

A background image of a female physician with dark hair and glasses, wearing a white lab coat and a stethoscope. She is looking down and to the right with a slight smile. The image has a dark, purple-blue overlay.

Patient-Facing Telehealth: Use Is Higher Than Pre-Pandemic But With Great Variation Across Physician Specialties

Policy Research Perspectives

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Executive summary

Based on data from the American Medical Association's Physician Practice Benchmark Surveys, this Policy Research Perspective (PRP) shows that the use of telehealth in physician practices increased dramatically during the COVID-19 pandemic and, despite a drop off since then, remains much more widely used than before. It also compares patient-facing 2024 telehealth use among physicians in practices with different ownership structures and presents novel estimates on the reasons why physician practices are not using telehealth. Lastly, it compares the weekly use of telehealth across physician specialties based on data from the Benchmark Survey and complements that with estimates based on Medicare claims.

The percentage of physicians in practices that used telehealth increased from 25.1 percent in 2018 to 79.0 percent in 2020 and remained high, at 71.4 percent, in 2024. The pattern for videoconferencing for patient visits was similar. It was used in the practices of 14.3 percent of physicians in 2018, 70.3 percent in 2020, and 63.2 percent in 2024. In contrast, although remote patient monitoring was used in the practices of fewer physicians (20.3 percent in 2024), this was similar to the 2020 and 2022 shares and about double the share in 2018. Physicians also reported a sharp uptick in practice use of telehealth to manage patients with chronic disease between 2018 and 2020, rising from 9.9 percent to 59.2 percent of physicians, and then decreasing to 52.5 percent in 2024. Patterns in the use of telehealth to diagnose or treat patients, provide care to patients with acute disease, and provide preventative care were similar. The use of telehealth to provide after-hours care, though mentioned by fewer physicians, only 22.9 percent in 2024, was almost unchanged from 2020.

Physicians in hospital-owned practices were more likely to report the use of videoconferencing with patients, audio-only patient visits, and remote patient monitoring than physicians in private practice. The differences were particularly large for videoconferencing with patients, with 73.5 percent

of physicians in hospital-owned practices reporting that this modality was used in their practice compared to only 58.3 percent of physicians in private practice. Further, this practice ownership differential was observed in most of the specialties analyzed.

The reason cited most often by physicians for why their practices were not using videoconferencing or audio-only for patient visits in 2024 was that those modalities were not relevant to the specialties in their practice. Sixty-one percent of physicians reported that to be the case but this share varied greatly by specialty. In practices where videoconferencing and audio-only visits were not used but were relevant to the specialties in those practices, the leading reason for their lack of use, reported by 60.0 percent of physicians, was that physicians preferred to treat patients in person. Further, although financial considerations were not the leading reasons for either ownership category, they were cited more often by physicians in private practice than physicians in hospital-owned practices.

This PRP also shows that the weekly use of telehealth decreased between 2020 and 2024. In the week prior to completing the 2024 Benchmark Survey, half of physicians provided at least some videoconference visits, lower than 59.1 percent in 2020. Less than 10 percent of physicians provided more than 20 percent of their weekly visits through this method in 2024 compared to 16.1 percent in 2020.

Supported by both data from the Benchmark Survey and Medicare Physician Fee Schedule claims data, psychiatrists are the high outlier. From the Benchmark Survey, well over half of physicians in that specialty provided more than 20 percent of weekly visits via videoconferencing. From Medicare claims, 31.2 percent of telehealth eligible spending provided by psychiatrists was billed as telehealth compared to a mean of 3.7 percent among all physicians.

Introduction

As has been well documented based on a wide range of data sources, telehealth was rarely used by physicians prior to the COVID-19 pandemic, increased dramatically in use in 2020, and, despite a drop off since then, remains much more widely used than before. For example, based on encounter data from a large electronic medical record vendor, telehealth accounted for less than 1 percent of visits in 2019, 31.2 percent in Q2 2020, and 5.8 percent in Q3 2023 (Bartelt, Piff, Allen, and Barkley, 2023). Further, among Medicare Part B fee-for-service (FFS) beneficiaries who received a service that could have been provided via telehealth, the percentage who did receive a service via telehealth increased from 6.9 percent to 46.7 percent between Q1 and Q2 2020 and has since fallen to around 13 percent, remaining relatively constant from Q2 2023 to Q4 2024 (Centers for Medicare & Medicaid Services, 2025). In addition, the percentage of Medicare Physician Fee Schedule (MPFS) spending from telehealth increased from effectively 0 before the pandemic, to 15.6 percent in April 2020, and has remained at around 3 percent from February 2022 to March 2025 (internal analysis of quarterly MPFS claims data).

Still, there is scant published research that examines the frequency with which physicians use telehealth and, especially, how this differs across physician specialties (Kane and Gillis, 2018; Kane, 2023b; Zhang, Lal, Chandra, and Swint, 2025). Using data from the American Medical Association's (AMA) Physician Practice Benchmark Surveys and Medicare claims data, this Policy Research Perspective (PRP) addresses that gap. The PRP also examines differences in the use of telehealth across practice ownership categories and the reasons why physicians' practices aren't using telehealth.

Based on data from the Benchmark Surveys, the percentage of physicians in practices that used telehealth increased from 25.1 percent in 2018 to 79.0 percent in 2020 and remained high, at 71.4 percent, in 2024. Patterns for videoconferencing with patients and audio-only visits with patients followed a similar pattern, with the percentage of physicians in practices that used each method at 70.3 percent and 66.6 percent, respectively, in 2020, then falling to 63.2 percent and 53.3 percent in 2024. In contrast, remote patient monitoring was used in the practices

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of a similar share of physicians (around 20 percent) in 2020, 2022, and 2024.

Telehealth can be used for a variety of functions and to treat a variety of patient populations. Most asked about in the Benchmark Surveys showed a marked increase in 2020, a decrease after that, but with 2024 use that was much higher than before the pandemic. For example, the share of physicians in practices that used telehealth to manage patients with chronic disease increased from 9.9 percent in 2018 to 59.2 percent in 2020 and then fell to 52.5 percent in 2024.

The Benchmark Survey also shows that telehealth was used less often in private practices than in hospital-owned practices. While 79.7 percent of physicians in hospital-owned practices said their practice used telehealth, only 68.4 percent of physicians in private practice said the same. There were similar patterns across practice ownership for videoconferencing with patients (15 percentage points higher among physicians in hospital-owned practices), audio-only patient visits (9 percentage points), and remote patient monitoring (7 percentage points).

The data suggest that physician preference to see patients in person was a leading reason for why telehealth was not used. In practices in which the use of telehealth was relevant to their component specialties, physician preference for in-person visits was cited more than twice as often as any other reason for its lack of use. Still, financial considerations – both the cost of implementation and inadequate reimbursement – appeared to be factors that

resonated more with physicians in private practice than physicians in hospital-owned practices.

Physicians conducted patient visits via videoconferencing and audio-only less frequently in 2024 than they did in 2020. For example, in 2024, 49.6 percent of physicians provided a videoconference visit

in the week prior to being surveyed compared to 59.1 percent of physicians in 2020. Although there were several medical and surgical subspecialties that were relatively high users of those modalities, psychiatry stood out. In 2024, 85.9 percent of psychiatrists had provided a videoconference visit in the prior week.

Data and methodology

The AMA's Physician Practice Benchmark Survey – conducted on a biennial basis since 2012 – is a nationally representative survey of physicians who have completed residency, provide patient care for at least 20 hours per week, are not employed by the federal government, and practice in one of the 50 states or the District of Columbia (Kane, 2025). Although its focus is on practice arrangements and payment methodologies, it includes several questions that relate to telehealth. First in this series, physicians are asked if telehealth is used in their practice. Telehealth is defined as

“the use of technology as an alternative to an in-person encounter with a health care professional. The most common telehealth modalities are: interactive videoconferencing, phone calls to conduct patient visits, “store and forward” of data (e.g., x-rays, scans, or photos), and remote patient monitoring (e.g., for collecting health data such as blood sugar levels).”

Physicians who report the use of telehealth in their practice are then asked whether a variety of modalities are used. This PRP reports on the following patient-facing modalities:

- Videoconferencing with patients
- Audio-only patient visits
- Remote patient monitoring.²

Physicians are also asked to select from a variety of functions for which telehealth might be used. This PRP reports on the following patient-facing functions:

- Managing patients with chronic disease
- Providing care to patients with acute disease
- Providing preventative care
- Diagnosing or treating patients
- After-hours care³

Physicians whose practices use neither video nor audio-only calls for patient visits are asked to select from five possible reasons why not. The reasons include:

- Lack of interest from patients
- Not relevant to the work of the specialties in my practice
- Not sufficiently reimbursed
- Practice physicians prefer to treat patients in person
- Too expensive to implement⁴

Lastly, physicians who report the use of video or audio-only calls for patient visits in their practice are asked to enumerate how many of their visits with patients in the prior week (a question asked earlier in the survey) were provided by video or audio.⁵ This PRP uses that information to calculate the share of visits provided remotely, the percentage of physicians who fall above or below certain thresholds in that share, and the mean number of remote visits.

1 In each year, no more than 1% of physicians answered “don’t know” to whether telehealth was used in their practice.

2 The Benchmark Survey also asked about store and forward of data and videoconferencing with other healthcare professionals but those results are not reported here. The order of the options was randomized but video and audio-only patient visits were kept as sequential options. Across years, the percentage of physicians who answered “don’t know” was around 7% for remote patient monitoring, under 1% for videoconferencing, and under 2% for audio-only visits.

3 The Benchmark Survey also asked about two functions that are not patient facing: getting a second opinion from another health care professional and having a specialty consultation with another health care professional. The order of the options for this question was randomized but those for chronic disease, acute disease, and preventative care were kept together as were the two options that were not patient-facing. An “other” reason was also included and always appeared last.

4 The order of the options was randomized. An “other” reason was also included and always appeared last.

5 In the visits question, physicians were instructed to enumerate patient visits in all settings (e.g., office-based, outpatient, inpatient, emergency room, telehealth) and to count each time they saw a patient as a separate visit.

Top level trends in use and function between 2018 and 2024

The share of physicians in practices that used telehealth rose from just over one-quarter in 2018 to 79.0 percent in 2020 ([Exhibit 1](#)). Since then, this percentage has fallen by a few percentage points per survey period to 74.4 percent in 2022 and 71.4 percent in 2024. There was a similar pattern in the use of videoconferencing for patient visits, which was used in the practices of only 14.3 percent of physicians in 2018, rising to 70.3 percent in 2020, and since falling to 66.3 percent in 2022 and 63.2 percent in 2024. The trends for remote patient monitoring were different. It was used in the practices of 20.3 percent of physicians in 2024, very similar to the shares in 2020 and 2022 and about double the share in 2018.

In 2024, more than half of physicians said their practices were using telehealth to manage patients with chronic disease (52.5 percent) or to diagnose or treat patients (48.5 percent) ([Exhibit 2](#)). Forty percent of physicians were in practices that used telehealth to provide care to patients with acute disease and 25.0 percent were in practices that used it to provide preventative care. These percentages were lower than in 2020 by around 7 (chronic disease) and 10 (each of the other functions) percentage points. The use of telehealth to provide after-hours care, though mentioned by many fewer physicians, only 22.9 percent in 2024, was almost unchanged from 2020. For the functions that were included in the 2018 Benchmark Survey (chronic disease, diagnose or treat, after-hours care), the 2024 shares were much higher than those for 2018.

Differences across practice ownership in 2024

The use of telehealth differs across practice ownership categories ([Exhibit 3](#)). Physicians in hospital-owned practices were more likely to report the use of telehealth than physicians in private practice, with differences ranging from 7 percentage points for remote patient monitoring to 15 percentage points for videoconferencing with patients. The use of

telehealth among physicians who were directly employed by or who contracted directly with a hospital was, except for remote patient monitoring, even lower than among private practice physicians.⁶ This is not surprising because the specialties that have the highest percentage of physicians with a direct employment or contracting relationship with a hospital are emergency medicine, anesthesiology, and radiology (Kane, 2023a), specialties for whom the use of videoconferencing and audio-only visits are not typically relevant.

In addition, there are differences in the use of telehealth between private and hospital-owned practices on a specialty level, particularly for videoconferencing ([Exhibit 4](#)). In six of the eight broad specialty groups compared, the percentage of physicians in private practice who reported the use of videoconferencing in their practice was statistically different (lower) than among physicians in the same specialty in hospital-owned practices. For example, 78.9 percent of primary care physicians in hospital-owned practices compared to only 70.1 percent of primary care physicians in private practice said that their practice used videoconferencing with patients, a 9 percentage point difference. Although for most specialties the use of audio-only patient visits and remote patient monitoring also appeared lower in private practices, the differences were less often statistically significant than those for videoconferencing.

Reasons for not using telehealth in 2024

Physicians whose practices were not using video or audio-only calls for patient visits were asked to select from five possible reasons why they were not. The reason selected most often, by 60.6 percent of physicians, was that remote visits were “not relevant to the work of the specialties in my practice” ([Exhibit 5](#)). Next most cited was “physicians prefer to treat patients in person,” at 36.7 percent. “Not sufficiently reimbursed” and “lack of interest from patients” were each cited by around 14 percent of physicians and “too expensive to implement” by 7.2 percent. As expected, there was wide variation across specialty in the share of

⁶ In 2024, 42.2% of physicians were in private practice, 34.5 percent were in hospital-owned practices, 12.2% were direct employees of or contracted directly with a hospital, 6.5% were in private equity-owned practices, and 4.6% fell into some other category (Kane, 2025). In Exhibit 3, the latter two categories are combined.

physicians who selected “not relevant,” with a high of 82.3 percent among anesthesiologists, emergency medicine physicians, and radiologists (combined) compared to a much lower share of around 40 percent for medical specialists and primary care physicians.⁷

Focusing only on physicians in practices where remote visits were relevant ([Exhibit 6](#)), the most cited reason was “physicians prefer to treat patients in person,” by 60.0 percent of physicians, followed by “not sufficiently reimbursed” (25.0 percent), “lack of interest from patients” (20.5 percent), and “too expensive to implement” (13.4 percent). Although these reasons were ranked in the same order by medical specialists, primary care physicians, and surgeons, there were differences across specialties in terms of how frequently some of the choices were selected. Namely, primary care physicians and surgeons were around 5 percentage points more likely than medical specialists to indicate that physician preference was a factor and were 9 and 5 percentage points more likely to say that the cost of implementation was a factor, respectively.

Reasons for not seeing patients remotely also differed between physicians in practices that were physician owned and those that were hospital owned. First, a larger percentage of physicians in hospital-owned practices indicated that remote visits were “not relevant,” 60.9 percent compared to 55.3 percent ([Exhibit 5](#)). This is not surprising given that practice ownership differs by specialty (Kane, 2025) and that telehealth has different applicability across specialties.

Focusing again on only physicians in practices where remote visits were relevant ([Exhibit 6](#)), more private practice physicians than physicians in hospital-owned practices indicated that physician preference was a reason, 66.6 percent compared to 54.2 percent. Private practice physicians were also more likely to cite non-sufficient reimbursement (26.1 percent compared to 20.7 percent) and the cost of implementation (14.9 compared to 7.2 percent).⁸

Focusing only on physicians in practices where remote visits were relevant ([Exhibit 6](#)), the most cited reason was “physicians prefer to treat patients in person,” by 60.0 percent of physicians

Weekly use of telehealth for patient visits **Changes between 2020 and 2024**

Physicians conducted patient visits via videoconferencing and audio-only less frequently in 2024 than they did in 2020 and 2022 ([Exhibit 7](#)). In 2024, 49.6 percent of physicians provided a videoconference visit in the week prior to being surveyed compared to 59.1 percent of physicians in 2020 and 53.9 percent in 2022. The percentage of physicians who had a high reliance on videoconferencing (for convenience, defined as more than 20 percent of visits) decreased from 16.1 percent to 9.3 percent over this period. Changes for audio-only visits were even larger, with the share of physicians who provided any visits via audio dropping from 56.4 percent to 40.9 percent. Considering both types of remote visits, the share of physicians who had a high reliance on some combination of them for patient visits decreased from 29.4 percent to 15.7 percent between 2020 and 2024.

Specialty differences in 2024, Benchmark Survey

The weekly use of videoconferencing for patient visits was, by far, most common among psychiatrists, 85.9 percent of whom had provided a video visit in the prior week (left half of [Exhibit 8](#)). Next were medical specialists (65.3 percent), primary care physicians (57.8 percent), and surgeons (41.8 percent). Among medical specialists, the use of videoconferencing for patient visits was most common among endocrinologists (of whom 84.0 percent provided a video visit in the prior week) and least common among cardiologists (58.6 percent).⁹ Among primary care physicians, family and

7 Results in Exhibit 5 are not shown for psychiatrists because so few of them were in practices not using video or audio-only visits.

8 Among physicians in practices in which telehealth was relevant, 27% of physicians selected more than one reason. Private practice physicians were more likely to select multiple reasons than physicians in hospital owned practices, 30% compared to 24% (data not shown).

9 Only subspecialties that had a sample size larger than 60 are shown in Exhibit 8. Smaller subspecialties are included in other medical specialties, other surgical specialties, or other specialties.

general practice physicians were more likely to have provided a video visit in the prior week than internists and pediatricians (63.3 percent compared to around 54 percent, respectively).

Further, while 56.9 percent of psychiatrists relied heavily on videoconferencing (as above, using the threshold of more than 20 percent of weekly visits), this was the case for only around 9 percent of medical specialists and primary care physicians and 2.9 percent of surgeons. Among the medical subspecialties broken out in [Exhibit 8](#), endocrinologists (13.3 percent), gastroenterologists (13.7 percent) and, especially, neurologists (21.8 percent) were relatively heavy users of videoconferencing. Among surgeons, only urologists (8.1 percent) fell into this category. Among primary care physicians, more than twice as many family and general medicine physicians and internists relied heavily on videoconferencing than pediatricians. On average, psychiatrists used videoconferencing for more than 20 patient visits per week. In contrast, the weekly means for the other seven broad specialty groups (e.g., medical specialties) depicted in [Exhibit 8](#) were each under 6 visits per week (data not shown).

Similar patterns are present when considering both videoconferencing and audio-only visits together (right half of [Exhibit 8](#)). First, 68.2 percent of psychiatrists provided more than 20 percent of their prior week visits through some combination of the two modalities. In addition, the other specialties that were relatively high users of videoconferencing or audio-only visits were the same as when considering videoconferencing alone: endocrinologists, gastroenterologists, and neurologists (among medical specialists); family and general medicine physicians and internists (among primary care physicians); and urologists (among surgeons).

Specialty differences in 2024, Medicare claims data

Looking at specialty differences in the frequency of remote visits with data from the Benchmark Survey

On average, psychiatrists used videoconferencing for more than 20 patient visits per week

has the advantage that it measures the provision of care to all patients regardless of what type of insurance they have (e.g., Medicare or commercial) or whether they are insured at all. However, the estimates and comparisons made in [Exhibit 8](#) reflect a combination of physician (or practice) preference for telehealth as well as underlying differences in the type of care that physicians provide and whether that care can be provided in a remote setting (i.e., much of the care that surgeons provide is procedural and cannot be provided on a remote basis, different than the care that psychiatrists provide). Medicare MFPS claims are used to supplement data from the Benchmark Survey because they can be limited to only services that are *eligible* to be billed (provided) as telehealth. This allows for a comparison across specialties of telehealth use in cases where it can be billed as such.¹⁰

[Exhibit 9](#) is based on the 5% MPFS claims data for each quarter of 2024 and includes two sets of information.^{11,12} First, it shows, on a specialty specific basis, the percentage of 2024 total MPFS spending from telehealth eligible services (see Centers for Medicare and Medicaid Services, 2024, for a list of eligible services).^{13,14} This is a measure of the frequency with which telehealth eligible services are provided relative to all the services provided by a specialty. Second, it shows the percentage of telehealth eligible spending (the numerator of the first column) that was billed as telehealth.

Across all physician specialties, 52.7 percent of total spending was from services eligible to be billed as telehealth.¹⁵ Not surprisingly, this share was much higher among primary care physicians (88.0

10 The author thanks Allen Hardiman, PhD and Apoorva Rama, PhD, both of the American Medical Association, for the analyses of Medicare claims data presented in this PRP.

11 For comparison purposes, Exhibit 9 includes the same specialty categories as Exhibit 8.

12 More specifically, the data used are the 5% quarterly Medicare Carrier Standard Analytic Files that capture FFS claims submitted by professional providers.

13 Total spending is measured by allowed charges, which include amounts paid by Medicare and any enrollee deductible or coinsurance.

14 96% of 2024 telehealth eligible spending for services provided by physicians was from Evaluation and Management services. 53% was from Office Visits and Telephone Calls.

15 Among non-physicians who bill under the MPFS this share was 69.4%. Among physicians and non-physicians together it was 57.1%.

percent) and psychiatrists (87.3 percent) than among surgeons (34.0 percent), with medical specialists falling in between (63.9 percent). Emergency medicine physicians had the highest share, 91.5 percent, because Emergency Department Visits are telehealth eligible. However, as we will see, their telehealth eligible services are seldom provided as such. Radiologists had the lowest share, 4.4 percent. Endocrinologists and nephrologists stand out among medical specialists with almost 90 percent of spending that was telehealth eligible.

In 2024, 3.7 percent of telehealth eligible spending for services provided by physicians was billed as telehealth.¹⁶ Across physician specialties, Medicare claims highlight similar patterns of telehealth utilization as the Benchmark Survey showed. Not surprisingly, the highest share of telehealth eligible spending that was billed as telehealth was for services provided by psychiatrists, 31.2 percent. Among services provided by physicians in medical specialties, the highest shares were for endocrinologists (8.5 percent), gastroenterologists (6.6 percent), and neurologists (7.3 percent). In contrast, the shares for cardiologists and nephrologists were much lower (just over 2 percent).

Among services provided by physicians in surgical specialties, one of the highest shares of telehealth eligible spending that was billed as telehealth was for urologists—3.8 percent. With a different takeaway than in the Benchmark data, this was exceeded by the share for obstetricians/gynecologists (4.2 percent). However, the service mix provided by this specialty to the Medicare FFS population is much different than that provided to the general population—it is absent of services related to pregnancy. Services provided by anesthesiologists also had a high percentage of telehealth eligible spending that was billed as telehealth (8.0 percent).

The Benchmark Survey and Medicare claims suggest that the use of telehealth is, compared to other specialties, relatively high among endocrinologists, gastroenterologists, neurologists, and urologists. Still, psychiatrists stand out as the specialty where it has taken the largest foothold. The different results from the two sources for anesthesiologists suggest that while most care provided by this specialty cannot be provided on a remote basis, that when they do provide such services, at least to Medicare patients, they use telehealth relatively often compared to other specialties.

Discussion

An article based on 2016 data considered telehealth “still the exception rather than the rule” (Kane and Gillis, 2018). That is no longer the case, but the extent of change since then depends on the measurements used. Is telehealth widely available for use by physicians? The answer to that question is a resounding “yes.” Based on data from the AMA’s Physician Practice Benchmark Survey more than 70 percent of physicians worked in practices that used telehealth in 2024 and more than 60 percent were in practices that used videoconferencing for patient visits. Both of those shares are much higher than prior to the COVID-19 pandemic (25.1 percent and 14.3 percent, respectively, in 2018) and not that far below the shares of 2020 (79.0 percent and 70.3 percent). The use of remote patient monitoring in physicians’ practices maintained its level of frequency even after the pandemic. Further, the share of physicians who

said their practice used telehealth to manage patients with chronic disease and to diagnose or treat patients in 2024 (around 50 percent), although somewhat lower than in 2020 (around 60 percent), remained much higher than in 2018 (around 10 and 16 percent, respectively). The availability of telehealth for after-hours care more than doubled to 22.4 percent in 2020 and has since remained at that level. The pandemic fundamentally changed the options and tools that physicians have available to them for providing patient care.

More than two years after the end of the federal Public Health Emergency for COVID-19 (U.S. Department of Health and Human Services, 2023), half of physicians provided at least some videoconference visits on a weekly basis in 2024. Still, less than 10 percent of physicians provided more

16 Among non-physicians who bill under the Medicare Physician Fee Schedule this share was 6.3%. Among physicians and non-physicians it was 4.5%.

than 20 percent of their weekly visits through this method. Although the use of videoconferencing was higher than average among primary care physicians (57.8 percent had provided a visit through this method in the prior week), the share relying heavily on that modality on a weekly basis was also under 10 percent. The same was true for medical specialists.

The strong outlier is psychiatry. In 2024, 85.9 percent of psychiatrists provided a videoconference visit in the prior week and 56.9 percent provided more than 20 percent of patient visits through that method. On average, psychiatrists used videoconferencing for more than 20 patient visits per week. In contrast, the weekly means for other broad specialty groups were under 6 visits per week.

This is corroborated by Medicare claims. In 2024, 3.7 percent of telehealth eligible spending for services provided by physicians was billed as telehealth. But, when looking at telehealth eligible spending for services provided by psychiatrists, 31.2 percent was billed as telehealth. Further, both data sources suggest that compared to other surgeons, urologists were relatively high users of telehealth, and compared to other medical specialists, endocrinologists, gastroenterologists, and neurologists were.

The Benchmark Survey also showed that telehealth was used less often in private practices than in hospital-owned practices, by a margin of 7 percentage points (remote patient monitoring) to 15 percentage points (videoconferencing with patients). For videoconferencing, private practice physicians in six of eight broad specialty groups were less likely to report the use of that modality in their practice than physicians in hospital-owned practices. This mirrors the results of other research. First, a paper based on 2021 data from the National Electronic Health Record Survey found that while 80 percent of physicians in practices with “physician or physician group” ownership said their practice used telemedicine tools, this was the case for at least 95 percent of physicians in other ownership settings (Pylypchuk and Barker, 2023). A paper based on the 2022-2023 National Survey of Healthcare Organizations and Systems reported that although “independent” primary care practices made up 25.4 percent of the sample, they accounted for only 21.2 percent of practices in the highest quartile of telehealth use (Mackwood, et al., 2025).

Although financial reasons were not their leading reason, physicians in private practice were more likely than those in hospital-owned practices to cite them by a margin of 5 (reimbursement) and 8 (implementation cost) percentage points.

The most common reason given by physicians for why their practices were not using videoconferencing or audio-only for patient visits in 2024 was that those modalities were not relevant to the specialties in their practice. Sixty-one percent of physicians reported that to be the case and this share was, not surprisingly, higher among anesthesiologists, emergency medicine physicians, and radiologists (82.3 percent) than among medical specialists and primary care physicians (around 40 percent).

Looking only at physicians in practices where videoconferencing and audio-only visits were not available but relevant provides better insight into the underlying drivers. Among that group, 60.0 percent of physicians indicated that a reason for the lack of use was that physicians preferred to treat patients in person. This reason was given more than twice as often as the lack of sufficient reimbursement (25.0 percent), lack of patient interest (20.5 percent) and implementation costs that were too expensive (13.4 percent).

Although financial reasons were not their leading reason, physicians in private practice were more likely than those in hospital-owned practices to cite them by a margin of 5 (reimbursement) and 8 (implementation cost) percentage points. Still, while the data suggest that financial aspects pose a greater barrier to the use of telehealth in private practice, the lower responses of physicians in hospital-owned practices may also reflect a lack of awareness of financial barriers if those physicians are not involved in practice management decisions around the investment in telehealth.

Private practice physicians were also 12 percentage points more likely to say that physician preference was a reason why videoconferencing and audio-only visits were not used in their practices. The lower reporting of physician preference as a reason among physicians in hospital-owned practices may partly reflect that they have less input into telehealth decisions made by practice management. It's not clear that physicians in the two ownership structures "think differently" about the use of telehealth.

A factor in the continued availability and use of telehealth even after the Public Health Emergency was a change in telehealth policies for the Medicare population that expanded where telehealth services could be received, which services were eligible for telehealth, and the providers who could provide

those services (U.S. Department of Health and Human Services, 2025). Although many private payers followed suit, telehealth policy differs across payers and further depends on state legislation (Center for Connected Health Policy, 2025). Effective September 30, 2025, some of the telehealth expansions that applied to the Medicare population expired and, as of this writing, it is not clear whether they will be reinstated. Further, it's uncertain whether private payer policy will move in the same direction. The extent to which estimates of telehealth utilization in the next (2026) Physician Practice Benchmark Survey resemble those for 2024 or trend toward pre-COVID levels depends on changes in policy, practices' reactions to those changes, and physician and patient preferences.

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References

Bartelt, K. Piff, A. Allen, S. Barkley, E. [Telehealth utilization higher than pre-pandemic levels, but down from pandemic highs](#). Epic Research. November 21, 2023.

Center for Connected Health Policy. [Policy trend maps](#). September, 2025. West Sacramento (CA).

Centers for Medicare & Medicaid Services. 2024. [List of telehealth services](#). Baltimore (MD).

Centers for Medicare & Medicaid Services. 2025. [Medicare telehealth trends report. Medicare FFS Part B claims data: January 1, 2020 to December 31, 2024, Received by May 02, 2025](#). Baltimore (MD).

Kane, CK. [Recent changes in physician practice arrangements: shifts away from private practice and towards larger practice size continue through 2022](#). Chicago (IL): American Medical Association; 2023a. Policy Research Perspective 2023-4.

Kane, CK. [Telehealth in 2022: availability remains strong but accounts for a small share of patient visits for most physicians](#). Chicago (IL): American Medical Association; 2023b. Policy Research Perspective 2023-7.

Kane, CK. [Physician practice characteristics in 2024: private practices account for less than half of physicians in most specialties](#). Chicago (IL): American Medical Association; 2025. Policy Research Perspective 2025-3.

Kane, CK. Gillis, K. [The use of telemedicine by physicians: still the exception rather than the rule](#). Health Affairs (Millwood). 2018;(37): 1923-1930.

Mackwood, M. et al. [Primary care practice factors associated with telehealth adoption in the United States: cross-sectional survey analysis](#). Journal of Medical Internet Research (JMIR Publications). 2025;(27): e70404.

Plypchuk, Y. Barker, W. [Use of telemedicine among office-based physicians, 2021](#). March 2023. ONC Data Brief No. 65. Office of the National Coordinator for Health Information Technology. Washington (DC).

U.S. Department of Health and Human Services. [COVID-19 public health emergency](#). Last updated December 15, 2023.

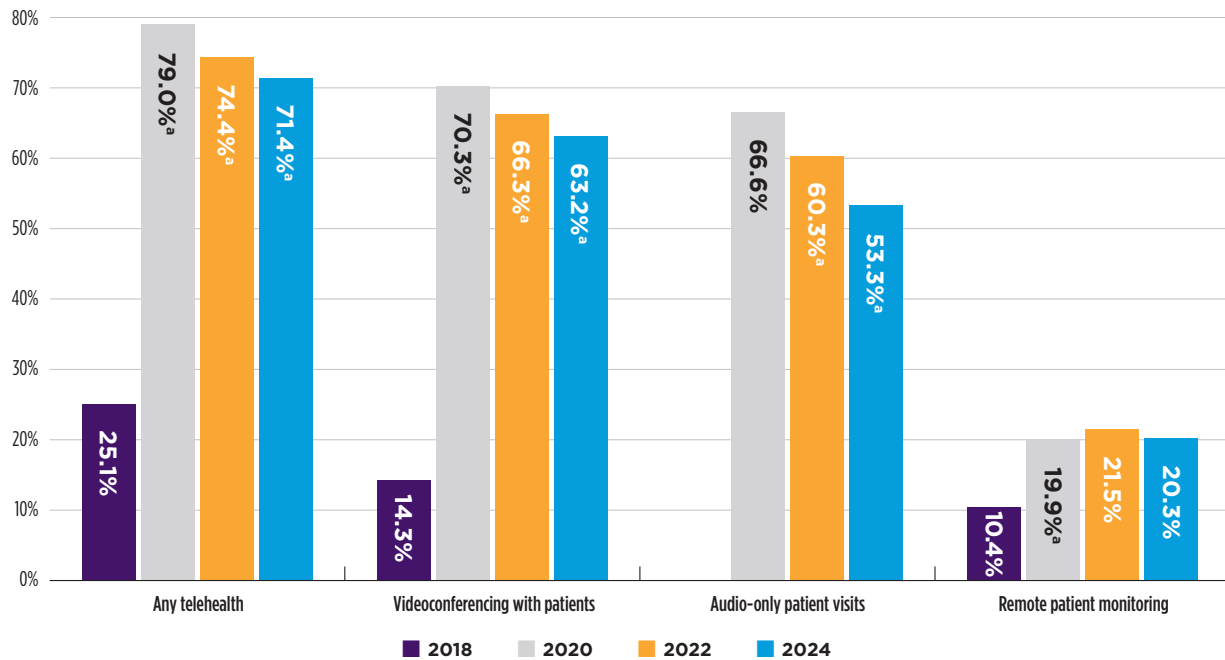
U.S. Department of Health and Human Services. [Telehealth policy updates](#). Last updated March 20, 2025.

Zhang, Y. Lal, LS. Chandra, S. Swint, JM. [Shifting patterns in primary care telehealth utilization among Medicare beneficiaries and providers](#). Journal of Primary Care & Community Health (Sage). 2025;(16): 1-9.

Exhibits

Exhibit 1.

Percentage of physicians in practices that use telehealth

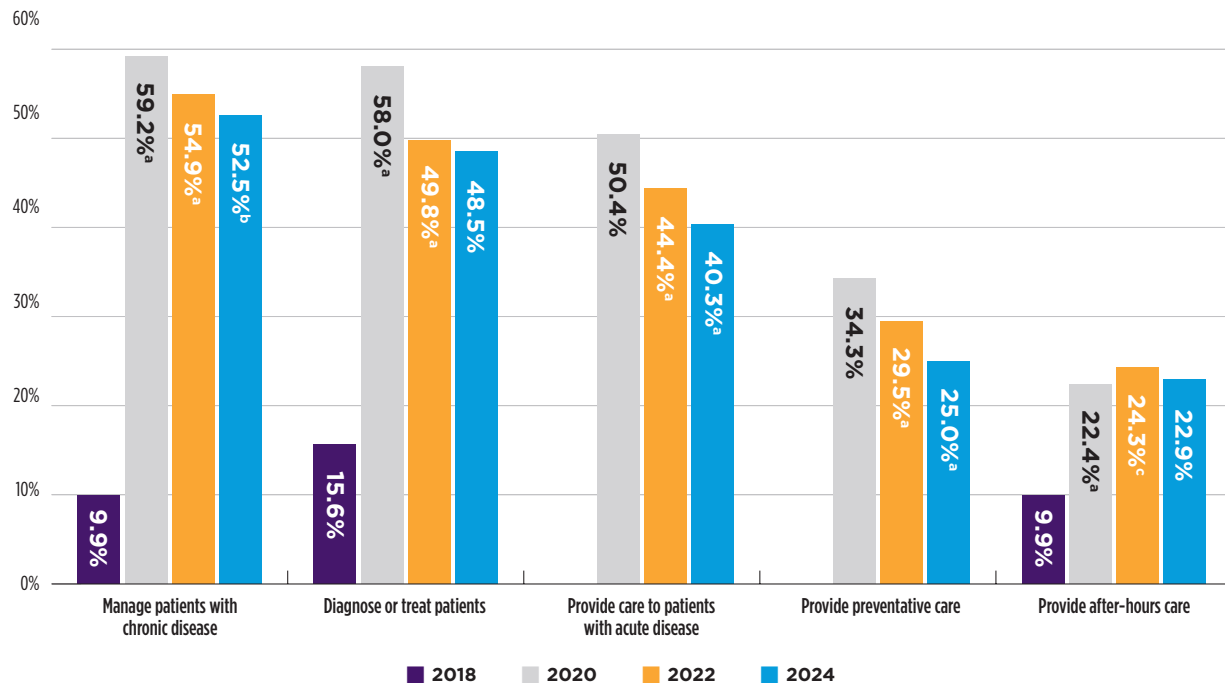


Source: Author's analysis of the AMA Physician Practice Benchmark Surveys.

Notes: Significance tests (t-tests) are within telehealth category and relative to the previous year. 'a' is $p < 0.01$, 'b' is $p < 0.05$, and 'c' is $p < 0.10$.

Exhibit 2.

Percentage of physicians in practices that use telehealth to ...



Source: Author's analysis of the AMA Physician Practice Benchmark Surveys.

Notes: Significance tests (t-tests) are within telehealth category and relative to the previous year. 'a' is $p < 0.01$, 'b' is $p < 0.05$, and 'c' is $p < 0.10$.

Exhibit 3.

Percentage of physicians in practices that use telehealth. Differences by practice ownership (2024)

Practice ownership	Any telehealth	Videoconferencing with patients	Audio-only patient visits	Remote patient monitoring	N
Private practice	68.4%	58.3%	51.7%	16.9%	2182
Hospital-owned	79.7% ^a	73.5% ^a	60.7% ^a	24.3% ^a	1678
Direct hospital employee/contractor	58.1% ^a	51.4% ^a	39.9% ^a	23.9% ^a	591
Other	71.4%	62.7% ^c	50.6%	17.6%	549
All physicians	71.4%	63.2%	53.3%	20.3%	5000

Source: Author's analysis of the AMA 2024 Physician Practice Benchmark Survey.

Notes: The "other" category includes insurer-owned, private equity-owned, and fill-in responses. Significance tests (t-tests) are within telehealth type and relative to private practice. 'a' is $p < 0.01$, 'b' is $p < 0.05$, and 'c' is $p < 0.10$.

Exhibit 4.

Percentage of physicians in practices that use telehealth. Differences by practice ownership and specialty (2024)

Specialty	Practice ownership	Videoconferencing with patients	Audio-only patient visits	Remote patient monitoring	N
Anesthesiology	Private practice	18.9%	20.2%	6.4%	139
	Hospital-owned	27.3%	30.8% ^c	8.1%	67
Emergency medicine	Private practice	25.8%	17.6%	5.3%	100
	Hospital-owned	41.1% ^b	29.3% ^c	15.2% ^b	80
Medical specialties	Private practice	73.5%	63.8%	29.1%	322
	Hospital-owned	84.7% ^a	66.8%	34.0%	383
Primary care	Private practice	70.1%	62.9%	20.7%	662
	Hospital-owned	78.9% ^a	64.2%	24.5%	567
Psychiatry	Private practice	94.9%	69.2%	16.9%	116
	Hospital-owned	92.4%	66.8%	26.2%	60
Radiology	Private practice	28.3%	31.3%	12.8%	75
	Hospital-owned	58.1% ^a	46.7%	29.8% ^b	34
Surgical specialties	Private practice	50.4%	46.8%	12.8%	615
	Hospital-owned	68.4% ^a	63.2% ^a	15.9%	347
Other specialties	Private practice	45.3%	40.5%	6.4%	153
	Hospital-owned	65.7% ^a	54.4% ^b	25.2% ^a	140
All physicians	Private practice	58.3%	51.7%	16.9%	2182
	Hospital-owned	73.5% ^c	60.7% ^a	24.3% ^a	1678

Source: Author's analysis of the AMA 2024 Physician Practice Benchmark Survey.

Note: Significance tests (t-tests) are within telehealth and specialty category and between the two ownership types. 'a' is $p < 0.01$, 'b' is $p < 0.05$, and 'c' is $p < 0.10$.

Exhibit 5.

Reasons why physicians' practices don't use videoconferencing or audio-only visits with patients (2024)

Reason not used	All physicians	Specialty				Practice ownership	
		Anesthesiology, emergency medicine & radiology	Medical specialties	Primary care	Surgical specialties	Hospital-owned	Private practice
Not relevant to the work of the specialties in my practice	60.6%	82.3%	40.6%	39.2%	58.5%	60.9%	55.3%
Physicians prefer to treat patients in person	36.7%	13.5%	49.2%	51.0%	53.3%	36.9%	42.7%
Not sufficiently reimbursed	15.3%	6.8%	22.0%	19.1%	20.9%	13.0%	18.0%
Lack of interest from patients	12.9%	2.8%	18.7%	16.8%	20.2%	14.2%	14.8%
Too expensive to implement	7.2%	2.7%	6.3%	11.8%	8.5%	4.6%	8.8%
Other	6.5%	5.3%	7.7%	8.2%	5.1%	10.0%	5.4%
N	1574	508	133	330	431	367	766

Source: Author's analysis of the AMA 2024 Physician Practice Benchmark Survey.

Notes: Estimates for psychiatry are not shown separately because so few physicians in that specialty were in practices that used neither videoconferencing nor audio-only visits. Although psychiatry and other specialties are not shown, they are included in the estimates for "all physicians." Similarly, although only the two largest ownership categories are shown, other ownership types are included in the estimates for "all physicians."

Exhibit 6.

Reasons why physicians' practices don't use videoconferencing or audio-only visits with patients, only physicians in practices where remote visits are relevant (2024)

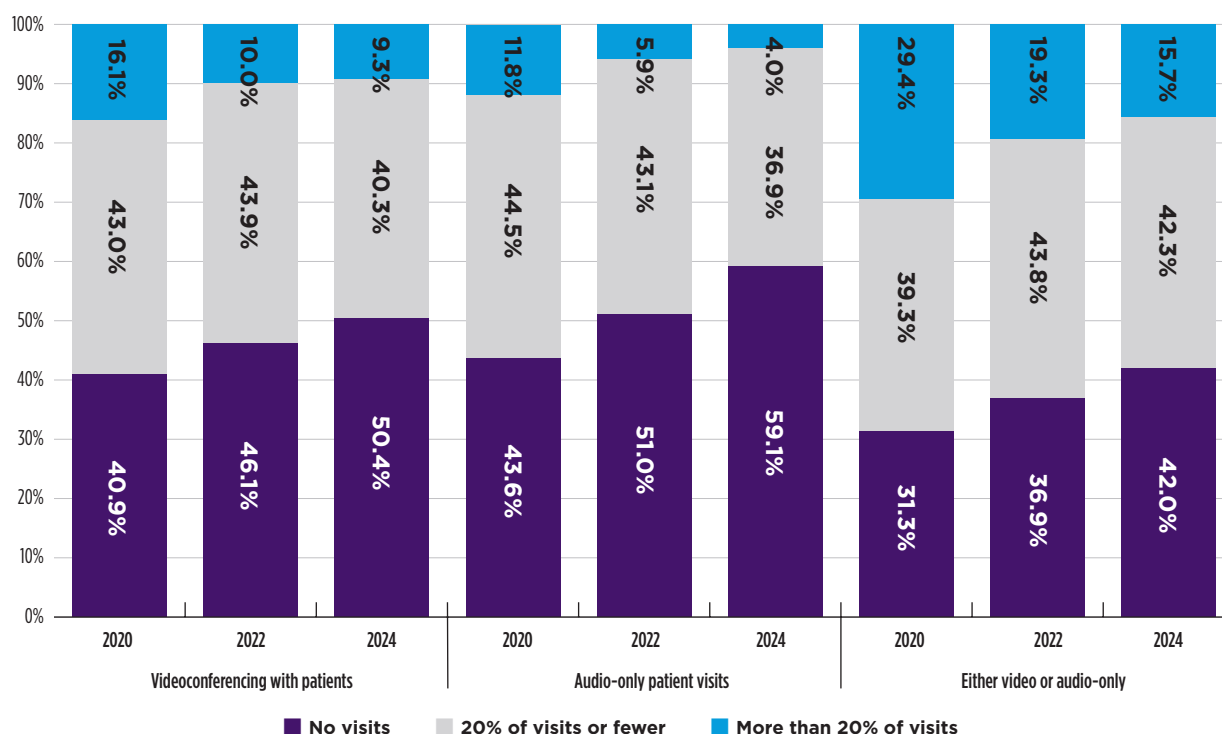
Reason not used	All physicians	Specialty			Practice ownership	
		Medical specialties	Primary care	Surgical specialties	Hospital-owned	Private practice
Physicians prefer to treat patients in person	60.0%	59.3%	64.7%	64.3%	54.2%	66.6%
Not sufficiently reimbursed	25.0%	24.3%	24.6%	24.9%	20.7%	26.1%
Lack of interest from patients	20.5%	20.8%	23.1%	20.6%	20.8%	18.0%
Too expensive to implement	13.4%	7.1%	16.5%	12.4%	7.2%	14.9%
Other	15.5%	13.0%	13.5%	9.1%	25.0%	10.4%
N	612	77	208	173	140	340

Source: Author's analysis of the AMA 2024 Physician Practice Benchmark Survey.

Notes: Estimates for anesthesiology, emergency medicine, psychiatry, and radiology are not shown separately because of small sample size due to the exclusion criteria for this exhibit. Although only three specialty categories are shown, all specialties are included in the estimates for "all physicians." Similarly, although only the two largest ownership categories are shown, other ownership types are included in the estimates for "all physicians."

Exhibit 7.

Percentage of physicians in different categories of weekly telehealth use



Source: Author's analysis of the AMA Physician Practice Benchmark Surveys.

Notes: The table shows, for example, that in 2024, 9.3% of physicians provided more than 20% of weekly visits via videoconferencing and 50.4% provided no video visits. Further, in 2024, 15.7% of physicians provided more than 20% of weekly visits via video or phone. 42.0% provided no video visits and no phone visits. For each visit category (video, audio-only, either), the distribution of physicians is significantly different ($p < 0.01$) between 2020 and 2022 and between 2022 and 2024 using a chi-squared test.

Exhibit 8.

Distribution of physicians based on weekly use of telehealth for patient visits (2024)

	Videoconferencing			Either video or audio-only			N
	No visits (%)	20 percent of visits or fewer (%)	More than 20 percent of visits (%)	No visits (%)	20 percent of visits or fewer (%)	More than 20 percent of visits (%)	
Anesthesiology	87.9	9.5	2.5	83.5	10.3	6.2	309
Emergency medicine	84.6	13.6	1.8	80.7	15.0	4.3	302
Medical specialties	34.7	55.4	9.9	26.7	57.1	16.3	891
Cardiology	41.4	54.9	3.7	29.6	59.1	11.3	161
Endocrinology	16.0	70.7	13.3	12.5	63.3	24.2	86
Gastroenterology	39.6	46.7	13.7	31.4	48.2	20.4	107
Nephrology	37.9	55.6	6.6	26.1	62.1	11.8	92
Neurology	32.6	45.6	21.8	27.0	40.8	32.2	86
Other medical specialties	32.7	58.6	8.7	26.0	61.2	12.8	359
Primary care	42.2	49.2	8.6	33.3	50.3	16.4	1504
Family & general medicine	36.7	52.5	10.7	27.5	52.3	20.1	541
General internal medicine	45.6	45.5	8.9	37.0	47.4	15.6	461
Pediatrics	46.2	49.5	4.3	37.3	51.5	11.2	502
Psychiatry	14.1	28.9	56.9	11.5	20.3	68.2	255
Radiology	74.8	18.6	6.6	67.1	20.9	12.0	155
Surgical specialties	58.2	38.9	2.9	45.9	45.5	8.6	1180
Dermatology	57.4	41.7	0.9	55.6	40.7	3.7	93
General surgery	61.6	32.8	5.6	47.8	39.8	12.4	163
Obstetrics & gynecology	51.2	45.7	3.1	36.8	52.0	11.2	263
Ophthalmology	86.8	12.5	0.7	77.7	20.5	1.8	167
Orthopedic surgery	62.3	36.6	1.1	44.8	50.5	4.7	221
Urology	31.7	60.2	8.1	19.9	61.4	18.7	68
Other surgical specialties	53.3	44.5	2.2	43.2	48.9	7.9	205
Other specialties	57.9	32.8	9.3	51.2	35.4	13.4	404
All	50.4	40.3	9.3	42.0	42.3	15.7	5000

Source: Author's analysis of the AMA 2024 Physician Practice Benchmark Survey.

Notes: The table shows, for example, that in 2024, 2.5% of anesthesiologists provided more than 20% of weekly visits via videoconferencing and 87.9% provided no video visits. Further, in 2024, 6.2% of anesthesiologists provided more than 20% of weekly visits via video or phone. 83.5% provided no video visits and no phone visits.

Exhibit 9.

Specialty comparison of telehealth eligible charges among Medicare Part B Fee-for-Service beneficiaries (2024)

	% of total allowed charges that are telehealth eligible	% of telehealth eligible charges that are billed as telehealth
Anesthesiology	13.6	8.0
Emergency medicine	91.5	0.8
Medical specialties	63.9	3.6
Cardiology	43.5	2.2
Endocrinology	88.9	8.5
Gastroenterology	42.3	6.6
Nephrology	89.8	2.1
Neurology	68.0	7.3
Other medical specialties	81.0	3.3
Primary care	88.0	3.8
Family & general medicine	86.9	4.1
General internal medicine	88.9	3.6
Pediatrics	73.2	6.1
Psychiatry	87.3	31.2
Radiology	4.4	4.1
Surgical specialties	34.0	1.3
Dermatology	27.5	0.3
General surgery	28.0	1.7
Obstetrics & gynecology	46.1	4.2
Ophthalmology	41.3	0.1
Orthopedic surgery	31.7	0.9
Urology	48.9	3.8
Other surgical specialties	28.1	2.2
Other specialties	38.8	4.9
All	52.7	3.7

Source: AMA analysis of 5% quarterly 2024 Medicare Part B FFS claims data.

Note: The exhibit shows, for example, that 43.5% of total allowed charges provided by cardiologists were for services that were eligible to be provided and billed as telehealth. Among those charges, 2.2% were billed as telehealth. The percentages in the last row exclude non-physicians. If non-physicians were included, the two reported percentages would be 57.1% and 4.5%, respectively.

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