BLACK BOOK RESEARCH

ITALY
Q3 2026

ITALY STATE OF ACUTE CARE EHR, FSE 2.0 AND DIGITAL HEALTH 2026

Competitive Intelligence User Survey Result Set | Electronic Health Records, HIT Systems, Diagnostic Software and Interoperability

Survey period: Q2 2025 - Q2 2026 | Published: July 2026

FSE 2.0 | Regional Interoperability | Diagnostic-Data Readiness | PNRR/EHDS Alignment

Core theme: Italy's FSE 2.0 should be watched globally because it tests whether a regionally decentralized health system can deliver national clinical-data utility without allowing geography, platform variation or diagnostic-data gaps to determine digital health access.

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1. Executive Summary

Black Book Research's 2026 Italy update reframes the Italian healthcare IT market around FSE 2.0, regional interoperability, diagnostic-data readiness and deadline pressure from PNRR and EHDS. The 2025 report established Italy as an active EHR/HIT market with measurable client-rated vendor performance across 18 operational KPIs. The 2026 update extends that framework to the country's most urgent interoperability question: whether regional health information infrastructures can become a nationally usable clinical data network.

The most important 2026 signal is that Italian healthcare IT success is no longer defined only by EHR adoption or regional platform availability. It is increasingly defined by whether laboratory results, radiology reports, pathology findings, discharge letters, emergency documents and specialist notes are available, searchable, consistent and usable across regions and care settings.

The 2026 Italy update presents Black Book's current FSE 2.0 and digital health competitive intelligence framework, integrating client-rated vendor performance, regional interoperability, diagnostic-data readiness, PNRR execution pressure and EHDS preparedness into a market assessment.

Italy is the EHDS stress test for decentralized health systems: can regional EHR platforms, diagnostic systems and provider workflows converge into nationally usable clinical data before funding and interoperability deadlines arrive?

2026 Key Findings

Finding	Result	Interpretation
Regional fragmentation remains the central FSE 2.0 execution risk	**84%**	respondents said regional maturity differences still limit national clinical utility
Diagnostic data is the highest-value interoperability test	**91%**	ranked lab, radiology, pathology, ED and discharge information as the most important FSE 2.0 success domains
PNRR deadlines accelerated compliance more than workflow adoption	**72%**	said milestone pressure improved technical activity but not uniform provider-side usability
Cross-region document access still lacks workflow-level utility	**68%**	said FSE data still behaves more like document exchange than workflow-embedded interoperability
Clinical users want independent FSE 2.0 usability measurement	**87%**	supported an independent regional usability, diagnostic-data and safety audit before further expansion
Vendor readiness is uneven across document types	**85%**	reported inconsistent readiness across HIS, LIS, RIS/PACS, document-management and regional platform integrations

2. 2026 Italy Market Context: FSE 2.0, PNRR and EHDS

Italy's FSE 2.0 program is moving from a policy and infrastructure project to an operational test of regional interoperability. The PNRR Mission 6 Component 2 target requires national use of the Fascicolo Sanitario Elettronico for the majority of health records, with a June 2026 target tied to producing native FSE documents equal to 90% of total documents.

Public FSE technical documentation has continued to evolve, including national technical specifications and validation pathways for regional systems and producer systems. The FSE 2.0 implementation challenge therefore includes standards alignment, document validation, FHIR/CDA rules, gateway compliance, metadata quality, identity, consent and secure exchange.

The market issue is not whether Italy has health IT vendors capable of digitization. The issue is whether those vendors, regional platforms and provider workflows can operate as a single diagnostic and clinical data utility across 20 regional health systems and autonomous provinces.

Black Book 2026 Thesis

- Italy is not a single-market EHR implementation; it is a regional interoperability convergence problem.
- Diagnostic data is the highest-value and highest-risk test case because lab, radiology, pathology and emergency information are high-frequency, clinically decisive and regionally variable.
- PNRR deadlines are accelerating technical compliance, but providers are judging FSE 2.0 by workflow utility, not by upload counts alone.
- EHDS readiness should be measured by cross-region data usability, structured-data availability, retrieval speed and clinician confidence.

Public reference point	Why it matters
PNRR M6C2-13 target	Confirms June 2026 target and 90% native FSE document-production goal.
FSE official technical documentation	Defines interoperability and operational documentation for FSE development and management.
Developers Italia FSE 2.0 documentation	States the goal of FSE 2.0 is national diffusion, homogeneity and accessibility for citizens and healthcare operators.
Public reporting on regional gaps	Supports the story that FSE 2.0 remains a two-speed implementation challenge in several regions.

3. Respondent Profile and Methodology

The 2026 update keeps the Black Book client-rated methodology structure used in the 2025 Italy report, expanding emphasis on FSE 2.0, diagnostic data, regional interoperability, PNRR execution and EHDS readiness. The 2026 respondent base remains aligned with the 2025 Italy distribution to preserve comparability, while adding stronger coverage of diagnostic, regional IT and interoperability stakeholders.

2026 Survey Respondent Identification	Number of HIT/EHR User Responses	Percentage
Acute care hospitals and specialty care facilities - public	**248**	**19%**
Acute care hospitals and specialty care facilities - private/accredited	**226**	**18%**
Community, GP and primary care providers	**461**	**36%**
Diagnostic, ancillary, chronic, rehabilitation and ambulatory providers	**171**	**13%**
Government, regional health agencies and institutions	**178**	**14%**
Total	**1,284**	**100%**

Scoring Framework

0.00-5.79	5.80-7.32	7.33-8.70	8.71-10.00
Deal-breaking dissatisfaction	Neutral / inconsistent	Satisfactory performance	Overwhelming satisfaction
Cannot recommend vendor	Would not likely recommend	Recommends vendor	Highly recommended vendor

Methodology note: The 2026 vendor scores narrow the margin between the overall leader and the challenger field, reflecting a more competitive Italian FSE 2.0 market in which interoperability, diagnostic-data readiness, regional workflow fit and client responsiveness carry increased weight.

4. Key Findings

Finding 1: Regional fragmentation remains the central FSE 2.0 execution risk

84% respondents said regional maturity differences still limit national clinical utility.

Italy's decentralized operating model creates an uneven baseline for FSE 2.0. Respondents most often described the risk as a gap between technically available documents and clinically usable, region-independent information.

Finding 2: Diagnostic data is the highest-value interoperability test

91% ranked lab, radiology, pathology, ED and discharge information as the most important FSE 2.0 success domains.

Diagnostic data was rated as the clearest FSE 2.0 proof point because it is frequently needed across care settings and has immediate clinical value when complete, current and searchable.

Finding 3: PNRR deadlines accelerated compliance more than workflow adoption

72% said milestone pressure improved technical activity but not uniform provider-side usability.

Respondents said PNRR timing has concentrated executive attention, but frontline value depends on training, integration and fewer duplicate workflows.

Finding 4: Cross-region document access still lacks workflow-level utility

68% said FSE data still behaves more like document exchange than workflow-embedded interoperability.

The top user complaint is not lack of digitization. It is difficulty turning uploaded documents into decision-ready data across regional boundaries.

Finding 5: Clinical users want independent FSE 2.0 usability measurement

87% supported an independent regional usability, diagnostic-data and safety audit before further expansion.

Providers want independent measurement of diagnostic-document availability, retrieval speed, structured-data use, regional parity and workflow burden.

Finding 6: Vendor readiness is uneven across document types

85% reported inconsistent readiness across HIS, LIS, RIS/PACS, document-management and regional platform integrations.

Vendor readiness is strongest in national platform specifications and weakest where local HIS, LIS, RIS/PACS and document-management systems must align simultaneously.

5. Italy FSE 2.0 Readiness Index

The Italy FSE 2.0 Readiness Index summarizes provider sentiment across interoperability, diagnostic-data utility, gateway readiness, workflow adoption, regional parity and EHDS preparedness.

Readiness Domain	Score (0-10)	Interpretation
National FSE 2.0 technical readiness	**7.4**	High relative readiness
Regional interoperability maturity	**6.3**	Moderate and uneven readiness
Diagnostic data availability	**7.1**	High relative readiness
Diagnostic data usability outside home region	**5.9**	Requires acceleration
Provider workflow fit	**5.8**	Requires acceleration
FHIR/CDA gateway readiness	**7.2**	High relative readiness
Citizen/patient activation and awareness	**5.7**	Requires acceleration
PNRR execution confidence	**6.5**	Moderate and uneven readiness
EHDS readiness	**6.4**	Moderate and uneven readiness

Composite readiness score: 6.5/10

Regional Readiness Differential

Region cluster	Score	Primary explanation
Northern regions	**7.7**	stronger hospital integration and regional-platform maturity
Central regions	**6.8**	variable diagnostic-document availability and mixed provider training
Southern regions and islands	**5.9**	greater risk of uneven workflow adoption, system integration and digital-access gaps

6. Competitive Vendor Rankings

The 2026 vendor rankings below update the 2025 Black Book Italy EHR/HIT competitive intelligence structure with additional FSE 2.0, diagnostic-data and EHDS readiness considerations. Dedalus remains the overall leader, while InterSystems, Engineering/AREAS, GPI Group and Sistemi show category-specific strengths in FSE 2.0-era capabilities. The result is a more competitive, multi-vendor market in which overall leadership and capability leadership should be interpreted separately.

2026 Rank	Vendor	Representative products / capabilities	Mean	Competitive insight
1	**Dedalus**	Dedalus EHR/EMR portfolio, LIS/RIS/PACS, interoperability services	**9.42**	Retains #1 overall; strongest breadth across acute, diagnostic and national alignment use cases
2	**InterSystems**	TrakCare, HealthShare, IRIS for Health	**9.40**	Close #2 overall; strongest challenger in interoperability architecture, FSE exchange and regional-network integration
3	**Engineering / AREAS**	AREAS portfolio, regional health and FSE services	**9.27**	Strong regional platform knowledge and public-sector FSE 2.0 implementation fit
4	**GPI Group**	Gpi4Med, diagnostic services, blood management, telemedicine and health process outsourcing	**9.21**	Strong provider confidence in collaboration, diagnostics-adjacent workflows and implementation support
5	**Sistemi**	Healthcare workflow and administrative/clinical platforms	**9.18**	Strong localized support responsiveness and practical deployment satisfaction
6	**Oracle Health**	Oracle Health EHR, clinical platform and analytics ecosystem	**8.64**	Competitive in analytics, stability and governance; Italy-specific localization remains the differentiating gap
7	**CompuGroup Medical**	CGM physician, pharmacy and ambulatory platforms	**7.82**	Strong primary-care, ambulatory and pharmacy adjacency; regional FSE usability varies by practice workflow
8	**Comarch**	Comarch e-Health, telehealth and patient engagement solutions	**7.81**	Competitive digital engagement profile; less consistent acute-care and diagnostic-data depth
9	**Siemens Healthineers**	eHealth, imaging IT, syngo and diagnostic workflow tools	**7.51**	Strong imaging and diagnostic workflow reputation; broader EHR influence depends on integration partnerships
10	**Softwin**	Clinical documentation and patient-data management tools	**7.08**	Reliable local workflow satisfaction; market visibility and national-scale breadth remain lower than category leaders
11	**Altera Digital Health**	Sunrise and clinical/administrative platform portfolio	**6.98**	Capable acute-care functionality; localized regional deployment and support scores trail leaders
12	**Nizi**	Hospital management and departmental workflow software	**6.92**	Departmental depth; broader national interoperability execution remains mixed

Top Category Rankings

Category	1	2	3	4	5
FSE 2.0 / regional interoperability readiness	InterSystems	Engineering / AREAS	Dedalus	GPI Group	Oracle Health
Acute-care EHR/HIS satisfaction	Dedalus	InterSystems	Engineering / AREAS	Oracle Health	Altera Digital Health
Diagnostic-data readiness	GPI Group	Dedalus	Siemens Healthineers	Fujifilm Healthcare	Agfa HealthCare
Primary-care and ambulatory workflow	CompuGroup Medical	Dedalus	Sistemi	Comarch	GPI Group
Regional public-sector implementation fit	Engineering / AREAS	Dedalus	GPI Group	InterSystems	Sistemi
Data security, compliance and governance	Dedalus	Oracle Health	InterSystems	Engineering / AREAS	Altera Digital Health

7. Competitive Outlook: Challenger Pathways and Modular Expansion Risk

Purpose of this section

This section evaluates how Italy's 2026 FSE 2.0 environment is creating category-specific expansion opportunities for vendors across interoperability, diagnostic data, regional platform services and provider workflow optimization. Dedalus remains the overall leader in the 2026 client-rated ranking. The analysis identifies where challenger strengths, regional requirements and provider priorities may influence future procurement, augmentation or selective replacement decisions.

Public Context and Respondent Sentiment

Public-market signals support a balanced competitive outlook: established incumbents continue to hold significant installed-base advantages, while Italy's FSE 2.0 execution environment is increasing demand for faster integration, stronger regional workflow fit, improved diagnostic-data usability and measurable provider support. These pressures apply across the vendor ecosystem and should be interpreted as market-wide procurement criteria, not as a single-vendor performance judgment.

Incumbent-Account Risk Signals from 2026 Survey Comments

Among incumbent-account comments in the 2026 assessment, the strongest concerns clustered around optimization velocity, executive visibility, regional workflow fit and responsiveness to Italy-specific provider needs. These comments are used to identify market-wide procurement criteria rather than to assign fault to a single vendor.

Incumbent-account signal	Share of attributed comments	**Competitive implication**
Italy-specific optimization requests described as slow, backlogged or insufficiently transparent	38%	Creates opportunity for vendors that can demonstrate faster regional configuration and governance cadence
Requests for stronger executive-level visibility on Italian provider priorities after go-live	31%	Elevates the importance of visible account governance among large public hospital groups and regional health authorities
Workflow-fit concerns in high-volume diagnostic, emergency, discharge or specialist documentation processes	29%	Creates advantage for vendors positioned around diagnostic data usability, RIS/LIS/PACS integration and clinical-document workflow
Interest in including at least one alternative EHR/EPR or interoperability vendor in the next procurement review	27%	Signals a more active procurement-review environment even where immediate platform displacement remains unlikely
Would consider best-of-breed overlay, interoperability-layer augmentation or targeted departmental replacement within 24 months	22%	Indicates near-term change is more likely modular augmentation than full core EPR replacement

Competitors most plausibly positioned to benefit

Vendor / product family	Expansion or switching pathway	Why this could matter in FSE 2.0
InterSystems TrakCare / HealthShare	Strong challenger for interoperability-heavy, data-platform and longitudinal-record environments	InterSystems is already competitive on integration and interoperability. HealthShare-style architecture gives it a credible position where FSE 2.0 demands cross-regional data normalization, document exchange and analytics-ready longitudinal records.
Engineering / AREAS	Regional public-sector and localization challenger	Engineering/AREAS is where regional administrations prioritize local workflow fit, public-sector implementation knowledge and FSE 2.0 platform alignment over broad global EHR footprint.
GPI Group	Client-relationship, territorial-care and operational-services challenger	GPI becomes more competitive where customer intimacy, regional service responsiveness, CUP/access workflows and continuity between hospital and territory are weighted heavily.
Sistemi	Support, training and usability challenger for smaller or mid-market provider groups	Sistemi can gain if buyers prioritize implementation support, knowledge transfer and manageable workflow adoption over enterprise breadth.
Oracle Health	Enterprise transformation, data-platform and international-scale challenger	Oracle Health remains credible where large hospital groups seek cloud, analytics, enterprise architecture and alignment with broader administrative or life-sciences data strategies.
CompuGroup Medical	Primary-care, pharmacy and community-network challenger	CGM can gain in physician-office, community-care and pharmacy-linked workflows if FSE 2.0 value depends on broad non-hospital adoption.

Switching and augmentation probability model

Black Book's 2026 interpretation is that Italy is not showing a broad, single-vendor replacement cycle. The more likely near-term market development is selective augmentation: interoperability overlays, regional FSE integration layers, diagnostic-document workflow components, analytics/data-quality services and targeted departmental optimization where existing platforms do not fully meet local requirements. Full core EHR/EPR replacement remains less likely than modular expansion unless regional FSE 2.0 milestones expose persistent gaps in workflow fit, support responsiveness or diagnostic-data utility.

Switching or augmentation scenario	12-24 month likelihood	Most likely beneficiary
Interoperability-layer or data-quality overlay added around incumbent EHR/EPR	High	InterSystems, Engineering, Oracle Health, specialist integration firms
Diagnostic workflow augmentation or targeted replacement for lab/radiology/document usability	Moderate-high	RIS/LIS/PACS specialists, diagnostic workflow vendors, Engineering, GPI partners
Regional FSE 2.0 platform services or integration partner substitution	Moderate-high	Engineering/AREAS, GPI, InterSystems
Partial departmental EPR replacement or optimization in high-friction hospital sites	Moderate	InterSystems, Oracle Health, AREAS, Sistemi
Full enterprise EHR/EPR replacement in large incumbent accounts	Low-moderate	InterSystems or Oracle Health in large enterprise settings; Engineering/AREAS in regional public-sector settings

Black Book conclusion

Dedalus remains the #1 overall Italy EHR/HIT vendor in the 2026 ranking, while the competitive story has become more capability-specific. The 2026 FSE 2.0 market shows several vendors with credible category leadership in interoperability, regional localization, diagnostic-data utility, client responsiveness, support and primary-care/community integration. The near-term procurement pattern is expected to be modular augmentation first, enterprise-wide replacement second.

8. Diagnostic Data Readiness and Vendor/Product Landscape

Diagnostic data is the Italy-specific differentiator in this 2026 report. For FSE 2.0 to demonstrate clinical utility, laboratory results, radiology reports, pathology findings, emergency documents and discharge summaries must be available not only as uploaded documents, but as timely, searchable and clinically actionable data across regional boundaries.

Rank	Vendor	Representative diagnostic / interoperability capabilities	Score
1	**GPI Group**	Gpi4Med diagnostic services and clinical operations suite	**9.22**
2	**Dedalus**	LIS, RIS/PACS and diagnostic workflow solutions	**9.18**
3	**Siemens Healthineers**	syngo, imaging informatics and diagnostic workflow tools	**8.92**
4	**Fujifilm Healthcare**	SYNAPSE PACS/RIS and imaging IT	**8.76**
5	**Agfa HealthCare**	Enterprise Imaging and diagnostic imaging IT	**8.58**
6	**Sectra**	enterprise imaging and PACS	**8.44**
7	**Philips**	IntelliSpace and diagnostic informatics portfolio	**8.29**

Diagnostic-Data Stress Points

- Lab result payloads may be validated technically but still hard to reconcile clinically outside the originating region.
- Radiology reports are more consistently available than image access, prior comparison, structured metadata and clinically useful searching.
- Pathology reports remain high value but uneven in structured-data availability and cross-region retrieval.
- Emergency department reports and discharge letters are strong candidates for early FSE 2.0 value measurement because they directly affect transitions of care.
- PACS/RIS/LIS readiness must be assessed alongside HIS/EHR readiness; FSE 2.0 adoption will underperform if diagnostic systems are treated as downstream attachments rather than core clinical-data sources.

9. Regional Fragmentation and Clinical Utility Risks

Italy's FSE 2.0 modernization differs from the Norway and Germany stories because its central implementation risk is geographic and institutional variation. Regional systems, local vendor configurations, document types, data-quality rules and clinical workflows must converge without creating new digital inequalities.

Risk	Provider / market implication
Geographic digital inequity	Patients and providers in lower-maturity regions may experience weaker record completeness, slower access and less consistent diagnostic data.
Document-heavy interoperability	FSE 2.0 may meet document-production targets while still falling short on structured, searchable and reusable clinical data.
Diagnostic workflow discontinuity	LIS, RIS/PACS and pathology systems may create bottlenecks if FSE validation and publication workflows are inconsistent.
Provider workflow burden	Clinicians may face extra portal review, manual reconciliation or duplicate documentation if data is not embedded into local workflows.
PNRR compliance over clinical utility	Deadline pressure may emphasize technical compliance rather than adoption, satisfaction and measurable patient-care impact.
Black Book interpretation: Italy's FSE 2.0 market is increasingly capability-specific. Dedalus remains the overall leader, while InterSystems, Engineering/AREAS, GPI Group, Sistemi and Oracle Health each show category strength in areas that matter to regional interoperability, diagnostic-data readiness, support, governance and EHDS alignment.	

10. KPI Leaders Across 18 Criteria

The 2026 KPI table preserves the Black Book 18-criteria framework and adds Italy-specific emphasis on FSE 2.0, regional readiness, diagnostic interoperability and EHDS alignment.

KPI	Criteria	Rank 1	Score	Rank 2	Score	Rank 3	Score
1	Alignment with National Health Objectives	**Dedalus**	9.48	**Engineering / AREAS**	9.45	**GPI Group**	9.42
2	Localization and Regional Workflow Fit	**Engineering / AREAS**	9.49	**Dedalus**	9.46	**Sistemi**	9.43
3	Innovation and Technology Adaptation	**Dedalus**	9.47	**Oracle Health**	9.44	**InterSystems**	9.41
4	Training and Knowledge Transfer	**CompuGroup Medical**	9.45	**Dedalus**	9.42	**Sistemi**	9.40
5	Client Relationships and Collaboration	**GPI Group**	9.50	**Dedalus**	9.47	**Sistemi**	9.45
6	Ethics, Transparency and Trust	**Dedalus**	9.46	**InterSystems**	9.43	**Engineering / AREAS**	9.40
7	Product Customization and Localization	**InterSystems**	9.48	**Oracle Health**	9.44	**Dedalus**	9.42
8	Integration and Interoperability	**InterSystems**	9.51	**Dedalus**	9.48	**Engineering / AREAS**	9.46
9	Scalability and Affordability	**Dedalus**	9.49	**GPI Group**	9.46	**Sistemi**	9.44
10	Staff Expertise and Vendor Stability	**Oracle Health**	9.47	**InterSystems**	9.45	**Dedalus**	9.43
11	Reliability and System Uptime	**Dedalus**	9.48	**Softwin**	9.45	**Comarch**	9.42
12	Brand Reputation and User Perception	**Oracle Health**	9.46	**Dedalus**	9.44	**InterSystems**	9.41
13	Value for Investment	**Engineering / AREAS**	9.47	**Dedalus**	9.46	**GPI Group**	9.44
14	Data Security and Compliance	**Dedalus**	9.50	**Oracle Health**	9.47	**InterSystems**	9.44
15	Support and Responsiveness	**Sistemi**	9.48	**GPI Group**	9.46	**InterSystems**	9.44
16	Technology Usability and Accessibility	**Dedalus**	9.45	**CompuGroup Medical**	9.43	**GPI Group**	9.40
17	Adaptability to Public Health Crises	**InterSystems**	9.47	**Dedalus**	9.45	**CompuGroup Medical**	9.42
18	Commitment to Continuous Improvement	**Dedalus**	9.46	**InterSystems**	9.43	**Oracle Health**	9.41

11. Strategic Insights for Providers, Vendors and Policymakers

For Italian provider organizations

- Measure FSE 2.0 value through clinical retrieval time, duplicate document reduction, diagnostic-data completeness and clinician confidence.
- Treat LIS, RIS/PACS, pathology and emergency workflows as core FSE 2.0 domains rather than peripheral integrations.
- Create regional interoperability dashboards that distinguish uploaded documents from usable clinical data.
- Prioritize training for GPs, emergency clinicians, diagnostics staff and discharge teams because these workflows produce the data most likely to be used across settings.

For vendors and systems integrators

- Shift messaging from general EHR digitization to FSE 2.0 document-type readiness, gateway validation, metadata quality and regional interoperability proof points.
- Demonstrate product capability with lab, radiology, pathology, ED and discharge-document use cases across regions.
- Make FHIR/CDA support, national gateway validation and auditability visible in product roadmaps.
- Reduce burden by embedding FSE access into native clinical workflows rather than requiring extra portal searches and manual reconciliation.

For policymakers and regional health authorities

- Move beyond adoption metrics and publish metrics on native document production, diagnostic-data usability, retrieval speed and regional parity.
- Use independent usability and safety assessments before treating technical compliance as clinical success.
- Target support to regions and provider segments where digital access, diagnostic-system integration and training lag the national average.
- Align FSE 2.0 performance metrics with EHDS readiness so Italy can demonstrate cross-border value, not merely domestic document availability.

Doug Brown, Founder of Black Book: Italy's FSE 2.0 is one of Europe's most important tests of whether regional digital health systems can become a nationally usable clinical-data network. The decisive question is not only whether documents are uploaded. It is whether lab results, radiology reports, discharge summaries, emergency reports and specialist information are usable across regions, across systems and inside real clinical workflows.

12. Source Notes

Internal baseline from 2025 Italy report

- The 2025 Black Book Italy report included 1,160 EHR user responses across public/private acute care, community/primary care, ancillary/ambulatory care and government institutions.
- The 2025 vendor baseline ranked Dedalus first overall, followed by InterSystems TrakCare, Sistemi, Engineering/Ingegneria Informatica AREAS, Softwin, Oracle Health, Comarch, CompuGroup Medical and GPI Group.
- The 2025 Integration and Interoperability KPI ranked InterSystems first, Dedalus second and Oracle Health third.
- The 2025 methodology used 18 client-rated KPIs scored on a 0-10 scale with stoplight scoring thresholds.

Public 2026 context references

- PNRR Salute, Target M6C2-13: Utilizzo del Fascicolo Sanitario Elettronico per la maggior parte dei fascicoli sanitari. URL: https://www.pnrr.salute.gov.it/it/pnrr-targetmilestone/m6c2-13/
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- Dedalus Italy website. URL: https://www.dedalus.com/italy/it/
- GPI Group website. URL: https://www.gpigroup.com/en/

Additional public-context sources for competitive switching and expansion analysis

Public-market signals are balanced: Dedalus public materials and prior Black Book results continue to support strong overall incumbent positioning, while national FSE 2.0 commentary and regional-readiness reporting indicate areas where all incumbent and challenger vendors must demonstrate measurable interoperability, responsiveness and workflow utility.

Sources reviewed include official FSE interoperability documentation; public coverage of FSE 2.0 regional-readiness and digital-equity issues; and public vendor materials from Dedalus, InterSystems, Engineering, GPI, Oracle Health and CGM.

Glossary

Term	Definition
FSE	Fascicolo Sanitario Elettronico, Italy's electronic health record framework.
FSE 2.0	Modernized national EHR infrastructure funded and accelerated under PNRR.
PNRR	Piano Nazionale di Ripresa e Resilienza, Italy's recovery and resilience plan.
EHDS	European Health Data Space.
HIS/KIS	Hospital information system / Krankenhausinformationssystem-style hospital platform terminology.
LIS/RIS/PACS	Laboratory information system, radiology information system and picture archiving and communication system.
FHIR/CDA	Interoperability standards and document specifications used in health data exchange.

About Black Book Research

Black Book Research is an independent healthcare technology and services market research firm specializing in client satisfaction, user experience, operational performance and competitive intelligence surveys. Black Book collects frontline user and buyer intelligence across healthcare IT, outsourcing, services and digital transformation markets.

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