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Virginia RHIO Taking Baby Steps**Fledgling network getting docs online, but it's still working out the kinks.***By Zack Martin, Managing Editor*

William Moore, M.D., doesn't consider himself a techie. "I've dabbled with computers here and there, mostly while in hospitals to assist in making rounds," he says.

But the 54-year-old family practice physician now is wired up through a subscription to MedVirginia, a regional health information organization based in Richmond.

The network enables doctors to use a Web portal to check laboratory results, transmit referrals and share patient histories for free. For additional fees, practices can have the network integrated with their practice management systems. They also can pay to use online electronic prescribing software and an electronic charting application. "This system is 90% of an EMR to me," says Moore, a partner in Chickahominy Family Practice, a five-doctor group in Richmond. "It has great potential and I'm really excited about it."

MedVirginia, which began operating in January 2006, has 270 physicians from 36 practices using its services, says Michael Matthews, the RHIO's CEO. "We started as a community forum to discuss the issue and are now working toward connectivity and then to interoperability," he says.

Cambridge, Mass.-based Wellogix is providing much of the I.T. infrastructure for the network and likely will be a partner in offering additional online services in the future, Matthews says. "We wanted a vendor with a full portfolio," he says. "We could have gone with a best-of-breed approach, but we didn't want a room full of vendors pointing fingers at one another."

The network is focusing now on providing Richmond-area physicians access to technologies that many do not have the resources to purchase on their own. MedVirginia plans to increase its I.T. services to Richmond physicians and then expand the network statewide. Eventually, it hopes to host an interoperable EMR via the network, Matthews says.

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MedVirginia is using a strategy similar to that of other emerging RHIOs and similar online information exchanges-starting small but thinking big. "One of the most difficult challenges for this field is to engage the small physician practice," says Janet Marchibroda, CEO at the eHealth Initiative, a Washington-based health information exchange advocacy group. To do so, RHIOs typically lure physicians online by offering access to limited patient data-such as lab results-and relatively simple applications such as e-prescribing software before offering more complex systems like EMRs, she says.

Eighty-three percent of 109 health information exchanges responding to a recent survey from eHealth Initiative offered practices without EMRs access to patient data, she notes. "This is another model for enabling information to flow to the physicians without an EMR."

The idea for MedVirginia first came about in 2000 when doctors in the Richmond area wanted an easier way to check lab results, send referrals and confirm a patient's medical history with other providers, says James Ratliff, M.D., chairman at MedVirginia and a partner at Virginia Urology, a 27-physician practice with nine Richmond-area offices.

Ratliff's practice had a homegrown EMR that enabled doctors to access data at any of the practice's locations.

But there was still a missing piece of the puzzle. Virginia Urology physicians didn't have access to information from other area doctors treating their patients. "We wondered if there was a way to engage physicians and laboratories in a project to create a secure, patient-centric system to follow those records," Ratliff says. "But we didn't think we could do it as a single practice."

So Virginia Urology started talking to executives at CenVaNet, a Richmond-based health services network that helps group practices with managed care contracts, health and wellness programs and a nursing call center. CenVaNet is jointly owned by Central Virginia Health Network, a consortium of Richmond not-for-profit hospitals and more than 300 community physicians. "This was well before RHIOs and there wasn't much conversation around health care I.T.," Matthews says.

Virginia Urology and CenVaNet decided to join forces and form MedVirginia. Four years passed without much progress being made. But MedVirginia was jump-started in 2004 when a local foundation provided funding to purchase technology to build the infrastructure for the network.

Another boost was provided by Bon Secours Richmond Health System, which at around the same time decided to join MedVirginia and became the primary data provider for the network. The network now enables physicians to access patient notes and lab results for tests that were

performed at any of Bon Secours' four hospitals and its affiliated clinics.

Bon Secours is charged a monthly fee for using the network to share data with local physicians, Matthews says. While he declines to say how much the delivery system is charged, he notes that paying for network access is much cheaper for Bon Secours than faxing or calling physicians to deliver data. MedVirginia is in negotiations to link other data providers to the network, Matthews adds.

While data providers are paying to put information online, physicians can view information for free via the secure Web portal after applying to the network for a user ID and password.

Practices also can pay for additional services. For \$25 per month, MedVirginia will create an interface with a practice management system so information from the portal can automatically be downloaded into the systems. However, that service is limited to practice management systems from four vendors for whom MedVirginia has created interfaces, Matthews says. The network plans to increase that number, he adds.

Additionally, physicians can pay \$50 per month to use the online e-prescribing system. That service is not yet available to all physicians because it requires a practice management system to be interfaced with MedVirginia and an e-prescribing network operated by Alexandria, Va.-based Surescripts.

For another \$50 per month they can create and store practice notes via the portal using an electronic charting system. That service is available to all subscribing physicians, Matthews adds.

Convenience, cost savings

Moore, from Chickahominy Family Practice, is using the electronic charting system, and he plans to sign up for e-prescribing when MedVirginia creates a network interface with his brand of practice management system.

But even though Moore isn't able to use all the online services, the network alleviates paperwork and administrative tasks. "It's convenient to pull lab information up from home and some of the patient's history that is stored in the database," he says.

Moore also considers his MedVirginia subscription an investment in cost control. "Everything we purchase is becoming more expensive, and our reimbursements are declining," he says. "Unless we find new efficiencies we will be out of business."

Moore and his partners, for example, are concerned about the costs associated with maintaining the practice's

paper file room. Three full-time employees work just in the records room to tracking patient files.

Using an EMR would eliminate many of the costs and headaches associated with managing paper. MedVirginia plans eventually to offer an interoperable electronic medical record to its subscribers. But the RHIO decided to hold off for now because it feared that any EMR it standardized on would not be interoperable with EMR products used by other information exchanges and physicians not connected to the network, Matthews says.

While MedVirginia is holding off on providing an EMR, the network is working closely with subscribers to customize online services and provide as much value as possible from its current offerings, Matthews says. "We have trainers and analysts look at how physicians and their staff work, and based on that we have recommendations on the best way to incorporate our services into their workflows," he says.

For some practices, for example, information from the network is pushed into physicians' clinical inboxes, Matthews says. Each inbox houses different information, such as physician referral requests, prescription refills and lab results. Physicians requested that specific inboxes be created because it was difficult for them and their staffs to sift through one large inbox for information, Matthews explains.

However, MedVirginia still suffers from growing pains. At Virginia Urology, the I.T. staff is trying to create an interface between the network and the practice's EMR because physicians are frustrated at having to log into MedVirginia to get information instead of having it immediately available at the point of care, says Ratliff, the physician and MedVirginia chairman. In addition, the network enables physicians at Virginia Urology and other sites to view lab results only from tests they themselves ordered, and not those ordered by other doctors.

MedVirginia is working on remedying the situation, but working out the kinks has been frustrating.

"It's taking more time than we users expected," Moore says. "And it's taking longer than we would have hoped for the network to add data providers and get the local medical community interested in sharing information."

Ratliff, for his part, knows building up the network will be a long process, but is convinced it's worth it. "For physicians who don't have EMRs this is an important stepping stone in the process," he says.

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