

# 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 BAU
- ▶ 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/data/rooms



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 10 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 system 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 PAS makes the setting up of video calls very cumbersome."*

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

## RECOMMENDATIONS

- ▶ A clear, clinically led strategy for Telehealth Delivery is required, supported by policy.
- ▶ An equity focus is required to overcome barriers such as digital literacy and access to data.
- ▶ If national consistency is desirable, it will require commonality of strategy and investment in infrastructure led from the national level.
- ▶ At team level, resourced change management is required to overcome poor experiences during COVID-19
- ▶ Overarching guidance for the clinical use of telehealth for patient care encompassing patient selection is needed
- ▶ Clinical and non-clinical workforces need investment in training and technical support
- ▶ Telehealth should be part of a responsive hybrid model of healthcare that offers choice

- All respondents thought that the benefits of telehealth outweighed its disadvantages. The majority consider that the benefits of telehealth will increase over time and that this would decrease inequity.
- There is both potential for equity benefit and risk in telehealth, depending on support for digital literacy, devices and data.
- Formal evaluation of telehealth projects was limited.
- Telehealth was being used across triage, FSA and follow-up appointments and all were considered appropriate uses of telehealth, with follow-up appointments considered the most appropriate.



## Barriers with the greatest impact to using telehealth

SURVEY 2
Patients not having access to reliable internet
Patients not having access to devices
Adequate technical support
Patients not having access to sufficient data
Availability of equipment and room at time of requirement

## Benefits with the greatest impact from using telehealth

SURVEY 2
Reduces travel time for patient/whānau/carer
Reduces travel costs for patient/whānau/carer
Reduces time off work (patients/whānau/carer)
Reduces travel times for health provider
Provides a new model of health care

## In Summary

There has been significant investment in telehealth over the COVID-19 pandemic. No District is fully positioned to sustain telehealth in order to support Pae Ora, however, some have made great strides in that direction. We have a significant telehealth divide; it is not a level playing field in New Zealand Public Hospital settings. Many providers have had a poor experience when using telehealth implementation and there has been minimal improvement in interoperability, governance, change management, training and support for ongoing telehealth initiatives in most Districts. In order to enable users, investment is required strategically in all Districts.

*"Telehealth opportunities are more embedded into everyday practice since COVID, but the full time Telehealth role has now been removed and it leaves gaps and lost opportunities for expansion."*

Telehealth offers an opportunity to provide new models of care but requires integration into clinical and administrative workflows. In order to address the risks of introducing new barriers to healthcare with telehealth an equity approach must be taken with a focus on both patient and clinician support to overcome barriers. This survey indicates that the benefits of telehealth are strongly accepted and that there is an appetite to continue development.

*"Clinician barriers are probably higher than patient barriers, both need support and equipment access"*

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For a copy of this report or the full stocktake report visit [telehealth.org.nz/stocktake2023](https://telehealth.org.nz/stocktake2023)

