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## It's Hard To Be Neutral About Network Neutrality For Health

August 18th, 2014



by [Mark Gaynor](#), [Leslie Lenert](#), [Kristin Wilson](#), and [Scott Bradner](#)

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*Note: In addition to Mark Gaynor, this post is also coauthored by Leslie Lenert, Kristin Wilson, and Scott Bradner.*

Network Neutrality (NN) has been in the news because the FCC is considering two options related to a neutral Internet: either regulation forcing NN, or an approach that creates a "fast lane" on the Internet for those content providers that are willing to pay extra for it.

Network Neutrality reflects a vision of a network in which users are able to exchange and consume data, as they choose, without the interference of the organization providing the network basic data transport services. The second option, preferential service, entertains the possibility that the Internet could become what the [National Journal](#) describes as "a dystopia run by the world's biggest, richest companies."

However, the problem of network neutrality is more complex. Full network neutrality could also lead to a tragedy of the commons in which application developers compete for the use of "free" bandwidth for services to win customers while clogging networks and lowering performance for all. Key stakeholders providing basic transport Internet service such as Comcast, Verizon, or AT&T, and large Internet savvy content providers like Google have a clear understanding of the debate and what they stand to gain or lose from network neutrality.



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Lesser known and of potential concern is the extent to which other stakeholders—especially those in the health care sector such as care providers (e.g. hospitals, academic medical centers, ambulatory care), cloud Electronic Health Records (EHRs) vendors (e.g. Athenahealth, CureMD, Practice Fusion), content providers (e.g. National Library of Medicine, universities offering distance health care-related education) and others—understand the implications of the network neutrality debate and outcomes.

### Network Neutrality and Health Care

Network neutrality impacts the triple aim—improving quality and the patient experience, reducing costs, and improving population health—because virtually all of the information collected in these areas is transmitted through some type of Internet service provider. Leaders in health care must understand that how and when they access the Internet may shape the flow and type of information transmitted to them and even their patients. How will NN affect health care delivery and innovation to improve patient care while reducing costs? Does a user own his health data or does the network?

This commentary considers the effects of Network Neutrality on the adoption of general telemedicine services including wireless monitoring of vital signs at home, the adoption of Personal Health Records (PHRs) and EHRs, and access to health education for patients and providers.

In our article, “Why common carrier and network neutrality principles apply to the Nationwide Health Information Network (NWHIN),” published in the January 14 issue of *JAMIA*, we define and discuss how NN may be considered with regard to health care:

One particularly challenging policy question regarding health information exchange is deciding what businesses or services need to operate for the good of the public (rather than purely for private profit), and how they should be managed. There are some businesses or services of such absolute necessity to the public good—roads, water, electric utilities, and bridges—that they must be offered to the public in a non-discriminatory manner. For example, owning the only ferry with access to an island puts the owner in such a position that he or she could affect the economic well-being of many. Under the law of common carriage, the ferry owner must sell the services in a fair and unbiased way. Should health information exchange services operate in a similar manner?

Network neutrality may still include concepts of prioritizing certain types of information through regulation. If so, health information deserves access to the fast lane. However, the FCC should insure a neutral approach based on *categories of service* rather than vendors prioritizing their own applications. This means that if the end user pays for a certain quality of service from the network (e.g. speed and delay in the network), they should receive that quality of service from the network provider from all content providers.

### A World Without Network Neutrality

Without NN, patients and care providers are disadvantaged because the provider of the basic Internet service can dictate its choice of health care services. For example, Verizon would be able to give preference to network traffic from their Oncare home monitoring service, allowing Oncare to provide better service than competing home monitoring solutions.

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This could influence patient preferences based on the quality of the network, not the features and attributes of Oncare compared to other similar medical services. One can imagine many similar conflicts in which patients and care providers might be influenced against picking a service that better meets their needs because of network attributes such as bandwidth (speed of the network) and latency (delay in the network).

### Ensuring Equal Access To Health Information

The first step is to build awareness, educating health care leaders and technology experts on network neutrality, and the trade-offs for a neutral or a non-neutral network for their organizations and end users. Bring the topic up to your CIO, the professional associations in which you are involved, or even your elected officials.

While network neutrality is not being widely discussed as a topic of concern among health care leaders, many CIOs may be familiar with key organizations dedicated to promoting network neutrality such as the Internet Engineering Task Force (IETF) and the Berkman Center for Internet and Society at Harvard University. These issues are especially important in regions of our country—particularly rural and urban core areas—in which a single service network provider may be the only choice. Disparities in access to care are often greater in these areas, and without network neutrality, they may be exacerbated.

We need health care leaders who can bridge the gap between the clinical and the technical at the forefront of the debate over network neutrality, fighting for an Internet that keeps health care accessible and efficient for clinicians and patients alike in the current and any future Internet created as the FCC considers new ways of regulating the Internet. If there is any fast lane in the Internet, it should be used for the public good—such as transmitting medical data in real-time during medical emergencies—not because Netflix wants faster streaming for their videos.

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