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GLOBAL EHR/EPR

BUYING AND REPLACEMENT WAVE

Independent Public-Evidence Study

Non-US Markets | 2026-2030 Outlook

The EHR/EPR wave is real, funded, operational and increasingly driven by interoperability, cyber resilience and platform-scale transformation.

2026 PUBLICATION EDITION

Black Book Market Research

Contents

Study scope	A public-evidence analysis of non-US EHR/EPR new-buying, replacement, modernisation, interoperability and economic purchase risk for 2026-2030.

Executive findings

The international EHR/EPR market has entered a measurable buying, replacement and modernisation wave. The strongest public evidence is not competitive market-share assertion. It is the combined pattern of national funding commitments, EHR tenders, signed contracts, live implementation milestones, national health-data infrastructure and Black Book respondent-side demand data.

- The market is not a simple first-time digitisation boom. Mature markets are replacing and consolidating legacy systems, while emerging and mid-maturity markets are adopting enterprise records and national exchange infrastructure.
- Black Book annual survey materials show that demand is shifting toward interoperability-first platform architectures. In the 2026 international survey, 65% of surveyed hospitals in the fastest-adopting countries reported active EHR replacement or expansion, compared with 13% in slower-adopting markets [B1].
- The strongest new-buy markets are India, Ireland, Saudi Arabia/GCC, Germany, England/NHS late adopters, France, UAE and Brazil.
- The strongest replacement markets are Singapore, NSW Australia, England/NHS, Canada, Germany, France, UAE, Brazil and selected mature European systems.
- Economic pressure will not erase demand. It will change procurement behaviour: phased rollouts, stricter ROI cases, modular deployment and tighter vendor delivery obligations.

Evidence rules and confidence

This study separates four evidence classes: official public programme evidence, Black Book respondent-side demand signals, vendor perception signals and study estimates. The rankings are directional market-intensity judgements, not installed-base share, contract-value rankings or proprietary deal-volume claims.

Use of Black Book data	How the study applies it	Control applied
Demand signal	Uses respondent-reported replacement, expansion and procurement-priority data.	Cross-checked against official country funding, tenders and rollout evidence.
Buyer priority signal	Uses statistics on interoperability, end-to-end platform architecture, RIS/LIS integration, patient engagement and AI production.	Classified as intent/priority evidence, not contract value.
Vendor perception signal	Uses public respondent-rated vendor materials only where available.	Not treated as installed-base share or deal-volume proof.
Regional acceleration signal	Uses regional survey findings to identify where demand is becoming operationally urgent.	Matched against country policy and infrastructure evidence.

Black Book methodology and independence controls

Black Book public materials describe voluntary and uncompensated participation, validation of healthcare professionals and healthcare IT users, exclusion or separate handling of vendor-employee responses about their own products, year-round polling, defined operational KPIs and data-integrity controls [B2, B6].

Methodological feature	Publicly stated Black Book approach	Why it matters
Respondent validation	Participants are validated as genuine healthcare professionals and healthcare IT users [B2].	Reduces the risk that rankings are driven by unverified respondents.
Vendor conflict protection	Vendor-employee responses about their own products are excluded from customer ratings or analysed separately [B2].	Strengthens the buyer/user interpretation of satisfaction ratings.
KPI-based measurement	Black Book benchmarks performance using defined KPIs aligned to operational and clinical needs [B6].	Supports comparability across products, countries and stakeholder groups.
Ongoing polling	Black Book describes year-round data collection to keep benchmarks current [B2].	Relevant in fast-changing domains such as AI, cybersecurity and interoperability.
Multi-stakeholder perspective	The Trust Framework references clinicians, operational leaders, IT, revenue cycle and administrative users [B6].	EHR success depends on multiple user groups, not just CIO or vendor perception.

Black Book annual survey of global EHR demand

Black Book is treated as an annual respondent-side lens on global EHR/EPR demand. Its strongest contribution is not contract-counting. Its value is the ability to show what verified healthcare software users, clinicians, IT leaders and operational stakeholders say they need from EHR/EMR platforms in different markets.

Black Book public materials identify a move away from department-by-department digitisation toward end-to-end platform architecture. Its 2026 international survey reported feedback from 21,555 verified hospital and health-system software users across 147 non-US countries; the 2026 State of Global Digital Healthcare Technology benchmark covers 147 countries, 70 vendors and 18 operational KPIs [B1, B2].

Annual programme evolution

Edition / public release	Public scope signal	Demand interpretation
2024 State of Global Healthcare Technology	109 EMR/HIT vendors; 58 countries; nearly 19,000 qualified responses; 18 KPIs [B5].	Post-pandemic EHR adoption problems were dominated by interoperability, resource constraints and localisation gaps.
2025 Global HIT Study	175 EHR vendors; 110 countries; 13,700+ validated user insights; 18 performance indicators [B4].	Market demand became more regional, with buyers valuing localisation, implementation speed and fit with national objectives.
2026 Global Healthcare IT Survey and State report	21,555 verified users across 147 non-US countries; 70 vendors; 18 operational KPIs [B1, B2].	Demand shifted toward interoperable, cyber-resilient, AI-ready platform stacks rather than isolated EHR modules.

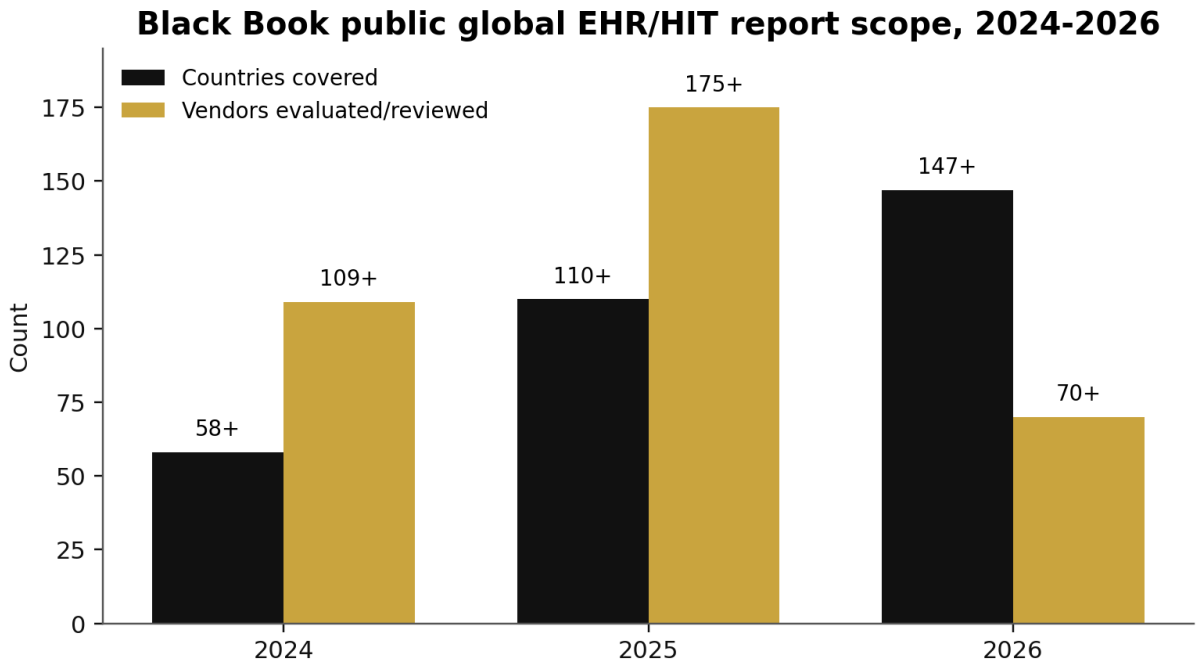

Figure 1. Black Book public global EHR/HIT report scope, 2024-2026. Vendor counts are public report-scope indicators, not market-share measures; the 2026 vendor count reflects a more curated KPI benchmark. Sources: [B1], [B2], [B4], [B5].

2026 demand signals from Black Book

The 2026 international survey converts the broad EHR wave into measurable buyer priorities. It reports that 65% of surveyed hospitals in fastest-adopting countries have active EHR replacement or expansion activity in 2026, versus 13% in slower-adopting markets. It also reports that 92% of respondents consider FHIR/API interoperability a top-three procurement requirement for new platform decisions [B1].

Black Book 2026 signal	Public statistic	Interpretation for EHR/EPR demand
Active EHR replacement or expansion	65% in fastest-adopting countries versus 13% in slower-adopting markets [B1].	Confirms a differentiated wave: some markets are accelerating, while others are still constrained by economics, policy or infrastructure.
Interoperability gatekeeping	92% cite FHIR/API interoperability as a top-three procurement requirement [B1].	Interoperability is now a buying condition, not a feature preference.
End-to-end architecture	84% in highest-velocity countries report standardising platform architectures rather than digitising one department at a time [B1].	EHRs are being procured as part of operating platforms that include identity, consent, analytics, diagnostics, communications and AI.
Diagnostics integration	69% report RIS/PACS modernisation or structured-reporting integration tied directly to EHR workflows [B1].	The EHR buying wave is pulling adjacent diagnostics systems into the procurement cycle.
Patient engagement integration	66% report omnichannel patient communications integrated into scheduling, intake, reminders and results notification [B1].	Digital front door and patient communications are becoming part of the EHR platform stack.
Clinical AI production	18% report AI in production in at least one workflow, up from 11% in 2025 [B1].	AI-readiness is becoming a platform selection issue rather than a separate innovation project.

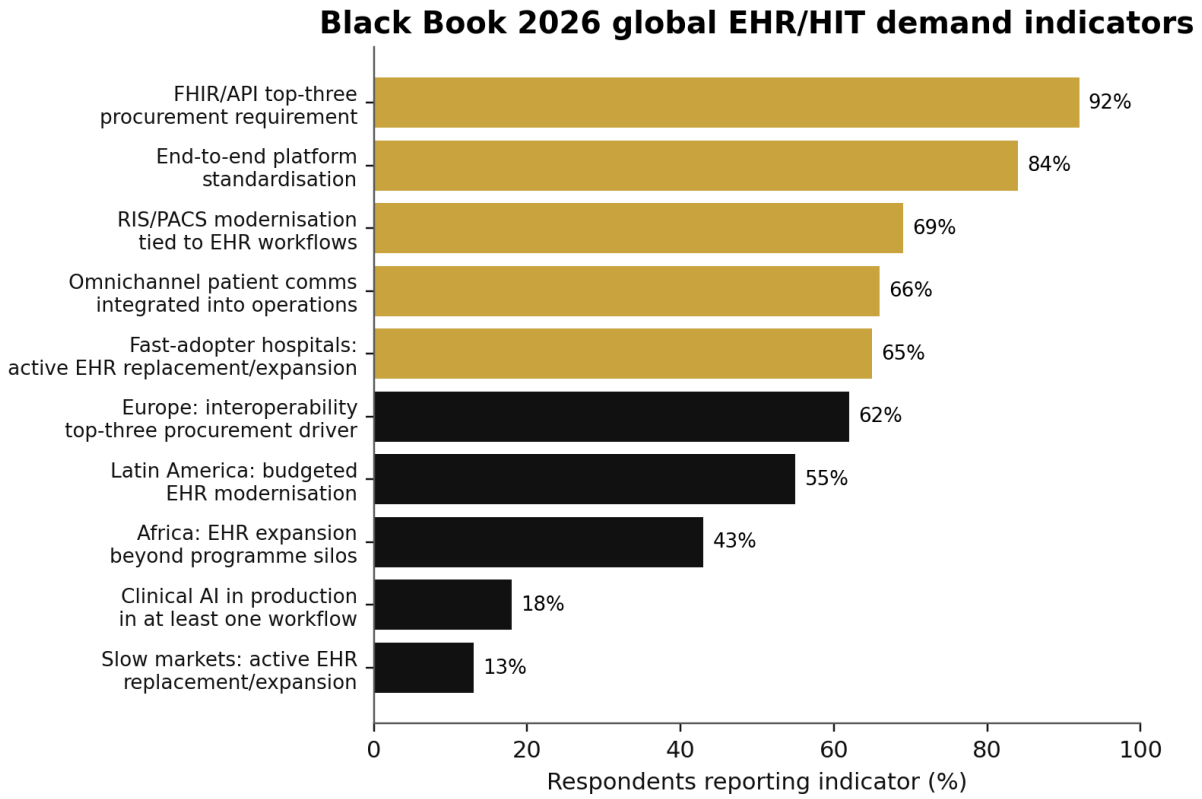

Figure 2. Black Book 2026 global EHR/HIT demand indicators. Source: [B1].

Regional demand signals from Black Book

Black Book public materials also show that demand is not uniform. The fastest-moving markets are those where government mandates, claims-exchange infrastructure, interoperability compliance, provider consolidation and workforce pressure convert EHR modernisation into an operational requirement.

Region / market cluster	Black Book public signal	Implication
Southeast Asia	Indonesia reported 78% EHR/EMR modernisation activity and 84% interoperability tooling adoption; Vietnam reported 72% EHR/EMR modernisation activity [B1].	Policy compliance and structured reporting are compressing procurement timelines.
GCC	Black Book describes claims exchange and national transformation programmes as accelerators; Saudi Arabia is flagged for exchange-driven claims automation and enterprise standardisation [B1].	Clinical documentation, claims, authorisation and interoperability are converging into a platform requirement.
Europe	62% of the Europe subset cite interoperability as a top-three procurement driver; 41% report consent and identity services adoption or planned deployment [B1].	European EHR demand is increasingly governed by cross-organisation exchange, identity, consent and secondary-use readiness.
Latin America	55% report budgeted EHR modernisation in 2026 and 44% report revenue cycle plus clinical-financial integration initiatives [B1].	Roadmaps are converting into budgeted procurement cycles, especially where multipayer complexity exists.
Africa	43% report EHR expansion beyond programme silos and 38% report interoperability initiatives influencing procurement [B1].	Demand is moving from donor/pilot systems toward national platforms and shared identifiers.

What the buying wave looks like

The EHR/EPR wave has three simultaneous shapes. This explains why countries with high EHR adoption can still be active buyers: mature markets may not need first-time EHR adoption, but they do need replacement, convergence, interoperability, cyber resilience and AI-ready data foundations.

Demand type	Markets where visible	What buyers are doing
New national EHR adoption	Ireland, India, Saudi/GCC and selected emerging systems	Moving from paper, fragmented or departmental systems toward enterprise or national record capability.
Legacy replacement and consolidation	Singapore, NSW Australia, England/NHS, Canada, Germany	Retiring fragmented systems and standardising around enterprise or regional platforms.
Interoperability-driven modernisation	France, UAE, Brazil, England/NHS, Germany, India	Upgrading or replacing systems that cannot meet national exchange, API, identity, consent or reporting requirements.

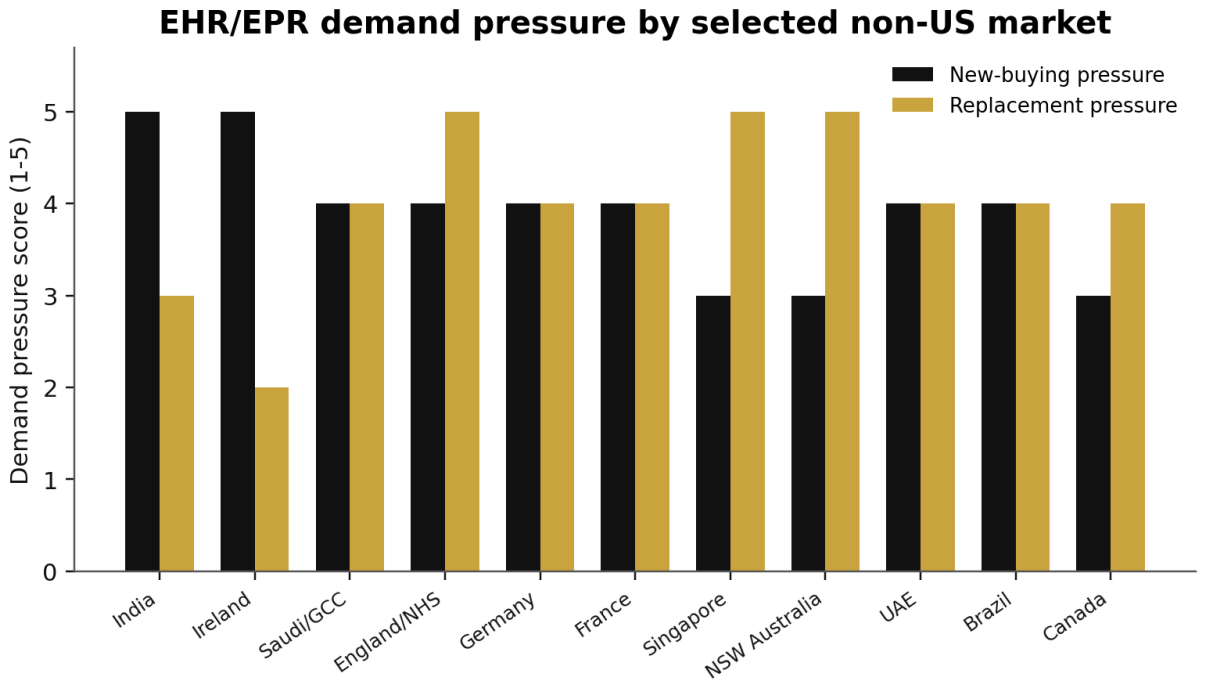

Figure 3. EHR/EPR demand pressure by selected non-US market. Scores are study estimates based on public programme evidence and Black Book demand signals.

Public country evidence register

The following country evidence confirms that the EHR/EPR wave is not merely an opinion-survey result. It is supported by public programmes, formal procurement, signed contracts, national health-data infrastructure and provider rollout activity.

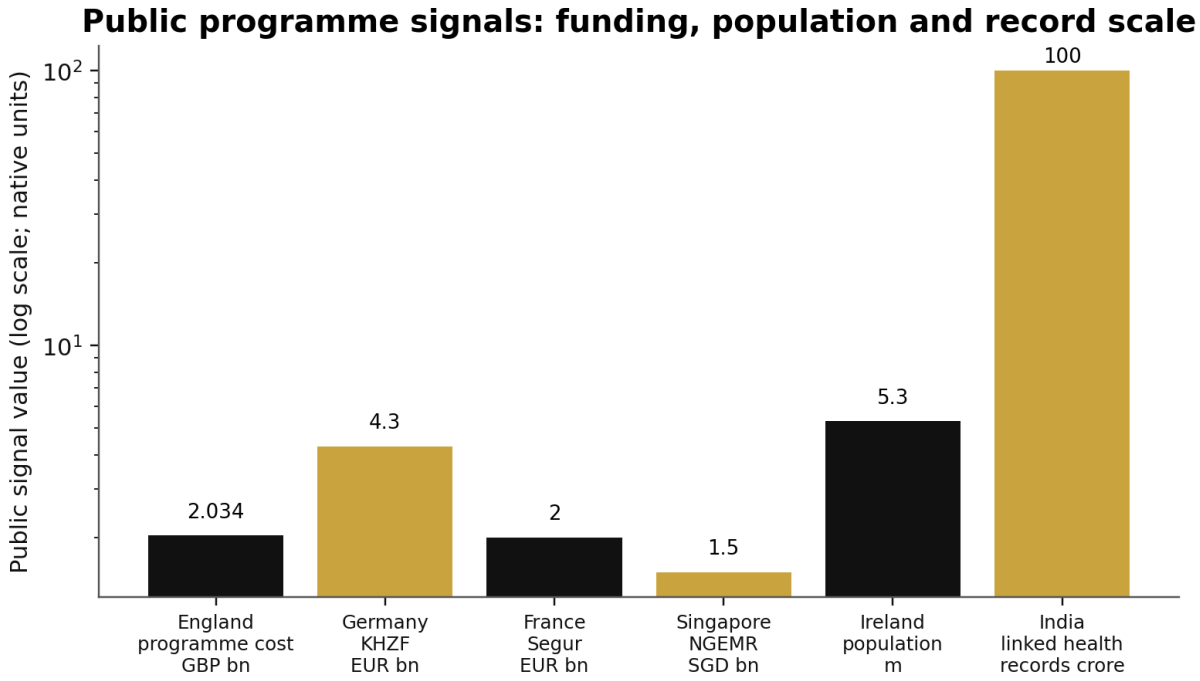

Figure 4. Public programme signals for selected EHR/EPR buying and replacement markets. Native units are used as programme evidence, not as a cross-currency valuation.

Market	Public evidence	Demand implication
England / NHS	Frontline Digitisation reached 90% EPR coverage in December 2023 and aims for every trust to have implemented or be implementing an EPR by March 2026; whole-life programme cost is reported at GBP 2.034bn [C1].	Coverage completion, maturity uplift, convergence and replacement pressure.
Ireland	HSE launched procurement for One Health Record, expected to benefit 5.3m people and around 160,000 staff [C2].	Clear national first-generation EHR procurement.
Germany	Krankenhauszukunftsfonds provides up to EUR 4.3bn for hospital modernisation [C3].	Funded hospital digitisation, EHR/HIS upgrade and security modernisation.
France	Segur du numerique en sante commits EUR 2bn to digital health, shared national infrastructure and software modernisation [C4].	Interoperability and compliance-driven EHR/DPI upgrade market.
Singapore	NGEMR involves S$1.5bn over 10 years for the public healthcare sector and more than 100 legacy IT systems to be phased out [C5].	Highly concentrated national public-sector replacement wave.
NSW Australia	NSW Health signed a Single Digital Patient Record contract and began phased implementation across public health services [C6].	Statewide EHR consolidation and replacement.
India	ABDM reported more than 100 crore ABHA-linked health records by May 2026 [C7].	National digital health infrastructure forces interoperable provider software adoption.
UAE	Riayati/National Unified Medical Record connects more than 3,000 healthcare facilities [C8].	HIE connectivity creates compliance and integration pressure for hospitals and clinics.
Brazil	RNDS is Brazil's national health data network; private EMR expansion continues in major hospital groups [C9].	Public interoperability plus private hospital expansion.
Canada	Newfoundland and Labrador announced a new provincial health information system; Sunnybrook selected a new Oracle Health EHR/HIS [C10, C11].	Provincial and large academic-hospital replacement activity.

Countries most active in new EHR/EPR buying

Rank	Country / market	New-buying intensity	Evidence rationale
1	India	Very high	National digital health infrastructure is creating broad provider demand across hospitals, clinics, labs and pharmacies.
2	Ireland	Very high	Formal national EHR procurement is underway.
3	Saudi Arabia / GCC	High	Transformation programmes, payer rails and claims exchange are creating enterprise platform demand.
4	Germany	High	Hospital modernisation funding supports electronic documentation and digital clinical infrastructure.
5	England / NHS	High	Remaining EPR coverage plus maturity uplift and convergence.
6	France	High	Segur software modernisation and interoperability requirements.
7	UAE	High	National and emirate-level health data infrastructure is pushing connected EMR adoption.
8	Brazil	Moderate-high	RNDS/SUS Digital and private hospital expansion create demand.
9	Australia	Moderate-high	State programmes are active, especially in NSW.
10	Selected emerging systems	Moderate-high	National digital health infrastructure and donor-to-platform transitions.

Countries most active in EHR/EPR replacement

Rank	Country / market	Replacement intensity	Evidence rationale
1	Singapore	Very high	NGEMR is explicitly phasing out more than 100 legacy systems.
2	NSW Australia	Very high	Statewide Single Digital Patient Record consolidation.
3	England / NHS	Very high	Maturity uplift, convergence, legacy risk and selective replacement.
4	Canada	High	Provincial and academic-centre HIS/EHR replacement activity.
5	Germany	High	Hospital Future Fund supports modernisation of legacy digital infrastructure.
6	France	High	Compliance and interoperability upgrade pressure.
7	UAE	Moderate-high	Provider systems must connect to national and emirate-level exchange platforms.
8	Brazil	Moderate-high	National exchange infrastructure and large private groups drive replacement and expansion.
9	Nordics	Moderate-high	Mature markets continue regional renewal and platform consolidation.
10	Netherlands and mature Europe	Moderate-high	Consolidation around fewer enterprise clinical platforms.

Economic conditions and purchasing risk

The EHR/EPR wave is real, but economics will determine the pace and shape of purchasing. In fiscally constrained markets, demand is more likely to appear as phased procurement, narrower scope, modular implementation or benefits-dependent release of funding. In strategically funded markets, demand is more likely to continue, but delivery risk and total cost of ownership will still be scrutinised.

Market group	Examples	Likely purchasing behaviour
Funded acceleration markets	Singapore, Germany, Ireland, UAE, Saudi/GCC	Programmes proceed because national strategy or public funding exists; vendors are tested on delivery capacity, interoperability and localisation.
Demand-rich but fiscally constrained markets	England/NHS, France, Canada, Australia	Purchases continue but with tighter business cases, cost control, phased rollouts and quantified productivity expectations.
High-growth, price-sensitive markets	India, Brazil, selected emerging systems	Demand is strong but pricing, deployment model, local partners, cloud economics and support cost are decisive.
Interoperability-forced markets	France, UAE, Brazil, India, England/NHS	National exchange or data-sharing requirements force upgrades even when budgets are tight.

Economic factor	Effect on EHR/EPR purchasing	Vendor response required
Public deficits and capital restraint	Delays, re-scoping and more scrutiny of total programme cost.	Phased implementation, measurable ROI and stronger benefit realisation evidence.
Currency and import exposure	Foreign software and consulting costs become harder to absorb.	Local delivery teams, flexible pricing and partner ecosystems.
Health workforce pressure	Systems that reduce documentation burden gain priority.	Workflow redesign, automation and clinician usability evidence.
Cyber and continuity risk	Boards justify spending as resilience infrastructure.	Prove uptime, recovery testing, identity controls and downtime continuity.
National interoperability mandates	Non-compliant systems become replacement candidates.	Demonstrate API/FHIR, identity, consent, terminology and reporting compatibility.

Forecast 2026-2030

Forecast	Expected development	Warning
Replacement overtakes first-time buying in mature markets	England, Singapore, NSW Australia, Canada, Germany and France shift toward replacement, convergence and optimisation.	Replacement buyers will punish weak migration plans and poor change management.
Interoperability becomes a gatekeeper	FHIR/API, consent, identity and national exchange compatibility become procurement thresholds.	EHRs that cannot exchange data will lose eligibility even if they are functionally adequate locally.
Cyber resilience becomes part of EHR procurement	Ransomware, outage and supplier-risk concerns move into scoring.	Buyers will ask for recovery evidence, not security promises.
AI-readiness becomes selective rather than cosmetic	Structured data, governance, auditability and workflow integration matter more than generic AI features.	AI add-ons without data quality and governance will be discounted.
Implementation capacity becomes a bottleneck	Large funded programmes compete for the same vendor, consulting and clinical informatics talent.	Delays, cost overruns and benefits shortfalls will become more visible.

Strategic implications

10.1 For vendors

- Treat each country as a regulatory, workflow and sovereignty market, not merely a sales territory.
- Lead with implementation evidence, not platform breadth.
- Make interoperability, cyber recovery and data governance visible in the sales process.
- Prepare economic cases that translate EHR investment into operational efficiency, clinical safety, reduced duplication and resilience.
- Build local partner capacity before national or regional tenders mature.

10.2 For health systems and governments

- Do not treat EHR procurement as a software purchase. Treat it as a clinical operating-model transformation.
- Evaluate vendors on migration, adoption, downtime readiness, interoperability and benefits realisation.
- Protect against creating new digital silos by requiring exchange-ready architecture from the start.
- Budget for workflow redesign, training, data migration and cyber resilience, not just licences and implementation services.

The EHR/EPR wave is real, funded and operational. Black Book annual survey materials strengthen the conclusion by showing that verified healthcare software users are not merely buying records. They are demanding interoperable, cyber-resilient, AI-ready platform stacks capable of supporting national and regional healthcare transformation.

Appendix A. Source bibliography

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Supplemental vendor-appendix source notes

The 2027 vendor watch-list appendix uses public Black Book materials and the underlying EHR/EPR buying and replacement study. It does not use competitor market-share data or proprietary deal-volume claims.

V1. Black Book Research, 2026 State of Global Digital Healthcare Technology: public release states 147 countries, 70 vendors, 18 operational KPIs, national-level reporting where sample sizes allow, and independence controls.

V2. 2026 Black Book Global Healthcare IT Survey: 21,555 verified hospital and health-system software users across 147 non-US countries; reports 65% active EHR replacement or expansion in fastest-adopting countries and 92% FHIR/API top-three procurement requirement.

V3. The Black Book of Global Healthcare IT, Q2 2025 Update: public PDF summarising 11,000+ Q1 2025 respondents across 44 countries and vendor performance against 18 KPIs.

V4. Black Book 121 Local & Regional EHR Vendors Across 53 Countries to Know: public country-level vendor recognition list, December 2024 update.

V5. Q2 2025 Black Book Top Client-Rated Healthcare Software & Service Vendors, Canada: public PDF with ranked Canada EHR KPI leaders and top-three overall KPI leaders.

Appendix B. Country evidence matrix

Market	New demand	Replacement demand	Primary evidence signal
India	Very high	Moderate	ABDM national digital health infrastructure.
Ireland	Very high	Low-moderate	National EHR procurement.
Saudi Arabia / GCC	High	High	Black Book claims exchange and transformation demand signal.
England / NHS	High	Very high	Frontline Digitisation coverage, capability and convergence.
Germany	High	High	KHZF hospital modernisation funding.
France	High	High	Segur software modernisation and interoperability.
Singapore	Moderate	Very high	NGEMR national replacement and legacy retirement.
NSW Australia	Moderate	Very high	Statewide Single Digital Patient Record.
UAE	High	Moderate-high	National and emirate-level HIE integration.
Brazil	Moderate-high	Moderate-high	RNDS/SUS Digital and private EMR expansion.
Canada	Moderate	High	Provincial and academic hospital replacement activity.

Appendix C. 2027 vendor watch list and buyer-screen criteria

Vendor order is ranked only where public source strength permits. Elsewhere, the table is a directional watch list based on public Black Book source signals, the 2027 demand type, and visible local or regional fit. Vendor frequency is not market share.

Market	Demand type	2027 watch-list vendors and buyer fit	Evidence basis
India	New buying	1. Attune Technologies - cloud HIS / hospital operations 2. Insta by Practo - cloud hospital management / EHR operations 3. Eka Care - EHR and doctor-patient workflow layer	Country-specific Black Book vendor recognition; high-volume ABDM-linked provider demand.
Ireland	New national EHR	1. Comarch Healthcare - interoperability / modular EHR and LIS adjacency 2. Philips Tasy - enterprise EHR / public system candidate 3. Servelec / RiO - EHR / care-record platform	Digital health infrastructure, national EHR procurement, and public non-US vendor preference signals.
Saudi Arabia / GCC	New buying + replacement	1. Cloud Solutions / VIDA - Saudi EHR platform 2. Orion Health - interoperability, referral routing, HIE-adjacent platform 3. Health Insights / MEDiC - bilingual, modular, offline-capable EHR	Claims exchange and national transformation accelerators; Saudi/GCC regional fit signals.
Germany / DACH	New buying + replacement	1. Meierhofer - German acute-care EHR / clinical workflow platform 2. Dedalus - enterprise EHR / regional health network platform 3. Comarch Healthcare - rapid-deployment EHR / interoperability	Hospital modernisation funding and German/DACH compliance-driven regional vendor demand.
England / NHS	Replacement + convergence	1. Nervecentre - acute EPR / workflow and care coordination 2. IMS MAXIMS - modular browser-based EPR 3. EMIS Health - primary-care EHR and GP record infrastructure	Country-specific UK recognition; remaining coverage, replacement, convergence and maturity-uplift pressure.
France	Interoperability-driven replacement	1. Maincare Solutions - French hospital EHR / DPI platform 2. Cegedim Sante - ambulatory and professional EHR solutions 3. Dedalus - European enterprise EHR / hospital modernisation	Country-specific French vendor recognition; European vendor preference and Segur-driven software modernisation.
United Arab Emirates	HIE-driven upgrade + private expansion	1. Philips Tasy - enterprise EHR / GCC public tender signal 2. InterSystems TrakCare - modular EHR / community and specialist coordination 3. Orion Health - HIE and referral-routing platform	UAE-specific Philips Tasy and InterSystems signals; national and emirate-level HIE pressure.
Brazil	New buying + replacement	1. MV Sistemas - Brazilian enterprise EHR / SOUL MV 2. Philips Tasy - enterprise EHR / cloud and regional EHR platform 3. Pixeon - HIS/RIS/LIS/PACS and diagnostic workflow systems	Country-specific recognition for Brazil; RNDS/SUS Digital and private hospital expansion.
Australia / NSW	Statewide replacement + consolidation	1. MedicalDirector - Australian EHR / practice and provider systems 2. MediRecords - cloud EHR / practice management / virtual care 3. InterSystems TrakCare - multinational modular EHR / integration-led platform	Australia-specific vendor recognition; NSW Single Digital Patient Record replacement wave.
Singapore / APAC public sector	National replacement	1. Philips Tasy - enterprise EHR / APAC and GCC signal 2. InterSystems TrakCare - modular EHR / integration-ready platform 3. Orion Health - national interoperability and HIE platform	Watch-list signal only; public Black Book materials reviewed do not disclose a Singapore-only top-three EHR list.
Canada	Provincial + academic replacement	1. Oracle Health - enterprise EHR / provincial platform 2. MEDITECH - enterprise EHR / community and regional hospital base 3. Altera - enterprise EHR / adaptability and training strengths	Canada-specific Black Book ranking: Oracle Health, MEDITECH and Altera are top-three overall KPI leaders.
Nordics	Mature-market renewal + consolidation	1. Systematic - Columna CIS / clinical information system 2. Helmes - national EHR backbone / public-health systems 3. Comarch Healthcare - European interoperability and rapid deployment	Nordic and Baltic vendor signals; replacement-heavy mature-market renewal.
Netherlands / mature Europe	Replacement + EHDS alignment	1. ChipSoft - HiX integrated EHR 2. Topicus - Medicom integrated EHR 3. Meierhofer - German acute-care EHR / Dutch post-acute signal	Country-specific Netherlands recognition and EHDS-aligned modernisation pressure.

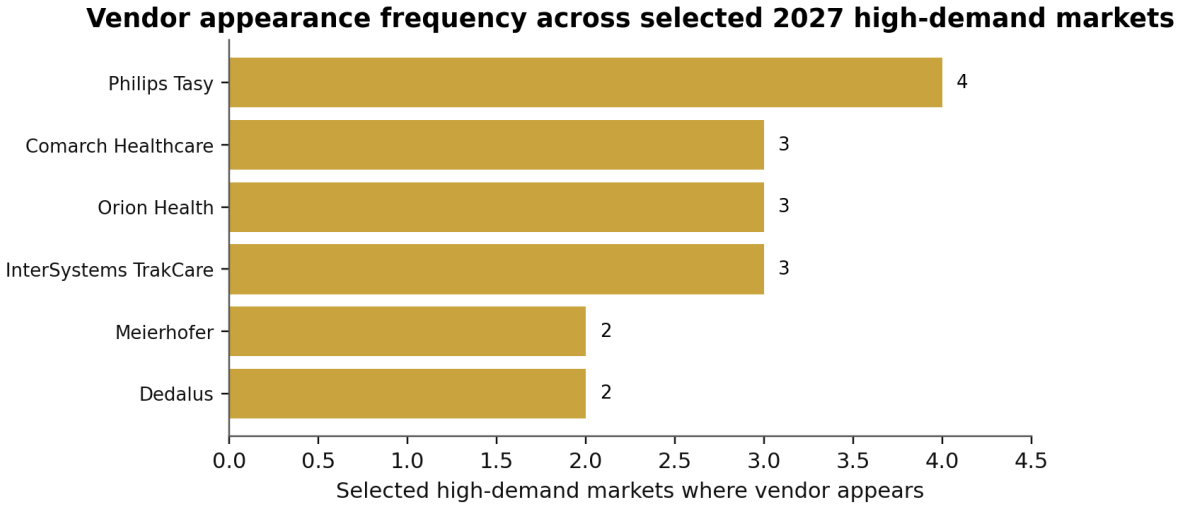

Figure A1. Vendor appearance frequency across selected 2027 high-demand markets. Figure includes vendors appearing in two or more selected market watch lists.

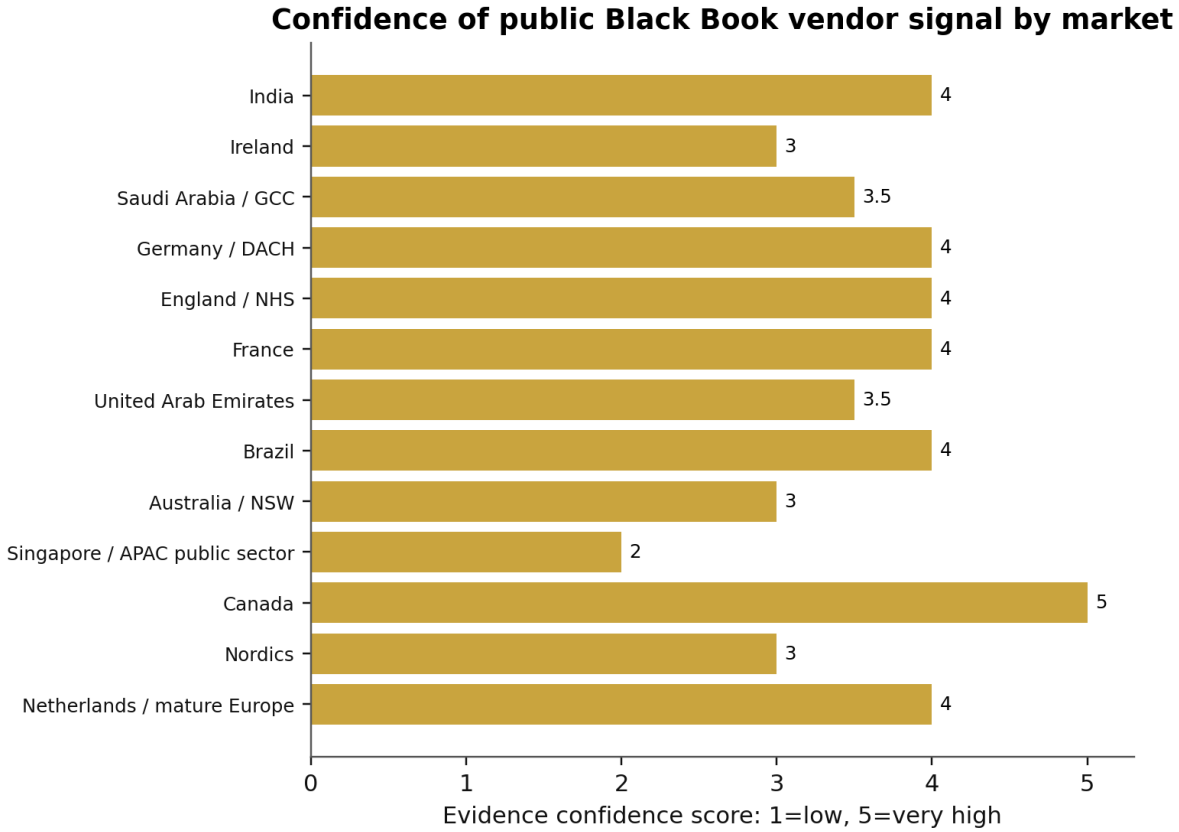

Figure A2. Confidence score of public Black Book vendor signal by market.

2027 buyer-screen criteria

The top-rated vendor signal should be applied through a market-specific screen. Countries with public-sector procurement, national interoperability obligations or health-data sovereignty requirements should not shortlist vendors solely on general satisfaction scores.

Screen	2027 threshold question	Why it matters	Red flag
Interoperability	Does the platform support FHIR/API exchange, national identifiers, consent, registries and event notifications?	Black Book 2026 public materials identify interoperability as a procurement gatekeeper.	Interface-heavy claims without tested national exchange workflows.
Localisation	Does the vendor prove local workflows, terminology, privacy, language, billing and reporting fit?	Black Book public materials consistently show regional localisation as a differentiator.	US or global template sold as local fit without implementation proof.
Implementation capacity	Can the vendor deliver migration, stabilisation, training and benefits realisation at market scale?	Large 2027 programmes will be constrained by implementation capacity as much as software choice.	Strong demos but weak local delivery team or partner bench.
Cyber and continuity	Can the vendor prove backup, recovery, identity control, auditability and downtime continuity?	Health systems increasingly treat EHR/EPR as resilience infrastructure.	Security documentation without restoration evidence.
Economics	Can the proposal survive fiscal pressure, currency exposure and total-cost scrutiny?	Fiscally constrained systems will phase or re-scope purchases unless ROI is explicit.	Opaque pricing, high change-order risk or weak benefits case.
Data and AI readiness	Does the platform capture structured, high-quality data and support governed clinical AI workflows?	AI-readiness is becoming a platform selection issue rather than a side project.	AI add-ons without data quality, governance or audit trail.