



US Internet Industry Association Lobbies For eHealth

xchange Magazine
September 20, 2007
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Health care is a global paradox — capable of near-miraculous results, but difficult to administer in remote areas of the globe and frequently expensive due to the requirements of research and development, procedural training and administration.

For middle-class and low-income American families, this paradox often means a lesser availability of medical care due to both the distance required to reach effective care and the inability to pay for it. The cost of medical care now stands as a leading cause of bankruptcies in America, even among families that have health insurance.

To some, a solution to this paradox is technology. Technology always has played an integral role in medicine, so much so that the intersection of technology and the medical arts has come to be known as telemedicine, or more broadly as telehealth. Both terms are derived from the combination of the Greek word “tele,” meaning “far,” and medicine or health.

A more recent term, eHealth, has come to refer more specifically to the convergence of electronic communications and health services, specifically encompassing computer and Internet technologies. Like telehealth, eHealth addresses electronic communications for both clinical and non-clinical services.

The emergence of eHealth has been shown to reduce the cost of health care and increase efficiency through better retention and retrieval of records, better management of chronic diseases, shared health professional staffing, reduced travel times and fewer or shorter hospital stays. More directly, broadband helps to address three of the most critical complaints about the U.S. health care system: high administrative costs, discrepancies in geographic coverage and the high cost of delivery of services.

But as the medical arts have advanced, so has their need for bandwidth. Medical records have become more extensive, and need to be accessed by more parties simultaneously. Digital images have become clearer, but also larger. Many potential telemedicine projects have been hampered, therefore, by the lack of appropriate telecommunications technology, because regular telephone lines do not supply adequate bandwidth for most telemedical applications. Many rural areas still do not have other kinds of high-bandwidth telecommunications access required for more sophisticated uses, so those who could most benefit from telemedicine may not have access to it.

Other obstacles to the deployment of eHealth services include the unwillingness of physicians and hospitals to pay for services without reimbursement, and the view that these services might not be easy to use. Given the substantial financial and health benefits from eHealth services, it is in everyone's interest to identify a workable model that reimburses clinicians for the capital and operating costs of adopting eHealth services.

The US Internet Industry Association (USIIA) believes that four legislative/regulatory goals must be achieved before eHealth services can meet their potential:

- **A leadership role by government to promote Health IT adoption.** Government must take a greater leadership role in the deployment of advanced health information technology systems — particularly leading the way by establishing standards, providing incentives for the use of modern technology and using advanced technology in its own health programs. Important steps include clear statutory authority for a federal responsibility to lead a public-private process to establish standards for system interoperability, product certification, and quality measures and an accelerated process for standards improvement; federal financial incentives to practitioners of care to facilitate the adoption of Health IT; and a federal focus on consumer empowerment through patient education tools that encourage patient use of electronic health records and provider quality information.
- **Adoption of Public-Private Partnerships.** While there has been considerable discussion of the use of federal funding for direct support of eHealth services, USIIA believes there are voluntary public-private partnerships that can be effective in promoting eHealth service deployment and adoption. The goals of such partnerships should include the use of funds to drive deployment of broadband to all available medical and health care facilities at the fastest speed possible consistent with the geography present.
- **Incentives for adoption of administrative and clinical solutions.** Specifically, incentives to health care providers to reduce operating and administrative costs through effective document management and storage. While such incentives generally focus on the use of electronic medical records in place of the current paper versions, such incentives also should apply to innovations in storage, search, retrieval, privacy protection, security and transmission of records.
- **Rejection of “network neutrality.”** American consumers should not be forced to accept a “one-size-fits-all” broadband service that places critical medical monitoring and health care on the same footing as music and video downloads or non-critical communications. Efforts to enact forms of “neutrality” have focused specifically on treating the link between the consumer and the Internet in a way that prohibits any prioritization of traffic on that linkage. To do so removes the ability of network operators to function in ways that best meet the interests of their consumers in eHealth and other critical applications.

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