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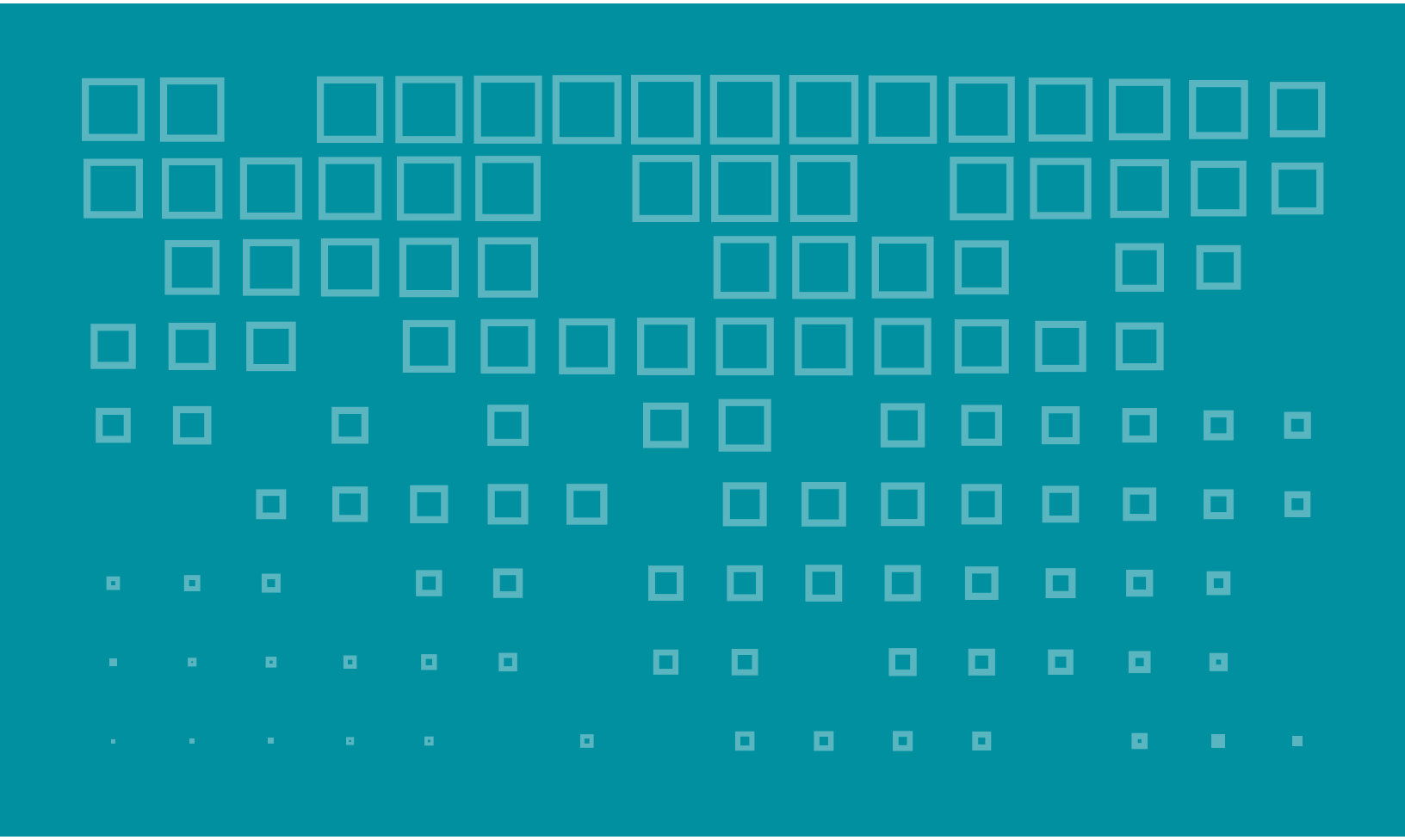
Integrating AI and Telehealth: eConsults



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About This Brief

This brief was developed by Manatt Health and the Telehealth Centers of Excellence at the Medical University of South Carolina (MUSC) and the University of Mississippi Medical Center (UMMC) as part of a collaboration to identify and describe opportunities to integrate Artificial Intelligence (AI) within telehealth programs to support broader telehealth scaling and adoption. This brief is part of a series of four briefs, each focused on a different telehealth use case.

Manatt, MUSC, and UMMC conducted background research and interviewed select telehealth leaders across different health systems and associations. The findings and opportunities outlined in this brief represent a combination of research and input from those stakeholders. The views expressed here are solely those of Manatt Health, MUSC, and UMMC.

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About MUSC Telehealth Center of Excellence

The Medical University of South Carolina (MUSC) Center for Telehealth was designated a Telehealth Center of Excellence (COE) by HRSA in 2017. The role of the Center of Excellence is to fill important gaps in the national telehealth landscape through a combination of ongoing regional and national collaborations, as well as proactive dissemination of telehealth research and resources. MUSC leverages unique qualities as an academic medical center to rigorously research, evaluate and disseminate telehealth initiatives and promising practices. The MUSC Center for Telehealth received this designation because of its successful telehealth programs with high annual volumes, substantial service to rural and medically underserved populations and financial sustainability. MUSC's Center for Telehealth has nearly 20 years of experience providing telehealth, and currently offers over 100 unique telehealth services to nearly 350 sites across South Carolina and directly to patients' homes. For more information, visit https://telehealthcoe.org.

About the UMMC Center of Excellence

The University of Mississippi Medical Center (UMMC) has been a leader in Telehealth for over two decades. Telehealth plays a crucial role in providing access to health care throughout our state that has a large rural and minority population living in counties that are all designated Health Professional Shortage Areas. The Center for Telehealth and Emerging Technologies has established multiple programs that provide Telehealth services in Mississippi's medically underserved areas with high chronic disease

prevalence, high poverty rates, and lack of access to health care services. UMMC has successfully demonstrated the value of signature programs such as remote patient monitoring program (RPM) for chronic disease management, TeleEmergency program for on-demand access to Emergency Medicine Physicians, 24/7 Tele Urgent Care program for treatment of non-life-threatening illnesses, virtual nursing, provider-to-provider e-consults, tele-critical care consultations, and Tele Behavioral health amongst others. In addition, by establishing Telehealth enabled off-site locations statewide, UMMC connects specialist providers at UMMC to those with minimal access to quality medical care. For more information, https://telehealthcoe.org.

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Benefits of eConsults

eConsults have been critical for expanding timely access to specialty care, particularly in regions with limited access to specialist workforce, by enabling asynchronous, provider-to-provider consultation without requiring immediate face-to-face specialist visits. eConsults have been shown to reduce unnecessary specialty referrals, especially for lower-complexity clinical questions, reserving in-person specialty time for patients who need it most.[1,2] eConsults have also improved provider satisfaction among treating providers, who report improvements to patients' care plan and meaningful educational value from specialist recommendations.[3]

What are eConsults?

eConsults, also known as electronic or interprofessional consultations, are provider-to-provider communications in which a treating clinician requests specialist input on a patient's diagnosis or treatment plan. The consulting specialist typically has no direct contact with the patient and provides recommendations based on the patient's record, most often through asynchronous, message-based exchange.

Challenges to Scale

While adoption of eConsults has increased since coverage and payment became permissible under Medicare in 2019 and under Medicaid and the Children's Health Insurance Program (CHIP) in 2023,[4] scalability remains constrained by a combination of workflow burden and billing constraints. Nationwide, Medicaid coverage and reimbursement policies for eConsults vary by state, with some states not covering eConsults at all.[5] In fee-for-service environments, even when eConsults are reimbursable, payment levels may not reflect the time and effort required for eConsults, creating disconnect between the recognized value of eConsults and the financial support needed to sustain them at scale. Operationally, eConsults can add administrative burden for clinicians: treating providers must assemble and share relevant clinical records and clearly articulate their clinical questions, while consulting specialists often need to retrieve and review dispersed data, synthesize complex clinical information, and generate actionable recommendations.[6] Additionally, interoperability limitations make efficient exchange of eConsults between practices not on a shared Electronic Health Record (EHR) system more difficult, further challenging scalability.

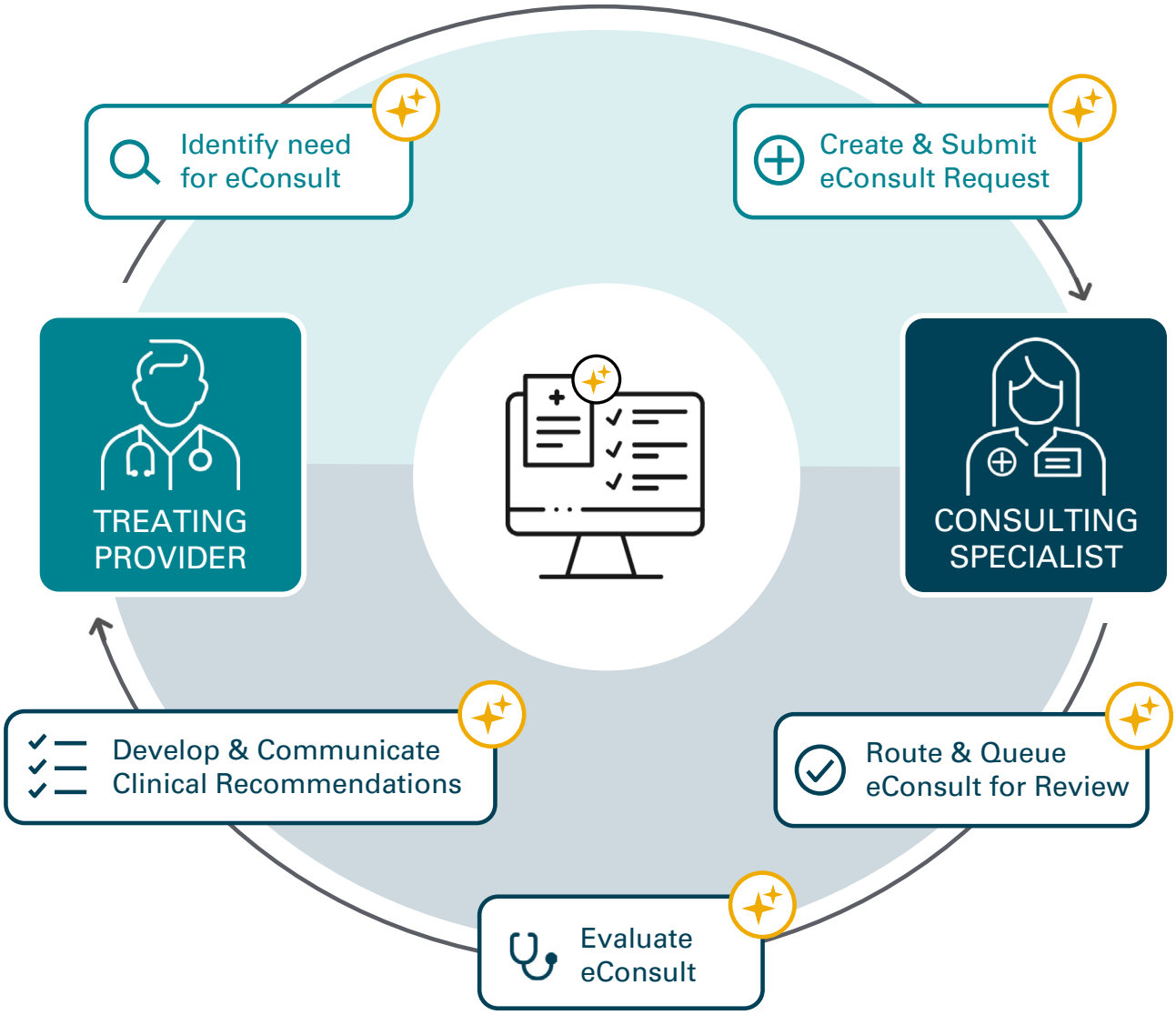
Opportunities With AI Integration

Artificial intelligence (AI) offers a practical opportunity to reduce key constraints that limit eConsult scale, particularly the time and administrative effort required to initiate, review, and respond to consults. By automating and augmenting parts of the workflow (e.g., chart summarization, relevant record retrieval, structured question intake, automatic order routing, and draft recommendation support), AI can help clinicians complete high-quality eConsults more efficiently, improving access and supporting more sustainable program operations. Through streamlining of patient data and provider communications, AI can also support more efficient transmission of key clinical data for eConsults across practices and health systems.

Integrating AI in eConsults

AI has emerged as a valuable tool to address pain points across the eConsult workflow and increase uptake. AI has potential to accelerate information gathering and synthesis, improve the structure and completeness of requests, and streamline provider-to-provider communication,[7] enabling the consulting provider to focus more on clinical decision making. The following figure and accompanying table outline the eConsult workflow and key opportunities across the workflow where AI can alleviate operational challenges.

Integrating AI in eConsults



AI Optimization

eConsult Workflow	Opportunity to Leverage AI	Potential Value
Treating provider assesses the need for an eConsult	Analyze patient information and provide decision support to help the treating provider determine if an eConsult is appropriate.	**Reduced avoidable referrals.** • Increases treating provider's awareness of the option to submit an eConsult instead of defaulting to a specialty referral. • Strengthens treating providers' knowledge and ability to triage conditions, allowing them to deliver a higher level of care.
Treating provider creates an eConsult	Pre-populate eConsult request templates to facilitate the completion of the eConsult request.	**Improved efficiency and effectiveness of provider-to-provider communications.** • Reduces administrative burden for treating providers by helping identify and organize relevant clinical information and draft an effective eConsult request.
eConsult is routed and queued for review	Automate routing and readiness checks by suggesting the appropriate provider to review the eConsult and flagging severity and time-sensitivity of eConsult request.	**More efficient utilization of the specialist workforce.** • Improves routing and prioritization so requests reach the specialist who is best suited to review the eConsult. • Enables faster response time based on eConsult priority, including flagging eConsults that might be more appropriate for a virtual or in-person consult.
Consulting specialist evaluates the eConsult	Review the patient chart and identify relevant health information aligned to the clinical question(s). Support the consulting specialist's clinical decision-making through risk-stratification and diagnostic support.	**Reduced administrative burden for consulting specialists** • Reduces specialist time spent locating and reviewing patient information • Improves efficiency of clinical decision-making
Consulting specialist communicates clinical recommendation to treating provider	Draft specialists' responses to treating providers.	**Improved efficiency and effectiveness of provider-to-provider communications.** • Reduces specialist time formulating responses. • Improves clarity of provider response.

Emerging AI Medical Information Platforms

When considering the role of AI in eConsults, it is important to note that clinicians are increasingly using AI-driven medical information and clinical decision-support platforms to access and synthesize evidence at the point of care.[8,9] These tools often position themselves as drawing from high-quality sources, such as major medical research journals and other peer-reviewed literature, to quickly answer clinical questions and support decision-making in a HIPAA-compliant process.[10,11,12] Over time, use of these tools may shift eConsult use away from more straightforward questions and toward more complex, nuance-dependent cases that require specialist judgment and deeper chart review. Overall, emerging platforms reinforce the importance of integrating AI into eConsults programs in a way that complements broader clinical AI tools and focusing efforts on facilitating the unique value of eConsults: patient-specific, specialist input.

Integrating AI Into eConsults: Stanford Case Study

Health systems are beginning to experiment with integrating AI capabilities into eConsult workflows, with promising early results.

Stanford Health Care

Integrating AI

Stanford Health Care's eConsult program identified the consulting specialist part of the workflow as the major pain point and bottleneck for program growth. In 2025, Stanford Health's eConsult program partnered with the Stanford Emerging Applications Lab (SEAL) to leverage AI to address the needs of frontline clinicians participating in the program.[13] The partnership focused on enhancing the specialist experience to increase their uptake of eConsults and expand the number of specialties participating in the health system's eConsult program.

Starting with the Infectious Disease department, the SEAL team developed an AI-enabled application integrated into Epic that extracts, synthesizes, and interprets relevant data from the patient's chart based on the eConsult question and drafts a response for the consulting specialist to the treating provider. The AI-generated summary of relevant data includes reference links to source clinical information (e.g., clinical notes from a specific visit, lab results), enabling specialists to quickly access the source data and confirm the summary's accuracy. The draft specialist response includes suggested clinical recommendations based on analyses of the patient data. To improve accuracy and reduce hallucinations, AI uses a validated knowledge base to guide its data extraction

and reasoning. The system is being developed to eventually continuously learn from completed consults, incorporating learnings on clinical guidelines and the reasoning patterns of Stanford specialists to refine data analyses, summaries, and clinical recommendations.[14]

Initial Results

Stanford Health Care reported that early feedback from participating consulting specialists provides a positive outlook for Stanford Health's adoption of AI in their eConsult program. Feedback showed that specialists were more receptive of the AI-generated summary and rated the quality of the summary higher than they did the draft response to the treating provider, noting they did not always agree with the AI-suggested recommendation. Drawing on lessons learned with the Infectious Disease department, the Stanford eConsults program is expanding AI integration into additional specialty departments.

Lessons Learned

Stanford Health Care leadership noted that key to their success was taking a problem-first approach: the team started by identifying what was limiting eConsult growth (i.e., low specialist uptake driven by workflow burden) and then designed improvements to the clinical product (i.e., enhanced Epic eConsult tools) to address that need. They emphasized that, given the enthusiasm around AI, health systems are better served by anchoring AI integration efforts in specific operational and clinical needs. Stanford also leveraged several AI models in their Epic add-on, reserving more advanced models for higher complexity tasks (e.g., interpretation of clinical tests) and using a mix of models for chart summarization.

Recommendations for Future AI Strategy, Policy, and Research

As AI is integrated into health systems' eConsult programs to increase clinician participation and expand access to specialty care, there are barriers and challenges to this integration, including workflow variation across specialties, limited provider trust, limited capacity to measure and evaluate AI-powered outcomes, and billing constraints. The following table outlines recommendations to address these challenges through AI strategy, policy, and research. Although informed by expert interviews, these recommendations closely track the direction set out in the *U.S. Department of Health and Human Services Artificial Intelligence Strategy*, particularly its emphasis on rigorous, reproducible evaluation of AI use in medicine (Pillar 4) and leveraging AI to modernize public health and care delivery for better outcomes (Pillar 5).[15]

Barriers	Recommendations for AI Strategy, Policy, and Research
Workflow Variation and Fragmentation: eConsult workflows may differ by specialty and health system technology (e.g., EHR), often requiring tailored AI solutions.	• **Health systems should implement AI-integrated tools iteratively, one specialty at a time.** – Staggered integration of AI tools into specialty eConsult programs allows health systems to refine these tools and, as appropriate, tailor them to specialty-specific needs (e.g., imaging analysis for dermatology).
Limited Provider Trust: Because eConsults influence diagnoses and referrals, clinicians are wary of AI errors and unclear delineation of responsibilities.	• **Evaluate the safety and accuracy of eConsult specific tools, particularly in:** – AI-assisted triaging and routing to determine if AI can reliably identify when a case needs an in-person specialty visit versus an asynchronous consult. – Diagnostic and risk-stratification guidance across specialties.[16] • **Build transparency into the workflow to support clinician trust** – Configure AI tools to show source-linked evidence (e.g., chart citations), confidence/uncertainty cues where feasible, and an audit trail of what was AI-generated vs. clinician-authored. – Pair this with periodic quality monitoring (e.g., spot checks, error reporting) so clinicians see that safety is actively managed.
Measurement and Evaluation: Human evaluation of large language model (LLM) outputs is labor-intensive, costly, and difficult to scale, with limited benchmarks to evaluate their performance.	• **Fund multi-site demonstration projects for AI-augmented eConsult models** – Federal and state demonstration and research funding can generate rigorous evidence on impact and effective workflows (e.g., the National Human Genome Research Institute issued a funding opportunity for regional genomic eConsult services that indicated special interest in the use of AI).[17] • **Assess the quality of AI-supported eConsult outputs (e.g., patient chart summaries, clinical recommendations, and provider-to-provider communications)** – Develop standard measures and processes to evaluate the quality of AI-generated content, such as clear scoring rubrics (e.g., accuracy, relevance, completeness, actionability, safety), defined thresholds for critical errors, and routine sampling-based review to monitor performance over time. • **Measure the impact of AI on operational outcomes, including provider administrative burden** – Develop standard measures to assess the operational impact of AI, including eConsult turnaround time, ratio of eConsults to referrals, consulting specialist capacity, and consulting specialist and treating provider productivity.

Barriers	Recommendations for AI Strategy, Policy, and Research
Billing Constraints: AI's impact on the eConsult workflow doesn't neatly map to the current eConsult reimbursement structure.	• **Update interprofessional consult CPT codes to reflect AI's impact on the eConsult workflow** – Clarify how AI-supported activities fit within eConsult payment methodologies, which are based on physician work (time), practice expense, and malpractice cost. – As AI tools may reduce clinician time for certain tasks (e.g., generating chart summaries or drafting communications) while introducing technology and operational costs, CMS and other payors could consider how to incorporate AI-related expenditures in wRVU calculations and payment rates.[18] • **Incentivize providers to participate in eConsult programs** – Add additional CPT codes for when referring (typically primary care providers) spend less than 16 minutes on an eConsult. – Continue to incorporate eConsults into bundles and other value-based payment models (e.g., such as eConsults being included in Advanced Primary Care Management (APCM) codes).

Conclusion

AI-enabled tools can strengthen eConsult programs by streamlining workflows and reducing administrative burden to support greater provider uptake of eConsults and expand access to specialty expertise. This potential is especially important in rural and underserved areas with limited specialist availability, where eConsults can help address unmet specialty needs that contribute to delayed care and higher downstream costs. Early AI-integrated eConsult implementations demonstrate meaningful operational gains and point to additional opportunities as tools mature. As AI adoption grows, sustained success will depend on solutions that fit specialty-specific workflows, are supported by structured and interoperable data, build clinician trust through transparent governance, clinician oversight, and rigorous evaluation, and align with reimbursement approaches that reflect evolving resource needs. With coordinated strategy, policy, and research, AI can help scale eConsult programs and advance more timely, efficient access to specialty care.

1. Association of American Medical Colleges. *eConsult Payment Policy*. https://www.aamc.org/about-us/mission-areas/health-care/project-core/econsult-payment-policy

2. Hofman, Justin, et al. "Speed, Spectrum, and Satisfaction: Assessment of an Infectious Diseases eConsult Program." *Open Forum Infectious Diseases*, May 2024. https://academic.oup.com/ofid/article/11/5/ofae281/7679379

3. Olayiwola, J Nwando, et al. "Electronic consultation impact from the primary care clinician perspective: Outcomes from a national sample." Journal of Telemedicine and Telecare, Sept. 2019. https://pubmed.ncbi.nlm.nih.gov/29991315/

4. Centers for Medicare & Medicaid Services. *Coverage and Payment of Interprofessional Consultation in Medicaid and the Children's Health Insurance Program (CHIP)*. https://www.medicaid.gov/federal-policy-guidance/downloads/sho23001.pdf

5. Center for Connected Health Policy. *State Telehealth Laws and Reimbursement Policies Report, Fall 2025*, October 2025. https://www.cchpca.org/resources/state-telehealth-laws-and-reimbursement-policies-report-fall-2025/

6. Wu, David JH, et al. "Automated Evaluation of Large Language Model Response Concordance with Human Specialist Responses on Physician-to-Physician eConsult Cases." Pacific Symposium on Biocomputing, Jan. 2026. https://www.worldscientific.com/doi/abs/10.1142/9789819824755_0026

7. Agency for Healthcare Research and Quality. *Artificial Intelligence-Supported Patient-Centered Clinical Decision Support: A Summary of Considerations*. AHRQ Publication No. 25-0057, June 2025. https://digital.ahrq.gov/sites/default/files/IAS%20Topic%20Highlight%20AI%20and%20PC%20CDS_508%20Compliant.pdf

8. Agency for Healthcare Research and Quality. *Artificial Intelligence-Supported Patient-Centered Clinical Decision Support: A Summary of Considerations*. AHRQ Publication No. 25-0057, June 2025. https://digital.ahrq.gov/sites/default/files/IAS%20Topic%20Highlight%20AI%20and%20PC%20CDS_508%20Compliant.pdf

9. Hurt, RH, et al. "The Use of an Artificial Intelligence Platform OpenEvidence to Augment Clinical Decision-Making for Primary Care Physicians." Journal of Primary Care & Community Health, April.2025. https://doi.org/10.1177/21501319251332215

10. OpenEvidence. https://www.openevidence.com/

11. Doximity GPT. https://www.doximity.com/doximity-gpt-info

12. UpToDate. https://www.wolterskluwer.com/en/solutions/uptodate/ai-clinical-decision-support

13. Stanford Emerging Applications Lab (SEAL). https://med.stanford.edu/seal.html

14. Li, Ron C., et al. "A framework for using AI to drive care model transformation: building cars rather than faster horses | npj Health Systems." NPJ Health Systems, Jan.2026. https://www.nature.com/articles/s44401-026-00071-6

15. U.S. Department of Health and Human Services. Artificial Intelligence (AI) Strategy. September 2025. https://www.hhs.gov/sites/default/files/hhs-artificial-intelligence-strategy.pdf

16. Wu, David, et al. "First, do NOHARM: towards clinically safe large language models." Cornell University Computers and Society, Dec. 2025. https://arxiv.org/pdf/2512.01241

17. National Institutes of Health, National Human Genome Research Institute. "Solutions to Enable Regional Genomic Medicine eConsult Services (R41/R42 Clinical Trial Optional)." *NIH Guide for Grants and Contracts*. Funding Opportunity Number PAR-24-107. Posted January 9, 2024. https://grants.nih.gov/grants/guide/pa-files/PAR-24-107.html

18. Wu, Kevin, et al. "Characterizing the Clinical Adoption of Medical AI Devices through U.S. Insurance Claims." The New England Journal of Medicine AI, Nov. 2023. https://ai.nejm.org/doi/full/10.1056/AIoa2300030

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