

Wyoming Telehealth Network
January 2025
Provider Spotlight



Andrew Freedman, MD,
FCCP, FAASM

1. **When did you first hear about telehealth? How did you feel about it then? How do you feel about it now?**

I was first introduced to telemedicine in 2014 working part-time covering remote ICUs for critical care medicine. I approached it as a simple part-time job but I found it more rewarding and interesting and have transitioned to telemedicine as my full-time job now. I now also do outpatient telemedicine pulmonary/sleep medicine clinics. In many respects it has reenergized my career.

2. **When did you begin offering telehealth services? What prompted the need to offer these services?**

I did not start doing outpatient clinic telemedicine until COVID, though I had wanted to. The lack of generalized acceptance as well as the inability to be reimbursed for services did not let me proceed with outpatient telemedicine, though I saw the need for the telehealth encounter long before it became popular with COVID. Regrettably the tragedy of the COVID pandemic forced America to embrace a new form of healthcare delivery that was actually needed for improvement of healthcare delivery. I often joke that when I started doing telemedicine, I was considered lunatic fringe. Now I am considered mainstream.

3. **What motivates you to continue offering telehealth services?**

I'm able to stay in one location and literally travel around the country meeting many interesting people in different places, providing a whole host of medical services ranging from inpatient critical care to outpatient pulmonary and sleep medicine.

4. What is your proudest accomplishment with telehealth?

The outpatient pulmonary/sleep clinic at Evanston Regional Hospital, Evanston Wyoming, is my proudest accomplishment in telemedicine. Though I wanted to do it for many years since the beginning of my relationship with Evanston Regional Hospital in 2015, we were not able to really do anything until telehealth clinics became an accepted reality after COVID. Also the region had to recover from the devastation of COVID before we could practically embark on the project. We presently run a very busy clinic and it is considered a mainstream part of the larger clinical services at Evanston Regional Hospital. Because of the reach of telemedicine, we can go far beyond the southwest corner of the state and go deeper into Wyoming, as well as extend into Idaho and Utah.

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

Just do it! Take advantage of the convenience and the availability.

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

Ask yourself what you are trying to accomplish. Telehealth is not a replacement for in-person medical care. Telemedicine augments the distribution of healthcare and the availability, as well as overcoming physical barriers and obstacles to reach patients. The physician needs to determine what services can be delivered. The physician also needs to be keenly aware of the limitations of telemedicine and when to have the patient have something done in person.

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

Sadly, the cynicism of other physicians is the biggest barrier to telehealth services. Far too many physicians tell me that it is not real medicine. Telemedicine has to be viewed in the totality of a healthcare delivery system as a means to provide the services. It does not replace, it augments the capabilities of the physician to have an encounter with the patient. Despite the fact that so many physicians are answering calls and managing situations over the telephone, many refuse to accept the reality that meaningful encounters with the patient can be done in the telehealth forum.

8. How do you think implementing telehealth now will affect how things will be done at your organization after the pandemic is over?

We are already past the pandemic. We are living in a new world of technology and remote management. The technology is there. Our goal is to embrace the technology and use it.

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

Everything I learned in telemedicine was by trial and error. I learned the need for the proper computer set up and to create the proper workstation

and presentation area. There is also a telehealth etiquette that is important to keep in mind because the encounter is different than in person encounter. It is also necessary to maintain a very strict schedule.

10. Do you have any telehealth hacks or tricks?

Treat your telehealth workstation as a computer studio, set up as an office. Be careful about your background and what's behind you. Keep the camera at eye level. Use a good quality headset. Use multiple monitors to have all your information in front of you as you are having a discussion with the patient. When the patient has the encounter, the patient should feel that he/she is sitting in a private office with you or private conference room. Make certain that everybody on both sides of the encounter introduces themselves. Never assume to whom you are talking.