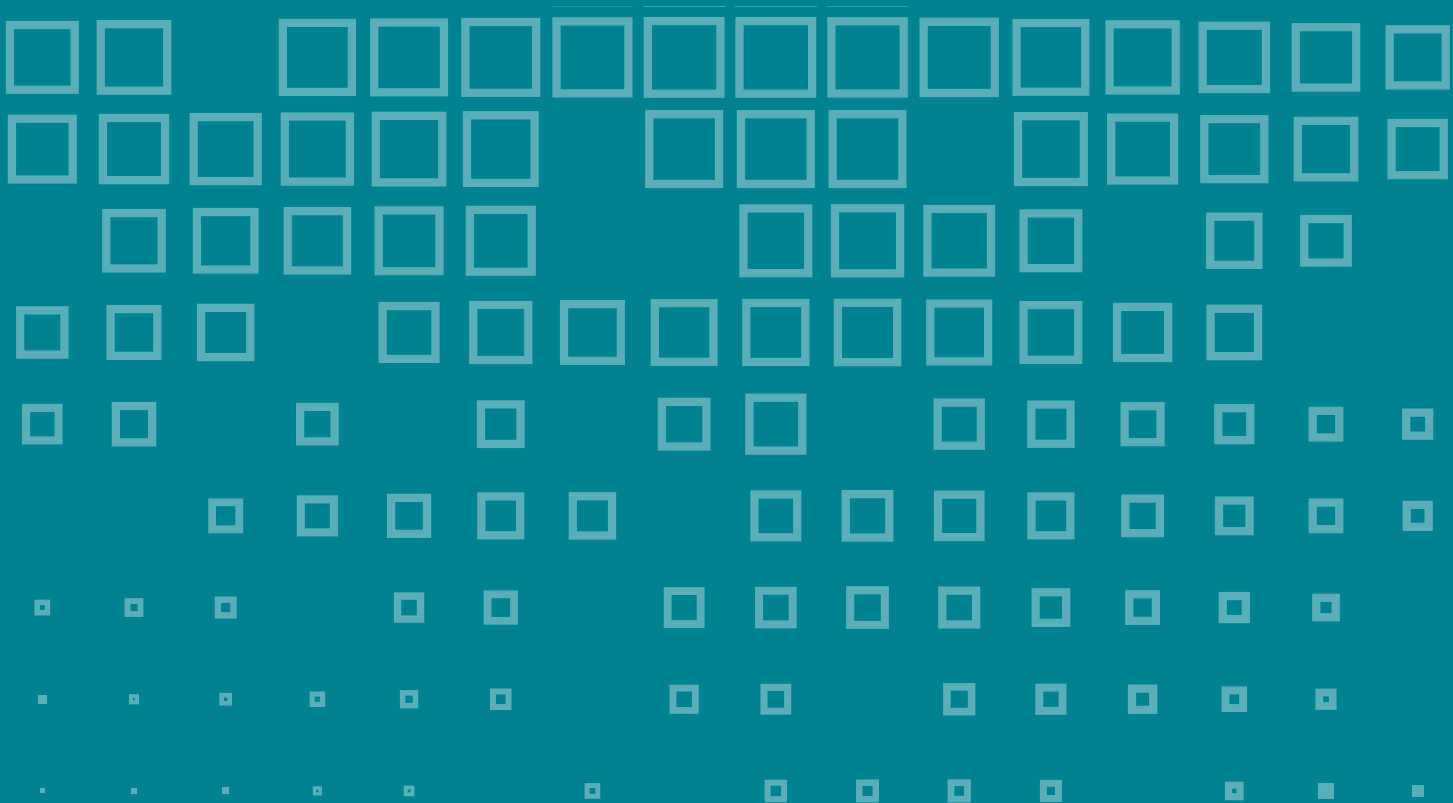
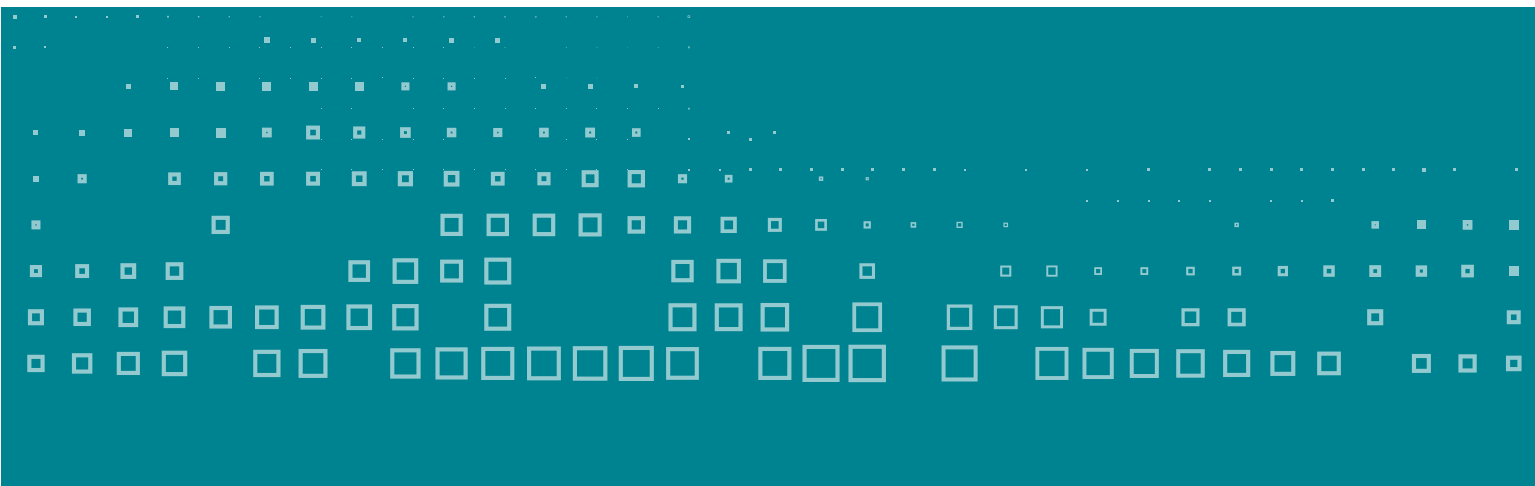


SEPTEMBER 2026

Integrating AI and Telehealth: Asynchronous Electronic Visits (eVisits)





Acknowledgments

Medical University of South Carolina Project Team

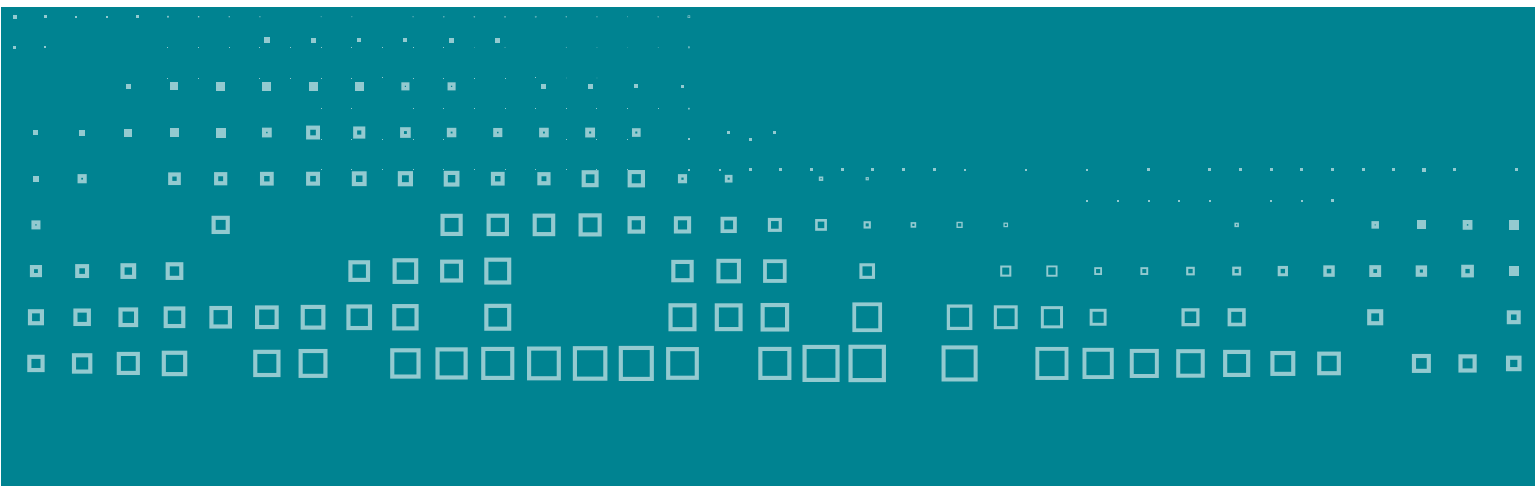
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About This Brief

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.

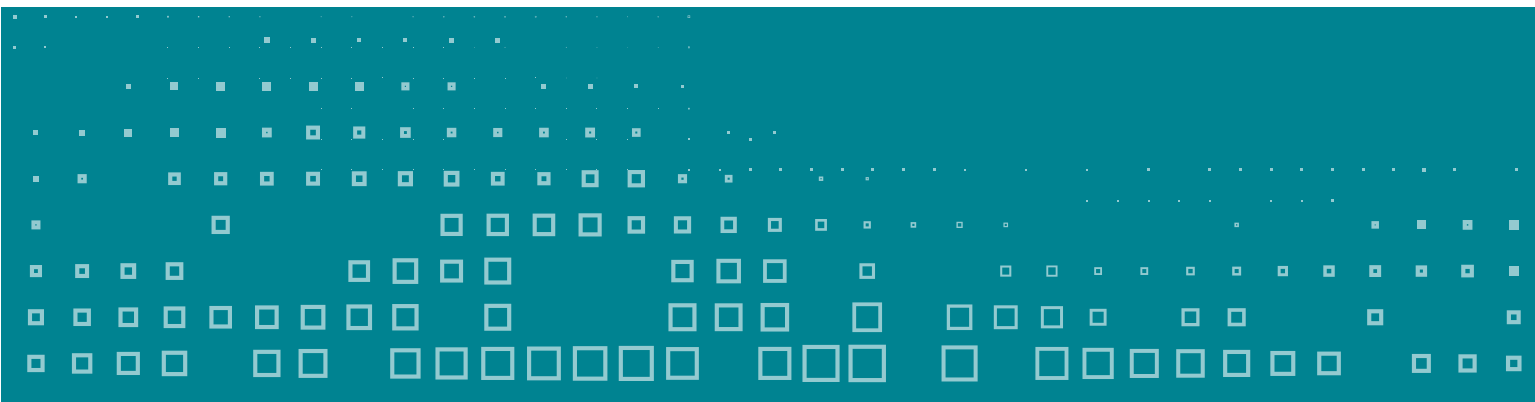
Manatt, MUSC and UMMC conducted background research and interviewed select telehealth leaders across different health systems and associations. The findings and opportunities outlined in this brief represent a combination of research and input from those stakeholders. The views expressed here are solely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

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About MUSC Telehealth Center of Excellence

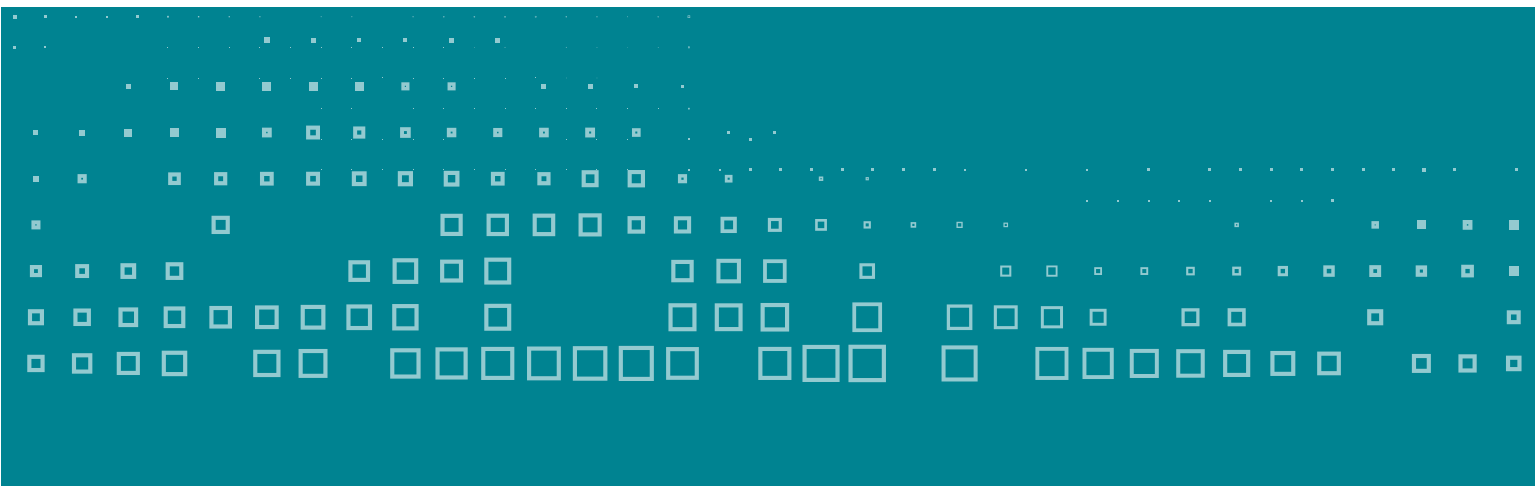
The Telehealth Centers of Excellence program supports academic medical centers in implementing and evaluating innovative telehealth solutions in rural and medically underserved communities. These centers serve as national models by testing concepts and developing proven, scalable approaches that expand access to care and improve health outcomes. The Medical University of South Carolina (MUSC) Center for Telehealth was designated a Telehealth Center of Excellence (COE) by HRSA in 2017. As an academic medical center, MUSC leverages its research, clinical, and educational



strengths to rigorously evaluate and disseminate innovative telehealth initiatives and promising practices. This designation reflects MUSC's demonstrated experience and capacity, including high program volumes, substantial service to rural and medically underserved populations, and demonstrated financial sustainability. With nearly 20 years of experience, the MUSC Center for Telehealth currently offers more than 100 unique telehealth services reaching 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 Telehealth Centers of Excellence program supports academic medical centers in implementing and evaluating innovative telehealth solutions in rural and medically underserved communities. These centers serve as national models by testing concepts and creating proven approaches that expand access to care, improve health outcomes, and can be replicated nationwide. The University of Mississippi Medical Center (UMMC) Center for Telehealth and Emerging Technologies was designated a Telehealth Center of Excellence (COE) by HRSA in 2017. As an academic medical center, UMMC leverages more than two decades of telehealth experience to advance innovative models of care, evaluate the clinical and economic impact of telehealth interventions, and disseminate evidence-based practices nationally. UMMC serves as a living laboratory for developing and testing telehealth solutions that address barriers to healthcare access. This designation recognizes the commitment to accelerate innovation in telehealth, strengthen healthcare delivery through technology-enabled care, and serve as a national clearinghouse for evidence-based telehealth research, resources, and implementation strategies. Through collaboration with healthcare systems, academic institutions, policymakers, and community partners, the Center continues to expand access to high-quality care regardless of geographic location. For more information, visit <https://telehealthcoe.org>.



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Background

Benefits of Electronic Visits (eVisits)

Health systems face growing patient demand alongside a limited supply of health care providers, straining their capacity to deliver timely primary and specialty care. By enabling patients to submit clinical concerns 24/7, which clinicians in turn can review and respond to asynchronously, eVisits reduce the need for synchronous scheduling of telehealth or in-person visits, offering greater flexibility and efficient care delivery.¹

eVisits can expand access to care for common, lower-acuity conditions while reducing unnecessary follow-up in-person or telehealth visits for select conditions (e.g., dermatology).^{2,3} Beyond access, eVisits can improve patient satisfaction through increased convenience and reduced wait times, as well as meaningfully improve health outcomes for chronic disease management.⁴

What are eVisits?

eVisits, also known as asynchronous virtual visits, are structured, patient-initiated communications in which a patient completes a digital questionnaire about a health concern and a clinician reviews and responds asynchronously, without the need for a real-time in-person or virtual encounter.

eVisits are typically delivered through patient portal platforms and are used for lower-acuity, common conditions such as sinus infections, urinary tract infections (UTIs), allergies and chronic disease check-ins.

Challenges to Scale

Although eVisits can increase access to care and positively impact patients, adoption of eVisits remains constrained by several operational and structural factors.

- **Accessibility challenges for patients, leading to limited adoption or incomplete information submission.** Technology and digital literacy barriers limit uptake among certain patient populations, including older adults or medically underserved populations.^{5,6} Patients may have limited access to eVisit patient portals or may struggle to navigate portals and complete electronic questionnaires, leading to limited engagement or incomplete submission of patient information.

- **Clinician administrative burden.** Incomplete patient questionnaires may increase the time clinicians spend reviewing patient medical records to appropriately respond to patient concerns, creating added administrative burden. Additionally, when eVisit patient portals are not integrated within existing electronic health records (EHRs), clinicians must navigate multiple electronic portals to access relevant patient information and communicate with the patient.
- **Inconsistent coverage and reimbursement.** Medicare reimburses eVisits through time-based Current Procedural Terminology (CPT) codes (99421–99423) for physicians and qualified health professionals, with parallel codes for other non-physician practitioners. However, coverage remains uneven: Medicaid policies are set state by state, commercial payer rules vary, and reimbursement is limited to established patients and constrained by same-day and seven-day billing restrictions. Reimbursement remains a consistently cited barrier to eVisit adoption among physicians, and payment for eVisits is capped well below what some eVisit encounters may require in clinician time.^{7,8}
- **Patient safety concerns.** Providers face safety concerns when enabling their patients, especially those with higher acuity conditions, to self-triage through eVisit questionnaires. A patient may under-report symptoms or select an eVisit when their condition warrants urgent or in-person care. These risks underscore the need for robust clinical protocols and questionnaires that prioritize patient safety and appropriate escalation.

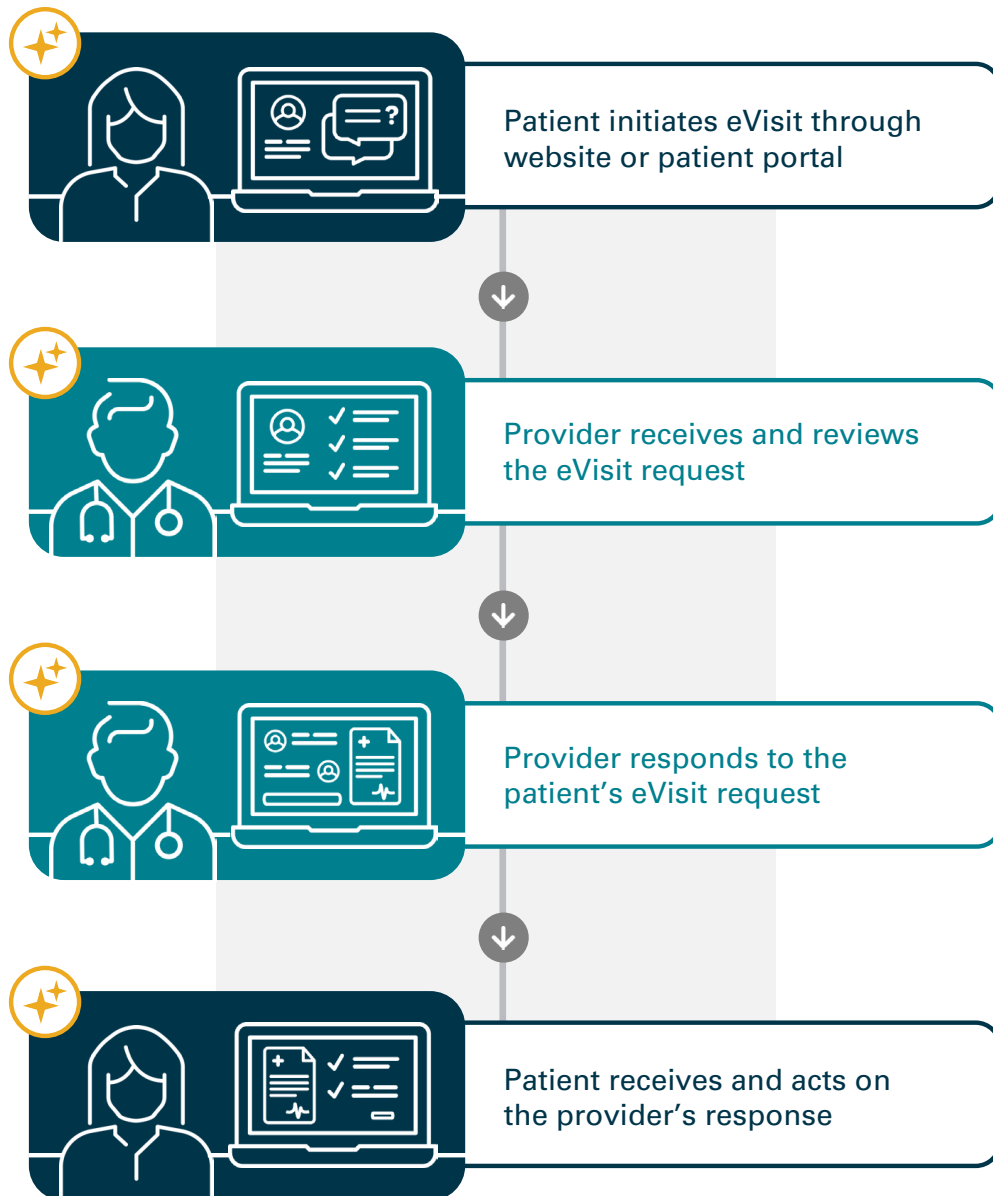
Opportunities With AI Integration

AI can address the limitations constraining eVisit adoption and scaling, particularly those regarding patient accessibility and provider administrative burden. Although AI integration into eVisits remains in the early stages, AI can support the automation of structured patient questionnaires, strengthen safe triage capabilities and guide the development of provider- and patient-facing communications. Applied across the eVisit workflow, AI has the potential to improve the quality, efficiency and safety of eVisit care delivery, encouraging broader adoption among providers and patients.⁹

Integrating AI Into eVisits

The integration of AI across the eVisits workflow, from patient initiation of the eVisit to provider review, remains in the early stages as health systems and vendors explore opportunities to leverage AI to enhance patient experience and support provider uptake. The table below illustrates how AI can be applied across key steps of the eVisits workflow to support more efficient delivery of care and stronger patient safety.

Integrating **AI** in eVisits



AI Optimization

eVisit Workflow	Example AI Use Case	Value Opportunity
Patient initiates eVisit through website or patient portal	• Guide patients through intake using adaptive, conversational questionnaires that branch based on patient response, ensuring patients answer questions and provide information that is specific to their clinical need. • Integrated AI can analyze the patient's questionnaire responses and automatically screen for red-flag symptoms or key words that indicate the patient should seek urgent, in-person care, or a telehealth visit rather than an eVisit, reducing inappropriate use of the eVisit pathway for conditions that require escalation.	Improved effectiveness and safety of patient eVisit questionnaires • Increases completeness and clinical usefulness of patient-submitted information. • Reduces inappropriate or potentially unsafe, utilization of eVisits for high-acuity conditions. Improved patient experience • Improves patient portal and ease of navigation. • Streamlines outcome of patient request, including clear determination if request is best suited for urgent, in-person, or telehealth visit.
Provider receives and reviews the eVisit request	• Summarize the submitted patient questionnaire and analyze the patient's medical records to identify, extract and summarize clinical information that is relevant to the patient's eVisit request. • Surface relevant clinical guidelines and evidence-based protocols relevant to the patient's clinical need (e.g., antibiotic prescribing guidance) to inform the provider's review. • Automatically flag the level of urgency and suggested level of care for the patient's eVisit request (i.e., confirm if an eVisit is appropriate or if the patient request should be escalated to a telehealth or in-person visit).	Reduced administrative burden • Reduces provider time spent reviewing patient medical records that may exist in EHRs that are not integrated with the eVisits patient portal, or communicating with the patient, to address incomplete patient information. Improved quality and appropriateness of care • Enhances clinical decision support for providers, reducing the need to independently review large volumes of medical literature. • Helps ensure patients receive the appropriate level of care for their clinical need, reducing risk of under- or over-triage.
Provider responds to the patient's eVisit request	• Leverage generative AI to draft provider responses to the eVisit, including preliminary diagnoses, suggested treatments and follow-up instructions that are accessible to the patient.	Reduced administrative burden • Reduces provider time formulating accessible patient communications and education materials.
Patient receives and acts on the provider's response	• Translate clinical recommendations into accessible, multi-language communications. • Automatically prompt the patient regarding recommended follow-up check-ins or remote monitoring as appropriate.	Improved patient experience • Increases accessibility of patient education across language, literacy and learning preferences. • Strengthens patient understanding and adherence to clinical guidance. • Reduces preventable follow-up encounters due to patient confusion about clinical guidance.

Early AI Integration Into eVisits

While AI integration into eVisits is in the early stages, adoption to date has been largely driven by technology vendors embedding AI capabilities into asynchronous care platforms that health systems can license or deploy. Current vendor platforms offer AI-powered adaptive clinical questionnaires that dynamically adjust based on patient responses, automated triage and routing to determine whether a concern can be resolved asynchronously or requires escalation, clinical decision support with auto-generated documentation and evidence-based treatment recommendations for provider review and guideline adherence monitoring.^{10,11}

Rush University Medical Center, for example, partnered with a vendor to deploy AI-powered asynchronous care at scale in 2025, combining adaptive intake with real-time triage and care routing. Early results indicate that the platform has reduced provider work time per asynchronous visit to approximately 89 seconds and patient wait times to under seven minutes, while maintaining 90 percent adherence to clinical guidelines.¹² These early implementations suggest that vendor partnerships may offer health systems a practical entry point for integrating AI into eVisit workflows, particularly for systems that lack the internal capacity to develop AI tools independently.

Recommendations for Future AI Strategy, Policy and Research

As health systems begin exploring how to integrate AI into their eVisits workflows, they must address several barriers to integration, including patient accessibility, variable EHR interoperability, limited provider trust in AI-enabled triage and recommendations, insufficient evaluation infrastructure and unresolved reimbursement structures. The following table outlines recommendations to address these challenges through AI strategy, policy and research.

Barriers	Recommendations for Future Research, Strategy and Policy
Limited Accessibility for Patients: eVisit AI tools must be accessible to patients with limited digital health experience	Design AI-supported intake tools that are accessible across diverse patient populations • Develop adaptive interfaces with plain-language prompts and multilingual support to improve accessibility. • Pilot AI-guided eVisit intake via text messages and voice channels to extend reach beyond patient portal users. Evaluate accessibility of AI-augmented eVisit programs • Monitor uptake and clinical outcome data across patient demographics (e.g., age, geography) to identify and address differential access or quality gaps introduced by AI tools.
EHR Interoperability and Workflow Integration: AI tools must integrate with existing EHR and patient portals to support patient and provider uptake	Prioritize native EHR integration over standalone AI applications • Embed AI tools into existing patient and provider portals that are already being utilized to reduce the need for patients and providers to navigate multiple platforms to complete an eVisit.
Limited Provider Trust: Clinicians may have safety concerns about AI-enabled triaging and clinical recommendations	Evaluate the safety and accuracy of AI eVisit tools, particularly for: • AI-assisted triage to determine whether AI can reliably identify when a symptom presentation warrants escalation to urgent or emergency care, or to less-urgent follow-up in-person or telehealth visits. • Accuracy of diagnostic and treatment recommendations across condition types and patient demographics. Build transparency mechanisms into the eVisit AI workflow • Configure AI tools to display source-linked references, confidence indicators and clear audit trails distinguishing AI-generated from clinician-authored content. • Leverage the transparency disclosures that certified health IT vendors are required to provide under the Office of the National Coordinator for Health Information Technology (ONC)'s Health Data, Technology and Interoperability (HTI)-1 rule, to evaluate AI tools prior to deployment and on an ongoing basis.¹³ • Establish ongoing quality monitoring processes, including error reporting systems and periodic clinical review of AI outputs.
Measurement and Evaluation: Rigorous evaluation of AI eVisit tools is limited by lack of standard metrics and evaluation infrastructure	Fund multi-site demonstration projects for AI-augmented eVisit programs • Federal and state funding can generate rigorous evidence on the impact of AI integration on eVisit quality, efficiency and accessibility, informing the development of a standardized evaluation and outcome metrics for eVisits. Develop standard measures for AI eVisit quality and operational impact • Establish scoring rubrics for AI-generated intake summaries and clinical response drafts (accuracy, completeness, safety, actionability).

Barriers	Recommendations for Future Research, Strategy and Policy
Billing Constraints: Reimbursement structures do not account for AI's impact on eVisit workflow economics	Update eVisit CPT codes and payment methodologies to reflect AI-augmented workflows - Clarify how AI-supported activities (e.g., automated intake summarization and response drafting) fit within existing eVisit reimbursement frameworks based on medical decision-making and total clinician time. Incentivize eVisit participation through value-based payment models - Continue to align eVisits with value-based payment models, such as Advanced Primary Care Management (APCM) where eVisits are bundled as a covered Communication Technology-Based Service, reducing billing friction and supporting efficient, appropriate use of asynchronous care within a patient's broader care management.¹⁴

Conclusion

AI-enabled tools may strengthen eVisit programs by improving the quality and safety of patient intake, reducing administrative burden for providers and supporting more appropriate care delivery through clinical decision support. Realizing this potential will require deliberate attention to the accessibility challenges outlined above, particularly to ensure AI-augmented eVisits reach the medically underserved populations that stand to benefit most.

While integration of AI into eVisits is still in the early stages, early implementations demonstrate promising operational gains and point to additional opportunities as AI technologies and vendor platforms mature. Sustained success will depend on solutions that center patient access, integrate into existing EHR and portal workflows, build provider trust through transparency and rigorous evaluation and align with reimbursement structures that reflect AI's impact on care delivery. With coordinated strategy, policy and research, health systems can harness AI to strengthen the reach and impact of eVisits.

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