

HOW TO BUILD A FOUNDATION FOR

Interoperability Success



MEDITECH

Interoperability has progressed significantly since the establishment of the Office of the National Coordinator for Health Information Technology (ONC) two decades ago, bringing us closer to a unified framework for exchanging health information. This momentum is now rapidly accelerating due to advancements in technologies like cloud computing and FHIR APIs, along with new government initiatives, all propelling us toward the ultimate goal of seamless health record sharing across all systems, settings, and stakeholders.

In July 2025, the Centers for Medicare & Medicaid Services (CMS) announced a new Interoperability Framework (as part of its broader Digital Health Ecosystem), with voluntary criteria to encourage interoperable data exchange across health systems, technology vendors, payers, providers, and patient apps. Among its goals is to enhance how participant networks and systems respond to data requests from patients and providers in a more timely, standards-based manner.

CMS is advancing foundational infrastructure to support interoperability, including a FHIR-based national provider directory, digital insurance cards for Medicare beneficiaries, and modern identity verification across systems. The agency is also expanding its Data at the Point of Care initiative to deliver Medicare claims data more broadly into provider workflows. While the framework currently operates on a voluntary basis, CMS envisions bi-directional data

exchange and interoperability that could encourage other payers and stakeholders to follow. If successful, such efforts would hold promise for improved care quality, lower costs, and enhanced experiences for both clinicians and patients. Realizing this vision, however, will depend on collaboration across vendors, health systems, and governing bodies to manage complexity and build sustainable infrastructure.

The benefits of these initiatives are numerous, including higher-quality patient care, lower costs, improved clinician efficiency, and more patient-centric population health measures. But how do we overcome the hurdles that have stymied past initiatives—such as data overload and physician burnout—and turn our vision into reality?

It begins with building a strong foundation and collaborating across vendors, health systems, and governing bodies to drive lasting change.

In this paper, we highlight some key strategies to consider:

Mike Cordeiro

Senior Director
Interoperability Market & Product Strategy

MEDITECH



Establish a Strong Understanding of Interoperability Goals

To drive lasting change, we must move beyond outdated notions of how health systems should share data. We've witnessed the evolution from "best-of-breed" solutions to integrated EHRs, and the rise of private vendor networks that facilitate information exchange among health systems using the same EHR. While both advancements support patient-centered care, health systems should not lose sight of the broader objective of nationwide interoperability.

We've all heard the patient treatment use case of a snowbird seeking ER care down south for the winter. However, the significance of nationwide interoperability extends far beyond this. It spreads to the heartland, where rural communities can rely on the power of a nationwide, trusted framework to plug in once and exchange data with any health system across the nation, providing them with the technological equity to maintain their independence. It extends to the patient, who should have control of their health records, empowered through individual access services. And it extends beyond the patient treatment use case, as health sys-

tems seek to bi-directionally exchange data with payers, public health agencies, and other government entities to close care gaps and improve patient and provider access to data.

Leveraging comprehensive datasets encompassing both provider and payer information will enable us to move beyond traditional treatment-focused approaches, unlocking the full patient narrative. This holistic view is crucial for powering innovations like AI and generating significant advancements in patient care and operational efficiency.

Historically, the absence of a dependable framework often led health systems to consolidate around a single EHR, whether through mergers, acquisitions, or referral agreements. However, given the recent advancements in interoperability, dedicating substantial resources to a new EHR solely for improved data exchange is short-sighted and unlikely to yield a return on investment. Furthermore, it doesn't address the fundamental issue that patients rarely receive all their care from a single

health system. Sacrificing independence by adopting another health system's EHR offers only a temporary solution, with potentially significant long-term repercussions, including hindering an organization's ability to tailor its digital health strategy to the unique needs of its local community.

Instead, healthcare organizations should prioritize leveraging these exchange frameworks to facilitate seamless data exchange with referral partners and other external health systems, irrespective of the EHR used or location. Rapid advancements in interoperability are already dissolving data exchange barriers as organizations join Qualified Health Information Networks (QHINs) and adopt sophisticated solutions for synthesizing meaningful information across disparate health systems. Furthermore, recent CMS initiatives will accelerate these advancements, compelling all healthcare systems to adapt or risk being left behind.

Building a Modern Foundation

Your EHR is among your organization's largest investments and will have a significant impact on the success of your interoperability strategy. This includes both your ability to exchange data across health systems, government agencies, public health, and payers, as well as with third-party apps.

Having a modern EHR infrastructure is crucial for ensuring scalability, security, and adaptability to rapid change — leveraging cutting-edge technologies to unlock the power of data. Legacy systems built on older 20th-century foundations may struggle to meet the current technology demands of a modern health system. The Interoperability tech stack continues to evolve, and the latest standard data sets, such as USCDI v4 and USCDI+, facilitate more discrete and meaningful data exchange.

As CMS expands interoperability and data-sharing requirements across health plans, providers, and public health reporting, the advantages of using an EHR built on modern standards will multiply—supporting real-time quality performance tracking, shared savings analysis, and more effective risk stratification.

Today's EHRs should seamlessly collect, codify, and normalize data, and optimize their data exchange formats for the appropriate use case. For example, utilizing RESTful APIs (e.g., FHIR) to support health applications — and making these readily accessible within both clinical and non-clinical workflows — reduces the burden of managing proprietary or non-standard connections. A “FHIR-first” approach is essential for future-proofing your EHR, supporting discrete and real-time data exchange, and enabling SMART on FHIR apps. However, in the absence of a FHIR standard, EHRs must also have the flexibility to support proprietary APIs for administrative, clinical, and financial operations—integrating real-time data access within existing workflows.

It is also important that your EHR supports federal interoperability initiatives, such as CMS's Interoperability and Patient Access framework and emerging programs within this framework. These initiatives promote nationwide, standards-based data exchange—aligned with the ONC's Trusted Exchange Framework and Common Agreement (TEFCA)—to enable secure access to healthcare data across organizations and systems. The growing adoption of QHINs allows connectivity across disparate EHRs and vendor ecosystems.

Driving adoption of QHINs across health systems opens up new opportunities for data exchange, as a larger percentage of the U.S. population gains connectivity to all QHIN-connected healthcare organizations nationwide. This broad connectivity empowers healthcare organizations to reduce duplicative infrastructure investments and share data independently. This levels the playing field, removing data access as a competitive disadvantage for smaller, resource-limited entities compared to larger health systems.

However, building a modern foundation also necessitates a robust infrastructure—one capable of storing and rapidly processing vast datasets. To support the widespread adoption of AI and the successful implementation of evolving value-based care models, a foundational shift to modern cloud-based infrastructure is essential.

A Shift to the Cloud

Today, more healthcare organizations are transitioning their EHRs to the cloud and embracing a software-as-a-service (SaaS) approach. To meet this need, EHRs must not only be accessible on the cloud but also designed for it. Cloud-native EHRs enable greater scalability as data-sharing requirements and compatibility standards develop. The technology enables EHR vendors to simultaneously apply updates to large groups of customers, ensuring that organizations remain optimized on the latest enhancements and stay ahead of emerging regulatory requirements, security protocols, and data exchange standards. As organizations grow in size and complexity, their infrastructure must evolve to keep pace.

Cloud-native solutions also use less proprietary technology, making real-time integration with the latest APIs faster and more cost-effective. This approach establishes a dynamic ecosystem of innovation and futureproofs an organization's health IT strategy. For example, according to a May 2025 report by [KPMG International](#), "investing in cloud platforms enables secure, scalable access to vast datasets and advanced AI tools, supporting real-time collaboration, diagnostics and innovation across care settings." The report cites that 69% of respondents are using cloud-based platforms to support their AI infrastructure.

A subscription-based cloud model also promotes tech equity, enabling rural and community hospitals, clinics, and underfunded providers to access enterprise-level tools without substantial capital investment or on-premise infrastructure. They gain access to the same software versions as larger medical centers, automatically receiving the latest advancements, including interoperability standards and code sets — improving care quality for vulnerable and underserved communities.

Opting for a cloud solution directly from the EHR vendor, rather than through a neighboring health system, further allows rural and community hospitals to retain their autonomy and personalize their EHR to serve their local community's specific needs.



Reducing Clinician Burden

Initially, Continuity of Care Documents (CCDs), introduced in 2007, aimed to streamline data transfer between healthcare systems. Networks for sharing these CCDs emerged through the efforts of independent interoperability organizations like Commonwealth and regional Health Information Exchanges (HIEs), or through frameworks such as Carequality.

Unfortunately, these CCDs proved far from seamless in practice. Their immense size and the redundancy of multiple documents from each care location made them cumbersome to use. Instead of facilitating information exchange, clinicians often found themselves overwhelmed by incomplete and duplicative data, sifting through hundreds of pages of documents in search of meaningful insights. In some cases, CCDs even became a deterrent to interoperability, viewed more as an onerous regulatory burden than a tool for holistic patient care.

Now, with the advent of FHIR, we're seeing a more modern, flexible, and targeted approach to data exchange replacing traditional CCDs. FHIR effectively addresses many of the critical interoperability challenges that have historically burdened physicians. This presents a unique opportunity for healthcare organizations to reshape the narrative by adopting EHRs that prioritize a FHIR-first approach to interoperability and data utility.



Data is only valuable if it can be used effectively, and clinicians shouldn't have to sift through hundreds of pages of patient summaries to find the information they need. Today's most advanced innovations, from AI to precision medicine, cannot be fueled by static documents or incomplete data. Clinicians require access to discrete, meaningful data and the tools to transform fragmented data into actionable insights.

Modern EHRs are evolving to provide clinicians with a clear and concise presentation of data integrated directly into

their workflows. Beyond merely accessing interoperable data, these systems aim to filter out redundancies and deliver information in a format that supports effective decision-making, minimizes cognitive load, and enhances job satisfaction.

Establishing an Open Ecosystem to Reduce Vendor Lock-in

An effective interoperability strategy goes well beyond exchanging data across health networks. It also entails enabling open and fair access to the EHR platform for other cutting-edge developers to complement EHR workflows in a manner that promotes, rather than hinders, innovation.

Expanding government regulations and rising consumer expectations continue to propel the healthcare landscape towards a marketplace of independent healthcare apps and AI solutions, reminiscent of the days before it shifted from a “Best of Breed” to an integrated approach. Today, the industry is entering a new phase driven by a thirst for innovation and the availability of advanced interoperability standards that pave the way for a new “Beyond-Integrated” era, where EHRs serve as an open platform for innovation. Patients today

want to be empowered to drive their own healthcare journey using their preferred apps. Mandates to use only your EHR vendor’s approved app and other monopolistic practices are no longer acceptable in a consumer-driven market.

This new era maintains the premise that an integrated EHR platform provides the best foundation for patient-centric care but emphasizes the significance of interoperability to ensure platforms remain open to other third-party technologies that have the potential to transform care. Government agencies and accelerator groups, such as Argonaut, are paving the way by uniting the industry around a common set of standards that EHRs must be able to quickly adopt. However, flexibility is still needed to support proprietary APIs as standards mature and before they are widely embraced. Such a

shift from consolidation to collaboration unlocks significant opportunities for innovative healthcare entrepreneurs to enhance patient care, with major EHR leaders providing essential foundational support.

To foster innovation, EHRs must make it easy for developers to contribute technologies that enhance patient care, clinician experience, and operational efficiency. Healthcare organizations need the freedom to select the best tools for their IT strategies without being locked into a single vendor. Barriers such as complexity in integration or cost-prohibitive partnership fees should not deter independent entrepreneurs from entering the market. An open approach that supports tech equity and fosters competition is the best environment for driving the development of cutting-edge healthcare solutions with the potential to transform the healthcare industry.

Applying an Innovative Application of AI

Having an advanced cloud-based infrastructure in place and a means of capturing discrete, meaningful, and interoperable data from various sources provides a solid foundation for successfully deploying AI.

EHRs should be open to supporting a wide range of AI-powered solutions, such as surfacing information, automating documentation, capturing patient encounters, or providing predictive insight. Ambient intelligence has become one of the most widely adopted technologies for utilizing conversational AI to reestablish the human connection between clinicians and patients. Leveraging the latest FHIR standards to integrate AI within native workflows demonstrably transforms the patient and provider

experience. Today, it enables us to roll out the next wave of ambient intelligence, including natural language queries and queuing of next actions, like orders.



Leveraging Interoperability as a Catalyst for Meaningful Patient Access

In the wake of the June 2025 CMS Final Rule and the HHS/CMS RFI on advancing a patient-centered digital health ecosystem, the importance of interoperability in enabling patient access to health data has never been clearer. Individual access services are no longer a convenience—they are a regulatory expectation and a cornerstone of digital health equity.

Interoperability enables patients to access their longitudinal health records across various providers and health plans, thereby eliminating data silos and empowering individuals to proactively manage their care. Under the latest CMS Interoperability and Patient Access rule, health plans—including Medicare Advantage, Medicaid, and CHIP plans—must implement FHIR-based Patient Access APIs that give members timely access to claims, encounter, and clinical data through third-party applications of their choice.

This shift supports more than just access—it creates an open ecosystem where patients can integrate their health data into apps for care coordination, medication management, digital insurance cards, and remote monitoring. Your EHR must be able to contribute freely to this ecosystem, opening the patient's record to a marketplace of apps and ensuring providers can meet patients where they are—whether it's through mobile-first solutions, digital wallets, or non-traditional care settings. Crucially, this also promotes tech equity by ensuring that community health centers and small practices can plug into the same infrastructure as major health systems.

Patients require unobstructed access to their health data, free from the limitations imposed by healthcare systems or their EHR vendors. EHR vendors and health IT developers must now build standards-based solutions that support plug-and-play patient applications while complying with the 21st Century Cures Act's information blocking provisions. The expectation is no longer just portal access, but dynamic, API-driven data liquidity that puts patients in control of their records across the continuum of care.



Choosing Your Foundation

It's an exciting time to be in healthcare, with innovation happening across every sector. No one should go it alone. You cannot resolve today's healthcare challenges through a monolithic approach to EHR development or a proprietary infrastructure that is consistently strained and challenged by emerging IT standards. Now is the time to establish your interoperable foundation to take full advantage of what's on the horizon.

When you choose your EHR, you are not just selecting it for its current functionality. You are selecting it as your foundation for managing your healthcare IT ecosystem, future-proofing your IT strategy for lasting success.

As a proven EHR leader at the forefront of interoperability, MEDITECH can partner with you in these efforts.

Read on to learn how MEDITECH's
intelligent **Expanse EHR can help.**

MEDITECH's Interoperability Leadership

MEDITECH has consistently championed interoperability, recognizing its critical role in fostering patient-centric care, driving innovations such as AI, and ensuring equitable access to technology and information for health systems of all sizes.

We have been at the forefront, taking a leadership role in many government and industry workgroups responsible for establishing and driving the adoption of industry standards. This includes the Argonaut Project, the FHIR on Scale Taskforce (FAST), the Gravity Project, 360x, the Da Vinci Project, Helios, and the HHS Cancer Moonshot Initiative. We value our collaboration with all industry stakeholders, including vendors, payers, and health systems, to collectively advance healthcare technology.

However, interoperability extends beyond mere standard-setting; it's fundamentally about solving real-world problems. It is these areas where MEDITECH's leadership role has shone brightest. For example, to support our Canadian customers' need for a comprehensive data exchange framework, we collaborated with the Ontario Ministry of Health on Project AMPLIFI to successfully connect MEDITECH customers across Ontario, along with over 300 long-term care facilities that utilize the PointClickCare EHR. Furthermore, a framework was established to integrate other major EHR vendors, including Oracle Health via Oracle eHub and a growing number of Epic instances. This expansive network also provides connectivity to vital provincial assets, including the Ontario Provincial Client Registry (PCR), the Ontario Laboratories Information System (OLIS), and the Digital Health Drug Repository. We are now positioned to extend this network to other provinces.

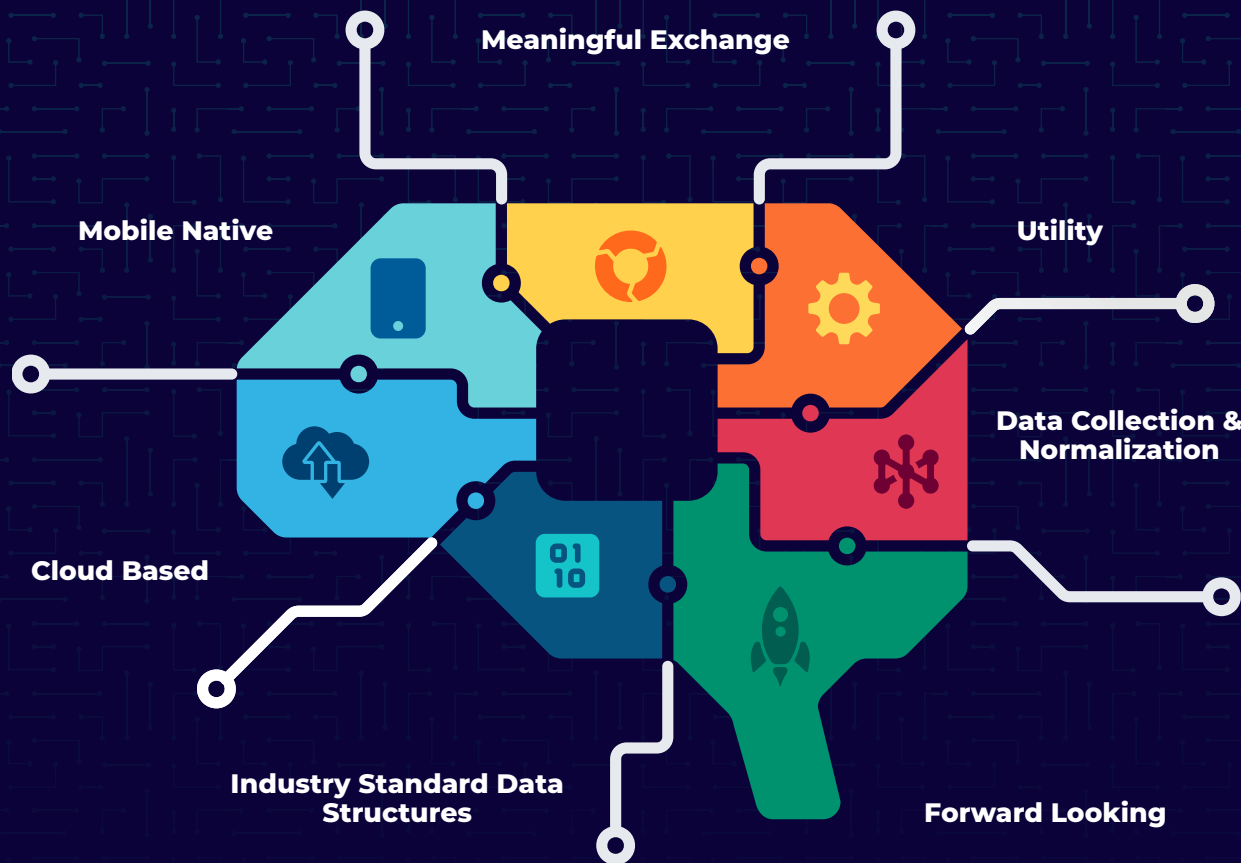
Today, we continue to lead within interoperability workgroups and embrace the industry's path forward towards global ecosystems. We have committed to the pledge to implement the CMS Interoperability Framework and enable our provider customers' participation in CMS Aligned Networks. We also recognize the significant potential in these efforts to enhance connections between vendors, providers, app developers, payers, and public health agencies, fostering improved value-based care through stronger participation incentives and more timely, bidirectional communication regarding quality performance data.

Our success stems from a continuous drive to look beyond baseline government standards, focusing on how interoperability can solve additional real-world problems. For instance, our leadership in precision medicine has enabled the integration of discrete genetic data into clinical decision-making. Similarly, the rollout of Traverse Exchange, MEDITECH's advanced data exchange network, and the adoption of standards are instrumental in empowering community hospitals to share data with large academic centers while maintaining their independence.

Our mission is simple. It's to ensure that all health systems have readily available access to the meaningful data needed to make informed decisions, thereby ensuring equitable access not only to patient records but to the industry's latest technologies.



An Intelligent Infrastructure



Built on a Modern Foundation

MEDITECH's [ExpansE EHR](#) is designed from the ground up, leveraging a modern cloud-native infrastructure. We were the first to adopt a "FHIR-first" [interoperability approach](#) and are consistently among the first to adopt the latest USCDI standards. We continue to optimize our solution in ways that reduce costs and future-proof your technology investments.

MEDITECH offers a cloud-native service called [MEDITECH as a Service](#) (MaaS), along with cloud-based applications that any MEDITECH customer can use, from patient engagement technologies to mobile apps. MaaS enables healthcare organizations to maintain their independence by offering a complete, KLAS-leading ExpansE EHR they can tailor to their unique needs.

Building for the future requires a robust foundation, and MEDITECH's cloud-native solutions provide the essential technology stack to propel the industry forward. For example, powerful cloud-based resources—including scalable computing power, high-performance storage, and secure data pipelines—are crucial for developing, training, and deploying advanced AI models. By exchanging, storing, and processing discrete data from across the healthcare ecosystem, we empower the utility of AI within the clinician workflow, providing the latest AI models with the data they need to significantly impact care.

A Commitment to AI

MEDITECH's early shift to the cloud significantly propelled our [AI strategy](#), providing the essential foundation and foresight to partner with leading tech companies, such as Google and Microsoft, on groundbreaking initiatives. This includes pioneering efforts to leverage interoperability for creating comprehensive longitudinal care records. MEDITECH proudly leads the way in adopting next-generation technology, from our initial piloting of AI search and summarization to our advancements in integrating ambient intelligence into clinician documentation and workflow. Our robust cloud infrastructure offers a scalable and secure foundation for AI development and deployment, enabling rapid analysis of vast and complex datasets.

We proactively identify and implement emerging AI use cases, leveraging the latest API standards to ensure our EHR remains open and equitable to innovation. We partner with a diverse range of technology leaders to develop our AI solutions. Our focus areas include reducing documentation burden, surfacing relevant information to support clinical decision-making at the point of care, and enhancing operational and throughput efficiencies. For example, we're leveraging an AI-assisted handoff feature to mitigate communication breakdowns during nurse handoffs and employing machine learning to predict a patient's likelihood of not attending a scheduled appointment.

Today, we continue to co-develop with leading tech vendors, partnering with several ambient intelligence vendors to integrate note generation and also incorporate advanced aspects of ambient technology, including natural language queries, order queuing, clinical documentation improvement, and chart summarization.

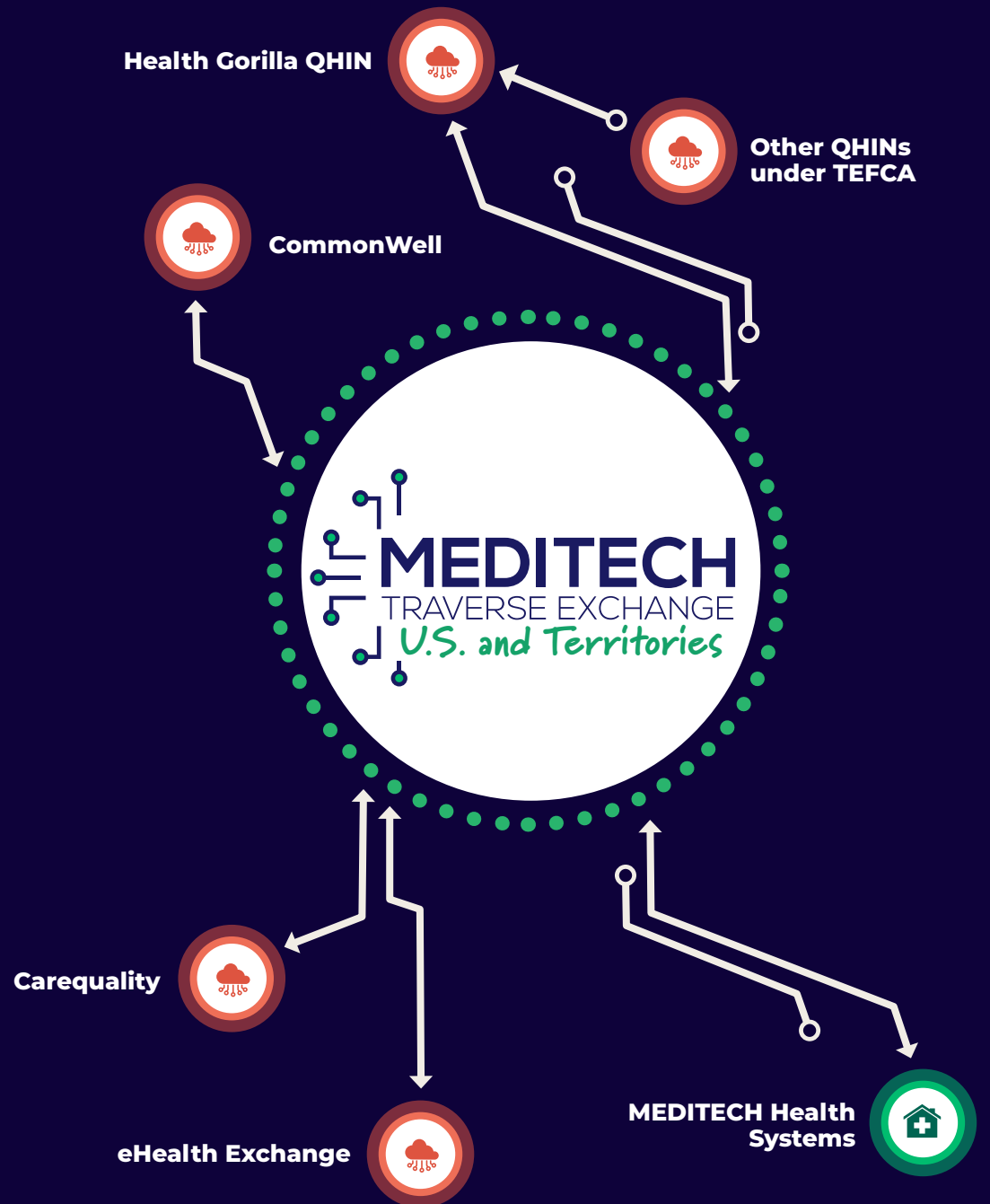


Traverse Exchange Interoperability Network

MEDITECH's nationwide interoperability network, [Traverse Exchange](#), removes health data exchange barriers by embracing the open exchange of patient information across all participating care networks, frameworks, and vendor solutions, and making this data accessible through intelligent and intuitive workflows.

The network directly connects to all participating MEDITECH customers, as well as to CommonWell, Carequality, eHealthExchange, and all QHINs under TEFCA, enabling data exchange with any connected healthcare organization nationwide, regardless of the EHR used.

With Traverse Exchange, MEDITECH enables clinicians to exchange a broader range of patient data, helping them identify targeted treatments, lower costs, reduce duplicate testing, and improve patient engagement and outcomes. The network enables data exchange for treatment and individual access while positioning MEDITECH customers well for additional use cases to come, such as payment, healthcare operations, benefits determination, and public health.



Improving Clinician Efficiency

Clinicians no longer need to sift through hundreds of pages of patient summaries to find the information they need. MEDITECH's Traverse Exchange solution significantly improves clinician efficiency by aggregating patient data from various sources and formats, including CCDs. It then optimizes this data by removing redundancies and presenting it in a clear, searchable, and filterable format directly within the clinician's workflow. This streamlined approach eliminates cumbersome architectures and workflows, leading to more informed clinical decisions, reduced cognitive load, and increased clinician satisfaction.

Traverse Exchange
Williams, Veronica 63 F 10/19/1961

Allergy/Adv: almond, peanut oil, amoxicillin, [ground nut powder], Ext... (More)

Patient summary

- Encounters (19)
 - inpatient encounter
 - Not specified
 - Completed: 08/08/24
 - Discharged Inpatient
 - Ryan Palli
 - Completed: 08/08/24
 - Telephone
 - Prov_02 Doc_02
 - Completed: Not specified
 - Telephone
 - Prov_03 X Doc_03
 - Completed: Not specified
- View All >

Diagnosis (18) Active

- Supervision of high risk pregnancy, unsp...
 - 009.92
 - Started: 05/01/20
- Supervision of high risk pregnancy in sec...
 - 47200007
 - Started: 05/01/20
- Encounter for full-term uncomplicated d...
 - 080
 - Started: 05/01/20
- Vaginal delivery
 - 289259007
 - Started: 05/01/20

Medications (1) All

- Ibuprofen 200 mg capsule
 - Active
- Ryan Palli
- Mild
- Started: Not specified

Allergies (1) Active

- No Known Drug Allergies
 - Active
- Mild
- Started: Not specified

Diagnostics (22) All

- CGI FISH PROBE, Chromosomal Microarra...
 - Facility_12 GENETICS LABORATORY
 - Collected date: 04/01/20
- MFM US NEW PATIENT
 - MFM
 - Collected date: 04/01/20
- FETAL ECHOCARDIOGRAM
 - ECHO
 - Collected date: 04/01/20
- AN NEURAXIAL BLOCK
 - Facility_08 HEALTH SCIENCE CENTER
 - Collected date: 03/01/20

Procedures (23) All

- FISH TRISOMY SCREEN
 - Completed
- Prov_06 X Doc_06
- Started: 04/01/20 06:00 PM
- CGI FISH PROBE
 - Completed
- Prov_06 X Doc_06
- Started: 04/01/20 06:00 PM
- ROUTINE CHROMOSOME ANALYSIS
 - Completed
- Prov_06 X Doc_06
- Started: 04/01/20 06:00 PM
- MFM US NEW PATIENT
 - Completed
- Prov_06 X Doc_06
- Started: 04/01/20 04:35 PM

Immunizations (11) All

- COVID-19 (J&J)
 - Completed
- Ryan Palli
- Provided: 10/19/21
- Influenza, Quadrivalent, PF
 - Completed
- Ryan Palli
- Provided: 04/19/62
- Tetanus, Diphtheria (Td)
 - Completed
- Ryan Palli
- Provided: 10/19/82
- Tetanus, Diphtheria (Td)
 - Completed
- Ryan Palli
- Provided: 10/19/92

Providers (19)

- Not specified
- Not specified
- Address: 200 First Ave, Framingham, MA 01701
- Christine Smith
- Ryan Palli
- Address: 5 West Blvd, NEWTON, MA 02158
- Prov_12 X Doc_12
- Not specified
- Address: 2200 Main St, Somerville, CO 00000
- Prov_09 Doc_09
- Not specified
- Address: 1800 Main St, Samecity, CO 00000

Remaining Independent

Traverse Exchange helps healthcare organizations maintain their autonomy and independence by breaking down data exchange barriers and ensuring data remains meaningful, regardless of its origin. This eliminates both duplicative infrastructure investments and the need to join another health system's network for data exchange. Instead, health systems can avoid unnecessary EHR replacement costs and redirect valuable IT resources toward other organizational and community needs, ensuring that healthcare remains local. Here are examples of healthcare organizations that chose this path:



“One of the specialties we provide is cancer care, and a goal is to keep our patients within our network. But, if our patients choose to go outside of the network, we can exchange that data pretty easily through Traverse Exchange. This improves care coordination by closing those gaps, driving better outcomes, and reducing costs. Most importantly, we’re improving the experience for our consumers. So we’re really excited about this network, and leveraging it to help us continue to thrive and survive, so we can remain fiercely independent as a community hospital.”

Joe Diver

Vice President and Chief Information Officer.



Signature Healthcare (Brockton, MA)



“Financial sustainability is also a crucial factor in our decision-making process. Expanse not only meets our clinicians’ needs, but also supports our independence as a financially sustainable health system. Our leadership consistently emphasizes the importance of innovation, efficiency, and cost management, particularly amid ongoing staffing challenges.”

Leigh Williams

Vice President and Chief Information Officer.



Augusta Health (Fishersville, VA)

An Open Ecosystem of Innovation

MEDITECH Expanse offers a powerful and open platform for third-party vendors and innovators to design technology that complements our EHR using the latest interoperability standards and advanced FHIR APIs, eliminating vendor lock-in. Our **MEDITECH Alliance** program provides our customers with a marketplace of options for integrating proven, successful, and interoperable technologies into the MEDITECH Expanse platform, thereby enhancing and extending its capabilities. Patients and clinicians benefit from well-developed and tested solutions that offer greater convenience and flexibility, such as cloud deployment and integrated AI.

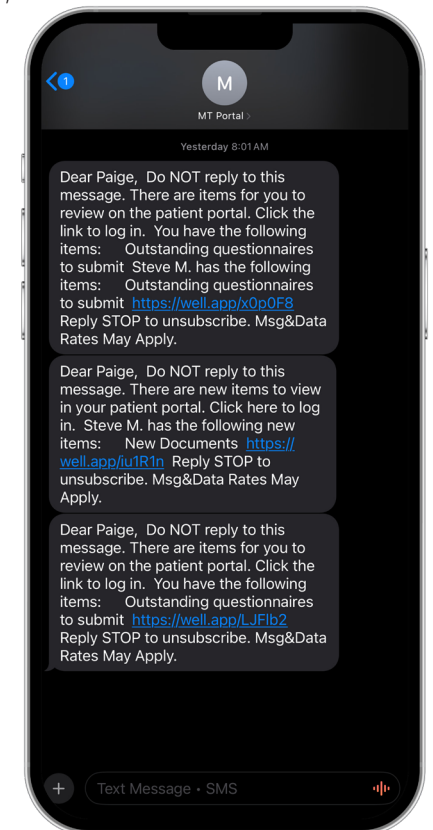
MEDITECH also offers **Greenfield Workspace**, a testing ground for app developers to test their integration with Expanse against a real MEDITECH EHR. This program provides application developers with equitable access to interactive documentation related to our APIs and offers the opportunity to test their apps against a MEDITECH Expanse EHR sandbox, without incurring cost-prohibitive fees to connect to our ecosystem.

Empowering Patients

MEDITECH's patient empowerment strategy centers on giving health systems and their patients the choice to select solutions that best address their unique needs, delivering a tailored experience and seamless access to your services through your digital front door. This includes empowering patients to access and share their health information through their preferred devices and communication channels, and extending beyond our EHR to other consumer-based apps. This open and interoperable strategy lays the foundation for supporting the latest CMS initiatives that enhance patient access to data—such as digital coverage information, patient access APIs, and other measures designed to empower individuals in their care and advance value-based care objectives.

MEDITECH's **MyHealth** patient portal offers a modern, cloud-based solution for engaging with patients and their families, empowering them to take an active role in their care. Patients and health systems can leverage the latest APIs to connect the portal to various third-party applications, including remote monitoring devices and health apps, including Health Records on iPhone.

Additionally, MEDITECH supports secure, bi-directional SMS communication and FHIR Scheduling APIs through our **Expanse Patient Connect** solution or various integrated third-party patient engagement platforms, empowering patients to confirm, cancel, and reschedule appointments via SMS. Other examples of patient engagement use cases include ED waitlist tracking and queuing, patient surveys, pre- and post-surgical education, and health campaigns.



A Focus on Value-Based Care

We envision a future where healthcare data is readily accessible, informing patient care at every stage of their journey. We also see health systems moving beyond isolated, visit-based data (such as C-CDA) to create a comprehensive, longitudinal view of a patient's health.

To achieve this goal, care providers require access to a comprehensive dataset, not only from their own health system but also from health systems nationwide, alongside contributions from CMS, third-party payers, patients, genetic labs, and agencies addressing social

needs. Only then can we fully understand the patient's health story and identify the root causes of their condition, whether stemming from genetics, social determinants of health, environmental factors, or other origins.



With MEDITECH's integration with closed-loop referral systems like Unite Us, clinical providers at the hospital can access their patients' social care history, build and scale a coordinated care network, track outcomes, identify service gaps, and monitor at-risk populations, all within the Expanse EHR.

MEDITECH's **Expanse Genomics**, a first-of-its-kind precision medicine solution, integrates genetic test results directly into the patient record. This enables physicians to manage genetic workflows within the EHR, access summarized, actionable findings, and receive evidence-based guidance, including automatic drug-gene interaction checks. Its integration with GenomOncology's Precision Oncology Platform further provides personalized therapy and clinical trial recommendations,

leveraging up-to-date genetic information tailored to the patient's mutational pathway, demographics, and clinical history.

MEDITECH is dedicated to leveraging its integrated population health solutions to advance value-based care. Through Traverse Exchange, we ingest discrete patient data from various health systems, building a more comprehensive and longitudinal view of a patient's health history. Then, with our **Expanse Care Compass** solution, clinicians can utilize actionable patient registries to proactively monitor their patients' health and provide timely interventions to prevent the worsening of conditions. These registries are populated with up-to-date patient information collected from various care settings, including remote monitoring devices and fitness trackers. Finally, our **Business and Clinical Analytics**

dashboards enable health systems to identify patterns across different patient populations, including the prevalence of chronic conditions, non-medical needs such as social determinants of health, and utilization of higher acuity settings.

As the government seeks to extend interoperability standards across all stakeholders—from payers to public health agencies—we see the opportunity for greater transparency and accountability, including patient-to-provider attribution. These efforts have the potential to contribute to advanced risk stratification, comprehensive population health analytics, and digital patient engagement tools, ultimately improving outcomes and reducing the cost of care by empowering providers with actionable insights necessary to drive meaningful change.

Learn More

At MEDITECH, we firmly believe that interoperability is the catalyst that can drive healthcare technology forward. It has the power to connect patients and providers like never before, equipping them with the meaningful and actionable data they need to make informed decisions and transform care. Without the data, all other advancements, from AI to precision medicine, will fall short of providing truly holistic care.

Read about our [advanced interoperability solutions](#), including the Traverse Exchange network, and **[contact us](#)** for a demonstration and to learn more.

MEDITECH
EXPANSE

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