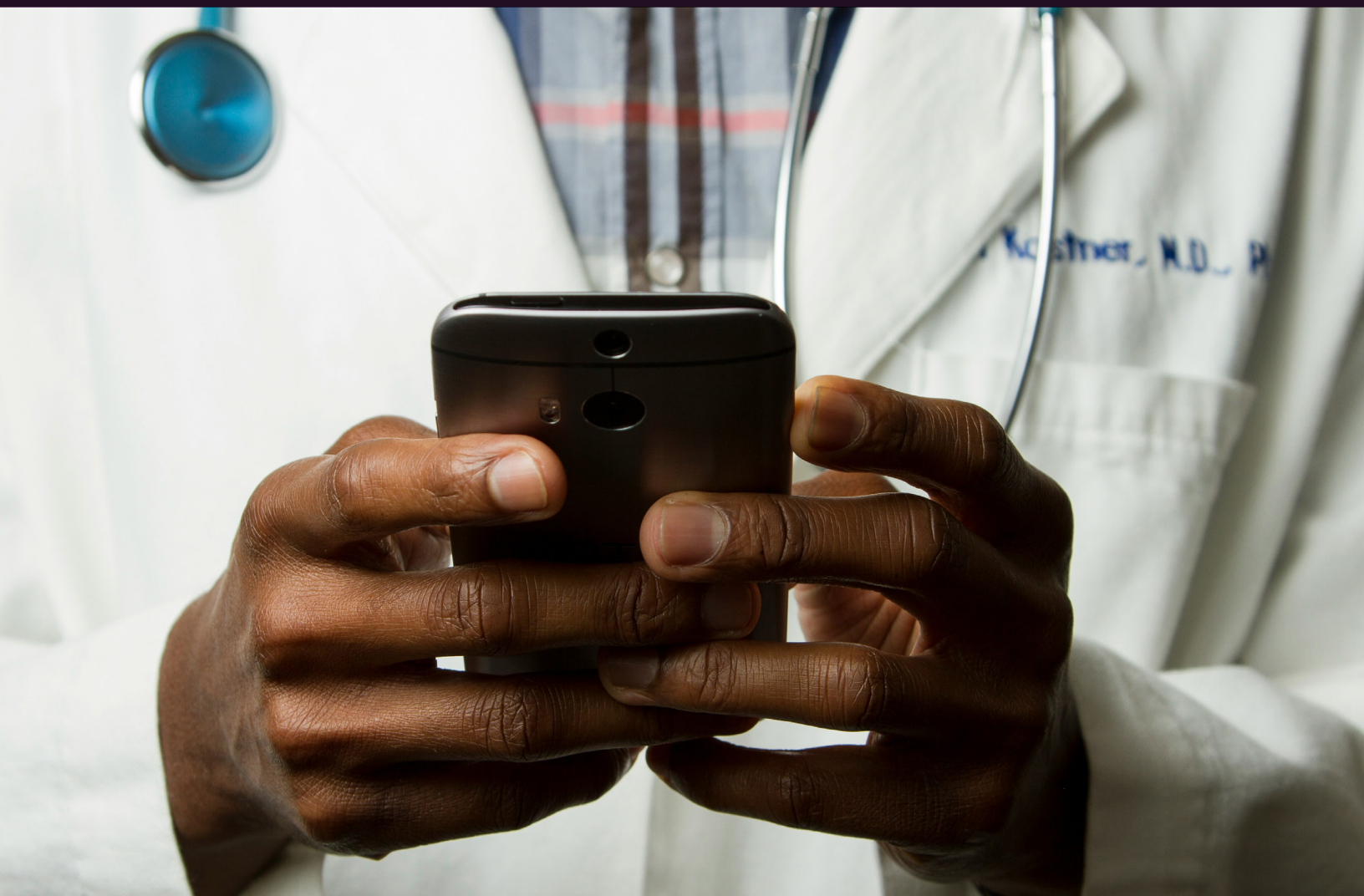


Telemedicine is Here to Stay

Findings from the 2025 Colorado Health Access Survey

DECEMBER 2025



Introduction

The Colorado Office of eHealth Innovation (OeHI) partnered with the Colorado Health Institute to sponsor telemedicine and digital access questions on the 2025 Colorado Health Access Survey (CHAS). Telemedicine-specific questions were added in 2021 to capture changes in health care delivery during the COVID-19 pandemic. OeHI has sponsored the questions since 2023 to monitor changes in the telehealth landscape.

The CHAS surveys over 10,000 households across Colorado about telemedicine services, providing a way to track virtual care utilization, identify how and where telemedicine is used, and assess digital access barriers.¹ This report shows what's working in telemedicine and points to opportunities for OeHI to use data to shape policy, direct funding, and update a statewide Health IT Roadmap that expands equitable access to virtual care.

Telemedicine Is a Staple of Health Care Delivery

Since the COVID-19 pandemic, telemedicine has become a routine option for health care and is broadly used by Coloradans to receive needed services. In 2025, nearly a third of Coloradans (32.6%) had an appointment with a doctor, nurse, or other health professional by video or phone, a slight decrease from 37.3% during the COVID-19 pandemic in 2021 (see Figure 1).

► **Telemedicine services.** Almost half of Coloradans who had a telemedicine visit (47.8%)

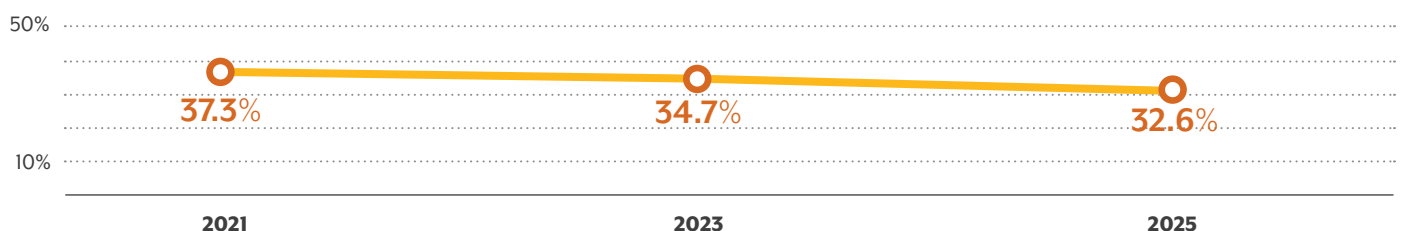
use telemedicine for primary care visits, and 18.3% use it for specialty care. Less than 3% of people use telemedicine for dental care, substance use care, or physical, occupational, or speech therapy. This suggests that fewer telemedicine options may be available for these services or that people prefer to receive this type of care in person.

The use of telemedicine for mental health care grew from 17.7% in 2021 to 29.8% in 2025 for those who had a telemedicine visit (see Figure 2). This increase reflects broader trends in the demand for mental health services in the years following the COVID-19 pandemic. CHAS data show that utilization of all

Figure 1. Use of telemedicine has remained stable since 2021.

Topic: Coloradans who had a telemedicine visit as part of their care.

Population: Coloradans who sought care in the past 12 months. **Years:** 2021 to 2025.

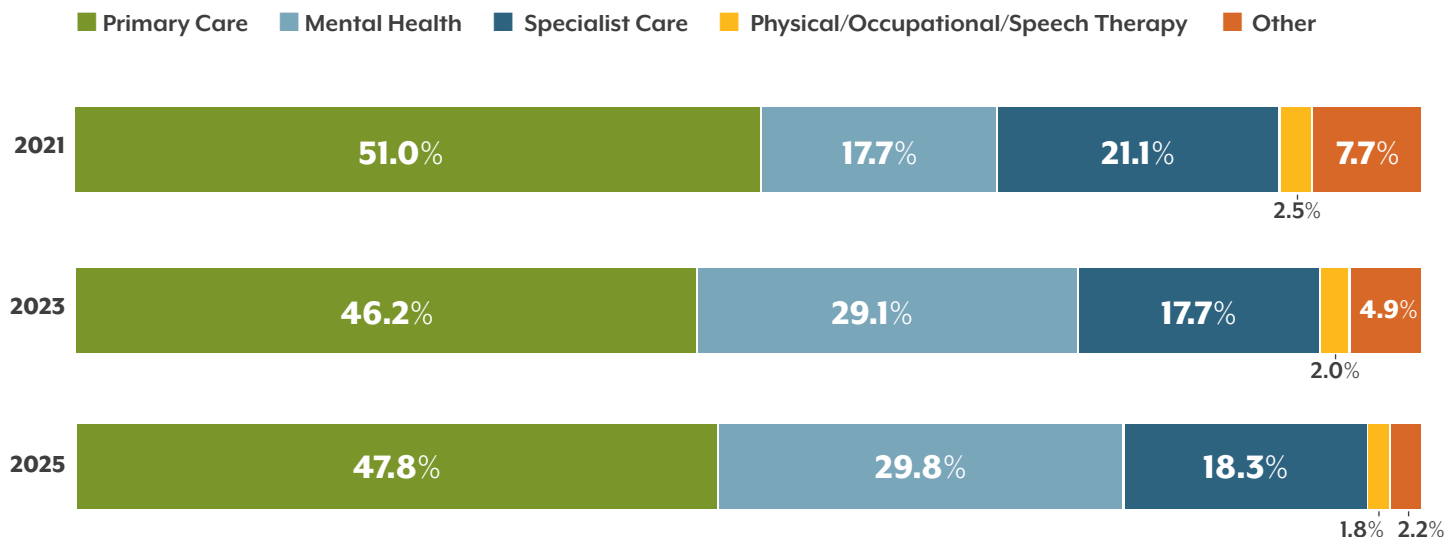


¹Methodology note: The vast majority of CHAS respondents complete the survey online. The survey was offered in English and Spanish. See the [CHAS methodology](#) for more details about survey administration and limitations.

Figure 2. Most telemedicine visits are for primary care, though mental health visits have grown in recent years.

Topic: Type of care most recently accessed through telemedicine.

Population: Coloradans who had a telemedicine visit in the past year. **Years:** 2021 to 2025.



mental health services for Coloradans age 5 and older, including in-person visits, increased from 26.9% to 33.1% from 2021 to 2025. Colorado addressed this growing need by increasing access to telemedicine with a new Division of Insurance policy that broadened requirements for payment and reimbursement. This included requirements more inclusive of telemedicine-based behavioral health services.

Most Coloradans who used telemedicine (70.8%) connected to their appointment through video, either via a health care provider portal or public video app. About one in four (23.6%) had audio-only telemedicine visits over the phone, and 5.0% used an online chat feature to communicate with a health care provider.

Why Telemedicine Works

Telemedicine's success in Colorado is likely driven by affordability, insurance coverage, reliable internet access, and the flexible nature of telehealth (see Figure 3).

► **Cost and Coverage.** Health insurance coverage plays a vital role in accessing telemedicine. About

a third of Coloradans across all insurance types used telemedicine services at similar rates compared to only 10.1% of those who were uninsured. Additionally, most insurance plans likely cover many telemedicine services as only 3.4% of Coloradans reported not using it because they didn't think insurance would cover the visit.

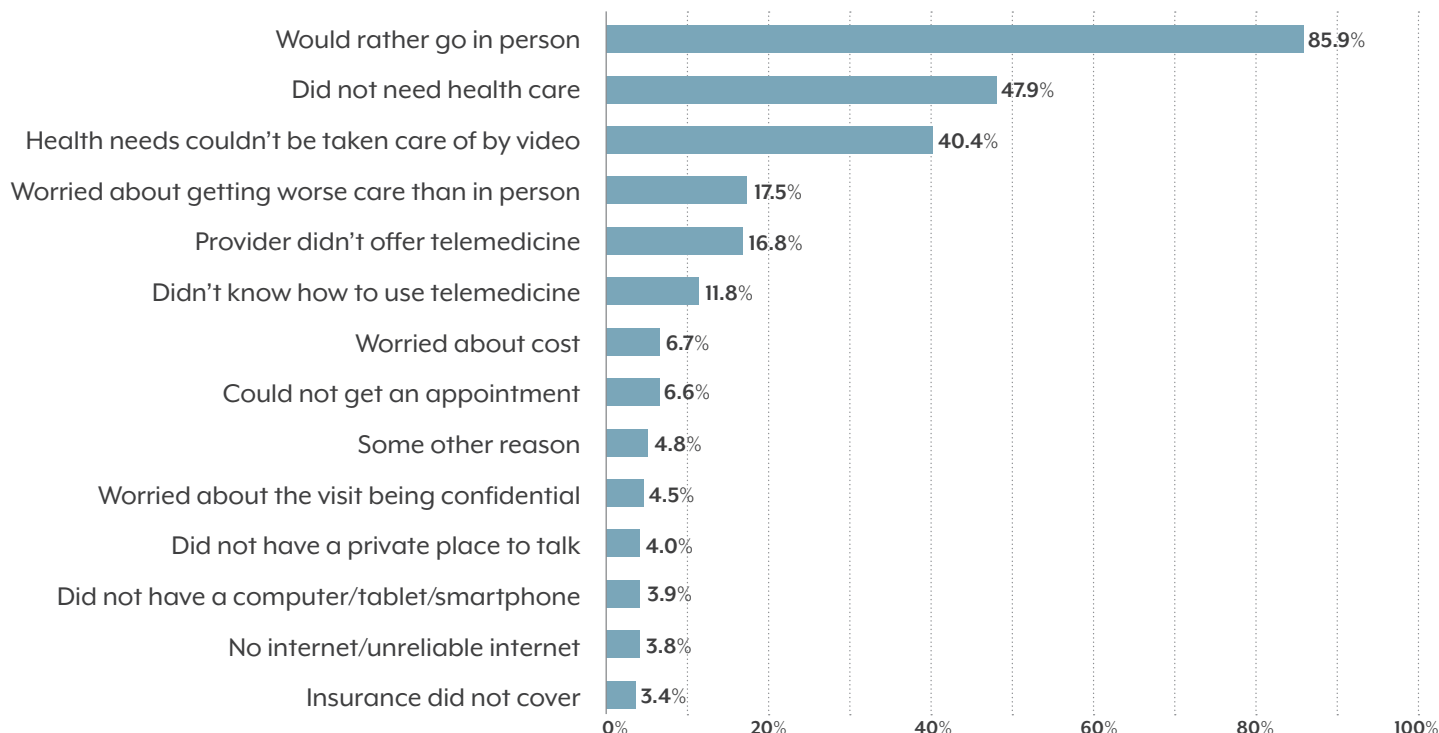
The cost of care discouraged 6.7% of all Coloradans from using telemedicine services, but disparities exist among racial and ethnic groups. Just over 13% of Hispanic or Latino Coloradans reported cost as a barrier to using telemedicine, compared to 4.2% of their white peers. The Hispanic or Latino community generally experiences health insurance affordability disparities at high rates, with one in three (33.2%) Hispanic or Latino Coloradans skipping needed health care because of cost in 2025.

Overall, low cost barriers are good news for telemedicine users and highlight that policy and coverage mandates in Colorado, such as payment parity laws, are effectively addressing the financial aspects of telemedicine, making it an affordable or covered option for most people.

Figure 3. Barriers and reasons why Coloradans did not have a telemedicine visit in 2025.

Topic: Reasons people didn't have a telemedicine appointment. Respondents could choose multiple reasons.

Population: Coloradans who did not have a telemedicine appointment. **Year:** 2025.



► **Device and Internet Access.** Colorado has made slight gains in reducing challenges with connecting to telemedicine services. Most telemedicine users reported no internet problems (96.5%) or phone quality issues (97.5%) in 2025. People who did not use telemedicine because they lacked either internet or a computer, phone, or laptop, have remained steady at about 4% since 2021. However, digital access barriers were higher for Coloradans with disabilities, as 13.8% who did not get telemedicine care said it was because they lacked stable internet and 12.3% lacked a device to access a visit. Hispanic or Latino Coloradans also ran into this issue as 10.8% said they didn't have a device for a telemedicine visit compared to 1.9% of white Coloradans.

Colorado's rapid adoption and normalization of telemedicine has been guided by efforts such as the state's Digital Access and Empowerment Initiative. This includes expert input from strategic advisory groups such as the Colorado Digital Access Coalition and individualized support for community members from digital navigators. These efforts have clarified best and inclusive

practices for administering telemedicine.

The pervasiveness of disparities in telemedicine barriers for Hispanic or Latino and disabled Coloradans highlights a concerning gap in telemedicine access. Additional efforts are needed to close these gaps and support digital access and literacy for these Coloradans. The Colorado Digital Access Plan outlines specific strategies for reducing access disparities for these communities and other marginalized populations in Colorado.

► **Flexibility.** Telemedicine offers Coloradans a flexible option to access certain health care services where and when they need them. Only 6.6% of people who did not get services reported barriers regarding appointment availability. Less than 5% said they do not have a private place to talk or were concerned about confidentiality (see Figure 3). However, Coloradans with a disability and Hispanic or Latino Coloradans experienced more barriers around appointment availability and confidentiality concerns. About 15% of Coloradans with a disability who did not use telemedicine reported they were unable to get an appointment, 10.4% said they did not have a private place to talk, and 12.4% were

concerned about confidentiality. Hispanic or Latino Coloradans who did not use telemedicine were three times as likely as white Coloradans to be unable to get a telemedicine appointment (13.8% vs 4.5%) and more likely to be concerned about the confidentiality of visits (9.1% vs 3.3%).

Opportunities for Improvement

Telemedicine has been broadly adopted in health care and normalized by many Coloradans seeking care, yet 29.6% report they are unlikely to use it in the future. While telemedicine offers flexibility, most people who did not use these virtual services said it was because they prefer or need in-person visits (85.9%), while others experience digital access and literacy barriers that can be improved to ensure equitable and seamless access to care.

Barriers to Telemedicine Use

► **Digital Access and Literacy.** The ability to use and communicate with technology may be affecting how some populations view telemedicine. Coloradans who are 65 and older, live in rural areas, are American Indian and Alaska Native, are Hispanic or Latino, or are disabled were more likely than the general population to report being unlikely to use telemedicine in the future because they are unsure how to use those services and/or don't have a computer, tablet, smartphone, or internet. While device and internet access were not the major barriers preventing these populations from using telemedicine services, these perceived challenges indicate that more efforts are needed to ensure people are aware of and have the technology required to access services.

► **Care Quality.** While many people do not use telemedicine because they prefer in-person care (85.9%) or because their need cannot be addressed online (40.4%), some Coloradans pass on telemedicine options because they are worried about getting bad care (17.5%). About one in four Coloradans with a disability (25.2%) passed on telemedicine because they were worried about poor care. People who are American Indian and Alaska Native or Asian were also more likely to be concerned about care quality, 21.9% and 20.7% respectively, followed by adults ages 19-64 (19.9%).

► **Provider Access.** Not all providers in Colorado

offer or provide telemedicine options. About one in six Coloradans (16.8%) said they did not use telemedicine in 2025 because their provider didn't offer it.

► **Problems Encountered During Visits.** Some Coloradans are experiencing communication, technology, or privacy issues during their telemedicine visits, which may discourage them from using virtual care in the future. About one in four Coloradans (24.9%) who used telemedicine in 2025 reported experiencing a problem during the visit, with the most common issues being with communication and expectations of the visit. Just over 7% of people reported feeling rushed or that the provider did not spend enough time with them, and 6.5% said they weren't sure what they were supposed to do (see Figure 4). Just over 6% of people said their provider's portal or app was difficult to use, and 4.6% struggled to hear the provider. In addition to technology challenges, 6.7% of people said they feel uncomfortable with sharing health needs online. These findings indicate that provider communication training and platform usability remain crucial areas for improving the quality and patient experience of telemedicine care.

Telemedicine Use Variations

Telemedicine use in 2025 varied across Colorado communities and demographic populations.

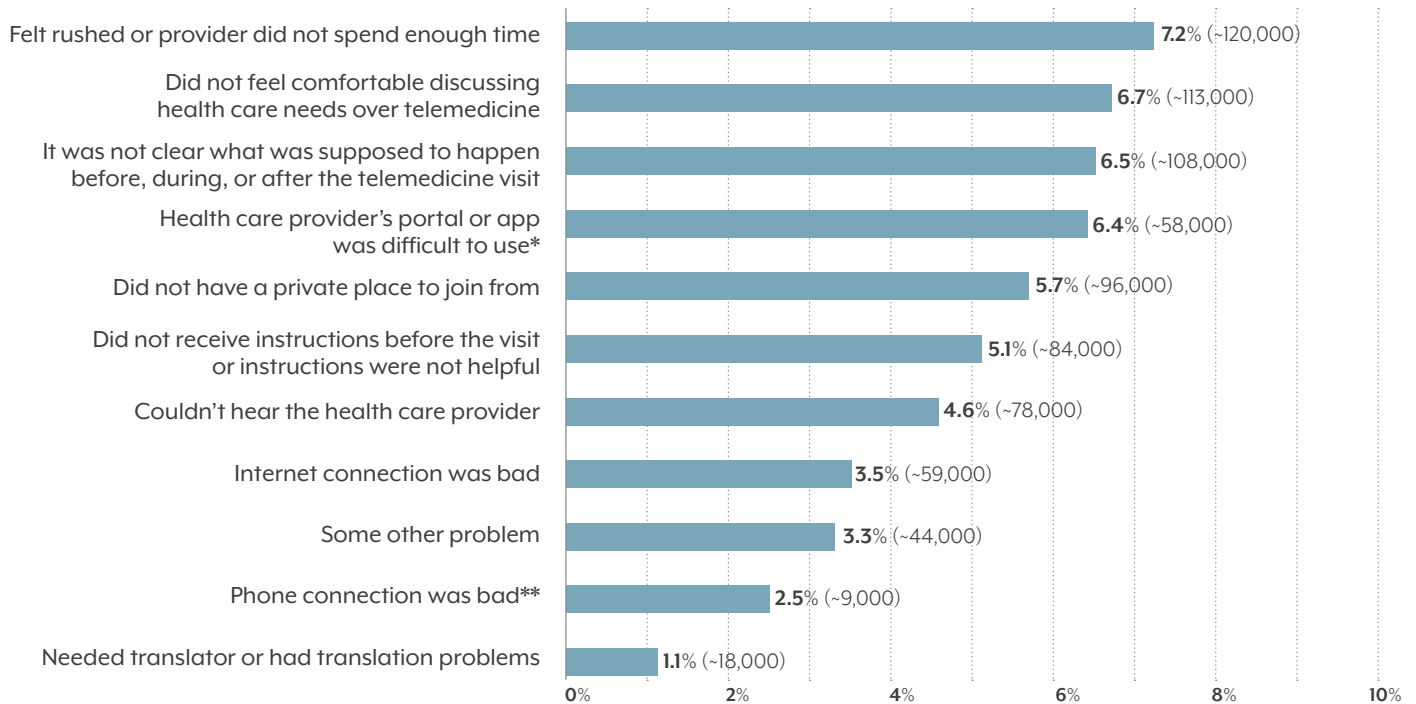
► **Rurality.** Despite ongoing health care access challenges in rural areas, rural Coloradans are less likely to use telemedicine services compared to their urban peers (25.7% vs 33.8%). They are more likely to report digital access issues with unreliable internet or not having a personal electronic device. The San Luis Valley and Northeast Colorado had the lowest rates of telemedicine use in 2025 (see Figure 5). Additionally, 19.6% of those in rural areas who did not get telemedicine care said that their provider didn't offer telemedicine visits as an option, slightly higher than their urban peers (16.3%). These barriers point to a geographic digital access divide and a provider capacity problem that prevents rural communities from equitable access to telemedicine.

► **Race, Ethnicity, and Language.** Telemedicine use varied among racial and ethnic groups, with

Figure 4. Problems reported during telemedicine visits.

Topic: Problems experienced during most recent telemedicine appointment. Respondents could choose more than one answer. **Population:** Coloradans who had a telemedicine visit in the past year. **Year:** 2025.

► **Percentage and** (extrapolated number of people experiencing problem)



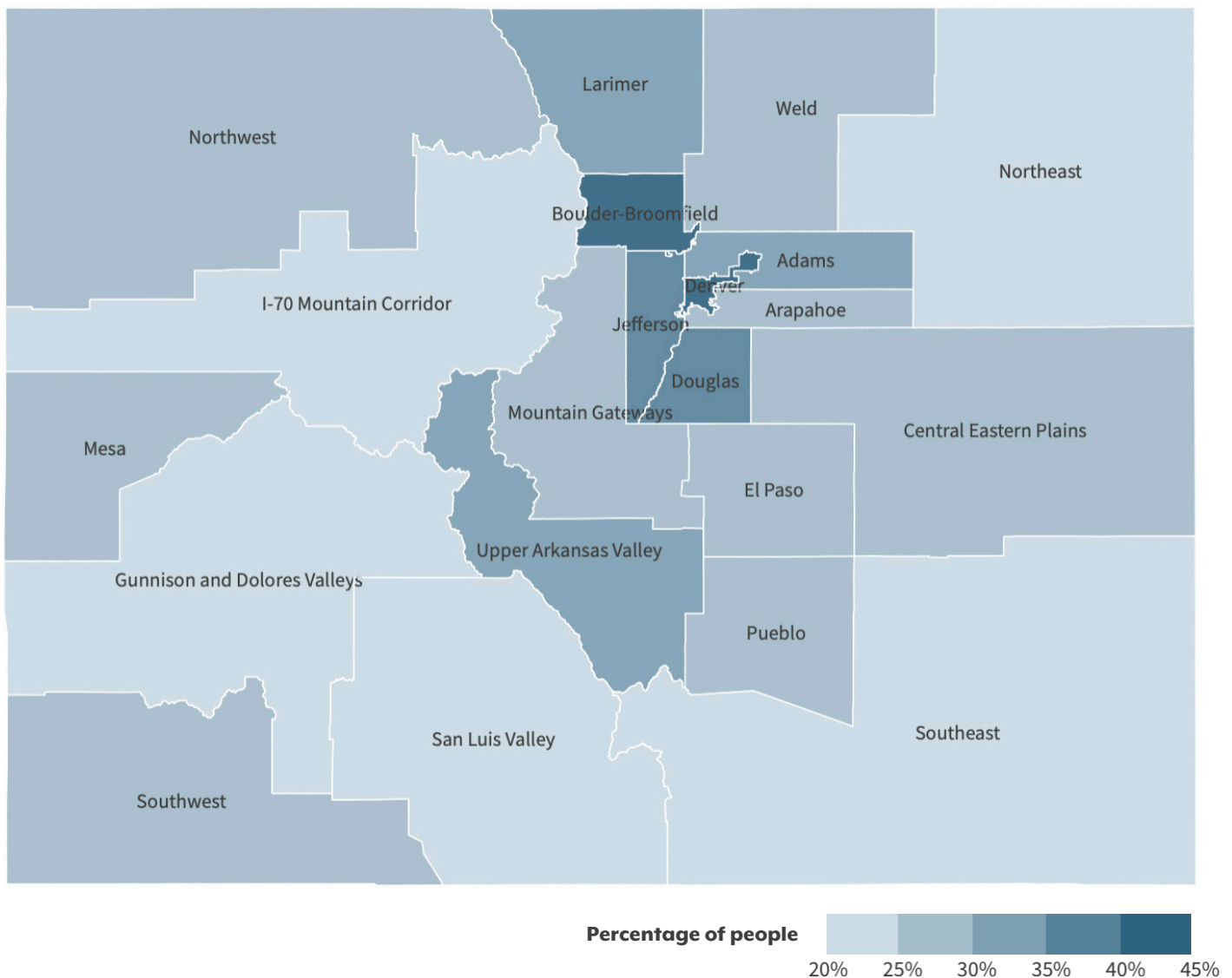
* Only asked of those who used a provider portal or chat. ** Only asked of those who had a visit over the phone.

Asian (23.2%) and Hispanic or Latino (27.5%) populations using these services less than their white peers (34.4%). Telemedicine utilization patterns for Hispanic or Latino populations are similar to general health care trends. Hispanic or Latino Coloradans were also less likely than their white peers to visit a doctor in the past 12 months (77.5% vs 86.4%), highlighting widespread racial and ethnic disparities in accessing health care.

Disparities are also seen by language. Coloradans who speak a language other than English at home were less likely both to report visiting a provider in the past 12 months and to use telemedicine services compared to their English-speaking peers (23.7% vs 34.1%). The CHAS indicates that over 18,000 Coloradans reported that they did not use telemedicine services because they needed a translator or had translation problems, indicating that additional efforts may be needed to ensure language equity for telemedicine care.

► **Age.** Telemedicine use varied by age group. Coloradans age 0–18 were the least likely to use these services (18.3%), compared to the overall population at 32.6%. This gap is likely due to pediatric care's reliance on physical exams and virtual platforms not being age-appropriate for many children. Among adults, those 65 and older used telemedicine slightly less often than adults 19–64 (32.3% vs. 37.8%) and were twice as likely to report not knowing how to use telemedicine as reason for not using it (22.6% vs. 11.6%).

► **Disability.** Coloradans with a disability used telemedicine the most out of the groups examined in this report. About half (50.2%) of Coloradans with a disability who sought care in 2025 used telemedicine as part of their care. Coloradans with disabilities were also the most likely group to encounter nearly all barriers or problems during telemedicine visits. In particular, knowing how to use telemedicine services and concerns about receiving bad care were the most frequent barriers. This demonstrates a need to improve telemedicine access across the board for this population.

Figure 5. Telemedicine use across Colorado.**Topic:** Percentage of Coloradans who had a telemedicine visit as part of their needed care, by health statistics region.**Population:** All Coloradans . **Year:** 2025.

Looking Ahead

Data from the 2025 CHAS indicate that telemedicine is here to stay in Colorado. While many practical barriers around insurance coverage and digital access have been minimized for most Coloradans, disparities in these areas exist, including for the Hispanic or Latino community, older adults, and those in rural areas. Colorado's Digital Access Plan prioritizes addressing barriers for these populations. OeHI has a vital role in overseeing and maintaining Colorado's telehealth initiatives to serve the unique needs of communities across Colorado. These CHAS data can help OeHI prioritize and funnel resources toward the areas of greatest need, ensuring all Coloradans have equitable access to telemedicine.



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