

# Wyoming Telehealth Network

## June Provider Spotlight

### Andrew R. Freedman, MD, FCCP, FAASM



Dr. Freedman is a pulmonary/sleep medicine/critical care physician based in central New Jersey who has been in private practice since 1985.

1. When did you first hear about telehealth?

**Dr. Freedman:** I first learned about telehealth in 2012 when I was investigating other options to change the direction of my professional activities. I had come to a point of dissatisfaction with traditional practice that involved running back and forth between the hospital and the office. I had literally trolled the internet looking for ICU coverage jobs when I accidentally fell into something called telemedicine.

2. When did you begin offering telehealth services?

**Dr. Freedman:** I started out with Offsite Care covering rural intensive care units. I was then introduced to the Evanston Regional Hospital Sleep Disorders Center and became the medical director of the sleep center in 2015. As I tried different opportunities in telehealth, I did telemedicine urgent care through Teladoc 2015-2017. Starting in 2016, I joined Robotic Critical Care Services, managing critical care patients in intensive care units throughout the United States.

3. What motivates you to continue offering telehealth services?

**Dr. Freedman:** The COVID pandemic changed the world of healthcare. Overnight my office-based practice, which I had downsized though never totally given up, transitioned into a telemedicine practice.

Today I see patients live one afternoon a week and the remainder of the time I see them as telemedicine visits. Since geography is no longer a boundary, I now consult on patients around the United States. Presently I am licensed in 24 states doing telemedicine pulmonary/sleep medicine consults, remotely reading sleep studies, and remotely covering intensive care units. It is an exciting time for me, vicariously traveling around the country, meeting new people, doing all aspects of my specialty in different venues.

4. What advice would you give patients wanting to try telehealth?

**Dr. Freedman:** My advice to both patients and providers is to stop comparing telehealth to live encounters. Telehealth does not replace the live interaction. It augments the doctor patient relationship. It is important to know the limits of telehealth as to what can and cannot be done. But it is important to know strength of telehealth to expedite and enhance the doctor patient relationship. It is the modern reinvention of the house call in many cases.

5. What advice would you give providers wanting to start offering telehealth?

**Dr. Freedman:** For those who want to become involved in telehealth, my advice is to set up a computer workstation or console with plenty of screen space, no outside noise, have a good camera and headset, and be mindful of your setting as to what is behind you and around you. You must create the office experience for the patient encounter and stay focused. Also remember all the subtle cues of physical diagnosis; watch the patient and listen to the patient.

6. What was the biggest barrier in providing telehealth services? Have you overcome it?

**Dr. Freedman:** The biggest barrier to telehealth is confronting physicians who remain entrenched in a belief that live encounters are the only way to practice medicine. If we can overcome the obstacles set up by those of limited vision and lacking insight, then telemedicine is here to stay and will only grow.

7. Is there anything you learned the hard way in telehealth implementation?

**Dr. Freedman:** I have learned that the most underserved health care population is rural America. Telehealth helps distribute care around the country and fills a tremendous void. It promotes better communication with patients. I would like to use this forum to promote political advocacy to advance telemedicine legislation