



## NZ Telehealth Forum & Resource Centre

Kia ora koutou,

Welcome to the December NZ Telehealth Forum newsletter. If you are feeling rather tired right now, and as if there has been so much churn in the health sector that it has almost become normal, you are not alone. At this time it does seem even less clear as to how to get things done or who is doing what, and I know many health care professionals have had enough. However, do bear with!! It is incredibly complex to bring 20 DHBs together and we should not be surprised at the time that it has taken to do so, and the mistakes that occur along the way. There is no doubt in my mind that it will get better, please hang in there. With that said I want to thank every one of you for your ongoing support of the Forum, your support is invaluable as we stay true to our role to identify and promote the role of telehealth services in helping to address the challenges faced by the New Zealand health care sector.



Telehealth appears to have become the perceived panacea to our health sector woes and I know that many of us have become concerned that we may continue to put the cart before the horse in our efforts to rapidly “fix” health sector workforce issues. Please do continue to ask for the evidence, and where you are putting new programs in, take care to build in robust assessments so that we can learn from success and failure. We still are not seeing enough failed models reported and we need those too, so that we learn from them. The Forum continues to advocate that telehealth is not a workforce replacement tool, principally it is a tool to better enable patient autonomy and augment workforce, not to replace it.

To refresh you a little we have exciting news and links in the newsletter including an update on the Rural RFP, launch of the updated Remote Patient Monitoring Guide, and a two-page summary of the New Zealand public hospital stocktake. I hope that many of you made it to HiNZ and used the time to refresh, update and ask challenging questions. As for me, I will be in Adelaide at Successes and Failures in Telehealth, one of my favourite conferences, and I will no doubt come back invigorated by the lessons learned from the challenges of improving access to healthcare using Telehealth.

We wish you all a well-deserved Christmas break, let's take this opportunity to recharge and relax. As we bid farewell to the year behind us, let's welcome the New Year with renewed energy and enthusiasm.

Nāku, nā

**Dr Ruth Large**

NZTF Chair

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## National Telehealth Stocktake 2023

The **2023 New Zealand Stocktake of Telehealth Use in Public Hospitals** has been a collaboration between Massey University and the NZ Telehealth Forum, led by Associate Professor Dr Inga Hunter. Based on earlier stocktakes in 2014 and 2019, the 2023 stocktake project survey occurred in a unique moment in history, spanning the COVID-19 pandemic and in at the commencement of the health reforms.

The stocktake had two parts: survey one focussed on organisational perspectives of the District Health Boards and asked about governance, funding and infrastructure; survey two sought the views of specialty and service providers and focussed on their experience of using telehealth and infrastructure support. Both surveys asked about the use of telehealth in the District (previously, the District Health Board), and the impact of barriers to, and benefits of, telehealth.

Whilst the full report is still to be finalised, a summary has been prepared which we hope will provide the essence of the stocktake and support decision-makers in shaping how telehealth is used in public hospitals, and across the health sector. Telehealth benefits were strongly acknowledged by survey respondents but so too were the barriers. We hope that the stocktake data, along with NNPAC data, will support policy makers and commissioners to make strategic investments to support the use of telehealth in pae ora.

[Read the two-page summary](#)

### New Zealand Telehealth Use in Public Hospitals Stocktake 2023



#### KEY FINDINGS

- Both between and within Districts there are marked differences in readiness for telehealth to become eAU
- There is a significant divide in resourcing of telehealth across the country
- There were multiple reports of poor experiences with telehealth implementation
- Successful telehealth use requires integration with other systems and some changes to workflow processes
- Training for clinical and non-clinical staff is mainly self-directed and online with helpdesk support
- Telehealth consultations are being recorded using NNPAC but with variable use of the data to drive ongoing utilisation
- Most impactful benefits are patient-related, reduction in travel, costs and time off work
- Most impactful barriers are resource-related, technical support and access to devices/facilities

Telehealth is defined as health care delivered using digital technology where participants may be separated by time and/or distance and includes phone, text, video, patient monitoring and other digital modalities. The New Zealand Telehealth Stocktake project is a collaboration between the NZ Telehealth Forum and Massey University to assess the current state of telehealth use in Public Hospitals across the Districts, repeating in part previous stocktakes in 2014 and 2019. It consists of two surveys: a District survey (Survey 1); and a services/subspecialty survey (Survey 2).

4 of the 20 districts were unable to complete Survey 1, despite frequent communication and extension of due date. One District stated that they no longer provide any telehealth consultations, thus Survey 1 responses covered 15 Districts. Survey 2 included 189 individual responses covering 17 Districts.

#### Summary of findings

COVID-19 pandemic related investment (financial and strategic) has largely driven increased use of telehealth since the last stocktake in 2019. Districts have varying degrees of telehealth readiness in terms of strategy, funding and technology. Most Districts are only somewhat or slightly equipped to use telehealth as a tool to facilitate the health reforms and none of the Districts are completely equipped to adopt telehealth business as usual.

There was evidence of telehealth governance at regional/organisational level but there has been a reduction in telehealth leadership positions within Districts, particularly telehealth programme managers; some districts have no dedicated leadership role. There were 19 appointed Clinical Informatics/Digital Leads reported across the Districts.

Video and phone modes are being used for administrative, clinical and professional activities, with some use of text and email, with minimal use of social media and patient portals. Clinical services use phone more than video (Zoom was the more common platform over MS Teams).

Interoperability between systems is variable. Both administrators and clinicians default to in-person appointments when systems are not smooth.

*"If we do not have enablement and investment in telehealth, the systems will continue to get what it's getting, which is a lot of telephone telehealth, (and) in-person appointments."*

*"Current level of interoperability of our clinical system and PMS makes the setting up of video calls very cumbersome."*

*"Telehealth should be part of a responsive hybrid model of healthcare that offers choice"*

## Remote Patient Monitoring Guide 2023

The Remote Patient Monitoring (RPM) working group's mahi has culminated in the publication of The Aotearoa New Zealand Remote Patient Monitoring Guide 2023. The Guide has been developed in association with the DHA, building on the 2021 guidelines with updates to reflect current use and technologies. Examples of practical learnings and case studies have been added to the document to share experiences of those involved in RPM implementation across Aotearoa. The Guide aims to support best practice adoption of RPM and to be a living document that will evolve to guide the development of RPM in the Aotearoa New Zealand setting.

We recently held a webinar to launch the Guide and discuss RPM on Wednesday 22 November. You can watch the webinar recording [here](#).

If you are attending HiNZ, please go along to the session on Wednesday 29th November at 3.50pm for a ten-minute presentation to introduce the Guide. Members of the working group will be available to share their knowledge and answer any questions.



[Read the RPM Guide](#)

## Patient Anywhere Clinician Elsewhere (PACE)

This group continues to work on developing **PACE** models that make clear the motivations for using this type of service delivery. The goal of the models is to help communicate the PACE service delivery model and assist healthcare providers to organise services and functions to meet their needs.

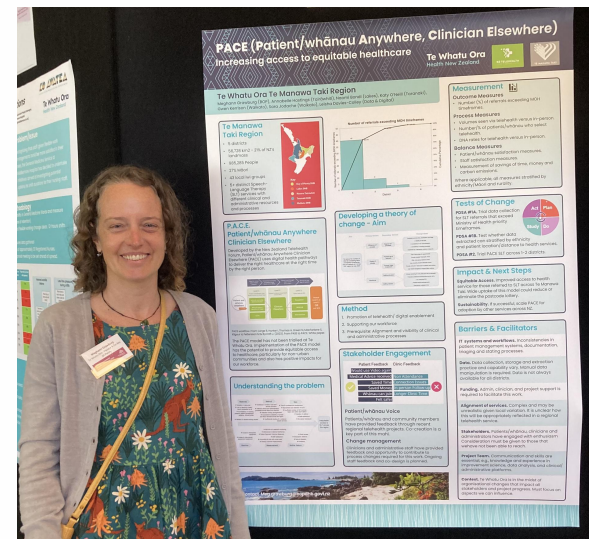
Leisha Davies-Colley and Meg Grawburg, members of the PACE group are presenting a poster at HiNZ Digital Health Week on their development of the PACE workflow model for the Speech Language Therapy context, so look out for that on display!

In addition, we are pleased to share that the PACE poster (pictured right) titled **Creating PACE (Patient/whānau Anywhere, Clinician Elsewhere) Increasing access to equitable healthcare** won the Te Tāhū Hauora Health Quality Safety Commission Symposium “Seed” poster award! Congratulations to the team: Meghann Grawburg, Naomi Bondi (Lakes), Leisha Davies-Colley (Data & Digital), Annabelle Hastings (Tairāwhiti), Katy O'Neill (Taranaki), Sara Jodache (Waikato), Gwen Kerrison (Waikato).

The symposium, held in early November, was themed ‘Whole-systems quality: Better together’. The focus was on equitable and sustainable future approaches to health care in Aotearoa New Zealand.

*(Pictured right: Meghann Grawburg, telehealth clinical director and speech-language therapy professional lead at Hauora a Toi Bay of Plenty, standing with the winning poster at the symposium.)*

[View the poster](#)



Both the Clinicians' Community of Practice and the Professionals' Community of Practice continue to grow and support the fabulous people working in telehealth. The groups have hosted pertinent speakers, generating useful discussions and collectively sharing knowledge and networks. If you would like to join the mahi, please contact [nicola@telehealth.org.nz](mailto:nicola@telehealth.org.nz)

### **Digital Health Equity Reference Group**

The Digital Health Equity Reference Group has a diverse and growing membership, so it is perhaps better described as a network, which is how we are now referring to the group. We retain the DHERG Terms of Reference for work that is more formalised and can be undertaken by a sub-set of DHERN. As Amio has been in the US recently on a Winston Churchill scholarship the group has had chairing support from LJ Apaipo, (Consumer Engagement Advisor, Pacific for Te Tāhū Hauora) who ably stepped in and is going to continue as Co-Chair. Thank you, LJ! The DHERN's focus areas for digital health equity are Māori, Pacific and people with disability. In 2024 the group will be developing a White Paper, describing principles to guide digital health equity innovation in these three areas.

### **Ka Ora Telecare - National Rural Telehealth Service**

Despite lingering questions surrounding a new rural telehealth service, the overall response from rural communities and rural health advocates reflects contentment and relief, signalling a potentially positive change in healthcare accessibility for underserved regions.

The introduction of a new rural after-hours telehealth service delivered by Ka Ora Telecare, which is formed by three existing health organisations Reach Aotearoa, Practice Plus and Emergency Consult, aims to reach rural communities as a priority group identified in Te Pae Tata, and alleviate some of the pressure placed on rural general practices. Its introduction has offered a glimmer of hope to rural communities that have long grappled with limited access to quality healthcare and is viewed as a positive step towards achieving Pae Ora.

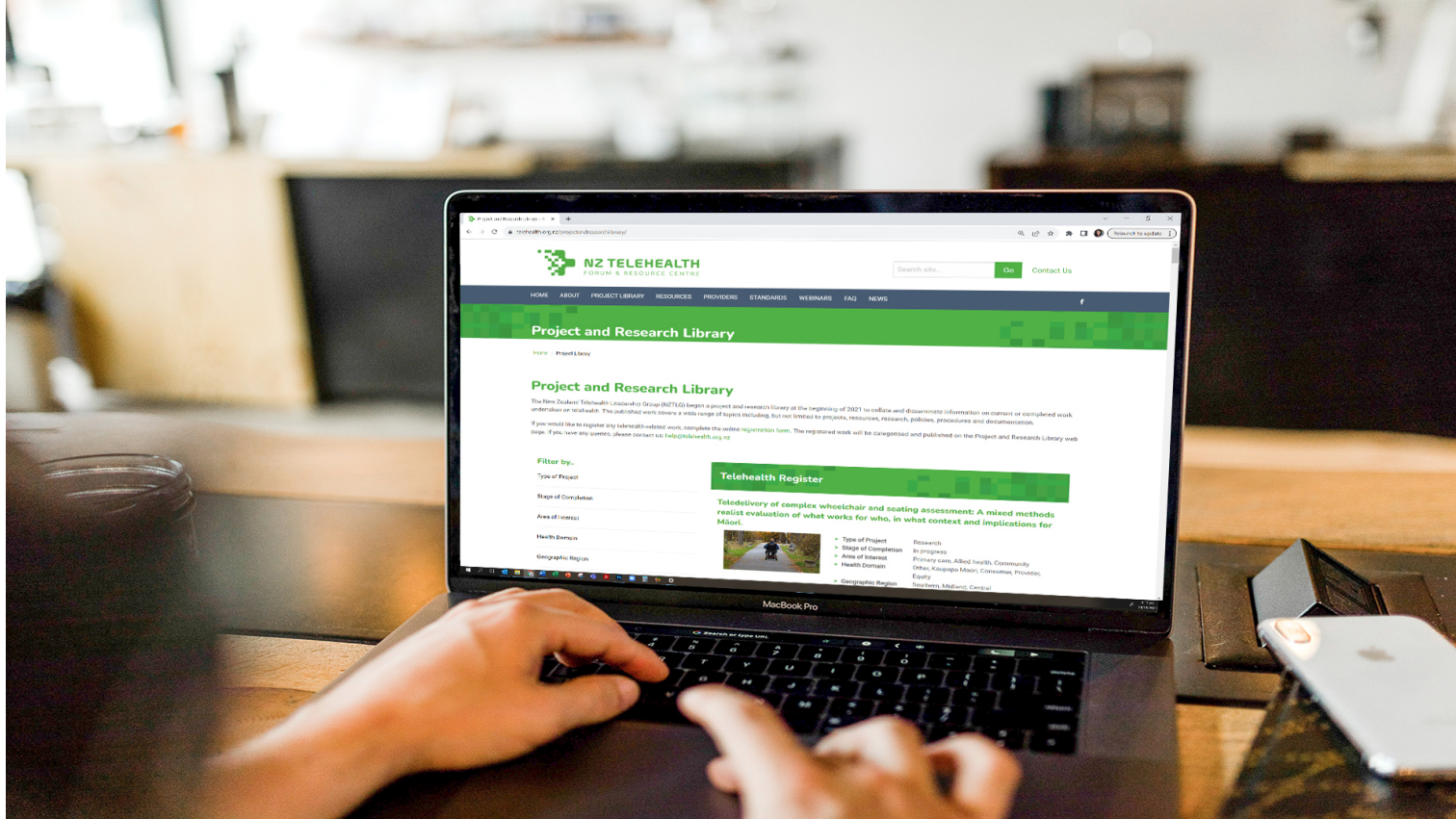


“For those in our most isolated communities, who may only have a landline and no access to the internet, this service is a real step forward in accessing after-hours care when it is not an emergency,” Dr Sarah Clarke, national clinical director, Primary and Community Care, Te Whatu Ora says.

“Alongside this we know that our rural healthcare providers have been under pressure due to workforce shortages with staffing after hours rosters only adding to that pressure, so this is a way we can offer additional capacity and continuity of care to providers and their patients to improve the wellbeing of our rural communities.”

[Read the news story](#)

## What's new in the Project and Research Library



A new project is underway at AUT University to explore experiences of people using video-calls for psychological therapy post-COVID-19 lockdowns in Aotearoa. The study aims to provide a better understanding of how this mode of therapy is experienced by clients outside of lockdown conditions, help health professionals contemplate how they deliver therapy via video-call, and aid the delivery of improved services using video-call technology. The study is recruiting participants now. Read the [Video-call therapy post-lockdown: client experiences](#) project.

An allied health mixed methods research project that began in 2021 has resulted in two interesting publications. The work explores the perspectives of key stakeholders of a telehealth complex-wheelchair assessment service and identified experiences of particular concern for Māori. Read the [Tele-wheelchair and seating assessment stakeholder consultation: A mixed methods study](#) project. This work has been continued in a realist evaluation and will be reported on soon. Read the [Teledelivery of complex wheelchair and seating assessment: A mixed methods realist evaluation of what works for who, in what context and implications for Māori](#) project.

[View the Project and Research Library](#)



## Watch the webinar recording

If you missed the last webinar of the year on the RPM Guide relaunch, you can watch the recording on our website by clicking the 'watch the recording' button below.

The webinar celebrated the relaunch of the RPM Guide which has been developed to support best practice adoption of Remote Patient Monitoring (RPM) in Aotearoa New Zealand. The panel included: Dr Ruth Large (moderator), Nicola Green, Samuel Wong, Jo Barr and Maria Galloway.

Read the poster [PDF](#).

[Watch the recording](#)

## TELEHEALTH WEBINAR: RPM guide relaunch

 [WATCH RECORDING NOW](#)

This webinar recording is available to watch on [www.telehealth.org.nz](http://www.telehealth.org.nz)  
Please feel free to share this recording with anyone who may be interested and share to social media.



[Click here to view the full NZTLG history timeline](#)

## New Zealand Telehealth Leadership Group history timeline

2010

- > Telehealth leaders hold their first inaugural meeting. Key attendees included Malcolm Pollock, National Institute for Health Innovation; Pat Kerr, Telehealth NZ Ltd; and Graeme Osborne, National Health IT Board and head of Ministry of Health.
- > A submission is made to the National Health IT Board and received approval to proceed with start-up funding for an Establishment Board.

2011

- > The first Establishment Board meeting was held in April to develop Terms of Reference (ToR).
- > A formal Expression of Interest (EOI) was issued for applications to Telehealth Leadership Group membership.

2012

- > A Telehealth Symposium "A Call to Arms" was held at the National Institute for Health Innovation (NIHI) with approximately 200 people in attendance.
- > The New Zealand Telehealth Leadership Group (NZTLG) formed as an advisory group for the Ministry of Health.
- > The Telehealth Leadership Group (TLG) held their first inaugural meeting.

2013

- > John Garret became chairperson and Ruth Large appointed deputy chair.

## Free NZ telehealth images

The telehealth [Stock Photo Library](#) contains images which can be used by health providers to support the provision of telehealth and other digitally-enabled health programs in New Zealand.

If you need specific photos and you don't see them in the photo library, send us an email with details about what you are looking for to: [info@telehealth.org.nz](mailto:info@telehealth.org.nz). We will endeavour to try and capture these in an upcoming photo shoot.

[View available images](#)



## Join the NZ Telehealth Forum - it's free!

The NZ Telehealth Forum includes a diverse range of people including clinicians, operations, management, and technology. We are here to support, and encourage the increased use of telehealth, we would love for you to join us.

[Join the Forum](#)



## FAQs

We are here to help  
Ask us anything

FAQs

## REGULATIONS

List of NZ regulations  
standards and guidelines

Regulations

## SECURITY

Top 10 security tips  
for keeping safe online

Security tips



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