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RHIOs Taking Different Paths to the Same Goal

By Joseph Goedert, News Editor

More than 100 regional health information networks—considered the foundation on which to build a national health information network—are in various stages of formation across the nation.

But RHIOs have not taken a cookie-cutter approach to establishing electronic ties among payers, providers and other organizations involved in delivering health care. While they share a common goal, they are using a variety of business and information technology strategies to get there. Following are examples of three evolving RHIOs using different means to reach the same end.

Getting physicians on board

Three years ago, Taconic IPA in Wappingers Falls, N.Y., started talking with other provider organizations in the Hudson Valley about creating a shared electronic health data exchange.

Today, the Taconic Health Information Network and Community has four of the region's 10 hospitals and one of two reference laboratories making test results, radiology reports, admissions/discharge/transfer data, and dictated notes available to 400 physicians.

However, getting providers on board has been a chore, says John Blair, M.D., CEO of Taconic IPA. "It's not easy getting local hospitals and laboratories to cooperate."

Blair does not consider the Taconic network a RHIO—the initiative has not established a formal governing board to guide its operations. For now, the IPA drives the network; Blair also serves as CEO of MedAllies, a vendor in Wappingers Falls that provides I.T. services to the network and hopes to serve other regional networks.

MedAllies implemented and operates Web portal and secure messaging software from Irving, Texas-based Healthvision Inc. that serves as the infrastructure of the network, which went live in January 2005.

But until a large majority of providers join a RHIO, its value is limited, says Adam Rubinstein, M.D., an internist and pediatrician at Hudson Valley Primary Care in



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Wappingers Falls.

Rubinstein daily uses the Taconic network. But only one of his two admitting hospitals participates, and his primary laboratory has started a trial with the network but is not yet live. "I would like everything to be available right off the computer," he says.

As the Taconic network works to increase its membership and become an established RHIO, it is poised to launch a new initiative.

The network is negotiating with two vendors of electronic medical records software—NextGen Healthcare Information Systems and Allscripts Healthcare Solutions—to offer their software to physicians, hosted on the Taconic network's Web portal, at discounted prices. Rubinstein expects his practice will be a pilot site this summer.

While the IPA and participating hospitals have funded much of the network, the initiative has received grants from the U.S. Department of Health and Human Services totaling \$1.6 million over three years. The funds are being used to help hospitals with some costs—such as interfaces—and to study the benefits of electronic prescribing when the electronic medical records software becomes available.

Physicians are getting excited about RHIOs and many understand they will have to share in the costs to create them, Rubinstein says.

However, physicians also want health insurers to pony up. "There is an expectation that the payers will have to contribute somewhat, that it is in the payers' interests," he explains. "Most physicians feel that we have a heavy cost of contribution as it is."

A model of modules

In central Virginia, Bon Secours Richmond Health System has been the primary sponsor of MedVirginia, an emerging RHIO in Richmond. Other participants include the Central Virginia Health Network, a management services organization serving 900 physicians; and Virginia Urology Center, a 30-member group practice that already uses electronic records software and wants to establish electronic links with referring physicians.

Bon Secours is funding a Web portal from Cambridge, Mass.-based Wellogic Inc. that will host the vendor's modular-based electronic medical records software.

Supporters expect MedVirginia to launch in July with a small number of sites testing electronic prescribing with decision support and online access to laboratory results.

While Bon Secours' funding provides the RHIO with its initial infrastructure, the business model calls for users of the software or the central data repository to pay for the application modules and services they choose to use, says Michael Matthews, CEO of MedVirginia. "We're still

working on the pricing structure with Wellogic," he adds. "We expect it to be an inexpensive alternative to what is in the market today."

The modular approach to building an electronic records system enables physician practices to add functionality—such as clinical charting, transcribed notes and electronic prescriptions—at their own pace, Matthews says. The RHIO also will offer interfaces between the records software and physician practice management systems, he adds.

The University of Virginia Health System is in discussions to join MedVirginia, says Karen Rheuban, M.D., a pediatrician and medical director in the Office of Telemedicine. MedVirginia also is talking with other providers in the Richmond region and has spoken with Rappahannock General Hospital in the Chesapeake Bay region about expanding the RHIO to that area, Matthews says.

Gearing up

An emerging RHIO in western Colorado has many of the key players on board. These include two hospitals, an independent physician association, a long-term care and social services agency, and a health plan. Formed 18 months ago, the five major entities of the Quality Health Network have committed to funding the RHIO through mid-2006, says Dick Thompson, executive director.

The network has selected clinical messaging software from Mountain View, Calif.-based Axolotl Corp.—which includes lab test results and electronic prescribing applications, as well as document imaging software and a data repository—to form the initial network infrastructure.

The hope, Thompson says, is to start hooking up physicians early this summer. "Some will use Axolotl as their first entry into electronic workflow," he says. While network participants would welcome federal aid for the RHIO, they aren't expecting it and now are discussing options for long-term funding. "We intend to be self-supportive," Thompson says.

Quality Health Network participants have collaborated on issues that bring mutual benefit, Thompson notes. Some participants, for instance, combined several hospices into a single facility.

The toughest challenge so far for the network is getting consensus on the "subtleties and constraints" of the HIPAA privacy and security rules, Thompson says. "Working through security and access provisions to protect patient rights and physicians' need to know is quite a balancing act."

Another view

The concept of RHIOs has reached the "C-suite" at many provider organizations, with CIOs of competing hospitals talking to each other about cooperation, says Linda

Reino, CIO of Universal Health Services in King of Prussia, Pa. The company manages hospitals, behavioral health centers, ambulatory surgery centers and radiation oncology centers in 24 states and the District of Columbia.

As RHIOs get off the ground, one concern that CIOs have is that there is little or no coordination among the regional efforts, Reino adds.

That's why it is important for CIOs to get involved at an early stage before commitments are made that later could make interoperability far more difficult.

But emerging or established RHIOs have different philosophies of the importance of interoperability in the beginning.

"At the board level, we are committed to interoperability with other Colorado RHIOs once this network gets up and flies," says Thompson of Quality Health Network. "Initial discussions of RHIO interoperability have already begun."

In Richmond, however, the feeling is that getting the network going is the primary task.

"We feel the pieces are ready to put together a network in Richmond and bring value to our providers," Matthews says. "I don't want to wait for discussions to bear fruit, then put together our network. So, we will deal with it when the time comes."

But as RHIOs emerge, there is a need for an overriding governance body, Reino contends. "At the end of the day, someone has to be in charge."

While Reino would prefer governance from the federal government level, she believes that is not likely. What's more feasible, she predicts, is that a partner in each RHIO will take the lead in that particular effort.

"They'll have the initiative and passion, and the others will be more than happy to get in line." •

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