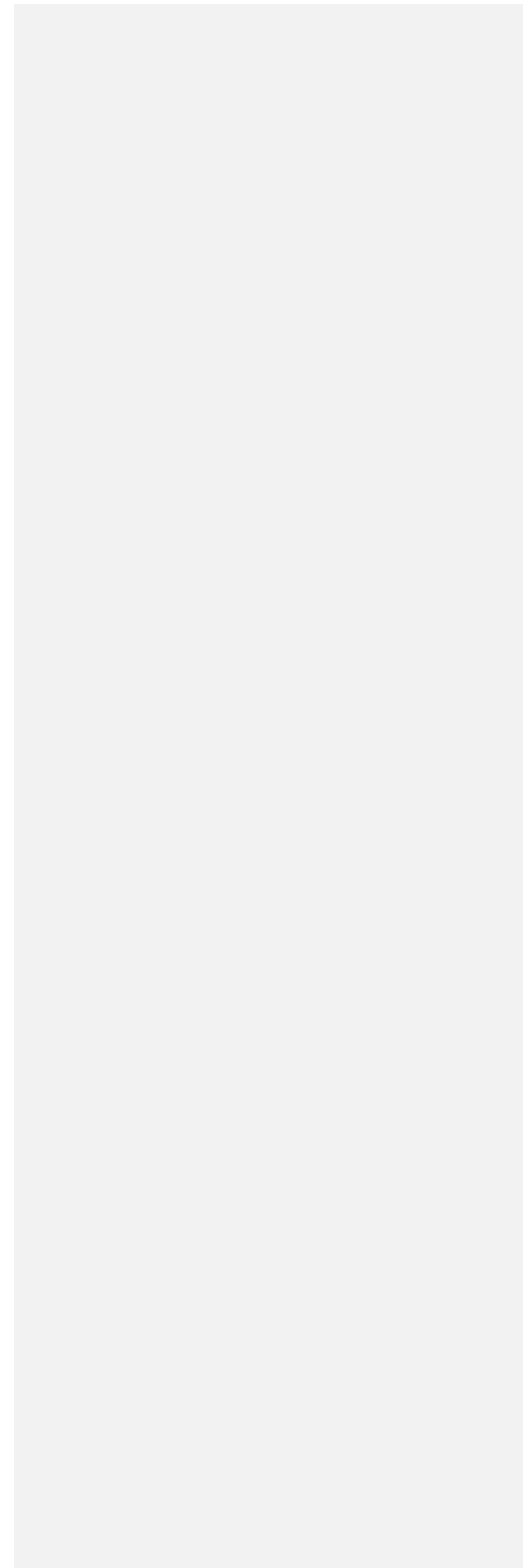


Advocacy Assignment
Eliezer Urbano
Old Dominion University



Eliezer Urbano
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Newport News, Virginia 23608

June 27, 2015

The Honorable John Miller
Senate of Virginia
P.O. Box 396
Richmond, VA 23218

Dear Senator Miller:

I am a Virginia-licensed registered nurse currently employed as a community health nurse in Hampton Roads and also working at bedside on a general medical admission floor. I would like to support bill SB718, which proposes that the Department of Health establish a three-year telemedicine pilot program to serve low-acuity patients. I appreciate that our state has already taken some steps to support the development of telemedicine: health professionals can now become licensed to practice telemedicine (Virginia Health Network, 2014) and telemedicine transactions are covered by health maintenance organizations (Medical Society of Virginia, n. d.). These are important steps, but they have not placed telemedicine practice under examination. I understand that there are reservations about telemedicine and that there is an argument that it is not a true nursing practice. However, I assert that telemedicine is a legitimate form of administering health care, has positive recognition in the health care community, and is successful in other states. Initiating this pilot program will allow us to explore telemedicine's potential to improve low-acuity health care.

The argument that that telemedicine, or telehealth, does not fall in nursing practice is based on how the care does not take place face-to-face. The nature of telehealth is that the interaction takes place over a long distance, and only verbal direction is given. Thus, it is argued that the telehealth nurse is delegating care instead administering care (Hutcherson, 2001). However, the nursing practice and the continuum of health care extends beyond interventions at the bedside – it includes enabling clients to care for themselves. In health care, this is called “tertiary prevention,” which is defined in Mosby's Medical Dictionary (2009) as “...preventative medicine that deals with the rehabilitation and return of a patient to a status of maximum usefulness with a minimum risk of recurrence...” Research has shown that telemedicine has contributed to the tertiary prevention of those who have chronic heart failure by allowing ~~to~~ them [to](#) manage their condition with medical equipment at home. The patients also reported that they had felt reassured about their maintenance due to the accessibility of a telemedicine provider (Fairbrother et al., 2014). Telemedicine may not have a hands-on element, but lack of this element does not mean telemedicine is not health care; it is a novel format of administration.

Meanwhile, health care providers are optimistic about telemedicine because it has demonstrated effectiveness in different health care environments. A nursing home in Bradford, United Kingdom, had implemented telemedicine techniques, including pen and paper technology, photography, and mobile phone technology in order to assess and care for bed sores. Of ten patients who had developed bed sores, only two patients were not healed by the end of the study (Vowden & Vowden, 2013). This study suggested that telemedicine was effective in conducting

care for the patient. In a London study with chronic obstructive pulmonary disease and heart failure patients, telemedicine nurses reported that they felt the format was generally helpful to patients and that it empowered patients. They expressed that the format could expand to benefit diabetes and coronary artery disease patients if adequate technical support, training, and resources for care were available (Odeh, Kayyall, Gebara, & Phillip, 2014). These two studies suggest that telemedicine can be applied to suit many situations effectively. So, while the format is effective, hospitals and health care administration can expand telemedicine's scope.

A second reason that this bill should be passed is that telemedicine has been successful in other states to care for underserved areas. Mississippi is a fellow state to achieve this end. Over the past ten years, they have developed their telemedicine services with an "academic medical center" that is staffed with physicians and nurse practitioners to assess, diagnose, and coordinate care (Henderson, Davis, Smith & King, 2014). The academic medical center is situated in urban areas, but its care reaches out to Mississippi's rural areas. Travel from rural areas for care, unnecessary transfers, length of admission, medical staffing costs, and readmission costs have all decreased since implementation of the telemedicine (Henderson, Davis, Smith & King, 2014). Mississippi shows the potential that telemedicine has, and perhaps Virginia has not yet allowed telemedicine the same kind of opportunity to grow.

In conclusion, telemedicine is a welcome format of health care that has produced results in several health care settings, including in other states. Bill SB718 should be seen as an opportunity for Virginia to experiment with telemedicine. Once Virginian health care becomes more familiar with telemedicine techniques, then both legislature and individual hospitals can adapt to improve the administration of telemedicine. SB718 will allow Virginia's medical community to shape Virginian health care. Please help the development of Virginian health care with this bill. I look forward to your favorable response.

Sincerely,

Eliezer Urbano, RN
Community Health Nurse

Commented [D11]: These studies may be supportive but to a Virginia representative, they would be more swayed by a study done in Virginia or at least in the US.

References

- Fairbrother, P., Ure, J., Hanley, J., McCloughan, L., Denvir, M., Sheikh, A., & McKinstry, B. (2014). Telemonitoring for chronic heart failure: the views of patients and healthcare professionals - a qualitative study. *Journal of Clinical Nursing, 23*(1/2), 132-144. doi:10.1111/jocn.12137
- Henderson, K., Davis, T. C., Smith, M., & King, M. (2014). Nurse practitioners in telehealth: Bridging the gaps in healthcare delivery. *Journal for Nurse Practitioners, 10*(10), 845-850. doi:10.1016/j.nurpra.2014.09.003
- Hutcherson, C. M. (2001). Legal considerations for nurses practicing in a telehealth setting. *Online Journal of Issues in Nursing, 6*(3). Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume62001/No3Sept01/LegalConsiderations.html>
- Medical Society of Virginia. (n. d.). Telehealth. Retrieved from <http://www.msv.org/MainMenuCategories/MemberCenter/Knowledgebase/HIT/Telehealth.aspx>
- Odeh, B., Kayyali, R., Gebara, S. N., & Philip, N. (2014). Implementing a telehealth service: Nurses' perceptions and experiences. *British Journal of Nursing, 23*(21), 1133-1137.
- Tertiary prevention. (2009). In *Mosby's Medical Dictionary, 8th edition*. Retrieved from <http://medical-dictionary.thefreedictionary.com/tertiary+prevention>

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Virginia Telehealth Network. (2014). Certified telehealth training now in Virginia. Retrieved from <http://ehealthvirginia.info/?p=506>

Vowden, K., & Vowden, P. (2013). A pilot study on the potential of remote support to enhance wound care for nursing-home patients. *Journal of Wound Care*, 22(9), 481-488.

N492: Advocacy Assignment Grade Rubric

Grading Criteria	Comments	Points
<p>Introduction</p> <p>Captures the reader’s attention; clarifies the importance of the bill and issue for population, uses a thesis statement to state the author’s position.</p> <p>[10 points]</p>		
<p>Analysis of opposing arguments</p> <p>Arguments against the writer’s position are addressed and explanations are given as to why the opposing argument is not as compelling, relevant or valid as the writer’s argument. Citation should be used as rationale for con position.</p> <p>[20 points]</p>		
<p>Argument and Support for your position</p> <p>Writer provides a compelling, evidence-based case for his/her position. Includes issue analysis and a thorough explanation of why the reasons selected are the most important and relevant to issue. Minimum requirements: Include at least two reasons for supporting the issue with rationale for each. Citations should be used as rationale for pro position.</p> <p>[30 points]</p>		
<p>Conclusion</p> <p>Arguments of the position are synthesized into a conclusion to explain how the evidence provided necessitates a specific course of action.</p> <p>[10 points]</p>		
<p>Use of Source Material</p> <p>Writer has used at least three (3) sources to support the pro and con arguments; sources are cited in text</p>		

and reference page per APA style. [10 points]		
Organization Adheres to business letter format; is interesting, easy to read and flows from one idea to the next. [10 points]		
Title Page, Spelling, Grammar, Honor Code Correct title page format, spelling, and grammar. Adheres to 2 page limit (except title, reference, honor code and rubric pages). [10 points]		
Final Grade: (100 points)	Very well done	100

Honor Pledge

“I pledge to support the Honor System of Old Dominion University. I will refrain from any form of academic dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the academic community it is responsibility to turn in all suspected violators of the Honor Code. I will report to a hearing if summoned.”

Name: Eliezer Urbano

Signature: Eliezer Urbano

Date: 6/27/15