Preface

Sleep Telemedicine: A Template for Other Specialties?

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Editors

On March 18, 2020, the doors to our sleep center were physically closed. As with so many other sleep centers worldwide in response to COVID-19, our service transitioned completely to virtual care while care providers were moved to “work from home.” It was perhaps that moment that we felt the emotional impact that the world had changed, altering both our personal lives and sleep medicine as we knew it. This event also presented a transformative opportunity to reimagine our identity, accelerating the efforts to bring the future of sleep medicine into the present. Innovation progress in health care tends to be deliberate, proceeding at an incremental pace built upon business cases, challenges related to funding and financial incentives, and health care infrastructure barriers. Many of those hurdles dissolved once COVID-19 intensified, exemplified by rapid approval of video visit encounter reimbursements in the United States and intense support toward implementing remote patient monitoring technologies.

In this issue of *Sleep Medicine Clinics*, thought leaders in our field provide their vision for the application of innovative synchronous and nonsynchronous technology-based tools. Practical discussions to help navigate implementation of telehealth (eg, video visits) in various populations are provided along with creative discussions projecting the development and application of remote patient monitoring and artificial intelligence. The current health care environment embodies the principle to “never let a serious crisis go to waste.” During this

pandemic, we have been afforded a taste of the future of sleep medicine. Strategies such as population management, intelligent personalized care, longitudinal remote monitoring with wearable devices, and machine learning–derived clinical decision tools have transitioned from abstract ideas into practical tools actively impacting patient care. This period may be the inflection point for an evolutionary shift in sleep medicine based upon the experience and insights gained from this transition. If our field can successfully navigate implementation and validate the impact of these telehealth strategies, sleep medicine could represent a template for other specialties in innovating chronic care disease management. We hope that the expertise presented in this issue will be an important resource in facilitating this journey.

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