

A tool not a panacea: Telehealth is overhyped as a solution to New Zealand's rural health-care crisis

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[Telehealth](#) has been touted as one solution to New Zealand's ongoing [health-care crisis](#), [which is particularly stark in rural regions](#).

But moving [health services](#) online can have a number of unintended

consequences that can impact the well-being of patients and [doctors](#).

Since the pandemic, there has been a growing emphasis on [telehealth](#) services—doctor appointments via [online platforms](#) or over the phone. This shift in focus is evident in [government policy statements](#) spotlighting telehealth options, increased [government funding](#) and the rapid expansion of providers.

Telehealth is seen by many as a way to expand access to care, reduce wait times and streamline services. But as [my research](#) shows, there are also negatives to moving care online. These should not be ignored.

The pros and cons of telehealth

Almost 900,000 New Zealanders live in [rural areas](#), according to a recent report from [Hauora Taiwhenua Rural Health Network](#). Their [health outcomes](#) can make for grim reading.

The report found non-Māori men aged 30 to 44 were 1.8 times more likely to die from preventable causes compared with their peers living in [urban areas](#). And Māori under 30 years old living in rural areas were twice as likely to die from a preventable disease as their city counterparts.

As a rural general practitioner based in a remote area of Northland, I see the gap in health care access first hand. For example, there has been no consistent after-hours doctor for two years.

Telehealth has offered some support to our patients and provided relief to overworked doctors.

On the positive side, I am no longer woken four times a night for call outs while still having to work the next day. And for many patients,

talking to a doctor over the phone for a simple matter is much more convenient than traveling 30–40 minutes and waiting in a clinic.

[Research](#) has also found telehealth can be a viable and culturally safe alternative to face-to-face consultations for Māori whānau.

However, my [research](#) has found telehealth is disruptive to continuity of care.

Continuity of care, in which a patient has a long-term relationship with a single doctor, has been [shown to lower mortality](#). The reduction in mortality due to continuity of care is 8% after two to three years and 25% after 15 years.

Putting pressure on other areas

There are numerous other unintended consequences to embracing telehealth.

Moving care online or over the phone can cause pressure to shift to other parts of the health-care system. It can, for example, increase the burden placed on rural nurses who have to manage highly complex situations without the support of an on-site doctor.

The recent case of a [cardiac arrest in Dargaville Hospital](#) where there was no on-site doctor must have been enormously challenging for the nurses involved and incredibly distressing for the whānau.

[Research](#) has also demonstrated how telehealth can open the door to unsafe medical practices, such as increased inappropriate prescribing or inappropriate ordering of medical tests and investigations.

Additionally, telehealth doctors cannot necessarily manage a range of

more complex health issues. These end up getting pushed back onto face-to-face doctors to be managed acutely or in emergency rooms, thereby increasing the burden at these points of care.

Context is lost

Telehealth doctors are often not based in the same region as the patient. This means local context and knowledge can be lost.

I have seen patients inappropriately referred to a rural hospital when they should have been sent to a larger urban hospital for higher level treatment.

There is also a more paradoxical issue that can arise. In trying to solve a workforce crisis we are actually worsening it.

Telehealth providers are recruiting from New Zealand's already limited pool of doctors. This subsequently decreases the overall availability of doctors able to provide face-to-face care. It is easy to see why this is an attractive option for some. Telehealth positions allow doctors to work from home during hours that suit their lifestyle.

Short-term thinking

Overall, the solutions for addressing rural health do not appear to be driven by the rural workforce or rural communities. Rural communities want to have the same access to health care as enjoyed by everyone else.

Since 2023, [Health NZ has introduced some measures](#) to address the rural health-care issue. These include a NZ\$9,100 accommodation allowance for primary care trainees who live within 30 kilometers of their rural GP practice as well as funding for locum GPs, nursing and

rural hospital doctors to provide cover in rural general practices and rural hospitals.

But enormous health inequities exist in rural areas with high mortality, in particular for Māori, and the funding needed to overcome this gap is not visible.

The singular most important workforce factor that reduces mortality, continuity of care with a regular doctor, does not appear to be factored into decision-making and policy work.

Instead, [continuity of care](#) is sidelined by the ongoing disruption of the health-care sector and the substitution of medical roles for cheaper and easier options—such as telehealth. The government is not focusing on the investment that is required to get doctors into rural areas.

Importantly, solutions to the rural workforce crisis must come from [rural communities](#) and rural doctors who have the lived experience to know what will really work.

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