The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

POSITION STATEMENT

Specialist GP telehealth consultations

Summary of position

Telehealth consultations are a valuable and necessary component of community medicine. New Zealand's COVID-19 response saw the rapid adoption of telehealth across primary care, and the general practice workforce now has an opportunity to reflect on lessons learned and use these experiences to shape the future of telehealth.

Patient safety should be at the heart of decisions about how and when telehealth is used. Specialist general practitioners (GPs) should draw on their clinical judgement and the wider context of each patient to inform their decision making.

As a supplement to in-person consultations, telehealth offers powerful benefits for both patients and specialist GPs by removing barriers to access, providing flexibility to the specialist GP workforce, and contributing towards Te Tiriti o Waitangi commitments.

It is important to also identify potential challenges. The increased use of telehealth services could lead to widening health inequities caused by the digital divide, a loss of regional context when urban-based doctors provide care to rural patients, and undue pressure being placed on after-hours and urgent care facilities.

For practices conducting telehealth services, The Royal New Zealand College of General Practitioners (the College) has identified some areas for consideration.

- Optimising infrastructure to support telehealth, including hardware, software, and protocols.
- Appropriate triage systems and an awareness of a patient's access to digital technologies.
- Empowering patients to take ownership over their health with the use of patient portals, open notes and secure messaging, while also considering their health literacy.
- Introducing clear and upfront charging policies that are service focused rather than channel focused.
- Facilitating in-person support for patients when required and understanding of local context (such as availability of certain services).

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Position statement on specialist GP telehealth consultations

Telehealth, telecare, virtual care – these are all terms that, at their core, are about a clinician providing care to a patient who isn't in the same room. Specialist general practitioners (GPs) have been doing this since the first telephone was installed in a practice, and so while there are more options available now, telehealth is nothing new.

How care is delivered (e.g. in-person, phone, video call and secure messaging) is less important than who is delivering it. The traditional specialist GP–patient relationship, built over time and fostered through partnership and empathy, provides the strongest foundation for the management of long-term conditions and the holistic treatment of immediate health concerns.

The College sees telehealth as a valuable and necessary component of community medicine in New Zealand and encourages all practices to consider how these services can add value to the care they provide. This statement demonstrates the College's ongoing commitment to the values set out in *Te Rautaki*, the College's 2019–2024 Statement of Strategic Intent, in particular Kaitiakitanga (Service and Stewardship) and Auaha (Innovation and Creativity).[1]

The statement reflects the College's view on how telehealth could be used to supplement in-person consultations. Decisions about how telehealth consultations can be integrated into a practice need to be made by the specialist GPs and staff that understand the local context and what will work best for their patients.

Regardless of how care is provided, the patient will be benefiting from their specialist GP's clinical expertise, and this service needs to be funded fairly and transparently.

We acknowledge the Medical Council of New Zealand's (MCNZ's) statement on *Telehealth*, which lays out the professional standards that must be maintained when providing telehealth services.[2]

About this statement

This statement focuses on specialist GP telehealth consultations, through phone, video, or secure messaging.

Telehealth also offers significant benefits for rural hospital doctors, who provide a range of secondary services at a distance from urban hospital–based specialist backup. The context they operate in is different from the general practice setting and the College will provide a separate statement on how telehealth can add value to Rural Hospitals.

This statement is not intended to be a guide to conducting telehealth consultations. For links to training resources and suggested reading on some of the wider applications of telehealth, please refer to the College website.

Telehealth in New Zealand

The experience of telehealth in the pandemic brought home the powerful benefits it offers to patients and specialist GPs while also highlighting some new challenges. Telehealth can add value to community medicine by:

- removing or lowering barriers to access, such as travel time and cost, work and family commitments, and mobility issues
- giving specialist GPs and patients more options for managing long-term conditions
- allowing specialist GPs and patients to maintain their relationship when the patient moves away from the region
- giving specialist GPs more flexibility about how and where they work
- improving protection against infection by reducing waiting room numbers.

As much as telehealth can improve the status quo, it will not be accessible to everyone and introduces new challenges such as:

- access to devices, data and networks
- communication difficulties from not being in the same room
- lack of ability to examine the patient physically, which may mean there is less clinical information available to form a diagnosis
- barriers for the deaf community, people who do not have English as their first language, and those with a cognitive impairment
- jurisdictional and funding issues, such as ACC not paying for services unless both the specialist GP and the patient are in New Zealand.[3]

Telehealth and Te Tiriti o Waitangi

The College has a long-standing commitment to the principles of Te Tiriti o Waitangi and to achieving Māori health equity. Telehealth provides opportunities for all members of the College to contribute towards meeting Te Tiriti o Waitangi commitments as identified by the framework in the Wai 2575 Health Services and Outcomes Inquiry.[4]

The College has identified specific benefits for Māori (both as patients/whānau and members of the College) under all five Te Tiriti principles contained in the framework:

- **Tino rangatiratanga**
  - Patients/whānau are better able to choose when and how they see their specialist GP, including when they are away from their rohe.
  - Māori members have more flexibility about where they work and how they connect with patients/whānau.
- **Equity**
  - Patients/whānau can access health care without having to take time off work, arrange childcare or incur travel costs.
  - Māori members can provide whānau-level care when some family members may be away from home. This could include both consultations with that person about their health or including that person in a three-way video conference about another family member's health issues.

- **Active protection**
  - Patients/whānau are better protected against infections by reduced numbers in waiting rooms and the option to attend consultations from home.
  - Māori members can retain and build relationships with patients wherever they are.
- **Options**
  - Patients/whānau can choose the method of consultation that best suits their needs and have access to a broader range of kaupapa Māori options than may be offered in their region.
  - Māori members who want to stay close to their tribal homes or live in more remote areas, where traditional roles may be hard to come by, have more options to progress their careers.
- **Partnership**
  - Patients/whānau may benefit from open notes as this gives them transparency and control over their health information, which can lead to more co-designed care and treatment.
  - Māori members have more tools that can be used to design new health services, campaigns, and business models.

A more complete analysis of the telehealth benefits that align with the Wai 2575 Te Tiriti principles is provided in Appendix 1.

Systemic risks

As modern telehealth consultations become more widely available, it is useful to consider the potential systemic risks of this relatively new model. These risks, which are discussed in Appendix 2, include:

- cost cutting and 'efficiency' becoming a primary driver of telehealth
- rural patients being treated by urban clinicians who do not understand their context
- in-person services in rural areas being stripped away
- downstream impacts on after-hours, urgent care facilities and emergency departments
- widening health inequities where people with devices and data get better service.

Making the most of telehealth

The 2020 COVID-19 lockdowns meant that members and general practices throughout the country needed to adapt to telehealth at short notice. This led to significant disruption as new business processes, technologies, and ways of interacting with patients had to be adopted, all while dealing with the pandemic itself.

The way telehealth was provided then doesn't have to be how it is delivered in the future. The College recommends that practices wanting to introduce, expand, or improve telehealth services would benefit from considering these five areas:

1. Infrastructure
2. Triage systems
3. Patient portals and open notes
4. Charging policies
5. In-person support/local context.

Further guidance on areas such as patient privacy, triage systems, and IT security can be found in the College's Foundation Standard pages.[5]

1. Infrastructure

It is possible to operate a telehealth service with minimal capital investment by relying on existing tools, such as phone and email, using devices such as smart phones, and by employing low-cost or free video-conferencing services. This approach was sufficient for some during 2020, but it will not provide a strong foundation for a practice wanting to make telehealth a permanent and everyday part of their service.

Video provides an experience much closer to in-person consultations and can enable a specialist GP to treat a wider range of health concerns than a phone call allows.[6] Phone consultations will always have a place in general practice, as they are more available, less expensive for the patient, and the technology is widely understood.[7] This is especially true during times when in-person consultations may be restricted. However, the College encourages practices to invest in video call technology and consider whether a video call would provide a better service for patients who both can use that option and want to do so.

The College encourages practices wanting to develop a robust telehealth service to invest in the right software, hardware, and network infrastructure to support their vision. Purpose-built systems can offer benefits ranging from better patient experiences, integration with practice management software and booking tools, to better access to secondary health services, and stronger security safeguards.

Once infrastructure is in place, the appropriate cybersecurity protocols and systems need to be maintained and actively supported. This can range from ensuring software is kept updated, staff are aware and trained to avoid phishing scams, and good password management.[8]

2. Triage systems

Determining when a patient needs to be seen and who should see them is a well-established part of general practice. Staff who are expected to triage patients will benefit from specific training, and triage systems and processes should be reviewed regularly. Telehealth makes triage even more important, as it can help identify which patients can be seen remotely and which patients need to attend an in-person consultation.

Telehealth consultations that end in the patient being asked to come in to the clinic can be frustrating for both the patient and the specialist GP, even while they may be

medically necessary to ensure patient safety. In addition to adding value to in-person consultations, such as where a laboratory test can be completed and the result received prior to the appointments, good triage systems can lower the chances that a patient is offered a telehealth consult when they need to be seen in-person. However, these processes will never be 100 percent effective. Patients are not always willing to explain why they need to be seen, and members will often encounter situations where new information is uncovered during the consultation that means a physical examination is needed.

As telephone triage becomes more commonplace, some practices are using online triage tools to screen patients during the booking process. The College recognises that online tools can be effective but cautions that care needs to be taken to ensure that all patients have a booking service they can use, regardless of their ability to access the internet.

3. Patient portals and open notes

Most practices in New Zealand now offer patient portals,[9] and the College is of the view that these should be included as a business-as-usual feature of general practice. The ability to self-manage appointments, view laboratory results, and request repeat prescriptions gives patients more control and ownership of their health affairs and reduces administrative costs for practices by automating low-value, transactional interactions.

Secure messaging is another option and can be particularly beneficial for patients who can only write and read messages outside of a practice's normal working hours. Specialist GPs are then able to respond the next time they are at work, in accordance with that practice's policy on how and when such messages are actioned. If the messaging system is linked to the practice's health records, any messages are automatically recorded against the patient's file, which may not be the case for email exchanges.

However, while secure messaging provides a very accessible channel for patients to interact with members, it can be challenging if it is not supported by a clear charging policy. In the absence of such a policy, practices may find themselves inundated with messages ranging from simple follow-up questions to detailed descriptions of new health concerns.

Open notes can provide benefits for patients[10, 11] and can be particularly valuable in relation to telehealth consultations where communication can be more difficult. Having a record of what was discussed and what treatment and actions were recommended can act as a useful safety net when call quality is poor due to internet connections or mobile.

4. Charging policies

Seeing the clinician at a practice is a normal experience for most people and having to make payment is an expected part of the process. A telehealth consultation, which can seem less tangible to the patient, is still a professional service provided by a clinician, and it is only fair and reasonable that the patient is charged for this service.

Having a transparent and upfront charging policy will help manage patient expectations when they start to interact with telehealth services. This can be

particularly important when a practice offers a secure messaging service between members and patients.[12]

Some questions to consider include:

- If secure messaging consultations are offered, how will these be charged for, as they may involve multiple exchanges over a period?
- If a patient has a phone/video/in-person consultation, what is a reasonable number of follow-up/clarification queries before another, new consultation is needed?
- If a patient sends a lengthy communication outlining a new issue, what should be the response?
- When a telehealth consultation ends with the patient being asked to come in to the clinic for an in-person consultation, should both consultations attract a charge?
- How will the patient make their payment if they are accustomed to coming in to the clinic and do not have access to online banking?

Charging policies will differ depending on a clinic's business practices, the communities they serve and nature of the relationships they have with their patients. Practices may want to consider how they introduce new policies so that patients can understand them and become accustomed to the new settings. Patients with low health literacy may not understand the distinction between a telehealth-suitable health concern and one that will need an in-person consultation.

Having a clear charging policy that is visible, consistently applied and focused on the service provided rather than the channel used will help to set patient expectations and reduce secure messaging overload.

5. In-person support/local context

Telehealth will not always be a safe or suitable treatment option, and sometimes a patient will need to see the clinician in person. Practices that primarily provide telehealth services, or specialist GPs with patients who live in different regions, need to consider how their patients will receive in-person care.

Having arrangements in place will not only provide a clearer pathway for patients to follow but will also reduce stress on other providers who offer urgent care or walk-in services.

Understanding the local context of the patient is crucial for members providing telehealth to patients in different parts of the country. The safety-netting options and services that can be accessed by a patient living in a remote, rural area will be different from those in a large rural centre and very different to those available to a patient living in an urban centre.

Trade-offs between different consultation methods

Different ways of conducting a consultation have different benefits and limitations – this is true for both telehealth and in-person consultations.

- In-person consults allow the specialist GP to see the whole person, to observe them as they come into the room and sit down, to fully take in the sights, sounds, smells, and physical sensations that can inform a diagnosis. For some, being with the other person in the same room is also important for building the relationship, picking up on non-verbal cues, expressing empathy and feeling part of the community. However, distance, mobility, and commitments can be barriers to accessing in-person consults for some patients.
- Video consults are a closer approximation to the in-person experience but will not be useful when a physical examination is needed. The patient also needs to have access to a suitable device, network, and data to use this service.
- Phone consults are available to a wider group of patients. However, the experience is limited as there is less information available to support a diagnosis.
- Secure messaging consults can be a valuable tool, including if the patient is not available during practice hours to send their messages. However, it requires a higher level of digital and health literacy and access to an appropriate device and network.

The College believes that the communication challenges arising from different forms of telehealth can often be mitigated if the member and the patient have an existing relationship. The trust and understanding that comes with continuity of care acts as a strong foundation for specialist GPs and patients wanting to explore new ways of consulting.

When should telehealth be used?

The decision to provide care in-person, or through telehealth, should be made with the input of the specialist GP and their patient. Each person has a different role to play in this process:

- The specialist GP needs to decide:
  - Whether they are offering any telehealth services in their practice.
  - What types of ailments they will treat via telehealth, and what needs to be seen in-person.
  - Given the patient's specific health concern and history, can care be provided safely through telehealth.

Specialist GPs are responsible for patient safety and must use their clinical judgement when deciding whether to offer telehealth to a patient. Particular attention must be given to the MCNZ's statement on *Good prescribing practice* when prescribing any medicine for the first time to a patient.[13] If care can be safely provided through telehealth, then:

- The patient needs to decide:
  - Are they interested in telehealth in general, or would they prefer to see a clinician in-person.
  - If their specialist GP is offering telehealth, do they want to use it for this health concern.

It's easy to make assumptions about who will or won't be interested in or able to use telehealth. Rural broadband and mobile coverage can be variable; older people may be less comfortable with technology; people who speak English as a second language may struggle without the non-verbal cues present during an in-person consultation. While these generalisations may well hold true for some people, applying them to individual patients will inevitably mean that some people will be excluded from services that could benefit them.

This can be mitigated by letting patients be the guide as to what telehealth services they want to use. The specialist GP determines whether telehealth is a safe option; the patient decides if they want to use it.

Outside of a pandemic the College believes that these decisions must be made freely and not subject to incentives or targets. The benefits of telehealth to patients are clear, and if some patients still prefer to see their specialist GP in person, then that choice should be respected.

Balancing telehealth and in-person consultations

It is a common experience for specialist GPs to notice something about their patient that, while unrelated to the health concern they have presented with, identifies something that needs to be addressed.[14]

The MCNZ statement on *Good prescribing practice*[13] states that patients "should be assessed in person on a regular basis" when considering whether to issue repeat prescriptions. The College has considered issuing guidance on the right level of in-person consults vs telehealth consults and has concluded that it would not be possible or helpful to do so.

A blanket rule that advises members how regularly they should see their patients in-person may not be appropriate for healthier patients or those with well-managed long-term conditions.[15] Specific guidance for different age demographics or health conditions may be more targeted but could still overlook factors that might make telehealth a better option for that patient. This could include mobility issues, familiarity and experience with telehealth consultations, family commitments and support etc.

For some patients the choice will not be between an in-person or telehealth consultation, it will be between a telehealth consultation or no consultation at all.

The College believes that members should use their clinical judgement and understanding of their patient's context when they decide how to use telehealth. This is particularly important for patients with long-term conditions, and if the member and patient decide to use telehealth as the primary means of providing care, the College recommends recording the reasons for this decision in the patient's notes.

What next?

At the time of publishing, District Health Boards have been disestablished and Te Aka Whai Ora | the Māori Health Authority and Te Whatu Ora | Health New Zealand, are establishing localities across the country.

As the detailed design of the new health system begins in earnest, the College has a vital role in advocating on behalf members for a primary health care system that is more equitable, more accessible, and takes advantage of modern technology.

Work will continue at the College to develop policy around other aspects of telehealth, such as its use in rural hospitals and the potential benefits of telemonitoring, as we build our vision of the future of community health, with patients and their doctors at the centre.

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APPENDIX 1

Te Tiriti o Waitangi analysis

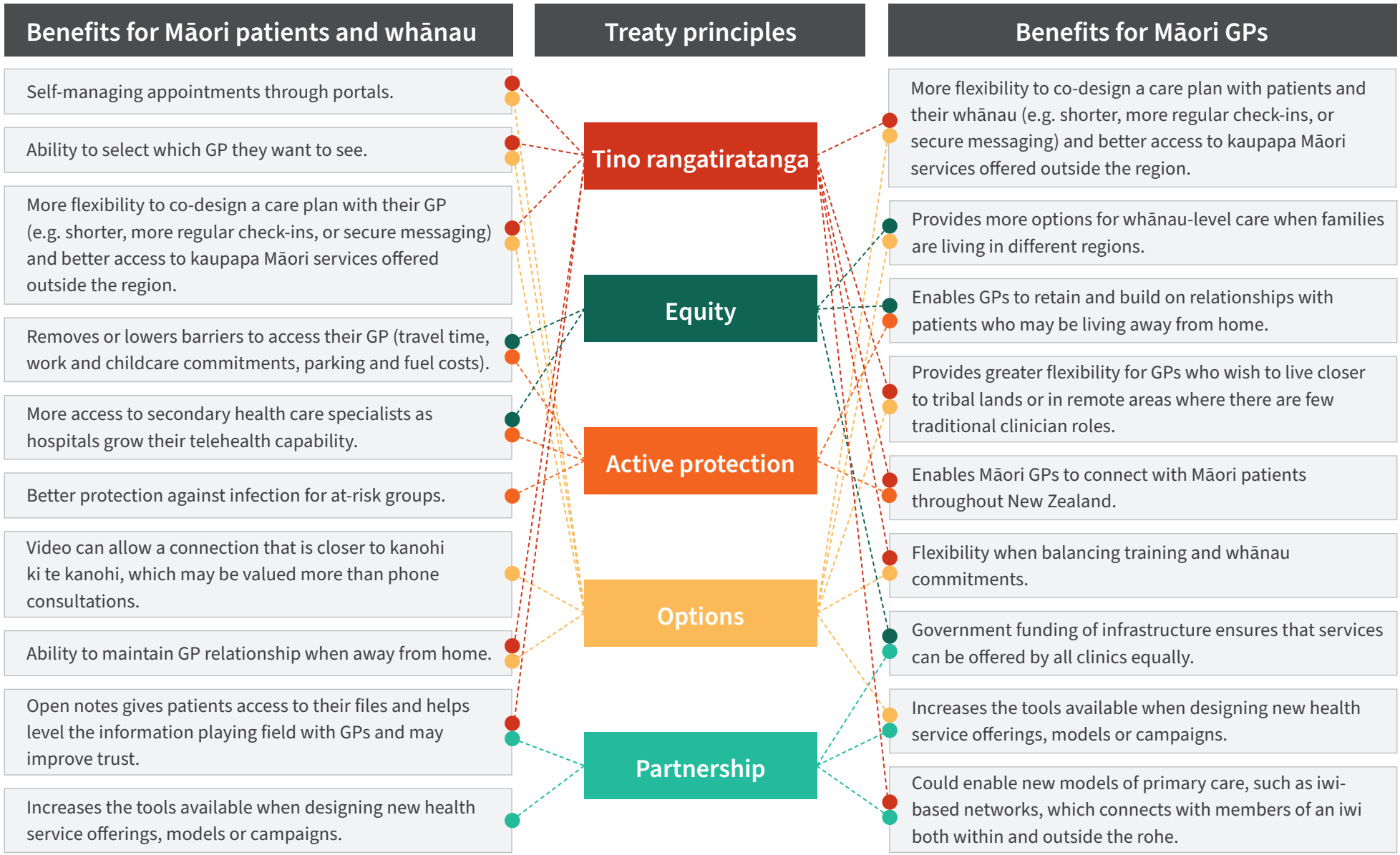
The diagram on the following page provides an analysis of how telehealth can provide benefits for Māori patients, whānau, and specialist GPs, which can contribute towards meeting Te Tiriti o Waitangi commitments.

The College recognises the Treaty Principles formulated in the WAI 2575 Hauora report as being the appropriate lens through which to assess health initiatives. Those principles are:

- **Tino rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Active protection:** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options:** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership:** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

NOTE: The Treaty Principles are closely linked and often overlap in terms of what they are encapsulating. For clarity a maximum of two links between a principle and a benefit has been shown in the diagram on the following page.

Te Tiriti o Waitangi analysis



APPENDIX 2

Systemic risks

Widening health inequities

Telehealth's reliance on devices, data, health and digital literacy, and even the availability of private spaces at home, can be expected widen some existing health inequities. While telehealth cannot be expected to benefit all people, all the time, it should be noted that some of the people who will not gain from these new services will be among the most deprived.

Focus on cost effectiveness

Telehealth is sometimes positioned as a more efficient and cost-effective means of delivering health care. While this is true in some respects (e.g. reduced physical footprint, better patient attendance at appointments), there is no reason to expect that an expansion of telehealth services would alleviate workforce issues. An in-person consultation that takes 15 minutes may take at least that long via telehealth, especially as the specialist GP may need to take extra care to pick up on non-verbal cues that might point to an undiagnosed health issue. At best, telehealth can offer a more equitable spread of resources as patients in areas with poor specialist GP coverage can access care throughout the country. However, this feature of telehealth raises its own concerns.

Regionally specific safety netting

Large-scale telehealth services are likely to be based in metropolitan areas, which can provide the necessary cohort of clinicians to meet the demand. Knowledge of local context, paired with an understanding of the support services available, underpins a member's ability to provide appropriate 'safety netting' for patients whose conditions may worsen or who need out-of-hours support.[16] This becomes especially important in rural areas where services commonly found in urban areas may be unavailable, distant or provided through different channels. Doctors providing telehealth consultations on a national basis need to be able to provide regionally specific advice and understand the different contexts of urban, rural and remote patients.

Centralising rural health services

While telehealth consultations can be hugely valuable to patients in rural areas who live considerable distances from their general practice,[17] the College strongly believes that nothing can replace the physical presence of specialist GPs in their community. Telehealth is a supporting tool to in-person services and the stretched rural health workforce should be built up rather than stripped away under the false promise that centralised telehealth services can provide a sufficient and comprehensive substitute.

Lack of in-person examination support

Consideration also needs to be given to the limitations of telehealth consultations and the potential downstream impacts. At some point most patients will need to see a specialist GP in-person to deal with a health issue that cannot be treated remotely. This is mitigated when telehealth consultations are provided by practices that have local clinics, but this will not always be the case. Those providing telehealth consultations need to have clear plans for care pathways when a physical examination is needed. Over-reliance on after-hours, urgent care facilities and emergency departments to act as a default in-person service puts unnecessary stress on those systems and potentially endangers the health of patients who have genuine urgent care needs.

REFERENCES

1. The Royal New Zealand College of General Practitioners (RNZCGP). Te Rautaki – Statement of Strategic Intent 2019–2024 [Internet]. Wellington, NZ: RNZCGP; 2020 July [cited 2022 Sept 19]. 14 p. Available from: https://www.rnzcgp.org.nz/gpdocs/New-website/About-us/LR_JULY_2020_Booklet_Statement-of-Strategic-Intent_2019-2024.pdf
2. Medical Council of New Zealand (MCNZ). Telehealth [Internet]. Wellington, NZ: MCNZ; 2020 Oct [cited 2022 Sept 19]. 4 p. Available from: https://www.mcnz.org.nz/assets/standards/c1a69ec6b5/Statement-on-telehealth.pdf
3. ACC. Criteria to meet when providing Telehealth [Internet]. New Zealand: ACC; 2022 Feb 10 [cited 2022 Sept 19]. Available from: https://www.acc.co.nz/covid-19/providers/telehealth-during-the-covid-19-response/#criteria-to-meet-when-providing-telehealth Accessed 4/10/22
4. Treaty of Waitangi Tribunal. Hauora report on stage one of the health services and outcomes kaupapa inquiry [Internet]. New Zealand: Waitangi Tribunal; 2019 [cited 2022 Sept 19]. 254 p. Available from: https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_152801817/Hauora%20W.pdf
5. The Royal New Zealand College of General Practitioners (RNZCGP). Foundation Standard introduction [Internet]. Wellington, NZ: 2020 [cited 2022 Sept 19]. Available from: https://www.rnzcgp.org.nz/Quality/Foundation/Foundation_2022/Introducing_the_Foundation_Standard/Quality/Foundation_2022/Foundation_Standard_introduction_.aspx
6. Rusha KL, Howlett L, Munro A, Burtona L. Videoconference compared to telephone in healthcare delivery: A systematic review. Int J Med Inform [Internet]. 2018 Oct [cited 2022 Sept 19]; 118: 44–53. Available from: https://www.sciencedirect.com/science/article/abs/pii/S1386505618300650?via%3Dihub
7. Chang JE, Lindenfeld Z, Albert SL, Massar R, Shelley D, Kwok L, Fennelly K, Berry CA. Telephone vs video visits during COVID-19: Safety-net provider perspectives. J Am Board Fam Med [Internet]. 2021 Nov 12 [cited 2022 Sept 19]; 34(6). Available from: https://www.jabfm.org/content/jabfp/34/6/1103.full.pdf
8. NZ Telehealth Forum. Security [Internet]. [Cited 2022 Sept 19]. Available from: https://www.telehealth.org.nz/tech/security/
9. Ministry of Health. Patient portals [Internet]. New Zealand: Ministry of Health; [updated 2021 Mar 25; cited 2022 Sept 19]. Available from: https://www.health.govt.nz/our-work/digital-health/other-digital-health-initiatives/patient-portals
10. Walker J, Leveille S, Bell S, Chimowitz H, Dong Z, Elmore JG, Fernandez L, Fossa A, Gerard M, Fitzgerald P, Harcourt K, Jackson S, Payne TH, Perez J, Shucard H, Stametz R, DesRoches C, Delbanco T. OpenNotes after 7 years: Patient experiences with ongoing access to their clinicians' outpatient visit notes. J Med Internet Res [Internet]. 2019 May 7 [cited 2022 Sept 19]; 21(5). Available from: https://www.jmir.org/2019/5/e13876/
11. Esch T, Mejilla R, Anselmo M, Podtschaske B, Delbanco T, Walker J. Engaging patients through open notes: an evaluation using mixed methods. BMJ Open [Internet]. 2016 Jan 28 [cited 2022 Sept 19]; 6. Available from: https://bmjopen.bmj.com/content/bmjopen/6/1/e010034.full.pdf
12. Medlicott R. Portals: of no-brainers and no-nos [Internet]. New Zealand Doctor – Rata Aotearoa. 2022 Sept 14 [cited 2022 Sept 19]. Available from: https://www.nzdoctor.co.nz/article/portals-no-brainers-and-no-nos
13. Medical Council of New Zealand (MCNZ). Good prescribing practice [Internet]. Wellington, NZ: MCNZ; March 2020 [cited 2022 Sept 19]. 10 p. Available from: https://www.mcnz.org.nz/assets/standards/ceae513c85/Statement-on-good-prescribing-practice.pdf
14. Charles D. Balancing telehealth and in-person care [Internet]. Health Policy Today. 2021 July 12 [cited 2022 Sept 19]. Available from: https://healthpolicytoday.org/2021/07/12/balancing-telehealth-and-in-person-care/
15. Stone J. Achieving a harmonious balance between telehealth and in-person care [Internet]. Medical GPS. 2021 Apr 15 [cited 2022 Sept 19]. Available from: https://blog.medicalgps.com/achieving-a-harmonious-balance-between-teleheath-and-in-person-care/
16. Jones D, Dunn L, Watt I, Macleod U. Safety netting for primary care: evidence from a literature review. Br J Gen Pract [Internet]. 2019 Jan [cited 2022 Sept 19]; 69(678). Available from: https://bjgp.org/content/bjgp/69/678/e70.full.pdf
17. Fearnley D, Kerse N, Nixon G. The price of 'free'. Quantifying the costs incurred by rural residents attending publically funded outpatient clinics in rural and base hospitals. J Prim Health Care [Internet]. 2016 [cited 2022 Sept 19]; 8(3):204–209. Available from: https://www.publish.csiro.au/hc/pdf/HC16014