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**The Royal Australasian College of  
Physicians' submission on  
Telehealth New Zealand's Patient  
Anywhere Specialist Everywhere  
(PASE) Whitepaper**

**Whiringa-ā-rangi 2022**

## Introduction

The Royal Australasian College of Physicians (RACP) congratulates Telehealth New Zealand on the development of its [PASE \(Patient Anywhere Specialist Elsewhere\) Whitepaper: Delivering Health Care from the Cloud Telehealth in New Zealand](#)<sup>1</sup> and welcomes the opportunity to submit feedback on the model of care.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

## Overall Position

Telehealth offers an effective model of care supported by patients and doctors alike. Since the onset of the COVID-19 pandemic, the RACP has been advocating strongly for expanded access to telehealth consultations by phone and video to allow equitable and timely access to specialist care where face to face contact is not possible, or where infection control protocols need to be strictly applied. The RACP has observed telehealth by phone and video has improved access to much-needed specialist and allied health care among priority and underserved populations, including in rural and remote communities<sup>2</sup>. The PASE model of telehealth has potential to reduce health inequities and improve health outcomes through early or timely intervention. It also has the potential to offer emotional and economic benefits for patients and their whānau by allowing them to receive care at home or close to their homes cared for when they are unwell.

While this patient-centred telehealth model appears to be a great addition to the expanding toolkit for provision of equitable and accessible health care in Aotearoa New Zealand, the appropriate mechanisms must be put in place and certain barriers to implementation addressed to ensure the attainment of the intended objectives and benefits of PASE.

## The PASE model within the context of the health reforms (refers to Questions 1 and 2)

The RACP is of the view that it is logical to pursue the PASE model in the context of the broader health reforms. The intent of the health sector reforms is to ensure every New Zealander has access to the same level of treatment, regardless of who they are or where they live<sup>3</sup>. From a systems and efficiency perspective, this national telehealth model is a rational fit within the new health system and has great potential to improve health outcomes and achieve health equity.

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<sup>1</sup> Large R, Rao V, Hunter I, Webb S, Bycroft J, Zuleta N, Frethey C. PASE (Patient Anywhere Specialist Elsewhere) Whitepaper: Delivering Health Care from the Cloud Telehealth in New Zealand, PASE; more than a disease-based model, May 2022. [Internet]. Christchurch: New Zealand Telehealth Forum and Reference Centre Available from: [Telehealth-PASE-White-Doc-2022-V6.pdf](#) Downloaded on 25 October 2022.

<sup>2</sup> Royal Australasian College of Physicians (RACP). RACP Submission to the Australian National Audit Office's Audit of Expansion of Telehealth Services July 2022. [Internet]. Sydney: Royal Australasian College of Physicians. Available from [racp-anao-telehealth-submission.pdf](#) [racp-anao-telehealth-submission.pdf](#) Downloaded on 25 October 2022.

<sup>3</sup> Little A. Beehive Government New Zealand. Access and Equity Focus of Health System Reforms, 24 March 2021. [Internet]. Wellington: New Zealand Government. [Internet]; Available from: [Access and Equity Focus of Health System Reforms | Beehive.govt.nz](#) Downloaded on 25 October 2022.

## Barriers to the implementation of a PASE model (refers to Question 5)

Telehealth can only be successful as the great equalizer once the right mechanisms are in place and certain barriers to implementation are overcome. We have identified several potential roadblocks to meeting the aspirations of the PASE model and successful implementation. These include removing technological barriers to accessing telehealth, improving our limited understanding of Māori and Pasifika experiences of telehealth and creating a more effective system for storing digital health records to ensure easy access for clinicians while maintaining patient confidentiality.

### 1) Access to technology

Given that the model specifies that the patient could present “anywhere” to receive care provided by health care provided “elsewhere”, technological barriers will need to be addressed for successful implementation of this model, for both health professionals and patients. During the COVID-19 pandemic general practices in Aotearoa New Zealand faced technical issues using telehealth, with cameras and other equipment being in short supply, systems not enabled for video calling and systems not linked up to work together. Rural areas had generally poor infrastructure for both internet and cell phone connections<sup>4</sup>. For patients, barriers may include, but not be limited to, limited availability of telephone or internet connection/Wi-Fi and device availability (including telephones and other communication devices that are sophisticated enough to access health services). Language barriers and digital literacy (for example among the elderly) regarding device usage are other hurdles that will need to be overcome.

Access to digital technology unequally impacts different groups within the population. Māori and Pasifika have less access to digital technology than other population groups in Aotearoa New Zealand<sup>5,6</sup>. Crucially, this gap or “digital divide” will need to be bridged with infrastructure, education and resourcing to ensure that this telehealth model does not exacerbate existing inequities and instead ensures equitable provision of care. Lessons can be drawn from the digital-first 2018 Census, an ambitious step towards modernisation that failed to deliver high-quality data for Māori and iwi<sup>7</sup>.

### 2) Impact of telehealth on Māori and Pasifika

Compounding the digital divide is our lack of understanding of the impact of telehealth on Māori and Pasifika experiences of healthcare in New Zealand, further hampering the ability of telehealth to address equity concerns. Research led by Māori for Māori, and by Pasifika for Pasifika, to understand their approach to telehealth and their experience of it is urgently needed<sup>8</sup> and will help to inform the development of this model. This discussion could include consideration of what else can be done to ensure access if telehealth does not work for individuals and whānau. Cultural safety and the development of tikanga guidelines will also need more attention when practising this kind of medicine.

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<sup>4</sup> Wilson G, Currie O, Bidwell S, Saeed B, Dowell A, Halim AA, Toop L, Richardson A, Savage R, Hudson B. Empty waiting rooms: the New Zealand general practice experience with telehealth during the COVID-19 pandemic. [Internet]. NZ Med J. 2021 Jul 9;134(1538):89-101. Available from: [60e61591bece976c914ce3b0\\_5013 - final.pdf \(website-files.com\)](https://www.nzma.org.nz/journal/134-1538/empty-waiting-rooms-the-new-zealand-general-practice-experience-with-telehealth-during-the-covid-19-pandemic) Downloaded on 25 October 2022.

<sup>5</sup> Grimes A, White C. Digital inclusion and wellbeing in New Zealand. [Internet]. Wellington, New Zealand: Motu Economic and Public Policy Research, 2019. Available from: [Digital inclusion and wellbeing in New Zealand \(motu.org.nz\)](https://www.motu.org.nz/publications/digital-inclusion-and-wellbeing-in-new-zealand) Downloaded on 25 October 2022.

<sup>6</sup> Digital Inclusion Research Group. Digital New Zealanders: The Pulse of our Nation. [Internet]. Wellington, New Zealand: Digital Inclusion Research Group. [Digital New Zealanders: The Pulse of our Nation \(mbie.govt.nz\)](https://www.digitaleconomy.govt.nz/digital-new-zealanders-the-pulse-of-our-nation)

<sup>7</sup> Newshub, 20 July 2017. Only two-thirds of Māori filled out the census. [Internet]. Available from: [Only two-thirds of Māori filled out the census | Newshub](https://www.newshub.co.nz/story/only-two-thirds-of-maori-filled-out-the-census) Downloaded on 25 October 2022.

<sup>8</sup> Gurney J, Fraser L, Ikihele A, Manderson J, Scott N, Robson B. Telehealth as a tool for equity: pros, cons and recommendations. [Internet]. NZ Med J. 2021 Feb 19;134(1530):111-115. Available from: [602db18fc5d6fcada6b95653\\_4699 - final.pdf \(website-files.com\)](https://www.nzma.org.nz/journal/134-1530/telehealth-as-a-tool-for-equity-pros-cons-and-recommendations) Downloaded on 25 October 2022.

### 3) Patient records – access and confidentiality

The RACP also wishes to highlight the need to establish an effective system for storing digital records to support clinicians use of telehealth in practice. The effectiveness of this model will rely on easy access to patient records to ensure clinicians are not “flying blind” and at the same time ensuring patient confidentiality is protected. It will be important to consider how this will work in practice as there are many instances in the hospital system where patient records are not easily shared. Internet security and privacy of patient portal information remains an issue of concern for many patients accessing health care in Aotearoa New Zealand<sup>9</sup>.

### Additional comments (refers to Question 11)

While the RACP welcomes the implementation of the PASE model, it will be important that this model is not seen as a substitute for a face-to-face health service provision and a panacea for the workforce crisis in Aotearoa New Zealand. The PASE model has been advocated as a potential solution to the chronic health workforce shortages<sup>10</sup>. Telehealth should complement and augment existing services, rather than replace good local care. The choice to use telehealth should also be a joint decision between doctor and patient, in the best interests of the patient.

Building relationships between the specialists and the primary care team or secondary team in the place the patient lives will be essential to ensuring effective implementation of this model. The human factors dimension of telemedicine is a key element in delivery of health care from the distance.

Finally, the RACP wishes to highlight that the specific reference to specialists in the title of the model has potential for misinterpretation that the model is referring only to medical specialists rather than more broadly to specialist GPs, nurses, and allied health workers.

The RACP thanks Telehealth New Zealand for the opportunity to provide feedback on this consultation. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at [policy@racp.org.nz](mailto:policy@racp.org.nz).

Nāku noa nā



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<sup>9</sup> Wells S, Mahony F, Huang Y, Day K. Perspectives of New Zealand patients and GPs at the beginning of patient portal implementation. [Internet]. Journal of Primary Health Care 11; 315-326. Available from: [CSIRO PUBLISHING | Journal of Primary Health Care](#) Downloaded on 25 October 2022.

<sup>10</sup> Scoop news, 10 August 2022. Health NZ urged to adopt new telehealth model to alleviate workforce crisis. [Internet]. Available from: [Health NZ Urged To Adopt New Telehealth Model To Alleviate Workforce Crisis | Scoop News](#) Downloaded on 25 October 2022.