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Authorities play catch-up with telehealth providers



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Telehealth services have grown fast since COVID [Image: Glenn Carstens Peters on Unsplash]

The rapid growth of telehealth services, since COVID-19 made them suddenly attractive, has led some leaders to call for a look at tighter regulation. **Stephen Forbes** reports

Sidenotes

Medical Council of New Zealand Statement on Telehealth

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As New Zealand's telehealth market expands, some primary care leaders are calling for regulatory bodies to take a closer look.

Virtual doctor consultations took off at the start of COVID-19 in 2020, and the sector has gone from strength to strength, with new services focusing on repeat prescriptions and advertising based on erectile dysfunction, hair loss and other conditions.

The health and disability commissioner is currently assessing 13 complaints regarding telehealth providers, and a recent arrival is the subject of an investigation by Medsafe relating to advertising on social media.

General Practice New Zealand chair and specialist GP Bryan Betty says the telehealth market in New Zealand is developing faster than regulators can keep up with.

While GPs don't necessarily have to have a face-to-face consultation with every patient, it is still up to the prescriber to ensure an adequate assessment of the person has taken place, Dr Betty says.

“This comes down to patient safety and the competence of the clinician to ensure best practice is being followed.”

He wants Te Whatu Ora and the Ministry of Health to assess the standards for telehealth and how these services are being delivered.

Dr Betty’s views are echoed by RNZCGP medical director Luke Bradford.

There are now so many providers in the telehealth market, from after-hours services to weight-loss and cannabis clinics, Dr Bradford says.

“It’s because we haven’t defined the scope or the need for these services, and we are now looking at telehealth as some sort of automatic solution.”

There’s a clear difference between a GP prescribing medication to a patient they have known for years, Dr Bradford says, and a telehealth provider writing a first-time script for a patient they have never met.

Australia tightens up

Across the Tasman, the telehealth sector has run into controversy over one of its models of care, sometimes called “tick and flick”, where the patient fills in forms and has no real-time contact with the prescriber.

The Medical Board of Australia came out in September against such practice. Its website states: “Prescribing or providing healthcare for a patient without a real-time direct consultation, whether in-person, via video or telephone, is not good practice and is not supported by the board.”

In New Zealand, the Medical Council makes no such call over potentially non-real-time telehealth, such as via email, text messaging or a website or portal.

Instead, its latest statement on telehealth, six pages published in August, reminds doctors the same rules apply whether the patient is in their office or at the other end of any kind of telehealth connection and that all telehealth carries extra risks they must manage.

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Complaint against new arrival

New Zealand Telehealth Forum chair Ruth Large made a complaint last month to the Medical Council about recent arrival Burst Health, but was told the council could not investigate organisations.

Dr Large had visited the company's New Zealand website after seeing one of Burst Health's social media advertisements for duromine; those ads are now under investigation by Medsafe.

She asked for the names of the New Zealand-registered GPs it said it was using but was instead, she says, given the name of a surgeon.

Likewise, when *New Zealand Doctor Rata Aotearoa* visited the Auckland pharmacy filling Burst Health prescriptions, Optimus Healthcare, we were given the name of local surgeon Avinash Sharma.

Via email, Mr Sharma told *New Zealand Doctor* he had only worked in the capacity of an "independent consultant" to Burst Health as it looked to enter the New Zealand market and had no formal contract with it or Optimus Health; his role has been to ensure Burst Health works within the health system "ensuring that patient safety is paramount".

Personally, Mr Sharma says, he is against direct-to-consumer marketing of health products, “but as the law legislates this is not illegal in New Zealand, it is likely that companies like Burst will continue to enter the market”.

More than 80 per cent of the patients using Burst Health have been on weight-loss medications in the past, he says, and “are looking for a safe way to discuss their weight-loss issues with a professional”.

“Most cite difficulties accessing their own GP in a timely fashion.”

The majority of patient reviews read by *New Zealand Doctor* on the Burst Health website are positive about the service provided and many cite difficulty accessing a GP as a common reason for using the online service.

How it works

The company's website says it wants to give people the treatments they need with minimal fuss: "That means no in-person consults, no extra fees, and no wasted time. For treatments such as weight loss, you can elect to complete a brief online assessment."

Explaining the process, Mr Sharma says: "Patients are required to fill in lengthy questionnaires with live photographs, detailing their BMI, comorbidities, previous operations, existing medications and previous medications amongst other health complaints and relevant history.

"This is much more detailed than what would be possible in a 15-minute consultation.

"Patients have to verify their identity, and all the information is kept confidential as part of their medical record accessed only by registered doctors via the Medtech platform.

“The information is registered against the patient’s NHI. Doctors can review the information – verify the details with a phone call to the patient, request additional investigations such as blood tests or imaging or suggest a formal visit to their regular GP.

“Doctors reviewing the questionnaire data and interacting with the patient are reimbursed for the interaction, regardless of whether or not the interaction results in a prescription. It may be that only weight-loss advice is given.

“Medications are only prescribed in limited supply adhering to the strict Medsafe guidelines. Patients are followed up for possible side effects, and medications can be stopped immediately. Patients can choose to have medication dispensed at a pharmacy of their choice.”

New Zealand Doctor could not ascertain who is providing prescribing for Burst Health on its New Zealand website. Unlike the company’s Australian website, where the name and photo of the GP are clearly displayed, these details are not provided upfront on the New Zealand site.

Mr Sharma says: "It is my understanding that they use a variety of clinicians, mainly GPs, for prescribing."

Social media advertising problematic

The social media advertising that drew Dr Large's attention to Burst Health has been a problem for the fledgling New Zealand service, leading to an investigation by Medsafe.

Burst Health advertised weight loss drugs Saxenda, Contrave and Duromine direct to New Zealand consumers via social media. The former two are prescription drugs and require specific details to accompany advertising. The latter, Duromine, is a controlled drug and should not be advertised directly to consumers.

Company owner Australian-based Christopher Roarty registered the New Zealand business in June this year. In response to questions about the MedSafe investigation, he told *New Zealand Doctor* the company relied upon the advice of the Therapeutic Advertising Pre-Vetting Service (TAPS) and "at no time did TAPS disapprove of the advertising of Duromine".

However, Association of New Zealand Advertisers chief executive Lindsay Mouat told *New Zealand Doctor*, by email, that no TAPS approvals have been issued for Burst Health.

Medsafe is still investigating the matter.

Regarding the wider issue of current regulation of online providers, *New Zealand Doctor* was unable to speak to anyone at the Ministry of Health and instead was sent a statement from Medsafe group manager Chris James: “A prescriber is required to comply with the requirements of the Medicines Act [and the Misuse of Drugs Act, if the medicine is also a controlled drug] and professional practice requirements under the Health Practitioners Competence Assurance Act and as specified by their professional regulatory body [eg, the Medical Council].”

However, in an emailed statement last week, Medical Council chief executive Joan Simeon said its focus as a regulator was on safeguarding public health and safety by ensuring the competence and fitness of individual doctors to practice. The council did not have the authority to regulate organisations, including online businesses, Ms Simeon said.

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Changes in Australia

Darran Foo is an Australian GP who recently co-authored a paper in the *Medical Journal of Australia* looking at the rise of direct-to-consumer telemedicine services in that country.

Dr Foo, who discloses he works for Australian telehealth provider Eucalyptus, says much of the debate across the Tasman has focused on whether telehealth companies are providing high-quality and safe care.

Concerns have also been raised about the growing commercialisation of health. But Dr Foo, who is completing his PhD on the subject, says patients clearly want different ways to access care in the 21st century.

The guidelines introduced by the Medical Board of Australia in September received a mixed response, and some people felt they were a step in the wrong direction.

The Medical Board of Australia's website states: "Prescribing or providing healthcare for a patient without a real-time direct consultation, whether in-person, via video or telephone, is not good practice and is not supported by the board."

“This includes asynchronous requests for medication communicated by text, email, live chat or online that do not take place in the context of a real-time continuous consultation and are based on the patient completing a health questionnaire when the practitioner has never spoken with the patient.”

Any practitioner who prescribes for a patient in such circumstances must be able to explain how the prescribing and the management of the patient was appropriate and necessary in the circumstances, it says.

UK advertising probe

In the UK, an investigation by *The BMJ* has found that the organisations responsible for protecting the public from prescription drug ads are putting patients at risk by **not enforcing the law, a media release from *The BMJ* says**. The investigation found lax oversight of advertising of weight-loss medicine semaglutide (Wegovy). The journal says it found a website blog post called “All about Wegovy”, which noted the weekly injection used by celebrities and politicians, including Elon Musk and Boris Johnson.

Two academics complained to a medicines advertising regulator, which later reported the website home page’s reference to Wegovy “has been removed in line with our guidance”. The website told *The BMJ* it kept the blog post itself online as the regulator had not required its removal.

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