Black Book Insights

THE DATA-READY HOSPITAL
EUROPE'S EHR VENDORS FACE THE DATA VALORISATION TEST

Black Book Research European Provider Survey of 662 Healthcare IT Leaders Across Eight Major EMR Markets

WHITE PAPER | Q1-Q2 2026

Black Book findings on clinical data capture, interoperability, governance, analytics, research readiness and vendor performance

BOTTOM LINE

European provider EHR selection is now a data-valorisation decision. The winning vendors are those that help organizations capture clinical information cleanly, govern it safely, exchange it reliably, analyze it effectively and reuse it for research and improved patient outcomes.

AT A GLANCE

This white paper examines the Europe provider data valorisation gap through a survey of 662 healthcare IT leaders in eight high-adoption EMR markets. It translates EHR user feedback into a decision framework for vendor selection, data governance, interoperability, research readiness, analytics strategy and post-go-live accountability.

Black Book Research takes a vendor-agnostic position. Data value comes from production proof: trusted capture, governed reuse, reliable exchange and measurable insight after implementation.

Selected indicators shaping the response

662 **EHR USERS AND IT LEADERS** Across 8 high-adoption markets	**18** **DVPI PERFORMANCE KPIS** 100-point Data Valorisation index	**26%** **CORE DATA-UTILITY WEIGHT** Interoperability, quality and analytics	**14%** **GOVERNANCE AND PRIVACY WEIGHT** Consent, access, auditability and control
15% **RESEARCH AND AI READINESS** Cohorts, RWE, registries and model governance	**7 of 8** **COUNTRY LEADERS ABOVE 80.00** Data-Ready Performer threshold	**87.38** **TOP COUNTRY DVPI SCORE** Finland: Tietoevry Lifecare	**8** **MARKETS EVALUATED** UK, Germany, France, Finland, Spain, Netherlands, Sweden, Denmark

BOARDROOM REALITY

The central EHR data-valorisation risk is not whether providers have electronic records. It is whether the record produces trusted data that clinicians, researchers, executives and governance teams can use after go-live without heroic workarounds.

Executive summary

Black Book Research surveyed 662 healthcare IT leaders and EHR users in Q1-Q2 2026 across eight major European EMR adoption markets to assess how provider organizations converted clinical information into governed, interoperable, research-ready and actionable data.

The findings show that the EHR market has moved beyond basic digitisation. Provider organizations now evaluate vendors by post-go-live data value: usable clinical capture, reliable exchange, visible data quality, credible governance, analytics adoption, research access and accountable support.

The strongest-rated vendors in the study were those that walk the talk after implementation. Respondents gave higher scores to platforms that improve data quality, interoperability, governance and analytics in production, not merely in procurement demonstrations.

Five conclusions for European provider leaders

- Data quality now defines maturity more than EHR adoption status.
- Interoperability must be monitored as a daily operating discipline.
- Governance is now an innovation condition for research, AI and secondary use.
- Research teams have become critical EHR stakeholders.
- Post-go-live execution separates data-value leaders from overpromisers.

01 Executive summary

European healthcare providers have entered the post-digitisation phase. The strategic question is no longer whether hospitals, health systems, regions and care networks have electronic records. The decisive question is whether those records generate trusted, governed, interoperable and actionable data.

Data valorisation is the operating discipline of transforming routine clinical information into measurable value: better decisions, safer care, faster research, cleaner analytics, responsible AI, lower duplication and more reliable patient outcomes. The EHR remains critical, but it is no longer sufficient as a system of record. It must function as a data foundation.

Black Book Research surveyed 662 healthcare IT leaders in Q1-Q2 2026 across eight major European EMR markets to evaluate vendor performance through an 18-KPI Data Valorisation Performance Index. The completed study examined clinical data capture, documentation burden, semantic normalization, interoperability, data quality, provenance, privacy, governance, analytics actionability, research readiness, AI readiness, localization and implementation accountability.

The 2026 results show that the strongest vendors are not simply those with the broadest installed base. Respondents favored vendors that demonstrate production-market value: locally fluent workflows, governed data reuse, open exchange, usable analytics, quality-controlled clinical information and credible implementation performance.

Rank	Country	Top-rated vendor/product	DVPI	Primary standing
1	Finland	Tietoevry Lifecare / Lifecare Data Platform	87.38	Strongest national data-foundation and analytics-fit case.
2	United Kingdom	System C CareFlow EPR	86.61	Strongest NHS-native data-valorisation performance fit.
3	Denmark	Systematic Columna CIS	86.49	Strongest regional-scale continuity, structured-data and workflow-fit case.
4	Netherlands	ChipSoft HiX	83.03	Dominant local EPD/PDMS consolidation case.
5	Sweden	Cambio COSMIC	83.02	Strongest Swedish-region structured-data and implementation-risk case.
6	France	InterSystems TrakCare / HealthShare	82.69	Strongest interoperability, data-integration and governed data foundation case.
7	Germany	CompuGroup Medical / CGM	81.15	Strongest cross-sector German operating-relevance case.
8	Spain	CGM SELENE	79.94	Strongest Spain-specific hospital workflow and deployment-scale case.

Black Book findings from surveyed respondents

- Data quality is replacing EHR adoption as the new digital maturity marker. Provider leaders increasingly recognize that EHR deployment alone does not create value. Value depends on complete, structured, traceable, timely and clinically trusted data.
- Interoperability has moved from promise to proof. Buyers want demonstrable exchange performance, standards conformance, operational monitoring and accountability when data fails to move.
- Governance is now a value accelerator. Research, analytics and AI require trusted access models. Consent, audit, access control, pseudonymisation and policy enforcement must be embedded into products and operating models.
- Research readiness is becoming a premium vendor differentiator. Cohort discovery, trial feasibility, registry reporting and real-world evidence depend on the quality and usability of clinical data captured in routine care.
- Local workflow fluency outperforms generic global positioning. European providers are rewarding vendors that fit national policy, language, clinical workflows, implementation norms and governance structures.

02 The issue: why EHRs must become data-value platforms

Healthcare data has become a strategic asset, but many provider organizations still experience it as a fragmented by-product of care delivery. Information is captured in EHRs, departmental systems, diagnostic platforms, specialty applications, archives, national repositories, patient portals and research databases. The value is present, but operational friction remains high.

The shift now underway is a shift from digitisation to data valorisation. Digitisation asks whether a provider can document care electronically. Data valorisation asks whether documented information can be reused safely and effectively to improve decisions, accelerate research and drive better patient outcomes.

The provider data value chain

Stage	Data valorisation requirement
Capture	Clinical data is recorded accurately, consistently and as close as possible to the point of care.
Curate	Data is standardized, coded, deduplicated, validated and enriched with provenance and metadata.
Connect	Data moves across internal systems, external providers, registries, national services and research environments.
Control	Privacy, consent, identity, access, audit and policy controls are operationally embedded.
Convert	Data is translated into dashboards, alerts, cohort lists, pathway insight and research assets.
Confirm	The organization can show measurable impact on decisions, safety, access, research timelines, cost or outcomes.

Why the issue has become urgent

- European policy is moving toward stronger data-rights, patient access, secure secondary use and interoperability expectations. EHR vendors are increasingly judged by their ability to support these expectations in production.
- AI programs require governed and curated data. Provider AI pilots fail when source data is inconsistent, poorly labelled, biased, untraceable or inaccessible.
- Research programs need faster cohort discovery, trial feasibility assessment, registry reporting and real-world evidence generation. These capabilities depend on routine clinical data quality.
- Operational performance now depends on near-real-time data. Patient flow, bed management, elective backlog, staffing, imaging turnaround, medication safety and discharge coordination all require trusted information.
- Cyber-resilience and privacy have become prerequisites for value. A data asset cannot be strategic if it cannot be protected, audited, recovered and governed.

The new board-level question

The board-level question is no longer: did the organization buy and deploy an EHR? The board-level question is: can the organization use its clinical data to improve care, accelerate research, manage operations and support innovation safely?

03 Survey composition and respondent structure

Black Book surveyed 662 healthcare IT leaders across Finland, the United Kingdom, Denmark, the Netherlands, Sweden, France, Germany and Spain. The survey was designed to capture provider-side experience with EHR and health IT vendors in real operating settings. Respondents represented executive, clinical informatics, data, privacy, security, governance, operational and transformation roles.

The respondent mix reflects the reality that data valorisation is not owned by a single function. IT leaders evaluate architecture and vendor accountability. Clinical informatics leaders evaluate documentation, usability and adoption. Data and research leaders evaluate data reuse. Privacy and governance leaders evaluate trust. Operational leaders evaluate whether insights change decisions.

3.1 Country sample and top-rated vendor

Country	Respondents	Share	Top-rated vendor/product	DVPI	Other vendors evaluated
Finland	90	13.6%	Tietoevry Lifecare / Lifecare Data Platform	87.38	Apotti/Epic; CGI Finland; Mediconsult; BCB Medical
United Kingdom	110	16.6%	System C CareFlow EPR	86.61	Oracle Health; Epic; Nervecentre; Altera; MEDITECH; Alcidion; Dedalus
Denmark	50	7.6%	Systematic Columna CIS	86.49	Epic/Sundhedsplatformen; Cambio COSMIC
Netherlands	70	10.6%	ChipSoft HiX	83.03	Epic; Nexus
Sweden	57	8.6%	Cambio COSMIC	83.02	CGM TakeCare; Oracle Health Millennium; Dedalus; Systematic
France	95	14.4%	InterSystems TrakCare / HealthShare	82.69	Dedalus DxCare/ORBIS; Maincare; SIB Sillage; Softway Medical; Cegedim Sante; Oracle Health; Altera
Germany	105	15.9%	CompuGroup Medical / CGM	81.15	Dedalus ORBIS; Oracle Health legacy platforms; Nexus; Meierhofer; Mesalvo
Spain	85	12.8%	CGM SELENE	79.94	Dedalus HCIS; InterSystems; NTT DATA/Everis; regional platforms; Oracle/SAP ecosystem

3.2 Respondent role composition

Respondent group	Count	Share	Primary evaluation lens
CIOs, CTOs and digital transformation executives	200	30.2%	Enterprise architecture, procurement, infrastructure, vendor accountability and board-level modernization strategy.
CMIOs, CNIOs and clinical informatics leaders	167	25.2%	Clinical documentation, workflow fit, specialty support, patient safety and clinician adoption.
Data, analytics, AI and research leaders	132	19.9%	Data quality, cohort discovery, analytics readiness, AI governance, research access and evidence generation.
Privacy, security and governance leaders	102	15.4%	GDPR, EHDS readiness, consent, identity, auditability, cybersecurity and secondary-use control.
Operational, quality and transformation leaders	61	9.2%	Pathway performance, capacity, productivity, safety, care coordination and measurable operational value.

3.3 Country-by-role respondent allocation

Country	Total	CIO/CTO/Digital	CMIO/CNIO/Informatics	Data/Analytics/Research	Privacy/Security/Governance	Ops/Quality/Transformation
United Kingdom	110	33	28	22	17	10
Germany	105	32	26	21	16	10
France	95	29	24	19	14	9
Finland	90	27	23	18	14	8
Spain	85	26	21	17	13	8
Netherlands	70	21	18	14	11	6
Sweden	57	17	14	11	9	6
Denmark	50	15	13	10	8	4

3.4 Inclusion and scoring principles

- Only provider-side respondent experience was used for vendor scoring. Vendor-employed personnel, resellers and implementation partners were not treated as scoring respondents.
- Country leaders were selected using respondent-weighted vendor performance signals, production-market relevance, national workflow fit, interoperability, data governance, analytics utility and implementation performance.
- The assessment excludes vendor-paid awards and pay-to-play third-party rankings from scoring criteria. External market information was used only as background context and is separated into an appendix.
- The model permits a locally fluent vendor to outrank a larger global competitor when surveyed respondents report stronger data-value performance in that country.

04 Market trends shaping European provider data valorisation

Trend 1: Data quality replaces adoption as the maturity marker

Provider organizations now recognize that a live EHR can still produce incomplete, inconsistent or non-reusable data. Across the 662-respondent survey, leaders evaluated data quality as a practical operating issue rather than a technical back-office concern. The strongest vendor performance signals came from products that help clients capture structured clinical information, maintain terminology consistency, detect duplicate or missing data, preserve provenance and provide remediation workflows that staff can actually use.

The DVPI weighting reflects this shift. Clinical data capture, documentation usability, semantic normalization, medication-lab-imaging-notes integration, data migration, enterprise data quality and provenance together account for 38 of the 100 DVPI points. This means that more than one-third of the vendor score is tied directly to the trustworthiness, completeness and reusability of source data before analytics, AI or research functions are considered. Respondents consistently distinguished between having an electronic record and having data that clinicians, analysts, researchers and executives can trust.

The country results demonstrate the pattern. Tietoevry Lifecare led Finland with an 87.38 DVPI score because respondents connected national data foundations with reusable management, research and reporting information. System C led the United Kingdom with 86.61 where users emphasized NHS-native data continuity, documentation fit and operational use of captured data. In the Netherlands, ChipSoft HiX scored 83.03 in a concentrated EPD market where integrated clinical and PDMS data were viewed as essential to reducing duplicate workflows and improving analytics reliability.

Trend 2: Interoperability becomes an operating discipline

The question is no longer whether a vendor can build interfaces. The question is whether exchange works reliably in daily care with accurate identity matching, message monitoring, error handling, semantic consistency, workflow-level visibility and clear accountability when information does not move. Provider leaders described interoperability as a production discipline: a continuous operating capability that must be monitored, supported and improved, not a project completed at go-live.

Interoperability execution carries the highest single KPI weight in the DVPI model at 10 of 100 points, with API openness and ecosystem support adding another 4 points. Together, interoperability and openness represent 14 percent of the total vendor score before related factors such as governance, provenance and localization are counted. This weighting reflects how quickly data value collapses when a hospital record, shared-care service, laboratory system, imaging platform, pharmacy workflow or national service cannot exchange usable information at the point of need.

Examples varied by country. Denmark's Systematic Columna CIS ranked third overall at 86.49 because respondents associated its standing with regional-scale continuity, structured data and cross-sector information sharing. France's InterSystems TrakCare / HealthShare result at 82.69 was driven by the value of integration and governed exchange across complex hospital information environments. In Germany, CGM's 81.15 score reflected the need to connect outpatient and hospital contexts in a fragmented care environment where cross-setting relevance is a defining test of data valorisation.

Trend 3: Governance becomes the enabler of reuse

Providers want to reuse clinical data for research, AI, population health, quality improvement and operational planning, but only when access control, consent, de-identification, auditability and secure processing are credible. Respondents described governance as an innovation condition: without trusted rules for who can access data, under what purpose, through what process and with what audit trail, organizations cannot safely expand secondary use. Governance has moved from a compliance checklist to a prerequisite for clinical data value.

The DVPI assigns 7 points to privacy, consent and de-identification and another 7 points to governance, auditability and access control. That 14-point combined weight equals the weight of interoperability and API openness combined, showing that European provider respondents view data movement and data control as inseparable. Survey input from the privacy, security and governance group, representing 15 percent of respondents, reinforced that vendor tools must make safe reuse operationally manageable rather than forcing providers to rely on manual approvals, spreadsheets or disconnected policy processes.

The top-rated vendors were those perceived as embedding governance into daily data use. Finland's Tietoevry Lifecare and Denmark's Systematic Columna CIS scored strongly because their country environments require disciplined access, structured use and county or regional coordination. France provided a different example: InterSystems performed well where respondents needed governed data integration, traceability and controlled access across complex provider settings. These examples show that governance does not slow value creation when it is designed into the data platform; it makes reuse defensible and scalable.

Trend 4: Research teams become critical EHR stakeholders

Research leaders are moving from occasional extract requesters to major EHR stakeholders. Their evaluation criteria now include cohort discovery, registry support, trial feasibility, longitudinal data quality, de-identification workflows, real-world evidence production and the ability to connect clinical, diagnostic, medication and outcomes data. Respondents from data, analytics, AI and research roles represented 20 percent of the sample, or 132 leaders, making research usability a significant component of the overall client-user signal.

The DVPI assigns 5 points to research cohort discovery and 5 points to trial feasibility, real-world evidence and registry support. When combined with analytics actionability, which carries 8 points, research and evidence generation account for 18 of the 100 DVPI points. This structure reflects a core finding: the EHR is increasingly judged not only by how it supports a consultation or admission, but by whether it can help an organization answer clinical and scientific questions at scale without weeks of manual extraction and reconciliation.

Country examples show different research paths. Finland's top score reflects a national environment where structured data foundations can support management, reporting and research reuse. The United Kingdom result highlights the value of EPR data for research networks, integrated care analytics and operational improvement, with System C leading where respondents prioritized practical NHS data utility. France's InterSystems result demonstrates another pattern: research value can come from integration and longitudinal data consolidation across heterogeneous systems, not only from a single monolithic record.

Trend 5: AI readiness depends on data readiness

AI features cannot compensate for incomplete, inconsistent or poorly governed data. Respondents treated AI readiness as a downstream result of data quality, provenance, governance, interoperability and workflow adoption. The strongest vendors were not simply those with the broadest AI messaging; they were the vendors that exposed clean, curated, traceable and explainable data pipelines suitable for predictive models, documentation assistance, safety monitoring, workflow automation and management analytics.

AI readiness and model governance carry 5 points in the DVPI, but the effective AI foundation is much larger. Enterprise data quality contributes 8 points, provenance and metadata add 4, privacy and de-identification add 7, governance and access control add 7, and interoperability execution adds 10. In practical terms, nearly half of the scorecard influences whether AI can be deployed responsibly. Respondents made clear that a model trained or operated on weak data creates risk rather than value, particularly in clinical decision support, capacity prediction and research cohort identification.

The country results illustrate how AI readiness appears in production. Tietoevry Lifecare's Finnish leadership position was tied to unified data foundations and analytics fit, making it a strong example of data-first AI preparation. System C's UK performance reflected the importance of structured capture, operational data and NHS-context workflows before automation can scale. In Sweden, Cambio COSMIC's 83.02 DVPI result shows that structured information, semantic consistency and regional workflow fit are essential for future AI use in environments with high clinical expectations and low tolerance for unsafe automation.

Trend 6: Local workflow fit remains decisive

Europe is not one EHR market. Country-specific policies, languages, reimbursement models, procurement rules, identity systems, shared-care architectures, coding practices and clinical cultures shape vendor performance. Respondents repeatedly showed that a technically capable platform can underperform if it does not match local documentation patterns, care-team roles, national services or implementation expectations. Local workflow fit remains the practical route through which data quality and adoption are achieved.

The survey design reinforces this point by distributing 662 respondents across eight distinct markets: 110 in the United Kingdom, 105 in Germany, 95 in France, 90 in Finland, 85 in Spain, 70 in the Netherlands, 57 in Sweden and 50 in Denmark. The results were calculated independently by country so a vendor could lead where it had strong local fit rather than where it had the largest multinational profile. Localization and regulatory fit carries 3 DVPI points, but its practical influence is broader because it affects documentation usability, implementation performance, governance workflows and interoperability with national services.

The Q1-Q2 2026 leader set confirmed the importance of local fit. System C led in the United Kingdom because respondents valued NHS-native operating relevance. CGM led Germany and CGM SELENE led Spain because each was viewed as highly relevant to its domestic operating environment. ChipSoft led the Netherlands through deep local EPD fit, Cambio led Sweden through regional workflow alignment, Systematic led Denmark through cross-sector continuity, and Tietoevry led Finland through county-scale data foundations. The market did not reward a single pan-European template; it rewarded local data-value execution.

Trend 7: Cyber-resilience enters the data-value conversation

A platform cannot be a strategic data asset if it cannot be recovered, audited and governed under stress. Procurement teams increasingly combine EHR, interoperability, identity, hosting, cyber-resilience and business-continuity requirements in the same evaluation. Respondents viewed resilience as part of data valorisation because downtime, ransomware exposure, access-control failure or audit weakness can make otherwise valuable clinical data unavailable, unreliable or unsafe to use.

Governance, auditability and access control carry 7 DVPI points, while implementation, support and accountability carry another 4. Privacy, consent and de-identification add 7 more points. These categories together create an 18-point resilience and control layer in the vendor evaluation. CIOs, CTOs and digital transformation executives represented 30 percent of the respondent pool, or 200 leaders, and their input elevated recoverability, secure operations, accountable support and controlled interoperability from technical requirements to board-level risk management issues.

France, Denmark and the Netherlands illustrate the trend. French respondents evaluated vendors through secure hosting, traceability, identity workflows and controlled exchange, which supported InterSystems' strong data-foundation result. Denmark's Systematic standing reflected confidence in regional-scale continuity and clinical workflow dependability. In the Netherlands, ChipSoft's strong showing reflected the operational value of a highly localized platform in a concentrated market where EPD/PDMS integration, auditability and consistent workflows can reduce avoidable data and resilience risk.

Trend 8: Operational analytics becomes a board concern

Bed management, emergency flow, elective backlog, staffing, imaging turnaround, medication safety and discharge coordination depend on trusted near-real-time data that leaders can use. Respondents framed operational analytics as a board concern because it connects clinical documentation to capacity, finance, quality, safety and patient experience. The EHR is increasingly expected to feed decisions, not merely record them after the fact.

Analytics actionability carries 8 DVPI points, one of the highest weights in the model. Operational, quality and transformation leaders accounted for 10 percent of the respondent pool, while CIOs and digital executives accounted for another 30 percent; together these 261 respondents emphasized that dashboards must be trusted, timely and linked to decisions. A report or visualization that cannot change discharge planning, escalation, theatre use, staffing, medication safety or diagnostic turnaround does not meet the data-valorisation standard.

The top-rated countries show how operational analytics differs by system. System C's UK leadership reflected the importance of patient flow, care coordination, discharge workflows and integrated-care reporting. Tietoevry's Finnish leadership reflected the value of a common data foundation for management and county-scale decision-making. CGM SELENE's Spanish result, at 79.94, shows a more hospital-workflow-centered version of the same trend: regional providers valued tools that make clinical activity visible enough to support daily operational control.

Trend 9: Exit rights and data portability gain importance

As providers recognize clinical data as a strategic asset, they are demanding stronger export rights, archival strategy, semantic portability and clear data ownership terms before renewal, replacement or platform consolidation. Data portability is no longer a procurement afterthought. Respondents viewed it as a practical protection against vendor lock-in and a requirement for research continuity, regulatory reporting, longitudinal care and future participation in broader European data exchange.

Several DVPI categories support portability directly. Data migration, archiving and continuity carry 4 points; API openness and third-party ecosystem support carry 4; provenance, lineage and metadata carry 4; and interoperability execution carries 10. Together these categories represent 22 of the 100 DVPI points. The weighting shows that portability is not only a legal clause or exit plan. It is built into the daily architecture of data quality, metadata, exchange, export and long-term patient context preservation.

Country examples make the risk concrete. In the United Kingdom, large EPR replacement and migration programs make legacy-record continuity and usable export essential to minimizing disruption. Sweden's region-led procurement environment increases the importance of open standards and structured information that can evolve over time. Germany's fragmented hospital and outpatient landscape makes portability central to connecting patient journeys across settings. Vendors that cannot demonstrate practical data extraction, mapping and continuity will face increasing pressure in renewals and competitive procurements.

Trend 10: Vendor accountability extends beyond go-live

Respondents increasingly distinguish between implementation completion and data-value realization. Go-live does not prove success; usable data, reliable exchange, trusted dashboards, adopted analytics, governed research access and measurable workflow improvement do. European provider leaders are moving the performance question from whether the system is live to whether the organization can extract value from the information it captures.

The DVPI structure forces this distinction by scoring implementation, support and accountability alongside clinical capture, interoperability, enterprise data quality, governance, analytics and research readiness. The highest-rated vendor in the study, Tietoevry Lifecare, scored 87.38, while the eighth-ranked country leader, CGM SELENE in Spain, scored 79.94. That 7.44-point spread across country winners shows that all leaders were credible, but the strongest performers separated themselves through data-value execution, not simply market presence or deployment status.

The practical examples are consistent across markets. Denmark's Systematic result reflected confidence in sustained regional-scale performance, not a one-time implementation milestone. The UK's System C result reflected support, migration, shared-care and operational utility after deployment. Germany's CGM result reflected cross-sector relevance in daily operations. The next procurement cycle will reward vendors that remain accountable after go-live through data-quality improvement, interoperability monitoring, user adoption, analytics enablement and measurable support for clinical and research outcomes.

05 Complete methodology: Black Book Data Valorisation Performance Index

The Data Valorisation Performance Index (DVPI) is a 100-point client-user scoring model built from 18 qualitative KPIs. Each KPI is rated on a 0-10 scale and weighted according to its contribution to data value. The weighted model recognizes that interoperability, data quality, privacy, governance and analytics actionability are stronger determinants of data valorisation than narrow feature availability.

The survey model evaluates how vendors perform in production. A vendor receives higher scores when respondents report that its tools improve clinical capture, reduce documentation friction, enable data exchange, make data quality visible, support governed analytics, accelerate research and provide accountable support.

5.1 Black Book DVPI score bands

Score band	Classification	Interpretation
90-100	Data Valorisation Leader	Enterprise-grade, governed, interoperable and research-ready data performance.
80-89	Data-Ready Performer	Strong capabilities with some country, workflow or integration limitations.
70-79	Operationally Capable	Useful EHR/data platform; value realization depends on provider-side workarounds or supplemental tools.
60-69	Digitisation-First Vendor	Supports records and workflows but lacks mature data-valorisation capability.
Below 60	Data Value Risk	Creates material barriers to data quality, interoperability, governance or insight generation.

5.2 Weighting rationale

- Interoperability execution receives the highest single weight because data value collapses when information cannot move across settings, organizations and national services.
- Enterprise data quality and analytics actionability carry high weights because data that cannot be trusted or acted upon has limited value, even when technically available.
- Privacy, consent, governance and auditability are weighted heavily because health data reuse requires trust, regulatory discipline and operational controls.
- Clinical capture and documentation usability are weighted together because more structure is not progress if it increases clinician burden or lowers adoption.
- Research readiness and AI readiness are weighted as strategic differentiators, not generic innovation claims. Respondents evaluated practical cohort access, registry support, model governance and curated data foundations.

5.3 The 18 KPIs

#	KPI	Weight	What the KPI measures
1	Clinical data capture completeness	7	Structured and unstructured clinical information is captured accurately across care settings and specialties.
2	Documentation usability and burden	5	Data capture improves data quality without increasing clinician workload, duplicate entry or cognitive load.
3	Terminology and semantic normalization	6	Terminology, coding and mapping models convert local documentation into reusable and comparable clinical data.
4	Medication, lab, imaging and notes integration	4	Core clinical domains are connected into a usable longitudinal patient context.
5	Data migration, archiving and continuity	4	Legacy conversion, archive access, retention and longitudinal continuity remain intact during replacement or modernization.
6	Interoperability execution	10	Data exchange works across hospitals, primary care, laboratories, imaging, pharmacies, registries and national platforms.
7	API openness and third-party ecosystem	4	Standards-based APIs, third-party tools, controlled data export and ecosystem innovation are supported.
8	Enterprise data quality management	8	Completeness, duplication, accuracy, timeliness, validation and remediation are visible and manageable.
9	Provenance, lineage and metadata	4	Users can trace where data came from, how it changed and whether it is fit for reuse.
10	Privacy, consent and de-identification	7	Consent, opt-out, pseudonymisation, anonymisation, secondary-use permissions and privacy-by-design are operational.
11	Governance, auditability and access control	7	Role-based access, audit trails, stewardship, identity, policy enforcement and cyber-resilience are effective.
12	Analytics actionability	8	Dashboards, alerts and insights change clinical, operational, financial or research decisions.
13	Population health and pathway insight	4	The platform supports cohorts, risk, chronic disease pathways, variation management and cross-setting continuity.
14	Research cohort discovery	5	Research teams can identify eligible cohorts quickly and safely using reliable, governed clinical data.

#	KPI	Weight	What the KPI measures
15	Trial feasibility, RWE and registry support	5	Real-world evidence, trial recruitment, registry reporting and longitudinal outcomes research are supported.
16	AI readiness and model governance	5	Curated datasets, bias checks, explainability, validation, monitoring and responsible AI workflows are supported.
17	Localization and regulatory fit	3	Country-specific workflows, reimbursement, language, national policy, reporting obligations and EHDS readiness are addressed.
18	Implementation, support and accountability	4	Vendor delivery discipline, training, issue resolution, roadmap credibility, change management and client partnership are strong.

06 Countries included and vendor universe

The country sample was designed to reflect a mix of large European EMR markets, mature national digital health environments and regionally structured provider systems. Each country was evaluated independently so that local workflow, policy, procurement and data-governance realities could influence the top vendor outcome.

Finland

Finland contributed 90 respondents, representing 13.6% of the survey. The top-rated vendor/product was Tietoevry Lifecare / Lifecare Data Platform with a DVPI score of 87.38. Other evaluated vendors and products included Apotti/Epic, CGI Finland, Mediconsult and BCB Medical.

Finland was included as a cleaner Nordic data-valorisation market than more fragmented alternatives. Respondents evaluated vendors through national infrastructure fit, wellbeing services county needs, analytics readiness, governance and the ability to convert routine clinical information into a common data foundation.

United Kingdom

The United Kingdom contributed 110 respondents, representing 16.6% of the survey. The top-rated vendor/product was System C CareFlow EPR with a DVPI score of 86.61. Other evaluated vendors and products included Oracle Health, Epic, Nervecentre, Altera, MEDITECH, Alcidion and Dedalus.

The United Kingdom was evaluated through EPR modernization, NHS workflow fit, integrated care, shared-care records, patient flow, data migration and operational analytics. Respondents selected System C as the strongest performer against the data-value model.

Denmark

Denmark contributed 50 respondents, representing 7.6% of the survey. The top-rated vendor/product was Systematic Columna CIS with a DVPI score of 86.49. Other evaluated vendors and products included Epic/Sundhedsplatformen and Cambio COSMIC.

Denmark was evaluated as a high-maturity benchmark for cross-sector information sharing, regional EHR scale, patient access, medication data and hospital-municipality continuity. Systematic led because respondents rated it strongly on daily workflow fit and practical data continuity.

Netherlands

The Netherlands contributed 70 respondents, representing 10.6% of the survey. The top-rated vendor/product was ChipSoft HiX with a DVPI score of 83.03. Other evaluated vendors and products included Epic and Nexus.

The Netherlands was evaluated through a concentrated EPD market where local hospital workflow, EPD/PDMS integration, data quality and controlled openness are decisive. ChipSoft led due to domestic fit and integrated hospital-platform strength.

Sweden

Sweden contributed 57 respondents, representing 8.6% of the survey. The top-rated vendor/product was Cambio COSMIC with a DVPI score of 83.02. Other evaluated vendors and products included CGM TakeCare, Oracle Health Millennium, Dedalus and Systematic.

Sweden was evaluated through region-led procurement, structured information, open standards, clinical trust, implementation risk and long-term adaptability. Cambio led because respondents associated COSMIC with strong Swedish workflow fit and structured-data potential.

France

France contributed 95 respondents, representing 14.4% of the survey. The top-rated vendor/product was InterSystems TrakCare / HealthShare with a DVPI score of 82.69. Other evaluated vendors and products included Dedalus DxCare/ORBIS, Maincare, SIB Sillage, Softway Medical, Cegedim Sante, Oracle Health and Altera.

France was evaluated through interoperability execution, DPI modernization, GHT consolidation, identity workflows, secure hosting, traceability and governed data reuse. InterSystems led because respondents prioritized data integration and longitudinal exchange capability.

Germany

Germany contributed 105 respondents, representing 15.9% of the survey. The top-rated vendor/product was CompuGroup Medical / CGM with a DVPI score of 81.15. Other evaluated vendors and products included Dedalus ORBIS, Oracle Health legacy platforms, Nexus, Meierhofer and Mesalvo.

Germany was evaluated through care fragmentation, outpatient-hospital connectivity, ePA alignment, data portability, privacy and modernization of complex KIS environments. CGM led because respondents rated it strongest in cross-sector German operating relevance.

Spain

Spain contributed 85 respondents, representing 12.8% of the survey. The top-rated vendor/product was CGM SELENE with a DVPI score of 79.94. Other evaluated vendors and products included Dedalus HCIS, InterSystems, NTT DATA/Everis, regional platforms and the Oracle/SAP ecosystem.

Spain was evaluated through regional health-system maturity, hospital workflow depth, structured documentation, discharge tooling, production data exchange and analytics maturity. CGM SELENE led because respondents favored its Spain-specific deployment and clinical operating depth.

07 Top vendors

The following country results present the top-rated vendor in each market based on the 18-KPI DVPI model and surveyed client-user experience. The order reflects overall DVPI scores, not market size. Each section interprets the vendor's standing, the country-specific data problem and the value respondents associated with the leading product.

1. Finland - Tietoevry Lifecare / Lifecare Data Platform

Measure	Result
Respondents included	90
DVPI score	87.38
Standing	Strongest national data-foundation and analytics-fit case.

Finland ranked first in the 2026 DVPI because respondents placed unusually high value on nationally coordinated data foundations, analytics usability and practical reuse of clinical information across care and administration.

Finland provides a strong data-valorisation benchmark because provider data strategy is shaped by a mature national infrastructure, wellbeing services counties, patient access expectations and increasing emphasis on research-grade secondary use. Survey respondents described the leading requirement as a shift from digitized records toward county-scale intelligence: trusted data that can serve care teams, management, research programs and national reporting without fragmented extracts or parallel shadow databases.

Tietoevry Lifecare led the Finnish result through high marks in enterprise data quality, interoperability execution, governance, privacy, analytics actionability and localization. Respondents favored the vendor where the product operated as a broad health and social care data platform rather than a narrow EHR. The Lifecare Data Platform strengthened the rating because it directly addresses the problem of turning fragmented operational information into a single data foundation for management, operations, research and reporting.

Users described the strongest analytics value in structured data availability, population-level views, continuity across services and the ability to support management decisions from a governed common foundation. Data and research leaders ranked Finland highly because the environment rewards reusable data assets, identity consistency, governed access and standardized reporting.

2. United Kingdom - System C CareFlow EPR

Measure	Result
Respondents included	110
DVPI score	86.61
Standing	Strongest NHS-native data-valorisation performance fit.

System C ranked first in the United Kingdom because respondents prioritized NHS-native delivery, shared-care practicality, implementation accountability and data usefulness across operational and integrated-care settings.

UK provider leaders evaluated data valorisation through the practical lens of acute EPR deployment, integrated care systems, shared care records, data migration, productivity improvement and operational analytics. The most important distinction was not simply market footprint. Respondents placed heavier weight on whether EPR data could support patient flow, discharge coordination, clinical documentation, research access, reporting and integrated-care visibility without excessive local customization.

System C CareFlow EPR led the UK model with the strongest combination of localization, implementation support, documentation usability, data continuity and interoperability execution. Respondents viewed System C as closely aligned to NHS operating requirements and procurement realities, with particular strength where integrated-care data use and cross-organizational coordination are more important than a single global enterprise template.

CareFlow was rated highly for turning routine clinical documentation into operational information usable by clinicians, informatics teams and service leaders. UK users emphasized patient flow, care coordination, discharge workflows, structured capture and integration with surrounding NHS data environments.

3. Denmark - Systematic Columna CIS

Measure	Result
Respondents included	50
DVPI score	86.49
Standing	Strongest regional-scale continuity, structured-data and workflow-fit case.

Systematic ranked first in Denmark because respondents rewarded regional scale, cross-sector continuity, practical clinical usability and a strong fit with Denmark's shared data culture.

Denmark is one of the most mature European environments for digital health infrastructure, patient access and cross-sector data exchange. Respondents evaluated vendors against a high bar: systems must support clinicians in daily workflows, connect hospital and municipal data, provide medication and test-result continuity, and operate within a country accustomed to shared infrastructure and high data expectations.

Systematic Columna CIS led Denmark because it performed strongly across interoperability, governance, localization, documentation usability and implementation accountability. The Danish result reflects a production-scale view of data valorisation: the platform is judged as part of a broader care-continuity ecosystem where structured information must move reliably between regions, hospitals and municipal services.

Respondents linked Systematic's standing to clinically useful data capture, consistent patient context, data access across care teams and operational confidence in core workflows. Denmark's survey pattern showed that the best vendors make data sharing feel operationally normal rather than exceptional.

4. Netherlands - ChipSoft HiX

Measure	Result
Respondents included	70
DVPI score	83.03
Standing	Dominant local EPD/PDMS consolidation case.

ChipSoft ranked first in the Netherlands because respondents valued local workflow depth, EPD/PDMS integration, standardization and the operational benefits of a highly localized hospital platform.

Dutch respondents evaluated data valorisation in a concentrated EPD market where interoperability, data openness, PDMS integration, specialty workflow support and consistent hospital operations are central buying concerns. The Netherlands presented a clear example of a market where local fit and platform consolidation influence data quality and daily usability.

ChipSoft HiX led the Netherlands because users rated it strongly for localization, clinical capture, medication and diagnostic integration, governance, data quality and implementation accountability. Respondents associated integrated EPD/PDMS direction with fewer data handoffs and improved operational data consistency.

Dutch users linked data value to clean clinical documentation, fewer duplicate workflows, consistent specialty data and better integration between patient record and intensive-care or monitoring contexts. Analytics leaders indicated that the next performance frontier is openness: the ability to export governed data, support third-party tools and make hospital information reusable.

5. Sweden - Cambio COSMIC

Measure	Result
Respondents included	57
DVPI score	83.02
Standing	Strongest Swedish-region structured-data and implementation-risk case.

Cambio ranked first in Sweden because respondents prioritized regional workflow fit, structured information, open standards, implementation risk control and long-term adaptability.

Sweden's EHR market is region-led and highly sensitive to clinical workflow disruption. Respondents evaluated vendors on the ability to support structured data, medication safety, specialty workflows, interoperability, open interfaces and reliable implementation. The Swedish environment places strong pressure on vendors to prove that digital maturity can be translated into smoother care delivery rather than additional administrative burden.

Cambio COSMIC led Sweden through high scores in localization, semantic normalization, clinical capture, governance and data quality. Respondents viewed COSMIC as a strong fit for Swedish regional requirements and a platform capable of supporting structured information and communication with other systems.

Users associated Cambio with stronger prospects for structured clinical documentation, regional data continuity and adaptable integration. Data and analytics respondents highlighted the importance of high-quality source data for safety, planning and research.

6. France - InterSystems TrakCare / HealthShare

Measure	Result
Respondents included	95
DVPI score	82.69
Standing	Strongest interoperability, data-integration and governed data foundation case.

InterSystems ranked first in France because respondents placed high value on interoperability execution, data integration, governed exchange and the ability to connect complex hospital information environments.

French providers evaluated data valorisation through DPI modernization, identity workflows, regional and group-level exchange, secure hosting, auditability, traceability and the ability to make clinical data usable across fragmented systems. The strongest respondent demand was for practical data integration that could support care coordination, analytics and secondary use without weakening governance.

TrakCare and HealthShare were evaluated together as a data foundation because the French result was not limited to documentation. InterSystems led where users needed interoperability, longitudinal data integration and trusted access to consolidated clinical information.

Respondents associated the strongest value with governed data exchange, cross-setting patient context, research-ready extracts, analytics feeds and operational visibility. The French result shows that integration quality can outrank domestic installed familiarity when data reuse becomes the main performance test.

7. Germany - CompuGroup Medical / CGM

Measure	Result
Respondents included	105
DVPI score	81.15
Standing	Strongest cross-sector German operating-relevance case.

CGM ranked first in Germany because respondents emphasized cross-sector operating relevance, outpatient connectivity, practical market fit and the ability to support fragmented care environments.

Germany's data-valorisation problem is not a single hospital record problem. It is a cross-setting information problem shaped by ambulatory care, hospital systems, privacy requirements, ePA alignment, KIS modernization and the need to connect patient data across historically fragmented workflows.

CGM led because respondents recognized its relevance across outpatient and hospital contexts and its ability to support a patient journey that extends beyond the acute setting. The vendor scored strongly on localization, documentation usability, migration continuity, privacy and implementation accountability.

Users described the strongest analytics opportunity in linking routine care information across settings and reducing fragmentation. The German result also indicates that data-value leadership depends on practical deployment relevance and local operating knowledge rather than broad platform claims.

8. Spain - CGM SELENE

Measure	Result
Respondents included	85
DVPI score	79.94
Standing	Strongest Spain-specific hospital workflow and deployment-scale case.

CGM SELENE ranked first in Spain because respondents prioritized Spain-specific hospital workflow depth, regional operating history and practical deployment at scale.

Spanish respondents evaluated vendors through regional health-system maturity, hospital workflow support, structured documentation, interoperability, discharge tooling, clinical history, medication processes and the ability to produce usable operational and research data from high-volume care environments.

CGM SELENE led because users associated it with local clinical operating depth and strong familiarity in Spanish hospital contexts. Its rating reflects a production-use view of data valorisation: tools must support daily clinical work before they can produce trusted analytics or research-ready datasets.

Spain's result showed that data valorisation was local. Regional workflow credibility, documentation fit and practical data extraction outweighed broader multinational narratives when provider leaders focused on real operating performance.

08 Full 18-KPI scorecard and interpretation

Scores are presented on a 0-10 scale to two decimal points and weighted to produce the 100-point DVPI. The expanded scorecards below show one country-specific table per market and include every vendor/product family listed in the report country universe. Top-rated vendors are listed first within each country table, followed by the other evaluated vendors mentioned in the report.

8.1 Country-specific vendor scorecards

Each scorecard reports client-user ratings by KPI for the vendors and product families evaluated in that country. Scores use a decimal point and two decimal places. The bottom row shows the weighted DVPI on the 100-point index.

Finland vendor KPI scorecard (90 respondents)

Top-rated product: Tietoevry Lifecare / Lifecare Data Platform (87.38 DVPI). Other evaluated vendors/products: Apotti/Epic, CGI Finland, Mediconsult and BCB Medical.

KPI	Wt.	Tietoevry Lifecare	Apotti/Epic	CGI Finland	Mediconsult	BCB Medical
Clinical data capture	7	8.62	8.31	7.99	7.99	7.59
Documentation usability	5	8.54	8.19	7.95	7.94	7.57
Semantic normalization	6	8.66	8.28	8.13	7.98	7.77
Medication/lab/imaging/notes integration	4	8.52	8.21	7.98	7.85	7.56
Migration/archiving continuity	4	8.55	8.23	8.04	7.85	7.65
Interoperability execution	10	8.84	8.50	8.43	8.10	7.96
API openness/ecosystem	4	8.62	8.30	8.18	7.88	7.73
Enterprise data quality	8	9.01	8.82	8.45	8.29	8.12
Provenance/lineage/metadata	4	8.82	8.52	8.28	8.09	7.94
Privacy/consent/de-ID	7	8.87	8.57	8.34	8.16	7.95
Governance/audit/access	7	8.94	8.58	8.40	8.22	8.05
Analytics actionability	8	8.93	8.80	8.50	8.24	8.01
Population/pathway insight	4	8.73	8.36	8.19	8.05	7.83
Research cohort discovery	5	8.51	8.36	7.99	7.61	7.69
Trial/RWE/registry support	5	8.33	8.16	7.85	7.43	7.56
AI readiness/model governance	5	8.53	8.30	8.01	7.82	7.76
Localization/regulatory fit	3	9.13	8.64	8.68	8.50	8.28
Implementation/support accountability	4	8.74	8.28	8.23	8.00	7.84
Weighted DVPI	**100**	**87.38**	**84.44**	**82.24**	**80.21**	**78.43**

United Kingdom vendor KPI scorecard (110 respondents)

Top-rated product: System C CareFlow EPR (86.61 DVPI). Other evaluated vendors/products: Oracle Health, Epic, Nervecentre, Altera, MEDITECH, Alcidion and Dedalus.

KPI	Wt.	System C	Oracle Health	Epic	Nervecentre	Altera	MEDITECH	Alcidion	Dedalus
Clinical data capture	7	8.84	8.38	8.52	8.57	8.25	8.21	8.03	8.06
Documentation usability	5	8.91	8.27	8.48	8.79	8.26	8.29	8.26	8.01
Semantic normalization	6	8.45	8.02	8.15	8.10	7.81	7.74	7.65	7.66
Medication/lab/imaging/notes integration	4	8.63	8.41	8.33	8.30	8.05	7.88	7.78	7.80
Migration/archiving continuity	4	8.72	8.18	8.39	8.37	8.09	8.01	7.93	7.89
Interoperability execution	10	8.69	8.28	8.41	8.45	7.98	7.95	7.79	7.71
API openness/ecosystem	4	8.58	8.12	8.33	8.25	7.99	7.87	7.81	7.69
Enterprise data quality	8	8.74	8.33	8.59	8.40	8.15	8.02	7.99	7.81
Provenance/lineage/metadata	4	8.42	7.96	8.12	8.04	7.83	7.67	7.64	7.59
Privacy/consent/de-ID	7	8.68	8.24	8.35	8.33	8.05	7.96	7.90	7.82
Governance/audit/access	7	8.83	8.38	8.56	8.48	8.24	8.08	8.03	8.00
Analytics actionability	8	8.81	8.53	8.75	8.57	8.22	8.08	8.20	7.97
Population/pathway insight	4	8.53	8.10	8.21	8.15	7.88	7.80	7.89	7.67
Research cohort discovery	5	8.24	7.93	8.24	7.72	7.52	7.31	7.29	7.40
Trial/RWE/registry support	5	8.04	7.74	8.00	7.53	7.28	7.10	7.06	7.20
AI readiness/model governance	5	8.42	8.03	8.32	8.06	7.83	7.57	7.63	7.59
Localization/regulatory fit	3	9.31	8.60	8.77	9.11	8.59	8.59	8.51	8.53
Implementation/support accountability	4	9.03	8.40	8.58	8.92	8.28	8.30	8.21	8.06
Weighted DVPI	**100**	**86.61**	**82.31**	**84.11**	**83.45**	**80.21**	**79.17**	**78.68**	**77.98**

Denmark vendor KPI scorecard (50 respondents)

Top-rated product: Systematic Columna CIS (86.49 DVPI). Other evaluated vendors/products: Epic/Sundhedsplatformen and Cambio COSMIC.

KPI	Wt.	Systematic	Epic/Sundhedsplatformen	Cambio COSMIC
Clinical data capture	7	8.72	8.43	8.34
Documentation usability	5	8.42	8.00	8.08
Semantic normalization	6	8.62	8.30	8.25
Medication/lab/imaging/notes integration	4	8.71	8.42	8.23
Migration/archiving continuity	4	8.63	8.31	8.20
Interoperability execution	10	8.91	8.62	8.41
API openness/ecosystem	4	8.33	8.03	7.90
Enterprise data quality	8	8.83	8.65	8.35
Provenance/lineage/metadata	4	8.61	8.29	8.11
Privacy/consent/de-ID	7	8.72	8.45	8.26
Governance/audit/access	7	8.91	8.57	8.47
Analytics actionability	8	8.71	8.61	8.24
Population/pathway insight	4	8.64	8.31	8.17
Research cohort discovery	5	8.24	8.11	7.64
Trial/RWE/registry support	5	8.12	7.96	7.57
AI readiness/model governance	5	8.03	7.86	7.59
Localization/regulatory fit	3	9.41	8.94	9.10
Implementation/support accountability	4	8.84	8.41	8.45
Weighted DVPI	**100**	**86.49**	**83.78**	**81.97**

Netherlands vendor KPI scorecard (70 respondents)

Top-rated product: ChipSoft HiX (83.03 DVPI). Other evaluated vendors/products: Epic and Nexus.

KPI	Wt.	ChipSoft	Epic	Nexus
Clinical data capture	7	8.42	8.25	8.04
Documentation usability	5	8.12	7.79	7.71
Semantic normalization	6	8.32	8.14	7.95
Medication/lab/imaging/notes integration	4	8.62	8.50	8.24
Migration/archiving continuity	4	8.43	8.30	8.08
Interoperability execution	10	8.10	7.97	7.67
API openness/ecosystem	4	7.42	7.25	7.09
Enterprise data quality	8	8.63	8.65	8.34
Provenance/lineage/metadata	4	8.24	8.07	7.84
Privacy/consent/de-ID	7	8.53	8.35	8.16
Governance/audit/access	7	8.62	8.46	8.20
Analytics actionability	8	8.43	8.56	8.04
Population/pathway insight	4	8.34	8.17	7.92
Research cohort discovery	5	7.82	7.96	7.30
Trial/RWE/registry support	5	7.78	7.89	7.42
AI readiness/model governance	5	7.82	7.88	7.40
Localization/regulatory fit	3	9.31	8.94	9.04
Implementation/support accountability	4	8.52	8.26	8.23
Weighted DVPI	**100**	**83.03**	**82.03**	**79.21**

Sweden vendor KPI scorecard (57 respondents)

Top-rated product: Cambio COSMIC (83.02 DVPI). Other evaluated vendors/products: CGM TakeCare, Oracle Health Millennium, Dedalus and Systematic.

KPI	Wt.	Cambio	CGM TakeCare	Oracle Health Millennium	Dedalus	Systematic
Clinical data capture	7	8.45	8.25	7.92	8.00	8.15
Documentation usability	5	8.33	8.25	7.85	7.80	8.03
Semantic normalization	6	8.53	8.33	8.04	8.09	8.22
Medication/lab/imaging/notes integration	4	8.34	8.13	7.99	7.78	8.02
Migration/archiving continuity	4	8.12	7.88	7.45	7.59	7.78
Interoperability execution	10	8.33	8.12	7.83	7.69	8.16
API openness/ecosystem	4	8.03	7.82	7.57	7.47	7.80
Enterprise data quality	8	8.33	8.09	7.80	7.71	8.16
Provenance/lineage/metadata	4	8.04	7.80	7.56	7.49	7.74
Privacy/consent/de-ID	7	8.63	8.42	8.13	8.09	8.33
Governance/audit/access	7	8.54	8.35	8.04	8.00	8.33
Analytics actionability	8	8.23	8.00	7.91	7.65	7.90
Population/pathway insight	4	8.34	8.17	7.86	7.77	8.13
Research cohort discovery	5	7.83	7.52	7.43	7.30	7.44
Trial/RWE/registry support	5	7.72	7.40	7.29	7.21	7.43
AI readiness/model governance	5	7.93	7.72	7.40	7.35	7.62
Localization/regulatory fit	3	9.23	9.22	8.54	8.81	9.04
Implementation/support accountability	4	8.42	8.35	7.71	7.79	8.28
Weighted DVPI	**100**	**83.02**	**80.97**	**78.09**	**77.52**	**80.38**

France vendor KPI scorecard (95 respondents)

Top-rated product: InterSystems TrakCare / HealthShare (82.69 DVPI). Other evaluated vendors/products: Dedalus DxCare/ORBIS, Maincare, SIB Sillage, Softway Medical, Cegedim Sante, Oracle Health and Altera.

KPI	Wt.	InterSystems	Dedalus DxCare/ORBIS	Maincare	SIB Sillage	Softway Medical	Cegedim Sante	Oracle Health	Altera
Clinical data capture	7	8.24	8.12	7.97	7.95	8.12	7.85	7.69	7.60
Documentation usability	5	7.91	7.72	7.65	7.63	7.81	7.51	7.19	7.31
Semantic normalization	6	8.12	8.03	7.86	7.85	7.88	7.69	7.59	7.51
Medication/lab/imaging/notes integration	4	8.13	7.97	7.88	7.83	7.92	7.66	7.82	7.53
Migration/archiving continuity	4	7.73	7.53	7.51	7.41	7.45	7.26	7.03	7.12
Interoperability execution	10	8.72	8.52	8.36	8.34	8.45	8.26	8.21	8.07
API openness/ecosystem	4	8.53	8.34	8.26	8.25	8.33	8.02	8.01	7.91
Enterprise data quality	8	8.23	8.04	7.98	7.89	7.99	7.76	7.69	7.64
Provenance/lineage/metadata	4	8.23	8.06	7.94	7.95	7.96	7.79	7.71	7.61
Privacy/consent/de-ID	7	8.42	8.31	8.13	8.14	8.15	7.94	7.91	7.84
Governance/audit/access	7	8.52	8.32	8.29	8.22	8.27	8.04	8.01	7.91
Analytics actionability	8	8.32	8.12	8.03	7.98	8.04	7.84	7.98	7.75
Population/pathway insight	4	8.23	8.04	7.94	7.89	8.00	7.79	7.72	7.61
Research cohort discovery	5	8.43	8.16	8.07	8.16	8.12	7.80	7.97	7.68
Trial/RWE/registry support	5	8.23	7.91	7.99	7.90	7.98	7.67	7.79	7.53
AI readiness/model governance	5	8.22	8.04	7.92	7.92	7.95	7.77	7.71	7.62
Localization/regulatory fit	3	7.74	7.70	7.64	7.59	7.69	7.34	6.94	7.05
Implementation/support accountability	4	7.93	7.66	7.76	7.72	7.76	7.47	7.16	7.20
Weighted DVPI	**100**	**82.69**	**80.86**	**79.98**	**79.66**	**80.39**	**78.01**	**77.42**	**76.41**

Germany vendor KPI scorecard (105 respondents)

Top-rated product: CompuGroup Medical / CGM (81.15 DVPI). Other evaluated vendors/products: Dedalus ORBIS, Oracle Health legacy platforms, Nexus, Meierhofer and Mesalvo.

KPI	Wt.	CGM	Dedalus ORBIS	Oracle Health legacy	Nexus	Meierhofer	Mesalvo
Clinical data capture	7	8.23	8.18	7.93	7.99	7.92	7.82
Documentation usability	5	8.31	8.12	7.99	8.03	8.10	8.04
Semantic normalization	6	8.12	8.05	7.81	7.91	7.84	7.73
Medication/lab/imaging/notes integration	4	8.22	8.07	8.05	7.95	7.90	7.78
Migration/archiving continuity	4	8.52	8.40	8.00	8.32	8.23	8.13
Interoperability execution	10	8.12	7.98	7.79	7.89	7.80	7.69
API openness/ecosystem	4	7.93	7.73	7.49	7.76	7.58	7.48
Enterprise data quality	8	8.04	7.87	7.74	7.92	7.71	7.59
Provenance/lineage/metadata	4	7.83	7.69	7.53	7.59	7.49	7.41
Privacy/consent/de-ID	7	8.43	8.38	8.10	8.20	8.11	7.99
Governance/audit/access	7	8.42	8.30	8.12	8.18	8.08	7.97
Analytics actionability	8	7.92	7.74	7.71	7.65	7.63	7.53
Population/pathway insight	4	7.83	7.71	7.51	7.58	7.50	7.44
Research cohort discovery	5	7.51	7.32	7.22	7.15	7.10	6.91
Trial/RWE/registry support	5	7.53	7.41	7.27	7.33	7.08	6.96
AI readiness/model governance	5	7.81	7.68	7.45	7.53	7.48	7.30
Localization/regulatory fit	3	9.04	9.05	8.52	8.89	8.74	8.62
Implementation/support accountability	4	8.52	8.27	7.97	8.36	8.29	8.23
Weighted DVPI	**100**	**81.15**	**79.83**	**77.88**	**78.86**	**77.95**	**76.85**

Spain vendor KPI scorecard (85 respondents)

Top-rated product: CGM SELENE (79.94 DVPI). Other evaluated vendors/products: Dedalus HCIS, InterSystems, NTT DATA/Everis, regional platforms and the Oracle/SAP ecosystem.

KPI	Wt.	CGM SELENE	Dedalus HCIS	InterSystems	NTT DATA/Everis	Regional platforms	Oracle/SAP ecosystem
Clinical data capture	7	8.13	8.08	7.96	7.86	7.87	7.65
Documentation usability	5	8.23	8.07	8.00	7.92	7.89	7.80
Semantic normalization	6	7.93	7.90	7.75	7.62	7.54	7.46
Medication/lab/imaging/notes integration	4	8.24	8.07	8.09	7.98	7.84	7.83
Migration/archiving continuity	4	8.13	7.98	7.91	7.87	7.75	7.85
Interoperability execution	10	7.91	7.76	7.88	7.74	7.36	7.57
API openness/ecosystem	4	7.54	7.30	7.49	7.38	7.03	7.17
Enterprise data quality	8	8.03	7.88	7.89	7.71	7.66	7.57
Provenance/lineage/metadata	4	7.73	7.63	7.64	7.43	7.35	7.32
Privacy/consent/de-ID	7	8.12	8.04	7.92	7.80	7.79	7.66
Governance/audit/access	7	8.02	7.87	7.82	7.72	7.63	7.55
Analytics actionability	8	8.13	8.02	7.96	7.93	7.75	7.68
Population/pathway insight	4	7.92	7.79	7.72	7.61	7.59	7.44
Research cohort discovery	5	7.63	7.48	7.58	7.19	7.12	7.06
Trial/RWE/registry support	5	7.53	7.40	7.49	7.08	7.16	6.96
AI readiness/model governance	5	7.72	7.57	7.57	7.42	7.38	7.28
Localization/regulatory fit	3	8.82	8.82	8.39	8.38	8.67	8.21
Implementation/support accountability	4	8.33	8.17	8.06	8.01	8.04	7.72
Weighted DVPI	**100**	**79.94**	**78.70**	**78.40**	**77.02**	**76.13**	**75.39**

8.2 Scorecard interpretation

- Finland and the United Kingdom led the overall index because respondents rated the top products strongly across data quality, analytics actionability, localization and implementation accountability.
- Denmark scored nearly as high because cross-sector continuity and structured regional data were especially strong in the respondent feedback.
- The Netherlands and Sweden demonstrated the value of local workflow fluency and mature provider environments, while France showed that interoperability and governed data integration can drive leadership.
- Germany and Spain remained in the Data-Ready Performer band, with strong localized leaders but more visible country-level fragmentation and modernization complexity.

09 Survey evidence model and procurement implications

The survey questions were designed to force evaluation of data value rather than generic EHR satisfaction. The most useful questions combined clinical workflow, data quality, interoperability, privacy, governance, analytics, research readiness and vendor partnership evidence.

9.1 Survey questions to power the report

Clinical capture

- How effectively does your vendor capture structured, clinically meaningful data at the point of care?
- Does the system improve data completeness without increasing documentation burden?
- How well does the vendor support specialty-specific workflows and terminology?

Data quality

- How confident are you in the completeness, accuracy, timeliness and traceability of your EHR data?
- Does your vendor provide tools to detect and remediate duplicate, missing or inconsistent data?
- Can your organization measure data quality by department, pathway, site or clinician group?

Interoperability

- How well does the vendor exchange data with external providers, national platforms, labs, imaging, pharmacy and registries?
- Does the vendor support practical, standards-based APIs and third-party integration?
- Are interoperability claims validated through operational dashboards and measurable exchange performance?

Governance and privacy

- How well does the vendor support consent, opt-out, access control, pseudonymisation and auditability?
- Does the vendor provide sufficient evidence of GDPR, cybersecurity and EHDS readiness?
- Can data access be governed without creating excessive administrative delay?

Analytics and actionability

- Do vendor-delivered analytics influence clinical, operational or financial decisions?
- Are dashboards trusted by clinicians and operational leaders?
- Can the system support pathway management, population health and risk stratification?

Research acceleration

- How effectively can research teams identify patient cohorts using EHR data?
- Does the vendor reduce the time required for trial feasibility, registry reporting or real-world evidence projects?
- Is research access governed, auditable and privacy-preserving?

Vendor partnership

- Does the vendor provide localization, training and implementation support appropriate to your national market?
- Would your organization select this vendor again specifically for data valorisation capability?

9.2 Procurement guidance for European providers

Requirement	Why it matters
Demand data-quality evidence before contract award	Poor data quality undermines analytics, AI, research and patient safety.
Require interoperability proof, not promises	Vendors should demonstrate live exchange workflows, monitoring and failure remediation.
Score governance as product functionality	Consent, audit, access control and secondary-use workflows must be operational, not theoretical.
Include research leaders in vendor scoring	Research usability is a leading indicator of data maturity.
Tie payments to implementation and data-readiness milestones	Go-live is not enough; the system must produce usable data.
Require EHDS roadmap transparency	Vendors should show product, compliance and certification plans aligned with European timelines.
Measure clinician burden and data completeness together	More structured data is not success if clinicians reject the workflow.
Test data export and exit provisions	Data valorisation depends on avoiding lock-in and preserving portability.

Vendor and product directory

This directory summarized every vendor and product family referenced in the completed Q1-Q2 2026 study. Each entry explains the vendor's standing, the countries where it appeared and how IT clients and users evaluated data use, analytics readiness, interoperability and governance performance.

Apotti/Epic

Countries referenced	Report standing
Finland	Evaluated Finnish vendor/product environment

Apotti/Epic was included in Finland as part of the evaluated vendor universe because it represents a large-scale enterprise EHR and social-health record environment relevant to Finnish data management debates. Respondents considered it in relation to workflow scale, structured documentation, national infrastructure alignment and the practical burden of operating a broad record environment.

Its data-use standing depended on how well enterprise data capture could be converted into usable, governed information for care teams, management, research and reporting. The Finnish result placed Tietoevry first, but Apotti/Epic remained important because enterprise record scale could create substantial longitudinal data assets when implementation, terminology and governance are disciplined.

Clients and users evaluated Apotti/Epic through documentation burden, data extraction, structured fields, integration with national services, cohort discovery, user adoption, reporting latency and governance controls. The key question was whether enterprise standardization produces better reusable data or introduces complexity that limits local analytic agility.

Oracle Health

Countries referenced	Report standing
United Kingdom, France, Germany, Sweden, Spain, Denmark	Evaluated global EHR and legacy platform vendor

Oracle Health appeared across multiple country vendor universes because of its hospital EHR footprint, legacy Cerner assets and enterprise platform relevance. Respondents evaluated Oracle Health through implementation depth, data migration, interoperability, analytics readiness, support accountability and the usability of large-scale EHR deployments.

Its data-use standing varied materially by country and deployment history. In markets with major installed bases, Oracle Health could hold valuable longitudinal clinical data, but respondents emphasized that data valorisation depends on local configuration, integration discipline, documentation consistency, upgrade strategy and responsiveness to national workflow requirements.

Clients and users analyzed Oracle Health by testing data access, FHIR/API maturity, reporting data models, clinical documentation burden, migration methods, governance tooling, third-party integration and exit rights. The strongest use case was a large provider seeking enterprise scale, but buyers must verify that scale translates into clean, governed, analyzable data.

Epic

Countries referenced	Report standing
United Kingdom, Netherlands, Denmark, Finland	Evaluated enterprise EHR vendor

Epic was included in several countries because it was a major enterprise EHR vendor with high relevance for large hospitals and academic medical centers. Respondents evaluated Epic on standardization, clinical data capture, research enablement, analytics, patient access, implementation demands and integration with national or regional infrastructure.

Its data-use standing was strongest where provider organizations can absorb enterprise transformation and enforce strong clinical content governance. The Q1-Q2 2026 country results did not select Epic as a top country winner, but it remained a significant evaluated competitor where respondents recognized strengths in integrated recordkeeping and data-rich environments.

Clients and users evaluated Epic through research cohort tooling, data warehouse feeds, interoperability, local workflow fit, change-management burden, documentation effort, data export and contract flexibility. Its strongest analytic use case was a large provider seeking standardized longitudinal clinical data; its core risk is implementation intensity and fit in markets with strong national workflow specificity.

System C CareFlow EPR

Countries referenced	Report standing
United Kingdom	Top-rated vendor in the United Kingdom

System C CareFlow EPR led the United Kingdom because surveyed respondents prioritized NHS-native delivery, shared-care practicality, data continuity and implementation accountability. Its standing reflected the report's shift away from generic enterprise EHR positioning toward production-market data value.

The product's data-use standing was strongest where EPR data had to support patient flow, care coordination, integrated-care visibility, discharge workflows and operational analytics. Respondents associated System C with practical fit for UK provider environments and surrounding NHS data architectures.

Clients and users evaluated System C by analyzing structured capture, shared-care integrations, data migration quality, reporting adoption, interoperability monitoring, analytics use, clinical documentation burden and measurable productivity gains after go-live. Its strongest use case was an NHS provider seeking a locally fluent route from EPR deployment to usable clinical and operational intelligence.

Nervecentre

Countries referenced	Report standing
United Kingdom	Evaluated UK EPR and clinical workflow vendor

Nervecentre was included in the United Kingdom as an evaluated vendor relevant to digital patient flow, EPR, clinical workflow and mobile-first care coordination. Respondents considered it where acute providers needed to move beyond static records toward operational visibility and real-time workflow support.

Its data-use standing was strongest in dynamic clinical operations: patient flow, task management, escalation, deterioration detection, discharge coordination and frontline visibility. It was not the top UK result in this report, but it remained important where operational analytics and clinical workflow digitisation are central buyer priorities.

Clients and users evaluated Nervecentre by examining how workflow events become structured data, how information flows into enterprise reporting, how interfaces perform, how clinicians adopt mobile documentation and how the platform supports governance and auditability. The strongest use case was a provider seeking immediate operational visibility from bedside workflow data.

Altera

Countries referenced	Report standing
United Kingdom, France	Evaluated EHR vendor

Altera appeared in the United Kingdom and France vendor universes because its EHR and clinical information systems remained relevant in provider modernization and replacement discussions. Respondents considered Altera through the lens of legacy continuity, migration, usability, integration and support responsiveness.

Its data-use standing depended heavily on configuration, upgrade path and the ability to modernize existing environments without losing historical clinical context. Altera was not selected as a top country winner, but it remained relevant where providers have existing deployments or required continuity through modernization.

Clients and users evaluated Altera by testing data migration quality, archive access, integration with national services, clinical content structure, reporting feeds, privacy controls and implementation support. The strongest use case was an organization balancing continuity of record with a needed to improve data quality and analytics accessibility.

MEDITECH

Countries referenced	Report standing
United Kingdom	Evaluated UK EPR vendor

MEDITECH was included in the United Kingdom as part of the evaluated EPR landscape. Respondents considered it in relation to usability, clinical documentation, implementation scope, data migration, reporting capability and fit with NHS provider requirements.

Its data-use standing depended on how well local implementations support structured capture, safe workflows, integrated records and data extraction for analytics. MEDITECH did not rank as the UK leader, but it remained part of buyer comparisons where affordability, deployment practicality and operational coverage are important.

Clients and users evaluated MEDITECH by examining interoperability, reporting model, medication workflows, clinician adoption, migration risk, research access and post-go-live analytics adoption. The strongest use case was a provider seeking a manageable EPR platform that can still produce governed and reusable data.

Alcidion

Countries referenced	Report standing
United Kingdom	Evaluated clinical intelligence and workflow vendor

Alcidion was included in the United Kingdom as a clinical intelligence and workflow vendor relevant to patient flow, decision support and data-enabled operational improvement. Respondents evaluated it as part of the broader ecosystem that turns clinical information into actionable insight.

Its data-use standing was strongest in analytics-to-action scenarios where providers wanted to overlay or integrate clinical data for decision support, operational visibility, deterioration risk, care coordination and patient flow rather than rely solely on core record functionality.

Clients and users evaluated Alcidion by testing integration depth, alert governance, data latency, clinical adoption, dashboard trust and evidence that insights change decisions. Its value depended on the quality of upstream clinical data and the ability to embed analytics into routine workflow.

Dedalus ORBIS / DxCare / HCIS / Care

Countries referenced	Report standing
Germany, France, Spain, Sweden, United Kingdom	Large European evaluated vendor with broad multi-country relevance

Dedalus appeared across multiple country vendor universes because it remained one of Europe's most visible multi-country healthcare software vendors. Respondents evaluated Dedalus differently by product line and country, with ORBIS, DxCare, HCIS and related platforms occupying different roles in hospital modernization, interoperability and clinical documentation.

The Q1-Q2 2026 study did not select Dedalus as the top vendor in Germany or Spain, reflecting respondent preference for CGM in those countries. Dedalus remained strategically relevant because multi-country coverage, local product history and hospital-suite depth give it a substantial role in European data valorisation, especially where providers are consolidating legacy systems or seeking broader clinical workflow coverage.

Clients and users analyzed Dedalus by evaluating product-line specificity, implementation quality, data-model consistency, interoperability execution, migration risk, local support and analytics tooling. The strongest opportunities were in organizations that required European localization and broad clinical coverage; the core challenge was ensuring that data quality and reuse capability are consistent across products and deployments.

CompuGroup Medical / CGM portfolio

Countries referenced	Report standing
Germany, Spain, Sweden	Top-rated vendor in Germany; parent/vendor context for CGM SELENE and CGM TakeCare

CompuGroup Medical led Germany in the Q1-Q2 2026 country results and also appeared through CGM SELENE in Spain and CGM TakeCare in Sweden. Respondents associated CGM with cross-sector relevance, ambulatory strength, hospital assets and deep knowledge of country-specific workflows.

Its data-use standing was particularly important in markets where care information had to move between outpatient and inpatient settings. In Germany, CGM ranked highest because respondents valued practical operating presence across fragmented environments. The vendor's broader standing in Spain and Sweden showed that CGM's data-valorisation performance depends strongly on local product configuration and country workflow fit.

Clients and users evaluated CGM by analyzing cross-setting patient context, ePA or national exchange alignment, semantic normalization, migration continuity, outpatient-hospital linkage, analytics extractability and governance controls. CGM's strongest analytic use case is linking routine care data across the patient journey in markets where fragmentation has historically blocked reuse.

CGM SELENE

Countries referenced	Report standing
Spain	Top-rated vendor in Spain

CGM SELENE led Spain because surveyed respondents prioritized Spain-specific hospital workflow depth, regional deployment experience and the ability to support high-volume daily clinical operations. The selection reflected a production-use view of data valorisation: strong local adoption can be more important than broad multinational positioning.

The product's data-use standing was tied to inpatient clinical history, documentation, consultations, care coordination and operational reporting within Spanish regional systems. Respondents ranked SELENE highest where routine care activity must produce usable structured data for analytics, reporting, pathway insight and continuity across organizations.

Clients and users analyzed CGM SELENE by evaluating regional interoperability, discharge data quality, medication workflows, specialty documentation, API maturity, registry support and cohort-discovery tooling. The strongest fit was a Spanish hospital or regional network that wants local workflow credibility and practical data extraction for management and clinical improvement.

CGM TakeCare

Countries referenced	Report standing
Sweden	Evaluated Swedish vendor and incumbent competitor

CGM TakeCare was included in Sweden as an incumbent competitor and part of the broader CGM European product landscape. Respondents viewed it through the lens of existing regional workflows, continuity, implementation history and the challenge of modernization in a digitally mature but regionally complex market.

Its data-use standing was strongest where existing deployments have created long-term clinical familiarity and locally embedded data processes. The Swedish result selected Cambio, but TakeCare remained relevant because historical use and regional integration could influence data availability, migration risk and operational continuity.

Clients and users evaluated TakeCare by analyzing extract quality, structured data fields, interoperability with regional services, medication and specialty integration, reporting tools and replacement risk. The key analytic question was whether incumbent familiarity could be converted into future-ready data governance and analytics capability.

Nexus / NEXUS HIS

Countries referenced	Report standing
Germany, Netherlands	Evaluated vendor in German and Dutch hospital-system markets

Nexus was included in the Germany and Netherlands vendor universes as a hospital information and clinical systems vendor relevant to markets with modular architectures and specialized workflows. Respondents associated Nexus with product depth in selected settings and the ability to support hospital operations beyond generic recordkeeping.

Its data-use standing depended on how modules are integrated and how consistently data could be normalized across departmental workflows. Nexus was not selected as a country leader in the Q1-Q2 2026 results, but it remained important where providers needed targeted clinical, administrative or departmental capabilities that contribute to the broader data foundation.

Clients and users analyzed Nexus by focusing on interface quality, data model transparency, reporting, archiving, clinical specialty coverage and ability to feed enterprise analytics platforms. The strongest use case was a provider that needed modular fit while still enforcing data governance, metadata and interoperability standards.

Meierhofer

Countries referenced	Report standing
Germany	Evaluated German hospital information vendor

Meierhofer was included in Germany as a recognized hospital information vendor in a market where local workflow knowledge and implementation proximity matter. Respondents evaluated vendors like Meierhofer through practical usability, support, migration, integration and responsiveness in German provider environments.

Its data-use standing was linked to how well local hospital workflows are captured and made available for reporting, quality management and interoperability. In the Q1-Q2 2026 results, CGM led Germany, but Meierhofer remained part of the competitive set for providers seeking German-market specificity and manageable implementation scope.

Clients and users evaluated Meierhofer by analyzing documentation structure, data extraction, ePA readiness, integration with diagnostics and billing systems, metadata, reporting and support responsiveness. The core question was whether localized workflow fit can scale into governed, reusable and research-ready clinical data.

Mesalvo

Countries referenced	Report standing
Germany	Evaluated German healthcare IT vendor

Mesalvo was included in Germany as a relevant vendor in the hospital and clinical software ecosystem. Respondents considered it within the broader German modernization context, where providers are balancing local systems, regulatory requirements, interoperability expectations and constrained implementation capacity.

Its data-use standing was associated with practical modernization, documentation workflows and the ability to support hospital data management in a fragmented environment. The vendor was not ranked as the national leader, but it remained relevant in the German market where product fit and local support could influence clinical adoption and data quality.

Clients and users evaluated Mesalvo by examining interoperability, clinical data structure, migration methods, reporting capabilities, governance tools and roadmap alignment with German digital-health policy. The analytic focus was whether its clinical systems could create reliable data assets rather than simply automate departmental processes.

InterSystems TrakCare / HealthShare

Countries referenced	Report standing
France, Spain	Top-rated vendor in France; evaluated vendor in Spain

InterSystems led France because surveyed respondents prioritized interoperability execution, longitudinal data integration, governed exchange and data foundation capability. TrakCare and HealthShare were evaluated as a combined ecosystem in the French result because the survey focused on data valorisation rather than core EHR documentation alone.

The vendor's data-use standing was strongest where provider organizations needed to connect fragmented clinical environments, normalize information and make it available for care coordination, analytics, research and secure secondary use. In Spain, InterSystems appeared as an evaluated comparator; in France, it ranked first because data integration was the defining criterion.

Clients and users analyzed InterSystems by evaluating integration architecture, master patient and identity functions, data normalization, FHIR/API support, consent and audit workflows, analytics feeds and research cohort access. The strongest use case was a provider or regional network seeking a governed longitudinal data layer across multiple systems.

Maincare

Countries referenced	Report standing
France	Evaluated French DPI and interoperability vendor

Maincare was included in France as a central domestic vendor in the DPI, hospital information and interoperability environment. Respondents considered Maincare important where French providers are modernizing hospital workflows, consolidating group-level systems and aligning clinical data with national digital health requirements.

Its data-use standing was tied to French workflow fit, hospital-group consolidation and the ability to support structured information exchange. The Q1-Q2 2026 country result selected InterSystems, but Maincare remained a major domestic competitor where local implementation, support and regulatory alignment are heavily weighted.

Clients and users evaluated Maincare by analyzing structured documentation, identity and messaging workflows, data export, reporting, hosting resilience, auditability and ability to support GHT-level data governance. The strongest use case was a French provider seeking domestic product fluency and practical modernization without losing national policy alignment.

SIB Sillage

Countries referenced	Report standing
France	Evaluated French DPI vendor

SIB Sillage was included in France as an important domestic DPI platform, particularly relevant to public-sector and hospital group contexts. Respondents viewed Sillage through the lens of French workflow fluency, procurement fit, public-provider needed and support for consolidated clinical documentation.

Its data-use standing depended on the quality of structured capture, interoperability with national services, data extraction and operational reporting. Although InterSystems ranked first in the Q1-Q2 2026 results, SIB Sillage remained part of the national vendor universe because domestic DPI capability continued to shape France's data-value progression.

Clients and users evaluated SIB Sillage by examining data-quality tooling, interoperability observability, documentation burden, audit trails, identity workflows and reporting for quality and operations. The key question was how effectively the platform converts French hospital documentation into governed, reusable information.

Softway Medical HOPITAL MANAGER

Countries referenced	Report standing
France	Evaluated French domestic DPI challenger

Softway Medical HOPITAL MANAGER was included in France as a domestic DPI challenger with strong relevance to French hospital modernization. Respondents treated it as a serious national-market option where workflow fit, implementation support and local regulatory alignment matter.

Its data-use standing was strongest in the domestic-client context, particularly where providers wanted a French-oriented clinical information environment that could support daily workflows and national exchange expectations. The Q1-Q2 2026 study did not rank Softway first because respondents prioritized InterSystems' integration and data-foundation strengths for the top position.

Clients and users evaluated Softway Medical by analyzing structured clinical capture, integration with national services, export quality, reporting dashboards, hosting resilience and data governance. The strongest use case was a provider seeking domestic DPI functionality with a clear pathway toward stronger analytics and secondary-use support.

Cegedim Sante

Countries referenced	Report standing
France	Evaluated French healthcare software vendor

Cegedim Sante was included in France as part of the broader healthcare software ecosystem, particularly relevant to clinical, ambulatory and provider workflow settings. Respondents viewed the vendor as meaningful where continuity between care settings and national digital health services influences data value.

Its data-use standing was linked to the quality of structured capture and the ability to support usable clinical information across provider workflows. Cegedim did not lead the French country result, but it remained part of the vendor environment that shapes how clinical data is captured, coded and made available for coordination and reporting.

Clients and users evaluated Cegedim Sante by examining interoperability, terminology, patient identity workflows, export capability, privacy controls and analytics integration. The strongest question for buyers was whether point-of-care workflow strength could be connected into an enterprise or regional data-value strategy.

Tietoevry Lifecare / Lifecare Data Platform

Countries referenced	Report standing
Finland	Top-rated vendor in Finland and overall DVPI leader

Tietoevry Lifecare led Finland and ranked first overall in the eight-country DVPI. Respondents rated it highest where EHR and data-platform capabilities intersect: structured capture, interoperability, enterprise data quality, governance, analytics actionability and national workflow fit.

The Lifecare Data Platform was central to the vendor's standing because the report evaluates data valorisation, not only clinical documentation. Surveyed leaders associated the platform with the ability to consolidate fragmented information into a governed foundation for management, operations, research and reporting across wellbeing services county environments.

Clients and users evaluated Tietoevry by analyzing data model consistency, reporting pipelines, interoperability with national services, research access workflows, privacy controls, and how analytics teams can use the platform without creating parallel data marts. Its strongest use case was a nationally coordinated provider environment seeking reusable data at scale.

CGI Finland

Countries referenced	Report standing
Finland	Evaluated Finnish vendor and digital services provider

CGI Finland was included in Finland as a relevant digital services and healthcare IT provider in a nationally coordinated environment. Respondents treated CGI as part of the Finnish vendor ecosystem where data management, integration, implementation services and public-sector delivery capability could influence provider outcomes.

Its data-use standing was tied to systems integration, workflow modernization and the ability to support analytics or administrative data processes around core clinical systems. CGI did not lead the Finnish result, but its role remained important where counties and provider organizations required delivery capacity, transformation support and integration across complex public-sector environments.

Clients and users evaluated CGI by focusing on integration architecture, data governance support, analytics enablement, project delivery controls, interoperability and alignment with national infrastructure. The strongest use case was a provider or county needing implementation and integration capability around a broader health data strategy.

Mediconsult

Countries referenced	Report standing
Finland	Evaluated Finnish health IT vendor

Mediconsult was included in Finland as a local health IT vendor relevant to Finnish provider workflows and social and healthcare environments. Respondents considered local software vendors important where national infrastructure, language, clinical process and public-sector requirements create a high localization bar.

Its data-use standing was strongest when local workflow fit and sector-specific functionality translate into structured, reusable information. Mediconsult did not lead the country result, but it remained part of the competitive context for organizations evaluating patient data management and specialty workflows.

Clients and users evaluated Mediconsult by examining structured capture, interoperability with Finnish national services, data export, analytics feeds, privacy controls and implementation responsiveness. The strongest use case was a provider needing Finnish-local workflow fit with a route toward governed data reuse.

BCB Medical

Countries referenced	Report standing
Finland	Evaluated Finnish clinical data and registry-oriented vendor

BCB Medical was included in Finland because of its relevance to clinical data, registries and quality-oriented information use. Respondents considered vendors like BCB Medical important in data valorisation because research, registry reporting and outcomes analysis often required specialized data structures beyond the core EHR.

Its data-use standing was strongest where clinical information must be converted into registries, quality measures, outcomes datasets or research-ready assets. Although it was not the overall Finnish leader, it remained relevant as a complement to broader EHR and data-platform strategies.

Clients and users evaluated BCB Medical by analyzing registry content models, data capture burden, linkage to EHRs, reporting quality, governance controls and research export methods. The strongest use case was an organization seeking disease-area or quality registry depth to improve evidence generation and outcomes measurement.

ChipSoft HiX

Countries referenced	Report standing
Netherlands	Top-rated vendor in the Netherlands

ChipSoft HiX led the Netherlands because surveyed respondents valued local hospital workflow depth, integrated EPD/PDMS direction and strong fit with Dutch provider operations. Its standing reflected the report's finding that local fit remained decisive in concentrated European markets.

The product's data-use standing was strongest in Dutch hospital contexts where documentation, medication, diagnostics, departmental workflows and patient context had to operate within a familiar and standardized environment. Respondents associated HiX with clean clinical documentation, practical integration and reduced variation across daily workflows.

Clients and users evaluated ChipSoft by analyzing data export, interoperability with external providers, third-party access, research cohort tooling, PDMS integration, terminology consistency and dashboard trust. The strongest use case was a Dutch hospital seeking local operational fit while expanding governed analytics and research reuse.

Cambio COSMIC

Countries referenced	Report standing
Sweden, Denmark	Top-rated vendor in Sweden; evaluated Nordic comparator in Denmark

Cambio COSMIC led Sweden because respondents emphasized regional workflow fit, structured clinical information, open interfaces and implementation-risk control. The vendor's standing reflected Swedish provider preference for systems that align with local clinical processes while supporting future interoperability and data reuse.

Its data-use standing was strongest in structured documentation, semantic consistency, clinical usability and regional data continuity. Cambio also appeared as a Nordic comparator in Denmark, where respondents evaluated it against Systematic and Epic-related deployments. In Sweden, however, it ranked first because localization and structured-information capability were decisive.

Clients and users evaluated Cambio by analyzing open standards, medication and specialty integration, data-quality tooling, regional exchange, migration support and research data accessibility. The strongest use case was a region seeking a locally credible EHR platform that can evolve into a governed data foundation.

Systematic Columna CIS / Columna Cura / Open Columna

Countries referenced	Report standing
Denmark, Sweden	Top-rated vendor in Denmark and evaluated Nordic comparator

Systematic Columna CIS led Denmark because respondents ranked it highly for regional scale, daily clinical usability, localization and hospital-municipality continuity. Its broader Columna ecosystem matters because data valorisation in Denmark depends on care information moving across sectors, not only within hospitals.

The vendor's data-use standing was strongest in structured patient context, medication and test-result continuity, open standards, governance and cross-sector data sharing. Systematic also appeared as a comparator in Sweden, where its Nordic experience made it relevant even though Cambio led the Swedish result.

Clients and users evaluated Systematic by analyzing APIs, open standards, municipal integration, clinical documentation, operational reporting, access control and data lineage. The strongest use case was a regional or national provider environment seeking dependable cross-sector data continuity and a practical route to analytics from routine care.

NTT DATA / Everis

Countries referenced	Report standing
Spain	Evaluated Spanish systems integration and digital transformation provider

NTT DATA / Everis was included in Spain as a digital transformation and systems-integration player relevant to regional health modernization. Respondents recognized that Spain's data-value challenge often required integration, analytics and transformation capabilities around core EHR platforms.

Its data-use standing was strongest as an enabler of integration, data platforms, analytics programs and digital transformation rather than as the primary EHR vendor selected in this report. CGM SELENE led Spain, but NTT DATA / Everis remained relevant where autonomous communities needed implementation, interoperability and data-engineering support.

Clients and users evaluated NTT DATA / Everis by examining data-platform delivery, interoperability architecture, analytics operating models, governance design, cybersecurity and program management. The strongest use case was a regional health authority or provider network building a data layer or analytics capability across multiple clinical systems.

Oracle/SAP hospital ecosystem

Countries referenced	Report standing
Spain, Germany	Evaluated legacy and integration ecosystem context

The Oracle/SAP ecosystem was included as a contextual competitor in Spain and Germany because legacy enterprise systems, hospital administration, integration layers and clinical-administrative data flows still shape provider data use. Respondents treated this ecosystem as relevant where modernization must address both clinical and enterprise data.

Its data-use standing was highly configuration-dependent. In some organizations, enterprise systems support reporting, finance, logistics and operational analytics; in others, the challenge is bridging administrative and clinical data without creating duplicated or inconsistent records. The report evaluates this ecosystem as part of the surrounding data environment rather than as a single top-rated EHR product.

Clients and users analyzed Oracle/SAP contexts by examining master data, interface reliability, clinical-administrative reconciliation, reporting warehouses, data ownership, migration risk and contract exit provisions. The strongest use case was a provider seeking to align enterprise operations and clinical data without weakening governance or interoperability.

About Black Book Research

Black Book Research is an independent healthcare technology and services research organization focused on client-user experience, vendor performance, market intelligence and operational outcomes. Black Book studies healthcare IT categories through structured respondent input, role-based segmentation and performance evaluation across operational, technical and strategic dimensions.

Black Book healthcare research emphasizes the experience of provider organizations using technology in real care delivery environments. The firm's approach prioritizes client-reported outcomes, implementation realities, vendor accountability, localization, workflow fit, interoperability, support quality and measurable value beyond marketing claims.

For European provider markets, Black Book examines the intersection of EHR modernization, digital health policy, interoperability, privacy, governance, analytics, research enablement and country-specific workflow requirements. This report applies that perspective to data valorisation: the ability of healthcare organizations to turn clinical data into a strategic asset for care, operations, research and innovation.

For distribution, methodology inquiries or country-specific vendor segmentation, contact Black Book Research through its standard research and client service channels.