted replies added 21.8% to the time physicians spent reading messages. Plan for the checking, and plan for it to shrink.

JAMA Network Open, 2024 (122 physicians)

Say this

"At first, you'll check all of its work. That's on purpose, and it won't last forever."

6 Ease off checking only when the numbers say so.

Do this

Measure your team's own error rate on the task first. Ease off in stages (check everything → approve → spot-check → exceptions only) only when the AI beats that rate for two straight weeks.

Why

Trust comes from evidence your team can see, not from a vendor's claim. Any serious error means full checking again, the same day.

Say this

"Here's the AI's error rate this week, and here's ours. When it beats us for two weeks, we check less."

Check everything, then less

Don't ask your team to trust the AI. Let the evidence decide when checking eases.

1. Check everything	Shadow mode: the AI suggests, a person does the work.
2. Approve	The AI drafts, a person approves before anything is final.
3. Spot-check	The AI acts, the supervisor checks a daily sample.
4. Exceptions only	People handle what the AI flags, plus complaints.

Measure your staff's own error rate first: in the four weeks before go-live, the supervisor checks a sample of the team's own work on the same task. Move to the next stage only when the AI's error rate, $\text{errors} \div \text{items checked}$, beats that for two straight weeks (a rule of thumb, not a researched number). **Share that number at every huddle.** Any wrong-patient or safety error goes back to full checking the same day, and a person calls the patient.

7 Huddle every day: “You told us X, so we changed Y.”

Do this

Ten minutes, standing up, every day for the first weeks. What did the AI get wrong? What did we change? Who owns the open items? Thank the team for every error caught.

Why

Error reports are your best signal. If reporting one ever gets someone in trouble, the reports stop. And never use the AI to time or grade your staff.

Say this

“Reporting an AI error never gets you in trouble. It’s how we make this work.”

The huddle is where the change happens

Daily for the first weeks, weekly after that. Ten minutes, standing up.

- 1 What did the AI get wrong since last time?
- 2 What did we change because of it?
- 3 What's in the exception queue, and who owns it?
- 4 Thank the team for every error caught.

Close the loop out loud: **"You told us X, so we changed Y."**

That one sentence does more for adoption than any training. Expect more error reports in the first weeks, not fewer. It means people trust you enough to tell you.

Watch the people, not just the tool

- **Corrections are falling.** The share of AI work your team has to fix goes down week by week. If it doesn't, the pilot isn't working.
- **The exception queue has an owner** and is cleared every day.
- **Workarounds are reported, not hidden.**
- **Overtime returns to normal** after the shadow weeks.
- **A three-question pulse survey** every few weeks: I understand what the AI does. I know what to do when it's wrong. I trust it more than last month.
- **Complaints and opt-outs** from patients and referring offices aren't rising.

At day 90

Decide to expand, change or stop, and share the decision and the numbers with the team. Hold every staffing decision until then.

Example · A rollout, week by week

One group's first 90 days

Illustrative: a composite, not a real center

A six-site imaging group starts AI confirmation and reminder calls at one site.

Week –8

The COO and the scheduling supervisor sign Option A: no jobs or hours cut through day 90. Freed time goes to the callback list and same-day backfill.

Week –6

The supervisor meets the two schedulers who make most confirmation calls. One asks, "So I'll just get the angry ones?"

What she did: agreed to rotate the transfer line daily, and said so to the whole team.

Weeks –5 to –3

Three schedulers write the confirmation rules in three sessions: which prep to remind patients about (without naming the exam in a text or voicemail), who may get a text, and what the AI must never say. The supervisor checks a sample of the team's own confirmations: about 2 in 100 have an error. That's the bar.

Weeks 1–2

Shadow mode. The AI drafts each day's confirmation calls; staff review every one and make the calls themselves. It's double work, and overtime goes up. The team logs 14 issues, most of them one wrong appointment type.

What she did: a daily 10-minute huddle and one place to log problems. The vendor took two weeks to fix the appointment type, so staff corrected it by hand in the meantime.

Weeks 3–5

Approve mode: staff approve each day's list and the AI places the calls. Two patients hang up on it; staff call both back and rebook them. The queue of calls the AI couldn't finish grows faster than its owner can clear it, and one scheduler quietly calls those patients back from her own list.

What she did: thanked her at the huddle, made the workaround official, and made her the queue's second owner.

Week 6

The AI's error rate has beaten the team's own 2 in 100 for two weeks. The team agrees to move to spot-checks.

Week 8

The CFO sees fewer confirmation hours and asks the COO whether the site can drop a position.

What the COO did: pointed to the signed Option A and held the question until day 90. A three-question pulse survey shows most of the team now knows what to do when the AI is wrong.

Day 90

They decide to expand to a second site. Every seat stayed filled, and the freed hours went to same-day backfill. Before expanding, leadership signed its next decision on hours, and the team heard it first.

What made it work

A written decision before the first word. Schedulers writing the rules. A huddle every day at first. Treating the workaround as information. And not changing staffing until the numbers were in.

At a one- or two-site center, the practice administrator often plays every part here: supervisor, site manager and the person the owner asks about cutting a position. The steps are the same; the huddle can be five minutes.

They're part of the change too

72%

of US adults say it's very or extremely important to be told when AI is used in their care.¹⁰

56%

say they should be told even when AI only schedules the appointment.¹⁰

Open every AI call and message with one sentence: it's an automated AI assistant, the call may be recorded, and here's how to reach a person. Your front desk needs a one-line answer too: *"Yes, some of our calls use an automated assistant. I'm a person, and I can help."*

Tell referring offices before go-live, with the ready-to-send note at the back (Tool 4). During the pilot, watch referral volume from your top referrers, and check that patients who hung up on the AI got rebooked.

Check these with counsel before patients hear the AI

- **AI voices count as "artificial" voices** under the federal robocall law (TCPA). Outbound reminder and recall calls need the consent that law requires, and an easy way to opt out.¹¹
- **Recording.** If the AI records or transcribes calls, many states, including California, Florida and Pennsylvania, require everyone's consent.
- **State disclosure laws.** California, Texas and Utah have rules on telling patients when AI is involved. Scope varies, and whether scheduling counts is often unsettled.¹²
- **Keep exam names out of voicemails and texts.** Say "your appointment," not the exam.

Not legal advice. Current as of October 2026.

What nobody knows yet

We looked hard and found no reliable, independent data on:

- how long front-office staff take to trust an AI tool, or how fast checking can safely ease off
- whether front-office AI changes staff turnover at imaging centers
- which change model works best (no study compares them)⁹
- independent results for AI phone, fax or prior-auth tools in outpatient imaging
- what it costs to replace a front-office employee

So measure your own. Your team's error log and pulse survey will tell you more than any benchmark.

Is your team ready for the change?

Score 1 point per yes.

- 1 Has leadership decided, in writing, what happens to saved hours?
- 2 Have the most affected people heard it one-on-one first?
- 3 Have your schedulers written the rules the AI will follow?
- 4 Is there a respected super-user on every shift, with protected time?
- 5 Does one named person own the exception queue?
- 6 Is there a daily huddle for the first weeks?
- 7 Can reporting an AI error never get someone in trouble?
- 8 Can patients reach a person in business hours, with a callback after hours, and do staff have the one-line answer?
- 9 Is there a manual fallback if the AI goes down?
- 10 Are staffing decisions on hold until day 90?

8–10: go · **5–7:** fix the gaps first · **under 5:** wait

What your front desk will ask, and honest answers

- 1 Will this replace me?** Give your Option A or B answer, word for word.
- 2 Do I have to check everything?** At first, yes. Once our error log shows it's accurate, we'll check a sample instead, and we'll tell you when and why.
- 3 Another system to learn?** Some. Training is hands-on, with a super-user nearby.
- 4 Will I get only the hard calls?** Probably more of them. We'll rotate tasks, so tell us if it's too much.
- 5 Who gets blamed for its mistakes?** We look at the process first, not the person. Reporting an AI error never gets you in trouble.
- 6 What if a patient asks if it was a robot?** "Yes, some of our calls use an automated AI assistant. I'm a person, and I can help."
- 7 Can patients still reach a person?** Yes, in business hours. After hours, they get a callback by [time].

Tool 3

The people plan: 8 weeks before, 90 days after

Before any demo	Tell your team you're considering AI, and why.
Week -8	Leadership signs Option A or B.
Weeks -7 to -6	One-on-ones with the most affected, then the team announcement.
Weeks -5 to -3	Schedulers write the rules. Super-users are named and trained. Name the exception-queue owner.
Week -4	The supervisor samples the team's own work to set the error-rate bar. Tell patients and referring offices.
Go-live	Shadow mode. Daily huddle. Expect double work and overtime.
Week 4	Check the queue owner is keeping up. Make useful workarounds official.
Weeks 6-8	Ease checking only on the numbers. First pulse survey. No staffing decisions yet.
Day 90	Expand, change or stop. Share the decision and the numbers with the team.

Note to referring offices, ready to send

Starting [date], we'll use an AI tool to help [call your patients to schedule / send reminders / read incoming orders]. Our goal is to schedule your patients faster.

Keep sending orders as you do now. Your patients may get an automated call or text that says it's AI, and they can reach a person during business hours. If an order is missing information, our staff will call you, and your calls still go to a person.

Our radiologists, reports and results delivery aren't changing.
Questions: [liaison, direct line].

Send it four weeks before go-live. Have your liaison call your top referrers in go-live week.

Sources

Notes

1. MGMA Stat poll, Aug 2025. 71% is of all respondents; the workload figures are among the 244 practices using AI.
2. *JAMIA*, May 2025; 43 US nonprofit health systems. Low clinician adoption was named by 17%.
3. Capitol Imaging Services, client result we published (Aug 2026), abbadox.com/client-stories/capitol-imaging; vendor-reported, not independent.
4. *JAMA Network Open*, Apr 2024; 122 physicians, UC San Diego Health.
5. CalMatters, July 2026.
6. MGMA Stat, June 2026; 260 responses.
7. Brynjolfsson, Li and Raymond, *Quarterly Journal of Economics*, 2025; 5,172 agents at one software company.
8. MGMA, Practice Operations data report, Aug 2023; nearly 1,000 organizations. Not imaging-specific.
9. Harrison et al., *Journal of Healthcare Leadership*, 2021; systematic review of 38 studies.
10. Pew Research Center, Aug 2026; 3,488 US adults (the scheduling question went to half the sample).
11. FCC Declaratory Ruling 24-17 (Feb 2024).
12. California AB 3030 (2024); Texas HB 149 (2025); Utah AI Policy Act as amended (2025).

The 90-day example is an illustrative composite, not a real organization. Published by AbbaDox, which builds workflow software for outpatient imaging. Information, not legal advice. Current as of October 2026.