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2025

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Faculty Publications

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Original citation:

Martin, B., James, A., Mitchell, C., Oelke, N. D., Singh, A., & Hoekstra, F. (2025). Enhancing health care access in rural and remote communities: An environmental scan of virtual health innovations in British Columbia. *Health Reform Observer – Observatoire des Réformes de Santé*, 12(2). <https://doi.org/10.13162/hro-ors.v12i2.6688>

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Health Reform Observer - Observatoire des Réformes de Santé

VOLUME 12

| ISSUE 2 |

ARTICLE 2

Enhancing Health Care Access in Rural and Remote Communities: An Environmental Scan of Virtual Health Innovations in British Columbia

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7 October 2025

Special Issue: Implementing Digital Health Tools in Canada: Policy Lessons & Future Focus Areas

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RECOMMENDED CITATION: Martin B. et al. 2025. Enhancing Health Care Access in Rural and Remote Communities: An Environmental Scan of Virtual Health Innovations in British Columbia. *Health Reform Observer - Observatoire des Réformes de Santé* 12 (2): Article 2.

<https://doi.org/10.13162/hro-ors.v12i2.6688>.

Abstract

Aligning with British Columbia (BC)'s Ministry of Health mandate, virtual health innovations have the potential to reduce health inequities and improve health care services in rural and remote communities. Understanding the current state of the implementation of virtual health innovations in rural and remote communities can inform future research, implementation, and policy priorities. We conducted an environmental scan and identified 70 unique virtual health innovations implemented in BC's rural and remote communities in the past 10 years. An example of an innovation supported by the Ministry of Health is the Real Time Virtual Support pathways, which have been implemented across the province to assist rural health professionals in emergency, pediatric, maternity, and newborn care. While a variety of initiatives are being implemented across different regions, they often operate in isolation. Building on previous successes and our own reflections, this paper highlights the need to enhance partnerships and strengthen relationships among policy-makers, health authorities, researchers, industry partners, and communities. This underscores the need for more integrated and collaborative efforts to transform and improve health care services and access in rural and remote areas. The findings of the SWOT analyses can be used to inform future research, implementation, and policy priorities and related activities.

Les innovations en santé virtuelle ont la capacité de réduire les iniquités en santé et d'améliorer les services de santé dans les communautés rurales et éloignées, en accord avec le mandat du Ministère de la Santé de la CB. Comprendre l'état actuel de la mise en œuvre de ces innovations virtuelles de la santé dans les communautés rurales et éloignées peut éclairer les priorités futures de la recherche et de la mise en œuvre, ainsi que les politiques prioritaires. Nous avons mené une analyse de l'environnement et identifié 70 innovations uniques en santé virtuelle, mises en œuvre dans les communautés rurales et éloignées de la CB au cours des 10 dernières années. Un exemple d'innovation soutenue par le Ministère de la Santé est les parcours de soutien virtuel en temps réel, qui ont été mis en œuvre à travers la province pour soutenir les professionnels de la santé ruraux dans les domaines des soins d'urgence en pédiatrie, maternité, et néonatal. Bien que de nombreuses initiatives soient mises en œuvre dans différentes régions, elles sont administrées souvent de manière isolée les unes des autres. En s'appuyant sur les succès passés et nos réflexions, cet article met en avant la nécessité d'améliorer les partenariats et de renforcer les relations entre les législateurs, les autorités de santé, les chercheurs, les partenaires industriels, et les communautés. Cela souligne le besoin d'efforts plus intégrés et collaboratifs afin de transformer et d'améliorer l'accès et la qualité des services de santé dans les communautés rurales et éloignées. Les conclusions de l'analyse SWOT peuvent être utilisées pour éclairer les recherches futures, les mises en œuvre, ainsi que les politiques prioritaires et les activités connexes.

Key Messages

- While a variety of virtual health innovations are being implemented in BC rural and remote areas, they often operate in isolation.
- This paper underscores the need for more integrated and collaborative efforts to transform and improve health care services and access in rural and remote areas.
- These findings can be used to inform future research, implementation, and policy priorities and related activities to improve the sustainable implementation of virtual health innovations in rural and remote areas.

Messages-clés

- *Bien qu'une multitude d'innovations en matière de santé virtuelle soient mises en œuvre dans les régions rurales et éloignées de la CB, elles fonctionnent souvent de manière isolée les unes des autres.*
- *Le présent document souligne la nécessité de déployer des efforts plus intégrés et collaboratifs afin de transformer et d'améliorer les services de santé et leur accès dans les régions rurales et éloignées.*
- *Ces conclusions peuvent être utilisées pour éclairer les futures priorités en matière de recherche, de mise en œuvre et de politiques, ainsi que les activités connexes visant à améliorer la mise en œuvre durable des innovations en matière de santé virtuelle dans les régions rurales et éloignées.*

1 BRIEF DESCRIPTION OF THE HEALTH POLICY REFORM

Improving health services in rural and remote areas in British Columbia (BC) is a mandate and priority for BC’s Ministry of Health (Government of BC Ministry of Health, 2025a; 2025b). To illustrate, the Ministry is currently developing a Rural and Remote Health Strategy to enhance health services and ensure equitable health outcomes for people living in these areas. The plan will focus on strengthening rurally orientated health plans, policies, and related actions.

The implementation of virtual health innovations, such as m-health, e-health, and other technologies, in rural and remote areas is a crucial strategy to address inequities and improve health service accessibility and experiences for people living in these regions. Virtual health innovations can be defined as any technology, method, or approach that leverages digital tools and platforms to improve the delivery, accessibility, efficiency, or quality of health care services remotely. Successful implementation of these innovations in rural and remote communities does not occur spontaneously. It requires tailored support to overcome barriers and leverage facilitators, as well as strong partnerships among those who use, are impacted by, and/or benefit from the innovation. Since the pandemic, the number of virtual health innovations has expanded significantly. Understanding the current state of these innovations in BC’s rural and remote communities can inform future research, implementation, and policy priorities. Additionally, these insights can provide unique opportunities to foster learning, exchange, and collaboration among policy-makers, researchers, health providers, health authorities, rural/remote communities, and industry partners in BC and beyond.

We conducted an environmental scan (Charlton et al., 2021) to identify virtual health innovations implemented in rural and remote communities of BC to inform future research, implementation, and policy priorities and related actions. The findings can be used by policy-makers, health authorities and their partners to address health inequities in these communities and identify policy gaps and priorities.

This paper is structured as follows: Section 2 provides a BC-specific background of the implementation of virtual health innovations. Section 3 outlines key factors that hinder their implementation. Section 4 presents the specific findings of the environmental scan. Section 5 discusses the strengths, weaknesses, opportunities, and threats (SWOT) related to the implementation of virtual health innovations aimed at improving health care access and services in rural and remote areas.

2 HISTORY AND CONTEXT

For many years, BC’s Ministry of Health has prioritized reducing health inequities in rural and remote communities. In particular in the past decades, there has been a renewed focus on rural health within the BC’s Ministry of Health (Government of BC, 2024; British

Columbia Rural Health Network, 2025). In 2005, telehealth became a pivotal approach for enhancing health care services in BC, especially in rural and remote areas (Government of BC Ministry of Health and BC eHealth Steering Committee, 2005). This development was supported by substantial provincial and federal investments in technology and information management through the eHealth strategy (Government of BC, 2025). A key moment was in 2011, when the BC government signed an agreement with TELUS to support telecommunication services for the public sector (Government of BC and Telus Communications Company, 2011). This partnership spearheaded initiatives like the TELUS Remote Patient Monitoring platform in 2013 (Provincial Health Services Authority, 2013) and other telehealth services, such as TIDES Rural/Remote Rehab Program providing virtual and in-person services for clients living with neurological disorders in Vancouver Health’s rural/remote areas (Vancouver Coastal Health, n.d.). Simultaneously, rural health research in BC expanded in the early 2000s. For example, the BC Rural and Remote Health Research Network was established in 2005, using funding from the Michael Smith Foundation. This network evolved into the Rural Health Services Research Network of BC in 2010, aiming to improve and expand health services research within the province (Rural Health Services Research Network of BC, 2010).

The COVID-19 pandemic in 2020 further accelerated the development and implementation of virtual health innovations, particularly in rural and remote areas (Patterson et al., 2022). This period also marked the beginning of various new and innovative technologies, including “Real-Time Virtual Support” (RTVS) pathways (Mah et al., 2024; Novak Lauscher, Stewart, et al., 2023; Novak Lauscher, Blacklaws, et al., 2023). In 2020, the BC Ministry of Health released the Rural, Remote, First Nations and Indigenous COVID-19 Response Framework (Government of BC Ministry of Health 2020), prioritizing high-need communities, also referred to as “edge” communities. Instead of referring to these communities as places of exclusion, Mah et al. (2024) positioned them as “places of creativity, vibrancy, and innovation where strong, relational partnerships are fostered.” The underlying idea is that stronger edge communities can benefit the entire health system by improving equity and access to sustainable services. A key focus of BC’s Ministry of Health is maximizing services closer to home for rural community members, which could include specific priorities on developing and implementing virtual health innovations and enhancing research and evaluation efforts related to rural health services in BC.

3 THE POLICY-MAKING PROCESS

Patterson et al. (2022) conducted a narrative scoping review and identified hindering factors for sustained virtual health services at different levels, including the system, health care provider, and patient levels. Factors at the system level related to connectivity, infrastructure, and remuneration. For example, a major barrier to the adoption of virtual health services in certain rural and remote areas was the lack of reliable cellular network coverage

and/or internet bandwidth. While remuneration of virtual health services has improved since the pandemic, this has still been identified as a barrier to sustained implementation in some provinces in Canada. Notably, BC started to reimburse physicians for virtual health services before other provinces. Another barrier identified in the literature was the limited connection between electronic health record systems across different health authorities.

At the provider level, the review identified mixed perceptions among providers regarding the delivery of virtual health services. Some health care providers have positive views, while others shared concerns related to digital infrastructure, weakened therapeutic relationships, and fragmentation of care. Despite these barriers, virtual health services expanded significantly during the COVID-19 pandemic. However, many health care providers preferred familiar technologies like telephone and secure messaging over video consultations.

At the patient level, unequal skills and access to technology were identified as key barriers to adopting virtual health services, particularly among older adults aged 65+, who were less likely to use virtual services compared to younger adults aged 20-44 years. Furthermore, patients reported concerns related to data security, privacy, and loss of human contact. However, they also indicated that virtual care was convenient, particularly when other services were not available.

4 IMPLEMENTATION AND EVALUATION

We conducted an environmental scan (Charlton et al., 2021), of which data screening took place between June and August 2024 to assess the implementation of various virtual health innovations in rural and remote areas in BC in the past 10 years. Additional information about the procedures and methods to conduct the scan is provided in Supplementary File A. The findings of the scan provide reflections on how Ministry of Health's and health authorities' policies and strategies on virtual health are executed and implemented in real-world settings in rural BC. Additionally, the results highlight gaps and priorities for future implementation, research, and policy changes.

A total of 70 different virtual health innovations were identified in 115 sources consisting of both grey and academic literature. Considerable variation in innovation type, technology, and setting was present among these innovations. Extracted data was used to characterize the innovations for analysis. Supplementary File B provides a detailed table of the identified innovations and their key characteristics.

The distribution of innovation type was 41% (n=29) telehealth and virtual care; 34% (n=24) mobile and digital health tools; 17% (n=12) education, training, wellness, and health information systems; and 7% (n=5) culturally tailored and community-based programs. Fifty-three percent (n=37) of the innovations were provincial initiatives, with 26% (n=18) being regional and 11% (n=8) being local. In 83% (n=58) of innovations health professionals were the targeted users. Patients, clients, family members and/or caregivers were users for 66% (n=46) of innovations, and 50% (n=35) of innovations were used by

both health professionals and patients, clients, family members and/or caregivers.

In 26% (n=18) of the innovations, there was an identified collaboration between academic researchers and non-academic partners on the design, evaluation, or implementation of the innovation. Community engagement was reported in 30% (n=21) of innovations, indicating intentional interaction, involvement, or engagement of community members in their development, implementation, and/or evaluation. Only 7% (n=5) of innovations were identified as evidence-based. A total of 19% (n=13) of the innovations were identified as initiatives with a focus on Indigenous health and/or wellness.

4.1 Reflections

While we identified 70 different virtual health innovations, our findings also highlighted a general lack of reporting about the development, evaluation, and/or implementation of these innovations. Furthermore, the majority of the identified innovations were reported in grey literature with sparse details. The information provided by health authorities specifically lacked details apart from general descriptions intended for the public. The overall lack of detailed reporting prevents the sharing of information that could improve services and care in rural and remote communities and limits scaling up innovations to other areas within and outside BC. An exception is the RTVS pathway innovation, which was extensively reported and reflected upon in 26% (n=30) of sources (refer to Supplementary File C). This innovation was developed, implemented, and evaluated through meaningful partnerships involving policy-makers, health authorities, community members, and health providers, following a relational approach. The speed at which this innovation was developed, implemented, scaled up across different disciplines, and sustained over time was impressive. RTVS showcases the value of meaningful partnerships and collaborations in improving health care services and care in rural communities.

The findings of our scan indicated that many innovations are implemented at regional and provincial levels and are likely being used in rural and remote communities. However, they were not specifically designed to enhance care in rural areas. For example, many health authorities have regionally implemented virtual care platforms, yet there is no reporting on their ability to improve access to care in rural settings. Without considering the specific needs, barriers, and values of rural and remote communities, these community members may not optimally benefit from innovations due to their unique challenges such as geographical isolation, lack of connectivity, and shortage of rural health providers. Enhancing collaborations and partnerships between health authorities, health researchers, rural health organizations, and rural/remote communities may support the development and implementation of inclusive and culturally safe health services that address the diverse needs of these communities. Similarly, the ability of innovations specific to rural areas to benefit Indigenous communities is not well-documented. RTVS pathways are again an example of an innovation that specifically considers needs and values of Indigenous communities, contributing to inclusive and culturally safe health innovations.

Lastly, our findings highlighted the lack of scaling up and sustainability of the identified innovations. There was very limited information available regarding the extent to which certain innovations were scaled up to other authorities and communities or sustained over the long term. Again, strengthening collaborations, partnerships, and networks will help identify which innovations are most promising for scaling up to other communities and authorities. The findings also highlight the need to enhance efforts to monitor and evaluate implementation and scale-up processes to ensure equitable access and care in all rural and remote areas.

5 STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS

Building on the findings of the environmental scan, the broader literature on virtual health innovations, and our own reflections and experiences, we conducted a SWOT analysis related to the implementation of the virtual health innovation to improve health care access and services in rural and remote areas.

Table 1: SWOT Analysis

STRENGTHS	WEAKNESSES
• Various virtual health initiatives are implemented in rural and remote areas to improve health care access and experiences, with large variation in innovation types, technologies, and settings. Enhanced services included but are not limited to primary care and specialty services such as emergency, psychiatric, pediatric, neonatal, and substance use care. • Different funding and resource sources, including Ministry support, research funds, health authorities, and local communities, are utilized to implement these initiatives. • Some innovations, such as RTVS, were developed, evaluated, and/or implemented with strong partnerships with communities, researchers, and health authorities. These could serve as examples for other groups to learn from. • Education and resources available from BC Provincial Virtual Health Office. • Digital innovation evolving on use of technology to serve health needs of communities.	• Insufficient evidence on the effectiveness and cost-effectiveness of health innovations. RTVS was the only identified innovation that reported on cost-effectiveness. • Lack of evaluation studies supporting the effectiveness of these innovations. • Lack of focus and reporting on sustainability, with many pilot projects not being sustained or scaled up (“pilot-project culture”). • Lack of information on whether innovations address the unique needs of rural/remote communities and align with their values and wishes. • Lack of information available on whether innovations are meeting the needs of all providers (e.g., nurse-to-nurse virtual support) to ensure they are supported in their needs, not only assessment, diagnosis, and recommended/needed care. • Lack of consistent data for performance measurement across initiatives and health authorities. • Lack of collaborative approach (silos)/shared learning between different services and programs.

OPPORTUNITIES	THREATS
• Strengthening networks and partnerships (example Hybrid Care Collaborative). • Collaborations between communities, health authorities, researchers, and linked sectors in developing, implementing, and evaluating innovations are key to addressing inequities and ensuring inclusive and culturally safe health care services. • Developing a rural health research agenda to identify key research priorities relevant, meaningful, and needed for BC's rural and remote communities. • Identifying the most promising initiatives for further implementation and scale-up, rather than working in isolation. • Potential use of digital innovation/AI as tools to augment remote care and assessment. • Knowledge mobilization activities. • National evaluation framework to promote standards of virtual care.	• Limited funding and resources to build and sustain interdisciplinary partnerships. • Limited funding and resources allocated to rural health research. • Lack of consistent and available broadband and phone services across rural/remote areas. • Lack of providers to staff virtual care, as well as providers with experience and expertise. • Shortage of well-qualified rural health providers. • Digital infrastructure in rural and Indigenous communities (more than just internet and phone, digital equipment to conduct medical exam, imaging, point of care tools). • Cultural safety training for staff and physicians.

Our analysis illustrates how identified internal weaknesses can be exacerbated by external threats. For example, insufficient evidence on the effectiveness and cost-effectiveness of health innovations for rural and remote communities is further hindered by limited funding and resources specifically allocated to rural health research. Furthermore, the lack of information on whether innovations meet the needs of all providers and communities can result in ineffective solutions or innovations that are not culturally safe. Limited funding and resources for engagement, which are essential to build necessary partnerships and collaborations with communities and providers, further limits the ability to address these gaps. Additionally, the lack of sustainable innovations and reporting on sustainability can lead to the discontinuation of pilot projects, which is exacerbated by the shortage of rural health providers, making it difficult to maintain and scale successful initiatives.

Our analysis also illustrates how identified internal strengths can be leveraged to take advantage of external opportunities. Building on and strengthening successful partnerships, like the RTVS innovation, can be used as an opportunity to foster collaborations among communities, health authorities, researchers, and linked sectors to develop, implement, and evaluate new innovations that address inequities and ensure inclusive and culturally safe

health care services. Furthermore, by using successful innovations we can identify and scale up the most promising innovations, ensuring they are implemented effectively across rural and remote communities throughout the province and beyond, rather than working in isolation. Finally, through diverse funding and resource sources and a growing network of rural health researchers and non-academic partners, there is an opportunity and need to develop a rural health research agenda that identifies key research priorities relevant to BC's rural and remote communities.

6 CONCLUSION

This paper underscores the critical need to enhance partnerships and strengthen relationships among policy-makers, health authorities, researchers, industry partners, and communities, as previously outlined in the Partnership Pentagon Plus Model (Markham et al., 2021; Markham et al., 2022). While numerous initiatives are being implemented across various regions, they often operate in isolation. This highlights the necessity for more integrated and collaborative efforts to improve health care services and access in rural and remote areas. By fostering stronger connections and coordinated actions, we can contribute to ensuring that health care initiatives are more effective and far-reaching, ultimately leading to better health outcomes for these communities.

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