



## HAUORA TAIWHENUA RURAL HEALTH NETWORK WORKSHOP

Health NZ attended and facilitated a Rural Telehealth Services workshop in partnership with Hauora Taiwhenua on June 28<sup>th</sup> 2022.

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### Background

Health NZ and the Māori Health Authority (MHA) recognise that Rural General Practice sustainability has been severely challenged through the impact of:

- Long term rural health workforce stressors across all rural health professions
- Relentless demands caused by 2.5 years of pandemic response
- Unsustainable rosters for PRIME and urgent care services
- Poor alignment of rurally adjusted funding to the realities of providing 24/7, comprehensive health services for geographically dispersed populations many of whom also experience significant seasonal fluctuations in numbers.

Health NZ intends to rapidly establish bespoke Rural Telehealth Services (RTHS) that could alleviate the pressures on rural general practices and enhance rural community access to primary care services. The RTHS could span both planned and un-planned service needs including:

- Telehealth locum GP
- In-clinic, afterhours, at home, urgent care
- Shared care with GP, patient, and telehealth specialist
- GP adjunct to nurse or other practitioner led services
- GP triage for PRIME and afterhours, and/or, backup to a paramedic or nurse attending an accident or medical emergency
- Telehealth consultations for overflow on the day of service
- Telehealth afterhours GP service.

Early thinking about the RTHS coincided with the launch of Hauora Taiwhenua Rural Health Network held in Wellington on 28 June 2022. Health NZ took this opportunity to discuss and explore the RTHS with 80 rural health experts in an afternoon workshop. Workshop participants received a preview of the rural component of the interim NZ Health Plan that assured them the RTHS would not proceed at the expense of key priorities, including workforce development and a review of rural afterhours, PRIME and Urgent Care services.

### Key issues and principles identified at workshop

The workshop presented groups with scenarios in which rural health practitioners were challenged to both financially and clinically sustain 24/7, 365 day a week service. Groups were asked to discuss:

- Key principles upon which a RTHS could be established
- How the RTHS could alleviate the scenarios presented
- What needs to be considered in the business and service models for the RTHS, and
- What infrastructure considerations need to be accounted for?

#### 1. Business Principles

- RTHS will enhance existing services and work as an adjunct to Rural General Practices, not be a replacement of them
- It cannot undermine the financial viability of the rural general practice nor endeavour to compete for its registered patients

- Co-payments will align to each RGP and don't incentivise RTHS over core business activities
- 2. Service Model**
- Ideally, RTHS consultations will be provided by GPs with rural experience, and even more ideally, an understanding of the geographical dynamics of where patients live
  - The RTHS recognises and complements the team-based care upon which Rural General Practice is built. The telehealth GP becomes a member of the in-person team
  - The RTHS is an integral part of Rural General Practice Care Models so that practitioners and patients can access a full range of professional advice and clinical consultations
  - Rural General Practices will clearly define the service challenges the RTHS will contribute to addressing and design the service that is best able to achieve that
  - Service models will clarify the duty of care in each participating service including PRIME triage, episodic, longitudinal, chronic conditions, and palliative care
  - Shared patient records that align with the Rural General Practice systems and approaches to information sharing with practitioners and patients
  - May be clinic-based and incorporate funded, in-person nurse services. Locally connected health navigators may provide support for the patient in a telehealth consultation, and act as liaison to improve service acceptability
  - Access to prescribed medications in afterhours and smaller rural townships will be essential to ensuring the potential benefits of the RTHS are realised
  - Ensuring local iwi are embedded in the co-design of the service will be essential to ensuring culturally appropriate service models
  - Support increased telehealth literacy to ease the longstanding preference for in-person consultations.
- 3. Technology**
- The Rural General Practice team, and patients have access to training and support to use the RTHS
  - If the service has an 'at-home' component address financial barriers to some patients access to appropriate devices and data
  - Make no assumptions about the relationship between age, ethnicity or gender and digital literacy – support must be made readily available to all patients
  - Recognise the constraints of rural connectivity – an in-home service can only be an option where reliable connectivity is available. Other options to access reliable connectivity including marae, school-based or community hub consultation rooms may be considered in co-designing services.

**Some rurally specific opportunities for the RTHS to improve outcomes:**

- Develops robustness of service provision during times of disasters – as seen in Kaikoura earthquake or West Coast floods
- More easily enables whānau approaches to GP consultations
- Reduces the time spent and financial cost to patients of travelling to in-person consultations and increases clinical options and patient choice of specialist services
- Gives Rural General Practices with respite from 24/7 afterhours and PRIME rosters
- Additional resource to manage the overflow from busy days or periods of peak demand
- Clinical support from GP and other Specialists for Nurse Led primary care services
- Provides an opportunity for Rural General Practices to collaborate more closely for afterhours and PRIME services
- Can reduce the impact of surges in rural holiday spots by connecting out of town visitors to their own general practice regardless of where they are located e.g. Bach owners in Coromandel could receive GP consultations from the General Practice they are registered with in say, Auckland.

**Summaries of the workshop discussions**

It is encouraging to note that the discussions and key points made in the workshop align with the recently released NZ National Telehealth Forum [PASE Whitepaper: Delivering Health Care From the Cloud – Telehealth in New Zealand. PASE; more than a disease-based model May 22.](#)

There is also consistency with key elements of the [Australian College of Rural and Remote Medicine \(ACCRM\) Remote Consultations using telehealth – Position Statement May 22](#)

## Next steps - how RTHS will be implemented

The Rural Telehealth Service project will be overseen by a National Steering Group that includes HNZ, MHA, Hauora Taiwhenua, and experts from a range of rural organisations and perspectives. This group will ensure it aligns, and leverages learnings and resources of related initiatives and programmes and will have technical expertise to advise it on.

Engagement with individual and groups of Rural General Practices (as defined by them as participating services) will inform a phased roll out of the RTHS that will:

- Cover a range of community settings and demographics, levels of rurality, and local 'readiness' to implement a RTHS
- Enable a continuous quality improvement approach
- Inform and enhance the subsequent tranches of service implementation
- Ensure sustainable development of service capacity.

Locally based working groups will:

- Co-design bespoke solutions for their defined areas of need
- Oversee the establishment and uptake of the service in their geographic region
- Monitor service impact on defined areas of need and agreed outcomes.

This initiative is one that can be implemented in an accelerated timeframe and anticipates a more comprehensive programme of rurally focussed initiatives that are outlined in the soon-to-be-released interim NZ Health Plan. It will leverage the increasing capability and acceptance of telehealth services by both patients and practitioners to move quickly to alleviate identified pressures in rural general practice.

For more information or discuss information in this paper further, please don't hesitate to contact Marie Daly:  
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