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Choosing with Confidence

A Higher Education Buyer's Guide to Virtual Care Partnerships

Executive Summary

Choosing a virtual care partner is an important institutional decision. The right partner strengthens student well-being, extends the reach of campus resources, supports staff capacity, and contributes to student retention and success.

This guide highlights the questions, capabilities, and evidence that matter most when evaluating virtual care partners, helping you compare solutions with greater clarity and choose with confidence.

As you evaluate partners, four questions can guide the conversation:

1. **Can this partner prove that students improve?** Utilization tells you who logged in. Outcomes tell you whether it worked.
2. **Can students reach care when they need it?** Support that arrives at 2 a.m. on a Sunday matters as much as support during business hours.
3. **Will this strengthen retention and campus capacity?** The right partner eases pressure on your team and supports broader institutional goals.
4. **Can leadership defend the investment with data?** Presidents, provosts, CFOs, and boards increasingly expect evidence, not activity reports.

Whether you're evaluating virtual care for the first time, or reassessing your current partner, the question is no longer whether students can access care.

The question is whether care is working.

Services and Capabilities Checklist

Students don't experience their lives in neat categories, so support shouldn't be siloed either. As you compare partners, look for connected care across the following areas.

Mental Health

- On-demand emotional support available in minutes
- Scheduled counseling with licensed providers
- Psychiatry and medication management
- Crisis support embedded across services
- Measurement-based care using validated tools

Medical Care

- On-demand and scheduled medical visits
- Care available across all 50 states
- Follow-up and coordination for students away from home

Student Success and Well-Being

- Success coaching for academic, financial, and workforce readiness
- Health coaching and preventive support
- Self-care tools and resources available anytime

Early Identification

- Proactive well-being outreach and check-ins
- Early intervention programs
- Engagement tools that reach students before a crisis

Basic Needs

- Food, housing, and financial navigation support
- Community resource coordination
- Follow-through that goes beyond a referral

The strongest solutions connect these services so students find the right help without navigating a maze of platforms and intake forms.

Quality, Outcomes, and Accountability

Access opens the door. Quality determines what happens once students walk through it. This is where evaluations should slow down and dig deeper.

Access

Support should be available when students actually reach out – evenings, weekends, breaks, and high-stress stretches like finals. Look for 24/7/365 availability across web and mobile, multiple modalities (video, phone, chat), and coverage when students are off campus.

Speed

When a student reaches out for help in a crisis, waiting can undo everything. Ask for average wait times, not availability claims. A provider may list counseling services, but real capacity widely varies. Ask how quickly students connect to immediate support and how soon they can schedule therapy.

Clinical Quality

Not all care models are built the same. Look for licensed providers, validated assessment tools, consistent clinical protocols, and ongoing oversight. Many solutions can report how many students used a service. Far fewer can show whether those students improved. Ask how symptom improvement is tracked over time.

Equity

Students engage more readily when care feels relevant to who they are. Ask how students choose providers and what options exist for language, cultural background, identity, and lived experience. The ability to find a provider who gets it can shape whether a student comes back for a second visit.

Reporting and Accountability

You'll need to show leadership that this investment is working. That takes more than a utilization dashboard. Ask what reporting you'll receive after launch, and whether it covers clinical improvement, engagement trends, satisfaction, and campus-level insight you can bring to boards and accreditors.

Together, these five areas tell you whether a solution simply expands appointments or genuinely strengthens student success.

ROI and Investment

Budgets are tight and every dollar gets questioned. That's exactly why the smartest leaders have shifted the framing. Instead of asking "what does this cost?" they're asking "what happens if nothing changes?"

When students can't get support in time, the costs show up elsewhere. Crises grow harder to manage, counseling demand keeps climbing, staff burn out, and students quietly disengage. Each of those pressures chips away at retention and persistence.

That's why more campuses treat student well-being as part of their retention strategy, not a line item separate from it. When students feel supported academically, emotionally, physically, and financially, they're more likely to stay enrolled and keep moving toward graduation. That connects directly to enrollment stability, tuition revenue, staff capacity, and institutional performance.

Questions for your finance leaders

Bring these to the table when you frame the investment:

- What does a one-point improvement in retention mean financially for us?
- How many students leave college each year because support arrived too late?
- What is the true financial impact of student attrition?
- How are we measuring the effectiveness of our current well-being investments?
- What outcomes would leadership need to see to call this partnership a success?

These questions turn a cost conversation into an outcomes conversation, which is where student well-being investments hold up best.

Red Flags and Validation Questions

Most providers look impressive in a demo. The real differences surface later, during implementation, reporting, and the day-to-day partnership.

A key warning is if the provider does not accept accountability for care:

Reporting stops at utilization.

If a provider can tell you how many students logged in but not whether they improved, leadership will struggle to defend the investment.

Crisis support sits outside your workflows.

Heavy reliance on national hotlines with little campus coordination can leave a student in crisis disconnected from your team.

Care feels fragmented.

Multiple platforms, repeated intakes, and poor continuity all raise the odds that students give up before they get help.

Outcomes data is fuzzy.

If a provider can't clearly explain how improvement is measured, that's a signal worth noticing.

Provider choice is limited.

Thin diversity, language access, or matching options create real barriers to engagement.

Low cost quietly shifts risk to you.

A lower price can be appealing, but understand what's included and what your staff will end up absorbing. A lower-cost solution isn't always a lower-risk one.

Questions for your finalists

When you narrow the field, ask questions that move past the sales pitch:

- **Outcomes:** How do you measure student improvement? Which validated tools do you use? What data will we receive?
- **Access:** What's your average wait time for immediate support and for therapy? What share of care happens outside business hours?
- **Quality:** How are providers evaluated? What clinical oversight is in place?
- **Equity:** How do students choose providers? What language and cultural support exists?
- **Integration:** How do you connect with campus systems and coordinate referrals? What implementation support is included?
- **Reporting:** What do leaders receive, how often, and can it be shared with executive leadership?

Why Campuses Choose TimelyCare

TimelyCare combines access, accountability, and measurable outcomes in one connected support experience, giving institutions greater confidence in the quality and impact of student care. The CARES framework offers a simple way to see the evidence.

C

Clinical Outcomes

Using measurement-based care and validated tools like the PHQ-9 and GAD-7, **76% of students** improve or reach remission by their third counseling visit, and **81% of students** who sought help showed mental health improvements.

A

Access

Immediate support connects in about **four minutes on average**, scheduled therapy is typically available within about 24 hours, and more than half of student visits happen outside traditional business hours.

R

Return on Investment

Partner campuses see about a **1.3-percentage-point retention lift**, which typically translates to roughly 5× return on investment tied to improved persistence.*

E

Equity

57% of providers identify as BIPOC, support is available in more than 240 languages, and published research found Asian, Black, and Multiracial students accessed services at higher-than-expected rates based on campus demographics.

S

Service Quality

TimelyCare is the only URAC-accredited virtual care provider built specifically for education, continuously monitors more than 110 quality measures, and holds a **4.91 out of 5 average provider rating.**

No single metric tells the whole story. Together, these measures provide a comprehensive view of clinical quality, student outcomes, access, equity, and institutional impact.

Before You Decide

The clearest picture of what a solution can do rarely comes from a demo. It comes from the people who've already lived it: campuses that made the same decision you're weighing right now.

Before you commit, talk with campuses that have implemented the solution you're considering. Ask what changed after launch, where they saw impact first, what surprised them, and how their students responded. Then benchmark the outcomes and ROI numbers each finalist can actually stand behind.

When care truly works, the difference shows up everywhere. Students stay enrolled and connected. Staff regain capacity. Leaders gain visibility. Support arrives earlier, and the whole campus grows more resilient.

If it would help to compare notes, we're glad to connect you with peer institutions and walk through the outcomes data behind these results – so your decision rests on evidence and confidence, not a leap of faith.

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**ROI estimates are based on national benchmark data (IPEDS and National Student Clearinghouse), publicly available tuition rates, and TimelyCare's measurement-based outcomes demonstrating an average 1.3 percentage point improvement in first-year retention among student users. Actual financial impact will vary by institution based on tuition structures, enrollment, demographics, and student engagement with TimelyCare. Learn more: https://timelycare.com/resources/empirical-evidence-timelycare-can-improve-student-retention/. 5× ROI estimate is derived from aggregated analyses comparing first-year retention rates at TimelyCare partner institutions to matched non-partner benchmarks using publicly available national data sources (including IPEDS and the National Student Clearinghouse), combined with published tuition rates. Financial impact calculations are illustrative and assume average retention lift among engaged student users. Actual results will vary by institution based on tuition structure, enrollment mix, implementation, and student utilization. TimelyCare does not guarantee specific financial, retention, or institutional outcomes.*