



## Step for the Further Introduction of Teledermatology to Daily Practice in Rural and Underserved Areas

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### Dear Editor,

We read with great interest the Duniphin study showing that the insurance and income level, as well as rural residence, are related to barriers to the introduction of teledermatology into the underserved populations [1]. As barrier-focused surveys on teledermatology specifically for rural and underserved areas have rarely been conducted, the study is valuable for forming a public strategy [1]. As a rural researcher, I would like to add some comments while considering the recent situation of rural and underserved healthcare.

Skin problems are one of the most common diseases encountered in daily practice in rural and underserved areas [2]. The numbers of dermatologists who willingly conduct rural practice are unlikely to increase although programs have been attempting to rectify the geographical maldistribution of dermatologists (ie, shortage of dermatologists in rural and underserved areas in comparison to urban areas) [3]. The provision of dermatology training to primary care providers also remains insufficient [2], and the consistency of

the diagnosis and treatment of skin diseases between dermatologists and primary care providers working in rural and underserved areas is reported to be relatively low [4]. Accordingly, these regularly require timely access to and quality care by dermatologists.

In the time of COVID-19 pandemic, telemedicine has developed to bridge the healthcare disparity over distances, and it is now accepted in rural and underserved areas [5]. Teledermatology is being increasingly used in clinical settings with real-time and high-quality views [5]. Advances would allow dermatologists (even those working in urban areas) more chances to practice in rural and underserved areas. The educational effect of teledermatology is also implied for primary care providers [4]. Thus, teledermatology not only benefits patients in practice but also offers learning opportunities to primary care providers.

There are currently sub-specialized dermatologists and medical staff in the dermatological field, such as pediatric dermatologists, dermatopathologists and skin psychologists [2]. Although it is difficult to meet sub-specialized experts in a

single practice in rural and underserved areas, teledermatology may make such team-based approaches possible.

Even though teledermatology does not solve all clinical problems, public policy with financial support may be needed as the next step as suggested by the Duniphin study [1]. More recently, the use of telemedicine has been positioned in government medical plans for rural healthcare in Japan, which are accompanied by financial support. Various public actions are called for the further introduction of teledermatology into daily practice in rural and underserved areas.

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