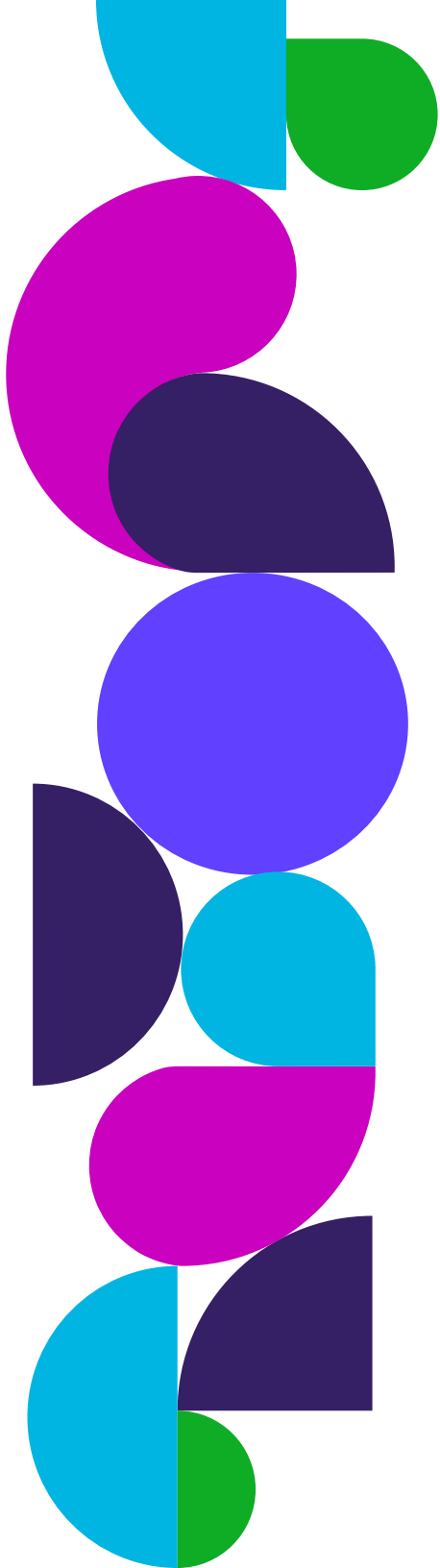


# Telehealth benchmark survey results

VIRTUAL CARE IN 2025: HOSPITALS  
LOOK TO SCALE EFFORTS





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## Introduction

There is a notable change underway in how hospitals and health systems are running their virtual care programs, according to data in the eighth annual survey on telehealth adoption conducted by Teladoc Health in conjunction with *Becker's Healthcare*. Findings suggest organizations are adjusting their virtual care offerings and infrastructure to provide more comprehensive and remote care that can support more ongoing vs. episodic patient engagement.

## Executive summary

Perhaps for the first time, **most respondents are expanding virtual care primarily by prioritizing and scaling their existing offerings rather than by introducing new ones.** New program and technology rollouts are continuing, but the pace has slowed from recent norms. What's clear is that hospital and health system leaders expect their current programs to serve more patients in 2025.

The focus on doing more with the core programs and infrastructure corresponds to some changes in telehealth program expectations, goals and priorities. For a preview of what this may mean for virtual care, **we can look to organizations that have already scaled their efforts — those that have been providing virtual care for more than five years.** Those organizations constituted a higher percentage of survey respondents than ever before. They typically complete a higher percentage of their patient visits virtually, offer more types of virtual care, have more supporting infrastructure in place and have higher expectations for what can be done via telehealth. These organizations also have different goals and priorities for their telehealth programs, which can serve as guideposts for organizations that are looking to grow to similar scale.



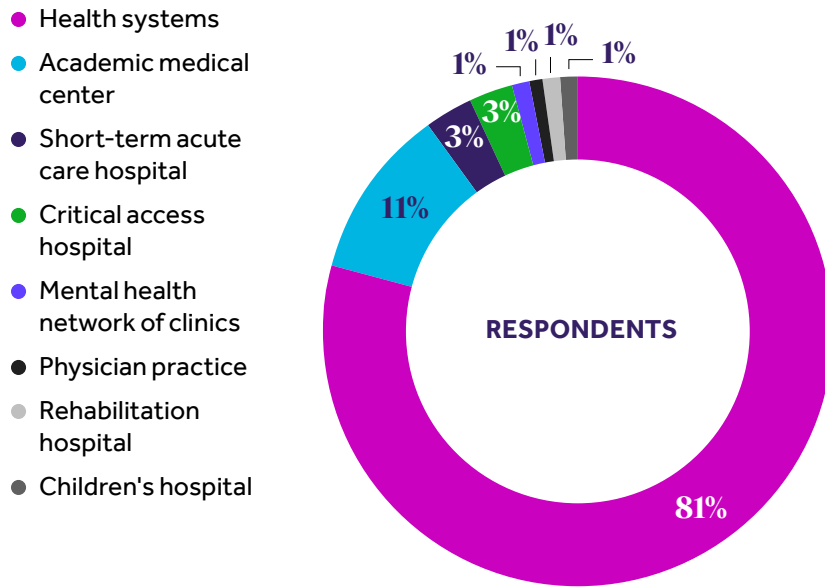
**Hospital and health system leaders expect their current programs to serve more patients in 2025.**

# About the report

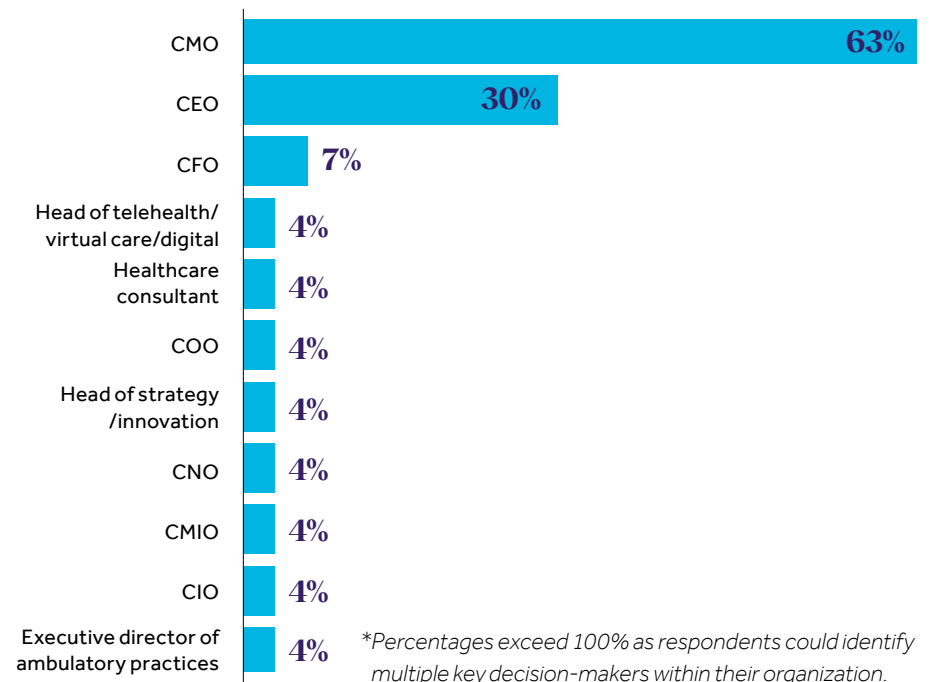
Teladoc Health and *Becker's Healthcare* have conducted an annual study of hospitals' and health systems' telehealth program status and plans every year since 2016.

The 2024 study, which measures hospital and health system plans for 2025, is **the first where 100% of respondents either offered virtual care or would be offering it by the end of the year.** Most respondents represented health systems (Figure 1) where the chief medical officer is the key decision-maker for the telehealth platform (Figure 2).

**FIGURE 1: RESPONDENTS BY ORGANIZATION TYPE**



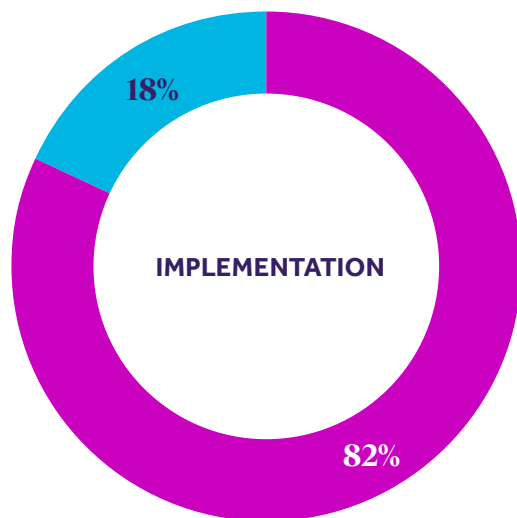
**FIGURE 2: KEY TELEHEALTH DECISION-MAKER AT ORGANIZATION\***



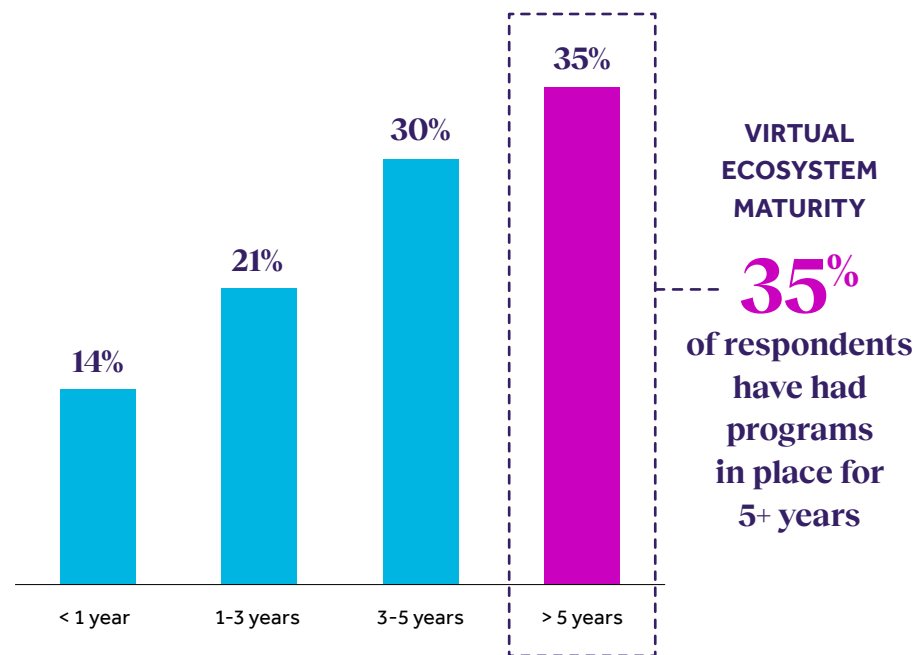
The majority of respondents (51%) are from organizations that have had telehealth programs in place for one to five years (Figure 4). **One sign of telehealth's maturity is that a record 35% of respondents have had programs in place for more than five years.**

**FIGURE 3: TELEHEALTH IMPLEMENTATION STATUS**

- Yes, have telehealth implemented
- No, but looking to implement telehealth in the next 12 months



**FIGURE 4: DURATION OF CURRENT TELEHEALTH PROGRAMS**



Except for Figures 1-3 and unless otherwise noted, data referenced in the report is for respondents that have telehealth programs in place.

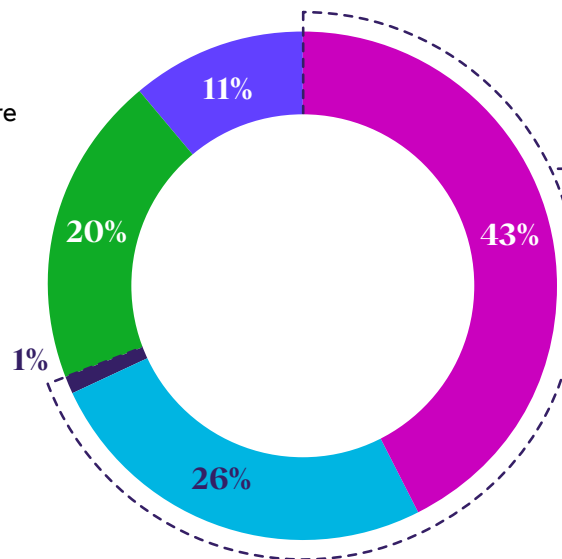
## The current state

Many hospitals have their core telehealth infrastructure in place and want their virtual care programs to serve more patients. The motivation isn't only because of the available infrastructure, but because of the growing confidence in what virtual care can do, its care delivery quality and the value telehealth provides.

For many patient encounters, **health system leaders now consider virtual care at parity or better than an in-person visit.** Among respondents who offer virtual care, 26% believe virtual care quality is superior to in-person (Figure 5), which is more than those who believe in-person care is better (20%); 43% believe the care is at parity. The most experienced respondents (those at organizations with five or more years of virtual care experience) have a higher opinion of virtual care quality, with 90% believing virtual care quality is superior (40%) or equal (50%) to in-person.

**FIGURE 5: TELEHEALTH CARE PROVIDER PERCEPTIONS OF VIRTUAL AND IN-PERSON CARE QUALITY**

- Virtual care is on par with in-person care
- Virtual care is slightly better than in-person care
- Virtual care is significantly better than in-person care
- In-person care is superior to virtual care
- I have not formed a definitive opinion on the quality of virtual care versus in-person care

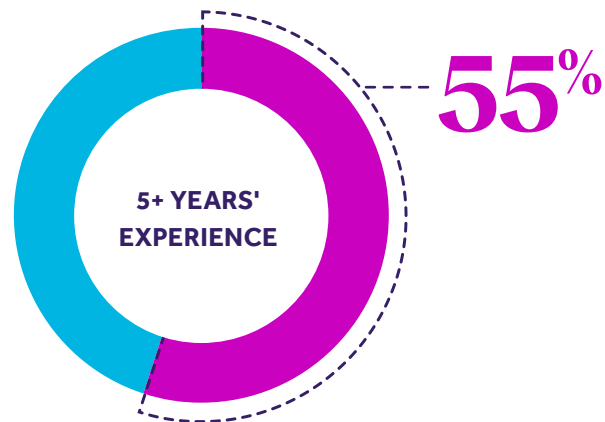
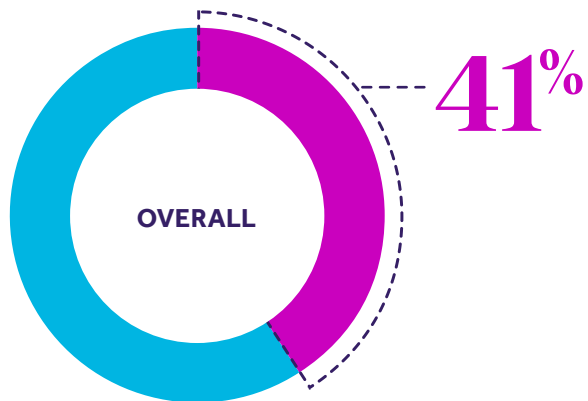


**70%**  
of the organizations surveyed that offer telehealth services believe virtual care quality is equal to or better than in-person care.

**Providing quality virtual care is also proving cost effective**, as 85% of respondents said their programs were producing a return on investment, and 20% said the ROI is more than 10% annually.

Favorable opinions of virtual care quality and the value it is providing are giving hospitals and health systems confidence to make telehealth a larger part of their overall care delivery mix. 41% of respondents now believe they can provide more than 20% of their care virtually, up from 37% who thought that level was attainable a year ago. Among respondents that have been providing telehealth for at least five years, 55% believe more than 20% of patient visits can be completed virtually.

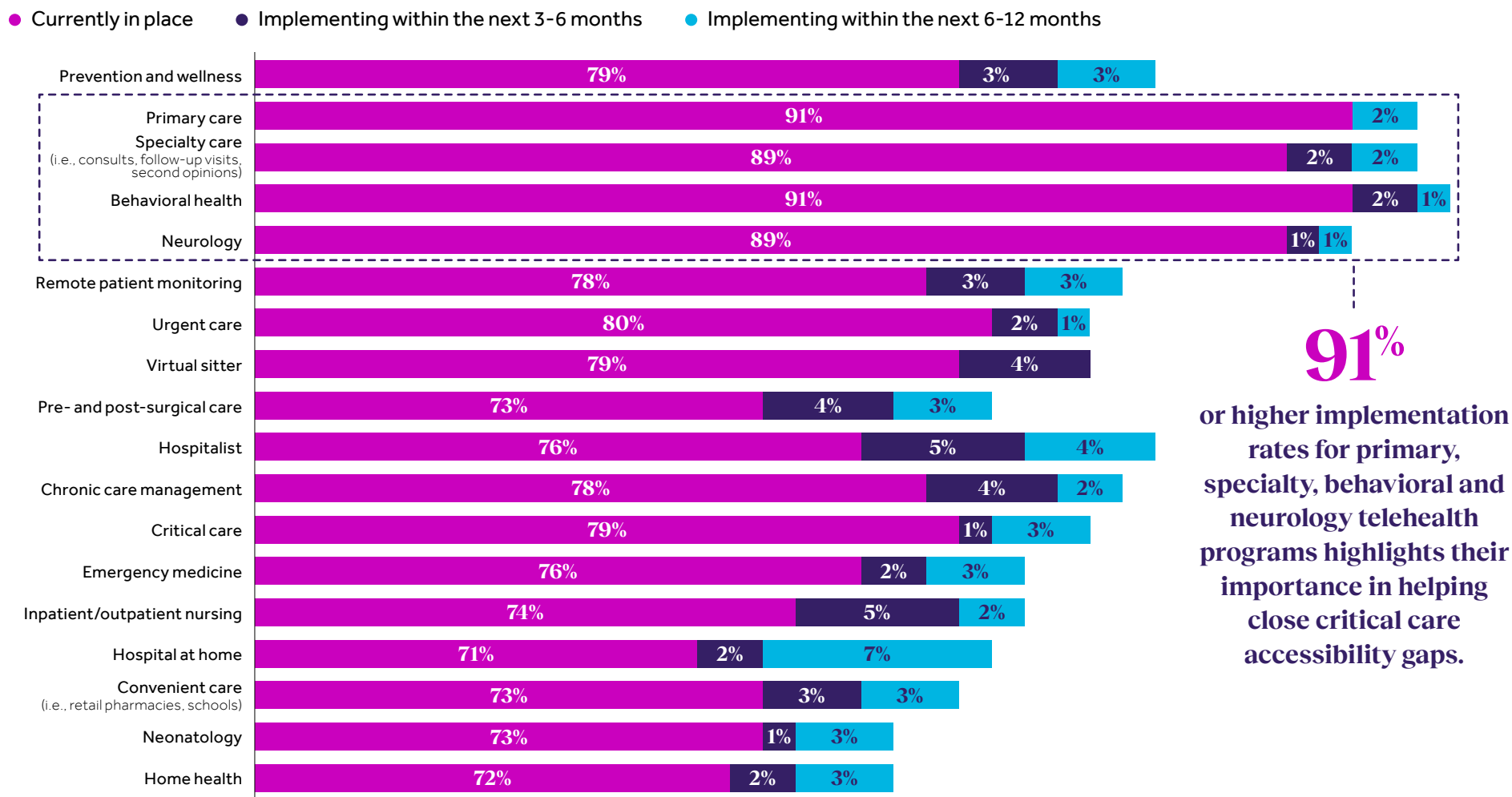
Respondents believe they can provide **more than 20% of care virtually.**





Hospital leaders may believe patient volume can expand because they now have practitioners and infrastructure in place to provide many types of care. The survey asked if hospitals had virtual care programs covering 18 specific practice areas or services. All 18 are offered by at least 70% of respondents (see Figure 6).

**FIGURE 6: TELEHEALTH PROGRAMS IN PLACE AND PLANNED IMPLEMENTATIONS**



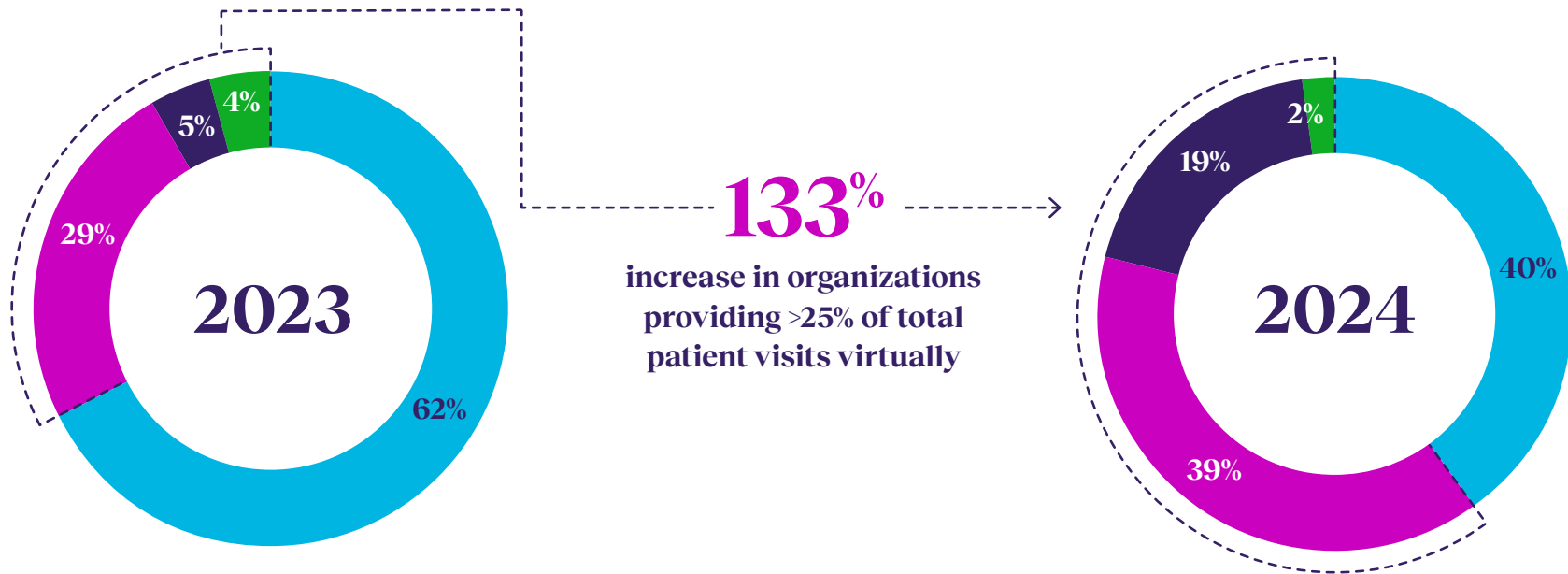
# Virtual care volume is increasing

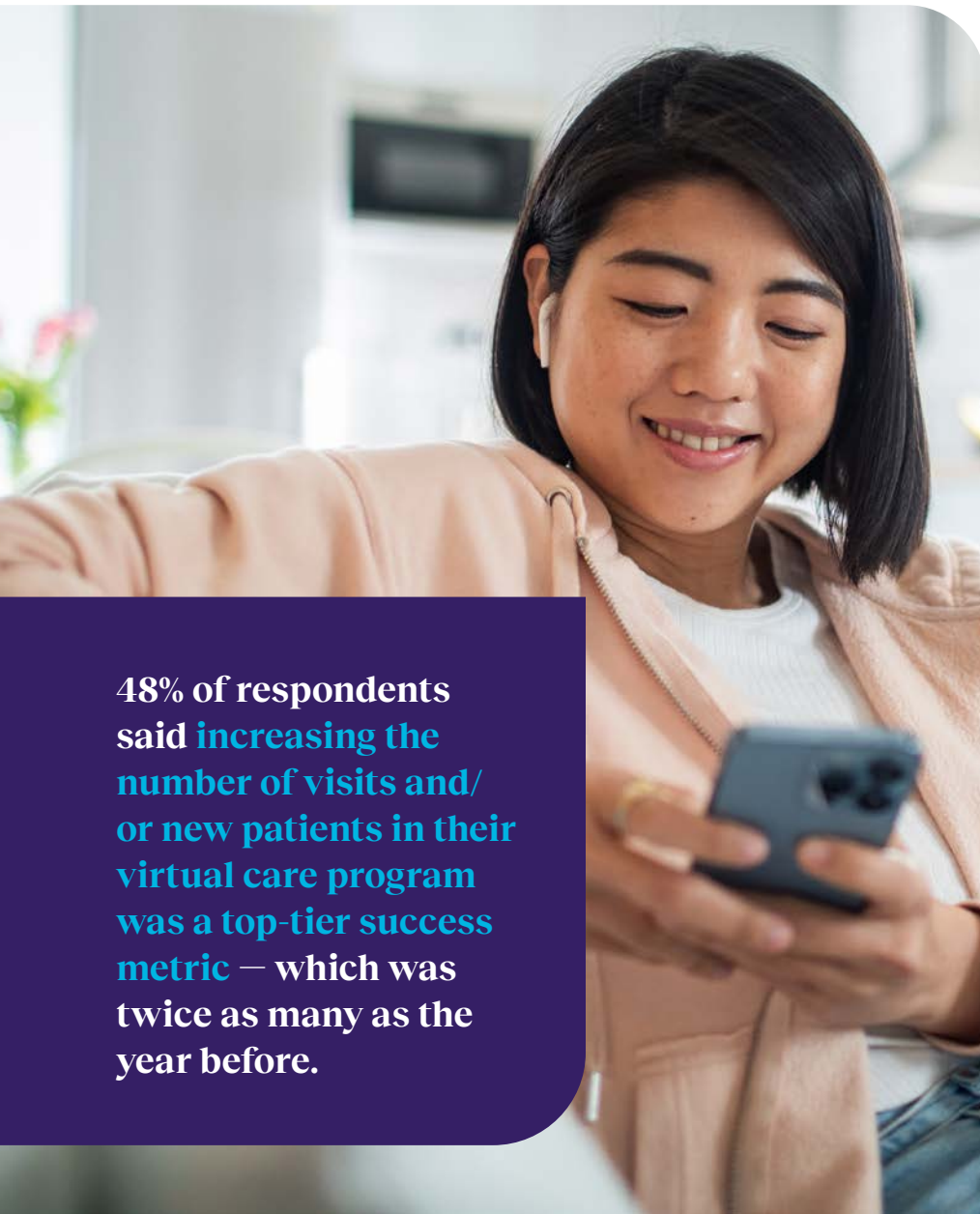
The elevated belief in the amount of care that can be provided virtually occurred in a year when many hospitals and health systems experienced volume growth within their virtual care programs.

Approximately one in five (21%) respondents work at organizations where virtual care accounted for more than 25% of total patient visits (see Figure 7), up from just 9% last year.

**FIGURE 7: PERCENTAGE OF TOTAL PATIENT VISITS THAT WERE DELIVERED VIRTUALLY**

●  $\leq 10\%$  ● 11% to 25% ● 26% to 50% ●  $> 51\%$





**48% of respondents said increasing the number of visits and/or new patients in their virtual care program was a top-tier success metric — which was twice as many as the year before.**

Responses to other questions suggest that the increased virtual care volume wasn't just a normal year-over-year variance but a product of organizational plans. Along with virtual care rising as a percentage of total care delivery, 48% of respondents said increasing the number of visits and/or new patients in their virtual care program was a top-tier success metric — which was twice as many as the year before.

There are also signs that **organizations are managing and evaluating their programs based on lessons learned from increased patient volume.** For example, non-integrated, standalone virtual care solutions tend not to scale well because they often require redundant data entry and/or do not give clinicians complete patient data because they are not synced with the electronic health record (EHR), enterprise content management or other systems. In 2023, 55% of respondents said it was important to have bidirectional integration between their telehealth solution and EHR. In 2024, when virtual care volumes were higher among most respondents, 75% of respondents considered bidirectional integration important.

There was also a spike in respondents who think it is very important to have clinician training available from their telehealth solution provider — 36% in 2024 compared to 22% in 2023. Organizations may be valuing training more highly because **they want more of their clinicians to be able to provide virtual care across more service lines, use cases and locations.**

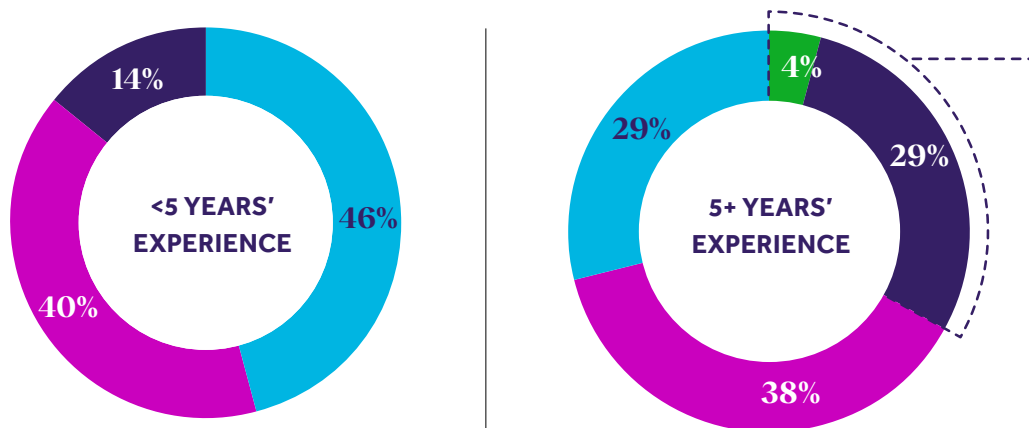
# What might change besides patient volume?

Except for the pandemic years, **most organizations managed telehealth programs by slowly testing and rolling out new services while managing incremental expansion.** That has kept virtual care adoption and utilization growth steady in scale and breadth. Throughout this time, providers have continually adjusted how they staff, manage and evaluate their telehealth programs and integrate them within overall care delivery. **With organizations now supportive of conducting more patient interactions virtually, what changes will they be making to facilitate the new scale?**

For clues, we compared hospitals that are most experienced in providing virtual care (defined as having programs in place for at least five years) to all others that currently provide care virtually. As a group, the more experienced providers complete a higher percentage of their patient visits virtually (Figure 8), which means many are at a level that many other hospitals and health systems are trying to reach. As noted, five-plus-year respondents also have more confidence than other respondents that higher virtual care delivery levels are attainable. They also have a higher opinion of virtual care quality (40% of five-plus-year respondents think virtual care is superior, compared to 19% of less than or equal to five-year respondents).

**FIGURE 8: PERCENTAGE OF PATIENT VISITS PROVIDED VIA TELEHEALTH IN 2024 – BASED ON ORGANIZATIONAL EXPERIENCE**

● ≤ 10% ● 11% to 25% ● 26% to 50% ● > 51%



**1/3**

**of respondents with at least 5 years of telehealth experience completed more than 25% of their patients virtually in 2024, compared to 14% of others.**

## Increased experience and volume for maximum ROI

**For more experienced providers, higher percentages of virtual care delivery have helped produce better returns on virtual care investments.** The five-plus-year respondents were twice as likely (35% vs. 17%) than others to have reported better than 10% return on investment from their telehealth program in the past year (see Figure 9). Although more five-plus-year respondents are getting better returns than those with less experience, they are less likely to rate ROI as one of the most important indicators of virtual care program success.

**FIGURE 9: TELEHEALTH ROI – BASED ON ORGANIZATIONAL EXPERIENCE**

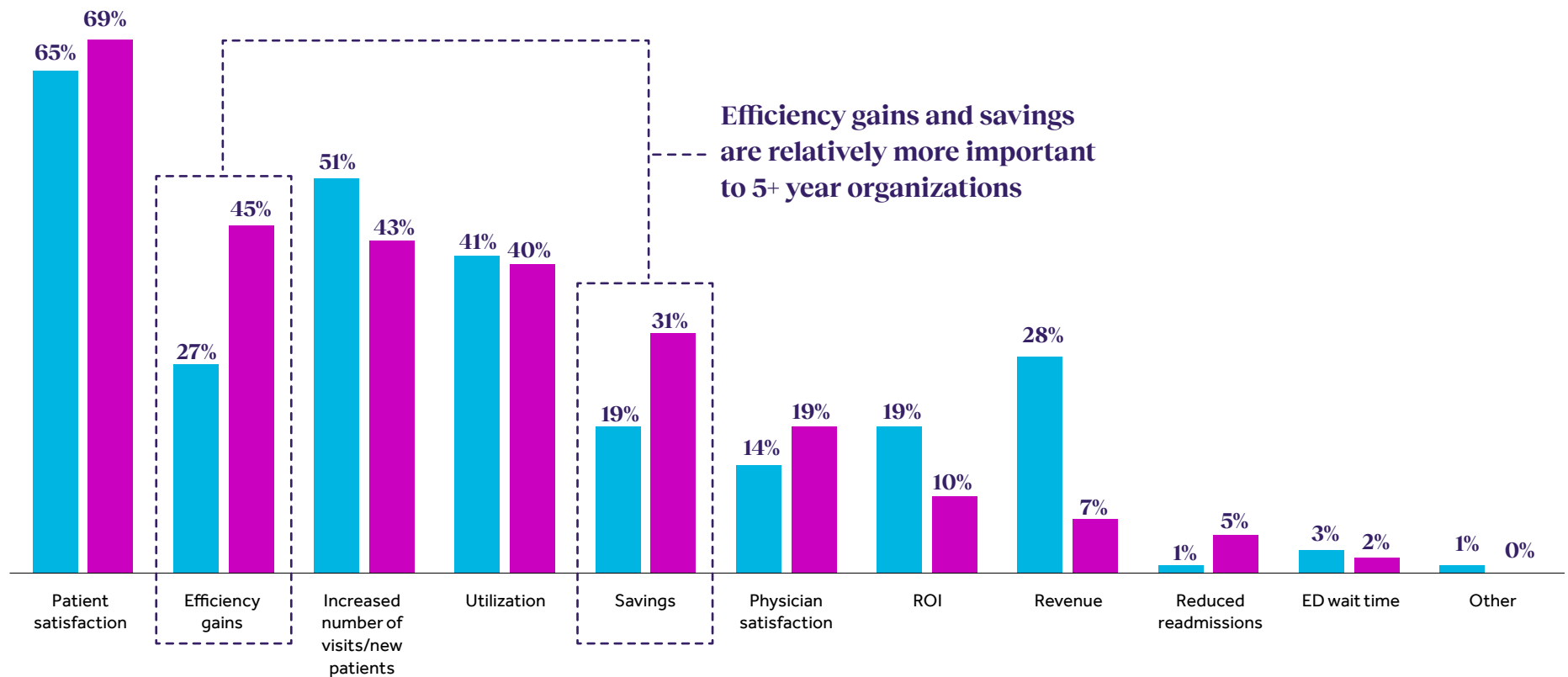
● <5% ● 5% to 10% ● 10% to 15% ● 15% to 20% ● >20%



**The more experienced respondents are getting better ROI but appear less focused on it.** The percentage of respondents in each experience category that rate various factors in their top tier of success metrics (see Figure 10). Only 10% of the most experienced respondents rate ROI as one of their top-tier metrics, compared to 19% of others. However, overall savings and efficiency are more important to those that are more experienced. Less experienced respondents place relatively more value on increasing revenue and patient visits/new patients – which strongly signals the desire to scale.

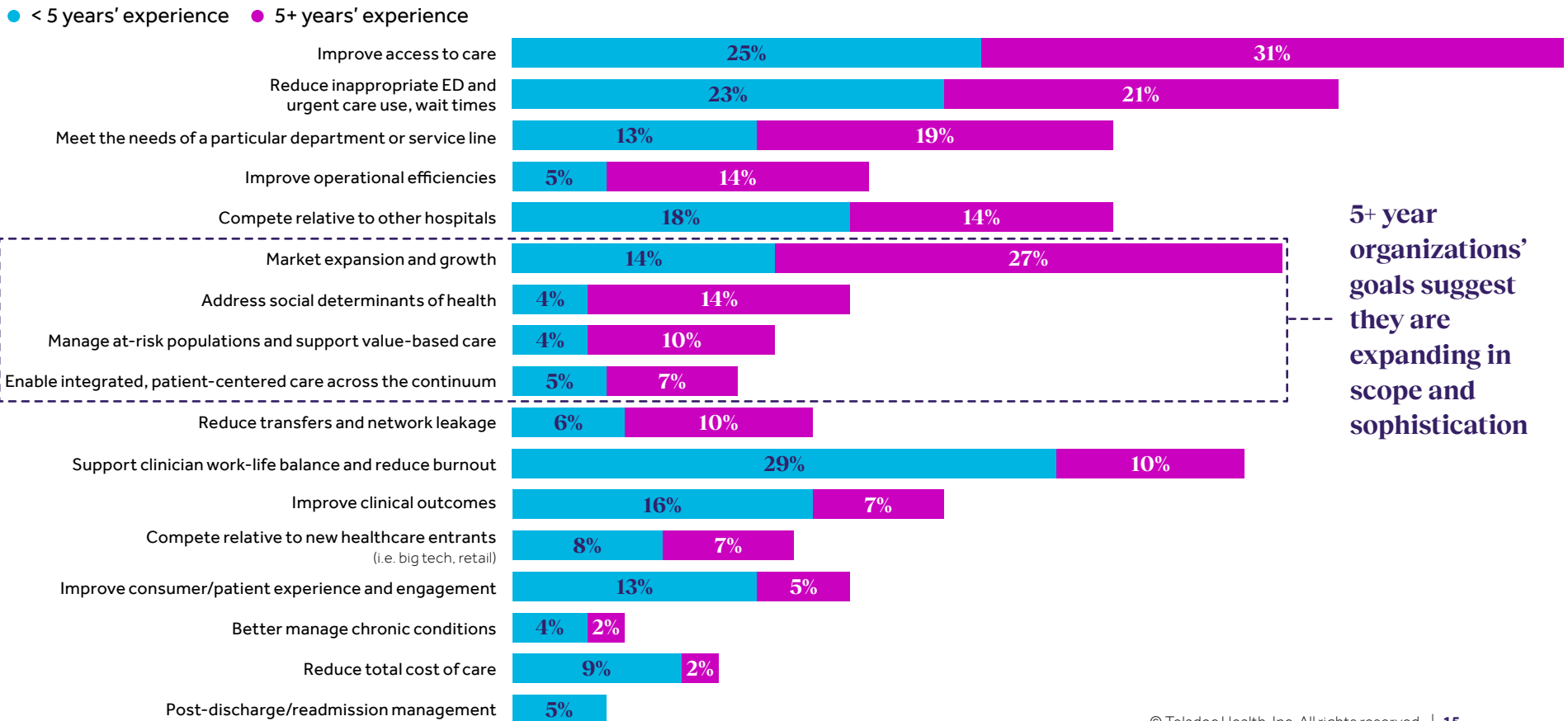
**FIGURE 10: MOST IMPORTANT SUCCESS METRICS FOR PROGRAMS PLUS OR MINUS 5 YEARS IN OPERATION**

● < 5 years' experience ● 5+ years' experience



Some similar divisions exist in program goals (Figure 11), which can correlate to success metrics. **The five-plus-year respondents, many of which are already using telehealth at a larger scale than other hospitals, are notably more likely to make market expansion and growth a top goal for their telehealth programs** (27% ranked it their first or second goal, compared to 14% of less-than-five-year respondents) and also have higher expectations for telehealth to improve operational efficiencies. Conversely, **respondents with less than five years of experience are much more likely to have improving clinician work-life balance as one of their top two telehealth program goals.**

**FIGURE 11: MOST OR SECOND-MOST IMPORTANT GOALS BY RESPONDENT EXPERIENCE**





The 5-plus-year respondents are nearly three times more likely to cite addressing social determinants of health as a leading goal for virtual care (14% vs. 4%). They are also more likely to give virtual care a measurable role in managing at-risk patient populations, supporting value-based care (VBC) and enabling integrated patient-centered care across the continuum. Taken together, these goals suggest **more experienced programs are expanding in scope and sophistication** in ways that can help hospitals achieve whole-person care.

When goal responses are weighted and averaged, improving access to care is the top-ranked goal among both demographic groups, consistent with all previous surveys. Similarly, patient satisfaction remains the most important telehealth program success metric among all respondent demographics.

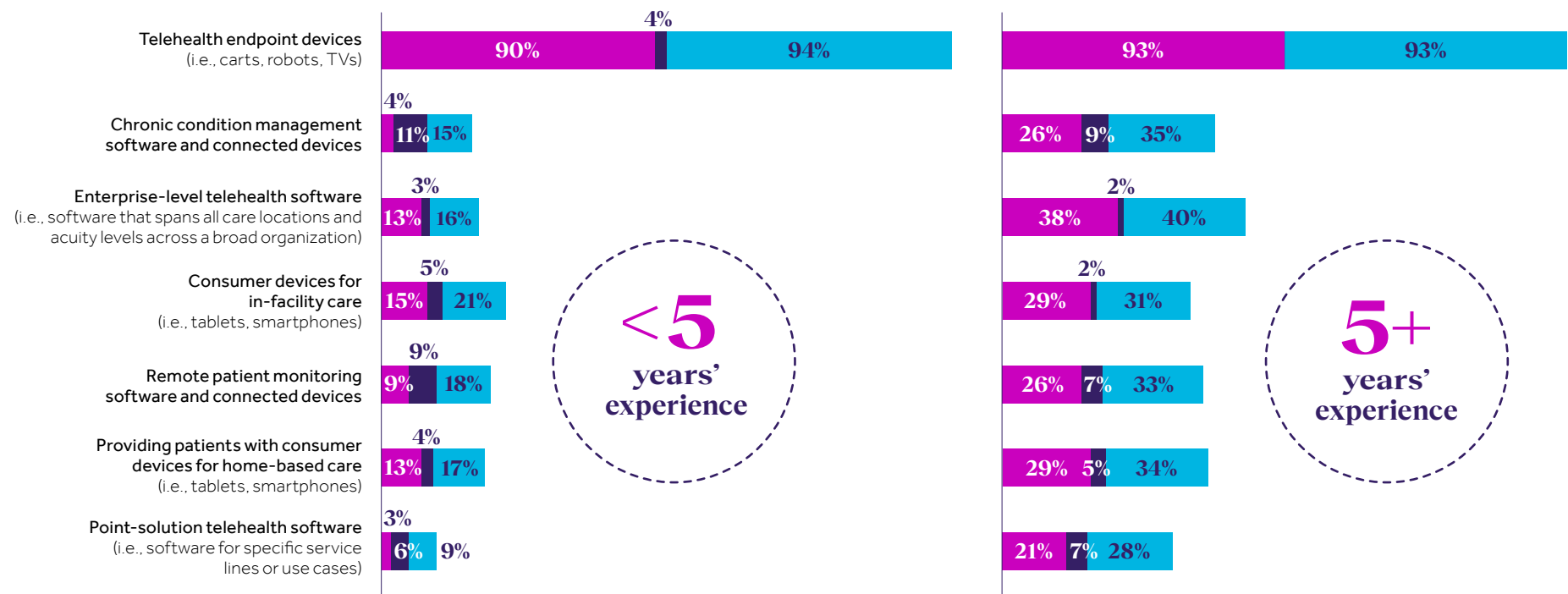
**The more experienced providers are nearly 3x more likely to be using enterprise-level telehealth software, and they have adopted all the technologies presented at higher rates than other organizations.**



**The virtual care infrastructures that experienced hospitals and health systems are building support the idea that they are taking a more comprehensive approach to care.** As Figure 12 shows, the more experienced providers are nearly three times more likely to be using enterprise-level telehealth software, and they have adopted all the technologies presented at higher rates than other organizations. The disparities are especially strong for technology deployments to support home care.

**FIGURE 12: TELEHEALTH TECHNOLOGIES IN PLACE AND PLANNED IMPLEMENTATIONS - BASED ON RESPONDENT EXPERIENCE**

● Currently in place ● Implementing within the next 12 months ● Total have in place or will be implementing



## Conclusion

There are many hospitals and health systems within each stage of the telehealth maturity spectrum. Overall adoption growth has slowed as more organizations have advanced from their initial implementation and are now managing and scaling more mature programs. This environment supports many virtual care use cases and technologies. Ever-increasing telehealth maturity, new innovations (especially around AI), changing patient preferences and new pressures on the healthcare system will continue to take telehealth in new directions.

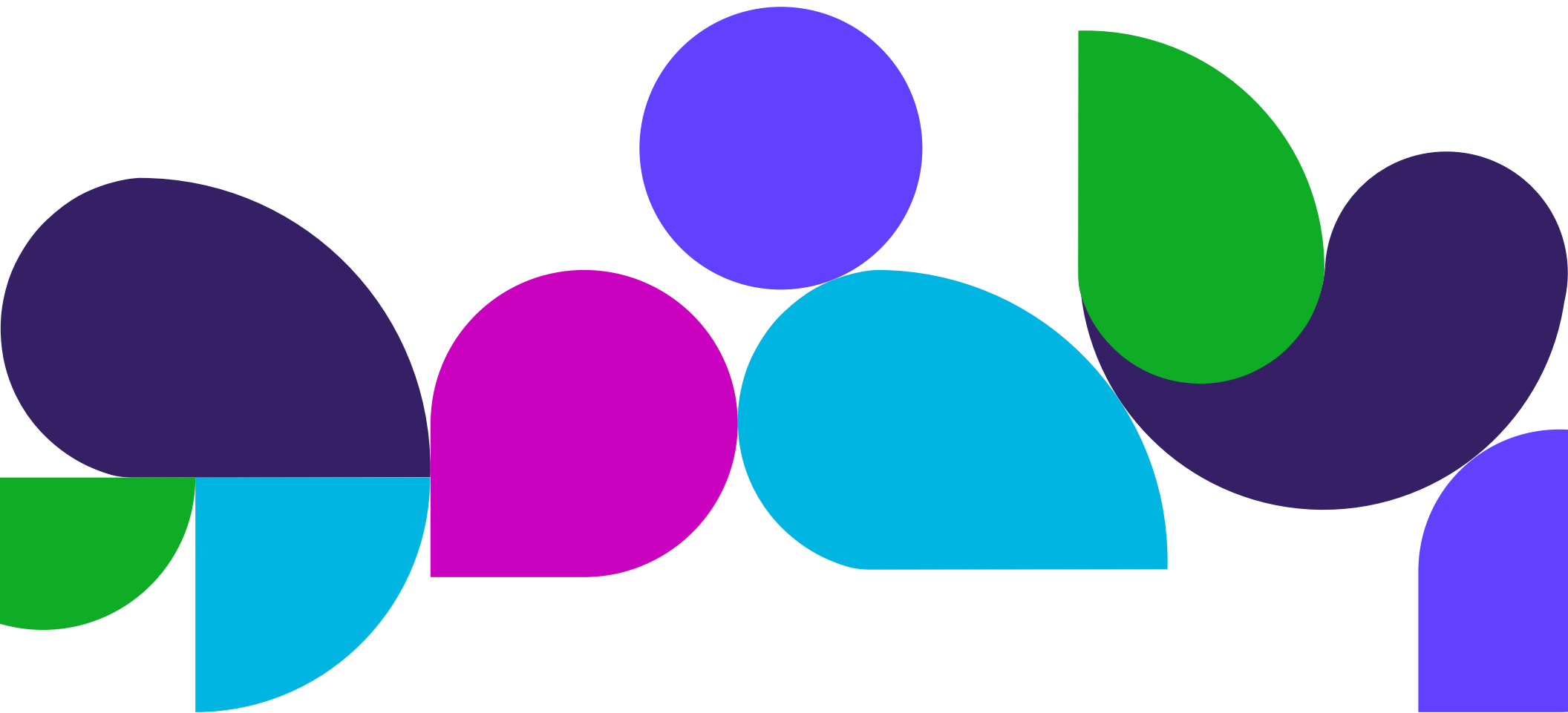




## Embracing new possibilities

Recent years have changed what's possible with telehealth, for the services that can be provided and the expectations for the scope and quality of care that can be achieved. The focus on what's possible shouldn't cause organizations to lose sight of an unchanging telehealth fundamental: the key to virtual care program success is for the hospital or health system to identify and refine the use cases that best support its workforce and patient needs. That holds true whether the organization is planning to roll out an entirely new virtual care practice area, introduce artificial intelligence into an existing one, or make a small, iterative change in care delivery. Whatever organizations are planning today, there is likely a telehealth solution to enable it and an experienced partner available to help.

Teladoc Health helped bring virtual care into the mainstream since its founding more than 20 years ago. Teladoc Health empowers all people everywhere to live their healthiest lives by transforming the healthcare experience. As the world leader in whole-person virtual care, Teladoc Health uses proprietary health signals and personalized interactions to drive better health outcomes across the full continuum of care, at every stage in a person's health journey. Teladoc Health leverages more than two decades of expertise and data-driven insights to meet the growing virtual care needs of consumers and healthcare professionals. For more information, please visit [teladochealth.com](https://teladochealth.com).



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