Members of rural and remote communities in Australia and Canada face barriers to health service access. These barriers most often affect access to specialty health services, such as paediatrics.

Australia and Canada have addressed this issue through telepaediatrics, a form of telehealth. To make these programs effective for accessing paediatric care in rural communities, barriers can inform facilitators:

- **Loss of in-person advantages**: Establish face-to-face pre-planning.
- **Rural-urban cooperation issues**: Encourage support from both urban and rural stakeholders.
- **Rural-urban challenges with scheduling**: Hire telehealth coordinator for rural area.
- **Technology issues with function or interface**: Improve design of telehealth capabilities or interface.
- **Gaps in rural physicians’ pre-existing knowledge**: Construct alternative avenues for more information.
- **Lack of funding and/or supplies in rural settings**: Promote involvement of other stakeholders.

**TELEHEALTH**

A health-related service, network or tool that transmits data, voice, images, or information to make health services more accessible in under-serviced areas.
What should be considered when designing telepaediatric programs in rural areas?

RURAL SPECIFICITY
- Telehealth is still new and needs to be adapted to a rural setting.
- Need to design programs using a rural mindset, rather than following urban norms.

INTEGRATION WITH FACE TO FACE HEALTHCARE
- Telehealth programs should not fully outsource face to face care.
- Including face to face in telehealth programs is important to success.

UNIQUE CONCERNS OF PAEDIATRIC CARE PRACTICES
- Telepaediatric technology should be child friendly, with creative imagery and activities.
- Support for the child's caregiver, whose health might be also affected, should be considered.

http://dx.doi.org/10.22215/sdhlab/kt/2019.4