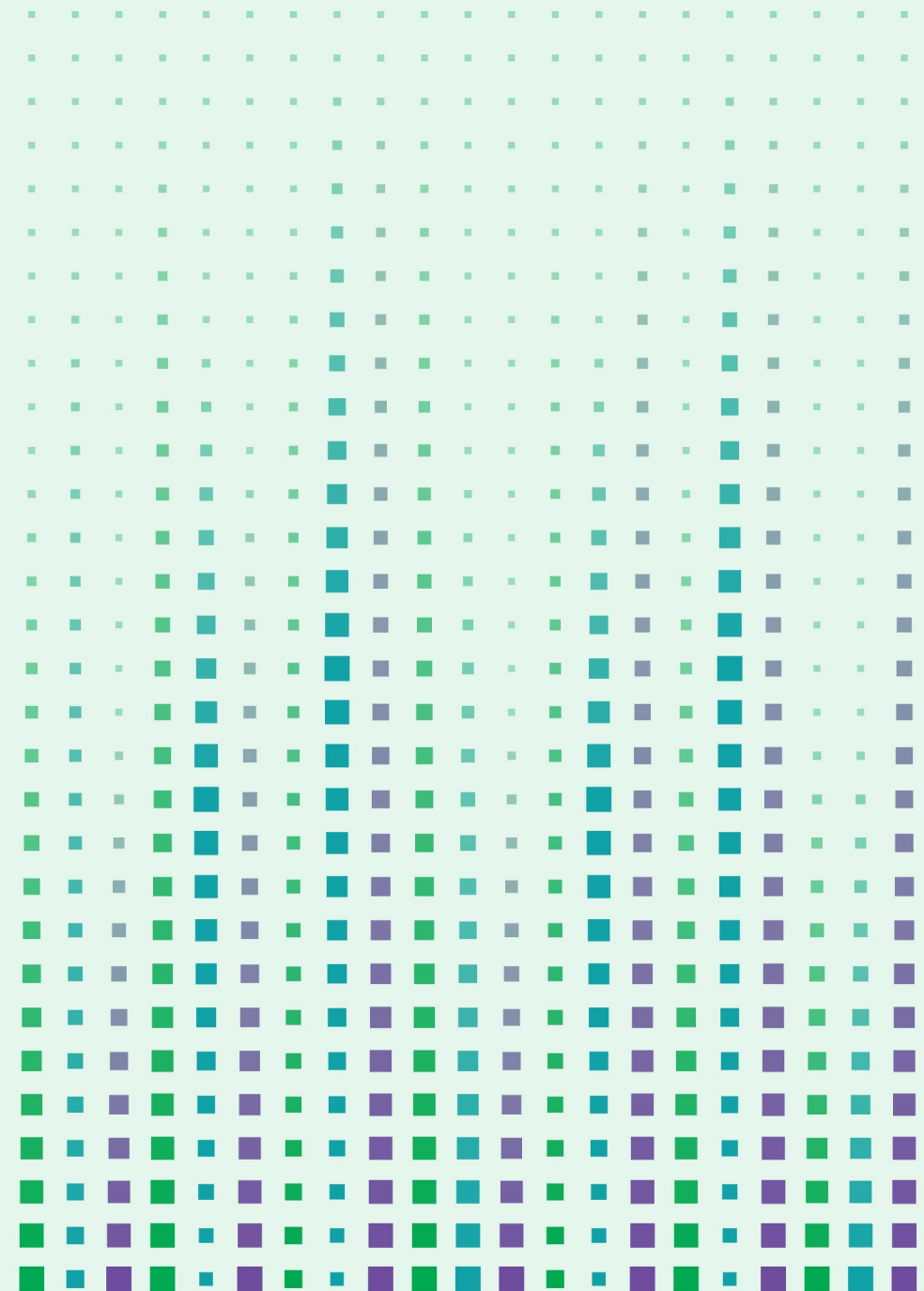


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2026 State of Digital Health Purchasing

A Survey of Health Plans, Employers, and Health Systems



2026 State of Digital Health Purchasing:

A survey of health plans, employers, and health systems

As health technology becomes more broadly adopted and drives healthcare spending, this survey asked decision-makers about their approach to purchasing digital health solutions.

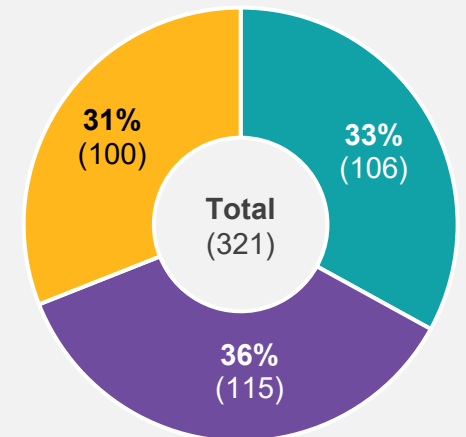
We surveyed 321 digital health decision-makers who are responsible for purchasing decisions in health plans, employers, and health systems. Respondents make or significantly influence decisions about digital health solutions.

Fielded between July 1 and July 22, 2026.

The survey asked purchasers about four main topics:

- 1. Purchasing approach:** Which digital solutions purchasers currently offer and why
- 2. AI adoption:** How health plans and health systems are deploying AI
- 3. Contracting process:** Approach to contracting with digital health vendors
- 4. Future plans:** Goals and objectives for future digital health purchasing practices

SURVEY RESPONDENTS % (N)



PHTI worked with KRC Research (an Omnicom Agency) to design the instrument, field the survey, and analyze results.



2026 State of Digital Health Purchasing:

Summary findings

Purchasing approach

Commitment to digital health remains steady, but fewer purchasers report increasing spend on solutions versus two years ago.

Nearly all purchasers expect digital health tools to produce better health outcomes, broaden access, and strengthen financial performance.

Clinical focus areas have remained consistent with past years, led by diabetes, primary care, and mental health.

AI adoption

AI is widely adopted among health plans and health systems, though many are limited deployments.

Health systems have deployed AI predominantly for clinical documentation and ambient scribing.

Clinical documentation review is the top AI use case for health plans.

Contracting process

Performance-based contracting is widespread and substantive. Most users apply it to at least half of their agreements, with a meaningful share of payment at risk.

Purchasers expect vendors to put payment at risk on the basis of objective clinical and financial outcomes.

Cost savings are where vendors most often fail to meet performance goals, as purchasers increasingly focus on financial savings when selecting and switching solutions.

Engagement has become an essential indicator of solution effectiveness for purchasers. Limited uptake and weak engagement are now leading reasons purchasers switch solutions.

Future plans

Most purchasers intend to maintain, not grow, their current digital health spending.

Improving access to care is the top priority for the year ahead, followed by maintaining competitive benefits, improving user experience, and reducing spending.

Purchasers plan to focus on cardiovascular conditions in the next year.

Preventative care is the top clinical area that purchasers plan to newly explore in the next year.

Key themes across purchasers

Purchasers Are Raising the Bar on Proof

Purchasers increasingly demand measurable evidence that solutions work, weighing proven track record and ROI in vendor selection.

Contracts Have Become the Enforcement Mechanism

Performance-based contracting is now a primary way purchasers enforce a high bar, with a meaningful share of payment at risk on clinical and financial metrics.

Engagement Is Critical

Strong engagement is the top reason they are willing to spend more, and weak engagement is a leading reason why they switch solutions.

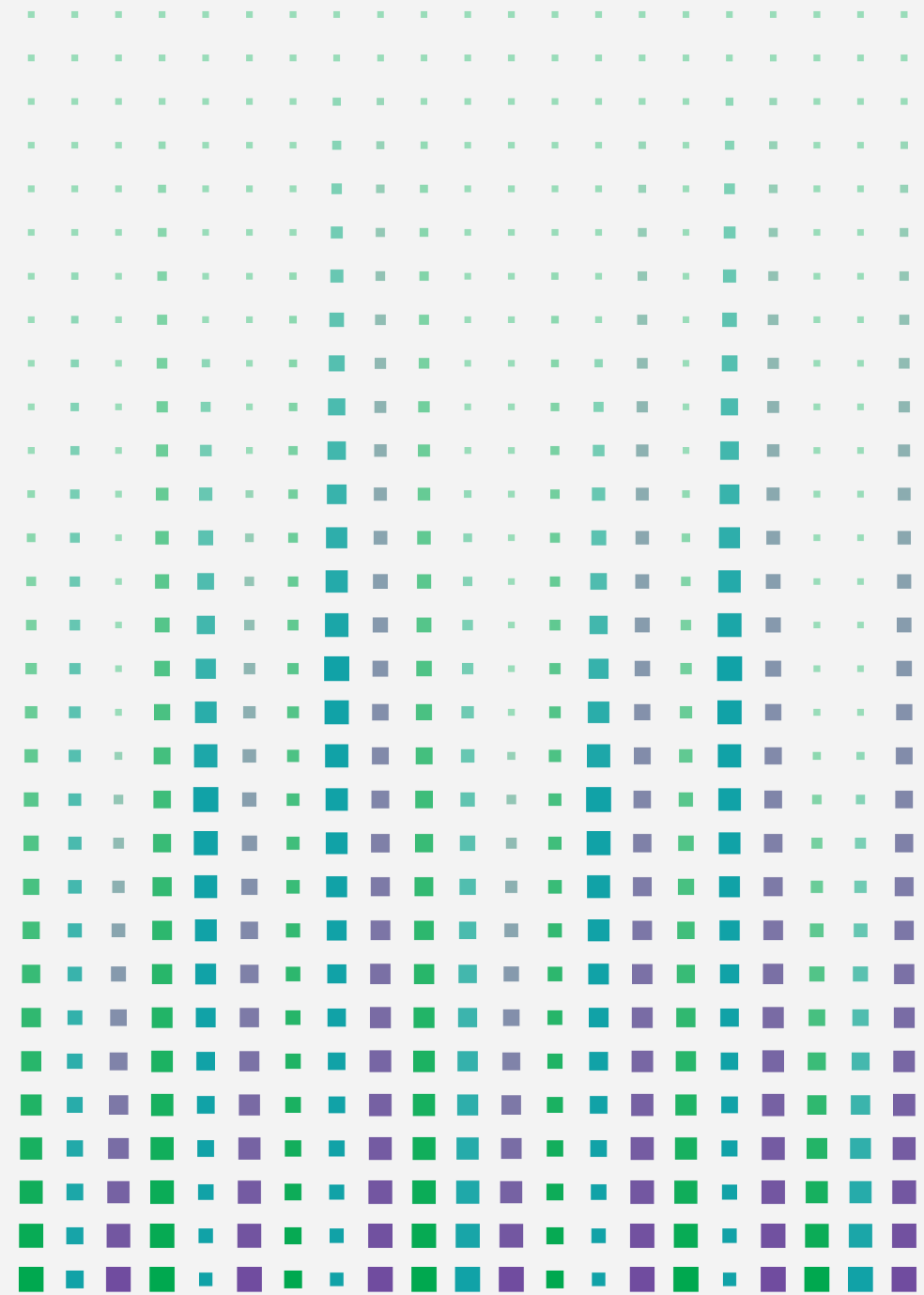
Purchasers Are Increasingly Focused on Whether Solutions Are Worth It

Financial cost savings are often where vendors fail to meet performance goals, fueling rising cost scrutiny in how purchasers select and switch vendors.

Purchasers Plan to Shift from Growth to Maintenance

Purchasers are planning to prioritize quality over quantity and spending to maintain their current solutions rather than to expand.

Purchasing approach



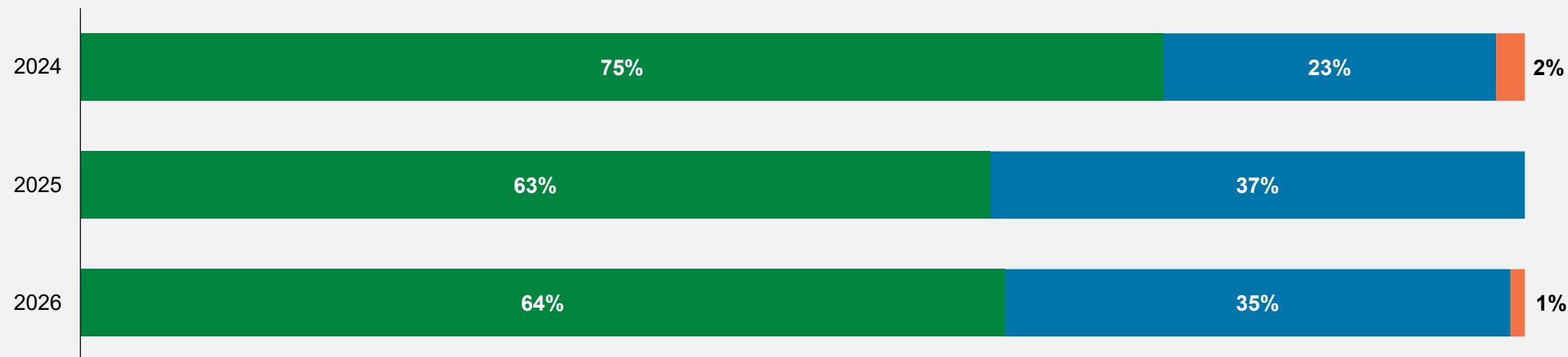
Commitment to digital health remains steady, but fewer purchasers report increasing spend than two years ago



Nearly all purchasers continue to increase or maintain their digital health spending. A majority (64%) report increasing spending, while roughly a third (35%) report maintaining it.

CHANGE IN SPENDING ON DIGITAL HEALTH SOLUTIONS OVER THE PAST THREE YEARS (%)

■ Increased ■ Remained the Same ■ Decreased

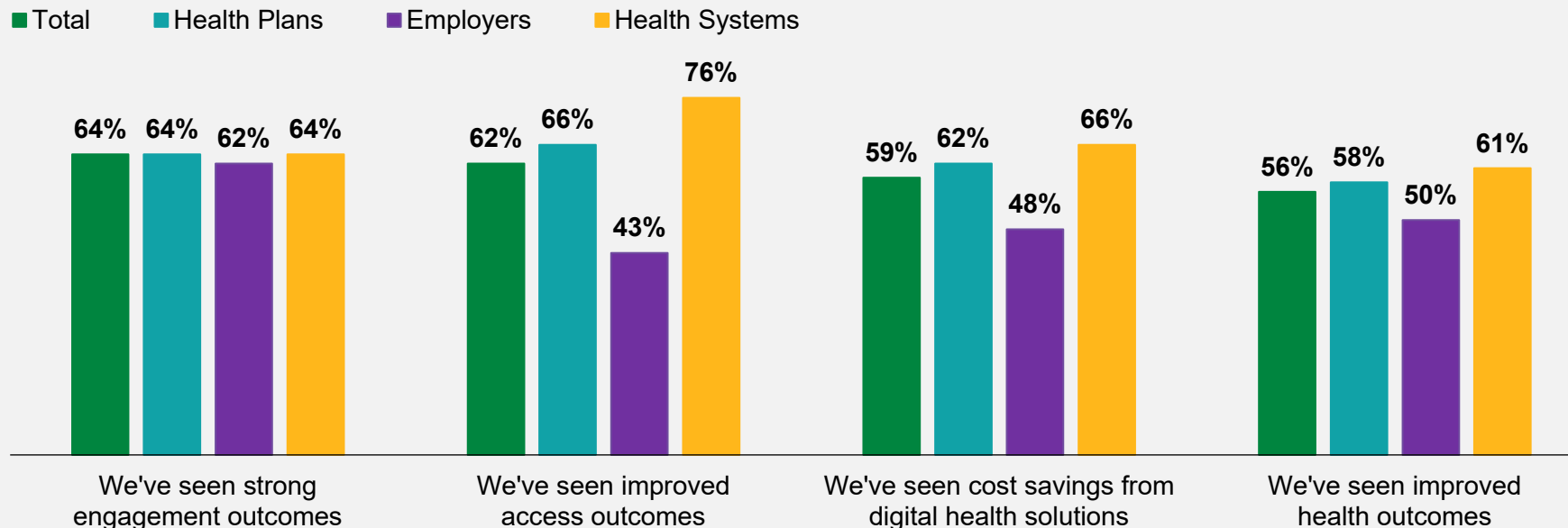


Question: In the past two years, has your organization's spending on digital health solutions increased, remained the same, or decreased? (2024; n=332); (2025; n=309); (2026; n=321)

For those increasing spending, purchasers are looking for proof that a solution can deliver strong engagement outcomes



WILLINGNESS TO INCREASE SPENDING BY PURCHASER (%)



Question: Why is your organization willing to spend more on digital health solutions? Select all that apply. (n=192, total); (n=73, health plan); (n=60, employer); (n=59, health system)

Note: The 2026 employer sample was drawn from a different panel than 2025. Quotas were established to closely match respondent profiles across years. The panel was predominantly HR leaders from smaller, non-healthcare firms across diverse industries; data was not weighted.

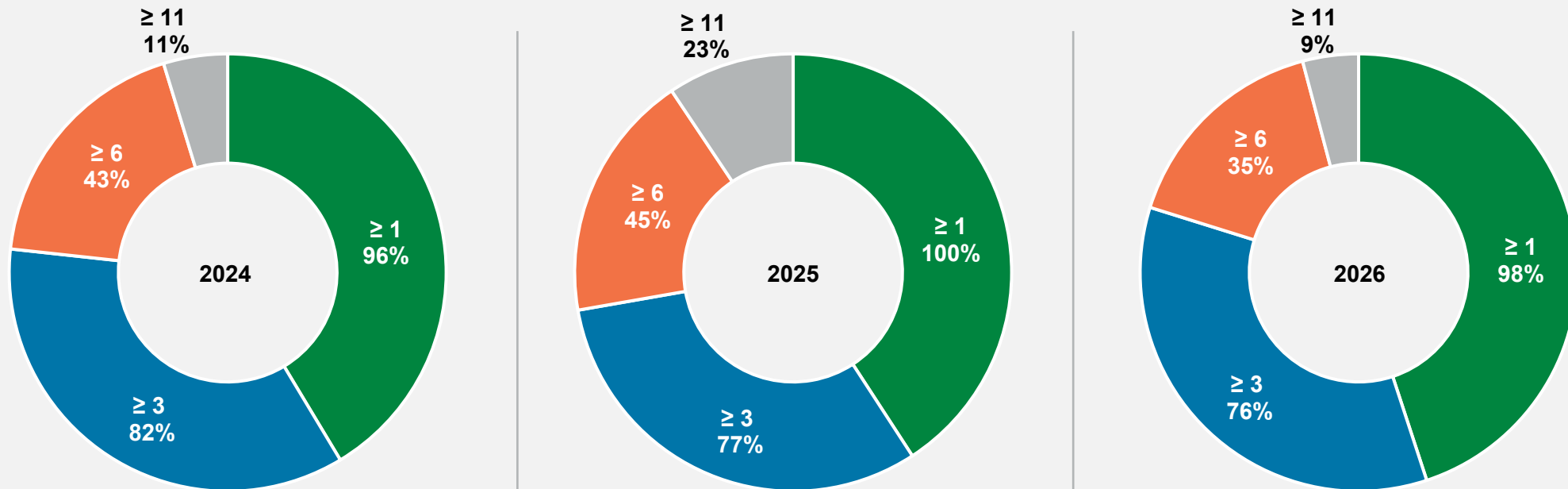
Strong engagement is the most consistent reason purchasers cite for their willingness to increase spending—roughly two-thirds across every segment (64%)—reflecting a shared expectation that solutions show usage before spending grows.

Health plans (66%) and health systems (76%) also point to improved access, while employers cite reasons beyond engagement less often.

Digital health portfolios are becoming more focused, with fewer purchasers offering 11 or more unique solutions



NUMBER OF CLINICAL INDICATIONS COVERED BY CURRENT SUITE OF DIGITAL HEALTH SOLUTIONS (%)



Question: How many unique digital health solutions does your organization currently offer? (2024; n=332); (2025; n=309); (2026; n=321)

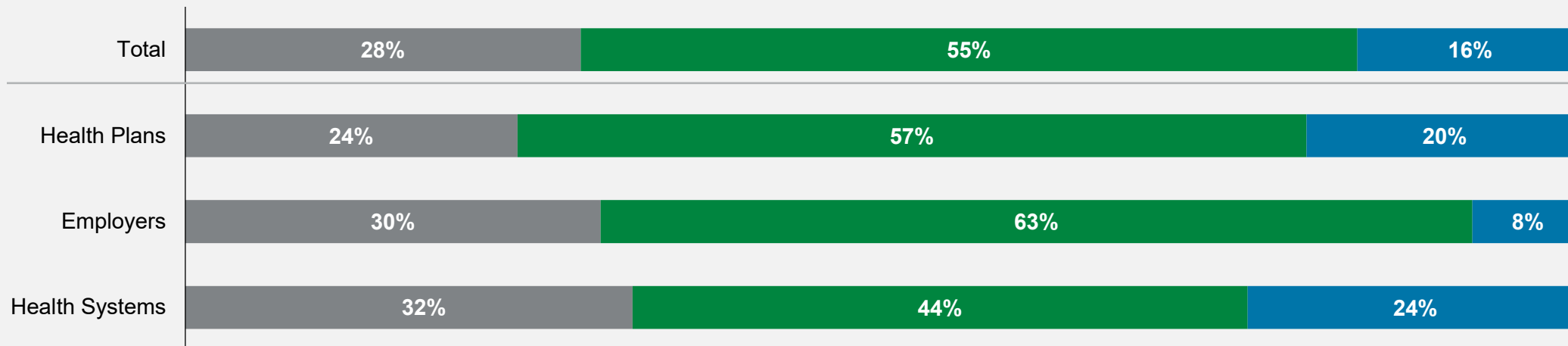
Digital health remains a small slice of total benefits spending, comprising just 1–5% of spend for most purchasers



Health systems (24%) and health plans (20%) are the most likely to devote at least 5% of benefits spending to digital health. Employers are the least likely to spend at that level (8%).

PROPORTION OF BENEFITS SPENDING DEVOTED TO DIGITAL HEALTH SOLUTIONS BY PURCHASER (%)

■ <1% ■ ≥1 and <5% ■ ≥5%



Question: What proportion of your total health benefits spending is devoted to digital health solutions? (n=321, total); (n=106, health plan); (n=115, employer); (n=100, health system)

Note: Percentages may not add to 100% due to rounding.

Clinical priorities remain stable, with a focus on diabetes, primary care, and mental health



CLINICAL INDICATIONS PURCHASERS HAVE OFFERED OR COVERED DIGITAL HEALTH SOLUTIONS FOR (%)

	2024	2025	2026
Diabetes	65%	65%	60%
Primary care (e.g., annual checkups, chronic care management)	62%	54%	60%
Mental health (e.g., anxiety, depression)	56%	54%	58%
Cardiovascular (e.g., hypertension)	54%	51%	54%
Preventive care (e.g., screenings, immunizations)	56%	44%	40%
Obesity	42%	43%	36%
Women’s reproductive health and fertility	39%	30%	35%

Question: Which of the following areas has your organization purchased digital health solutions for? Select all that apply. (2024; n=332); (2025; n=309); (2026; n=321)
Note: While this question is similar to the 2024 version, response options were revised in 2025 and 2026 for clarity, so results may not be directly comparable.

Clinical priorities for 2026 remain largely consistent with 2024 and 2025, showing stability in purchaser focus areas with some shifts in emphasis. Mental health solutions are a particular priority for employers, with 70% currently focusing on mental health compared to health plans (54%) and health systems (48%).

Strengthening financial performance is emerging among purchasers' top priorities for digital health



97%

of purchasers look for digital solutions that **improve measurable health outcomes**

97%

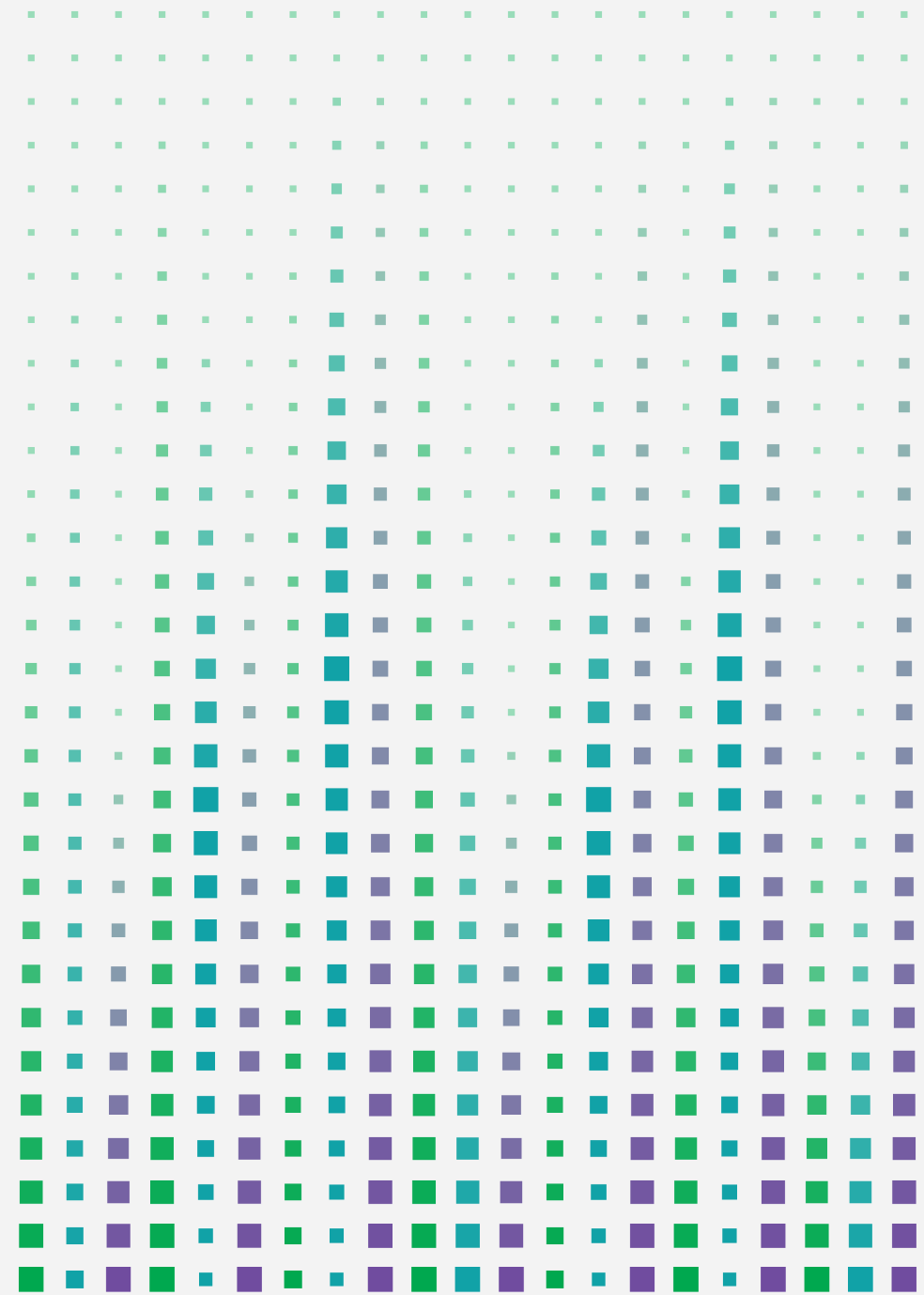
of purchasers look for digital solutions that **expand access to healthcare services**

96%

of purchasers look for digital solutions that **strengthen organizational financial performance**



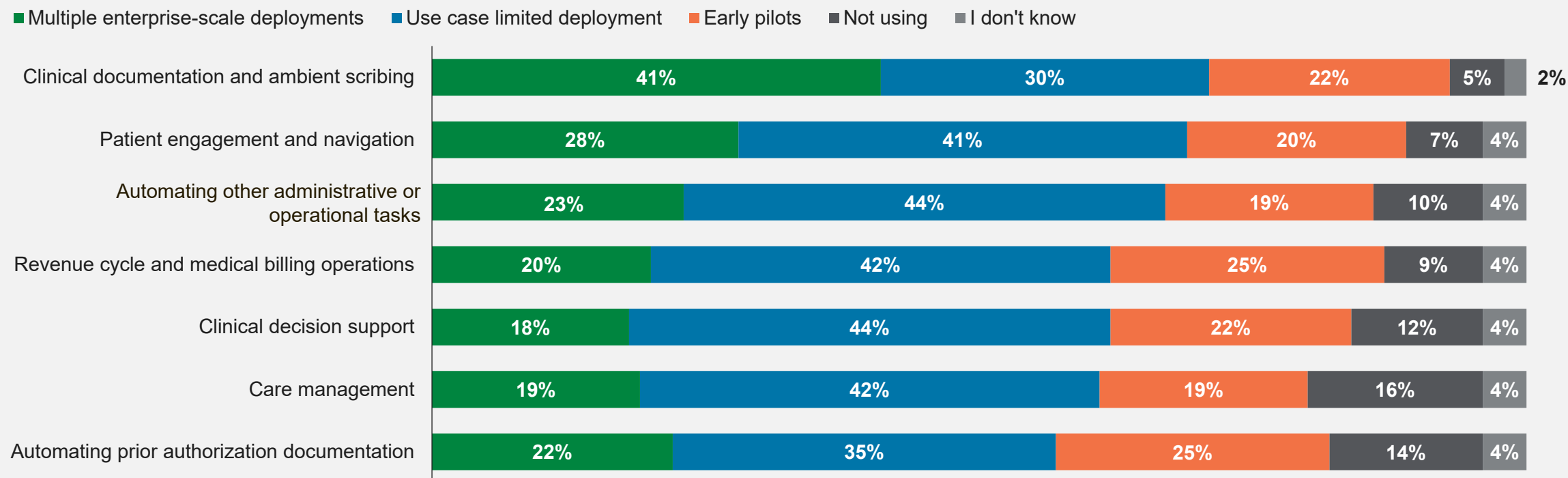
AI adoption



AI is widely adopted among health systems, with highest adoption for clinical documentation and ambient scribing



AI ADOPTION BY FUNCTION AND MATURITY STAGE FOR HEALTH SYSTEMS (%)



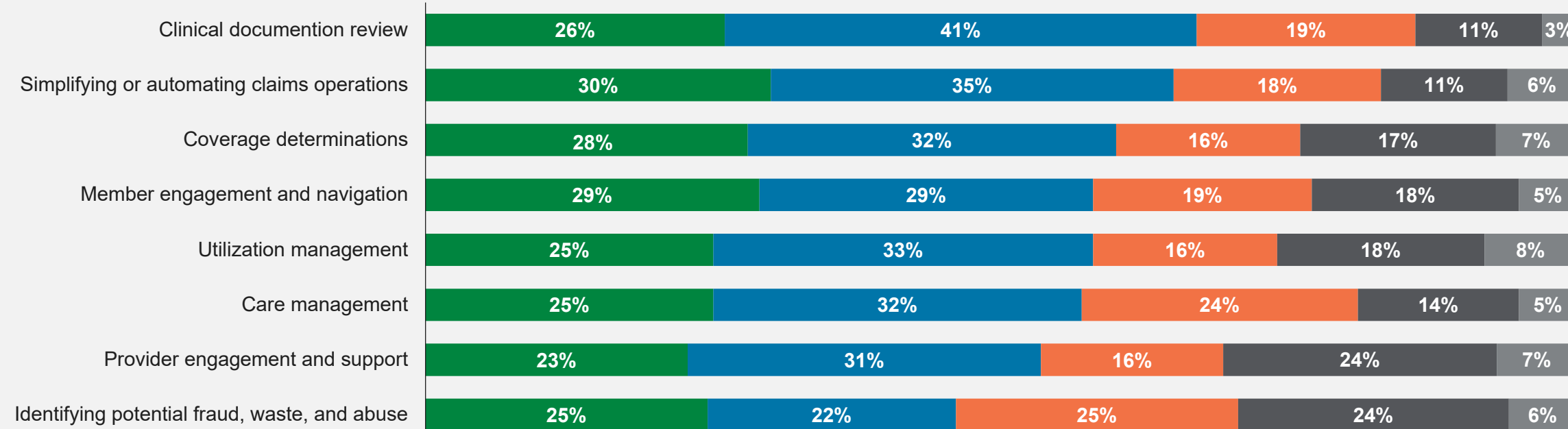
Question: In what ways is your organization currently utilizing Artificial Intelligence (AI) to support your operations or decision-making, if at all? Select all that apply. (n=100, health system)
Note: Question was only asked to health plans and health system panels. Answer categories by AI adoption function varied between health plans and health systems.

Health plans have adopted AI in every function, led by clinical documentation review



AI ADOPTION BY FUNCTION AND MATURITY STAGE FOR HEALTH PLANS (%)

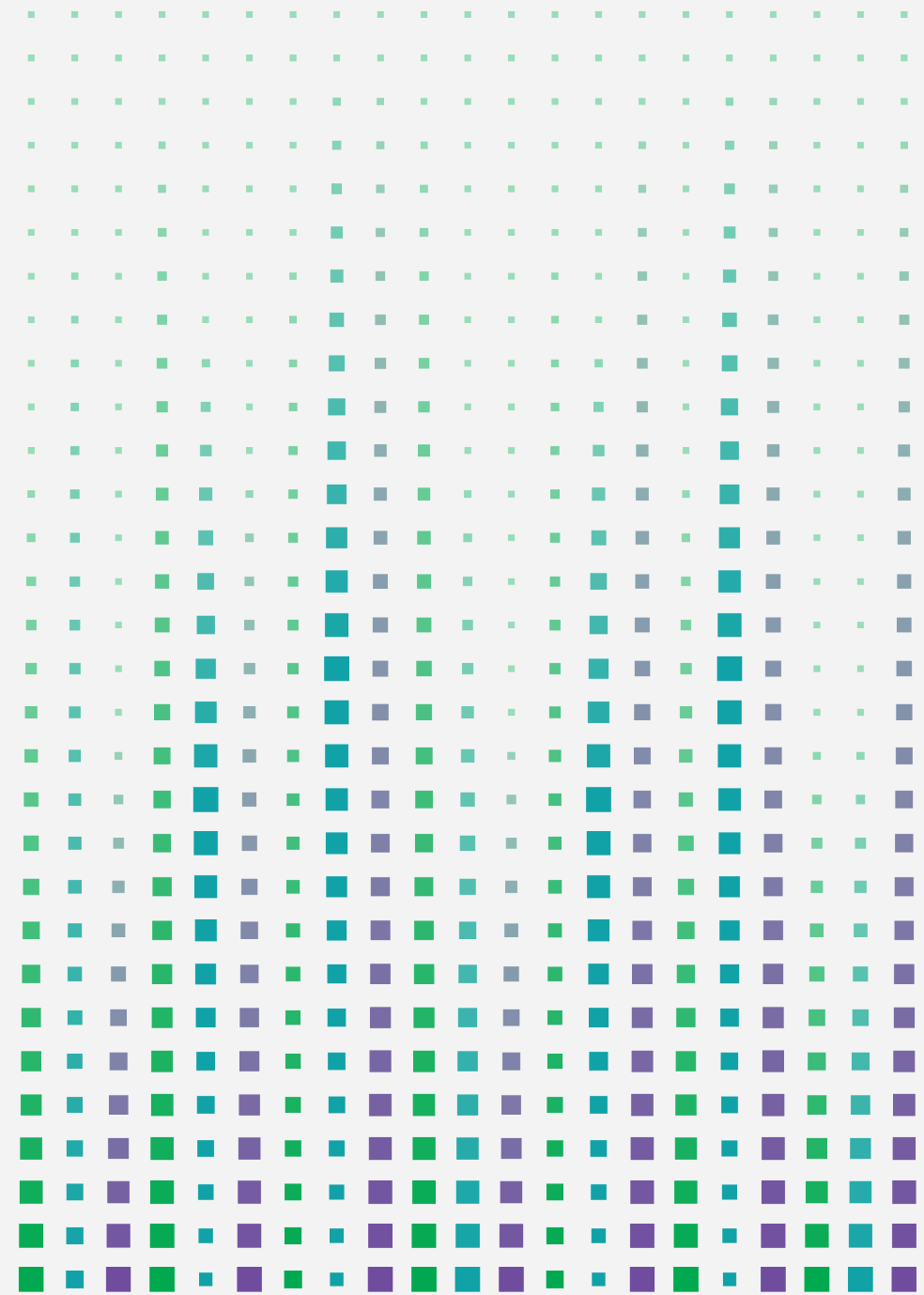
■ Multiple enterprise-scale deployments ■ Use case limited deployment ■ Early pilots ■ Not using ■ I don't know



Question: In what ways is your organization currently utilizing Artificial Intelligence (AI) to support your operations or decision-making, if at all? Select all that apply. (n=106, health plan)

Note: Question was only asked to health plans and health system panels. Answer categories by AI adoption function varied between health plans and health systems.

Contracting process



Cost of the solution and expected financial ROI are increasingly important factors when selecting vendors for purchasers



	Health Plans		Employers		Health Systems	
	2025	2026	2025	2026	2025	2026
Ranked 1st	Proven track record (57%)	Cost of the solution (45%)	Cost of the solution (66%)	Proven track record (36%)	Proven track record (51%)	Cost of the solution (43%)
Ranked 2nd	Expected financial ROI (37%)	Expected financial ROI (43%)	Proven track record (43%)	Cost of the solution (25%)	Cost of the solution (42%)	Expected financial ROI (42%)
Ranked 3rd	Strong financial backing or level of investment in the company or technology (35%)	Proven track record (39%)	Reliable and responsive customer support (42%)	Reliable and responsive customer support (25%)	Offers a package or suite of products that meets most or all of my needs (41%)	Proven track record (42%)



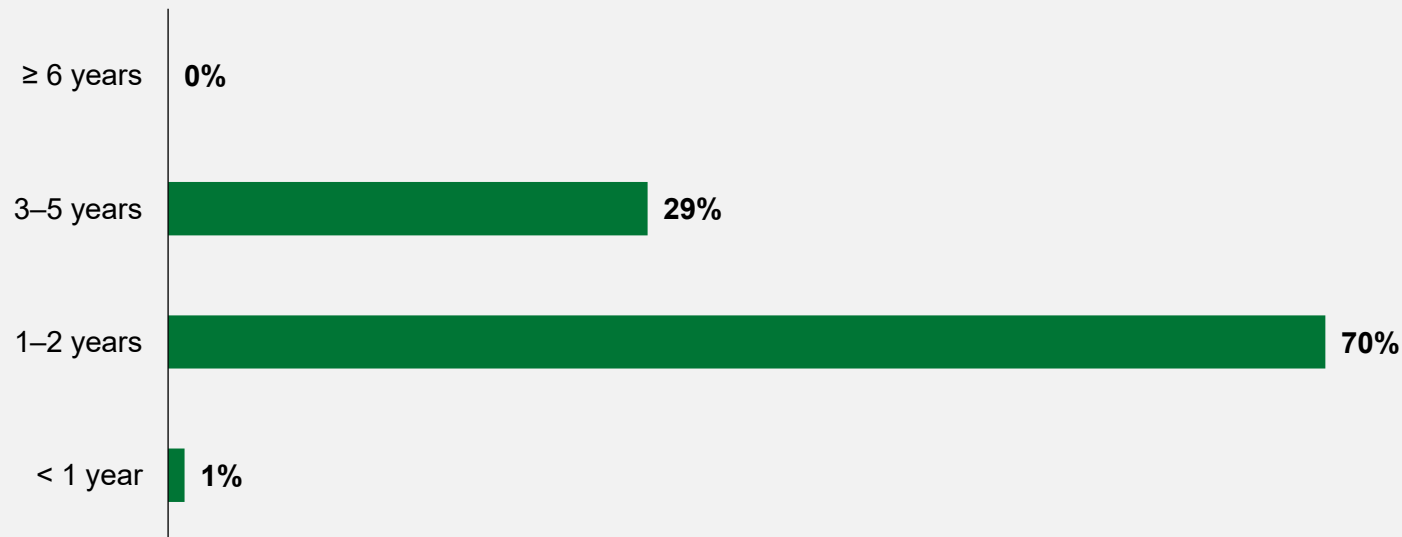
Question: Below are factors that organizations might consider when selecting vendors for digital health solutions. For your organization, which three are most important? (2025; n=93, health plan; n=114, employer; n=102, health system); (2026; n=106, health plan; n=115, employer; n=100, health system)

Most purchasers use short-term contracts of two years or less and regularly evaluate their portfolios of digital health solutions



71% of purchasers say their contracts with digital solutions have a duration of two years or less.

AVERAGE CONTRACT LENGTH FOR DIGITAL HEALTH SOLUTIONS ACROSS ALL PURCHASER TYPES (%)



Question: On average, how long are your contracts for digital health solutions? (n=321);
How often do you review your digital health solution portfolio? (n=321)

Shorter contract durations are still the norm across purchasers, with frequent review cycles.

Employers are increasingly reviewing their contracts more than once a year (from 4% in 2025 to 17% in 2026).

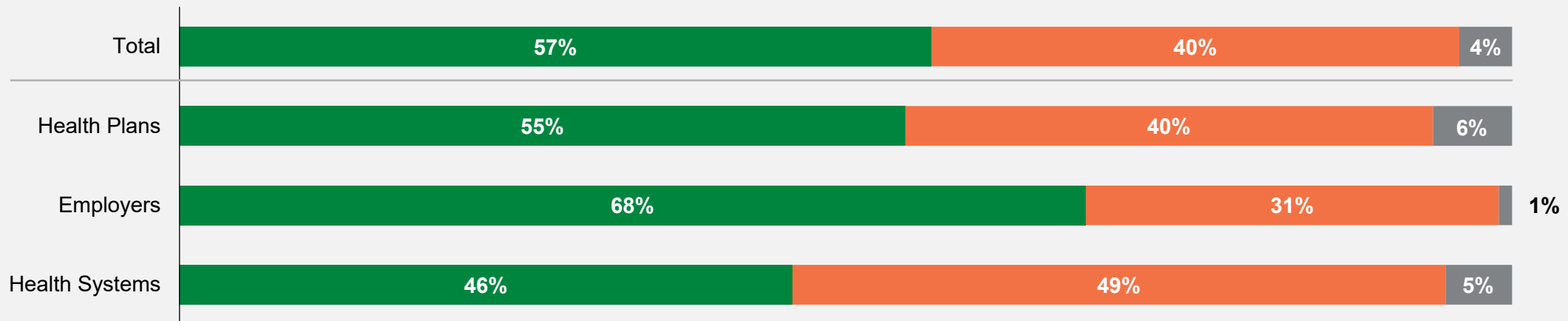
A majority of purchasers now use performance-based contracts



More than two-thirds of employers (68%) use performance-based contracts, and among those, a majority (58%) apply performance-based elements to more than half of their contracts.

USE OF PERFORMANCE-BASED CONTRACTS BY PURCHASER (%)

- Yes, we are currently using performance- or risk-based contracts
- No, we are not currently using performance- or risk-based contracts
- I don't know

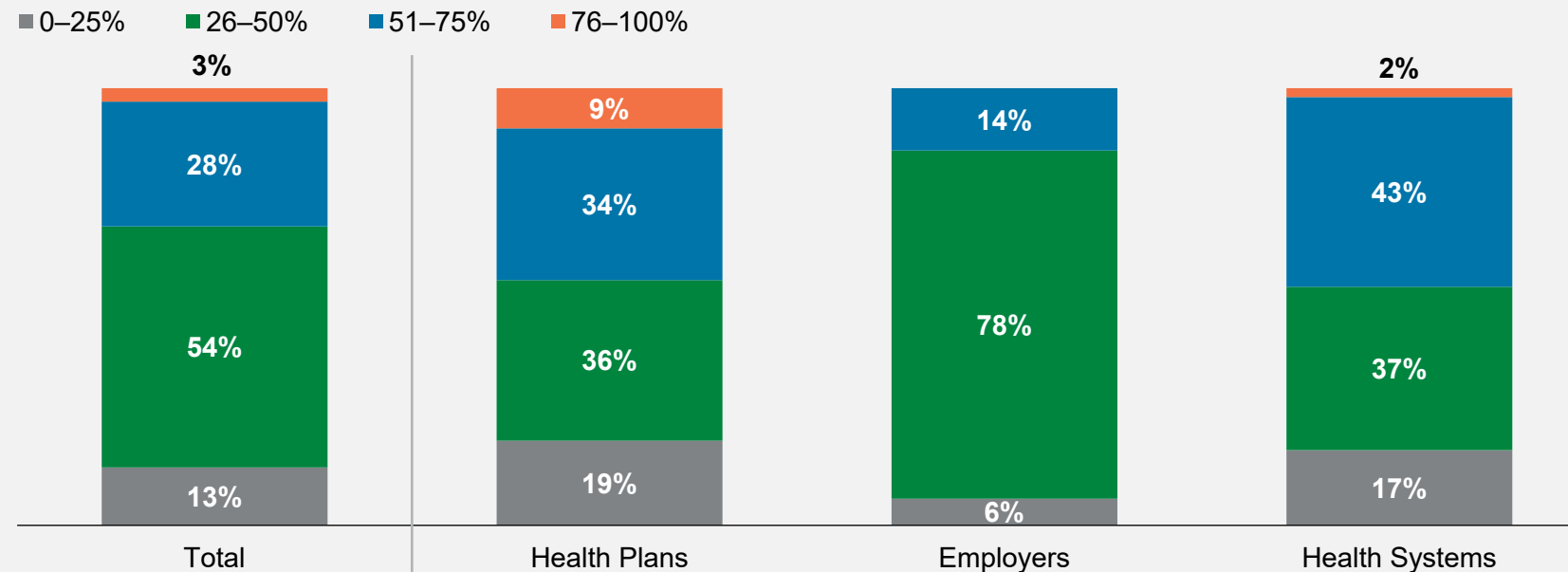


Question: Are you currently using any performance-based contracts for digital health solutions? (n=321, total); (n=106, health plan); (n=115, employer); (n=100, health system); About how many of your current contracts for digital health solutions have performance-based elements? (n=182, total); (n=58, health plan); (n=78, employer); (n=46, health system) Note: Percentages may not add to 100% due to rounding. Question skipping should not be figured into the percentages.

Most performance-based contracts have 26–50% of their contract value at risk, with health plans and health systems putting more at stake



SHARE OF TOTAL CONTRACT VALUE AT-RISK FOR DIGITAL HEALTH COMPANIES BY PURCHASER (%)



Question: Of the contracts that include performance-based elements, on average, what percentage of the value of those contracts is performance-based? (n=182, total); (n=58, health plan); (n=78, employer); (n=46, health system)

Note: Percentages may not add to 100% due to rounding. Question skipping should not be figured into the percentages.

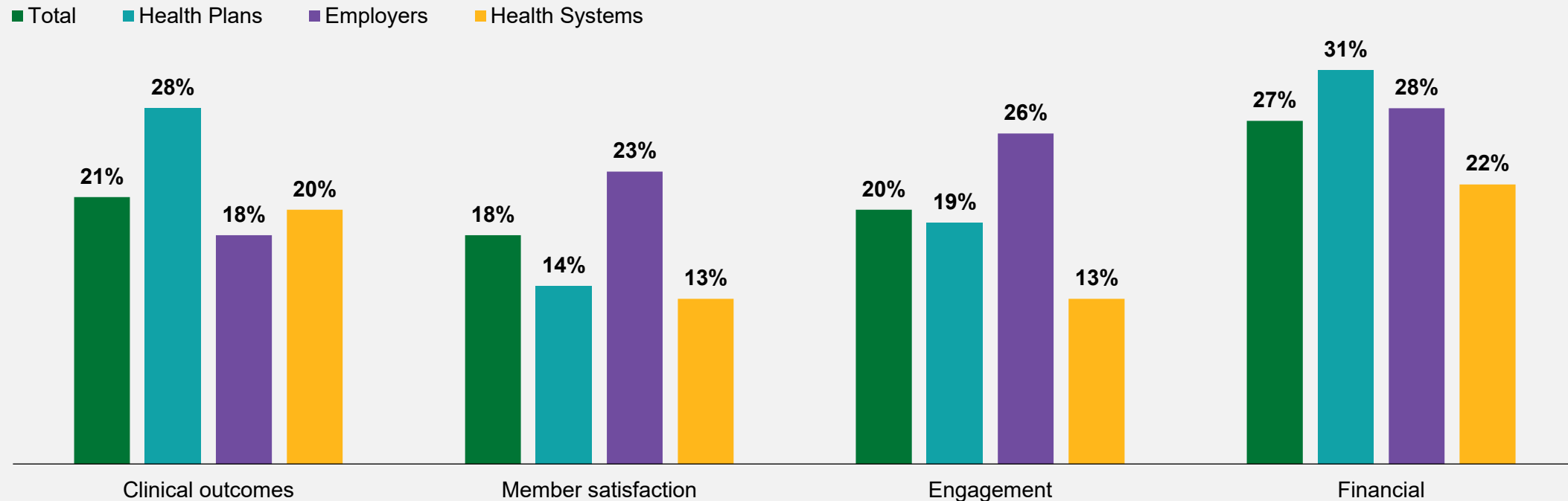
Health plans and health systems put the most value at risk in their performance-based contracts, often placing more than half of their contract value at stake.

Employers cluster in the middle band, with more than three-quarters (78%) putting 26–50% at risk and few going higher.

Financial cost savings are often where vendors fail to meet performance goals



FAILURE TO MEET PERFORMANCE METRICS BY PURCHASER (%)



Question: Is the value of any of your digital health vendor contracts tied to the following performance metrics? If yes, indicate whether vendors typically meet or fail to meet these metrics. (n=182, total); (n=58, health plan); (n=78, employer); (n=46, health system)

Purchasers report a wide variety of barriers to maximize the value of their performance-based contracts, led by difficulty aligning with vendors



BARRIERS TO VALUE WITH PERFORMANCE-BASED CONTRACTS BY PURCHASER (%)

	Total	Health Plans	Employers	Health Systems
Difficulty aligning with vendors on performance metric definitions	41%	41%	44%	35%
Limited staff time or internal capacity to manage contract negotiations	35%	41%	22%	48%
Limited access to data needed to evaluate performance	34%	33%	36%	30%
Overreliance on vendor-reported outcomes that cannot be independently validated	33%	45%	28%	26%
Difficulty enforcing performance guarantees when targets are missed	32%	41%	24%	35%
Vendor resistance to meaningful performance risk or accountability terms	31%	29%	36%	24%
Unclear or insufficient evidence base for solution's clinical or financial impact	26%	29%	18%	35%
Contract durations that are too short to observe meaningful outcomes	23%	14%	31%	20%



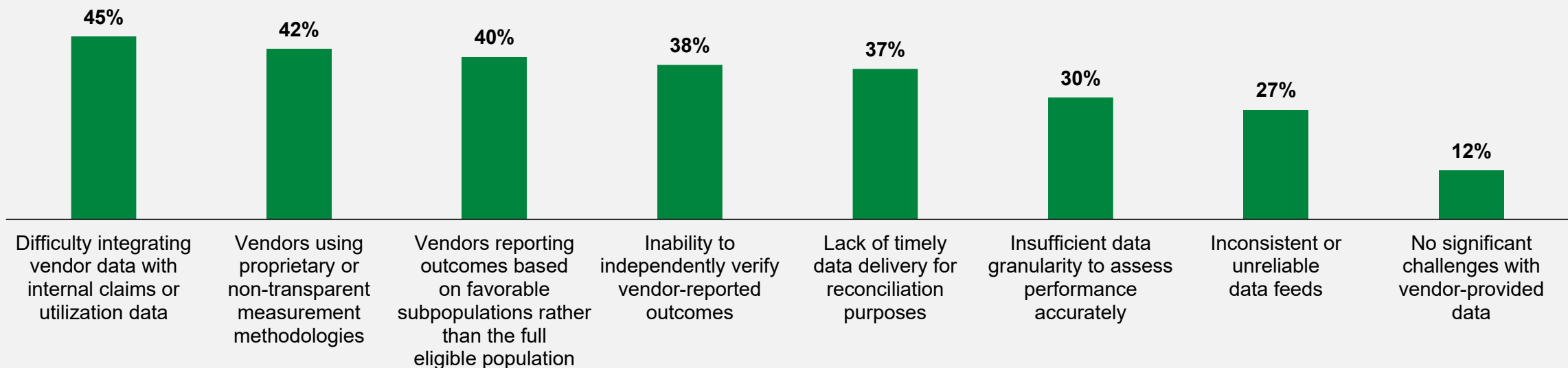
Question: What barriers, if any, limit your organization's ability to achieve the maximum value from performance-based contracts with digital health vendors? Select all that apply. (n=182, total); (n=58, health plan); (n=78, employer); (n=46, health system)

Data challenges are nearly universal in performance-based contracts, led by integration difficulty



No single data challenge dominates, but data integration ranks highest for health plans (53%) and health systems (48%), compared with just 36% of employers.

CHALLENGES WITH VENDOR-PROVIDED DATA IN PERFORMANCE-BASED CONTRACTS ACROSS ALL PURCHASER TYPES (%)

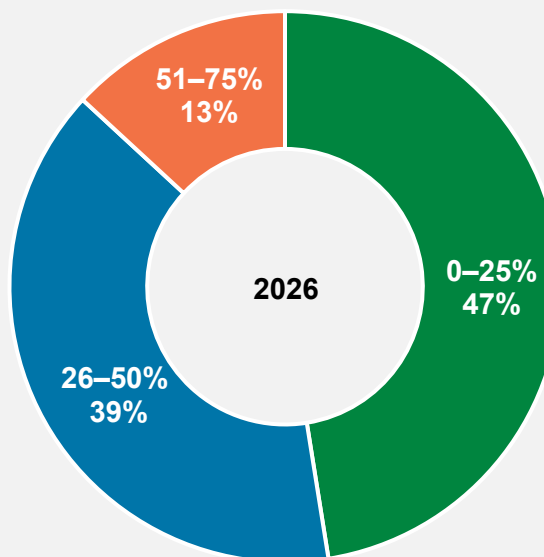
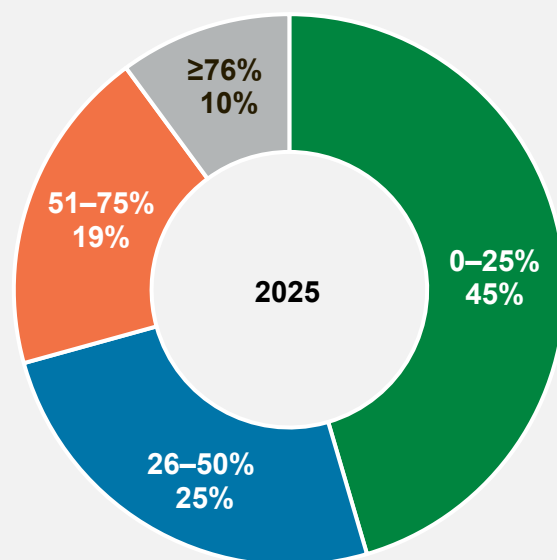


Question: What challenges, if any, has your organization experienced with vendor-provided data in the context of performance-based contracts? Select all that apply. (n=182)

Engagement remains difficult, as most purchasers continue to enroll no more than half of their eligible members



DISTRIBUTION OF AVERAGE ENROLLMENT RATE (%)



Question: On average, across all of your contracted digital health offerings, what proportion of eligible members/employees are enrolled in a digital health solution? (2025; n=309); (2026; n=321)

Note: Percentages may not add to 100% due to rounding. Question skipping should not be figured into the percentages.

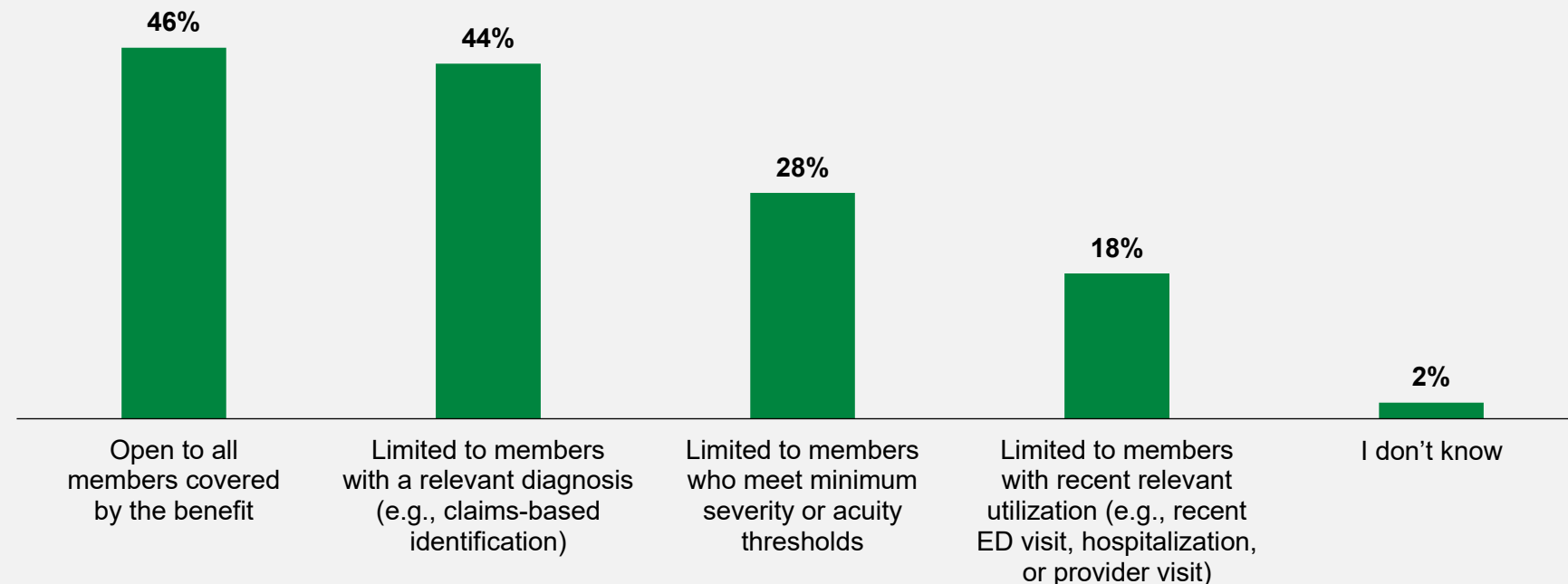
In 2026, the largest share of purchasers (47%) still sits in the lowest tier, enrolling no more than a quarter of eligible members.

This shows that low enrollment is a broad challenge across purchasers, not limited to just a few.

Purchasers are typically offering solutions to all members and are working to target members with relevant diagnoses



DEFINITIONS OF ELIGIBLE POPULATION IN PERFORMANCE-BASED CONTRACTS ACROSS ALL PURCHASER TYPES (%)



Question: How does your organization typically define the eligible population in your performance-based contracts with digital health vendors? Select all that apply. (n=182)

Nearly half of purchasers (46%) define the eligible population as all covered members, but many (44%) are working to limit eligibility by diagnosis or clinical need.

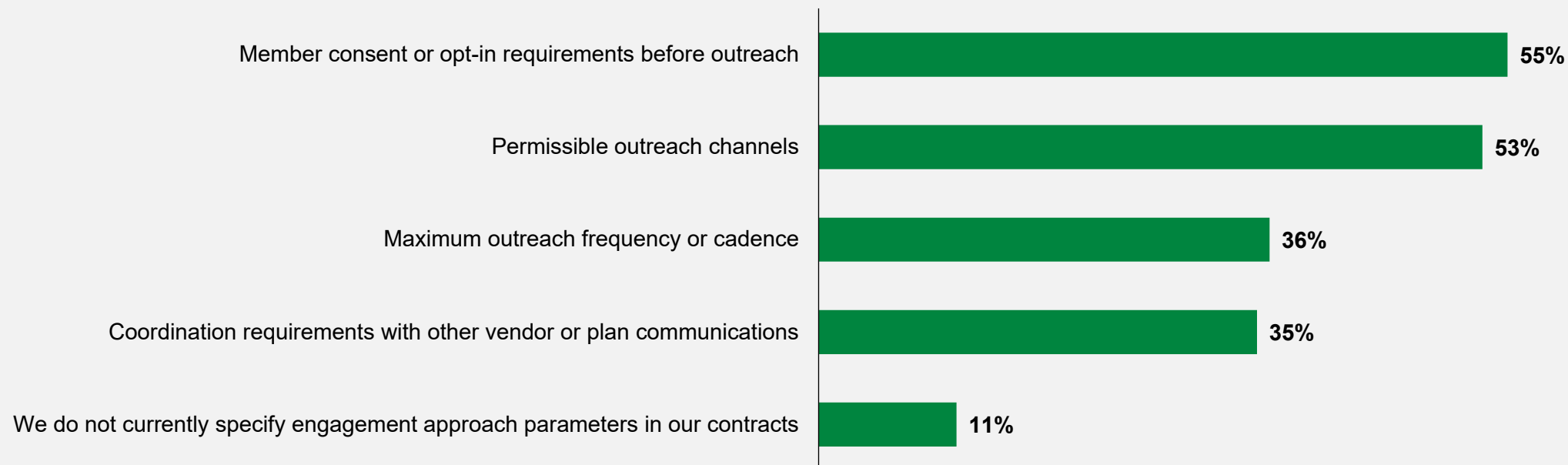
More narrow definitions based on severity or recent utilization remain less common.

Most contracts have guardrails on how vendors contact or engage members, including member consent or permissible outreach channels



Member consent (55%) and permissible outreach channels (53%) are the most common guardrails, each specified by more than half of purchasers. Few purchasers leave engagement approach unspecified entirely (11%).

PARAMETERS FOR HOW VENDORS CONTACT OR ENGAGE MEMBERS ACROSS ALL PURCHASER TYPES (%)



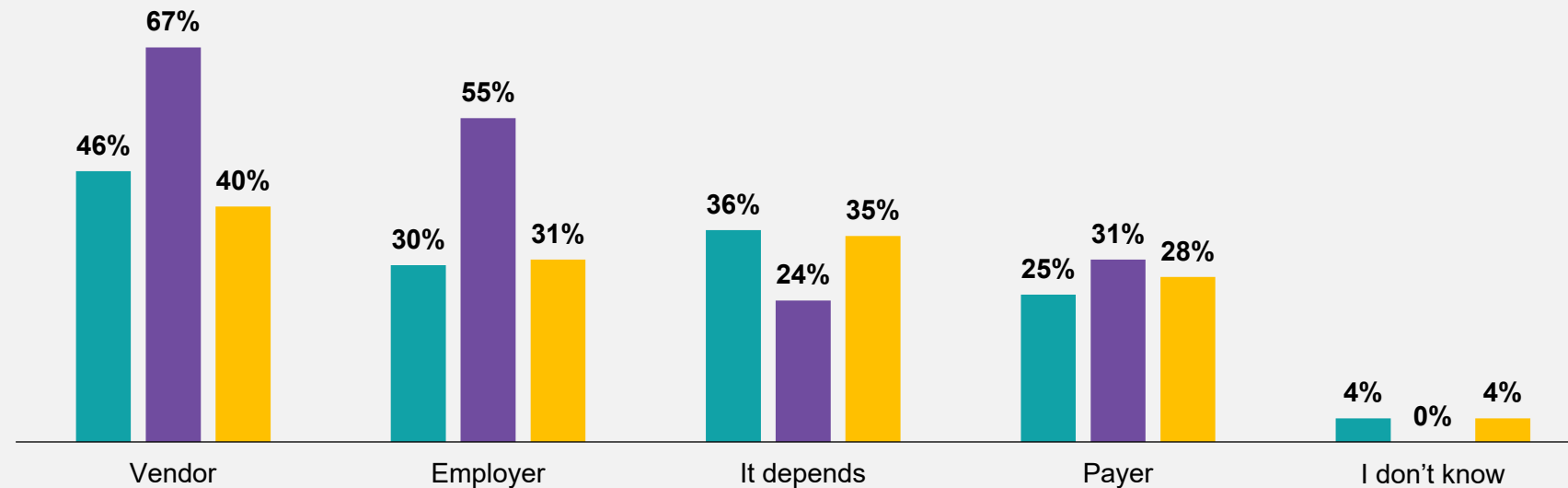
Question Do your contracts specify parameters for how vendors may contact or engage members? Select all that apply. (n=321)

Vendors are often responsible for taking the lead on member engagement



PARTY RESPONSIBLE FOR MEMBER ENGAGEMENT BY PURCHASER (%)

■ Health Plans ■ Employers ■ Health Systems



Question: For a majority of your contracts, who is responsible for member engagement? Select all that apply.
(n=106, health plan); (n=115, employer); (n=100, health system)

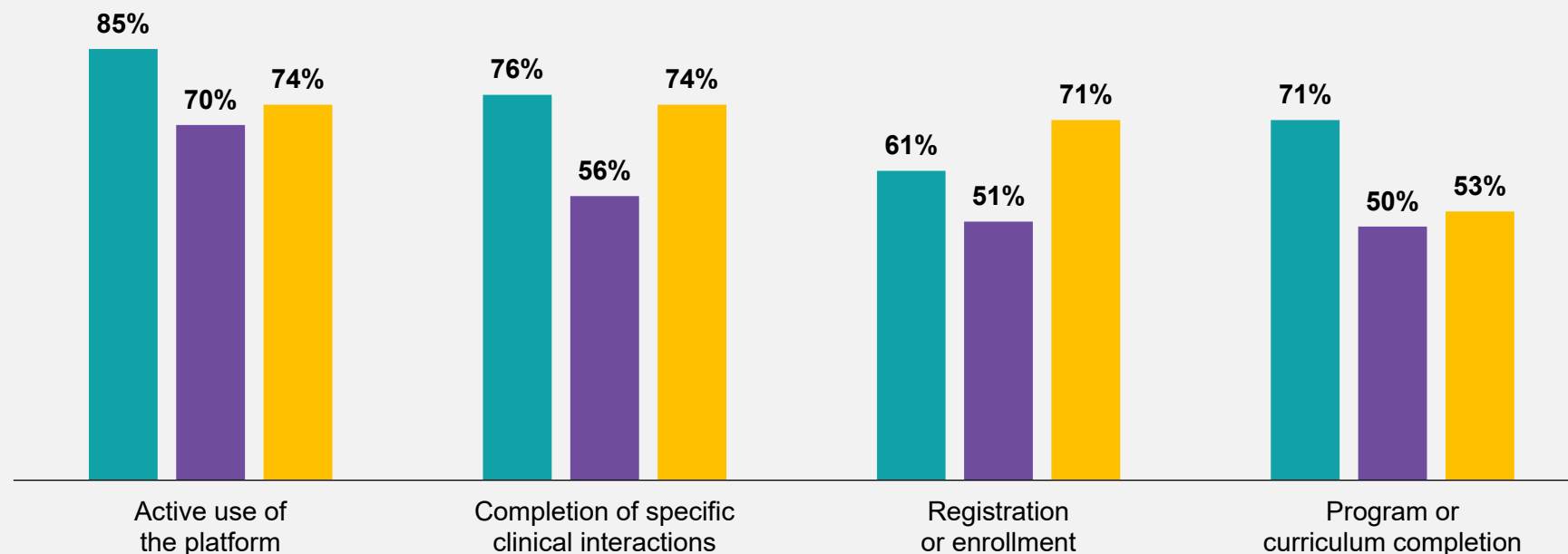
Health plans (46%), employers (67%), and health systems (40%) most often put vendors in charge of engagement.

Purchasers most often define engagement as active platform use and completion of clinical interactions



DEFINITIONS OF ENGAGEMENT IN CONTRACTS BY PURCHASER (%)

■ Health Plans ■ Employers ■ Health Systems



Question: When used as a part of contractual terms, how are you defining engagement with a digital health solution? Select all that apply across any of your contracts. (n=41, health plan); (n=70, employer); (n=38, health system)

Purchasers increasingly define engagement by real use rather than enrollment alone.

Health plans set the highest bar and most often cite active use of the platform (85%) as the definition of engagement.

Cost remains a top reason to switch vendors, and lack of meaningful engagement rises into every segment's top three

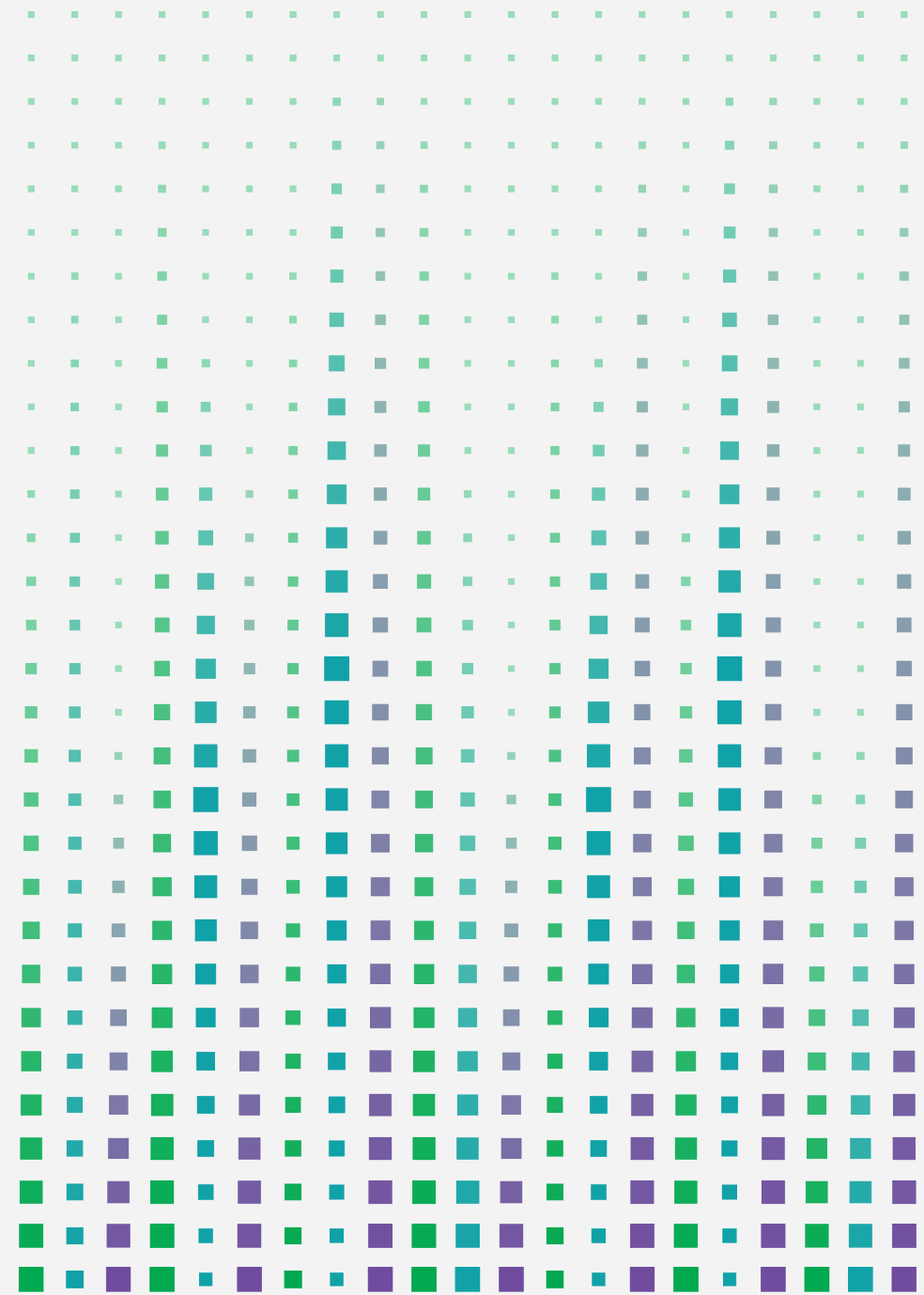


	Health Plans		Employers		Health Systems	
	2025	2026	2025	2026	2025	2026
Ranked 1 st	Overall cost of the solution (59%)	Overall cost of the solution (56%)	Overall cost of the solution (74%)	Lack of meaningful engagement (40%)	Overall cost of the solution (71%)	Overall cost of the solution (53%)
Ranked 2 nd	Outcomes data show no added value (43%)	Outcomes data show no added value (43%)	User satisfaction or needs (53%)	User satisfaction or needs (34%)	Need for better integration with other tools or platforms (37%)	Lack of meaningful engagement (37%)
Ranked 3 rd	User satisfaction or needs (33%)	Lack of meaningful engagement (42%)	Difficult relationship with vendor (52%)	Overall cost of the solution (30%)	Outcomes data show no added value (34%)	Need for better integration with other tools or platforms (32%)



Question: Below are factors that might motivate an organization to change its digital health solution. For your organization, which three factors would most likely motivate a change? (2025; n=93, health plan; n=114, employer; n=102, health system); (2026; n=106, health plan; n=115, employer; n=100, health system)

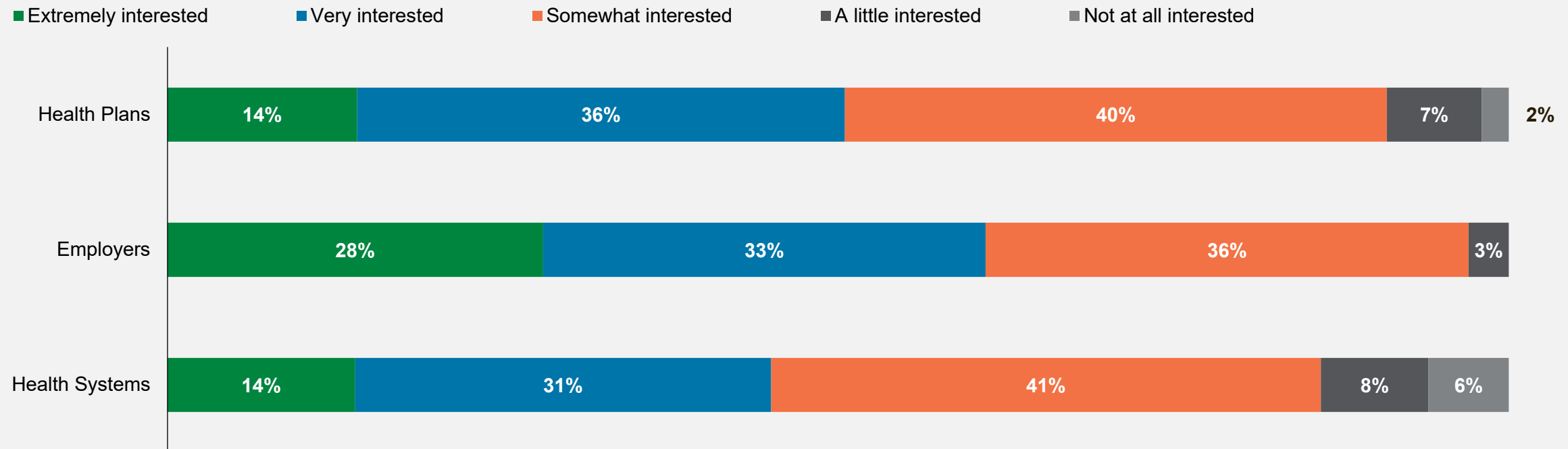
Future plans



Employers are twice as likely as health plans or health systems to be extremely interested in performance-based contracts



INTEREST IN PERFORMANCE-BASED CONTRACTS AMONG PURCHASERS WITHOUT THEM (%)



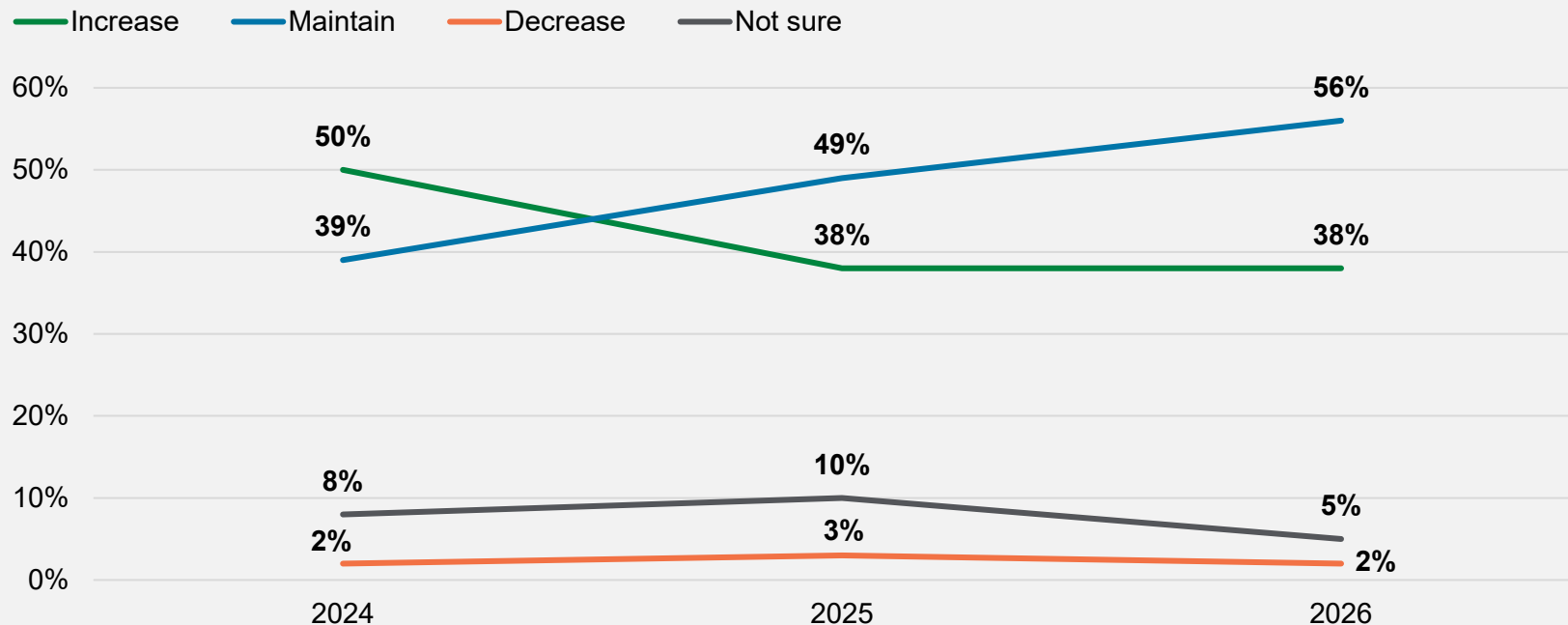
Question: How interested, if at all, are you in having performance-based contracts for digital health solutions in the future? (n=42, health plan); (n=36, employer); (n=49, health system)

Note: Percentages may not add to 100% due to rounding. Question skipping should not be figured into the percentages.

A majority of purchasers now plan to maintain digital health spending, a shift from two years ago when half planned to increase



CHANGE IN SPENDING ON DIGITAL HEALTH SOLUTIONS OVER NEXT 12 MONTHS ACROSS ALL PURCHASERS (%)



Question: Over the next 12 months, are you planning to increase, maintain, or decrease total spending on digital health solutions? (n=321)

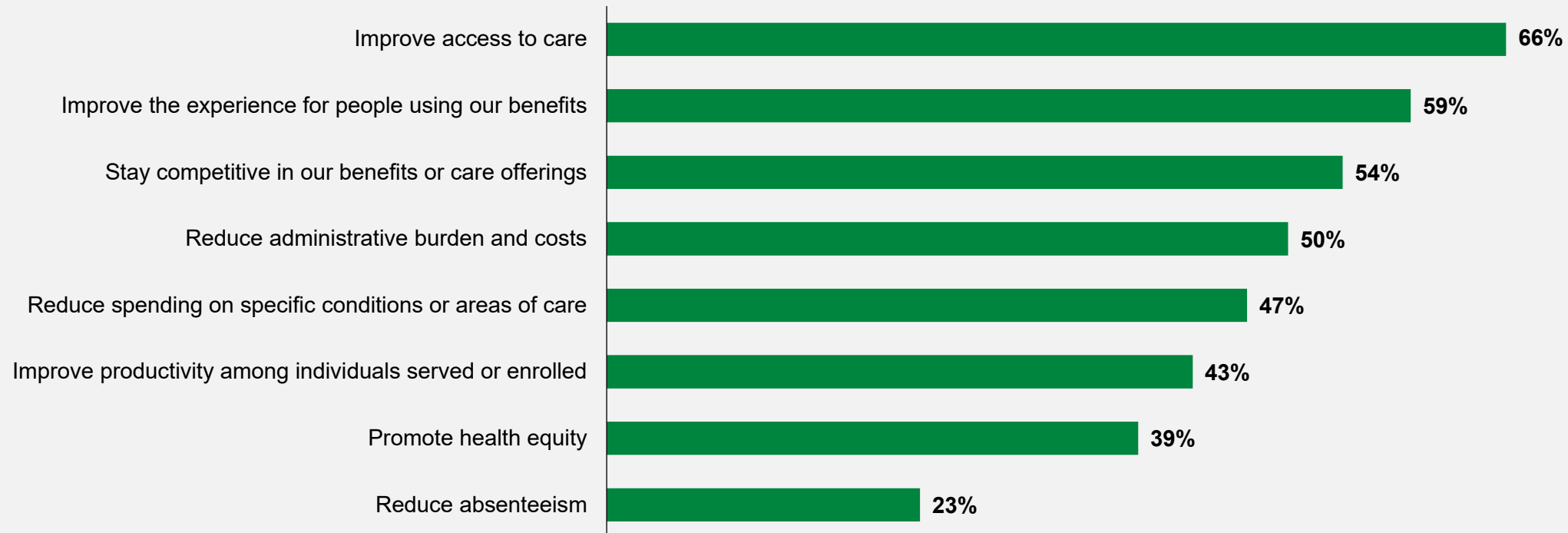
Across all three segments, more purchasers are planning to maintain spend (56%) rather than increase it (38%).

Maintaining leads among employers (65%), health plans (49%), and health systems (53%). Fewer are increasing spend: employers (31%), health plans (42%), and health systems (41%).

Purchasers are looking to improve access to care, improve experience, stay competitive in their offerings, and reduce costs in the next year



NEEDS PURCHASERS AIM TO ADDRESS WITH DIGITAL HEALTH SOLUTIONS IN THE NEXT 12 MONTHS (%)



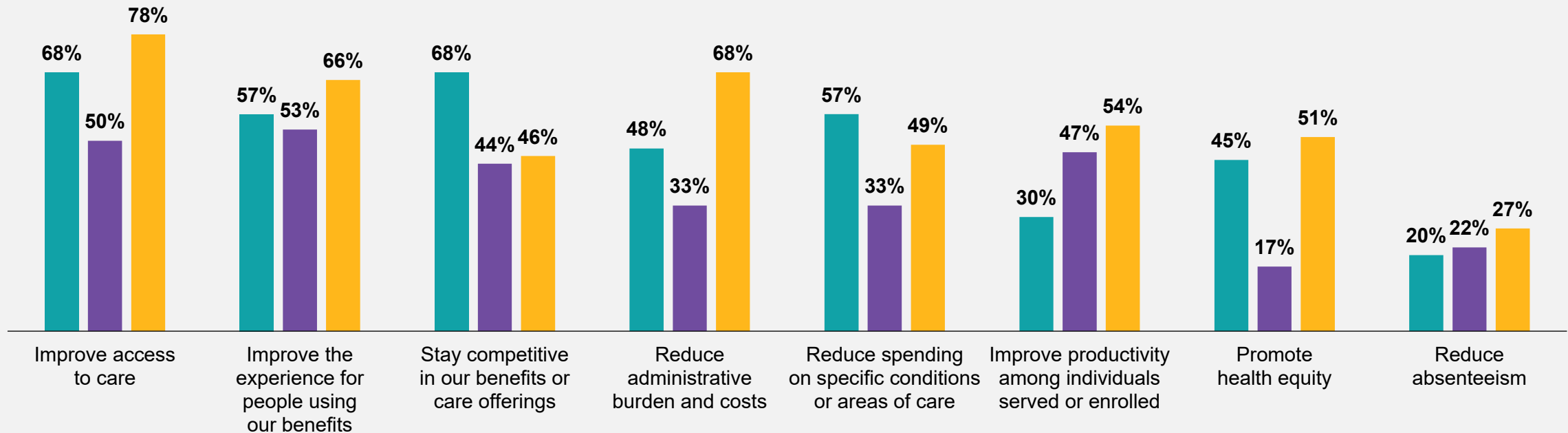
Question: What needs are you looking to address in the next 12 months with digital health solutions?
Select all that apply. (n=121)

Health systems are prioritizing improving access to care, health plans competitiveness, and employers user experience



NEEDS PURCHASERS AIM TO ADDRESS WITH DIGITAL HEALTH SOLUTIONS IN THE NEXT 12 MONTHS BY PURCHASER (%)

■ Health Plans ■ Employers ■ Health Systems



Question: What needs are you looking to address in the next 12 months with digital health solutions? Select all that apply. (n=44, health plan); (n=36, employer); (n=41, health system)

Purchasers plan to keep focusing on a broad set of conditions led by cardiovascular health, mental health, primary care, and diabetes



CONTINUED FOCUS AREAS FOR DIGITAL HEALTH SOLUTIONS IN NEXT 12 MONTHS (%)

	Total
Cardiovascular (e.g., hypertension)	86%
Mental health (e.g., anxiety, depression)	83%
Primary care (e.g., annual checkups, chronic care management)	82%
Diabetes	80%
Preventive care (e.g., screenings, immunizations)	73%
Obesity	72%
Women's reproductive health and fertility	71%
Virtual care navigation	60%

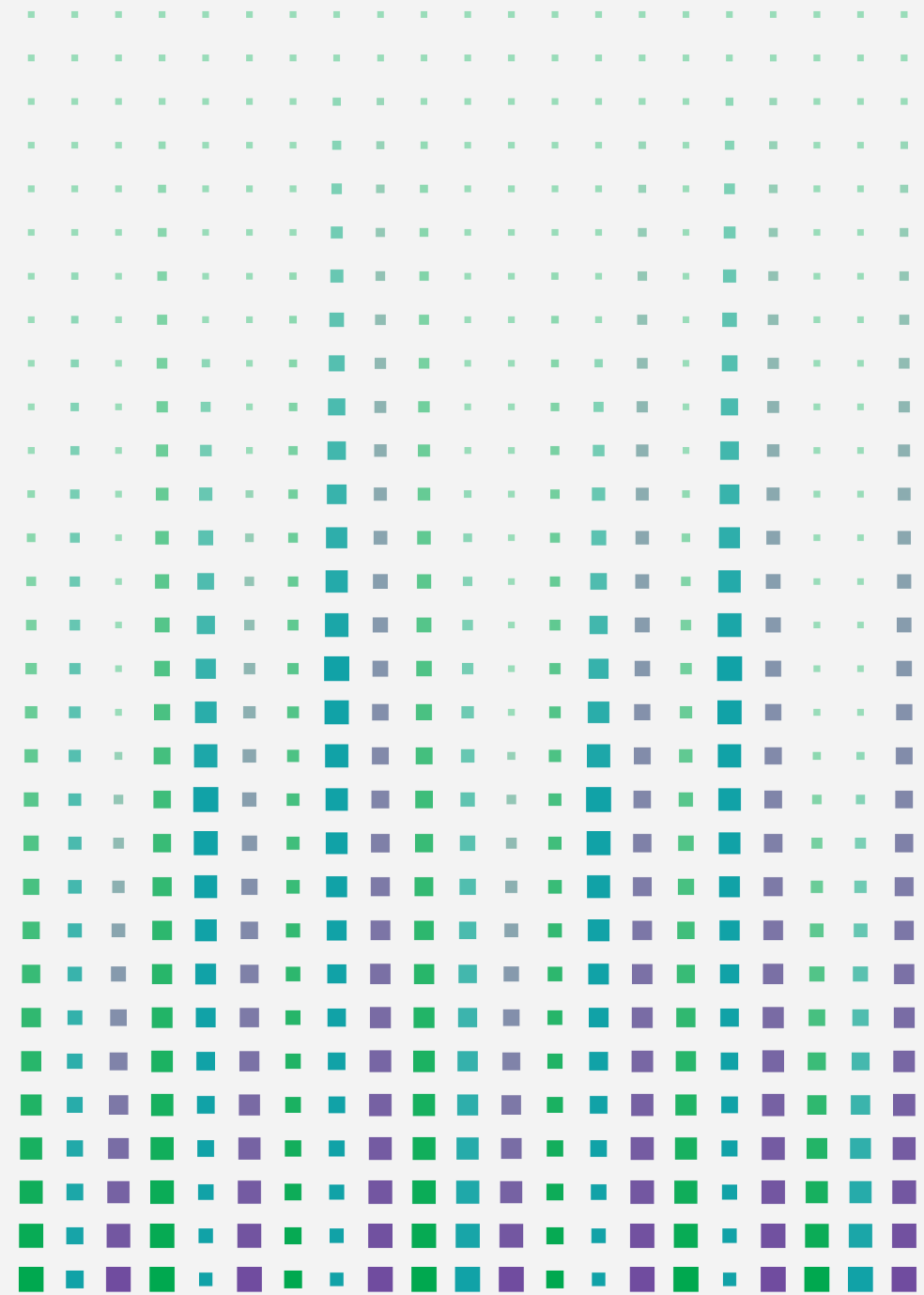
Beyond a shared clinical focus, priorities diverge by segment. Women's reproductive health draws more focus from employers (82%) and health systems (79%) than from health plans (56%).

Where purchasers do not yet have solutions in place, preventive care (41%), cardiovascular (37%), mental health (37%), and obesity (31%) are the areas they plan to explore next.



Question: Over the next 12 months, which digital health solution areas will your organization continue to focus on? Select all that apply. (n=121); Over the next 12 months, which digital health solution areas, if any, will your organization newly explore? Select all that apply. (n=121)

Appendix



Methodology and Sample

Sampling Method

- Unweighted, nonprobability (convenience) sample
- Recruitment:
 - Two paid research panels (respondents received monetary incentives for completion)
 - Select PHTI collaborators invited to complete the survey, unpaid (<7% of sample)
- All responses were submitted anonymously
- All respondents were U.S.-based

Sample Characteristics

- Organization Characteristics:
 - Employers, health plans, and healthcare systems that offer, cover, or use any digital health solution technologies for their employees, members, or patient care
 - The 2026 employer sample was drawn from a different panel than 2025. Quotas were established to closely match respondent profiles across years. However, panel changes are likely to introduce underlying, unmeasured differences that may affect year-over-year comparisons.
- Respondent Characteristics:
 - Makes or significantly influences decisions about digital health solutions
- n = 321
- Data Collection Mode: Self-administered web questionnaire
- Fielded between July 1 and July 22, 2026

Survey Respondents

Health Plans: n = 106

Employers: n = 115

Health Systems: n = 100

Analytic Approach

- Data were cleaned and validated to eliminate straight-line responses and completions below a reasonable time threshold
- Column Proportions Test (Z-Stat Testing)
- 95% Confidence Interval
- Unweighted

About PHTI

The Peterson Health Technology Institute (PHTI) provides independent evaluations of innovative healthcare technologies to improve health and lower costs.

Through its rigorous, evidence-based research, PHTI analyzes the clinical benefits and economic impact of digital health solutions.

These evaluations inform decisions for providers, patients, payers, and investors, accelerating the adoption of high-value technology in healthcare.

PHTI was founded in 2023 by the Peterson Center on Healthcare.

