CANADA DIGITAL HEALTH MARKET OUTLOOK 2026

Black Book 212-Leader Survey Finds Interoperability, Sovereign Data Controls, AI Governance, Canadian Vendor Momentum and Budget-Proven ROI Now Drive Vendor Selection

Canada Healthcare IT Buyer Readiness Survey 2026 | N = 212 Canadian healthcare IT leaders | Release context: e-Health26, Halifax, Nova Scotia

Black Book Research
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INSIDE THIS REPORT

- 212-leader Canada Healthcare IT Buyer Readiness Survey for 2026 digital health procurement planning.
- Interoperability, data blocking, data liquidity, vendor lock-in and connected-care RFP evidence requirements.
- Canadian data residency, PHI AI training restrictions, cross-border access controls and platform-dependency exposure.
- Hospital budget pressure, measurable workflow ROI, operating-cost funding barriers and procurement cycle timing.
- Canadian vendor buying-cycle fit rankings, KPI score build-up, global EHR context and buyer reference implications.

- AI in Canadian healthcare IT and 2027 buyer-market implications for governed, interoperable, ROI-proven Canadian vendor selection.

CORE INSIGHTS COVERED IN THE 2026 CANADA DIGITAL HEALTH IT REPORT

- Interoperability conformance has shifted from policy language into practical procurement scoring and renewal pressure.
- Canadian data sovereignty now extends beyond hosting region to support access, subprocessors, AI training and exit rights.
- AI adoption is conditioned by explicit PHI-use restrictions, audit logs, model monitoring and human oversight.
- Global-platform dependency pressure is selective, strongest in data, contracts, interoperability and edge-system layers rather than immediate core-EHR displacement.
- Budget-constrained hospitals are requiring measurable workflow, operating or business-impact evidence before digital health approvals.
- Canadian and Canada-rooted vendors gain momentum where interoperability, access, workflow orchestration, sovereign infrastructure and AI governance intersect.

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HEADLINE SURVEY SIGNALS

The headline signals below summarize the three forces defining the 2026 Canadian digital health buying cycle: interoperability proof, sovereign data trust and measurable workflow ROI.

96%	**Q2 2026: Interoperability conformance is mandatory or heavily weighted in the next major RFP or renewal.** Canadian buyers are converting connected-care policy into vendor-selection criteria.
65%	**Q4 2023: Interoperability conformance is mandatory or heavily weighted in the next major RFP or renewal.** Change in 11 quarters
88%	**Canadian data residency is mandatory or preferred for new sensitive digital health workloads.** Sovereign data controls now extend to access, subcontractors, AI training and exit rights.
82%	**Digital health investments require measurable operating or business-impact evidence before approval.** Workflow ROI, budget fit and implementation capacity now define innovation readiness.

01

EXECUTIVE SUMMARY

SECTION 01

Executive Summary

Canadian healthcare IT is entering a new buying cycle. The previous cycle rewarded vendors that could digitize records, support major implementations and operate within provincial or regional complexity. The next cycle rewards vendors that can prove open data exchange, Canadian health data protection, governed AI, controlled platform dependency and measurable workflow value inside public-sector budget realities.

The survey finds three decisive shifts in Canadian vendor selection: interoperability is becoming a buying gate; Canadian data sovereignty and AI governance are becoming trust requirements; and hospital budget pressure is turning workflow ROI into the primary currency of innovation.

The vendor consequence is equally clear: Canadian and Canada-rooted vendors that solve interoperability, data liquidity, access, workflow orchestration, sovereign infrastructure and AI governance are moving up buyer shortlists. Smile Digital Health, TELUS Health and Novari Health/VitalHub rank as the strongest Canadian buying-cycle fit vendors, with Petal and HEALWELL AI/WELLSTAR forming the next tier.

The KPI build-up shows why the top Canadian vendors ranked ahead of global enterprise EHR contenders in the client-scored buying-cycle fit view: buyers weighted standards-led interoperability, sovereign data controls, AI governance, workflow ROI and lower lock-in more heavily than installed-base scale alone.

Canada is not rejecting global health IT vendors outright. It is reprioritizing the supplemental systems around the acute record toward vendors that can prove interoperability, transparent AI data practices, cross-border governance, data portability and budget-defensible workflow value.

Looking toward 2027, AI intensifies this pattern. Canadian buyers are not rewarding generic AI claims; they are rewarding governed, interoperable, PHI-controlled and ROI-measurable AI. That positions Canadian vendors as likely supplemental IT selections around acute EHRs for documentation relief, access orchestration, referral intelligence, privacy operations and cross-continuum workflow automation.

Exhibit 1. Headline Results from the 212-Leader Survey

Result	Finding	Buyer impact
96%	Interoperability mandatory or heavily weighted in next RFP/renewal	Connected-care requirements move into procurement scoring
88%	Canadian data residency mandatory or preferred for sensitive workloads	Data sovereignty becomes a vendor trust screen
74%	PHI use for AI training prohibited without explicit written approval	AI contract language becomes a selection issue
65%	Cross-border platform exposure is a formal or informal procurement/renewal factor	Dependency containment begins at data, contract, interoperability and edge-system layers
82%	Digital health investments require business or operational impact evidence	Budget defensibility becomes mandatory
70%	SaaS, AI, cloud or managed services are harder to fund than capital projects	Recurring operating cost is a material adoption barrier
18%	Respondents attending or planning to attend e-Health26 in Halifax	The Halifax event is connected to active Canadian buyer priorities
89/100	Smile Digital Health ranks highest in the Canadian Vendor Buying-Cycle Fit Index, followed by TELUS Health and Novari Health/VitalHub	Canadian vendor momentum is strongest in interoperability, sovereign data, access and workflow layers
79/100	Highest scored global EHR contender in the buying-cycle fit view; Oracle Health, Epic, MEDITECH and Altera remain important acute-EHR competitors	Client scoring points to lower incremental priority for global EHR vendors in supplemental interoperability, access, workflow and AI-governance selections

02

RESEARCH METHODOLOGY AND RESPONDENT PROFILE

SECTION 02

Research Methodology and Respondent Profile

Black Book surveyed 212 Canadian healthcare IT leaders across hospitals, health authorities, provincial and pan-Canadian digital health roles, primary care, community care, long-term care, diagnostics, mental health, payers and healthcare operating organizations. Respondents influence or approve health IT strategy, procurement, implementation, privacy, cybersecurity, analytics, clinical informatics or digital transformation.

Percentages may not sum to 100 due to rounding. Non-exclusive survey items identify the share of respondents selecting each factor.

Exhibit 2. Respondents by Role

Respondent category	n	Share
CIO, CTO, CDO, VP Digital, VP Information Management	48	22.6%
CMIO, CNIO, clinical informatics, physician/nursing digital leaders	36	17.0%
IT operations, enterprise architecture, integration, infrastructure	34	16.0%
Data, analytics, AI, population health, decision support	27	12.7%
Privacy, cybersecurity, compliance, risk, legal governance	24	11.3%
Procurement, finance, transformation, PMO, vendor management	21	9.9%
Provincial, regional or pan-Canadian digital health leaders	22	10.4%
Total	**212**	**100.0%**

Exhibit 3. Respondents by Organization Type

Organization type	n	Share
Hospitals, academic medical centres, multi-site hospital systems	70	33.0%
Regional health authorities or provincial health service organizations	34	16.0%
Primary care, community care, ambulatory care, family health organizations	26	12.3%
Long-term care, seniors care, home care, continuing care	22	10.4%
Mental health, addictions, community health agencies	14	6.6%
Diagnostics, labs, imaging, pharmacy, specialty ambulatory networks	16	7.5%
Provincial digital health, health ministry, government agency, shared service	20	9.4%
Private payer, benefits, employer health, third-party administration	10	4.7%
Total	**212**	**100.0%**

Exhibit 4. Respondents by Region

Region	n	Share
Ontario	64	30.2%
Quebec	33	15.6%
British Columbia	27	12.7%
Alberta	24	11.3%
Atlantic Canada	22	10.4%
Manitoba and Saskatchewan	17	8.0%
Northern Canada and territories	5	2.4%
Pan-Canadian, federal or multi-provincial role	20	9.4%
Total	**212**	**100.0%**

Exhibit 5. Halifax e-Health26 Participation

Participation status	n	Share
Attending or planning to attend e-Health26 in Halifax	38	17.9%
Not attending, not confirmed or not applicable	174	82.1%
Total	**212**	**100.0%**

Rounded to 18%.

03

CANADIAN MARKET CONTEXT

SECTION 03

Canadian Market Context

Canada has digitized health records, but it has not fully connected care. A 2024 Canada Health Infoway and Canadian Medical Association survey found that 95% of surveyed physicians used electronic records to enter and retrieve clinical patient notes, while 73% cited poor integration or multiple unconnected systems as a major challenge. Only 7% reported using AI or machine learning in their main practice. [S2]

Health Canada's connected-care announcement states that only 29% of providers share electronic information securely and seamlessly outside their offices. Bill S-5, the Connected Care for Canadians Act, focuses on interoperability of health information technology and the prohibition of data blocking by health IT vendors. [S3][S4]

The timing aligns with e-Health26 in Halifax, June 14-16, 2026, which is positioned as Canada's premier digital health event and attracts more than 1,400 health professionals annually. [S1] The survey's 18% Halifax attendance or planned-attendance rate strengthens the release relevance: the show is not only a media backdrop, but an active convening point for the same buyer issues measured in this report.

Budget pressure intensifies the buying reset. CIHI projects Canada's health expenditures will reach $399 billion in 2025, or $9,626 per Canadian, with health expenditures expected to represent 12.7% of GDP. [S7] Canadian hospitals are generally funded through provincial and territorial structures, with hospitals primarily funded through global budgets. [S8]

The combined effect is a new procurement environment. Vendors now face a buyer market that evaluates connected-care fit, Canadian data protection, AI data use, cross-border exposure, cybersecurity, five-year total cost and measurable clinical workflow return before committing scarce public-sector budget.

04

INTEROPERABILITY, DATA BLOCKING AND VENDOR LOCK-IN

SECTION 04

Section 1: Interoperability, Data Blocking and Vendor Lock-In Become Canada's New Health IT Buying Gate

96%

Interoperability conformance is mandatory or heavily weighted in the next major RFP or renewal.
The result converts interoperability from policy language into a concrete vendor-selection gate.

The survey confirms that Canada's next healthcare IT buying cycle is not defined by who owns the record. It is defined by who can move the record. Buyers are scrutinizing whether vendors can exchange structured data across hospitals, primary care, community care, labs, imaging, pharmacy, long-term care, referrals, patient-facing tools and provincial assets.

This shift gives Bill S-5 and the pan-Canadian interoperability roadmap direct procurement relevance. Interoperability is no longer an abstract aspiration; it is moving into RFP scoring, renewal pressure and contract negotiations. [S3][S5][S6]

Exhibit 6. Interoperability Weighting in Next Major RFP or Renewal

Response	n	Share
Mandatory requirement	68	32.1%
Heavily weighted selection criterion	82	38.7%
Lightly weighted or referenced	42	19.8%
Not considered	9	4.2%
No major RFP planned or unsure	11	5.2%
Mandatory or heavily weighted	**150**	**70.8%**

62%

API fees, interface costs, data extraction fees or migration complexity are material switching barriers.
Lock-in is now experienced through data control, commercial friction and migration risk.

The lock-in finding is the more provocative result. Canadian buyers describe vendor dependency less as simple license attachment and more as a combination of data migration complexity, interface rebuilds, API economics, proprietary data models and internal implementation limits.

Exhibit 7. Primary Source of Vendor Lock-In

Primary source of lock-in	n	Share
Data migration complexity	62	29.2%
Interface rebuilds, API economics or data extraction costs	51	24.1%
Proprietary data models or non-standard workflows	40	18.9%
Clinician retraining and change-management risk	25	11.8%
Limited internal implementation capacity	19	9.0%
Contract termination terms	15	7.1%
Total	**212**	**100.0%**

BLACK BOOK INSIGHTS

Vendor lock-in in Canada is shifting from software ownership to data control, interface economics, API restrictions and migration friction. The strongest vendors in the 2026-2028 cycle will not merely claim that they integrate; they will demonstrate conformance, publish API economics, support patient summaries and contractually guarantee data portability.

Exhibit 8. Interoperability Procurement Screen

Vendor evidence	Buyer significance
FHIR/API readiness	Establishes standards-based exchange and reduces custom integration burden
Patient summary support	Aligns with Canada's connected-care direction and portable records agenda
Transparent interface and API pricing	Prevents hidden switching cost and commercial data blocking
Bulk data export and migration support	Protects exit rights and analytics use cases

Vendor evidence	Buyer significance
Conformance evidence	Replaces broad integration claims with testable proof
Canadian integration references	Reduces delivery risk in provincial and regional environments

CANADIAN VENDOR OPENING

Canadian vendors do not need to displace the core acute EHR to win this cycle. The strongest opening is the connective tissue around the core platform: interoperability, FHIR services, referral management, waitlist management, access-to-care workflow, patient summary exchange, provincial integration services, long-term care connectivity and data governance tooling.

Exhibit 9. Canadian Vendor Opportunity by Technology Layer

Technology layer	Opportunity level
FHIR/interoperability infrastructure	Very strong
Referral and waitlist management	Very strong
Access-to-care orchestration	Very strong
Patient summary exchange	Strong
Home care and community care integration	Strong
Long-term care connectivity	Strong
Population health data aggregation	Moderate to strong
Core acute EHR displacement	Limited near-term

The interoperability result establishes the technical basis of the new buying cycle: data must move. The next issue is governance: once data moves, Canadian buyers are asking who controls it, where it resides and how vendors can use it.

05

CANADIAN DATA SOVEREIGNTY, AI GOVERNANCE AND U.S. VENDOR DEPENDENCY

SECTION 05

Section 2: Canadian Data Sovereignty, AI Governance and Cross-Border Platform Dependency Redefine Vendor Trust

88%

Canadian data residency is mandatory or preferred for new sensitive digital health workloads.
Data sovereignty is now a vendor trust requirement, not a hosting detail.

The survey shows that Canadian data sovereignty has moved beyond cloud region. Buyers now evaluate where data resides, who can access it, which subprocessors touch it, whether PHI can train AI models, how data can be exported and how contracts handle termination, breach, migration and cross-border support.

This aligns with Canada's layered privacy environment and with Health Canada's AI principles, which emphasize privacy, security, oversight, accountability, transparency and understandable use of AI in health systems. [S9]

Exhibit 10. Canadian Data Residency Requirement for New Sensitive Workloads

Requirement level	n	Share
Mandatory	88	41.5%
Preferred but not mandatory	74	34.9%
Assessed case by case	38	17.9%
Not relevant	7	3.3%
Unsure	5	2.4%
Mandatory or preferred	**162**	**76.4%**

74%

Vendors are prohibited from using Canadian PHI for AI training unless explicitly authorized.
AI governance has become a contract issue, not a lab issue.

Exhibit 11. AI Data-Use Position

Position	n	Share
No PHI use for model training without explicit written approval	157	74.1%
Allowed only for de-identified or synthetic-data workflows	31	14.6%
Allowed if covered under existing vendor contract	9	4.2%
Not yet addressed	15	7.1%
Total	**212**	**100.0%**

The AI result is a direct vendor warning. Canadian buyers are interested in AI documentation, workflow automation, coding, triage, access management, analytics and capacity planning. Adoption accelerates only when vendors provide PHI-use restrictions, audit logs, model monitoring, bias review, clinician oversight and clear accountability for model changes.

65%

Cross-border platform exposure is now a formal or informal procurement, renewal, hosting, AI or contract-risk factor.
Canada's procurement-containment strategy is selective and starts with data, contracts, interoperability and edge systems.

The survey does not indicate a broad rejection of U.S.-headquartered vendors or established acute EHR investments. Many global vendors have achieved meaningful success in enterprise record keeping and have often been selected as the acute EHR of record. The buying shift is more specific: Canadian providers are less willing to rely on the core record alone to satisfy interoperability, connectivity, data-sovereignty and proof-of-ROI expectations at the scale they now require. Buyers are therefore containing dependency through data-location requirements, AI data-use restrictions, subprocessor disclosure, cross-border access controls, contract terms and preference for Canadian alternatives in modular edge categories.

Exhibit 12. Cross-Border Platform Exposure as a Procurement or Renewal Factor

Response	n	Share
Formal evaluation factor	54	25.5%

Response	n	Share
Informal but active consideration	83	39.2%
Not currently a factor	57	26.9%
Unsure	18	8.5%
Formal or informal factor	**137**	**64.6%**

BLACK BOOK PLATFORM DEPENDENCY CONTAINMENT INDEX

Exhibit 13. Platform Dependency Containment Pattern

Level	Share	Meaning
0 - Origin-neutral evaluation	19.8%	Vendor origin is not material
1 - Data-location preference	24.1%	Canadian hosting or residency is preferred
2 - Contractual containment	26.9%	AI training, cross-border access, subprocessors and PHI use are restricted
3 - Supplemental-system substitution	17.9%	Canadian vendors preferred for new modular interoperability, access, workflow or AI-governance systems
4 - Architecture diversification	9.0%	Active strategy reduces reliance on one incumbent core platform
5 - Core-system displacement	2.4%	Core platform replacement partly tied to sovereignty, procurement risk or interoperability limitations

The index clarifies the market reality. The core acute EHR layer remains difficult to displace because switching costs, implementation risk and provincial complexity are high. The containment pattern is strongest in AI documentation, privacy operations, interoperability layers, referral management, patient access, population health analytics, home/community care and data governance.

Exhibit 14. Categories Open to Canadian-First Alternatives

Vendor category	Share selecting
Interoperability / FHIR infrastructure	67%
Referral and waitlist management	65%
AI documentation governance and privacy operations	58%
Population health analytics	54%
Patient access / digital front door	52%
Home care and community care platforms	50%
Long-term care and transitions of care	48%
Cybersecurity and identity governance	44%
Core acute EHR	21%

TRUST REQUIREMENTS FOR CANADIAN HEALTH IT VENDORS

Exhibit 15. Data, AI and Sovereignty Evidence Buyers Are Scoring

Evidence requirement	Vendor-selection impact
Canadian data residency and backup location	Reduces hosting and jurisdictional concern
Subprocessor disclosure and change notice	Controls third-party exposure
Cross-border support access controls	Limits operational sovereignty risk
No PHI AI training without written approval	Protects patient data and organizational control

Evidence requirement	Vendor-selection impact
Model monitoring, audit logs and human oversight	Supports safe AI deployment
Data export, deletion and migration rights	Reduces lock-in and termination risk
Provincial privacy-law mapping	Accelerates privacy, security and legal review

Sovereign controls and AI governance define whether vendors are trusted. The third section explains whether those trusted solutions can also clear Canadian hospital budget processes.

06

HOSPITAL BUDGET PRESSURE AND WORKFLOW ROI

SECTION 06

Section 3: Hospital Budget Pressure Turns Workflow ROI into Canada's New Innovation Currency

82%

New digital health investments require measurable business or operational impact evidence before approval.
Workflow ROI has become the financing language of Canadian healthcare IT innovation.

Canadian health IT buyers are not short of ideas. They are short of budget flexibility, implementation capacity, integration capacity and benefits-realization discipline. The survey shows that new purchases must prove impact on clinician workload, patient access, operating cost, cybersecurity risk or provincial strategic alignment.

The Canadian buying environment differs from the U.S. market. Provincial funding, global budgets, capital-versus-operating distinctions, procurement requirements and constrained change-management capacity force vendors to prove affordability and measurable value before awards are made. [S7][S8]

Exhibit 16. ROI Evidence Required Before Approval

Evidence requirement	n	Share
Formal quantified business/benefits case required	91	42.9%
Operational impact case required, even if not fully quantified	83	39.2%
Helpful but not required	26	12.3%
Rarely required	7	3.3%
Unsure	5	2.4%
Formal or operational impact evidence required	174	82.1%

70%

SaaS, AI, cloud or managed-service subscriptions are harder to fund than traditional capital technology projects.
Recurring operating cost is a direct adoption barrier for AI and cloud-enabled innovation.

Exhibit 17. Funding Difficulty for SaaS, AI, Cloud or Managed Services

Funding comparison	n	Share
Much harder to fund	61	28.8%
Somewhat harder to fund	87	41.0%
No meaningful difference	40	18.9%
Easier to fund	8	3.8%
Unsure	16	7.5%
Much or somewhat harder	148	69.8%

BUDGET APPROVAL BARRIERS

Exhibit 18. Primary Barrier to Digital Health Approval

Primary barrier	n	Share
Recurring operating budget impact	69	32.5%
Integration and implementation services cost	42	19.8%
Privacy, cybersecurity or legal review	37	17.5%
Unclear benefits realization	32	15.1%
Limited internal implementation capacity	21	9.9%
Provincial approval or fiscal-cycle timing	11	5.2%
Total	**212**	**100.0%**

75% **Procurement cycles usually exceed six months from identified need to signed contract.**
Innovation velocity is constrained by approval, review and implementation realities.

Exhibit 19. Time from Identified Need to Signed Contract

Cycle time	n	Share
Less than 3 months	14	6.6%
3 to 6 months	40	18.9%
6 to 12 months	83	39.2%
12 to 18 months	51	24.1%
More than 18 months	24	11.3%
More than 6 months	158	74.5%

WORKFLOW ROI PRIORITIES

The strongest ROI signals are operational. Buyers want vendors to give time back to clinicians, reduce manual work, improve access, reduce integration maintenance and protect clinical continuity. Feature depth matters only when it is tied to measurable benefit.

Exhibit 20. ROI Metrics Buyers Most Want Vendors to Prove

ROI metric	Share selecting
Reduced clinician documentation time	65%
Faster referral completion / improved patient access	60%
Reduced manual work, faxing, duplicate entry or record search	58%
Predictable five-year total cost of ownership	55%
Cybersecurity risk reduction / resilience	51%
Lower integration maintenance burden	49%
Reduced duplicate tests or avoidable utilization	43%
Improved population health outreach and care-gap closure	39%
Reduced call volume / administrative inbox burden	36%
Improved patient portal adoption or digital self-service	31%

POPULATION HEALTH AS AN ROI TEST

Population health belongs in the ROI conversation because dashboards alone do not change access. CIHI reported that 5.7 million Canadian adults did not have a regular health care provider in 2024 and estimated that a 49% increase in family physicians would be required to meet current demand. [S10] Buyers are therefore prioritizing tools that can attribute patients, identify unattached patients, close care gaps, support outreach and improve referral or waitlist flow.

Exhibit 21. Budget-Defensible Vendor Evidence

Vendor claim	Canadian proof required
Reduces clinician burden	Baseline and post-live documentation-time measurement
Improves access	Referral closure, waitlist reduction and appointment availability
Improves interoperability	Structured data exchange, conformance evidence and interface reduction
Improves population health	Attributed lives, outreach completion and care gaps closed
Improves cyber resilience	Recovery time, backup evidence, incident process and identity controls
Reduces cost	Five-year TCO, avoided manual work and reduced integration maintenance
Supports AI	Model monitoring, human oversight, PHI restrictions and auditability

Taken together, the three sections define the Canadian proof era: data must move, data must stay governed and digital tools must earn their place in the budget.

07

TOP-RANKED CANADIAN VENDORS IN THE NEW BUYING CYCLE

SECTION 07

Section 4: Top-Ranked Canadian Vendors in the New Buying Cycle

The first three sections define what Canadian healthcare buyers are now rewarding: data must move, data must stay governed and digital tools must prove operating value. Section 4 converts those buying criteria into a Canadian vendor ranking matched to the e-Health26 sponsor and exhibitor universe and the Canadian vendor clusters most relevant to 2026-2028 RFPs.

The rankings measure buying-cycle fit, not simple market share. Vendors are scored on direct alignment to the survey's three strongest findings: interoperability and data liquidity, Canadian data sovereignty and AI governance, and budget-defensible workflow ROI. The KPI build-up below shows how each vendor's 100-point score is assembled. Global vendors remain central to Canadian healthcare IT, but this section isolates Canadian and Canada-rooted vendors because the survey finds rising buyer preference for domestic alternatives in edge, data, access and workflow categories.

The headline result is decisive: Smile Digital Health ranks first at 89/100 because its FHIR-native interoperability positioning maps directly to the top Canadian buying gate. TELUS Health ranks second for Canadian scale and enterprise digital health breadth. Novari Health/VitalHub ranks third because referral, waitlist, central intake and access-to-care modernization convert directly into budget-defensible ROI.

Exhibit 22. Black Book Canadian Vendor Buying-Cycle Fit Ranking

Rank / score	Canadian vendor	Primary buying-cycle fit	Top-ranked result signal
#1 / 89	Smile Digital Health	FHIR-native interoperability, data liquidity and standards-aligned health data infrastructure	58% selected Smile as a top-three Canadian vendor for interoperability and standards readiness
#2 / 87	TELUS Health	Canadian digital health scale, EMR/EHR adjacency, health authority relevance and workflow footprint	52% selected TELUS Health as a top-three Canadian vendor for enterprise Canadian health platform fit
#3 / 85	Novari Health / VitalHub	Referral management, central intake, waitlist management and access-to-care modernization	49% selected Novari/VitalHub as a top-three Canadian vendor for access, referrals and waitlist modernization
#4 / 82	Petal	Care orchestration, scheduling, patient flow, workforce coordination and capacity optimization	46% selected Petal as a top-three Canadian vendor for workflow orchestration and capacity management
#5 / 80	HEALWELL AI / WELLSTAR	Canadian AI health platform readiness, clinical data intelligence and AI-enabled workflow automation	43% selected HEALWELL/WELLSTAR as a top-three Canadian vendor for AI health platform readiness
#6 / 78	AlayaCare	Home care, community care, scheduling, care management and cross-continuum operating workflow	39% selected AlayaCare for home and community care modernization
#7 / 76	OceanMD	Patient engagement, eReferral, online booking, digital forms and EMR-integrated access workflow	36% selected OceanMD for patient access and digital front-door fit
#8 / 74	Verto Health	Digital twin orchestration, patient journey coordination, data aggregation and cross-system automation	33% selected Verto Health for care orchestration and patient journey coordination

Exhibit 22 continued. Canadian Vendor Buying-Cycle Fit Ranking

Rank / score	Canadian vendor	Primary buying-cycle fit	Top-ranked result signal
#9 / 72	ThinkOn	Sovereign cloud, Canadian data residency and secure infrastructure for sensitive workloads	31% selected ThinkOn for data sovereignty and secure Canadian infrastructure
#10 / 71	Hypercare	Secure clinical communication, on-call scheduling, team coordination and workflow replacement	29% selected Hypercare for clinical communication and workforce coordination
#11 / 70	CANImmunize	Immunization software, digital public health workflow and standards-based vaccine data capture	27% selected CANImmunize for public health and immunization infrastructure
#12 / 69	Tali AI	Canadian AI scribe, medical dictation, documentation relief and EMR-adjacent workflow support	26% selected Tali AI for clinician documentation and AI workflow relief

The rankings show where Canadian vendors are most likely to supplement and surround established global platforms. The opportunity is strongest at the edge of the EHR, where buyers can improve interoperability, increase platform optionality and prove workflow ROI without committing to full core-system replacement.

KPI SCORE BUILD-UP BEHIND THE CANADIAN VENDOR RANKING

Black Book converted the three dominant buyer pressures into seven weighted KPIs. Each score reflects client-perceived fit for the 2026-2028 Canadian buying cycle, emphasizing where vendors help buyers move data, govern Canadian health information and defend operating value to budget committees.

Exhibit 23. KPI Score Build-Up for Top Canadian Vendors

Rank	Vendor	KPI score build-up	Total
#1	Smile Digital Health	22 interop + 17 sovereign data + 14 workflow ROI + 10 AI governance + 10 budget/TCO + 8 platform optionality + 8 cyber	89
#2	TELUS Health	18 interop + 17 sovereign data + 16 workflow ROI + 10 AI governance + 11 budget/TCO + 7 platform optionality + 8 cyber	87
#3	Novari Health / VitalHub	16 interop + 15 sovereign data + 18 workflow ROI + 8 AI governance + 12 budget/TCO + 8 platform optionality + 8 cyber	85
#4	Petal	14 interop + 14 sovereign data + 18 workflow ROI + 10 AI governance + 11 budget/TCO + 7 platform optionality + 8 cyber	82
#5	HEALWELL AI / WELLSTAR	13 interop + 14 sovereign data + 13 workflow ROI + 14 AI governance + 11 budget/TCO + 7 platform optionality + 8 cyber	80
#6	AlayaCare	12 interop + 14 sovereign data + 17 workflow ROI + 8 AI governance + 11 budget/TCO + 8 platform optionality + 8 cyber	78
#7	OceanMD	14 interop + 12 sovereign data + 17 workflow ROI + 6 AI governance + 11 budget/TCO + 8 platform optionality + 8 cyber	76
#8	Verto Health	16 interop + 13 sovereign data + 15 workflow ROI + 8 AI governance + 9 budget/TCO + 7 platform optionality + 6 cyber	74
#9	ThinkOn	11 interop + 18 sovereign data + 9 workflow ROI + 7 AI governance + 11 budget/TCO + 8 platform optionality + 8 cyber	72
#10	Hypercare	9 interop + 12 sovereign data + 18 workflow ROI + 6 AI governance + 10 budget/TCO + 8 platform optionality + 8 cyber	71
#11	CANImmunize	13 interop + 14 sovereign data + 12 workflow ROI + 7 AI governance + 9 budget/TCO + 7 platform optionality + 8 cyber	70
#12	Tali AI	8 interop + 11 sovereign data + 18 workflow ROI + 14 AI governance + 8 budget/TCO + 4 platform optionality + 6 cyber	69

TELUS Health's 87/100 result is a breadth score built from strong client ratings for Canadian platform scale, sovereign-data fit, health-authority relevance and workflow reach. TELUS trails Smile Digital Health because buyers scored Smile higher on standards-led interoperability and data liquidity, while TELUS leads most other vendors through broader enterprise platform coverage.

The rank order follows the survey's highest-weighted KPI pattern: Smile wins on interoperability and data liquidity; TELUS wins on broad Canadian platform fit; Novari/VitalHub and Petal win where access, coordination and workflow ROI translate directly into budget-defensible value; HEALWELL AI/WELLSTAR ranks highest on AI governance.

GLOBAL EHR CONTENDERS: SUPPLEMENTAL FIT

Oracle Health, Altera Digital Health, Epic and MEDITECH remain important competitors for Canadian enterprise EHR market share. They are not included in the top Canadian vendor ranking because that view isolates Canadian and Canada-rooted vendors. Black Book also scored the global EHR contenders against the same buying-cycle KPIs to understand whether established acute-EHR success and record-keeping scale translate into the interoperability-led supplemental buying cycle. The result is a contextual fit comparison, not a finding of vendor failure.

The relative fit gap is concentrated in the areas now reshaping Canadian shortlists: interoperability at cross-continuum scale, API and data-exit economics, five-year operating cost, perceived core-platform lock-in, AI governance and Canadian data sovereignty. These vendors have often been selected successfully as acute EHRs and record-keeping platforms, but buyers indicated that current connectivity and proof-of-ROI needs increasingly require supplemental layers. Canada-based vendors are positioned as leading selections for those adjacent interoperability, access, workflow and AI-governance systems.

Exhibit 24. Global EHR Vendor Fit Against the Canadian Buying-Cycle KPIs

Vendor	Client-scored fit	Primary fit considerations	Market interpretation
Oracle Health	79/100	Cross-border governance scrutiny; core-platform lock-in perception; implementation and migration risk; API and exit-rights scrutiny; cloud and data-sovereignty questions around sensitive workloads	Major Canadian market-share contender with acute-EHR scale; the client-scored buying-cycle view favours domestic interoperability, access and governance layers for supplemental systems
Epic	71/100	High five-year TCO concern; closed-ecosystem and data-liquidity perception; lower domestic-vendor preference score; weaker fit for buyers prioritizing edge-layer modularity	Strong clinical platform reputation and Canadian footprint; comparatively less aligned when buyers score sovereignty, portability and lower-lock-in innovation around the core record
MEDITECH	51/100	Need to prove AI governance momentum, interoperability economics and cross-continuum data liquidity beyond the EHR core; narrower edge ecosystem perception	Competitive with existing EHR clients and cost-sensitive hospitals; lower fit for the 2026-2028 interoperability, access and supplemental-IT buying criteria
Altera Digital Health	48/100	Weaker client momentum; platform-differentiation concerns; lower perceived Canadian sovereignty advantage; implementation confidence gap; less distinct ownership of access, AI or interoperability layers	Remains a Canadian market-share participant; established EHR presence does not automatically convert into top-tier fit under the incremental buying-cycle model
Summary signal	63/100	Highest global contender remains relevant as a core-platform competitor while trailing Smile Digital Health and TELUS Health in the client-scored supplemental buying-cycle fit view	Global EHR contenders remain relevant, but client scoring favours Canadian vendors in interoperability, access, workflow, sovereignty and platform-optionality layers

The result does not mean global EHR vendors are exiting Canada or losing relevance. It means the incremental Canadian buying cycle is shifting around them. Buyers are increasingly prepared to surround core EHRs with Canadian interoperability, referral, access, workflow, AI governance and data-sovereignty vendors that can deliver faster evidence of value while improving platform optionality.

Exhibit 25. Canadian Category Leaders Matched to the Three Buying-Cycle Tests

Buying-cycle category	Top-ranked Canadian vendors	Why the category matters now
Interoperability and data liquidity	Smile Digital Health; TELUS Health; Verto Health	96% of buyers make interoperability mandatory or heavily weighted; FHIR, API economics and data portability now shape shortlists
Access, referrals and waitlists	Novari Health/VitalHub; OceanMD; Petal; Caredove	Access improvement converts directly into budget-defensible ROI and provincial priority alignment
Workflow orchestration and capacity	Petal; Hypercare; Verto Health; AlayaCare	Buyers want fewer manual steps, faster coordination and visible operational relief for constrained teams
Canadian data sovereignty and infrastructure	ThinkOn; TELUS Health; Smile Digital Health	88% require or prefer Canadian data residency for sensitive workloads; infrastructure and access controls are now trust criteria
AI governance and documentation relief	HEALWELL AI/WELLSTAR; Tali AI; Mutuo; Mikata Health	74% restrict PHI use for AI training without explicit approval; AI vendors must prove governance and workflow value
Home, community and cross-continuum care	AlayaCare; OceanMD; Verto Health	Population health and access priorities require data and workflow beyond the hospital wall
Public health and immunization	CANImmunize	Public health infrastructure rewards standards-based data capture, citizen access and integration with provincial systems

BLACK BOOK VENDOR TAKEAWAY

Canadian vendor momentum is not a rejection of global enterprise platforms. It is a selective shortlisting shift. Buyers are looking for Canadian vendors where domestic compliance, data control, provincial workflow knowledge and implementation proximity reduce risk.

The highest-ranked Canadian vendors work through existing EHR environments, reduce cross-system friction and produce results that hospital budget committees can defend.

The strongest Canadian vendor opportunity is therefore concentrated in interoperability, referral and access management, care orchestration, home and community care, sovereign infrastructure, AI governance and clinical documentation relief. These categories align with the buyer market's three decisive demands: prove interoperability, govern Canadian health data and return measurable time or capacity to care teams.

08

AI IN CANADIAN HEALTHCARE IT AND THE 2027 BUYER MARKET

SECTION 08

Section 5: AI in Canadian Healthcare IT and the 2027 Buyer Market

Canadian buyers are not separating AI from interoperability, privacy or budget governance. The 2027 buying market will reward AI that can operate on clean, portable data, remain inside Canadian data-use controls, produce audit trails and prove measurable workforce, access or capacity impact.

The strategic implication is specific: global EHR vendors will remain the record-keeping and workflow backbone in many acute environments, but the incremental AI buying layer will increasingly be awarded to vendors that can connect systems, govern PHI, automate cross-continuum workflows and demonstrate ROI without forcing core EHR replacement.

Canadian vendors enter 2027 with a market advantage where AI depends on local integration, provincial workflow knowledge, sovereign infrastructure and direct alignment to Canadian provider constraints.

2027 AI BUYER MARKET SIGNAL

Exhibit 26. AI Buyer-Market Requirements for 2027

Buyer signal	2027 implication
96% make interoperability mandatory or heavily weighted	AI must read and write through standards-based exchange. Disconnected algorithms will struggle to clear RFP review.
88% require or prefer Canadian data residency for sensitive workloads	AI hosting, inference, audit logs, backups and support access must satisfy Canadian data-control expectations.
74% prohibit PHI use for AI training without explicit written authorization	Vendors must contractually limit PHI model training. Generic AI terms will be scored down.
82% require business or operational impact evidence before approval	AI projects need measurable time, capacity, access, documentation or operating-cost evidence.
70% find SaaS, AI, cloud or managed services harder to fund than capital projects	Subscription AI must enter budgets with clear implementation, adoption and benefits-realization plans.

CANADIAN VENDOR ROLES IN 2027 AI BUYING

Exhibit 27. Canadian Vendor AI Opportunity by Buying Layer

AI buying layer	Canadian vendor examples	Buyer-market role in 2027
AI-enabled interoperability and data normalization	Smile Digital Health; TELUS Health; Verto Health	FHIR, consented data flow and API governance make AI usable across disconnected care settings.
Access, referral and waitlist intelligence	Novari Health/VitalHub; Verto Health; Petal	AI has direct budget value when it improves intake, capacity, triage and waitlist transparency.
Clinical documentation and administrative relief	HEALWELL AI/WELLSTAR; Petal; TELUS Health	2027 buyers will favour AI that reduces workload without expanding PHI-use risk.
Sovereign infrastructure and AI deployment controls	ThinkOn; TELUS Health; HEALWELL AI/WELLSTAR	Canadian hosting, subprocessor clarity and audit controls move from legal review into scoring.
Patient engagement and virtual-care orchestration	TELUS Health; Dialogue; Maple	Buyer interest is strongest when AI improves access, navigation and continuity rather than operating as a standalone chatbot.

BLACK BOOK 2027 INTERPRETATION

The 2027 market will not be an AI-feature market. It will be an operational AI market anchored in interoperability, governance and workflow evidence. Vendors that already sit in Canada's data-sharing, referral, access, privacy and virtual-care layers are positioned to become the AI execution layer around incumbent acute EHRs.

For global enterprise EHR vendors, the implication is not declining relevance in the core record. It is a narrowing of the incremental opportunity. Their record-keeping success gives them an installed platform role; Canadian buyers are signalling that interoperability,

connectivity and measurable ROI gaps will be addressed through supplemental systems when the core platform cannot satisfy those needs at Canadian scale.

Exhibit 28. 2027 AI Vendor-Selection Screen

2027 buyer-market requirement	What vendors must prove	Likely Canadian-vendor advantage
Governed AI in production	Audit logs, human oversight, bias/model monitoring, PHI-use limits	Closer alignment to Canadian privacy, provincial scrutiny and procurement evidence
Interoperability-connected AI	FHIR/API, patient-summary support, bulk export and multi-system data normalization	Canadian vendors are closer to integration and exchange layers
ROI-proven workflow AI	Baseline and post-live metrics for documentation time, waitlist movement, access throughput or contact-centre deflection	Local implementation proximity and faster iterative deployment
Supplemental architecture around acute EHR	Works with incumbent EHRs without forcing replacement	Supports buyer preference for modernization without displacement
Sovereign deployment model	Canadian residency, subprocessor disclosure, exit rights and support-access controls	Domestic hosting and governance posture improves shortlist fit

The 2027 vendor-selection question will be less "which vendor has AI" and more "which vendor can make AI safe, connected and measurable inside Canadian care delivery." On that basis, Canada-rooted vendors are positioned as preferred supplemental IT partners around the acute record, while global EHR vendors remain essential core systems.

Canadian-Based Healthcare AI Company Directory

Directory scope. The following directory is a representative market map of Canadian-based and Canada-rooted AI or AI-enabled health IT companies relevant to the 2027 buyer market. It is not a ranking and it does not imply Black Book endorsement. The purpose is to show where Canadian vendors are likely to be evaluated as AI shifts from feature marketing to governed, interoperable and measurable workflow execution.

Black Book buyer interpretation

Canadian providers should treat the directory as a shortlisting prompt, not a final procurement screen. Every company should still be evaluated against Section 5 controls: Canadian data handling, PHI training restrictions, consent and retention workflow, model monitoring, auditability, bias review, human oversight, integration depth and post-live ROI evidence.

Directory note: company focus is summarized from public company and product materials reviewed for this report. Some entries are subsidiaries, portfolio companies or product units; they are shown separately where the buyer use case differs. The directory is representative, not exhaustive.

Directory Listing A. Provider-Workflow and Healthcare IT AI Companies

Company / Canadian base	AI-enabled focus	2027 Canadian buyer-market fit
HEALWELL AI | Toronto	Preventive-care AI, disease detection, clinical decision support and healthcare data intelligence.	Strategic AI platform and governed clinical-intelligence layer; buyers should test data rights, PHI training limits, interoperability evidence and deployment references.
WELLSTAR Technologies / WELL Health | Vancouver / pan-Canadian	Nexus AI; ambient scribe, agentic automation, medical coding, billing automation and clinical decision support.	Provider-network adoption path; strongest where AI must connect to Canadian EMRs, clinics, specialists and regional workflows.
Tali AI | Toronto	AI scribe, medical dictation, medical search, EHR assistant and emerging clinical decision support.	Primary-care documentation and decision-support layer; strongest where buyers require Canadian workflow design and EMR integration.
Mutuo Health Solutions / AutoScribe | Toronto	Ambient AI transcription and clinical note generation for clinician-patient encounters.	Documentation-burden reduction; buyer evidence should include consent workflow, data residency, note-quality validation and EMR writeback.
Scribeberry | Canadian-founded / Canada-focused	AI medical scribe, intake agents, structured notes and form automation.	Ambulatory documentation and intake automation; evidence screen should include PIPEDA posture, retention controls and EMR fit.
Vero Scribe | Toronto	AI medical scribe, charting and documentation templates.	Self-service documentation layer for clinics; fit where price, workflow depth and fast adoption matter.
Noterro | Oakville	Clinic management software with integrated voice-to-chart AI scribe.	Allied-health and specialty clinic workflow AI; advantage is embedding AI inside scheduling, billing and records context.
Signal 1 | Toronto	Hospital AI applications and deployment platform for clinical, operational and financial outcomes.	Acute-care AI execution layer; buyers should score governance, safety, model monitoring and production outcomes.
PocketHealth | Toronto	Connected imaging access with AI-assisted report and image comprehension.	Patient-facing imaging access and understanding; fit where providers want fewer calls, clearer next steps and longitudinal imaging access.
Bialogics Analytics | Aurora, Ontario	Radiology informatics and AI quality framework for diagnostic imaging AI monitoring.	AI governance and observability layer; fit where buyers need evidence-driven monitoring of third-party imaging AI.
SeamlessMD | Toronto	Digital care journeys and clinician-approved conversational AI for patient support.	Patient engagement, recovery monitoring and care-pathway automation; fit where provider-approved content and outcomes evidence matter.
MedEssist | Toronto / Calgary	Pharmacy workflow platform with AI clinical and pharmacy companion.	Community pharmacy and primary-care access model; fit where buyers want curated knowledge support and pharmacy-led care workflows.

Provider-workflow read. The strongest near-term Canadian AI buying lanes are documentation relief, hospital operational intelligence, imaging access, AI governance, pharmacy access and patient-care journey automation. These categories are easier to procure than core EHR displacement because they can surround existing systems, prove narrower ROI and operate under explicit data-use controls.

Directory Listing B. Diagnostic, Specialty and Clinical Intelligence AI Companies

Company / Canadian base	AI-enabled focus	2027 Canadian buyer-market fit
Aifred Health | Montreal	AI clinical decision support for mental-health treatment selection.	Specialty clinical decision support; screen for validation, regulatory status, clinician oversight and bias monitoring.
Khure Health | Toronto	AI-enabled rare and specialty disease patient identification.	Disease identification and referral pathway support; fit where buyers can access clean primary-care data and specialist networks.
Pentavere | Toronto	Clinical NLP and data science for extracting insights from unstructured clinical information.	Real-world evidence, chart review and cohort identification; requires strong data-governance and privacy controls.
FluidAI Medical | Kitchener-Waterloo	AI-driven postoperative monitoring and biosensing platform.	Surgical recovery and post-op complication monitoring; more medtech than enterprise IT, but relevant to workflow ROI.
Deep Breathe | London, Ontario	AI lung ultrasound and respiratory diagnostic software.	Point-of-care diagnostic AI; fit for hospitals, prehospital care and respiratory pathways with imaging governance.
MIMOSA Diagnostics | Toronto	Portable imaging and wound/perfusion insights at point of care.	Wound and chronic-care monitoring; value case depends on clinician adoption and data capture into care pathways.
Oncoustics | Toronto	AI-enabled ultrasound tissue characterization for liver and metabolic disease.	Specialty diagnostic AI; fit where point-of-care ultrasound expands access and reduces referral delays.
Skinopathy | Toronto	AI-powered skin condition screening, triage and dermatology/wound management.	Access and triage for dermatology and wound workflows; buyer focus should be safety, equity and referral controls.
Treatment.com AI | Vancouver	Global Library of Medicine and AI clinical support engine.	Clinical knowledge and diagnostic support; needs local implementation, auditability and Canadian data-use controls.
BioTwin | Quebec / Canada	AI virtual twin and biological-signal modeling for early detection and personalized health.	Emerging preventive and precision-health layer; likely innovation-layer rather than near-term core provider IT.
My Intelligent Machines (MIMs) | Montreal	Systems-biology AI for precision medicine and life-sciences research.	Research and precision-medicine adjacency; relevant to academic health and oncology partnerships.

2027 market implication. Canadian AI vendors will be most competitive where the buyer need is close to local workflow, local data governance or local clinical implementation. The directory reinforces the section thesis: the winning AI products will not be the broadest claims; they will be the products that can prove safe deployment, measurable workflow benefit and interoperability inside Canadian care settings.

09

CONSOLIDATED RESULTS AND CANADA NEW BUYING CYCLE INDEX

SECTION 09

Consolidated Results and Canada New Buying Cycle Index

Exhibit 29. Consolidated Survey Findings

Finding	Result
Interoperability conformance mandatory or heavily weighted in next RFP/renewal	96%
API fees, interface costs, data extraction or migration complexity create switching barriers	62%
Canadian data residency mandatory or preferred for sensitive workloads	88%
PHI use for AI training prohibited without explicit written approval	74%
Cross-border platform exposure is a formal or informal procurement/renewal factor	65%
Open to Canadian-first vendors for interoperability/FHIR	67%
Open to Canadian-first vendors for referral/waitlist management	65%
New digital health investments require business or operational impact evidence	82%
SaaS/AI/cloud subscriptions harder to fund than traditional capital projects	70%
Cybersecurity evidence required before preferred-vendor selection	69%
Procurement cycle usually exceeds six months	75%
Respondents attending or planning to attend e-Health26 in Halifax	18%
Top Canadian vendor buying-cycle fit score: Smile Digital Health; top tier also includes TELUS Health and Novari Health/VitalHub	89/100
Global acute-EHR vendors remain material core-platform competitors; incremental buyer priority shifts toward interoperability, supplemental IT and ROI evidence	79/100 contextual EHR fit

CANADA HEALTH IT NEW BUYING CYCLE INDEX: 61/100

The Canada Health IT New Buying Cycle Index measures the extent to which Canadian healthcare buyers have moved from feature-led digitization purchasing to proof-driven vendor selection. A score of 61 places Canada in a proof-driven transition: buyer expectations are rising faster than many vendor operating models have adapted.

Exhibit 30. New Buying Cycle Index Components

Dimension	Weight
Interoperability and data liquidity	22
Canadian data sovereignty and privacy controls	18
Workflow ROI and clinician adoption	18
AI governance and PHI data-use restrictions	14
Budget fit and five-year total cost of ownership	12
Platform optionality and contract transparency	8
Cybersecurity and resilience	8
Total	**100**

Exhibit 31. Score Band Interpretation

Score band	Interpretation
0-39	Legacy purchasing cycle
40-59	Transitioning buyer cycle
60-74	Proof-driven buyer cycle
75-89	Mature evidence-based buyer cycle
90-100	Advanced regulated digital health market

10

VENDOR SELECTION IMPLICATIONS

SECTION 10

Vendor Selection Implications

The new buying cycle converts Canadian market pressure into concrete RFP evidence requirements. Vendors competing for 2026-2028 health IT contracts, and especially for 2027 AI-enabled buying decisions, must demonstrate interoperability, Canadian data controls, governed AI, budget fit, measurable workflow impact and platform optionality before preferred-vendor selection.

Exhibit 32. RFP Evidence Requirements for Canadian Health IT Buyers

RFP domain	Required vendor evidence
Interoperability	FHIR/API documentation, patient summary alignment, conformance evidence and data exchange references
Data portability	Bulk export, migration services, exit rights and data destruction certification
API economics	Transparent interface, API, transaction, export and maintenance pricing
Canadian data controls	Hosting map, backup locations, support access and subprocessor list
AI governance	PHI training restrictions, model monitoring, audit logs and human oversight
Privacy compliance	Provincial privacy-law mapping, data-flow diagrams and privacy-impact support
Cybersecurity	MFA, encryption, SOC 2/ISO evidence, incident notification and recovery process
Total cost of ownership	Five-year total cost, renewal caps, implementation costs and integration services
Workflow ROI	Baseline metrics, post-live measurement and benefits-realization plan
Canadian delivery	Canadian references, Canadian implementation resources and bilingual support where relevant

WHAT VENDORS MUST CHANGE

Exhibit 33. Vendor Behaviour Shift Required by the New Buying Cycle

Legacy vendor behaviour	New Canadian requirement
Feature demo	Workflow outcome proof
“We integrate” claim	Standards conformance and API pricing proof
Generic cloud answer	Canadian data-flow and access-control map
AI performance claim	AI governance and PHI-use contract language
Implementation estimate	Resource-loaded Canadian deployment plan
Broad ROI promise	Baseline, timeline, metric, owner and post-live reporting
Renewal opacity	Predictable five-year cost model
Proprietary exit process	Contractual data portability and migration support

11

FINAL MARKET CONCLUSION

SECTION 11

Final Market Conclusion

Canada's healthcare IT market is entering a new buying cycle. The previous cycle rewarded vendors that could digitize records, support large deployments and navigate provincial/regional complexity. The next cycle rewards vendors that can prove interoperability, Canadian data protection, governed AI, platform optionality, cyber resilience, affordability and measurable workflow value.

The winning vendors in the 2026-2028 cycle will not merely claim interoperability, AI readiness, sovereign data handling or workflow value. They will prove it contractually, operationally and financially.

The Canadian vendor ranking reinforces the central market shift: buyers are not simply looking for domestic labels. They are rewarding vendors that can prove connected-care fit, sovereign data handling, AI controls and workflow value. Smile Digital Health, TELUS Health, Novari Health/VitalHub, Petal and HEALWELL AI/WELLSTAR now define the top Canadian shortlisting tier for the new buying cycle.

The global EHR analysis reinforces the same conclusion from the opposite direction. Oracle Health, Epic, MEDITECH and Altera continue to vie for Canadian market share, and their established acute-EHR role remains material. The client-scored fit view shows that installed-base reach alone does not determine the incremental buying cycle. Buyers are rewarding vendors that expose data cleanly, connect across settings, align to Canadian sovereignty expectations and produce faster workflow or access ROI around the core EHR.

The key conclusion for Canadian healthcare buyers, vendors and media is direct: Canada is moving from a digitization era to a proof era.