

OECD Health Statistics 2025

Definitions, Sources and Methods

Doctors teleconsultations **New**

Teleconsultations with doctors refer to *interactive telemedicine* which involves direct and synchronous communication between providers and patients. However, a teleconsultation may also include aspects of *telemonitoring* (use of mobile devices and platforms, e.g. to conduct routine medical tests, etc.) or *store and forward* (as telemonitoring, but used for clinical data that are less time-sensitive and for which a delay between transmission and response is acceptable). Teleconsultations can involve public or private providers, and are regardless of the specific technology used (e.g. PC, tablet, fixed or mobile phone, etc.).

Inclusion

- Teleconsultations with generalist and specialist medical practitioners
- Teleconsultations “direct-to-patient” or in dedicated facilities/GP practices where patients can access teleconsultations

Exclusion

- Interventions that facilitate medical education of healthcare workers (e.g. physicians, nurses, etc.) at a distance via ICTs (e.g. tele-education or e-learning).
- Mobile applications that do not involve any transfer of data or any patient-to-provider communication, such as self-care and wellness mobile applications.
- Any intervention that does not involve clinical services, such as public health awareness campaigns.
- Provider-to-provider communications (sometimes called eConsults) that do not involve the patient
- Teleconsultations with other healthcare workers (e.g. nurses, dentists, etc.).

Sources and Methods

Australia

Source of data:

- AIHW analysis of unpublished Medicare data.

Reference period:

- Data extracted by financial year of processing for payment (not financial year the service was provided) and reported under the second half of the financial year, e.g. 2014-15 data are reported as 2015 data.
- December Estimated Resident Population (ERP) data from the ABS publication (cat. No. 3101.0) are used as the denominator to calculate the corresponding financial year’s per capita data.

Coverage:

- Data for table “Teleconsultations” include GP and specialist non-hospital consultations. Items are from MBS BTOS 0101, 0102, 0103, 0110, and 0200.
- ‘Doctor teleconsultations’ include GP and specialist non-hospital telehealth and telephone consultations.
- With effect from 13 March 2020 through to 31 December 2021, in response to COVID-19, a number of temporary telehealth and telephone consultation items were introduced into the Medicare Benefits Schedule. Data for these items are included in ‘Total Doctor Consultations’ and in ‘Doctor Teleconsultations’.

- From 1 January 2022 onwards ongoing MBS telehealth arrangements remain in place and provide for a wide range of telephone and video services by qualified health practitioners and support safe and equitable telehealth services which are informed by the MBS Review Taskforce Principles.
- Patients in areas declared a natural disaster can access telehealth services from any GP or medical practitioners in general practice. Eligible regions are State or Territory Local Government Areas identified as a natural disaster at the time of the service.
- Data relate to services rendered on a 'fee-for-service' basis for which Medicare benefits were paid. Data excludes services that do not attract a Medicare benefit, such as services to: public patients in hospitals, patients attending public Accident and Emergency Departments and public Outpatient Clinics, and services funded under the Department of Veterans' Affairs Treatment Account.

Deviation from the definition:

- December Estimated Resident Population (ERP) data from the ABS publication (cat. No. 3101.0) are used as the denominator to calculate the corresponding financial year's per capita data.

Break in time series:

- Commencing 13 March 2020, temporary MBS telehealth items were introduced into the MBS, to reduce the risk of community transmission of COVID-19 and to provide protection for patients and health care providers. The significant increase in utilisation of doctor teleconsultations from 2020 has been due to the take-up of the new items, with a corresponding decrease in 'face-to-face' consultations.

Austria

Data not available.

Belgium

Source of data: **INAMI**, Institut National d'Assurance Maladie-Invalidité, données comptables (National Institute for Health Insurance).

Reference period: calendar year.

Coverage: This number includes advice, patient's visit to physician's office (general practitioners and specialists), under the form of teleconsultations.

Canada

Source of data:

- **Canadian Institute for Health Information**, National Physician Database. *Shift to Virtual Care: Impact on Physician Practice Patterns, April 2019 to March 2021 — Data Tables*. Ottawa, ON: CIHI; 2022. <https://www.cihi.ca/en/virtual-care-impact-of-covid-19-on-physician-practice-patterns>.

Coverage:

- Services provided virtually by family physicians, medical specialists and surgical specialists that were billed to provincial medical care plans in five provinces and that were included by CIHI in the service group "consultations and visits". Physician claims data is limited to those five provinces where CIHI is able to identify virtual care: Ontario, Manitoba, Saskatchewan, Alberta and British Columbia. These five provinces account together for 71% of the Canadian population. Services provided virtually by physicians are broken down by CIHI into three service groups: 1.consultations and visits, 2.physiotherapy and counselling, 3.other procedures and services. For reporting doctor teleconsultations, only services included in the service group "consultations and visits" were considered (1.8 virtual services per capita in the five provinces in 2020).

Exclusions:

- * Imaging and laboratory specialists, imaging and laboratory services, and anesthesia services.
- * Services provided virtually by physicians that were included by CIHI in the following two service groups: physiotherapy and counselling; other procedures and services.

Estimation method:

- Table 7d of <https://www.cihi.ca/en/virtual-care-impact-of-covid-19-on-physician-practice-patterns> shows virtual service volume (12-month average) by service group in fiscal years 2019-20 and 2020-21 in five provinces. The number of services provided virtually per capita for the service group "consultations and

visits” was estimated to be 1.8 for the calendar year 2020, in dividing the sum of one quarter of service volume in 2019-20 and three quarters of service volume in 2020-21 by the average annual population of the five provinces in 2020.

- Provisional data.

Further information:

- In response to the COVID-19 pandemic, provincial and territorial governments and medical associations moved rapidly to adapt the physician fee schedules to meet the emerging needs of physicians and their patients during the crisis, especially for virtual care services. CIHI has monitored changes to the fee schedules, which include new billing codes for virtual care.

Chile

Source of data: **Ministry of Health** (MINSAL), Department of Health Statistics and Information (DEIS), Resumen Estadísticos Mensuales, REM. This database collects data on care performed in the establishments belonging to the National System of Health Services (Sistema Nacional de Servicios de Salud, SNSS).

Coverage:

- Information is incorporated from 2020. It should be noted that this information has been available since June 2020 and only includes teleconsultations for medical care performed in public facilities belonging to the National Health Services System, SNSS. The population to calculate the total care per inhabitant corresponds to the FONASA beneficiary population. The information is only for public sector.

Note: Data for 2023 are preliminary.

Colombia

Data not available.

Costa Rica

Data not available.

Czechia

Source of data: Institute of Health Information and Statistics of the Czech Republic. **National Registry of Reimbursed Health Services** (NRRHS).

Coverage:

- Data cover teleconsultations reimbursed from public health insurance. Practices in contracting and reporting of teleconsultations might differ between health insurance companies, which could impact the comparability of data.

- Some new teleconsultation procedures were introduced in 2020 as a respond to the COVID-19 pandemic.

Deviation from the definition:

Estimation method: Teleconsultation procedures provided by non-medical speciality units were deducted from the total number of teleconsultations.

Denmark

Source of data: **Danish Health Data Authority**, The National Health Insurance Service Registry.

Coverage: The number of teleconsultations cover all virtual contacts with the physician. E-mail consultations are excluded.

Consultation without subsidy from the national health insurance are not included.

The population is limited to persons who were living in Denmark when they had their consultation.

Deviation from the definition: Teleconsultations with outpatient departments in hospitals are not include. For some patients with chronic obstructive pulmonary disease and Type 2 diabetes it is not possible to

distinguish between consultations in person and teleconsultations. Visits are considered as being in person for these patients. Consultations with nurses are included.

Estonia

Source of data: **National Institute for Health Development.** Annual statistical report of health care providers “Outpatient consultations and home visits” (since 2021). See at: https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_03Tervishoiuteenused_01Vastuvotud/AV10.px/.

Estonian Health Insurance Fund (EHIF) database (teleconsultations data for 2015-2020) on the EHIF website: <https://www.tervisekassa.ee/koik-teenused>.

Statistics Estonia (average annual population) on the website of Statistics Estonia.

https://andmed.stat.ee/en/stat/rahvastik_rahvastikunaitajad-ja-koosseis_rahvaarv-ja-rahvastiku-koosseis/RV0211

Reference period: annual average.

Coverage: all health care service providers which hold a relevant activity licence.

Deviation from the definition: 2015-2019 data include teleconsultations with family physicians only (funded by the Health Insurance Fund) from EHIF database.

Break in time series: Since 2020, data include teleconsultations with all physicians (for 2020 teleconsultations data funded by the Health Insurance Fund from EHIF database).

Finland

Source of data: **THL Finnish Institute for Health and Welfare**, Department of Data and Analytics.

Reference period:

Coverage:

- The number of contacts made by specialists and general practitioners divided by the population.
- Teleconsultations of patients at the ambulatory care in public primary health care and providers of private health care are included.

Deviation from the definition: Teleconsultations of patients at the ambulatory care in public specialised care and teleconsultations with occupational health services are not included.

France

Source of data: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques (DREES)**, Sous-Direction de l'Observation de la Santé et de l'Assurance maladie, Bureau des Professions de santé. Data are compiled from the following sources:

1) Activity of self-employed physicians estimated with the **DCIR database** (*Datamart de Consommation inter-régimes*) that contains all reimbursement information handled by the national system of health insurance.

This information system is put in place by the *Caisse Nationale d'Assurance Maladie* (CNAM) since 1977. This system allows for the gathering and incorporation of information on the activity of professions related to health into the national plan, which gives rights to reimbursement by the health insurance, maternity, and accident at work offices. The total number of reimbursed teleconsultations carried out by self-employed practitioners, generalists and specialists is then computed by **DREES** (*Direction de la recherche, des études, de l'évaluation et des statistiques*), which is the statistical service of the Ministry for Solidarity and Health. Activity of physicians salaried in health care centers estimated with the DCIR database is taken into account. The total number of reimbursed teleconsultations carried out by practitioners, both generalists and specialists, salaried in health care centers, is then computed by **DREES**.

2) Annual average population (data may be revised each year) estimated by the French National Statistical Institute **INSEE** (*Institut national de la Statistique et des Études Économiques*) using population census. Data were revised in 2023 (years 2015 to 2021).

Reference period: yearly data.

Coverage:

- France including overseas departments and regions (D.R.O.M).
- Time series starts from 2015.

Germany

Source of data: **Central Research Institute of Ambulatory Health Care in Germany**, Zi Trend report on statutory health care; Zentralinstitut für die kassenärztliche Versorgung in der Bundesrepublik Deutschland 2025, *Zi-Trendreport zur vertragsärztlichen Versorgung, Bundesweiter tabellarischer Report vom 1. Quartal 2021 bis*

zum 2. Quartal 2024, page 78, table 26; **Federal Ministry of Health**, KM 6-Statistics 2023 (statutory health insurance: insured persons); Bundesministerium für Gesundheit 2024, *Ergebnisse der KM 6-Statistik 2023 (gesetzliche Krankenversicherung: Versicherte)*; special calculation by the **Federal Statistical Office** on base of data from the Central Research Institute of Ambulatory Health Care in Germany and the Federal Ministry of Health.

- See information at <http://www.bmg.bund.de> or www.zi.de.

Reference period: During the year.

Coverage:

The data includes treatment cases in which only a telephone consultation (GOP 01435) or a video consultation (GOP 01450) was brought to account by the care provider.

Deviation from the definition:

- Consultations with doctors represent only the number of cases of physician treatments according to reimbursement regulations under the Social Health Insurance Scheme.

Estimation method:

- **Numerator:** Number of treatment cases according to the fee schedule position GOP 01435 and GOP 01450.

- **Denominator:** Number of persons insured in the statutory health insurance.

Greece

Source of data: **Ministry of Health, 2nd DYPE of Piraeus and Aegean.**

Reference period: 31st December.

Coverage: The coverage is for the 2nd DYPE of the National Health System that includes the district of Piraeus and Aegean.

Hungary

Source of data:

- From 2021: National Institute of Health Insurance Fund Management (NEAK, in Hungarian), www.neak.gov.hu.

- From 2020, **National Directorate General for Hospitals** (OKFŐ in Hungarian) www.okfo.gov.hu.

Coverage:

- Physician consultations include contacts of family practice and outpatient care.

- Following the definition, episodes of dental care are not included.

- Laboratory, pathology, CT, MRI and other diagnostic examinations are not included.

Break in time series:

-From 2020: Due to a technical transition the data have been revised.

Notes:

- In Hungary, before 2020, telemedicine care was not part of funded outpatient and GP care.

- The “157/2020. (IV. 29.) on certain health measures ordered during an emergency” introduced the type of telemedicine care from 1 May 2020.

- The 33/2020. (IX. 16.) of the Ministry of Health from the middle of September 2020 determined exactly which outpatient and GP interventions can be accounted for in the framework of telemedicine care.

- The population numbers from 2020 have been recalculated retrospectively on the basis of the final census data of 1 October 2022.

Iceland

Data not available

Ireland

Data not available.

Israel

Source of data: Health Information Division in the **Ministry of Health**. The data was collected from the 4 HMOs in Israel, according to the registry in each HMO.

Coverage: It includes teleconsultations with generalist and specialist physicians. The data have been calculated from 2015. Teleconsultations that were scheduled in advance were included. Teleconsultations also include requests for renewal of prescriptions.

Deviation from the definition: Data do not include teleconsultations with private providers.

Estimation method: The data are based on absolute numbers of teleconsultations as were documented in all four HMOs in Israel. Average number of teleconsultations per person per year was calculated in accordance to the population data of HMO's members.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Data not available.

Japan

Data not available.

Korea

Source of data:

Ministry of Health and Welfare, Health Insurance Review & Assessment Service, Statistics of Health Care Utilization.

Latvia

Data not available.

Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of Compulsory Health Insurance Database.

Coverage: Health care institutions having contracts with Compulsory Health Insurance Fund. Part of private health care institutions are not included, but most of them are not likely to have any teleconsultations. The most of teleconsultations is telephone consultations.

During the COVID-19 pandemic there were significant increase of teleconsultations.

Luxembourg

Source of data: **Fichiers de la sécurité sociale**. Data prepared by **Inspection générale de la sécurité sociale**.

Reference period:

Coverage: Data refer to the total number of consultations performed in Luxembourg of the resident population covered by the statutory health insurance scheme outside hospitals or in outpatient departments in hospital.

- The rates presented in the database are calculated with the resident population covered by the statutory health insurance scheme (annual average number) in Luxembourg as the denominator.
- Physicians can ask a direct teleconsultation fee or an hourly rate for teleconsultations. However, it is not possible to link patients to the hourly rate and therefore the number of teleconsultations is probably underestimated.
- The rate for 2023 is preliminary.

Deviation from the definition: when a patient has 2 consultations on the same day, 1 visit and 1 teleconsultation, only the first consultation is counted (6 teleconsultations / millions of consultations in 2020).

Mexico

Data not available.

Netherlands

Data not available. Statistics Netherlands does not have survey data on teleconsultations with doctors. Consultations by telephone with the GP are included in the general question on GP consultations (but cannot be separated).

New Zealand

Data not available.

Norway

Source of data: **The Norwegian Health Economics Administration (HELFO), Norwegian Patient register**, both under **The Norwegian Directorate of Health**.

Coverage:

- The figure includes general practice, and ambulatory health care centres, home health care services and outpatient consultations in hospitals (general hospitals, mental hospitals, psychiatric departments in general hospitals, departments for treatment of substance abuse) conducted by physicians.
- Teleconsultations by medical specialists cannot be identified.

Deviation from the definition: Teleconsultations by medical specialists cannot be identified (2015 – 2020).

Break in time series:

Teleconsultations cannot be calculated for 2021, as teleconsultations by hospital doctors cannot be identified.

Poland

Source of data: **Statistics Poland**, ZD-3 report on ambulatory health care.

Portugal

Source of data: Statistics Portugal - Hospital Survey and Portal SNS - Medical consultations in primary health care (number of non-in-person or non-specific medical consultations).

Reference period: Annual.

Coverage: Medical teleconsultations carried out by all hospitals acting in Portugal and medical teleconsultations carried out by health units with one or more health care centres (ACES in Portuguese) located in mainland Portugal. Data related to services not dependent on ACES were not considered and data available does not include consultations registered in the Vitacare system. No data available for medical teleconsultations carried out by health care centres located in the autonomous regions (Região Autónoma dos Açores and Região Autónoma da Madeira).

Deviation from the definition: Data does not include doctor teleconsultations performed outside hospitals or outside the primary health care. Data does not include health care centres located in the autonomous regions (Região Autónoma dos Açores and Região Autónoma da Madeira).

Slovak Republic

Data not available.

“Teleconsultations” - data not available. Currently National Health Information Center (NHIC) does not have relevant data sources, and therefore data cannot be provided.

Slovenia

Source of data:

- From 2023: Out-patient services database (SZBOp), National Institute of Public Health, Slovenia.
- Up to 2022: computerized report on out-patient specialist services (ZUBSTAT), National Institute of Public Health, Slovenia.

Reference period: calendar year.

Coverage: All teleconsultations of patients in out-patient health care at primary and secondary level.

Estimation method:

Break in time series: From 2023 - With the year 2023, there has been a substantive and informational update of the data collection system in Slovenia. The reporting of providers remains the same, as both public and private providers are included in the reporting. The coverage remains at the national level. The decline in the share of medical services can be attributed to the new methodology and new method of reporting.

Spain

Source of data:

- 2021 onwards: **Ministry of Health**. From **Primary Care Information System (SIAP)** and **Specialised Care Information System** (Sistema de Información de Atención Especializada - SIAE).

<https://www.sanidad.gob.es/estadEstudios/estadisticas/estadisticas/estMinisterio/siap.htm>.

<https://www.sanidad.gob.es/estadEstudios/estadisticas/estHospInternado/inforAnual/homeESCRI.htm>.

- 2019 and 2020: **Ministry of Health**. From **Primary Care Information System (SIAP)**.

<https://www.sanidad.gob.es/estadEstudios/estadisticas/estadisticas/estMinisterio/siap.htm>.

Coverage:

2021 onwards:

- Data include teleconsultations with generalist and paediatricians medical practitioners who work in primary health care centres of the National Health System (consultations carried out within the regular working hours, regardless of whether their modality was on demand, arranged/scheduled, or urgent/without an appointment), as well as teleconsultations with physicians working in hospital (public and private sector) at the end of the calendar year.

- Geographical coverage is complete, therefore, the rate is calculated based on the annual general population in the corresponding year.

2019 and 2020:

- Data include teleconsultations with generalist and paediatricians medical practitioners who work in primary health care centres of the National Health System at the end of the calendar year. Data include teleconsultations carried out within the regular working hours, regardless of whether their modality was on demand, arranged/scheduled, or urgent/without an appointment.

- Geographical coverage is complete.

Deviation from the definition:

- 2021 onwards: Data do not include teleconsultations with private primary care physicians (generalist practitioners and paediatricians), nor with specialist medical practitioners working in out-patient clinics depending on a general hospital.

- 2019 and 2020: Data do not include teleconsultations with physicians working in hospital or specialized out-patient clinics depending on a general hospital.

Break in time series: From 2021, data include not only teleconsultations with generalist and paediatricians medical practitioners who work in primary health care centres of the National Health System, but also teleconsultations to physicians working in hospital (public and private sector).

Sweden

Source of data: **Swedish Association of Local Authorities and Regions (SALAR), Verksamhetsstatistiken**

Deviation from the definition: Consultations through text is included that may not always be synchronous (e.g., chat). Telemonitoring is not included. The regions' ability to extract data differs: Not all teleconsultations get registered and it's not always possible to assure that clinical services has been given.

Switzerland

Data not available.

Türkiye

Data not available.

United Kingdom

Source of data: Unavailable from each of the four UK nations at present.

Further information: Data development being explored again.

United States

Data not available.

NON-OECD ECONOMIES

Bulgaria

Data not available.

Croatia

Source of data: Croatian Institute of Public Health, Databases on Primary Health Care and Outpatient Specialist Health Care.

Reference period: Calendar year.

Coverage: Covers all public and private institutions and practices in primary health care and outpatient specialist care.

Cyprus

Data not available.

Romania

Source of data: **National Institute for Statistics.**

Reference period: calendar year, as existing on 31st December

Coverage: Covers all public and private sector (including not for profit). According with national legislation includes teleconsultations in family doctor offices and specialist's offices, diagnosis and treatment centres, specialised medical centres, health centres, healthcare units with beds and other healthcare providers offices. Data for teleconsultations collected since reference year 2022. The telemedicine network was regulated in 2020. Per capita refers to resident population on July 1st of each year.

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>