Patterns and Predictors of Telehealth Use among US Adults in 2022

Telehealth refers to the use of telecommunications technology to deliver health care, health information, and health education. Triaging patients to the appropriate level of care via telehealth can increase the efficient use of health care resources and decrease health care system costs. For patients, the use of telehealth can improve access to care (particularly in rural areas), lower health care-related costs (e.g., those associated with transportation and time off work), make care more convenient, and increase satisfaction with health care services. Research also shows that telehealth yields outcomes that are comparable to in-person care.

Despite the promise of telehealth, the integration and uptake of these services in health care remained moderate for many years due to unfavorable reimbursement policies, regulatory barriers, and limited motivation to implement alternatives to in-person care. This changed during the COVID-19 pandemic, which necessitated a rapid shift to telehealth in order to reduce virus transmission and prompted policy changes to address some of the long-standing barriers to telehealth. Many studies have documented the significant rise in telehealth visits that occurred during the COVID-19 pandemic, and although levels of telehealth use have since declined, they remain above pre-pandemic levels, suggesting that telehealth will remain an important model of care delivery going forward.

The widespread use of telehealth services during the pandemic also illuminated some key challenges, including technical difficulties that can make telehealth visits ineffective or frustrating, concerns related to health information privacy and data security, and the inequitable uptake of telehealth services. There are concerns that telehealth might exacerbate disparities among patients who have limited access to the necessary technology or lack the skills needed to navigate telehealth services. These barriers tend to have a disproportionate effect on rural residents, racial/ethnic minority groups, older adults, and people of lower socioeconomic status—some of the same populations who already experience significant disparities in health outcomes.

Quick Facts

- Telehealth refers to the use of telecommunications technology to deliver health care, health information, and health education.
- The onset of the COVID-19 pandemic prompted a rapid expansion in the use of telehealth.
- Telehealth offers many potential benefits to patients and health care organizations, including lower health care costs, improved access to care, and greater convenience.
- The use of telehealth has the potential to exacerbate disparities among populations who may have limited access to or comfort with technology, including rural residents, racial/ethnic minority groups, older adults, and people of lower socioeconomic status.

Percentage of Americans who reported receiving care from a doctor or health professional using telehealth in the past 12 months

- Yes, by video: 59.8%
- Yes, by phone call: 18.2%
- Yes, some by video and some by phone call: 11.9%
- No telehealth visits in the past 12 months: 8.6%
- Missing data: 1.5%

Primary reason for most recent telehealth visit among those who reported a telehealth visit in the past 12 months

- Minor illness/acute care (e.g., fever, sinus infection): 27.8%
- Managing chronic health condition/disease (e.g., high blood pressure, diabetes, heart disease, obesity, cancer): 20.1%
- Annual visit: 16.7%
- Mental health, behavioral, or substance abuse issues (e.g., depression, anxiety, drug or alcohol abuse): 14.8%
- Medical emergency: 1.5%
- Other: 13.0%
- Missing data: 6.2%

Source: HINTS 6 data (collected March 7–Nov. 8, 2022)
Prevalence of, and Factors Associated with, Telehealth Use

A recently published study analyzed data from HINTS 6 (collected March 7–November 8, 2022) to examine patterns and predictors of telehealth utilization. The analysis showed that 39.3% of US adults reported using telehealth in the past 12 months, with 18.5% using video-based telehealth, 12.1% using telephone-based telehealth, and 8.7% using both. Reasons for engaging in a telehealth visit included provider requirement or recommendation (72.7%), convenience (65.6%), avoiding infection (50.2%), getting advice about whether in-person care is needed (30.8%), and ability to include others in the appointment (22.7%). Among those who did not use telehealth, 17.0% had been offered the option to have a telehealth visit. Of those who did not have a telehealth visit despite being offered that option, 84.4% cited preference for in-person consultation, 19.0% cited concerns about the difficulty of using telehealth technology, and 16.4% cited privacy concerns as reasons for not participating in a telehealth visit.

Logistic regression models examining predictors of telehealth utilization showed that females were more likely to use telehealth compared to males, and White or Hispanic individuals were more likely to use telehealth compared to non-Hispanic African Americans. Additionally, individuals residing in small metropolitan or micropolitan areas were less likely to use telehealth than those living in large metropolitan areas. Lack of reliable transportation, higher frequency of provider visits, and having a higher number of chronic conditions were associated with greater likelihood of telehealth use, while lower satisfaction with home internet connectivity was associated with lower likelihood of telehealth use. Household income and educational attainment were not found to be significantly associated with telehealth utilization.

How Can This Inform Your Work?

HINTS data show that although nearly 40% of US adults used telehealth in 2022, significant barriers to the use of these services remain. The fact that many of those who did not use telehealth reported not being given that option suggests that providers and health systems may need to be more proactive about offering telehealth visits (when appropriate) to ensure patients can take advantage of this mode of health care delivery if they choose to. Additionally, concerns about privacy and technical difficulties were often cited as reasons for not using telehealth services among those who were offered the option. This suggests a need for patient education and support to overcome barriers to telehealth use. Providers and health care organizations could screen for digital literacy to identify patients who may need assistance with using telehealth platforms and to provide training on the use of these technologies (e.g., through the use of digital navigators). Furthermore, improving telehealth services to better meet the needs of patients, for example, by improving the usability of telemedicine platforms or by improving health care providers’ ability to deliver patient-centered care via telehealth, could help increase uptake of and satisfaction with these services. Finally, observed disparities in telehealth use, including among African American individuals and those with inadequate internet access, suggest a need for efforts to make telehealth more accessible and equitable (e.g., by connecting patients to programs that can reduce the cost of their internet service).

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References Used in This Brief


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