

Telehealth

Telehealth is a mode of healthcare that is being used increasingly. However, it is important for practitioners to be aware of the limitations and challenges of telehealth and to consider, patient-by-patient, the appropriateness of providing care in this way. This factsheet provides a broad overview of things to be aware of when providing telehealth care.

As a starting point it is important to understand what “telehealth” is. MCNZ defines telehealth to mean “health care delivered using digital technology where participants may be separated by distance and/or time.” This may include “the use of email, text messaging, still or video images, remote patient monitoring, patient portals, telephone or video calls and other communication modalities”. The meaning of “telehealth” is therefore relatively broad.

The standard of care provided in telehealth consultations should be the same as the standard of care provided to a patient seen in-person, (subject to the limits imposed by the mode of the telehealth consult). Thus, doctors providing care via telehealth are expected to comply with all of MCNZ’s standards and statements.

This includes MCNZ’s standards on cultural safety, respecting the patient’s right to privacy and confidentiality, maintaining patient records, and providing follow-up care, as well as statements such as Good Prescribing Practice, and of course its statement on Telehealth. Doctors should also be aware of relevant guidelines issued by medical colleges.

Before undertaking a telehealth consultation, consideration needs to be given to whether the mode of consult is appropriate for the patient about to be seen, and whether the limitations imposed by the telehealth modality mean the required standard of care can be provided. For example, where an in-person examination or assessment could provide information that will affect the patient’s diagnosis, management or treatment, a telehealth consult is unlikely to be appropriate.

In some circumstances a telehealth consult will never be appropriate. For example:

- a. Where a patient has a potentially serious or high-risk condition that requires a physical examination, they must be assessed in person;
- b. Where a patient’s history suggests a life-threatening condition, steps should be taken to arrange urgent in-person assessment and treatment, for example, by having the patient call an ambulance or go to emergency care.



Telehealth

In the circumstances where a telehealth consultation is not appropriate or is unsafe, the patient should be informed of this and alternative options for care should be discussed with them. Typically, this will entail discussion about the availability of local care services and pathways, and how urgently the patient needs to be seen in-person. Where possible, practitioners should try to minimise the burden on after-hours and urgent care facilities. If an in-person examination is required, this should be communicated clearly to the patient and arranged within an appropriate timeframe. If another health practitioner is to undertake the examination, they will need to be properly informed of this, (subject to first receiving the patient's consent).

Where it is considered appropriate to conduct a consultation via telehealth, the patient's informed consent to undergoing a consultation in this modality will need to be obtained. MCNZ's statement on Telehealth advises that while consent may be implicit if a patient has booked and attended the consultation, the patient's explicit consent is required to record the consultation and to store/use the recording. The patient's consent should extend to any persons that you are aware may be either with them during the consult, or within earshot. The patient should also be informed of their right to request a copy of the recording. (For more information about informed consent see NZMII's factsheet [Informed Consent](#)).

With telehealth consultations there are certain steps that should be taken to ensure security and ease of access. These include ensuring both the patient and the practitioner can access and use the telehealth platform (i.e. can operate the device and hear each other), and that the patient's identity has been verified, (for example, by obtaining verbal confirmation of the patient's full name, date of birth, address, and possibly NHI number).

It is essential also that the device, software or service used when providing telehealth services is secure and fit for purpose, so as to ensure patient safety and privacy. At least as a general rule it is recommended that the recording of the telehealth consult be preserved in a format which is accessible in the patient's notes so that it can be reviewed subsequently. As with all health information, information from the telehealth consult should be stored in such a way to protect against loss, unauthorised disclosure or other misuse.

It would be good practice to guard against the risk of deterioration of stored information by ensuring that notes of the consult are entered into the patient's clinical record in the usual way.

If issues arise partway through a telehealth consult – for example, if there are issues with the connection, or relevant clinical information is unable to be obtained or accessed – this should be raised with the patient and an assessment made as to whether it is appropriate to continue with the consultation.

Telehealth

When prescribing in a telehealth context, particular care needs to be taken to ensure compliance with good prescribing practice. For example, where a patient is requiring a repeat prescription a telehealth consult may not be appropriate, especially where the repeat prescription is for a high-risk medication.

MCNZ has also highlighted concerns about the ability to adequately assess a patient via a telehealth consultation, which may lead to unsafe prescribing. This is particularly the case for example, where a new medication is being prescribed, the patient's complete medical records cannot be accessed, or where the doctor taking the telehealth consultation is not the patient's regular doctor.

For medications with a risk of misuse or abuse, it may also be harder to determine whether a patient is seeking the medication for a non-therapeutic purpose. (For more information on prescribing standards, see NZMII's factsheet [Good Prescribing Practice](#)).

If a referral is made for further investigation or specialist assessment, the referring doctor must communicate clearly with the specialist to ensure that all relevant information is provided with the referral. It is also important that when the outcome of the investigation or assessment is available, it is provided promptly to the responsible clinician(s). It must be remembered that the responsibility for gathering all relevant information in order to assess and diagnose a patient lies with the doctor undertaking the telehealth consultation.

As with in-person consultations, it is important to ensure continuity of care for the patient. For example, if the patient is not usually seen by the doctor taking the telehealth consultation, information from the consult should be shared with the patient's regular doctor as soon as practicable after the consult, (with the patient's consent).

Advice should also be provided about follow-up care, and the patient's particular circumstances should be taken into account when making decisions about this.

NZMII are here to help!

[Contact Us](#)

Contact us if you have any questions about your medical indemnity cover:

nzmii.co.nz
0800 102 220
general@nzmii.co.nz



@nzmedicalindemnityinsurance